# **APPENDIXES**

# Appendix I Title: Interview Schedule for women health related problems (patients)

# A Study of Utilization of Health Care Services in Ukhrul District of Manipur

# A. Profile of the Respondents

1.	Name of the village:				
2.	Name of the head of household:				
3.	Name of respondent:				
4.	Sex:				
5.	Age:				
6.	Marital status:				
7.	Education:				
8.	Occupation:				
9.	Annual Income:				
	B. Availability, Accessibility and Utilization				
	I Pre-natal and Post natal				
10.	Why did you visit to hospital/ CHC/PHC? (Reproductive Health related)				
11.	How often do you visit here?				
	(a) Always (b) Sometimes (c) Never				
12.	How far is the hospital from your house?				
	(a) 0 to 5 km (b) 5 to 10 km (c) More than 10 km				
13.	What is the mode of communication from your place to hospital?				
14.	How many children do you have?				
15.	Did you come to hospital/ CHC/PHC for antenatal check up before also?				
	(a) Yes (b) No				
16.	16. If yes, how many times did you consult the doctor went you were pregnant?				
	(a) Once in first trimester/ second trimester/ third trimester				
	(b) Every month (c) At the time of delivery				
17.	17. Where did you deliver the first child?				
	(a) Hospital (b) CHC (c) PHC (d) Village/ home				

18.	18. If you delivered at village/home, what was the reason of delivering at home					
	and who attende	ed the delivery?	•			
	(a) Doctor	(b) Nurse	(c) ANM	(d) Women at home	(e) Other	
	(specify)					
19.	How much did	they charge?				
20.	Did you and yo	ur child face an	y health rela	ted problems after the	e delivery?	
21.	What are the co	ommon sicknes	ses faced by	you in Ante- natal a	and post- natal	
	period?					
22.	Do you get ant	te-natal card an	ıd JSY (Jana	nni Suraksha Yojana	card? If yes,	
	what type of he	alth check-up w	as conducted	d in the hospital?		
23.	Did you get any	y incentive fron	n hospital du	ring your ante-natal	period? If yes,	
	how much did y	ou get and wha	ıt do you kno	ow about it?		
24.	Did you get an	y incentive fro	m your hos	pital at the time of	delivery under	
	JSY? If yes, ho	w much did you	get and wha	at do you know abou	it?	
25.	Does Auxiliary	Nurse Midwif	e (ANM), A	AHSA worker visit i	n your village	
	during ante-nata	al and post-nata	l period?			
	(a) Yes	(1	o) No	(c) No Id	ea	
	(i) if no, what is	s the reason?	(ii) If yes	, what did they do?		
26.	Are you able to	get medicines	(like iron tal	blet, folic acid tablet	calcium, etc.)	
	from governme	nt hospital free	of cost?			
	(a) Yes		(b) No	(	c) No Idea	
27.	For how many	months did the	y give the me	edicine?		
28.	What are the	services you	availed from	m government hosp	oitals (district/	
	CHC/PHC) dur	ing ante-natal c	are and Post-	- natal period?		
29.	Is there any Ult	ra-sound facility	y in the hosp	ital?		
	(a) Yes		(b) No	(c) N	lo Idea	
30.	If it is available	, do you satisfy	with the Ult	ra-sound facility?		
	(a) Yes		(b) No	(c)	No Idea	
	(i) If no, wh	hat is the reason	n?			
31.	Are there suffic	ient rooms and	beds for trea	ting the patients?		
	(a) Yes		(b) No	(c	No Idea	
32.	Do they have se	eparate room an	d beds for pr	regnant women?		
	(a) Yes		(b) No	(c	No Idea	

(a) Yes	(b) No		(c) No Idea		
34. Are doctors available for 24 hours?					
(a) Yes	(b) No		(c) No Idea		
35. Are there specialized docto	or and equipment to	conduct the de	elivery at the time		
of emergency?					
(a) Yes	(b) No.				
(i) If no, what is the reason	on				
36. Are there any referral serv	ices available?				
(a) Yes	(b) No				
(i) If yes, where do the	ey refer you?				
37. Does the hospital author	ority provide free	ambulance s	services for the		
community?					
(a) Yes	(b) No	(c) No I	dea		
38. If yes, do they provide up	-to your needs?				
(a) Yes	(b) No				
39. Are you satisfied with the	health centre in util	izing the pre-na	atal care and post		
natal care?					
(a) Yes	(b) No				
(i) If no, what is the reason?	(ii) If yes how?				
40. What is your opinion on th	e maintenance of ho	ospital?			
(a) Bad	(b) Good	(c) c	can't say		
41. Are there any problems in	ı referral services fi	rom Sub-centre	to PHC to CHC		
and District Hospital in t	he District? If yes,	what are the	problems, please		
explain in detail?					
C. <u>Socio-Cu</u>	Itural Beliefs and F	Religious Pract	<u>ices</u>		
42. Do you go and consult to t		/religious men?	•		
(a) Yes	(b) No				
43. If yes, what are the reason	s of visiting them?				
44. Do you have traditional	birth attendance	in your villag	ge? If yes what		
equipment do they have?					

33. Is there separate room for minor and major operation theatre (OT)

45. How often do you	visit traditional birth	attendance during	pregnancy time?
(a) 1 time	(b) 2 times	(c) 3 times	(d) more than 4
times			
46. Do you get any m	edicines from the trad	litional birth attend	ance?
(a) Yes	(b) No		
47. If so, did that med	licine help you?		
(a) Yes	(b) No		
48. Are you satisfied	with the treatment?		
(a) Yes	(b) No		
(i) If yes, explain.			
49. What are other d	ifferent illnesses treat	ted by the tradition	nal birth attendance
Please give the na	me of the diseases?		
50. What are the in	nportance roles play	ed by traditional	attendance during
emergency			
51. Is the prayer and	nassage helped you ir	n curing your sickn	ess?
(a) Yes	(b) No		
52. Do you think the	religious healers have	extra power to hea	l you?
(a) Yes	(b) N	o	
(i) If no how?	(ii) I	f yes, how please e	explain?
53. What is your opin	ion towards the religi	ous healers?	
54. Are religious heal	ers played an importa	nt role in treating t	he patients?
(a) Yes	(b)	No	
(i) If yes, how?			
	D. Programmes	and Policies	
55. Have you heard/a	ware of Reproductive	Child Programme	under NRHM?
(a) Yes	(b) No		(c) No Idea
56. Are there any so	urces of information	available from ho	spitals, NGOs, AIR
internet, books,	newspaper and maga	azines regarding v	women reproductive
health programme	es?		
(a) Yes	(b) No		
(i) If yes, ple	ase explain in detail?		
57. What is the aware	eness level among the	e people about the	programme/schemes
of JSY (institution	nal delivery) and fami	ly planning progra	mme?

58.	58. Are the programmes beneficial for your community and you personally?					
	(a) Yes	(b) No				
	(i) If no, what is the reason?	(ii) If yes, how?				
59. What are the relationship between the programmes implementation and						
	impact on community people?					
	1. Very good (b)Good (c	) Very bad (d) Worse (e) No				
	Idea					
60	Any other comments.					

# Appendix II

1. Name of the village:

# Title: Interview Schedule for HIV/AIDS patients

# A Study of Utilization of Health Care Services in Ukhrul District of Manipur

# A. Profile of the Respondents

2.	Name of the head of household:	
3.	Name of respondent:	
4.	Sex:	
5.	Age:	
6.	Marital status:	
7.	Education:	
8.	Occupation:	
9.	Annual Income:	
	B. Health Problems: HIV/AIDS	
10.	. Did you face any health related problems in the last few months or	one
	year?	
(a)	Yes (b) No	
11.	. If yes, what are the health problems do you face?	
(a)	Major health problems (TB, HIV/AIDS, etc.)	
(b)	Minor ailments (c) Any others, specify?	
12.	. What are the signs and symptoms of your illness?	
13.	. What are the possible main causes of such illness?	
14.	. Do your other family members also suffer the same problems?	
(a)	Yes (b) No	
If	yes, how do you manage to prevent/ cure the problems?	
15.	. Do you seek any medical help if you have any health related problems?	
(a)	Yes (b) No	
	(i) If yes, where?	
16.	C. Availability, Accessibility and Utilization  Where do you go for treatment?	
	Govt. Hospitals (District hospital/CHC/PHC) (b) Private hospital	(c)
	NGOs	
(d)	Traditional healers (e) Religious men (e) others, please specify.	
17.	. What is the reason for visiting the hospitals/NGOs?	
	- <del>-</del>	
		xlii

18.	18. Who has informed you about the treatment of your illness in	n the hospital?
(a)	(a) Self (b) Neighbours (c) Health workers (d) any oth	ner specify
19.	19. How far are district hospitals/ NGOs from your place?	
(a)	(a) 0 -5 km (b) 5-10 km (c) More than 10 km	
20.	20. Do you have ICTC?	
(a)	(a) Yes (b) No	
21.	21. If Yes, Do you get any counseling and other services from	both Hospitals
	and NGOs?	
(a)	(a) Yes (b) No	
22.	22. Is the counseling helpful to you?	
(a)	(a) Yes (b) No	
	(i). If yes, how?	
23.	23. What are the facilities you got from Hospitals/ NGOs?	
24.	24. Do you get anti-retroviral therapy (ART) services free	e of cost from
	Hospitals or NGOs?	
(a)	(a) Yes (b) No	
25.	25. Is there any HIV/AIDS clinic available?	
(a)	(a) Yes (b) No	
26.	26. Are there sufficient rooms and beds for treating the patients	?
(a)	(a) Yes (b) No	
27.	27. Do they have separate room for HIV/AIDS patients?	
(a)	(a) Yes (b) No	
28.	28. What are the major problems you faced while getting	g the available
	services/ facilities?	
29.	29. Are there sufficient equipment for testing of several disease	s?
(a)	(a) Yes (b) No (c) No Idea	l
	(i) If no, what is the reason? (ii) If yes, how?	
30.	30. Are there sufficient doctors and nurses to treat the patient?	
(a)	(a) Yes (b) No (c) No Ide	a
	(i). If no, please give reason?	
31.	31. Is there any specialized doctor?	
(a)	(a) Yes (b) No	

32.	Did the doctors	treat you on time?		
(a)	Yes	(b) No		
(i)	If no, what	is the reason?		
33.	How comfortab	le do you avail the	e services?	
34.	Did you find a	any problems rela	ited to attitudinal pr	oblems from health
	service provide	rs? (Doctors/ Nurs	es/ Technicians, etc.)	
(i)	If yes, how	do you tackle it?		
35.	Did you face a	ny societal stigma	in visiting the Hosp	oital clinic/ NGOs in
	relation with the	e illness?		
(a)	Yes		(b) No	
36.	Do the hospital	NGOs are always	accessible by the peo	ople?
	(a) Yes		(b) No	
	(i). If no, what	is the reason?	(ii) If yes, how?	
37.	What are the re	habilitations prog	rammes available for	you in hospital and
	NGOs?			
38.	Do you get any	benefits from ther	n?	
(a)	Yes		(b) No	
(i)	If yes, what are	the benefits do yo	ou get?	
39.	What is your op	oinion on the main	tenance of hospital?	
	(a). Bad	(b) Go	od	(c) can't say
40.	Are there any re	eferral services ava	ailable?	
	(a). Yes		(b) No	
	(i) If yes, where	e do they refer you	?	
	D. <u>Soc</u>	io-Cultural Belief	s and Religious Prac	ctices
41.	Do you go and	consult to the tradi	tional healer/religiou	s men?
(a)	Yes		(b) No	
(i)	If yes, what	are the reasons of	visiting them?	
42.	How often do y	ou visit traditional	healers/religious in	a year?
(a)	1 time	(b) 2 times	(c) 3 times	(d) more than 4
	times			
43.	Do you get any	medicine from the	e traditional healers?	
(a)	Yes		(b) No	
44	If so, did that m	edicine cure vour	sickness?	

(a)Yes	(b) No
45. Are you sati	sfied with the treatment?
(a) Yes	(b) No
(i) If yes, explai	n.
46. What are dif	ferent sicknesses treated by the traditional healers? Please give
the name of	the diseases?
47. Is the prayer	and massage helped you in curing your sickness?
(a)Yes	(b) No
48. Do you thinl	the religious healers have extra power to heal you?
(a) Yes	(b) No
(i) If no, how?	(ii) If yes, how please explain?
49. What is you	opinion towards the religious healers?
50. Are religious	s healers played an important role in treating the patients?
(a) Yes	(b) No
(i) If yes, ho	w?
51. How traditi	onal treatment can contribute towards the betterment of
community l	nealth?
	E. <u>Programmes and Policies</u>
52. Have you he	ard/aware of National AIDS control programme?
(a) Yes	(b) No (c) No Idea
53. Are there an	y sources of information available from hospitals, NGOs, AIR,
internet, boo	ks, newspaper and magazines regarding HIV/AIDS?
(a) Yes	(b) No
(i) If yes, please	explain in detail?
54. Are there an	y free health camp/ Awareness conducted in your area for the
last one year	?
(a) Yes	(b) No
55. What is the a	awareness level among the people towards the diseases?
56. What is the district?	reason for increasing the percentage of HIV/AIDS in the
(a) Lack of awa	reness (b) lack of Information (c) others, please specify?
57. Who to be b	lame for increasing HIV/AIDS in the district?
( ) 6 10 (1 ) 6	mmunity (c) Doctors (d) NCOs (a) others please specify

- 58. What are the relationship between the programmes implementation and their impact on HIV/AIDS?
- 59. Did the Government, NGOs or individual take measures to prevent the disease?
- (a) Yes (b) No
- (i) If yes, what are those measures?
- 60. Any other comments.

# Appendix III Title: Interview Schedule for Tuberculosis patients

# A Study of Utilization of Health Care Services in Ukhrul District of Manipur

1. Name of the village:

# A. Profile of the Respondents

3. Name of respondent:	
o. Name of respondent.	
4. Sex:	
5. Age:	
6. Marital status:	
7. Education:	
8. Occupation:	
9. Annual Income:	
B. <u>Health Problems: Tuberculosis</u>	
10. Did you face any health related problems in the last few months or year?	one
(a) Yes (b) No	
11. If yes, what are the health problems do you face?	
(a) Major health problems (TB, HIV/AIDS, etc.)	
(b) Minor ailments (c) Any others, specify?	
12. What are the signs and symptoms of your illness?	
(a) Cough (b) Chest pain and Vomiting with blood (c) Weak of body Fever	(d)
(e) Others please specify	
13. What type/ category of TB are you suffering from?	
14. What are the possible main causes of such illness?	
15. Do your other family members also suffer the same problems?	
(a) Yes (b) No	
16. If yes, how do you manage to prevent/ cure the problems?	
17. Do you seek any medical help if you have any health related problems?	)
(a) Yes (b) No	
(i) If yes, where did you go?	

# C. Availability, Accessibility and Utilization

18.	Where do you go fo	r treatment?	)		
(a)	a) Govt. Hospitals (District hospital/CHC/PHC) (b) Private hospitals				
(c)	Traditional healers (	d) Religious	s men (e) NC	GOs (f) other	rs, please specify.
19.	If you visit to hospit	al/ CHC/PH	IC, how ofte	n do you vis	it the hospital?
(a)	Always	(b) Som	netimes	(c)	Never
20.	Who has informed y	ou about th	e treatment o	of your illnes	ss in the hospital?
(a)	Self (b) Nei	ghbours	(c) Health	workers	(d) any other
spe	ecify				
21.	How far are PHC/C	HC/ district	hospitals fro	om your plac	ce?
(a)	0 -5 km	(b) 5-10 k	cm	(c) More	e than 10 km
22.	Do the hospital/CHO	C/PHC are a	nlways and ea	asily accessi	ble by the people?
	Yes Do you have any	(b) No idea about	Direct Obse	(c) No Idea ervation The	
	centre (DOTS)?				
(a)	Yes		(b) No		
(i)	If yes, Please explain	in?			
24.	Is DOTs easily avai	lable for the	patients?		
(a)	Yes		(b) No		
25.	Do you go sputum t	est in DOTS	S centre? If y	es, explain t	he procedure.
26.	What are the faciliti	es you got f	or treating T	uberculosis?	
26.	Is there any x-ray fa	cility in the	hospitals?		
(a)	Yes	(b) No		(c) No	Idea
27.	If it is available, do	you satisfy	with the X-ra	ay facility?	
(a)	Yes	(b) No		(c) No	o idea
(i)	If no, what is the r	eason?			
28.	Is there separate roo	m for the tu	berculosis p	atients?	
(a)	Yes	(b) No		(c) No Idea	a
29.	What are the proce	dures of tre	eatment of T	`uberculosis	in hospital? (Star
	from beginning of f	illing form)	?		
30.	What are the maj	or problem	s you faced	d while get	tting the available
	services/ facilities?				

31.	31. Are there sufficient equipment for testing of several diseases?				
	(ii) Yes	(b) 1	No	(c)	No Idea
(i)	If no, what	is the reason?		(ii) If yes, h	iow?
32.	Are there so	ufficient doctors	s and nurs	es to treat the p	atient?
(b)	Yes	(b)	No	(c)	No Idea
(i)	If no, pleas	se give reason?			
33.	Is there any	specialized do	ctor?		
(a)	Yes	(b)	No		
34.	Did the doc	tors treat you o	n time?		
(a)	Yes	(	(b) No		
(i)	If no, what	is the reason?			
35.	Did you fi	nd any problei	ms related	d to attitudinal	problems from health
	service prov	viders? (Doctor	s/ Nurses/	Technicians, e	tc.)
(a)	Yes	(b	) No		
(i)	If yes, h	now do you tacl	kle it?		
36.	Are you ab	le to get medic	ines from	government h	ospitals (DOTS centre)
	free of cost	?			
(a)	Yes		(b) No		
(i)	If yes, how	long (months)	do they pr	rovide? (ii) If	no, why?
37.	What is you	ır opinion on th	e mainten	ance of hospita	1?
(b)	Bad	(b)	Good		(c) can't say
38.	Are there as	ny referral servi	ices availa	ıble?	
(a)	Yes	(	(b) No		(c) No Idea
(i)	If yes, whe	re do they refer	you?		
39.	Are there a	any problems i	n referral	services from	Sub-centre to PHC to
	CHC and I	District Hospita	l in the D	istrict? If yes,	what are the problems,
	please expla	ain in detail?			
40.	Is there	any proper	record	maintenance	maintained by the
	hospitals/C	HCs/PHCs for t	the patient	ts?	
(a)	Yes		(b) No		(c) No Idea
(i)	If no, what i	is the reason?		(ii) If yes, l	now?

# D. Socio-Cultural Beliefs and Religious Practices

41. D	o you go	and consult to the	tradit	ional heale	r/religiou	s mer	n?
(a)Ye	es .	(b)	No				
(i) If	yes, wha	t are the reasons o	of visit	ing them?			
42. H	ow often	do you visit tradit	ional l	nealers/ rel	igious in	a yea	r?
(a) 1	time	(b) 2 times	(c) 3	times	(d) m	ore th	nan 4 times
43. D	o you get	any medicine from	m the	traditional	healers?		
(a)Ye	es	(t	o) No				
44. If	so, did th	at medicine cure	your s	ickness?			
(a)Ye	es	(t	o) No				
45. A	re you sat	isfied with the tre	atmen	ıt?			
(i) If	yes, expl	ain.					
46. W	hat are di	ifferent sicknesses	s treate	ed by the tr	aditional	heale	ers? Please give
th	e name of	f the diseases?					
47. Is	the praye	er and massage he	lped y	ou in curin	g your si	cknes	ss?
(a)Ye	es		(b) N	Ю			
48. D	o you thir	nk the religious he	alers	have extra	power to	heal y	you?
(a) Y	es		(b) N	lo			
(i) If 1	no, how?		(ii) I	f yes, how	please ex	cplain	?
49. W	hat is you	ır opinion towardı	s the r	eligious he	alers?		
50. A	re religio	us healers played	an im	portant role	in treati	ng the	e patients?
(a) Y	es		(b) N	О			
(i) If	yes, how	?					
51. H	ow tradi	tional treatment	can	contribute	towards	the	betterment of
CO	mmunity	health?					
		E. <u>Prog</u>	ramn	nes and Po	<u>licies</u>		
52. H	ave you h	eard/aware of Na	tional	Tuberculos	sis Contro	ol pro	gramme?
(a) Y	es	(b	) No				
53. A	re there a	ny sources of info	rmatio	on available	e from ho	ospital	ls, NGOs, AIR
in	ternet, bo	oks, newspaper ar	nd ma	gazines reg	arding m	alaria	1?
(a) Y	es	(b	) No				
(i) If	ves. plea	se explain in detai	il?				

54. Is there any free health camp/ Awareness conducted in your area for the
last one year?
(a)Yes (b) No
55. What is the awareness level among the people toward the diseases?
56. What are the societal attitudes towards the illness (TB)?
57. Does the village authority provide support to TB patients?
(a) Yes (b) No
(i) If yes, how
58. Is there any role for ASHA worker in dealing with TB patients in the
community?
If yes, what do they do?
59. What are the relationship between the programmes implementation and
their impact on TB?
(a) Very good (b) Good (c) Very bad (d) Worse (e) No Idea
60. Any other comments:

# Appendix IV Title: Information Performa for the health care institution (hospitals)

### A Study of Utilization of Health Care Services in Ukhrul District of Manipur

#### A. Identity

- 1. Name of the Head of the hospital:
- 2. Name of the hospital:
- 3. Office address (with district, pin code and phone number)
- 4. What type of institution is this?
- (a) District Hospital (b) Missionaries Hospital (c) Any other Specify:
- 5. How far is the hospital from the district town?

#### **B. Historical Background**

- 6. When was the hospital established?
- 7. (If any) what were the initial aims and objectives of the hospital? How many times did they change?
- 8. What was the programme started at the beginning? (Please mention name and nature)

#### C. Basic information

- 9. Philosophy, mission and vision of the hospital?
- 10. Present objectives of the hospital:
- 11. Area of operation:

No. of states:

No. of districts:

No. of blocks or wards:

No. of villagers:

13. Target group:

Sl. No.	Actual Beneficiaries	Volume (number of beneficiaries)

- 14. Organizational set-up:
- 15. What kind of infrastructural capacity do you have in order to carry out different programme?

16. How do you take decision in the hospital? Is it taken democratically?

#### **D. Financial Information**

17. What are the sources of funds of your hospital?

Hospital	
Central Government	State Government
Both the Central and the State	Non-governing Funding Agencies (Indian)
Foreign Funding Agencies	Local Self Government
Public Donation	Collection of Contribution
Internal sources (Treatment cost etc.)	Any other, please specify

- 18. What problems or barriers do you find in financing (if there is any problem)?
- 19. Do you prepare annual budget?
  - (a) Yes
- (b) No
- (i) If yes, how?
- (ii) If no, how do you manage?
- 20. What criteria do you use for allocation of funds among the different Programmes?

#### E. Information Related to Staff

- 21. Please indicate the total number of workers:
- (i) No. of full time paid staff:
- (ii) No. of part time paid staff:
- (iii) No. of honorary staff:
- (iv) No. of volunteers:
- 22. Please indicate the characteristics of full time paid staff:

Sl.No.	Designation	No	Age	Sex (M&F)	Qualification	Experience	Salary

# F. Monitoring

- 22. Do you monitor your programme activities, finance and staffs?
  - (a) Yes (b) No.

If yes, please indicate time, person and process involved in monitoring activities (for each programme).

# **G.** Other Information

23. Please indicate the various strengths, weakness, opportunities and threats of the hospital in terms of administrative work, programme implementation, finance, staff, beneficiaries, ideological issues?

Appendix V Title: Questionnaires for health care provider in Gynaecology (women health related problems) in government hospital A Study of Utilization of Health Care Services in Ukhrul District of Manipur

	1 Questionnaires for Doctors
	A. Personal Information
1.	Name:
2.	Age:
3.	Sex:
4.	Designation:
5.	Marital status:
6.	Education:
7. How long have	e you been working in the health centre?
(a) 1-5 Yrs (b	b) 6-10 Yrs (c) 11-15Yrs (d) more than 16Yrs
8. Are you attend	ling the health centre regularly?
(a) Yes	(b) No
If no, why?	
9. How much tim	ne do you provide in health centre (per week)?
10. Do you spend	l more time from your normal timing?
(a) Yes	(b) No
If yes, what is the	e reason behind?
	B. About the Hospital/ Health Centre
11. What is the st	taff strength in your Hospital/department/health centre?
12. What is t	the average number of patients per day who visited your
department/health	h centre?
(a) 1-10 pers	son (b) 11-20 person (c) 21-30 person (d) More than 31 person
13. How much do	o you charge for registration?
14.Are there suffi	icient specialized doctors in the hospital/ department/ centre?
(a) Yes	(b) No
15. Are there suff	ficient staffs to treat the patients on time?
(a) Yes	(b) No
(i) If no, wha	at is the reason?

16. Are there sufficient rooms and beds for different department/ ward?								
(a) Yes (b) No								
(i) If no, why? Please give the reason? (ii) If yes, what are they?								
C. Major Health Problems and Availability of Services								
17. What are the types of major health problems seen in the hospital/								
department/health centre?								
18. What are the main causes of such illness?								
19. In which age group, sex are more prevalent for such/each illness?								
20. What is the awareness level among the people toward the diseases?								
21. Do you have a different departments/ cell for each of the major diseases (like								
Tuberculosis, HIV/AIDS and Delivery)?								
22. Are you dissatisfied with anything regarding the health care which the patient has								
utilized for treatment?								
(a) Yes (b) No								
If yes, what are they?								
23. What type of services do you provide (preventive/ curative)?								
24. Is there any proper record maintenance maintained by the								
hospitals/department/health centre for the patients?								
(a) Yes (b) No								
(i) If no, why?								
25. Is there any x-ray facility in the hospitals?								
(a) Yes (b) No								
26. Does the district dispensaries and health centres function properly?								
(a) Yes (b) No								
(i) If no, what is the reason?								
27. Are the resources sanctioned by the centres for health services are sufficient with								
the Ratio of the people?								
(a) Yes (b) No								
(i) If no, what is the reason?								
28. Are the Medicines easily available in the Government Hospitals?								
(a) Yes (b) No								
(i) If no, from where did they get the medicine?								

29.	Is ther	re any free health	ı camp/ Aw	areness c	onducted for th	ne last one ye	ear?
	(a) Ye	S	(	(b) No			
	(i) If	yes, where and h	now?				
30.	Does	the hospital auth	ority provid	le free am	bulance servic	es for the co	mmunity?
	(a) Ye	es		(b) No			
	(i) If y	es, does it meet	for the need	d of the p	eople? (ii) If	no, what is	the reason?
31.		iere adequate equ		-	•		
	(a) Ye	es	•	(b) No	C		
	(i) If y	es, what are the	y? (	(ii) If no,	what is the rea	son?	
32.	Are th	ere adequate me	dical persoi	nnel's for	treatment?		
	(a) Ye	es ·		(b) No			
(	i) If r	no, what is the re	ason?				
33.	Do yo	u provide all the	medical he	lp the pat	ients seek for?		
	(a) Ye	es		(b) No			
	(i) If	no, where do yo	u refer them	and wha	at are the reason	ns behind?	
34.	Is the	re a different op	eration thea	atre (OT)	facility for bo	oth minor cas	se and major
case	e?	-			·		Ç
	(a) Yes	S		(b) No			
(	i) If no	o, what is the rea	son?	(ii) If y	es, what are th	iey?	
		<u>D. Na</u>	itional Hea	lth Prog	ramme Relate	d Informati	<u>on</u>
35.	Are t	there any sourc	es of infor	mation a	vailable from	hospitals, I	NGOs, AIR,
inte	rnet, b	ooks, newspape	r and magaz	zines?			
	(a) Ye	es		(b) No			
	(i) If r	no, why?		(ii) If y	es, How?		
36.	What	are the strateg	gies do you	use in	providing ser	vices for pa	ntients under
Rev	ised I	- National Tuberc	ulosis cont	rol progr	amme/Nationa	1 AIDS con	trol Society/
JSY	etc?						
37.	When	did you start hea	alth care Pro	ogramme	(TB/ HIV/AII	OS, etc) and	what was the
natı	are of	it?		Ü			
38.	Progra	ammes complete	d previousl	y:			
	S1. No.	Name of the Programme	Duration	Target Group	Budget	Sources of Fund	Nature of Activities & System of Service Delivery

# 39. Current Programmes:

S1.	Name of the	Duration	Target	Budget	Sources	Nature of Activities
No.	Programme		Group		of Fund	&System of Service
						Delivery

E. Reproductive Health Related Iss	ues	(Mother a	nd Child C	are)				
40 What type of health problems seen among	40. What type of health problems seen among the women reproductive age group?							
41. What is the Maternal Mortality Rate in the		-	roductive ag	3c group:				
42. What type of services do you provide for r		· ·	men?					
43. Do you have Antenatal Care centre?	сргос	auctive wo	men.					
(a) Yes (b) No								
(i) If yes, are women come for regular ante	onoto.	L(ANC) ek	ook up?					
	Hata	i (Aive) ci	ieck-up:					
(a) Yes (b) No								
44. Where do the mothers prefer for delivery?	(0)		(1) d	• 6				
(a) Home (b) Government hospital	(C)	private	(d) othe	rs specify				
45. Are women aware of JSY programme?								
(a) Yes (b) No								
46. Do you provide ANC card and JSY card?								
(a) Yes (b) No								
47. Do you encourage for institutional delivery	y und	ler JSY?						
(a) Yes (b) No								
(i) If no, why? (ii) If ye	s, ho	w?						
48. What type of facilities do you provide und	er JS	Y?						
49. How do you network with ASHA worker,	ANN	∕I etc?						
50. How much incentive do you provide	for 1	the mothe	rs who ha	ve come for				
institutional delivery?								
51. Do you have a separate family planning ce	ntre?	•						
(a) Yes (b) No								
52. Which method family planning does your department/Health centre/Organization								
Promulgate?								
53. What type of incentive do you provide for	those	e mothers	who opted f	or permanent				
family planning methods?								

# II Questionnaires for Nurse

# A. Personal Information

1. Name:
2. Age:
3. Sex:
4. Designation:
5. Marital status:
6. Education:
7. How long have you been working in the health centre?
(b) 1-5 Yrs (b) 6-10 Yrs (c) 11-15Yrs (d) more than 16Yrs
8. Are you attending the health centre regularly?
(a) Yes (b) No
If no, why?
9. How much time do you provide in health centre (per week)?
10. Do you spend more time from your normal timing?
(a) Yes (b) No
(i) If yes, what is the reason behind?
B. About the Hospital/ Health Centre
11. What is the average number of patients per day who visited you
department/health centre?
(a) 1-10 person (b) 11-20 person (c) 21-30 person (d) More than 31 person
12. How much do you charge for registration?
13. Are there sufficient specialized doctors in the hospital/ department/ centre?
(a) Yes (b) No
14. Are there sufficient staffs to treat the patients on time?
(a) Yes (b) No
(i) If no, what is the reason?
15. Are there sufficient rooms and beds for different department/ ward?
(a) Yes (b) No
(i) If no, why? Please give the reason? (ii) If yes, what are they?

# C. Major Health Problems and Availability of Services

16. <i>A</i>	Are you	ı dissati	sfied w	ith anyth	ing regard	ling the health c	are which the	patient has
utiliz	ed for	treatme	nt?					
(a	) Yes				(b) I	No		
	If ye	s, what	are the	y?				
17.	Is	there	any	proper	record	maintenance	maintained	by the
hosp	itals/de	epartme	nt/healt	th centre f	or the pat	ients?		
(	a) Yes				(b) I	No		
	(i) If no	o, why?						
18. I	s there	any x-ra	ay faci	lity in the	hospitals			
(a	)Yes				(b) I	No		
19. <i>A</i>	Are the	resourc	es san	ctioned by	y the cent	res for health se	rvices are suff	icient with
the F	Ratio o	f the pec	ple?					
(	a) Yes				(t	) No		
(	i) If no	, what is	s the re	eason?				
20. <i>A</i>	Are the	Medici	nes eas	ily availa	ble in the	Government Ho	spitals?	
(b)	) Yes				(b)	No		
(i)	If no,	from wl	here die	d they get	the medic	cine?		
21. I	s there	any free	e health	n camp/ A	wareness	conducted for tl	he last one yea	r?
(a	)Yes				(b	) No		
(i	i) If y	es, wher	e and l	now?				
22. I	Ooes th	e hospit	al auth	ority prov	ide free a	mbulance servic	ces for the com	munity?
(	a)Yes				(b) N	lo		
(	i). If y	es, does	it meet	for the n	eed of the	people? (ii) I	f no, what is th	ne reason?
	23. Do	you pro	ovide a	ll the med	lical help	the patients seel	k for?	
(	a)Yes				(b) N	lo		
(	i) If no	, where	do you	ı refer the	m and wh	at are the reason	ns behind?	
24. I	s there	a diffe	rent op	eration th	neatre (O7	) facility for bo	oth minor case	and major
case	?							
(a	) Yes				(t	) No		
(i)	(i) If no, what is the reason? (ii) If yes, what are they?							

# **D. National Health Programme Related Information**

25. Are there an	y sources of information available from hospitals, NGOs, AIR,
internet, books, ne	ewspaper and magazines?
(a) Yes	(b) No
(i) If no, why?	(ii) If yes, How?
26. What are the	strategies/facilities do you use in providing services for patients
under JSY/JSSK e	etc?
<u>]</u>	E. Women Health Related Issues (Mother and Child Care)
27. What type of h	nealth problems seen among the women reproductive age group?
28. What type of s	services do you provide for reproductive women?
29. Do you have A	Antenatal Care centre?
(a) Yes	(b) No
(i) If yes, are v	vomen come for regular antenatal (ANC) check-up?
(a)Yes	(b) No
30. Where do the	mothers prefer for delivery?
(a) Home	(b) Government hospital (C) private (d) others specify
31. Are women av	vare of JSY/JSSK programme?
(a)Yes	(b) No
32. Do you provid	e ANC card and JSY card?
(a) Yes	(b) No
33. Do you encour	rage for institutional delivery under JSY?
(a) Yes	(b) No
(i) If no, why?	(ii) If yes, how?
34. How do you no	etwork with ASHA worker?
35. How much i	incentive do you provide for the mothers who have come for
institutional delive	ery?
36. Do you have a	separate family planning centre?
(a) Yes	(b) No
37. Which method	d family planning does your department/Health centre/Organization
Promulgate?	
38. What type of i	ncentive do you provide for those mothers who opted for permanent
family planning m	ethods?

# Appendix VI Title: Questionnaire for HIV/AIDS doctor and nurse A Study of Utilization of Health Care Services in Ukhrul District of Manipur I. Questionnaires for Doctors

	•	A. Personal I	<u>Detail</u>	
1.	Name:			
2.	Age:			
3.	Sex:			
4.	Designation:			
5.	Marital status:			
6.	Education:			
7. ]	How long have y	ou been working	in the health centre?	
	(a) 1-5 Yrs	(b) 6-10 Yrs	(c) 11-15Yrs	(d) more than 16Yrs
8.	Are you attending	g the health centre	e regularly?	
	(a) Yes	(	b) No	
	(i) If no, why?			
9. ]	How much time o	lo you provide in	health centre (per w	eek)?
10.	Do you spend m	ore time from yo	ur normal timing?	
(a)	Yes		(b) No	
]	If yes, what is the	reason behind?		
		В. <u>НІ</u>	V/AIDS Related Ser	<u>vices</u>
11.	What are the pro	ogramme/projects	available in the hos	pital for HIV/AIDS patient?
12.	Does the hospi	tal work under	the NACO relating	HIV/AIDS? If yes, give in
det	ail?			
13.	. Who are your ta	rget group and w	hy?	
14.	What are the age	e group of people	who visited the hosp	oital for testing/services?
15.	Which gender is	more prevalent t	to this disease?	
(a)	. Male	(b)	) Female	
16	6. What are the ca	usal factors or re	ason of HIV and AID	OS?
17.	What are the ass	sociated disease s	een with HIV/AIDS?	•
18.	What is the tren	d of this disease s	since 2005?	
19.	What is the reas	on for rising of H	IIV/AIDS in the distr	ict?

20. Do you have a separate clinic for HIV/AIDS client?	
(a) Yes (b) No	
(i) If yes, what type of services do you provide? (Counseling, medication, etc)	
(ii) If no, what is the reason?	
21. Do the hospital have ICTC? If yes, what type of services do you provide in ICT	C:
22. Is there any proper record maintenance by the hospital for the patients?	
(a) Yes (b) No	
23. Do you have different department/cell for each of the major diseases (Li	ke
Women reproductive, HIV/AIDS and Tuberculosis)?	
24. What is the average number of patients per day who visited your centre?	
(a) 1-5 person (b) 6-10 person (c) 11-15 person (d) More than 16	
person	
25. What are the different approaches taken up the hospital regarding the H	Π
detection?	
26. Who else are involved in counseling and treatment of HIV/AIDS cases?	
27. Do you have a referral services?	
(a) Yes (b) No	
(i) If yes, where do you send the client for referral services?	
28. How comfortable do clients avail the services?	
29. Do you think that the services that render to clients are benefitted by them?	
(a) Yes (b) No	
(i) If yes how far do they benefit, please explain? (ii) If no, why?	
30. What is the nature of confidentiality of cases referred to the hospital?	
31. Is there any complaint issues relating with HIV test?	
32. What are the major problems do you face in dealing with HIV/AIDS patients?	
33. What are your limitations in providing services to the needy people?	
34. Are you dissatisfied with anything regarding the health care which the patient $l$	ha
utilized for treatment?	
(a) Yes (b) No	
(i) If yes, what are they?	
35. What are you future plan?	
C. Awareness Level	

 $36. \ What is the awareness level among the people towards HIV/AIDS?$ 

37. Are	People aware of the	he major ca	uses of th	e diseases?		
(a) Y	'es		(b) No			
(i) If	Yes, how?		(ii) If	no, why?		
38. Wha	at is the attitude o	f people tov	vards you	r services?		
39. Who	m to be blamed fo	or increasin	g HIV/Al	DS in the distr	rict?	
	Community (b) L se specify?	ack of awa	reness an	d information	(c) Individu	al (d) others,
	t are the strategie munity?	s used in di	sseminat	ing informatio	n about HIV	/AIDS in the
41. Do :	you network with	other orga	nization	in disseminati	ng informati	on like faith
base	d organization-ch	urch, schoo	ls, college	es, village cou	ncil, etc?	
42. Are	the measures b	eneficial f	or comm	nunity and yo	our commun	ity and you
perso	onally? If yes plea	se explain i	in detail?			
43. How	far the hospital h	nad achieve	d in contr	olling and pre	venting HIV	/AIDS in the
regio	on? (Reports of ca	ses of last t	hree year	s).		
44. Wha	at are the relatio	nship betw	een the	programmes i	mplementati	on and their
impa	ct on HIV/AIDS?	)				
	D. <u>Natio</u>	nal Health	Program	mes Related	Information	<u>l</u>
45. Are	there any source	es of info	rmation a	vailable from	hospitals,	NGOs, AIR,
inter	net, books, newsp	paper and m	agazines?	•		
(a)Y	es		(b) No			
(i) If	yes, how?		(ii) If no	o, why?		
46. Wha	at are the strateg	gies do you	ı use in	providing ser	vices for pa	ntients under
Nati	onal AIDS Contro	ol Society et	tc?			
47. Whe	n did you start he	ealth care P	rogramm	e (HIV/AIDS)	and what w	as the nature
of it	)					
48. Prog	rammes complete	ed previousl	y:			
S1.	Name of the	Duration	Target	Budget	Sources	Nature of Activities &
No.	Programme		Group		of Fund	System of Service Delivery
		1				

# 49. Current Programmes:

S1.	Name of the	Duration	Target	Budget	Sources	Nature of Activities
No.	Programme		Group		of Fund	&System of Service
	-		_			Delivery

	<u>II. (</u>	)uestionnaires t	for HIV/AIDS &	ΓB Nurse
		A. Pers	sonal Information	<u>:</u>
1.	Name:			
2.	Age:			
3.	Sex:			
4.	Designa	tion:		
5.	Marital	status:		
6.	Education	on:		
7. How lo	ong have y	you been workir	ng in the health cen	tre?
(a) 1-5	Yrs	(b) 6-10 Yrs	(c) 11-15Yrs	(d) more than 16Yrs
8. Are yo	u attendir	ng the health cer	tre regularly?	
(a) Ye	es		(b) No	
If no.	, why?			
9. How m	uch time	do you provide	in health centre (p	er week)?
10. Do yo	ou spend r	nore time from	your normal timing	<u>5</u> ?
(a)Yes			(b) No	
If yes, wh	nat is the r	reason behind?		
		B. HIV/AI	DS &TB Related	<u>Services</u>
11. What	are the p	rogramme/proje	ects available in th	e hospital for HIV/AIDS &
TB patient	t?			
12. Who a	re your ta	rget group and	why?	
13. What a	are the ag	e group of peop	le who visited the l	nospital for testing/services?
14. Which	gender is	s more prevalen	t to this disease?	
(a) Male			(b) Female	
15. What a	are the ca	usal factors or re	eason of HIV/AID	S & TB?

16. What are the associated disease seen with HIV/AIDS & TB?					
17. What is the reason for rising of HIV/AIDS & TB in the district?					
18. Do the hospital have ICTC/X-ray/Monteux test? If yes, what type of services					
do you provide?					
19. Is there any proper record maintenance by the hospital for the patients?					
(a) Yes (b) No					
20. What is the average number of patients per day who visited your centre?					
(a) 1-5 person (b) 6-10 person (c) 11-15 person (d) More than 16 person					
21. What are the different approaches taken up the hospital regarding the HIV &					
TB detection?					
22. Who else are involved in counseling and treatment of HIV/AIDS & TB cases?					
23. Do you have a referral services?					
(a) Yes (b) No					
(i) If yes, where do you send the client/patients for referral services?					
24. How comfortable do clients/patients avail the services?					
25. Do you think that the services that render to clients/patients are benefitted by					
them?					
(a) Yes (b) No					
(i) If yes how far do they benefit, please explain? (ii). If no, why?					
26. Is there any complaint issues relating with HIV & TB test?					
27. What are the major problems do you face in dealing with HIV/AIDS & TB					
patients?					
28. Are you dissatisfied with anything regarding the health care which the patient					
has utilized for treatment?					
(a) Yes (b) No					
If yes, what are they?					
C. Awareness Level					
29. What is the awareness level among the people towards HIV/AIDS & TB?					
30. What is the attitude of people towards your services?					
31. Whom to be blamed for increasing HIV/AIDS & TB in the district?					
(a) Community (b) Lack of awareness and information (c) Individual (d) others,					
please specify?					
32. What are the strategies used in disseminating information about HIV/AIDS &					
TB in the community?					

- 33. Do you network with other organization in disseminating information like faith based organization-church, schools, colleges, village council, etc?
- 34. 46. Are there any sources of information available from hospitals, NGOs, AIR, internet, books, newspaper and magazines?
- (a) Yes (b) No
- (i) If yes, how? (ii) If no, why?
- 35. Are the measures beneficial for community and your community and you personally? If yes please explain in detail?
- 36. How far the hospital had achieved in controlling and preventing HIV/AIDS & TB in the region? (Reports of cases of last three years).

# Appendix VII Title: Questionnaire for TB doctor A Study of Utilization of Health Care Services in Ukhrul District of Manipur

# A. Personal Information:

1.	Name:
2.	Age:
3.	Sex:
4.	Designation:
5.	Marital status:
6.	Education:
7. How long have y	ou been working in the health centre?
(a) 1-5 Yrs (b) 6	-10 Yrs (c) 11-15Yrs (d) more than 16Yrs
8. Are you attending	g the health centre regularly?
(a) Yes (b) No	
(i) If no, why?	
9. How much time	do you provide in health centre (per week)?
10. Do you spend m	nore time from your normal timing?
(a) Yes	(b) No
(i) If yes, what is th	e reason behind?
	B. About the Hospital/Health Centre
11. What is the staff	f strength in your Hospital/department/health centre?
12. What is the	average number of patients per day who visited you
department/health c	entre?
(a) 1-10 person	(b) 11-20 person (c) 21-30 person (d) More than 31 person
13. How much do y	ou charge for registration?
14. Are there suffic	ient specialized doctors in the hospital/ department/ centre?
(a) Yes	(b) No
15. Are there suffic	ient staffs to treat the patients on time?
(a) Yes	(b) No
(i) If no, what i	s the reason?
16. Are there suffic	ient rooms and beds for different department/ ward?
(a) Yes	(b) No
(i) If no, why?	Please give the reason? (ii) If yes, what are they?

17. Are there adequate equipment/instruments for testing of several diseases?
(a) Yes (b) No
(i) If yes, what are they? (ii) If no, what is the reason?
C. Major Health Problems and Availability of Services For Tuberculosis
18. What are the types of major health problems seen in the hospital
department/health centre?
19. What are the main causes of such illness?
20. In which age group, sex are more prevalent for such/each illness?
21. What is the awareness level among the people toward the diseases?
22. Is there any proper record maintenance maintained by the hospitals for th
patients?
(a) Yes (b) No
(i) If no, why?
23. Do you have a different departments/ cell for each of the major diseases (like
Tuberculosis, HIV/AIDS and Delivery)?
24. Is there any x-ray facility in the hospitals?
(a) Yes (b) No
25. Does the district dispensaries and health centres function properly?
(a) Yes (b) No
(i) If no, what is the reason?
26. Are the resources sanctioned by the centres for health services are sufficient with
the Ratio of the people?
(a) Yes (b) No
(i) If no, what is the reason?
27. Are the Medicines easily available in the Government Hospitals?
(a)Yes (b) No
(i) If no, from where did they get the medicine?
28. Is there any free health camp/ Awareness conducted for the last one year?
(a) Yes (b) No
(i) If yes, where and how?
29. Does the hospital authority provide free ambulance services for the community?
(a)Yes (b) No
(i) If yes does it meet for the need of the people? (ii) If no what is the reason?

30. Are there adequate medical personnel's for treatment?
(a) Yes (b) No
(i) If no, what is the reason?
31. Do you provide all the medical help the patients seek for?
(a) Yes (b) No
(i) If no, where do you refer them and what are the reasons behind?
32. What is the prevalent rate or percentage of Tuberculosis in the district?
33. What type of preventive and curative care do you provide?
34. What are the major problems do you face in dealing with Tuberculosis patients?
35. Do you have a DOTS centre in the hospital?
(a) Yes (b) No
(i) If yes, Is DOTs easily available for the patients?
(ii) If no, what is the reason? Please explain?
36. Do you provide sputum test, $X$ -ray, $M$ onteux test facilities for identifying $TE$
patients)?
37. How much do you charge for each test? Are there any free facilities for BPI
patients?
38. Are you able to provide all the medicines for $TB$ patients on time? For how long
(months) do you provide the medicines to TB patients?
39. Do you provide the medicines in free of costs?
40. Are there any relapsed patients from the treatment of DOTS centre? If yes, wha
are the main reasons and how do you prevent them?
41. What type of patients (category I, II and II) are more seen in hospital?
42. Are you dissatisfied with anything regarding the health care which the patient has
utilized for treatment?
(a) Yes (b) No
(i) If yes, what are they?
43. What is the trend of Tuberculosis in Ukhrul district since 2005?
$44.\ Do\ you\ network\ with\ NGOs/other\ organization?$ If yes, what are the collaborative
services do you provide in preventing Tuberculosis in the region?
45. What are your future plans?

# (D) National Health Programme Related Information

(ii) If yes, How?

46. Are there any sources of information	available from hospitals, NGOs, AIR,
internet, books, newspaper and magazine	es?
(a) Yes	(b) No

- 47. What are the strategies do you use in providing services for patients under Revised National Tuberculosis control programme?
- 48. When did you start health care Programme (Tuberculosis) and what was the nature of it?
- 49. Programmes completed previously:

(i) If no, why?

5	S1.	Name of the	Duration	Target	Budget	Sources	Nature of Activities
N	Vo.	Programme		Group		of Fund	& System of Service
							Delivery

#### 50. Current Programmes:

S1.	Name of the	Duration	Target	Budget	Sources	Nature of
No.	Programme		Group		of Fund	Activities
						&System of
						Service Delivery
						ů

# Appendix VIII Title: Questionnaire for Private Doctors & Nurse A Study of Utilization of Health Care Services in Ukhrul District of Manipur I. Questionnaire for Doctors

# C. Major Health Problems and Availability of Services

17. What are the types of major health problems seen in the department/health centre?

18. What are the main causes of	such illness?
19. In which age group, sex are n	nore prevalent for such/each illness?
20. What is the awareness level a	among the people toward the diseases?
21. Do you have a different de	partments/ cell for each of the major diseases (like
Tuberculosis and Delivery)?	
22. Are you dissatisfied with any	thing regarding the health care which the patient has
utilized for treatment?	
(a) Yes	(b) No
(i) If yes, what are they?	
23. What type of services do you	provide (preventive/ curative)?
24. Is there any proper record	maintenance maintained by the department/health
centre for the patients?	
(a) Yes	(b) No
(i) If no, why?	
25. Is there any x-ray facility in t	he department/health centre?
(a) Yes	(b) No
26. Are the Medicines easily ava	ilable in the hospital?
(a)Yes	(b) No
(i) If no, from where did they §	get the medicine?
27. Is there any free health campa	Awareness conducted for the last one year?
(a) Yes	(b) No
(i) If yes, where and how?	
28. Does the hospital authority pr	rovide free ambulance services for the community?
(a)Yes	(b) No
(i) If yes, does it meet for the	need of the people? (ii) If no, what is the reason?
29. Are there adequate equipmen	t/instruments for testing of several diseases?
(a) Yes	(b) No
(i) If yes what are they?	(ii) If no, what is the reason?
30. Are there adequate medical p	ersonnel's for treatment?
(a) Yes	(b) No
(i) If no, what is the reason?	

31. Do yo	u provide all the	medical he	lp the pat	tient	ts seek for?	ı	
(a)Yes	(a) Yes (b) No						
(i) If n	o, where do you	refer them	and what	t are	the reason	s behind?	
32. Is ther	e a different op	eration thea	itre (OT)	fac	ility for bo	oth minor ca	se and major
case?							
(a) Yes		(	(b) No				
(i) If no	, what is the rea	son?	(ii) If ye	es, w	vhat are the	ey?	
	D <u>. Na</u>	tional Hea	lth Progr	ram	me Relate	d Informat	<u>ion</u>
33. Are t	here any sourc	es of infor	mation a	ıvail	lable from	hospitals,	NGOs, AIR,
internet, b	ooks, newspape	r and magaz	zines?				
(a)Yes	1		(b) No	0			
(i) If y	es, how?		(ii) If	no,	why?		
34. What	are the strateg	gies do you	use in	pro	viding ser	vices for p	atients under
Revised N	ational Tubercu	losis contro	l progran	nme	JSY etc?		
35. When	did you start he	alth care Pro	ogramme	(TI	B/ JSY etc)	and what w	vas the nature
of it?							
35. Progra	mmes complete	d previously	y:				
S1.	Name of the	Duration	Target	Bu	ıdget	Sources	Nature of Activities &
No.	Programme		Group			of Fund	System of Service
							Delivery
36 Curro	nt Programmes:						
Jo. Curre.	nt i rogrammes.						
S1.	Name of the	Duration	Target		Budget	Sources	Nature of Activities
No.	Programme		Group	)		of Fund	&System of Service Delivery
							Denvery
<u>Tuberculosis</u>							
42. Do you	u have a DOTS	centre in the	e hospital	!?			
(a) Yes (b) No							
(i) If yes, is DOTs easily available for the patients? (ii) If no, what is the reason?							
Please exp	olain?		_				
-	ou provide sput	um test, X-	ray, Mo	nteu	ıx test faci	lities for id	entifying TB
patients?	-						

- 44. How much do you charge for each test? Are there any free facilities for BPL patients?
- 45. Are you able to provide all the medicines for TB patients on time? For how long (months) do you provide the medicines to TB patients?
- 46. Do you provide the medicines in free of costs?

J			
47. Are there any	relapsed patients from th	e treatment of DOTS of	centre? If yes, what
are the main reaso	ons and how do you prever	nt them?	
48. What type of	patients (category I, II and	II) are more seen in ho	ospital?
Reprod	ductive Health Related Is	sues (Mother and Chi	ild Care)
49. What type of	health problems seen amor	ng the women reproduc	ctive age group?
50. What is the M	laternal Mortality Rate in t	he last 3 years?	
51. What type of	services do you provide fo	r reproductive women?	)
52. Do you have A	Antenatal Care centre?		
(a) Yes	(b) No	)	
(i) If yes, are	women come for regular a	ntenatal (ANC) check-ı	up?
(a)Yes	(b) No	)	
53. Where do the	mothers prefer for delivery	y?	
(a) Home	(b) Government hospital	l (C) private	(d) others
specify			
54. Are women as	ware of JSY programme?		
(a)Yes	(b) No	)	
55. Do you provid	le ANC card and JSY card	?	
(a) Yes	(b) No		
56. Do you encou	rage for institutional deliv	ery under JSY?	
(a) Yes	(b) No		
(i) If yes, how	? (ii) If	no, why?	
57. What type of	facilities do you provide u	nder JSY?	
58. How much	incentive do you provid	e for the mothers w	ho have come for
institutional deliv	ery?		
59. Do you have a	a separate family planning	centre?	
(a) Yes	(b) No	)	

- 60. Which method family planning does your department/Health centre/Organization Promulgate?
- 61. What type of incentive do you provide for those mothers who opted for permanent family planning methods?

II. Questionaere for Nurse
A. Personal Detail:
1. Name:
2. Age:
3. Sex:
4. Designation:
5. Marital status:
6. Education:
7. How long have you been working in the health centre?
(a) 1-5 Yrs (b) 6-10 Yrs (c) 11-15Yrs (d) more than 16Yrs
8. Are you attending the health centre regularly?
(a) Yes (b) No
(i) If no, why?
9. How much time do you provide in health centre (per week)?
10. Do you spend more time from your normal timing?
(a) Yes (b) No
If yes, what is the reason behind?
B. About the Hospital/ Health Centre
11. What is the average number of patients per day who visited your
department/health centre?
(a) 1-10 person (b) 11-20 person (c) 21-30 person (d) More than 31 person
12. How much do you charge for registration?
13. Are there sufficient staffs to treat the patients on time?
(a) Yes (b) No
(i) If no, what is the reason?

(b) No
on? (ii) If yes, what are they?
ms and Availability of Services
problems seen in the department/health centre?
revalent for such/each illness?
ents/ cell for each of the major diseases (like
regarding the health care which the patient has
(b) No
ined by the department/health centre for the
(b) No
artment/health centre?
(b) No
n the hospital?
(b) No
medicine?
free ambulance services for the community?
(b) No
of the people? (ii) If no, what is the reason?
iments for testing of several diseases?
(b) No
(ii) If no, what is the reason?
the patients seek for?
(b) No
nd what are the reasons behind?

14. Are there sufficient rooms and beds for the patient?

# D. National Health Programme Related Information

25. Are there any sources of information available from hospitals, NGOs, AIR,						
internet, books, newspaper and magazines?						
(a) Yes (b) No						
(i) If yes, how? (ii) If no, why?						
26. What are the strategies do you use in providing services for patients under						
Revised National Tuberculosis control programme/JSY/JSSK etc?						
<u>Tuberculosis</u>						
27. Do you have a DOTS centre in the hospital?						
(a) Yes (b) No						
(i) If yes, is DOTs easily available for the patients? (ii) If no, what is the reason?						
Please explain?						
28. Do you provide sputum test, $X$ -ray, $M$ onteux test facilities for identifying $TB$						
patients?						
39. How much do you charge for each test? Are there any free facilities for $BPL$						
patients?						
30. Are you able to provide all the medicines for TB patients on time? For how long						
(months) do you provide the medicines to TB patients?						
31. Do you provide the medicines in free of costs?						
32. Are there any relapsed patients from the treatment of DOTS centre? If yes, what						
are the main reasons and how do you prevent them?						
33. What type of patients (category I, II and II) are more seen in hospital?						
Reproductive Health Related Issues (Mother and Child Care)						
34. What type of health problems seen among the women reproductive age group?						
35. Do you have Antenatal Care centre?						
(a) Yes (b) No						
(i) If yes, are women come for regular antenatal (ANC) check-up?						
(a) Yes (b) No						
36. Where do the mothers prefer for delivery?						
(a) Home (b) Government hospital (C) private (d) others						
specify						

37. Are women aware of JSY/JSSK prog	gramme?
(a) Yes	(b) No
38. Do you provide ANC card and JSY $\boldsymbol{\alpha}$	card?
(a) Yes	(b) No
39. Do you encourage for institutional de	elivery under JSY/JSSK?
(a) Yes	(b) No
(i) If yes, how?	(ii) If no, why?
40. What type of facilities do you provid	e under JSY/JSSK?
41. How much incentive do you pro	vide for the mothers who have come for
institutional delivery?	
42. Do you have a separate family plann	ing centre?
(a) Yes	(b) No

#### Appendix IX **Title: Interview Schedule for CHC/PHC doctors** A Study of Utilization of Health Care Services in Ukhrul District of Manipur I. For CHC/PHC Doctors

		A. Perso	<u>nal Detail:</u>	<u>:</u>		
	1Name:					
	2. Age:					
	3. Sex:					
	4. Designation:					
	5. Marital status	s:				
	6. Education:					
7. How long h	ave you been wo	orking in the h	ıealth centr	re?		
(a) 1-5 Yrs	(b) 6-10 Y	rs (c) 11-	15Yrs	(d) more	e than 16Yrs	
8. Are you atte	ending the health	centre regula	ırly?			
(a) Yes		(b) No				
(i) If no, v	vhy?					
9. How much	time do you prov	vide in health	centre (per	week)?		
10. Do you sp	end more time fr	om your norn	nal timing?	)		
(a) Yes		(b) No				
If yes, what i	s the reason behi	ind?				
	<u>B.</u> A	About the Ho	spital/ Hea	alth Centre	2	
11. What is th	e staff strength in	n your departr	nent/health	n centre?		
12. What is	the average	number of	patients	per day	who visited	your
department/he	alth centre?					
(a) 1-10 perso	n (b) 11-20 p	erson	(c) 21-30 p	person	(d) More than	31
person						
13. How much	n do you charge f	or registration	n?			
14.Are there s	ufficient speciali	zed doctors ir	ı the depar	tment/ heal	th centre?	
(a)Yes		(b) No				
15. Are there s	sufficient staffs t	o treat the pat	ients on tir	ne?		
(a) Yes		(b) No				
(i) If no, v	vhat is the reasor	n?				
16. Are there s	sufficient rooms	and beds for t	he patient?	?		
(a) Yes		(b) No				
(i) If no, v	vhy? Please give	the reason?	(ii) If yes,	, what are tl	ney?	

17. What are the main reasons for underutilized of primary health centres operating in the District?

# C. Major Health Problems and Availability of Services

<u>C. Major Health</u>	Problems and Availability of Services
18. What are the types of major l	health problems seen in the department/health centre?
19. What are the main causes of	such illness?
20. In which age group, sex are r	more prevalent for such/each illness?
21. What is the awareness level a	among the people toward the diseases?
22. Do you have a different de	epartments/ cell for each of the major diseases (like
Tuberculosis and Delivery)?	
23. Are you dissatisfied with any	ything regarding the health care which the patient has
utilized for treatment?	
(a) Yes	(b) No
If yes, what are they?	
24. What type of services do you	provide (preventive/ curative)?
25. Is there any proper record	d maintenance maintained by the department/health
centre for the patients?	
(a) Yes	(b) No
(i) If no, why?	
26. Is there any x-ray facility in	the department/health centre?
(a)Yes	(b) No
27. Are the resources sanctioned	by the centres/states for health services are sufficient
with the Ratio of the people?	
(a) Yes	(b) No
(i) If no, what is the reason?	
28. Are the Medicines easily ava	ilable in the Government CHC/PHC?
(a) Yes	(b) No
(i) If no, from where did they	get the medicine?
29. Is there any free health camp	/ Awareness conducted for the last one year?
(a)Yes	(b) No
(i) If yes, where and how?	
30. Do the CHC/PHC authority <sub>I</sub>	provide free ambulance services for the community?
(a) Yes	(b) No
(i) If yes, does it meet for the	need of the people? (ii) If no, what is the reason?

31. Are	e there adequate equ	uipment/inst	ruments	for testing of	several disea	ses?	
(a)	Yes		(b) No	)			
(i)	If yes what are they	? (i	i) If no w	hat is the reas	son?		
32. Are	e there adequate me	dical persor	nel's for	treatment?			
(a)	Yes		(b) N	0			
(i)	If no, what is the re	ason?					
33. Do	you provide all the	medical he	lp the pat	ients seek for	?		
(a)	Yes		(b) N	0			
(i)	If no, where do you	refer them	and what	are the reaso	ns behind?		
34. Is	there a different op	eration thea	tre (OT)	facility for b	oth minor ca	se and major	
case?							
(a)	Yes		(b) No				
(i) If	no, what is the rea		. , ,	ves, what are t	v		
0.F. A	'		_	ramme Relate			
	e there any sourc			vailable fron	n hospitals,	NGOs, AIR,	
	t, books, newspape	r and magaz					
, ,	Yes		(b) No	_			
	(i) If yes, how? (ii) If no, why?						
	hat are the strateg	,			rvices for pa	atients under	
Revise	d National Tubercu	losis contro	l progran	nme/JSY etc?			
	nen did you start he	alth care Pro	ogramme	(TB/ JSY etc	) and what w	as the nature	
of it?							
38. Pro	grammes complete	d previously	<b>y</b> :				
SI N		Duration	Target Group	Budget	Sources of Fund	Nature of Activities & System of Service Delivery	
	39. Current Programmes:						
SI N		Duration	Target Group	_	Sources of Fund	Nature of Activities &System of Service	
11	o. Trogramme		Group		OI Tuliu	Delivery	

# **Tuberculosis**

46. Do you have a	DOTS centre in the hospital?		
(a) Yes	(b) No		
(i) If yes, is DOT	Γs easily available for the patien	ts?	
(ii) If no, what is	the reason? Please explain?		
47. Do you prov	ide sputum test, X-ray, Monte	ux test facilities fo	or identifying TB
patients?			
48. How much d	o you charge for each test? A	re there any free f	facilities for BPL
patients?			
49. Are you able	to provide all the medicines for	TB patients on tim	ne? For how long
(months) do you p	provide the medicines to TB pati	ients?	
50. Do you provid	le the medicines in free of costs?	?	
51. Are there any	relapsed patients from the trea	tment of DOTS ce	ntre? If yes, what
are the main reason	ons and how do you prevent then	n?	
52. What type of	patients (category I, II and II) are	e more seen in hosp	oital?
Reprod	luctive Health Related Issues (	Mother and Chile	l Care)
53. What type of 1	health problems seen among the	women reproductiv	ve age group?
54. What is the M	aternal Mortality Rate in the las	t 3 years?	
55. What type of	services do you provide for repr	oductive women?	
56. Do you have A	Antenatal Care centre?		
(a) Yes	(b) No		
(i) If yes, are	women come for regular antenat	al (ANC) check-up	?
(a)Yes	(b) No		
57. Where do the	mothers prefer for delivery?		
(a) Home	(b) Government hospital	(C) private	(d) others
specify			
58. Are women av	ware of JSY programme?		
(a)Yes	(b) No		
59. Do you provid	le ANC card and JSY card?		
(a) Yes	(b) No		

60. Do you encour	age for institution	al delivery under JS	SY?
(a) Yes		(b) No	
(i) If no, why?		(ii) If yes, how	v?
61. What type of f	acilities do you pr	ovide under JSY?	
62. How do you no	etwork with ASH	A worker, ANM etc	?
63. How much i	ncentive do you	provide for the	mothers who have come for
institutional delive	ery?		
64. Do you have a	separate family p	lanning centre?	
(a) Yes		(b) No	
65. Which method	l family planning	does your departm	ent/Health centre/Organization
Promulgate?			
66. What type of i	ncentive do you p	rovide for those mo	thers who opted for permanent
family planning m	ethods?		
	II.Question	naere for CHC/PH	C Nurses
	<u> </u>	A. Personal Detail:	
1.	Name:		
2.	Age:		
3.	Sex:		
4.	Designation:		
5.	Marital status:		
6.	Education:		
7. How long have	you been working	in the health centre	2?
(a) 1-5 Yrs	(b) 6-10 Yrs	(c) 11-15Yrs	(d) more than 16Yrs
8. Are you attending	ng the health centi	re regularly?	
(a) Yes	(1	o) No	
(i) If no, why	?		
9. How much time	do you provide i	n health centre (per	week)?
10. Do you spend	more time from ye	our normal timing?	
(a) Yes	(	b) No	
(i) If yes, what is	the reason behind	?	

# **B.** About the Hospital/ Health Centre

11. What is the staff strength in your department/health centre?
12. What is the average number of patients per day who visited your
department/health centre?
(a) 1-10 person (b) 11-20 person (c) 21-30 person (d) More than
31 person
13. How much do you charge for registration?
14. Are there sufficient specialized doctors in the department/ health centre?
(a)Yes (b) No
15. Are there sufficient staffs to treat the patients on time?
(a) Yes (b) No
(i) If no, what is the reason?
16. Are there sufficient rooms and beds for the patient?
(a)Yes (b) No
(i) If no, why? Please give the reason? (ii) If yes, what are they?
17. What are the main reasons for underutilized of community health centre (CHC)
/primary health centres (PHC) operating in the District?
C. Major Health Problems and Availability of Services
18. What are the types of major health problems seen in the department/health centre?
19. In which age group, sex are more prevalent for such/each illness?
20. What is the awareness level among the people toward the diseases?
21. Are you dissatisfied with anything regarding the health care which the patient has
utilized for treatment?
(a) Yes (b) No
If yes, what are they?
22. Is there any proper record maintained by the department/health centre for the
patients?
(a) Yes (b) No
(a) Yes (b) No (i) If no, why?
(i) If no, why?
<ul><li>(i) If no, why?</li><li>23. Are the resources sanctioned by the centres/states for health services are sufficient</li></ul>

.24. Are the Medicines easily availab	le in the Government CHC/PHC?
(a)Yes	(b) No
(i) If no, from where did they get t	the medicine?
25. Is there any free health camp/ Aw	vareness conducted for the last one year?
(a) Yes	(b) No
(i) If yes, where and how?	
26. Do the CHC/PHC authority provi	de free ambulance services for the community?
(a)Yes	(b) No
(i) If yes, does it meet for the need	d of the people? (ii) If no, what is the reason?
27. Are there adequate equipment/ins	truments for testing of several diseases?
(a) Yes	(b) No
(i) If yes what are they?	(ii) If no what is the reason?
28. Do you provide all the medical he	elp the patients seek for?
(a)Yes	(b) No
(i) If no, where do you refer them	and what are the reasons behind?
D. National Hea	lth Programme Related Information
29. Are there any sources of infor	rmation available from hospitals, NGOs, AIR,
internet, books, newspaper and magaz	zines?
(a)Yes	(b) No
(i) If yes, how?	(ii) If no, why?
30. What are the strategies do you	use in providing services for patients under
Revised National Tuberculosis contro	ol programme/JSY etc?
	Tuberculosis
35. Do you have a DOTS centre in th	e CHC/PHC?
(a) Yes	(b) No
(i) If yes, is DOTs easily available for	•
(ii) If no, what is the reason? Please	•
	-ray, Monteux test facilities for identifying TB
patients?	1 / 2 A / C C IIV C DDI
•	each test? Are there any free facilities for BPL
patients?	andiaines for TD matients and the O.E
-	nedicines for TB patients on time? For how long
(months) do you provide the medicine	es to 1D patients?

- 39. Do you provide the medicines in free of costs?
- 40. Are there any relapsed patients from the treatment of DOTS centre? If yes, what are the main reasons and how do you prevent them?

41. What type of p	oatients (category I, II and II) a	re more seen in hosp	oital?
Reprod	uctive Health Related Issues	(Mother and Child	Care)
42. What type of h	nealth problems seen among the	e women reproductiv	ve age group?
43. What is the Ma	aternal Mortality Rate in the las	st 3 years?	
44. Do you have A	Antenatal Care centre?		
(a) Yes	(b)	No	
(i) If yes, are v	vomen come for regular antena	tal (ANC) check-up	?
(a)Yes		(b) No	
45. Where do the	mothers prefer for delivery?		
(a) Home	(b) Government hospital	(C) private	(d) others
specify			
46. Are women av	vare of JSY/JSSK programme?	•	
(a)Yes	(b) No		
47. Do you provid	e ANC card and JSY card?		
(a) Yes	(b) No		
48. Do you encour	rage for institutional delivery u	nder JSY/JSSK?	
(a) Yes	(b) No		
(i) If no, why?	(ii) If yes	s, how?	
49. What type of f	acilities do you provide under	JSY/JSSK?	
50. How do you no	etwork with ASHA worker?		
51. How much i	incentive do you provide for	r the mothers who	have come for
institutional delive	ery?		
52. Do you have a	separate family planning centr	re?	
(a) Yes	(b) No		
53. Which method	d family planning does your de	epartment/Health cer	ntre/Organization
Promulgate?			
54. What type of i	ncentive do you provide for the	ose mothers who opt	ed for permanent
family planning m	ethods?		

#### Appendix X Title: Questionnaire for NGO's

# A Study of Utilization of Health Care Services in Ukhrul District of Manipur <u>Information Performa for NGOs</u>

# A. Identity

- 1. Head of the institution:
- 2. Name of the Institution:
- 3. Office address (with district, pin code and phone number):
- 4. What type of institution is?

#### i. NGO

- (a) Religious organization
- (b) Service organization
- (c) Development organization
- (d) If any other, specify.
- 5. How far is the institution from the district town?

#### **B. Historical Background**

- 6. When was the institution/organization established?
- 7. What factors did motivate to form this institution/organization?
- 8. Who was the initial promoter of this organization (name and social background)?
- 9. (If any) what were the initial aims and objectives of the organization? How many times did they change?
- 10. What was the programme started at the beginning? (Please mention name and nature)
- 11. When did the organization get registered?

#### C. Basic Information

- 12. Philosophy, mission and vision of the organization:
- 13. Present objectives of the organization:
- 14. Area of operation:
- 15. No. of states:
- 16. No. of districts:
- 17. No. of blocks or wards:
- 18. No. of villagers:

#### 19. Target group:

Sl. No.	Actual Beneficiaries	Volume (number of beneficiaries)

- 20. Organizational set-up:
- 21. What kind of infrastructural capacity do you have in order to carry out different programme?
- 22. How do you take decision in the organization? Is it taken democratically?

### D. Financial Information

- 23. Please indicate the turnover of your organization for the year 2011-2013
- 24. What are the sources of funds of your organization?

Hospital	NGO
Central Government	State Government
Central government and State Government	Non-governing Funding Agencies (Indian)
Central Social Welfare Board	Foreign Funding Agencies
CAPART	Local Self Government
Public Donation	Collection of Contribution
Internal sources	Any other, please specify

- 25. What problems or barriers do you find in financing (if there is any problem)?
- 26. What is your organizational policy pertaining to fund raising?
- 27 Do you prepare annual budget?
  - (a) Yes

- (b) No
- (i) If yes, how?
- (ii) If no, how do you manage?
- 28. What criteria do you use for allocation of funds among the different programmes?

#### E. Information Related to Staff

- 29. Please indicate the total number of the workers:
- (i) No of full time paid staff:
- (ii). No of part time paid staff:
- (iii) No of honorary staff:

- (iv) No of Volunteers:
- 30. Please indicate the characteristics of full time paid staff:

Sl.No.	Designation	No	Age	Sex M&F)	Qualification	Experience	Salary

#### F. Monitoring

- 31. Do you monitor your programme activities, finance and staffs?
  - (a) Yes

- (b) No.
- 32 If yes, please indicate time, person and process involved in monitoring activities (for each programme).

#### **G. Other Information**

33. Please indicate the various strengths, weakness, opportunities and threats of the organization in terms of administrative work, programme implementation, finance, staff, beneficiaries, ideological issues and so on.

#### NGOs (Non-Governmental Organization): Project Director/President/

#### **Secretary**

#### **B. Personal Information:**

- 1. Name of the Organization:
- 2. Name of the respondents:
- 3. Age:
- 4. Sex:
- 5. Designation:
- 6. Marital status:
- 7. Education:
- 8. Working experience:
- 9. Area of work:
- 10. How long have you been working in the health centre?
- (a) 1-5 Yrs (b) 5-10 Yrs (c) 10-15Yrs (d) more than 15 Yrs

#### B. Availability, Accessibility of Health Services

1. Who is your parent organization?

2. Do your organization work under the NACO relating to HIV/AIDS? If yes, give in
detail.
3. What are the programmes/ projects available in your organization?
4. What are the services do you provide for people?
5. Do you have different facilities for STDs/RTIs and HIV/AIDS?
(a) Yes (b) No
(i) If yes please specify in detail.
HIV/AIDS Related Services
6. What are the programmes or projects run by your organization for HIV/AIDS?
7. Who are your target group and why?
8. What are the age group of people who visited your agency for services?
9. Which gender is more prevalent to this disease?
(a) Male (b) Female
10. What are the causal factors or reason of HIV and AIDS?
11. What is the trend of this disease since 2005?
12. What is the reason for rising of HIV/AIDS in the district?
13. What are the associated disease seen with HIV and AIDS?
14. Do you have a separate clinic for HIV/AIDS clients?
(a) Yes (b) No
(i) If yes, what type of services do you provide? (Counseling, medication, etc.)
(ii) If no, what is the reason?
15. Do you have ICTC?
(a) Yes (b) No
(i) If yes, what type of services do you provide in ICTC?
16. What is the average number of patients per day who visited your centre?
(a) 1-5 person (b) 6-10 person (c) 11-15 person (d) More than 16 person
17. Do you think that the services that render to clients are benefitted by them?
(a) Yes (b) No
(i) If yes, how far do they benefit, please explain? (ii) If no, why?
18. Do you provide get anti-retroviral therapy (ART) services free of cost from your
organization?
(a) Yes (b) No,
(i) If no, what is the reason? Please explain?

19. Do you give only ART or accompany w	ith vitamin supplement?
(a) Yes	(b) No
(i) If yes, how, please explain?	(ii) If no, why?
20. Do you maintain CD4 count for each pa	tient properly?
(a) Yes	(b) No
(i) If yes, how, please explain?	(ii) If no, why?
21. Is there any complaint issues relating wi	th HIV test?
(a) Yes	(b) No
(i) If yes, how?	
22. What are the different approaches take	en up by your organization regarding the
HIV detection?	
23. Who else are involved in counselling an	d treatment of HIV/AIDS cases?
24. How comfortable do clients avail the ser	rvices?
25. Is there any proper record maintenance I	by your agency for the patients?
(a) Yes	(b) No
26. What is the nature of confidentiality of o	cases referred to your agency?
27. Do you have a referral services?	
(a) Yes	(b) No
(i) Is Yes, where do you send clients for 28. What are your limitations in providing s	
Awar	reness Level
29. What is the awareness level among the p	people towards HIV/AIDS?
30. Are people aware of the major causes of	the diseases?
(a) Yes (b) No	(c) No Idea
(i) If yes, how? (ii)	If no, why?
31. What is the attitude of people towards ye	our services?
32. Who to be blamed for increasing $HIV/A$	.IDS in the district?
please specify?	and information (c) Individual (d) others,
33. Who are your target group?	un in discominating information 1th C til
34.Do you network with other organization based organization. Church schools college	<u> </u>
TOTAL TO CONTRACTOR STATE OF THE STATE OF TH	Ca. VIIIARE COUNCH, EU.!

- 35. What are the other sources of information about the disease- hospitals, NGOs, AIR, internet, books, newspaper and magazines?
- 36. Are the measures beneficial for your community and you personally? If yes please explain in detail?
- 37. How far is your organization achieved in controlling and preventing HIV/AIDS in the region? (Reports of cases of last three years).
- 38.What are the relationship between the programmes implementation and their impact on HIV/AIDS?

# Appendix XI Title: Interview Schedule for Headman/Chairman A Study of Utilization of Health Care Services in Ukhrul District of Manipur Information Performa for the Headman/Chairman

## A. Identity

A. Identity
. Name of the Headman:
2. Name of the Village:
3. Total Population:
1. Name of the Block (with district, pin code and phone number)
5. How do you take decision in the village? Is it taken democratically?
6. How far is the village from the district town?
7. How far is the nearest health centre from your village?
(a) 0-5 Km (b) 6-10 Km (c) 11-15 Km (d) More than 16 Km.
B. Health Related Problems
3. What are the common sicknesses faced by your villager?
). What are the possible main causes of such illness?
0. What is the awareness level among the people towards the diseases?
1. Where do the villagers/patients go when they have any health issues?
a). Government Hospital (b). Private Hospital (c) Sub- Centre/PHC/CHC
(d) Traditional/Religious Healer.
2. Are there any referral services available?
(a) Yes (b) No
(i) If yes, where do they refer you?
3. Are there any problems in referral services from Sub-centre to PHC to CHC and
District Hospital in the District? If yes, what are the problems, please explain in
letail?
4. Are you satisfied with the health centre in utilizing the hospitals/PHC/CHC?
(a) Yes (b) No
(i) If no, what is the reason? (ii) If yes how?
5. Does the hospitals authority provide free ambulance services for the community?
(a) Yes (b) No (c) No Idea
(i) If yes, do they provide up-to your needs?
(a) Yes (b) No
6. What is the mode of communication from your village to hospital?

17. What role has ASH	A worker taken dealing with	h patients in the community?			
18. What is your opinion on the maintenance of hospital?					
(a) Bad	(b) Good	(c) can't say			
19. What problems or b	parriers do you find in the vi	llage regarding tackling any health			
issues?					
<u>C.</u>	Socio-Cultural Beliefs and	d Religious Practices			
20. Do the villager go a	and consult to the traditional	healer/religious healer?			
(a) Yes	(b) No				
21. If yes, what is the re	easons/sickness for visiting	them?			
22. Do the villagers get	any medicines from the tra-	ditional/religious healer?			
(a) Yes	(b) No				
23. If so, did that medic	cine help them in curing thei	ir sickness?			
(a) Yes	(b) No				
24. Are you satisfied w	ith the treatment?				
(a) Yes	(b) No				
(i) If yes, explain.					
25. What are other diffe	erent illnesses treated by the	e traditional/religious healer? Please			
give the name of the dis	seases?				
26. What are the imp	portance roles played by	traditional/religious healer during			
emergency?					
27. Is the prayer and ma	assage helped in curing their	r sickness?			
(a) Yes	(b) No				
28. Do you think the re	ligious healers have extra po	ower to heal the patient?			
(a) Yes	(b) No				
(i) If no how?	(ii) If yes, how please ex	xplain?			
	D. Programmes and I	<u>Policies</u>			
29. What are the progr	ramme and schemes you ge	et from the health sector, i. e. from			
both					
Government and p	orivate? (Please mention nan	ne and nature)			
30. Are there any free h	nealth camp/ Awareness cor	nducted in your area for the last one			
year?					
(a) Yes	(b) No				

31. Are there any sources of information available from hospitals, $NG$	Os, AIR,				
internet, books, newspaper and magazines regarding any illness?					
(a) Yes (b) No					
(i) If yes, please explain in detail?					
$32. \ Are the programmes beneficial for your community and you personally?  $					
(a) Yes (b) No					
(i) If no, what is the reason? (ii) If yes, how?					
33. What are the relationship between the programmes implementation and their					
impact on community people?					
(a) Very good (b) Good (c) Very bad (d) Worse (e	) No Idea				
34. Any other comments.					