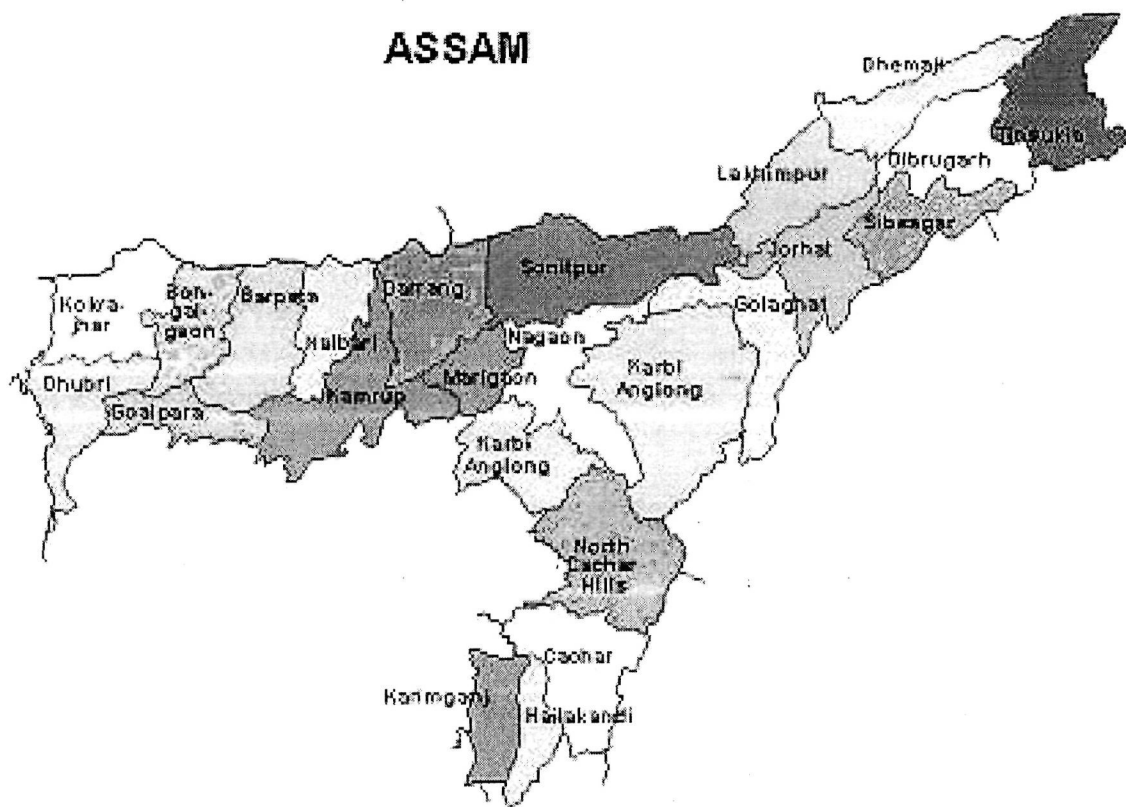


# ANNEXURES

## Annexure-1

### Map of Assam



**Annexure-2**

**AN EVALUATION OF THE REPRODUCTIVE AND CHILD  
HEALTH PROGRAMME IN ASSAM WITH SPECIAL  
REFERENCE TO BARAK VALLEY**

**INTERVIEW SCEDULE FOR WOMAN AND CHILD  
BENEFICIARY**

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Pin-788011  
ASSAM  
2006**

SL NO:-  
VILLAGE:-  
DISTRICT:-

**AN EVALUATION OF REPRODUCTIVE AND CHILD HEALTH PROGRAMME  
IN ASSAM WITH SPECIAL REFERENCE TO BARAK VALLEY**

**DEMOGRAPHIC DATA**

1. Name of the beneficiary?

2. Age (in years)

1. Below 15
2. 16-25
3. 26-35
4. 36-45
5. 46 and above

3. Religion

1. Hindu
2. Muslim
3. Christian
4. Others

4. Caste:-

1. SC
2. ST
3. OBC
4. OC
5. MOBC

5. Education:

1. Illiterate
2. Primary
3. Middle School
4. High School
5. Higher Secondary

6. Degree
7. Any other (specify)
6. Marital Status:-
  1. Married
  2. Unmarried
  3. Widowed
  4. Divorced
  5. Separated
  6. Any other (specify)
7. Type of family:-
  1. Nuclear
  2. Joint
  
8. Size of Family (members):-
  1. 2
  2. 3-4
  3. 5-6
  4. 7 and above
  
9. Family Occupation:-
  1. Coolie
  2. Own Agriculture
  3. Service (Govt./Private)
  4. Business
  5. Any other (specify)
10. Family Income (monthly):-
  1. Below Rs-1000/
  2. Rs-1001/-3000/
  3. Rs-3001/-5000/
  4. Rs-5001/ and above
11. Family composition:-

No. of Family members (excluding the beneficiary)

SL No	Name of the family members	Relation to Beneficiary	AGE	SEX	Marital Status	Education	Occupation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**IMPACT OF THE RCH PROGRAMME ON THE BENEFICIARIES**

**PART-I –MATERNAL HEALTH**

**a) Safe Motherhood**

12. At what age did you get first pregnancy?

1. Below 15 years
2. 16-18 years
3. 19-22 years
4. 23-25 years
5. 26 years and above

13. (a) During pregnancy did ANM/LHV visited you?

YES/NO

(b) If yes, how frequently?

- 1. Once in a week
  - 2. Once in a fortnight.
  - 3. Once in a month.
- (c) During pregnancy how many times did you go for medical check-up?
- 1. 1 time
  - 2. 2 times
  - 3. 3 times
  - 4. 4 times
  - 5. 5 times and more
- (d) During pregnancy did you get two TT immunization? YES/NO
- (e) During pregnancy do you take Iron Folic Acid tablets? YES/NO
- (f) If Yes, how many?
- 1. Less than 100 tablets
  - 2. 100 tablets
- (g) Did ANM check-up and record the following during pregnancy?
- 1. Weight
  - 2. Blood pressure
  - 3. Blood group
  - 4. Hemoglobin
  - 5. Urine
- (h) Did you take the following during pregnancy?
- 1. Green leafy vegetables YES/NO
  - 2. Pulses YES/NO
  - 3. Fruits YES/NO
  - 4. Milk YES/NO
  - 5. Nothing YES/NO

14. (a) Where did the delivery of the child take place?

Sl. No	Place of delivery	I Child	II Child	III Child	IV Child	V Child
1	PHC					

2	CHC					
3	At HOME					
4	District Hospital					
5	Medical College					
6	Private Nursing Home					

b) Who attended/helped in case of delivery at home?

1. Family members
2. relatives/neighbors
3. Village Dai
4. Trained Dai
5. ANM
6. Any other (specify)

c) Were these used/practiced during delivery at home?

1. Clean sheets/rubber sheets supplied by ANM
2. Hand wash with soap and water
3. Nail Cutting
4. New blade
5. Clean string for tying cord.

15. (a) When did you start breast feeding to your new born baby?

1. Immediately after birth
2. 6 hours later
3. 12 hours later
4. 24 hours later or more

b) How many times did you breast feed your Child in a day?

1. 1-3 times
2. 4-6 times

3. 7 times or more
4. As and when child required.

c) Did you take the following during lactating period?

- |                        |        |
|------------------------|--------|
| 1. Vegetables          | YES/NO |
| 2. Fruits              | YES/NO |
| 3. Milk                | YES/NO |
| 4. Any other (specify) | YES/NO |

**b) Nutritional Anaemia**

16.(a) Did you take the following during pregnancy to prevent Nutritional anaemia?

1. Green leafy vegetables
2. Cereals
3. Pulses
4. Lemon/Orange
5. Meat

b) Do your family members take the following in the age group of 0-19 years?

1. Wheat
2. Ragi
3. Jowar
4. Bajra
5. Pulses
6. Meat
7. Leaves
8. Cereals

c) Do you provide green leafy vegetables in the weaning of foods of your children during Infancy? YES/NO

17. (a) Do you get Iron Folic Acid(small) for children (1-5 years) from ANM/LHV ? YES/NO

b) If yes, how many?

1. 50-100 tablets



2. 100 and more

**c) Adolescent Reproductive Health**

18. Did you receive knowledge and education on protected sex, RTI, STI and STDs from ANM/LHV or any other PHC staff? YES/NO

19.a) Whether ANM/LHV conduct adolescent girls meeting in your village or locality ? YES/NO

b) If yes, how frequently?

1. Once in a week
2. Once in a fortnight.
3. Once in a month.

**d) Abortion**

20. (a) Did you or any of your family members gone for abortion? YES/NO

b) If yes, then why?

- |                                       |        |
|---------------------------------------|--------|
| 1. Mother at risk                     | YES/NO |
| 2. Child at risk                      | YES/NO |
| 3. Result of rape                     | YES/NO |
| 4. Mother had more children           | YES/NO |
| 5. Economic in capabilities           | YES/NO |
| 6. Failure of family planning methods | YES/NO |

c) If yes, where did the abortion take place?

1. PHC
2. Block Hospital
3. Civil Hospital
4. Medical C&H
5. Regional Hospital
6. Private nursing home
7. Any other (specify)

**e) Reproductive Tract Infections(RTIs)/Sexually Transmitted Infections(STIs)**

21.(a) Did you or any of your family members ever faced any sexual dysfunction? YES/NO

b) Is there anybody in your family having any or more of the following?

1. HIV/AIDS YES/NO

2. RTI/STI YES/NO

3. Any other STDs (specify) YES/NO

c) If yes, where did you receive the treatment?

1. PHC

2. Block Hospital

3. Civil Hospital

4. Medical C&H

5. Regional Hospital

6. Any other (specify)

**f) Gender Issues**

22. a) Do you take educational, nutritional and other required care to your children of both the sex equally ? YES/NO

b) If no, why?

1. As preferred by husband

2. As male child will be productive in future.

3. As preferred by all family members.

23. a) Is any of your family members shows any kind of favourism to male child ? YES/NO

b) Do you gone for sex identification of baby inside the womb during your pregnancy? YES/NO

**PART-II-CHILD HEALTH**

**a) Infant and Child Mortality**

24.(a)How many Children have you given birth so far?

1. One
2. Two
3. Three
4. Four
5. Five and more

b) Whether all of them survived?

YES/NO

c) If not, answer the following-

No. of Children died	AGE	Place of Death			Reasons for death
		Home	Hospital	other	
1st					
2nd					
3rd					
4 <sup>th</sup>					
5 <sup>th</sup>					

**b) Breastfeeding and Nutrition**

25. (a) How many months did you breast feed the Child?

CHILD	MONTHS
1 <sup>st</sup>	
2nd	
3rd	
4th	

b) At what age did you start the semi-solid food to your Children?

1. When the baby was three months old
2. 4-5 months
3. 6-7 months
4. 8 months and above

c) What Kind of food items did you give to the Child of 1-2 years of age?

- |                         |        |
|-------------------------|--------|
| 1. Cereals              | YES/NO |
| 2. Dals                 | YES/NO |
| 3. Vegetables           | YES/NO |
| 4. Fruits               | YES/NO |
| 5. Oils                 | YES/NO |
| 6. Fresh food           | YES/NO |
| 7. Eggs                 | YES/NO |
| 8. Milk and Milk Powder | YES/NO |
| 9. Nuts                 | YES/NO |
| 10. Others              | YES/NO |

d) What kind of food did you give to the Child of 3-6 years of age?

- |                    |        |
|--------------------|--------|
| 1. More semi-solid | YES/NO |
| 2. More Solid      | YES/NO |
| 3. Equally mixed   | YES/NO |

**c) Essential New Born Care**

26. a) Did you observed the following during your delivery at home?

1. Clean hands
2. Clean surface
3. Clean razor blade
4. Clean cord tie
5. Clean cord stump

b) who attended you during delivery at home?

1. Village Dai
2. ANM
3. LHV
4. Qualified Medical Practitioner

5. Family members

6. Neighbours

7. Any other

c) Did you take the following care to your new born child?

1. Cleaning of eyes

2. Clean cord tie

3. Bath after one week

4. Close physical contact to mother( to prevent hypothermia)

27. (a) Did any of your Child born with birth weight below 2500 gms? YES/NO

b) If yes, where did you treat?

1. At home

2. PHC

3. Civil Hospital

4. Any other (specify)

28. (a) Do you know about spacing of birth? YES/NO

b) If yes then from whom?

1. ANM

2. LHV

3. AWW

4. PHC Doctor

5. Local Practitioner

6. Any other (specify)

29. Did ANM/LHV give education about the following new born risks?

1. Refusal of food YES/NO

2. Increased drowsiness YES/NO

3. Cold to touch YES/NO

4. Difficult or rapid breathing YES/NO

5. Convulsions and Stiffness YES/NO

6. Persistent vomiting YES/NO

7. Jaundice YES/NO

**d) Control of Acute Respiratory Infection (ARI)**

30.(a) were ever any of your Children suffered the following?

- |                   |        |
|-------------------|--------|
| 1. Fast breathing | YES/NO |
| 2. Chest drowsing | YES/NO |
| 3. Both           | YES/NO |

b) If yes then what measure did you take?

1. Treated at home
2. Consulted Doctor
3. Hospitalized
4. Any other (specify)

c) Did ANM/LHV educate you about following precautionary measures to be taken at home for child with Pneumonia?

- |   |        |
|---|--------|
| 1. Keeping infant warm & away from draught          | YES/NO |
| 2. Exclusive breast feeding upto 4 months of age    | YES/NO |
| 3. DPT & Measles vaccination at the appropriate age | YES/NO |
| 4. Hand washing while feeding & touching the Child  | YES/NO |

#### **e) Diarrhoea**

31. (a) Was any of your child under 5 years of age suffering from Diarrhoea?

YES/NO

b) If yes then where did you treat?

1. At home
2. PHC
3. Civil Hospital
4. Medical C& H
5. Any other (specify)

c) Did ANM/LHV educate you about the following for management of child with Diarrhoea?

- |  |        |
|--|--------|
| 1. Increased quantities of fluids to the child | YES/NO |
| 2. Continue feeding the child during Diarrhoea | YES/NO |
| 3. About early signs of dehydration            | YES/NO |
| 4. How to prepare ORS & its doses              | YES/NO |

**f) Control of Vitamin -A Deficiency**

32. a) Is any of your Children suffer from Vitamin-A deficiency? YES/NO

b) If yes, how many?

1. 1 child
2. 2-3 Child
3. 4-5 Child
4. 6 and more

33. Do you take care of the following to your children?

1. Consumption of Vitamin-A rich food
2. Exclusive breastfeeding

**g) Immunization**

34. (a) Whether your children are immunized? YES/NO

b) If yes, did you come to know from the following?

- |                           |        |
|---------------------------|--------|
| 1. ANM/LHV                | YES/NO |
| 2. AWW/Supervisor         | YES/NO |
| 3. Family Planning Worker | YES/NO |
| 4. Private Doctor         | YES/NO |
| 5. Local Practitioner     | YES/NO |
| 6. Mass Media             | YES/NO |
| 7. Any other (specify)    | YES/NO |

c) Give immunization status of your Children.

IMMUNIZATION	I CHILD	II CHILD	III CHILD	IV CHILD	V CHILD
BCG 1. YES 2. NO					
DPT 1. Complete 2. Partial					

3. None					
POLIO 1. Complete 2. Partial 3. None					
MEASLES 1. YES 2. NO					
DT 1. YES 2. NO					
TT 1. YES 2. NO					

d) Where did you go for Children's immunization?

- |                                |        |
|--------------------------------|--------|
| 1. PHC                         | YES/NO |
| 2. At home by ANM              | YES/NO |
| 3. Civil Hospital              | YES/NO |
| 4. Private Doctor/Nursing Home | YES/NO |
| 5. Any other (specify)         | YES/NO |

### PART-III-CONTRACEPTIVES

35. (a) Did you receive knowledge about the various methods of family planning?

YES/NO

b) If yes, whether the following functionaries give this knowledge?

- |                           |        |
|---------------------------|--------|
| 1. ANM                    | YES/NO |
| 2. PHC Doctor             | YES/NO |
| 3. Civil Hospital         | YES/NO |
| 4. Private Doctor         | YES/NO |
| 5. Local Practitioner     | YES/NO |
| 6. Family Planning worker | YES/NO |
| 7. Any other (specify)    | YES/NO |



c) Did you adopt any family planning method?	YES/NO
d) If yes, which method adopted?	
1. Condoms/Nirodh	YES/NO
2. Oral pills	YES/NO
3. Intra Uterine Devices (IUD)	YES/NO
4. Tubectomy	YES/NO
5. Vasectomy	YES/NO
6. Laparoscopic	YES/NO

### **KNOWLEDGE, ATTITUDES AND OPINIONS OF THE BENEFICIARIES**

36. a) Are you satisfied with the location of the PHC?	YES/NO
b) Do you know about the Reproductive and Child Health Programme and Services provided under the programme?	YES/NO
37. a) Do you know about various anti-natal and post-natal care?	YES/NO
b) Are you satisfied with the service delivery of ANM/LHV during your pregnancy?	YES/NO
c) Are you aware of TT immunization and Iron tablets to be taken during pregnancy?	YES/NO
d) Are you aware of safe practices during delivery at home?	YES/NO
38. a) Do you know about Nutritional Anaemia, its causes and its preventive measures?	YES/NO
b) Do you think ANM/LHV provided enough knowledge and education to you about Nutritional Anaemia?	YES/NO
39. a) Do you have adequate knowledge about adolescent reproductive health?	YES/NO
b) Do you have enough knowledge about the following?	
1. Safe Sex	
2. RTI/STI	
3. HIV/AIDS	
4. STDs	
40. Do you know why and where abortion will take place?	YES/NO

41. Do you provide equal care and support to all your Children? YES/NO
42. a) Have you received adequate knowledge and education on the following?
1. Breastfeeding
  2. Essential New Born Care and New born risks
  3. Food items for 1-6 years age group of children
  4. Low birth weight
- b) Do you know about the spacing of birth? YES/NO
43. a) Do you know anything about the following?
1. Fast breathing of Child
  2. Chest drowsing
  - 3 Both
- b) Do you know the precautionary measures for Pneumonia? YES/NO
44. Do you know about the management of child with diarrhea at home? YES/NO
45. Do you know how to prepare ORS at home and its doses? YES/NO
46. Are you aware of immunization of children and its schedule? YES/NO
47. Do you know about the benefits of family planning and its various methods? YES/NO

Name of the Investigator:-

Date of Visit:-

Signature of the Investigator:-

Notes:-

Annexure-3

**AN EVALUATION OF THE REPRODUCTIVE AND CHILD  
HEALTH PROGRAMME IN ASSAM WITH SPECIAL REFERENCE  
TO BARAK VALLEY**

**INTERVIEW SCHEDULE FOR AUXILIARY NURSING  
MIDWIVES (ANMs)**

SCHOLAR

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**Pin-788011**

**ASSAM**

**2006**

SI. NO:- VILLAGE:- PHC:- DISTRICT:-
--

## **Interview schedule for Auxiliary Nursing Mothers (ANMs)**

1. Name:-

Address:-

2. Age (in years)

1. Below 15
2. 16-25
3. 26-35
4. 36-45
5. 46 and above

3. Religion

1. Hindu
2. Muslim
3. Christian
4. Others

4. Caste:-

1. SC
2. ST
3. OBC
4. OC
5. MOBC

5. Education:

1. Illiterate
2. Primary
3. Middle School

4. High School

5. Higher Secondary

- 6. Degree
- 7. Any other (specify)

6. Marital Status:-

- 1. Married
- 2. Unmarried
- 3. Widowed
- 4. Divorced
- 5. Separated
- 6. Any other (specify)

7. Type of family:-

- 1. Nuclear
- 2. Joint

8. Total income of the family.....

9. (a) Are you working in your native place YES/NO

b) What difficulty do you face in your place of

work.....

.....

10. How long you are working as ANM?

- 1. For last one year
- 2. 2-3 years
- 3. 4-5 years
- 4. 6 and above years

11. State your opinion about present job

- 1. Satisfied
- 2. Not Satisfied
- 3. Can't say.

12. Do you like to continue in the same job? YES/NO

13. Have you gone for adequate in job training? YES/NO

14. In your opinion how far women beneficiaries are aware of various services of the RCH Programme?

1. fully aware.
  2. Not aware.
  3. Can't say
15. (a). Do you conduct mothers meeting regularly? YES/NO
- b) If yes, then how frequently you conduct these meetings?
1. Weekly
  2. Fortnightly
  3. Monthly.
  4. Quarterly.
- 16 (a). Have you explained the family planning methods to the beneficiaries? YES/NO
- b) If yes, then what methods generally preferred?
1. Tubectomy.
  2. Vasectomy
  3. Oral pills
  4. Nirodh (condoms)
  5. IUD
  6. Any other (specify)
- c) How many couples did you motivate to adopt any of the above methods for last five years.....
17. Have you enlightened the women beneficiaries regarding the intake and quality of food during the Anti-natal and Post-natal periods? YES/NO
18. Do you distribute Iron and Folic Acid Tablets to the pregnant women? YES/NO
19. Do you give the vitamin tablets or drops to the children beneficiaries? YES/NO
20. Do you maintain health cards of mother and children at Health Sub-Centre? YES/NO
21. Do you weigh the children monthly? YES/NO
22. (a) Did you make visited to the beneficiaries during Post-natal periods? YES/NO
- b) If yes, then how many times did you visit each of them?
1. Up to 5 times
  2. 6-10 times

3. 11 and above

23. State the number of children suffering from malnutrition for last five years.....

24. What are the common diseases that are affecting children in your village?

- 1. DPT 2.TB 3. Typhoid. 4. Mumps. 5. Any other (specify)

25. Whether any organization/association functioning for the welfare of the mother and children in your village? YES/NO

26. (A) Are you satisfied with the participation and co-operation that you are getting from the villagers in delivering various services? YES/NO

b) If not, then what efforts did you make to motivate them to participate?

.....  
.....

c) In what way do you think LHV can help you to motivate them to participate-

.....

27. How often medical Officer visits Health sub-centre?

- 1. Once a month
- 2. Once in two month
- 3. Once in three month
- 4. Any other (specify)

28. (a) Do you attend sectoral meeting regularly? YES/NO

b) if yes, then what way these meetings are helpful?

.....  
.....

.....

29. Did you get any help from other Government departments? YES/NO

30.a) Have you ever come across any of the following problems while implementing

health programme as a grassroots level functionary at village level?

- |   |        |
|---|--------|
| 1. Village politics   | YES/NO |
| 2. Groupism   | YES/NO |
| 3. Caste conflicts  | YES/NO |
| 4. Village conflicts  | YES/NO |
| 5. Insurgency/terrorism   | YES/NO |
| 6. Any other  | YES/NO |
| b) Do you find any difficulties in dealing with higher officials? | YES/NO |
| c) Do you get all kind of cooperation from higher authority?      | YES/NO |

31. State the suggestions you want to put forward for better implementation of the RCH Programme.

.....

.....

.....

.....

Name of the Investigator:-

Date of Visit:-

Signature of the Investigator:-

Notes:-



Annexure-4

**AN EVALUATION OF THE REPRODUCTIVE AND CHILD  
HEALTH PROGRAMME IN ASSAM WITH SPECIAL REFERENCE  
TO BARAK VALLEY**

**INTERVIEW GUIDE FOR LADY HEALTH VISITORS(LHVs)**

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SUPERVISOR  
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READER

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ASSAM UNIVERSITY, SILCHAR  
Pin-788011  
ASSAM  
2006

Sl.No:- PHC:- District:-
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## **An Evaluation of the Reproductive and Child Health Programme in Assam with special reference to Barak Valley**

### **Interview guide for Lady Health Visitors(LHVs)**

#### **(I) Personal Profile:**

Name and address:-

1. Age:-
2. Religion and caste:-
3. Educational Qualification:-
4. Marital Status:-
5. Years of Service
  1. In the present job:-
  2. In the previous job:-
6. Training and short term/refresher courses undergone:-

#### **(II) Coverage of Villages and Sub-Centres:**

7. Number of villages in the circle and number of Sub-centres: motorable roads distance.
8. Years in Charge of the circle; difficulties faced, any desire for change in the circle:
9. Frequency of visits to centres/villages:
10. Time spent in each centre/village: nature of guidance and help given to ANMs

### **(III) Community Survey:**

11. Villages surveyed with her help or guidance-number, year of survey, personal visits during survey etc
12. Identifying the target groups, child birth and death, maternal deaths, malnourished children and women etc.

### **(IV) Contacts and Meetings:**

13. Regarding help in the area community level meetings, family visits and contacts.
14. Periodic meetings with the ANMs, liaison between the ANMs and Medical Officer.
15. Linkages with other functionaries (health, community development staff etc.)
16. Visiting families and village Level organizations.

### **(V) Programme Planning:**

17. Mobilization of local resources.
18. Working with ANMs in the areas of health, nutrition, education, immunization and Community participation etc.
19. Working with Health, Welfare, Development and other functionaries in her area

### **(VI) Programme Implementation:**

20. Identification of diseases of Pregnant and nursing women and children, Health and Nutrition Education. and parents and community participation etc.
21. Mobilizing community support and participation and involving Voluntary

Organizations in Health Programmes.

22. Periodic review of progress of Health Programmes in the Circle.

**(VII) Supervision:**

23. Supervision of ANMs-visits, guidance, observations etc.

24. Maintenance of registers, records, and writing reports, guidance and help, checking the records, stock register, materials etc.

25. Guiding ANMs –weighing children, distribution of simple medicines, referring a risk children and mothers to hospitals.

**(VIII) Co-operation and Co-ordination**

26. Local leaders, panchayat members, youth clubs, mahila mandals, village co-operatives and schools.

27. Other Government and Welfare functionaries.

**(IX) Problems and Suggestions:**

28. Administrative.

29. Village politics, groupism and community conflicts etc.

30. Responses from the beneficiaries.

Name of the Interviewer-

Date of interview

Signature of the Interviewer-

**Notes:-**

Annexure-5

**AN EVALUATION OF THE REPRODUCTIVE AND  
CHILD HEALTH PROGRAMME IN ASSAM WITH SPECIAL  
REFERENCE TO BARAK VALLEY**

**INTERVIEW GUIDE FOR MEDICAL OFFICERS**

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ASSAM  
2006**

Sl.No:- PHC:- District:-
--------------------------------

## **An Evaluation of the Reproductive and Child Health Programme in Assam with special reference to Barak Valley**

### **Interview guide for Medical officers**

#### **Personal Profile:**

Name and address:-

9. Age:-

10. Religion and caste:-

11. Educational Qualification:-

12. Marital Status:-

13. Years of Service

3. In the present job:-

4. In the previous job:-

14. Training and short term/refresher courses undergone:-

#### **(II). Planning and Administration:**

15. Staff requirement, recruitment, organization and function.

16. Health and nutrition Education, Health Check-up, Immunization Programmes with the help of other functionaries.

#### **(III) Community Participation:**

17. Creating awareness, role of Health staff, and contribution to villages in concrete terms.

(IV) **Co-ordination:**

18. Village level and block /PHC/PHU level committees.
19. PHCs, PHUs, Panchayats etc.
20. Voluntary and other organizations.
21. Linkages with district and state level officials.

(V) **Field visit and Supervision:**

14. Village survey/ANMs/LHVs/ guidance and help given.
15. Checking records/registers, stocks, materials etc.
16. Individual and team visits, frequency of visits to sub-centres/villages.

(VI) **Contacts and meetings:**

17. Community/block/District level committees, staff committees- contribution and working relationship.
18. Committee meetings at different levels, nature of agenda, minutes and action taken.
19. Local/PHC/PHU level meetings with people in the area.

(VII) **Staff Development and Training:**

20. Reports collected from ANMs/LHVs.
21. Type of reports written and sent to DHO/DHS and other officers.

(VIII) **Problems and Suggestions:**

22. Staff management and Health staff.
23. Groupism, village politics, Caste conflicts, Insurgency,
24. Dealing with higher officials and non-officials.
25. Co-ordination.

Name of the Interviewer-

Date of interview

Signature of the Interviewer-

Notes:-

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