ROLE OF MAHILA AROGYA SAMITI IN BRINGING CHANGE IN KNOWLEDGE ATTITUDE AND PRACTICES AMONG HUP SLUMS IN JAIPUR, RAJASTHAN

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Under the guidance of
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INSTITUTE OF HEALTH
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This is to certify that **Mahesh Kumar Singh,** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Health of Urban Poor Project IIHMR Jaipur** from **16th March to 16th May 2015**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that **Mr. Mahesh Kumar Singh**, Student of MBA in Hospital and Health Management of IIHMR University Jaipur has successfully completed his 2 months (from 16.03.2015 to 16.05.2015) dissertation in Health of the Urban Poor (HUP) Program, Rajasthan.

During the Dissertation his performance was found to be satisfactory. The information based on his short study and quality of report is total student's responsibility. We wish him success in all his future endeavors.

Dr. Dhirendra Kumar,
Project Director
HUP Rajasthan/ IIHMR

Swasth evam Sundar Shehar
HUP
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This is to certify that the dissertation titled **"Role of Mahila Arogya Samiti in bringing change in knowledge, attitude and practices among HUP slums in Jaipur district, Rajasthan"** and submitted by **Mahesh Kumar Singh,** enrollment No. 1459 under the supervision of **Dr. Shilpi Mishra Sharma** for award of MBA Hospital and Health Management of the University carried out during the period from 16th March, 2015 to 16th May, 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Mahesh Kumar Singh
(MBA Health – 18th Batch)

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ACRONYMS

ANM	Auxiliary nursing midvife
AWW	Anganwadi worker
HUP	Health urban poor
IFA	Iron folic acid
IMR	Infant mortality rate
MAS	Mahila Arogya Samity
MMR	Maternal mortality rate
MNCHN	Maternal neonatal child health and nutrition
TFR	Total fertility rate
UHND	Urban health nutrition day

EXECUTIVE SUMMARY

Background: The Health of Urban Poor (HUP) project envisages the development of a responsive, functional and sustainable urban health system that provides need-based, affordable and accessible quality healthcare and improved sanitation and hygiene for the urban poor. Urban Health Nutrition Day (UHND) serve as a common platform to deliver maternal, child health care and nutrition services to the urban poor population with the help of the Auxiliary Nurse Midwife (ANM), the Anganwadi Worker (AWW) and HUP frontline workers and Mahila Arogya Samiti (MAS) members. MAS is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level. Present study made an attempt to understand the role of MAS in delivering maternal, child health care and nutrition services in HUP slums.

Methodology: The study was a post intervention situation analysis. It was conducted in urban slums of Jaipur. Study is conducted in two groups of slums, that is;

1. Slums where HUP project is running and mahila arogya samiti is working.
2. Slums where HUP project is not running and mahila arogya samiti is not working

In all 96 women of age group 15-49 years in 3 HUP and Non-HUP slums. Equal number of respondents (48) was covered from both the group of slums. ASHA, ANM, MAS members (a total of 12) were interviewed under the present study.

Results and conclusion: Awareness level of residents about UHND in both HUP and Non HUP slums was 100 percent. In HUP slum 100 percent benefecieries received information about UHND from MAS worker and out of them 32 percent were also informed by ASHA. Awareness among beneficiaries‟ in HUP sums about family planning methods are much better then beneficiaries‟ of Non HUP slums. About pregnancy care in HUP slums 82.7

percent women took ANC services from anganwadi centre whereas in Non HUP slums only 62 percent women availed services of ANC.

In both the group of slums awareness about UHND session was there but beneficiary who attend UHND session was high in HUP slums where MAS was working. There is a visible role of MAS in conduct of UHND and delivery of services regarding MNCHN.

1.1. INTRODUCTION

Slum are characterized by poverty, dilapidated housing, overcrowding, concentration of lower class, racial segregation, crime, health problems, broken houses, alienation and an unhygienic environment. Different terms have been used for slums in different cities and countries.

It has been observed that the health indicators such as; (MMR, IMR, TFR, etc.) of the urban slums are far worse than the urban average. The provision of quality primary health services in urban areas has emerged as a priority in view of increasing urbanization and the growth of slums and low-income populations. Urban health is one of the identified thrust areas for RCH Program. Special attention for improving health and family welfare services in urban areas, particularly in slums needs to given

Family members of the slum dwellers suffer from the various types of diseases. Maximum numbers of them suffer from vector borne disease .Other important diseases were fever, pneumonia and gastric ailments. The duration of the disease varies from few days to one year or more. The study revealed that more than 50% of the members were suffering for more than a year, whereas 30% members were suffering for more than 6 months duration. It is thus revealed that due to economic reasons the people do not go to the doctor for immediate treatment.

1.1.1 Urban Health Nutrition Day

UHND serves as a common platform to deliver maternal, child health and nutrition services to the urban poor population with the help of the Auxiliary Nurse Midwife. The Anganwadi Worker and HUP frontline workers and Mahila Arogya Samiti members help in the delivering health care services at the doorstep of the un-served and underserved urban population thereby leading to an improvement in the health status of the urban poor

1.1.2 Mahila Arogya Samiti

MAS in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmers.

MAS is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level .It is envisaged as being central to „local collective action", which would gradually develop to the process of decentralized health planning. People"s collective action is needed for the government to fulfill its mandate of providing food, safe drinking water, employment, leisure and basic health services to all people. But this is not possible without collective action. People need to organize together in order to ensure „Health for All". This is the right and duty of every person living in this country.MAS is a vehicle for such collective action. MAS can work along with the rest of the community to improve the health status of their slum/ coverage area. We need to remember that in order to improve health we have to work on all social, economic and cultural determinants of health.

1.2 Review of Literature

It has been observed that the health indicators of the urban slums are far worse than the urban average. The provision of quality primary health services in urban areas has emerged as a priority in view of increasing urbanization and the growth of slums and low-income populations.[2]

The poor in urban areas are vulnerable to health risks as a consequence of living in a degraded environment, inaccessibility to health care, irregular employment, widespread illiteracy and lack of negotiating capacity to demand better services.[1]

Many of the health problems in urban slums stem from the lack of access to or demand for basic amenities. Basic service provisions are either absent or inadequate in slums.[3]

Understanding public health needs in urban areas requires a different conceptual framework. Traditionally, it is understood that alleviation of poverty is the most important precursor of improving general health.[2]

It has been observed that the health indicators (MMR, IMR, TFR, etc.) of the urban slums are far worse than the urban average. The provision of quality primary health services in urban areas has emerged as a priority in view of increasing urbanization and the growth of slums and low-income population.[4]

1.3 Rationale

Utilization and reach of primary health services is poor among urban slum communities in India even though there is physical proximity to advanced health care facilities. Primary health care facilities have not grown in proportion to the explosive growth of urban population especially the poor. Among the urban poor in India, only 24.8 per cent of mothers receive complete antenatal care during pregnancy.74.3 per cent deliveries among the urban poor women are home deliveries and about 42.9 per cent of children are not completely immunized by 1 year of age. Under-nutrition is an important factor contributing to poor health in urban slum communities More than half of India‟s urban poor children are underweight and/or stunted Only 18 per cent of newborns in urban poor households in India are breastfed within the recommended 1 hour after birth. Moreover, nearly 40 per cent of children are not initiated complementary feeding on time. Above factors of poor access to services, poor health behaviors and nutritional status among the urban poor result in high infant and child mortality which are considerably higher among the urban poor.

Mahila Arogya Samiti (MAS) as the name suggest are local women‟s collective. They are expected to take collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum/Ward level This is an initiative in HUP slums to increase the knowledge and utilization of MNCHN services in slums .

It becomes important in the preview of above, whether people are having knowledge about facilities being provided by govt. for their better health. So it will be helpful to reduce disease burden among urban poor. In the above context it present study made an attempt to know the current situation of HUP slums and understand the role of Mahila Arogya Samiti on Urban health nutrition day,

1.4 Research Question

1. What is the Contribution of Mahila Arogya Samiti on Urban Health Nutrition Day.?

1.5 Objectives

1. To Assess the Contribution of Mahila Arogya Samiti on Urban Health Nutrition Day?

2. To assess the Knowledge of beneficiary about Urban Health Nutrition Day?

1.6 Research Methodology

1.6.1 Study Design

The present study was post intervention situation analysis

1.6.2Study duration

The duration of the present study was 2 months.

1.6.3 Study Area

The respective study was conducted in selected slums of Jaipur, Rajasthan.

1.6.4 Study Respondents

The present study covered women of age group 15-49 years to understand their knowledge and practices. ASHA, ANM, MAS members were interviewed to understand the role of MAS.

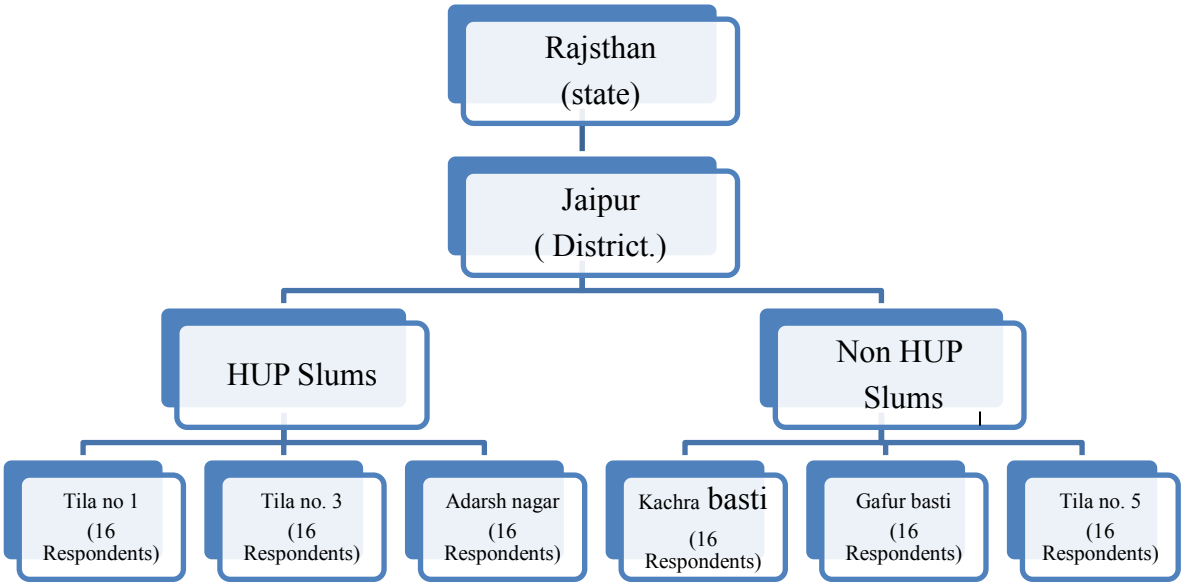
1.6.5 Sample Size:

Total 96 womens age group 15-49 years, 48 in each HUP and Non-HUp slums were interviewed.

1.6.6 Sampling technique

In the district of Jaipur, 6 urban slums were selected randomly 3 slums where MAS workers are working and 3 slums where MAS is not working. , and 16 women aged group of 15-49 years is selected from each UHND session from both slums.

Fig. 1: Sample Selection Procedure



1.6.7 Data collection Approach

The data for the present study was collected from primary and secondary sources. Quantitative and qualitative both approaches were used to collect the information. The detail of data collection approach is presented below;

Respondents	**Technique**	**Tool**	**Information to be collected**
Women age group 15-49	Face to face interview	Semi-structured interview schedule	Information about knowledge of MCH services and source of information, perception about MAS

Respondents	Technique	Tool	Information to be collected
ANM, ASHS and MAS	Face to Face interview	Interview Guideline	Service delivery and problems faced in delivering the services, Role of MAS in HUP slums

1.6.8 Data Management and Analysis

Data collected is cross checked for any incomplete or partial filling. The data edited, coded, tabulated, organized according to requirement of study. The collected data is analyzed by using SPSS software and the respective results will be shown in form of frequency and percentage with the help of tables and graphs.

1.7 Ethical Considerations

- Informed consent from the respondent will be obtained before starting interview.
- Names of patients will be kept confidential and would not be taken during research process and presentation.
- All the information gathered from the respondent will be kept confidential and will be used only for research purpose.
- If anyone among the respondents refuses to became part of the data collection process they will not be forced by any means.
- Prior information will be given before visiting to any health facility.

1.7 Analysis and Results

As in the study one of the objectives was to see the impact of Mahila Arogya Samiti on UHND session. This section details out the knowledge and practices of beneficiaries and contribution of MAS worker in terms of counseling the beneficiaries and arranging the services for them.

1.7.1 Knowledge about UHND

Here it is showing that percentage of beneficiaries having knowledge about Urban health nutrition day :

Table1: Percentage of respondents having knowledge about UHND

INFORMATION(UHND)	HUP slums (%)	NON HUP (%)
Yes	100	100
	N=48	N=48

It is found that all the respondents in both HUP as well as Non-HUP slums were aware of UHND day (Table 1).

1.7.2 Source of information of UHND

In the above table it is showing that major source of information of beneficiary in two different slums.

Table 2: Source of information of UHND

SOURCE	HUP slums (%)	HUP NON- (%)
ASHA	31.2	97.9
Mahila Arogya Samiti	100	-
Health facility	-	20.8
Relatives	-	2.5
N	48	48

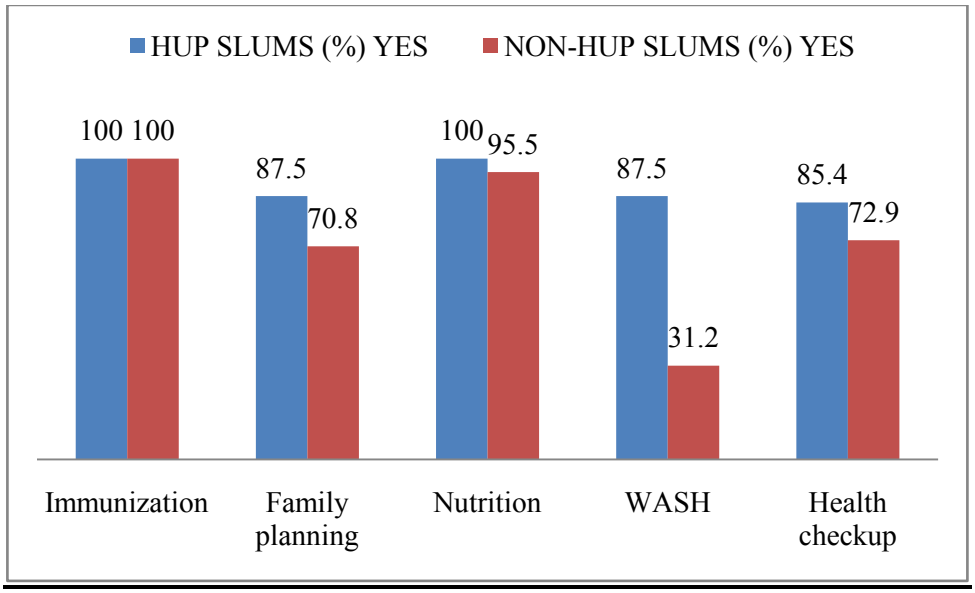
It is evident from the Table 2 that 100 percent respondent of HUP slum gets information from Mahila Arogya Samity and 32 percent respondent are there who gets information from ASHA whereas in Non HUP Slums 97.9 percent respondent gets information from ASHA and 20.8 percent respondent gets information from any health facility and 2.5 % respondent gets information from their relatives also. So in HUP slums where Mahila

Arogya Samiti exists, major source of information is Mahila Arogya Samiti whereas in Non HUP slum, where Mahila Arogya Samity does not exist the ASHA was the major major source of information.

1.7.3 Awareness among beneficiaries regarding various health and hygiene issues

The graph below shows that awareness about different health facilities provided by MAS worker in HUP slums is higher , than in Non HUP slums by ASHA to the beneficiaries .

Fig 2: Awareness about health issues

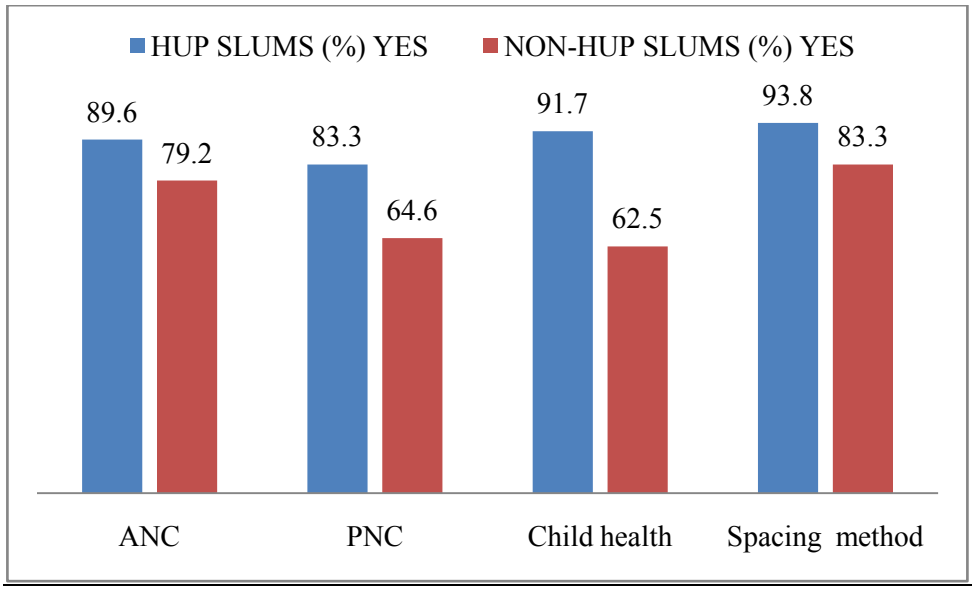


In the figure above awareness of family planning among Non HUP and HUP slums have a difference of 17 percent ,whereas awareness about immunization is 100 percent in both the areas. In HUP slums a large difference is seen in WASH awareness i.e. 56 percent difference in Non HUP slums.

1.7.4 Information among beneficiary regarding health checkup

The graph below shows that awareness regarding child healthcare is low among Non HUP slums. The ANC, PNC awareness is almost equal in both the areas.

Fig 3: Awareness about health checkup



The above figure (Fig 3) shows that greater proportion of respondents are aware about health check up related to various MCH issues. The level of awareness on child health related check up was around 20 percentage point less in Non-HUP slums as compared to HUP slums.

1.7.5 Services availed by beneficiary related to pregnancy care

The table below (Table 3)shows that percentage of beneficiary aware and services availed by HUP and Non HUP slums during pregnancy.

Table 3: Percentage of respondents availed services related to pregnancy care

INFORMATION	HUP slums (%)	NON-HUP slums (%)
Registration of pregnancy	95.8	93.2
ANC	81.2	79.2
IFA tablet	93.8	60.4
Nutritious food	91.7	89.6
About birth preparation	87.5	72.9
N	48	48

The registration of pregnancy is higher in HUP slums (95.8 percent). Consumption of IFA tablets is very low in Non HUP slums .Availing of ANC services is also low in Non HUP slums. Consumption of nutritious food shows very little difference among both the areas.

1.7.6 Information regarding child immunization

Table 4 shows that Percentage of beneficiaries are aware about child immunization in HUP and Non HUP slums.

Table 4: Percentage of respondents received information about child immunization

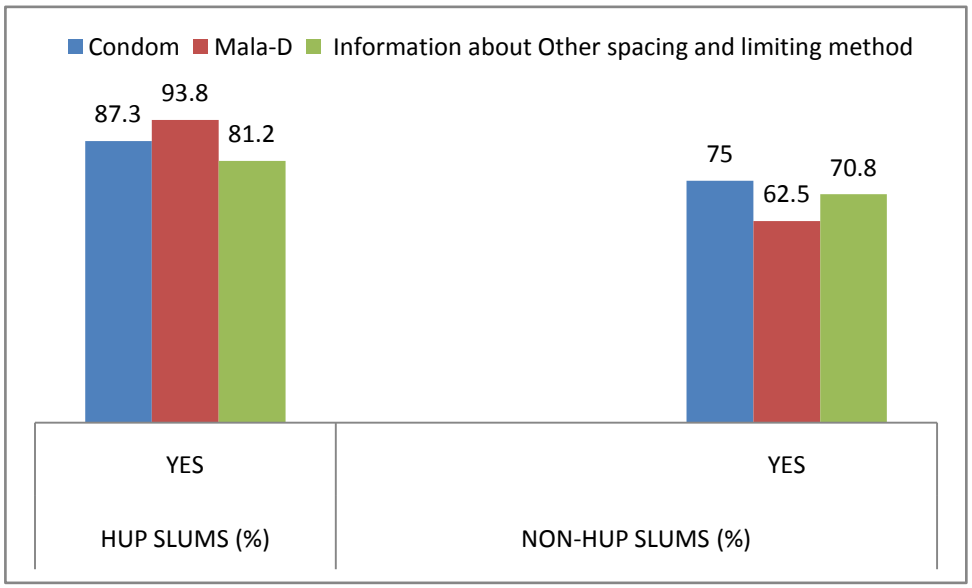
Particular	HUP Slums (%)	NON-HUP slums (%)
Information received	87.5	81.2
N	48	48

The Data among both the areas does not show a large difference in both the areas (87.5 and 81.2 percent respectively) .

1.7.7 Family planning services rendered at anganwadi

Figure 4 showst percentage of awareness and services provided to the beneficiary of HUP and Non HUP slums about family planning and spacing methods.

Fig 4: Family planning services provided at anganwadi centre



It is clear from the figure that there is a large difference in Mala –D users in both the areas.

1.7.8 Information given about WASH services

The table below gives the information about safe drinking water .Sanitation and hygiene in HUP slums and non HUP slums in Jaipur district.

Table 5: Information given about WASH services

INFORMATION	HUP slum (%)	NON-HUP slums (%)
Drinking water	95.8	70.8
Latrine facility	93.8	93.8
Hand wash	89.6	43.8
Safe Disposal of garbage	95.8	89.6
N	48	48

It is found that the facilities and awareness among HUP slums was higher in safe drinking water whereas in latrine it was seen. Regarding hand wash there was a large difference i.e. nearly 90 percent were aware in HUP slums whereas only 44 percent in Non HUP slums and 96 percent had information about safe disposal of garbage in HUP slums.

1.7.9 Perception regarding UHND

Perception of beneficiaries" of HUP slum and Non HUP slums about UHND session whether it is beneficial or not with reasons is given in Table 6. .

Table 6: Perception regarding UHND

REASON	HUP (%)	NON-HUP (%)
Convenient and saves time	85.4	41.7
Near to our home	81.2	97.9
Beneficial for health	85.4	68.9
N	48	48

Table 6 shows that in HUP slums the UHND was found to be convenient in HUP slums (85.4 and 41.7 respectively) whereas near to home was found to be the reason among Non HUP slums (97.9 percent) .beneficial for health was higher (85.4) among HUP slums .

1.7.10 Records Data of last 3 months on MCH aspects

Table 7: Services provided in HUP and Non-HUP slums in last 3 months

Type of Slum	Complete ANC (%)	Any PNC (%)	PNC. Comp. (%)	Full Immunization (%)
Non HUP Slums	33%	37.3%	33.26%	32.6%
HUP slums	35.10%	42.6%	38.40%	41.3%

The records of last three months show a very little difference in Non HUP slums and HUP slums. The records of ANC complete and beneficiaries took any PNC were 35.1 and 42.6 percent respectively in HUP slums and 33 and 37 percent respectively among Non HUP slums. Full immunization status was 41 percent in HUP slums and 33 percent in Non HUP slums. The proportion of children fully immunized was high in HUP slums as compared to Non-HUP slums.

1.8 Findings of in-depth interviews among service providers in slums

Non HUP slums: ASHA and ANM

- ASHA tries to provide information to all the beneficiaries about MNCHN services during UHND session.
- It is not possible for ASHA working in Non HUP slum to call the beneficiaries for immunization and other services for MNCHN whereas MAS can do it before each UHND session. Hence beneficiaries from Non HUP slums forget to attend the UHND sessions making it a big reason for high drop out cases.
- .Both ASHA and ANM said that there is a need of formation of such kind of group from slum community like "Mahila Arogya Samity".
- This will make it easy to spread awareness among beneficiary residing in slums and this will reduce drop out cases.

HUP slums: ASHA, ANM and MAS

- Before formation of Mahila Arogya Samiti the condition was same as Non HUP slums where MAS was not working.
- After formation of Mahila Arogya Samiti its has become easy to make them aware about MNCH services.
- HUP residents are more aware about MNCH services and beneficiaries has increased who are availing services during UHND session

1.9 Conclusion and Recommendation

It was found in the present study that :-

In both HUP and Non-HUP the slums, awareness about UHND session is there, but beneficiary who attend UHND session in the slum where Mahila Arogya Samiti is not working is less than that of the beneficiary who attend UHND in HUP slums.

There are some services which need more efforts, for example family planning and spacing method after pregnancy.

Awareness about WASH is also less among population living in the Non HUP slum in comparison to people living in HUP slums.

Drop out cases are also less in the population living in HUP slum because of Mahila Arogya Samiti. So it is easy for them to spread awareness and make them understand about UHND session.

Recommendation

There should be Formation of MAS in Non HUP slums to reduce drop out cases. More MAS workers should be deployed so that they can make people realize need for the services. There is a Need to increase demand for services from the community side. Monitoring of MAS Workers is necessary for better services. Regular and proper AEFI should be done in order to reduce drop- out rates.

1.11 References

1.WHO*MNCHN services in urban india*.. ; 14 Oct, 2009. .

2.THE NATIONAL MEDICAL JOURNAL OF INDIA*VOL. 20, NO. 3, 2007*

3.Victoria CG, Smith PG ,Vaughan JP , *growth of cities has always been accompanied by the growth*: ; 1987; 2:319-322.

4.Urban health nutrition day guideline.

5.Victoria CG, Smith PG ,Vaughan JP , Nobre LC, Lombardi C, Teixeira Am. *Evidence for protection of urban poor in india*, Brazil ed. : ; 1987; 2:319-322.

6.**Kemberling SR.** *health seeking behavior in slums* : ; 1979; 63: 60-63.

7.Kishore MS, Kumar P, Aggarwal AK.*Meternal neonatal child health and nutritioservices in slums*. : ; 2009 Jun; 55(3) :183-8 Epub 2008 Dec 12..

Annexure

गोपनीय :सिर्फ शोध कार्य के

QUESTIONNAIRE

नमस्ते मै आई. आई. एच. एम.आर से आया हूँ| मेरा नाम महेश कुमार सिंह है,और मै अपने शिक्षा के दौरान तीन मास की ट्रेनिंग में शहरी स्वास्थय एवं पोषण दिवस में महिला आरोग्य समिति का योगदान देखने से सम्बंधित जानकारी एकत्र कर रहा हूँ|

इस सर्वे के दौरान मई आपसे शहरी स्वास्थय एवं पोषण दिवस में आपको मिलने वाली सुविधा के विषय में आपसे कुछ जानकारी एकत्र करना चाहूँगा| अध्ययन में भाग लेना अनिवार्य नहीं है|

आप स्वेच्छा से इस अध्ययन में भाग ले सकती हैं और चाहे तो आप कभी भी अपना मानस बदल सकती हैं|

हम आपको विश्वास दिलाते हैं कि आपकी पहचान और इस प्रश्नावली में आपके द्वारा दी गई जानकारी किसी को भी नहीं बताई जाएगी | आपसे मिली जानकारी केवल शोध कार्य के उपयोग में ली जाएगी | यदि आपके मन में कोई शंका या सवाल हो तो आप अभी या अध्ययन के बाद कभी भी पूछ सकते हैं |

<u>सहमती पत्र:-</u>

मुझे ऊपर दी गई जानकारी बता दी गई है और इस पर मेरी सहमती है | मुझे प्रशन पूछने का मौका मिला और मैंने अगर कोई प्रश्न पूछा तो संतोषजनक उत्तर मिला | मै इस स्वेच्छा से अध्ययन में भाग लेने के लिए तैयार हूँ |

प्रतिभागी का नाम ..... सहमती पत्र पर हस्ताक्षर लेने वाले का नाम .....

हस्ताक्षर ..... हस्ताक्षर .....

दिनांक ..... दिनांक .....

Q.No	Question	Category	Code	Go to
1.	राज्य का नाम			
2.	शहर का नाम			
3.	कच्ची बस्ती का नाम			
4.	वार्ड क्रमांक			
5.	स्वस्थ्य केंद्र से दुरी			
6.	साक्षात्कार की दिनांक			
7.	साक्षात्कार लेने वाले का नाम			
8.	सहमती की स्थिति	सहमती	1	
		आस्विकृति	2	
9.	पूर्णता की स्थिति	सम्पूर्ण	1	
		आपूर्ण	2	
10.	आपको दिवस शहरी स्वास्थय एवं पोषणसे सम्बंधित सारी जानकारी है ?	हां		
		नहीं		
11.	आपको शहरी स्वास्थय एवं पोषण दिवस के बारे में जानकारी कहाँ से मिली ?	आशा दीदी से	अ	
		महिला आरोग्य समिति के सदस्यों से	ब	
		किसी परिचित से	स	
		स्वस्थ्य केंद्र से	द	
12.	महिला आरोग्य समिति के सदस्यों/ आशा से आपको किस विषय में जानकारी मिलती है?	टीकाकरण	अ	
		परिवार नियोजन	ब	
		पोषक आहार	स	
		स्वच्छता के विषय में	द	
		स्वास्थय की जांच	इ	

13.	स्वस्थ्य की जाँच से सम्बंधित किस प्रकार की जानकारी आपको दी जाती है?	गर्भावस्था के दौरान स्वास्थय की जानकारी	अ	
		प्रशव के पश्चात स्वास्थय की जानकारी	ब	
		बच्चो के स्वस्थ्य से सम्बंधित जानकारी	स	
		बच्चों में अंतर रखने से सम्बंधित जानकारी	द	
14.	गर्भावस्था के दौरान किन बातों की सुविधा के विषय में आपको जानकारी दी गई है?	गर्भावस्थ का नामांकन आंगनबाड़ी में	अ	
		गर्भावस्था के दौरान स्वरस्थ्य की जांच	ब	
		IFA टेबलेट के सेवन से सम्बंधित	स	
		खान पान से सम्बंधित	द	
		प्रसव की तयारी से सम्बंधित	इ	
14.	बच्चों टीकाकरण से सम्बंधित सारी जानकारी आपको है?	हां	1	
		नहीं	2.	
15.	परिवार नियोजन के लिए कौनस सी चीजे उपलब्ध करायी जाती है ?	कंडोम	अ	
		माला-डी	ब	
		बच्चो में अंतर रखने से सम्बंधित दूसरी जानकारी	स	
16.	स्वछता से सम्बंधित किन बातों की जानकारी दी जाती है	पिने के पानी को पिने योग्य बनाने से सम्बंधित	अ	
		शौचालय से सम्बंधित जानकारी	ब	
		हाँथ धोने से संबधित जानकारी	स	
		कूड़ा कूड़ेदान में फेकने से सम्बंधित	द	

17.	शहरी स्वास्थय एवं पोषण दिवस आपके लिए लाभकारी है?	हां	1.	
		नहीं	2.	
18 .	यदि हां \नहीं तो क्यों ?			
19.	महिला आरोग्य समिति के गठन से पहले आपको शहरी स्वास्थय एवं पोषणदिवस से सम्बंधित जानका री कहाँ से मिलती थी ?	ASHA	अ	→20
		ANM	ब	
		किसी अन्य अन्गंवादी कार्यकर्ता से	स	
		कोई जानकारी नहीं थी.?	द	
20	क्या आप महिला आरोग्य समिति \ आशा द्वारा दी गई सभी सूचनाओ का पालन करती हैं ?	हां	1.	
		नहीं	2.	
21,.	यदि नहीं तो क्यों ?			→ 22
22 .	आपके अनुभव में महिला आरोग्य समिति के गठन के पश्चात इस क्षेत्र के लोगो के स्वस्थ्य में कितना सुधर आया है?	पहले से काफी सुधार है	अ	
		बेहतर है	ब	
		ज्यादा अंतर नहीं आया है	स	
		कोई सुधर नहीं है	द	

गोपनीय :सिर्फ शोध कार्य के

QUESTIONNAIRE

नमस्ते मै आई. आई. एच. एम.आर से आया हूँ| मेरा नाम महेश कुमार सिंह है,और मै अपने शिक्षा के दौरान तीन मास की ट्रेननिंग में शहरी स्वास्थय एवं पोषण दिवस में महिला आरोग्य समिति का योगदान देखने से सम्बंधित जानकारी एकत्र कर रहा हूँ|

इस सर्वे के दौरान मई आपसे शहरी स्वास्थय एवं पोषण दिवस में आपको मिलने वाली सुविधा के विषय में आपसे कुछ जानकारी एकत्र करना चाहूँगा| अध्ययन में भाग लेना अनिवार्य नहीं है|

आप स्वेच्छा से इस अध्ययन में भाग ले सकती हैं और चाहे तो आप कभी भी अपना मानस बदल सकती हैं|

हम आपको विश्वास दिलाते हैं कि आपकी पहचान और इस प्रश्नावली में आपके द्वारा दी गई जानकारी किसी को भी नहीं बताई जाएगी | आपसे मिली जानकारी केवल शोध कार्य के उपयोग में ली जाएगी | यदि आपके मन में कोई शंका या सवाल हो तो आप अभी या अध्ययन के बाद कभी भी पूछ सकते हैं |

सहमती पत्र:-

मुझे ऊपर दी गई जानकारी बता दी गई है और इस पर मेरी सहमती है | मुझे प्रशन पूछने का मौका मिला और मैंने अगर कोई प्रश्न पूछा तो संतोषजनक उत्तर मिला | मै इस स्वेच्छा से अध्ययन में भाग लेने के लिए तैयार हूँ |

प्रतिभागी का नाम ..... सहमती पत्र पर हस्ताक्षर लेने वाले का नाम .....

हस्ताक्षर(ANM) ..... हस्ताक्षर .....

हस्ताक्षर (ASHA) .....

दिनांक ..... दिनांक .....

FOR ANM4

s.no	Question	cate.	code
1.	क्या आपको महिला आरोग्य समिति के बारे में जानकारी है ?	हां	1.
		नहीं	2.
2.	आपके अनुभव में महिला आरोग्य समिति का गठन सही है ?	हां	1.
		नहीं	2.
3.	हां / नहीं तो क्यों ?		
4.	आपके कार्यक्षेत्र में जो 15-49 वर्ष की जी महिलाये हैं , क्या उनको उनके और बच्चों के स्वस्थ्य से सम्बंधित सारी जानकारी है ?	हां	1.
		नहीं	2.
5.	यदि नहीं तो क्यों ?		
6	सारी जानकारी होने के बाद भी जो महिलाएं शहरी स्वस्थ्य एवं पोषण दिवस में उपस्थित होती हैं क्या आप उनकी संख्या से संतुस्ट हैं ?	हां	1.
		नहीं	2.
7	नहीं तो क्यों ?		
8	क्या आपको लगता है कि क्षेत्र में ऐसे समूह का गठन होना चाहिए जो कि अपने क्षेत्र के सदस्यों को दिवस प्रतिदिवस उनके स्वस्थ्य से सम्बंधित जानकारी दे ?	हां	1.
		नहीं	2.
9.	हां / नहीं तो क्यों ?		

FOR ASHA

1.	क्या आपको महिला आरोग्य समिति के बारे में जानकारी है ?	हां	1.	➔ 3
		नहीं	0	
2.	यदि हां तो क्या ?			
3.	आपको आपके कार्य के दौरान कोई समाश्या आती है ?	हां	1	
		नहीं	0	
4.	यदि हां तो क्या ?			
5.	अगर आपके क्षेत्र की 15-49 वर्ष की महिलायों को शहरी स्वस्थ्य एवं पोषण दिवस से सम्बंधित सारी जानकारी है ?	हां	1	
		नहीं	0	
6.	यदि नहीं तो कारण?			
7.	सारी जानकारी होने के बाद भी अगर महिलाएं शहरी स्वस्थ्य एवं पोषण दिवस की सुविधाएँ नहीं ले रही हैं तो कारण क्या है ?			
8.	क्या आपको लगता है कि आपके कार्यक्षेत्र में ऐसे समूह (महिला आरोग्य समिति) का गठन होना चाहिए जो कि अपने क्षेत्र के सदस्यों को दिवस प्रतिदिवस उनके स्वस्थ्य से सम्बंधित जानकारी दे ?	हां	1	
		नहीं	0	
	यदि हां/ नहीं तो क्यों ?			

QUESTIONNAIRE

नमस्ते मै आई. आई. एच. एम.आर से आया हूँ| मेरा नाम महेश कुमार सिंह है,और मै अपने शिक्षा के दौरान तीन मास की ट्रेननिंग में शहरी स्वास्थय एवं पोषण दिवस में महिला आरोग्य समिति का योगदान देखने से सम्बंधित जानकारी एकत्र कर रहा हूँ|

इस सर्वे के दौरान मई आपसेशहरी स्वास्थय एवं पोषण दिवस में आपको मिलने वाली सुविधा के विषय में आपसे कुछ जानकारी एकत्र करना चाहूँगा| अध्ययन में भाग लेना अनिवार्य नहीं है|

आप स्वेच्छा से इस अध्ययन में भाग ले सकती हैं और चाहे तो आप कभी भी अपना मानस बदल सकती हैं|

हम आपको विश्वास दिलाते हैं कि आपकी पहचान और इस प्रश्नावली में आपके द्वारा दी गई जानकारी किसी को भी नहीं बताई जाएगी | आपसे मिली जानकारी केवल शोध कार्य के उपयोग में ली जाएगी | यदि आपके मन में कोई शंका या सवाल हो तो आप अभी या अध्ययन के बाद कभी भी पूछ सकते हैं |

सहमती पत्र:-

मुझे ऊपर दी गई जानकारी बता दी गई है और इस पर मेरी सहमती है | मुझे प्रशन पूछने का मौका मिला और मैंने अगर कोई प्रश्न पूछा तो संतोषजनक उत्तर मिला | मै इस स्वेच्छा से अध्ययन में भाग लेने के लिए तैयार हूँ |

प्रतिभागी का नाम ..... सहमती पत्र पर हस्ताक्षर लेने वाले का नाम.....

हस्ताक्षर(ANM) ..... हस्ताक्षर .....

हस्ताक्षर (ASHA) .....

हस्ताक्षर (MAS) .....

दिनांक ..... दिनांक .....

ANM :-

क्या आप महिला आरोग्य समिति के गठन से सहमत हैं ?	हां		
	नहीं		
यदि हां / नहीं तो क्यों?			
महिला आरोग्य समिति के गठन के पश्चात स्थिति में कुछ परिवर्तन हुए हैं ?			

महिला आरोग्य समिति के सदस्यों के लिए

1.	आपका मुख्या कार्य ?			
2.	अपने कार्य के दौरान कोई समस्या आती है ?	हां	1.	
		नहीं	2.	
3.	यदि हां तो क्या ?			
4.	अगर अभी भी कोई शहरी स्वस्थ्य एवं पोषण दिवस में दी जाने वाली सुविधाएँ नहीं ले रहे है तो कारण क्या है ?			

<u>आशा के लिए :-</u>

1.	क्या महिला आरोग्य समिति के गठन से सहमत हैं ?	हां	0
		नहीं	1
2.	यदि हां / नहीं तो क्यों?		
3.	अपने कार्य के दौरान कोई समस्या आती है ?		
4.	महिला आरोग्य समिति के गठन के पश्चात स्थिति में कुछ परिवर्तन हुए हैं ?		