Summer Training at
National Rural Health Mission, Rajasthan
(April 3 to June 2, 2017)

Awareness and utilization of 104 Medical Advice Services in Jaipur District

By
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Ms. Kritika has undergone summer training in National Health Mission, Jaipur from 3rd April to 2nd June 2017.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

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CERTIFICATE

This is to certify that **Ms Kritika**, student of MBA Institute of Health Management Research (IIHMR, Jaipur) has successfully completed her Summer Training Program at NHM, Rajasthan from 3rd April, 2017 to 2nd June 2017. She has worked on the project- **Study on awareness and utilization of 104 Medical Advice Services (MAS) in Jaipur district.**

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

Director RCH

Acknowledgements

I might want to offer most profound thanks to my guide Mr. Abhishek Dadhich for his full support, master direction, comprehension and consolation all through my review without his mind-boggling persistence and convenient shrewdness and advice, my venture work would have not been conceivable

I owe an extraordinary obligation to Mrs. Shikha Sharma, Mrs. Priyanka Kapoor, and all the staff of IAP for demonstrating their advantage and sharing their important perspectives regardless of their bustling timetable. It has been my benefit to work under their dynamic supervision.

I am exceptionally thankful to all the division heads and staff of National Health Mission (NHM), Rajasthan for giving us time despite their chaotic calendar. Without their dynamic collaboration and investment, it would not have been conceivable to achieve my assignment.

PREFACE

summer training is an integral part of the PGDHM curriculum. As a part of the course, students of first year are required to undergo summer placement at any reputed organization to get in depth exposure of various departments in the organization and better understanding of the health care delivery system and its functions.

The major objectives of the summer training programme are as follows:

1. To better understand the existing health delivery system including public and private sectors.

2. To watch the usage of different national wellbeing parts at nationals/state/area levels.

3. To comprehend different elements of wellbeing framework by connections with key partners, approach creators, program directors, academicians and analysts.

4.To work on the venture/undertaking doled out by summer preparing association. During our training period, we had an overview of various components undertaken in national rural health mission, Rajasthan including the status of the components and our observations regarding the same. We also carried out a small study on the different topic assigned to us.

CONTENTS

ABBREVIATIONS:

1. NRHM- National Rural Health Mission
2. NHM- National Health Mission
3. NUHM- National Urban Health Mission
4. MAS- Medical Advice Services
5. SRS- System registration system
6. AIDS- Acquired Immune Deficiency Syndrome
7. HIV- Human Immunodeficiency Virus
8. ANM- Auxiliary - -Nurse Midwife
9. ASHA- Accredited Social Health Activist
10. EMRI- Emergency Management and Research Institute
11. PPP-Public Private Partnership
12. RSHS: Rajasthan state health society
13. DM&HS: Directorate of medical and health services
14. HQ: Head quarter (NHM, Swasthya Bhawan, c-scheme, Jaipur).

15 EMT: Emergency medical technician

16 CMHO: Chief Medical & health officer

17. ERS: Emergency response system

ABOUT RAJASTHAN:

The Total Fertility Rate of the State is 3.1. The Infant Mortality Rate is 47 and Maternal Mortality Ratio is 244 (SRS 2011 - 2013) which are higher than the National normal. The Sex Ratio in the State is 928 (when contrasted with 943 for the nation). Similar figures of significant wellbeing and statistic pointers are as per the following:

Statistic, Socio-financial and Health profile of Rajasthan State when contrasted with India figures

Item	Rajasthan	India
Add up to Population (Census 2011) (In Crore)	6.86	121.01
Decadal growth(%) us(2011	21.44	17.64
Rough Birth Rate (SRS 2013)	25.6	21.4
Rough Death Rate (SRS 2013)	6.5	7
Regular Growth Rate (SRS 2013)	19.1	14.4
New born child Mortality Rate (SRS 2013)	47	40
Maternal Mortality Rate (SRS 2011-13)	244	167
Add up to Fertility Rate (SRS 2013)	2.8	2.3
Ratio (Census 2011)	928	943

Youngster Sex Ratio (Census 2011)	883	914
Plan Caste populace (in crore) (Census 2001)	0.97	16.67
Plan Tribe populace (in crore) (Census 2001)	0.71	8.43
Add up to Literacy Rate (%) (Census 2011)	66.10	73.00
Male Literacy Rate (%) (Census 2011)	79.20	80.90
Female Literacy Rate (%) (Census 2011)	52.10	64.60

ABOUT THE ORGANIZATION:

The National Rural Health Mission (NRHM) was propelled by the Hon'ble Prime Minister on twelfth April 2005, to give open, reasonable and quality social insurance to the rustic populace, particularly the helpless gatherings.

NRHM looks to give viable social insurance to the rustic populace, especially the loaded social affairs including women and adolescents, by improving access, enabling gathering ownership and enthusiasm for organizations, strengthening general wellbeing frameworks for productive administration conveyance enhancing quality and obligation and propelling decentralization.

The NRHM covers the whole nation, with extraordinary concentrate on 18 States where the test of fortifying poor general wellbeing frameworks and along these lines enhancing key wellbeing pointers is the best.

The States of Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa Rajasthan, Himachal Pradesh, Jammu and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim and Tripura are secured under NRHM.

NRHM subsumes key national activities, particularly, the Reproductive and Child prosperity II amplify (RCH II), the National Disease Control Programs (NDCP) and the Integrated Disease Surveillance Project (IDSP).

Centre procedures of NRHM

• The centre procedures of NRHM incorporate

• decentralized town and region level wellbeing arranging and administration.

• arrangement of Accredited Social Health Activist (ASHA) to urge access to prosperity organizations.

• strengthening the general wellbeing administration conveyance framework especially at town essential and optional levels.

• mainstreaming AYUSH.

• improved administration limit

• to sort out wellbeing frameworks and administrations in general wellbeing.

• emphasizing proof based arranging and usage through enhanced limit and framework.

• promoting the non-benefit division to build social support and group strengthening.

• promoting solid practices and enhancing intersectoral joining.

The supplementary systems of NRHM incorporate

• regulation of the private division to enhance value and lessen out of pocket costs.

• foster open private organizations to meet national general wellbeing objectives.

• reorienting therapeutic training.

• introduction of compelling danger pooling systems and social protection to raise the wellbeing security of poor people and taking full favourable position of neighbourhood wellbeing conventions.

The Mission results are relied upon to take after a staged approach and are at two levels:

1. National Level

• Infant Mortality Rate to be decreased to 30/1000 live births.

• Maternal Mortality Ratio to be decreased to 100/100,000.

• Total Fertility Rate to be brought to 2.1.

• Malaria mortality decreasing rate - half up to 2010, additional 10% by 2012.

• Kala Azar to be el begun by 2010.

• Filaria/Microfilaria diminish rate: 70% by 2010, 80% by 2012 and

transfer by 2015.

• Dengue mortality diminish rate: half by 2010 and overseeing at that level

until 2012.

• Japanese Encephalitis mortality diminish rate: half by 2010 and overseeing at

that level until 2012.

• Cataract Operation: growing to 46 lakhs for every year until 2012.

• Tuberculosis DOTS organizations: from the present rate of 1.8/10,000, 85% cure

rate to be kept up through the entire Mission time period.

• 2000 Community Health Centers to be climbed to Indian Public Health

Measures.

• Utilization of First Referral Units to be extended from under 20% to 75%.

• 250,000 women to be involved with 18 states as Accredited Social Health

Activists (ASHA).

2. Group Level

• Availability of prepared group level specialist at town level, with a medication unit

for nonexclusive illnesses.

• Health Day at Anganwadi level on a settled day/month for arrangement of vaccination, risk/post-natal registration and administrations identified with mother and youngster medicinal services, including nourishment.

• Availability of nonspecific medications for regular illnesses at Sub-focus and healing center level.

• Good healing facility mind through guaranteed accessibility of specialists, medications and quality administrations at PHC/CHC level.

• Improved access to Universal Immunization through acceptance of Auto Incapacitated Syringes, substitute antibody conveyance and enhanced assembly benefits under the program

• Improved offices for institutional deliver}' through arrangement of referral, transport, escort and enhanced clinic mind sponsored under the Janani Suraksha Yojana (JSY) for the Below Poverty Line families.

• Availability of guaranteed human services at decreased money related hazard through pilots of Group Health Insurance under the Mission.

• Provision of family unit toilets.

• Improved Outreach benefits through portable restorative unit at local level.

Enumeration of Jaipur city: (1)

• Jaipur region positions first as far as populace, ninth as far as range and first as far as populace thickness.

• Jaipur area has thirteen tehsils, in which Jaipur has most minimal number of towns i.e., 72 though Chaksu tehsil has most noteworthy number of towns (287).

• Jaipur area has 2180 towns; out of them 2126 towns are occupied and 54 towns are uninhabited. In Jaipur area 59 new towns and 8 new evaluation towns have made when contrasted with 2001 Census.

• In Jaipur locale, Khejroli (Tehsil: Chomu) is the most crowded (16,531 people) town; and Anantpura (Tehsil: Jamwa Ramgarh) is the minimum crowded (04 people) town.

• Jaipur locale comprises 47.6 percent provincial and 52.4 percent urban populace while the State percent of rustic and urban populace is 75.1 and 24.9 separately.

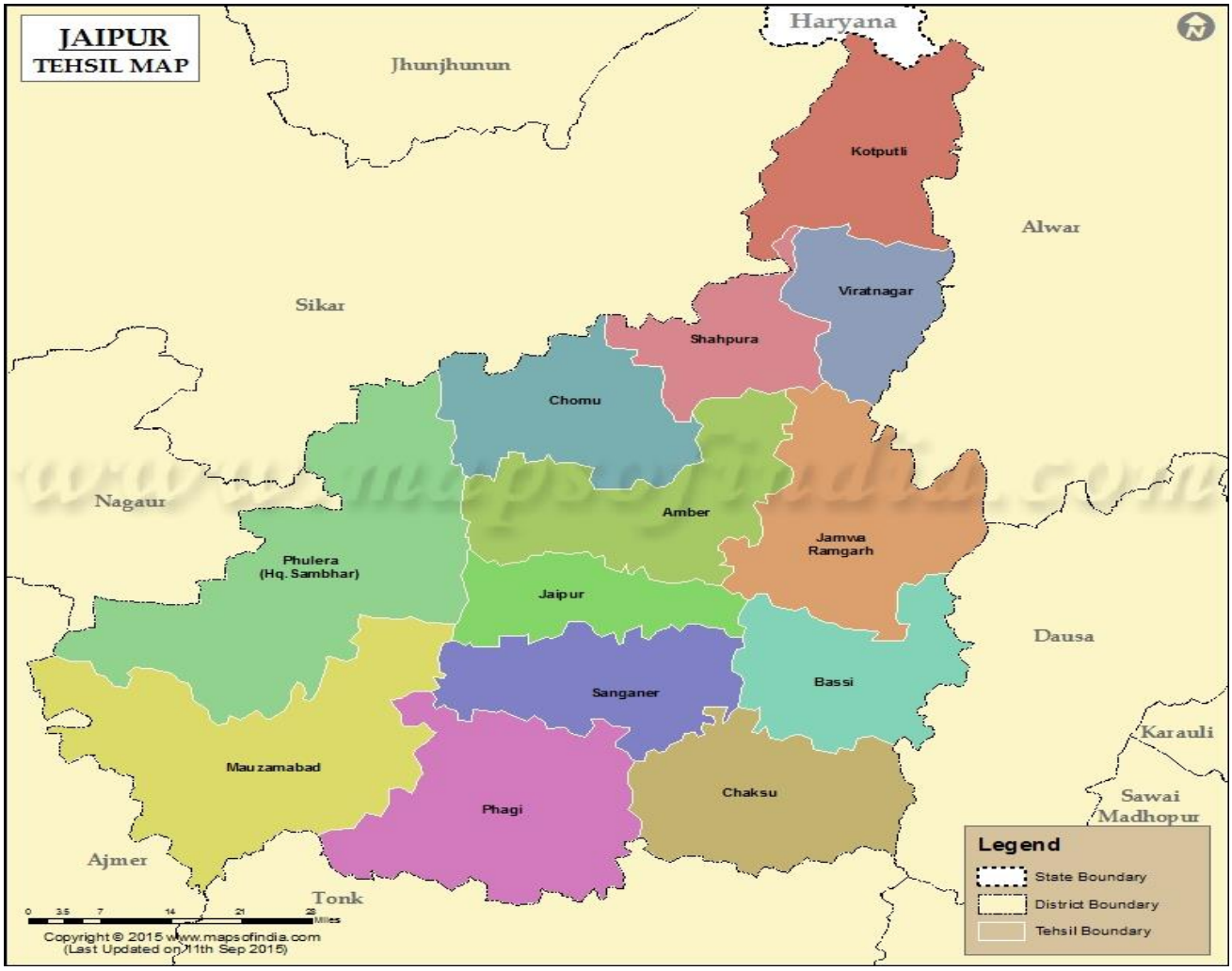
• The sex proportion of Jaipur region (910) is altogether lower than the State sex proportion (928). The proficiency rate in Jaipur area is 75.5 percent which is higher than the State Average (66.1 percent) and it positions second among alternate locale of the state. Sex Gap of the proficiency rate is 22.1 percent in the locale.

• The Scheduled Caste and Scheduled Tribe populace in Jaipur region is 15.1 percent and 8.0 percent separately while the State percent of Scheduled Caste and Scheduled Tribe populace is 17.8 and 13.5 individually.

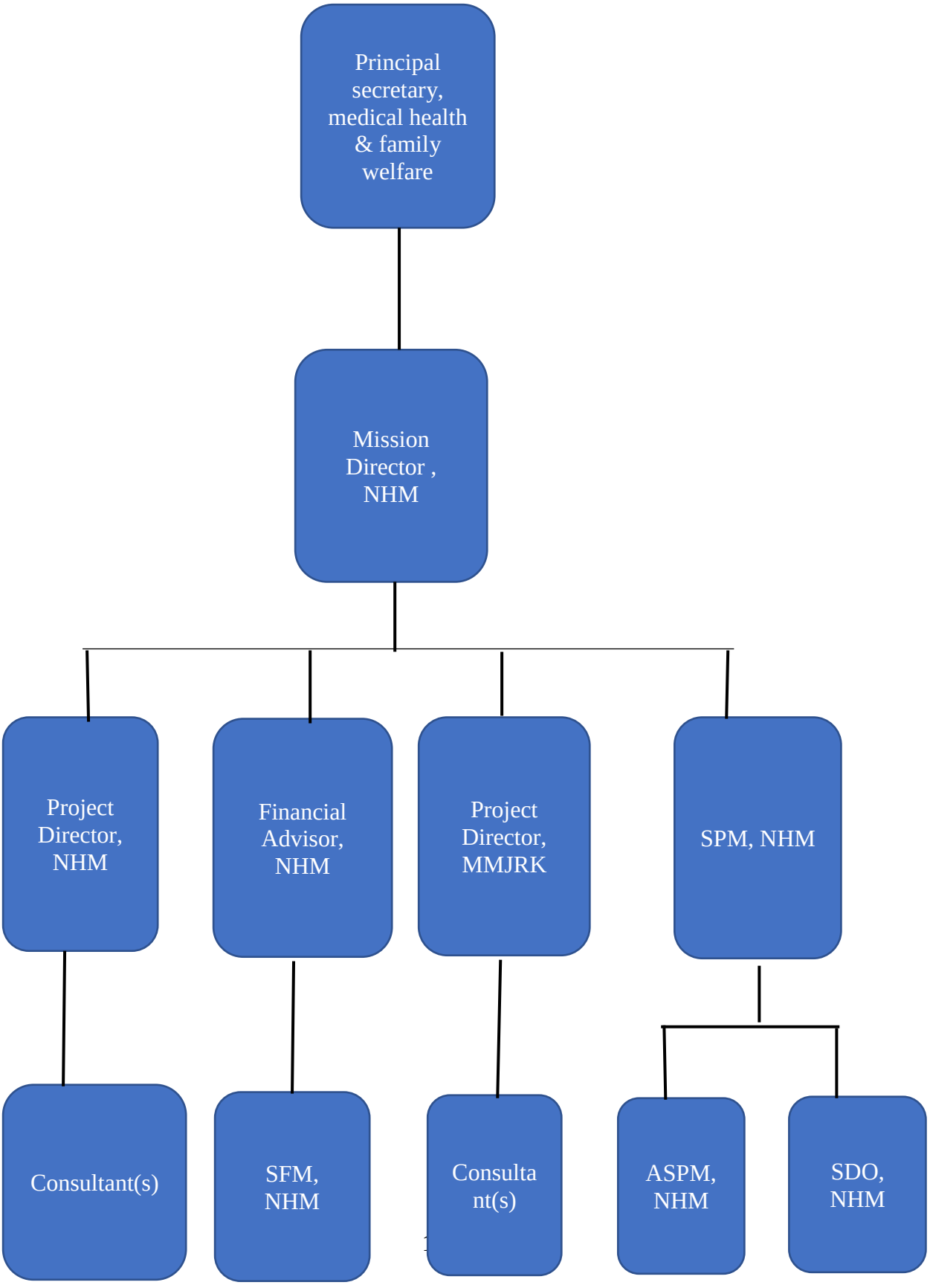
• The economy of Jaipur region is basically reliant on different specialists (60.8 percent).

• Work cooperation rate (WPR) of Jaipur locale has recorded 37.2 percent and sexual orientation crevice in WPR is 25.7 percent focuses.

• In Jaipur region among the specialists the rate of cultivators, horticultural workers, laborers in family industry and different specialists (class of specialists) are 30.2, 5.3, 3.7 and 60.8 percent separately.



ORGANOGRAM OF NRHM:



Project

Study on Awareness and utilization of 104 Medical advice services in Jaipur districts

INTRODUCTION

The 104-medical advice service call centre of 20 functional seats has been in operations since 2011for Rajasthan state The bring in administration, as the name recommends a 24-hour call trot benefit Health Information Help Line-to which the general population of Rajasthan could call free of cost. This can be come to by dialling the number 104 where the guest is given tele-counselling administrations.

The goal of this administration is to empower individuals, particularly from the rustic ranges to get to data on medical problems and to get a counsel about a qualified restorative professional. A group involving qualified experts including specialists and paramedics gives the phone exhortation.

The utilization of calling administrations for therapeutic exhortation can decrease the time spent by a specialist for every patient in light of the fact that 80% of the calls are managed by qualified paramedics or prepared staff while just 20% of the calls are coordinated to a specialist. 104 Advice office group the guest into a triage – basic, genuine or stable conditions-and give fitting medicinal counsel. The guidance and proposals gotten by the guest is produced by a convention where the administrator tails it and creates an exhortation to the particular circumstance. In the meantime, the directing measurement of the administration investigates HIV/AIDS condition, wedding disunity, dejection and endless infections, mental trouble, early distinguishing proof of self-destructive propensities and suicide avoidance. The 104 Advice likewise has a catalog administration where the guest can benefit data about wellbeing suppliers (both open and private), analytic methods and data about government wellbeing plans and projects.

REVIEW OF LITERATURE:

The government of India accorded approval to set Medical advice call centre in Rajasthan in November 2011. The objective of Medical advice services is to provide 24x7 hours medical services or information directory related to any government scheme, counselling, etcin any case a call focus of 10 seats is being set proposed in first stage and accordingly year which might be extended in a stage way watching the reaction and effect of venture on wellbeing framework. the wellbeing guidance will be given to guest who will dial essentially three-digit number "104" from landline or cell phone. In the first place the call focus might be rendering exhortation to ANM's, ASHA's specialist, school wellbeing faculty and restorative officer of PHC. It will control wellbeing faculty for convenient referral, legitimate intercessions and administrations of patients and successful execution of National Health Programs. It will fill in as a viable instrument for sickness reconnaissance and furthermore in misfortune administration. The restorative counsel call focus will be exceptionally valuable for offering guidelines to the medicinal services supplier amid Epidemics and different wellbeing efforts to guest.

Restorative exhortation administrations is a wellbeing contact focus that expects to lessen the minor infirmity stack on the general wellbeing framework. At the cost of a telephone call any individual/client can get restorative data and exhortation, ask for registry data, or hotel particular administration objections. Qualified and prepared paramedics and super authorities use bleeding edge programming to triage guests. Medicinally approved calculations engage paramedics and help specialists to adequately drive this abnormal state of institutionalized care forward. To address the issues of the Government of Rajasthan Public wellbeing Department, crisis Management Research Institute (EMRI) redid its Medical guidance call focus stage by building a few calculations to serve particular necessities of the guests (4).

A framework and strategy for giving automated, learning based medicinal symptomatic and treatment counsel. The therapeutic exhortation is given to the overall population over a phone arrange. Two new writing dialects, intuitive voice reaction and discourse acknowledgment are utilized to empower master and general specialist information to be encoded for access by the general population. "Meta" capacities for time-thickness. investigation of various elements with respect to the quantity of medicinal dissensions per unit of time are an essential piece of the framework. A semantic inconsistency evaluator routine alongside a mental status examination are utilized to identify the

cognizance level of a client of the framework. A re-enter highlight screens the client's changing condition after some time. A side effect seriousness investigation reacts to the evolving conditions. Framework affectability elements might be changed at a worldwide level or different levels to modify the framework exhortation as fundamental. (5)

APPLICATIONS FOR CALL CENTRE:

This application is a therapeutic triage application, which helps the helpdesk paramedics in giving sound counsel to the recipient. For instance, a guest asks the paramedic what ought to be done if particular condition exists. At that point, the paramedic alludes to the exclusive calculation and touches base at the plausible condition and either gives guidance or alludes to pro if required. The calculation checks the seriousness levels and provoke to exhortation the patient to allude to crisis or heightens the call to the pro. The application additionally incorporates a nitty gritty MIS framework for producing frameworks logs. A run of the mill call stream is portrayed underneath.

Call Flow:

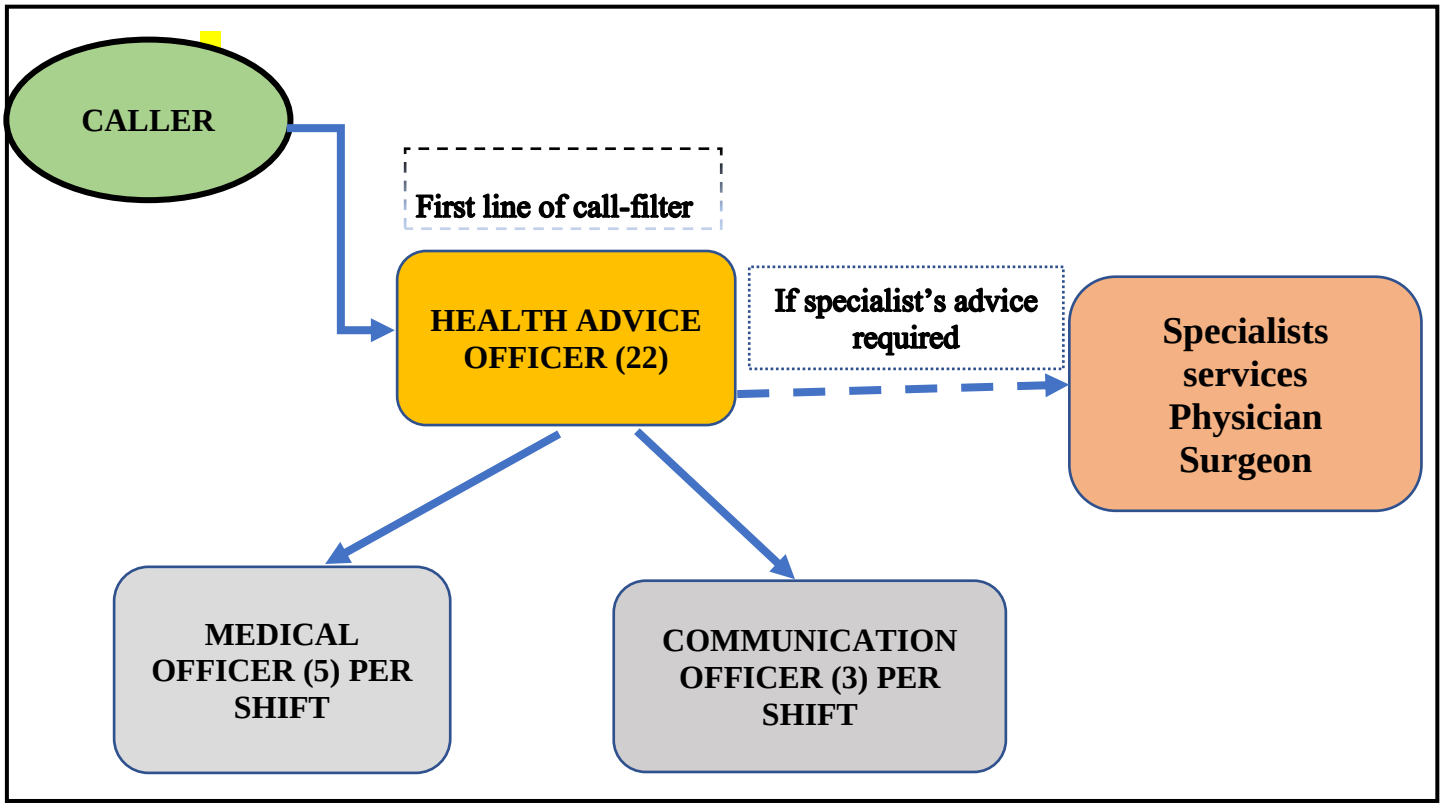
- The visualized call directing of any call going to the call focus is the accompanying:
- A recipient dials the 104helpline number
- If caller wants data, advising and therapeutic exhortation, at that point native subtle elements are caught and entered in the framework.
- The paramedic gives data to the recipient according to the information that is accessible with the helpdesk.
- If the recipient requests medicinal guidance then the paramedic requests indications from the resident.
- The paramedic gives exhortation the support of clinical choice emotionally supportive network accessible to the caller’s.
- The paramedic can propose recuperating focuses/private experts to be gone to by the beneficiary for further clinical insight. The paramedic

can likewise give data about close-by drug specialists in the event that the recipient has to know where he can acquire meds and so forth.

- If the recipient is not happy with the advising, data or medicinal exhortation, or if the paramedic trusts that more mastery is required to help the recipient, the call is steered to an accessible specialist.
- The specialist at that point tries to give the important data, directing or exhortation to the recipient.

MEDICAL ADVICE CALL CENTRE (104)

STRUCTURE:



IEC/BCC activities done for MAS are:

• Ambulance marking

Media scope print media, TV promotions, radio spots, meets on Door darshan,

• Demonstrations in schools, universities,

• Pledge to Save Lives Campaign
• Wall depictions
• Hoardings
• Stickers on transports
• Posters and leaflets
• Water tank works of art (3)

PERFORMANCE OF MEDICAL ADVICE CALL CENTRE:

YEAR	Health advice	Counselling	General complaints	Information
2013-2014	37073	3929	618	109
2014-15	41754	4245	543	234
2015-16	46234	3978	456	296
2016-17	53459	4379	386	476
TOTAL	178520	16531	2003	1115

STATEMENT OF THE PROBLEM:

The awareness of 104 MAS among population of Rajasthan seems to be significantly low, as seems through utilization of service from past Four years.

RATIONALE OF THE STUDY:

National Health mission (Rajasthan) is attempting steady and coordinated endeavours to detail and execute plans to guarantee satisfactory social insurance administrations to the general population in accordance with national wellbeing strategy. A huge amount of human and financial resources has been invested in these services. For the facility to get utilized fully and effectively the basic knowledge and awareness of these services amongst general population is of paramount importance.

The utilization of these services depends upon two important factors, awareness amongst the population and the service satisfaction amongst ones who have already used.

Hence, it is important to know the level of awareness amongst the population, for them to use the services if any emergency arises, and also valuable is the feedback of beneficiaries who have availed the 104 MAS facility. The feedback will help in evaluating the service provided and improve them if any dissatisfaction is expressed. It will help to work toward increasing the satisfaction of the caller and their relative and meet their further expectations if any.

RESEARCH QUESTIONS:

- What is the level of awareness of 104 medical advice services among general population of city of Jaipur of Rajasthan.

- How effectively are the services of 104 medical advice services being supported and utilized?

AIMS AND OBJECTIVES:

- To assessing the awareness of 104 MAS among the general population of Jaipur.
- The utilization pattern of Health services made available to the population
- To analyse the response and call volumes received from general population.
- To assess the attitude of target population towards the 104 Medical advice services provided by government.

RESEARCH METHODOLOGY:

STUDY DESIGN:

This was cross-sectional descriptive study carried out to gauge the awareness and utilization of 104 toll-free medical advice services in general population of city of Jaipur.

STUDY LOCATION:

This study was conducted in city of Jaipur and had tried to cover all the peoples of town evenly.

STUDY SUBJECT:

The study subject was general adult population of city of Jaipur.

SAMPLE DESIGN:

SAMPLING FRAME:

The sample was drawn from the entire population of Jaipur city, 3,653,927(3.6 million)

SAMPLING TECHNIQUE & SAMPLE SIZE:

A Non-Probability type of convenience sampling was followed due to less time constraints for selecting the number of respondent and therefore sample size of 200 was finalized.

METHODS AND INSTRUMENTS OF DATA COLLECTION:

This was scheduled based survey. A well-structured schedule was used as a data collection tool, of which half of the respondent were asked questions on one on one basis while other half through telephonic interview. The scheduled was devised consisting of both open and closed ended questions with the intention to cover and capture responses that would shed light on various aspects of attitudes, level of awareness and utilization and overall compliance of the study subjects towards 104 MAS.

BEFORE THE INTERVIEW:

To pre-test the interview, a pilot study was initially conducted on a randomly selected sample profile of ten respondents to accommodate any shortcomings in the questionnaire and also to determine the approximate amount of time to conduct the interview. The notable faults and shortcomings were identified and rectified thereafter. Each interviewee was assigned with numeric code that was set on the interviewee's particular convention sheet (exceed expectations page sheet where the reactions were noted).

A brief and positive initial script that stresses the significance and convenience of their cooperation was readied. The participants were ensured of their confidentiality and an informed consent was taken to go ahead with interview.

DURING INTERVIEW:

A friendly, courteous, conversational style was adopted to read out the questions.

To maintain data reliability and integrity, every question was asked in same correct wording and in endorsed way, for each meeting.

To maximize the overall satisfaction of interview, an appropriate feedback was given to interviewee.

The respondent was also given a detailed information about the 104 toll-free medical advice services once all the questions were asked.

AFTER THE INTERVIEW:

The collected data was revisited for the accuracy before preparing it for data analysis.

The responses noted were immediately entered into Excel sheet without any form of procrastination.

STATISTICAL CONSEDERATION:

Information was gathered and crossed checked for deficient and fractional filling. Utilizing Microsoft exceed expectations 2013, the gathered information was altered, coded, arranged, and composed into different recurrence dispersion.

ETHICAL CONSEDERATION:

During the course of data collection, an informed consent was taken before beginning the meeting. In the event that anybody differ to end up noticeably a piece of information gathering process they were not constrained by any methods. Earlier data was given before going by any family unit. Secrecy was guaranteed to all members.

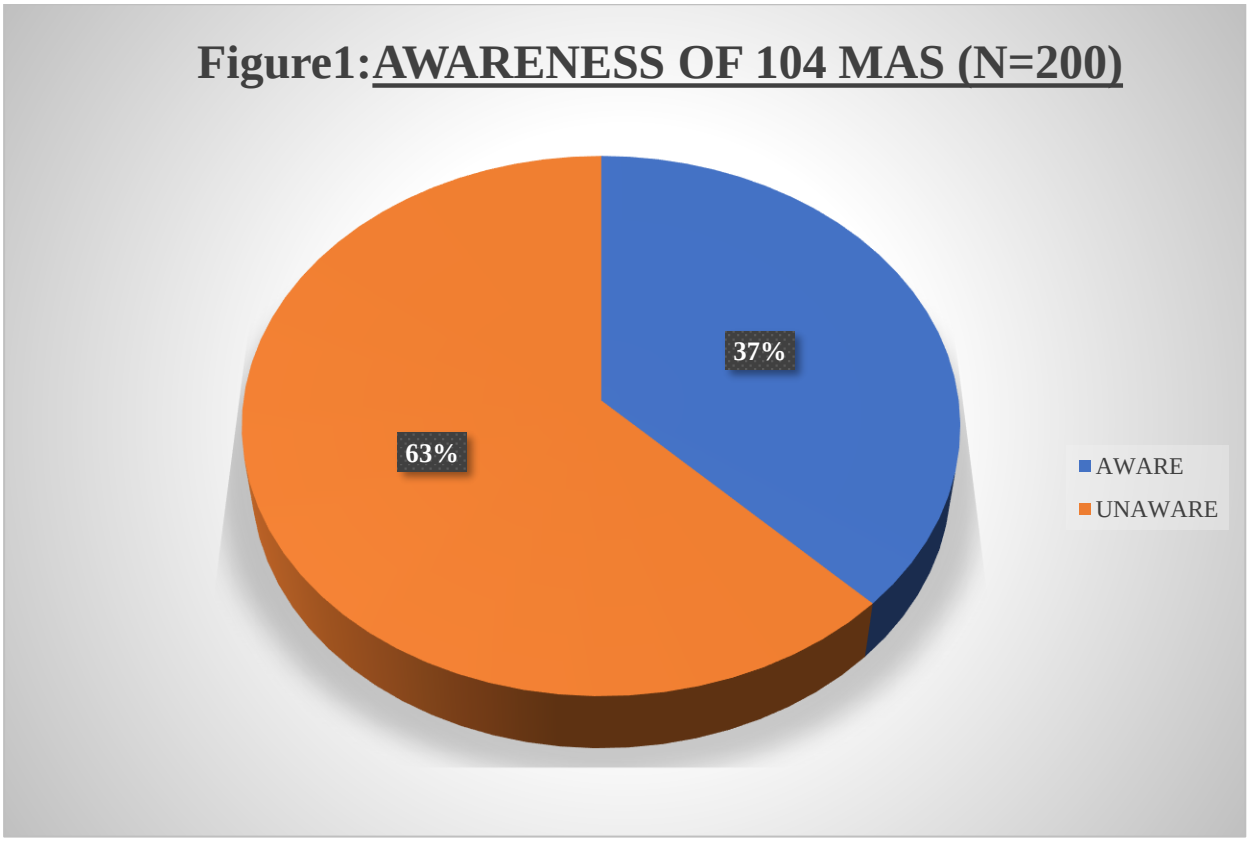
DATA ANALYSIS:

The analysis of data was done with the help of Microsoft excel 2013 and following results were obtained.

RESULTS:

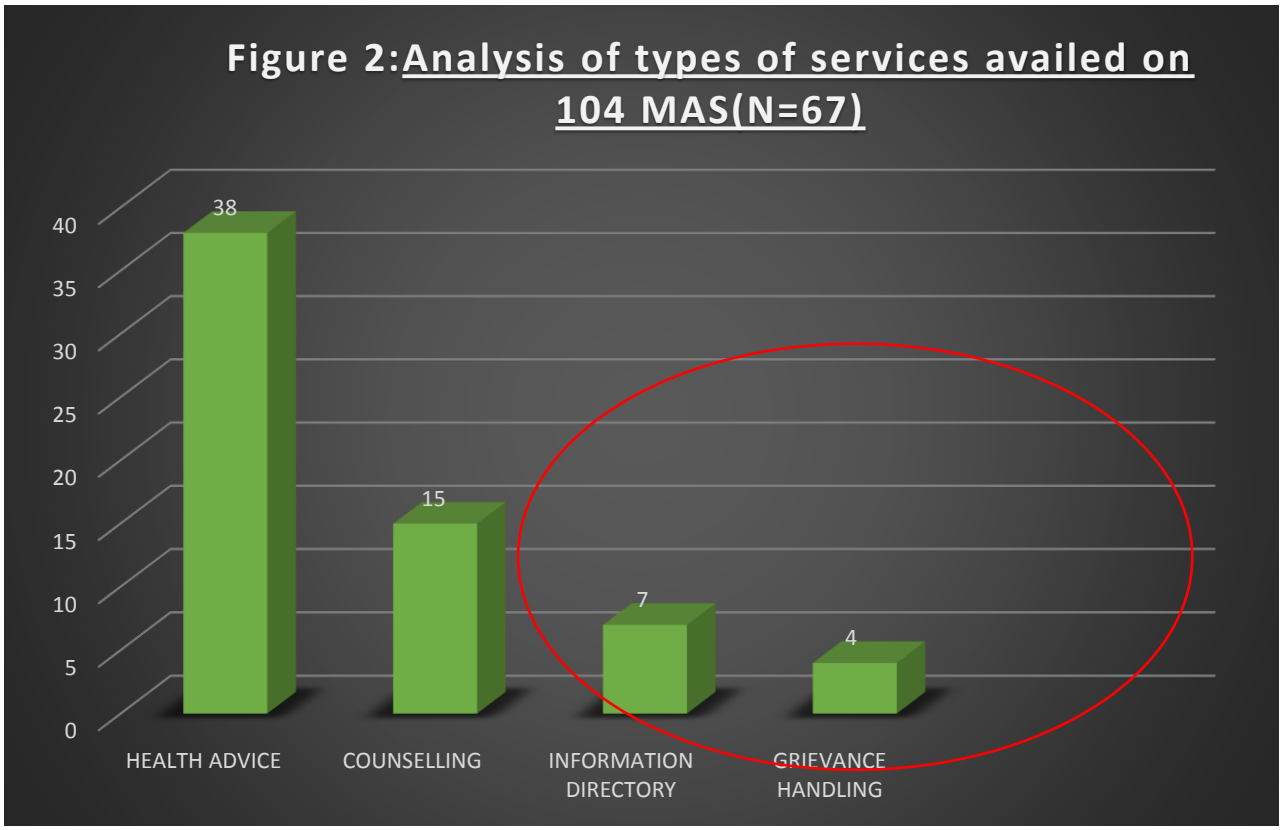
1. Awareness of 104 Medical Advice services:

Out of total 200 respondent who were interviewed, 37% are aware of 104 Medical advice services while 63% are not aware of it. And those who are aware of services most of them are beneficiaries.



2. Analysis of types of services avail on 104 MAS by respondent:

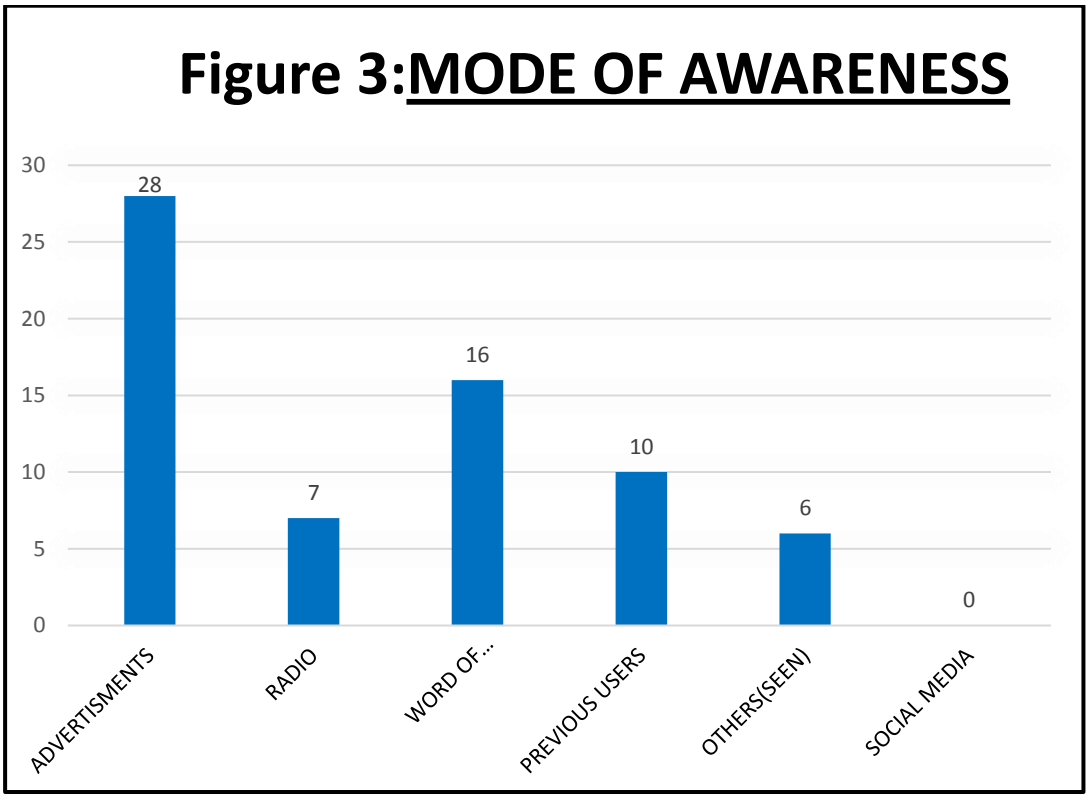
out of the 67 respondent who have knowledge about MAS, Level of knowledge regarding types of services provided by 104 MAS among them is 38 for health advice, 15 for counselling, 7 for information directory and 4 for grievance handling.



3. Analysis of Mode of Awareness:

When asked about the first source of information that enlightened them to the services of 104, 28 respondents said that they know about it from tv advertisement, hoardings, posters. 7 respondent said they heard about it at

radio, 16 by word of mouth , 10 from previous users who had already used this services.

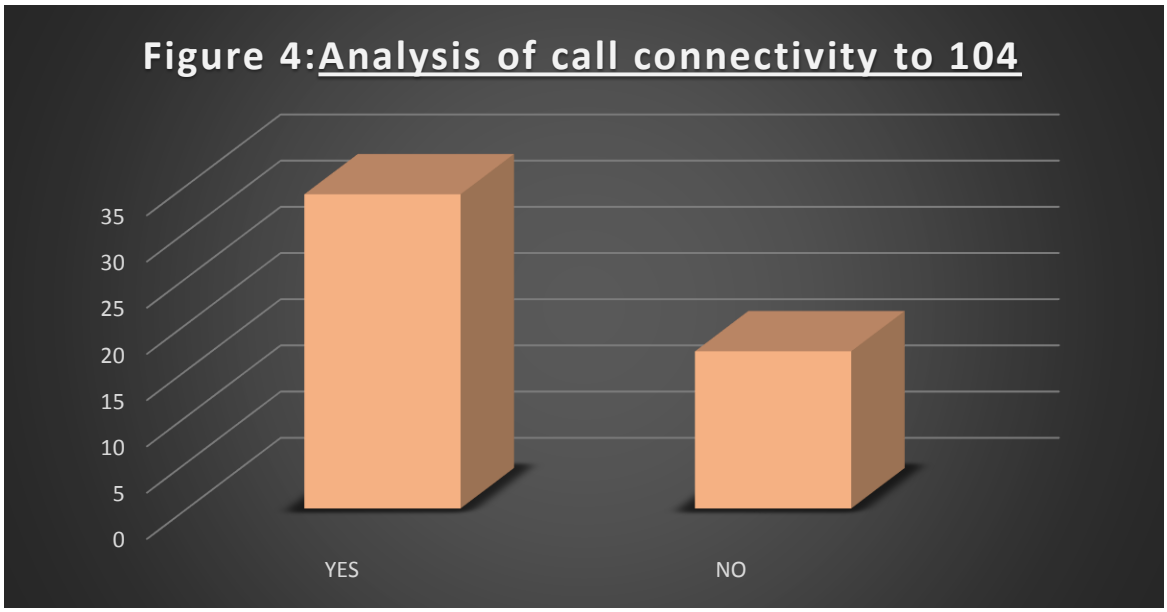


4.ANALYSIS OF MOBILE NETWORK CONNECTIVITY TO 104:

• In 82% of the cases, guests announced not having issues as to portable system network while calling 104.

• The 18% calls with system issues could be a reason for the no-reaction and quiet calls announced at the ERC.

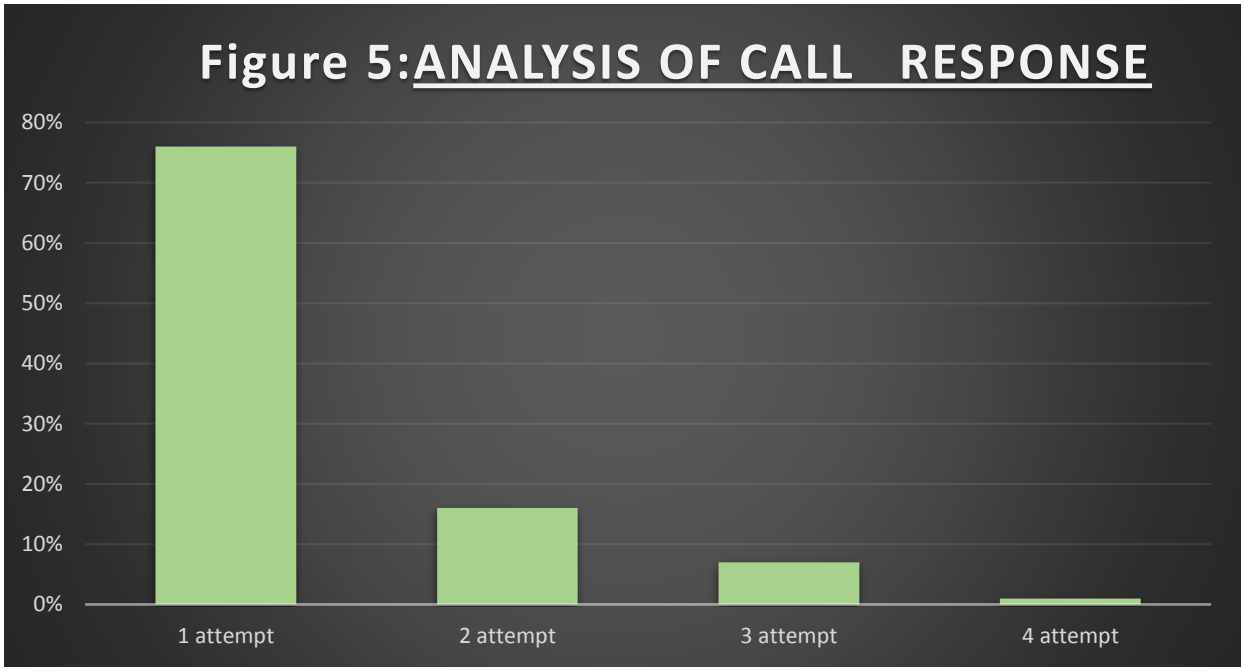
• Mobile organize issues were more typical in urban squares in light of system blockage than in country pieces.



5.ANALYSIS OF CALL RESPONSE:

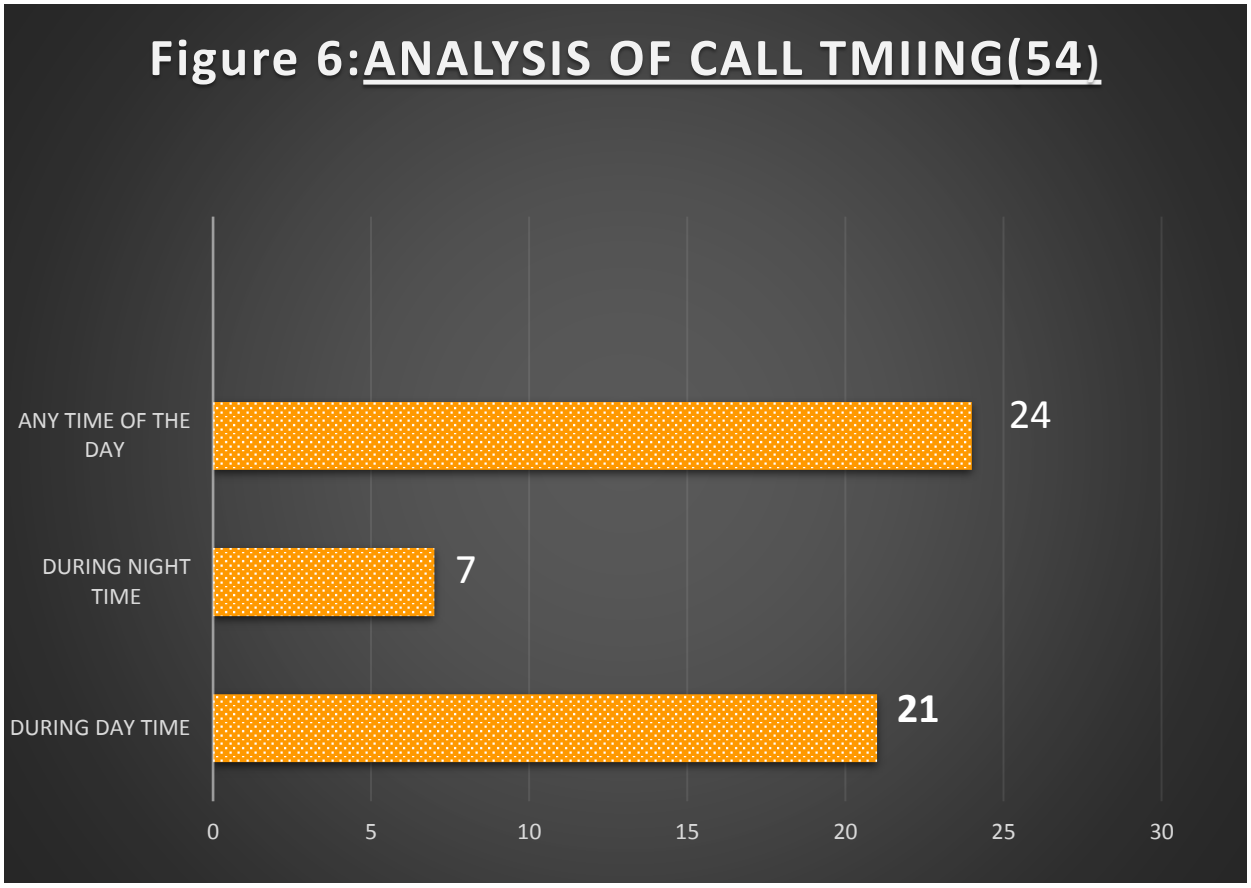
• 76% of calls replied in the first endeavour, showing the proficiency of the Sense capacity of EMRI.

• 24% of calls being reacted past 1 endeavour could relate to the call focus' unanswered calls (UAC) amid their first endeavour.



6.ANALYSIS OF CALL TIMING (N=54):

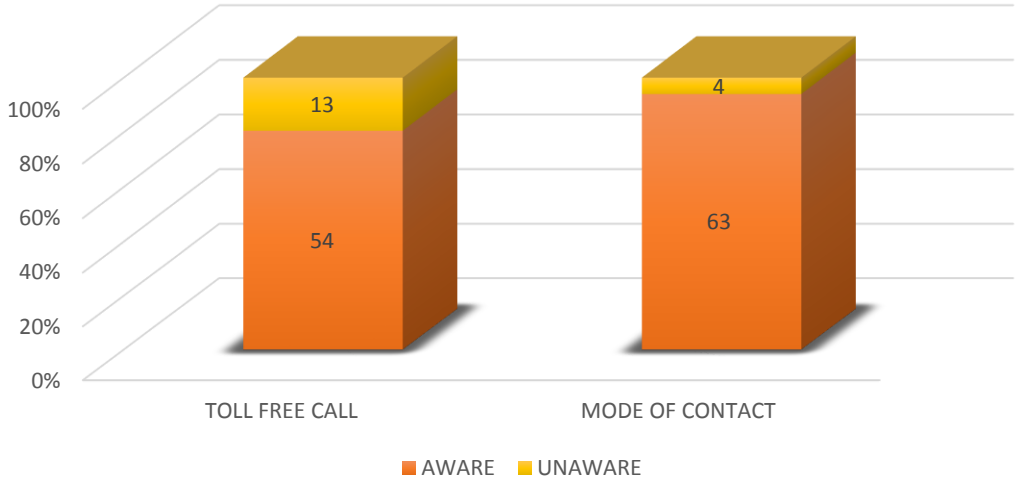
Out of 54 respondents, only 24 people know that it is 24x7 hour services. 7 said it is only night services for emergency and 21 said during day time we can call on 104 for taking advice.



7.ANALYSIS OF AWARENESS OF SERVICES BEING TOLL-FREE CALL AND MODE OF CONTACT:

Out of 67 respondents, 54 knew that 104 is a toll-free number, 13 are unaware of toll-free number. only 63 respondents knew that 104 can be called from mobile phone as well as landline.

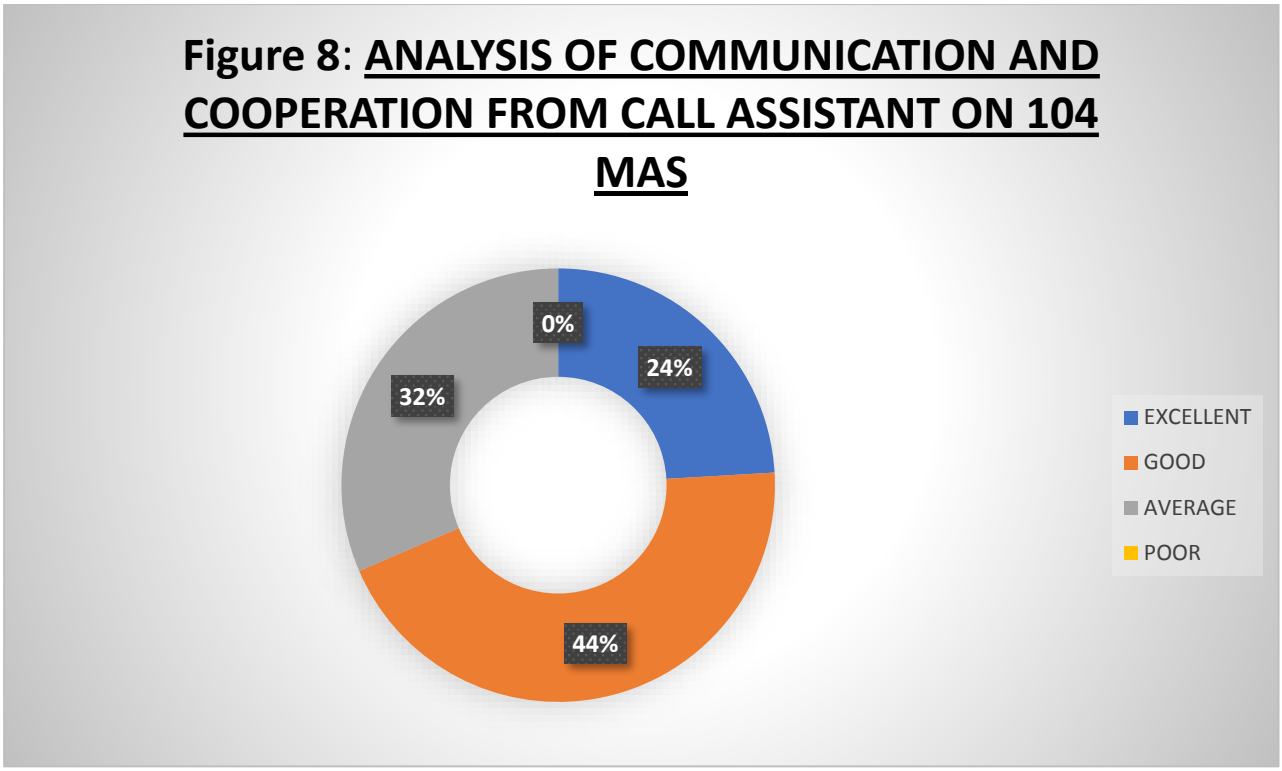
Figure7:AWARENESS OF SERVICES BEING TOLL-FREE CALL AND MODE OF CONTACT



8.ANALYSIS OF COMMUNICATION AND COOPERATION FROM CALL ASSISTANT ON 104 MAS:

The beneficiaries who availed these services out of them 24% respondent said cooperation from call assistant was excellent, 32% said cooperation from call assistant was average and 44% said cooperation from them is good.

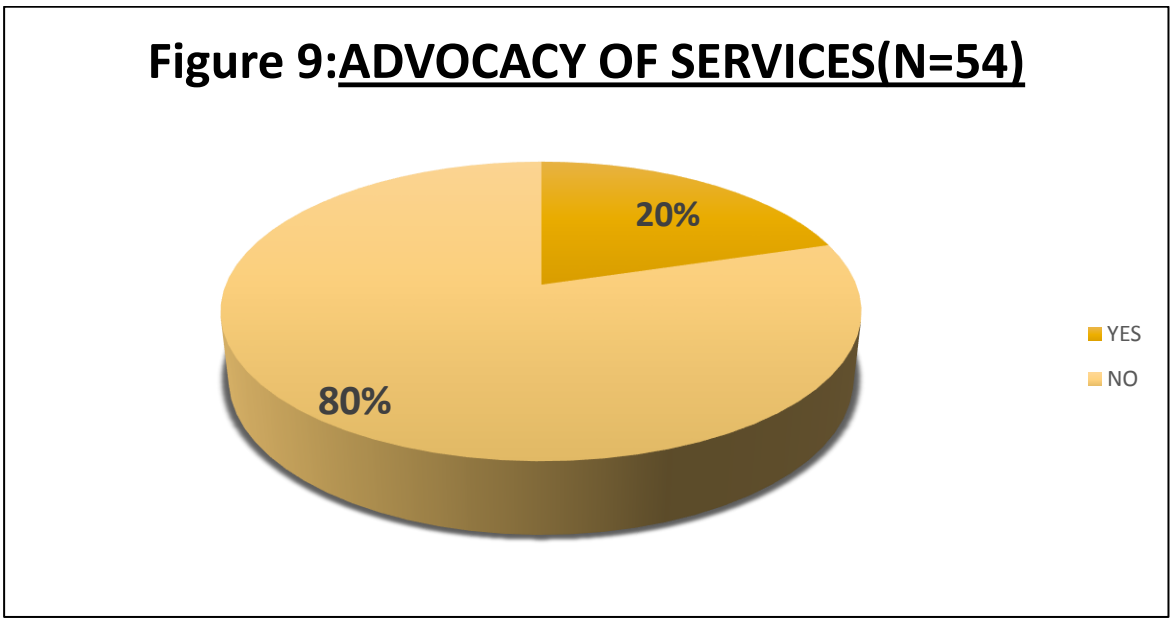
Figure 8: ANALYSIS OF COMMUNICATION AND COOPERATION FROM CALL ASSISTANT ON 104 MAS



9. ANALYSIS OF ADVOCACY OF 104 MAS:

Out of 67 respondent who are aware about 104, 20% respondent had advocated about the services to others and 80% respondent said they don't advocated to others.

Figure 9:ADVOCACY OF SERVICES(N=54)



CONCLUSION:

The overall study concluded that there is a necessity to spread awareness among the population about the MAS 104. the respondent was very positive about the program and exclaimed at the existence of such an important and efficient service in Jaipur or in whole state. The smooth functioning of the service and promotion for the awareness are two required elements for increase in the utilization of 104 MAS.

RECOMMENDATIONS:

- Extensive promotion of 104 MAS is required through IEC Material like advertisements that can be played at bus stop, railway station and other public places.
- More emphasis to be given on advertisements as that is the mode of awareness through which maximum respondent got aware about these services.
- The toll-free number should be installed in all the mobile phone's contact list, same as other emergency numbers.
- Social media is an instrumental mode for the spread of awareness of these services in a city like Jaipur. Uploading 104 MAS awareness videos or messages on social sites and application is suggested for the rapid spread of awareness.
- Advertisement in schools through which student get aware of it and then they advocated about these services to their family, relative and others.
- Message regarding MAS should be displayed in bus screen.
- Display of message on movie theatre screen before starting of movie.

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ANNEXURE:

QUESTIONNAIRE

Awareness and utilization of 104 Medical advice services

General Information-

Name of respondent:

Gender ☐ Male ☐ Female

Place name:

Date of Interview:

Name of Interviewer:

Now I would like to ask a few questions about health care facilities available to you

1.Have you heard of the Dial 104 toll free Medical advice service?

a) Yes
b) No

2.If yes, what type of services does 104 Medical health advices provide?

Health advice

a) Blood on call
b) Grievance handling
c) Mental health
d) Counselling

e) Others

3.From whom have you heard about it?

a) Family members
b) Friends
c) Village health worker (ASHA)/Village Nurse
d) ANM
e) PHC
f) Radio
g) TV
h) Print media
i) Word of mouth
j) Other (Specify)

4.Have you ever sought help from this service?

a) Yes
b) No

5.What was the purpose of you contacting Dial 104 service?

a) Seeking Medical advice ☐ Yes ☐ No

b) Seeking Counselling ☐ Yes ☐ No

c) Seeking health information ☐ Yes ☐ No

d) Other (Specify)

6.Did the call assistant ask about your previous medical history?

a) yes
b) no
c) don't remember.

7. Did you face any problem in connecting to 104?

a) yes

b) No

8.was the call attended quickly by the call assistant

a) Yes

b) No.

9.How was the communication and cooperation from the call assistant on 104 MAS? Please rate it

a) Excellent

b) Good

c) Average

d) Poor

10. In which language, the call assistant solved the problem

a) Hindi

b) English

c) Local language.

11.what according to you are the charges of the call?

a) Toll free

b) Normal call rates

12.When can you call/contact Dial 104?

a) Only during day time

b) Only during night time

c) Any time of the day

d) Do not know

14.Did you understand the advice provided from the Dial 104 service?

a) Yes

b) No

If No, give reason

……

…….

…….

…….

15. Did you act upon the advice provided by the Dial 104 service?

a) Yes
b) No

If No, give reason…….

16.Was the advice provided sufficient to solve the health issue for which you contacted Dial 104?

a) Yes
b) No

If no, explain…….

17.How did you contact the Dial 104 service?

a) Own mobile phone
b) Neighbours/ Friends Phone
c) Through the ASHA worker/RMP
d) Other…….

18.Would you ever again contact Dial 104 in case of a health issue?

a) Yes
b) No

If no, explain ……..

…….

19.have you ever advocated this services to others?

a) Yes
b) No

20.suggestions for Improving Dial 104 Services

……..

……..