Summer Training at
National Health Mission,
Mumbai

Utilization of Health Advice Call Centre 104 in Maharashtra

By
Chintan Parikh

Under the guidance of
Dr. P.R. Sodani

MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. CHINTAN PARIKH** student of MBA Health Management from The IIHMR University; Jaipur has undergone internship training at **NHM MUMBAI,** from **1st April 2016** to **31st May 2016.**

The Candidate has successfully carried out the study designated to his 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.

Col (Dr) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr P.R. Sodani
Dean Training
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur-302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, Fax:0141-3924738,E-mail: iihmr@iihmr.edu.in,Web: www.iihmr.edu.in

Commissioner, Family Welfare and Director, National Rural Health Mission

Public Health Department, Govt. of Maharashtra

सत्यमेव जयते

STATE HEALTH SOCIETY, MAHARASHTRA
NRHM
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(२००५-२०१२)
महाराष्ट्र

Tel. :- 022 - 22640063 / 65
022 - 22717500
Fax :- 022 - 22642955
Email :- mdnrhm.mumbai@gmail.com

'Arogya Bhavan', 3rd floor,
St. George Hospital Compound,
P D'mello Road, Near CST,
Fort, Mumbai 400 001

TO WHOMSOEVER IT MAY CONCERN

The certificate is awarded to Dr. Chintan H Parikh in recognition of having successfully completed his Internship in the department of NHM-Mumbai from April 01, 2016 to May 31, 2016 and has successfully completed his Project on **Utilization of Health Advice Call Centre 104 in Maharashtra**.

He comes across as a committed, sincere and a diligent person who has a strong drive and zeal for learning.

We wish him all the best for future endeavors.

Dr. H. A. Patole
Assistant Director
State Health Society, Mumbai

Acknowledgements:

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly incompletion of my Internship at NHM- Mumbai.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management, and Mumbai-NHM for believing in my abilities.

I express my gratitude and regards to my Guide Professor P R Sodani for his able guidance and useful suggestions which helped me in completing the project work successfully. His guidance was tremendous right from the onset and at each step of the project.

I would like to express my gratitude to Dr. Nilambari Salunkhe (State Program Manager- NHM) and Dr. Rekharani Sharma (State Program Manager- NUHM) who have shown faith upon me, and helping me at various stages of my project.

I would like to thank Dr. Prashant Gaikwad (State Program Officer- PPP), Dr. Shilpa Hardikar (State Program Officer – HMIS) and Mr. Prakash Bhoi (Training Head) for their extreme support throughout my tenure.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout internship.

I would like to thank staff of all the facilities for their co-operation during my data collection.Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents and brother for their blessings and my friends for their help and wishes for the successful completion of this Internship.

Dr. Chintan Parikh

Contents

List of Abbreviations

HACC : HEALTH ADVICE CALL CENTRE

AAA : ANM, ASHA, ANGANWADI

ASHA : ACCREDITED SOCIAL HEALTH ACTIVIST

ANM : AUXILLARY NURSING MIDWIFE

MO : MEDICAL OFFICER

ASHA : ACCREDITED SOCIAL HEALTH ACTIVIST

AWC : ANGANWADI CENTRE

AWW : ANGANWADI WORKER

PHC : PRIMARY HEALTH CENTRE

CHC: COMMUNITY HEALTH CENTRE

ANC : ANE NATAL CARE

DH : DISTRICT HOSPITAL

SC : SUBCENTRE

SDH : SUB-DISTRICT HOSPITAL

NHM : NATIONAL HEALTH MISSION

NUHM : NATIONAL URBAN HEALTH MISSION

PPP : PUBLIC PRIVATE PARTNERSHIP

MOHFW : MINISTRY OF HEALTH AND FAMILY WELFARE

SUMMER TRAINING REPORT

Utilization of Health Advice Call Centre 104 in Maharashtra

INTRODUCTION

The Health Advice Call Center of 22 functional seats has been in operation since 2012for the Maharashtra state at Chest Hospital,Aundh, Pune with an aim to provide 24x7 medical advices to health care provider for quick decision to provide smooth, effective and qualitative health care. The health advice is given to caller who will dial simply 3 digit toll free number “104” from landline or any mobile phone. The specialist’s advice by Paediatrician, Gynaecologist, Surgeon, Physician and Public Health Specialists is provided 24x7 to the caller. To begin with, the call centre may be rendering advice to ANMs, ASHA worker, School Health personnel and Medical Officers of Primary Health Centre, Mobile Medical Unit, and Rural Hospital. It guides health personnel’s for timely referral, proper intervention and managements of the patients and effective implementation of National Health Programs. It works as an effective tool for disease surveillance and also in disaster management during epidemics and other Health Campaigns in the State.Piramal Healthcare is selected as service provider by open National Tender for developing & operating HACC in Maharashtra under public-private partnership on the turnkey basis.

REVIEW OF LITERATURE

The Government of India accorded approval to set Health Advice Call Centre in PIP of NRHM during 2011-12. The Objective of the Health Advice Call Centre is 24x7 medical advices to health care provider for quick decision to provide smooth, effective and qualitative health care. To begin with a Call Centre of 10 seats is being set proposed in first phase and subsequent year which may be expanded in phased manner observing the response and Impact of the project on the Health system. The health advice will be given to caller who will dial simply 3 digit toll free number “104” from landline or any mobile phone. To begin with

the call centre may be rendering advice to ANMs, ASHA worker, School Health personnel and Medical Officers of PHC. It will guide health personnel's for timely referral, proper intervention and managements of the patients and effective implementation of National Health Programs. It will work as an effective tool for disease surveillance and also in disaster management. The Health Advice Call Centre will be very useful for giving instructions to the Health Care Provider during Epidemics and other various Health Campaigns to Caller. The specialist's advice by Paediatrician, Gynaecologist and Public Health Specialists will be provided 24x7 to the caller.

Objectives:-

1) To give 24x7 Medical support through Health Advice to Health Care Provider for smooth and effective health care.

2) Medical Advice to medical officers and paramedical staff for maternal, child health and immunization program.

3) To give guidance to the Medical and Paramedical Health Care Provider for School Health Program.

4) Medical advice for treatment of minor ailments to health care providers.

5) Specialist's advice to peripheral medical officer by Gynaecologist, Paediatrician and Public Health Specialists.

Long Term Objectives:-

1) Provide Directory Information of Government hospitals/Institutes including Blood bank and Eye bank for proper and early referral.

2) Linkages with Mobile Medical Unit.

3) Linkages with Referral Transport.

Goals

• Reduction in MMR

• Reduction in IMR

• Reduce Disease morbidity

• Reduce the death rate

• Effective implementation of National Health Program

Application for call centre

This application is a medical triage application, which assists the helpdesk paramedics in providing sound advice to the beneficiary. For example, a caller asks the paramedic what should be done if a specific condition exists. Then the paramedic refers to the proprietary algorithm and arrives at the probable condition and either gives advice or refers to specialist if required. The algorithm checks the severity levels and prompts to advice the patient to refer to emergency or escalates the call to the specialist. The application also includes a detailed MIS system for generating system logs. A typical call flow is described below:

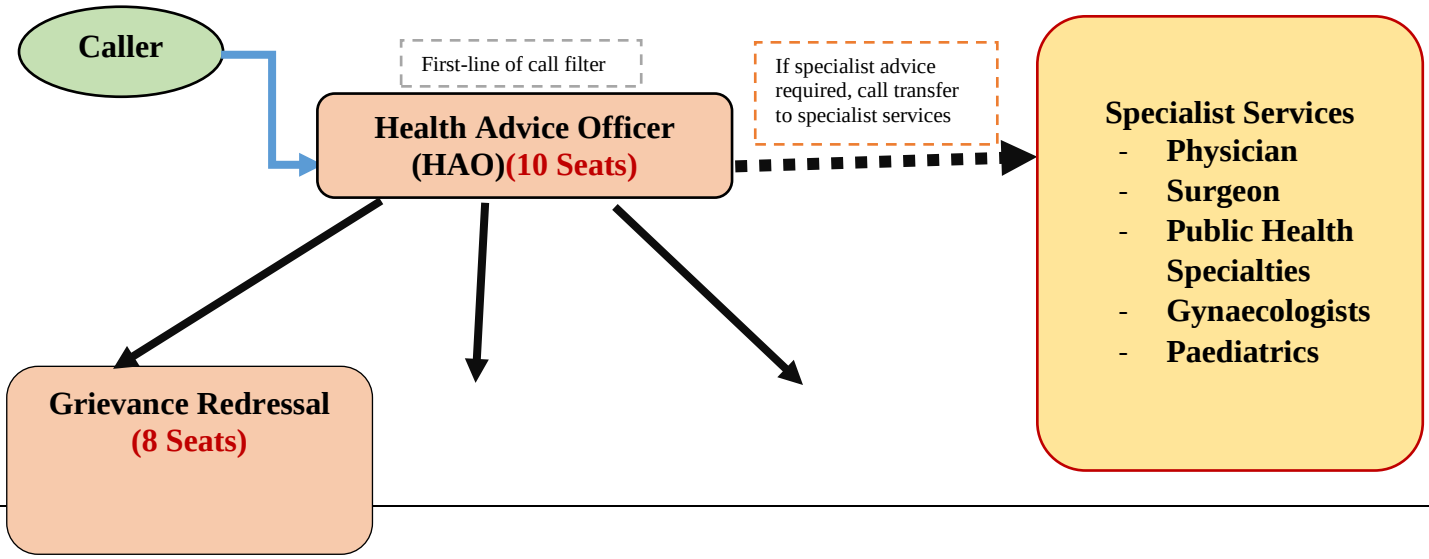
Call Flow:

The call routing of any call coming to the call centre is the following:

- A beneficiary dials the three digit 104 toll free telephone number.
- The call is received by a paramedic
- If the beneficiary needs emergency care, the call is routed to EMS helpline or to the various Health Institutes and their ambulance services
- The paramedic provides information to the beneficiary as per the data that is available with the helpdesk
- If the beneficiary asks for medical advice then the paramedic will forward call to specialist doctor The Paramedic provides advice with the support of clinical decision support system available to him/her.

Health Advice Call Centre (104)

Structure



Performance of HACC 2

Blood On Call (2 seats)

Mental Health (2 Seats)

Year	ASHA	ANM	MO	Others	Blood on Calls Progressive	OG calls	Grievance calls	Mental Health Progressive	MCTS	HD	Total
2011-12	17112	8624	4790	0	0	0	0	0	0	0	30526
2012-13	74232	29615	13946	85053	0	20185	0	0	35441	510	258982
2013-14	91496	33638	13100	82154	2828	125647	82	0	12025	0	360970
2014-15	169633	51872	12717	121523	25357	341986	2664	0	0	0	726194
2015-16 **(April 15-January 16)**	120468	37320	8762	134373	23728	346293	5035	12225	0	0	688204
Total	**472941**	**161069**	**53315**	**423103**	**51913**	**834111**	**7781**	**12225**	**47466**	**510**	**2064876**

STATEMENT OF THE PROBLEM

There seems to be a significant gap in the overall compliance among ASHA's, ANM's, MO's and other health workers of Maharashtra towards the utilization of HACC 104 as evident through the call volume rates of past 5 years.

RATIONALE OF THE STUDY

There is a vast disparity between the availability of urban and rural healthcare workers in India. Although 69% of India's population inhabits rural areas, only 26% of doctors practice there. Urban India's physician density is 14 physicians per 10,000 populations, on par with many developed countries. Rural India's physician density is 2 physicians per 10,000 populations.National Rural Health Mission(Maharashtra) ismaking constant and concerted effort to formulate and execute schemes to ensure adequate health care services to the people in line with the National Health Policy. While implementing these schemes, steps aretaken to make improvements in the health care system within the State to cater to the health needs of the people in rural areas, particularly in tribal and backward regions of the State. There are multiple challenges in providing good quality Health care. First, Specialist services are yet not available in many Rural Hospitals and sub-district hospitals due to their remote location and lack of facilities and infrastructure. Secondly, there is lack of appropriate information and knowledge among newly appointed Health Care Providers

particularly those working in the rural areas. Under such circumstances, there is a need of cutting edge technology that could be leveraged to minimize the need for physicalpresence of skilled human resources in remote areas. The HACC initiative leverages on cutting edge technologies to address the Health care requirements across the geography by providing Health care information and medical advice to peripheral public health personnel through round the clock call center.

RESEARCH QUESTIONS

Q1. How effectively are the services of HACC 104 being supported and utilized?

Q2. What are various challenges and barriers for the success of HACC 104?

OBJECTIVES

1. To assess the attitudes and compliance among concerned stakeholders i.e. ANM's, ASHA's and other Healthcare providers for service delivery.
2. To analyze the response and the call volumes received from ASHAS's, ANM's, and others
3. Understand the overall challenges faced in utilizing this service in rural areas.

REASEARCH METHODOLOGY

Study Design

This was a Cross-sectional Descriptive study carried out to address the overall compliance among ASHA's, ANM's, MO's towards utilization of HACC 104.

Study Location

This study was conducted in the State of Maharashtra through telephonic interviews from NHM Head Office, Mumbai.

Study Subjects

The study subjects included the frontline health workers i.e. ASHA's, ANM's and MO's belonging to various districts of Maharashtra.

SAMPLE DESIGN

Sampling Frame

The sample was drawn from a fully comprehensive and exhaustive list comprising of **57,245** ASHA's, **18,194** ANM's and **5,006** MO's.

Sample Size

A Non-Probability type of convenient sampling was followed due to time constraints for selecting the number of respondents and thereby, a sample size of **120** was finalized.

Further, a break-up of individual cadres was calculated based on the overall strength of members in that particular cadre.

Finally, the outcome resulted in conducting the study on **90** ASHA's, **15** ANM's and **5** MO's.

Sampling Technique

A Probability type of Systematic Random Sampling was carried out to select the desired sample size of 120.

.

Methods and Instruments of Data Collection

This study was a questionnaire-based survey. A well-structured questionnaire prepared in the regional language (Marathi) was used as a data collection tool through telephonic interviews. The questionnaire was devised consisting of both open ended and closed ended questions with the intention to cover and capture responses that would shed light on the various aspects of attitudes, behaviors and overall compliance of the study subjects towards HACC 104.

Before the Interview

To pre-test the interview protocol, a pilot study was initially conducted on a randomly selected sample profile to accommodate any shortcomings in the questionnaire and also to determine the approximate amount of time it will take to conduct the interview. The notable faults and shortcomings were identified and rectified thereafter.

Each interviewee was assigned a numeric code that was placed on the interviewee's specific protocol sheet (excel page sheet where the responses were noted).

A detailed scheduling procedure was followed in setting up these phone call appointments, given the inevitable rescheduling that would occur. A daily call log of the samples that would be called on a particular day and the result of the phone call (answered, not answering, switch off, unreachable, etc.) was maintained.

A brief and positive introductory script that emphasizes the importance and usefulness of their participation was prepared.

The participants were ensured of their confidentiality and an informed consent was taken to go ahead with the interview.

During the Interview

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

To maintain data reliability and integrity, every question was asked with the same exact wording and in the prescribed order, for each interview.

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

After the Interview

The collected data was revisited for accuracy before preparing it for Data Analysis.

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

STATISTICAL TREATMENT

Data (for Knowledge of ASHA/ANM/MO) was collected and cross checked for any incomplete or partial filling. Using Microsoft Excel 2013, the collecteddata was then edited, coded, tabulated and organized into various frequency distributions.

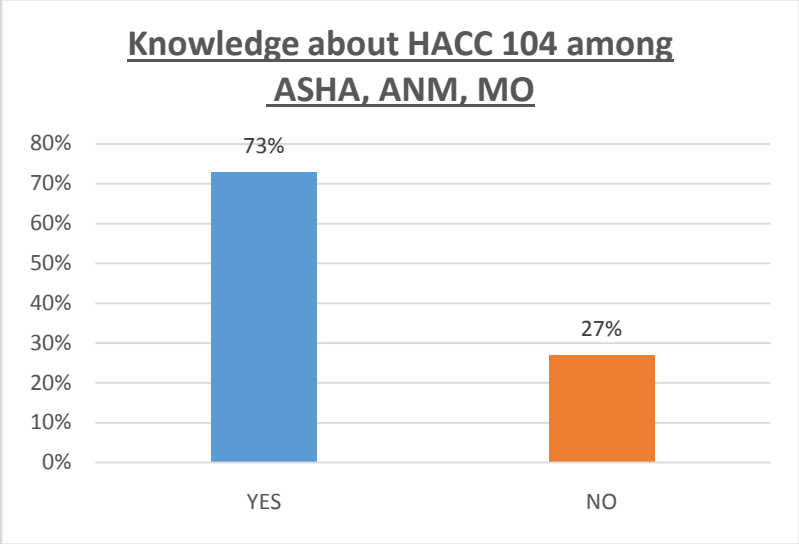
ETHICAL CONSIDERATIONS

Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any means. Prior information was given before visiting any health facility. Confidentiality was ensured to all participants.

RESULTS

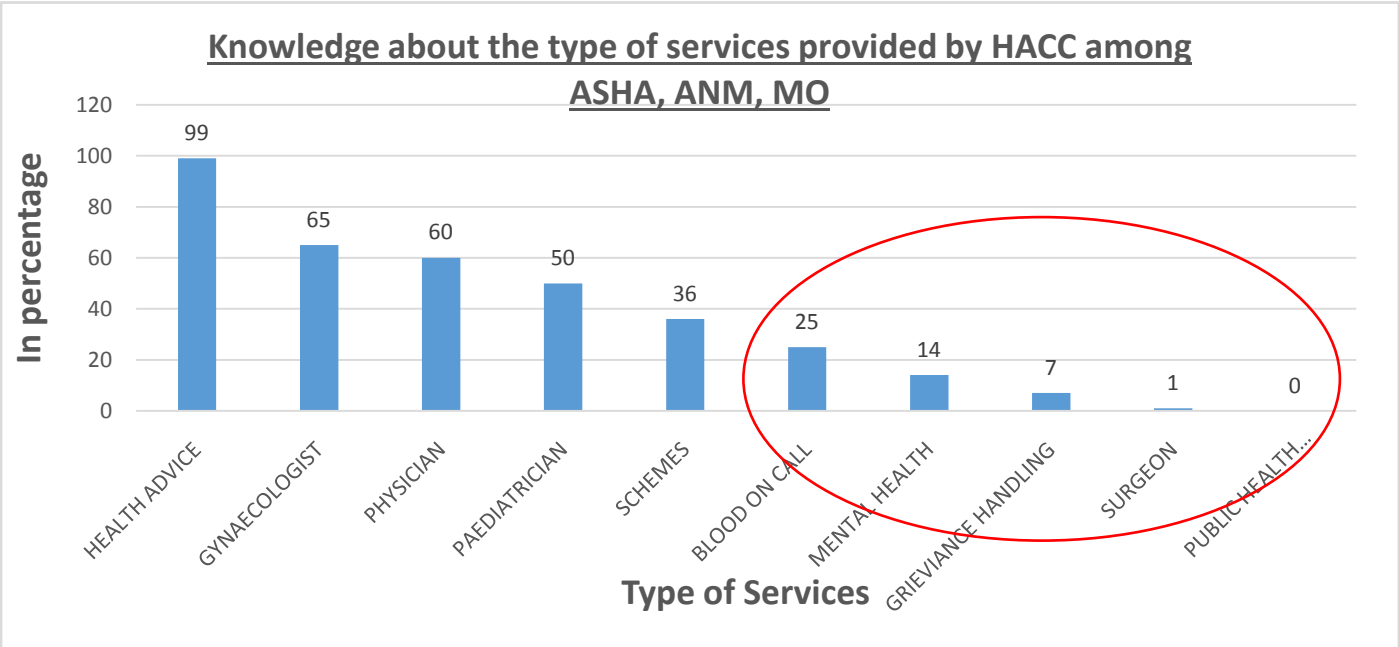
Analysis of Knowledge about HACC

73% of the respondents have knowledge about HACC 104 while 27% have absolutely no knowledge about HACC104



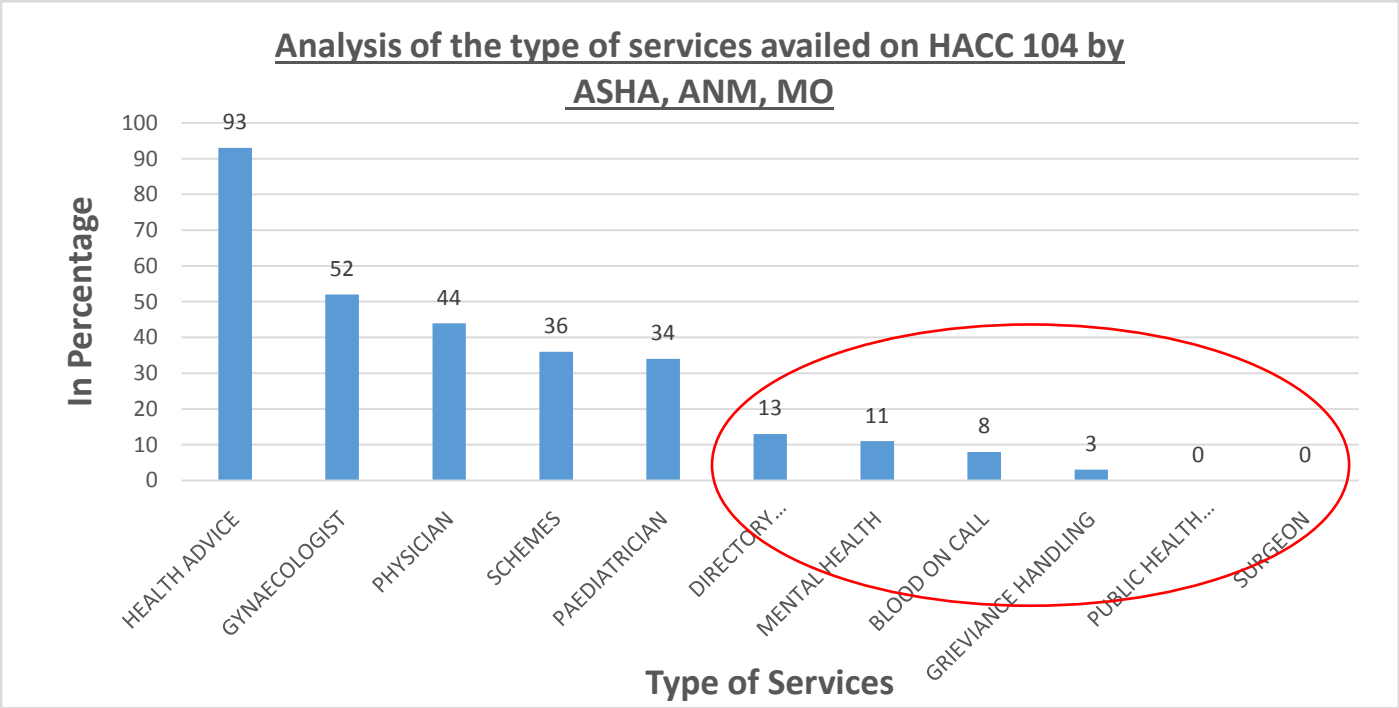
Knowledge about the type of services provided by HACC

Out of the 88 respondents who have knowledge about HACC, level of knowledge regarding the type of services provided by HACC among them is 99% for Health Advice, 65% for Gynaecology, 60% for Physician, 50% for Paediatrician, 36% for Schemes, 25% for Blood on Call, 14% for Mental Health, 7% forGrievance Handling, 1% for Surgeon and NIL for Public Health Specialist.



Analysis of the type of Services availed on HACC 104

Out the 61 respondents that have contacted HACC, the proportion of the type of services that have been availed by them are93% for Health Advice, 52% for Gynaecology, 44% for Physician, 36% for Schemes, 34% for Paediatrician, 13% for Directory Information, 11% for Mental Health, 8% for Blood on Call, 3% for Grievance Handling, NIL for Public Health Specialist and Surgeon.

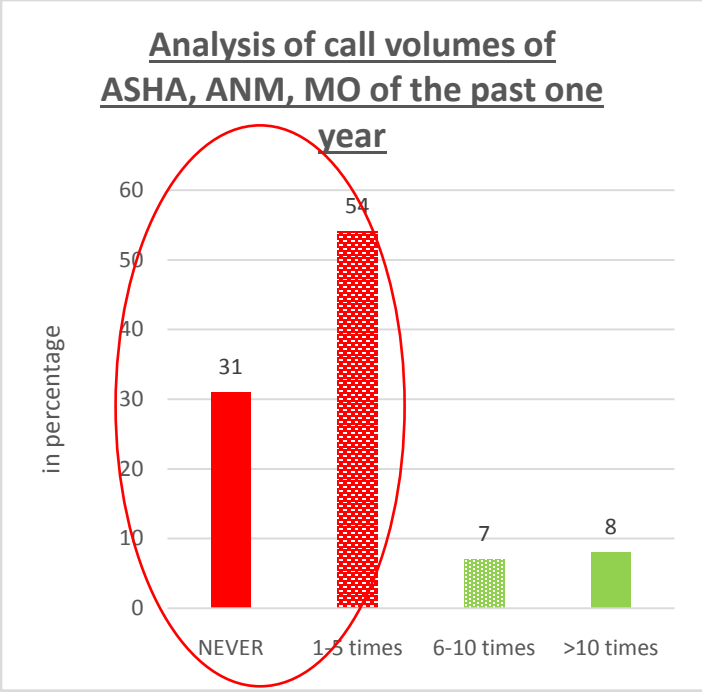


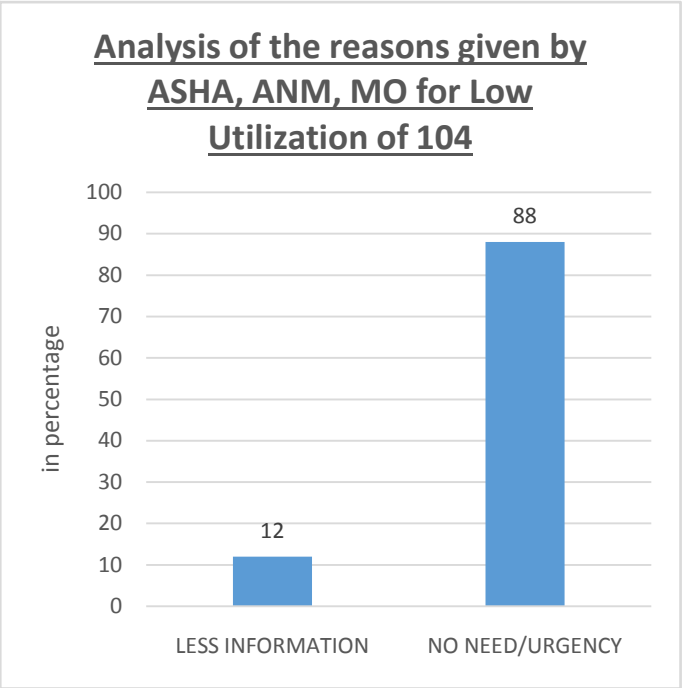
Analysis of call volumes of ASHA, ANM, MO of the past one year & their reasons for Low Utilization of HACC 104.

With 100% of respondents saying that 104 is beneficial to the society and 88% actively advocating it to others, it is surprising to notice that 31% of them have ‘never’ availed the benefits of the service and 54% of them have called hardly 2-3 times thereby making a total of a whopping 85 % respondents that have ‘inadequately’ utilized the services of HACC 104.

On further probing, it was noted that there were two main primary reasons for inadequate utilization of HACC 104 services.

While 88% respondents said that they did not feel the need/urgency to call 104 on regular basis (as they usually take guidance from their supervisors and medical officers at PHC when the need arises), 12% of them said that they failed to avail 104 services due to “less information” about the same.

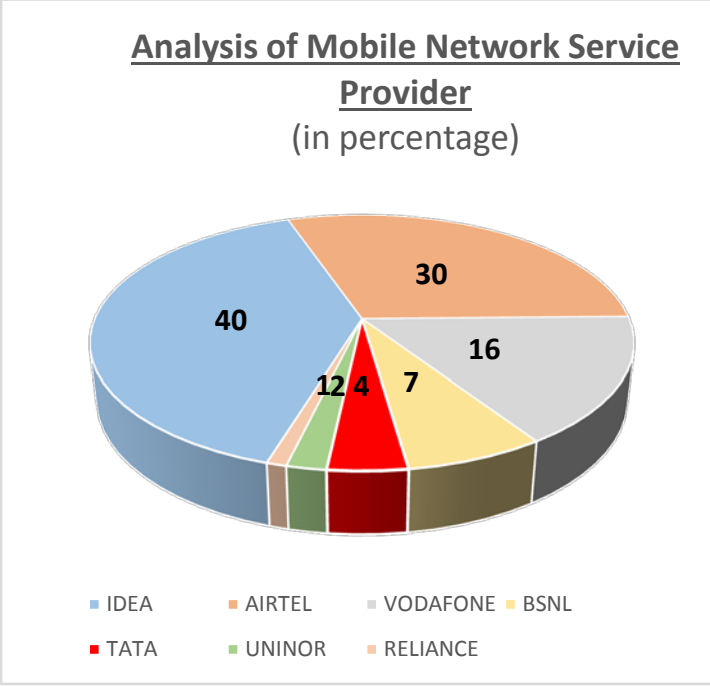


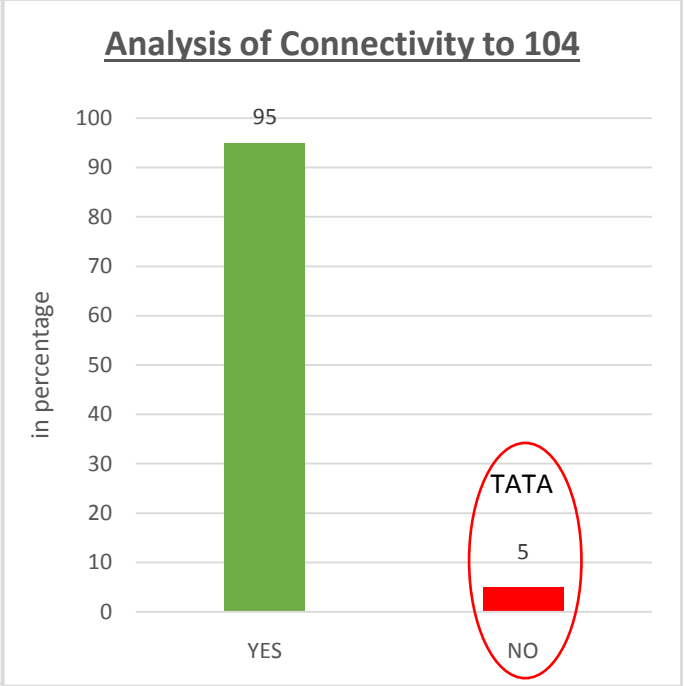


Assessment of Mobile Network Service Provider to ASHA, ANM, MO & its Connectivity to 104

Out of the 120 respondents interviewed, 40% were using Idea services, 30% Airtel, 16% Vodafone, 7% BSNL, 4% TATA, 2% Uninor and only 1% were using Reliance.

Also, 5% of the respondents were not able to connect to 104 and interestingly, that entire section belonged to the 4% of TATA users.



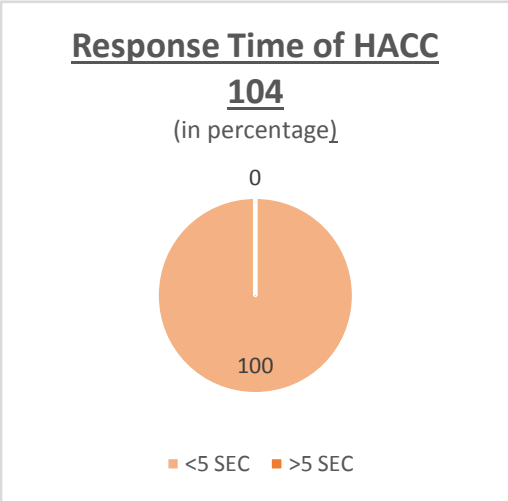


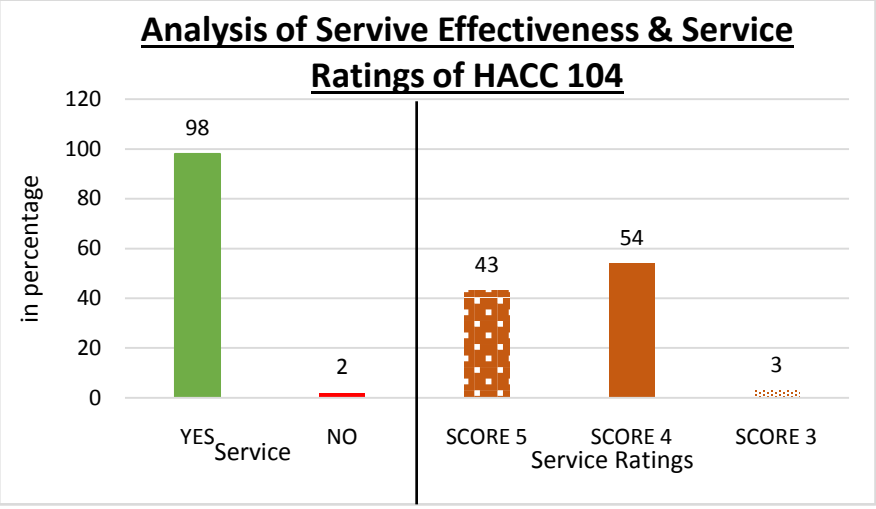
Response Time, Service Effectiveness & Service Ratings of HACC 104

Out of the 69% respondents that have called 104, ALL of them i.e. 100% have positively stated that they have received a response from 104 in less than 5 seconds.

Also the services were delivered exceptionally well to the effect that 98% of them said that their issues were resolved appropriately.

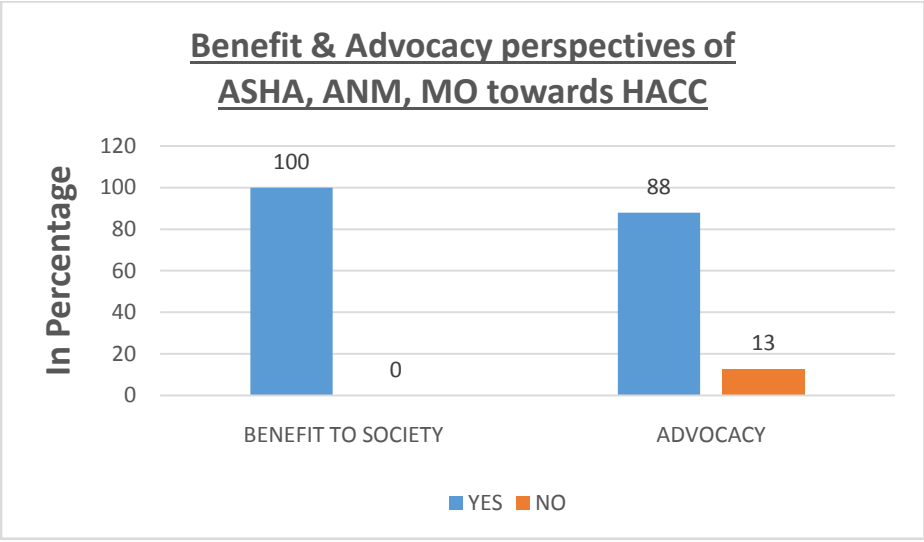
On a scale of 1-5, 54% of the respondents gave a rating score of 4, 43% gave a score of 5 and only 3% gave a score of 3.





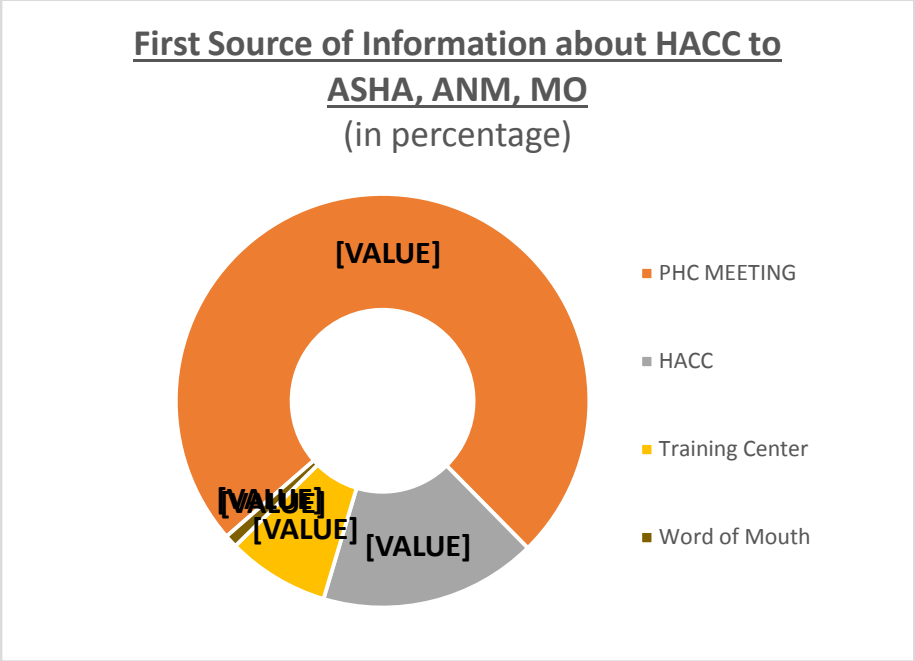
Benefit & Advocacy perspectives of ASHA, ANM, MO towards HACC

Out of the 73% respondents who were aware of 104, all of them were of the view that this service is highly beneficial to the society and a large proportion of them i.e. 88% were also actively involved in advocating this service to others.



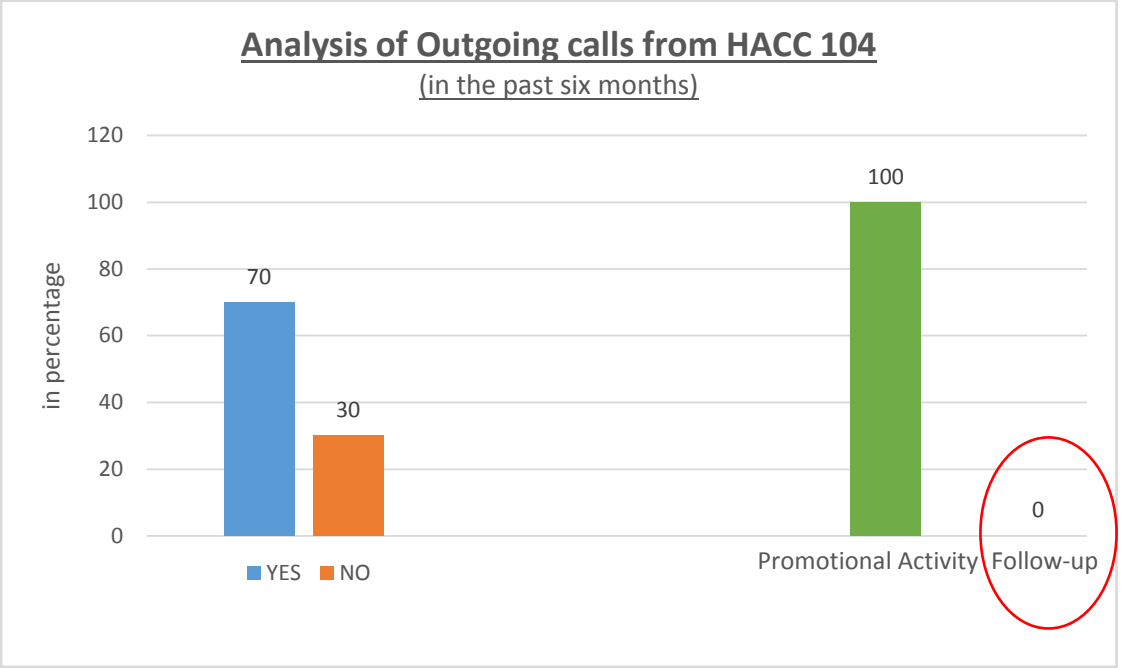
Analysis of First Source Information about HACC to ASHA, ANM, MO

When asked about the first source of information that enlightened them to the services of 104, 74% of respondents said that they were introduced to 104 in “monthlymeetings” with their Supervisors at PHC, 17% by the HACC promotional activities, 8% at Training Centers and a mere 1% by word of mouth.



Analysis of Outgoing calls from HACC (in the past six months)

About 70% of the respondents have received a call from HACC 104 in the last six months, all of which were made for promotional activities, whereas there was a complete inadequacy of “follow-up” calls.



RECOMMENDATIONS

- There is a growing need for IEC activities in general that needs to be developed and propagated to establish 104 on extensive basis throughout the State.
- Prior importance should be given to spread more information and awareness about services that are lesser known to health workers such as Blood on Call, Mental Health, Grievance Handling, Surgeon and Public Health Specialist.
- To distribute the over-exhaustive nature of calls related to Maternal and Child Health more evenly and efficiently, there should be an increase in the no of seats dedicated to services provided by Gynaecologist, Paediatrician and Physician instead of just 'one' per shift, as these services are most enormously availed on 104.
- A legal framework can be appointed and co-structured with the mental health unit to provide legal advice and support in cases of complaints regarding domestic violence, physical abuse, etc.
- With 85% of health workers using Idea, Vodafone and Airtel mobile network services, maximum efforts should be ensured to strengthen and maintain their connectivity to 104. Also, connectivity issue of Tata users to 104 should be looked into and resolved appropriately.
- It becomes extremely important to view and consider the "monthly meetings of ASHA workers with their Supervisors at PHC's" as such potential events where IEC activities should be aggressively targeted since a vast majority i.e. 74% of health workers come to know about 104 from these sources.
- Training Centres for health workers (ASHA, ANM, MO) can be utilized as an active medium in imparting knowledge and information about HACC 104 and its services.
- The promotional activities being carried out in the form of outgoing calls should focus equally, if not more, on generating feedback from the users that have availed the services provided by 104. A detailed analysis of the feedback on weekly or monthly basis would not only help us to evaluate the effectiveness of 104, but also yield deep insights on the gaps and loopholes to be corrected to improve the overall utilization and efficiency of this service.

- To address the reasons given by health workers for low utilization of 104 (that they did not feel any need/urgency to call 104 as they get advice from their Supervisors and Medical Officers at PHC), the IEC/Promotional activities should shed light and make them realise about the three very important aspects of this service.

  1. 104 is a “Toll-free” number i.e. it is “free of cost”.
  2. Specialist’s on-board providing “expert advice”.
  3. Response given in “less than 5 seconds”

  A social marketing strategy of this kind highlighting its quick, cost-free and effective nature will encourage utilization of 104 over other options.

LIMITATIONS OF THE STUDY

- The study cannot be generalised to the entire population of health workers as the “sample size” was decided arbitrarily and as per convenience.
- The disadvantage of asynchronous communication of place by telephone is the reduction of social cues. The interviewer was not able to see the interviewee, so body language etc. could not be used as a source of extra information.

REFERENCES

1. https://www.nrhm.**maharashtra**.gov.in/Health%20Advice%20Call%20Centre.pdf
2. https://negp.gov.in/pdfs/c19.pdf
3. Assembly note of National Health Mission, March 2016, State Health Society, Maharashtra

ANNEXURES

Questionnaire for ASHA, ANM, MO

INTRODUCTION

१)नमस्कारमीNHM हेडऑफिसमधूनबोलतआहे .

२)आम्हीही१०४यासेवेबाबततुमचेअसलेलेमतविचारातघेतआहोत.

३)याकरीताआम्हीकाहीप्रश्नंतुम्हालापुढील२-३मिनिटांतविचारणारआहोत,तुमचायाप्रश्नाचीउत्तरेआम्हाला१०४यासेवेच्याउपयोगवाढण्यासाठीउपयुक्तठरतील . तरीआपणआम्हालासहकार्यकरा.

Questionnaireto assess attitudes, awareness and compliance of health workers towards HACC 104

दृष्टिकोनजागरुकताआणिआरोग्यकार्यकर्त्यांच्यापालनांच्यादिशेनेमुल्यांकनकरण्याचीHACC 104प्रश्नावली

Q.1 Do you know about HACC 104 service?
A. Yes B. No

प्र.१आपणासHACC१०४सेवाबदद्लमाहितीआहेका?
A. हो B. नाही

Q.2 If yes, what type of services does HACC 104 service provide?
A. Health Advice B. Gynaecologist C. Paediatrician
D. Surgeon E. Physician F. Public Health Specialist
G. Blood on call H. Grievance handling I. Mental Health

प्र.२HACC१०४याक्रमांकवरकोणत्याप्रकारचीसेवापुरवण्यातयेते?
A.आरोग्यसल्लाB. स्त्रीरोगतज्ञC.बालरोगतज्ञ
D.सर्जनE.वैदयF.सार्वजनिकआरोग्यविशेषज्ञ
G.ब्लडऑनकॉलH. तक्रारहाताळणेI.मानसिकआरोग्य

Q.3 How many times have YOU called 104 service?
A. Less than 5 times B. 5-10 times C. 10-25 times
D. 25 and above E. Never
(If answer is E, skip to Question No 8)

प्र.३आपण१०४यासेवेलाकितीवेळासंपर्कसाधला?
A. कमीतकमी५वेळाB. ५-१०वेळाC. १०-२५वेळा
D. २५पेक्षाजास्तE. नाही.
(उत्तरईअसेलतरप्रश्नक्रंमाक8वगळण्यातयावे)

Q.4 What type of services have you availed on HACC 104?
A. Health Advice B. Gynaecologist C. Paediatrician
D. Surgeon E. Physician F. Public Health Specialist
G. Blood on call H. Grievance handling I. Mental Health
J. Directory information K. others

प्र.४HACC १०४ वर कोण्याndl प्रकारची सेवा उपलबध आहे.

A.आरोग्यसल्लाB. स्त्रीरोगतज्ञC.बालरोगतज्ञ

D.सर्जनE.वैदयF.सार्वजनिकआरोग्यविशेषज्ञ

G.ब्लडऑनकॉलH. तक्रारहाताळणेI.मानसिकआरोग्य

J. निर्देशकाची माहिती K. इतर

Q.5Did you face any problem in connecting to 104?
A. Yes B. No

प्र.५१०४लासंपर्कसाधतानाकोणत्याप्रकारचासमस्यानिर्माणझालाका?

A.हो B. नाही

Q.6 Within how much time was the response given?
A. < 5 sec B. 5-10 sec C. 10-15 sec
D. 15 & above

प्र.६१०४याक्रमांवरकितीवेळाप्रतिसाददेण्यातआला?

A. ५सेकंदापेक्षाकमीB. ५-१०सेंकदC.५-१०सेंकद D. १५ पेक्षा जास्त

Q.7Was the issue resolved appropriately?
A. Yes B. No

प्र.७तुमचासमस्यायोग्यरीतीनेसोडवण्यातआल्यातका?

A. हो B. नाही

Q.8 Do you think this service is of any benefit to the society?
A. Yes B. No

प्र.८आपल्यायासेवेचासमाजालाकोणतयाहीलाभआहेका?

A. हो B. नाही

Q.9 How did you come to know about this service?
A. Word of mouth (ASHA, ANM, etc.) B. Training center E. Meeting

C. HACC D. Primary Health Center

प्र.९ तुम्हा ला या सेवेबदद्ल कशी माहिती मिळाली?

A. तोडातून शब्दह (आशाANM इ.)B. प्रशिक्षण केंद्रE. सभा

C. HACC D. प्राथमिक आरोग्यर केंद्र

Q.10 Have you ever advocated this service to others?

A. Yes B. No

प्र.१०तुम्हीयासेवेचीमाहितीसुचविलीआहेका?

A. हो B. नाही

Q.11 Have you ever received any call from HACC center?

A. Yes B. No

प्र.११तुम्हालाHACCकेंद्रामधुनकधीहीफोनआलाआहेका?

A. हो B. नाही

११A. If yes what was the call regarding?

A. Promotion B. Follow Up

११.अफोनकशासंबंधीतआलाहोता?

Q.12 Why has the Frequency of yours calls been so less?

A. Less Information B. No Need /Urgency

प्र.१२कायकारणामुळेतुमचेएवढेकमीcallsझालेतआहेत?

अ. कमीमाहितीमिळल्यामुळेब. कधीगरजनाहीवाटली

Q.13Who is your mobile network service provider?

A. BSNL B. Airtel C. Vodafone

D. Tata E. Idea F. Reliance

G. Aircel H. Uninor I. MTS

प्र.१3तुमच्यामोबाईलचेनेटवर्कसेवाप्रदाताकोणआहे. ?

A. BSNL B. Airtel C. Vodafone

D. Tata E. Idea F. Reliance

G. Aircel H. Uninor I. MTS

Q.14 How satisfied were you with overall experience of the service? Give your rating on a scale of 1-5.

A. 1 B. 2 C. 3

D. 4 E. 5

प्र.१४१०४यासेवेमध्ेसमाधानीअसणारेअनुभवकितीआहेतते१-५याप्रमाणातरेटिंगमध्ेकळवा. ?

A. १ B. २ C. ३

D. ४ E. ५

Q.15 Please write your feedback/suggestions if any.

प्र.१४आमह्ंालाआपलाअभिप्रायकिंवासूचनाअसतीलतरकळवा. ?