Summer Training at
NHM,M.P.
(April 1-May 31, 2014)

Rapid Assessment of Swasthya Gram Prahari Dal in Bhopal, Betul and Raisen District of M.P.

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2013-2015

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that **Dr Tarachand Rupale** student of Post Graduate Diploma in Health And Hospital Management, Institute of Health Management Research, Jaipur, batch 2013 – 15, has done his summer training for the period **of April 1st to May 31st, 2014 with NHM,M.P in district Bhopal ,Betul, Raisen** under my guidance. During this period he has completed his study as a part of partial fulfillment of the course requirements, recommended for the Post Graduate Diploma in Health and Hospital with specialization in Health Management. Topic of study given by NHM,M.P during his summer training was **"Rapid Assessment Of Swasthya Gram Prahari Dal In Bhopal, Betul And Raisen District Of M.P."**. All the data related to the study is the Primary data. His approach to the projects has been sincere, scientific and analytical.

I wish him all the best for his future endeavor.

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CERTIFICATE

This is to certify that **Dr. Tarachand Rupale** student of Institute of Health Management Research, Jaipur, has successfully completed summer training programme at National Health Mission (M.P) of two months dated 01/04/14 to 31/05/14. During summer training programme he has actively participated in the project titled **"RAPID ASSESSMENT OF FUNCTIONING OF SWASTHYA GRAM PRAHARI DAL IN M.P"**. I appreciate his contribution in the project mentioned.

I extend my best wishes for his bright future.

(Dr. J. L. Mishra)
Director
National Health Mission
Madhya Pradesh

Acknowledgements:

I extend my sincere gratitude to Deputy Director ,Dr Rajeev Shrivastava sir, National Health Mission (MP) for giving me the opportunity to have this summer training experience and undergoing the process of learning at NHM, MP. I thank him for all the trust and faith that he posed in me and I only hope that I have been able to live up to his expectations. His guidance and support was helpful in enhancing my work.

I extend my sincere gratitude to Neeraj Shrivastava (State HMIS consultant) and Umesh Sharma (Asst. HMIS consultant) NHM MP, who have been my guiding mentors for the summer internship program & have been instrumental in helping me shape this study in a desirable way. Last but not the least; I would like to thank the entire staff of NHM MP, for their support, co-operation and guidance.

I would also like to express my sincere thanks to Dr S.D. Gupta(Director IIHMR),Dr Ashok Kaushik(Dean Academics,IIHMR) and Dr. J.P. Singh(Assistant Prof,IIHMR) for guiding me and acting as a souce of inspiration.

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ABBREVIATIONS	
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activis
AYUSH	Ayurveda unani sidhha homeopathy
BMO	Block Medical officer
BPM	Block Programme Manager
CHC	Community Health Center
GAK	Gram arogya Kendra
GDP	Gross domestic product
HMIS	Health Management Information System
IMR	Infant mortaility rate
IPHS	Indian public health standards
JSY	Janani SurakshaYojana
LHV	Lady health visitor
MMR	Maternal mortality ratio
MPW	Multi purpouse Worker
NHM	National Health Mission
PHC	Primary Health Center
PNC	Post Natal Care
SC	Sub Centre
SHC	Sub-health Center
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee

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Summary:

I was assigned the task of doing rapid assessment of the functioning of the Swasthya Gram Prahari Dal in three districts of M.P. namely Raisen ,Betul and Bhopal.I have done a qualitative (observational) study by the way of self developed tool(enclosed in annexure),and came to conclusion that SGPD is working satisfactorily ,although there are some loopholes to be taken in to consideration like shortage of staff ,lack of on job training etc.

After implementation of SGPD in sept 2013 the access and quality of healthcare to the rural community has increased through Gram Arogya Kendra (GAK) significantly in M.P. state, so this intervention under supportive supervision will be very helpful to meet unmet needs of rural community like poor quality and access to healthcare services among rural community which were present before the implementation of this intervention.

INTRODUCTION:-

Swasthya Gram Prahari Dal is an intervention started in M.P. in sept 2013 was mainly meant for improving the quality and access to healthcare services to the rural community through the way of GAK.[1]

For assessing the function of SGPD team and to know the realities regarding quality and access to healthcare ,I was given the task of doing rapid assessment of SGPD team in the districts of M.P. In order to assess the same, separate questionnaire for each of the member of SGPD team was prepared. I interviewed each member during field visits held in different sectors of Raisen, Betul and Bhopal districts of M.P. state. The sectors covered were :-

Multai,amla,sehra,lapajhiri,udaipura,dehgaon,bamnai,kharbai,noornagar,rajeevnagar,gandhinagar,silwani,gauharganj,hardaut,Ghana,Bamnai,Pratapgarh, Dongariya, Chicholi .

Members were interviewed separately and the questions were open ended.

Description of the selected organisation/NHM, M.P.:-

The National Rural Health Mission (NHM), was launched on 12 April, 2005, throughout the country with special focus on 18 States, viz. eight Empowered Action Group (EAG) states (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand), eight North Eastern States and the hill States of Jammu and Kashmir and Himachal Pradesh which had poor health indices.The aim of the Mission is to provide accessible, affordable, accountable, effective and Reliable healthcare facilities in the rural areas of the entire country, especially to the Poor and vulnerable sections of the population.[2]

To fulfill the aim of providing quality and accessible healthcare ,**SGPD** (Swasthya Gram Prahari Dal) was formed uder NHM(m.p)

Preface

Recognizing the importance of Health in the process of economic and social-Development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centres into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.The National Rural Health mission (NRHM) was launched by the Hon‘ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups.

THE VISION:-

• The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

• These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.

• The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.

• It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.

• It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the

Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.

• It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.

• It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.

• It seeks decentralization of programmes for district management of health.

GOALS:-

· Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).

·Universal access to public health services such as Women‟s health, child health, water, sanitation & hygiene, immunization, and Nutrition.

·Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

·Access to integrated comprehensive primary healthcare.

·Population stabilization, gender and demographic balance.

·Revitalize local health traditions and mainstream AYUSH.

·Promotion of healthy life styles.

STRATEGIES

(a) Core Strategies:

• Train and enhance capacity of PanchayatiRaj Institutions (PRIs) to own, control and manage public health services.

• Promote access to improved healthcare at household level through the female health activist (ASHA).

• Health Plan for each village through Village Health Committee of the Panchayat.

• Strengthening sub-centre through an untied fund to enable local planning and action and more Multi-Purpose Workers (MPWs).

• Strengthening existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipmentand management standards).

• Preparation and Implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.

• Integrating vertical Health and Family Welfare programmes at National, State, Block, and District levels.

• Technical Support to National, State and District Health Missions, for Public Health Management.

• Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.

• Formulation of transparent policies for deployment and career development of Human Resources for health.

• Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc.

• Promoting non-profit sector particularly in underserved areas.

(b) Supplementary Strategies:

• Regulation of Private Sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.

• Promotion of Public Private Partnerships for achieving public health goals.

• Mainstreaming AYUSH – revitalizing local health traditions.

• Reorienting medical education to support rural health issues including regulation of Medical care and Medical Ethics.[2

NHM MP:

STATE PROFILE

Geography

Madhya Pradesh lies in the heart of India. It covers an area of 3,08,245 sq. km, bordering seven other states - Uttar Pradesh, Bihar, Orissa, Andhra Pradesh, Maharashtra, Gujarat and Rajasthan. Madhya Pradesh consists largely of a plateau streaked with the hill ranges of the Vindhyas and the Satpuras with the Chhattisgarh plains to the east. The hills give rise to the main river systems - the Narmada and the Tapti, running from east to west, and the Chambal, Sone, Betwa, Mahanadi, and the Indravati west to east.[3]

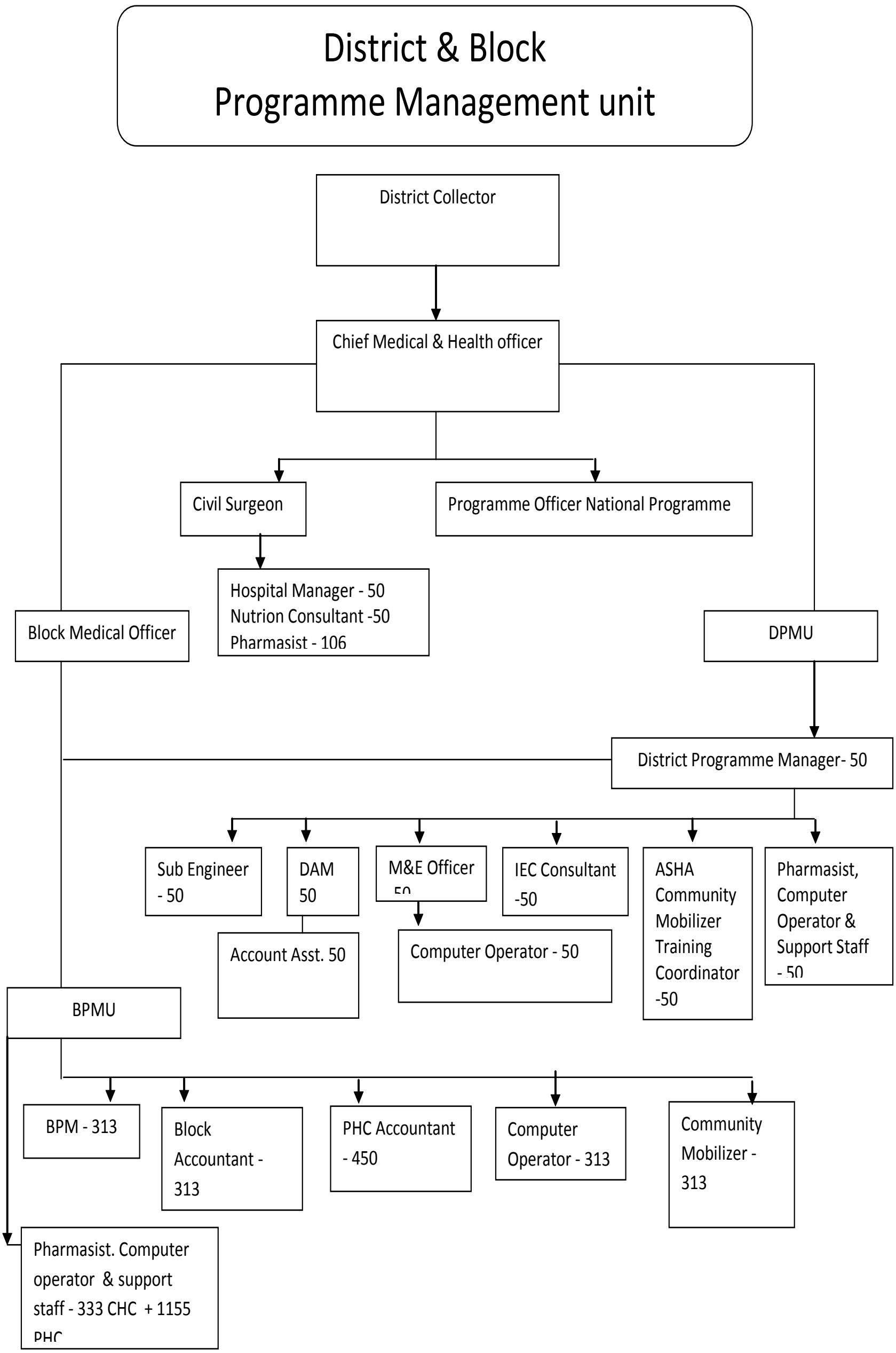
Health Indicators of Madhya Pradesh:

The Total Fertility Rate of the State is 3.2. The Infant Mortality Rate is 59 and Maternal Mortality Ratio is 269 (SRS 2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 930 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as fo Table I: Demographic, Socio-economic and Health profile of Madhya Pradesh State as compared to India figure.[4]

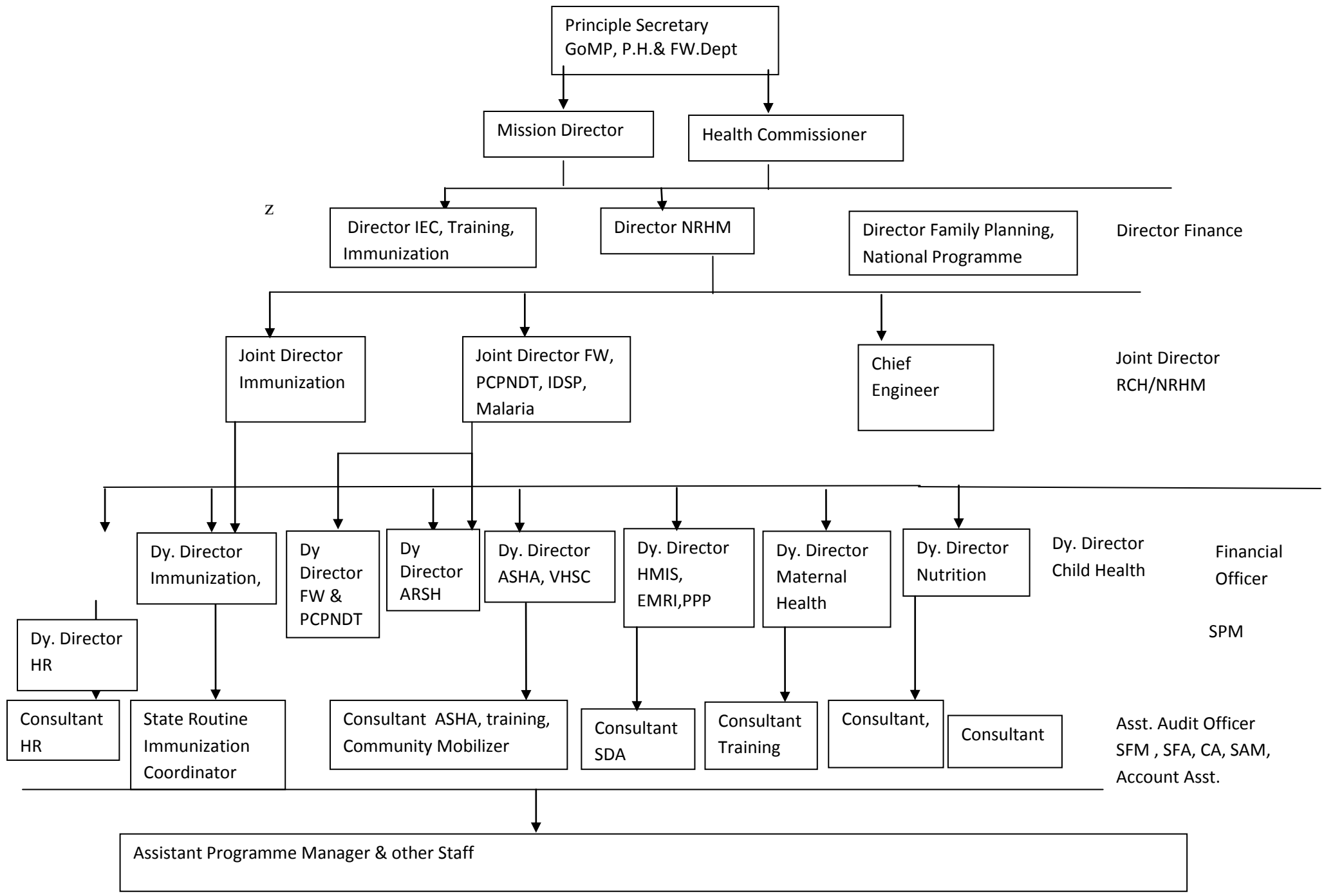
Indicator	MP	India
Total Population (In Crore) (Census 2011)	7.26	121.01
Decadal Growth (%) (Census 2011)	20.30	17.64
Crude Birth Rate (SRS 2011)	26.9	21.8
Crude Death Rate (SRS 2011)	8.2	7.1
Natural Growth Rate (SRS 2011)	18.7	14.7
Infant Mortality Rate (SRS 2011)	59	44
Maternal Mortality	269	212

Indicator	MP	India
Rate (SRS 2007-09)		
Total Fertility Rate (SRS 2011)	3.1	2.4
Sex Ratio (Census 2011)	930	940
Child Sex Ratio (Census 2011)	912	914
Schedule Caste population (in crore) (Census 2001)	0.91	16.6
Schedule Tribe population (in crore) (Census 2001)	1.22	8.43
Total Literacy Rate (%) (Census 2011)	70.63	74.04
Male Literacy Rate (%) (Census 2011)	80.53	82.14
Female Literacy Rate (%) (Census 2011)	60.02	65.46

Organogram: [5]



State Programme Management Unit



Description of the selected service/SGPD:

Under the NRHM,M.P. the "SGPD (Swasthya Gram Prahari Dal)"was formed on 2/09/2013.It comes under the "swasthya seva gurantee yojana".It is a team work and part of supportive supervision. [6] It includes:

- Sector medical officer(departmental or AYUSH personnel)
- Male multipurpose health inspector
- LHV
- MPW
- ANM
- Sector medical officer acts as a coordinator for the whole team of SGPD. To increase the accessibility of health services to the rural community through Gram Aarogya Kendra.(GAK)
-

Aims:

- To maintain the quality of health services at the grass root level with the help of supportive supervision.
- To increase the activity and effectiveness of GAK and village health committees.
- It provides a number of health services to the rural community under which following are important:

1. Maternal health program
2. Child health and nutrition program
3. Immunization program
4. Family welfare program
5. Sanitary and safe drinking water program
6. Communicable disease control program

Rationale of study:

- Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, team work and better two-way communication .
- It involves directing and supporting health care workers in order to enhance their skills, knowledge and abilities with the goal of improving health outcomes for the patients they manage. It is an ongoing relationship between health care workers and their supervisors.
- Helping service providers to achieve work objectives by improving their performance.
- Ensuring uniformity to set standards, identifying problems and solving them in a timely manner.
- Making a follow-up on decisions reached during previous supervision visit.
- Identifying staff needs and providing opportunities for personal development and reinforcing administrative and technical link between higher and lower levels.
- Supervision provides opportunity for learning in case there are any gaps in the knowledge or skills of the service provider.
- It helps in understanding ground realities and challenges and a good supervisor can suggest or provide means to overcome the problems.
- It also motivates the health worker to perform well and further helps in team building.
- Supervision also helps in making the workers aware of new guidelines and notices.

Objective of study:

- Rapid assessment of functioning of Swasthya Gram Prahari Dal (SGPD).

Research question:

Has the SGPD been able to fulfil the objective?

Data collection:

15 sectors of three districts namely Bhopal,Raisen and Betul were visited under the project "swasthya gram prahari dal".Under this project I was assigned the task to do the "rapid assessment of functioning of swasthya gram prahari dal".The sectors visited were:

- Udaipura
- Dehgaon
- Dongariya
- Pratapgarh
- Chicholi
- Multai
- Amla
- Sehra
- Lapajhiri
- Silwani
- Goharganj
- Bamnai
- Kharbai
- Noornagar
- Gandhinagar

Indepth interviews were taken of ASHA,ANM,MPW,LHV,MO and Male Supervisor of each sector. To verify the data given by them we also checked the monthy reports,village health diaries,MCTS records,ASHA,ANM,supervisor registers and based on the gap between the data given by them and data present in the records we did the gap analysis.

Methodology:

Study design: observational (Descriptive)

Type of study: Qualitative study

Tool used for data collection: checklist for Indepth interviews

Sample size:83

15 SMO,3 LHV,15 MPW,15 ANM,15 ASHA and 20 Beneficiaries were interviewed from 15 different sectors.

Duration of study: Two months

Duration of field visit: 15 days

Sampling technique: non-probability (purposive)

Analysis :

1) **Sector MO**

1) Knowledge about the guidline „swasthya gram prahari dal"	**13/15**
2) Regular 8 visit held per month held in Gram arogya Kendra	**11/15**
3)Availaibility / utilisation of mobility fund	**15/15**
4)Knowledge of village level health activities done under GAK.	**12/15**
5) How many ANC checkups done by ANM	**15/15**

2.) ANM

1) 1)Knowledge about guidelines and duties about PRAHARI DAL	**12/15**
2) Regular 8 visit per month under PRAHARI DAL	**10/15**
3)Knowledge of different danger signs and diagnostic test for high risk pregnant women.	**11/15**
4) Knowledge about filling and uses of MCP card.	**15/15**
5) Implementation of different services under Baal Suraksha Maah	**9/15**

3) **SECTOR SUPERVISOR:-**

1)Knowledge about guidelines and duties about "PRAHARI DAL"	**11/15**
2) Regular 8 visit per month under PRAHARI DAL	**11/15**
3)Record keeping of PRAHARI DAL visits and services provided in sector	**12/15**
4) Monitoring and Supervision of work of ANM,LHV,ASHA	**11/15**

4) M.P.W

1)Knowledge about guidelines and duties about PRAHARI DAL	**9/15**
2) Regular 8 visit per month under PRAHARI DAL	**10/15**
3)Regular visit and implementation of V.H.N.D	**11/15**
4) Organization of health awareness camps	**10/15**
5) Knowledge about different diagnostic test (eg. malaria) available at Gram Arogya Kendra.	**9/15**

5) L.H.V

1)Knowledge about guidelines and duties about PRAHARI DAL	**3/3**
2) Regular 8 visit per month under PRAHARI DAL	**2/3**
3) Training and skill development to ASHA,ANM	**3/3**
4) Skills for the management of High risk pregnant women and child.	**3/3**
*** In many of the places visited post of LHV was found vacant**	

6)BENEFICIARIES

Persons interviewed	**20**
1)Knowledge about JSY	**18 / 20**
2) Regular ANC, PNC, Immunization, is done or not.	**17 / 20**
3)Knowledge about services Available at GAK.	**20 / 20**
4) Satisfied with the quality of the service provided by healthcare workers	**15 / 20**

Conclusion:

SGPD is working satisfactorily fulfilling its objectives of ensuring that accessible and quality healthcare services is reaching to the community at grassroot level (village) but issues like lack of on job training,knowledge sharing among SGPD teams of different sectors and HR gap which still act as hindrance in full fledged working of SGPD.

KEY LEARNINGS:

1. Understanding of the overall concept and working of SGPD.

2. Importance of a monitoring team through supportive supervision in the healthcare system.

3. Health managers have a vital role in delivery of the healthcare services

MANAGERIAL ISSUES:

1) Due to routine clinical activities, the sector medical officers were not able to fully monitor the activities of SGPD team members.
2) Lack of proper training to the field workers by the smo.
3) Lack of communication and regular meetings between the team members.
4) Conflicts between the team members due to workload.

Suggestions:

· **Vertical learning-**There should be on job training of Sector Medical Officers by their respective Block Medical Officers for SGPD working on regular basis

· **Horizontal learning**-members of one SGPD team should share their knowledge about SGPD working to other SGPD team by regular meetings.

.For proper functioning of SGPD there should be professional and personal contributions of all members; individual development and team interdependence; team should recognize the benefits of working together; and see accountabilityas a collective responsibility.

.Effective teamwork can improve the quality of patient care, enhance patient safety,

and reduce workload issues that cause burnout among healthcare professionals in SGPD.

It should have a clear purpose; good communication; co-ordination; protocols and

procedures; and effective mechanisms to resolve conflict when it arises. The active participation of all members is another key feature.

PLAN OF ACTION:

- The annual appraisal of the individual health staff should be linked to performance indicators such as coverage for immunization, diarrohea patients treated, deliveries attended, family planning cases and place of residence.
- The local community can be empowered to monitor the visits of health workers like ANM, ASHA ,etc and support their work. This performance appraisal should be linked to rewards such as public recognition of

work, increase in salary, promotions etc.

Staff motivation

- Measures to deal with this include the revision of career structure, better supervision and equipment of staff, and salary increase. But this is one way of increasing motivation among others, rather than the only way.
- Two measures worth considering are **performance-related pay,** perhaps administered by local health committees, and the **financing of medical training** by regional authorities in return for a commitment to work for the regional authority after graduation, with an obligation to repay the cost of training if the commitment were broken.

Improving monitoring and supervision

- A system to discourage non-adherence and encourage adherence to rules can be helpful.For instance those who do not stay in the GAK, SC, PHC, etc or don‟t do their work properly should not be paid allowance other benefits.
- Along with the reward there can be penalty system also for the health workers who are not working satisfactorily.
- Continued education including medical updates and post graduation courses with guarantee of career advancement will improve morale and quality of services provided. (especially for ASHA and ANM)

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[1] SGPD guidelines ,NHM, M.P.

[2] **www.nrhm.gov.in**

[3] **geography.about.com**

[4] RHS Bulletin,march 2012,m/o health & f.w,GOI.

[5] **www.nrhm.gov.in/.../madhya-pradesh.html**

ANNEXURES:

QUESSTIONAIRE

1) **SECTOR MO**

- What is „‟S.G.P.D‟‟‟,and what are its different functions?

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- How many GAKs(gram aarogya Kendra) are there in your work area and what is the total population you cover,and what are the village level activities done under GAK.

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- How many GAK you visit in a month.

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- Do your group have the complete number of members according to guidelines?

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- Please specify the duties of every member.

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- How do you manage,when members doesn‟t work properly in the field? please give detail.

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- Is there any registration system in your centre,for the population which belongs to other GAK?

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- What type of work ,do you teach to ASHA,or what are the types of skills taught to Asha.

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- How the work of ASHA is monitored?

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- What should be the duties of ANM according to you?
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- What are the different types of hands- on, training given to ANM.(Hb ,Bp ,urine).
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- What are the various checkup"s done by ANM for ANC.
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- What are the difficulties,the SGPD faces in the functioning?

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- Do you get any support ,in this regard from NRHM.

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- How the records of SGPD are maintained.

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- How the assessment of SGPD after the work is done.

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- Is there any any guidelines for the discussion of the planning and preparation of the activities of SGPD? and if there is any then how many discussion you conduct in a month?

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- Does every member participates in the meeting or not?and if not then what action you take for that specific member?

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- How SGPD moves in the field.

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- How do you utilise mobility support fund.

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- Do you get funds , for other purpose apart from mobility, how you use it.

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- What is the E health.

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- How many high risk pregnant women are there in your working area.

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- Is there any monitoring system for high risk woman and child.

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- What is the management of the different types of anaemia in women.

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- What is the system of referral of high risk pregnant women

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- How data is captured, updated, used and verified in MCTS.

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- Do you have the list of services which has been provided in Your area and which not provided.

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- What is vaccine focal point?
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- What is the distance of vaccine focal point from VHND.

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2) Male supervisor:

- What are your duties?

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- How you maintain and keep the records?
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- How you compile the data?

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- How do you register the vital events of the village under you?

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- How many types of free tablets and diagnosis are available in your area?
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- How you verify the VHSC meetings and funds?

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- How you supervise, monitor and orient the work of ANM,ASHA,LHV?

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- What is your referral system? how it works?

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- How many times you organise the OPDs on sub centres?
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- What do you do for cleaning the water in the village area?

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3) MPW: (Multipurpose Health WorkER)

- What are your duties?
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- What is your working plan for everyday?
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- What are the names of villages do you cover?
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- How much population do you cover in your area?
- How records are maintained and updated,and how reporting is carried out.
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- How many times the VHNDs(Village Health Nutrition Day) are carried out in your area?
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- What are the various activities do you perform in VHND?
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- During VHNDs how you ensure the proper check up of the beneficiaries?

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- What are the main problems do you face for organising VHNDs?

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- What are the various national disease programmes ,running in your area And what are the various duties carried by you?

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- How do you diagnose malaria cases ?and what are the number of cases you have detected in last month?

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- What are the no of T.B,leprosy cases in your area.

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- How you look after water purification of your working area?

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  Do the MCP cards are made on regular basis and there counter filing is also done on regular basis?

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- What is the referral system for the high risk pregnant mothers and how it works?

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- What according to you are the difficulties or the problems faced by the public in context of the referral system provided by the govt.?

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- Is there any any provision of the awareness camps for various health practices and diseases?

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- How do you check the efficiency of these awareness camps?
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- What are different types of IEC and BCC materials you use in the fields? and what is the best method according to you and what according to you is the most acceptable by the public?

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- Per child how many zinc tablets and other medicies are required and what is the system for distributing them?
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- What are the no of janani express.

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4)LHV: (lady health visitor)

- What are the duties of ANM and ASHA?

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- What are the functions of ANM and ASHA do you supervise?
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- What are different types of trainings do you give to ASHA and ANM?

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- What measures are taken by you ,if ASHA and ANM does not work properly ?

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- How many VHNDs you visit in a month?

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- Which functions do you perform at VHND?
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- Who are the members which provide services in VHND.

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- How do you maintain the quality of the services under the VNHD.
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- How do you monitor the functioning of GAK?

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- How many times the meetings of village health committee ,are conducted in a month.,and how the correcting measures are taken?

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- What are the medicines available for diarrhoea and ARI and how you manage it? how you manage other diseases apart from these?(referral and antibiotic kit)

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- How do you manage the anaemic women and children?

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- How you provide Hand on training?

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5) ANM: (Auxillary Nurse Midwife)

- What are your duties.

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- What is the population do you cover or you are allotted?

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- What are the different tests do you perform for the high risk mothers ?

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- Do you give any paper to mothers for filling.(MCP card).

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- What is MCP card? Do you know how to fill MCP card?

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- What does MCP cards contains ,how is filled, and how it helps mothers if she has MCP card?

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- What are the uses of MCP card, can you brief it?

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- How do you ensure that every child under your working area is immunized as per immunization schedule? if not what corrective measures do you take?

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- What medicines do you provide to the children in case of diarrhoea,and ARI?

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- What are the activities which are done in **Bal surakhsha maah** ?

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- What are the various danger signs ,you know about the pregnant woman?

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- How many tablets are given to the woman in the case of anaemia?

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- How the tracking system is managed and how it works?

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- During home visits what do you observe?

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- What is the vaccine schedule of pregnant ladies?

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- Do you any knowledge about scale up gradation of you post.

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- What is the schedule of home visit ?

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- HOW do you manage home delivery ?

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- Who conduct home delivery?

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- How and when **zero dose** is given?

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- How many pregnant women are present in your village, out of that how many are high risk, how do u manage them.

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- How do you manage anaemic patient?

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