

Module on data collection for identifying RCH status in the community

Duration: 3-days

This detailed module on data collection is designed around the two tools-conducting base line survey and Focused Group discussions (FGD). It is expected to facilitate the conducting of baseline survey (BLS) workshop by Regional Resource Centers (RRCs) for MNGOs and in turn MNGOs for the FNGOs.

Module Objectives:

- To enable the participants to understand the needs for collecting appropriate data.
- To enable the participants understand objectives of and steps in conducting the BLS and FGD.
- To provide hands-on experience to administer BLS format and conduct FGD in field situation.

Outcomes: At the end of the workshop

- Participants will understand the relevance of filling the BLS format and gain skills to administer the BLS format for collecting quantitative data.
- Participants will understand relevance of FGD for collecting qualitative data and gain skills to conduct FGD.
- MNGO participants will acquire skills to plan and conduct the BLS workshop for FNGOs.

Details of module are as follows: Illustrative .

Session No.	Session Name	Session Duration
1	Understanding BLS	3.30 hours
2	Familiarize with BLS format	2 hours
3	Characteristics of FGD and data analysis of FGD	3 hours
4	Field visit to administer BLS format and conduct FGD	11 hours
5	Develop training plan for FNGOs to conduct BLS in project area	1.30 hours
6	Workshop Feedback	30 minutes
Total		

* Does not include time of registration, inauguration, welcome address, tea/coffee break, lunch break etc.

Background

Before starting the substantive sessions, the RRC Coordinator/Training Coordinator will discuss the following with the MNGO participants:

- **Rationale for working in unserved/underserved areas (Handout No. 1):** These are socio-economically backward areas which do not have access or have partial access to health care services from the existing government health infrastructure. These areas may be urban slums, tribal, hilly and desert areas including SC/ST inhabitation.
- **Steps in selecting unserved/underserved areas (Handout No.1):** Identification and selection of unserved/underserved area should be done in a participatory manner by involving the district and PHC health officials, MNGOs and NGOs (potential FNGOs) from the area and representatives of state and district RCH society.
- **Reason for conducting only BLS and not community needs assessment (CNA):** Since the priority RCH service delivery areas have been defined in the NGO guidelines, FNGOs will not conduct CNA. FNGOs will directly conduct the BLS to establish current status of RCH services¹ through BLS.
- **Use of FGD in getting community perspectives and practices:** To supplement BLS findings and obtain qualitative information on current community practices regarding RCH services.
- **Preparatory activities by FNGO prior to conducting BLS and FGD:** This is critical because, FNGO should have sufficient knowledge of the community, its location, general situation and health situations. FNGOs should also have a clear understanding of why that area has been identified as ‘under served or un-served’ area by the government and the NGOs.

FNGOs need to get appropriate permission from the village leaders and PRI before starting any activity in the community. FNGO also should be aware of the health providers (if any), their schedule, services provided.

FNGO should be familiar with the kind of resources available within the community by way of volunteers, other NGOs, support services etc. FNGO should also conduct interviews with the health key informants (ANM, AWW, MO, health worker, health volunteer) who may give valuable inputs related to why certain health practices exist, why there is resistance to certain practices and what kind of support can be obtained from the government system (where possible).

¹ Maternal and Child, Family Planning, Reproductive Tract Infection and Adolescent Reproductive Health

FNGO could collect secondary data from the ANM and AWW records and registers and also from PRI records. These steps apart from helping in rapport building with the community, helps the FNGO to develop a good understanding of the community prior to conducting the BLS and FGD for collecting quantitative and qualitative data from the community.

Day-1

Session Number: 1

Session title: Understanding BLS.

Objective: To enable participants to understand the rationale and process of conducting each step in BLS.

Duration: 3.30 hrs.

Session outcomes:

- MNGO participants will understand objectives, scope, potential and limitations of the BLS
- MNGO participants will be familiar with all the steps of conducting BLS

Methodology: Presentation-discussion, exercise. This session consists of the following five **sub sessions**:

1. BLS objectives
2. Sample selection
3. Respondent selection
4. Indicators and BLS indicators

Facilitator will make a power point/over head (OH) **presentation** to discuss all the sub sessions in details to understand steps involved in BLS (**Handout No. 2**). It will be an interactive presentation and participants should be encouraged to ask questions during the presentation.

A copy of the hand out should be provided to all the participants after the session.

Sub Session 1

BLS objectives

For the facilitator: Explain each objectives of the BLS along with relevant examples. At the end of this sub session participants will get clarity on the objectives of the BLS.

Time required: 15 minutes

- **Objective 1:** To identify current status of RCH services related to Maternal and child health (MCH), Family Planning (FP), Reproductive Tract Infection (RTI) and Adolescent Reproductive Health (ARH) through administering BLS format (quantitative data). **For example,** BLS will help to find out how many children have received complete immunization², how many couples have made choice of a particulate method of FP and /or how many pregnant women delivered at home.
- **Objective 2:** To identify social and cultural aspects that influence health outcomes of women and child through FGD (qualitative data). **For example,** reasons for sensitive issues like decline in sex ratio/ resistance to use a particular method of contraception/ why only females undergo sterilization etc., are difficult to obtain through BLS. These issues will be captured through FGD (qualitative) data.
- **Objective 3:** To help FNGOs to identify core issues through BLS, (quantitative data) that could be addressed. Some data may require further probing for greater clarity. This is achieved through FGD (qualitative data). **For example,** BLS findings reveal that there is a large gap between the numbers of female sterilization and male sterilization, the FGD can help in providing the community perspectives, and practices regarding the contraceptive choices.
- **Objective 4:** To facilitate development of project objectives. **For example,** if improving child immunization is found to be a core issue to be addressed then one of the project objectives would be to increase complete child immunization from 20% (baseline) to 55% (end of project).
- **Objective 5:** To provide inputs for assessing project progress at the midterm and during final evaluation. **For example,** if child immunization is found to be as 70% at the time of the final evaluation then project has achieved its objective of increasing complete immunization coverage from 20% to 55%.

² A complete immunization means : One dose of BCG, 3 doses of DPT, 3 times drops of OPV and one dose of measles. Missing any one of these will be considered incomplete.

Sub Session 2

Sample Selection

For the facilitator: Explain purpose, methodology, types of sampling and caution to be exercised while selecting sample. At the end of this sub-session, participants will understand rationale of sampling and choosing appropriate sampling methodology to conduct BLS.

Time required: 60 minutes

2.1 What is Sampling?

Sample is a subset of the population. For example, to know use of FP methods by all the eligible couples (15-49 years) in community need to be interviewed. If there are 100 eligible couples in community, interviewing all couples will take a lot of time, require more number of data collectors, more money and travel time. An alternative method is to interview 20 eligible couples and generalize results for community. This is called **sampling**. In this case, 20 eligible couples selected to interview are called '**sample**' and all the 100 eligible couples (15-49 years) form **population**.

A good sample will represent the target population. It helps to save time, cost and at the same time get reliable results. However, sample needs to be selected carefully.

2.2 Types of Sampling

- Sampling methods can be divided into **probability** (simple random, stratified random, systematic random, cluster) and **non-probability** (purposive). In probability sampling, each unit, such as, household/child/eligible couple/service provider has a known probability of being selected.
- A probability sampling is truly representative of the population from where it is drawn. Probability sampling can be divided into: simple random sampling, stratified random sampling, systematic random sampling, cluster sampling
- Non-probability sampling refers to the selection of a sample not based on probabilities. Purposive sampling is a type of non- probability sampling.

Simple random sampling: This is a very basic method of making selection from a group. For example, if there are 15 villages and 3 are to be selected then 15 chits are to be prepared with numbers 1 to 15. To select 3 villages, pick up any 3 out of 15 chits.

Stratified random sampling: Villages can be grouped according to predefined criteria. Here the sample is drawn by using a predefined criterion. For example,

distance could be one criterion to divide villages into 3 groups. Then from each group one village is to be selected.

Systematic random sampling: Here, a sample is selected after every fixed interval, say, if 3 villages are to be selected from a group of 15 villages. Every 5th village will be selected.

Cluster sampling: It is a natural unit, for example, sub-center, primary health center or anganwadi center. Each cluster is assigned a unique number and required number of clusters will be selected randomly.

Purposive sampling: In this method, choice of sample depends on judgment of interviewer. For example, in a community of 100 eligible couples, 10 are to be interviewed to find out use of FP methods. In purposive sampling, the interviewer could select any 10 couples using his/her judgment. This has an element of subjectivity.

- Non-probability sampling method is not representative of the target population and has an element of subjectivity. In the BLS, it is important to avoid subjectivity, therefore, we will use probability sampling.

2.3 BLS Sampling Methodology

- Each FNGO is expected to cover a population of 10,000-15,000 in plain/rural/urban areas. In the hilly, desert and tribal areas, the FNGO is expected to cover 600-9000 population for provision of service delivery. In the case of plain areas, the 10-15 thousand population may be spread over in 2-3 sub centers. On the other hand, in hilly and desert terrains, 6-9 thousand population may be found spread over in 2-5 sub centers, due to sparse distribution of population. Therefore, **sample size will be calculated on the basis of total population to be covered by FNGO.**
- **Distance from sub-center is a very important factor for providing RCH services.** To establish current status of RCH service delivery, villages have been grouped (stratified) according to distance from the sub-center. So for the purpose of BLS, stratified sampling method will be employed.

Sample size: Sample size for BLS indicators has been calculated using 'Sample size determination in health studies-A practical manual' WHO, Geneva 1991 and using values in the RCH India report 98-99.

Table 1: Sample size for the BLS indicators

SN	Indicators	RCH-RHS India report 98-99	Sample size
1	% age of eligible couples ³ currently using modern FP methods	42.5%	375
2	% age of ECs reporting current unmet need for FP	25.3%	286
3	% age of women received complete ANC during pregnancy	31.8%	333
4	% age of deliveries conducted in institutions	34.0%	345
5	% age deliveries conducted by skilled attendants	40.4%	369
6	% age of 12-23 months children completely protected against 6 vaccine preventable diseases	54.2%	371
7	% of eligible woman/her husband reported symptoms of RTI	29.7% (F) 12.3% (M)	321 156
8	% of eligible woman/her husband/ both completed treatment	37.6% (F) 11.2% (M)	379 152
9	% of girls and boys marrying before attaining legal age of marriage	36.9% (F) 12.3% (M)	357 165
10	% of married girls conceived during adolescent	Not available	-

The recommended sample size of for the BLS is 375 eligible couples (**refer table 1**). As approximately 15% of population consists of eligible couples, 2500 population needs to be surveyed to get 375 eligible couples. If household size is 5.4 (NFHS II report 198-99) then **455 households** are to be surveyed to get 375 eligible couples.

- The following sample size has been recommended for the BLS:

Table 2: Sample size

Population covered by FNGO	Recommended sample size
> 15,000	20% population
10,000-15,000	25% population
< 10,000	30% population

Sub centre vs Population: Often it is asked, should the population determine the sample size or the number of sub centres covered?.

2.4 How to select sample for BLS?

Situation: FNGO is implementing RCH service delivery project in 9 villages of 2 sub-centers. Total population covered by 2 sub-centers is 7500 population (**table 3**).

³ Married couples between the age of 15-49 years

Table 3: Information to select sample villages

SN	Village names	Population	Distance from sub-center
V1	Rampur	600	3 Km
V2	Sitagarh	700	4 Km
V3	Nanakpur	1000	0 Km (Sub center village)
V4	Marynagar	600	8 Km
V5	Yesugarh	800	7 Km
V6	Mohammadpura	1100	3 Km
V7	Iqbalnagar	400	14 Km
V8	Sivmani	1500	0 Km (Sub center village)
V9	Balajinagar	800	11 Km
Total		7500	

- To select sample for BLS, divide villages into 3 groups as per distance from the sub-center. For instance, if farthest village is 14 kms from the sub-center, divide the villages into three groups, 0-5 kms, 6-10 kms and more than 10 kms (**table 4**).
- Now randomly select one village from each of the groups (**table 4**).

Table 4: Village selection (Illustrative)

Group	Distance from sub center	No. of villages	Write numbers of villages	Randomly selected villages	Population Of sampled village
I	Up to 5 kms	4	V1, V2, V3, V6, V8	V1 (Mohamadpura)	1100
II	5 to 10 kms	3	V4, V5	V5 (Yesugarh)	800
III	More than 10 kms	2	V7, V9	V 9 (Baljitnagar)	800
Total					2700

- In table 4, V1 (Mohammadpura-population 1100), V5 (Marynagar-population 6000 and V9 (Balajinagar-population 800) have been randomly selected as sampled villages. Population of these 3 villages is 27, 00 which is 36% of total population (7500). Since the population of sampled villages is more than recommended sample size of 30% (**see table 2**) there is no need to select additional villages.
- Let us take another scenario, if V2 (Sitagarh-population700), V5 (Yesugarh – population-800) and V7 (Iqbalnagar - population 400) are randomly selected as sampled villages (**refer table 3**). The combined population of these 3 villages is **1900 which is 25% of the total population (7500)**. Since the population of sampled villages is less than the recommended sample size of 30% (**see table 2**)

additional village will be selected. This will be done to ensure that samples village cover at least 30% population.

Selecting additional villages: It is possible that in some areas, the villages may have less population and you may not get the sufficient number of HH, to reach the recommended sample size. Then, you need to select additional villages. **Additional village(s) will be selected randomly.**

For the purpose of project implementation, a complete sub-center will be considered as unserved/underserved area. Even if a few villages are categorized as unserved/unserved areas, project activities will be implemented in all the sub-center villages. Therefore, complete sub-center would be considered as universe (population) for sample selection.

Sub Session 3

Respondent Selection

Selecting the appropriate respondent is a critical step. In case you want to know about ANC related issues you have to identify pregnant women and those recently delivered a baby. Like wise if you want to know about prevalence of contraceptives, you will identify that group which uses various methods of contraceptives and can give information.

Ask the participant to give examples of appropriate group for a particular RH issue.(brainstorming)

Explain rationale of selecting eligible woman, married 15-49 years of age as BLS respondent.

At the end of this sub-session, participants will understand how to select appropriate respondents for each section of the BLS questionnaire.

Time required: 15 minutes.

Who is a respondent? Respondent is a person who is best suited to provide information on a specific issue.

BLS will collect data on maternal and child health (MCH), family (FP), reproductive tract infection (RTI) and adolescent reproductive health (ARH) issues.

For MCH issues data is to be collected on ANC services, institutional deliveries and child immunization. A woman is best suited to provide information on these issues. A man can also provide but woman can provide more authentic information.

For FP, both man and woman can provide information. Since eligible woman is to be interviewed for MCH issues, FP information could be obtained from her.

For RTI and ARH issues both woman and her husband, will be interviewed.

Sub Session 4

Indicators

For the facilitator: Discuss indicator, levels of indicators and indicators of BLS. At the end of this sub session, participants will be able to understand the meaning and types of indicators and understand BLS indicators.

Duration: 1.45 hrs. (45 minutes to discuss and 60 minutes for exercise and presentation)

Brain storm with participants by asking, What is an indicator?

- Write down responses on a flip chart
- Show on a flip chart/OHP with the following **statement and example:**

Indicator

An indicator is a measure of an event or condition. It is a pointer to show a condition. For example, a right or left indicator in a car tells in which direction it will turn.

Ask participants, What is the condition for complete immunization?

Ask if 1 dose of BCG, 2 doses of DPT, 3 doses of OPV and 1 dose of measles is a condition of complete immunization?

Explain only when a child receives 1 dose of BCG, 3 doses of DPT, 3 doses of OPV and 1 dose of measles then it is a pointer that child is completely immunized (condition).

A tool is required to measure/assess condition. Immunization card will provide information if child is completely immunized or not. So immunization card is a tool to assess immunization status (condition) of a child. Similarly, BLS format is a tool to assess status of community about RCH service delivery issues.

Ask participants what is the child immunization status in your community.

An **indicator** can be defined as a **measurable or specific** aspect of a project, which provides information about its condition.

Measurable: For example, 2 out of 10 children are completely immunized if they have received all doses before 23 months age. In other words, child immunization status in this community is 20%. The number of doses clearly indicates the number of children fully immunized. In other words, remaining 8 children are partially or not immunized.

Specific: For example, loose motions may indicate that child is suffering from diarrhea. There may be other aspects like vomiting, dry skin, etc. but loose motion is a specific condition to indicate diarrhea.

- Explain different **levels of indicators** by taking example of **improving child immunization project**.

LEVEL 1-Input Indicator

Input is a set of resources that are required by a project. These resources include human, financial, technical and equipments. It also includes operational policies that helps project to deliver services. For example, to improve immunization status, the following are some of the of inputs

- immunization card
- vaccines
- vaccine box
- refrigerator (**Ask participants to identify what else is required as input?**)

Input indicators

- Availability of immunization cards at sub center
 - Availability of vaccine box at sub-center
 - Availability of refrigerator to keep vaccines
- (Ask participants to identify other input indicators)**

LEVEL 2-Process Indicator

Processes are the set of activities undertaken. For example, the following are a few activities to **improve immunization** status:

- Mobilizing community to participate in immunization campaign
- Organizing immunization orientation for mothers
- Distribution of immunization schedule cards to mothers.

(ask Participants to identify the missing processes)

Process indicators

- Number of immunization campaigns conducted at village level
 - Number of mothers participating in immunization orientation
 - Number of leaflets with immunization schedule distributed to mothers.
- (ask the participants to identify the indicators for the activities they have identified)**

LEVEL 3-Output Indicator

An **output** is a direct result of project activities (inputs and process). For example, outputs of immunization campaign and orientation to **improve immunization** are:

<ul style="list-style-type: none"> • Number of fathers aware of child immunization schedule • Number of mothers aware of child immunization schedule <p>(ask participants to identify additional outputs to improve immunization)</p>
<p>Output indicators</p> <ul style="list-style-type: none"> • Number of fathers aware of child immunization timings • Number of mothers aware of child immunization timings <p>(ask participants to identify additional output indicators)</p>

LEVEL 4-Outcome Indicator

<p>An outcome is the expected changes in the determinants of health over a period of time. Bringing the desired effect (outcome) is not in the control of the project. It is population dependent. In other words, the population has to change it's behavior to achieve this. Therefore, outcome is shown in terms of coverage or utilization behavior. This can be seen over a period of time and not immediately.</p> <p>It is not necessarily the immediate or short-term changes or consequences produced because of project input alone. For example, the expected outcome of orienting women on child immunization schedule is dependent on change in mother's behavior. BLS indicators are outcome indicators.</p>
<p>Outcome indicators</p> <ul style="list-style-type: none"> • Increase in % of fully immunized children (up to 24 months) in community • Increase in % of fully immunized children in community

LEVEL 5-Impact Indicator

<p>An impact cannot be measured in the life of a single project. It takes over 10-15 years to make an impact. For example, reduction in malnutrition or reduction in MMR requires consistent efforts over along period of time. Therefore impact is a long-term effect produced as a result of the outcome(s) of a project over a period of time. Impact, viz., reduction in infant morbidity or mortality rate could be due to any or all of the following outcomes:</p> <ul style="list-style-type: none"> • Improved child immunization • Improved ANC practices • Improved institutional delivery practices • Improved exclusive breast feeding practices <p>Improved child immunization is definitely a contributing factor but that is not the only factor that can bring the desired impact ie: reduction in infant morbidity and death. Improved ANC, institutional delivery and exclusive breast feeding and other nutritional practices will impact child health.</p>
<p>Impact indicators</p>

- | |
|---|
| <ul style="list-style-type: none"> • Reduction in infant morbidity • Reduction in infant deaths |
|---|

- Facilitator to highlight that the **first three levels** (inputs, process and outputs) of indicator are directly influenced by project activities. For example, availability of immunization card (**input**) and orientation of women on immunization schedule (**process**) is likely to result improved knowledge of women on immunization schedule (**output**). These activities are within the control of project.
- Improved knowledge of mothers on immunization schedule does not guarantee increase in the number of child immunization (**outcome**) and reduction in number of infant death (**impact**). Even though mothers are aware about the immunization schedule and they take their children for immunization but the ANM is not there to provide immunization which affects the outcome. On the other hand, ANM may be there but mothers do not take children for immunization due to some social or cultural practices. So outcomes and impact are not within the control of project activities.
- **Input, process and output indicators can be assessed periodically as part of monitoring during project implementation.** On the other hand, an assessment of outcome and impact indicators requires a population-based survey which is done at the time of the baseline, midterm evaluation and final evaluation. **As BLS indicators are outcome level indicators, a population-based survey will be conducted at the time of BLS.**

Exercise to identify indicators

- Divide participants into 2 groups
- Ask them to develop input, process, output, outcome and impact level indicators for **improving use of FP methods.**
- Discuss each indicator using a flip chart to explain why they are categorized as inputs, process, outputs, outcome and impact indicators

Level of indicators	Indicators
Input	
Process	
Output	

Outcome	
Impact	

- Analyze and refine the indicators at each level with help of participants

BLS indicators

- Discuss BLS indicators and explain that these are outcome level indicators. Explain that these are critical and have been carefully selected to assess project achievement.
- Emphasize that a population-based survey needs to be conducted to assess outcome indicators.

List BLS Indicators

SN	Indicators	Explanation
1	% Age of eligible couples currently using modern FP methods	Couples using modern method ⁴ (spacing or sterilization to avoid/ delay pregnancy)
2	% age of eligible couples reporting current unmet need for FP	Eligible woman/husband not using any FP method, who are neither pregnant, nor in menopause/nor had undergone hysterectomy ⁵ and do not desire additional children
3	% age of women received complete ANC during pregnancy	At least 3 checkups, at least 2 TT injections and receipt of 100 IFA tablets
4	% age of deliveries conducted in institutions	Deliveries conducted in hospital, nursing home, urban health center, CHC and PHC
5	% age deliveries conducted by skilled attendants	Deliveries conducted by doctor, ANM, staff nurse and LHV
6	% age of 12-23 months children completely protected against 6 vaccine preventable diseases	Children received BCG, DPT 1, 2, 3, OPV 1,2,3 and Measles as per immunization card/register/record
7	% of eligible woman/her husband reported symptoms of RTI	Woman and man reported symptoms of RTI
8	% of eligible woman/her husband/ both completed treatment	Woman and man reported symptoms of RTI and completed treatment

⁴ Sterilization, IUD/Copper-T, Oral Contraceptive Pills (daily), Weekly Pills, Condom/Nirodh

⁵ Surgical removal of uterus

9	% of girls and boys marrying before attaining legal age of marriage	Girls and boys married before attaining the age of 18 and 21 years respectively
10	% of married girls conceived during adolescent	Girls who conceived before attaining the age of 18 years

- Explain that if some additional state specific indicators are to be assessed it should be included as part of project monitoring in consultation with RRC and State NGO Coordinator (SNGO), where available.

7. Training tools for session 1

- BLS format

8. Handouts:

- BLS presentation

Day-1

Session Number: 2

Session title: Familiarize with BLS format

Objective: To familiarize participants with BLS format in classroom setting through a role play

Session outcomes: Understanding of the BLS format

Duration: 2 hours

Methodology: Discussion, in classroom setting through role-play. This session consists of the following two **sub sessions**:

- Familiarization with BLS format
- Role-play in classroom situation

Steps

Sub Session 1

Familiarization with BLS format

For the facilitator: To provide clarify on different sections of the BLS and administering BLS format in classroom situation. At the end of this sub-session the participants will be able to understand how section provides information on RCH service delivery areas and gain skills to administer BLS format in the field.

Time required: 60 minutes

- Facilitator to explain that BLS format is a structured and standardized tool⁶ to provide quantitative⁷ information to assess 10 indicators⁸
- Participants to follow instructions given in the format
- Do not skip any question if there is not instruction to skip
- BLS format consists of **six sections**. Explain that each section provides information as follows:

Section I is on background of participants and area

⁶ To assess/measure: for example thermometer is used to measure body temperature

⁷ Number or percentage

⁸ Mentioned in session 1

Section II on use of FP methods,
 Section III on ANC and Delivery practices,
 Section IV on Child Immunization,
 Section V on RTI prevalence and treatment
 Section VI on age of marriage and age of conception

- The details of the BLS format are given **below**:

SN	Respondent	Complete	Information on type of service delivery areas
1	If HH has an eligible woman (15-49 years age)	Section II	Family Planning
2	If HH has an eligible woman and a child below 12 months	Section II and III	Family Planning, ANC and Delivery
3	If HH has an eligible woman and a child between 12-23 months	Section II and IV	Family Planning and Child Immunization
4	If HH has an eligible woman , a child below 12 months and a child between 12-23 months	Section II, III and IV	Family Planning, ANC, Delivery and Immunization
5	For an eligible woman and her husband	Section V	Reproductive Tract Infection
6	For an eligible woman and her husband	Section VI	Adolescent Reproductive Health

- Ask participants to read BLS format section by section
- Facilitator to explain each question and its importance to assess particular service delivery area
- Facilitator to explain skip pattern in format and why some questions are not applicable to some respondents

Sub session 2

Role play in classroom setting

For the facilitator: Participants will conduct a roleplay to understand various steps in administering BLS format. At the end of the session, participants will gain skills to conduct interview using BLS format.

Time required: 60 minutes

- Identify two volunteers who have experience of conducting interviews
- One of the volunteer to become an interviewer and other to become a respondent
- The respondent has to play a role of a married woman of 24 years with one girl of 6 months and a boy of 22 months.
- Repeat a role-play with new volunteers. Now the respondent is 35 years woman who has 3 children of age 15 years, 12 years and 6 months.
- Rest of the participants to observe interview and note down observations about what worked and what did not work during the interview
- Participants to share observations with group members. Write down observations on flip chart and discuss each point.
- Facilitator/participants to clarify issues raised by group members
- Discuss the following important points to be kept in mind while interviewing a respondent:
 - Initiate discussion with head of household/respondent with self introduction, purpose and utility of survey
 - Seek respondent's consent by asking if she would like to answer the questions
 - Be sensitive towards needs of respondent/household. For example, if a respondent is cooking ask for convenient time to return to ask question
 - Do not alter the sequence of questions
 - Read the instructions very carefully and follow the same during the interview
 - Complete the format and review the same to ensure all the relevant questions have been asked before leaving respondent's house
 - Thank the respondent for her value able information and time

Training tools for session 2: BLS format, flip chart and markers

Handouts: Not required

Day-1

Session Number: 3

Session title: Understanding FGD

Objective: To familiarize participants with characteristics of FGD

Outcome: Participants understand the steps in conducting FGD and gain skills in developing guidelines for conducting FGD.

Duration: 3 hours

Methodology: brainstorm, input on FGD concept by facilitator, and group work on data analysis for development of FGD guidelines.

Materials : Flip chart, markers, white board.

Hand out: FGD concept , group work materials -exercises

Understanding FGD.

The base line survey helps in understanding the existing status of an issue in the community. For example, from the filled base line survey format, one can get information on the number of children immunized, number of girls married before the age of 18 years or the number of women used a particular type of contraceptive method etc. However, it does not tell, why a particular contraceptive method is more or less popular in the community, or why the number of girl children immunized is less than the boys. This qualitative information is also guided by the perceptions and practices prevailing in a community. Focused group discussion (FGD) is a tool available for collecting data on the qualitative aspects, To make the selection of interventions based on community needs, the FNGO will have to complement the quantitative data collected through the base line survey, with the qualitative data collected through FGDs. FGD is a specialized exercise- and is time consuming.

What is FGD?

FGD is a small group discussion guided by a trained facilitator. These discussions are useful for learning about the sensitive aspects that determine the health outcome in the community.

A good understanding of the community is critical for the FNGO to conduct FGD in a community. Conducting an FGD requires a lot of preparation on the part of FNGO. They include:

When FGD is conducted? : When the NGO considers introducing a new program or when one wants to supplement the base line or written survey with more qualitative information or when there are grey areas or shades of opinion that requires further probing for clarity.

FGD is for a definite purpose for a definite group. **There is no warm up time prior to conducting an FGD.** The FNGO has to do the preparations very well in advance.

FNGO has to read the data from the base line survey and decide the questions.

Discrepancy in data may be there between – safe deliveries, number of pregnant mother, or ANC coverage between your data, AWW and ANM record. FGD can be used for verifying the same..

Often the doubt comes; do we have to refer to each aspect of BLS in the FGD since BLS covers a number and range of issues in the four sections.

It depends on the objective and which of your BLS data you want to reconfirm or verify from the concerned groups. Which data you find discrepancy through the interview or primary data. FNGO has the options to do several FGDs as required through the year.

Preparatory Activities:

Permission related : -Getting permission from the village pradhan, Panchayat and any other form of leadership for conducting FGDs.

Venue related: Identification of a venue which is neutral, non intrusive, and does not invite ‘walk in participants’. (Should not be an open place, where any one can walk in and start participating in the discussion) Panchayat building, sub center/ PHC or school could be considered as venues.

-Ensuring that the venue provides a conducive atmosphere or appropriate environment for the participants to speak freely. (e.g ; Adolescent girls to speak on their menstrual issues) and where the participants are comfortable.

Selection of participants and leader related:

Identification of the appropriate group, who will be the prospective participants in the FGD is a critical issue. The selection of participants will depend on the type of issue taken up for discussion. For example, if the requirement is to know about the status of the ANC, pregnant mothers will be invited. If the issue is to discuss age at marriage, adolescent boys and girls may be invited. Remember participation is **VOLUNTARY**.

Once identified, it is important to share the objectives and methodology of the FGD with the proposed participants. Provide transparent and clear information on the venue, time, expectations and the methodology prior to FGD. Decide the appropriate timing when the FGD can take place in consultation with them.

Who will lead the discussion?

Identification of a leader or a moderator (To conduct the FGD) and a recorder who will record the discussion points) must be done in advance.

Group size and participants: The FGD group cannot exceed beyond 12-15 participants.

Conducting FGD related:

Revisit your goals, Prepare the questions in advance and sequence them.

Identify a methodology for getting responses according to the ability of the participants. (e.g: incase the participants are illiterate, or a mixed audience).

Choose the methodology depending on the purpose of conducting the FGD. For example, if the FGD is required to verify a fact (more girl children are neglected because of son preference in the community).

Or the FGD may be conducted to gain a new knowledge.(why the community adopts a particular child birthing practices).

Rules of FGD : When the group meets review groups purpose, explain how the session will proceed, inform if there are next steps if any (especially applicable in a solution seeking FGDs since it raises the expectation).

FGD cannot be conducted in half an hour or one hour. Make sure you have adequate time. There is no ideal time limit for conducting FGD. However, practice reveals that a good and complete FGD can be done in 3-4 hrs, if the preparatory work is done properly.

FNGO requires resources to pay for the travel, food etc for the participants.

Using video camera or recording device may make the participants uneasy or may respond to camera. Try and discrete even in taking down notes, so that participants are comfortable.

The leader or moderator needs to make sure that no one dominates or no one is keeping silent without participation. Encourage every one to speak.

Do not try to answer 'what' through an FGD-use the FGD for understanding the 'why'.

Understand the 'what' through base line data analysis, and secondary source information and primary data through key informant discussion and interviews.

FGD report should prepared on basis of questions/issues discussed.

Share the result with the FGD participants for revalidating and if any new question arises.

Role of MNGO: Build FNGO capacity for conducting FGD- Train the staff, provide guidelines, observe a couple of FGDs.

What preparatory work RRC has to do in this regard.?

Learning to develop FGD guidelines:

During the MNGO and FNGO BLS training, field practice for filling the BLS format and conducting the FGDs will be done on the same day.

The Participants need to have skills in understanding the data that the BLS has generated. Though MNGO will prior to developing FNGO proposal will send the computerized data analysis, it is critical that during the training, participants gain skills in understanding the data generated in the base line survey so that they can sharpen their FGD questions/ guidelines.

Therefore this session will be use two exercises for the participants to identify the critical issues using a set of data taken from the base line survey and develop a set of questions.

Outcome: At the end of the session participants will be able to analyse the BLS data and develop a set of guiding questions that could be used in the FGD.

Exercise: Duration : 1.15 hrs.

Form the participants in to four groups. Each group to have a minimum of four to five participants. Give the two sets of data given below and ask the participants to identify the reasons for the status of the issue taken up. When they identify the reasons, it will be sued for developing FGD questions.

1) Prepare the FGD Guide for the followings.

You have conducted Base line survey, you have found following responses and you want to enlarge your understanding on the issues emerging out of the following data.

The total responses are 200. Which method you / your husband is currently using to avoid or delay pregnancy?

1	Modern Methods	Res- ponses	2	Traditional Method	Responses	3	Others
11	Female sterilization	100	21	Rhythm/safe period	000	31	Specify
12	Male sterilization	000	22	Withdrawal	000		
13	IUD / Copper-T	30					
14	Oral Contraceptive Pills (daily	000					
15	Weekly Pills (Saheli, Cetron)	000					
16	Condom / Nirodh	000					
17	Injectables	00					

2) Prepare the FGD Guide for the followings.

You have conducted Base line survey, you have found following responses and you want to enlarge your understanding on the issues emerging out of the following data.

The total responses are 200

What is the main reason for currently not using any method of family planning?

	Reasons	No of respondents
01	Lack of knowledge about family planning methods	20
02	Against the religion	00
03	Opposed to Family Planning	00
04	Husbands opposed	30
05	Other family members opposed	00
06	Do not like existing methods	00
07	Afraid of sterilization	25
08	Can not work after sterilization	00
09	Worry about side effects of methods	15
10	Costs too much	00
11	Health doesn't permit	00
12	Difficult / in convenient to get method	40
13	Difficult to become pregnant after use	20
14	Fear of using any family planning method	00

3) Prepare the FGD Guide for the followings.

You have conducted Base line survey, you have found following responses and you want to enlarge your understanding on the issues emerging out of the following data.

The total responses are 200, there were 102 deliveries in last 24 months.

Where did you go for check-up ?

Sr No	Name of facility	Respondents
01	Government Hospital	00
02	PHC	05
03	CHC	00
04	Government Dispensary	10
05	Sub-Center	00
06	Nursing Home / Pvt. Hospital	20
07	Others specify	00
08	NGO Clinic	00

For the facilitator: Ask the participant to make presentation group wise.

When one group makes the presentation, ask the other groups to critique the same.

See the logic of the analysis and the questions developed.

Help the participants to choose questions that are relevant and those can help them to probe further in the FGD with a focus.

The questions should be open ended not leading and should not be judgmental.

This exercise is important to do because here the participants gain skills in understanding the collected data. The data given here is not real.

However, on the second day of the workshop, they will have opportunity to collect real data and fill the BLS format. On completion of the BLS work, the participants will analyze the collected data and identify areas that require further probing, or more clarity or require an understanding of the perspectives and practices prevailing in the community.

Based on the identification of the issues, the participants will then sharpen the FGD questions and decide on the methodology to be adopted for the FGD-will be a question, or a drawing inventing response etc.

Day-2

Session Number: 4

1. **Session title:** Administer BLS format and conduct FGD in field setting
2. **Objective:** To provide hands-on experience to administer BLS format and conduct FGD
3. **Session outcome:** Participants developed skill to administer BLS format and conduct FGD
4. **Overall duration: Approximation:** 11 hours
5. **Methodology:** Discussion, field visit, practice of BLS format and FGD session
6. **Steps**
 - RRC to select a field area to administer BLS format and conduct FGD session. This should be done as part of workshop preparation. RRC should also ensure that the BLS format has been translated and back translated as part of workshop preparation.
 - Field area preferably should be in one of the MNGO field site.
 - RRC representative along with MNGO representative to visit field area in advance to discuss with community about the purpose of visit. Meeting with community leaders (Sarpanch, women's group, village health committee, teacher, dai and AWW, etc.) will facilitate field work.
 - Given below is the **illustrative schedule for the field visit**

SN	Activity	Time to start and time to end	Time Required
1	Reach village from training venue	7 am – 8 am	1 hour
2	Administer BLS format	9-12 noon	3 hours
3	Discussion, analysis, refinement of FGD guide	12.30 –2.00 pm	1.30 hours
4	Break-Lunch	2.00-2.30 pm	1/2 hours
5	Conduct FGD	2.30-5.30	3 hours
5	Discussion on FGD data	5.30-7.00 pm	1.30 hours
6	Return to training venue	7.00-8.00	1 hour

Reach village from training venue

- RRC organize transport for field visit
- Participants should reach field area by 8 am
- RRC in consultation with MNGO should identify field area
- MNGO to discuss the purpose of field visit with community leaders as part of preparation

Administer BLS format

- Participants should be divided into groups of 3. Each group should have a woman member and one person who knows the language spoken in the community to be visited.
- MNGO to allocate group of houses to each group to be visited to identify respondent and conduct interview. In case there is no eligible woman (married woman between 15-49 years), interviewer should go to next house.
- If there are two eligible women in a household, both should be interviewed. For this purpose, section I of BLS format would be common while section II onwards would be completed for both eligible women.
- Each group should be provided extra forms from section II onwards.
- Each group to administer at least 3 BLS formats. When interviewer is interviewing respondent the other two group members should note down observations. Each interview will take about 20-30 minutes. In the beginning, interviews will take long time but as interviewer becomes more familiar with BLS format, time taken to complete interview will reduce.
- The interviewer to ensure that the BLS format is complete. Before leaving the household, interviewer to go through the completed format for its completeness and accuracy. Interviewer to **genuinely thank respondent** for providing time at the completion of interview.
- Interviewer to identify participants (woman between the age of 15-29) years and invite them to participate in FGD. The woman should be explained about the purpose of FGD, time required, place and topic of FGD.

Discussion, analysis, refinement of FGD guide and lunch

After completion of the BLS, the participants will: (illustrative list) (15-20 minutes.)

-Share their observations in administering the BLS.

What was difficult and why? What issues came predominantly ?

What did the observes notice,

What perceptions seem to dominate a certain health the practice?

RRCs to make notes of all the observations.

Followed by this, the participants will then analyze the filed formats in groups.

- Divide participants into 3 groups and provide 10 completed formats to each group
- Group 1 to manually analyze BLS format section II (on FP), group 2 to analyze section III (on ANC, institutional delivery) and group 3 to analyze section IV (on immunization).
- Identify trends for example, how many couples are using any FP method. If all are using permanent method, this issue can be discussed in FGD. If ANC registration is high but complete ANC is low that needs further probing. Similarly, if all deliveries take place at home, we need to explore reason for the same. Further, if none of the child is fully immunized, the reason for that should be explored in the FGD.
- Analysis of BLS format will help to refine issues in the FGD guide.

RRC to ensure that the issues are then converted into appropriate questions, that could be used in the FGD. **RRC** to record all the observations.

Conduct FGD

Details for conducting FGD is given in session 3.

Try and organize three to four FGDs. Ensure that RC observers are available in each group.

In all 6-8 participants will be involved as moderator/leader and recorders.

The rest of the participants need to observe the proceedings and take notes. Especially, the questions and responses, whether the moderator is able to handle all the questions, whether the participants were comfortable in answering the questions etc.

Discussion on FGD data:

On return from the FGD

- Participants to discuss FGD data to document reasons for the issues emerged during the FGD.
- Facilitator should list down problems/constraints faced during the field visit and discuss each point by asking participants as to how these can be resolved.

This exercise is critical for proposal development.

Return to training venue

Day-3

Session Number: 5

1. **Session title: BLS training for FNGO**
2. **Objective:** MNGOs to develop session plan for FNGO to conduct BLS
3. **Session outcome:** BLS training plan for FNGOs
4. **Overall duration:** 2 hours (1 hour for group work and 1 hour for presentation)
5. **Methodology:** Small group exercise and presentation-discussion
6. **Steps**

Time required: 1 hour

The purpose of this session is to plan for developing capacity of FNGOs on BLS. At the end of this session participants will be able to develop training calendar for FNGO workshop on BLS.

- A. Facilitator to divide participants' into small groups, preferably state wise. At least 3 small groups should be made, if the number of states is less than three.
 - B. Ask the groups to develop FNGO capacity building plan for BLS
 - C. Groups to identify a presenter and reporter. Presenter will make presentation in plenary and reporter will note down plan on flip chart
 - D. Facilitator should identify 3 resource persons who would provide inputs in each small group
-
- E.** Provide the following **format** to small groups to develop plan
-

a. Prepare a **list of activities** to be completed by MNGO before workshop.

Illustrative Activities	
•	Finalize BLS capacity building workshop date for FNGOs in consultation with FNGOs, RRC, district level health officials and SNGOC, if in place
•	Make logistics arrangements (hotel, transportation for field visit, etc.)
•	Prepare workshop agenda
•	Send invitation letter to participants and resource persons
•	Keep copies of translated BLS format
•	Select field area for hands-on practice of BLS format
•	Arrange training aids like LCD projector with Laptop, OHP, chart papers, markers, transparencies, etc.
•	Ask handouts from resource people and prepare photocopies for distribution during workshop
•	If required, translate resource materials into local language

b. **Workshop objectives:**

c. **Workshop dates:**

d. **Workshop venue:**

e. **Workshop agenda:**

Agenda

Session Number	Session Name	Time	Facilitator	Methodology

The following technical sessions are recommended for FNGO BLS workshop:

- Purpose and objectives of the BLS
- Familiarization with BLS format
- Steps to conduct individual interview
- Sampling of villages
- Respondent selection
- Technique of conducting FGD and FGD role play
- Administer BLS format and conduct FGD in field area
- Data collection planning including time taken to complete data collection#

A sample time and cost estimate for BLS data collection is given below:

Let us consider following scenario to calculate data collection time (**Table 3**). The cost has been worked out for 4 data collectors who will be hired for data collection. In case FNGO staff conducts data collection, the cost will reduce.

Table 3: BLS data collection plan illustrative

A. Type of area	Rural	Tribal/Hill
Sub center population#	10,000	6,000
No. of households\$	1852	1111
Sampled households (25% for population between 10-15,000 and 30% for less than 10,000 population)	463	333
B. Time for completion of field work	Days	Days
For FNGO BLS capacity building workshop	2	2
For BLS data collection format: 4 data collectors @ 12 formats*	10	7
For conducting FGDs	3	3
Total	15	12
C. Estimated Cost for data collection	Rs	Rs
Honorarium for 4 data collectors@ Rs 100 per day	6000 (15 days)	4800 (12 days)
DA for 4 persons for @ Rs 50 per day	3000 (15 days)	2400 (12 days)
Travel Cost	1500	1500
Cost of printing format	1000	1000
Cost	11500	9700
Contingency (10%)	1150	970
Total cost + contingency	12650	10670

Assumption that a FNGO will serve 2 sub-centers

\$ Mean household size (5.4) as per NFHS II report

* One BLS format takes between 20-30 minutes. So 12 formats can be completed in maximum of 6 hours. Rapport development should be done by FNGO before conducting BLS.

Estimated time for data collection (17 days), entry and report (8 days) = 25 days

Estimated cost of BLS for an FNGO= Rs 12650 or 10670

Time required: 1 hour

G. Small groups to make presentation

- a. Each small group to make presentation
- b. Each small group will be provided 10 minutes for presentation
- c. Presentation will be followed by discussion for next 10 minutes
- d. The small group reporter will make note of important points mentioned during and make changes

- e. The flip chart with changes will be handed over to workshop RRC representative
 - 7. **Training tools:** Table on workshop agenda with session number, name, time, facilitator's name and methodology
 - 8. **Handouts:** Not required
-

1. **Session title:** Workshop Feedback
2. **Objective:** To identify lessons learned from the BLS workshop
3. **Session outcome:** What worked well and what needs to be improved in future workshops?
4. **Duration:** 30 minutes
5. **Methodology:** Written evaluation form and verbal feedback
6. **Steps**

Time required: 30 minutes

- A. Facilitator's to distribute a self-administered workshop evaluation form to all participants (**Handout 4**).
- B. All participants to complete feedback form and hand-over to facilitator.
- C. Facilitator to analyze responses as per questions given in the feedback form after the workshop. This information should be used to improve next BLS workshop and BLS capacity building workshop for FNGOs.
- D. Feedback should be included in workshop report.

Time required: 10 minutes

- E. Facilitator to encourage 4-5 participants to provide verbal feedback about the workshop. For example, ask participants what were the 3 new learning from the workshop and what 3 things can be improved.

Facilitator to note down verbal feedback and use the same to improve next BLS workshop and BLS capacity building workshop for FNGOs.

7. **Training tools:** Workshop feedback form
 8. **Handout:** Workshop feedback format
-

GUIDELINES FOR IDENTIFYING UNSERVED/ UNDERSERVED AREAS

The identification of unserved/underserved areas is important to improve service delivery provisions for the unreached/marginalized populations. Implementation of project activities in identified unserved/underserved areas will accelerate the achievement of RCH goals.

1. Concept

Unserved/underserved areas are those socio-economically backward areas which do not have access to health care services from the existing government health infrastructure. These areas may be urban slums, tribal, hilly and desert areas including SC/ST inhabitation. Resistance groups⁹ may be included in unserved/underserved areas

2. Criteria

It is not possible to pin down a single criterion to identify underserved/unserved area. Given below is the suggested **criteria** that may be adopted for identification of unserved /underserved areas:

□ Area with poor RCH indicators¹⁰

1. Proportion of girls marrying before 18 years
2. Proportion of girls conceiving before 20 years
3. Proportion of women full ANC
4. Proportion of women received 2TT injections
5. Proportion of women received 100 IFA tablets
6. Proportion of eligible couples using spacing methods
7. Proportion of institutional deliveries
8. Proportion of deliveries conducted by skilled birth attendants
9. Proportion of children between 12-23 months fully immunized
10. Proportion of females with symptoms of RTI/STI
11. Proportion of males with symptoms of RTI/STI
12. Number of infant and maternal deaths

□ Positioning of MO, ANM and LHV

1. The position of MO, ANM and LHV are vacant or partly filled

⁹ Community not ready to accept immunization/ANC check up/TT injection during pregnancy/colostrum feeding/ any FP method

¹⁰ Poor RCH indicator is a relative term. An indicator may be considered poor if it is performing below the district/state/national average.

2. If the positions are presently filled, how long (days/months) they remain in position in the area throughout the year
 3. Frequency of transfer and replacement
 4. Non-availability of trained staff
- Equipments and infrastructure at sub center/PHC¹¹
1. Absence of government health services
 2. No building or building with dilapidated rooms
 3. Not equipped with minimal infrastructure like storage space, chair, table, weighing machine, vaccine box, water source, stove, syringe, growth charts, immunization cards, registers, contraceptives, delivery kits, gloves, etc.
 4. Non-functional equipments, such as, faulty weighing machines, broken vaccine box, rusted blade in delivery kits, nonfunctional water source, etc.
 5. Sub center/PHC building is quite far from the village and/or difficult to reach due to rough terrain
 6. Difficulty in reaching sub-center/PHC building for 9 months a year due to weather conditions

3. Process

Identification and selection of unserved/underserved area should be done in a participatory manner by involving the following:

1. Government district and PHC representatives
2. MNGOs and NGOs (potential FNGOs) from the area
3. Representative of state and district RCH society

In addition to the above-mentioned criteria, the group may discuss the following questions to identify unserved/underserved area:

- Do people get required services from the government facilities?
- How often and what percentage of people use these services?
- To what extent these services are available in the private sector in the area?
- How much people avail of these private services?
- What is the quality assurance of these services?
- How much is the distance to the nearest health facility?

Once the unserved/underserved areas are identified, they should be prioritized as it may not be possible to implement project activities in all the identified underserved/

¹¹ This issue is included to facilitate FNGO and to some extent MNGO's understanding so that they not to initiate parallel infrastructure but facilitate the service delivery activities to be provided through the government system.

underserved areas due to non availability of FNGO and/or limited budgetary allocation to MNGOs. In such a scenario, the identified areas should be prioritized to implement project activities.

14							
15							

* For children less than 2 years write age in completed months, for example, for 18 months write 18m. For above 2 years write age in completed years, for example, for 16 years write 16y

For population of 6 years and above-0=Illiterate, 1-12 write the last class passed, 13=Attended college, 14=Graduate, 15= Above graduation, 77=Others (specify)

\$ Marital Status: 1.Married 2.Unmarried 3.Widow/widower 4.Separated 5. Unmarried but live together 6. Divorced

^ 1. Head 2. Wife/husband 3. Son 4. Daughter 5. Father 6. Mother 7. Daughter-in-law 8. Son-in-law 9. Grandson 10. Granddaughter 11. Sister 12. Brother 77. Others

@ Identify eligible women (**currently married woman between 15 to 49 years**). If there are two eligible women in HH, interview both and obtain information from section II onwards. If there are more than two eligible women, interview the two youngest eligible women.

I.11 How many eligible women are in the household? **Write ----- (no.)**

SN	Respondent Category	Complete
1	If HH has an eligible woman ¹³	Section II
2	If HH has an eligible woman and a child below 12 months	Section II and III
3	If HH has an eligible woman and a child between 12-23 months	Section II and IV
4	If HH has an eligible woman , a child below 12 months and a child between 12-23 months	Section II, III and IV
	Additional Respondent Category#	
5	For an eligible woman and her husband	Section V
6	For an eligible woman and her husband	Section VI

For those FNGOs planning to include RTI and ARH interventions

¹³ Currently married woman between 15-49 years

SECTION II: Family Planning

FOR AN ELIGIBLE WOMAN BETWEEN (15-49 YEARS AGE)

II.1 Name of the respondent (obtain from I.10):

II.2 Write age of the woman in completed years (obtain from I.10): -----

(CIRCLE THE APPROPRIATE CATEGORY GIVEN BELOW)

Age group	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
Category	1	2	3	4	5	6	7

II.3 Ask are you pregnant? **(CIRCLE APPROPRIATE RESPONSE)**

1. Yes: **GO TO SECTION III (If the respondent is pregnant for the first time then go to section V)**
2. No: **GO TO II.4**

II.4 Are you/your husband currently using any method to avoid/delay pregnancy (including sterilization)? **(CIRCLE APPROPRIATE RESPONSE)**

1. Yes: **GO TO II.5, II.5a AND THEN TO SECTION III**
2. No: **GO TO II. 6**

II.5 Which method you/your husband is currently using to avoid or delay pregnancy? **(CIRCLE APPROPRIATE RESPONSE)**

1	Modern Method	2	Traditional Method	3	Others
11	Female Sterilization	21	Rhythm/safe period	31	Specify
12	Male Sterilization	22	With drawl		
13	IUD/Copper-T				
14	Oral Contraceptive Pills (Daily)				
15	Weekly Pills (Saheli, Cetron)				
16	Condom/Nirodh				
17	Injectables				

II.5a For how long have you been using this method/your husband using this method continuously? Or How long ago did you/your husband undergo sterilization?

Write: Number of months: ----- **01-96** for 1 to 96 months
97. for more than 8 years

II.6 Do you currently get menstrual cycle? **(CIRCLE APPROPRIATE RESPONSE)**

1. Yes: **GO TO II.7**
2. In lactation amenorrhoea: **GO TO II.7**
3. Never menstruated: **GO TO SECTION V**

4. In menopause/hysterectomy: **GO TO SECTION III**
5. No: **GO TO SECTION III**

II.7 Would you like to have a/another child? (**CIRCLE APPROPRIATE RESPONSE**)

1. Yes: **GO TO II.8**
2. No: **GO TO II.9**
3. Not sure: **GO TO II.9**

II.8 How long would you like to wait to have a/another child? (**CIRCLE APPROPRIATE RESPONSE**)

1. Soon/now: **GO TO SECTION III**
2. With in 1 year (12 months): **GO TO SECTION III**
3. Within 1-2 years (13-24 months): **GO TO SECTION III**
4. After 2 years (after 24 months): **GO TO II.9**
5. Not sure: **GO TO II.9**

II.9 What is the main reason for currently not using any method of family planning?

Reason	Circle maximum 3 responses
Lack of knowledge about family planning methods	01
Against the religion	02
Opposed to family planning	03
Husband opposed	04
Other family members opposed	05
Do not like existing methods	06
Afraid of sterilization	07
Cannot work after sterilization	08
Worry about side effects of methods	09
Costs too much	10
Health does not permit	11
Difficult/inconvenient to get method	12
Inconvenient to use method	13
Difficult to become pregnant after use	14
Fear of using any family planning method	15
Others, specify -----	77

SECTION III: ANC and delivery

FOR AN ELIGIBLE WOMAN WITH CHILD BELOW 12 MONTHS

III.1 Age of [NAME OF THE CHILD]?(obtain from I.10) -----(Write age in completed months) **(CIRCLE APPROPRIATE RESPONSE)**

Less than 1 month	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months
1	2	3	4	5	6	7	8	9	10	11	12

III.2 Sex of [NAME OF THE CHILD]? (Obtain from I.10)

1. Female
2. Male

III.3 When you were pregnant with [NAME OF THE CHILD], did you go for an antenatal check-up? **(CIRCLE APPROPRIATE RESPONSE)**

1. Yes: **GO TO III.4**
2. No: **GO TO III.6**

III.4 Where did you go for checkup? **(CIRCLE APPROPRIATE RESPONSE)**

Government Hospital	PHC	CHC	Government Dispensary	Sub-centre	Nursing home/ Pvt hospital	Other, specify	NGO Clinic
1	2	3	4	5	6	7	8

III.5 Whom did you see? **(CIRCLE ALL APPROPRIATE RESPONSE)**

Doctor (MBBS and above)	ANM/Staff Nurse/LHV	NGO health worker	RMP	Trained Birth Attendant	Traditional Birth Attendant	Other, specify
1	2	3	4	5	6	7

III.6 When you were pregnant with [NAME OF THE CHILD] did any health worker visit you at home for an antenatal check-up?

1. Yes: Go to III.7
2. No: Go to III.7
3. No (in III.3 and III.6): Go to III.11

III.7 How many months pregnant were you when you first received antenatal check-up? **Write ----- (months)**

III.8 How many times did you receive antenatal checkup during this pregnancy? **Write ---- (times)**

III.9 Did you receive any of the following checkups at least once during any of your antenatal visits for this pregnancy?

Type of checkups	Circle appropriate response
Weight measurement	1. Yes 2. No
Height measurement	1. Yes 2. No
Blood pressure measurement	1. Yes 2. No
Abdominal examination	1. Yes 2. No
Blood test	1. Yes 2. No
Urine test	1. Yes 2. No

III.10 Did you receive any of the following during this pregnancy?

Receive the following	Circle appropriate response	If yes in column II, write exact no.
Column I	Column II	Column III
TT injection(s) in the arm	1. Yes 2. No	
IFA tablets/syrup bottles received	1. Yes 2. No	
IFA tablets/syrup bottles consumed	1. Yes 2. No	

III.11 Where did you give birth to [NAME OF THE CHILD]? (CIRCLE APPROPRIATE RESPONSE)

1	Public Medical Sector	2	Private Medical Sector	3	NGO	4	Home
11	Govt./Municipal Hospital	21	Pvt. hospital/Clinic/ Maternity home	31	NGO trust/hospital/ clinic	41	Your home
12	Govt. Dispensary	22	Other private health facility/Private doc			42	Parent's home
13	UHC/UHP/UFWC					43	Other home
14	CHC/Rural Hospital						
15	PHC						
16	Sub-Centre						
17	Other public health facility						
	Go to III.13		Go to III.13		Go to III.13		Go to III.12

III.12 What is the main reason you did not go to a health facility for delivery?

Reason	Circle maximum 3 responses
Not necessary	01
Not customary	02
Cost too much	03
Too far/No transport	04
Poor quality service	05
No time to go	06
Family did not allow	07
Better care/safe at home	08
Lack of knowledge	09
Fear of injection	10
Others	77

III.13 Who assisted you during the delivery of [NAME OF THE CHILD]?

1	Health professional	2	Other person
11	Doctor (MBBS and above)	21	Trained Birth Attendant
12	ANM	22	Traditional Birth Attendant
13	Nurse	23	RMP
14	LHV	24	Other

SECTION IV: Child Immunization

FOR AN ELIGIBLE WOMAN WITH CHILD BETWEEN 12-23 MONTHS

IV.1 Age of the child [NAME OF THE CHILD]? (Obtain from I.10)

12 months	13 months	14 months	15 months	16 months	17 months	18 months	19 months	20 months	21 months	22 months	23 months
1	2	3	4	5	6	7	8	9	10	11	12

IV.2 Sex of the child (obtain from I.10)

1. Female
2. Male

IV.3 Do you have a card where vaccinations are written down?

(CIRCLE APPROPRIATE RESPONSE)

1. Yes: **GO TO IV.4 AND GO TO SECTION V**
2. No: **GO TO IV.5**

IV.4 Ask to show you and complete the following details

Injection /drops	Day#	Month	Year
Polio 0 (only for institutional deliveries)			
BCG			
DPT 1			
DPT 2			
DPT 3			
Polio 1			
Polio 2			
Polio 3			
Measles			

Write '44' in day column if card shows that vaccination was given but no date recorded

IV.5 Please tell me if child has received any of the following vaccination:

SN	Read out names of injection/drops to mother	
1	A BCG vaccination against TB <i>Look for scar on left upper arm</i>	1. Scar visible 0. No scar
2	A DPT vaccination against diphtheria, whooping cough and tetanus <i>Probe how many times injection given at the back/thigh</i>	Write 0 if response is not given, 1 for one time, 2 for two times 3 for 3 times and 4 for four or more times, 8 for do not know
3	OPV# <i>Probe for drops given in mouth and number of times</i>	Write *0 if response is not given, 1 for one time, 2 for two times 3 for 3 times and 4 for four or more times, 8 for do not know
4	Measles <i>Probe that the injection given on right upper arm</i>	Write 0 if response is not given, 1 for one time and 2 for two or more times, 8 for do not know

Do not include pulse polio doses

SECTION V AND VI: Applicable for those FNGOs planning to undertake RTI and ARH interventions

Write age of the husband of eligible women in completed years (obtain from I.10): -----

SECTION V: Reproductive Tract Infection

FOR AN ELIGIBLE WOMAN AND HER HUSBAND

Ask woman		Ask man			
V.1	Do you have any of the following symptoms?	Circle appropriate response	V.6	Do you have any of the following symptoms?	Circle appropriate response
1	Foul smell, unusual vaginal discharge (discharge could be white, yellow/ green)	1. Yes 2. No	1	Sores, blisters or ulcers on the penis with or without pain	1. Yes 2. No
2	Pain during intercourse especially in the lower abdomen	1. Yes 2. No	2	Swollen and painful lymph glands in the groin	1. Yes 2. No
3	Genital sores or blisters with or without pain	1. Yes 2. No	3	Discharge from the urethra (yellow/white)	1. Yes 2. No
4	Swollen and painful lymph glands in the groin	1. Yes 2. No	4	Itching, burning and pain during urination	1. Yes 2. No
5	Pain or burning during urination	1. Yes 2. No	5	Pain during intercourse	1. Yes 2. No
6	Painful or itchy genital region	1. Yes 2. No			1. Yes 2. No
V.2	If response to any part of V.1 is yes , ask did you seek any treatment, otherwise go to VI.1	1. Yes: Go to V.3 2. No: Go to VI.1	V.7	If response to any part of V.6 is yes , ask did you seek any treatment, otherwise go to VI.5	1. Yes: Go to V.8 2. No: Go to VI.5
V.3	Where did you go for treatment?		V.8	Where did you go for treatment?	
1	Government Hospital	1. Yes 2. No	1	Government Hospital	1. Yes 2. No
2	PHC/CHC	1. Yes 2. No	2	PHC/CHC	1. Yes 2. No
3	Government Dispensary	1. Yes 2. No	3	Government Dispensary	1. Yes 2. No
4	Sub-centre	1. Yes 2. No	4	Sub-centre	1. Yes 2. No
5	Pvt Doc/Pvt Hospital	1. Yes 2. No	5	Pvt Doc/Pvt Hospital	1. Yes 2. No
6	Quack/village doctor	1. Yes 2. No	6	Quack/village doctor	1. Yes 2. No
7	Others, specify	1. Yes 2. No	7	Others, specify	1. Yes 2. No
V.4	Did you complete the treatment?	1. Yes: Go to V.5 2. No: Go to VI.1 3. Under treatment: Go to VI.1	V.9	Did you complete the treatment?	1. Yes: Go to V.10 2. No: Go to VI.5 3. Under treatment: Go to VI.5
V.5	Did you get well?	1. Yes 2. No	V.10	Did you get well?	1. Yes 2. No

SECTION VI: ADOLESCENT REPRODUCTIVE HEALTH

FOR AN ELIGIBLE WOMAN AND HER HUSBAND

SN	Ask Woman		SN	Ask Man	
VI.1	How old were you when you got married?	Write age in completed years -----	VI.5	How old were you when you got married?	Write age in completed years -----
VI.2	How old were you when you started living with your husband?	Write age in completed years -----	VI.6	How old were you when you started living with your wife?	Write age in completed years -----
VI.3	After you started living with your husband what was your age when you conceived for the first time?	Write age in completed years ----- Write '99' in case she never conceived/yet to conceive. If '99' is the response, do not ask VI.4			
VI.4	What was the outcome of your pregnancy	Circle the appropriate response 1. Live child 2. Spontaneous abortion 3. Induced abortion 4. Still birth			

Name and signature of person completing interview