

**INDIA POPULATION PROJECT VIII
BASE LINE SURVEY**

BELGAUM

**CENTRE FOR RESEARCH IN HEALTH
AND SOCIAL WELFARE MANAGEMENT
861, BANASHANKARI II STAGE,
BANGALORE 560070.
May 1999**

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Acknowledgements

The team of Consultants and other Investigators sincerely express their grateful thanks to Dr. M.Jayachandra Rao, Project Co-Ordinator , India Population Project and to Dr. Mala Ramachandran for the constant support and valuable suggestions during the survey.

The Commissioners, the Medical Officer of Health of the respective Corporations and Municipalities and their staff deserve special thanks for providing necessary help in completing the survey.

But for the cooperation of respondents, the survey work would not have been possible and they deserve special thanks.

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ABBREVIATIONS

AC	Air conditioned
AIDS	Acquired immunio deficiency syndrome
ANM	Auxiliary nurse mid wife
ARI	Acute respiratory infection
CBR	Crude birth rate
CPR	Contraceptive prevalence rate
FP	Family planning
FW	Family Welfare
IEC	Information, Education and Communication
IFA	Iron and folic acid
IMR	Infant mortality rate
IPP -VIII	India population project VIII
IUD	Intra uterine device
MCH	Maternal and child health
MIS	Management Information System
MTP	Medical termination of pregnancy
NGO	Non Government Organisation
MUAC	Mid Upper Arm Circumference
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
P.G.	Post graduate
PPC	Post Partuim Centre
RCH	Reproductive and child health
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
Trd.	Trained
TT	Tetanus toxiod
TV	Television
UFWC	Urban family welfare centre
VCR	Video Cassete Recorder

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Executive summary

1. Introduction

India Population Project VIII has been extended to 11 cities in Karnataka to provide Health and Family Welfare Services to the urban poor and slum populations in these cities to provide Reproductive and Child Health (RCH) Services to the population

The present Baseline Survey in Belgaum city is undertaken with the objective of obtaining information pertaining to basic indicators.

The methodologies adopted for the survey comprised of door to door *community survey* for obtaining necessary information on the baseline indicators pertaining to reproductive and child health status, access and utilisation of critical RCH services and knowledge and attitudes on key issues related to RCH and a *facility survey* to assess the present status of availability of infrastructure, staff, equipment, drugs, IEC, MIS, etc. to provide quality MCH and FW services, essential and emergency obstetric and pediatric care. Community survey was undertaken in 20 randomly selected clusters of slums and areas inhabited by poor populations in the city, selected with *probability proportional to sample size*.

The survey was conducted during March 1999.

2. Findings of the community survey

2.1. Socio-demographic particulars of surveyed women

Of the total 2185 households surveyed, 67.8% were Hindus, 29.0% were Muslims and 1.1% were Christians and another 2.1% were from other religions. The areas were predominantly inhabited by lower socio-economic groups comprising of scheduled castes.

The literacy rate of the population aged over 6 years was 66.4% (74.4% males and 58.2% females). With majority of the population the educational level was up to higher secondary level only.

2.3. Environmental sanitation facilities

Majority of the households depended on public water facility (54.4%) and common taps (4.5%). 35.5% of the households had their own toilet facilities , either pit type (27.1%) or sanitary type of latrine (8.4%) but a large proportion of the households (44.9%) had to depend on open fields for defaecation and another 19.5% on common latrines.

2.3. Demographic Indicators

The sex ratio was 956 which was almost same as that of the state average of 960 and more than that of the city. The population was composed of 38.0 % in 0- 14 years and 2.2% over 65 years. There were 51.8% women in the reproductive age group. The average size of the family was 4.9. Three maternal deaths were reported for the previous five years.

2.4. Marital status

There were 56.6% unmarried males as compared to 48.6% females. Early marriages of girls and boys still prevailed to a little extent as there were about 1.2% married girls and 0.6% boys married before the legal age of marriage.

Most of the currently married women (83.5%) were married by the age of 19 years. There were 19.3% who were married before the age of 15 years and only 16.5% were married later than 19 years.

The knowledge on legal age at marriage for girls was poor with both women and men, and more so with regard to the legal age at marriage for boys. Only 57.0% currently married women in the reproductive age group and another 57.9% of men knew about the correct legal age at marriage for girls while the corresponding percentages for the legal age at marriage for boys were only 34.9% and 28.8% .

2.5. Fertility status

The crude birth rate works out to be 28.9 on an average of the previous two years. 43.4% of the births were contributed mostly by mothers in the age group 20-24 years but still there were 26.1% births for mothers aged below 20 years. And another 6.6% births for mothers aged over 29 years. Parity wise, although 65.8% of births were of parity up to two, there were 17.4% of over third parity. From the age wise parity status of mothers it is seen that there were 21.6% of mothers with over first parity even in the age group below 19 years and 25.4% with over second parity in that age group 20-24 years.

The general fertility rate was around 114.5. Age specific fertility rate was highest with 217.5 in the age group 20-24 years followed by 149.2 in the age group 19-24 and 126.2 in the age group 15-19 years. Total fertility rate was 2.75.

There were on average 2.78 pregnancy events for mothers of all age groups, comprising of 2.64 live births, 0.03 still births and 0.10 abortions. In the youngest age group 15-19 years the average of total number of pregnancies was 0.882 indicating less than one pregnancy per mother.

2.6. Safe motherhood

Majority of the mothers who had delivered during the previous two years had availed of ante-natal check ups (92.4%). Of those who had availed antenatal check up, 63.5% had initiated the check up in the first trimester, but only 51.4% had more than four check ups and there were only 5% who had only 1 to 2 check ups.

Utilisation of public sector facilities for antenatal care was only 46.4% and the coverage by the health worker at home was negligible (1.1%).

There were 11.2% of deliveries who had not received any tetanus toxoid immunisation during pregnancy.

Nearly a third of the delivered women (36.5%) had not consumed any Iron and folic acid tablets during pregnancy. The number of those who had consumed more than 90 tablets was very minimal (23.4%).

About 24.8% pregnant women had not received any advice during antenatal check up and only 42.9% mothers were advised on initiating the new born on breast feed immediately after birth.. Similarly advice on contraception was also minimal (17.6%).

Danger signs during pregnancy was not known to 54.5% of currently married women in the reproductive age group while the knowledge on danger signs during delivery and postnatal period was known only to 84.5%, mostly partially.

Postnatal check up was availed by only 18.3% of mothers, that too only once or twice.

Although most of these pregnancies were wanted, there were 20.5% which were not desired at that time or were not desired at all.

2.7. Child health

Only 62.3% of the new born were administered with colostrum, while 32.2% of new born children were initiated on breast milk within an hour of their birth, while 27.9% were initiated as late as more than a day.

Plain water was administered in about 24% of new born children within 3 months and another 31.7% in 4-5 months.

Similarly other liquids were administered to about 13.1% of new born within 5 months. Breast feeding was stopped after 6 months in 26.8% of infants. Only in 33.9% of infants it was continued to varying periods between 7 to 12 months. Supplementary feeding was started around 4-5 months only in 11.5% of infants.

The prevalence of diarrhoea in the previous two weeks from the survey was 6.2%. Of these episodes, only about 65% had sought some medical advice. While 25% of the episodes were treated by Public Sector Institutions, Private Practitioners were consulted in 40%.

Quantum of fluids were reduced in 10.0% of episodes while it was increased in only 35.0%. ORS from packets were advised by medical practitioners in only 50% of episodes.

Prevalence of ARI during two weeks preceding the survey was 10.0%. Of these episodes medical advice was not sought in 32.3%, while Private doctors were consulted in majority of episodes (43.5%).

Only 76% of mothers had the immunisation cards of their children.

The coverage for various doses of vaccines ranged from 83.6% for measles to 94.5% for BCG. While 91.8% children had completed DPT only 88.2% had completed OPV. The drop out rates of OPV and DPT from first to third dose were 6.7% and 2.0% respectively. However, the drop out rate for Measles vaccination was as high as 11.5%.

Only 26.2% of children were normal (MUAC >14 cms). There were 61.9% children who were mildly malnourished and another 11.8% severally malnourished.

2.8. Place of medical care

Public sector Institutions were utilised by 60% of the women for their problems during pregnancy, in 25% of diarrhoeal episodes and 23% of ARI episodes. On questioning the mothers about their willing to pay for services, only 23.2% expressed their willingness to pay amounts mostly ranging between Rs 10 to 20 per month.

2.9. Contraceptive Knowledge and Practices

Almost all the men and women were aware of use of contraceptives for limiting the family size. While female sterilisation was the most commonly known method (98.5% of women and 99% men). Men were better aware of all the methods more so for male methods like vasectomy and condoms.

Awareness on the availability of contraceptives at Public sector Institutions especially with oral pills and condoms was lacking very much with both men and women. Only 17.2% of men and 33.2% of women knew about the availability of oral pills at Public sector institutions while this proportion was only 13.3% for men and 19.3% for women with respect to condoms. Medical shops were the most commonly known sources of supply for these methods. This is

further reflected by the fact that majority of the current users of oral pills and condoms obtained their supplies (90.0%) from private sources or medical shops.

Majority of men and women approved of family planning methods to limit the family size but there were still about 11.6% of men and 8.8% of women who did not either approve or had no opinion on the use of FP methods. This indicates females were better motivated than males for the use of family planning methods.

The contraceptive prevalence rate was 54.2% , comprising mostly of female sterilisation (49.5%), which contributed for 91.3% of total acceptors of FP methods . Condom acceptors (1.1%), acceptors of Oral pill (1.1%) as well as Vasectomy (0.6%)were negligible in number. IUD acceptance was slightly better (1.9%). Thus adoption of spacing methods as well as Vasectomy was very poor.

The “ unmet need” for family planning i.e. the proportion of total couples in the reproductive age group who do not want to have any more children or delay the pregnancy excluding those who are with secondary sterility, but not using any method for various reasons, was 24.3%.

Of those who are likely to use any method in the near future, majority expressed that they would use in a year's time (93.5%) and the most likely method of choice was female sterilisation (80.6%) followed by IUD (9.7%).

Of the 434 who were not using any method, about 53.2% desired more number of children. Of those who desired more children about 39% wanted a son, while another 9.5% wanted two or more sons. There were 58.8% mothers who did not want to have any more daughters., while only 22.5% wanted another daughter and 13% wanted two daughters. About 38% of women were not very particular about the sex of the desired child. This clearly demonstrates attitudes of the community towards son preference. Those who wanted more children, majority wanted to have the next child within one year (48.1%).

There were about 39.7% mothers with less than one year birth interval between the previous two pregnancies. Only 39% mothers had more than three years birth interval.

2.10. Reproductive tract infections amongst women

Prevalence rate of different symptoms of reproductive tract infections was 33.8%. The person prevalence of RTI was 25.1%. The most common symptoms were Back ache (24%), and Abnormal vaginal discharge (4.1%).

Majority of these symptoms were lasting for more than six months (46.8%) and some of them for many months. About half of these symptoms (54.8%) had availed medical treatment, mostly from allopathic doctors. Common reasons attributed for not availing treatment were either shyness or not feeling serious about the symptoms. Most of the women were not aware of the source of their symptom.

Investigation or treatment of spouse was not common and was done only with 1.6% episodes.

2.11. Abortion practices

4.70% women gave history of abortions. Of them about 35.6% were induced while others were spontaneous. Probably many of the spontaneous abortions are under reported. The common reason attributed for induced abortions were unwanted pregnancy (75%). Although most of the abortions were carried out by medical personnel, there were 13.3% which were done by non-medical personnel. Post abortion check up was availed only in 68.9% of cases, while post abortion contraception was practiced only in 22.2% of cases. Legality of MTP was known only to 57.8% of women.

2.12. Knowledge on Sexually transmitted diseases and HIV/AIDS

Many of women and men were aware of HIV/ AIDS (46.5% women and 52.7% men), while awareness on sexually transmitted diseases was negligible (0.9% women and 3.4% men). Of those who were aware of HIV/AIDS, a large proportion knew all the three routes of transmission. In majority of respondents knowledge about the disease was acquired through Radio or TV., while health personnel had given the awareness only in a small proportion of respondents. Knowledge on protection from the disease was also known in majority of men (more than 85%) while these were known to a lesser number of women, especially about use of condom.

2.13. Knowledge and attitudes of adolescents

95.2% of the girls were not married and the rest of the girls were married but had not consummated their marriage.

There were 20% illiterates amongst these girls. Of those who had gone to the school, most of them had studied up to middle or high school (66.6%).

Most of the girls had their onset of menstruation (74.2%), but only 23.7% of girls had knowledge about menstruation before its onset.

About one third of these girls remained normal at the onset (36.6%), while the remaining had different apprehensions and fears. Majority got worried and did not know what is happening and even wept with fear.

Nearly 30% of girls follow various religious restrictions during menstruation.

Only a few girls use sanitary napkins while the others use piece of cloth (91.6%). This cloth is mostly reused and majority of the girls wash them with soap (98.5%).

Knowledge on legal age at marriage for boys and girls was moderate, but slightly better with regard to age for girls (55.4%) as compared to that of boys (43.5%).

Only 47% of the girls knew that contraceptives can be used for avoiding pregnancy. The most commonly known method being Tubectomy (37.2%), followed by oral pills (16.4%). Few of the girls knew about Vasectomy (13.6%) but condom use was not known to many (8.6%). Only a few girls (29.3%) knew that unwanted pregnancy can be terminated. Further only about 19% knew that medical termination of pregnancy is legal.

2.14. Health Facilities in the city

The existing health facilities in the City consisted of one Govt. Dist. Hospital, one Private Medical College Hospital, one Charitable Hospital, two Municipal institutions and over 15 Private Institutions (Smaller Hospitals or Nursing Homes) (Annexure 2). Of these all the institutions under Government, Municipal and Charitable sector along with ten private institutions offering MCH and FW services were surveyed.

There were 1744 beds in the City, 372 (21%) were for maternity and 170 (10%) for pediatrics services. The total number of free beds available for maternity and pediatric services were 169 and 80 respectively. Of the 169 free maternity beds, only 22 (16+6) were in the two municipal institutions.

Except for routine maternity services, the population is mostly dependent on the Govt. District Hospital for all MCH and FW services.

In the Institutions under municipal sector, no qualified obstetricians and pediatricians were available to provide MCH and FW services. However, qualified medical and nursing manpower was available in the Govt. sector while in the FPAI (charitable) Hospital, qualified personnel were available only for FP services. Private Institutions had the services of qualified persons (Obstetrician / Paediatrician / Anesthetist) on consultation or *on call basis* (part-time / visiting) as per needs.

Though the municipal sector had OT and bed facility, adequate MCH services were not provided due to non availability of qualified staff (Obg. / Paed). However, the Govt. and Private Sector institutions had adequate facilities for MCH and FP services while in the charitable FPAI Hospital only facilities for FP services were available.

In the municipal Institutions, only the general MCH and FW drugs were available while in the Govt. Hospital it was available for all the services and so was in the Privately run hospitals. The FPAI (charitable) Hospital had drugs for only FP services.

The municipal institutions i.e., two corporation maternity homes were with basic infrastructure and general facilities for MCH and FW. However, the facility for sanitary disposal of solid waste was not available in any of the institutions.

MIS and communication facilities were generally satisfactory, but the Fax facility was available only in the Dist hospital and the Private Medical college Hospital.

2.15. Conclusions

- The population mostly comprised of lower economic groups like backward castes and scheduled castes and tribes. The literacy rate was moderate.
- Access to safe drinking water was limited while access to sanitary toilet facilities was poor.
- Marriages were common in the adolescent ages for girls. Not many persons were aware of the legal age at marriage for boys.
- The fertility indicators for women indicated high fertility.
- Safe mother hood practices lacked with regard to maternal immunisation, prophylaxis against anaemia and post natal check up. Awareness on danger signs during antenatal and natal periods was not complete.
- Healthy breast feeding practices for new born were lacking especially for weaning practices.
- Diarrohea management practices were deficient with regard to ORT.
- Immunisation coverage was poor for OPV and Measles.
- Malnutrition amongst underfive children was high.
- Contraceptive prevalence rates were below average, and acceptors of FP methods comprised mostly of female sterilisations and adoption of spacing methods were negligible.
- There was high unmet need for contraception in the community.
- Son preference of the community was evident.
- High prevalence of Symptoms of RTI were present.

- There were a few abortions attended by unqualified practitioners. Awareness on legality of MTP was poor.
- Awareness on transmission and prevention of HIV/AIDS was good but on other sexually transmitted diseases were almost not known.
- Adolescent were highly lacking in sex education.
- Private practitioners were preferred mostly for treatment of maternal complications but less for child hood diseases.
- Many of the respondents were not willing to pay for the services.
- The MCH and FW infrastructure, facilities, manpower and services was meagre in the municipal sector. The population depended on the Govt. District Hospital, the Private Sector hospitals the FPAI (charitable) hospital to some extent.
- There is a need for strengthening the MCH and FW services through the municipal sector.
- *Areas for strengthening IEC component:*
 - Legal age at marriage for boys and girls
 - ANC care especially administration of IFA tablets and tetanus toxoid immunisation.
 - Postnatal care and check up
 - Breast feeding practices especially exclusive breast feeding up to four months and weaning by five to six months.
 - Diarrhoea management especially Oral rehydration therapy.
 - Education on small family norm and spacing methods.
 - Adolescent education on sex.
 - Education on sexually transmitted as well as reproductive tract infections amongst women.

Recommendations for strengthening MCH & FW facilities :

- The new Health Centres should be provided with services of a qualified Lady Medical Officer for providing MTP services and a qualified honorary Pediatrician on part time basis for providing essential specialised pediatric care, along with essential newborn care facilities.
- Adequate basic facilities like continuous water supply, IEC facilities, facilities for sanitary solid waste disposal, Telephone facilities should be ensured.

1. Introduction

India Population Project VIII has been extended to 11 cities in Karnataka to provide Health and Family Welfare Services to the urban poor and slum populations in these cities. To fulfill this objective, it is planned under the project to provide Reproductive and Child Health (RCH) Services to the population by establishing 8 new Maternity homes, 45 new health Centres, renovate 21 Urban Family Welfare Centres (UFWC) and 14 Post Partum Centres (PPC) through the respective municipal corporations in these cities.

A Baseline Survey in Belgaum city is undertaken by **M/S Centre for Research in Health & Social Welfare Management, Bangalore**. The objective of this baseline survey is to obtain information pertaining to indicators :

1. Current reproductive and child health status of target population.
2. Access to and utilization of critical RCH services and barriers to utilization.
3. Knowledge and attitudes on key issues related to RCH.
4. Availability of infrastructure, staff, equipment, drugs, IEC, MIS, etc. to provide quality MCH and FW services, essential and emergency obstetric and pediatric care.

2. Methodologies adopted for the survey

The methodologies adopted for the survey comprised of door to door *community survey* for obtaining necessary information on the baseline indicators pertaining to reproductive and child health status, access and utilisation of critical RCH services and knowledge and attitudes on key issues related to RCH and a *facility survey* to assess the present status of availability of infrastructure, staff, equipment, drugs, IEC, MIS, etc. to provide quality MCH and FW services, essential and emergency obstetric and pediatric care.

The details of the above methodologies are described below.

a. Community survey

Community survey is undertaken in 20 randomly selected clusters of slums and areas inhabited by poor populations in the city. The Sample of clusters is selected out of a Universe, listing all the slums and areas inhabited by poor populations in the city, obtained through the respective municipalities. Sample of clusters were selected with *probability proportional to sample size*. Each cluster was arbitrarily divided into four approximately equal quadrants after inspection of the entire cluster as well as discussions with the local leaders. This division was done to ensure proper representation of all the sections of population in the sample. Within each section canvassing of schedules was started at a random point and all house holds were covered in a sequential order till the desired sample size was completed for the survey. One fourth of the total sample size was covered from each quadrant. The list of clusters selected for the survey is given under Annexure 1.

It was envisaged that in the city 1000 currently married women, 300 married males and 600 adolescent girls in the age group 10 to 18 years were to be interviewed for obtaining the relevant information. Further, for obtaining information on births and deaths of under five children and mothers, a total of 2000 households with approximately 10000 population were to be interviewed. However due to non availability of respondents in spite of repeated visits, 981 currently married women, 292 married males, 581 adolescent girls and 2268 house holds, with a population of 10671, for information on births and deaths were covered for the survey. The information were collected by door to door survey method on pre-designed and pre-tested questionnaires. The questionnaires were discussed with the Project Co-ordinator before finalisation. The questionnaires used for the survey are enclosed in Annexure 3.

The interviews were conducted by qualified and trained interviewers, who were given further intensive training relating to the present survey schedules for one week both in the class room and field settings. The survey was supervised by an experienced Supervisor, who undertook day to day editing of all the completed questionnaires.

Broad category of variables covered under the survey comprise of:

- Household particulars.
- Births & deaths in the household (maternal & child).
- Maternity history.
- Knowledge about safe motherhood & maternal care.
- Knowledge, Attitude and Practices on Population dynamics and Family planning.
- Knowledge and practices on child care.
- Management of ARI & Diarrhoeal diseases.
- Knowledge and management of reproductive tract infections (RTI / STD).
- Awareness about HIV / AIDS.
- Knowledge and practices with regard to abortion.
- Knowledge and practices of adolescent girls regarding menstrual hygiene.

b. Facility survey

A survey of available medical facilities and infrastructure was undertaken in the city on a sample basis to obtain information on the available medical infrastructure. This survey covered the District Hospital under government facility and ten leading private institutions providing MCH and FW services in the city.

The broad category of variables covered under this component are :

- Infrastructure facilities.
- Services provided.
- IEC and MIS activities.
- Availability of drugs.

The following methods were used for the survey.

- Desk review of the reports and records at the Bangalore IPPVIII office.
- Discussions with the Project Co-ordinator.

- Listing of all Government and major private medical and health facilities in the city with the help of respective Municipal Commissioners and Health Officers and selection of a sample of health institutions for the facility survey. The list of Institutions covered for survey is enclosed under Annexure 2.
- Visits to the selected health institutions by a team of public health specialists (medical).
- Collection of necessary information on a pre-tested, structured, partly open-ended interview cum observation schedule discussed and approved by the Project Coordinator (Annexure 4).

The personal efforts by municipal commissioners and the health officers ensured the co-operation by the private institutions.

The survey team leader and some of the members of the survey team had undertaken the Mid-Term Review of IPPVIII of Bangalore City in April – June, 1998 and were already familiar with the project needs and created facilities and their usage / benefits. This greatly benefited the survey team performance.

The survey was conducted during March 1999.

The data was analysed on Pentium PCs using EPI info software.

3. Findings of the community survey

3.1. Socio-demographic particulars

a. Demographic profile of Tumkur city

As per 1991 census, the city had a population of 402,412 with a sex ratio of 921. The population consisted of 9.3% Scheduled castes and tribes. The literacy rate for the population over 6 years was 88.4% for males and 65.5% for females.

b Religion and caste of the surveyed families

Of the total 2185 households surveyed, 67.8% were Hindus, 29.0% were Muslims and 1.1% were Christians and another 2.1% were from other religions. Amongst Hindus, 11.6% were from forward castes like Brahmins, Vyshyas or Lingayats. Backward castes like Vokkaligas comprised of 51.4% while Scheduled Castes and Tribes comprised of 37.0%. Thus the areas were predominantly inhabited by lower socio-economic groups comprising of scheduled castes (Table 1).

Table 1. Distribution of house holds according to socio-demographic characteristics.

Socio-demographic Characteristics	No. (n= 2185)	% Population
Religion		
Hindu	1482	67.8
Muslim	634	29.0
Christian	23	1.1
Others	46	2.1
Caste of Hindus		
S.C	343	23.2
S.T	203	13.8
OBC	759	51.4
Others	171	11.6

c. Educational Status

The literacy rate of the population aged over 6 years was 66.4% (74.4% males and 58.2% females). However with a little over a third of the population, the educational status was mostly restricted to middle school level (39.4% males and 34.3% females) and there were another 32.9% males and 22.6% females educated between high School and higher secondary level. . There were only about 2.0% males and 1.0% females educated beyond this level. Thus with majority of the population the educational level was up to higher secondary level only.(Table 2).

Table 2. Literacy status of population aged over 6 years.

Literacy status	Males % (n=2266)	Females (%) (n=2196)	Both (n=4462)
Illiterate	25.6	41.8	33.6
Primary	16.6	14.4	15.5
Middle	22.8	19.9	21.3
High School	26.3	20.3	23.4
Higher Secondary	6.6	2.6	4.7
Graduate	1.6	0.8	1.2
Post Graduate	0.2	0.1	0.2
Professional education	0.2	0.1	0.2

3.3. Environmental sanitation facilities

a. Drinking water facility

Majority of the households depended on public water facility (54.8%) and common taps (4.5%). About 29% were using well water. However 10.3% had their own tap or hand pump (Table 3).

b. Toilet facilities

Even though 35.5% of the households had their own toilet facilities , either pit type (27.1%) or sanitary type of latrine (8.4%), a large proportion of the households (44.9%) had to depend on open fields for defaecation and another 19.5% on common latrines.

Table 3. Distribution of house holds according to environmental sanitation facilities.

Facilities	(n=2185) %
<i>Drinking water facility</i>	
Tap in the household	10.3
Public tap	42.3
Common tap	4.5
Hand pump	12.5
Well water	28.6
Others	1.8
<i>Place of defecation</i>	
Common pit latrine	17.8
Own pit latrine	27.1
Sanitary Latrine in the household	8.4
Open fields	44.9
Community sanitary latrine	1.7
Total	100.0

3.3. Demographic Indicators

The surveyed households had a population of 5425 comprising of 2773 males and 2652 females. Thus the sex ratio was 956 which was almost same as that of the state average of 960 and more than that of the city. The population was composed of 38.0 % in 0- 14 years and 2.2% over 65 years. There were 51.8% women in the reproductive age group (Table 4). The average size of the family was 4.9. Three maternal deaths were reported for the previous five years.

Table 4. Age and sex structure of the population.

Age in years	Men (n=2773)	Women (n=2652)	Total (n=5425)
	%	%	%
0-4	13.0	12.7	12.8
5-9	12.9	12.2	12.5
10-14	12.1	13.3	12.7
15-24	19.3	24.0	21.6
25-34	16.2	16.6	16.4
35-44	13.7	11.2	12.5
45-54	8.1	4.3	6.2
55-64	2.6	3.4	3.0
65-74	1.7	2.0	1.8
75+	0.5	0.3	0.4
Total	100.0	100.00	100.0

3.4. Marital status

a. Marriages amongst the population

More males as compared to females were unmarried. There were 56.6% unmarried males as compared to 48.6% females. The proportion of currently married persons were almost same in both the sexes. There were 6.0% widowed amongst females as compared to 0.9% males.

Early marriages of girls and boys still prevailed to a little extent as there were about 1.2% married girls and 0.6% boys married before the legal age of marriage. (Table 5).

Table 5. Age wise marital status of the population.

Present age in years	Marital status					
	No of persons in the age group	Unmarried	Married	Widowed	Divorced/separated	Total
Males						
0-20	1426	98.9	1.1	0.1	0.0	100.0
21+	1347	11.8	86.3	1.7	0.2	100.0
Total	2773	56.6	42.4	0.9	0.1	100.0
Females						
0-14	1012	99.7	0.3	0.0	0.0	100.0
15-17	176	80.1	19.3	0.0	0.6	100.0
18+	1464	9.6	78.5	10.9	1.1	100.0
Total	2652	48.6	44.7	6.0	0.6	100.0

b. Age at marriage for currently married women

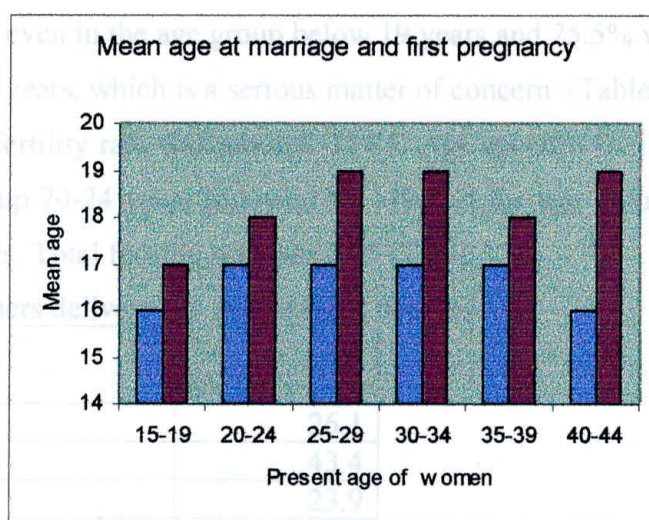
Most of the currently married women (83.5%) were married by the age of 19 years. There were 19.3% who were married before the age of 15 years and only 16.5% were married later than 19 years (Table 6). (Table 7).

Table 6. Distribution of currently married women according to age at marriage.

Present age in years	Age at marriage in years					
	No. of women	Upto 14	15-19	20-24	25-29	30-34
15-19	110	18.2	81.8	0.0	0.0	0.0
20-24	232	18.1	62.9	18.1	0.9	0.0
25-29	217	18.9	59.9	18.9	2.3	0.0
30-34	160	15.0	69.4	11.9	2.5	1.3
35-39	153	22.2	58.2	15.7	3.9	0.0
40-45	109	25.7	58.7	12.8	1.8	0.9
Total	981	19.3	64.2	14.3	1.9	0.3

Table 7. Mean age at marriage according to present age of women.

Present age in years	Mean age at marriage	Mean age at first pregnancy
15-19	16.0	17.0
20-24	16.9	18.4
25-29	17.2	18.6
30-34	17.1	18.7
35-39	16.5	18.4
40-44	16.2	19.4
45+	16.8	18.2



c. Knowledge on legal age at marriage

The knowledge on legal age at marriage for girls was poor with both women and men, and more so with regard to the legal age at marriage for boys. Only 57.0% currently married women in the reproductive age group and another 57.9% of men knew about the correct legal age at marriage for girls while the corresponding percentages for the legal age at marriage for boys were only 34.9% and 28.8% (Table 8).

Table 8. Distribution of women according to correct knowledge on legal age at Marriage.

Correct knowledge on legal age at marriage	Women (n=991) %	Men (n=292) %
Girls	57.0	57.9
Boys	34.9	28.8

3.5. Fertility status

There were 617 births recorded in the previous two years for a population of 10671. Thus the crude birth rate works out to be 28.9 on an average in the previous two years.

Although 43.4% of these births were contributed mostly by mothers in the age group 20-24 years, there were 26.1% births for mothers aged below 20 years. And another 6.6% births for mothers aged over 29 years (Table 9).

Parity wise, although 65.8% of births were of parity up to two, there were 17.4% of over third parity (Table 10).

From the age wise parity status of mothers it is seen that there were 21.6% of mothers with over first parity even in the age group below 19 years and 25.5% with over second parity in that age group 20-24 years, which is a serious matter of concern (Table 11).

The general fertility rate was around 114.5. Age specific fertility rate was highest with 217.5 in the age group 20-24 years followed by 149.2 in the age group 19-24 and 126.2 in the age group 15-19 years. Total fertility rate was 2.75 (Table 12).

Table 9. Age of mothers delivered in the previous two years.

Present age in years	% (n=617)
15-19	26.1
20-24	43.4
25-29	23.9
30-34	4.7
35-39	1.9
Total	100.0

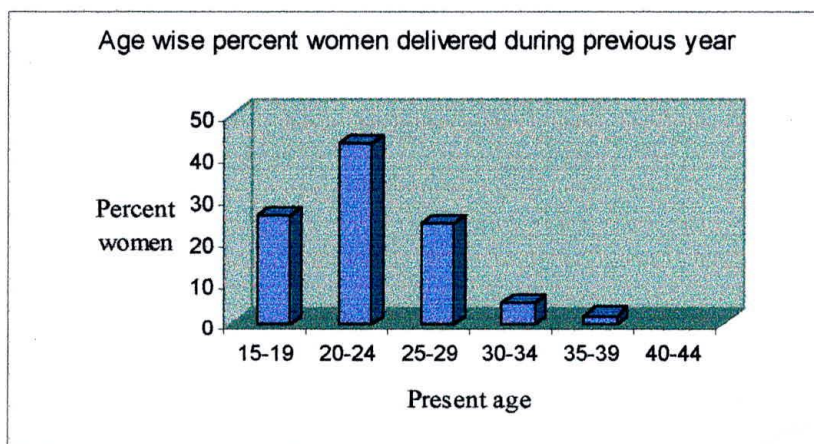


Table 10. Parity of mothers delivered
in the previous two years.

Parity	% Mothers (n=617)
1	42.3
2	23.5
3	16.7
4	10.0
5	4.0
6	1.4
7	0.9
8	0.9
9+	0.2
Total	100.0

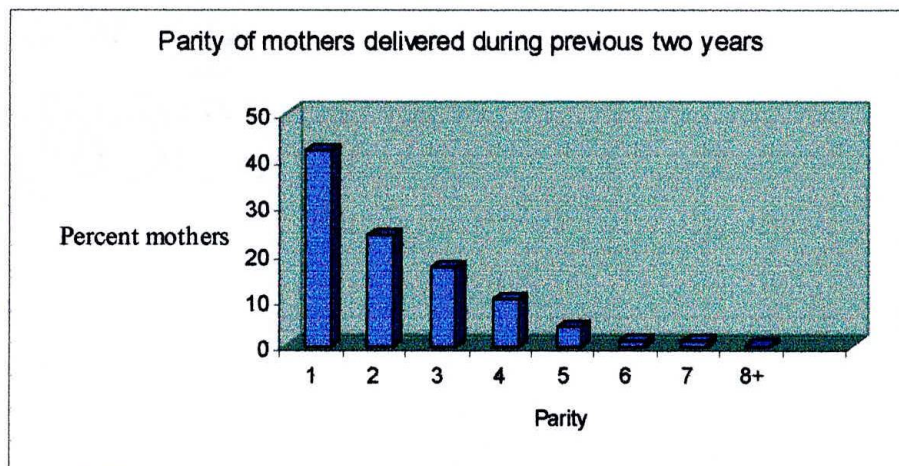


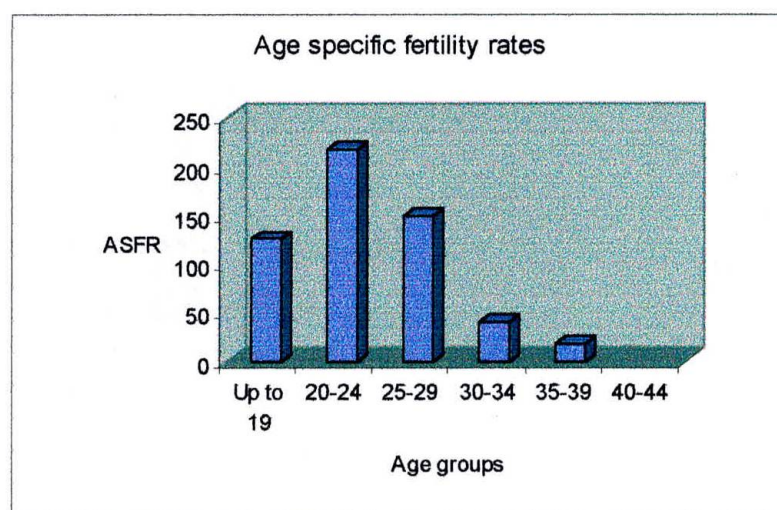
Table 11. Age wise parity status of mothers delivered during previous two years.

Present age of mothers	% Mothers according to parity								
	1	2	3	4	5	6	7	8+	Total
15-19	78.4	16.2	3.6	0.9	0.9	0.0	0.0	0.0	100.0
20-24	41.1	33.5	16.8	7.6	1.1	0.0	0.0	0.0	100.0
25-29	15.7	17.6	28.4	19.6	11.8	3.9	1.0	2.0	100.0
30-34	5.0	0.0	35.0	25.0	5.0	5.0	15.0	10.0	100.0
35-39	0.0	25.0	12.5	25.0	12.5	12.5	0.0	12.5	100.0

Table 12. Age specific fertility rates for deliveries in the previous two years.

Age of mother	Estimated no. of Women	No. of births*	Age Specific Fertility Rate
15-19	642	81	126.168
20-24	616	134	217.532
25-29	496	74	149.194
30-34	370	15	40.514
35-39	344	6	17.44
40-44	240	-	---
Total	2708	310	
General fertility Rate			114.5
Total Fertility Rate			2.75

* Average of previous two years



There were on average 2.78 pregnancy events for mothers of all age groups, comprising of 2.64 live births, 0.03 still births and 0.10 abortions. In the youngest age group 15-19 years the

average of total number of pregnancies was 0.882 indicating less than one pregnancy per mother.

The proportion of still births and abortions is 4.9% of the total pregnancies (Table 13).

Table 13. Age wise pregnancy history.

Present age of mothers	Mean no. of events			
	Live births	Still births	Abortions	Total
15-19	0.855	0.000	0.027	0.882
20-24	1.595	0.017	0.056	1.668
25-29	2.668	0.051	0.101	2.820
30-34	3.450	0.025	0.175	3.650
35-39	3.810	0.007	0.111	3.772
40-45	3.894	0.106	0.096	4.096
Total	2.647	0.032	0.099	2.778

3.6. Safe motherhood

a. Antenatal care

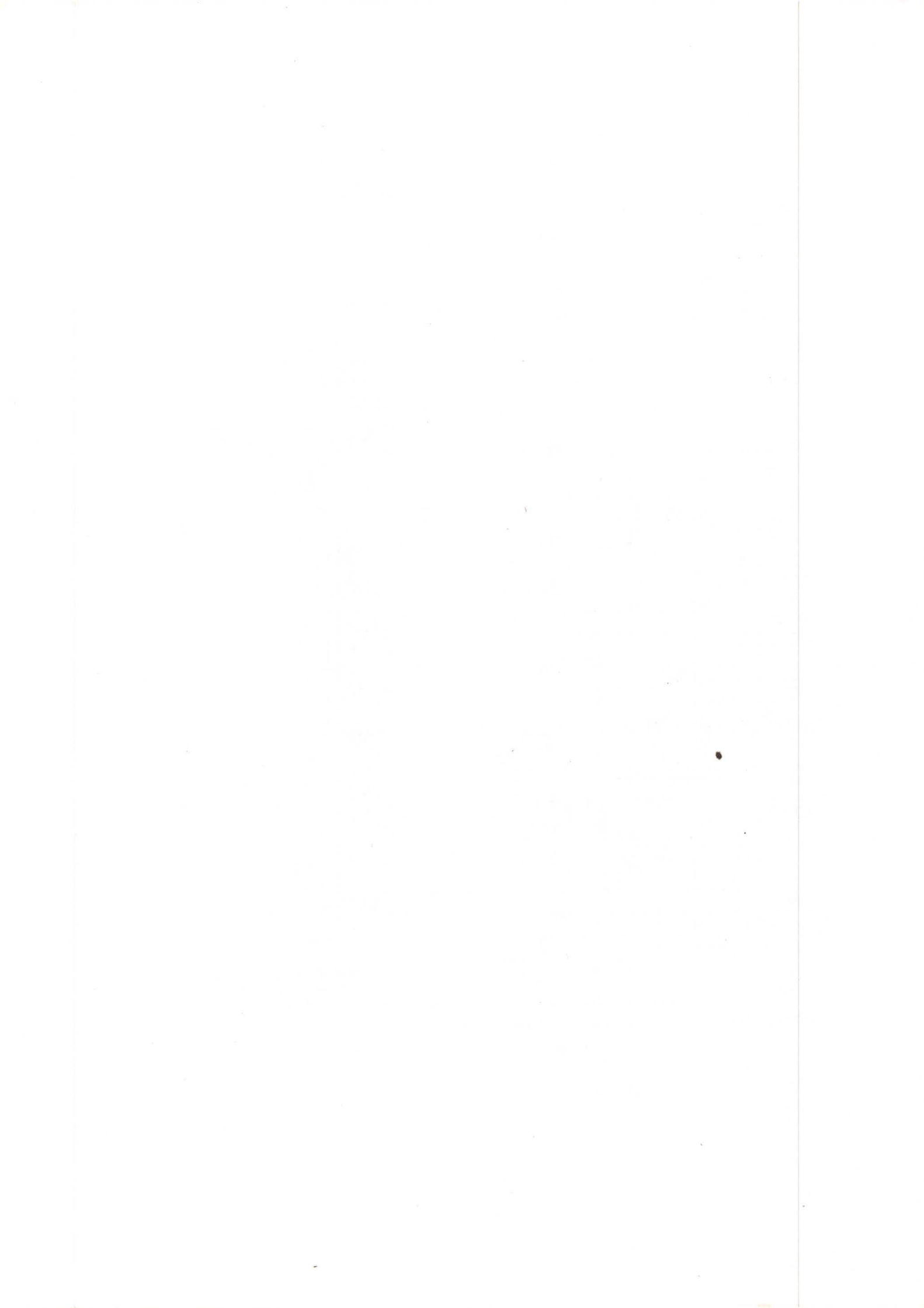
Majority of the mothers who had delivered during the previous two years had availed of ante-natal check ups (92.4%). However this was below the target of 100%. Of those who had availed antenatal check up, 63.5% had initiated the check up in the first trimester, but only 51.4% had more than four check ups and there were only 5% who had only 1 to 2 check ups.

Utilisation of public sector facilities for antenatal care was only 46.4% and that too coverage by the health worker at home was negligible (1.1%).

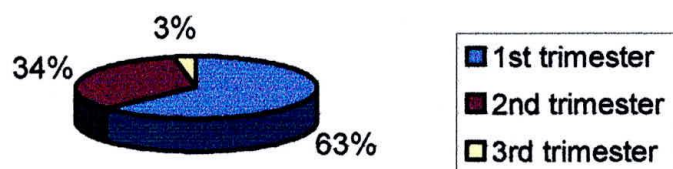
There were 11.2% of deliveries who had not received any tetanus toxoid immunisation during pregnancy.

Table 14. Particulars of ante-natal care for mothers delivered during previous two years.

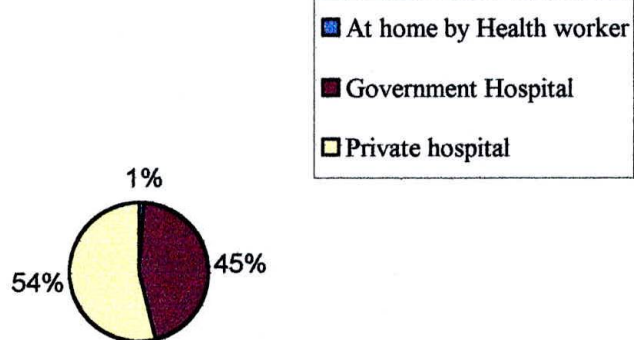
Ante-natal care particulars	(n=197) %
<i>Had Ante-natal checkup</i>	92.4
<i>Gestation period at first check up</i>	
1 st trimester	63.5
2 nd trimester	33.7
3 rd trimester	2.8
<i>No. of check ups</i>	
1-2	5.0
3-4	43.6
5-6	38.7
7-8	12.1
9+	0.6
<i>Place of check up</i>	
At home by Health worker	1.1
Government Hospital	45.3
Private hospital	53.6
<i>TT Immunization</i>	
None	11.2
One dose	8.6
Two / booster dose	80.2
<i>Consumption of Iron folic acid tablets</i>	
Nil	36.5
Up to 30	6.6
31-60	25.4
61-90	8.1
>90	23.4
<i>Advice given during Ante natal check up</i>	
None	24.8
Need for Periodic check up	71.4
Food and nutrition	67.0
Breast feeding immediately after delivery	42.9
Contraception	17.6
Total	100.0



Distribution of women according to trimester of first check up



Place of antenatal check up



Nearly a third of the delivered women (36.5%) had not consumed any Iron and folic acid tablets during pregnancy. The number of those who had consumed more than 90 tablets was very minimal (23.4%).

About 24.8% pregnant women had not received any advice during antenatal check up and only 42.9% mothers were advised on initiating the new born on breast feed immediately after birth.. Similarly advice on contraception was also minimal (17.6%) (Table 14).

Danger signs during pregnancy was not completely known to 54.5% of currently married women in the reproductive age group while the knowledge on danger signs during delivery and postnatal period was known only to 84.5%, mostly partially. (Table 15).

b. Post natal check up

Postnatal check up was availed by only 18.3% of mothers, that too only once or twice (Table 16).

c. Desirability of latest pregnancy

Although most of these pregnancies were wanted, there were 20.5% which were not desired at that time or were not desired at all (Table 17).

Table 15. Distribution of women with correct knowledge of danger signs during antenatal, natal and postnatal periods.

Level of knowledge	Antenatal period	Natal and post natal period
Complete	0.0	7.7
Partial	45.5	76.9
No knowledge	54.5	15.4

Table 16. Particulars of post-natal care for mothers delivered during previous two years.

Natal care particulars	n=197 %
<i>No. of postnatal checkup</i>	
Nil	81.7
1	4.1
2	14.2

Table 17. Distribution of respondents according to opinion about the desirability of latest pregnancy.

Desirability	(n=197)
	%
Wanted then	79.2
Wanted later	18.3
Unwanted	2.5
Total	100.0

3.7. Child health

a. Infant feeding practices

Healthy feeding practices during infancy and early child hood were not very common. Only 62.3% of the new born were administered with colostrum, while 32.2% of new born children were initiated on breast milk within an hour of their birth, while 27.9% were initiated as late as more than a day.

Plain water was administered in about 24% of new born children within 3 months and another 31.7% in 4-5 months.

Similarly other liquids were administered to about 13.1% of new born within 5 months (Table 18)

Breast feeding was stopped after 6 months in 26.8% of infants. Only in 33.9% of infants it was continued to varying periods between 7 to 12 months.

Supplementary feeding was started around 4-5 months only in 11.5% of infants (Table 18)

Table 18. Feeding pattern of children below two years

Feeding practices	% of children (n=183)
<i>Colostrum administered</i>	62.3
<i>Time of breast feeding after birth in hours</i>	
0-1	32.2
2.-3	18.0
4-5	3.3
6-12	4.4
13-24	13.7
>24	27.9
<i>Age at administering water in months</i>	
0-1	9.8
2-3	14.2
4-5	31.7
6-12	29.0
13-24	1.6
Not given	13.7
<i>Age at administering other liquids in months</i>	
2-3	1.1
4-5	12.0
6-12	33.9
13-24	1.6
Not given	51.4
<i>Breast feeding duration in months</i>	
0-6	26.8
7-12	33.9
13-18	30.1
19-24	9.3
<i>Age at supplementary feed in months</i>	
0-1	1.6
2-3	0.5
4-5	11.5
6-12	53.6
13-24	2.2
Not given	30.6

b. Diarrhoea Management

The prevalence of diarrhoea in the previous two weeks from the survey was 6.2%. Of these episodes, only about 65% had sought some medical advice. While 25% of the episodes were treated by Public Sector Institutions, Private Practitioners were consulted in 40% (Table 19).

Quantum of fluids were reduced in 10.0% of episodes while it was increased in only 35.0%.

ORS from packets were advised by medical practioners in only 50% of episodes (Table 19).

c. ARI management

Prevalence of ARI during two weeks preceding the survey was 10.0%. Of these episodes medical advice was not sought in 32.3%, while Private doctors were consulted in majority of episodes (43.5%) (Table 20).

Table 19. Diarroheal management practices for episodes during previous fortnight.

Management practices	(n=614) %
<i>Prevalence rate of diarrhoea</i>	6.2
<i>Medical advice sought during episode</i>	
No advice	35.0
Govt. Hospital	25.0
Private Doctor	40.0
<i>Quantum of fluid offered</i>	
Less than usual	10.0
Same as usual	55.0
More than usual	35.0
<i>ORS advised</i>	50.0

Table 20. ARI management practices for episodes during previous fortnight.

Management practices	(n=617) %
<i>Prevalence rate of ARI</i>	10.0
<i>Medical advice sought during episode</i>	
No advice	32.3
Govt. Hospital	22.6
Private Doctor	43.5
Others	1.6

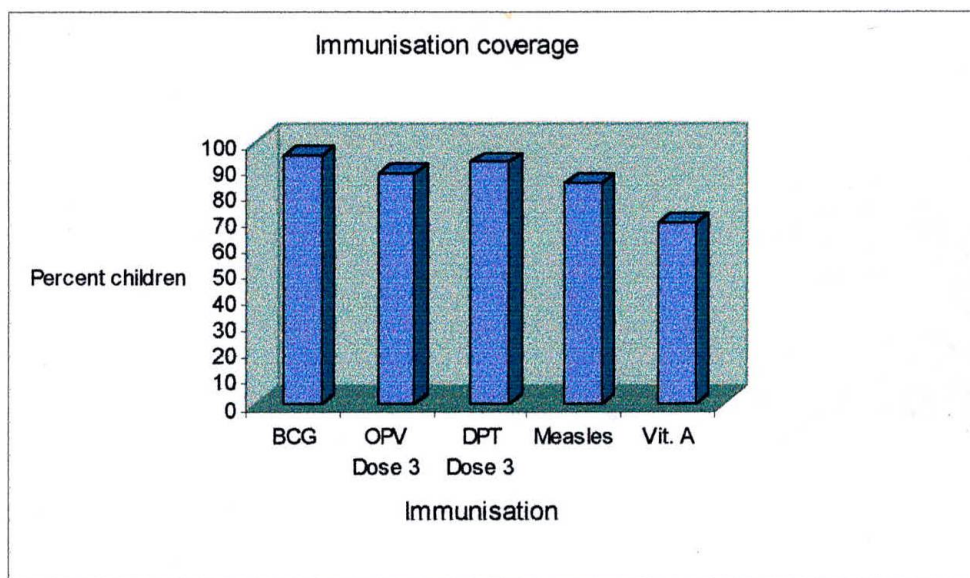
d. Immunisation status

Only 76% of mothers had the immunisation cards of their children.

The coverage for various doses of vaccines ranged from 83.6% for measles to 94.5% for BCG. While 91.8% children had completed DPT only 88.2% had completed OPV. The drop out rates of OPV and DPT from first to third dose were 6.7% and 2.0% respectively. However, the drop out rate for Measles vaccination was as high as 11.5%. (Table 21).

Table 21. Immunisation status of children aged 12-23 months.

Immunisation particulars	% Children covered (n=110)	
	No.	%
Availability of Immunisation card	78	70.9
BCG	104	94.5
OPV Dose 1	104	94.5
OPV Dose 2	97	88.2
OPV Dose 3	97	88.2
DPT Dose 1	103	93.6
DPT Dose 2	103	93.6
DPT Dose 3	101	91.8
Measles	92	83.6
Vit. A	76	69.1

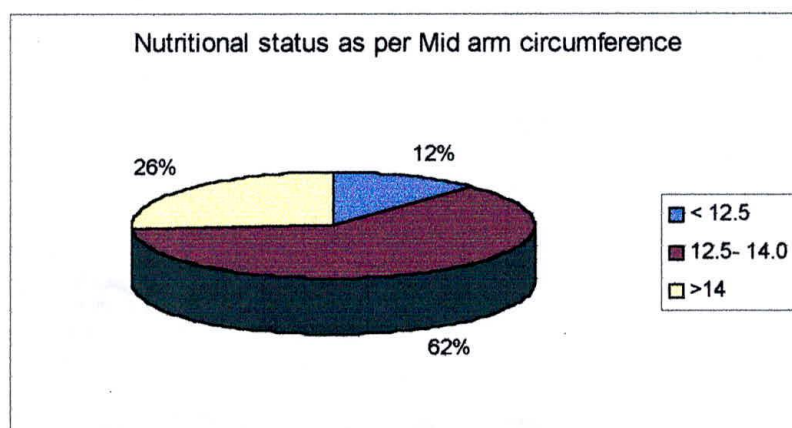


e. Malnutrition amongst under fives

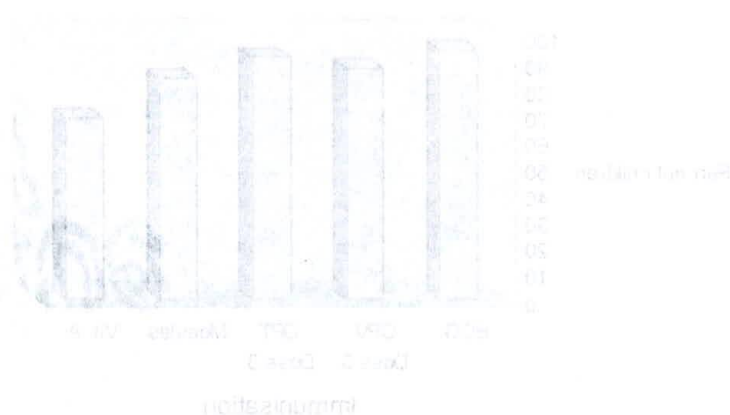
Malnutrition status of under fives was assessed by their mid arm circumference. Only 26.2% of children were normal (MUAC >14 cms). There were 61.9% children who were mildly malnourished and another 11.8% severely malnourished.

Table 22. Distribution of under fives according to Mid arm circumference.

Mid arm circumference in cms.	No. of under fives (n= 549)
< 12.5	11.8
12.5- 14.0	61.9
>14	26.2



Immunisation status



Immunisation amongst under fives

Immunisation status of under fives was assessed by their birth circumstances. Only 2.5% of children were normal (MFI < 100). There were 4.9% children who were mildly malnourished and another 1.7% severely malnourished.

Table 1: Distribution of under fives according

to birth circumstances

Birth circumstances	% of under fives
Normal	2.5
Mildly malnourished	4.9
Severely malnourished	1.7

Normal status as per MFI and circumference



3.8. Place of medical care

Public sector Institutions were utilised by 60% of the women for their problems during pregnancy, in 25% of diarrhoeal episodes and 23% of ARI episodes. On questioning the mothers about their willing to pay for services, only 23.2% expressed their willingness to pay amounts mostly ranging between Rs 10 to 20 per month (Tables 23 &24).

Table 23. Distribution of women according to place of treatment for sickness related to pregnancy.

Place of treatment	% women (n=5)
	%
Govt. health facility	60.0
Private health facility	40.0
Total	100.0

Table 24. Distribution of Women on affordability for payment for medical care.

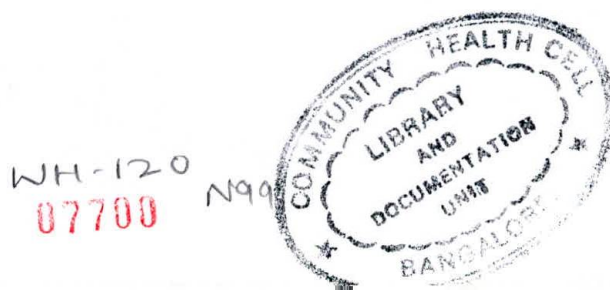
Particulars	% women (n=940)
<i>Can pay for medical care</i>	23.2
<i>Amount feasible per month</i>	
Up to Rs 10	53.2
15-20	22.9
21-25	3.2
More than 25	20.6

3.9. Contraceptive Knowledge and Practices

a. Knowledge and attitude on FP

Almost all the men and women were aware of use of contraceptives for limiting the family size. While female sterilisation was the most commonly known method (98.5% of women and 99% men). Men were better aware of all the methods more so for male methods like vasectomy and condoms (Table 25).

Awareness on the availability of contraceptives at Public sector Institutions especially with oral pills and condoms was lacking very much with both men and women. Only 17.2% of men and 33.2% of women knew about the availability of oral pills at Public sector institutions while this proportion was only 13.3% for men and 19.3% for women with respect to condoms. Medical shops were the most commonly known sources of supply for these methods. This is



further reflected by the fact that majority of the current users of oral pills and condoms obtained their supplies (90.0%) from private sources or medical shops (Table 26).

Although majority of men and women approved of family planning methods to limit the family size, there were still about 11.6% of men and 8.8% of women who did not either approve or had no opinion on the use of FP methods. This indicates females were better motivated than males for the use of family planning methods (Table 27).

Table 25. Distribution of men and women according to knowledge on FP methods.

	Men (%) (n=292)	Women (%) (n=967)
<i>Knowledge on FP methods</i>		
Tubectomy	99.0	98.5
Oral Pills	77.4	67.2
IUD/Loop	79.5	69.0
Nirodh	90.1	54.0
Vasectomy	93.1	45.9

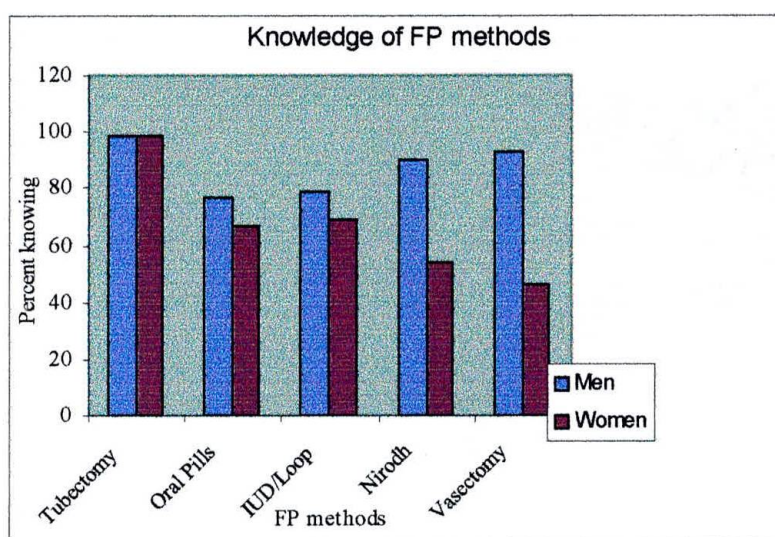


Table 26. Distribution of men and women according to knowledge on source of availability of contraceptives.

Source of availability	Tubectomy		Vasectomy		IUD		Oral pills		Nirodh	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Govt. Hospital	97.2	99.4	97.4	88.0	89.3	87.3	17.2	33.2	13.3	19.3
Private Hospital	4.7	24.5	4.0	15.1	1.3	19.9	0.4	2.4	1.1	2.0
Health worker	-	-	-	-	-	-	-	1.5	-	0.6
Medical shop	-	-	-	-	-	-	81.4	58.3	84.0	61.2
Depot Holder	-	-	-	-	-	-	-	0.3	-	0.4
Not known	1.0	0.3	0.7	10.6	9.5	7.6	3.5	8.4	3.4	19.5

Table 27. Distribution of men and women according to attitudes on FP.

Attitude on FP	Men (%) (n=309)	Women (%) (n=967)
Approve	88.4	91.2
Disapprove	5.8	5.1
No opinion	5.8	3.7

b. Contraception practices

The contraceptive prevalence rate was 54.2% , comprising mostly of female sterilisation (49.5%), which contributed for 91.3% of total acceptors of FP methods . Condom acceptors (1.1%), acceptors of Oral pill (1.1%) as well as Vasectomy (0.6%)were negligible in number. IUD acceptance was slightly better (1.9%). Thus adoption of spacing methods as well as Vasectomy was very poor. (Table 28)

Table 28. Distribution of women according to FP method currently practiced

Method currently practiced	Contraceptive prevalence rate (%) (n=998)	Method wise distribution of acceptors
Nil	45.8	
Vasectomy	0.6	1.1
Tubectomy	49.5	91.3
Oral pills	1.1	2.0
I.U.D	1.9	3.5
Condoms	1.1	2.0
Total	100.0	100.0

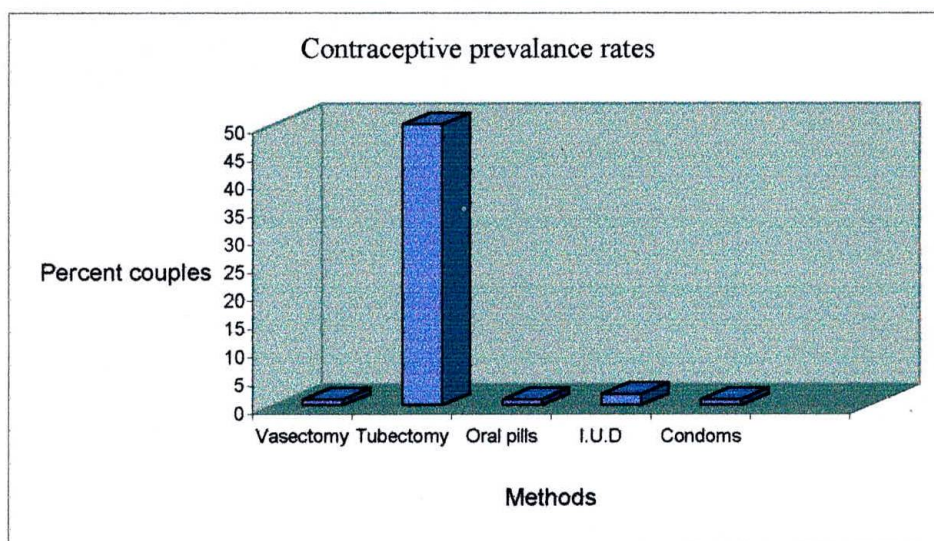
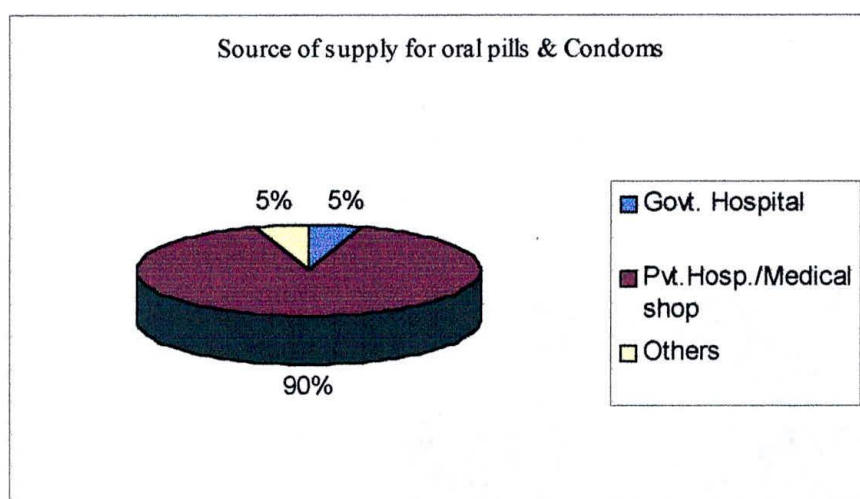


Table 29. Source of supply for current users of oral pills and condoms

Source	% users (n=20)
Govt. Hospital	5.0
Private Hospital/medical shop/NGO	90.0
Others	5.0



Of those who have not adopted any FP method, about 22.8% expressed desire to adopt the same in the near future. Common reasons expressed for non use were opposition for FP, lack of knowledge or apprehensions, which indicates the necessity of stepping up IEC activities (Table 30). The “unmet need” for family planning i.e. the proportion of total couples in the

reproductive age group who do not want have any more children or delay the pregnancy excluding those who are with secondary sterility, but not using any method for various reasons, was 24.3%. These couples were those who had apprehensions or lack of knowledge on methods or those who were motivated and willing to adopt the methods in the near future.

Of those who are likely to use any method in the near future, majority expressed that they would use in a year's time (90.3%) and the most likely method of choice was female sterilisation (80.6%) followed by IUD (9.7%) (Table 31).

Table 30. Reasons for non use of Family planning methods

Reasons	% Non users desiring no more children (n=136)	
Likely cases for use in the near future		22.8
Going to use soon	22.8	
Currently pregnant	7.4	
Secondary sterility	12.5	
Lack of knowledge	2.9	
Apprehensions		2.1
Afraid of sterilisation	0.7	
Worry about side effects	1.4	
Opposition		2.9
Against religion	2.2	
Husband opposed	0.7	
Menopause	5.1	
Others	3.7	

Table 31. Opinion on future use of Contraceptives

Opinions	% Likely users (n=31)
<i>FP Method likely to use</i>	
Male sterilisation	3.2
Female sterilisation	80.6
IUD	9.7
Not decided	6.5
<i>Likely period of starting to use a FP method</i>	
Within a year	90.3
1-2 years	3.2
2+ years	3.2
Not decided	3.2

The attitudes of those who are not using any FP method was assessed in terms of their desire to have more children. It was seen that of the 434 who were not using any method, about 53.2% desired more number of children. Of those who desired more children about 39% wanted a son, while another 9.5% wanted two or more sons. There were 58.8% mothers who did not want to have any more daughters., while only 34.6% wanted another daughter and 6.5% wanted two daughters. About 38% of women were not very particular about the sex of the desired child. This clearly demonstrates attitudes of the community towards son preference. Those who wanted more children, majority wanted to have the next child within one year (48.1%) (Table 32).

There were about 39.7% mothers with less than one year birth interval between the previous two pregnancies. Only 39% mothers had more than three years birth interval.

Table 32. Distribution of non users according to opinion regarding desired number of children

Desired no. of children	% Women (n=434)
<i>Women desiring more children</i>	53.2
	(n=231)
<i>Total no. children desired</i>	
1	44.2
2	35.5
3+	7.0
Undecided	13.4
<i>No. of sons desired</i>	
0	51.5
1	39.0
2+	9.5
<i>No. of daughters desired</i>	
0	58.8
1	34.6
2+	6.5
<i>Either son or daughter</i>	
0	61.9
1	22.5
2	13.0
3+	2.6
<i>Likely period of having the next child</i>	
Within a year	48.1
1-2 years	22.9
2+ years	7.8
Not decided	21.3

Table 33. Birth interval for mothers with children aged less than two years

Interval in months	% mothers (n=921)
Up to one year	39.7
13-24	3.1
25-36	18.1
37-48	16.2
49-60	7.3
37-42	3.0
42-48	10.1
Over 48	2.4

3.10. Reproductive tract infections amongst women

Prevalence rate of different symptoms of reproductive tract infections was 33.8%. The person prevalence of RTI was 25.1%. The most common symptoms were Back ache (24%), and Abnormal vaginal discharge (4.1%) (Table 34).

Majority of these symptoms were lasting for more than six months (46.8%) and some of them for many months (Table 35).

About half of these symptoms (54.8%) had availed medical treatment, mostly from allopathic doctors (Table 36). Common reasons attributed for not availing treatment were either shyness or not feeling serious about the symptoms or lack of time. Most of the women were not aware of the source of their symptom.

Table 34. Prevalence of symptoms of Reproductive tract infections.

Symptoms of RTI	% Women (n=962)
Abnormal vaginal discharge	4.1
Genital ulcer/Rash	0.7
Itching around vagina/vulva	0.9
Lower abdominal pain	1.9
Pain passing urine	1.4
Frequent passing of urine	0.6
Painful intercourse	0.2
Back ache	24.0

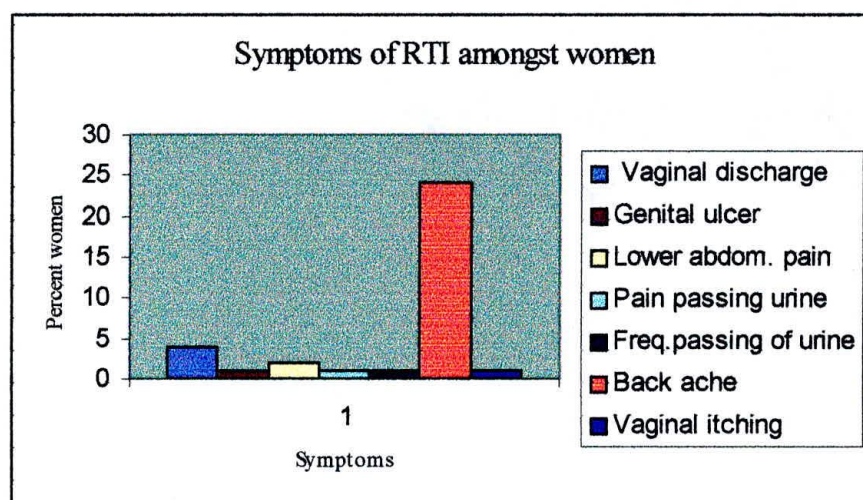


Table 35. Duration of symptoms of RTI.

Duration in days	% symptoms in Women (n=242)
0-30	27.4
31-60	9.7
61-90	4.8
91-120	1.6
121-150	8.1
151-180	1.6
181-210	46.8

Table 36. Management of symptoms of RTI.

Management	% of Symptoms in Women (n=242)
<i>Availed any treatment</i>	54.8
<i>Place of treatment</i>	
Allopathic doctor	91.1
Ayurvedic doctor	2.9
Medical shop	2.9
<i>Spouse had treatment</i>	1.6
<i>Reasons for no treatment</i>	
Economic reason	4.3
Fear/ Shyness	4.3
Not serious	30.4
Lack of time	21.7
Not stated	39.1

Investigation or treatment of spouse was not common and was done only with 1.6% episodes.

Table 37. Opinion on source of infection of RTI.

Opinion	% Women (n=242)
Unclean delivery	4.8
IUD insertion	1.6
Pelvic examination	1.6
Others	32.3

3.11. Abortion practices

Fortfive women or 4.70% women gave history of abortions. Of them about 35.6% were induced while others were spontaneous. Probably many of the spontaneous abortions are under reported. The common reason attributed for induced abortions were unwanted pregnancy (75%).

Although most of the abortions were carried out by medical personnel, there were 13.3% which were done by non-medical personnel. Post abortion check up was availed only in 68.9% of cases, while post abortion contraception was practiced only in 22.2% of cases (Table 38).

Legality of MTP was known only to 57.8% of women.

Table 38. Distribution of respondents according to abortion practices

Abortion practices	% abortions (n=45)
% Induced abortions	35.6
<i>Reasons for induced abortion</i>	
Unwanted pregnancy	75.0
Others	25.0
<i>Persons conducting abortion</i>	
Doctor	84.4
Health worker	2.2
Others	13.3
<i>Availing post abortion check up</i>	68.9
<i>Aware about legality of MTP</i>	57.8
<i>Availed post abortion contraception</i>	22.2

3.12. Knowledge on Sexually transmitted diseases and HIV/AIDS

Many of women and men were aware of HIV/ AIDS (46.5% women and 52.7% men), while awareness on sexually transmitted diseases was negligible (0.9% women and 3.4% men). Of those who were aware of HIV/AIDS, a large proportion knew all the three routes of transmission. However certain aspects on the spread of the disease was not known to the desired level. While most of the men knew that disease is not curable, a lesser number of women knew about it. In majority of respondents knowledge about the disease was acquired through Radio or TV., while health personnel had given the awareness only in a small proportion of respondents (Tables 39 & 40). Knowledge on protection from the disease was also known in majority of men (more than 85%) while these were known to a lesser number of women, especially about use of condom (Table 41).

Table 39. Awareness on Sexually transmitted diseases and HIV/ AIDS.

Awareness	% Women	% Men
Heard about STD	0.9	3.4
Heard about HIV/AIDS	46.5	52.7
Knowledge that HIV/AIDS		
Not curable	77.2	66.2
Sexually transmitted	81.9	94.2
Person looking healthy can be infected	16.1	90.3
Infected person can transmit through sex	79.2	89.0
Cannot be transmitted by shaking hands with infected person	61.7	44.2
Infected pregnant women can transmit infection to fetus	69.6	84.4
Can be transmitted through infected syringe	72.3	85.1
Cannot be infected through mosquito bites	52.3	11.0

Table 40. Source of information on HIV/AIDS.

Source of information	% Women	% Men
Radio	58.8	72.7
TV/Film	91.2	74.7
Newspaper/Magazine/Journal	22.9	38.3
Debate/Seminar	2.3	5.2
Poster/Signboards	25.8	13.6
Relative/Friends/Wife/Husband	51.5	49.4
Doctor	21.1	5.2
ANM/LHV/HW	4.4	4.5
Social worker	2.3	3.2
Others	0.8	4.5

Table 41. Knowledge on protection from HIV/ AIDS Infection.

Knowledge	% Women	% Men
Use of condom	51.0	87.0
Use of disposable sterile syringe	71.6	85.1
Use of safe blood	67.8	86.4
Sexual relation with mutually faithful partner	79.9	88.3
Personal hygiene of genital organs	55.5	87.7

3.13. Knowledge and attitudes of adolescents

a. *Back ground characteristics of adolescents*

WHO has defined adolescents as girls aged between 10 to 18 years. Due to non response from girls who are very young only girls aged between 12 to 18 years and over were included for the present survey. Only girls who were not married and were not living with their husbands were considered for the survey. Thus 95.2% of the girls were not married and the rest of the girls were married but had not consummated their marriage.

There were 20% illiterates amongst these girls. Of those who had gone to the school, most of them had studied up to middle or high school (66.6%).

Table 42. Background characteristics of girls
Interviewed.

Particulars	% (n= 581)
<i>Educational status</i>	
Illiterate	20.5
Primary	8.4
Middle	33.4
High School	33.2
Higher Secondary	4.5
<i>Marital status</i>	
Married but not consummated	4.8

b. *Knowledge, attitudes and practices during menstruation*

Most of the girls had their onset of menstruation (74.2%), but only 23.7% of girls had knowledge about menstruation before its onset.

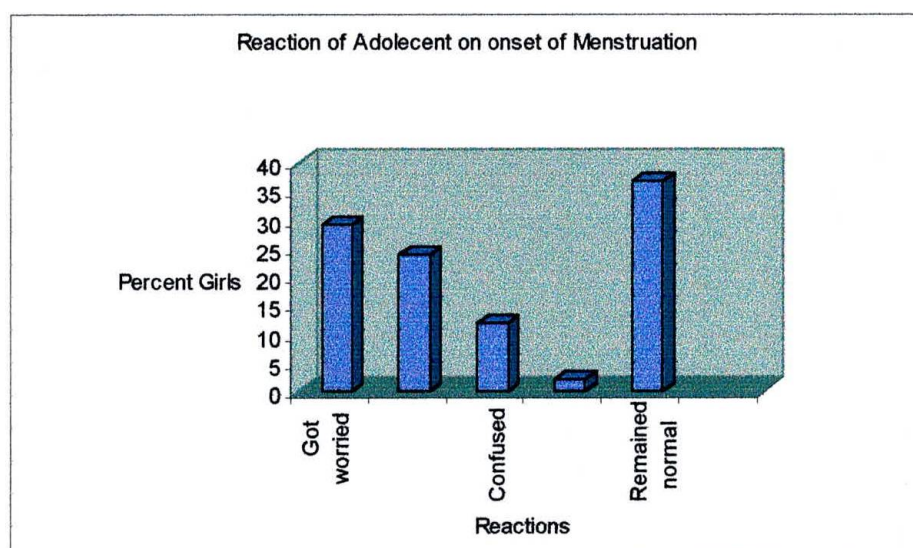
About one third of these girls remained normal at the onset (36.6%), while the remaining had different apprehensions and fears. Majority got worried and did not know what is happening and even wept with fear.

Nearly 30% of girls follow various religious restrictions during menstruation.

Only a few girls use sanitary napkins while the others use piece of cloth (91.6%). This cloth is mostly reused and majority of the girls wash them with soap (98.5%). (Table 43).

Table 43. Knowledge and attitudes and practices
of girls on menstruation

Particulars	(%) (n= 581)
<i>Had Onset of menstruation</i>	74.2
<i>Had knowledge of menstruation before onset</i>	23.7
<i>Reactions at onset of menstruation</i>	
Got worried	28.8
Started weeping	23.7
Did not know what is Happening	12.3
Felt fallen sick	2.1
Remained normal	36.6
Follow religious restrictions during menstruation	29.5
Kind of cloth used during menstruation	
Piece of cloth	91.6
Sanitary napkin	8.4
Cleaning cloth for reuse	
Only with water	1.5
With soap and water	98.5



**CENTRE FOR RESEARCH IN HEALTH AND SOCIAL WELFARE MANAGEMENT
BANGALORE
IPP-VIII IN OTHER CITIES OF KARNATAKA**

HEALTH FACILITY SURVEY

I. GENERAL INFORMATION:

1. Name of the Hospital / Health Centre (specify Type): _____

Address: _____

Phone No: _____ Fax: _____ Head: _____

2. Investigator: _____ Date: _____ Key informant : _____

3. Facility : ESTD(year) _____ Govt. 1 Non-Govt. 2 Charitable/Missionary 3

Total Beds : _____ Free : _____ Payment : _____

Maternity Beds : _____ Free : _____ Payment : _____

Pediatric Beds : _____ Free : _____ Payment : _____

II. SERVICES PROVIDED :

1. Antenatal Care :

-Routine	Yes 1	No 2	_____
- ANC with complications	Yes 1	No 2	_____

2. Natal Care :

- Normal delivery	Yes 1	No 2	_____
- Caesarian section	Yes 1	No 2	_____
- Forceps delivery	Yes 1	No 2	_____
- Blood Transfusion	Yes 1	No 2	_____
- General Anesthesia	Yes 1	No 2	_____
- Spinal Anesthesia	Yes 1	No 2	_____
- _____	Yes 1	No 2	_____
- _____	Yes 1	No 2	_____

3. Postnatal Care :

- Routine PNC	Yes 1	No 2	_____
- PNC with complications (viz.PPH, breast abscess, etc;)	Yes 1	No 2	_____

4. Family planning :

- IUD insertion	Yes 1	No 2	_____
- Tubectomy	Yes 1	No 2	_____
- Lap. Tubectomy	Yes 1	No 2	_____
- No-scalpel vasectomy	Yes 1	No 2	_____
- Oral pills	Yes 1	No 2	_____
- C.C.(Nirodh)	Yes 1	No 2	_____
- MTP	Yes 1	No 2	_____
- _____	Yes 1	No 2	_____

5. RTI/STD Services Yes 1 No 2 _____

6. Child Health Care :

- Basic new born care	Yes 1	No 2	_____
- Neo-natal resuscitation	Yes 1	No 2	_____
- Growth card & Monitor	Yes 1	No 2	_____
- Immunizations	Yes 1	No 2	_____
- Nutrition supplements	Yes 1	No 2	_____
viz. IFA & Vit-A			
- _____	Yes 1	No 2	_____

III . FACILITIES AVAILABLE (IN HOUSE)

1. OPD rooms	Yes 1	No 2	_____
2. Wards (Beds)	Yes 1	No 2	_____
3. Labour room	Yes 1	No 2	_____
4. New born Care			
- Radiant Warmer	Yes 1	No 2	_____
- Phototherapy	Yes 1	No 2	_____
- Neo-natal resuscitation kit	Yes 1	No 2	_____
5. Operation theater	Yes 1	No 2	_____
(a) Air conditioners	Yes 1	No 2	_____
(b) Generator	Yes 1	No 2	_____
(c) Emergency light	Yes 1	No 2	_____
6. Ultra sound	Yes 1	No 2	_____
7. X-Ray	Yes 1	No 2	_____
8. C.T Scan	Yes 1	No 2	_____
9. Lab. Facilities			
- Basic (hb /tc / dc /esr / urine)	Yes 1	No 2	_____
- Comprehensive	Yes 1	No 2	_____
(HBV/HIV/SERUM electrolytes)			
10. Emergency drugs including			
Oxygen cylinder	Yes 1	No 2	_____
11. Drug store (pharmacy)	Yes 1	No 2	_____
12. Blood bank	Yes 1	No 2	_____
13. Ambulance van	Yes 1	No 2	_____
14. Round the clock available	Yes 1	No 2	_____
15. Cold chain & Sterilization Facilities			
- Refrigerator	Yes 1	No 2	_____
- Vaccine carrier / Thermocol			
carrier	Yes 1	No 2	_____
- Autoclaves	Yes 1	No 2	_____
- Sterilizers	Yes 1	No 2	_____
- Disposable syringes(adequate)	Yes 1	No 2	_____
- Gloves (adequate)	Yes 1	No 2	_____
- Incinerator	Yes 1	No 2	_____
16. TV, VCR, Video cassettes	Yes 1	No 2	_____
(MCH/FP)			
17. MCH/FP/IEC materials/			
Posters/wall charts/handouts	Yes 1	No 2	_____
18. Phone (No.....)	Yes 1	No 2	_____
Fax Facility	Yes 1	No 2	_____
Email/Internet	Yes 1	No 2	_____

VI. STAFF AVAILABILITY

1.Obstetricians

MD/MRCOG/Etc No _____ Full time _____ Part time _____
 Diplomas No _____ Full time _____ Part time _____

2. Pediatricians

MD/DABP/etc No _____ Full time _____ Part time _____
 Diplomas No _____ Full time _____ Part time _____

3. Anesthetist

MD/etc No _____ Full time _____ Part time _____
 Diploma No _____ Full time _____ Part time _____

4. General duty Medical Officers

MBBS No _____ Full time _____ Part time _____
 _____ No _____ Full time _____ Part time _____
 _____ No _____ Full time _____ Part time _____

5. Trained Nurses (Staff Nurses)

_____ No _____ Full time _____ Part time _____

6. Theatre staff (OT)

Designation _____ Full time _____ Part time _____
 Designation _____ Full time _____ Part time _____

7. Labour Room

Designation _____ Full time _____ Part time _____

8. Neo-natal unit

Designation _____ Full time _____ Part time _____

9. Laboratory

Designation _____ Full time _____ Part time _____
 Designation _____ Full time _____ Part time _____
 Designation _____ Full time _____ Part time _____

10. Blood Bank

Designation _____ Full time _____ Part time _____
 Designation _____ Full time _____ Part time _____

11. Health Staff (field)

LHV _____ Full time _____ Part time _____
 ANM _____ Full time _____ Part time _____
 _____ Full time _____ Part time _____
 _____ Full time _____ Part time _____

12. Others

Designation _____ Full time _____ Part time _____
 Designation _____ Full time _____ Part time _____

V. DRUGS AVAILABILITY:

(a) Essential drugs for emergency obstetric care

1. Anesthetics Yes 1 No 2 _____
 2. Analgesics(Inj) Yes 1 No 2 _____
 3. Steroids(Inj) Yes 1 No 2 _____

4. Antihistamines(In)	Yes 1	No 2	_____
5. Antihypertensives/CVS			
- Tabs	Yes 1	No 2	_____
- Injections	Yes 1	No 2	_____
6. Antibiotics			
- Tabs/Caps	Yes 1	No 2	_____
- Injections	Yes 1	No 2	_____
7. IV fluids	Yes 1	No 2	_____
8. Oxytocics	Yes 1	No 2	_____
9. Diuretics	Yes 1	No 2	_____
10. Antimalarials	Yes 1	No 2	_____
11. Anidiabetics	Yes 1	No 2	_____
12. Anti anemia	Yes 1	No 2	_____
13. _____	Yes 1	No 2	_____
14. _____	Yes 1	No 2	_____

(b) Drugs for new born care

1. Nalorphine	Yes 1	No 2	_____
2. Sodium bicarbonate	Yes 1	No 2	_____
3. Ringer lactate	Yes 1	No 2	_____
4. Vtamin-K	Yes 1	No 2	_____
5. Inj. Phenobarb	Yes 1	No 2	_____
6. Inj. dilantin	Yes 1	No 2	_____
7. Digoxin	Yes 1	No 2	_____
8. 10% Glucose	Yes 1	No 2	_____
9. Antibiotics	Yes 1	No 2	_____

(c) UIP Vaccines	Yes 1	No 2	_____
(d) ORS packets	Yes 1	No 2	_____
(e) IV fluid and drugs for diarrhoea in children	Yes 1	No 2	_____
(f) Drugs for management of Pneumonia (severe ARI) in children	Yes 1	No 2	_____

VL MIS (Reporting and recording system)

(a) Monthly reporting formats available and used	Yes 1	No 2	_____
(b) Registers			
- EC Register	Yes 1	No 2	_____
- Stock register	Yes 1	No 2	_____
- Service delivery register	Yes 1	No 2	_____
(c) Annual service statistics available	Yes 1	No 2	_____
(d) Review meetings held regularly	Yes 1	No 2	_____

VII. PHYSICAL & GENERAL FACILITIES

1. Waiting room / Lounge	Yes 1	No 2	Overcrowded 3	_____
2. OPD room (s)	Yes 1	No 2	Overcrowded 3	_____
3. Ward (s)	Yes 1	No 2	Overcrowded 3	_____
4. (a) Furniture (Cots / Tables / Almirahs)	Yes 1	No 2	Inadequate 3	_____
(b) Mattresses / linen / Pillows	Yes 1	No 2	Inadequate 3	_____
5. Stores facility	Yes 1	No 2	Inadequate 3	_____
6. Toilet (s)	Yes 1	No 2	Inadequate 3	_____
7. Bath room (s)	Yes 1	No 2	Inadequate 3	_____

8. Water supply				
- Municipal	Yes 1	No 2	Inadequate 3	_____
- Borewell	Yes 1	No 2	Inadequate 3	_____
9. Power supply (KEB)	Yes 1	No 2	Inadequate 3	_____
- Generator	Yes 1	No 2	Inadequate 3	_____
- Emergency lights	Yes 1	No 2	Inadequate 3	_____
10. Lighting (overall)	Yes 1	No 2	Inadequate 3	_____
11. Ventilation (overall)	Yes 1	No 2	Inadequate 3	_____
12. Solid waste disposal	Yes 1	No 2	Inadequate 3	_____
13. Sanitary supplies	Yes 1	No 2	Inadequate 3	_____
(detergents / disinfectants)				
14. Laundry services	Yes 1	No 2	Inadequate 3	_____
15. Buildings:				
- Pucca & completed	Yes 1	No 2		_____
- Compound wall & Gate	Yes 1	No 2		_____
- Parking facility	Yes 1	No 2		_____
- Stray animals & Pests	Yes 1	No 2		_____
- Security Staff / gate keeper	Yes 1	No 2		_____
- _____	Yes 1	No 2		_____
- Staff Quarters :				
Doctor (s)	Yes 1	No 2		_____
Staff Nurse (s)	Yes 1	No 2		_____

(VIII.) ANY OTHER RELEVANT INFORMATION

Date:

MEDICAL INVESTIGATOR
(Name & Sign)

MEDICAL SUPERVISOR
(Name & Sign)

SURVEY CO-ORDINATOR
(Dr. M.K Sudarshan & sign)

c. Knowledge on legal age at marriage

Knowledge on legal age at marriage for boys and girls was moderate, but slightly better with regard to age for girls (55.4%) as compared to that of boys (43.5%). (Table 44).

Table 44. Distribution of girls according to correct knowledge on legal age at Marriage.

Correct knowledge on legal age at marriage	(n= 581) %
Girls	55.4
Boys	43.5

d. Knowledge on contraception

Only 47% of the girls knew that contraceptives can be used for avoiding pregnancy. The most commonly known method being Tubectomy (37.2%), followed by oral pills (16.4%). Few of the girls knew about Vasectomy (13.6%) but condom use was not known to many (8.6%). Only a few girls (29.3%) knew that unwanted pregnancy can be terminated. Further only about 19% knew that medical termination of pregnancy is legal (Tables 45 & 46).

Table 45. Distribution of girls according to knowledge on FP methods.

Method Known	(%) (n= 581)
No knowledge of any FP method	53.0
Vasectomy	13.6
Tubectomy	37.2
Oral Pills	16.4
IUD/Loop	9.8
Nirodh	8.6

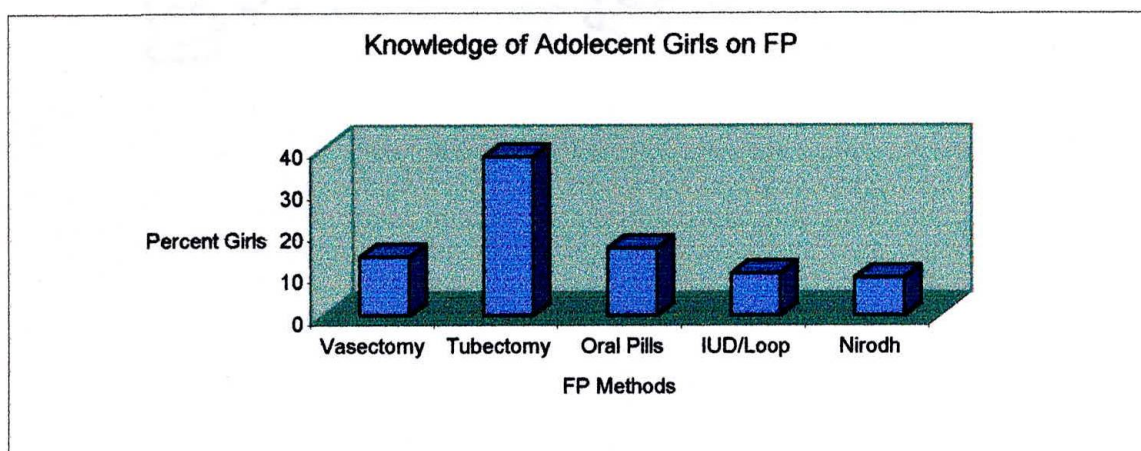


Table 46. Attitude and knowledge on medical termination of pregnancy.

Knowledge	% (n= 581)
Termination of unwanted pregnancy	29.3
Legality of MTP	18.8

3.14. Health Facilities in the city

a. General Information

Under the IPP-VIII Project, it is proposed to establish 5 New Health Centres, renovate 2 existing UFWCs and the PPC. As per the present base line survey, the existing health facilities in the City consisted of one Govt. Dist. Hospital, one Private Medical College Hospital, one Charitable Hospital, two Municipal institutions and over 15 Private Institutions (Smaller Hospitals or Nursing Homes) (Annexure 2). Of these all the institutions under Government, Municipal and Charitable sector along with ten private institutions offering MCH and FW services were surveyed.

Table 47. General Information on facilities.

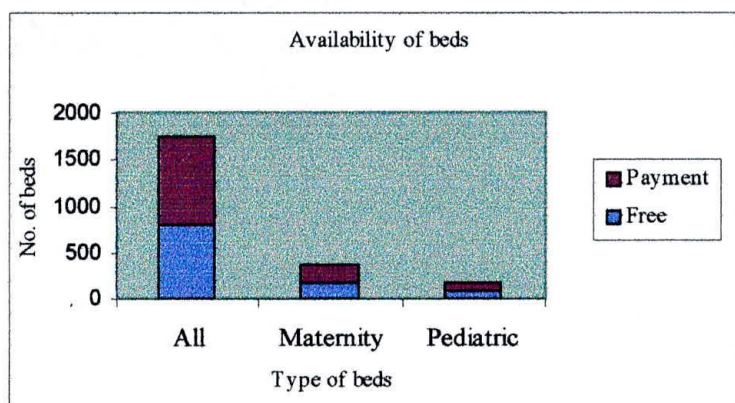
i.	Socio – Demography particulars			
1.	Census Population (1991)		3,26,399	
2.	Total Projected Population (by 2001)		5,16,278	
3.	Estimated Slum Population @ 30%		1,54,883	
4.	Estimated ANC / Deliveries Per annum [@ 23 per 1000]		3562	
ii.	Facilities / Institutions	Existing	Proposed (under IPP VIII)	Base line Survey (1998)
1.	Medical College	1	-	1
2.	Govt. Hospital	1	-	1
3.	Public Sector Hospital	-	-	-
4.	Charitable / Missionary	1	-	1
5.	Municipal Hospital	2	-	2
	Under IPP – 8			
	i. New Health Centre	-	5	-
	ii. New maternity Home / Hospital	-	-	-
	iii. Renovation of Existing Mat. Home / PPC	3	2 UFWC 1 PPC	-
6.	Private Small Hospitals (Nursing Homes)	16+	-	9

b. Hospital Beds Availability

Out of the available 1744 beds in the City, 372 (21%) were for maternity and 170 (10%) for pediatrics services. The total number of free beds available for maternity and pediatric services were 169 and 80 respectively. Of the 169 free maternity beds, only 22 (16+6) were in the two municipal institutions.

Table 48. Hospital bed facilities

Available bed facilities	No	(%)
<i>Total</i>	1744	100
Free	792	45
Payment	952	55
<i>Maternity</i>	372	21
Free	169	45
Payment	203	55
<i>Pediatric</i>	170	10
Free	80	47
Payment	90	53

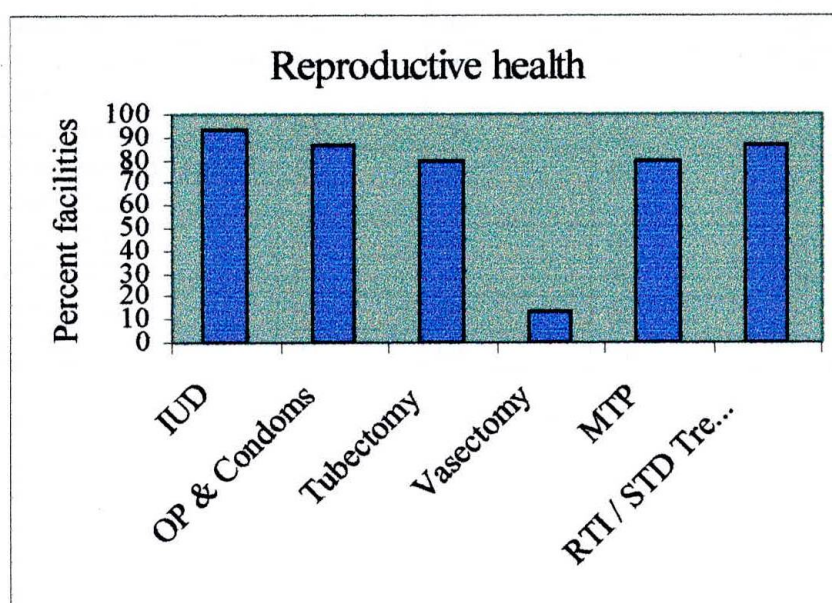
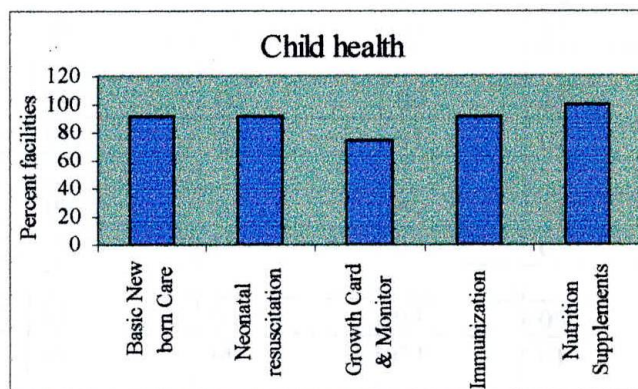
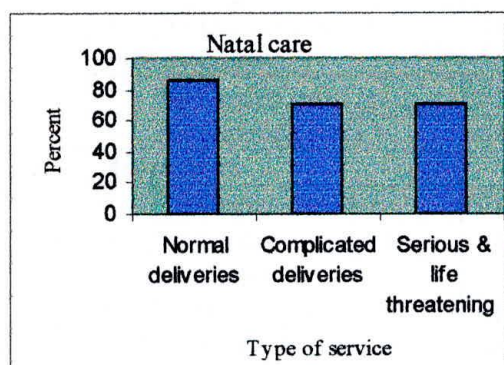
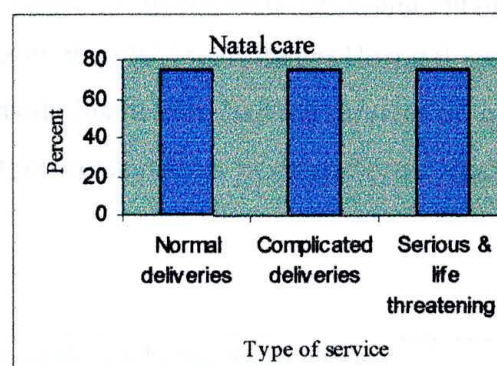
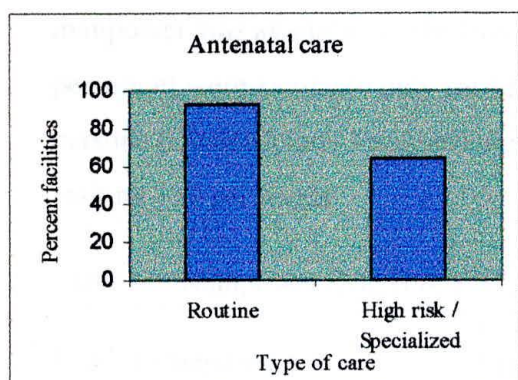
**b. Access to MCH and FW Services**

At present, except for routine maternity services, the population is mostly dependent on the Govt. District Hospital for all MCH and FW services.

Table 49. Availability of MCH & FW Services

Services		Govt. (n= 1) No.	Municipal (n= 2) No.	Charitable (n= 1) No.	Private (n= 10) No.	Total (n=14) No. %	
i.	<i>Antenatal Care</i>						
	Routine	1	2	1	9	13	93
	2. High risk / Specialized	1	-	-	8	9	64
ii.	<i>Natal Care</i>						
	1. Normal deliveries	1	2	-	9	12	86
	2. Complicated deliveries	1	-	-	9	10	71
	2. Serious & life Threatening	1	-	-	9	10	71
iii.	<i>Post natal Care</i>						
	1. Routine	1	2	1	9	13	93
	3. Complicated / Specialized	1	-	-	8	9	64
iv.	<i>Reproductive Health</i>						
	1. IUD [Copper – T]	1	2	1	9	13	93
	2. Oral pills & Condoms	1	2	1	8	12	86
	3. Sterilization (female)	1	1	1	8	11	79
	4. Vasectomy			1	1	2	14
	5. MTP	1	1	1	8	11	79
	6. RTI / STD Treatment	1	1	1	9	12	86
v.	<i>Child Health</i>						
	1. Basic New born Care	1	2	1	10	14	100
	2. Neonatal resuscitation	1	1	-	10	12	86
	4. Growth Card & Monitor	1	-	-	8	9	64
	4. Immunization	1	2	1	9	13	93
	5. Nutrition Supplements (IFA & Vitamin A)	1	1	1	8	11	79

Distribution of Facilities according to availability of different MCH & FW services



e. Existing MCH and FW Facilities

Though the municipal sector had OT and bed facility, adequate MCH services were not provided due to non availability of qualified staff (Obg. / Paed). However, the Govt. and Private Sector institutions had adequate facilities for MCH and FP services while in the charitable FPAI Hospital only facilities for FP services were available.

Table 51. Existing MCH & FW facilities – Base Line Survey

Facilities		No. of institutions with availability of facilities.					
		Govt. (n= 1) No.	Municipal (n= 2) No.	Charitable (n= 1) No.	Private (n= 10) No	Total (n= 14) No.	%
1.	OPD	1	2	1	10	14	100
2.	Wards (Beds)	1	2	1	10	14	100
3.	Labour room	1	2	-	9	12	86
4.	New born Care						
	▪ Basic	1	2	1	8	12	86
	▪ Specialized	1	-	-	6	7	50
5.	Operation Theater (OT)						
	▪ Ordinary	1	1	-	4	6	43
	▪ AC + Generator	1	-	1	4	6	43
6.	Ultrasound	1	-	-	7	8	57
7.	X – Ray	1	-	-	2	3	21
8.	Laboratory						
	▪ Basic	1	-	-	8	9	64
	▪ Comprehensive	1	-	-	6	7	50
9.	Blood Bank	1	-	-	1	2	14
10.	Ambulance	1	1	-	2	4	28
11.	Cold Chain & Sterilization	1	2	1	10	14	100
12.	Incinerator	-	-	-	1	1	7
13.	TV/VCR/Video (MCH)	1	-	1	6	8	56

f. Availability of Drugs

In the municipal Institutions, only the general MCH and FW drugs were available while in the Govt. Hospital it was available for all the services and so was in the Privately run hospitals. The FPAI (charitable) Hospital had drugs for only FP services.

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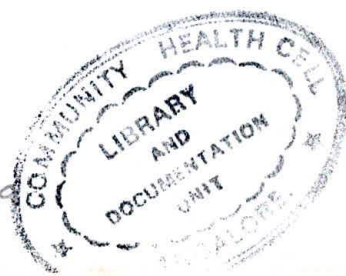


Table 52. Drugs Availability for MCH & FW Services.

Type of Drugs		No. of institutions with availability of drugs				
		Govt. (n=1) No.	Municipal (n= 2) No.	Charitable (n=1) No.	Private (n= 10) No.	Total (n= 14) No. %
1.	Emergency Obst. Care	1	2	-	9	12 86
2.	Emergency New born Care	1		-	9	10 70
3.	General Anesthesia	1		1	8	10 70
4.	Spinal Anesthesia	1		1	8	10 70
5.	Blood (Transfusion)	1		-	7	8 57
6.	IV fluids	1	2	1	10	14 100
7.	General Antibiotics, etc.	1	1	1	10	13 93
8.	UIP Vaccines	1	2	1	9	13 93
9.	Hematinics (IFA) & Nutrition Suppliments (Vit A, etc.)	1	1	1	8	11 79

Table 53. Existing Infrastructure for MCH & FW.

Type of Infrastructure		No. of institutions with availability of infrastructure					
		Govt. (n= 1) No.	Municipal (n=2) No.	Charitable (n = 1) No.	Private (n= 10) No.	Total(n= 15)	
						No.	%
1.	OP room(s)	1	2	1	10	14	100
2.	Wards (Beds)	1	2	1	10	14	100
3.	Stores	1	1	1	10	13	93
4.	Bath & Toilet	1	1	1	10	13	93
5.	Water Supply	-	1	1	9	11	79
6.	Power Supply	1	-	1	10	12	86
7.	Solid waste disposal	-	-	-	-	-	
8.	Laundry Services	1	-	-	7	8	57
9.	Pucca Bldg with Gate & Compound Wall	1	2	1	10	14	100
10.	Staff Qrs. (accommodation)						
	▪ Doctor	1	1	-	2	4	29
	▪ Nurse	1	1	-	2	4	29

g. Physical Infrastructure and General Facilities

The municipal institutions i.e., two corporation maternity homes were with basic infrastructure and general facilities for MCH and FW. However, the facility for sanitary disposal of solid waste was not available in none of the institutions.

h. Management Information System and Communication

MIS and communication facilities were generally satisfactory, but the Fax facility was available only in the Dist hospital and the Private Medical college Hospital.

Table 54. Existing MIS for MCH & FW.

Particulars		No. of institutions with availability of services.					
		Govt. (n= 1) No.	Municipal (n= 2) No.	Charitable (n= 1) No.	Private (n= 10)	Total (n=14) No.	%
1.	Monthly report	1	2	1	10	14	100
2.	Registers (Services)	1	2	1	10	14	100
3.	Annual reports	1	1	1	10	13	93
4.	Phone	1	1	1	10	13	93
5.	Fax	1	-	-	1	2	14
6.	E – mail & Internet	-	-	-		-	-

i. Conclusion

1. The MCH and FW infrastructure, facilities, manpower and services was meagre in the municipal sector. The population depended on the Govt. District Hospital, the Private Sector hospitals the FPAI (charitable) hospital to some extent.
2. There is a need for strengthening the MCH and FW services through the municipal sector.

j. Some observation on the Project proposals

1. The existing two maternity homes to be renovated and at each of these centres LMO with DGO qualification (MD preferable) to be appointed.
2. At the renovated maternity homes, services of pediatrician (DCH qualified minimum, MD preferable) to be appointed on part-time / honorary basis (on the lines of IPP-VIII of Bangalore city). Facilities for neonatal resuscitation and essential newborn care including radiant warmer and Photo therapy services are to be made available in these institutions.
3. At the Angol maternity Home, adequate water supply (sump, pump and overhead sintex tank or bore well) is to be provided.
4. The maternity homes at Basavangalli are to be provided with generator facilities for OT.
5. Laundry services, facilities for sanitary disposal of solid wastes are to be made available at maternity homes and one ambulance is to be stationed at Basavangalli Maternity home to cover all the Municipal health facilities. All the proposed health institutions are to be provided with telephones, TV/VCR/MCH and FW video cassettes and hired private security services.
6. One staff quarters is to be built near the Angol Maternity home.
7. The maternity homes are to be promoted as 'baby friendly hospitals' with proper training, facilities and certification from the State task force.
8. At the new health centres, one female medico-social worker is to be appointed to strengthen IEC activities, supervise link workers at the community level and for effective linkages between health centres, maternity homes (referral institutions / and the district hospital.

9. If MTPs are planned to be conducted at new health centres, LMOs with DGO qualification are to be appointed or alternatively part-time LMO/ OBG specialist (MD preferably with MD or DGO minimum) may be contracted (to visit at least on 3days a week on honorary basis) specifically for reproductive health services for women.

4. Summary and Conclusions

The summary of key indicators is provided in Table 55.

The following observations emerge out of these indicators.

- The population mostly comprised of lower economic groups like backward castes and scheduled castes and tribes. The literacy rate was moderate.
- Access to safe drinking water was limited while access to sanitary toilet facilities was poor.
- Marriages were common in the adolescent ages for girls. Not many persons were aware of the legal age at marriage for boys.
- The fertility indicators for women indicated high fertility.
- Safe mother hood practices lacked with regard to maternal immunisation, prophylaxis against anaemia and post natal check up. Awareness on danger signs during antenatal and natal periods was partial.
- Healthy breast feeding practices for new born were lacking especially for weaning practices.
- Diarrohea management practices were deficient with regard to ORT.
- Immunisation coverage was poor for OPV and Measles.
- Malnutrition amongst underfive children was high.
- Contraceptive prevalence rates were below average, and acceptors of FP methods comprised mostly of female sterilisations and adoption of spacing methods were negligible.
- There was high unmet need for contraception in the community.
- Son preference of the community was evident.
- High prevalence of Symptoms of RTI were present.
- There were a few abortions attended to by unqualified practitioners. Awareness on legality of MTP was poor.
- Awareness on transmission and prevention of HIV/AIDS was good but on other sexually transmitted diseases were almost not known.
- Adolescent were highly lacking in sex education.
- Private practitioners were preferred mostly for treatment of maternal complications.
- Many of the respondents were not willing to pay for the services.
- The MCH and FW infrastructure, facilities, manpower and services was meagre in the municipal sector. The population depended on the Govt. District Hospital, the Private Sector hospitals the FPAI (charitable) hospital to some extent.

- There is a need for strengthening the MCH and FW services through the municipal sector.

Areas for strengthening IEC component are:

- Legal age at marriage for boys and girls
- ANC care especially administration of IFA tablets and tetanus toxoid immunisation.
- Postnatal care and check up
- Breast feeding practices especially exclusive breast feeding up to four months and weaning by five to six months.
- Diarrhoea management especially Oral rehydration therapy.
- Education on small family norm and spacing methods.
- Adolescent education on sex.
- Education on sexually transmitted as well as reproductive tract infections amongst women.

Recommendations on facilities :

- The new Health Centres should be provided with services of a qualified Lady Medical Officer for providing MTP services and a qualified honorary Pediatrician on part time basis for providing essential specialised pediatric care, along with essential newborn care facilities.
- Adequate basic facilities like continuous water supply, IEC facilities, facilities for sanitary solid waste disposal, Telephone facilities should be ensured.

Table 55. Summary of Key Indicators for the localities

Key Indicators	Present Survey
% Households with access to tapped drinking water	69.6
% Households with access to sanitary means of excreta disposal	55.1
% Men with knowledge on legal age of marriage for boys	28.8
% Men with knowledge on legal age of marriage for girls	57.9
% Women with knowledge on legal age of marriage for boys	34.9
% Women with knowledge on legal age of marriage for girls	57.0
% Adolescent girls with knowledge on legal age of marriage for boys	43.5
% Adolescent girls with knowledge on legal age of marriage for girls	55.4
% Antenatals with three or more ANC check up	95.0
% Antenatals with complete dose of TT immunisation	80.2
% Antenatals received more than 90 tablets of IFA	23.4
% Deliveries with postnatal check up	18.3
% Women with knowledge on legality of MTP	57.8
% Adolescent girls with knowledge on menstruation before its onset	23.7
% Adolescent girls with knowledge on legality of MTP	18.8
% New born given colostrum	62.3
% New born initiated breast feeding before four hours of birth	50.2
% infants started complementary feeding by 4-5 months	11.5
% children completed BCG	94.5
% children completed DPT	91.8
% children completed OPV	88.2
% Infants immunised against measles	83.6

Key Indicators	Present Survey
% Infants administered Vit A	69.1
% Drop out from 1st to 3 rd dose for DPT	1.9
% Drop out rate from 1st to 3 rd dose for OPV	6.7
% Drop out rate for measles	11.5
Period prevalence rate of diarrhoea in previous two weeks	6.2
% Episodes of diarrhoea sought treatment	65.0
% Episodes of diarrhoea advised ORS	50.0
% Children nutritionally deficient	73.7
Period prevalence rate of ARI in previous two weeks	10.0
% Episodes of ARI sought treatment	67.7
% Men with knowledge with any one method of FP	99.0
% Women with knowledge with any one method of FP	98.5
% Adolescent girls with knowledge with any one method of FP	37.2
% Contraceptive prevalence rate	54.2
% Births in the previous one year with more than 3 years interval	39.1
% Births in previous two years for mothers aged <20 years	26.1
% Births in previous two years of more than 3 rd parity	17.5
Crude birth rate	28.9
General fertility rate	114.5
Total fertility rate	2.75
No. of maternal deaths in the last five years	3
% Unmet need FP methods	24.3
% Men with knowledge on transmission of AIDS	94.2
% Women with knowledge on transmission of AIDS	81.9
% Men with knowledge on transmission & prevention of AIDS (Any one route)	88.3
% Women with knowledge on transmission & prevention of AIDS (Any one route)	79.9
No. of health delivery institutions	21+
No. of beds available for Maternity services	372
No. of beds available for pediatric care	170
No. of blood banks	1
% Surveyed Institutions providing specialised antenatal care	64
% Surveyed Institutions providing specialised natal care	71
% Surveyed Institutions providing specialised neonatal care	86
% Surveyed Institutions providing specialised postnatal care	64
% Surveyed Institutions providing Tubectomy services	79
% Surveyed Institutions providing MTP services	79
% Surveyed Institutions providing Vasectomy services	14

Annexure 1

List of localities surveyed

Sl. No.	Name of the cluster
1	Kamaleshwarnagar, Majagaon
2	Zatpat colony
3	Nazar Camp & Harjanwada
4	Sambajinagar Extn. I
5	Sambajinagar Extn. II
6	Gollar colony, Chambarwada
7	Godseywadi, & Chowglewadi
8	Joshimala, Khasbagh
9	Kasaigalli
10	Chavatgalli Harijanwada
11	Hanumannagar
12	Jadavnagar and sorroundings I
13	Jadavnagar and sorroundings II
14	Jadavnagar and sorroundings III
15	Vaibhavnagar
16	Vaddarchavani
17	Veerabhadranagar
18	New & Old Gandhinagar
19	Basavankol Muthyanhatti
20	Bedar colony

Annexure 2

List of Facilities and institutions Surveyed.

I. Government.

1. District Hospital, Belgaum (Ph 0831 – 420173)

II. Municipal

2. Basavangalli maternity Homes, Hosur (Ph. 428730)
3. Angol Maternity Home, Rajhamsa Galli (Ph. Nil)

III. Charitable

4. FPAI Hospital, Hindvadi (Ph. 428337)

IV. Private

5. KLE Hospital (Ph. 473777 Fax 451732)
6. Kodkany's Maternity Homes, Maruti Galli (Ph. 422125 / 421543)
7. Deshpande's Maternity, Samadeva Galli (Ph. 423490/464314)
8. Dr. Shravage's Maternity Homes, Kakativies (Ph. 460898)
9. Janakibai's maternity Home, Gondhali Galli (Ph. 4326880)
10. Ashok Hospital, PB Rd. (Ph. 471288)
11. Kasbekar – Metgud Clinic, Shivajinagar (Ph. 21570 / 22530)
12. Shivayan Nursing Home, College Rd. (Ph. 426083)
13. Acharya Maternity and Children Hospital, Kirloskar, Rd (Ph. 424848)
14. Dr. Natu's Children Hospital, Maruti Galli (Ph. 461283 / 462892)

Other Existing Institutions (but not surveyed)

1. Ganga Maternity Home (Pvt)
2. Dr. Anil Kulkarni's Paed. Hospital (Pvt)
3. Dr. Thirgundi's Paed. Hospital (Pvt)
4. Dr. Bhandurga Hospital (Pvt)
5. Dr. Dhakoji Maternity Home (Pvt)
6. Dr. Baljekar Maternity Home (Pvt)

ANEXURE 3

INDIA POPULATION PROJECT - VIII
BASE LINE SURVEY IN ELEVEN CITIES
CENTRE FOR REASEARCH HEALTH AND SOCIAL WELFARE MANAGEMENT
379, 10TH B MAIN ROAD, JAYANAGAR, III BLOCK, BANGALORE - 560011.

HOUSEHOLD SCHEDULE

- 1.1 Name of city _____
- 1.2 Name of the cluster _____
- 1.3 Name of Head of the Household _____
- 1.4 Religion (Hindu-1, Muslim-2,
Christian-3, Budhist-4, Sikh-5, Others-7) _____
- 1.5 Caste (SC-1, ST-2, OBC-3, Others 7) _____
- 1.6 Name of the interviewer _____
- 1.7 Date of interview _____
- 1.8 Total members in the household _____
- 1.9 Total children below 5 yrs. _____
- 1.10 Total Eligible women _____
- 1.11 Total No. of Adolescents _____
- 1.12 Total No. of (Ever Married, aged 15-45 years) _____
- 1.13 Water supply in the household _____
- 1.14 Toilet facility in the household _____

FOR OFFICE USE

Field edited By :

Name _____

Date _____

Office Edited By :

II. DEMOGRAPHIC INFORMATION

Please name all the people who are presently living in this household

Sl. No	Name of Household member	Relationship with head of the household	Sex 1.Male 2.Female	Age (in completed years)	Marital Status	Literacy Status
2.1	2.2	2.3	2.4	2.5	2.6	2.7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

CODES:

Relationship:

- | | | |
|---------------------------|----------------------|---------------------------------|
| 01 Head | 05 Grand children | 09 Brother-in-law/Sister-in-law |
| 02 Wife or Husband | 06 Parents | 10 Other relatives |
| 03 Son or Daughter | 07 Parents-in-law | 11 Adopted/foster child |
| 04 Son-in-law or D-in-law | 08 Brother or sister | 12 Not related |
| 88 Don't know | | |

Marital Status:

1 Unmarried; 2 Currently married; 3 Widow; 4 Divorced; 5 Separated; 6 Married but no gauna

Literacy status :

1. Illiterate; 2 Primary 3; Middle 4; High School 5; Higher Secondary/Diploma; 6. Degree; 7. Post graduate; 8. Professional Degree.

2.8 Did any birth occur in the household since
Diwali 1996 ?

Yes 1
No 2

Kindly give the following details for each women who has given birth since, Diwali 1996
(i.e. during last two years)

Name of Mother	Mother's age at the time of delivery	Sex of the child 1.Boy 2.Girl	Parity of mother	Whether surviving 1. Yes 2.No	If yes, present age of child (months)	If not alive, age at Death (months)
2.9	2.10	2.11	2.11	2.12	2.13	2.14

2.15 Since, Diwali 1996, has any children below
5 years of age died in the household ?

Yes ... 1
No ... 2

2.16 How many ? _____

Kindly provide the following information about each of these deaths

Name of the Deceased	Date of death	Sex of Deceased Male-1 Female-2	Age at death (Years)	Cause of death
2.17	2.18	2.19	2.20	2.21

2.22 Did any maternal death occur during last
five years in this household ?

Yes 1
No 2

Kindly provide the following information about each of these deaths

Name of the deceased 2.23	Date of death 2.24	Age at death (Years) 2.25	Cause of death 2.26

III. MATERNITY HISTORY

Collect information for all women married in the age group 15-45 years

- 3.1. Identification No. of Household _____
- 3.2. Name of the Head of Household _____
- 3.3. Name of the respondent _____
- 3.4. Line No. in the Household schedule _____
- 3.5. What is your current age ? (Completed years) _____
- 3.6. How old were you at the time of current marriage ?(Completed years) _____
- 3.7. How old were you when you started living with husband ? (Completed years) _____
- 3.8. What is the legal age at marriage for girl and boy in India ?
Girl _____
Boy _____
- 3.9. Have you ever become pregnant?
Yes 1
No 2
- 3.10. What was your age at the time of 1st pregnancy ?
Don't remember 96
- 3.12. How many pregnancies did you have so far ? _____
- 3.13. How many live births did you have so far
Male _____
Female _____
Total _____
- 3.14. Did you have any miscarriages/abortion or Still births?
Still births _____
Miscarriages/ _____
Spontaneous/ _____
Induced abortion _____
(If none, record '0') _____
- 3.15. How many surviving children do you have now ?

(Include those living elsewhere)
Male _____
Female _____

	Total	_____	
3.16. What is the age of your youngest child ? (In months)	Male	_____	
	Female	_____	
3.17. What is the birth interval between the last and next elder child ?	Months	_____	
	Not applicable		99

IV. KNOWLEDGE ABOUT SAFE MOTHERHOOD AND MATERNAL CARE
Collect information for all pregnancies in the last two years

4.1. a) Do you know about danger signs during pregnancy	Yes	1
	No	2
b) If yes, enumerate the danger signs		
_____	Correct	1
_____	Incorrect	2
_____	Partially correct	3
4.2. a) Do you know about danger signs during delivery and after delivery ?	Yes	1
	No	2
b) If yes, enumerate the danger signs		
-----	Correct	1
-----	Incorrect	2
-----	Partially correct	3
4.3. Did you contact(or contacted by) medical personnel for check-up during pregnancy ?	Yes	1
	No	2
4.4. At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not <u>want</u> to become pregnant at all ?	Then	1
	Later	2
	Not at all	3
4.5. How many months pregnant were you at the time of 1st medical check-up ?	Months	_____
4.6. How many times you have received the medical check-up	Frequency	_____
4.7. From where you received these services ?	At home by HW	1
	District hospital	2
	Pvt. clinic/hospital	3

- Others _____ 4
(Specify)
- 4.8. What advises were you given during medical check-up ?
(Multiple Response Possible)
- | | |
|-------------------------------------------------------------------|---|
| No advise | 1 |
| Advised on periodic checkup | 2 |
| Advised on food intake | 3 |
| Advised on breast feeding the new born immediately after delivery | 4 |
| Advised on contraceptive | 5 |
| Others _____ | 6 |
| (Specify) | |
- 4.9. During ante-natal check-up were you told that you are anemic ?
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
- 4.10. If yes, whether therapeutic dose of IFA tablets was given ?
- | | |
|-------------------------|---|
| Single dose of IFA tabs | 1 |
| Double dose of IFA tabs | 2 |
| Others _____ | 9 |
| (Specify) | |
- 4.11 Did you receive Iron and Folic Acid (IFA) tablets ? (record '00' for none) Packets _____
- 4.12. How many packets have you consumed of IFA tablets ? (record '00' for none) Packets _____
- 4.13. Did you receive Tetanus Toxoid (TT) injection ? (record '0' for none)
- | | |
|--------------------------|---|
| No | 0 |
| One dose | 1 |
| Two/dose or booster dose | 2 |
- 4.14. Did you have any problem during or after delivery in the previous pregnancy ?
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
- 4.15. Where do you go ? or where did you visit when you had the problem in past ?
- | | |
|----------------|---|
| Govt. facility | 1 |
| Pvt. Facility | 2 |

Both 3
Other 4
(Specify)

4.16. What is distance of health facility at which generally you go in case of any problem ? Kms

4.17 Can you pay some fee for the services? Yes 1
No 2

4.18 If yes, how much you can pay per visit _____ Rs.

4.19. Did you receive post natal check-up ? health One at home or in facility 1
Two or more at home or health facility 2
No post natal check-up 3

V. USE OF CONTRACEPTION

There are various ways or methods that a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about?

INS. Code 1 for all the methods mentioned without prompting in 36. For the methods not mentioned, probe for each method. If answers is yes, Code 2 and ask 5.3 & 5.4, if doesn't know code 0 or else Code 9 and move to next method.

What are the methods you know or have heard of?

FP Method	Have you ever heard Of the method ?	Do you know from where it can be obtained ?	Have you ever used the method ? Yes 1 No 2
5.1	5.2	5.3	5.4
a) Male Sterilisation Conventional			
b) Male Sterilisation- Non scalpel vasectomy			
c)) Female Sterilisation			
d) Copper-T or IUD			
e) Oral pills			
f) Condom or Nirodh			
g) Rhythm		Not applicable	
h) Withdrawal		Not applicable	

Codes for Source of:

- | | | |
|-------------------|---------------------|-------------------|
| 1. Govt. Hospital | 2. Private Hospital | 3. Private Doctor |
| 4. Male Worker | 5. Female Worker | 6. Medical Shop |
| 7. Depot Holder | 9. Others (Specify) | |

- | | | |
|------------------------------------------------------------------------------------------|--------------|---|
| 5.5. Do you approve or disapprove of couples using a method to avoid getting pregnancy ? | Approve | 1 |
| | Disapprove | 2 |
| | DK/Can't say | 9 |

- | | | |
|---------------------------------------------------------------------------|-----|---|
| 5.6. Are you or your husband currently using any family planning method ? | Yes | 1 |
| | No | 2 |

- | | | |
|-----------------------------------|---------------------|---|
| 5.7. Which method are you using ? | Vasectomy | 1 |
| | Tubectomy/ | 2 |
| | Laparoscopy | |
| | IUD | 3 |
| | Oral Pills | 4 |
| | Condoms | 5 |
| | Periodic abstinence | 6 |
| | Withdrawal | 7 |
| | Any other _____ | 8 |
| | (Specify) | |

- | | |
|----------------------|--------------|
| 5.8. Duration of use | months _____ |
|----------------------|--------------|

Oral Pills/CC Users

- | | | |
|------------------------------|-----------|---|
| 5.9. Current status of use ? | Regular | 1 |
| | Irregular | 2 |

- | | | |
|------------------------------------|-----|---|
| 5.10.a) Whether supply is regular? | Yes | 1 |
| | No | 2 |

- | | | |
|---------------------|--------------------|---|
| b) Source of supply | Govt. Hospital | 1 |
| | Pvt. Hospital/NGO/ | |
| | medical shop | 2 |
| | Depot holder | 3 |
| | Others | 4 |
| | (Specify) | |

For Terminal Method

- | | | |
|--------------------------------|----------------|---|
| 5.11. Place of sterilisation ? | Govt. Hospital | 1 |
|--------------------------------|----------------|---|

Private Hospital	2
Others	3
(Specify)	

Unmet Need for Family Planning

5.12. Apart from the children you already have do you want to have more children ?

Yes	1
No	2
Undecided/up to God	3
DK	9

5.13. How many more children would you like to have ?

Total	_____
DK	9

5.14. Of them, how many would you like to be son and how many would you like to be daughter?

Sons	_____
Daughters	_____
Either	_____

5.15 When would you like to have your (next) child ?

Within one year/soon.	1
1-2 years	2
2+ years	3
DK	9

5.16. Reasons for not having any (more) child(ren) ?

No more/None	1
Currently pregnant	2
Menopause	3
Sterile	4
Others	9
(Specify)	

5.17. Why are you not using a FP method to avoid pregnancy when you are not interested ?

Going to use soon	01
Natural sterility	02
Currently pregnant	03
Lack of knowledge	04
Afraid of sterilisation	05
Cost too much	06
Can't work after sterilisation	07
Worry about side Effects	08
Hard to get methods	09
Against religion	10
Opposed to FP	11
Husband opposed	12

	Other people opposed	13
	Difficult to get pregnant	14
	Menopausal	15
	Inconvenient	16
	Don't like existing methods	17
	Others	99
	(Specify)	
5.18. When are you planning to adopt a FP method ?	Within a year/soon	1
	1-2 years	2
	2+ years	3
	DK	9
5.19. Which method are you planning to adopt?	Male sterilisation	1
	Female sterilisation	2
	Copper-T or IUD	3
	Pill	4
	Condom or Nirodh	5
	Safe Period for periodic abstinence	6
	Withdrawal	7
	Others	9
	(Specify)	
5.20. Why is this method preferred ?	Permanent method	1
	Reliable	2
	Easy to adopt	3
	Safe method	4
	HW advised	5
	Friends/relative adopted it	6
	Other method DK	7
	Others	9
	(Specify)	
5.21. Which spacing method have you used ?	IUD	1
	Oral Pills	2
	Condoms	4
	Any other	9
	(Specify)	
5.22. a) How long you have used this method		

(months) ?

Months _____

VI. PREVENTION AND MANAGEMENT OF REPRODUCTIVE TRACT INFECTION (RTI)/STD)

6.1. Name of Respondent/Interview No. _____

6.2. Line number of Q 2.1 in household schedule _____

6.3. Do you have any of the following complaints at present? Yes No DK

a) Abnormal vaginal discharge	1	2	9
b) Genital Ulcer/Rash	1	2	9
c) Itching around vagina/vulva	1	2	9
d) Lower abdominal pain	1	2	9
e) Pain in passing urine	1	2	9
f) Frequent passing of urine	1	2	9
g) Painful intercourse	1	2	9
h) Backache	1	2	9

6.4. If there is any of complaints, since how long you have this problem (days) ?

Days _____

6.5. Have you availed treatment for this problem?

Yes	1
No	2

6.6. Where did you seek treatment?
(Multiple Responses Possible)

Allopathic Doctor	1
Ayurvedic doctor	2
ANM/LHV/HW	3
Medical shop	4
Friends	5
Self treatment	6
Other	7
(Specify)	

6.7. Was your spouse also given treatment?

Yes	1
No	2

6.8. Why did not you seek treatment ? _____

6.9. In your opinion, how did you develop this problem ?

a) After unclear delivery

Yes	No	DK
1	2	9

b) After unclear abortion	1	2	9
c) From husband	1	2	9
d) After adopting IUD	1	2	9
e) After pelvic examination	1	2	9
f) Any Others (specify)	1	2	9

Awareness About STD And HIV/AIDS

6.10. Have you heard about STD ?	Yes		1
	No		2
6.11. If yes, Enumerate STDs ?			
6.12. Have you heard about HIV/AIDS ?	Yes		1
	No		2
6.13. Is AIDS curable disease ?	Yes		1
	No		2
6.14. Do you aware that ?	Yes	No	DK
a) HIV/AIDS is sexually transmitted disease ?	1	2	9
b) Can a person who looks healthy be infected with HIV/AIDS ?	1	2	9
c) Can HIV/AIDS be transmitted by having sex with someone who is infected with HIV/AIDS ?	1	2	9
d) Can a person get the HIV/AIDS Virus by shaking hands with someone who is infected with the virus ?	1	2	9
e) Can a pregnant woman who is infected with HIV pass on the virus to her unborn child ?	1	2	9
f) HIV/AIDS can be transmitted by use of unsterilized syringe/needle ?	1	2	9
g) Mosquito bite can cause HIV/AIDS ?	1	2	9
6.15 What is the source of this information ?	Yes	No	DK
a) Radio	1	2	9
b) TV/Film	1	2	9
c) Newspaper/Magazine/Journal	1	2	9
d) Debate/Seminar	1	2	9
e) Poster/ signboards	1	2	9
f) Relative/Friends/Wife/Husband	1	2	9
g) Doctor	1	2	9
h) ANM/LHV/HW	1	2	9
i) Social worker	1	2	9

d) Other (Specify)	1	2	9
6.16 Have you ever discussed about mode of transmission of HIV/AIDS with your husband ?	Yes		1
	No		2
6.17. How can a person protect herself from getting infected with HIV/AIDS ?	Yes	No	DK
a) Use of Condom	1	2	9
b) Use of Disposable sterile syringe	1	2	9
c) Use of Safe blood	1	2	9
d) Sexual relation with mutually faithful partner	1	2	9
e) Personal hygiene of genital organs	1	2	9
f) Wash organs after sexual intercourse	1	2	9
g) Other -----(Specify)	1	2	9

VII. SAFE ABORTION

7.1 How many months pregnant were you at the time of abortion ?		months
7.2. Whether abortion was induced or spontaneous ?	Spontaneous	1
	Induced	2
7.3 Where this abortion was conducted/occurred ?	Your home	1
	Parent's home	2
	Other home	3
	Govt. Hospital	4
	Pvt. Hospital/clinic/	
	maternity home	5
	Others	6
	(Specify)	
7.4 Who conducted the abortion ? (Multiple Response Possible)	Doctor	1
	HW	2
	TBA/DAI	3
	Others	4
	(Specify)	
7.5 Did you have any complication during or after abortion ?	Yes	1
	No	2
7.6 What types of complications occurred?	Excessive bleeding	1
	Fever	2

	Incomplete abortion	3
	Uterine rupture	4
	Other,	9
	(Specify)	
7.8. Were you given contraceptive counseling after abortion ?	Yes	1
	No	2
7.9. If yes, which method adopted ?	_____	
7.10. Why did you decide for this abortion ?	On health ground	1
	Unwanted pregnancy	2
	Son preference	3
	Spontaneous	4
	Others	7
	(Specify)	
7.11. Are you aware with legality of MTP services ?	Yes	1
	No	2
7.12. Did you receive post abortion check-up ?	Yes	1
	No	2

VIII. INFANT FEEDING PRACTICES AND POSTNATAL CARE

Collect Information for the last Child born during the previous Two years

8.1. When did you start breast feeding the child ? (Record in hours)	Hours after birth _____	
	No breast-feeding	98
8.2. Whether the child was given colostrum	Yes	1
	No	2
8.3. Why did you not breast-feed the child ? (please give the reason for only infant child)	Mother ill/weak	1
	Child ill/weak	2
	Child died	3
	Nipple/breast problem	4
	Dry breast	5
	Mother working	6
	Child refused	7
	Other _____	8
	(Specify)	
8.4. For how many months have you breastfeed	Months _____	

the child, since birth?

8.5. Was the child given plain water/sugar water/
honey water/Janam ghutty after birth?

Yes	1
No	2

8.6. If yes, whether it was ritual or regular?

Ritual	1
Regular	2
Don't remember	9

8.7. How many months old was child, when he was
given the following on a regular basis?

a) Plain water

Age in months
Not given	96

b) Formula or milk other than breast milk?

Age in months
Not given	96

c) Other liquids?

Age in months
Not given	96

d) Any semi solid or mash food?
(like Cereals, Pulses, Green leaf or
yellow vegetables, fruit)

Age in months
Not given	96

8.8. Up to how many months was the child given
exclusively breast milk?

(Exclusively breast feeding means, child
was given only breast milk without any
liquid supplement like water, sugar/jaggery,
water, and highly diluted cow milk).

a) Days
a) Months

a) exclusively breast milk

b) Days
---------	-------

b) nearly exclusively breast-feeding

(Code 98 for DK/DR)

b) Months
-----------	-------

X. ARI AND DIARRHOEAL DISEASES

Collect information for all the children aged between 0-59 months in the household

	Child 1	Child 2	Child 3
10.1. Line No. of the child			
10.2. Age of the Child			
10.3. Sex of the child			
10.4. Did the child have Fever/cough Yes 1 No 2			
10.4. When (Name) was ill with fever/cough, did he/she breathe faster than usual with short, rapid breaths ?			
10.5. Did you seek advice or treatment for problem ?			
10.6 Where did you seek advice/treatment			
Govt. Hospital 1			
Pvt. Doctor 2			
Others 3			
10.7. Was anything given to treat ? Yes 1 No 2			
10.8. What was given to treat the fever/cough			
Injection 1			
Anti biotic (Pill or syrup) 2			
Cough syrup 3			
Home remedy 4			
Herbal medicine 5			
Others (specify) 6			
10.9. Did the child have Diarrhoea Yes 1 No 2			
10.10. For how many days (has the diarrhoea lasted/ did the diarrhoea last) ?			
10.11. Was there any blood in stools ? Yes 1 No 2			
10.12. During the diarrhoea, did <u>increase</u> the feeding or <u>reduce</u> the feeding to the child			
Increased 1			
Reduced 2			
Same 3			
10.13. Did you seek advice or treatment for the diarrhoea Yes 1 No 2			
10.14. Where did you seek advice/treatment			
Government Hospital 1			
Pvt. Doctor 2			
Others 3			

10.15. Was anything advised to treat diarrhoea ? Yes 1 No 2				
10.16. What was advised for treatment ?				
ORS Fluid from packet	1			
Home fluid	2			
Antibiotic	3			
Other pill or syrup	4			
Injection	5			
Herbal med	6			
Others (Specify)	7			
10.17. Mid arm circumference in Cms				

HUSBAND'S SCHEDULE

- 1 Name of the City
- 2 Name/Number of Cluster/PSU
- 3 Name of Respondent/Interview No
- 4 Line number of Q 2.1 in household schedule
- 5 What is your educational status ?
(Codes as in House hold Schedule)
- 6 Do you know what is the legal age at marriage for girl and boy in India ?
Girl
Boy

KNOWLEDGE OF CONTRACEPTION

There are various ways or methods that a couple can use to delay or avoid pregnancy. Which ways of methods have you heard about?

INS. Code 1 for all the methods mentioned without prompting in 7. For the methods not mentioned, probe for each method. If answers is yes, Code 2 and ask 8 & 9, if don't know any method code 0 or else Code 9 and move to next method.

FP Method	Have you ever heard of the method ? 7	Do you know from where it can be obtained ? 8	Have you ever used the method ? Yes 1 No 2 9
a) Male Sterilisation conventional			
b) Male Sterilisation- Non Scalpel Vasectomy			
c) Female Sterilisation			
d) Copper-T or IUD			
e) Oral pills			
f) Condom or Nirodh			
g) Rythm		Not applicable	
h) Withdrawal		Not applicable	

Codes for Source of supply

- | | | | |
|-------------------|---------------------|-------------------|---------------------------|
| 1. Govt. Hospital | 2. Private Hospital | 3. Private Doctor | 4. Male Worker |
| 5. Female Worker | 6. Medical Shop | 7. Depot Holder | 8. Others (Specify) _____ |

10. Do you approve or disapprove of couples using a method to avoid getting pregnancy ?
- | | |
|--------------|---|
| Approve | 1 |
| Disapprove | 2 |
| DK/Can't say | 9 |

Awareness About STD And HIV/AIDS

- 11 Do you have any of the following complaints at present?
- | | Yes | No | DK |
|-----------------------------|-----|----|----|
| a) Genital swelling or boil | 1 | 2 | 9 |
| b) Genital Ulcer/Rash | 1 | 2 | 9 |
| c) Urethral discharge | 1 | 2 | 9 |
| d) Painful ejaculation | 1 | 2 | 9 |
| e) Pain in passing urine | 1 | 2 | 9 |
| f) Painful intercourse | 1 | 2 | 9 |
| g) Childlessness | 1 | 2 | 9 |
- 12 If there is any of complaints, since how long you have this problem (days)? _____ Days
- 13 Have you availed treatment for this problems?
- | | |
|-----|--------|
| Yes |1 |
| No |2 |
- 14 Where did you seek treatment?
(Multiple Responses Possible)
- | | |
|--------------------------|---|
| Allopathic Doctor | 1 |
| Ayurvedic doctor | 2 |
| Medical shop | 3 |
| Friends | 4 |
| Self treatment | 5 |
| Other _____
(Specify) | 9 |
- 15 Was your spouse also given treatment?
- | | |
|-----|--------|
| Yes |1 |
| No |2 |
- 16 Why did you/ (your spouse) not seek treatment? _____
- 17 In your opinion, how did you develop this problems? _____

AWARENESS ABOUT STD AND HIV/AIDS

18 Have you heard about STD ?

Yes	1
No	2

19 If yes, Enumerate STDs ? _____

20	Have you heard about HIV/AIDS ?	Yes	1
		No	2

21	Is AIDS curable disease ?	Yes	1
		No	2

22 Do you aware that ? Yes No DK

a) HIV/AIDS is sexually transmitted disease ?

	a)	1	2	9
--	----	---	---	---

b) Can a person who looks healthy be infected with HIV/AIDS ?	b)	1	2	9
---------------------------------------------------------------	----	---	---	---

c) Can HIV/AIDS be transmitted by having sex with someone who is infected with HIV/AIDS ?

d) Can a person get the HIV/AIDS Virus by shaking hands with someone who is infected with the virus ?	d)	1	2	9
-------------------------------------------------------------------------------------------------------	----	---	---	---

e) Can a pregnant woman who is infected with HIV pass on the virus to her unborn child ?	e)	1	2	9
------------------------------------------------------------------------------------------	----	---	---	---

f) HIV/AIDS can be transmitted by use of unsterilized syringe/needle ?	f)	1	2	9
------------------------------------------------------------------------	----	---	---	---

g) Mosquito bite can cause HIV/AIDS ? g) 1 2 9

23 What is the source of this information ? Yes No DK

a) Radio	a)	1	2	9
----------	----	---	---	---

b) TV/Film	b)	1	2	9
------------	----	---	---	---

c) Newspaper/Magazine/Journal	c)	1	2	9
-------------------------------	----	---	---	---

d) Debate/Seminar	d)	1	2	9
-------------------	----	---	---	---

e) Poster/ signboards	e)	1	2	9
-----------------------	----	---	---	---

f) Relative/Friends/Wife/Husband	f)	1	2	9
----------------------------------	----	---	---	---

g) Doctor	g)	1	2	9
-----------	----	---	---	---

g)	ANM/LHV/HW	1	2	9
----	------------	---	---	---

i) Social worker	i)	1	2	9
------------------	----	---	---	---

j) Other (Specify)	j)	1	2	9
--------------------	----	---	---	---

- | | | | | | |
|----|---------------------------------------------------------------------------------|-----|--------|----|----|
| 24 | Have you ever discussed about mode of transmission of HIV/AIDS with your wife ? | Yes |1 | | |
| | | No |2 | | |
| 25 | How can a person protect herself from getting infected with AIDS ? | | Yes | No | DK |
| | a) Use of Condom | a) | 1 | 2 | 9 |
| | b) Use of Disposable sterile syringe | b) | 1 | 2 | 9 |
| | c) Use of Safe blood | c) | 1 | 2 | 9 |
| | d) Sexual relation with mutually faithful partner | d) | 1 | 2 | 9 |
| | e) Personal hygiene of genital organs | f) | 1 | 2 | 9 |
| | f) Wash organs after sexual intercourse | g) | 1 | 2 | 9 |
| | g) Other ----- (Specify) | h) | 1 | 2 | 9 |
| 26 | If childlessness, has the couple been living together at least for two years ? | Yes | 1 | | |
| | | No | 2 | | |
| 27 | Has the couple been trying hard for a pregnancy during this period ? | Yes | 1 | | |
| | | No | 2 | | |

INFORMATION FOR ADOLESCENT GIRLS

1. Name of the City _____
2. Cluster number / PSU _____
3. Name of the Respondent / Interview No. _____
4. Line No. of Q.2.1 in Household schedule _____
5. Till what class you have studied

Illiterate	0
Primary	1
Middle	2
High School	3
Higher Sec.	4
Degree	5
Professional	6
6. Are you married ?

Yes	1
No	2
7. If yes have you started living with your husband ?

Yes	1
No	2
8. Have you started menstruating ?

Yes	1
No	2
9. Did you know about menstruation before you experienced ?

Yes	1
No	2
10. When you menstruated for the first time what was your reaction

Got very worried	1
Started weeping	2
Did not understand what is happening	3
Felt I have fallen sick	4
Remained normal	5
Others (specify)	6
11. Do you follow any restriction during menstruation ?

Yes	1
No	2

- | | | |
|----------------------------------------------------------------------------|----------------------|---|
| 12. What kind of cloth or sanitary napkins do you use during menses ? | Piece of cloth | 1 |
| | Sanitary napkin | 2 |
| | Others (specify) | 3 |
| 13. If you reuse cloth how do you clean the cloth ? | With soap | 1 |
| | With only water | 2 |
| 14. What is the legal age at marriage ? | Girl _____ years | |
| | Boys _____ years | |
| 15. Do you know that there are methods by which pregnancy can be stopped ? | Yes | 1 |
| | No | 2 |
| 16. If yes, name the methods | Male sterilisation | 1 |
| | Female sterilisation | 2 |
| | Oral pills | 3 |
| | IUD | 4 |
| | Condom / Nirodh | 5 |
| | Others (specify) | 6 |
| 17. Do you know that unwanted pregnancy can be terminated ? | Yes | 1 |
| | No | 2 |
| 18. In your opinion is abortion legal / illegal | Legal | 1 |
| | Illegal | 2 |

**CENTRE FOR RESEARCH IN HEALTH AND SOCIAL WELFARE MANAGEMENT
BANGALORE
IPP-VIII IN OTHER CITIES OF KARNATAKA**

HEALTH FACILITY SURVEY

I. GENERAL INFORMATION:

1. Name of the Hospital / Health Centre (specify Type): _____

Address: _____

Phone No: _____ Fax: _____ Head: _____

2. Investigator: _____ Date: _____ Key informant : _____

3. Facility : ESTD(year) _____ Govt. 1 Non-Govt. 2 Charitable/Missionary 3

Total Beds : _____ Free : _____ Payment : _____
Maternity Beds : _____ Free : _____ Payment : _____
Pediatric Beds : _____ Free : _____ Payment : _____

II. SERVICES PROVIDED :

1. Antenatal Care :

-Routine Yes 1 No 2 _____
- ANC with complications Yes 1 No 2 _____

2. Natal Care :

- Normal delivery Yes 1 No 2 _____
- Caesarian section Yes 1 No 2 _____
- Forceps delivery Yes 1 No 2 _____
- Blood Transfusion Yes 1 No 2 _____
- General Anesthesia Yes 1 No 2 _____
- Spinal Anesthesia Yes 1 No 2 _____
- _____ Yes 1 No 2 _____
- _____ Yes 1 No 2 _____

3. Postnatal Care :

- Routine PNC Yes 1 No 2 _____
- PNC with complications Yes 1 No 2 _____
(viz.PPH, breast abscess, etc;)

4. Family planning :

- IUD insertion Yes 1 No 2 _____
- Tubectomy Yes 1 No 2 _____
- Lap. Tubectomy Yes 1 No 2 _____
- No-scalpel vasectomy Yes 1 No 2 _____
- Oral pills Yes 1 No 2 _____
- C.C.(Nirodh) Yes 1 No 2 _____
- MTP Yes 1 No 2 _____
- _____ Yes 1 No 2 _____

5. RTI/STD Services

Yes 1 No 2 _____

6. Child Health Care :

- Basic new born care	Yes 1	No 2	_____
- Neo-natal resuscitation	Yes 1	No 2	_____
- Growth card & Monitor	Yes 1	No 2	_____
- Immunizations	Yes 1	No 2	_____
- Nutrition supplements	Yes 1	No 2	_____
viz. IFA & Vit-A			
- _____	Yes 1	No 2	_____

III . FACILITIES AVAILABLE (IN HOUSE)

1. OPD rooms	Yes 1	No 2	_____
2. Wards (Beds)	Yes 1	No 2	_____
3. Labour room	Yes 1	No 2	_____
4. New born Care			
- Radiant Warmer	Yes 1	No 2	_____
- Phototherapy	Yes 1	No 2	_____
- Neo-natal resuscitation kit	Yes 1	No 2	_____
5. Operation theater	Yes 1	No 2	_____
(a) Air conditioners	Yes 1	No 2	_____
(b) Generator	Yes 1	No 2	_____
(c) Emergency light	Yes 1	No 2	_____
6. Ultra sound	Yes 1	No 2	_____
7. X-Ray	Yes 1	No 2	_____
8. C.T Scan	Yes 1	No 2	_____
9. Lab. Facilities			
- Basic (hb /tc / dc /esr / urine)	Yes 1	No 2	_____
- Comprehensive (HBV/HIV/SERUM electrolytes)	Yes 1	No 2	_____
10. Emergency drugs including			
Oxygen cylinder	Yes 1	No 2	_____
11. Drug store (pharmacy)	Yes 1	No 2	_____
12. Blood bank	Yes 1	No 2	_____
13. Ambulance van	Yes 1	No 2	_____
14. Round the clock available	Yes 1	No 2	_____
15. Cold chain & Sterilization Facilities			
- Refrigerator	Yes 1	No 2	_____
- Vaccine carrier / Thermocol carrier	Yes 1	No 2	_____
- Autoclaves	Yes 1	No 2	_____
- Sterilizers	Yes 1	No 2	_____
- Disposable syringes(adequate)	Yes 1	No 2	_____
- Gloves (adequate)	Yes 1	No 2	_____
- Incinerator	Yes 1	No 2	_____
16. TV, VCR, Video cassettes (MCH/FP)	Yes 1	No 2	_____
17. MCH/FP/IEC materials/ Posters/wall charts/handouts	Yes 1	No 2	_____
18. Phone (No.....)	Yes 1	No 2	_____
Fax Facility	Yes 1	No 2	_____
Email/Internet	Yes 1	No 2	_____

VI. STAFF AVAILABILITY

1. Obstetricians

MD/MRCOG/Etc No _____ Full time _____ Part time _____
Diplomas No _____ Full time _____ Part time _____

2. Pediatricians

MD/DABP/etc No _____ Full time _____ Part time _____
Diplomas No _____ Full time _____ Part time _____

3. Anesthetist

MD/etc No _____ Full time _____ Part time _____
Diploma No _____ Full time _____ Part time _____

4. General duty Medical Officers

MBBS No _____ Full time _____ Part time _____
_____ No _____ Full time _____ Part time _____
_____ No _____ Full time _____ Part time _____

5. Trained Nurses (Staff Nurses)

_____ No _____ Full time _____ Part time _____

6. Theatre staff (OT)

Designation _____ Full time _____ Part time _____
Designation _____ Full time _____ Part time _____

7. Labour Room

Designation _____ Full time _____ Part time _____

8. Neo-natal unit

Designation _____ Full time _____ Part time _____

9. Laboratory

Designation _____ Full time _____ Part time _____
Designation _____ Full time _____ Part time _____
Designation _____ Full time _____ Part time _____

10. Blood Bank

Designation _____ Full time _____ Part time _____
Designation _____ Full time _____ Part time _____

11. Health Staff (field)

LHV _____ Full time _____ Part time _____
ANM _____ Full time _____ Part time _____
_____ Full time _____ Part time _____
_____ Full time _____ Part time _____

12. Others

Designation _____ Full time _____ Part time _____
Designation _____ Full time _____ Part time _____

V. DRUGS AVAILABILITY:

(a) Essential drugs for emergency obstetric care

1. Anesthetics	Yes 1	No 2	_____
2. Analgesics(Inj)	Yes 1	No 2	_____
3. Steriods(Inj)	Yes 1	No 2	_____

4. Antihistamines(In)	Yes 1	No 2	_____
5. Antihypertensives/CVS			
- Tabs	Yes 1	No 2	_____
- Injections	Yes 1	No 2	_____
6. Antibiotics			
-Tabs/Caps	Yes 1	No 2	_____
- Injections	Yes 1	No 2	_____
7. IV fluids	Yes 1	No 2	_____
8. Oxytocics	Yes 1	No 2	_____
9. Diuretics	Yes 1	No 2	_____
10. Antimalarials	Yes 1	No 2	_____
11. Anidiabetics	Yes 1	No 2	_____
12. Anti anemia	Yes 1	No 2	_____
13. _____	Yes 1	No 2	_____
14. _____	Yes 1	No 2	_____

(b) Drugs for new born care

1. Nalorphine	Yes 1	No 2	_____
2. Sodium bicarbonate	Yes 1	No 2	_____
3. Ringer lactate	Yes 1	No 2	_____
4. Vtamin-K	Yes 1	No 2	_____
5. Inj. Phenobarb	Yes 1	No 2	_____
6. Inj. dilantin	Yes 1	No 2	_____
7. Digoxin	Yes 1	No 2	_____
8. 10% Glucose	Yes 1	No 2	_____
9. Antibiotics	Yes 1	No 2	_____

(c) UIP Vaccines	Yes 1	No 2	_____
(d) ORS packets	Yes 1	No 2	_____
(e) IV fluid and drugs for diarrhoea in children	Yes 1	No 2	_____
(f) Drugs for management of Pneumonia (severe ARI) in children	Yes 1	No 2	_____

VI. MIS (Reporting and recording system)

(a) Monthly reporting formats available and used	Yes 1	No 2	_____
(b) Registers			
- EC Register	Yes 1	No 2	_____
- Stock register	Yes 1	No 2	_____
- Service delivery register	Yes 1	No 2	_____
(c) Annual service statistics available	Yes 1	No 2	_____
(d) Review meetings held regularly	Yes 1	No 2	_____

VII. PHYSICAL & GENERAL FACILITIES

1. Waiting room / Lounge	Yes 1	No 2	Overcrowded 3	_____
2. OPD room (s)	Yes 1	No 2	Overcrowded 3	_____
3. Ward (s)	Yes 1	No 2	Overcrowded 3	_____
4. (a) Furniture (Cots / Tables / Almirahs)	Yes 1	No 2	Inadequate 3	_____
(b) Mattresses / linen / Pillows	Yes 1	No 2	Inadequate 3	_____
5. Stores facility	Yes 1	No 2	Inadequate 3	_____
6. Toilet (s)	Yes 1	No 2	Inadequate 3	_____
7. Bath room (s)	Yes 1	No 2	Inadequate 3	_____

8. Water supply				
- Municipal	Yes 1	No 2	Inadequate 3	_____
- Borewell	Yes 1	No 2	Inadequate 3	_____
9. Power supply (KEB)	Yes 1	No 2	Inadequate 3	_____
- Generator	Yes 1	No 2	Inadequate 3	_____
- Emergency lights	Yes 1	No 2	Inadequate 3	_____
10. Lighting (overall)	Yes 1	No 2	Inadequate 3	_____
11. Ventilation (overall)	Yes 1	No 2	Inadequate 3	_____
12. Solid waste disposal	Yes 1	No 2	Inadequate 3	_____
13. Sanitary supplies (detergents / disinfectants)	Yes 1	No 2	Inadequate 3	_____
14. Laundry services	Yes 1	No 2	Inadequate 3	_____
15. Buildings:				
- Pucca & completed	Yes 1	No 2		_____
- Compound wall & Gate	Yes 1	No 2		_____
- Parking facility	Yes 1	No 2		_____
- Stray animals & Pests	Yes 1	No 2		_____
- Security Staff / gate keeper	Yes 1	No 2		_____
- _____	Yes 1	No 2		_____
- Staff Quarters :				
Doctor (s)	Yes 1	No 2		_____
Staff Nurse (s)	Yes 1	No 2		_____

(VIII.) ANY OTHER RELEVANT INFORMATION

Date:

MEDICAL INVESTIGATOR
(Name & Sign)

MEDICAL SUPERVISOR
(Name & Sign)

SURVEY CO-ORDINATOR
(Dr. M.K Sudarshan & sign)