Appendix 5

Oualitative Tools Used in the Rural Area

A. Interview Schedule for Health Service Providers (ANMs, LHVs and male workers)

Name of the PHC:

Date:

Name of the ANM /LHV/Male Worker:

Educational Qualification:

Experience of the functionary:

List of Ouestions

- 1. What are the common health problems of pregnant women?
- 2. What do you feel are the reasons for the problems?

Problem during pregnancy Reason Common treatment preferred by pregnant women

- 3. What is the prevalence of pregnancy anemia in your area?
- 4. How do you detect anemic pregnant woman?
- 5. What are the ill effects of pregnancy anemia?
- (a) Ill effects on the pregnant mother
- (b) Ill effects on the fetus / infant
- 6. What are the symptoms and causes of pregnancy anemia? Symptoms Reasons / Causes
- 7. What is the common home remedy for pregnancy anemia?
- (a) What advice do you give to a pregnant woman regarding prevention of anemia?
- (b) What teaching aids do you use while imparting the information?
- (c) Can you make them understand easily?
- (d) What problems do you face while imparting the information?
- (e) What problems do you face while imparting the information?
- (f) What do you do to overcome the problems?
- 8. What is the objective of the Government Iron Folic Supplementation Program?
- (a) Who else distributes iron folic acid tablets in your area?
- (b) What are the other sources of getting iron folic acid tablets? How do you co-ordinate with these sources?
- 9. What is your role in the iron folic acid tablets distribution program?
- (a) Getting the tablets
- (b) Distribution of tablets
- (c) Maintenance of iron distribution record
- (d) Any other
- 10. Have you faced any problems in above mentioned job? If yes, what are they?
- (a) Which places do you distribute IFA tablets from? MCH / Home / both places/Any other?
- (b) Which method do you prefer to distribute IFA? Why?
- 11. According to you, what are the reasons for non-compliance as far as IFA is concerned?
- 12. Which records do you maintain for IFA distribution?
- (b) Do you feel that any changes are required to maintain IFA distribution records?
- 13. Do you follow up with the pregnant women to check whether they are taking IFA tablets?
- 14. What advice do you give to the pregnant women while distributing IFA tablets to them?

 (16) (a) Do you feel that the tablets distributed by you are taken by the pregnant
 - women? If yes, why?
 - (16)If no, why?
- 16. What are the common reasons for non-compliance of IFA tablets in pregnant women?

- 17. According to you what preventive measures or home-remedy they do to prevent anemia in pregnant women?
- 18. What are your suggestions to improve the current IFA distribution system?
- 19. What are your suggestions to improve the current anemia control program?

B. Matrix Ranking/Scoring Exercise

Give scores to the antenatal care services according to their

- regular availability of various ANC services
- utilization of these services by the women beneficiaries
- benefits of these services on the women beneficiaries.

C. Interview Schedule for Pregnant Women

Date:

Respondent's Name:

- Do you think that a pregnant woman should register herself at an ANC center?
 Yes / No
- 2. Have you registered in an ANC center? (Name of the center)
- 3. If No, why?
- 4. If Yes, in which month?
- 5. How many months are you pregnant right now?
- 6. How many times have you visited the center till now?
- 7. Does any one of your family members accompany you to the clinic? Yes / No
- 8. If Yes, who?
- 9. Are you aware of the services provided at the center for pregnant women?
- 10.a Which of these services do you find useful? Why?
- 10.b Which of them are not useful? Why?
- 10. Which were the services availed by you in your last ANC visit?
- 11. Do you think that pregnant women need regular weight monitoring? Why?
- 12. Do you think that ANC visits are useful for pregnant women (especially for those in the 3rd trimester)? Why?
- 13. Why should pregnant women regularly consume iron tablets?
- 14. Why should pregnant women receive 2 T T shots?
- 15. Should the pregnant women receive information regarding their diet and nutrition? Why?
- 16. Are these services available at your ANC center?
- 17. From where do you get iron tablets?
- 18. Do you consume them every day?
- 19. Does any one remind you to take these tablets?
- 20. What are the advantages of consuming iron tablets to you?
- 21. If you do not take iron tablets, why?
- 22. Do you give importance to your diet?
- 23. Do you do the same amount of housework which you used to do previously? Has it increased/decreased?

- 24. Where have you registered for delivery?
- 25. Do you have any suggestions regarding the ANC services given at the PHC?

D. Interview Schedule for Family Members (mother-in-law/husband) of Pregnant Women

Date:

Respondent's Name and relation with pregnant woman:

- 1. Do you think that a pregnant woman should register herself in an ANC center? Yes / No
- 2. Has your daughter-in-law/wife registered in an ANC center (name)?
- 3. If No, why?
- 4. If Yes, in which month?
- 5. How many months is she pregnant right now?
- 6. How many times has she visited the center till now?
- Does any family member accompany her to the clinic?
 Yes / No
- 8. If Yes, who?
- 9. Are you aware of any services provided at the health center for pregnant women?
- 10.a Which of these services do you find useful? Why?
- 10.b Which of them are not useful? Why?
- 11. Which were the services availed by the pregnant woman in her last visit?
- 12. Do you think that pregnant women need regular weight monitoring? Why?
- 13. Do you think that ANC visits are useful for pregnant women (especially for those in the 3rd trimester)? Why?
- 14. Why should pregnant women regularly consume iron tablets?
- 15. Why should pregnant women receive 2 TT shots?
- 16. Should the pregnant women receive information regarding their diet and nutrition? Why?
- 17. Are these services available at your ANC center (Name)?
- 18. From where does the pregnant women get iron tablets?
- 19. Does she consume them daily? Yes / No
- 20. Do you remind her to take these tablets? Yes / No
- 21. What are the advantages of taking iron tablets during pregnancy to her?
- 22. If she does not take iron tablets, why?
- 23. Does she give importance to her diet?
- 24. Does she do the same amount of house work which she used to do previously? Has it increased or decreased?
- 25. Where has she registered for delivery?
- 26. Do you have any suggestions regarding the ANC services given at the PHC?

E. Interview schedule to assess behaviors related to procurement and consumption of IFA tablets by pregnant women

Date: Area: Completed weeks of Gestation:

Name: Address: LMP:

- 1. Do you consume IFA tablets everyday? a. Yes b. No
 - la If Yes, why?
 - lb If No, why?
- 2. When did you start taking the tablets?
- 3. How many tablets do you take every day?
- 4. So far, how many tablets have you consumed?
- 5. From where do you get these tablets?
- 6. Does the Anganwadi worker or the FHW or any health worker come and give you the tablets ? (specify):
 - a) If yes, how many tablets are you given at a time?
 - b) How many times have they given you the tablets so far?
 - c) Do they give any instruction/advice at the time of distributing the tablets? s Yes/No

If yes, What advice is given

d) If nobody comes to give you tablets, do you go and get the tablets on your own? Yes/N

Give reasons

- 7. Who has advised you to consume the tablets? Can you describe?
- 8. Are you reminded to consume IFA tablets?

Yes/No

If yes, who reminds you?

How?

9. Have you experienced any benifits of the tablets?

Yes/No

Specify

10. Have you suffered from any side effects after consuming the tablets?

Yes/No

If yes, specify

11. Did you continue to consume the tablets despite the side effects?

Yes/No

Give reason/s

12. Do you have any problem with regard to procurement and consumption of the tablets?

F. Questionnaire for Exit Interviews

1.	Name:
2.	Address: Education:
3.	Pregnant/Lactating
4.	months pregnant/ month old child
5. 5.a	Visited antenatal clinic at the Health Post for check-up during pregnancy: Yes / No If No, place visited for antenatal check-up Private hospital - Name of the hospital
5.b 5.c	 Government Hospital/ PHC Was aware of the antenatal check-up at the PHC: Yes / No Come to the PHC only for Tetanus Toxoid vaccination: Yes / No
6.	Number of antenatal visits to the PHC:
7.	Purpose of visit: Antenatal Checkup/ TT immunization/Both
8.	Received iron tablets during visit to PHC (for pregnant/lactating):Yes / No
9.	If yes, number of tablets/number of packets received during each visit (only pregnant
10.	Total number of tablets received (only pregnant):
11.	Total number of tablets consumed (only pregnant): All tablets consumed: Yes/No If no, reason for irregularity:
12.	No. of tablets taken every day: One / Two
13.	Time of tablet consumption: After meals - at noon / in the evening
14.a 14.b	Advice/Instructions received: Given by: Doctor Nurse
15.	Benefits of consuming iron tablets:
16.	Benefits experienced by women: Yes / No If Yes, benefits. If No, reason given
17.	Side effects, if any.