

**FORM-7.2 (iv)**  
**INFORMATION ON SHCs**  
**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

Name of the ROH&FW: Raipur

Report for the Month of: June 2011(Durg)

| <b>5.1. Field verification Children for fully immunization at SHCs</b> |  |              |              |                   |                |  |
|--|--|--------------|--------------|-------------------|----------------|--|
| <b>Sl. No.</b>   | <b>Action points</b>   | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |  |
| <b>1</b>   | <b>Total beneficiaries selected</b>                            | 3            | 5            | 5                 | 4              |  |
| <b>2</b>   | <b>Total beneficiaries contacted</b>                           | 3            | 5            | 4                 | 3              |  |
| <b>3</b>   | <b>Beneficiaries could not be contacted due to</b>             |              |              |                   |                |  |
|  | A) No such person living in the area.                          | 0            | 0            | 0                 | 0              |  |
|  | B) Left the place temporarily.                                 | 0            | 0            | 0                 | 1              |  |
|  | C) Left the place permanently                                  | 0            | 0            | 0                 | 0              |  |
|  | D) Dead  | 0            | 0            | 0                 | 0              |  |
|  | E) Wrong /Incomplete address                                   | 0            | 0            | 0                 | 0              |  |
|  | F) Others  | 0            | 0            | 1                 | 0              |  |
|  | <b>Total</b>   | 0            | 0            | 1                 | 1              |  |
| <b>4</b>   | <b>No. of beneficiaries confirmed with full doses</b>          | 3            | 4            | 4                 | 2              |  |
| <b>5</b>   | <b>No. of beneficiaries not confirmed with dose</b>            | 0            | 1            | 0                 | 1              |  |
| <b>6</b>   | <b>Discrepancies in entries in the age of beneficiaries</b>    | 0            | 0            | 0                 | 0              |  |
| <b>7</b>   | <b>Children have Complication after receiving the services</b> | 0            | 0            | 0                 | 0              |  |
| <b>8</b>   | <b>Satisfied with the services</b>                             | 3            | 4            | 5                 | 3              |  |

**FORM – 7.2 (i)**

**Field Verification of ANC clinics**

**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

| <b>INFORMATION ON SHCs</b> |  |              |              |                   |                |
|----------------------------|--|--------------|--------------|-------------------|----------------|
| <b>Sl. No.</b>             | <b>Action points</b>                               | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
| <b>1</b>                   | <b>Total No of beneficiaries selected</b>          | 5            | 4            | 4                 | 3              |
| <b>2</b>                   | <b>Total beneficiaries contacted</b>               | 3            | 4            | 3                 | 2              |
| <b>3</b>                   | <b>Beneficiaries could not be contacted due to</b> |              |              |                   |                |
|                            | A) No such person living in the area.              | 0            | 0            | 0                 | 0              |
|                            | B) Left the place temporarily.                     | 0            | 0            | 1                 | 1              |
|                            | C) Left the place permanently                      | 0            | 0            | 0                 | 0              |
|                            | D) Dead  | 0            | 0            | 0                 | 0              |
|                            | E) Wrong/Incomplete address                        | 0            | 0            | 0                 | 0              |
|                            | F) Others  | 2            | 0            | 0                 | 0              |
|                            | <b>Total</b>                                       | 2            | 0            | 1                 | 1              |
| <b>4</b>                   | <b>Discrepancy in age of beneficiaries</b>         | 0            | 0            | 0                 |                |
| <b>5</b>                   | <b>TT received during the pregnancy</b>            | 3            | 4            | 3                 | 2              |
| <b>6</b>                   | <b>IFA tablet received during the pregnancy</b>    | 3            | 4            | 3                 | 2              |
| <b>7</b>                   | <b>IFA consumed as per instruction</b>             | 2            | 4            | 2                 | 2              |
| <b>8</b>                   | <b>Received three Ante natal check up</b>          | 3            | 4            | 3                 | 2              |
| <b>9</b>                   | <b>No of women have gone through delivery</b>      | 0            | 0            | 0                 | 0              |
| <b>9.1.</b>                | <b>No. of Instts Deliveries</b>                    | 0            | 0            | 0                 | 0              |
| <b>10</b>                  | <b>DDK used during delivery</b>                    | 0            | 0            | 0                 | 0              |
| <b>11</b>                  | <b>Child fed within 30 minute of delivery</b>      | 0            | 0            | 0                 | 0              |
| <b>12</b>                  | <b>Used colostrums as per advise</b>               | 0            | 0            | 0                 | 0              |
| <b>13</b>                  | <b>Exclusive Breast feeding</b>                    | 0            | 0            | 0                 | 0              |
| <b>14</b>                  | <b>Three post natal check up</b>                   | 0            | 0            | 0                 | 0              |

**FORM – 7.2 (ii)**

**Field Verification of INC clients**

**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

| <b>INFORMATION ON SHCs</b> |  |              |              |                   |                |
|----------------------------|--|--------------|--------------|-------------------|----------------|
| <b>Sl. No.</b>             | <b>Action points</b>                               | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
| <b>1</b>                   | <b>Total No of beneficiaries selected</b>          | 3            | 5            | 3                 | 2              |
| <b>2</b>                   | <b>Total beneficiaries contacted</b>               | 1            | 4            | 1                 | 0              |
| <b>3</b>                   | <b>Beneficiaries could not be contacted due to</b> |              |              |                   |                |
|                            | A) No such person living in the area.              | 0            | 0            | 0                 | 0              |
|                            | B) Left the place temporarily.                     | 2            | 1            | 0                 | 2              |
|                            | C) Left the place permanently                      | 0            | 0            | 0                 | 0              |
|                            | D) Dead  | 0            | 0            | 0                 | 0              |
|                            | E) Wrong/Incomplete address                        | 0            | 0            | 0                 | 0              |
|                            | F) Others  | 0            | 0            | 2                 | 0              |
|                            | <b>Total</b>                                       | 2            | 1            | 2                 | 2              |
| <b>4</b>                   | <b>Discrepancy in age of beneficiaries</b>         | 0            | 0            | 0                 | 0              |
| <b>5</b>                   | <b>TT received during the pregnancy</b>            | 1            | 4            | 1                 | 0              |
| <b>6</b>                   | <b>IFA tablet received during the pregnancy</b>    | 1            | 4            | 1                 | 0              |
| <b>7</b>                   | <b>IFA consumed as per instruction</b>             | 1            | 4            | 1                 | 0              |
| <b>8</b>                   | <b>Received three Ante natal check up</b>          | 1            | 4            | 1                 | 0              |
| <b>9</b>                   | <b>No of women have gone through delivery</b>      | 1            | 4            | 1                 | 0              |
| <b>9.1.</b>                | <b>No. of Instts Deliveries</b>                    | 1            | 4            | 1                 | 0              |
| <b>10</b>                  | <b>DDK used during delivery</b>                    | 1            | 4            | 1                 | 0              |
| <b>11</b>                  | <b>Child fed within 30 minute of delivery</b>      | 1            | 3(1opre)     | 0                 | 0              |
| <b>12</b>                  | <b>Used colostrums as per advise</b>               | 1            | 3            | 0                 | 0              |
| <b>13</b>                  | <b>Exclusive Breast feeding</b>                    | 0            | 0            | 0                 | 0              |
| <b>14</b>                  | <b>Three post natal check up</b>                   | 1            | 4            | 1                 | 0              |

**FORM – 7.2 (iii)**

**Field Verification of PNC clients**

**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

| <b>INFORMATION ON SHCs</b> |  |              |              |                   |                |
|----------------------------|--|--------------|--------------|-------------------|----------------|
| <b>Sl. No.</b>             | <b>Action points</b>                               | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
| <b>1</b>                   | <b>Total No of beneficiaries selected</b>          | 5            | 4            | 7                 | 4              |
| <b>2</b>                   | <b>Total beneficiaries contacted</b>               | 3            | 3            | 6                 | 2              |
| <b>3</b>                   | <b>Beneficiaries could not be contacted due to</b> |              |              |                   |                |
|                            | A) No such person living in the area.              | 0            | 0            | 0                 | 0              |
|                            | B) Left the place temporarily.                     | 1            | 1            | 0                 | 2              |
|                            | C) Left the place permanently                      | 0            | 0            | 0                 | 0              |
|                            | D) Dead  | 0            | 0            | 0                 | 0              |
|                            | E) Wrong/Incomplete address                        | 0            | 0            | 0                 | 0              |
|                            | F) Others  | 1            | 0            | 1                 | 0              |
|                            | <b>Total</b>                                       | 2            | 1            | 1                 | 2              |
| <b>4</b>                   | <b>Discrepancy in age of beneficiaries</b>         | 0            | 0            | 0                 | 0              |
| <b>5</b>                   | <b>TT received during the pregnancy</b>            | 3            | 3            | 6                 | 2              |
| <b>6</b>                   | <b>IFA tablet received during the pregnancy</b>    | 2            | 3            | 6                 | 2              |
| <b>7</b>                   | <b>IFA consumed as per instruction</b>             | 2            | 3            | 6                 | 2              |
| <b>8</b>                   | <b>Received three Ante natal check up</b>          | 3            | 3            | 6                 | 2              |
| <b>9</b>                   | <b>No of women have gone through delivery</b>      | 3            | 3            | 6                 | 2              |
| <b>9.1.</b>                | <b>No. of Instts Deliveries</b>                    | 2            | 1            | 1                 | 0              |
| <b>10</b>                  | <b>DDK used during delivery</b>                    | 2            | 1            | 1                 | 0              |
| <b>11</b>                  | <b>Child fed within 30 minute of delivery</b>      | 2            | 3            | 1                 | 0              |
| <b>12</b>                  | <b>Used colostrums as per advise</b>               | 2            | 3            | 1                 | 0              |
| <b>13</b>                  | <b>Exclusive Breast feeding</b>                    | 0            | 0            | 0                 | 0              |
| <b>14</b>                  | <b>Three post natal check up</b>                   | 3            | 3            | 6                 | 2              |

**Field Verification of JSY Clients  
MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

| <b>Sl. No.</b> | <b>Action points</b>                        | <b>Gujra</b>      | <b>Kumhi</b>     | <b>Bhimbhauri</b> | <b>Gadadih</b> |
|----------------|---|-------------------|------------------|-------------------|----------------|
| 1              | Total No of beneficiaries selected          | 6                 | 6                | 4                 | 5              |
| 2              | Total beneficiaries contacted               | 5                 | 4                | 3                 | 3              |
| 3              | Beneficiaries could not be contacted due to |                   |                  |                   |                |
|                | A) No such person living in the area.       | 0                 | 0                | 0                 | 0              |
|                | B) Left the place temporarily.              | 0                 | 2                | 1                 | 2              |
|                | C) Left the place permanently               | 0                 | 0                | 0                 | 0              |
|                | D) Dead                                     | 0                 | 0                | 0                 | 0              |
|                | E) Wrong/Incomplete address                 | 0                 | 0                | 0                 | 0              |
|                | F) Others                                   | 1                 | 0                | 0                 | 0              |
|                | <b>Total</b>                                | 1                 | 2                | 1                 | 2              |
| 4              | Discrepancy in reporting of beneficiaries   | 0                 | 0                | 0                 | 0              |
| 5              | TT received during the pregnancy            | 5                 | 4                | 3                 | 3              |
| 6              | IFA tablet received during the pregnancy    | 5                 | 4                | 3                 | 3              |
| 7              | IFA consumed as per instruction             | 5                 | 4                | 3                 | 3              |
| 8              | Received three Ante natal check up          | 5                 | 4                | 3                 | 3              |
| 9              | Three post natal check up                   | 5                 | 4                | 3                 | 3              |
| 10             | Monetary benefit under JSY                  | 3/1400<br>,2/1650 | 1/1400<br>3/1650 | 1/1400<br>2/500   | 3/500          |
| 11             | Satisfied with services                     | 5                 | 4                | 3                 | 3              |

Form 7.1 (i)

FIELD VERIFICATION OF Sterilization Cases

| <b>5.4.1. Field verification of Clients practicing Contraceptive methods – Sterilization</b> |   |              |              |                   |                |
|--|---|--------------|--------------|-------------------|----------------|
| <b>Sl. No.</b>   | <b>Action points</b>  | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
| 1  | # of selected cases   | 4            | 3            | 7                 | 3              |
| 2  | # of contacted cases  | 3            | 2            | 4                 | 1              |
| 3  | Cases not contacted due to                                    |              |              |                   |                |
| a  | NSP   | 0            | 0            | 0                 | 0              |
| b  | IA/WA   | 0            | 0            | 0                 | 0              |
| h  | PO  | 0            | 0            | 0                 | 0              |
| d  | TO  | 1            | 1            | 0                 | 2              |
| e  | Others  | 0            | 0            | 3                 | 0              |
|  | <b>Total</b>  | 1            | 1            | 3                 | 2              |
| 4  | Discrepancy   | 0            | 0            | 0                 | 0              |
| a  | Age of acceptors  | 0            | 0            | 0                 | 0              |
| b  | Age of spouse   | 0            | 0            | 0                 | 0              |
| d  | No. of Total child  | 0            | 0            | 0                 | 0              |
| e  | No. of Male child   | 0            | 0            | 0                 | 0              |
|  | <b>Total</b>  | 0            | 0            | 0                 |                |
| 5  | Ineligible Cases  | 0            | 0            | 0                 | 0              |
| 6  | Denial/ Fake  |              |              |                   |                |
| a  | Denial cases  | 0            | 0            | 0                 | 0              |
| b  | Fake cases  | 0            | 0            | 0                 | 0              |
| c  | Double reported cases   | 0            | 0            | 0                 | 0              |
|  | <b>Total</b>  | 0            | 0            | 0                 | 0              |
| 7  | Follow up by Staff out of found genuine cases                 | 0            | 2            | 0                 | 0              |
| 8  | Pregnancy during the use of method out of found genuine cases | 0            | 0            | 0                 | 0              |
| 9  | Complaints if any out of found genuine cases                  | 0            | 0            | 0                 | 0              |
| 10   | Satisfied with method out of found genuine cases              | 3            | 2            | 4                 | 1              |

Form – 7.1 (ii)

**Field verification of Clients practicing – IUDs Methods**

| <b>Sl. No.</b> | <b>Action points</b>   | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
|----------------|--|--------------|--------------|-------------------|----------------|
| 1              | # of selected cases  | 4            | 4            | Not               | 3              |
| 2              | # of contacted cases   | 2            | 3            | Avail-            | 2              |
| 3              | <b>Cases not contacted due to</b>                                    |              |              | be                |                |
| a              | NSP  | 0            | 0            | IUD               | 0              |
| b              | IA/WA  | 0            | 0            | Last              | 0              |
| h              | PO   | 0            | 0            | 6                 | 0              |
| d              | TO   | 1            | 1            | month             | 0              |
| e              | Others   | 1            | 0            |                   | 1              |
|                | <b>Total</b>   | 2            | 1            |                   | 1              |
| 4              | <b>Discrepancy</b>   | 0            | 0            |                   | 0              |
| a              | Age of acceptors   | 0            | 0            |                   | 0              |
| b              | Age of spouse  | 0            | 0            |                   | 0              |
| d              | No. of Total child   | 0            | 0            |                   | 0              |
| e              | No. of Male child  | 0            | 0            |                   | 0              |
|                | <b>Total</b>   | 0            | 0            |                   | 0              |
| 5              | <b>Ineligible Cases</b>  | 0            | 0            |                   | 0              |
| 6              | <b>Denial/ Fake</b>  |              |              |                   |                |
| a              | Denial cases   | 0            | 0            |                   | 0              |
| b              | Fake cases   | 1            | 0            |                   | 2              |
| c              | Double reported cases  | 0            | 0            |                   | 0              |
|                | <b>Total</b>   | 1            | 0            |                   | 0              |
| 7              | <b>Follow up by Staff out of found genuine cases</b>                 | 0            | 3            |                   | 0              |
| 8              | <b>Pregnancy during the use of method out of found genuine cases</b> | 0            | 0            |                   | 0              |
| 9              | <b>Complaints if any out of found genuine cases</b>                  | 0            | 1            |                   | 0              |
| 10             | <b>Satisfied with method out of found genuine cases</b>              | 1            | 2            |                   | 0              |

Form 7.1 (iii)

**Field verification of Clients practicing - Oral Pills Contraceptive methods**

| <b>Sl. No.</b> | <b>Action points</b>   | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> | <b>Gadadih</b> |
|----------------|--|--------------|--------------|-------------------|----------------|
| 1              | # of selected cases  | OP           | OP           | OP                | OP             |
| 2              | # of contacted cases   | Not          | Not          | Not               | Not            |
| 3              | <b>Cases not contacted due to</b>                                    | Avail-       | Avail-       | Avail-            | Avail-         |
| a              | NSP  | Labe         | Labe         | Labe              | Labe           |
| b              | IA/WA  | In           | In           | In                | In             |
| h              | PO   | HSC          | HSC          | HSC               | HSC            |
| d              | TO   |              |              |                   |                |
| e              | Others   |              |              |                   |                |
|                | <b>Total</b>   |              |              |                   |                |
| 4              | <b>Discrepancy</b>   |              |              |                   |                |
| a              | Age of acceptors   |              |              |                   |                |
| b              | Age of spouse  |              |              |                   |                |
| d              | No. of Total child   |              |              |                   |                |
| e              | No. of Male child  |              |              |                   |                |
|                | <b>Total</b>   |              |              |                   |                |
| 5              | <b>Ineligible Cases</b>  |              |              |                   |                |
| 6              | <b>Denial/ Fake</b>  |              |              |                   |                |
| a              | Denial cases   |              |              |                   |                |
| b              | Fake cases   |              |              |                   |                |
| c              | Double reported cases  |              |              |                   |                |
|                | <b>Total</b>   |              |              |                   |                |
| 7              | <b>Follow up by Staff out of found genuine cases</b>                 |              |              |                   |                |
| 8              | <b>Pregnancy during the use of method out of found genuine cases</b> |              |              |                   |                |
| 9              | <b>Complaints if any out of found genuine cases</b>                  |              |              |                   |                |
| 10             | <b>Satisfied with method out of found genuine cases</b>              |              |              |                   |                |



Form 7.4 (iv)

**Field verification of Clients practicing - Condom Contraceptive methods**

| <b>Sl. No.</b> | <b>Action points</b>   | <b>Gujra</b> | <b>Kumhi</b> | <b>Bhimbhauri</b> |
|----------------|--|--------------|--------------|-------------------|
| 1              | # of selected cases  | CC           | CC           | CC                |
| 2              | # of contacted cases   | Not          | Not          | Not               |
| 3              | <b>Cases not contacted due to</b>                                    | Avail-able   | Avail-able   | Avail-able        |
| a              | NSP  | In           | In           | In                |
| b              | IA/WA  | HSC          | HSC          | HSC               |
| h              | PO   |              |              |                   |
| d              | TO   |              |              |                   |
| e              | Others   |              |              |                   |
|                | <b>Total</b>   |              |              |                   |
| 4              | <b>Discrepancy</b>   |              |              |                   |
| a              | Age of acceptors   |              |              |                   |
| b              | Age of spouse  |              |              |                   |
| d              | No. of Total child   |              |              |                   |
| e              | No. of Male child  |              |              |                   |
|                | <b>Total</b>   |              |              |                   |
| 5              | <b>Ineligible Cases</b>  |              |              |                   |
| 6              | <b>Denial/ Fake</b>  |              |              |                   |
| a              | Denial cases   |              |              |                   |
| b              | Fake cases   |              |              |                   |
| c              | Double reported cases  |              |              |                   |
|                | <b>Total</b>   |              |              |                   |
| 7              | <b>Follow up by Staff out of found genuine cases</b>                 |              |              |                   |
| 8              | <b>Pregnancy during the use of method out of found genuine cases</b> |              |              |                   |
| 9              | <b>Complaints if any out of found genuine cases</b>                  |              |              |                   |
| 10             | <b>Satisfied with method out of found genuine cases</b>              |              |              |                   |

**RM 7.3 (iii)**  
**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**  
**INFORMATION ON Community satisfaction of Mother for Work of ANMs**

| <b>Sl. No.</b> | <b>Action points</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> |
|----------------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1              | ANMs visited village regularly  | Yes      | Yes      | No       | No       | Yes      | Yes      | No       | No       | Yes      | Yes       |
| 2              | Mothers had some problem in last pregnancy  | No       | No       | No       | No       | No       | No       | No       | No       | No       | No        |
| 3              | Mothers received timely advices for getting treatment                             | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes       |
| 4              | Institutional deliveries  | 3/5      | 3/5      | 3/7      | 3/5      | 3/5      | 3/5      | 3/7      | 3/5      | 3/5      | 3/5       |
| 5              | Babies weighed after birth  | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes       |
| 6              | Mothers aware about JSY   | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes       |
| 7              | Mothers received three PNC  | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes       |
| 8              | Mothers advised regarding colostrums  | Yes      | Yes      | No       | Yes(3/5) | Yes      | Yes      | No       | Yes(3/5) | Yes      | Yes       |
| 9              | Mothers get information about proper breast feeding                               | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes       |
| 10             | Mothers have knowledge about the dangerous sign of ARI-                           | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes       |
| 11             | Mothers have knowledge about fluid that is to be given during diarrhea            | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes       |
| 12             | Mothers have knowledge about schedule of Child immunization                       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        |
| 13             | Mothers aware about the disease for which immunization given to their child -     | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        |
| 14             | Mothers aware about the immunization against measles to be given in the 9th month | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        |
| 15             | Awareness of mothers about the contraceptive method -                             | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        |
| 16             | Mothers aware about the side effect of the contraceptive.                         | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        |
| 17             | Awareness about the ideal gap between two children                                | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes       |

## Form 7.3 (ii)

**Community satisfaction of Mother for Work of ASHAs**

| <b>Sl. No.</b> | <b>Action points</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> | <b>11</b> |
|----------------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| <b>1</b>       | ASHA visited mothers during period from pregnancy to delivery                               | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No        | No        |
| <b>2</b>       | Mothers Received three ANC  | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No        | No        |
| <b>3</b>       | Mothers had some problem in last pregnancy  | No       | No       | No       | No       | No       | No       | No       | No       | No       | No        | No        |
| <b>4</b>       | Mothers received timely advices for getting treatment                                       | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No        | No        |
| <b>5</b>       | Institutional deliveries  | 3/5      | 3/5      | 3/7      | 3/5      | 3/5      | 3/5      | 3/7      | 3/5      | 3/5      | 3/5       | 3/5       |
| <b>6</b>       | Babies weighed after birth  | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No        | No        |
| <b>7</b>       | Mothers received three PNC  | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        | No        |
| <b>8</b>       | Mothers get information about proper breast feeding   | Yes      | No       | No       | No       | Yes      | No       | No       | No       | Yes      | No        | No        |
| <b>9</b>       | Mothers have knowledge about the dangerous sign of ARI.                                     | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        | No        |
| <b>10</b>      | Mothers have knowledge about fluid that is to be given during diarrhea                      | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes       | Yes       |
| <b>11</b>      | Mothers have knowledge about the immunization given to their child                          | Yes      | No       | Yes      | Yes      | Yes      | No       | Yes      | Yes      | Yes      | No        | No        |
| <b>12</b>      | Mothers have knowledge about that the immunization against measles given in the ninth month | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No       | Yes      | No        | No        |

## Form 7.3 (i)

**Key Information from sarpanchs (PRI) on the work of ANMs**

| <b>Sl. No.</b> | <b>Action points</b>   | <b>Gujra</b> | <b>Kumhi</b> |
|----------------|--|--------------|--------------|
|                | <b>No. of Panchayat Members contacted</b>                                    | 0            | 0            |
| 1              | Do you know about NRHM?  | 0            | 0            |
| 2              | Activities of NRHM are smoothly functioning ?                                | 0            | 0            |
| 3              | Whether the JSY benefited to all the villagers?                              | 0            | 0            |
| 4              | Do you know about untied funds?  | 0            | 0            |
| 5              | Do you have a Joint account with ANM in bank for untied funds?               | 0            | 0            |
| 6              | Is there proper utilization of untied funds?                                 | 0            | 0            |
| 7              | Are the Villagers are benefited out of the untied funds?                     | 0            | 0            |
| 8              | In your village when and where the health camps are organized?               | 0            | 0            |
| 9              | Who is ASHA in your Village?   | 0            | 0            |
| 10             | You know about the functioning of ASHA?                                      | 0            | 0            |
| 11             | Know about the how many Link Worker are working in your Village?             | 0            | 0            |
| 12             | In your village whether the cases of Institutional deliveries are increased? | 0            | 0            |
| 13             | Any Polio case found in your Village?  | 0            | 0            |
| 14             | Is there regular immunization of children from time to time in your Village? | 0            | 0            |

**Patient's SATISFACTION**

| S. No | Particulars                 | P1           | P2               | P3              | P4         | P5                  | P6          | P7 | P8 | P9 | P10 |
|-------|-----------------------------|--------------|------------------|-----------------|------------|---------------------|-------------|----|----|----|-----|
|       | Socio-economic correlation  | Godavari bai | Jayshri kurrey   | Pretty          | Kunti bai  | Nanku ram           | Keshari bai |    |    |    |     |
| i     | Age                         | 40yr         | 24yr             | 11yr            | 40yr       | 38yr                | 42yr        |    |    |    |     |
| ii    | sex                         | F            | F                | F               | F          | M                   | F           |    |    |    |     |
| iii   | education                   | Illiterate   | 10 <sup>th</sup> | 6 <sup>th</sup> | Illiterate | 7 <sup>th</sup> std | Illiterate  |    |    |    |     |
| iv    | race                        | Hindu        | Hindu            | Hindu           | Hindu      | Hindu               | Hindu       |    |    |    |     |
| v     | marital status              | Marrid       | Married          | Unmarried       | Marrid     | Married             | Marrid      |    |    |    |     |
| vi    | facility size               |              |                  |                 |            |                     |             |    |    |    |     |
| vii   | occupation                  | Laborer      | House wife       | Student         | Laborer    | Laborer             | House wife  |    |    |    |     |
| viii  | income                      | 1200rs/m     | Nil              | Nil             | 1500rs/m   | 2000rs/m            | Nil         |    |    |    |     |
| ix    | social class                | Poor         | Middle           | Middle          | Poor       | Poor                | Poor        |    |    |    |     |
|       | 2 Art of Care               |              |                  |                 |            |                     |             |    |    |    |     |
| i     | friendliness                | Avg          | Avg              | Avg             | Avg        | Avg                 | Avg         |    |    |    |     |
| ii    | Patience, sincerity         | Avg          | Avg              | Avg             | Avg        | Avg                 | Avg         |    |    |    |     |
| iii   | Consideration, concern      | Avg          | Avg              | Avg             | Avg        | Avg                 | Avg         |    |    |    |     |
|       |                             |              |                  |                 |            |                     |             |    |    |    |     |
| iv    | Disrespect, embarrassment   | No           | No               | No              | No         | No                  | No          |    |    |    |     |
| v     | Hurt, insult                | No           | No               | No              | No         | No                  | No          |    |    |    |     |
| vi    | making worry, abruptness    | No           | No               | No              | No         | No                  | No          |    |    |    |     |
|       | 2 Technical Quality of Care |              |                  |                 |            |                     |             |    |    |    |     |
| i     | Ability, accuracy           | Good         | Good             | Good            | Good       | Poor                | avg         |    |    |    |     |
| ii    | Experience, thoroughness    | Godd         | Good             | Good            | Godd       | Poor                | Avg         |    |    |    |     |
| iii   | training                    |              |                  |                 |            |                     |             |    |    |    |     |
| iv    | defective equipments        | Na           | Nil              | Nil             | Na         | Na                  | Na          |    |    |    |     |
| v     | over prescribing            | Na           | Nil              | Nil             | Na         | Na                  | Na          |    |    |    |     |
| vi    | outdated regimens           | No           | Nil              | Nil             | No         | Na                  | No          |    |    |    |     |
| vii   | taking unnecessary risk     | No           | nil              | nil             | No         | na                  | No          |    |    |    |     |

|      |  |      |     |     |     |     |     |     |  |  |  |
|------|--|------|-----|-----|-----|-----|-----|-----|--|--|--|
| 3    | Accessibility/Convenience                              | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| i    | easy appointment                                       | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| ii   | care facility is far away(>3Km)                        | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| iii  | Lot of time and efforts to get care                    | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| iv   | convenience location                                   | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| v    | conveyance timing                                      | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| vi   | long waiting time                                      | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| vii  | telephonic consultation available                      | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| viii | home care provided                                     | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| 4    | Finance  |      |     |     |     |     |     |     |  |  |  |
| i    | Care services are free of cost                         | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| ii   | Drugs are provided free of cost & adequate             | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| iii  | Investigations are undertaken in hospital free of cost | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| iv   | Have to pay consultation fee                           | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| v    | have to pay for drugs                                  | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| vi   | have to pay for tests                                  | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| vii  | have to bribe to get services                          | No   | No  | No  | No  | No  | No  | No  |  |  |  |
| 5    | Physical Environment                                   |      |     |     |     |     |     |     |  |  |  |
| i    | Pleasant atmosphere                                    | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| ii   | comfort of seating                                     | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| iii  | Attractiveness of waiting room                         | Na   | Na  | Na  | Na  | Na  | Na  | Na  |  |  |  |
| iv   | clarity of sign & directions                           | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| v    | good lighting  | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| vi   | quite  | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| vii  | Neat & clean   | Yes  | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| viii | Orderly facility & equipment                           | Poor |     |     |     |     |     |     |  |  |  |

|     |                                  |     |     |     |     |     |     |     |  |  |  |
|-----|----------------------------------|-----|-----|-----|-----|-----|-----|-----|--|--|--|
|     |                                  |     |     |     |     |     |     |     |  |  |  |
|     | 6 Availability of care           |     |     |     |     |     |     |     |  |  |  |
| i   | Adequate # care providers        | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| ii  | Adequate # of facilities/clinics | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| iii | Adequate quantity of drugs       | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| iv  | adequate counselors              | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| v   | adequate lab facilities          | Yes | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
|     |                                  |     |     |     |     |     |     |     |  |  |  |
|     | 7 Continuity of care             |     |     |     |     |     |     |     |  |  |  |
| i   | care is available regularly      | Yes | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| ii  | It is on fixed timing and days   | Yes | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| iii | it is available occasionally     | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| iv  | not available                    |     |     |     |     |     |     |     |  |  |  |
| v   | Medical records are maintained   | Na  | Na  | Na  | Na  | Na  | Na  | Na  |  |  |  |
|     |                                  |     |     |     |     |     |     |     |  |  |  |
|     | 8 Efficacy/outcome of care       |     |     |     |     |     |     |     |  |  |  |
| i   | Disease cured completely         | Yes | Yes | Yes | Yes | Yes | Yes | Yes |  |  |  |
| ii  | Developed complications          | No  | No  | No  | No  | No  | No  | No  |  |  |  |
| iii | developed resistance             | Na  | Na  | Na  | Na  | Na  | Na  | Na  |  |  |  |
| iv  | disease has relapsed             | Na  | Na  | Na  | Na  | Na  | Na  | Na  |  |  |  |
| v   | spread to other contacts         | Na  | Na  | Na  | Na  | Na  | Na  | Na  |  |  |  |
|     |                                  |     |     |     |     |     |     |     |  |  |  |

**Patient's SATISFACTION**

| S. No | Particulars                  | P1        | P2        | P3        | P4        | P5        | P6        | P7         |
|-------|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
|       | 1 Socio-economic correlation |           |           |           |           |           |           |            |
| i     | Age                          | 40        | 66        | 22        | 32        | 29        | 42        | 49         |
| ii    | sex                          | Female    | Male      | Female    | Female    | Male      | Male      | Female     |
| iii   | education                    | Nil       | 12th      | 10th      | Nil       | Pri       | Sec       | Illiterate |
| iv    | race                         | Indian    | Indian    | Indian    | Indian    | Indian    | Indian    | Indian     |
| v     | marital status               | Married   | Married   | Married   | Married   | Married   | Married   | Married    |
| vi    | facility size                | 09        | 12        | 08        | 07        | 09        | 06        | 08         |
| vii   | occupation                   | Labour    | Retired   | H.W       | H.W       | Labour    | Farmer    | H.W        |
| viii  | income                       | 2000/Mt   | 4000/Mt   | Nil       | 1000/Mt   | 1800/Mt   | 2000/Mt   | Na         |
| ix    | social class                 | Bpl       | Apl       | Bpl       | Bpl       | Bpl       | Bpl       | Bpl        |
|       |                              |           |           |           |           |           |           |            |
|       | 2 Art of Care                |           |           |           |           |           |           |            |
| i     | friendliness                 | Yes       | Yes       | Yes       | Yes       | Yes       | Yes       | Yes        |
| ii    | Patience, sincerity          | Good      | Good      | Yes       | Good      | Good      | Good      | Good       |
| iii   | Consideration, concern       | Good      | Good      | Good      | Good      | Good      | Good      | Good       |
|       |                              |           |           |           |           |           |           |            |
| iv    | Disrespect, embarrassment    | No        | No        | No        | No        | No        | No        | No         |
| v     | Hurt, insult                 | No        | No        | No        | No        | No        | No        | No         |
| vi    | making worry, abruptness     | No        | No        | Sometimes | No        | No        | No        | No         |
|       |                              |           |           |           |           |           |           |            |
|       | 2 Technical Quality of Care  |           |           |           |           |           |           |            |
| i     | Ability, accuracy            | Good      | Not Known | Not Known | Not Known | Not Known | Not Known | Not Known  |
| ii    | Experience, thoroughness     | Not Known | Not Known | Not Known | Not Known | Not Known | Not Known | Not Known  |
| iii   | training                     | Na        | Na        | Not Known | Not Known | Not Known | Not Known | Not Known  |
|       |                              |           |           |           |           |           |           |            |
| iv    | defective equipments         | Not Known | Na        | Na        | Na        | Na        | Na        | Na         |
| v     | over prescribing             | No        | Yes       | No        | No        | No        | No        | No         |
| vi    | outdated regimens            | No        | No        | No        | No        | No        | No        | No         |
| vii   | taking unnecessary risk      | No        | No        | No        | No        | No        | No        | No         |
|       |                              |           |           |           |           |           |           |            |



|      |   |  |     |     |     |     |     |     |     |
|------|---|--|-----|-----|-----|-----|-----|-----|-----|
|      | 3 | Accessibility/Convenience                              |     |     |     |     |     |     |     |
| i    |   | easy appointment                                       | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ii   |   | care facility is far away(>3Km)                        | No  | No  | No  | No  | No  | No  | No  |
| iii  |   | Lot of time and efforts to get care                    | No  | No  | No  | No  | No  | No  | No  |
| iv   |   | convenience location                                   | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| v    |   | conveyance timing                                      | Yes | No  | No  | No  | No  | No  | No  |
| vi   |   | long waiting time                                      | No  | No  | No  | No  | No  | No  | No  |
| vii  |   | telephonic consultation available                      | No  | No  | No  | No  | No  | No  | No  |
| viii |   | home care provided                                     | No  | No  | No  | No  | No  | No  | No  |
|      |   |  |     |     |     |     |     |     |     |
|      | 4 | Finance  |     |     |     |     |     |     |     |
| i    |   | Care services are free of cost                         | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ii   |   | Drugs are provided free of cost & adequate             | No  | No  | No  | No  | No  | No  | No  |
| iii  |   | Investigations are undertaken in hospital free of cost | No  | Na  | No  | No  | No  | No  | No  |
|      |   |  |     |     |     |     |     |     |     |
| iv   |   | Have to pay consultation fee                           | No  | No  | No  | No  | No  | No  | No  |
| v    |   | have to pay for drugs                                  | No  | No  | No  | No  | No  | No  | No  |
| vi   |   | have to pay for tests                                  | No  | No  | No  | No  | No  | No  | No  |
| vii  |   | have to bribe to get services                          | No  | No  | No  | No  | No  | No  | No  |
|      |   |  |     |     |     |     |     |     |     |
|      | 5 | Physical Environment                                   |     |     |     |     |     |     |     |
| i    |   | Pleasant atmosphere                                    | Yes | No  | Yes | No  | No  | No  | No  |
| ii   |   | comfort of seating                                     | No  | No  | No  | No  | No  | No  | No  |
| iii  |   | Attractiveness of waiting room                         | No  | No  | Yes | No  | No  | No  | No  |
| iv   |   | clarity of sign & directions                           | No  | No  | Yes | No  | No  | No  | No  |
| v    |   | good lighting  | No  | No  | Yes | Yes | Yes | Yes | Yes |
| vi   |   | quite  | No  | No  | Yes | Yes | Yes | Yes | Yes |

|                          |                                  |           |           |           |     |     |     |     |
|--------------------------|----------------------------------|-----------|-----------|-----------|-----|-----|-----|-----|
| vii                      | Neat & clean                     | No        | No        | No        | No  | No  | No  | No  |
| viii                     | Orderly facility & equipment     | No        | No        | No        | No  | No  | No  | No  |
| 6                        |                                  |           |           |           |     |     |     |     |
| Availability of care     |                                  |           |           |           |     |     |     |     |
| i                        | Adequate # care providers        | No        | No        | No        | No  | No  | No  | No  |
| ii                       | Adequate # of facilities/clinics | No        | No        | No        | No  | No  | No  | No  |
| iii                      | Adequate quantity of drugs       | No        | No        | Not Known | No  | No  | No  | No  |
| iv                       | adequate counselors              | No        | No        | No        | No  | No  | No  | No  |
| v                        | adequate lab facilities          | No        | No        | No        | No  | No  | No  | No  |
| 7                        |                                  |           |           |           |     |     |     |     |
| Continuity of care       |                                  |           |           |           |     |     |     |     |
| i                        | care is available regularly      | Yes       | Yes       | Yes       | Yes | Yes | Yes | Yes |
| ii                       | It is on fixed timing and days   | No        | Yes       | No        | Yes | Yes | Yes | Yes |
| iii                      | it is available occasionally     |           |           |           |     |     |     |     |
| iv                       | not available                    |           |           |           |     |     |     |     |
| v                        | Medical records are maintained   | Yes       | Yes       | Yes       | Yes | Yes | Yes | Yes |
| 8                        |                                  |           |           |           |     |     |     |     |
| Efficacy/outcome of care |                                  |           |           |           |     |     |     |     |
| i                        | Disease cured completely         | Not Known | Not Known | Not Known | Na  | Na  | Na  | Na  |
| ii                       | Developed complications          |           |           |           |     |     |     |     |
| iii                      | developed resistance             |           |           |           |     |     |     |     |
| iv                       | disease has relapsed             |           |           |           |     |     |     |     |
| v                        | spread to other contacts         |           |           |           |     |     |     |     |

**JOB SATISFACTION**

| S. No | Particulars                              |              |              |             |          |             |              |          |             |  |  |
|-------|--|--------------|--------------|-------------|----------|-------------|--------------|----------|-------------|--|--|
| 1     | Organization                             | Sarita patel | Lalit patkar | y.k.sonwani | Sk verma | Laxmi verma | Smt bhagwati | b.k.sahu | Dr rk verma |  |  |
| i     | Clear Goal's & Targets                   | Yes          | Yes          | No          | Yes      | Yes         | Yes          | Yes      | Yes         |  |  |
| ii    | Reporting structure very easy and clear  | Na           | Na           | Na          | Na       | Na          | Na           | Na       | Na          |  |  |
| iii   | Feedback is given on important issues    | Yes          | No           | No          | Yes      | No          | No           | Yes      | Yes         |  |  |
| iv    | Facilitate Team work                     | Yes          | Yes          | No          | Yes      | No          | No           | Yes      | Yes         |  |  |
| v     | Employees are considered as an assets    | Yes          | No           | No          | Yes      | No          | No           | No       | Yes         |  |  |
| 2     | General Working Conditions               |              |              |             |          |             |              |          |             |  |  |
| i     | Hours worked each week                   | 36hrs        | 36hrs        | 30hrs       | 36hrs    | 36hrs       | 24hrs        | 30hrs    | 36hrs       |  |  |
| ii    | Activities involves field tours          | No           | Yes          | No          | No       | No          | No           | No       | Yes         |  |  |
| iii   | Location of work/safe working conditions | Yes          | Yes          | Yes         | Yes      | Yes         | No           | Yes      | No          |  |  |
| iv    | Paid vacation/sick leave offered         | Yes          | Yes          | Yes         | Yes      | Yes         | No           | Yes      | Yes         |  |  |
| v     | Stress free working condition            | Yes          | Yes          | Yes         | no       | Yes         | No           | Yes      | Yes         |  |  |
| 3     | Pay & promotion potential                |              |              |             |          |             |              |          |             |  |  |
| i     | salary - timely payments                 | No           | No           | No          | Yes      | No          | Yes          | Yes      | No          |  |  |
| ii    | Opportunity of promotion                 | No           | No           | No          | Less     | No          | Less         | No       | No          |  |  |
| iii   | Compensation for additional work         | No           | No           | No          | No       | No          | No           | No       | No          |  |  |
| iv    | Job Security                             | No           | Yes          | No          | Yes      | No          | Yes          | yes      | Yes         |  |  |
| v     | Recognition of work                      | No           | No           | No          | No       | No          | No           | No       | No          |  |  |
| 4     | Work Relationship                        |              |              |             |          |             |              |          |             |  |  |
| i     | Relationship with coworkers              | Good         | Good         | Good        | Good     | Good        | Good         | Good     | Good        |  |  |
| ii    | relationship with supervisors            | Good         | Good         | Good        | Good     | Good        | Good         | Good     | Good        |  |  |
| iii   | relationship with subordinates           | Good         | Good         | Good        | Good     | Good        | Good         | Good     | Good        |  |  |
| iv    | Discuss and acceptance of views          | Yes          | Yes          | Yes         | No       | No          | No           | Yes      | Yes         |  |  |
| v     | Accountability to Boss                   | Good         | good         | good        | Good     | No boss     | Good         | Good     | good        |  |  |

|     |  |     |     |     |        |     |     |     |     |  |  |
|-----|--|-----|-----|-----|--------|-----|-----|-----|-----|--|--|
| 5   | Use of Skills and Abilities                  |     |     |     |        |     |     |     |     |  |  |
| i   | Opportunities to utilize skills & talents    | Yes | Yes | Yes | v.less | No  | No  | No  | Yes |  |  |
| ii  | Opportunities to learn new skills            | Yes | No  | Yes | Yes    | No  | No  | Yes | Yes |  |  |
| iii | Support for additional training              | No  | No  | No  | No     | No  | No  | No  | yes |  |  |
| iv  | It is a challenging Job                      | Yes | No  | Yes | Yes    | No  | Yes | No  | Yes |  |  |
| v   | Provides all resources& Logistics            | Na  | Na  | Na  | Na     | Na  | Na  | Na  | Na  |  |  |
|     |  |     |     |     |        |     |     |     |     |  |  |
| 6   | Work Activities                              |     |     |     |        |     |     |     |     |  |  |
| i   | Variety of job responsibilities              | Yes | No  | no  | No     | No  | Yes | No  | Yes |  |  |
| ii  | Independence of your work Role               | No  | Yes | No  | No     | Yes | Yes | Yes | Yes |  |  |
| iii | Opportunities for periodic changes in duties | No  | No  | No  | No     | No  | No  | Yes | No  |  |  |
| iv  | Flexibility of Scheduling                    | No  | No  | No  | No     | No  | No  | No  | No  |  |  |
| v   | Fixed duty rosters                           | Yes | Yes | Yes | Yes    | No  | No  | Yes | Yes |  |  |
|     |  |     |     |     |        |     |     |     |     |  |  |
| 7   | Personal                                     |     |     |     |        |     |     |     |     |  |  |
| i   | Residential accommodation provided           | No  | No  | Yes | No     | No  | Yes | No  | Yes |  |  |
| ii  | Transportation arranged for duties           | No  | No  | No  | No     | No  | No  | No  | No  |  |  |
| iii | benefits for children education              | No  | No  | No  | No     | No  | No  | No  | No  |  |  |
| iv  | Health insurance of family members           | No  | No  | No  | No     | No  | No  | No  | No  |  |  |
| v   | Risk coverage/life insurance                 | No  | No  | No  | No     | No  | No  | No  | No  |  |  |

**JOB SATISFACTION**

| S. No | Particulars                              | BMO         | BMO        | HMIS       | MO   | SUPERVISOR | PHARMACIST | RMA  | SUPERVISOR | MO   | RMA  |
|-------|--|-------------|------------|------------|------|------------|------------|------|------------|------|------|
| 1     | Organization                             |             |            |            |      |            |            |      |            |      |      |
| i     | Clear Goal's & Targets                   | Yes         | Yes        | Yes        | Yes  | Yes        | Yes        | Yes  | Yes        | Yes  | Yes  |
| ii    | Reporting structure very easy and clear  | Yes         | Yes        | Yes        | Yes  | No         | No         | No   | No         | Yes  | No   |
| iii   | Feedback is given on important issues    | Yes         | Yes        | Yes        | Yes  | Yes        | No         | No   | No         | Yes  | No   |
| iv    | Facilitate Team work                     | Yes         | Yes        | Yes        | Yes  | Yes        | Yes        | Yes  | Yes        | No   | Yes  |
| v     | Employees are considered as an assets    | Yes         | Yes        |            | Yes  | Yes        | Yes        | Yes  | No         | No   | No   |
| 2     | General Working Conditions               |             |            |            |      |            |            |      |            |      |      |
| i     | Hours worked each week                   | 55-60 hours | 55-60hours | No specify | 48   | 48         | 48         | 48   | 48         | 48   | 48   |
| ii    | Activities involves field tours          | Yes         | Yes        | Yes        | Yes  | Yes        | No         | Yes  | Yes        | Yes  | Yes  |
| iii   | Location of work/safe working conditions | Yes         | Yes        | Yes        | Yes  | No         | Yes        | Yes  | Yes        | Yes  | Yes  |
| iv    | Paid vacation/sick leave offered         | Yes         | No         | No         | No   | Yes        | Yes        | Yes  | Yes        | Yes  | No   |
| v     | Stress free working condition            | Yes         | Yes        | Yes        | Yes  | Yes        | No         | Yes  | No         | Yes  | Yes  |
| 3     | Pay & promotion potential                |             |            |            |      |            |            |      |            |      |      |
| i     | salary - timely payments                 | Yes         | Yes        | Yes        | Yes  | Yes        | Yes        | Yes  | Yes        | No   | Yes  |
| ii    | Opportunity of promotion                 | Yes         | Yes        | Yes        | Yes  | Yes        | No         | No   | Yes        | Yes  | No   |
| iii   | Compensation for additional work         | No          | No         | No         | No   | Yes        | No         | No   | No         | No   | No   |
| iv    | Job Security                             | Yes         | Yes        | Yes        | No   | Yes        | Yes        | No   | Yes        | Yes  | No   |
| v     | Recognition of work                      | Yes         | Yes        | Yes        | Yes  | Yes        | Yes        | Yes  | No         | Yes  | No   |
| 4     | Work Relationship                        |             |            |            |      |            |            |      |            |      |      |
| i     | Relationship with coworkers              | Satisfied   | Satisfied  | Satisfied  | Good | Good       | Good       | Good | Good       | Good | Good |
| ii    | relationship with supervisors            | Satisfied   | Satisfied  | Satisfied  | Good | Good       | Good       | Good | Good       | Good | Good |
| iii   | relationship with subordinates           | Satisfied   | Satisfied  | Satisfied  | Good | Good       | Good       | Good | Good       | Fair | Fair |
| iv    | Discuss and acceptance of views          | Yes         | Yes        | Yes        | Good | Good       | Good       | Good | Good       | Good | Good |
| v     | Accountability to Boss                   | Yes         | Yes        | Yes        | Yes  | Good       | Good       | Good | Good       | No   | No   |

|     |  |     |     |     |     |     |     |     |     |     |     |
|-----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 5   | Use of Skills and Abilities                  |     |     |     |     |     |     |     |     |     |     |
| i   | Opportunities to utilize skills & talents    | Yes | Yes | Yes | No  | Yes | No  | Yes | No  | No  | Yes |
| ii  | Opportunities to learn new skills            | Yes | Yes | Yes | No  | Yes | Yes | No  | No  | No  | Yes |
| iii | Support for additional training              | No  | No  | No  | No  | No  | No  | No  | No  | No  | No  |
| iv  | It is a challenging Job                      | Yes | Yes | Yes | Yes | No  | No  | No  | No  | No  | Yes |
| v   | Provides all resources & Logistics           | Yes | Yes | Yes | No  | No  | No  | No  | No  | No  | No  |
| 6   | Work Activities                              |     |     |     |     |     |     |     |     |     |     |
| i   | Variety of job responsibilities              | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ii  | Independence of your work Role               | Yes | Yes | Yes | No  | No  | Yes | No  | Yes | Yes | No  |
| iii | Opportunities for periodic changes in duties | Yes | Yes | Yes | No  | No  | No  | No  | No  | No  | No  |
| iv  | Flexibility of Scheduling                    | Yes | Yes | Yes | No  | No  | No  | No  | No  | No  | No  |
| v   | Fixed duty rosters                           | Yes | Yes | Yes | No  | No  | No  | No  | No  | No  | No  |
| 7   | Personal                                     |     |     |     |     |     |     |     |     |     |     |
| i   | Residential accommodation provided           | Yes | Yes | Yes | No  | No  | No  | Yes | No  | Yes | No  |
| ii  | Transportation arranged for duties           | No  | No  | No  | No  | No  | No  | No  | No  | No  | No  |
| iii | benefits for children education              | No  | No  | No  | No  | No  | No  | No  | No  | No  | No  |
| iv  | Health insurance of family members           | No  | No  | No  | No  | No  | No  | No  | No  | No  | No  |
| v   | Risk coverage/life insurance                 | No  | No  | No  | No  | No  | No  | No  | No  | No  | No  |