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**TRIP REPORT # 0-31**

TRAVELERS: Dr. James Veney, INTRAH  
Evaluation Officer

COUNTRY VISITED: SRI LANKA

DATE OF TRIP: February 17-23, 1985

PURPOSE: To assist in project development activities and ensure that evaluation is an integral project component

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## EXECUTIVE SUMMARY

Dr. James E. Veney, INTRAH Evaluation Officer and Professor of Health Policy and Administration, School of Public Health, University of North Carolina, visited Sri Lanka with Ms. Lynn K. Knauff, INTRAH Deputy Director, from February 17 - 23, 1985. The purpose of the visit was to assist in project development activities, to ensure continuing evaluation of project training activities and to identify possible candidates for the May/July 1985 Chapel Hill-based evaluation training. During the course of the visit, meetings were held with the Health and Population Officer, USAID/Sri Lanka; the Family Planning Association of Sri Lanka (FPASL); Population Service Incorporated (PSI); the Nursing Education Division of the Ministry of Health (MOH); the Maternal and Child Health Unit of the Family Health Bureau (MCH/FHB); UNFPA; and the Ministry of Plan Implementation (MOPI).

Accomplishments of the visit include:

1. Familiarization with the evaluation activities of the Evaluation Section of the Maternal and Child Health Unit, Family Health Bureau and the FPASL.
2. Design of general outline of an evaluation component for the FPASL training project proposal under development.
3. Identification of two persons as candidates for

the May/July 1985 Chapel Hill-based evaluation  
training.

SCHEDULE OF VISIT

- 2-17-85, 1300: Arrival from Thailand.
- 2-18-85, 0830: Briefing with USAID Health/Population/  
Nutrition Officer, Ms. Eilene Oldwine.
- 2-18-85, 1100: Presentation on Family Planning Association  
of Sri Lanka (FPASL) operations by  
Mr. Daya Abeywickrema, Executive Director.
- 2-18-85, 1500: Meeting with Dr. N. Vidyasagara of the  
Maternal and Child Health Section, Family  
Health Bureau (MCH/FHB).
- 2-19-85, 0900: Meeting with Mr. Atula Nanayakkara,  
Director, Ms. Chandra De Silva, Program  
Officer, staff of Population Service  
Incorporated (PSI).
- 2-19-85, 1100: Meeting with Ms. Charlotte Sumanasekera,  
Chief and Ms. Pieratne of the Nursing  
Education Unit, Ministry of Health (MOH).
- 2-19-85, 1400: Meeting with Dr. Wickramasurya, Evaluation  
officer MCH/FHB.
- 2-20-85, 0900: Meeting with Dr. Daniel Vandepoortaele,  
UNFPA.
- 2-20-85, 1030: Meeting with Mr. D.P. Wijegoonesekera,  
Director of Population Division of the  
Ministry of Plan Implementation (MOPI).
- 2-20-85, 1400: Meeting with Mr. Victor De Silva, Evaluation  
Consultant, FPASL.
- 2-21-85, 0900: Meeting with Mr. Amara Dissanayake, Director  
of Operations, FPASL.
- 2-22-85, 0930: Debriefing at USAID with Ms. Oldwine.
- 2-23-85, 1200: Departure for Nepal.

## I. PURPOSE

The principal purpose of this visit was to assist in INTRAH project development activities in Sri Lanka and to ensure that evaluation is an integral component of the project. A secondary purpose of the trip was to identify persons who would be likely candidates for the May/July 1985 Chapel Hill-based course on evaluation training.

## II. ACCOMPLISHMENTS

During five working days in Sri Lanka, the following was accomplished:

1. The traveler provided assistance in the development of an INTRAH/FPASL project proposal and activity workplan.
2. The traveler familiarized himself with the family planning activities presently being conducted in Sri Lanka. The activities and evaluation systems used by FPASL and by MCH/FHB were closely examined.
3. The traveler identified two candidates for the evaluation training course to be conducted in Chapel Hill in May/July, 1985.

### III. BACKGROUND

In January 1985, INTRAH received a proposal from FPASL for training of volunteer workers. Since INTRAH has both a responsibility and a mandate to provide for evaluation of its training projects, this visit to Sri Lanka was an attempt to ensure that systematic evaluation is built into the training activities of the project and becomes a part of the project from its inception.

### IV. DESCRIPTION OF ACTIVITIES

The principal activities of this visit were as follows:

1. Briefing and debriefing of the USAID Health/Population/Nutrition Officer, Ms. Eilene Oldwine.
2. Detailed presentation of FPASL activities by the organization's executive director, Mr. Daya Abeywickrema. During this meeting the INTRAH team learned that the clinical activities of FPASL are limited to two clinics: one in Colombo, and one in Kandy. The FPASL Village Volunteer Program was also discussed at length.

An interesting aspect of the Village Volunteer Program is that approximately 20 volunteers from a particular village are selected to be trained and,

subsequently, to serve as family planning motivators, reporting their activities monthly to FPASL district supervisors over a period of two years. At the end of the two years, FPASL discontinues active supervision of the volunteers in that particular village, thus freeing the necessary supervisory personnel for initiation of projects in new villages.

There is virtually no information available at FPASL regarding what happens to the village volunteers after the departure of FPASL from the villages, or even whether the volunteers continue to serve as family planning motivators in the villages. This question, and the question of what happens to family planning activities in general in these villages are important ones for evaluation, as the volunteers are usually young, unmarried men and women without jobs. The question really is, what happens to family planning activities in these communities when the volunteers become married or obtain jobs.

3. Meeting and discussions with Mr. Atula Nanayakkara, Director of PSI. During this meeting the training of ayurvedic doctors in the provision of contraceptives (especially orals) was

discussed. Over the course of this visit the INTRAH team encountered differing opinions on the value and potential of ayurvedic doctors in the provision of family planning services. PSI had little evidence that ayurvedics were successful in providing oral contraceptives, or even that they were willing to do so, as pills of any type seem to go against the general grain of their activities. PSI indicated they would send INTRAH an evaluation of ayurvedic training in family planning that was conducted by a local Colombo firm. Anecdotal evidence received elsewhere in regard to the ayurvedics suggests that oral contraceptives provided to them would eventually find their way into the over-the-counter market.

4. Meeting and discussions with Mrs. Sumanasekera and Mrs. Pieratne of the Nursing Education Unit, MOH. These persons were not entirely sure why we had been scheduled to see them and when the role of INTRAH was explained to them they seemed to have little interest in INTRAH assistance. They indicated that family planning was an important aspect of the training of nurse-midwives, the expected point of first contact for most families within the formal Sri Lankan health service. However, anecdotal information received from the

Family Health Bureau suggests that nurse-midwives, or family health workers as they are also called, are not effective in motivating couples to accept family planning. This may, in part, be due to the limited amount of supervised practical experience that they receive. During a six-month practicum, there are about 50 students per tutor. This means that on the average, each student could receive no more than 2.4 days of individually-supervised practical application of techniques.

5. Meeting and discussions on the MCH recording and reporting system with Dr. Wickramasurya, Head of Evaluation for MCH/FHB. During this meeting the recording and reporting systems being used in MCH/FHB were examined in detail. Nurse-midwives, as the first line of contact with families, are expected to know and to record monthly the use of contraceptives by each family in their area. Their records should allow an assessment of continued use of contraceptives. Such information about continued use of contraceptives, however, is not forwarded to district or central levels. Copies of the forms used by MCH/FHB at all levels are attached as Appendix B.

A major problem in regard to the assumption that the nurse-midwife has information about each family within her area is that (according to Mr. Wijegoonesekera of the Ministry of Plan Implementation) over half of the nurse-midwife posts are unfilled. This means that each working nurse-midwife must deal with many more families than should be expected, and consequently, cannot see each one on the schedule assumed by MCH/FHB and MOH.

6. Meeting with Dr. Daniel Vanderportaele, UNFPA representative for Sri Lanka. During this meeting, Dr. Vandeportaele informed us that an anticipated UNFPA needs assessment would not take place as scheduled. He also indicated that UNFPA supplies nearly all contraceptives for Sri Lanka. UNFPA funded the training of midwives through a WHO-executed program, but that activity has been terminated.
7. Meeting with Mr. Wijegoonesekera of the Ministry of Plan Implementation. Mr. Wijegoonesekera provided a number of reasons to account for the fact that the family planning program in Sri Lanka was not working as might be desired. An important insight was his statement that more nurse-midwife

posts were vacant than were filled. He was also of the opinion that only M.D.'s should provide oral contraceptives, to ensure that there is no backlash against the program. Given the low level of acceptance of oral contraceptives in Sri Lanka, however, it seems that backlash would be the least of the problems confronting the family planning service system.

8. Meetings and discussions on the evaluation activities of FPASL with Mr. Victor de Silva, evaluation consultant. The major foci of this discussion were the base-line surveys and the reporting carried out by the village volunteers. At the outset of each village volunteer program, a complete census of the village is done by the volunteers. This is possible because of the relatively high number of volunteers in each village area. During the life of the volunteer program monthly reports are submitted on the status of family planning activities of the families assigned to each volunteer. It is recognized that each volunteer may not be able to visit each family monthly, but monthly reports are expected in any case. Monthly reports are received from volunteers for a period of two years, after which active supervision of the local program is withdrawn.

There is no information within the FPASL at the present time about what then happens to the volunteers and to the family planning activities in those villages after FPASL support is withdrawn. A major component of any INTRAH-funded training within the Village Volunteer Program should include follow-up assessments of the village volunteers and family planning activities in the villages from which FPASL has withdrawn active supervision. Copies of the initial survey instruments and the monthly reporting form are attached as Appendix C.

9. Meetings with Mr. Amara Dissanayake, Director of Operations for FPASL, to discuss details of possible INTRAH-funding of the Village Volunteer Program. During these discussions it became clear that a training of trainers (TOT) workshop for the District Officers was badly needed. It also appears (although this should be verified with an examination of more data) that village volunteers may be responsible for the motivation of very few family planning acceptors over the two-year period of intense activity: evidence suggests as few as two or three families per volunteer. If this ratio holds up on closer examination of the FPASL data, it would suggest the need for some serious

thought about the structure of the volunteer program.

#### V. FINDINGS

In addition to findings indicated in the activities discussion above, it was determined that two persons from FPASL would be appropriate candidates for inclusion in the May/July 1985 Chapel Hill-based evaluation training course. These persons are Ms. Mala Wijesekera of the Evaluation Unit and Mr. Amara Dissanayake, Director of Operations.

#### VI. RECOMMENDATIONS

- A. As INTRAH considers the establishment of a contract with FPASL for the continued support of the Village Volunteer Program, careful steps must be taken to include a systematic evaluation component in the program. Of particular concern is the assessment of what happens in the villages once the active support of the FPASL is withdrawn. A second important consideration is the establishment of some evidence as to the numbers of acceptors actually motivated by village volunteers. If the number cannot be ascertained to be greater than a few for each volunteer, perhaps some alternative program strategy should be devised.

A third issue that FPASL should face, is the optimal number of volunteers per village. The number used by FPASL is quite high. This is justified by FPASL as a means of increasing the participation of young people in village life. It may be that fewer, more carefully selected and better trained volunteers are more effective in motivating acceptors. In this regard, the experience of FPASL in a project conducted jointly with the Population Council (Bangkok) in which satisfied IUD acceptors are used as motivators, will be instructive.

- B. INTRAH is not developing a project with PSI at the current time. Because of the questions surrounding the issue of ayurvedics as providers of modern contraceptive techniques, INTRAH is probably well advised to wait until evidence is forthcoming that ayurvedics are willing to accept this role and act on it in an effective manner.
- C. Despite indications that family planning is included as one of the subject areas for pre-service nurse-midwife training, there is evidence that the nurse-midwives are relatively ineffective in motivating for family planning services. While there has been a major effort by UNFPA and WHO to improve the pre-service training curricula for nurse-midwives, they appear to require additional

practical experience. Although INTRAH is not currently planning to develop a project for in-service training of nurse-midwives, it is likely that such training could be useful and should be pursued if possible. This seems especially important as nurse-midwives represent the first point of contact for families within the formal health system, and nurse-midwives are expected to have information about the family planning status of everyone within their geographical area of responsibility.

APPENDIX A:  
PERSONS CONTACTED

USAID/Colombo

Ms. Eilene Oldwine, Health/Population/Nutrition Officer

Family Planning Association of Sri Lanka (FPASL)

Mr. Daya Abeywickrema, Executive Director  
Mr. Victor de Silva, Evaluation Consultant  
Mr. Amara Dissanayake, Director of Operations  
Dr. Sriani Basnayake, Medical Director

Maternal and Child Health Section, Family Health Bureau  
Ministry of Health

Dr. N. Vidyasagara, Chief of MCH  
Dr. Wickramasurya, Evaluation Officer, MCH

Population Services International (PSI)

Mr. Atula Nanayakkara, Director  
Ms. Chandra de Silva, Program Officer  
Mr. Peter Lawton, Director of Project  
Development (London)

Nursing Education Unit, MOH

Ms. Charlotte Sumanasekera, Chief, Nursing Education  
Ms. Pieratne, Nursing Education

UNFPA

Dr. Daniel Vandepoortaele, Country Representative

Ministry of Plan Implementation (MOPI)

Mr. D. P. Wijegoonasekera, Director of Population  
Division

Population Council (Bangkok)

Mr. Andrew Fisher, Research Officer

**APPENDIX B:**  
**MCH REPORTING FORMS**

REPORT OF MCH INFORMATION

Field Activities\*  
PHM: ①, 2, 3, 5, 6, 10

MCH Clinics\*  
Activities: 3, 9, 10

School Health\*  
Activities

Institutional\*  
MCH Activities

PHM Monthly Statement

Quarterly MCH Clinic Return

Quarterly School Health Return

Medical Officer of Health

Quarterly Immunization Return

Maternal & Child Health Return (Quarterly) 14

Immunization Return (Quarterly)

Maternal & Child Health Return  
Immunization Return 14

Regional Director of Health Services  
10, 15

Maternity Statistics Return (Monthly)

- Maternal & Child Health Return Consolidated (Quarterly)
- Immunization Return Consolidated (Quarterly)
- Maternity Statistics Return (Monthly)

FAMILY HEALTH BUREAU  
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EPIDEMIOLOGY UNIT

MEDICAL STATISTICAL UNIT

APPENDIX B

PREGNANT MOTHERS REGISTER

Registration Number	Identification Number	Name	Address	Age	Para	No. of Living Children	Date of Reg.	EDD	Risk Factors	Tetanus toxoid	Date of Delivery	Place of Delivery	Birth Weight	Name of Child	Remarks

①

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**ANTENATAL CLINIC RECORD**  
(For use at antenatal clinic only)

Date of Clinic Visit						
POG in weeks						
Weight						
Urine - Sugar						
Urine - Albumin						
Hb %						
Blood Pressure						
Oedema						
Height of Fundus						
Presentation						
Foetal Heart Sounds						
Nutrition Supplements Iron Folio Acid Vitamins Inferone Food Supplements						
Examined by						

Result of VDRL

Remarks:

Date





PUBLIC HEALTH MIDWIVES'S DAILY RECORD

P.H.M. Area:.....  
 H.O.H. Area:.....

Month & Year: .....

Number under Care	Beginning of month	End of month
Eligible couples		
Pregnant mothers		
High risk mothers		
Infants		

	1	2	3	4		29	30	31	TOTAL
<b>1. DATA ON ELIGIBLE COUPLES</b>									
No. of new registrations									
No. taken off the register									
Total Number of homes visited									
<b>2. ANTENATAL CARE</b>									
Pregnant mothers registered at home - Under 4 months									
4 - 6 months									
Over 6 months									
Pregnant mothers Registered at clinic									
Home visits to pregnant mothers									
First visits - Normal									
- At risk									
Subsequent visits - Normal									
- At risk									
Clinic visits by Pregnant mothers in PHM Area									
First visits - Normal									
- At risk									
Subsequent visits - Normal									
- At risk									

	1	2	3	4	29	30	31	TOTAL
<b>3. NATAL CARE</b>								
Home deliveries by PHM								
Normal								
At risk								
Abnormal at delivery								
Other deliveries								
Institutional								
Other trained								
Untrained								
Without assistance								
<b>4. OUTCOME OF PREGNANCY</b>								
Live births - Number								
Low birth weight babies								
Still births- Number								
Number investigated								
Abortions - Number								
Maternal deaths - Number								
Number investigated								

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FAMILY PLANNING FIELD RECORD

ORAL PILL ACCEPTORS

Midwife Area:

MOH Area:

Name of Acceptor:		Identification No.			
Name of Spouse:					
Address:					
Age	Race	No. of Living children	Age of Last Child	Education	Old Method
LPMP		F.P. Method			
		Date of Acceptance			

FOLLOW UP VISITS - sterilizations, IUCD, Injectables		
Date	Complaint (if any)	Remarks
Reasons for Discontinuation:		

Wife
Husband

ORAL PILL DISTRIBUTION					
Date	Issues	Remarks	Date	Issues	Remarks
Reasons for Discontinuation:					

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ACTIVITY	Jan	Feb	Mar	1st quarter	Apr	May	Jun	2nd quarter	Jul	Aug	Sep	3rd quarter	Oct	Nov	Dec	4th quarter	Total
<b>Clinic visits by pregnant mothers in DHM area</b>																	
<b>First visits - Normal</b>																	
<b>- At risk</b>																	
<b>Subsequent visits - Normal</b>																	
<b>- At risk</b>																	
<b>Pregnant mothers protected*with T.T.</b>																	
<b>3. NATAL CARE</b>																	
<b>Home deliveries by PHM - Normal</b>																	
<b>At risk</b>																	
<b>Abnormal at delivery</b>																	
<b>Other deliveries - Institutional</b>																	
<b>Other trained</b>																	
<b>Untrained</b>																	
<b>Without assistance</b>																	
<b>4. OUTCOME OF PREGNANCY</b>																	
<b>Live births - Number</b>																	
<b>Low birth weight babies</b>																	
<b>Still births - Number</b>																	
<b>Number investigated</b>																	
<b>Abortions - Number</b>																	
<b>Maternal deaths - Number</b>																	
<b>Number investigated</b>																	
<b>5. POST NATAL CARE</b>																	
<b>Post partum visits by PHM</b>																	
<b>- First visits</b>																	
<b>- Subsequent visits</b>																	

ACTIVITY	Jan	Feb	Mar	1st quarter	Apr	May	Jun	2nd quarter	Jul	Aug	Sep	3rd quarter	Oct	Nov	Dec	4th quarter	Total
<b>6. INFANT CARE</b>																	
Infants registered at beginning of month																	
Infants new registered by PHM																	
At home																	
At clinic																	
Infants taken off the register																	
Home visits by PHM - First visits																	
Subsequent visits																	
Infants attending clinics - First visits																	
Subsequent visits																	
Infant deaths - Neonatal (0-28 days)																	
Post neonatal (29 days to under 1 year)																	
No. investigated																	
<b>7. PRE-SCHOOL CHILD CARE</b>																	
Homes visited by PHM - First visits																	
Subsequent visits																	
No. attending clinics - First visits																	
Subsequent visits																	
<b>8. FAMILY PLANNING ACCEPTORS</b>																	
Oral pill - No. using at beginning of month																	
New acceptors																	
No. discontinuing/left area																	
No. using at end of month																	
NO PACKETS DISTRIBUTED																	

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ACTIVITY	Jan	Feb	Mar	1st quarter	Apr	May	Jun	2nd quarter	Jul	Aug	Sep	3rd quarter	Oct	Nov	Dec	4th quarter	Tot
<b>Condoms - New Acceptors</b>																	
<del>No. of condoms distributed</del>																	
<b>IUCD - No. using at beginning of month</b>																	
<b>No. of New Acceptors (identified)</b>																	
<b>No. discontinuing</b>																	
<b>No. using at end of month</b>																	
<b>Injectables - New Acceptors</b>																	
<b>No. discontinuing</b>																	
<b>No. using at end of month</b>																	
<b>LRT - No. accepted</b>																	
<b>Vasectomy - No. accepted</b>																	
<b>Total number of current users</b>																	
<b>Total number of follow up visits</b>																	
<b>9. DIARRHOEAL DISEASES</b>																	
<b>No. of diarrhoea cases identified</b>																	
<b>No. of cases treated with ORS</b>																	
<b>No. of ORS packets distributed</b>																	
<b>No. of cases referred to hospital</b>																	
<b>10. SPECIAL ACTIVITIES</b>																	
<b>Training Programmes attended</b>																	
<b>Meetings attended</b>																	
<b>11. SUPERVISORY VISITS BY -</b>																	
<b>SPHM</b>																	
<b>PHNS</b>																	
<b>MOH</b>																	
<b>NO(NCH)</b>																	

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CLINIC ATTENDANCE REGISTER

Name of Clinic: .....

Pregnant Mothers				Infants				Preschool Children			
PHM	PHM	PHM	PHM	PHM	PHM	PHM	PHM				
New	Old	New	Old	New	Old	New	Old	New	Old	New	Old

Date of Clinic	
No. of pregnant mothers Registered at clinic	
Topic of Health Education talk	
Given by	
Health Education materials used if any	
Staff attending clinic	Signature
MOH/HO/RMP/AMP	
PHNS	
PHI	
SPHM	
PHM	Code No: .....
Volunteers	.....
	.....
Volunteers	
Total attendance at clinic	



(This service is a permanent record at each service point as well as a reporting form - information being recorded in duplicate.)

to MAMC/ 7

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Family Planning Monthly Return

..... SHS Div: .....

PHM/Hosp/Clinic                      No: .....

Month 19 / ....                      Unit No: .....

PART - B

Family Planning Monthly Return

..... SHS Div: .....

PHM/Hosp/Clinic                      No: .....

Month 19 / .....                      Unit No: .....

1	2	3	4
Name	Address	PHM Area MOH Area	New Method

5	6	7	8	9	10	11	12	13	14	15	16	17	18
New Method	Old Method	Programme Personnel	Date	Regd. No./ BHT No.	Age	Live Births/ Now Living	Age of last child	Estate	Race	Religion	Education Level	Referred by	Performed by

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FAMILY PLANNING CLINIC RECORD

Name of Clinic:

Name of Acceptor						Registration Number	
Name of Spouse							
Address							
Old Method	Age	Live born	Age of Last Child	Estate	Race	Religion	Education Level
		No Living					
Wife							
Husband							
LRMP:			FP Method:		Date of Acceptance:		
Clinical Findings						Signature:	
						Designation:	

FOLLOW-UP VISITS		
Date	Complaints (if any)	Action taken
Reasons for Discontinuation		

ORAL PILL DISTRIBUTION			
Date	Issues	Date	Issues
Reasons for Discontinuation			

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H 1155 (Revised)

FAMILY PLANNING APPOINTMENT CARD

Name of Clinic

Acceptor's Name

Reg. No.

Date:

PLEASE BRING THIS CARD WHEN ATTENDING THE  
FAMILY PLANNING CLINIC

DATE OF NEXT VISIT


**QUARTERLY MCH CLINIC RETURN**

Quarter & Year: .....

To be prepared in Duplicate  
 1st copy - To be sent to MOH of the area on the last clinic day of the Quarter.  
 2nd copy - To be retained at the clinic.

Name of Clinic .....

Name of MOH Area: .....

Type of Clinic			
Single	ANC	CWC	FPC
Combined	ANC	ANC	CWC
	CWC	FPC	FPC
Poly clinic			

Activity	Month		Total for the Quarter
1. Number of clinic sessions			
2. Attendance at clinic			
Pregnant Mothers - First Visits			
Subsequent Visits			
Infants - First Visits			
Subsequent Visits			
Preschool Children - First Visits			
Subsequent Visits			
3. Immunization			
BCG - Infants			
Preschool Children			
Triple Vaccine (DPT)			
Under 1 year - 1st Dose			
2nd Dose			
3rd Dose			
- 4 years - 1st Dose			
2nd Dose			
3rd Dose			
4th Dose			
Oral Polio Vaccine (OPV)			
Under 1 year - 1st Dose			
2nd Dose			
3rd Dose			
- 4 years - 1st Dose			
2nd Dose			
3rd Dose			
4th Dose			

Activity	Month		Total for the Quarter
Measles			
under 1 year			
1 year - under 3 years			
Double Vaccine (DT)			
- 1st Dose			
2nd Dose			
Booster			
Tetanus Toxoid - Pregnant Mothers			
- 1st Dose			
2nd Dose			
Booster			
4. Nutritional Status			
Infants			
- No. weighed			
No. below 3rd Centile			
Pre school			
- 1 - under 2 years			
1 - under 2 years - No. weighed			
No. below 3rd Centile			
2 - under 5 years - No. weighed			
No. below 3rd Centile			
5. Family Planning			
New Acceptors			
- IUCD			
Injectable			
Pill			
Follow up visit:			

Remarks

Reported by: .....

Designation: .....

Date Reported: .....

1  
27

COMES

14

**MATERNAL AND CHILD HEALTH RETURN**

Form H 509 (Revised)

MOH Area: .....

Quarter and year:.....

Code No: .....

EDRS Area: .....

\*Return to be prepared in Triplicate.  
1st copy to Family Health Bureau  
2nd copy to Regional Director of Health Services of area  
3rd copy to be retained at MOH Office.

\*To be furnished before 25th of month following the quarter

Population of Area	
Estimated	Actual

Vital Events in MOH/EDRS Area			
Estimated Number for year	Births	Infant deaths	Maternal deaths
Estimates for year			
Reported by Registrars			
Reported by PHM			

No. of Registrars in the area			
No. reported for the month			

ACTIVITY	Previous quarter	Month		Total for quarter
<u>FIELD ACTIVITIES</u> (information collected from H 524)				
<u>1. DATA ON ELIGIBLE COUPLES</u>				
Total No. of Registered Eligible couples	XXX			XXXX
No. of new registrations during the month	XXX			XXXX
No. taken off the register during the month	XXX			XXXX
<u>2. ANTENATAL CARE</u>				
No. of pregnant mothers under card at beginning of month	XXX			XXXX
Pregnant mothers registered at home - Under 4 months				
4 - 6 months				
Over 6 months				
Pregnant mothers registered by PHM at clinic				
Home visits to pregnant mothers				
First visits - Normal				
- At risk				
Subsequent visits - Normal				
At risk				

ACTIVITY	Previous quarter	Month		Total for quarter
<u>CLINIC VISITS</u>				
Clinic visits by pregnant mothers in PHM Areas				
First visits - Normal				
At risk				
Subsequent visits - Normal				
At risk				
Pregnant mothers protected with T.T.	XXX			XXXX
<u>3. NATAL CARE</u>				
Home deliveries by PHM				
Normal				
High risk				
Abnormal at delivery				
Other deliveries				
In institutions				
Others trained				
Untrained				
Without assistance				
<u>4. OUTCOME OF PREGNANCY</u>				
Live births - Number				
Low birth weight babies				

250

ACTIVITIES	Previous quarter	Months			Total for quarter
Still births - Number					
<del>Not investigated</del>					
Abortions - Number					
Maternal deaths - Number					
No. investigated					
<b>5. POST NATAL CARE</b>					
Post partum visits by PHMM					
First visits					
Subsequent visits					
<b>6. INFANT CARE</b>					
Infants under care at beginning of the month	xxx				xxxx
Infants registered by PHMM at home					
at clinic					
Infants taken off the register					
Home visited by PHMM					
First visits					
Subsequent visits					
No. of infant deaths - Neonatal					
Post Neonatal					
No. investigated					
<b>7. PRESCHOOL CHILD CARE</b>					
Homes visited by PHMM					
First visits					
Subsequent visits					

ACTIVITIES	Previous quarter	Months			Total for quarter
<b>8. FAMILY PLANNING</b>					
Current users of Contraception	xxx				xxx
IUCD	xxx				xxx
Injectables	xxx				xxx
No. of Oral strips/packets distributed					
No. of condoms distributed					
<b>CLINIC ACTIVITIES (information collected from clinic return)</b>					
<b>1. Total clinic attendance</b>					
Pregnant mothers - First visits					
Subsequent visits					
Infants - First visits					
Subsequent visits					
Preschool children					
- First visits					
Subsequent visits					
<b>2. Nutritional Status</b>					
Infants - Number weighed	xxx				xxxx
No. below 3rd percentile	xxx				xxxx
Preschool-1 - under 2 years					
Number weighed	xxx				xxxx
No. below 3rd percentile	xxx				xxxx
2 - under 5 years					
Number weighed	xxx				xxxx
No. below 3rd percentile	xxx				xxxx

IMMUNIZATION	Hospital	Field	Estate	Total for quarters	SCHOOL HEALTH ACTIVITIES	Previous quarters	Month	Total for quarters
Information to be obtained from clinic and hospital immunization returns.					Information to be collected from school health return.			
<p align="center">Pre school</p> <p><u>Triple Vaccine - (DPT)</u></p> <p>Under 1 year - 1st dose</p> <p>                          2nd dose</p> <p>                          3rd dose</p> <p>1 - 4 years - 1st dose</p> <p>                          2nd dose</p>					<p>No. of schools in the area</p> <p>No. taken up for SMI</p> <p>No. of children on roll (schools taken up)</p> <p>Pre-grade I/Grade 1</p> <p>Grade IV</p> <p>Grade VII</p> <p>No. of children examined</p>			
<p align="center">4th dose</p> <p><u>Oral Polio Vaccine - (OPV)</u></p> <p>Under 1 year - 1st dose</p> <p>                          2nd dose</p> <p>                          3rd dose</p> <p>1 - 4 years - 1st dose</p> <p>                          2nd dose</p> <p>                          3rd dose</p> <p>                          4th dose</p>					<p><u>Immunization - BCG - Primary</u></p> <p align="center">Secondary</p> <p align="center"><u>Double Vaccine</u></p> <p align="center">1st dose</p> <p align="center">2nd dose</p> <p align="center">Booster</p> <p align="center"><u>Tetanus Toxoid</u></p> <p align="center">1st dose</p> <p align="center">2nd dose</p> <p align="center">Booster</p> <p align="center"><u>Typhoid (TA)</u></p> <p align="center">1st dose</p> <p align="center">2nd dose</p> <p align="center">Booster</p>			
<p align="center">3rd dose</p> <p align="center">4th dose</p> <p><u>Measles vaccine -</u></p> <p>Under 1 year</p> <p>1 year to under 3 years</p> <p><u>Double vaccine -(DT) - 1st dose</u></p> <p align="center">2nd dose</p> <p align="center">Booster</p> <p><u>Tetanus Toxoid to pregnant Mothers</u></p> <p align="center">1st dose</p> <p align="center">2nd dose</p> <p align="center">Booster</p>					<p>Anti-helminthic treatment -</p> <p align="center">No. treated for round worm</p> <p align="center">No. treated for Hook worm</p>			

38

INFORMATION ABOUT FUNCTIONING CLINICS						
Type of clinic	No. approved	No. of functioning clinics			No. of clinic sessions	
		Month			Total this Quarter	
A. SINGLE CLINIC*						
ANC only						
CWC only						
FPC only						
B. COMBINED CLINIC**						
ANC + CWC						
ANC + FPC						
FPC + CWC						
C. POLY CLINICS***						
ANC + CWC + FPC						
D. ANY OTHER (Specify)						

OBSERVATIONS AND COMMENTS

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\* Only one of the three services provided  
 \*\* Two services provided at the same time  
 \*\*\* All three services provided at the same time

INFORMATION ABOUT STAFF	
	No. in position at end of quarter
MOH/AMOH	
Public Health Nursing Sisters	
Public Health Inspectors	
Supervising Public Health Midwives	
Public Health Midwives	

Reported by:.....

Designation:.....

Date:.....



APPENDIX C:  
FPASL INITIAL SURVEY AND ROUTINE REPORTING FORMS

APPENDIX C

EV/RP/2

BASELINE SURVEY. RURAL FAMILY HEALTH PROJECT

FOR OFFICE  
USE ONLY.

Identification No.

8	4
1	2

Dis.

3	4

Proj.

5	6

Serial No.

7	8	9	

N.B. Please write the appropriate figures in the boxes provided. There should be only one digit in a box. Where the boxes are already numbered, please mark a cross (x) in the appropriate box.

District:.....

Project: .....

N.B. If there are more than one family in a house, a separate form should be filled in respect of each family. In such cases, the name of the Head of the Household will be the same though the name of the "Head of Family" will be different.

1. Name of Head of Household:.....
2. Address: .....
3. Name of Head of Family:.....

N.B. In order to establish a pleasant atmosphere, please discuss work that can be undertaken by a volunteer for the development of the village. These answers can be written in the space provided at the end of this questionnaire

4. Marital Status (Use the given numbers)

Married - 1, Widowed - 2, Divorced - 3

10

5. Race (Use the given numbers).

Sinhala - 1, Tamil - 2, Moor - 3, Other - 4

H	W
11	12

6. Religion (Use the given numbers).

Buddhist - 1, Hindu - 2, Islam - 3, Roman Catholic - 4  
Other Christians - 5, Other - 6.

H	W
13	14

7. Education (Use the given numbers)

No schooling - 1, Grade 5 or less - 2,  
Grade 6 to 9 - 3, Grade 10 and above - 4

H	W
15	16

8. Occupation/Source of income.

(Write your answer in the space provided).

Husband:.....

Wife:.....

H	W
17	18

42

9. Age: (In complete years. Write one digit in a box.)

H		
		19-20
W		
		21-22

10. Age at marriage. (as above)

H		
		24
W		
		26

N.B. Whenever you write a single digit, please include '0' in front of that digit.

e.g. Write 05 instead of 5

11. Total number of live births.

		28

N.B. A live birth refers to the total number of births This includes both living children and those who have died. Still births are not included in this figure.

11.1. Number of live births in 1983

0	1	2
		29

11.2. Number of live births in 1982

0	1	2
		30

11.3. Number of live births in 1981

0	1	2
		31

12. Number of living children.

Total

		33

Male

		35

Female

		37

13. Age of youngest child:

N.B. If the child is one year or less please write 01. If not specify in complete years.

	39

14. How many of your children are under 5 years of age. (If no children under 5 please put 0).

40

For those who have children of less than 5 years.

14.1. N.B. Please give details regarding the immunization had by all the children less than 5 years of age. Details regarding the Polio injection should be filled in the first set of boxes while the details regarding the Triple Injection should be filled in the second set of boxes.

43

Polio Triple

- 1. How many have completed the course
- 2. How many are still taking the course.
- 3. How many have started the course and failed to complete
- 4. How many have not taken at all

<input type="text"/>	<input type="text"/>
41	45
<input type="text"/>	<input type="text"/>
42	46
<input type="text"/>	<input type="text"/>
43	47
<input type="text"/>	<input type="text"/>
44	48

14.2 How many have taken the B.C.G. injection

If the respondent is widowed, divorced or separated or if the wife is over 50 years, please conclude the interview.

<input type="text"/>
49

15. Are you pregnant now (Use the given numbers)  
Yes - 1, No - 2, Do not know - 3

<input type="text"/>
50

16. For those who are pregnant.

Other than this child that you are now expecting, do you wish to have more children (Use the given numbers)  
Yes - 1, N - 2, Undecided - 3.

<input type="text"/>
51

17. For those who are not pregnant.

Do you wish to have any children in the future?  
Yes - 1, No. 2, Undecided - 3.

<input type="text"/>
52

18. For those who wish to have more children.

(for pregnant women-Exclude the child that they are expecting)  
How many children do you expect to have in the future.

<input type="text"/>
53

19. There are methods a couple could use to delay or avoid pregnancy.  
Do you know any of these ways or methods?  
Yes - 1, No. 2

<input type="text"/>
54

20. For those who have answered "yes" for the above question.

Please obtain the answer from the respondent without stating the methods given below.

What are the methods you know?

- 1. Pill
- 2. Condom
- 3. Loop
- 4. Injection
- 5. Foam Tablets
- 6. Safe period
- 7. Withdrawal
- 8. Female Sterilisation
- 9. Male Sterilisation
- 10. Other (specify)

Yes	No.
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2
<input type="text"/>	<input type="text"/>
1	2

44

21. Have you or your spouse ever discussed the use of a contraceptive?  
Yes - 1, No - 2, No response - 3.

[ ]  
65

For those who are not pregnant  
If you find it difficult to obtain an answer to the following question, please discuss the importance of family planning and then repeat the question.

22. Are you now using a method? (Use the given numbers)  
Yes - 1, No - 2

[ ]  
66

23. If "Yes", what is the method? (Use the given numbers below)  
Pill -01, Condom-02, Loop -03, Injection -04,  
Foam Tablets -05, Safe Period -06, Withdrawal -07,  
Female Sterilisation -08, Male Sterilization -09,  
Others - 10.

[ ][ ]  
68

23.1 The answer to the above question was obtained,  
1. With ease  
2. With difficulty  
3. Could't get an answer.

[ ]  
69

Ask the following question from those who are not practicing a method. This does not include those who are pregnant.

24. What is the main reason, for your not using a method.  
N.B. Specify only the main reason.

1. Do not know any method
2. Want a child
3. Believe can't conceive
4. A sin to prevent conception.
5. Frightened of side effects
6. Spouse against
7. Do not know where to get supplies/services
8. Shy to consult anyone.
9. Other (specify) .....
10. No response.

1
2
3
4
5
6
7
8
9
9
9

25. For those who have 2 or more children and who are practicing a temporary method.

Do you or your spouse intend getting a sterilisation done in future.

Yes - 1, No - 2, Not discussed - 3

[ ]  
72

5

26. For those not using a method. This includes pregnant women.

You are not using a contraceptive method now. Do you hope to use one in future (Use the numbers given)

Yes - 1, No - 2, Not discussed - 3

73

27. If "Yes" what is the method you are likely to use?

(If undecided put 88)

(Use numbers given in question 23)

75

28. Discuss the work that can be undertaken by a volunteer for the development of the village.

.....  
.....  
.....

76-77

29. Volunteer's observations about the family.

.....  
.....  
.....

Name of Volunteer:.....

Signature:.....

Date: .....

AN EVALUATION OF VOLUNTEER TRAINING PROGRAMME

(For office use only.) Identification No. 

1-2	

 T.P. 

3

 Pr. 

4-5	

 No. 

6-7	

 P/PP 

8

 C 

9

Note Well

- \* Please write your name, before answering this questionnaire.
- \* A project is not always the village you reside in. It is the area chosen by the Family Planning Association in which you will be working as a volunteer. (Check with the District Project Officer when not sure)
- \* For some of the questions there is only one correct answer. Some have more than one correct answer - in these instances the number of correct answers is stated by the particular question.
- \* Next to what you consider as the correct answer or answers, please mark a "cross" (x) in the numbered squares.
- \* Once you have completed answering the questionnaire, please fill in the empty boxes by writing the number against your correct answer/answers, in order.

NAME:.....No.....Date:.....

PROJECT:.....District:.....

1. Sex:

- 1. Male 

1
- 2. Female 

2

Only to write the numbers

10

2. Age:

- 1. Less than 20 years 

1
- 2. 20 - 24 yrs. 

2
- 3. 25 - 29 yrs. 

3
- 4. 30 - 34 

4
- 5. 35 + 

5

11

3. Marital Status

- 1. Unmarried 

1
- 2. Married 

2
- 3. Divorced/Separated 

3
- 4. Widowed 

4

12

4. Educational Level:

- 1. Grade 9 and below 

1
- 2. Sat for (O.L.) 

2
- 3. Sat for (A.L.) 

3
- 4. Above (A.L.) 

4
- 5. Other (Please specify) 

5

13

.....  
.....

AN EVALUATION OF THE VOLUNTEER TRAINING PROGRAMME  
(D.P.O's COMMENTS)

We are interested in finding out your comments regarding the projects, the volunteers and the resource personnel involved in this training programme. This will help us to explain the different results that may emerge in the Pre/post test questionnaires within your district.

Dates of Programme : ..... District: .....

Names of Projects involved : .....  
 1. ....  
 2. ....  
 3. ....

Did the : (a) Asst. Director/Operations Manager in-charge  
 of your district attend : Yes/No.  
 (b) Any other person from Head Office. Yes/No.

Questions on Community : (please specify)

1. What is the nearest town to this project ?  
 ( Name the Town )

Project 1	Project ii	Project iii

2. How would you rate the accessibility of these communities to :  
 (use codes : Accessibility good-1, Accessible but not too easy - 2, Accessibility poor - 3 )

(a) the nearest town

Project 1	Project ii	Project iii
.....	.....	.....
.....	.....	.....

(b) the hospital with sterilisation facilities

3. What are the main sources of income/occupation of the villagers in these project areas ?  
 ( Tick the relevant occupation category. Answer could be more than one.)

	Project 1	Project ii	Project iii
(a) Own farmers	.....	.....	.....
(b) Aude Cultivators	.....	.....	.....
(c) Agricultural labourers ( casual )	.....	.....	.....
(d) Estate labourers	.....	.....	.....
(e) Fisherman	.....	.....	.....
(f) Engaged in cottage industry	.....	.....	.....
(g) Unskilled labourers in factories	.....	.....	.....
(h) Skilled workers(i.e. Carpenters, sewing girls)	.....	.....	.....
(i) Service providers(i.e. Nurses, teachers)	.....	.....	.....
(j) Other ..... { Please specify)	.....	.....	.....

2. Your comments :

.....  
 .....  
 .....  
 .....  
 .....  
 .....

RESOURCE PERSONNEL:

1. Please rate the lectures given by " outside " resource personnel  
 ( Tick the appropriate one )

	Very good	Good	Satisfactory	Poor	Very poor
Population	.....	.....	.....	.....	.....
Family Health	.....	.....	.....	.....	.....
Contraceptive Methods.	.....	.....	.....	.....	.....
Communication	.....	.....	.....	.....	.....

2. Your comments ( if any ) on any of the lectures.

.....  
 .....  
 .....  
 .....  
 .....  
 .....

3. Who were the resource personnel ?  
 ( Give occupational status - e.g. Planning Officer )

F.P.A. Objectives .....  
 Population .....  
 Family Health .....  
 Contraceptive Methods. ....  
 Communication .....

\*\*\*\*\*  
 Evaluation & Research Division,  
 Family Planning Association of Sri Lanka,  
 Colombo 7.

28th. January 1985.

.....  
 D.P.O's Signature.

5. Occupation:
- |  |    |
|--|----|
| 1. Cultivator/fisherman                                | 1  |
| 2. Teacher/Clerk                                       | 2  |
| 3. Trader  | 3  |
| 4. Skilled Labourer<br>(o.g. Mason, Carpenter, Driver) | 4  |
| 5. Unskilled Labourer                                  | 5  |
| 6. Vocational Trainee                                  | 6  |
| 7. Engaged in cottage industry                         | 7  |
| 8. Seeking employment                                  | 8  |
| 9. Awaiting examination results                        | 9  |
| 10. House wife/awaiting marriage                       | 10 |
| 11. Other (Please specify)<br>.....                    | 11 |

--	--

14-15

(When your answer is below 10, please write 01, 02 etc.)

Objectives of the Family Planning Association

6. From the following what are the objectives of the Family Planning Association?

(Note: There are 4 correct answers)

- |  |   |
|--|---|
| 1. To help couples to space children   | 1 |
| 2. To motivate couples to use contraceptives in order to increase the sale of Preethi, Mithuri and other contraceptives. | 2 |
| 3. To help couples without children to have children.  | 3 |
| 4. To provide sterilisation services to couples who have enough children and do not want any more                        | 4 |
| 5. To provide abortion services to pregnant women who do not want to have the child they are expecting.                  | 5 |
| 6. To help newly weds to postpone their first child  | 6 |
| 7. To somehow reduce the population of Sri Lanka.  | 7 |


16-19

7. From the following what are the principles of the Family Planning Association?

(Note. There are 2 correct answers)

- |   |    |
|---|----|
| 1. To control the growth of population even by forcing people to undergo sterilisation.   | 1  |
| 2. To force people to limit their families to two children.   | 2  |
| 3. To provide the opportunity for married people to choose a suitable family planning method by discussing the various methods with them. | 3  |
| 4. To explain to married couples that its their right to determine the number of children they want.                                      | 4. |


20-21

Duties expected from a volunteer:

8. A volunteer is expected,  
(There are 5 correct answers)

- |  |   |
|--|---|
| 1. To carry the Family Planning message to the village.  | 1 |
| 2. To participate only in Family Planning activities and not in activities such as rural development or social service work. | 2 |

3. Not to associate with those villagers who are against family planning.
4. To obtain the help of accepted village leaders in order to spread family planning activities.
5. To motivate the couples, especially those assigned to you, to use a method of family planning through discussion
6. To somehow reduce the population of the village.
7. To confine himself/herself to motivation and not get involved in arranging for services
8. To organise various work programmes for the benefit of the villagers.
9. To report monthly on the motivation work carried out among the families that have been assigned to you.

3
4
5
6
7
8
9


22-26

9. Which of the following characteristics should a volunteer have?

(There are 4 correct answers)

1. A "powerful" person in the village.
2. The ability to compel people to agree with you even by frightening them.
3. A firm belief that every couple has a right to decide the number of children they should have.
4. A sound knowledge about family planning methods and family planning communication techniques
5. Have characteristics such as unselfishness, patience, honesty and humility.
6. A large number of friends
7. Work towards the common good without consideration of private gain.

1
2
3
4
5
6
7


27-30

Population Data

10. According to the statistics in 1981, the population of Sri Lanka is approximately,

1. 1,22,00,000
2. 1,43,00,000
3. 2,56,00,000
4. 2,23,00,000

1
2
3
4

--

31

11. What is the proportion of young people under 15 years in our population?

1. 15%
2. 25%
3. 35%
4. 45%

1
2
3
4

--

32

12. What was the birth rate in Sri Lanka in 1980?

- 1. 17.1 per 1000 live births
- 2. 32.4 per 1000 live births
- 3. 27.6 per 1000 live births
- 4. 12.1 per 1000 live births

1
2
3
4

33
----

Family Health

13. Which are the diseases which can be prevented by immunizing children under 5 years.  
(There are 5 correct answers)

- 1. Tuberculosis
- 2. Gonorrhoea
- 3. Measles
- 4. Polio
- 5. Whooping Cough
- 6. Small Pox
- 7. Typhoid
- 8. Diphtheria
- 9. Tetanus

1
2
3
4
5
6
7
8
9

34-38

14. From the following what are the venereal diseases?  
(There are 2 correct answers)

- 1. Cholera
- 2. Syphilis
- 3. Small Pox
- 4. Gonorrhoea
- 5. Tuberculosis

1
2
3
4
5

39-40

15. How long does it take for a woman taking nutritious food to reach her normal health level after child birth.

- 1. Under one year
- 2. Six months
- 3. 2 to 4 years
- 4. 5 to 8 years

1
2
3
4

41
----

FAMILY PLANNING METHODS

16. A couple has 2 sons and a daughter. The age of the youngest child is 2 years. This couple states that they do not want another child. Which method of birth control would you suggest to them?

- 1. A temporary birth control method
- 2. A permanent birth control method
- 3. A temporary or a permanent birth control method
- 4. A traditional birth control method

1
2
3
4

42
----

17. How long does it take for a loop to be inserted in the womb?

- 1. A few seconds.
- 2. About 5 minutes
- 3. About an hour.
- 4. Three to four hours.

1
2
3
4

43
----

18. After how long is it necessary to remove and insert a new loop, once a loop is inserted?

- 1. After having intercourse once.
- 2. After three months.
- 3. After one year.
- 4. After 4 or 5 years.
- 5. Not necessary to remove

1
2
3
4
5

44

19. Assume that you have motivated a young married woman who has not used a Family Planning method before to use the Pill. From the following what advice would you give her about using the pill? (There are 5 correct answers)

- 1. Begin using the pill, during the first 5 days after the on-set of menstruation.
- 2. Begin using the pill during the first 5 days before menstruation.
- 3. It is good to consult a doctor before you start taking the pill.
- 4. Take 1 pill regularly at about the same time each day.
- 5. It is not necessary to take the pills daily, but before intercourse only.
- 6. If you fail to take the pill any day, it is not necessary to take that pill on the following day.
- 7. If you fail to take the pill any day you should take 2 pills the following day.
- 8. When you take the pill you may expect such side effects as vomiting, nausea etc.
- 9. Should stop taking the pill when one is under medical treatment for a common disease such as a cold or fever.

1
2
3
4
5
6
7
8
9

45-49

20. After a vasectomy, at which stage could a male be certain that he is sterile?

- 1. Soon after the sterilisation
- 2. After 10 ejaculations
- 3. After 20 ejaculations and examination of sperms
- 4. Seven days after the sterilisation

1
2
3
4

50

21. How often does a woman receive the depo provera injection.

- 1. Once a month.
- 2. Once in three months
- 3. Once in six months
- 4. Once a year.

1
2
3
4

51

22. How many ova are released from the ovaries each month?

- 1. One
- 2. Ten
- 3. About hundred
- 4. More than thousand

1
2
3
4

52

23. After an ejaculation how many sperms are released?
- 1. About 50,000
  - 2. About a lakh
  - 3. About 3-4 lakhs.
  - 4. About 3-4 million

1
2
3
4

53

24. How is conception prevented after female sterilisation?
- 1. By the ovaries ceasing to function
  - 2. By preventing the meeting of a sperm and an ovum.
  - 3. By preventing the sperms entering the womb
  - 4. By tying the tube through which sperms enter the womb.

1
2
3
4

54

25. Communication  
'Communication' can be defined as
- 1. Giving information sorrowfully
  - 2. Announcing in a loud voice
  - 3. Exchanging information
  - 4. Broadcasting over radio

1
2
3
4

55

26. The best channel of carrying the Family Planning message is
- 1. Through the newspaper
  - 2. By holding a public meeting
  - 3. By meeting people individually and having discussions.
  - 4. Through films
  - 5. Through posters.

1
2
3
4
5

56

27. The definition of 'client' is
- 1. The one who carries the message
  - 2. The one who imparts the message
  - 3. The one who receives the message
  - 4. The one who distorts the message

1
2
3
4

57

28. The Family Planning message should be imparted
- 1. By discussing Family Planning from the moment one enters a house
  - 2. By establishing rapport and then imparting the message when the appropriate time emerges
  - 3. By somehow drawing the attention of the household to the subject as soon as possible
  - 4. By imparting the family planning message on your first visit.

1
2
3
4

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AN EVALUATION OF THE VOLUNTEER TRAINING PROGRAMME  
(D.P.O.'s COMMENTS)

We are interested in finding out your comments regarding the projects, the volunteers and the resource personnel involved in this training programme. This will help us to explain the different results that may emerge in the Pre/post test questionnaires within your district.

Dates of Programme : ..... District: .....

Names of Projects involved : .....  
 1. ....  
 2. ....  
 3. ....

Did the : (a) Asst. Director/Operations Manager in-charge  
 of your district attend : Yes/No.  
 (b) Any other person from Head Office. Yes/No.

Questions on Community : (please specify)

1. What is the nearest town to this project ?  
 ( Name the Town )

Project 1	Project II	Project III

2. How would you rate the accessibility of these communities to :  
 ( use codes : Accessibility good-1, Accessible but not too easy - 2, Accessibility poor - 3 )

- (a) the nearest town
- (b) the hospital with sterilisation facilities

Project 1	Project II	Project III
.....	.....	.....
.....	.....	.....

3. What are the main sources of income/occupation of the villagers in these project areas ?  
 ( Tick the relevant occupation category. Answer could be more than one.)

- (a) Own farmers
- (b) Ande Cultivators
- (c) Agricultural labourers ( casual )
- (d) Estate labourers
- (e) Fisherman
- (f) Engaged in cottage industry
- (g) Unskilled labourers in factories
- (h) Skilled workers (i.e. Carpenters, sewing girls)
- (i) Service providers (i.e. Nurses, teachers)
- (j) Other .....  
 ( Please specify )

Project 1	Project II	Project III
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4. Place of work of majority :

- (a) Within project area
- (b) Just outside project area
- (c) In Town

Project 1	Project ii	Project iii
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5. Schooling facilities:

- (a) within the village( use codes, Yes -1, No - 2 )

Primary

Junior

Secondary - O.L.

Secondary - A.L.

Project 1	Project ii	Project iii
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- (b) If not available within the village what is the closest school outside the village ? ( Give distance in miles)

(Distance in miles)

Primary

Junior

Secondary - O.L.

Secondary - A.L.

Project 1	Project ii	Project iii
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VOLUNTEERS

We are interested in knowing the general standard of the volunteers from these projects taking your past experiences into account. ( Standard/quality includes education level and personality )

1. Number of volunteers you consider as:

(a) Of a high standard/quality

(b) Of an average standard/quality

(c) Of below average standard/quality.

Total

Project 1	Project 11	Project 111
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contd/ to .... 3/-