

**Dissertation**

**At**

**IPE Global ltd**

**(18th March to 18th June 2024)**

**A Project Report On**

**Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND sites: A qualitative study**

**By Pooja Singh**

**PG/22/072**

**Under the guidance of**

**Dr. Pijush Kanti Khan**

**PGDM (Hospital & Health Management)**

**2022-2024**



**International Institute of Health Management Research**

**New Delhi**

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**International Institute of Health Management Research,**

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Completion of Dissertation from respective organization

This certificate is awarded to.

**Name: Pooja Singh**

In recognition of having successfully completed his/her internship and has successfully completed  
his/her project on

**TITLE OF PROJECT: Evaluating the level of end-user satisfaction with respect to quality  
of group counselling services being provided to beneficiaries at VHSND sites: A qualitative  
study**

**DATE: 18th March to 18th June 2024**

**ORGANIZATION**

**IPE Global Ltd, New Delhi**

She comes across as a committed, sincere & diligent person who has a strong drive  
and Zeal for learning.

We wish her all the best for future endeavours.



Mentor

Dr Saurabh Bhargava,

Advisor- Publication & Knowledge Management, SAMVEG,

IPE Global Ltd, New Delhi.

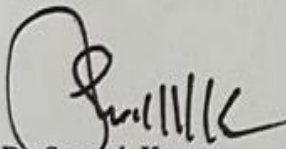
## TO WHOMSOEVER IT MAY CONCERN

This is to certify that POOJA SINGH student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at IPE GLOBAL, NEW DELHI from 18<sup>th</sup> March 2024 to 18<sup>th</sup> June 2024.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

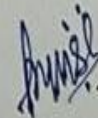
I wish her all success in all his/her future endeavours.



Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

IIHMR, New Delhi IIHMR, New Delhi



Dr. Piyush Kanti Khan.  
Assistant Professor.

IIHMR, New Delhi.

## Certificate of Approval

The following dissertation titled *Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND on the* "A qualitative study" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Dr. H. W.


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### Certificate from Dissertation Advisory Committee

This is to certify that **Mr./Ms./Dr. POOJA SINGH**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled **"Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND sites: A qualitative study"** at **"IPE GLOBAL"** in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

  
Institute Mentor Name Dr. Piyush Kamti Khan.  
Designation Assistant Professor.  
Organization IPHM R, New Delhi.

## **CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled “**Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND sites: A qualitative study**” and submitted by Pooja Singh, Enrolment No. PG/22/072 under the supervision of Dr. Pijush Kanti Khan for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **18th March to 18th June 2024**, embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

## FEEDBACK FORM

**Name of the student:** Pooja Singh

**Name of the organization in which dissertation has been completed:** IPE Global Ltd, New Delhi

**Area of dissertation:** HEALTH, NUTRITION & WASH

**Attendance:** 100%

**Objectives achieved:**

**Deliverables**

- 1. Involved in proposal writing**
- 2. Monthly report writing to USAID**

**Strengths:**

- 1. Good knowledge of public health**
- 2. Passionate about her work**
- 3. Showcased good communication skills**

**Suggestions for improvement:** -

**Suggestions for institute (course curriculum, industry interactions, placement, alumni):** -



**Signature of the office-in- charge/organization mentor(dissertation)**

**Date:** 24 / 07 /2024

**Place:** Delhi





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**CERTIFICATE ON PLAGIARISM CHECK**

Name of Student (in block letter)	Dr./Mr./Ms.: POOJA SINGH		
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Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT-✓
Name of Guide/Supervisor	Dr./ Prof.: Dr Pijush Kanti Khan		
Title of the Dissertation/Summer Assignment	Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND sites: A qualitative study		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	8%		
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**Guide/Supervisor**

Name: Dr. Pijush Kanti Khan

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**Student**

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## **ACKNOWLEDGEMENT**

This dissertation would not have been possible without the guidance and support of many individuals who contributed their time, effort, and expertise to my research.

First and foremost, I would like to express my deepest gratitude to my Project Director, Dr. Harish for his invaluable guidance, insightful feedback, and continuous encouragement throughout the course of this research. Their expertise and dedication have been instrumental in shaping this dissertation.

Special thanks to my mentor Dr. Pijush Kanti Khan, who provided significant support and insightful discussions that greatly enhanced the quality of this work. Their willingness to help me navigate the complexities of this research is deeply appreciated.

Next, I would like to extend my heartfelt appreciation to my parents, their unwavering support and sacrifices have made my educational journey possible. Their constant encouragement, love, and belief in my abilities have been a constant source of strength for me. I am forever grateful for their unwavering support.

**Pooja Singh**

**PG/22/072**

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## **ABOUT THE ORGANIZATION**



The International Institute of Health Management Research (IIHMR), New Delhi is allied to the ‘Society for Indian Institute of Health Management Research’ which was established in October 1984 under the Societies Registration Act-1958.

IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

IIHMR Delhi are a leading institute of higher learning that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. There is multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies.

**There four core activities are...**

- Academic courses at master's and doctoral level in health and hospital management to meet the growing need of skilled healthcare professionals.
- Research that has high relevance to health policies and programs at national and global level.
- Continued education through management development programs and executive programs for working professionals to help them upgrade their knowledge and skills in response to the emerging needs of the industry.
- Technical consultation to the national and state-level flagship programs to address the gaps in planning as well as implementation.

## **Mission**

IIHMR Delhi is an institution dedicated to the improvement in standards of health through better management of health care and related programs. It seeks to accomplish this through management research, training, consultation and institutional networking in a national and global perspective.

## **Vision**

IIHMR is a premier institute in health management education, training, research, program management and consulting in the health care sector globally. The Institute is known as a learning organization with its core values as quality, accountability, trust, transparency, sharing knowledge and information. The Institute aims to contribute to social equity and development through its commitment to support programs aiming at poor and the deprived population.

# **Evaluating the level of end-user satisfaction with respect to quality of group counselling services being provided to beneficiaries at VHSND sites: A qualitative study**

## **BACKGROUND:**

The first 1,000 days of life - the time spanning roughly between conception and one's second birthday - is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established. Care of the mother during antenatal period and post-natal care of mother and baby are crucial not only for survival but also for optimal development of the child.

In 2007, Government of India (GoI) introduced Village Health and Nutrition Day (VHNDs) as a community platform, connects communities with health systems by promoting health and nutrition behaviours, however its potential to promote the 1000 days journey and its components, including Early Childhood Development (ECD), remains limited. The challenges of equipment availability, privacy concerns, provider skills, and coordination hinder the effective integration of ECD practices within the VHSND framework. MOHFW introduced ECD in multiple packages and created a comprehensive booklet called "Journey of First 1000 days" covering all aspects of ECD.

Group ANC is widely accepted globally as an innovative service delivery model, showing potential to enhance care utilization, perinatal health outcomes, and women's pregnancy experiences. In contrast to one-on-one traditional ANC, where interaction is limited. Group ANC brings together pregnant women, supplementing clinical care with group learning and peer support to foster supportive relationships with other pregnant women, enrich knowledge, and promote self-care, ultimately fostering deeper relationships, enhancing women's knowledge and encouraging self-care. Group ANC has been implemented in high income countries and adapted and tested in some low and middle-income countries and shown to improve institutional delivery rates, and positive pregnancy experiences.

In 2023, USAID awarded SAMVEG project of IPE Global piloted ACE (Ante Natal Care, Counselling and Early Childhood Development) model at 10 VHSND sites of aspiration district NUH in Haryana. The funder of project (USAID) has mandated to select Haryana state for the model. It is an aspirational district which has already been

selected by Government of India for the 'Transformation of Aspirational Districts' initiative in January 2018 with a vision of a New India by 2022 wherein the focus is to improve India's ranking under the Human Development Index (HDI), raising living standards of its citizens and ensuring inclusive growth of all. The model contextualized and adapted learnings on Group ANC for Indian settings – to empower pregnant women, mothers of under two children and their families for care at home for pregnant women and family based developmentally supportive care for under 2 children.

In this study, the ACE model aims to enhance group counselling services at VHSND to promote support home care for pregnant women and children under two years, aiming to improve maternal & newborn outcomes and optimal development during the initial 1000 days. This approach prioritizes evidence-based nutrition and care interventions for both pregnant women and children. This innovative model employs a group counselling approach for mothers and expectant mothers, with a specific emphasis on enhancing the quality of antenatal care through self-care promotion, including nutritional counselling, Early Childhood development home care, and birth preparedness, all facilitated through the VHSND platform.

### **Need of this study:**

In 2007 Government of India introduced VHSND to connect communities with health systems and promote health and nutrition. VHND's effectiveness has been limited in supporting the critical first 1000 days of ECD due to issues like equipment availability, privacy, provider skills, and coordination but despite the Government efforts to introduce ECD through various packages, effective field implementation remains lacking. To strengthen the ECD (Early childhood development) component in the VHSND program this Group ANC counselling approach is the need of the hour.

### **Aim:**

The aim of this study is to determine perceived usefulness and satisfaction with respect to implementation of ACE Model in district Nuh, Haryana. The study also examines facilitators and barriers associated with early adoption of

ACE model; characteristics of early-adopters and determining factors in successful implementation of the model. It is necessary to understand beneficiaries' perspectives and experiences on its perceived usefulness and satisfaction.

## **Objectives:**

- To determine the user's acceptability and usefulness of the Group Counselling model being implemented in Nuh, Haryana
- To assess end user satisfaction and further scope of improvement in the existing ACE model of Group counselling

## **Methodology:**

### **Study Design**

This is a **narrative based qualitative study** in which in-depth interviews with beneficiaries (pregnant women and mothers of child aged 1-24 months) attending VHSND was conducted. The study employs a content analysis approach for generating knowledge and new insights to guide improved implementation strategies of the ACE model.

The program monitoring indicators, which are directly or indirectly associated with adoption of ACE model are –

- ✓ No. of beneficiaries attended group counselling
- ✓ Average time spent per session.
- ✓ Number of Mothers counselled for ANC / PNC/ Nutrition/ ECD

### **Study Participants**

- Beneficiaries (pregnant women and mothers of child aged 1-24 months)

### **Inclusion Criteria:**



For Beneficiaries- Pregnant women and young mothers of child aged 1-24 months who are attending group counselling sessions at these sites will also be included.

### **Exclusion Criteria:**

The participants (beneficiaries) who either do not meet the inclusion criteria or refuse to consent to participate will be excluded.

## **Sample Size & Sampling**

### **Selection of Site**

ACE model is being implemented by USAID's awarded SAMVEG (SYSTEMS APPROACH FOR MNCH FOCUSING ON VULNERABLE GEOGRAPHIES) project, which aims to accelerate efforts to reduce maternal, neonatal, and infant mortality in vulnerable geographies of India. As per the project's mandate ACE model was designed to be implemented in Aspirational district of Haryana. Within Aspirational district Nuh, the Punhana block (Aspirational Block) was chosen as per the request from the state NHM. All functional VHSND sites of Punhana block (With availability of required infrastructure) was included for the demonstration of ACE model. Therefore, this study will be conducted in all (10) VHNSD sites where ACE model is being implemented. In my dissertation, I have taken 2 sites to collect the samples.

It has previously been recommended that qualitative studies require a minimum sample size of at least 8 – 10 interviews (IDI & FGDs) per participant type to reach data saturation (Clarke & Braun, 2013; Fugard & Potts, 2014)<sup>1</sup> Therefore, a sample of 25 interview per participant type will be deemed sufficient for the qualitative analysis and scale of this study. Under the study, In-depth Interviews (IDIs) will be conducted with beneficiaries attending group counselling sessions at VHSND sites.

The purpose of conducting the in-depth interview (IDI) with beneficiaries will be done to determine their level of satisfaction and usefulness of Group counselling being provided under ACE model.

A purposeful sampling strategy will be used to identify relevant participants, group of participants will be the eligible beneficiaries (pregnant women and mothers of child aged 1-24 months) who are attending group counselling sessions at these sites.

**Table 1: Sample Size and Sampling Matrix**

S.No.	PARTICIPANT TYPE	Interviews to be conducted per site	TOTAL
1.	Beneficiaries (pregnant women and mothers of child aged 1-24 months)	15 IDI per VHSND site	22-25
Maximum IDIs to be conducted with Beneficiaries			22-25

### **Consent Process:**

The participants were informed about the written consent prior to starting the interview. Obtaining consent process makes it clear that study participation is voluntary. If a participant feel that any topic addressed is too sensitive, they may decline to answer a question. They may also stop the interview completely at any time.

The interviewer confirmed the eligibility of each person when they are first contacted, as well as when they arrive for the interview. Formal informed consenting was done in-person prior to conducting the interviews. Before conducting the IDIs, the study procedures were discussed with the potential participant. If the potential participant agrees to participate, the researcher will then administer the written consent.

All consenting of the participants will occur in a space that allows for audio and visual privacy (not in open view or in a place where others can overhear the conversation). Participants were informed that they can terminate the interview or withdraw at any point with no penalty or repercussions.

While Audio recording the interviews, the personal identifiers was not collected, and an unique study ID code was assigned to each recording while ensuring that there are no linkage between the signed consent form and audio recording. Consent forms are in English language as well as in Hindi also.

### **Data Collection**

The potential study participants were initially contacted during the regular programmatic facility visits on 15<sup>th</sup> of every month when VHSND were conducted. When potential participants expressed interest, they were recruited for study using the recruitment script. Then for the recruited participants, a date and time was fixed for the interview based on their convenience i.e. on VHSND day. They were informed again about the purpose of the study and their expected role. After obtaining the written and verbal consent, the IDIs were started. On the first VHSND site 13 IDIs were done and 12 were done on second site. The consent process took a maximum of 10 minutes. Each IDI took a maximum of 15 minutes. However, for a participant who has work that comes up unexpectedly and must finish the interview another time, there were more contacts on the same day or on another visit.

## **Data Analysis**

The qualitative data was transcribed and translated from Hindi to English. The qualitative data was then be categorized into certain themes and analysed. Data was also analysed using PIVOT table in MS Excel. Based upon the responses received, various generic themes were made and as per them the beneficiaries answers are quoted in quotation. Apart from it, pie charts are made based on PIVOT table. Different themes categorised are Infrastructure, ASHA's responses, Counselling received, Information about their diet, Danger signs information, Breastfeeding awareness, Advanced birth preparations, Safe environment for children & feedback on Group vs Individual Counselling.

## **Risks of the Study**

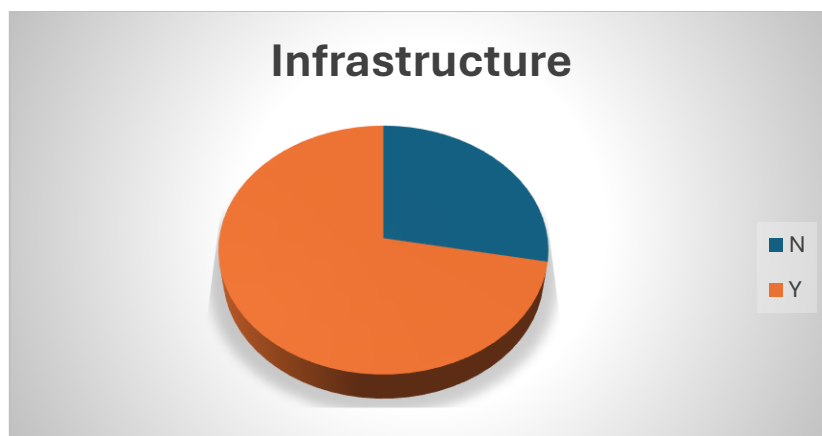
There is no physical, economical and legal risks anticipated with participation in this study. The study participants may fear that their job is at risk by participating or not participating in the study. We will not provide names of providers who have agreed to participate in the study. We will not share any content of participants' responses to their supervisors, and this will be clear in the consenting process. There will be no personal information on the consent forms, nor any information discussed in the interview.

## RESULTS:

Based on the assessment tool's responses, the data was categorized into different themes, which are illustrated in the pie chart below. Additionally, quotations from beneficiaries' answers are also included.

### 1. INFRASTRUCTURE

Most of the beneficiaries said that **“there was facility of drinking water, Mayur jugs and water bottles were given.”** Beneficiaries were happy with the seating arrangements as it was comfortable for pregnant women and for their child also. Although some of the pregnant women were uncomfortable because the seating space was on floor, but others defended it as its essential to do exercise during pregnancy.



**Fig 1:** Most of the beneficiaries said there was adequate seating space & drinking water availability

### 2. ASHA’S RESPONSES

Beneficiaries said that **“ASHA’s were very helpful throughout the pregnancy.”** ASHA’s support and their response was very generous and beneficial for the beneficiaries. All the questions which pregnant women asked was answered with patience

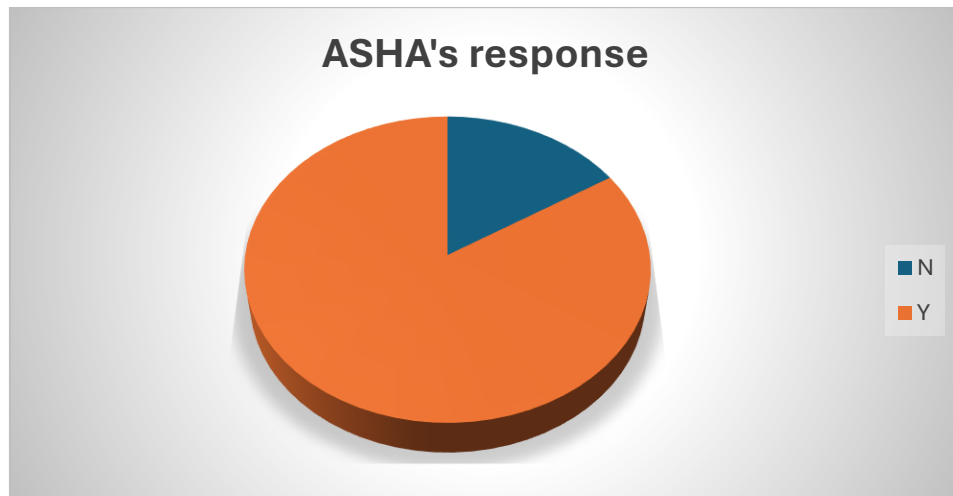


Fig 2: Majority of beneficiaries were satisfied with the ASHA's response to their queries

### 3. RECEIVED COUNSELLING

Majority of the beneficiaries received counselling for the ante natal care and early childhood development. Pregnant women who were present were very eager to know about the learnings. They learned about their diet, sleeping schedule, about their child's health etc.

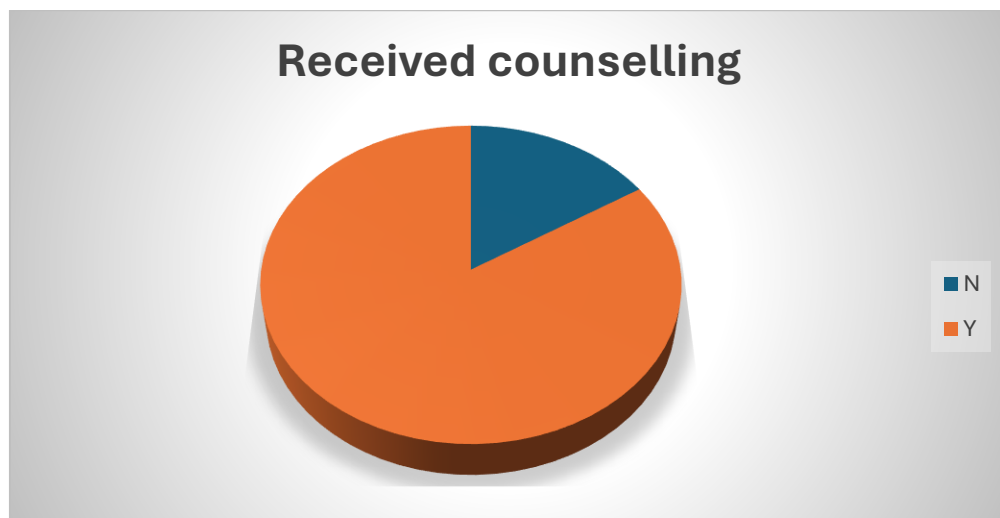


Fig 3: Most beneficiaries received Group counselling for ANC and ECD

### 4. INFORMATION ABOUT DIET/SUPPLEMENTATION

Beneficiaries said, **“they learned about their diet, what should they include like green leafy vegetables, iron, calcium rich food.”** Through peer learning they got to know about home remedies.

Young mothers learned various things from experienced mothers. While talking about their problems they get to know about available home remedies which can help them in curing nausea, swelling or lethargy.

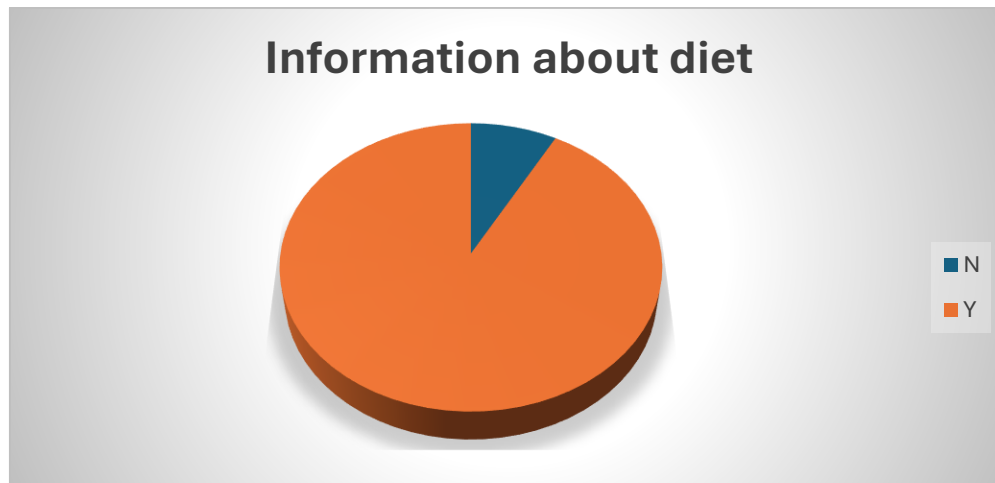


Fig 4: Majority of beneficiaries received information about proper diet and supplementation

#### 5. INFORMATION OF DANGER SIGNS FOR PREGNANCY

Beneficiaries were not aware of the danger signs for pregnancy, so this group counselling was very helpful to know about minor things such as headaches, swollen feet etc. and how to treat them at home. Pregnant women said that **“they were now aware of the surroundings and the harmful effects of the indoor pollution (chullha).”** Earlier they were making food on chulha but now more women are adapting changes and switching to gas stoves that too in open area.

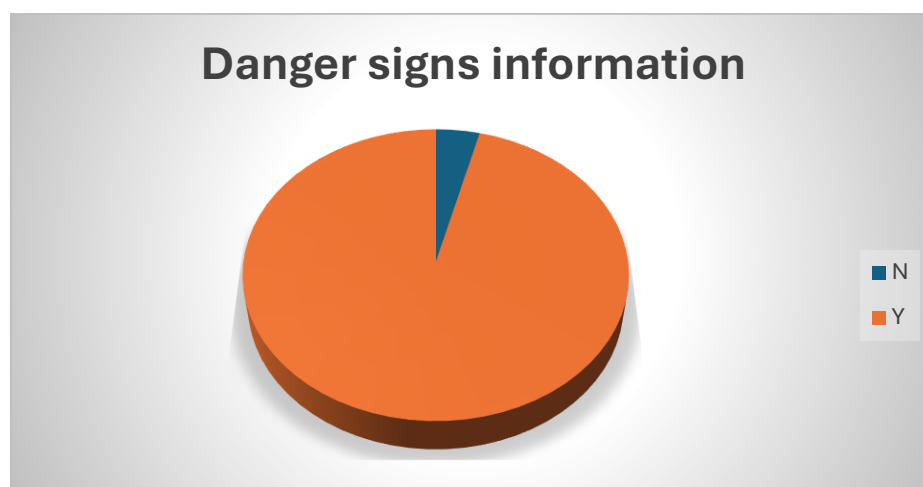


Fig 5: Almost all the pregnant women received information about danger signs for pregnancy

## 6. BREASTFEEDING AWARENESS

Regarding breastfeeding women were confused because there was no clear message earlier but now, **“they knew about exclusive breastfeeding for first 6 months.”** Beneficiaries said that now they knew how to feed the child, especially young mothers. Although there were mothers who knew about child’s diet but after counselling, they were clearer.



Fig 6: Most of the beneficiaries received information about exclusive breastfeeding for 6 months

## 7. ADVANCED BIRTH PREPERATIONS

Advanced birth preparations like packing bags and keeping essentials things handy, it is not in practice in weaker Ads but after asking them the response was remarkable as they said- **“Now we know that we must keep baby’s & mother’s clothes in separate bag. Also, we must get our companion ready in case of emergencies”**

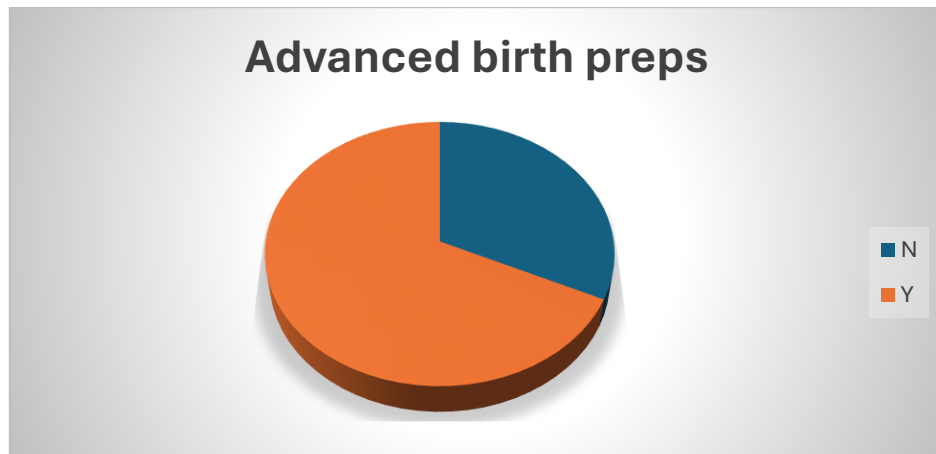


Fig 7: More than half of beneficiaries received information regarding advance preparations in case of emergencies

#### 8. CREATING SAFE ENVIRONMENT FOR CHILDREN

Beneficiaries said, **“We know that we have to keep baby away from indoor pollution, we should play with them so that their brain development is proper.”** Playing with children and engaging them in interesting colorful toys is very helpful for neurodevelopment of a child. Talking to their baby while playing, feeding them healthy food, all this was advocated during group counselling.



Fig 8: Most of the beneficiaries received information about creating safe environment for their children



## DISCUSSION

- This study was done to assess the satisfaction level of beneficiaries i.e. pregnant women and young mothers (having 1–24-month child) after Counselling to group of pregnant women and mothers of child aged 1-24 months by ASHA.
- ACE Model's group counselling focuses on Development of integrated counselling messages on home care, nutrition, birth preparedness and identification of danger signs and ECD focusing on age- appropriate play and communication activities, preventing injuries and responsive care
- It was being implemented to strengthen monitoring and supportive supervision of VHSND sites.
- To determine the user's acceptability and usefulness of the Group Counselling model being implemented in Nuh, Haryana
- Most of the women were satisfied with G-ANC and wanted this model to continue so that they can keep learning and share experiences among themselves.
- Majority of the women were happy and had a positive response towards the change included in their routine. They were more aware and alert than before.

## CONCLUSION

Based on the findings of this study, it can be concluded that the model is feasible for implementation but only at selected sites. For broader application across different locations, it is essential to bolster the infrastructure to uphold the privacy and quality of care for the beneficiaries. The model has significant potential for expansion, particularly in enhancing peer learning. By receiving clinical care from Auxiliary Nurse Midwives (ANMs) and acquiring knowledge from Accredited Social Health Activists (ASHAs) within group counselling settings, beneficiaries experience increased confidence and benefit from cross-learning opportunities. This collaborative approach not only strengthens the support network among beneficiaries but also enriches their overall healthcare experience. Moreover, the model's expansion could lead to improved health outcomes through shared experiences and collective learning, making it a valuable framework for broader implementation in diverse settings.

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## Annexure 1:

### Group Counselling Model: Assessment Questionnaire

**Respondents:** Pregnant women undergone counselling, Women with children 6 months undergone counselling, Women with children 12 months undergone counselling.

**Modality:** The assessment will be conducted either at home or at VHSNDs.

#### **Primary Information**

Name of Respondent- \_\_\_\_\_ Age- \_\_\_\_\_ Gravida- \_\_\_\_\_

For Pregnant women (gestation month)- \_\_\_\_\_

For mother with child (age of child)- \_\_\_\_\_

S.No.	Questions	Responses
1.	Have you received counseling about antenatal care and ECD from ASHA at the VHSND site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there sufficient seating space available at the VHSND site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is there a drinking water facility provided at the VHSND site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you received respectful treatment in terms of talking by the ASHA during your interaction at the VHSND site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does ASHA actively listen to your questions during counseling sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does ASHA provide satisfactory answers to your questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you received counseling in a group setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you had the opportunity to interact with other mothers during your visits to the VHSND site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you shared your experience of motherhood to other mothers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you learned anything from their experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you like group counselling vs individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Feedback and recommendations (Open Ended)	<input type="checkbox"/>
<b>Knowledge (For PW)</b>		

13.	Have you received information about the consumption of iron and calcium during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes, are you practicing the recommended consumption of iron and calcium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you received information about taking nutritious food, such as including fruits, vegetables, and pulses in your diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you received information about the harmful effects of indoor cooking using cow dung, kerosene, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you received information about home remedies for common ailments during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you received information about danger signs during pregnancy for which you need to contact the hospital? (e.g., abdominal pain, high fever, severe vaginal bleeding, swollen hands/face, and blurred vision)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you been counseled on preparations for the birth of your child in advance? (e.g., arranging clothes for the child, money, transport)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you received information about breastfeeding the child within 1 hour of birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Knowledge and Practice (Women with child)</b>		
21.	Have you received information about exclusively breastfeeding your child for 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Have you received the information about complimentary feeding? (if child > 6 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Have you received information about the harmful effects of indoor cooking using cow dung, kerosene, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you received information about the immunization schedule of your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Have you received counseling on playing and communicating with your child?	<input type="checkbox"/> By playing hide and seek <input type="checkbox"/> Encouraging them to talk <input type="checkbox"/> Introducing them new things <input type="checkbox"/> Teaching them about body parts
26.	Have you received information about creating a safe environment in your house for your child?	<input type="checkbox"/> Store hazardous substances out of children's reach. <input type="checkbox"/> Keep children away from flammable liquids. <input type="checkbox"/> Prevent children from playing on the road.

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