ASHA Evaluation in Sikkim

Conducted By:

Regional Resource Centre for North Eastern States (RRC-NE)

(a branch of NHSRC)

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I would like to request the state officials to refer the findings of this study at their optimum level, and bring about the necessary changes or modification with suitable state specific actions for the betterment of the ASHA program in the State.

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Abbreviation	
ANM	Auxiliary Nursing Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BPMU	Block Program Management Unit
CBO	Community Based Organization
CHC	Community Health Centre
DH	District Hospital
DPMU	District Program Management Unit
FP	Family Planning
ICDS	Integrated Child Development Services
MO-IC	Medical Officer In-charge
NGO	Non-Government Organization
NHM	National Health Mission
NRHM	National Rural Health Mission
OBC	Other Backward Class
PHC	Primary Health Centre
SC	Sub-centre
SC	Schedule Caste
SHG	Self Health Group
SPMU	State Program Management Unit
ST	Schedule Tribe
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee

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Executive Summary

The importance of community participation is clearly highlighted in the mission document of National Rural Health Mission (NRHM) presently National Health Mission (NHM). One of the major components of NRHM is the community process under which a female community health activist called "Accredited Social Health Activist" (ASHA) is selected and trained to work as an interface between the community and the public health system. Even though the ASHA programme has become an inherent part of the health system different issues and challenges including the lack of clarity on roles and responsibilities, the adequacy of training and support system, concerns over her working conditions and monetary benefits are influencing the effectiveness of the ASHA programme. Therefore, with NRHM already implemented for more than 9 years a strong need is felt to study and evaluate the ASHA programme to understand the existing situation and status of the ASHA programme, identifying the gaps and work on the strategies for strengthening the ASHA programme which will in turn fulfil the mandate of NHM. Regional Resource Centre for NE States conducted evaluation of ASHA programme in Sikkim which is one of the high focused States. Data collection of the study was done in the month of February 2015.

Sikkim has only 4 districts and all districts were covered under the study. 10% of the ASHAs were taken up from each district and thus all total 66 ASHA villages were covered. However, 8 (approx 15% of sample ASHA villages) more ASHA villages were taken to reduce the non-sampling errors. So, all total 74 ASHA villages were covered in the study. Systematic random sampling along with cluster sampling, proportionate to the population was adopted. The key informants of the study include; ASHA, AWW, ANM, PRI, beneficiary-1(women with children under 6 months of age) and beneficiary-2 (women with children between 6.1 months to 2 years who fell sick in last one month). Interaction was also held with the concerned authority at State, District and Block level. Both qualitative and quantitative questionnaires were used for

collection of primary data, while various records were referred for secondary data collection. Quantitative data were collected from informants using a structured interview schedule.

Key Findings of the Study:

Background:

The findings show that out of 74 ASHAs only 4 was newly selected and nearly half of the ASHAs were in the age group of 31 – 40 years. Only, South district did not follow the criteria of selection of ASHA regarding age. Similar observation was found regarding educational qualification of ASHAs, where half of the ASHAs completed middle school and South District showed 6 pc ASHAs, who were school dropout.

Caste background of ASHAs are seen as – majority of ASHAs are ST, which is 44.6 pc followed by 37.8 pc of ASHAs belong to OBC. About religious background, it is seen that 51.4 pc of ASHAs are Hindu followed by 36.5 pc of Buddhist. It was further seen that 91.9 pc of ASHAs are married and more than 50 pc ASHAs have more than 2 children.

Agriculture is found to be the main livelihood activity amongst 63.5 pc of ASHAs, followed by 14.9 pc as salaried employee in government sector. It is further seen that 37.8 pc of ASHAs have average family monthly income within the range of Rs. 1000 – Rs. 3000. Only, 14.9 pc of ASHAs have average family income of above Rs. 5000 and above. ASHA herself is the main earning member in 20 pc of the households. Half of the ASHAs were from the BPL families.

It is seen that 51.4 pc of the ASHAs have been working as ASHA for 8 years. Population coverage of ASHAs, it is seen that population ranging 501 – 800 is covered by 35.1 pc of ASHAs followed by 28.4 pc of ASHAs reported serving population within 201-500. In South district52.9 pc of ASHAs reported to serve more than 1000 population. 43.2 pc of ASHAs each have reported that they spend around 2-3 hours and 4-5 hours daily for doing ASHA work. Regarding mode of transport, it is seen that 93.2 pc of ASHA walk to reach all the hamlets across all the districts. Only, 6.8 pc ASHAs take Taxi and need to walk to reach the hamlets.

Regarding reasons of becoming an ASHA, 87.8 pc of ASHAs shared that they have desire to serve the community and 67.6 pc have shared opportunity to seek knowledge as the reason for

becoming an ASHA. Only, 45.9 pc of ASHAs have expressed financial reason as one of the reason for becoming an ASHA.

Selection Process and Training:

Regarding selection process of ASHA, 48.6 pc of ASHAs shared that Sarpanchs/Panchayats were involved in the selection process. Nearly, 25 pc have shared about the involvement of ANMs.

Regarding training status of ASHAs, it is reported that 100 pc of ASHAs received training after being selected as ASHA. It is further observed that 78.4 pc ASHAs reported that all 7 rounds of ASHA training were conducted in their PHC. 51.4 pc of ASHAs informed that trainings were non residential, which were mostly held at PHC.

Regarding coverage of different topics during the training, 71.6 pc of ASHAs shared that the priority topics in training sessions were newborn care, followed by family planning (82.4 pc), JSY (74.3 pc), maternal care (71.6 pc), Immunization (58.1 pc), Tuberculosis (58.1 pc), water and sanitation (56.8 pc), HIV-AIDS and RTI-STI (47.3 pc) and NRHM schemes and programs (44.6 pc).

Activities of ASHAs and the Challenges she faced:

Regarding different activities of ASHAs, it is seen that 93.2 pc of ASHAs reported to conduct VHSNC meetings and this activity is the major activity across all the districts. Next major activities of ASHAs are counselling women on ANC/Delivery/PNC of pregnancy, Nutrition and Household Visit (83.8 pc). 58.1 pc ASHAs reported that they accompanied pregnant women for institutional delivery.

Regarding the challenges being faced by ASHAs, 52.7 pc shared non-availability of transport followed by poor road condition (43.2 pc) as the major challenge for referral. Regarding the involvement of ASHAs in JSY implementation, 81.1 pc of ASHAs accompanied up to 5 women to the institution for delivery in last 3 months.

64.9 pc of ASHAs reported that they did not get JSY incentive, 31.1 pc ASHAs reported that they received JSY money for maximum 5 cases of escort and 4.1 pc of ASHAs reported that they received JSY money for escorting maximum 6 to 10 mothers.

Nearly 80 pc of ASHAs informed that they are not providing DOTS services. Nearly 95 pc of ASHAs reported that they have VHSNCs in their village. Almost all ASHAs shared about getting support from VHSNCs in the form of health awareness campaigns and in promoting institutional delivery. 87.1 pc of ASHAs are positioned as Member Secretary of the VHSNCs.

ASHA Drug Kit and Incentive received by ASHAs:

It is seen that 85 pc ASHAs have drug kit and nearly 60 pc of ASHAs shared about having adequate drug requirements in the drug kit.

It is seen that 40.5 pc of ASHAs received Rs. 3001 – Rs. 5000 as an incentive in last three months, followed by 32.4 pc ASHAs received incentive within Rs. 501 – Rs. 1000. All ASHAs (100 pc) have their bank account. 51.4 pc of ASHAs receive their payment through bank transfer and 31.1 pc receive payment through cash.

ASHA's knowledge level and support required:

The study shows that the knowledge level of ASHA is appreciable but still need further improvement. The knowledge assessment was done on critical pregnancy status, post delivery important/danger signs, kind of services ASHA would give to mother for new born care, number of TT shots to be given to a pregnant woman, about breast feeding, diets of a 1 year baby etc.

Regarding support needed by ASHAs, it is seen that more than half of the ASHAs (55.4 pc) interacted require more training sessions. Next support required as expressed by 35.1 pc ASHAs is on timely filling of drug kit. 26.1 pc ASHAs wanted training module in local language.

Observations of AWW about ASHA:

Regarding role of AWW in ASHA selection, it is reported that 33.3 pc of AWW recommended ASHA's name to the PRI and 18.8 pc facilitated the selection of ASHA in consultation with the community. It is found that 100 pc of ASHAs always remain present in immunization session held at AWC and also mobilize women and children for immunization. Nearly, half of AWWs are aware that ASHA is the Member Secretary of the VHSNC.

Nearly 70 pc AWWs said that ASHA is to mobilize people so that they attend VHSNC meeting and next (65.2 pc) said ASHA is to prepare village health plan. As per AWW, third role of ASHA

in VHSNC should organize the meeting (59.4 pc). Most of the (90 pc) AWWs shared that ASHAs were not involved in panchayat election.

The study shows that around 90 pc of AWWs believed that ASHA program has brought major changes in increasing immunization and institutional delivery.

Observations of ANM about ASHA:

Regarding population coverage by ANMs, the study shows that 57.1 pc of ANMs serving 1001 – 2000 population and 14.3 pc of ANMs shared about covering 2001 – 3000 population. It is seen that 61.4 pc of ANMs have 3-5 ASHAs under each ANM. 18.6 pc of ANMs have up to 2 ASHAs under an ANM, followed by 17.1 pc of ANMs having 6-10 ASHAs.

Nearly 95 pc ANMs think that the major role of ASHA is to counsel women on all aspects of pregnancy followed by 90 pc ANMs told accompanying women for delivery is the main role of ASHA. Next major role of ASHA is promotion and coordination for immunization program/VHND, followed by providing family planning methods and medicines for minor illness. To conduct/participate in VHSNC and household visits are also considered as her major role. Visit newborn for providing advice/care and providing services for tuberculosis patients are also role of an ASHA, as shared by ANMs.

Nearly 65 pc ANMs revealed that they facilitated the selection of ASHA in consultation with the community followed by 54.3 pc ANMs said that they were involved in listing of possible candidates for ASHA.

Relation between ANM and ASHA's regarding the work, 86 pc told that they mainly guide ASHA in her routine work and check her work through home visit. ANMs (55 pc) opined that they also provide training to ASHAs as and when needed.

"ASHA always attend VHND" – an important comment made by almost all ANMs. ASHAs mainly bring eligible mother and children to VHNDs (81.4 pc ANMs). ASHA also assist in ANC (64.3 pc ANMs) and in organizing the VHND (60 pc ANMs).

Most of the ANMs (90 pc) had helped ASHAs in refilling their drug kit. Half of the ANMs also revealed that the fixed payment is the appropriate payment mechanism for ASHAs. All ANMs have said that the ASHA program has increased institutional delivery, immunization (87.1 pc),

hygienic condition (81.4 pc), increasing mother and children attendance in VHNDs (74.3 pc), utilization of public health services (54.3 pc ANMs).

Observations of PRI members about ASHA:

At the grass root level, there is a close relation between PRI members and the ASHA. The study also tried to find out views of a PRI member about an ASHA.

It is observed that 96 pc of PRI members revealed that the major role of ASHA is counselling women on all aspects of pregnancy, followed by accompanying women for delivery (85.2 pc). Promotion and coordination for immunization program/VHNDs, providing medicines for minor illnesses are also major roles of an ASHA (61 pc).

It is found that 30 pc of PRI members recommended ASHA's name and 24 PC PRI members have taken the decision for selection of ASHA in consultation with ANM.

The study also reveals that 93 pc of PRI members are associated with functional VHSNC and all of them support ASHA in her work. Most of the PRI member opined that ASHA has been mobilizing people to attend VHSNC meeting. 67 pc of members shared that ASHA helps in organizing the VHSNC meeting.

Regarding appropriate mode of ASHA payment, it is seen that 51.9 pc of PRI members shared that fixed payment is the most appropriate way of ASHA payment. Performance based incentive is proposed by 37 pc of PRI members.

Nearly 76 pc of the PRI members informed that ASHA mainly mobilizes the village community for water and sanitation facilities, adult and women education (51.9 pc), mobilizes the community against domestic violence (46.3 pc).

Most of the PRI members said that ASHA program increased institutional delivery followed by better hygiene in the community (79.6 pc). Increase in immunization is accepted by 77.8 pc of PRI members.

Beneficiary A (Mothers with less than 1 year baby):

In the present survey all women, who delivered during 12 months preceding the survey in the sampled households were asked about the details of antenatal, natal and post natal care. In addition, they were also asked about JSY and family planning benefits. The most important things of the study of this group were to see the acceptance level of ASHAs in the community and their performance in mobilization of the community.

It is seen that most of the mothers (97 pc) have interacted with the ASHA of her village during pregnancy or after child birth. 94.8 pc of mothers surveyed received information about place and the date of ANC by ASHA.

Nearly 55 pc of mothers shared that ASHA was present with the mother for all ANC visits. It is also seen that 78.5 pc of mothers have shared that ASHA informed the date of the visit to SC/VHND to get the ANC done. Nearly, 50 to 60 mothers received advice on neonatal care-keeping baby warm after birth, followed by immediate initiation of breast feeding, about ANC, institutional delivery and JSY benefits.

It is also observed that 44 pc of mothers surveyed met the ASHA 4-6 times during pregnancy and 28.1 pc of mothers met 7-10 times. Nearly 80 pc of mothers are accompanied by ASHA during institutional delivery.

It was also found that only 12 pc mothers faced complications during pregnancy. Regarding post natal visits by ASHAs, 31.1 pc of mothers have shared that the first visit of ASHA to mother after delivery is made either within first day or in between fourth day to seventh day. Nearly 70 pc of mothers shared up to 5 times post natal visit by ASHA.

Weighing of the baby after birth on the same day was seen in case of 94.8 pc of mothers surveyed and 5.2 pc of mothers interacted are not aware about the time when the weight of the baby is taken after birth.

Regarding ASHAs role in immunization and sickness management of child, it is seen that 51.1 pc of mothers said that ASHA escorts the mother or take children for immunization. This is followed by 46.7 pc mothers are reminded by ASHA about VHND for immunization.

It is encouraging to know that only 20 pc of mothers shared about sickness of teh child in the first month of birth and half of that was seeking care from an ASHA.

It is found that only 34.1 pc of mothers have started using any contraceptive methods. 28.9 pc of mothers received JSY incentive and 71.1 pc mothers did not receive JSY incetive.

Beneficiary B (Mothers with 1 year to 5 years old child – who was sick in last 6 months):

Most of the mothers (92.2 pc) had interacted with ASHA for any illness of their child. Nearly 85 pc of mothers are advised by ASHA regarding immediate initiation of breastfeeding / colostrums feeding and keeping the baby warm. Half of the mothers shared about receiving immunization advice for the newborn and registration of birth. 75.2 pc of mothers shared that they initiated breastfeeding to the newborn within 1 hour. Out of the 141 mothers surveyed, 132 mothers gave nothing other than breast milk to the child within first three days of birth.

Regarding complimentary feeding, 80 pc of mothers started complementary feeding at six months or above. All children were immunized except 1 where 55 pc mothers were facilitated for immunization by ASHA.

About teh disease pattern of child, it is found that 61 pc of child was suffering from fever followed by 27 pc having cough. Diarrhoea among the children was 11.3 pc. Most of the mothers have taken treatment by ANM in the PHSC. Nearly 60 pc of mothers said that they are advised by ASHA for treatment of their child. It is found that 72.4 pc of mothers got medicines from ASHA and 60.4 pc being referred to ANM.

<u>Recommendations</u>:

- As more than 50% of the ASHAs are covering a population above 1000, so it is suggested that a mapping exercise can be done so as to rationalize the population coverage of ASHAs to get better output.
- Considering the percentage of educational level of ASHAs, it is suggested that pictorial oriented flipbooks/health education charts may be used as a communication material

- ASHAs (around 15%), who missed some part of training; need to be re-oriented again during monthly ASHA meeting so that they also get complete training inputs.
- State must appoint fresh ASHA Facilitators so that ASHAs, those who are performing dual role can be relieved and they can continue as ASHA. This will ensure better supportive supervision for ASHAs by ASHA Facilitators.
- ASHAs are to be oriented on village meeting on health promotion, which at present they are hardly doing. Health promotion is very critical for ensuring disease at bay.
- It was also revealed that few ASHA trainings were non-residential. So, state needs to ensure that training is held in residential mode. Residential training will improve the training quality, bondage among ASHAs and it will also help ASHAs to reduce their transportation cost of attending the training.
- ASHAs are to be trained on Interpersonal Communication (IPC) so that they can effectively address the issues related to family level resistance for referral of mother.
- ASHAs are to be oriented on importance of timely referral of sick children as it has been seen that 85.1% of ASHAs are not referring sick children.
- ASHAs are to be engaged as DOTS provider, which will ensure better implementation of RNTCP program.
- ASHAs, who do not have drug kit (study says 14.9% ASHAs do not have drug kit) are to be provided drug kit urgently and the PHC needs to be the unit of refilling.
- Since, all the ASHAs have bank account, so cash payment has to be discouraged and all transaction should be made through bank.
- Fund release for ASHAs needs to be streamlined. State needs to introduce single window payment mechanism, preferably e-payment of ASHA incentive.
- ASHAs, whose HBNC kit items (weighing scale, thermometer) are not working, should be given fresh kits so that they can continue to do quality home visit.
- State needs to develop state specific ASHA module and ASHAs should be oriented on that module so as to ensure that ASHAs are better equipped about local problems and solutions and thus addressing the demand of the community.

- State needs to work closely with all related line department so that quality of VHND is strengthened through strong inter-sectoral convergence.
- Supportive Supervision has to be strengthened for ASHAs by the ASHA Facilitators as well as other staffs of ASHA Resource Centre. More handholding and follow up support is needed by the ASHAs from East District.
- The quality home visit of ASHA has to be emphasized through providing on job support to ASHA. This will help in increasing timely referral and thus bringing down the mortality rate of mother and newborn.
- ASHAs are to be oriented on different temporary family planning method so that they can generate awareness among target couples regarding temporary family planning. 65.9% mothers are found who do not use any contraceptive method.
- State is to speak to ICDS Department so that mothers enrolled at AWC start getting take home ration (THR). At present, only 9.2 pc mothers get take home ration.
- State needs to take up the issue with appropriate department of improving road condition of connecting interior villages so that referral of patients from those remote villages becomes easy. Poor road condition has emerged as major challenge for referral, which is ultimately depriving patients for availing quality health services.
- State has to plan for training of VHSNC members so that VHSNCs can develop village health action plan, which will help villagers to take active part in health program.
- ASHA Facilitators are to be oriented more on supportive supervision so that they can provide quality handholding on job support to ASHAs. This will help ASHAs to clarify their doubts and thus to perform better.

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Background

Introduction:

The mission document of National Rural Health Mission emphasises much on the importance of community participation as a part of the decentralized process of health care management and service delivery. Since community participation is very critical to the success of sustainability of any program, so community participation/processes is seen as an essential element of national health strategic plans or policies of India under NRHM.

One of the key components of the community processes under National Rural Health Mission is to provide a trained female community health activist – Accredited Social Health Activist (ASHA) in every village of the country. Selected from the village itself and accountable to the villagers, the ASHAs are trained to work as an interface between the community and the public health system. So, she is rather termed as bridge between health service providers and health service seekers. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

Today, the ASHA programme has become an integral part of the health system and has been seen as a backbone of the community health program. Despite having all these successes of the ASHA program, there are several issues and challenges which includes; lack of clarity on roles and responsibilities, questions of her effectiveness and health outcomes, the adequacy of training and support systems, concerns related to her working conditions and payments and defining a future role for her. Therefore, there is need for a study/evaluation which would help in understanding the existing situation as well as status of the ASHA program, identifying the gaps, and working out strategies for strengthening/improving the ASHA program, and thus fulfilling the mandate of NRHM.

ASHA in Sikkim:

The total numbers of ASHA selected in the country have now reached over 890,000 women. The State of Sikkim is one of high focussed state under National Rural Health Mission, and has only 666 ASHAs in place. Sikkim is one among the very few states of the country, which has less than 1000 ASHAs in the state. All the 666 ASHAs of the state have received all the rounds up to ASHA module 6th & 7th and drug kits have also been provided to them. State has identified one Senior Officer of the Directorate to lead the ASHA program in the state and she will be supported by one more person from State Community Processes Cell. The overall ASHA program in the state is supported by State Facilitator (Community Processes), who is from RRC-NE. There are Block Program Managers, who are guiding the ASHA program at Block level. ASHA Facilitators (who are still working as ASHA too) are also engaged to support at least 10 ASHAs under her jurisdiction. There are around 70 such ASHA Facilitators working under National Health Mission. ASHA Facilitators are extending on job hand holding support to ASHAs in the field.

This study was designed to understand the overall status of the ASHA program in the State of Sikkim as well as changes brought by the program in improving the health status of the people. It will also help in knowing the type of support being received by ASHA program staffs at various levels (from state to village level), and what more to be done so as to further improve their performances.

State	**Status of ASHA Training / Capacity Building**					
Sikkim	**Mod 1**	**Mod 2**	**Mod 3**	**Mod 4**	**Mod 5**	**Mod 6 & 7 (1st to 4th)**
	666	666	666	666	666	666

Objectives of the ASHA Evaluation are to:

- Study the existing status of various components of ASHA program;
- Assess the quality of key processes/mechanism, such as: training, monitoring and ASHA support structure;
- ASHAs role in rolling out HBNC activities and other home based services;

- Assess the contribution of ASHAs in organizing the VHND in her area.
- Understand the perspectives and experiences of key stakeholders and persons involved at various levels such as SPMU, DPMU, BPMU, health facilities, community etc. and their role in extending supportive supervision to ASHAs.
- Understand the role of ASHAs in CATCH Program implementation.
- Understand the role of ASHAs in supporting Tuberculosis and Malaria patients.
- Identify the gaps and areas of improvement, and accordingly suggest strategies to further strengthen the program.

Methodology:

Sample Size and Selection of Samples:

As the state has only 4 districts, so all the four districts were covered as a part of the study. 10% of the ASHAs were taken up from each district and thus all total 66 ASHA villages were covered. However, 9 (approx 15% of sample ASHA villages) more ASHA villages were taken to reduce the non-sampling errors. So, all total 75 ASHA villages were covered in the study.

The number of ASHAs, taken from each district was based on the proportionate to the number of ASHAs of that district. So, all total 75 ASHA villages were taken up for the study. The names of the ASHAs were listed out and using systematic sampling method, who will be the respondent of the study. Key informants per village covered by one ASHA;

Sl. No.	Key Respondents
1	One ASHA
2	One AWW
3	One ANM (corresponding SC - ANM)
4	Two mothers with 1 year or less than 1 year old baby (B-1)
5	Two mothers with 1 year to 5 year old child (who was sick in last 6 months (B-2)
6	PRI member/Headman
7	1 patient each of Tuberculosis and Malaria (if available from each ASHA village)

*****One mother with 1 year old baby and one mother with sick child will be identified by the investigator's information and other one mother with 1 year old baby and one mother with sick child will be identified through ASHA.*

Table: District wise Sample Size

District	Total ASHA in the district	Other Key Informants							
		ASHA	AWW	ANM	B-1	B-2	PRI	TB patient	Malaria patient
East	199	22	22	5	44	44	22	22	22
West	205	23	23	5	46	46	23	23	23
South	153	17	17	3	34	34	17	17	17
North	84	9	9	2	18	18	9	9	9
Urban	25	4	4	1	8	8	4	4	4
Total	**666**	**75**	**75**	**16**	**150**	**150**	**75**	**75**	**75**

Tools of Data collection:

Both qualitative and quantitative questionnaires were used for collection of primary data, while various records were referred for secondary data collection. Quantitative data were collected from the key informants using a structured interview schedule. Checklist was used for collection of qualitative data especially from staff of SPMU, DPMU, BPMU, Health Facility, community. All the tools were field tested before administering the questionnaire for data collection. The quantitative primary data were analyzed using SPSS package.

Data collection process:

One data collection team comprised of 4 (four) investigators and 1 (one) supervisor. Such a team was expected to cover 2 ASHA villages per day, where they interviewed all the targeted informants. Two such teams were engaged, thus, data collection of 4 ASHA villages was planned to be covered per day. So, it was expected that by 20 days, data collection should have been over. However, for inter district movement and break in between data collection, another 5 days was kept. Thus, by 25 days was earmarked for data collection.

It will be the responsibility of the investigator to interview the beneficiaries, while the supervisor will coordinate the visit, check and validate the filled up format and also supervise the performances of investigators. The interaction with State, district, block level officials and health officials was coordinated by RRC-NE officials.

Information pertaining to ASHAs

ASHA is a health activist in the community who has been creating awareness on health and its social determinants and mobilizing the community towards local health planning and increased utilization and accountability of the existing health services. She is seen as a promoter of good health practices. She is also providing a minimum package of curative care as appropriate and feasible for that level and makes timely referrals.

ASHA is ***primarily a woman resident of the village -'Married/Widow/Divorced'*** *and preferably in the age group of 25 to 45 years and she should have effective communication skills, leadership qualities and should be able to reach out to the community. She should be a literate woman with* ***formal education up to Eighth Class.*** *These criteria may be relaxed only if no suitable person with this qualification is available. Adequate representation from disadvantaged population groups should be ensured to serve such groups better.*

To know the fulfillment of the above criterion, it was tried to congregate the information about the selected ASHA's of Sikkim.

It is well know that the ASHAs are activist and get remuneration based on their performances except in Sikkim where ASHAs are getting Rs. 3000/- per month from the State Government in addition to the performance based incentives under NHM. As ASHAs are activist, therefore they are dynamic and may leave the position of ASHA and then new ASHA comes in that position.

Findings from the Study

General information about an ASHA:

The study shows that, out of 74 ASHAs, only 4 ASHAs are new in the state. 2 new ASHAs are replaced in west district and North and East district has 1 new ASHA each.

Regarding age group, it is seen that 45.9 pc of ASHAs are in the age group of 31 to 40 years followed by 40.5 pc of ASHAs age in between 21 to 30 yrs. 12.2 pc of ASHAs are 40 years and above with highest percentage of 19.2 pc in East district. Age group of 5.9 pc of ASHAs from South district is up to 20 years. So, it is seen that South district did not fully follow the age criteria for ASHA selection.

Regarding the educational status of the ASHAs, it is seen that 51.4 pc of ASHAs completed middle school with highest representation of such ASHAs from West district followed by East district. 17.6 pc of ASHAs are found to complete primary school and secondary school. 7.7 pc of ASHAs from East district are Graduate / Diploma holder. South district have 5.9 pc of primary school dropout ASHAs.

Caste background of ASHAs are seen as - majority of ASHAs are ST which is 44.6 pc followed by 37.8 pc of ASHAs belong to OBC. About of religious background of ASHAs, it is seen that 51.4 pc of ASHAs are Hindu followed by 36.5 pc of Buddhist ASHAs.

A point, which needs to be highlighted is about the marital status of the ASHAs, it is seen that 91.9 pc of ASHAs are married and it implies that there is very low chance of drop out of any ASHAs due to migration to other villages for marriage. It is also interesting fact that 90 pc of the ASHAs had crossed marriage life more than 6 years.

Regarding the number of living children of an ASHA, It is seen that 45.9 pc of ASHAs have 2 children, followed by 24.3 pc of ASHAs having 1 child. Rest are having more than 2 children.

The age of the youngest child of the ASHAs, it is seen that for 36.5 pc of ASHAs, the youngest age of the child is within 6 – 10 years. This is followed by 32.4 pc of ASHAs having youngest child of 11 yrs and above. Only 20.3 pc of ASHAs have youngest child up to 5 years of age.

Table: 1:

Status of ASHA: New/Old								
	New		Old		No Data		Total ASHAs surveyed	
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	1	3.8	23	88.5	2	7.7	26	100
North	1	11.1	8	88.9	-	-	9	100
South	-	-	17	100.0	-	-	17	100
West	2	9.1	20	90.9	-	-	22	100
Total	**4**	**5.4**	**68**	**91.9**	**2**	**2.7**	**74**	**100**

Table: 2:

Age group of the ASHA										
District	**Up to 20**		**21 to 30**		**31 to 40**		**40 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	-	-	11	42.3	10	38.5	5	19.2	26	100
North	-	-	6	66.7	2	22.2	1	11.1	9	100
South	1	5.9	6	35.3	8	47.1	2	11.8	17	100
West	-	-	7	31.8	14	63.6	1	4.5	22	100
Total	**1**	**1.4**	**30**	**40.5**	**34**	**45.9**	**9**	**12.2**	**74**	**100**

Table: 3:

Educational Status of the ASHA																
District	**Primary school Dropout**		**Primary School completed**		**Middle school completed**		**Secondary School completed**		**Intermediate completed**		**Graduate/ Diploma Holder**		**Others**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	-	-	4	15.4	15	57.7	4	15.4		0.0	2	7.7	1	3.8	26	100
North	-	-	4	44.4	2	22.2	2	22.2	1	11.1	-	-	-	-	9	100
South	1	5.9	1	5.9	7	41.2	4	23.5	4	23.5	-	-	-	-	17	100
West	-	-	4	18.2	14	63.6	3	13.6	-	-		-	1	4.5	22	100
Total	**1**	**1.4**	**13**	**17.6**	**38**	**51.4**	**13**	**17.6**	**5**	**6.8**	**2**	**2.7**	**2**	**2.7**	**74**	**100**

Table: 4:

Caste of the ASHA										
District	SC		ST		OBC		Others		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	2	7.7	8	30.8	13	50.0	3	11.5	26	100
North	-	-	9	100.0	-	-	-	-	9	100
South	1	5.9	6	35.3	5	29.4	5	29.4	17	100
West	1	4.5	10	45.5	10	45.5	1	4.5	22	100
Total	**4**	**5.4**	**33**	**44.6**	**28**	**37.8**	**9**	**12.2**	**74**	**100**

Table: 5:

Religion of the ASHA								
District	Hindu		Christian		Buddhism		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC
East	15	57.7	4	15.4	7	26.9	26	100
North	-	-	1	11.1	8	88.9	9	100
South	11	64.7	-	-	6	35.3	17	100
West	12	54.5	4	18.2	6	27.3	22	100
Total	**38**	**51.4**	**9**	**12.2**	**27**	**36.5**	**74**	**100**

Table: 6:

Marital status of ASHAs										
District	Single		Married		Separated		Divorced		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	2	7.7	23	88.5	1	3.8	-	-	26	100
North	-	-	9	100.0	-	-	-	-	9	100
South	1	5.9	15	88.2	-	-	1	5.9	17	100
West	1	4.5	21	95.5	-	-	-	0.0	22	100
Total	**4**	**5.4**	**68**	**91.9**	**1**	**1.4**	**1**	**1.4**	**74**	**100**

Table: 7:

Duration of marriage								
District	**Up to 2 years**		**4 - 6 years**		**>6 years**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	1	3.8	-	-	23	88.5	26	100
North	-	-	-	-	9	100.0	9	100
South	1	5.9	1	5.9	14	82.4	17	100
West	-	-	1	4.5	20	90.9	22	100
Total	**2**	**2.7**	**2**	**2.7**	**66**	**89.2**	**74**	**100**

Table: 8:

Number of children of ASHAs												
District	**Nil**		**1**		**2**		**3**		**6 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	2	7.7	6	23.1	10	38.5	4	15.4	2	7.7	26	100
North	1	11.1	2	22.2	5	55.6	1	11.1	-	-	9	100
South	1	5.9	5	29.4	9	52.9	1	5.9	-	-	17	100
West	-	-	5	22.7	10	45.5	6	27.3	-	-	22	100
Total	**4**	**5.4**	**18**	**24.3**	**34**	**45.9**	**12**	**16.2**	**2**	**2.7**	**74**	**100**

Table: 9

Age of youngest child (in years)								
District	**Up 5**		**6 to 10**		**11 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	4	15.4	9	34.6	9	34.6	26	100
North	4	44.4	3	33.3	1	11.1	9	100
South	1	5.9	10	58.8	4	23.5	17	100
West	6	27.3	5	22.7	10	45.5	22	100
Total	**15**	**20.3**	**27**	**36.5**	**24**	**32.4**	**74**	**100**

Economic status of ASHAs:

Agriculture is found to be the main livelihood activity amongst 63.5 pc of ASHAs, followed by 14.9 pc as salaried employee in government sector. 4.1 pc of ASHAs are found to be self employed and daily wages labour. Self employed ASHAs are mostly found in East and West district and daily wage laborers are seen all districts except South district.

It is seen that 37.8 pc of ASHAs have average monthly family income within the range of Rs.1000 – Rs.3000. Only 14.9 pc of ASHAs have average family income of above Rs.5000 and above and 1.4 pc of ASHAs has average family income, which is below Rs.1000 ad they all belong to East district. 37.8 pc of ASHAs have average family monthly income of Rs. 1000 to Rs. 3000 and 29.7 pc of ASHAs have average family monthly income of Rs. 3001 to Rs. 5000.

68.9 pc ASHAs opined that their husbands are the main earning member and in case of 20.3 pc, ASHA herself is the main earning member. For 5.4 pc of ASHAs each, other male member is the main earning member in the form of father, son or brother.

It is seen that 47.3 pc of ASHAs belong to BPL category and 52.7 pc are above BPL category with North district has highest 66.7 pc of ASHAs under BPL and South district has a highest of 64.7 pc ASHAs are above BPL category.

Regarding income generating activity that ASHA does, 47.3 pc of ASHAs shared that they do agriculture in their own land as main income generating activity. 32.4 pc has shared the ASHA work as their main income generating activity. No ASHA has reported as self employed.

Regarding duration of stay for ASHAs, it is seen that 79.7 pc of ASHAs have stayed for more than 6 years in her concerned village and 17.6 pc have stayed since birth. North and West district have ASHAs staying for more than 6 years and since birth.

Regarding ASHA's duration of working as ASHA, it is seen that 51.4 pc of ASHAs have reported that they have been working as ASHA for 8 years and above and a highest of 76.7 pc is found in South district. Only 5.4 pc of ASHAs from the state have reported to work as ASHA for 5 years and is found in East and South district.

Table: 10

Main livelihood activity														
District	Agriculture – Own land		Self employed (own shop, fruit vendor etc)		Salaried employee (Government)		Salaried employee (Private)		Daily wages labour		Others		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	13	50.0	2	7.7	6	23.1	2	7.7	1	3.8	2	7.7	26	100
North	4	44.4	-	-	2	22.2	-	-	1	11.1	2	22.2	9	100
South	13	76.5	-	-	2	11.8	1	5.9	1	5.9	-	0.0	17	100
West	17	77.3	1	4.5	1	4.5	1	4.5	-	-	2	9.1	22	100
Total	**47**	**63.5**	**3**	**4.1**	**11**	**14.9**	**4**	**5.4**	**3**	**4.1**	**6**	**8.1**	**74**	**100**

Table: 11

Average family income in a month														
District	Below Rs. 1000		Rs. 1000-Rs.3000		Rs. 3001-Rs. 5000		Rs. 5001 – Rs7000		Above Rs. 7,000		Others		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	1	3.8	6	23.1	7	26.9	6	23.1	5	19.2	1	3.8	26	100
North	-	-	7	77.8	1	11.1	-	-	1	11.1	-	-	9	100
South	-	-	8	47.1	3	17.6	3	17.6	3	17.6	-	-	17	100
West	-	-	7	31.8	11	50.0	2	9.1	2	9.1	-	-	22	100
Total	**1**	**1.4**	**28**	**37.8**	**22**	**29.7**	**11**	**14.9**	**11**	**14.9**	**1**	**1.4**	**74**	**100**

Table: 12

Main earning member										
District	Male member – Father		Male member – Husband		Male member – son / brother		Female – Myself		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	1	3.8	18	69.2	1	3.8	6	23.1	26	100
North	-	-	7	77.8	-	-	2	22.2	9	100
South	2	11.8	11	64.7	1	5.9	3	17.6	17	100
West	1	4.5	15	68.2	2	9.1	4	18.2	22	100
Total	**4**	**5.4**	**51**	**68.9**	**4**	**5.4**	**15**	**20.3**	**74**	**100**

Table: 13

Status of BPL						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	11	42.3	15	57.7	26	100
North	6	66.7	3	33.3	9	100
South	6	35.3	11	64.7	17	100
West	12	54.5	10	45.5	22	100
Total	**35**	**47.3**	**39**	**52.7**	**74**	**100**

Table: 14

Main income generating activity that ASHA does														
District	**Agriculture – Own land**		**Self employed**		**Salaried employee (Government)**		**Salaried employee (Private)**		**Daily wages labour**		**ASHA Work**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	10	38.5	1	3.8	4	15.4	2	7.7	2	7.7	7	26.9	26	100
North	4	44.4	-	-	2	22.2	1	11.1	-	-	2	22.2	9	100
South	9	52.9	-	-	1	5.9	1	5.9	-	-	6	35.3	17	100
West	12	54.5	-	-	1	4.5	-	-	-	-	9	40.9	22	100
Total	**35**	**47.3**	**1**	**1.4**	**8**	**10.8**	**4**	**5.4**	**2**	**2.7**	**24**	**32.4**	74	100

Table: 15

Duration of staying in the village where working as ASHA								
District	**4 - 6 years**		**>6 years**		**Since birth**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	1	3.8	23	88.5	2	7.7	26	100
North	-	-	6	66.7	3	33.3	9	100
South	1	5.9	11	64.7	5	29.4	17	100
West	-	-	19	86.4	3	13.6	22	100
Total	**2**	**2.7**	**59**	**79.7**	**13**	**17.6**	**74**	**100**

Table: 16

Duration of working as ASHA (in years)												
District	**Up to 4 yrs**		**5 years**		**6 years**		**7 years**		**8 yrs & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	3	11.5	2	7.7	3	11.5	3	11.5	15	57.7	26	100
North	1	11.1	-	-	-	-	3	33.3	5	55.6	9	100
South	-	-	2	11.8	-	-	2	11.8	13	76.5	17	100
West	6	27.3	-	-	5	22.7	6	27.3	5	22.7	22	100
Total	**10**	**13.5**	**4**	**5.4**	**8**	**10.8**	**14**	**18.9**	**38**	**51.4**	**74**	**100**

Population catered by an ASHA and working time:

Population load of ASHAs, it is seen that population ranging 501 – 800 is reported to be served by 35.1 pc of ASHAs, followed by 28.4 pc ASHAs reported serving population within 201-500. In South district, 52.9 pc ASHAs reported to serve more than 1000 population. West district has a highest of 501 – 800 population coverage by 54.5 pc ASHAs. Maximum ASHAs (44.4 pc) of North district covers 201 – 500 population.

It is seen that 45.9 pc of ASHAs serve 2 hamlets / wards followed by 36.5 pc of ASHAs serving 1 hamlet/ward and serving 5 hamlets/wards is reported by 3.8 pc ASHAs from East district. In North district, maximum hamlet covered by ASHAs is up to 3 while South and West district has up to 4 hamlets covered by each ASHA. 32.4 pc ASHAs have reported the distant hamlet or household from ASHAs house to be about 3.1 – 5 k.m. More than 10 km distance is reported from North and South district. In East district, maximum ASHAs (34.6 pc) have reported that most distant hamlet / ward is within 5 – 10 k.m.

33.8 pc ASHAs reported that it takes about 31-60 minutes to reach the most distant hamlet. More than 120 minutes of time taken is reported by 14.9 pc of ASHAs with highest percentage of ASHAs reported from North district with 44.4 pc.

43.2 pc of ASHAs each have reported that they spend around 2-3 hours and 4-5 hours daily for doing ASHA work. ASHAs from East, North and West district also reported that they spend more than 6 hours daily for ASHA work. Regarding mode of transport, 93.2 pc of ASHAs walk to reach all the hamlets in all districts. Only 6.8 pc of ASHAs take taxi and walking to reach the hamlets.

Table: 17

Population served by ASHA												
District	**Up 200**		**201 to 500**		**501 to 800**		**801 to 1000**		**1001 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	-	-	8	30.8	9	34.6	4	15.4	5	19.2	26	100
North	1	11.1	4	44.4	2	22.2	2	22.2	-	-	9	100
South	1	5.9	4	23.5	3	17.6	-	-	9	52.9	17	100
West	1	4.5	5	22.7	12	54.5	3	13.6	1	4.5	22	100
Total	**3**	**4.1**	**21**	**28.4**	**26**	**35.1**	**9**	**12.2**	**15**	**20.3**	**74**	**100**

Table: 18

No. of hamlets/ ward serve by an ASHA (in No)												
District	**1**		**2**		**3**		**4**		**5**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	9	34.6	13	50.0	2	7.7	1	3.8	1	3.8	26	100
North	2	22.2	6	66.7	1	11.1	-	-	-	-	9	100
South	6	35.3	5	29.4	4	23.5	2	11.8	-	-	17	100
West	10	45.5	10	45.5	1	4.5	1	4.5	-	-	22	100
Total	**27**	**36.5**	**34**	**45.9**	**8**	**10.8**	**4**	**5.4**	**1**	**1.4**	**74**	**100**

Table: 19

No. of other ASHA in your village				
District	**1**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**
East	1	3.8	26	100
North	2	22.2	9	100
South	2	11.8	17	100
West	2	9.1	22	100
Total	**7**	**9.5**	**74**	**100**

Table: 20

Most distant hamlet or household from ASHAs house (in K.M.)												
District	**Up to 1**		**1.1 to 3**		**3.1 to 5**		**5.1 to 10**		**10.1 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	2	7.7	7	26.9	8	30.8	9	34.6	-	-	26	100
North	1	11.1	-	-	4	44.4	3	33.3	1	11.1	9	100
South	1	5.9	6	35.3	4	23.5	5	29.4	1	5.9	17	100
West	2	9.1	9	40.9	8	36.4	3	13.6	-	-	22	100
Total	**6**	**8.1**	**22**	**29.7**	**24**	**32.4**	**20**	**27.0**	**2**	**2.7**	**74**	**100**

ASHA selection processes and training:

87.8 pc of ASHAs have shared that they have desire to serve the community and 67.6 pc have shared opportunity to seek knowledge as the reason for becoming an ASHA. Only 45.9 pc of ASHAs have expressed financial reason as one of the reason for becoming an ASHA.

Regarding previous engagement of ASHA (prior to her selection), it is observed that, less than 10 pc of ASHAs were involved in health care services and social services before joining as ASHA. 33.8 pc of ASHAs are found associated with Self Help Group. Maximum ASHAs (48.6 pc) are not related with any of the activities.

It is reported that 48.6 pc of ASHAs shared that Sarpanch/Panchayats were involved in the selection process. 29.7 pc have shared about the involvement of ANMs and 25.7 pc of ASHAs reported about village meetings. 51.4 pc of ASHAs submitted application to become an ASHA and 48.6 pc ASHAs did not submit any application.

It is reported that 100 pc of ASHAs have received training after being selected as ASHA. It is observed that 78.4 pc ASHAs reported that all 7 rounds of ASHA trainings were conducted in their PHC and remaining ASHAs told that less numbers of round wise ASHA trainings were conducted in their PHC. Against the number of days of training held at health facility, 85.1 pc of ASHAs shared that they attended more than 7 rounds of training as an ASHA.

51.4 pc of ASHAs shared that trainings are non residential. Maximum ASHAs (55.6 pc) from North district have shared that the trainings are residential and maximum ASHAs (59.1 pc) ASHAs from West reported that the training was non residential. It is shared by 43.2 pc of ASHAs that the place of last training was district hospital. 36.5 pc of ASHAs shared that the venue of their last training was guest houses/hotel. Only 10.8 pc ASHAs reported to have their last training at Block level PHC/CHC.

Different topics, which were covered during the training include 71.6 pc of ASHAs shared that the priority topics in training sessions were newborn care, followed by family planning (82.4 pc), JSY (74.3 pc), maternal care (71.6 pc), Immunization (58.1 pc), Tuberculosis (58.1 pc), water and sanitation (56.8 pc), HIV & AIDS/STI/RTI (47.3 pc) and NRHM-Government health systems and programmes (44.6 pc). The least priority topic was nutrition & food practices with only 20.3 pc, malaria (8.1 pc).

More than 90 pc of ASHAs have reported to take training modules/books and flipcharts back at the end of the training. 87.8 pc of ASHAs reported to take HBNC kit in the training.

47.3 pc of ASHAs have marginalized households in their coverage area. More than 50 pc of ASHAs from South and West district reported to have marginalized households. Out of the 50 pc ASHAs, who have marginalized households, 74.3 pc ASHAs reported, who conduct frequent household visits and provide drugs. Next most widely used step is creating awareness about health in the marginalized households. 28.6 pc of ASHAs reported that they organize health camps for mobilizing marginalized households.

Regarding difficulty in assessing the marginalized households by ASHAs, it is reported by 68.6 pc of ASHAs that they do not find any difficulty in assessing their marginalized households. All total, 14.3 pc of ASHAs shared that due to difficult area, assessing the marginalized households becomes difficult. 9.1 pc of ASHAs are from minority community, which makes it difficult for them in assessing the marginalized households.

Table: 24

Reasons for choose to become an ASHA						
Reasons / District		East	North	South	West	Total
Desire to serve community	No.	21	8	16	20	65
	PC	80.8	88.9	94.1	90.9	87.8
Hope of getting a proper government job	No.	5	-	1	3	9
	PC	19.2	-	5.9	13.6	12.2
Financial reasons	No.	14	2	7	11	34
	PC	53.8	22.2	41.2	50	45.9
Recognition in the community	No.	8	4	4	8	24
	PC	30.8	44.4	23.5	36.4	32.4
Taking care of my children/ family	No.	8	1	2	3	14
	PC	30.8	11.1	11.8	13.6	18.9
Opportunity to seek knowledge	No.	15	7	13	15	50
	PC	57.7	77.8	76.5	68.2	67.6
Opportunity of being independent	No.	3	1	2	3	9
	PC	11.5	11.1	11.8	13.6	12.2
Unavailability of health services in the village	No.	2	1	2	2	7
	PC	7.7	11.1	11.8	9.1	9.5
Total		**26**	**9**	**17**	**22**	**74**

Table: 25

Previously involved in any of the following services						
District		East	North	South	West	Total
Health Worker for NGO	No.	3	-	-	-	5
	PC	11.5	0	5.9	4.5	6.8
Health Worker for State Govt. Prog.	No.	-	-	-	1	1
	PC	-	-	-	4.5	1.4
Anganwadi helper	No.	1	-	-	-	1
	PC	3.8	-	-	-	1.4
Any other Social Service	No.	3	1	-	-	-
	PC	11.5	11.1	-	4.5	6.8
Self Help Groups	No.	9	3	7	6	25
	PC	34.6	33.3	41.2	27.3	33.8
None	No.	12	5	8	11	36
	PC	46.2	55.6	47.1	50	48.6
Total		**26**	**9**	**17**	**22**	**74**

Table: 26

Process involved in your selection for ASHA programme															
	Village Meeting		ANM		AWW		Sarpanch/ Panchayat		Support of NGO facilitator		Through interview		Others		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	4	15.4	3	11.5	4	15.4	17	65.4	1	3.8	3	11.5	-	-	26
North	6	66.7	1	11.1	-	-	3	33.3	-	-	-	-	-	-	9
South	3	17.6	8	47.1	1	5.9	8	47.1	-	-	1	5.9	1	5.9	17
West	6	27.3	10	45.5	1	4.5	8	36.4	-	-	1	4.5	2	9.1	22
Total	**19**	**25.7**	**22**	**29.7**	**6**	**8.1**	**36**	**48.6**	**1**	**1.4**	**5**	**6.8**	**3**	**4.1**	**74**

Table: 27

Submitted any application to become as ASHA						
District	Yes		No.		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC
East	16	61.5	10	38.5	26	100
North	5	55.6	4	44.4	9	100
South	6	35.3	11	64.7	17	100
West	11	50.0	11	50.0	22	100
Total	**38**	**51.4**	**36**	**48.6**	**74**	**100**

Table: 28

Application submitted to the persons										
District	Sarpanch		ANM		PHC MO		Others		Total ASHAs submitted applications	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	6	37.5	1	6.3	6	37.5	3	18.8	16	100
North	3	60.0	-	-	1	20.0	1	20.0	5	100
South	1	16.7	1	16.7	4	66.7	-	-	6	100
West	1	9.1	1	9.1	6	54.5	3	27.3	11	100
Total	**11**	**28.9**	**3**	**7.9**	**17**	**44.7**	**7**	**18.4**	**38**	**100**

Table: 29

Received any training after being Selected as ASHA				
District	**Yes**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**
East	26	100.0	26	100
North	9	100.0	9	100
South	17	100.0	17	100
West	22	100.0	22	100
Total	**74**	**100.0**	**74**	**100**

Table: 30

No. of rounds of ASHA training have been conducted in your PHC																
District	**1**		**2**		**3**		**4**		**5**		**6**		**7**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	-	-	-	-	-	-	-	-	3	11.5	1	3.8	22	84.6	26	100
North	-	-	-	-	1	11.1	-	-	1	11.1	-	-	7	77.8	9	100
South	1	5.9	-	-	-	-	1	5.9	2	11.8	-	-	13	76.5	17	100
West	2	9.1	1	4.5	1	4.5	1	4.5	1	4.5	-	-	16	72.7	22	100
Total	**3**	**4.1**	**1**	**1.4**	**2**	**2.7**	**2**	**2.7**	**7**	**9.5**	**1**	**1.4**	**58**	**78.4**	**74**	**100**

Table: 31

No. of days of ASHA training have been conducted in the PHC (in days)																		
District	**7**		**12**		**17**		**20**		**23**		**29**		**36**		**43**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	-	-	-	-	**1**	**3.8**	**1**	**3.8**	-	-	**2**	**7.7**	-	-	**22**	**84.6**	**26**	**100**
North	**1**	**11.1**	**1**	**11.1**	**1**	**11.1**	-	-	-	-	-	-	-	-	**6**	**66.7**	**9**	**100**
South	**1**	**5.9**	-	-	-	-	**1**	**5.9**	**2**	**11.8**	-	-	-	-	**13**	**76.5**	**17**	**100**
West	**1**	**4.5**	-	-	**2**	**9.1**	**3**	**13.6**	**2**	**9.1**	**1**	**4.5**	**1**	**4.5**	**12**	**54.5**	**22**	**100**
Total	**3**	**4.1**	**1**	**1.4**	**4**	**5.4**	**5**	**6.8**	**4**	**5.4**	**3**	**4.1**	**1**	**1.4**	**53**	**71.6**	**74**	**100**

Table: 32

No. of rounds of training attended after becoming an ASHA								
District	Up to 3		4 to 5		7 & above		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC
East	1	3.8	2	7.7	23	88.5	26	100
North	1	11.1	-	-	8	88.9	9	100
South	-	-	2	11.8	15	88.2	17	100
West	1	4.5	4	18.2	17	77.3	22	100
Total	**3**	**4.1**	**8**	**10.8**	**63**	**85.1**	**74**	**100**

Table: 33

Training was residential						
District	Yes		No		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC
East	13	50.0	13	50.0	26	100
North	5	55.6	4	44.4	9	100
South	9	52.9	8	47.1	17	100
West	9	40.9	13	59.1	22	100
Total	**36**	**48.6**	**38**	**51.4**	**74**	**100**

Table: 34

Last round of training held for ASHAs														
District	1 month back		1.1 – 2 months back		2.1 – 4 months back		4.1-6 months back		6.1 months - 1year back		More than 1 year back		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	1	3.8	1	3.8		0.0	1	3.8	14	53.8	9	34.6	26	100
North	1	11.1	1	11.1	2	22.2	1	11.1	4	44.4	-	-	9	100
South	-	-	-	-	-	-	2	11.8	11	64.7	4	23.5	17	100
West	1	4.5	-	-	-	-	1	4.5	14	63.6	6	27.3	22	100
Total	**3**	**4.1**	**2**	**2.7**	**2**	**2.7**	**5**	**6.8**	**43**	**58.1**	**19**	**25.7**	**74**	**100**

Table: 35

Place of last training held														
District	Block level PHC/ CHC		District hospital/ facility		Nursing training centre		NGO training centre		Guest houses/ hotels		Others		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	4	15.4	2	7.7	-	-	-	-	19	73.1	1	3.8	26	100
North	2	22.2	5	55.6	-	-	-	-	2	22.2	-	-	9	100
South	2	11.8	3	17.6	1	5.9	3	17.6	6	35.3	2	11.8	17	100
West	-	-	22	100.0	-	-	-	-	-	-	-	-	22	100
Total	**8**	**10.8**	**32**	**43.2**	**1**	**1.4**	**3**	**4.1**	**27**	**36.5**	**3**	**4.1**	**74**	**100**

Table: 36

Amount received for attending this last training session												
District	Up to 500		501 to 800		801 to 1000		1001 to 1500		1501 & above		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	6	23.1	10	38.5	4	15.4	6	23.1	-	-	26	100
North	3	33.3	2	22.2	1	11.1	2	22.2	1	11.1	9	100
South	1	5.9	4	23.5	8	47.1	4	23.5	-	-	17	100
West	3	13.6	10	45.5	4	18.2	4	18.2	1	4.5	22	100
Total	**13**	**17.6**	**26**	**35.1**	**17**	**23.0**	**16**	**21.6**	**2**	**2.7**	**74**	**100**

Table: 37

Topics covered in all the training sessions															
	NRHM – Government health systems and programme		Water & Sanitation		Nutrition & Food Practices		Family planning		HIV & AIDS / STI/ RTI		Maternal Care		Newborn Care		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	11	42.3	13	50.0	2	7.7	21	80.8	14	53.8	19	73.1	24	92.3	26
North	2	22.2	3	33.3	3	33.3	8	88.9	1	11.1	4	44.4	8	88.9	9
South	10	58.8	11	64.7	4	23.5	14	82.4	9	52.9	11	64.7	15	88.2	17
West	10	45.5	15	68.2	6	27.3	18	81.8	11	50.0	19	86.4	22	100.0	22
Total	**33**	**44.6**	**42**	**56.8**	**15**	**20.3**	**61**	**82.4**	**35**	**47.3**	**53**	**71.6**	**69**	**93.2**	**74**

Table: 38

Topics covered in all the training sessions																	
	Childhood illness		Immunization		Vector borne diseases		TB		First Aid Home Remedies		AYUSH		JSY		Leader ship and Communications skills		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	9	34.6	15	57.7	1	3.8	10	38.5	5	19.2	2	7.7	19	73.1	2	7.7	26
North	3	33.3	6	66.7	-	-	6	66.7	-	-	-	-	6	66.7	-	-	9
South	8	47.1	9	52.9	3	17.6	15	88.2	-	-	1	5.9	13	76.5	5	29.4	17
West	10	45.5	13	59.1	2	9.1	12	54.5	3	13.6	5	22.7	17	77.3	1	4.5	22
Total	**30**	**40.5**	**43**	**58.1**	**6**	**8.1**	**43**	**58.1**	**8**	**10.8**	**8**	**10.8**	**55**	**74.3**	**8**	**10.8**	**74**

Table: 39

Status of materials received at the end of the training							
District	**Training modules / books**		**HBNC KIT**		**Training flipcharts**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
East	24	92.3	20	76.9	22	84.6	26
North	9	100.0	8	88.9	9	100.0	9
South	17	100.0	16	94.1	17	100.0	17
West	21	95.5	21	95.5	21	95.5	22
Total	**71**	**95.9**	**65**	**87.8**	**69**	**93.2**	**74**

Table: 40

Coverage of marginalized households in the area of ASHA						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	11	42.3	15	57.7	26	100
North	4	44.4	5	55.6	9	100
South	9	52.9	8	47.1	17	100
West	11	50.0	11	50.0	22	100
Total	**35**	**47.3**	**39**	**52.7**	**74**	**100**

Table: 41

Steps taken to provide health services to identified families/groups															
	Organizing/mobilizing for health camps in / from their area		More frequent household visits		Focus more on enrolling them with AWC/SHC		Promote education / schools		Focus on creating more awareness about health		Provided drugs		Others		ASHAs having Marginalized HH
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	3	27.3	8	72.7	1	9.1	1	9.1	5	45.5	9	81.8	-	-	11
North	-	-	4	100.0	-	-	-	-	1	25.0	3	75.0	-	-	4
South	4	44.4	6	66.7	2	22.2	2	22.2	4	44.4	8	88.9	-	-	9
West	3	27.3	8	72.7	1	9.1	-	-	5	45.5	6	54.5	1	9.1	11
Total	10	28.6	26	74.3	4	11.4	3	8.6	15	42.9	26	74.3	1	2.9	35

Table: 42

Difficult in accessing these marginalized households									
District	Because ASHA is from minority community		Not sure of the reasons		Due to difficult area		No		ASHAs having Marginalized HH
	No.	PC	No.	PC	No.	PC	No.	PC	
East	1	9.1	2	18.2	2	18.2	6	54.5	11
North	-	-	-	-	1	25.0	3	75.0	4
South	-	-	2	22.2	1	11.1	6	66.7	9
West	-	-	1	9.1	1	9.1	9	81.8	11
Total	**1**	**2.9**	**5**	**14.3**	**5**	**14.3**	**24**	**68.6**	**35**

Performance of an ASHA:

93.2 pc of ASHAs reported to conduct VHSNC meetings and this activity is the major activity across all the districts. Next major activities of ASHAs are counselling women on ANC/Delivery/PNC of pregnancy, nutrition and household visits (83.8 pc). 58.1 pc ASHAs reported that they accompanied pregnant women for institutional delivery in last six months. The least priority activity, done by ASHAs, is village meeting for health promotion and participation of ASHAs in malaria control program.

Most of the ASHAs referred the complicated cases to the nearest CHC/DH. ANM/Sub Centre is another point of referral for minor complication.

It is seen that only 13.5 pc of ASHAs each have mobilized up to 3 and more than 6 couples for female sterilization in last six months. It is seen that, 66.2 pc of ASHAs have not mobilized any couple for female sterilization. Under male sterilization, 8.1 pc of ASHAs have mobilized up to 3 couples, followed by 6.8 pc ASHAs each mobilizing 4 - 5 couples and more.

52.7 pc of ASHAs shared non availability of transport followed by poor road condition (43.2 pc) as the major challenge for referral. 29.7 pc of ASHAs also reported that high expenses is another major challenge for referral of pregnant mothers and 10.8 pc of ASHAs reported that family resistance is seen as the major challenge in referring mothers to appropriate facility. 18.9 pc ASHAs reported that absence of support structure in the family is also another problem, which is faced in referring the pregnant women to health facility.

It is seen that, out of 74 ASHAs, only 11 ASHAs have referred sick children. 85.1 pc of ASHAs have not referred any child. 2.7 pc ASHAs from East district have referred more than 3 children in last six months.

Regarding the status of sick children (from 1 month to 5 years of age) referred by ASHAs in last six months, 27 pc of ASHAs referred 2 children in last six months. 28.4 pc of ASHAs have not referred a single sick child in last six months.

Regarding immunization sessions attended by ASHAs, it is revealed that 78.4 pc of ASHAs reported to attend 3 immunization sessions in last three months and ASHA not attending immunization session is found from East district (11.5 pc).

81.1 pc of ASHA have accompanied up to 5 women to the institution for delivery in last 3 months. 6 – 10 women are accompanied by 6.8 pc of ASHAs from 3 districts except West district. 12.2 pc of ASHAs have not accompanied any women in last 3 months for delivery.

64.9 pc of ASHAs reported that they did not get JSY incentive, 31.1 pc ASHAs reported that they received JSY money for maximum 5 cases of escort and 4.1 pc ASHAs reported that they received JSY money for escorting maximum 6 to 10 mothers.

89.2 pc of ASHAs told that their role is to submit the required papers to ANM for completion of the JSY formalities. 63.5 pc ASHAs fill the forms for beneficiaries. In terms of getting the JSY money, 9.5 pc ASHAs collect the cheque for beneficiaries and 5.4 pc accompany the beneficiaries for collecting the money. So, ASHAs involvement is praise-worthy.

Majority of ASHAs (81.1 pc of ASHAs) are not providing DOTS services to the patients. Out of 17.6 pc ASHAs providing DOTS services, 23.1 pc (highest) are from East district and 11.1 pc ASHAs (lowest) are from North district. 95.9 pc of ASHAs have shared that, there is no disease outbreak in their area. Only 3 ASHAs from East and South district shared about disease outbreak in their area in last 6 months.

Table: 43

Different activities, which are done in last six months by ASHA															
	Counseling women on ANC/Delivery/PNC of pregnancy		Accompanying women for delivery		Village meeting for health promotion		VHSNC meetings		Visiting new born for advice/care		Promotion immunization		House hold visits		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	19	73.1	18	69.2	4	15.4	22	84.6	7	26.9	15	57.7	21	80.8	26
North	7	77.8	5	55.6	-	-	9	100.0	1	11.1	5	55.6	9	100.0	9
South	15	88.2	7	41.2	3	17.6	17	100.0	3	17.6	9	52.9	15	88.2	17
West	21	95.5	13	59.1	4	18.2	21	95.5	2	9.1	12	54.5	17	77.3	22
Total	**62**	**83.8**	**43**	**58.1**	**11**	**14.9**	**69**	**93.2**	**13**	**17.6**	**41**	**55.4**	**62**	**83.8**	**74**

Table: 44

Different activities done in last six months as ASHA															
	Nutrition counseling		Any malaria control related work/ prepared slides for malaria		Consultation for minor illnesses of children and referral		Referral for appropriate care		DOTs provider for TB patients		Attended/ Organized VHNDs		Attended CATCH Program		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	10	38.5	-	-	2	7.7	2	7.7	7	26.9	11	42.3	4	15.4	26
North	3	33.3	-	-	1	11.1	1	11.1	1	11.1	7	77.8	-	-	9
South	9	52.9	1	5.9	1	5.9	-	-	4	23.5	10	58.8	2	11.8	17
West	4	18.2		0.0	3	13.6	-	-	3	13.6	15	68.2	-	-	22
Total	**26**	**35.1**	**1**	**1.4**	**7**	**9.5**	**3**	**4.1**	**15**	**20.3**	**43**	**58.1**	**6**	**8.1**	**74**

Table: 45

Women identified with pregnancy related complications in last six months						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	8	30.8	18	69.2	26	100
North	-	-	9	100.0	9	100
South	4	23.5	13	76.5	17	100
West	5	22.7	17	77.3	22	100
Total	**17**	**23.0**	**57**	**77.0**	**74**	**100**

Table: 46

Measures taken to manage these women with pregnancy related complications							
	Referred the women to the nearest CHC/ DH	Referred the women to private facility	Referred the women to ANM/ Sub centre	Referred but patient did not go	Escorted women to the facility for delivery	Others	Total
District	No.	No.	No.	No.	No.	No.	
East	5		5		3	2	8
North							
South	4						4
West	5	1	2				5
Total	14	1	7		3	2	17

Table: 47

Couples recommended for family planning methods IUD (Cupper-T) by ASHA in last six months										
District	**Nil**		**Up to 5**		**6 to 10**		**11 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	5	19.2	13	50.0	7	26.9	1	3.8	26	100
North	1	11.1	4	44.4	2	22.2	2	22.2	9	100
South	1	5.9	9	52.9	4	23.5	3	17.6	17	100
West	-	-	12	54.5	7	31.8	3	13.6	22	100
Total	**7**	**9.5**	**38**	**51.4**	**20**	**27.0**	**9**	**12.2**	**74**	**100**

Table: 48

Couples successfully mobilized for family planning methods Female sterilization by an ASHA in last six months										
District	Nil		Up to 3		4 to 5		6 & above		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	15	57.7	4	15.4	4	15.4	3	11.5	26	100
North	7	77.8	1	11.1	-	-	1	11.1	9	100
South	11	64.7	3	17.6	-	-	3	17.6	17	100
West	16	72.7	2	9.1	1	4.5	3	13.6	22	100
Total	**49**	**66.2**	**10**	**13.5**	**5**	**6.8**	**10**	**13.5**	**74**	**100**

Table: 49

Couples successfully mobilized for family planning methods Male sterilization by an ASHA in last six months										
District	Nil		Up to 3		4 to 5		6 & above		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	20	76.9	3	11.5	2	7.7	1	3.8	26	100
North	9	100.0	-	-	-	-	-	-	9	100
South	10	58.8	1	5.9	3	17.6	3	17.6	17	100
West	19	86.4	2	9.1	-	-	1	4.5	22	100
Total	**58**	**78.4**	**6**	**8.1**	**5**	**6.8**	**5**	**6.8**	**74**	**100**

Table: 50

Challenges faced in referring the pregnant women to the health facility															
	Non availability of staff at the health facilities		Non availability of services at the facility		No transport available		Poor road condition		Resistance of the families		No support structure of the families to leave the house		High expenses		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	3	11.5	4	15.4	11	42.3	8	30.8	2	7.7	2	7.7	8	30.8	26
North	2	22.2	-	-	6	66.7	5	55.6	1	11.1	1	11.1	3	33.3	9
South	3	17.6	2	11.8	10	58.8	8	47.1	3	17.6	3	17.6	8	47.1	17
West	2	9.1	1	4.5	12	54.5	11	50.0	2	9.1	8	36.4	3	13.6	22
Total	**10**	**13.5**	**7**	**9.5**	**39**	**52.7**	**32**	**43.2**	**8**	**10.8**	**14**	**18.9**	**22**	**29.7**	**74**

Table: 51

No. of sick including low birth weight newborn (up to 1 month) referred in the last six months										
District	1		2		3 & more		No		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	3	11.5	-	-	2	7.7	21	80.8	26	100
North	1	11.1	-	-	-	-	8	88.9	9	100
South	1	5.9	1	5.9	-	-	15	88.2	17	100
West	3	13.6	-	-	-	-	19	86.4	22	100
Total	**8**	**10.8**	**1**	**1.4**	**2**	**2.7**	**63**	**85.1**	**74**	**100**

Table: 52

Referred places for child with severe illness			
District	PHC	DH	Total
East	1	4	5
North	1		1
South		2	2
West	1	2	3
Total	**3**	**8**	**11**

Table: 53

Status of sick children from 1 month to 5 years, who were referred by ASHA in the last six months														
District	Up to 2		3		4		5		up to 10		Nil		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	11	42.3	4	15.4	2	7.7	2	7.7	1	3.8	6	23.1	26	100
North	-	-	2	22.2	1	11.1	1	11.1	-	-	5	55.6	9	100
South	1	5.9	5	29.4	3	17.6	3	17.6	-	-	5	29.4	17	100
West	8	36.4	2	9.1	2	9.1	4	18.2	1	4.5	5	22.7	22	100
Total	**20**	**27.0**	**13**	**17.6**	**8**	**10.8**	**10**	**13.5**	**2**	**2.7**	**21**	**28.4**	**74**	**100**

Table: 54

No. of Immunization session attended in last three months conducted by ANM								
District	**3**		**4 to 5**		**Nil**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	19	73.1	4	15.4	3	11.5	26	100
North	8	88.9	1	11.1	-	-	9	100
South	14	82.4	3	17.6	-	-	17	100
West	17	77.3	5	22.7	-	-	22	100
Total	**58**	**78.4**	**13**	**17.6**	**3**	**4.1**	**74**	**100**

Table: 55

No. of women, who were eligible for Janani Surakshya Yojana in ASHAs village in 13-14										
District	**Nil**		**Up to 5**		**6 to 10**		**10 & above**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	2	7.7	17	65.4	4	15.4	3	11.5	26	100
North	-	-	6	66.7	2	22.2	1	11.1	9	100
South	4	23.5	6	35.3	3	17.6	4	23.5	17	100
West	4	18.2	16	72.7	2	9.1	-	-	22	100
Total	**10**	**13.5**	**45**	**60.8**	**11**	**14.9**	**8**	**10.8**	**74**	**100**

Table: 56

In how many cases ASHA accompanied the women to the institution for delivery in last 3 months								
District	**Nil**		**Up to 5**		**6 to 10**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
East	3	11.5	20	76.9	3	11.5	26	100
North	2	22.2	6	66.7	1	11.1	9	100
South	1	5.9	15	88.2	1	5.9	17	100
West	3	13.6	19	86.4	-	-	22	100
Total	**9**	**12.2**	**60**	**81.1**	**5**	**6.8**	**74**	**100**

Table: 57

No. of cases against which ASHA have received JSY money								
District	Nil		Up to 5		6 to 10		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC
East	11	42.3	13	50.0	2	7.7	26	100
North	4	44.4	5	55.6	-	-	9	100
South	15	88.2	2	11.8	-	-	17	100
West	18	81.8	3	13.6	1	4.5	22	100
Total	**48**	**64.9**	**23**	**31.1**	**3**	**4.1**	**74**	**100**

Table: 58

Status of ASHAs received JSY incentive against number of beneficiaries								
District	Nil		Up to 5		6 to 10		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC
East	11	42.3	13	50.0	2	7.7	26	100
North	5	55.6	4	44.4	-	-	9	100
South	15	88.2	2	11.8	-	-	17	100
West	18	81.8	3	13.6	1	4.5	22	100
Total	**49**	**66.2**	**22**	**29.7**	**3**	**4.1**	**74**	**100**

Table: 59

Status of BPL category mothers getting JSY money for home delivery										
District	Nil		All eligible women		Only some get money		No Home delivery in my area		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
East	3	11.5	12	46.2	3	11.5	8	30.8	26	100
North	-	-	6	66.7	-	-	3	33.3	9	100
South	1	5.9	11	64.7	2	11.8	3	17.6	17	100
West	2	9.1	12	54.5	1	4.5	7	31.8	22	100
Total	**6**	**8.1**	**41**	**55.4**	**6**	**8.1**	**21**	**28.4**	**74**	**100**

Table: 60

Role of ASHAs in getting the JSY money for the beneficiaries											
	Fill the forms for beneficiaries		Submit the required papers to ANM for completion of the JSY form		Collection of the cheque for beneficiaries		Going with the beneficiaries for collection of the incentive		Others		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	18	69.2	22	84.6	3	11.5	1	3.8	2	7.7	26
North	4	44.4	9	100.0	-	-	-	-	-	-	9
South	9	52.9	14	82.4	1	5.9	2	11.8	2	11.8	17
West	16	72.7	21	95.5	3	13.6	1	4.5	-	-	22
Total	**47**	**63.5**	**66**	**89.2**	**7**	**9.5**	**4**	**5.4**	**4**	**5.4**	**74**

Table: 61

Received money from the private facilities for referring to private facility						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	PC	No.	PC	No.	PC
East	3	11.5	23	88.5	26	100
North	1	11.1	8	88.9	9	100
South	2	11.8	15	88.2	17	100
West	4	18.2	18	81.8	22	100
Total	**10**	**13.5**	**64**	**86.5**	**74**	**100**

Table: 62

Provided DOTs services to the patients						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	6	23.1	20	76.9	26	100
North	1	11.1	8	88.9	9	100
South	3	17.6	14	82.4	17	100
West	3	13.6	19	86.4	22	100
Total	**13**	**17.6**	**60**	**81.1**	**74**	**100**

Table: 63

Any disease outbreak in ASHAs area in last 6 months						
District	Yes		No		Total ASHAs surveyed	
	No.	PC	No.	PC	No.	PC
East	1	3.8	25	96.2	26	100
North	-	-	9	100.0	9	100
South	2	11.8	15	88.2	17	100
West	-	-	22	100.0	22	100
Total	**3**	**4.1**	**71**	**95.9**	**74**	**100**

Table: 64

Measures taken by an ASHA to help in case of a disease outbreak in your village								
District	First person to alert health authorities	Assisted in/mobilized for clean surroundings	Promoting the use of insecticide treated bed nets	Prepared slides to check malaria	Provided drugs to the patients	Referred patients to the health centers	Health education activities during epidemic	Total ASHAs having Disease Outbreak
East	-	1	-	-	-	1	-	1
North	-	-	-	-	-	-	-	-
South	-	2	1	-	2	2	-	2
West	-	-	-	-	-	-	-	-
Total	-	**3**	**1**	**-**	**2**	**3**	**-**	**3**

Community mobilization:

One of the key elements of the National Rural Health Mission is the Village Health, Sanitation and Nutrition Committee (VHSNC). As the name suggests this committee is expected to take collective action on issues related to health and its social determinants at the village level. In the past few years VHSNCs have been set up at village level across states. The composition, capacity, activities and effectiveness of VHSNCs varies across the states, but comparing experiences and effectiveness across different contexts provides valuable learning. In this second phase of the NRHM, it is important to incorporate such learning to streamline the functioning of the VHNSC and support capacity building so that these institutions can emerge as vibrant village level organizations to improve the health status.

The ASHA will be the Member-Secretary and Convenor of VHSNC. If there is more than one ASHA in the VHSNC village, then one of them is to be selected by consensus as Member-Secretary and convener. This could also be by rotation amongst the ASHAs after a two or three year period- since it would be time-consuming to change bank signatories- but that is a local decision. The reasons for positioning ASHA as

the convenor is based on state learning that show VHSNCs tend to do much better where she is in the lead, because there is a more organised support mechanism and more sustained building of capacity of the VHSNC using her as the vehicle. She also has better community ownership and acceptance, given her role, the tasks she undertakes, and the fact that she has been involved in health related issues over the past few years. Finally the ASHA for successful achievement of her objectives especially as related to health promotion, prevention and community mobilisation requires an active VHSNC. States that have appointed AWW as the member secretary should initiate the process of replacing them with ASHA or they can co-opt ASHA as the joint Member Secretary and Co-convener.

The study shows that 94.6 pc ASHAs have VHSNCs in their village. Only 15.4 ASHAs of East district have shared about non-availability of VHSNC. 88.6 pc of ASHAs shared about getting support for health awareness campaigns, in the promotion of institutional delivery.

ASHAs position in the VHSNC and meeting frequency of VHSNC, VHSNC accounts operation, main areas of VHSNC fund expenditure, village plan preparation:

70 ASHAs out of 74 ASHAs surveyed have VHSNC in their village. 87.1 pc of ASHAs are positioned as Member Secretary of the VHSNC. Only 11.1 pc of ASHAs from North district, shared of being positioned as other office bearer. 72.9 pc of VHSNCs had 3 meetings in last three months with a maximum of 90.9 pc VHSNCs from West district. 4.5 pc of VHSNC from West district shared of having 6 meetings in last 6 months. 100 pc of the VHSNCs under study from districts received untied fund, which is appreciable.
94.3 pc of VHSNCs, the ASHA operates the bank account. In 64.3 pc of VHSNCs the Sarpanch/Panchayat operates the account. 90 pc of VHSNCs reported utilizing fund for improving sanitation/cleanliness of the village. 62.9 pc ASHAs reported that VHSNC fund is also utilized for arranging referral transport for needy families 60 pc of VHSNCs utilize the fund for some other activities. 90.5 pc of ASHAs prepare village health plans. Only small 9.5 pc ASHAs reported that they are not involved in preparation of Village Health Plan.

Status of ASHAs supports different village level players:

82.4 pc of ASHAs shared that they received support from the VHSNCs and 81.1 pc of ASHAs shared that they received maximum support from AWW. ANMs and the Panchayat Members also provided support.

Availability of ASHA Drug Kit with ASHA and person helps her in refilling:

85.1 pc ASHAs interacted informed about having the drug kit and 14.9 pc ASHAs do not have drug kit with them. On the day of survey, 11.1 pc of ASHAs (all 7 ASHAs from West District) out of 63 ASHAs had drug kit with them.

69.8 pc of ASHAs having drug kit are helped by the ANM in getting the drug kit refilled. 23.8 pc ASHAs reported that they are helped by Medical Officer of the PHC/CHC in getting their drug kit refilled. 17.5 pc ASHAs reported that BPM helped in getting their drug kit refilled. 57.1 pc of ASHAs share about having adequate drug requirement in the drug kit.

Status of incentive receipt by ASHA from different programs during last three months and Bank Account status of ASHAs:

66.2 pc of ASHAs have not received any incentive for JSY in last three months and 16.2 pc ASHAs from East, North and West district received JSY incentive of Rs.1001 to 3000 in last three months. ASHAs from East district (7.7 pc) only received incentive of Rs.3001 to 5000.

13.5 pc of ASHAs have received Rs.1001 – 3000 incentive in three districts. 43.2 pc of ASHAs have not received any incentive for breast feeding promotion / HBNC and 24.3 pc of ASHAs have received up to Rs. 500 in last three months for breast feeding promotion and HBNC.

31.1 pc of ASHAs received up to Rs.500 incentive in last three months for Immunization. 28.4 pc ASHAs did not receive any incentive for immunization in last three months.

62.2 pc of ASHAs received up to Rs.500 as incentive in last three months for attending meeting. 27 pc of ASHAs have not received any incentive for attending meeting, highest is from North district with 55.6 pc ASHAs. 77 pc of ASHAs have received incentive up to Rs. 500 for participation in polio program in last three months. Only 9.5 pc ASHAs have shared of not receiving any incentive for participation in polio program.

ASHAs from East and South district only received incentive against male sterilization. 94.6 pc ASHAs did not receive any incentive including 100 pc ASHAs interacted in North and West district, 4.1 pc ASHAs have received incentive up to Rs. 500 with ASHAs from East and South.

Only 4.1 pc ASHAs from East district received incentive up to Rs.500 for female sterilization. 95.9 pc of ASHAs did not receive any incentive ASHAs of North, South and West.

It is observed that ASHAs from East and South district only received incentive for providing DOTS with highest from East district ASHAs (92.3 pc).

None of the ASHAs interacted have received any incentive for preparing Malaria slides.

Regarding training incentive, 77 pc of ASHAs have not received any training incentive. More than Rs.1000 incentive is received by 2.7 pc ASHAs, who are from North and West district.

40.5 pc of ASHAs have received total incentive within Rs.3001-Rs.5000 in last three months, followed by 32.4 pc ASHAs received incentive within Rs.501-Rs.1000. More than Rs.5000 incentive is received by 6.8 pc of ASHAs from 3 districts except for North district. 8.1 pc ASHAs have received total incentives up to Rs. 500, who are found in all three districts except East district. 12.2 pc ASHAs received total incentive within Rs. 1001 to Rs. 3000.

All the ASHAs (100 pc) interacted from 4 districts have their Bank Account. 51.4 pc of ASHAs receive their payment through bank transfer and 31.1 pc receive payment through cash. Only 17.6 pc of ASHAs receives payment through cheque.

Support needed by ASHAs for further improvement:

More than half of the ASHAs (55.4 pc) interacted requires training sessions followed by is timely refilling of drug kit by 35.1 pc ASHAs. 21.6 pc ASHAs want training module in local language.

Table: 65

Having a VHSNC in ASHAs village						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	22	84.6	4	15.4	26	100
North	9	100.0	-	-	9	100
South	17	100.0	-	-	17	100
West	22	100.0	-	-	22	100
Total	**70**	**94.6**	**4**	**5.4**	**74**	**100**

Table: 66

VHSNC supported activities of an ASHA													
	Promotion of institutional deliveries		Promotion of immunization		Health awareness campaigns		Providing DOTs therapy		Eliminating water clogging to prevent vector borne diseases		Others		Total VHSNCs
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	19	86.4	11	50.0	20	90.9	2	9.1	-	-	-	-	22
North	6	66.7	8	88.9	9	100.0	-	-	2	22.2	1	11.1	9
South	15	88.2	11	64.7	13	76.5	2	11.8	2	11.8	3	17.6	17
West	19	86.4	13	59.1	20	90.9	1	4.5	3	13.6	4	18.2	22
Total	**59**	**84.3**	**43**	**61.4**	**62**	**88.6**	**5**	**7.1**	**7**	**10.0**	**8**	**11.4**	70

Table: 67

Position of ASHAs in VHSNC							
District	Member		Member secretary		Other office bearer		Total VHSNCs
	No.	PC	No.	PC	No.	PC	
East	6	27.3	16	72.7	-	-	22
North	2	22.2	6	66.7	1	11.1	9
South	-	-	17	100.0	-	-	17
West	-	-	22	100.0	-	-	22
Total	**8**	**11.4**	**61**	**87.1**	**1**	**1.4**	**70**

Table: 68

No. of VHSNCs meetings held in last three months											
District	1		2		3		6		Nil		Total VHSNCs
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	2	9.1	1	4.5	19	86.4	-	-	-	-	22
North	2	22.2	1	11.1	4	44.4	-	-	2	22.2	9
South	1	5.9	7	41.2	8	47.1	-	-	1	5.9	17
West	-	-	1	4.5	20	90.9	1	4.5	-	-	22
Total	**5**	**7.1**	**10**	**14.3**	**51**	**72.9**	**1**	**1.4**	**7**	**10.0**	**70**

Table: 69

VHSNC Untied Fund Account			
District	Yes		Total VHSNCs
	No.	PC	
East	22	100.0	22
North	9	100.0	9
South	17	100.0	17
West	22	100.0	22
Total	**70**	**100.0**	**70**

Table: 70

VHSNC Account operation status											
	Sarpanch/Panchayat		ASHA		AWW		Other panchayat members		Others		Total VHSNCs
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	17	77.3	21	95.5	1	4.5	1	4.5	1	4.5	22
North	5	55.6	9	100.0	-	-	1	11.1	-	-	9
South	9	52.9	17	100.0	-	-	-	-	-	-	17
West	14	63.6	19	86.4	1	4.5	-	-	1	4.5	22
Total	**45**	**64.3**	**66**	**94.3**	**2**	**2.9**	**2**	**2.9**	**2**	**2.9**	**70**

Table: 71

Main areas of expenditure by VHSNC											
	Repairing the water source		Improving sanitation / cleanliness of the village		Giving loans to families for health needs		Arranging of referral transport for needy /poor families		Others		Total VHSNCs
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	6	27.3	19	86.4	1	4.5	13	59.1	10	45.5	22
North	3	33.3	9	100.0	-	-	8	88.9	6	66.7	9
South	5	29.4	16	94.1	1	5.9	9	52.9	8	47.1	17
West	5	22.7	19	86.4	-	-	14	63.6	18	81.8	22
Total	**19**	**27.1**	**63**	**90.0**	**2**	**2.9**	**44**	**62.9**	**42**	**60.0**	**70**

Table: 72

Mobilization of the community by VHSNCs for social cause													
	Ensuring availability of services from ANM/AWW/ health facility		Picketing of alcohol shops		Ensuring participation in ICDS food production		Water and sanitation facilities		Mobilization against domestic violence		Others		Total VHSNCs
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	3	13.6	4	18.2	12	54.5	13	59.1	4	18.2	6	27.3	22
North	1	11.1	2	22.2	3	33.3	5	55.6	1	11.1	4	44.4	9
South	-	-	3	17.6	9	52.9	8	47.1	6	35.3	4	23.5	17
West	-	-	1	4.5	12	54.5	9	40.9	13	59.1	9	40.9	22
Total	**4**	**5.7**	**10**	**14.3**	**36**	**51.4**	**35**	**50.0**	**24**	**34.3**	**23**	**32.9**	**70**

Table: 73

Preparation of Village health plan						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	22	84.6	4	15.4	26	100
North	9	100.0	-	-	9	100
South	17	100.0	-	-	17	100
West	19	86.4	3	13.6	22	100
Total	**67**	**90.5**	**7**	**9.5**	**74**	**100**

Table: 74

ASHA as member of Panchayat of PRI						
District	**Yes**		**No**		**Total ASHAs surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
East	4	15.4	22	84.6	26	100
North	-	-	9	100.0	9	100
South	1	5.9	16	94.1	17	100
West	1	4.5	21	95.5	22	100
Total	**6**	**8.1**	**68**	**91.9**	**74**	**100**

Table: 75

Have you become a member of the Panchayat after becoming ASHA?			
District			Total ASHAs as PRI member
East	2		4
North			
South			1
West	1		1
Total	**3**		**6**

Table: 76

Persons provides the maximum support to work of an ASHA															
	ANM		AWW		VHSNC		Panchayat members		ASHA facilitator		NGO Facilitator		Others		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	22	84.6	23	88.5	18	69.2	16	61.5	5	19.2	3	11.5	2	7.7	26
North	7	77.8	6	66.7	8	88.9	7	77.8	-	-	1	11.1	2	22.2	9
South	13	76.5	16	94.1	13	76.5	8	47.1	6	35.3	-	-	1	5.9	17
West	17	77.3	15	68.2	22	100.0	6	27.3	6	27.3	3	13.6	6	27.3	22
Total	**59**	**79.7**	**60**	**81.1**	**61**	**82.4**	**37**	**50.0**	**17**	**23.0**	**7**	**9.5**	**11**	**14.9**	**74**

Table: 77

Last meeting held with ASHA facilitators													
District	Within last 15 days		Last month		Two months		More than two months		3-6 months		More than six months		Total
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	10	38.5	11	42.3	2	7.7	1	3.8	1	3.8	1	3.8	26
North	5	55.6	1	11.1	1	11.1	2	22.2	-	-	-	-	9
South	10	58.8	7	41.2	-	-	-	-	-	-	-	-	17
West	9	40.9	12	54.5	1	4.5		0.0	-	-	-	-	22
Total	**34**	**45.9**	**31**	**41.9**	**4**	**5.4**	**3**	**4.1**	**1**	**1.4**	**1**	**1.4**	**74**

Table: 78

ASHA's last meeting with the ANM (in days)											
District	**Nil**		**Up to 5**		**6 to 10**		**11 to 20**		**21 to 30**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	1	3.8	20	76.9	2	7.7	-	-	3	11.5	26
North	-	-	7	77.8	-	-	2	22.2	-	-	9
South	-	-	14	82.4	2	11.8	1	5.9	-	-	17
West	-	-	18	81.8	1	4.5	3	13.6	-	-	22
Total	**1**	**1.4**	**59**	**79.7**	**5**	**6.8**	**6**	**8.1**	**3**	**4.1**	**74**

Table: 79

ASHA's last meeting with the AWW (in days)											
District	**Nil**		**Up to 5**		**6 to 10**		**11 to 20**		**21 to 30**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	1	3.8	22	84.6	2	7.7	-	-	1	3.8	26
North	-	-	8	88.9	1	11.1	-	-	-	-	9
South	-	-	14	82.4	3	17.6	-	-	-	-	17
West	2	9.1	16	72.7	2	9.1	2	9.1	-	-	22
Total	**3**	**4.1**	**60**	**81.1**	**8**	**10.8**	**2**	**2.7**	**1**	**1.4**	**74**

Table: 80

ASHA's last meeting with the Medical Officer (in days)											
District	**Nil**		**Up to 5**		**6 to 10**		**11 to 20**		**21 to 30**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	7	26.9	11	42.3	3	11.5	3	11.5	2	7.7	26
North	2	22.2	3	33.3	-	-	3	33.3	1	11.1	9
South	5	29.4	7	41.2	1	5.9	4	23.5	-	-	17
West	3	13.6	13	59.1	2	9.1	2	9.1	2	9.1	22
Total	**17**	**23.0**	**34**	**45.9**	**6**	**8.1**	**12**	**16.2**	**5**	**6.8**	**74**

Table: 81

Availability of the Drug kit with ASHA					
District	Yes		No		Total
	No.	PC	No.	PC	
East	22	84.6	4	15.4	26
North	8	88.9	1	11.1	9
South	13	76.5	4	23.5	17
West	20	90.9	2	9.1	22
Total	**63**	**85.1**	**11**	**14.9**	**74**

Table: 82

Drug kit with the ASHA on the day of survey					
District	Yes		No		Total
	No.	PC	No.	PC	
East	-	-	26	118.2	22
North	-	-	9	112.5	8
South	-	-	17	130.8	13
West	7	35.0	15	75.0	20
Total	**7**	**11.1**	**67**	**106.3**	**63**

Table: 83

Last filling up of drug kit																	
District	<15 days back		15days – 31 days		32-60 days		61- 90days		91days - 6months		6.1 months - 1 yr		>1 yr		Never		Total
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	7	31.8	6	27.3	1	4.5	1	4.5	3	13.6	1	4.5	2	9.1	1	4.5	22
North	3	37.5	1	12.5	1	12.5	-	-	-	-	-	-	1	12.5	-	-	8
South	3	23.1	3	23.1	1	7.7	2	15.4	1	7.7	1	7.7	2	15.4	1	7.7	13
West	11	55.0	4	20.0	3	15.0	2	10.0	-	-	1	5.0	-	-	-	-	20
Total	**24**	**38.1**	**14**	**22.2**	**6**	**9.5**	**5**	**7.9**	**4**	**6.3**	**3**	**4.8**	**5**	**7.9**	**2**	**3.2**	**63**

Table: 84

Person, who helped in getting drug kit refilled													
	ANM		PHC/CHC doctor		ASHA Facilitators		BPM		PHC/CHC Pharmacist		Others		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	15	68.2	5	22.7	1	4.5	2	9.1	3	13.6	4	18.2	22
North	7	87.5	-	-	-	-	2	25.0	-	-	-	-	8
South	7	53.8	5	38.5	-	-	3	23.1	-	-	2	15.4	13
West	15	75.0	5	25.0	1	5.0	4	20.0	2	10.0	4	20.0	20
Total	**44**	**69.8**	**15**	**23.8**	**2**	**3.2**	**11**	**17.5**	**5**	**7.9**	**10**	**15.9**	**63**

Table: 85

Drug requirement adequate in drug kit			
District	**Yes**		**Total**
	No.	**PC**	
East	14	63.6	22
North	4	50.0	8
South	7	53.8	13
West	11	55.0	20
Total	**36**	**57.1**	**63**

Table: 86

Incentive (in total) received in last three months for JSY									
District	**Nil**		**501 to 1000**		**1001 to 3000**		**3001 to 5000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	12	46.2	6	23.1	6	23.1	2	7.7	26
North	4	44.4	1	11.1	4	44.4	-	-	9
South	15	88.2	2	11.8	-	-	-	-	17
West	18	81.8	2	9.1	2	9.1	-	-	22
Total	**49**	**66.2**	**11**	**14.9**	**12**	**16.2**	**2**	**2.7**	**74**

Table: 87

Incentive (in total) received in last three months for Breast feeding promotion/HBNC									
District	**Nil**		**Up to 500**		**501 to 1000**		**1001 to 3000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	14	53.8	4	15.4	4	15.4	4	15.4	26
North	4	44.4	1	11.1	4	44.4	-	-	9
South	7	41.2	5	29.4	3	17.6	2	11.8	17
West	7	31.8	8	36.4	3	13.6	4	18.2	22
Total	**32**	**43.2**	**18**	**24.3**	**14**	**18.9**	**10**	**13.5**	**74**

Table: 88

Incentive (in total) received in last three months for Immunization									
District	**Nil**		**Up to 500**		**501 to 1000**		**1001 to 3000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	8	30.8	8	30.8	6	23.1	4	15.4	26
North	4	44.4	3	33.3	2	22.2	-	-	9
South	3	17.6	4	23.5	7	41.2	3	17.6	17
West	6	27.3	8	36.4	5	22.7	3	13.6	22
Total	**21**	**28.4**	**23**	**31.1**	**20**	**27.0**	**10**	**13.5**	**74**

Table: 89

Incentive (in total) received in last three months for attending meeting									
District	**Nil**		**Up to 500**		**501 to 1000**		**1001 to 3000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	6	23.1	14	53.8	5	19.2	1	3.8	26
North	5	55.6	4	44.4	-	-	-	-	9
South	5	29.4	12	70.6	-	-	-	-	17
West	4	18.2	16	72.7	2	9.1	-	-	22
Total	**20**	**27.0**	**46**	**62.2**	**7**	**9.5**	**1**	**1.4**	**74**

Table: 90

Incentive (in total) received in last three months for polio program									
District	Nil		Up to 500		501 to 1000		1001 to 3000		Total
	No.	PC	No.	PC	No.	PC	No.	PC	
East	4	15.4	19	73.1	2	7.7	1	3.8	26
North	1	11.1	6	66.7	2	22.2	-	-	9
South	1	5.9	12	70.6	3	17.6	1	5.9	17
West	1	4.5	20	90.9	1	4.5	-	-	22
Total	**7**	**9.5**	**57**	**77.0**	**8**	**10.8**	**2**	**2.7**	**74**

Table: 91

Incentive (in total) received in last three months for Male Sterilization							
District	Nil		Up to 500		501 to 1000		Total
	No.	PC	No.	PC	No.	PC	
East	24	92.3	2	7.7	-	-	26
North	9	100.0	-	-	-	-	9
South	15	88.2	1	5.9	1	5.9	17
West	22	100.0	-	-	-	-	22
Total	**70**	**94.6**	**3**	**4.1**	**1**	**1.4**	**74**

Table: 92

Incentive (in total) received in last three months for Female Sterilization					
District	Nil		Up to 500		Total
	No.	PC	No.	PC	
East	23	88.5	3	11.5	26
North	9	100.0	-	-	9
South	17	100.0	-	-	17
West	22	100.0	-	-	22
Total	**71**	**95.9**	**3**	**4.1**	**74**

Table: 93

Incentive (in total) received in last three months for providing DOTS							
District	**Nil**		**Up to 500**		**501 to 1000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
East	24	92.3	2	7.7	-	-	26
North	9	100.0	-	-	-	-	9
South	15	88.2	1	5.9	1	5.9	17
West	22	100.0	-	-	-	-	22
Total	**70**	**94.6**	**3**	**4.1**	**1**	**1.4**	**74**

Table: 94

Incentive (in total) received in last three months for Malaria slide preparation			
District	**Nil**		**Total**
	No.	**PC**	
East	26	100.0	26
North	9	100.0	9
South	17	100.0	17
West	22	100.0	22
Total	**74**	**100.0**	**74**

Table: 95

Incentive (in total) received in last three months for attending training									
District	**Nil**		**Up to 500**		**501 to 1000**		**1001 to 3000**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	18	69.2	6	23.1	2	7.7	-	-	26
North	5	55.6	1	11.1	2	22.2	1	11.1	9
South	13	76.5	4	23.5	-	-	-	-	17
West	21	95.5	-	-	-	-	1	4.5	22
Total	**57**	**77.0**	**11**	**14.9**	**4**	**5.4**	**2**	**2.7**	**74**

Table: 96

Incentive (in total) received in last three months for participation in other activities											
District	**Nil**		**Up to 500**		**501 to 1000**		**1001 to 3000**		**5001 & above**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	10	38.5	1	3.8	1	3.8	3	11.5	11	42.3	26
North	5	55.6	1	11.1	-	-	-	-	3	33.3	9
South	11	64.7	-	-	-	-	1	5.9	5	29.4	17
West	9	40.9	1	4.5	-	-	2	9.1	10	45.5	22
Total	**35**	**47.3**	**3**	**4.1**	**1**	**1.4**	**6**	**8.1**	**29**	**39.2**	**74**

Table: 97

Total Incentive received in last three months by ASHAs											
District	**Up to 500**		**501 to 1000**		**1001 to 3000**		**3001 to 5000**		**5001 & above**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	-	-	8	30.8	4	15.4	13	50.0	1	3.8	26
North	1	11.1	3	33.3	1	11.1	4	44.4	-	-	9
South	1	5.9	7	41.2	2	11.8	5	29.4	2	11.8	17
West	4	18.2	6	27.3	2	9.1	8	36.4	2	9.1	22
Total	**6**	**8.1**	**24**	**32.4**	**9**	**12.2**	**30**	**40.5**	**5**	**6.8**	**74**

Table: 98

ASHAs with Bank Account			
District	**Yes**		**Total**
	No.	**PC**	
East	26	100.0	26
North	9	100.0	9
South	17	100.0	17
West	22	100.0	22
Total	**74**	**100.0**	**74**

Table 98 says that, all the ASHAs interacted from 4 districts have their Bank Account.

Table: 99

Common mode of payment to ASHA							
District	Cheque		Cash		Bank transfer		Total
	No.	PC	No.	PC	No.	PC	
East	8	30.8	9	34.6	9	34.6	26
North	1	11.1	3	33.3	5	55.6	9
South	3	17.6	10	58.8	4	23.5	17
West	1	4.5	1	4.5	20	90.9	22
Total	**13**	**17.6**	**23**	**31.1**	**38**	**51.4**	**74**

Table: 100

Different reasons for ASHA in liking her job															
	Able to help others		Respected in the family		Higher status in the community		Opportunity to enhance skills		Ability to provide care to own children		Ability to make financial contribution to the family		Others		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	23	88.5	10	38.5	10	38.5	8	30.8	10	38.5	5	19.2	2	7.7	26
North	7	77.8	1	11.1	7	77.8	7	77.8	1	11.1	1	11.1	-	-	9
South	12	70.6	10	58.8	7	41.2	9	52.9	-	-	2	11.8	3	17.6	17
West	18	81.8	8	36.4	13	59.1	12	54.5	7	31.8	5	22.7	-	-	22
Total	**60**	**81.1**	**29**	**39.2**	**37**	**50.0**	**36**	**48.6**	**18**	**24.3**	**13**	**17.6**	**5**	**6.8**	**74**

Table: 101

Support needed for an ASHA for improving her performance																
	Better training sessions		More topics for training		Supportive supervision		Timely filling of drug kit		More material for BCC activities		Training material in my local language		Better response to my referrals		Others		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
East	14	53.8	10	38.5	1	3.8	11	42.3	1	3.8	1	3.8	-	-	2	7.7	26
North	2	22.2	3	33.3	-	-	3	33.3	-	-	1	11.1	-	-	2	22.2	9
South	9	52.9	4	23.5	1	5.9	7	41.2	-	-	7	41.2	-	-	1	5.9	17
West	16	72.7	3	13.6	3	13.6	5	22.7	-	-	7	31.8	1	4.5	4	18.2	22
Total	**41**	**55.4**	**20**	**27.0**	**5**	**6.8**	**26**	**35.1**	**1**	**1.4**	**16**	**21.6**	**1**	**1.4**	**9**	**12.2**	**74**

Table: 102

Giving a printed diary / record book for listing all your activities / work done			
District	Yes		Total
	No.	PC	
East	26	100.0	26
North	9	100.0	9
South	17	100.0	17
West	22	100.0	22
Total	**74**	**100.0**	**74**

Table: 103

ASHAs brought diary/ record book on the day of survey					
District	Yes		No.		Total
	No.	PC	No.	PC	
East	7	26.9	19	73.1	26
North	2	22.2	7	77.8	9
South	4	23.5	13	76.5	17
West	11	50.0	11	50.0	22
Total	**24**	**32.4**	**50**	**67.6**	**74**

Knowledge level of ASHAs:

The study also tried to find out the knowledge level of ASHAs. It was done by the help of ASHAs purview on few imaginary healths related situations.

A) The first situation was that a "***5 month pregnant woman aged 26 years, who has been experiencing severe headaches, nausea and generalized odema for 7 days "***

1. What advice would ASHA give to this woman?
2. What are the important/ danger signs ASHA would look for after delivery?
3. What advice would ASHA give to mother for new born care?
4. How many TT shots to be given to a pregnant woman who is pregnant for the first time?
5. What all should the new born be given along with mother's milk from the time of birth?
6. After how much time of birth should breast feeding be initiated?
7. What do ASHA think about adding fats and oils to the diet of a 1 year old child?
8. For how many months should the mother exclusively breast feed the child?

B) The second situation was that ***"1year old child is passing frequent watery stools and has not been passing much urine. She is also very lethargic."***

1. What advice would ASHA give to the mother?
2. Which one option out of the following would you advise to prevent recurrent diarrhoea?

C) Similarly ***"3 year old girl child is having fever and cough since last 3 days and is breathing very fast".***

1. What other signs would you look for?

D) Fourth one was ***"*ASHAs response on type of vaccination, which is given to the child at 10 & 14 weeks".**

E) Likewise ***"A 40 year old male patient complains of cough with sputum since last 15 days".***

F) Last one was that **"A 35 year old female is suffering from fever with chills which comes only in the nights".**

To see the knowledge level against each situation stated above there were many suggestions / possibilities provided by the ASHAs.

In reference to the question (a), it was found that, 91.9 pc ASHAs advised the PW in this situation of immediate referral of mother to Govt. Hospital. Only 17.6 pc ASHAs would advice to ensure regular ANC checkups and 8.1 pc ASHAs would notify this problem of mother to ANM/Health Worker.

It is seen that 89.2 pc shared they would look for excessive bleeding followed by birth weight of the baby (47.3 pc ASHAs) to ascertain whether the baby belongs to low birth weight or not. 33.8 pc ASHAs would look for other danger signs. Around 25 pc ASHAs will look for problem in initiation of early breast feeding and 14.9 pc ASHAs would look for foul smelling discharge.

The survey results shows that more than 90 pc of ASHAs shared that they would advice for early initiation of breast feeding and keeping the baby warm with 100 pc of ASHAs from East and North districts would advice for early initiation of breast feeding. 45.9 pc of ASHAs would advise on immunization of the child. Less than 30 pc of ASHAs would advise on birth registration and delay bathing of the new born.

It is seen that all the ASHAs interacted have knowledge on 2 TT shots to be given to pregnant woman who is pregnant for the first time.

It is seen that 100 pc have the knowledge that nothing should be given to the newborn along with the mother's milk from birth till 6 months of age.

It is seen that 93.2 pc ASHAs have the knowledge on initiation of breast feeding within half an hour of birth.

It is seen that 33.8 pc shared that adding fats and oils to the diet of a 1 year old child is not desirable. 12.2 pc of ASHAs from all districts don't have knowledge on adding fats and oils to the diet of a 1 year child.

To see the knowledge level against question (b), the study shows that 82.4 pc of ASHAs will give ORS from their drug kit to the mother so that ORS can be given to the child. Advice of immediate referral to nearby public health facility is given by 55.4 pc ASHAs, boiled water for drinking especially for children is advised by 43.2 pc of ASHAs. 39.2 pc ASHAs suggested for continued feeding.

It is observed that 83.8 pc of ASHAs shared on promotion of hand washing before cooking and feeding the child. District wise analysis shows that 2.7 pc of ASHAs from North and South district advice mothers to reduce the amount of sweets in the child diet.

To see the knowledge level against question (C), It is seen that 55.4 pc ASHAs will look for the sign of constant high fever. 43.2 pc of ASHAs will look for the sign of difficulty (wheezing sound) in breathing. Running nose is another sign, which 40.5 pc of ASHAs will look for. Even 27 pc of ASHAs consider chest in drawing as a danger sign.

To see the knowledge level against question (d), it is seen that out of 74 ASHAs interacted, maximum (71 ASHAs) have shared that DPT 2 is given to the child at 10 weeks.
To see the knowledge level against question (I), it is seen that Maximum ASHAs (73 ASHAs) told that Measles is to be given to a child at 9 months. Few of the ASHAs even informed that, Vitamin A is also to be given at 9 months.

To see the knowledge level against question (e), it is seen that maximum ASHAs (73 ASHAs) will advise sputum test for a 40 year old male patient, who complains of cough for last 15 days. A small number of ASHAs will also advise blood test and X-ray for the male person.

To see the knowledge level against question (f), it is seen that 40.5 pc of ASHAs will advice for malaria test and another 40.5 pc of ASHAs will give other advice which is not specific. 36.5 pc ASHAs will advice use of bed nets.

Regarding the knowledge level about family planning, it is seen that 48.6 pc of ASHAs shared about preference of Copper T insertion by the woman and next preferred method is condom usage by their counterpart. It is seen that 43.2 pc of ASHAs shared about preference of female sterilization among such mothers, followed by Cu-T insertion (29.7 pc ASHAs) and next is male sterilization (20.3 pc ASHAs).

Table: 104

Types of advices ASHA give to a 5 month pregnant woman aged 26 years, who has been experiencing severe headaches, nausea and generalized odema for 7 days													
	Immediate referral to Govt. Hospital		**Immediate Referral to private facility**		**Ensure regular ANC check ups**		**Motivate for institutional delivery**		**Notify ANM/ HW**		**Others**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	22	84.6	2	7.7	8	30.8	2	7.7	4	15.4	-	-	26
North	9	100.0	-	-	1	11.1	-	-	-	-	-	-	9
South	17	100.0	1	5.9	3	17.6	1	5.9	-	-	-	-	17
West	20	90.9	-	-	1	4.5	-	-	2	9.1	1	4.5	22
Total	**68**	**91.9**	**3**	**4.1**	**13**	**17.6**	**3**	**4.1**	**6**	**8.1**	**1**	**1.4**	**74**

Table: 105

Post delivery important/ danger signs, what ASHA would look for											
	Excessive bleeding		**Low birth weight of the baby**		**Problem in initiation of breast feeding**		**Foul smelling discharge**		**Others**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	24	92.3	15	57.7	9	34.6	4	15.4	6	23.1	26
North	9	100.0	2	22.2	3	33.3	1	11.1	5	55.6	9
South	15	88.2	9	52.9	3	17.6	2	11.8	5	29.4	17
West	18	81.8	9	40.9	4	18.2	4	18.2	9	40.9	22
Total	**66**	**89.2**	**35**	**47.3**	**19**	**25.7**	**11**	**14.9**	**25**	**33.8**	**74**

Table: 106

Kind of advices ASHA would give to mother for new born care													
	Early initiation of breast feeding		**Keeping the baby warm**		**Advise on immunization of the child**		**Advise on birth registration**		**Delay bathing of the new born**		**Others**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	26	100.0	25	96.2	13	50.0	6	23.1	6	23.1	3	11.5	26
North	9	100.0	8	88.9	4	44.4	3	33.3	3	33.3	2	22.2	9
South	16	94.1	16	94.1	7	41.2	4	23.5	5	29.4	5	29.4	17
West	20	90.9	20	90.9	10	45.5	7	31.8	5	22.7	5	22.7	22
Total	**71**	**95.9**	**69**	**93.2**	**34**	**45.9**	**20**	**27.0**	**19**	**25.7**	**15**	**20.3**	**74**

Table: 107

ASHAs response on number of TT shots to be given to a pregnant woman, who is pregnant for the first time			
District	**2**		**Total**
	No.	**PC**	
East	26	100.0	26
North	9	100.0	9
South	17	100.0	17
West	22	100.0	22
Total	**74**	**100.0**	**74**

Table: 108

What all should the new born be given along with mother's milk from the time of birth?							
	Water 1	**Dal & rice 2**	**Nothing except breast milk 3**	**Honey & water 4**	**Bottle milk 5**	**All of the above 6**	
District			1				
East			26				
North			9				
South			17				
West			22				
Total			**74**				

Table: 109

Breast feeding be initiated after birth					
	Within half hour of birth		**Others**		
District	**No.**	**PC**	**No.**	**PC**	**Total**
East	26	100.0	-	-	26
North	8	88.9	1	11.1	9
South	14	82.4	3	17.6	17
West	21	95.5	1	4.5	22
Total	**69**	**93.2**	**5**	**6.8**	**74**

Table: 110

ASHAs response on adding fats and oils to the diet of a 1 year old child?									
District	**Not desirable**		**Highly desirable /Must be done some how**		**Desirable but cannot be done**		**Don't know**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	9	34.6	6	23.1	7	26.9	4	15.4	26
North	4	44.4	4	44.4	-	-	1	11.1	9
South	4	23.5	7	41.2	5	29.4	1	5.9	17
West	8	36.4	5	22.7	6	27.3	3	13.6	22
Total	**25**	**33.8**	**22**	**29.7**	**18**	**24.3**	**9**	**12.2**	**74**

Table: 111

ASHAs response on exclusive breast feeding to the child for 6 months							
District	**4 months**		**6 months**		**1 year**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
East	1	3.8	23	88.5	2	7.7	26
North	-	-	9	100.0	-	-	9
South	-	-	17	100.0	-	-	17
West	-	-	22	100.0	-	-	22
Total	**1**	**1.4**	**71**	**95.9**	**2**	**2.7**	**74**

Table: 112

ASHAs response to a problem of 1 year old child, who is passing frequent watery stools															
	Continue feeding the child		**Give ORS from your drug kit**		**Give extra fluids (dal kapaani)**		**Advice – boiled water for drinking**		**Immediate Referral to public health facility**		**Immediate referral to the private provider**		**Others**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	10	38.5	22	84.6	3	11.5	13	50.0	16	61.5	-	-	-	-	26
North	3	33.3	6	66.7	-	-	3	33.3	6	66.7	-	-	-	-	9
South	6	35.3	14	82.4	1	5.9	6	35.3	8	47.1	-	-	2	11.8	17
West	10	45.5	19	86.4	3	13.6	10	45.5	11	50.0	-	-	2	9.1	22
Total	**29**	**39.2**	**61**	**82.4**	**7**	**9.5**	**32**	**43.2**	**41**	**55.4**	-	-	**4**	**5.4**	**74**

Table: 113

Advise to prevent recurrent diarrhoea									
District	**Promotion of hand washing before cooking and feeding the child**		**Reduce the amount of sweets/sugar in the child diet**		**Others**		**Don't know**		**Grand Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	24	92.3	-	-	1	3.8	1	3.8	26
North	7	77.8	1	11.1	1	11.1	-	-	9
South	14	82.4	1	5.9	1	5.9	1	5.9	17
West	17	77.3	-	-	3	13.6	2	9.1	22
Total	**62**	**83.8**	**2**	**2.7**	**6**	**8.1**	**4**	**5.4**	**74**

Table: 114

Signs and Symptoms, what ASHA would look for a 3 year old girl child is having fever										
	Difficulty (Wheezing sound) in breathing		**Chest in drawing**		**Constant high fever**		**Running nose**		**Others**		**Grand Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	9	34.6	9	34.6	18	69.2	10	38.5	-	-	26
North	3	33.3	3	33.3	4	44.4	3	33.3	-	-	9
South	6	35.3	4	23.5	12	70.6	8	47.1	2	11.8	17
West	14	63.6	4	18.2	7	31.8	9	40.9	2	9.1	22
Total	**32**	**43.2**	**20**	**27.0**	**41**	**55.4**	**30**	**40.5**	**4**	**5.4**	**74**

Table: 115

ASHAs response on type of vaccination, which is given to the child at 10 weeks								
District	**OPV(Polio)**	**DPT 2**	**BCG**	**Measles**	**Vitamin A**	**DPT booster**	**OPV booster**	**Grand Total**
East	3	25	1					26
North		8	1					9
South	2	17			1			17
West	5	21			1			22
Total	**10**	**71**	**2**		**2**			**74**

Table: 116

ASHAs response on type of vaccination, which is given to the child at 9 months								
District	OPV(Polio)	DPT 2	BCG	Measles	Vitamin A	DPT booster	OPV booster	Grand Total
East				26	4			26
North				9	3			9
South				17	3			17
West				21	4	1		22
Total				**73**	**14**	**1**		**74**

Table: 117

ASHAs response for a 40 year old male patient complains of cough since last 15 days						
District	Blood test	Sputum test	Urine test	X-ray	Others	Total
East	3	26		1		26
North	1	8				9
South	2	17		1		17
West	1	22				22
Total	**7**	**73**		**2**		**74**

Table: 118

ASHAs response for a 35 year old female is suffering from fever with chills which comes only at night									
	Prepare a blood slide to test for malaria		Advice on use of bed nets		Give anti malarial drug from the kit		Others		Grand Total
District	No.	PC	No.	PC	No.	PC	No.	PC	
East	10	38.5	12	46.2	2	7.7	10	38.5	26
North	2	22.2	3	33.3	1	11.1	4	44.4	9
South	9	52.9	6	35.3	-	-	7	41.2	17
West	9	40.9	6	27.3	3	13.6	9	40.9	22
Total	**30**	**40.5**	**27**	**36.5**	**6**	**8.1**	**30**	**40.5**	**74**

Table: 119

ASHAs opinion regarding type of contraceptive method preferred by newly married couple		
Condom usage	**Oral contraceptives**	**Grand Total**
26		26
8	1	9
17		17
21	1	22
72	**2**	**74**

Table: 120

ASHAs opinion regarding type of contraceptive method preferred by a woman who has recently delivered her first child and child is breast feeding							
District	**Condom usage**		**Copper T insertion**		**Oral contraceptives**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
East	13	50.0	13	50.0	-	-	26
North	4	44.4	4	44.4	1	11.1	9
South	9	52.9	6	35.3	2	11.8	17
West	9	40.9	13	59.1	-	-	22
Total	**35**	**47.3**	**36**	**48.6**	**3**	**4.1**	**74**

Table: 121

ASHAs opinion regarding type of contraceptive method preferred by a couple who does not want any more children													
District	**Condom usage**		**Male sterilization**		**Female sterilization**		**Copper T insertion**		**Oral contraceptives**		**Other**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	-	-	6	23.1	10	38.5	10	38.5	-	-	-	-	26
North	-	-	1	11.1	4	44.4	3	33.3	1	11.1	-	-	9
South	2	11.8	4	23.5	7	41.2	2	11.8	1	5.9	1	5.9	17
West	-	-	4	18.2	11	50.0	7	31.8	-	-	-	-	22
Total	**2**	**2.7**	**15**	**20.3**	**32**	**43.2**	**22**	**29.7**	**2**	**2.7**	**1**	**1.4**	**74**

Village Health & Nutrition Day (VHND):

Once in a month, ASHAs, AWWs, and others will mobilize the villagers, especially women and children, to assemble at the nearest AWC. The ANM and other health personnel should be present on time; otherwise the villagers will be reluctant to attend the following monthly VHND. On the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities. Since the VHND will be held at a site very close to their habitation, the villagers will not have to spend money or time on travel. Health services will be provided at their doorstep. The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing the event, can bring changes in the way that people perceive health and health care practices.

A) SERVICES TO BE PROVIDED:

- All pregnant women are to be registered.
- Registered pregnant women are to be given ANC.
- Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.
- All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases.
- All dropout children who do not receive vaccines as per schedule are to be vaccinated.
- Vitamin A solution is to be administered, to children.
- All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition.
- Anti-TB drugs are to be given to patients of TB.
- All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services.
- Supplementary nutrition is to be provided to underweight children.

70 ASHAs out of 74 interviewed attended VHND and 85.7 pc spent amount in conducting VHND out of VHSNC fund. 91.4 pc ASHAs reported that in their villages 6 VHNDs held in last 6 months, which is appreciable and even more than 4 pc ASHAs reported that in their area more than 6 VHNDs held in last 6 months (**Table 122, 123 and 125**).

Table 124 gives information on the amount spent per VHND. 55.7 pc of ASHAs attending VHNDs have shared about spending Rs.201-Rs.500 per VHND. 17.1 pc of ASHAs from South and West district have spent within Rs.200 per VHND. In North, East and South district, few ASHAs have shared about not spending any money for VHND. 8.6 pc of ASHAs even spent Rs.501-1000 per VHND in East, North and South district. Rs.1001-5000 per VHND is also spent in East district.

Table: 122

Number of ASHAs attended VHND			
District	**Yes**	**No**	**Total**
East	22	4	26
North	9		9
South	17		17
West	22		22
Total	**70**	**4**	**74**

Table: 123

Amount spent out of VHSNC fund for holding VHND					
District	**Yes**		**No**		**Total**
	No.	**PC**	**No.**	**PC**	
East	14	63.6	8	36.4	22
North	8	88.9	1	11.1	9
South	16	94.1	1	5.9	17
West	22	100.0	-	-	22
Total	**60**	**85.7**	**10**	**14.3**	**70**

Table: 124

Amount spent per VHND (in Rs.)													
District	**Nil**		**Up to 200**		**201 to 500**		**501 to 1000**		**1001 to 5000**		**5001 & above**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
East	8	36.4	-	-	8	36.4	4	18.2	2	9.1	-	-	22
North	1	11.1	-	-	7	77.8	1	11.1	-	-	-	-	9
South	1	5.9	5	29.4	10	58.8	1	5.9	-	-	-	-	17
West	-	-	7	31.8	14	63.6	-	-	-	-	1	4.5	22
Total	**10**	**14.3**	**12**	**17.1**	**39**	**55.7**	**6**	**8.6**	**2**	**2.9**	**1**	**1.4**	70

Table: 125

Number of VHND held in last 6 months							
District	**Less than 6**		**6**		**More than 6**		**Grand Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
East	1	4.5	20	90.9	1	4.5	22
North	-	-	9	100.0	-	-	9
South	2	11.8	15	88.2	-	-	17
West	-	-	20	90.9	2	9.1	22
Total	**3**	**4.3**	**64**	**91.4**	**3**	**4.3**	**70**

Information pertaining to AWWs

The Anganwadi worker and helper are the main functionaries of the ICDS who run the anganwadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other line departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls.

According to the Ministry of Women and Child Development, Government of India, the following are the basic roles and responsibilities listed for the anganwadi worker in health sector:

1. To elicit community support and participation in running the programme.
2. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.
3. To assist the PHC staffs in the implementation of health component of the programme viz. immunisation, health check-up, ante-natal and post-natal check etc.
4. To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the centre without maintaining stock register as it would add to her administrative work, which would affect her main functions under the Scheme.
5. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and record maintenance under ICDS Scheme.
6. To support in organizing Pulse Polio Immunization (PPI) drives. To inform the ANM in case of emergency cases like diahorrea, cholera etc

To perform the above responsibilities, AWW are closely worked with ASHA and therefore in the study it was also tried to find out the view of AWW about an ASHA regarding role of ASHA in the programme, there selection procedure, ASHAs role in VHND & VHSNC, outcome etc. The study shows that the AWW are also familiar with an ASHA and knowledge about ASHAs role and responsibilities which should be delivered by an ASHA. It is a very encouraging sign that at the grass root level the workers are cooperative and know each other very well.

From the study it is also seen that one third of the AWW involved in the selection process of an ASHA by recommending her name to the PRI. According to the AWW, ASHAs are well trained to provide the required services to the community.

As shared by AWW, ASHA play major role regarding Immunization and Institutional Delivery.

Survey findings:

Role of ASHA – as per AWWs:

According to AWW, 98.6 pc of AWWs shared that the major role of AWWs is counselling women on all aspects of pregnancy. Accompanying women for delivery is the second major role of ASHAs as shared by 85.5 pc of AWWs. Third major role of ASHA is promotion and coordination for immunization program/VHNDs, which is said by 71 pc AWWs. As per AWWs, conducting household visits is the fourth role of ASHA, followed by visiting newborn and next is to provide medicines for minor illnesses. Only 36.2 pc of AWWs shared to conduct/participate in VHSNC meeting and providing pills and condom and IFA tablets as roles of ASHAs. Very few AWWs considered advice for home management or referral for minor illness as a role of ASHA **(Table 1.a & 1.b).**

It is observed that, as per 52.2 pc of AWWs, place of referral for a complicated pregnancy by an ASHA is PHC/CHC. Next is SDH/DH as shared by 31.9 pc of AWW. Very less (15.9 pc) referral is done to PHSC. In North district, as per 75 pc of AWWs interacted; DH is the place of referral of complicated pregnancies and none of AWW referred at PHSC (**Table 2)**.

Table 3 discusses about place of referral for children with severe illness. Maximum AWWs (46.4 pc) shared that, referral of sick children happens in PHC/CHC. SDH/DH is the next place of referral (37.7 pc AWWs), but in North district, highest referral (50 pc) happens in SDH/DH. 15.9 pc of AWWs shared that, referral also happens in PHSC.

Table: 1.a

Understanding of AWW about the role of ASHA															
	Counselling women on all aspects of pregnancy		Accompanying women for delivery		Visiting new born for advice/care		Promotion and coordination for immunization programme		Provides medicines for minor illnesses		Advise for home management or referral for minor illness		Conduct/ participate in VHSC meeting		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	24	96.0	19	76.0	17	68.0	19	76.0	16	64.0	7	28.0	7	28.0	25
NORTH	8	100.0	8	100.0	3	37.5	4	50.0	4	50.0	1	12.5	2	25.0	8
SOUTH	16	100.0	14	87.5	15	93.8	12	75.0	6	37.5	4	25.0	9	56.3	16
WEST	20	100.0	18	90.0	12	60.0	14	70.0	7	35.0	3	15.0	7	35.0	20
Total	**68**	**98.6**	**59**	**85.5**	**47**	**68.1**	**49**	**71.0**	**33**	**47.8**	**15**	**21.7**	**25**	**36.2**	**69**

Table: 1.b

Understanding of AWW about the role of ASHA																
	Providing pills and condom and IFA tablets		Any tuberculosis related work (DOTS provider)		Getting Panchayat to take action on health related issues		Take appropriate action in case of a disease outbreak in the village		Petition to the authorities if the health services are not reaching village		Conducting house hold visits		Others		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	7	28.0	4	16.0	1	4.0	1	4.0	-	-	16	64.0	-	-	25
NORTH	3	37.5	-	-	-	-	1	12.5	-	-	7	87.5	-	-	8
SOUTH	9	56.3	2	12.5	2	12.5	1	6.3	-	-	12	75.0	1	6.3	16
WEST	6	30.0	-	-	-	-	-	-	-	-	7	35.0	-	-	20
Total	**25**	**36.2**	**6**	**8.7**	**3**	**4.3**	**3**	**4.3**	-	-	**42**	**60.9**	**1**	**1.4**	**69**

Table: 2

Place of referral for complicated pregnancies by ASHA								
District	PHSC		PHC/CHC		SDH/DH		Total	
	No.	PC	No.	PC	No.	PC	No.	PC
EAST	2	8.0	14	56.0	9	36.0	25	100
NORTH	-	-	2	25.0	6	75.0	8	100
SOUTH	4	25.0	9	56.3	3	18.8	16	100
WEST	5	25.0	11	55.0	4	20.0	20	100
Total	**11**	**15.9**	**36**	**52.2**	**22**	**31.9**	**69**	**100**

Table: 3

Place of referral for children with severe illness and complicated pregnancies by an ASHA								
District	PHSC		PHC/CHC		SDH/DH		Total	
	No.	PC	No.	PC	No.	PC	No.	PC
EAST	3	12.0	13	52.0	9	36.0	25	100
NORTH	1	12.5	3	37.5	4	50.0	8	100
SOUTH	2	12.5	7	43.8	7	43.8	16	100
WEST	5	25.0	9	45.0	6	30.0	20	100
Total	**11**	**15.9**	**32**	**46.4**	**26**	**37.7**	**69**	**100**

Selection Process and Work Relation:

The study shows that, 33.3 pc of AWWs recommended ASHA's name to the PRI, out of which maximum AWWs (43.8 pc) are from South district. 18.8 pc AWWs facilitated the selection of ASHA in consultation with the community. Few AWWs from 3 districts, except for North district have acted in the selection of ASHA and listed possible candidates for ASHA selection. 8.7 pc of AWWs each from 3 districts, except for South district, are consulted but did not play any role. Except for North district, 11.6 pc of AWWs said that selection of ASHAs was over when they started working as AWW in their area. 26.1 pc of AWWs have shared about having no role in the selection of ASHAs.

Regarding the marginalized community, 69.6 pc of the AWWs shared that ASHAs from marginalized community got more weightage in the selection of ASHAs with highest from North district with 87.5 pc and lowest from South district with 62.5 pc.

Table 6 describes how ASHAs help AWWs. 94.2 pc of AWWs shared that ASHAs mobilize women and children to immunization sessions. Mobilization of women and children for enrolment at AWC is also informed by 71 pc of AWWs. Support in terms of identification of women and children in marginalized community for enrolment to AWC is received by 26.1 pc AWWs. 69.6 pc of AWWs are helped by ASHAs in taking the weight of newborn, but help in terms of identifying and growth monitoring of malnourished children by ASHA is very less, only 10.1 pc. Another 7.2 pc AWWs get support from ASHAs in other different forms.

Table: 4

AWWs role in the Selection of ASHA																	
	Recommended ASHA's name to the PRI		Acted alone in selection of ASHA		Facilitated the selection of ASHA in consultation with the community		Listed possible candidates for ASHA		Was consulted but did not play any role		Was not consulted at all		ASHA was already selected when I got posted here		No role		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	7	28.0	5	20.0	2	8.0	1	4.0	4	16.0	2	8.0	2	8.0	9	36.0	25
NORTH	2	25.0	-	-	3	37.5	-	-	1	12.5	1	12.5	-	-	1	12.5	8
SOUTH	7	43.8	3	18.8	4	25.0	2	12.5	-	-	-	-	4	25.0	4	25.0	16
WEST	7	35.0	3	15.0	4	20.0	2	10.0	1	5.0	3	15.0	2	10.0	4	20.0	20
Total	**23**	**33.3**	**11**	**15.9**	**13**	**18.8**	**5**	**7.2**	**6**	**8.7**	**6**	**8.7**	**8**	**11.6**	**18**	**26.1**	**69**

Table: 5

Status of marginalized community getting more weightage in the selection						
District	**Yes**		**No.**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	16	64.0	9	36.0	25	100
NORTH	7	87.5	1	12.5	8	100
SOUTH	10	62.5	6	37.5	16	100
WEST	15	75.0	5	25.0	20	100
Total	**48**	**69.6**	**21**	**30.4**	**69**	**100**

Table: 6

Help by ASHAs to AWWs															
	Mobilizes women and children to immunization sessions.		**Mobilizes women and children for enrolment at AWC**		**Provides beneficiary list (eg-immunisation)**		**Identifies women & children from marginalized community for enrolling at AWC**		**Helps in identifying malnourished children**		**Helps in taking the weight of newborn**		**Helps in growth monitoring of malnourished children**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	22	88.0	17	68.0	10	40.0	8	32.0	6	24.0	18	72.0	3	12.0	25
NORTH	8	100.0	5	62.5	2	25.0	1	12.5	1	12.5	7	87.5	-	-	8
SOUTH	16	100.0	13	81.3	6	37.5	5	31.3	6	37.5	13	81.3	1	6.3	16
WEST	19	95.0	14	70.0	7	35.0	4	20.0	2	10.0	10	50.0	3	15.0	20
Total	**65**	**94.2**	**49**	**71.0**	**25**	**36.2**	**18**	**26.1**	**15**	**21.7**	**48**	**69.6**	**7**	**10.1**	**69**

VHND/ Immunisation Sessions & VHSNC:

Major role of ASHA in VHND is to remind about eligible mother and children as shared by 75.4 pc of AWWs and bringing them to the VHND centre is considered as ASHA's role is shared by 42 pc of AWWs. As per 62.3 pc of AWWs assisting in ANC is a role of ASHA in VHND and assisting in immunization is a taken as a less priority role by 55.1 pc AWWs. 60.9 pc of AWWs perceive that organizing the venue of VHND is a major role of ASHA.

Functional VHSNC is one of the major initiatives under NRHM at the village level, which empowers the community. The study shows that 88.4 pc of AWWs have functional VHSNCs in their area. In North district, all the AWWs interacted have functional VHSNC in their area. Highest 12 pc of AWWs of East district and 5 pc of AWWs from West district have no data about functionality of VHSNCs in their area.

Table 10 gives information on the position of ASHA in VHSNC. 50.7 pc of AWWs are aware that ASHA is the Member Secretary of the VHSNC. As per 18.8 pc of AWWs, ASHA is the member of the VHSNC. Few AWWs from North and West district consider ASHA as other office bearer in VHSNC. Even 27.5 pc of AWWs don't know the position of ASHA in the VHSNC with highest AWWs from East district (36 pc).

The AWW reveals that 78.3 pc of AWWs are Member in VHSNC with highest from North and South (87.5 pc) and lowest from East with 68 pc of AWWs. In East and West district, few AWWs are placed in the position of Member Secretary of VHSNC. 10 pc of AWWs from West district are not involved in VHSNC in any way. Even 15.9 pc of AWWs don't know about their position in VHSNC.

According to AWW, major role (68.1 pc) of ASHA is to mobilize people so that they attend VHSNC meeting and next (65.2 pc) is to prepare village health plan. As per AWW, third role of ASHA in VHSNC is to help in organizing the meeting (59.4 pc). Few AWWs highlighted that ASHAs flags important issues of the village. Moreover, ASHAs from East and South district also plays some other role in functioning of VHSNC.

VHSNC also support ASHAs for benefit of the community so that she can better services. Most of the AWWs (68.1 pc) shared that ASHAs are supported by VHSNC for taking care of pregnant women and 65.2 pc AWWs shared that in immunization, VHSNC supports ASHA. 58 pc of AWWs informed that VHSNCs also supports ASHA in water and sanitation activities. Half of the AWWs (56.5 pc) expressed that ASHAs get support from VHSNCs for arranging referral transport. 39.1 pc of ASHAs from 3 districts, except for North shared about VHSNC support in terms of JSY implementation. Except for South district, 8.7 pc of AWWs reported that VHSNC support them in community mobilization activities for picketing alcohol shops and ensuring services etc.

Table: 7

Regularity of ASHAs participation in immunization sessions in AWW area?		
District	**Always present**	**Total**
EAST	25	25
NORTH	8	8
SOUTH	16	16
WEST	20	20
Total	**69**	**69**

Table:8

Understanding of AWW regarding role of ASHA in VHND													
	Reminds about eligible mother and children		Bringing them to the VHND Centre		Assisting in ANC		Assisting in Immunization		Organizing the venue of VHND		Any Other		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	16	64.0	7	28.0	12	48.0	13	52.0	12	48.0	2	8.0	25
NORTH	6	75.0	7	87.5	5	62.5	6	75.0	4	50.0	1	12.5	8
SOUTH	13	81.3	6	37.5	12	75.0	12	75.0	12	75.0	-	-	16
WEST	17	85.0	9	45.0	14	70.0	7	35.0	14	70.0	2	10.0	20
Total	**52**	**75.4**	**29**	**42.0**	**43**	**62.3**	**38**	**55.1**	**42**	**60.9**	**5**	**7.2**	**69**

Table: 9

Functional VHSNC in AWWs area								
District	**Yes**		**No**		**No Data**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**		
EAST	19	76.0	3	12.0	3	12.0	25	100
NORTH	8	100.0	-	-	-	-	8	100
SOUTH	15	93.8	1	6.3	-	-	16	100
WEST	19	95.0	1	5.0	-	-	20	100
Total	**61**	**88.4**	**5**	**7.2**	**3**	**4.3**	**69**	**100**

Table: 10

Position of ASHA in VHSNC										
District	**Member**		**Member secretary**		**Other office bearer**		**Don't know**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	4	16.0	12	48.0	-	-	9	36.0	25	100
NORTH	1	12.5	5	62.5	1	12.5	1	12.5	8	100
SOUTH	5	31.3	7	43.8	-	-	4	25.0	16	100
WEST	3	15.0	11	55.0	1	5.0	5	25.0	20	100
Total	**13**	**18.8**	**35**	**50.7**	**2**	**2.9**	**19**	**27.5**	**69**	**100**

Table: 11

Position of AWW in VHSNC										
District	Member		Member secretary		Not involved in any way		Don't know		Total	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	17	68.0	1	4.0	-	-	7	28.0	25	100
NORTH	7	87.5	-	-	-	-	1	12.5	8	100
SOUTH	14	87.5	-	-	-	-	2	12.5	16	100
WEST	16	80.0	1	5.0	2	10.0	1	5.0	20	100
Total	**54**	**78.3**	**2**	**2.9**	**2**	**2.9**	**11**	**15.9**	**69**	**100**

Table: 12

Role of ASHA in VHSNC as per AWW											
	Prepares Village Health Plan		Mobilize people to attend VHSNC meeting		Flags important issues of the village		Helps in organizing the meeting		Any other		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.
EAST	16	64.0	16	64.0	3	12.0	13	52.0	1	4.0	25
NORTH	6	75.0	6	75.0	2	25.0	3	37.5	-	-	8
SOUTH	10	62.5	11	68.8	4	25.0	11	68.8	2	12.5	16
WEST	13	65.0	14	70.0	1	5.0	14	70.0	-	-	20
Total	**45**	**65.2**	**47**	**68.1**	**10**	**14.5**	**41**	**59.4**	**3**	**4.3**	**69**

Table: 13

Status of support of VHSNCs for ASHAs						
District	Yes		No Data		Total	
	No.	PC	No.	PC	No.	PC
EAST	19	76.0	6	24.0	25	100.0
NORTH	8	100.0	-	-	8	100.0
SOUTH	12	75.0	4	25.0	16	100.0
WEST	16	80.0	4	20.0	20	100.0
Total	**55**	**79.7**	**14**	**20.3**	**69**	**100.0**

Table: 14

VHSNC supports ASHA in which areas																			
	JSY		Immunisation		Care of Pregnant women		Arranging referral transport		Water and sanitation activities		Reaching to marginalized sections for access to services		Community Mobilization activities – picketing alcohol shops,		Any Other		Total
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	12	48.0	19	76.0	19	76.0	13	52.0	8	32.0	-	-	3	12.0	-	-	25
NORTH	-	-	6	75.0	5	62.5	4	50.0	6	75.0	-	-	2	25.0	-	-	8
SOUTH	6	37.5	10	62.5	9	56.3	10	62.5	11	68.8	-	-	-	-	1	6.3	16
WEST	9	45.0	10	50.0	14	70.0	12	60.0	15	75.0	-	-	1	5.0	2	10.0	20
Total	**27**	**39.1**	**45**	**65.2**	**47**	**68.1**	**39**	**56.5**	**40**	**58.0**	-	-	**6**	**8.7**	**3**	**4.3**	**69**

Marginalised Community

Regarding marginalized community, 47.8 pc of AWW have marginalized community in their coverage area and highest is in West district (60 pc). 52.2 pc AWWs said that there is no marginalized community staying in their coverage area. The study also shows that 71 pc of AWWs shared that, everyone in the village are benefitted by the services of ASHA and 29 pc AWWs shared that poor community people are only benefitted from the services being rendered by ASHA.

From the **Table 18**, it is seen that 94.2 pc of AWWs feel that ASHAs have adequate training to perform her duty. Only few AWWs think that ASHAs do not have adequate training for performing her duties.

Table: 15

Status of marginalized community coverage by AWW in her area						
District	**Yes**		**No**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	9	36.0	16	64.0	25	100.0
NORTH	3	37.5	5	62.5	8	100.0
SOUTH	9	56.3	7	43.8	16	100.0
WEST	12	60.0	8	40.0	20	100.0
Total	**33**	**47.8**	**36**	**52.2**	**69**	**100.0**

Table: 16

Services provided by ASHA in the area of marginalized population				
District	**Yes**		**Total**	
	No.	**PC**	**No.**	**PC**
EAST	9	100.0	9	100.0
NORTH	3	100.0	3	100.0
SOUTH	9	100.0	9	100.0
WEST	12	100.0	12	100.0
Total	**33**	**100.0**	**33**	**100.0**

Table: 17

Type of community, who are getting benefitted the most from the ASHA services according to AWW						
District	**Everyone in the village**		**Poor communities**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	20	80.0	5	20.0	25	100
NORTH	5	62.5	3	37.5	8	100
SOUTH	11	68.8	5	31.3	16	100
WEST	13	65.0	7	35.0	20	100
Total	**49**	**71.0**	**20**	**29.0**	**69**	**100**

Table: 18

Adequacy of training of ASHAs to perform her duty						
District	**Yes**		**No.**		**Total**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	24	96.0	1	4.0	25	100
NORTH	6	75.0	2	25.0	8	100
SOUTH	15	93.8	1	6.3	16	100
WEST	20	100.0		0.0	20	100
Total	**65**	**94.2**	**4**	**5.8**	**69**	**100**

Social Mobilisation

Social mobilization among the community in a village is one of the major activities of an ASHA. Maximum AWWs (76.8 pc) shared that ASHA mobilizes the community for water and sanitation facilities. Adult and women education is another area for which ASHA mobilizes the community, as said by 53.6 pc AWWs. Third activity for which ASHA mobilizes the community is for picketing of alcohol shops. Few of the AWWs (23.2 pc) even shared about mobilizing the community to ensure participation in ICDS food production, PDS shop

regulation and demand generation and against domestic violence. Except North district, AWWs from other three districts (15.9 pc) have also informed that ASHAs mobilize the community for forest rights and environmental issues.

It is seen that 85.5 pc of AWWs do not consider ASHA as member of Panchayat with the highest from West district with 95 pc. Only 6.3 pc of AWWs interacted from South district told ASHA as member of Panchayat. 13 pc of AWWs don't know the position of ASHA in Panchayat.

Table 22 describes ASHAs involvement in the Panchayat election. 88.4 pc of the AWWs shared that ASHAs were not involved in Panchayat election. Few AWWs from East and West district have shared that ASHAs canvassed for their own candidate. In East district, few AWWs informed that ASHA herself was candidate of Panchayat election. All AWWs of North district have shared that ASHAs were not involved in Panchayat election. In South district, majority of AWWs (93.8 pc) shared about the non-involvement of ASHAs. Similarly, in West district, majority of AWWs (95 pc) shared about the non-involvement of ASHAs. ASHAs involvement in all categories is shared by AWWs of East district.

Table 23 illustrates the appropriate way of payment for ASHAs as per AWW. 66.7 pc of AWWs shared that ASHAs should be given fixed payment. 24.6 pc of AWWs from East, South and West district opined about performance based incentive should be given to ASHAs. Few AWWs from South and West district, suggested both performance based and fixed payment as the appropriate way of payment for ASHA. Even 2.9 pc AWWs from North and South district have not given any opinion regarding payment. Maximum AWWs from 3 districts, except for South district suggested fixed payment as the appropriate payment mechanism.

Table: 19

Activities for which ASHA mobilizes the community of village															
	Picketing of Alcohol shops		Participation in ICDS food production, PDS shop regulation and demand generation		Water and sanitation facilities		Forest rights and environmental issues		Mobilization against domestic violence		Adult and women education		Any Other		Total
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	7	28.0	6	24.0	18	72.0	2	8.0	4	16.0	12	48.0	1	4.0	25
NORTH	5	62.5	1	12.5	5	62.5	-	-	1	12.5	4	50.0	-	-	8
SOUTH	9	56.3	4	25.0	15	93.8	5	31.3	6	37.5	9	56.3	-	-	16
WEST	9	45.0	5	25.0	15	75.0	4	20.0	7	35.0	12	60.0	-	-	20
Total	**30**	**43.5**	**16**	**23.2**	**53**	**76.8**	**11**	**15.9**	**18**	**26.1**	**37**	**53.6**	**1**	**1.4**	**69**

Table: 20

ASHA as member of Panchayat								
District	Yes		No		Don't know		Total	
	No.	PC	No.	PC	No.	PC	No.	PC
EAST	-	-	20	80.0	5	20.0	25	100.0
NORTH	-	-	6	75.0	2	25.0	8	100.0
SOUTH	1	6.3	14	87.5	1	6.3	16	100.0
WEST	-	-	19	95.0	1	5.0	20	100.0
Total	**1**	**1.4**	**59**	**85.5**	**9**	**13.0**	**69**	**100.0**

Table: 21

Was she elected a member after being selected as ASHA		
District	1	Total
EAST	-	25
NORTH	-	8
SOUTH	1	16
WEST	-	20
Total	**1**	**69**

Table: 22

ASHAs involved in the Panchayat election										
District	As candidate		Canvassed for a candidate		Any other		No involvement		Total	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	1	4.0	1	4.0	4	16.0	19	76.0	25	100
NORTH	-	-	-	-	-	-	8	100.0	8	100
SOUTH	-	-	-	-	1	6.3	15	93.8	16	100
WEST	-	-	1	5.0	-	-	19	95.0	20	100
Total	**1**	**1.4**	**2**	**2.9**	**5**	**7.2**	**61**	**88.4**	**69**	**100**

Table: 23

The appropriate way of payment for ASHA as per AWW										
District	Performance based incentive		Fixed payment		Both		Cannot say		Total	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	5	20.0	20	80.0	-	-	-	-	25	100
NORTH	-	-	7	87.5	-	-	1	12.5	8	100
SOUTH	7	43.8	7	43.8	1	6.3	1	6.3	16	100
WEST	5	25.0	12	60.0	3	15.0	-	-	20	100
Total	**17**	**24.6**	**46**	**66.7**	**4**	**5.8**	**2**	**2.9**	**69**	**100**

Outcome of ASHA Program as observed by AWW:

It is observed that as per AWW (around 90 pc), ASHA programme has brought major changes with increased immunization and institutional delivery. Next area of change is increase in utilization of public health services and mother and child's attendance in VHND followed by better hygiene practices in the community. Few AWWs shared that ASHAs have increased awareness of rights and utilization of public health services by the marginalized.

Table: 28

Type of changes, which have been brought by ASHA programme																	
	Increasing immunization		**Increasing institutional delivery**		**Increase in utilization of public health services**		**Better hygiene in the community**		**Increased utilization of public health services by the marginalised**		**Increasing mother and children's attendance in VHND**		**Increased awareness of rights**		**Any other**		**Total**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	24	96.0	22	88.0	15	60.0	9	36.0	5	20.0	14	56.0	8	32.0		0.0	25
NORTH	7	87.5	7	87.5	4	50.0	2	25.0	1	12.5	3	37.5	3	37.5	1	12.5	8
SOUTH	13	81.3	13	81.3	10	62.5	13	81.3	5	31.3	12	75.0	4	25.0	2	12.5	16
WEST	18	90.0	18	90.0	13	65.0	13	65.0	2	10.0	12	60.0	3	15.0	2	10.0	20
Total	**62**	**89.9**	**60**	**87.0**	**42**	**60.9**	**37**	**53.6**	**13**	**18.8**	**41**	**59.4**	**18**	**26.1**	**5**	**7.2**	**69**

Information pertaining to ANMs

ASHAs immediate on job field level support are expected to be provided by both ASHA Facilitator and the ANM. The ANM's focus will be in ASHA's skill up gradation for community level care and identification of illnesses and the Facilitator's role will be on supporting her in her activist role, in mobilization and in reaching the marginalized population. So, ANM has a close relationship with ASHAs at the grass root level. Few of the activities are -

a. Holding weekly / fortnightly **meeting** with ASHA to discuss the activities undertaken during the week/fortnight.
b. Acting as a **resource person**, along with Anganwadi Worker for the training of ASHA.
c. Informing ASHA about date and time of the outreach session and also **guiding** her to bring the prospective beneficiaries to the outreach session.
d. Participating and guiding in **organising Health Days** at Anganwadi Centre.
e. Taking help of ASHA in **updating eligible couples register** of the village concerned.
f. Utilising ASHA in **motivating** the pregnant women for coming to Sub-Centre for initial check-ups.
g. ASHA helps ANMs in bringing married couples to SCs for adopting family planning.
h. Guiding ASHA in motivating pregnant women for taking full course of ***iron folic acid (IFA) tablets and TT injections, etc.***
i. Orienting ASHA on the dose schedule and side effects of oral pills.
j. Educating ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
k. Informing ASHA about date, time and place for initial and periodic training schedule. ANM would also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.....

Therefore, it was also tried to find out functionality status of an ASHA from the ANM.

Survey Findings: General Information

Average population, households and villages under an ANM:

57.1 pc of ANMs informed about serving 1001-2000 population. 20 pc of ANMs interacted in 3 districts, covers up to 1000 population. 14.3 pc of ANMs shared about covering 2001-3000 population. Even 8.6 pc of ANMs serve more than 3000 population.

It is observed that 68.6 pc of ANM serve more than 300 households. 15.7 pc of ANMs serves households within 101-200, followed by 8.6 pc of ANMs serving 201-300 households.

52.9 pc of ANMs interacted; serve 3-5 villages followed by 28.6 pc of ANMs found serving 6-10 villages. More than 10 villages are also served by 10 pc of ANMs interacted.

Average ASHAs under an ANM and role of ASHA as per ANM:

61.4 pc of ANMs have 3-5 ASHAs under each ANM. 18.6 pc of ANMs responded saying that they have up to 2 ASHAs under an ANM, followed by 17.1 pc of ANMs having 6-10 ASHAs. According to ANMs (94.3 pc), the major role of an ASHA is to counsel women on all aspects of pregnancy followed by 90 pc ANMs told accompanying women for delivery is ASHAs main role. Next major role of ASHA is promotion and co-ordination for immunization programme/VHNDs, followed by providing family planning methods and medicines for minor illness. To conduct/participate in VHSC meeting and household visits are also considered as her major role. Visit newborn for providing advice/care and providing services for Tuberculosis related work comes after the above activities, followed by getting Panchayat to take action on health related issues.

Understanding of ANM about what ASHA does and places of referral by ASHA:

According to ANM (88.6 pc), ASHA mainly motivates pregnant women for Institutional delivery, followed by 87.1 pc ANMs think encouraging and ensuring their ANC service uptake are being done by ASHAs. 84.3 pc ANMs say registration of the pregnant women at the health facility is their main job. Referral in case of any illness during pregnancy is the next activity of ASHA followed by reminding and escorting pregnant women to VHNDs. 31.4 pc of ANMs even said providing information on the benefits of JSY and 24.3 pc ANMs said that advice on nutritional foods and or supplementary ration from AWC are done by ASHAs.

44.3 pc of ANMs informed PHSC as the referral place of complicated pregnancies by ASHAs. Next comes, PHC/CHC as the referral place by ASHAs (30 pc). 25.7 pc of ANMs shared DH as the place of referral by ASHAs for complicated pregnancies.

ANM's role in ASHA selection and her relationship with ASHA:

Maximum ANMs (64.3 pc) interacted shared about facilitating the selection of ASHA in consultation with the community followed by 54.3 pc ANMs said they were involved in listing of possible candidates for ASHA. ANMs even recommended ASHA's name to the PRI was shared by 50 pc ANMs. 10 pc of ANMs identified acted alone in the selection of ASHA. In case of 11.4 pc of ANMs interacted, ASHAs are selected before their posting. 75.7 pc of ANM said marginalized community is given more weightage in the selection of ASHAs.

ANMs (85.7 pc) mainly guide ASHA in her routine work and check her work through home visit. 55.7 pc of ANMs opined that they also provide training to ASHAs as and when needed.

Table: 1

Average Population Served by an ANM									
District	**Up to 1000**		**1001 to 2000**		**2001 to 3000**		**3001 & above**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	7	29.2	10	41.7	4	16.7	3	12.5	24
NORTH	-	-	6	66.7	2	22.2	1	11.1	9
SOUTH	1	6.3	12	75.0	2	12.5	1	6.3	16
WEST	6	28.6	12	57.1	2	9.5	1	4.8	21
Total	**14**	**20.0**	**40**	**57.1**	**10**	**14.3**	**6**	**8.6**	**70**

Table: 2

Villages covered by an ANM									
District	**Up to 2**		**3 to 5**		**6 to 10**		**11 & above**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	4	16.7	15	62.5	4	16.7	1	4.2	24
NORTH	-	-	3	33.3	4	44.4	2	22.2	9
SOUTH	1	6.3	6	37.5	6	37.5	3	18.8	16
WEST	1	4.8	13	61.9	6	28.6	1	4.8	21
Total	**6**	**8.6**	**37**	**52.9**	**20**	**28.6**	**7**	**10.0**	**70**

Table: 3

Average no. of ASHAs under an ANM									
District	**Up to 2**		**3 to 5**		**6 to 10**		**11 & above**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	5	20.8	17	70.8	1	4.2	1	4.2	24
NORTH	1	11.1	5	55.6	3	33.3	-	-	9
SOUTH	3	18.8	9	56.3	4	25.0	-	-	16
WEST	4	19.0	12	57.1	4	19.0	1	4.8	21
Total	**13**	**18.6**	**43**	**61.4**	**12**	**17.1**	**2**	**2.9**	**70**

Table: 4.1

Roles of ASHA – As per ANM													
District	**Counseling women on all aspects of pregnancy**		**Accompanying women for delivery**		**Visiting new born for advice/care**		**Promotion and coordination for immunization programme/ VHNDs**		**Provides medicines for minor illnesses**		**Advise for home management or referral for minor illness**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	21	87.5	20	83.3	8	33.3	20	83.3	15	62.5	1	4.2	24
NORTH	9	100.0	9	100.0	2	22.2	8	88.9	4	44.4	-	-	9
SOUTH	16	100.0	14	87.5	9	56.3	15	93.8	9	56.3	3	18.8	16
WEST	20	95.2	20	95.2	8	38.1	17	81.0	19	90.5	4	19.0	21
Total	**66**	**94.3**	**63**	**90.0**	**27**	**38.6**	**60**	**85.7**	**47**	**67.1**	**8**	**11.4**	**70**

Table: 4.2

Roles of ASHA – As per ANM															
District	**Providing pills and condom and IFA tablets**		**Any tuberculosis related work (DOTS provider)**		**Getting Panchayat to take action on health related issues**		**Take appropriate action in case of a disease outbreak in the village**		**Petition to the authorities if the health services are not reaching to the village**		**Conducting house hold visits**		**Conduct/ participate in VHSC meeting**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**1**		
EAST	16	66.7	6	25.0	7	29.2	-	-	1	4.2	9	37.5	10	41.7	24
NORTH	7	77.8	3	33.3	3	33.3	-	-	-	-	7	77.8	6	66.7	9
SOUTH	10	62.5	4	25.0	4	25.0	2	12.5	-	-	7	43.8	10	62.5	16
WEST	18	85.7	9	42.9	5	23.8	6	28.6	3	14.3	16	76.2	16	76.2	21
Total	**51**	**72.9**	**22**	**31.4**	**19**	**27.1**	**8**	**11.4**	**4**	**5.7**	**39**	**55.7**	**42**	**60.0**	**70**

Table: 5

ANMs observation regarding what ASHA does for providing care to the women during pregnancy																	
District	Registration of the pregnant women at the health facility		Reminds her and escort her to VHND		Advise on nutritional foods and/or supplementary ration from AWC		Encouraging them for ANC		Ensuring ANC including TT shots, IFA tablets & BP monitoring		Provide information on the benefits of SY		Motivating for Institutional delivery		Refers in case of any illness during pregnancy		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	20	83.3	8	33.3	4	16.7	21	87.5	22	91.7	5	20.8	19	79.2	11	45.8	24
NORTH	8	88.9	7	77.8	1	11.1	8	88.9	7	77.8	2	22.2	8	88.9	7	77.8	9
SOUTH	14	87.5	9	56.3	6	37.5	12	75.0	13	81.3	7	43.8	15	93.8	10	62.5	16
WEST	17	81.0	11	52.4	6	28.6	20	95.2	19	90.5	8	38.1	20	95.2	16	76.2	21
Total	**59**	**84.3**	**35**	**50.0**	**17**	**24.3**	**61**	**87.1**	**61**	**87.1**	**22**	**31.4**	**62**	**88.6**	**44**	**62.9**	**70**

Table: 6

Place of referral by ASHA for complicated pregnancies							
District	PHSC		PHC/CHC		DH		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	
EAST	10	41.7	7	29.2	7	29.2	24
NORTH	3	33.3	2	22.2	4	44.4	9
SOUTH	7	43.8	4	25.0	5	31.3	16
WEST	11	52.4	8	38.1	2	9.5	21
Total	**31**	**44.3**	**21**	**30.0**	**18**	**25.7**	**70**

Table: 7

Place of referral by ASHA for children with severe illness							
District	PHSC		PHC/CHC		DH		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	
EAST	12	50.0	6	25.0	6	25.0	24
NORTH	5	55.6	2	22.2	2	22.2	9
SOUTH	8	50.0	7	43.8	1	6.3	16
WEST	8	38.1	8	38.1	5	23.8	21
Total	**33**	**47.1**	**23**	**32.9**	**14**	**20.0**	**70**

Table: 8

ANMs role in ASHA selection																			
District	Recommended ASHA's name to the PRI		Acted alone in selection of ASHA		Facilitated the selection of ASHA in consultation with the community		Listed possible candidates for ASHA		Was consulted but did not play any role		Was not consulted at all		ASHA was already selected at the time of my posting		No role		Other		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	14	58.3	3	12.5	16	66.7	9	37.5	-	-	-	-	2	8.3	3	12.5	-	-	24
NORTH	4	44.4	2	22.2	5	55.6	6	66.7	-	-	2	22.2	1	11.1	-	-	-	-	9
SOUTH	4	25.0	1	6.3	12	75.0	8	50.0	-	-	-	-	4	25.0	1	6.3	1	6.3	16
WEST	13	61.9	1	4.8	12	57.1	15	71.4	1	4.8	-	-	1	4.8	2	9.5	1	4.8	21
Total	**35**	**50.0**	**7**	**10.0**	**45**	**64.3**	**38**	**54.3**	**1**	**1.4**	**2**	**2.9**	**8**	**11.4**	**6**	**8.6**	**2**	**2.9**	70

Table: 9

Status of marginalized community getting more weightage in ASHA selection					
District	Yes		No		Total ANM surveyed
	No.	PC	No.	PC	
EAST	16	66.7	8	33.3	24
NORTH	7	77.8	2	22.2	9
SOUTH	11	68.8	5	31.3	16
WEST	19	90.5	2	9.5	21
Total	**53**	**75.7**	**17**	**24.3**	**70**

Table: 10

ANM's work relationship with ASHA											
District	Provide training to ASHA		Guide her in her routine work		Check on ASHA work through home visits		Seek her help in my job		Other		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	14	58.3	18	75.0	16	66.7	8	33.3	1	4.2	24
NORTH	4	44.4	8	88.9	4	44.4	3	33.3	2	22.2	9
SOUTH	8	50.0	16	100.0	9	56.3	8	50.0	3	18.8	16
WEST	13	61.9	18	85.7	15	71.4	7	33.3	1	4.8	21
Total	**39**	**55.7**	**60**	**85.7**	**44**	**62.9**	**26**	**37.1**	**7**	**10.0**	**70**

Table: 11

In what way ASHA helps ANM in her work													
District	Mobilizes women and children to VHND		Provides beneficiary list		Identifies women in marginalized community		Brings to my notice cases of Malaria and TB		Informs me about any other disease outbreak		Motivates women for Family Planning		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	23	95.8	17	70.8	7	29.2	5	20.8	1	4.2	18	75.0	24
NORTH	9	100.0	8	88.9	2	22.2	3	33.3	-	-	7	77.8	9
SOUTH	14	87.5	13	81.3	12	75.0	8	50.0	2	12.5	11	68.8	16
WEST	20	95.2	18	85.7	7	33.3	12	57.1	3	14.3	20	95.2	21
Total	**66**	**94.3**	**56**	**80.0**	**28**	**40.0**	**28**	**40.0**	**6**	**8.6**	**56**	**80.0**	**70**

Village Health & Nutrition Day (VHND):

ASHA's participation in VHND – As per ANM and role of ASHA in VHND:

Out of 70 ANMs interacted, 69 always participate in VHNDs, which is healthy trend.

Majority of ANM (88.6 pc) surveyed responded that ASHAs mainly bring eligible mother and children to VHNDs and informs them about VHNDs (81.4 pc ANMs). Third role of ASHA is assisting in ANC (64.3 pc ANMs) and next is organizing the venue of VHND (60 pc ANMs). Assisting in immunization at VHND is considered as the fifth role of ASHA.

Status of VHSNC and position of ASHA in VHSNC and role played by ASHA in VHSNC:

Out of 70 ANMs surveyed shared about availability of a functional VHSNC in her area. 66.7 pc of ANMs shared that ASHA is the Member Secretary of the VHSNC. ANMs from North and West district shared that ASHAs also act as other office bearers.

As per ANM (97.1 pc), ASHA mainly mobilizes people to attend VHSC meeting. Secondly, she helps in organizing the meeting (66.7 pc) followed by preparing Village Health Plan (62.3 pc). Few ANMs also responded that, they flag important issues of the village.

According to ANM, VHSNC supports ASHAs in which areas of work:

Out of 69 ANMs having functional VHSNC, maximum of them (82.6 pc) have shared that VHSNCs basically supports ASHA in water and sanitation activities. Second area of work in which VHSNC provides support to ASHA is in taking care of pregnant women (68.1 pc) followed by arranging referral transport (65.2 pc). 50.7 pc of ANMs shared that VHSNCs provides support in immunization and 47.8 pc ANMs shared about support in reaching to marginalized sections for access to services. Support of VHSNC in terms of JSY is shared by 39.1 pc of ANMs followed by different mobilization activities.

Table: 12

ASHA's participation in VHND			
District	**Always present**	**Comes whenever called**	**Total**
EAST	23	1	24
NORTH	9		9
SOUTH	16		16
WEST	21		21
Total	**69**	**1**	**70**

Table: 13

Role of ASHA in VHND													
District	**Informs target groups**		**Bringing them to the VHND Centre**		**Assisting in ANC**		**Assisting in Immunization**		**Organizing the venue of VHND**		**Any Other**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	17	70.8	16	66.7	15	62.5	14	58.3	14	58.3	-	-	24
NORTH	8	88.9	9	100.0	4	44.4	5	55.6	5	55.6	2	22.2	9
SOUTH	14	87.5	16	100.0	11	68.8	8	50.0	11	68.8	4	25.0	16
WEST	18	85.7	21	100.0	15	71.4	10	47.6	12	57.1	2	9.5	21
Total	**57**	**81.4**	**62**	**88.6**	**45**	**64.3**	**37**	**52.9**	**42**	**60.0**	**8**	**11.4**	**70**

Table: 14

Is there a functional VHSNC in your area?			
District	**Yes**	**No**	**Total**
EAST	23	1	24
NORTH	9		9
SOUTH	16		16
WEST	21		21
Total	**69**	**1**	**70**

Table: 15

Position of ASHA in VHSNC							
District	**Member**		**Member secretary**		**Other office bearer**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	9	39.1	14	60.9	-	-	23
NORTH	1	11.1	4	44.4	4	44.4	9
SOUTH	7	43.8	9	56.3	-	-	16
WEST	1	4.8	19	90.5	1	4.8	21
Total	**18**	**26.1**	**46**	**66.7**	**5**	**7.2**	**69**

Table: 16

Role does ASHA play in VHSNC									
District	**Prepares Village Health Action Plan**		**Mobilize people to attend VHSC meeting**		**Flags important issues of village**		**Helps in organizing meeting**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	13	56.5	21	91.3	8	34.8	12	52.2	23
NORTH	4	44.4	9	100.0	5	55.6	5	55.6	9
SOUTH	11	68.8	16	100.0	5	31.3	12	75.0	16
WEST	15	71.4	21	100.0	9	42.9	17	81.0	21
Total	**43**	**62.3**	**67**	**97.1**	**27**	**39.1**	**46**	**66.7**	**69**

Table: 17

Status of VHSNC providing adequate support to ASHA in her work		
District	**Yes**	**Total**
EAST	23	23
NORTH	9	9
SOUTH	16	16
WEST	21	21
Total	**69**	**69**

Table: 18

In which areas VHSNC support ASHA																		
District	**JSY**		**Immunization**		**Care of Pregnant women**		**Arranging referral transport**		**Water and sanitation activities**		**Reaching to marginalized sections for access to services**		**Community Mobilization activities**		**Any Other**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	14	60.9	15	65.2	14	60.9	10	43.5	17	73.9	8	34.8	2	8.7	1	4.3	23
NORTH	3	33.3	4	44.4	4	44.4	7	77.8	7	77.8	2	22.2	-	-	-	-	9
SOUTH	5	31.3	6	37.5	12	75.0	13	81.3	14	87.5	11	68.8	3	18.8	3	18.8	16
WEST	5	23.8	10	47.6	17	81.0	15	71.4	19	90.5	12	57.1	3	14.3	3	14.3	21
Total	**27**	**39.1**	**35**	**50.7**	**47**	**68.1**	**45**	**65.2**	**57**	**82.6**	**33**	**47.8**	**8**	**11.6**	**7**	**10.1**	**69**

Marginalised Community:

From **Table 24**, it is observed that 35.7 pc of ANMs surveyed informed about having marginalized community in their coverage area, maximum (55.6 pc) is from North district.

From **Table 25**, it is observed that 34.3 pc of ANMs informed that ASHAs extend services to the marginalized section with highest sharing of such opinion from North with 55.6 pc.

Table 26 shows that 77.1 pc of ANMs told that everyone in the village are benefitted from the services of ASHA with highest 91.7 pc ANMs sharing such opinion from East district. 22.9 pc of ANMs informed that only poor community people are being benefitted.

Table: 19

Marginalized community in ANM's coverage area					
District	**Yes**		**No**		**Total ANM surveyed**
	No.	**PC**	**No.**	**PC**	
EAST	7	29.2	17	70.8	24
NORTH	5	55.6	4	44.4	9
SOUTH	5	31.3	11	68.8	16
WEST	8	38.1	13	61.9	21
Total	**25**	**35.7**	**45**	**64.3**	**70**

Table: 20

Status of ASHA providing services to marginalized community as per ANM					
District	Yes		No Data		Total ANM surveyed
	No.	PC	No.	PC	
EAST	6	25.0	18	75.0	24
NORTH	5	55.6	4	44.4	9
SOUTH	5	31.3	11	68.8	16
WEST	8	38.1	13	61.9	21
Total	**24**	**34.3**	**46**	**65.7**	**70**

Table: 21

Status of benefit because of the ASHAs presence					
District	Everyone in the village		Poor communities		Total ANM surveyed
	No.	PC	No.	PC	
EAST	22	91.7	2	8.3	24
NORTH	6	66.7	3	33.3	9
SOUTH	10	62.5	6	37.5	16
WEST	16	76.2	5	23.8	21
Total	**54**	**77.1**	**16**	**22.9**	**70**

ANMs understanding regarding adequacy of ASHA training and how ANM helps ASHA in drug kit refilling:

Out of 70 ANMs surveyed said that ASHA training is adequate to train ASHAs in ensuring that she performs her role.

90 pc of ANM surveyed had helped ASHAs in refilling their drug kit and 10 pc of the ANMs said that they do not participate in refilling ASHAs drug kit. ANMs mainly acted as provider for ASHA drug kit. Secondly, 50.8 pc ANMs forwarded ASHA's request for procurement. 44.4 pc of ANMs provided drug to ASHAs from their own SHC quota. 38.1 pc of ANMs shared about their monthly participation in refilling of ASHA drug kit; whereas 34.9 pc ANMs shared that they help ASHA as and when required. Quarterly refilling of ASHA drug kit is facilitated by 23.8 pc of ANMs.

ANMs understanding regarding ASHAs engagement in mobilization work:

90 pc ANMs opined that ASHA mainly mobilizes community for water and sanitation facilities, which is followed by the ASHAs mobilization of the community for adult and

women education, as said by 65.7 pc ANMs. 58.6 pc ANMs opined that ensuring participation in ICDS food production, PDS shop regulation and demand generation is the third activity for which ASHA mobilizes the community. Mobilization against domestic violence is also done by ASHAs, said by 57.1 pc ANMs. 50 pc of ANMs shared that, ASHA mobilizes the community for picketing of alcohol shops.

ANMs understanding regarding appropriate mode of ASHA payment:

51.4 pc of ANMs surveyed have shared that they prefer fixed payment as the appropriate payment mechanism for ASHAs. Performance based incentive is considered as the appropriate way of payment by 31.4 pc of ANMs Even 17.1 pc of ANMs from 3 districts, except from North district have shared both performance based incentive and fixed payment is considered as the appropriate mechanism for ASHAs.

ANMs understanding regarding changes have been brought by ASHA:

100 pc of ANMs interacted in all 4 districts have informed that ASHA programme has increased Institutional delivery. Immunization is the next area, where improvement has been registered, as shared by 87.1 pc ANMs. ASHA programme has contributed in improving the hygienic condition of the community, said by 81.4 pc ANMs, followed by increasing mother and children attendance in VHNDs by 74.3 pc ANMs. 54.3 pc of ANMs surveyed have shared that ASHA programme have increased utilization of public health services. Increased awareness of community members on rights is being agreed upon by 25.7 pc of ANMs, followed by increased utilization of public health services by marginalized community.

Table: 22

ANMs understanding regarding adequacy of the training for ASHAs to perform her role			
District	**1**	**2**	**Total**
EAST	23	1	24
NORTH	9		9
SOUTH	16		16
WEST	20	1	21
Total	**68**	**2**	**70**

Table: 23

Status of ANMs help in getting ASHAs drug kit refilled					
District	Yes		No		Total ANM surveyed
	No.	PC	No.	PC	
EAST	21	87.5	3	12.5	24
NORTH	8	88.9	1	11.1	9
SOUTH	14	87.5	2	12.5	16
WEST	20	95.2	1	4.8	21
Total	**63**	**90.0**	**7**	**10.0**	**70**

Table: 24

ANMs helped ASHAs in refilling drug kit									
District	Act as a provider for ASHA drug kit		Forwarding ASHA's request		Provides drug from my own SHC quota		Any other		Total
	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	18	85.7	11	52.4	5	23.8	2	9.5	21
NORTH	5	62.5	3	37.5	3	37.5	3	37.5	8
SOUTH	12	85.7	8	57.1	7	50.0	1	7.1	14
WEST	15	75.0	10	50.0	13	65.0	4	20.0	20
Total	**50**	**79.4**	**32**	**50.8**	**28**	**44.4**	**10**	**15.9**	**63**

Table: 25

Frequency of the drug kit refilling									
District	Monthly		Once in three months		Once in six months		Whenever required		Total
	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	8	38.1	5	23.8	1	4.8	7	33.3	21
NORTH	2	25.0	1	12.5	-	-	5	62.5	8
SOUTH	5	35.7	2	14.3	1	7.1	6	42.9	14
WEST	9	45.0	7	35.0	-	-	4	20.0	20
Total	**24**	**38.1**	**15**	**23.8**	**2**	**3.2**	**22**	**34.9**	**63**

Table: 26

What are the different activities for which ASHA mobilizes community in the village													
District	Picketing of Alcohol shops		Ensuring participation in ICDS food production, PDS shop regulation and demand generation		Water and sanitation facilities		Forest rights and environmental issues		Mobilization against domestic violence		Adult and women education		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	10	41.7	10	41.7	19	79.2	1	4.2	11	45.8	13	54.2	24
NORTH	3	33.3	8	88.9	9	100.0	-	-	8	88.9	7	77.8	9
SOUTH	10	62.5	12	75.0	15	93.8	2	12.5	9	56.3	9	56.3	16
WEST	12	57.1	11	52.4	20	95.2	2	9.5	12	57.1	17	81.0	21
Total	**35**	**50.0**	**41**	**58.6**	**63**	**90.0**	**5**	**7.1**	**40**	**57.1**	**46**	**65.7**	**70**

Table: 27

Understanding of ANMs regarding ASHA's position in Panchayat					
District	Yes		No		Total ANM surveyed
	No.	PC	No.	PC	
EAST	3	12.5	21	87.5	24
NORTH	-	-	9	100.0	9
SOUTH	2	12.5	14	87.5	16
WEST	1	4.8	20	95.2	21
Total	**6**	**8.6**	**64**	**91.4**	**70**

Table: 28

Was ASHA got elected as Panchayat member after she became ASHA		
District	**Yes**	**ASHA a member of Panchayat**
EAST	2	3
NORTH		
SOUTH	2	2
WEST	1	1
Total	**5**	**6**

Table: 34

ASHA's involvement in the last Panchayat election					
District	As candidate	Canvassed for a candidate	Any other	No involvement	Total
EAST		1	1	22	24
NORTH				9	9
SOUTH	1		1	13	16
WEST	1		1	18	21
Total	**2**	**1**	**3**	**62**	**70**

Table: 35

ANMs understanding regarding appropriate way of payment for ASHAs							
District	Performance based incentive		Fixed payment		Both		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	
EAST	9	37.5	12	50.0	3	12.5	24
NORTH	3	33.3	6	66.7	-	-	9
SOUTH	6	37.5	5	31.3	5	31.3	16
WEST	4	19.0	13	61.9	4	19.0	21
Total	**22**	**31.4**	**36**	**51.4**	**12**	**17.1**	**70**

Table: 36

Changes that ASHA programme has brought about																	
District	Increasing immunization		Increasing institutional delivery		Increase in utilization of public health services		Better hygiene in the community		Increased utilization of health services by marginalized		Increasing mother and children's attendance in VHND		Increased awareness on rights		Any other		Total ANM surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	22	91.7	24	100.0	10	41.7	15	62.5	2	8.3	20	83.3	6	25.0	1	4.2	24
NORTH	9	100.0	9	100.0	5	55.6	7	77.8	-	-	7	77.8	2	22.2	1	11.1	9
SOUTH	13	81.3	16	100.0	8	50.0	16	100.0	6	37.5	8	50.0	4	25.0	4	25.0	16
WEST	17	81.0	21	100.0	15	71.4	19	90.5	6	28.6	17	81.0	6	28.6	3	14.3	21
Total	**61**	**87.1**	**70**	**100.0**	**38**	**54.3**	**57**	**81.4**	**14**	**20.0**	**52**	**74.3**	**18**	**25.7**	**9**	**12.9**	**70**

Information pertaining to PRI Members

Panchayats in India are an age-old institution for governance at village level. Through the 73rd Constitutional Amendment, Panchayati Raj Institutions (PRI) were strengthened with clear areas of jurisdiction, authority and funds. PRIs have been assigned tasks under many departments focusing development of rural areas including health and population stabilization. The Gram Sabha acts as a community level accountability mechanism to ensure that the functions of the PRI respond to peoples' needs.

In August 2003, the Central Council of Ministers of Health and Family Welfare, resolved that the States would involve PRI in the implementation of Health & Family Welfare (H & FW) programmes by progressive transfer of funds, functions and functionaries, by training, equipping and empowering them suitably to manage and supervise the functioning of health care infrastructure and manpower and further to coordinate the activities of the works of different departments such as: Health and Family Welfare, Social Welfare, and Education which are functioning at the Village and Block Levels.

ASHA, (Accredited Social Health Activist), the mechanism to strengthen village level service delivery, is a local resident and selected by the Gram Panchayat through gram sabha. She is supported in her work by the AWW, school teacher, community based organizations, such as SHGs, and the VHC. Her role is to facilitate health care seeking behaviour of community and serve as a depot holder for a package of basic medicines. She will be reimbursed on a performance based remuneration plan. The Village Health Sanitation & Nutrition Committee (VHSNC) forms the link between the Gram Panchayat and the community, and ensures that the health plan is in harmony with the overall local plan.

Survey Findings:

About the members of Panchat Raj Institution (PRI):

From the findings, it is seen that 38.9 pc of the PRI members are within the age of 31-40 years and 27.8 pc of PRI members are within 30 years of age. 20.4 pc of PRI members are within the age of 41-50 years. 13 pc of members in other 3 districts, except North district belongs within the age of 51-60 years.

35.2 pc of PRI members are with the middle school qualification followed by 27.8 pc with Secondary School and 13 pc are with primary. 11.1 pc Graduate/Diploma PRI members are found and PRI with Post Graduate qualification are found in East, North and South district.

Table: 1

Age group of PRI members									
District	**Up to 30**		**31 to 40**		**41 to 50**		**51 to 60**		**Total PRI members surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	3	17.6	8	47.1	4	23.5	2	11.8	17
NORTH	3	42.9	2	28.6	2	28.6	-	-	7
SOUTH	2	20.0	4	40.0	1	10.0	3	30.0	10
WEST	7	35.0	7	35.0	4	20.0	2	10.0	20
Total	**15**	**27.8**	**21**	**38.9**	**11**	**20.4**	**7**	**13.0**	**54**

Table: 2

Educational status of PRI members													
District	**Primary School**		**Middle School**		**Secondary School**		**Graduate/Diploma Holder**		**Post Graduate**		**Others**		**Total PRI members surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	1	5.9	7	41.2	4	23.5	1	5.9	2	11.8	2	11.8	17
NORTH	1	14.3	5	71.4	-	-	-	-	1	14.3	-	-	7
SOUTH	2	20.0	3	30.0	2	20.0	2	20.0	1	10.0	-	-	10
WEST	3	15.0	4	20.0	9	45.0	3	15.0	-	-	1	5.0	20
Total	**7**	**13.0**	**19**	**35.2**	**15**	**27.8**	**6**	**11.1**	**4**	**7.4**	**3**	**5.6**	54

Role of ASHA as per PRI members:

Table 3 and 4 illustrates the role of ASHA according to PRI members. 96.3 pc PRI members opined that the major role of ASHA is counselling women on all aspects of pregnancy, followed by accompanying women for delivery (85.2 pc). Promotion and co-ordination for immunization programme/VHNDs is the main role of ASHA said by 61.1 pc PRI members. Providing medicine for minor illnesses is considered to be another major role of ASHA said by 61.1 pc PRI members. The fourth role of ASHA is to visit newborn for advice/ care. Conducting / participating in VHSNC meeting is considered to be the fifth role of ASHA by PRI members followed by conducting household visit. 29.6 pc of the PRI members surveyed have considered providing pills, condoms and IFA tablets as one of the major role of ASHA. 11.1 pc of members interacted in East and West district have shared that advice for home management or referral for minor illness is also a role of ASHA. Very few PRI members consider Tuberculosis related work, getting Panchayat to take action on health related

issues; taking appropriate action in case of disease outbreak in the village and petition to the authorities if the health services are not reaching to the village as roles of ASHA.

According to 51.9 pc of PRI members surveyed, PHC/CHC is the place where ASHA frequently refers patients from village. As per 29.6 pc of PRI members, District Hospital is the next place of referring patients from village by ASHA. In East, South and West district, 18.5 pc of PRI members shared about referring of patients from village to PHSC. Within district, maximum PRI members from East district, shared about frequent referral of patients by ASHA to District Hospital, whereas in other 3 district, it is PHC/CHC (Table 5).

29.6 pc of PRI members surveyed have shared their role against each of the following – recommended ASHA's name, recommended ASHA's name in consultation with the community and selection of ASHA is done before selection of the PRI member. 24.1 pc of PRI members have taken the decision for selection of ASHA in consultation with ANM. Except for East district, 14.8 pc of PRI members from other 3 districts have not played any role in the selection of ASHA. 11.1 pc of members surveyed in East and West district have shared about selection of ASHA in consultation with Panchayat members. Very few PRI members (5.6 pc) from East and West district have personally selected the ASHA. PRI member's involvement for listing of possible candidates is found only in East district.

It is also found that, 68.9 pc of PRI members surveyed have shared that marginalized community get more weightage in the selection of ASHA. According to 13 pc of members interacted, marginalized community are not given more weightage in the selection.

Table: 3

Roles of ASHA – as per PRI member													
District	Counseling women on all aspects of pregnancy		Accompanying women for delivery		Visiting new born for advice/care		Promotion and coordination for immunization programme/ VHNDs		Provides medicines for minor illnesses		Advise for home management or referral for minor illness		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	15	88.2	11	64.7	11	64.7	9	52.9	9	52.9	3	17.6	17
NORTH	7	100.0	6	85.7	3	42.9	4	57.1	4	57.1	-	-	7
SOUTH	10	100.0	10	100.0	4	40.0	6	60.0	5	50.0	-	-	10
WEST	20	100.0	19	95.0	11	55.0	14	70.0	15	75.0	3	15.0	20
Total	**52**	**96.3**	**46**	**85.2**	**29**	**53.7**	**33**	**61.1**	**33**	**61.1**	**6**	**11.1**	**54**

Table: 4

According to PRI members: Roles of ASHA																
District	Providing pills and condom and IFA tablets		Any tuberculosis related work (DOTS provide		Getting Panchayat to take action on health related issues		Take appropriate action in case of a disease outbreak in the village		Petition to the authorities if the health services are not reaching village		Conducting house hold visits		Conduct/ participate in VHSC meeting		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	1		
EAST	5	29.4	-	-	-	-	-	-	1	5.9	7	41.2	6	35.3	17
NORTH	2	28.6	-	-	-	-	-	-	-	-	4	57.1	4	57.1	7
SOUTH	2	20.0	1	10.0	-	-	-	-	-	-	1	10.0	4	40.0	10
WEST	7	35.0	2	10.0	1	5.0	2	10.0	1	5.0	12	60.0	11	55.0	20
Total	**16**	**29.6**	**3**	**5.6**	**1**	**1.9**	**2**	**3.7**	**2**	**3.7**	**24**	**44.4**	**25**	**46.3**	**54**

Table: 5

Place of referral by ASHA for patients							
District	PHSC		PHC/CHC		DH		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	
EAST	2	11.8	7	41.2	8	47.1	17
NORTH	-	-	4	57.1	3	42.9	7
SOUTH	3	30.0	6	60.0	1	10.0	10
WEST	5	25.0	11	55.0	4	20.0	20
Total	**10**	**18.5**	**28**	**51.9**	**16**	**29.6**	**54**

Table: 6

PRI member's role in the Selection of ASHA																	
District	Recommended ASHA's name		Personally selected the ASHA		Recommended ASHA' name in consultation with the community		Took the decision in consultation with ANM		Listed possible candidates		Selected ASHA in consultation with Panchayat members		He was selected as PRI after the selection of ASHA		No role		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	4	23.5	2	11.8	4	23.5	2	11.8	1	5.9	3	17.6	8	47.1		0.0	17
NORTH	3	42.9	-	-	4	57.1	3	42.9	-	-	-	-	-	-	2	28.6	7
SOUTH	2	20.0	-	-	2	20.0	2	20.0	-	-	-	-	2	20.0	3	30.0	10
WEST	7	35.0	1	5.0	6	30.0	6	30.0	-	-	3	15.0	6	30.0	3	15.0	20
Total	16	29.6	3	5.6	16	29.6	13	24.1	1	1.9	6	11.1	16	29.6	8	14.8	54

Table: 7

More weightage given to marginalised community in the selection					
District	**Yes**		**No**		**Total PRI members surveyed**
	No.	**PC**	**No.**	**PC**	
EAST	9	52.9	8	47.1	17
NORTH	6	85.7	1	14.3	7
SOUTH	7	70.0	3	30.0	10
WEST	15	75.0	5	25.0	20
Total	**37**	**68.5**	**7**	**13.0**	**54**

Availability of functional VHSNC in PRI member's area and position of ASHA and PRI members in VHSNC as per PRI member:

92.6 pc of PRI members have functional VHSNC and all of them support ASHA in work. 100 pc of PRI members interacted in North district have functional VHSNC in their area.

18 pc of interacted PRI members informed that ASHA is the Member of VHSNC. Position of ASHA as office bearer is shared by 2 pc of PRI members only from North district.

94 pc of PRI members are positioned as Member of VHSNC which includes 100 pc PRI members in North and West district. In East and South district, 4 pc of PRI members are Member Secretary of VHSNC.

Table: 8

Availability of functional VHSNC in PRI members area					
District	**Yes**		**No**		**Total PRI members surveyed**
	No.	**PC**	**No.**	**PC**	
EAST	15	88.2	2	11.8	17
NORTH	7	100.0	-	-	7
SOUTH	9	90.0	1	10.0	10
WEST	19	95.0	1	5.0	20
Total	**50**	**92.6**	**4**	**7.4**	**54**

Table: 9

Position of ASHA in VHSNC									
District	**Member**		**Member Secretary**		**Other office bearer**		**Don't know**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	4	26.7	9	60.0	-	-	2	13.3	15
NORTH	1	14.3	4	57.1	1	14.3	1	14.3	7
SOUTH	2	22.2	6	66.7	-	-	1	11.1	9
WEST	2	10.5	17	89.5	-	-	-	-	19
Total	**9**	**18.0**	**36**	**72.0**	**1**	**2.0**	**4**	**8.0**	**50**

Table: 10

Position of PRI members in VHSNC							
District	**Member**		**Member Secretary**		**Don't know**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	13	86.7	1	6.7	1	6.7	15
NORTH	7	100.0	-	-	-	-	7
SOUTH	8	88.9	1	11.1	-	-	9
WEST	19	100.0	-	-	-	-	19
Total	**47**	**94.0**	**2**	**4.0**	**1**	**2.0**	**50**

Role played by ASHA in VHSNC – as per PRI member and types of support provided by VHSNC members to ASHA:

81.5 pc of PRI member opined that ASHA has been mobilizing people to attend VHSNC meeting. 66.7 pc of members shared that ASHA help helps in organizing VHSNC meeting. Preparing Village Health Plan is considered as a role of ASHA said 64.8 pc of PRI members.

Table 13 describes the activities of ASHA in which VHSNC extends support. As per 74.1 pc of PRI members surveyed, VHSNC basically supports ASHA in Water and Sanitation activities. Arrangement of referral transport is the second area where VHSNC supports ASHA. Third area where VHSNC supports ASHA is in immunization followed by care of pregnant women. 31.5 pc of PRI members shared that VHSNC also supports ASHA for JSY. Except for North district, 16.7 pc of PRI members interacted in rest of the 3 districts informed that, VHSNCs support ASHA in community mobilization on activities like picketing alcohol shops etc. 11.1 pc of members from 3 districts except for North district have shared that VHSNC support ASHA in reaching to marginalized sections for access to services.

What does PRI members think regarding appropriate mode of ASHA payment:

Table 16 provides information on the appropriate mode of ASHA payment according to the PRI members. 51.9 pc of members surveyed shared that fixed payment is the most appropriate way of ASHA payment. Performance based incentive is proposed by 37 pc of PRI members as the appropriate way of ASHA payment. In South and West district, 11.1 pc of PRI members interacted considered both performance based payment and fixed payment as the appropriate way of ASHA payment. In West and in South district, maximum (40 pc) PRI members consider performance based incentive as the appropriate way of ASHA payment.

What are the mobilization activities at the community being done by ASHA as per PRI:

Table 17 explains the activities for which ASHA mobilizes the community in a village. 75.9 pc of the PRI members surveyed informed that ASHA mainly mobilizes the village community for water and sanitation facilities. Next activity for which ASHA mobilizes the community is for adult and women education, shared by 51.9 pc PRI members. 46.3 pc of PRI members said that ASHA mobilizes the community against domestic violence. 38.9 pc of PRI members from 3 districts, except for South district have shared about ASHA mobilizes community for picketing of alcohol shops. Few PRI members have even shared that ASHA also mobilizes community for ensuring their participation in ICDS food production, PDS shop regulation and demand generation (27.8 pc) and for forest and environmental issues (20.4 pc).

Involvement of ASHAs in last Panchayat election – as per PRI member:

Out of 54 PRI members surveyed, 48 members informed that ASHAs did not have any involvement in last Panchayat election. 3 members from East district shared about involvement of ASHA in last Panchayat election either as a candidate or she canvassed for another candidate. Even other involvement of ASHA in Panchayat election is shared by 3 members from East and West district.

What are the changes have been brought by ASHA - as per PRI member:

85.2 pc of PRI members said that ASHA programme increased institutional delivery followed by better hygiene in the community (79.6 pc). Increase in immunization is accepted by 77.8 pc of PRI members surveyed and next to this is increase of mother and children attendance in VHND as shared by 63 pc of PRI members. According to 48.1 pc of surveyed PRI members,

increase in utilization of public health services is done by ASHA followed by increased awareness on different rights. Another 14.8 pc PRI members opined that ASHA program has brought positive changes in other different areas.

Table: 11

Role played by ASHA in VHSNC									
District	Prepares Village Health Plan		Mobilize people to attend VHSC meeting		Flags important issues of the village		Helps in organizing the meeting		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	8	47.1	12	70.6	1	5.9	12	70.6	17
NORTH	5	71.4	6	85.7	1	14.3	4	57.1	7
SOUTH	6	60.0	8	80.0	2	20.0	6	60.0	10
WEST	16	80.0	18	90.0	3	15.0	14	70.0	20
Total	**35**	**64.8**	**44**	**81.5**	**7**	**13.0**	**36**	**66.7**	**54**

Table: 12

Does VHSNC support ASHA in her work		
District	Yes	Total
EAST	15	15
NORTH	7	7
SOUTH	9	9
WEST	19	19
Total	**50**	**50**

Table: 13

Support provided by VHSNC in the work of ASHA																	
District	JSY		Immunisation		Care of Pregnant women		Arranging referral transport		Water and sanitation activities		Reaching to marginalized sections for access to services		Community Mobilization activities – picketing alcohol shops etc		Any Other		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	5	29.4	9	52.9	9	52.9	8	47.1	10	58.8	1	5.9	2	11.8	1	5.9	17
NORTH	2	28.6	1	14.3	3	42.9	4	57.1	6	85.7	-	-	-	-	1	14.3	7
SOUTH	2	20.0	6	60.0	4	40.0	5	50.0	5	50.0	2	20.0	1	10.0	-	-	10
WEST	8	40.0	12	60.0	11	55.0	17	85.0	19	95.0	3	15.0	6	30.0	4	20.0	20
Total	**17**	**31.5**	**28**	**51.9**	**27**	**50.0**	**34**	**63.0**	**40**	**74.1**	**6**	**11.1**	**9**	**16.7**	**6**	**11.1**	**54**

Table: 14

ASHA provide services to marginalized section					
District	Yes		No Data		Total PRI members surveyed
	No.	PC	No.	PC	
EAST	6	35.3	11	64.7	17
NORTH	4	57.1	3	42.9	7
SOUTH	4	40.0	6	60.0	10
WEST	12	60.0	8	40.0	20
Total	**26**	**48.1**	**28**	**51.9**	**54**

Table: 15

Who is benefitted the most because of services being rendered by ASHA ASHA					
District	Everyone in the village		Poor communities		Total PRI members surveyed
	No.	PC	No.	PC	
EAST	9	52.9	8	47.1	17
NORTH	6	85.7	1	14.3	7
SOUTH	7	70.0	3	30.0	10
WEST	14	70.0	6	30.0	20
Total	**36**	**66.7**	**18**	**33.3**	**54**

Table: 16

Appropriate mode of ASHA payment as per PRI members							
District	Performance based incentive		Fixed payment		Both		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	
EAST	7	41.2	10	58.8	-	-	17
NORTH	1	14.3	6	85.7	-	-	7
SOUTH	4	40.0	5	50.0	1	10.0	10
WEST	8	40.0	7	35.0	5	25.0	20
Total	**20**	**37.0**	**28**	**51.9**	**6**	**11.1**	**54**

Table: 17

What are the different activities for which ASHA mobilizes community in the village													
District	Picketing of Alcohol shops		Ensuring participation in ICDS food production, PDS shop regulation and demand generation		Water and sanitation facilities		Forest rights and environmental issues		Mobilisation against domestic violence		Adult and women education		Total PRI members surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	8	47.1	4	23.5	10	58.8	3	17.6	8	47.1	8	47.1	17
NORTH	2	28.6	1	14.3	7	100.0	1	14.3	5	71.4	3	42.9	7
SOUTH	-	-	4	40.0	6	60.0	1	10.0	2	20.0	3	30.0	10
WEST	11	55.0	6	30.0	18	90.0	6	30.0	10	50.0	14	70.0	20
Total	**21**	**38.9**	**15**	**27.8**	**41**	**75.9**	**11**	**20.4**	**25**	**46.3**	**28**	**51.9**	**54**

Table: 18

Was ASHA got elected as member after became ASHA?		
District	Yes	Total
EAST	3	17
NORTH		7
SOUTH		10
WEST		20
Total	**3**	**54**

Table: 19

Involvement of ASHA in last Panchayat Election					
District	As candidate	Canvassed for a candidate	Any other	No involvement	Total PRI members surveyed
	1	2	98	99	
EAST	2	1	1	13	17
NORTH				7	7
SOUTH				10	10
WEST			2	18	20
Total	**2**	**1**	**3**	**48**	**54**

Table: 20

Changes that ASHA programme has brought about																	
	Increasing immunization		Increasing institutional delivery		Increase in utilization of public health services		Better hygiene in the community		Increased utilization of public health services by the marginalized		Increasing mother and children's attendance in VHND		Increased awareness on rights		Any other		Total PRI members surveyed
District	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	13	76.5	14	82.4	5	29.4	13	76.5	3	17.6	9	52.9	3	17.6	5	29.4	17
NORTH	7	100.0	6	85.7	1	14.3	5	71.4	-	-	5	71.4	3	42.9	-	-	7
SOUTH	6	60.0	8	80.0	6	60.0	8	80.0	2	20.0	4	40.0	3	30.0	1	10.0	10
WEST	16	80.0	18	90.0	14	70.0	17	85.0	6	30.0	16	80.0	3	15.0	2	10.0	20
Total	**42**	**77.8**	**46**	**85.2**	**26**	**48.1**	**43**	**79.6**	**11**	**20.4**	**34**	**63.0**	**12**	**22.2**	**8**	**14.8**	**54**

Information pertaining to Mothers with below 1 year baby

Reducing maternal and infant mortality are among the most important goals of the National Health Mission. Huge and strategic investments are being made by Government of India to achieve these goals. At various global platforms, India has reaffirmed its commitment to make every effort towards achieving the Millennium Development Goals 4 and 5. The maternal care services include antenatal care, delivery care and post natal care. On the demand side is the JSY, where cash benefit is given to the mothers for institutional delivery.

One of the important interventions under NHM is introduction of Community Health Worker in the name of ASHA. They have been trained on different modules (on different thematic areas of health and also soft skills) followed by continuous on job supportive supervision by ASHA Facilitators and other staffs from the PHC. All these are done to make ASHAs as true social activities capable of generating awareness among people on health rights and also providing them basic health care services along with promotive and preventive services.

In the present survey all women who delivered during 12 months preceding the survey in the sampled household were asked about the details of antenatal, natal and post natal care. In addition they were also asked about JSY and Family Planning benefits. The most important things of the study of this group were to see the acceptance level of ASHA in the community and their performance in mobilization of the community.

From the study, it is seen that around 95 pc mothers were informed about ANC by the ASHA. And also ASHA escorted during ANC of the mother (55pc in all ANC). It is encouraging to see that the ASHA's visited the pregnant women during pregnancy.

One of the important interventions to reduce maternal death is preparation of birth plan and it was seen that 76 pc ASHA had helped the mothers to prepare a birth plan. The institutional delivery of the state is also found very high, where nearly 80 pc mothers were accompanied by an ASHA to the facility during the delivery.

ASHAs did home visit to the mother who delivered baby till 42 days of delivery, which is highly appreciable considering the difficult terrain. Similarly regarding Immunization of the baby, 90 pc mothers shared that they were benefitted by ASHAs in different ways.

Survey Findings:

About the Mothers:

From the study it is found that the age group of mother. 36.3 pc of mothers are seen in the age group of 21–25 years and 34.1 pc belongs to age group 26–30 years. 14.1 pc of mothers each are within 20 years and with 31–35 years. 1.5 pc of mothers from East and South district are more than 35 years.

It is observed that, 51.9 pc of mothers surveyed have 1 child and 35.6 pc of mothers have 2 children. Mothers with 3 children are found in 3 districts, excluding South. More than 4 children are found among 3.7 pc of mothers from East and West district.

Table 3 speaks about the age of the youngest child of mothers surveyed. 40 pc of mothers interacted have youngest child bearing age up to 3 months and 22.2 pc have age within 3.1 – 6 months. Youngest child with age 9.1 – 12 months is found among 20 pc of mothers followed by 17.8 pc of mothers having child 6.1 – 9 months of age.

Table: 1

Age group of mother												
District	**Up to 20**		**21 to 25**		**26 to30**		**31 to 35**		**36 & above**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	6	12.2	20	40.8	15	30.6	7	14.3	1	2.0	49	100
NORTH	4	26.7	5	33.3	3	20.0	3	20.0	-	-	15	100
SOUTH	5	16.7	12	40.0	9	30.0	3	10.0	1	3.3	30	100
WEST	4	9.8	12	29.3	19	46.3	6	14.6	-	-	41	100
Total	**19**	**14.1**	**49**	**36.3**	**46**	**34.1**	**19**	**14.1**	**2**	**1.5**	**135**	**100**

Table: 2

No. of children of the mother										
District	**1**		**2**		**3**		**4 & above**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	24	49.0	15	30.6	6	12.2	4	8.2	49	100
NORTH	6	40.0	6	40.0	3	20.0	-	-	15	100
SOUTH	20	66.7	10	33.3	-	-	-	-	30	100
WEST	20	48.8	17	41.5	3	7.3	1	2.4	41	100
Total	**70**	**51.9**	**48**	**35.6**	**12**	**8.9**	**5**	**3.7**	**135**	**100**

Table: 3

Age of youngest child (in months)										
District	**Up to 3**		**3.1 to 6**		**6.1 to 9**		**9.1 to 12**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	18	36.7	14	28.6	6	12.2	11	22.4	49	100
NORTH	7	46.7	4	26.7	1	6.7	3	20.0	15	100
SOUTH	15	50.0	7	23.3	5	16.7	3	10.0	30	100
WEST	14	34.1	5	12.2	12	29.3	10	24.4	41	100
Total	**54**	**40.0**	**30**	**22.2**	**24**	**17.8**	**27**	**20.0**	**135**	**100**

About the care of the mother by an ASHA during ANC:

The study shows that 97 pc of mothers surveyed have interacted with the ASHA of her village during pregnancy or after child birth. 100 pc of mothers surveyed in North and South district have shared about interacting with ASHA.

It is also seen that 80 pc of mothers surveyed have done 4 or more ANCs followed by 11.1 pc of mothers completing 3 ANCs. 6.7 pc of mothers surveyed have completed 2 ANCs. From East and South district, 2.2 pc of mothers are found to complete only 1 ANC.

94.8 pc of mothers surveyed received information about place and date of ANC. 100 pc of mothers surveyed in North, South and West district, shared about receiving the information.

Table 7 gives information about presence of ASHA during ANC visits of mother. 54.8 pc of mothers have shared that, ASHA was present with the mother for all ANC visits. In case of 19.3 pc of mothers surveyed ASHA was present for three visits. Presence of ASHA for two visits is found among 9.6 pc of mothers. In East, South and West district, 6.7 pc of mothers have informed about presence of ASHA for one ANC visit. Even, 9.6 pc of mothers have informed about absence of ASHA during their ANC visits.

It is observed that 78.5 pc of mothers surveyed have shared that ASHA informed the date of the visit to SC/VHND to get the ANC done. As informed by 37.8 pc of mothers, ASHA ensures that all the essential activities related to ANC are done during the ANC check up. 36.3 pc of mothers have shared about ASHA taking information about the complications during ANC. 23.7 pc of mothers surveyed is escorted by ASHA to SC/VHND. ASHA even convince family members about the importance of getting ANC done as per 23 pc of mothers surveyed. In East and South district, 5.2 pc of mothers have shared that they are not helped by ASHAs during ANC (**Table 8**).

Table 9 & 10 illustrates the issues for which mothers received advice from the ASHA. 57 pc of mothers have received advice on Neonatal care – keeping baby warm after birth, followed by immediate initiation of breast feeding. 52.6 pc of mothers surveyed have shared of receiving advice regarding ANC and 51.1 pc of mothers have shared about advice on Institutional Delivery. ASHA even provide advice on JSY benefits as informed by 48.1 pc of mothers surveyed, followed by advice on Post natal care. In South district, few mothers informed that ASHA also gives advice on home delivery care. 32.6 pc of mothers shared about ASHA giving Family Planning advice. 8.1 pc of mothers have received advice on nutritious and timely consumption of food. 3.7 pc of mothers from East and West district have received information about identification of danger signs from ASHA.

The study also provides information regarding number of times mother met the ASHA during pregnancy. 43.7 pc of mothers surveyed met the ASHA 4 – 6 times during pregnancy and 28.1 pc of mothers met 7 – 10 times. 18.5 pc mothers are visited by ASHA up to three times during pregnancy, followed by 9.6 pc of mothers being visited more than 10 times.

Table: 4

Interaction of Mothers with ASHA during pregnancy or after child birth						
District	**Yes**		**No**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	46	93.9	3	6.1	49	100
NORTH	15	100.0	-	-	15	100
SOUTH	30	100.0	-	-	30	100
WEST	40	97.6	1	2.4	41	100
Total	**131**	**97.0**	**4**	**3.0**	**135**	**100**

Table: 5

No. of ANC done by the mothers										
District	**1**		**2**		**3**		**4 & above**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	2	4.1	5	10.2	6	12.2	36	73.5	49	100
NORTH	-	-	1	6.7	2	13.3	12	80.0	15	100
SOUTH	1	3.3	1	3.3	3	10.0	25	83.3	30	100
WEST	-	-	2	4.9	4	9.8	35	85.4	41	100
Total	**3**	**2.2**	**9**	**6.7**	**15**	**11.1**	**108**	**80.0**	**135**	**100**

Table: 6

Information to mothers about place and date of ANC by ASHA						
District	**Yes**		**No**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	42	85.7	7	14.3	49	100
NORTH	15	100.0	-	-	15	100
SOUTH	30	100.0	-	-	30	100
WEST	41	100.0	-	-	41	100
Total	**128**	**94.8**	**7**	**5.2**	**135**	**100**

Table: 7

Presence of ASHA during ANC visit of mother												
District	Yes , for all visits		Yes, for three visits		Yes, for two visits		Yes, for one visit		No, for none		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	23	46.9	8	16.3	5	10.2	6	12.2	7	14.3	49	100
NORTH	12	80.0	1	6.7	2	13.3	-	-	-	-	15	100
SOUTH	13	43.3	10	33.3	3	10.0	2	6.7	2	6.7	30	100
WEST	26	63.4	7	17.1	3	7.3	1	2.4	4	9.8	41	100
Total	**74**	**54.8**	**26**	**19.3**	**13**	**9.6**	**9**	**6.7**	**13**	**9.6**	**135**	**100**

Table: 8

Ways in which ASHA helped mothers during ANC													
District	In informing the date of the visit to SC/VHND to get the ANC done		In escorting mother to SC/VHND		In convincing family members about the importance of getting ANC done		In taking information about the complications during ANC		In ensuring that all the essential activities related to ANC are done during ANC check up		None		Total Mother surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	32	65.3	8	16.3	14	28.6	19	38.8	15	30.6	6	12.2	49
NORTH	11	73.3	5	33.3	3	20.0	5	33.3	10	66.7	-	-	15
SOUTH	23	76.7	8	26.7	5	16.7	9	30.0	11	36.7	1	3.3	30
WEST	40	97.6	11	26.8	9	22.0	16	39.0	15	36.6	-	-	41
Total	**106**	**78.5**	**32**	**23.7**	**31**	**23.0**	**49**	**36.3**	**51**	**37.8**	**7**	**5.2**	**135**

Table: 9

Issues for which Mothers received advice from the ASHA											
District	Advice regarding ANC		Advice on institutional delivery		Janani Suraksha Yojna benefits		Home delivery care (five cleans etc)		Information about identification of danger signs		Total Mother surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	23	46.9	20	40.8	21	42.9	-	-	3	6.1	49
NORTH	9	60.0	12	80.0	11	73.3	-	-	-	-	15
SOUTH	13	43.3	13	43.3	12	40.0	1	3.3	-	-	30
WEST	26	63.4	24	58.5	21	51.2	-	-	2	4.9	41
Total	**71**	**52.6**	**69**	**51.1**	**65**	**48.1**	**1**	**0.7**	**5**	**3.7**	**135**

Table: 10

Issues for which Mothers received advice from the ASHA											
District	Neonatal care – keeping baby warm after birth		Immediate initiation of breastfeeding		Advice on nutritious and timely consumption of food		Post natal care		Family planning advice		Total Mother surveyed
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	27	55.1	23	46.9	2	4.1	17	34.7	16	32.7	49
NORTH	7	46.7	7	46.7	1	6.7	4	26.7	2	13.3	15
SOUTH	20	66.7	18	60.0	1	3.3	13	43.3	12	40.0	30
WEST	23	56.1	24	58.5	7	17.1	22	53.7	14	34.1	41
Total	**77**	**57.0**	**72**	**53.3**	**11**	**8.1**	**56**	**41.5**	**44**	**32.6**	**135**

Table: 11

No. of times Mother met the ASHA during pregnancy										
District	Up to 3		4 to 6		7 to 10		10 & above		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	11	22.4	23	46.9	9	18.4	6	12.2	49	100
NORTH	5	33.3	4	26.7	4	26.7	2	13.3	15	100
SOUTH	5	16.7	15	50.0	8	26.7	2	6.7	30	100
WEST	4	9.8	17	41.5	17	41.5	3	7.3	41	100
Total	**25**	**18.5**	**59**	**43.7**	**38**	**28.1**	**13**	**9.6**	**135**	**100**

About the care of the mother by an ASHA during Delivery:

It is seen that 76.3 pc of mothers agreed that ASHA helped her in making birth plan. It is also observed that 51.9 pc of mothers surveyed are advised for the delivery at PHC/CHC, followed by 40 pc mothers being advised for SDH/DH. From East, North and West district, 4.4 pc of mothers shared that ASHA advised them for delivery at PHSC. In East and South district, 3.7 pc of mothers are not advised by ASHA regarding the place of delivery. Maximum mothers in East and North district are advised for delivery at SDH/DH, whereas in South and West district, maximum mothers are advised for delivery at PHC/CHC (**Table 12 & 13**).

The study shows that 47.4 pc of mothers surveyed have delivered in SDH/DH followed by 33.3 pc of mothers delivered at PHC/CHC. 8.9 pc of mothers have delivered at Private Clinic and that in PHSC is 5.9 pc. In West district, maximum (58.5 pc) mothers surveyed have delivered in PHC/CHC, maximum East district mothers (51 pc) have delivered at SDH/DH and also at private clinic (16.3 pc) and maximum mothers from North (20 pc) have delivered at PHSC (**Table 14**).

Table 15 speaks that, 78.5 pc of mothers surveyed are accompanied by ASHA at the time of Institutional Delivery of which highest is in North district (93.3 pc). As shown in **Table 16**, out of 29 mothers, not accompanied by ASHA for Institutional Delivery, 16 mothers have shared that delivery was promoted but escort service was not needed. 5 mothers have shared that delivery not discussed/promoted with ASHA. In case of three mothers, escort service was needed but ASHA could not be informed.

Table 17 describes the help extended by ASHA at the time of Institutional Delivery of mothers surveyed. 70.8 pc of mothers shared that ASHA speaks to the Medical Personnel. ASHA also arranged for required food and medicines as informed by 67 pc of Mothers surveyed. 34 pc of mothers interacted have agreed upon the help provided by ASHA in expediting registration and other administrative activities. ASHA even provide psychological and moral support at the time of Institutional Delivery as shared by 30.2 pc of mothers. 29.2 pc of mothers have received help from ASHA in getting the JSY cash incentive for Institutional Delivery. Only 9.4 pc of mothers interacted in three districts, excluding North district have not received any help from ASHA at the time of Institutional Delivery.

It is seen that 63.7 pc of mothers surveyed are helped by ASHA in arranging transport at the time of delivery. Out of 86 mothers who are being helped by ASHA in arranging transport, 79.1 pc have shared that ASHA informed the family or the mother about the contact details of the taxi/ambulance/auto services who can be called at the time of labour. 18.6 pc of mothers have shared that ASHA called the driver / owner at the time of labour. In East and South district, few mothers even informed about the payment made by ASHA for the transport.

It is observed that 46.7 pc of mothers surveyed agreed on the presence of ASHA in the labour room at the time of their delivery. Within district, maximum mothers in North and West district

informed about presence of ASHA in the labour room while in other two district, maximum mothers shared about absence of ASHA in the labour room at the time of delivery (**Table 20**).

Table 21 describes the role played by ASHA at the time of delivery in the labour room. Out of 63 mothers, who agreed on the presence of ASHA in the labour room at the time of delivery, 87.3 pc have shared that ASHA help in taking care of the newborn. 65.1 pc of ASHA provide encouragement at the time of delivery. ASHA even cleaned the room after delivery as informed by 22.2 pc of mothers. Except for North district, 7.9 pc of mothers surveyed in rest of the three districts have not done anything at the time of delivery in the labour room.

Table: 12

Support provided by ASHA in making a birth plan						
District	**Yes**		**No**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	35	71.4	14	28.6	49	100
NORTH	12	80.0	3	20.0	15	100
SOUTH	21	70.0	9	30.0	30	100
WEST	35	85.4	6	14.6	41	100
Total	**103**	**76.3**	**32**	**23.7**	**135**	**100**

Table: 13

Place where ASHA advised mothers for the delivery										
District	**PHSC**		**PHC/CHC**		**SDH/DH**		**Did not advise**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	3	6.1	19	38.8	23	46.9	4	8.2	49	100
NORTH	1	6.7	3	20.0	11	73.3	-	-	15	100
SOUTH	-	-	19	63.3	10	33.3	1	3.3	30	100
WEST	2	4.9	29	70.7	10	24.4	-	-	41	100
Total	**6**	**4.4**	**70**	**51.9**	**54**	**40.0**	**5**	**3.7**	**135**	**100**

Table: 14

Actual place of delivery by mothers												
District	PHSC		PHC/CHC		SDH/DH		Private clinic		Others		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	2	4.1	11	22.4	25	51.0	8	16.3	3	6.1	49	100
NORTH	3	20.0	1	6.7	10	66.7	1	6.7	-	-	15	100
SOUTH	2	6.7	9	30.0	15	50.0	1	3.3	3	10.0	30	100
WEST	1	2.4	24	58.5	14	34.1	2	4.9	-	-	41	100
Total	**8**	**5.9**	**45**	**33.3**	**64**	**47.4**	**12**	**8.9**	**6**	**4.4**	**135**	**100**

Table: 15

ASHA accompanied mothers at the time of Institutional Delivery						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	38	77.6	11	22.4	49	100
NORTH	14	93.3	1	6.7	15	100
SOUTH	20	66.7	10	33.3	30	100
WEST	34	82.9	7	17.1	41	100
Total	**106**	**78.5**	**29**	**21.5**	**135**	**100**

Table: 16

Reasons for ASHA not accompanying mothers the time of institutional delivery							
District	Delivery not discussed/promoted with ASHA	Delivery was promoted but escort service was not needed	Escort service was needed but ASHA could not be informed	Escort service was needed but ASHA could not come	Escort service was needed but ASHA refused	Others	Total
	1	1	1	-	-	1	
EAST	3	5		-	-	3	11
NORTH			1	-	-		1
SOUTH	2	6		-	-	2	10
WEST		5	2	**-**	**-**		7
Total	**5**	**16**	**3**	-	-	**5**	**29**

Table: 17

Help extended by ASHA at the time of Institutional Delivery of Mother													
District	Spoke to the medical personnel		Helped in expediting registration and other administrative activities		Helped in getting the JSY cash incentive		Provided psychological and moral support		Arranged for the food and medicines required		None		Total
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	28	73.7	13	34.2	8	21.1	10	26.3	25	65.8	4	10.5	38
NORTH	11	78.6	5	35.7	10	71.4	5	35.7	7	50.0	-	-	14
SOUTH	11	55.0	5	25.0	2	10.0	10	50.0	12	60.0	4	20.0	20
WEST	25	73.5	13	38.2	11	32.4	7	20.6	27	79.4	2	5.9	34
Total	**75**	**70.8**	**36**	**34.0**	**31**	**29.2**	**32**	**30.2**	**71**	**67.0**	**10**	**9.4**	**106**

Table: 18

ASHA helped in arranging transport for mothers at the time of delivery						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	25	51.0	24	49.0	49	100
NORTH	13	86.7	2	13.3	15	100
SOUTH	15	50.0	15	50.0	30	100
WEST	33	80.5	8	19.5	41	100
Total	**86**	**63.7**	**49**	**36.3**	**135**	**100**

Table: 19

Ways in which ASHA helped in arranging the transport for mothers								
District	Called the driver/ owner at the time of labour		Informed the family about the contact details of the taxi/ambulance/auto services who can be called at the time of labour		Paid for the transport		Total	
	No.	PC	No.	PC	No.	PC	No.	PC
EAST	7	28.0	17	68.0	1	4.0	25	100
NORTH	3	23.0	10	76.9	-	-	13	100
SOUTH	2	13.3	12	80.0	1	6.7	15	100
WEST	4	12.1	29	87.9	-	-	33	100
Total	**16**	**18.6**	**68**	**79.1**	**2**	**2.3**	**86**	**100**

Table: 20

Presence of ASHA in the labour room at the time of delivery						
District	**Yes**		**No**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	20	40.8	29	59.2	49	100
NORTH	9	60.0	6	40.0	15	100
SOUTH	9	30.0	21	70.0	30	100
WEST	25	61.0	16	39.0	41	100
Total	**63**	**46.7**	**72**	**53.3**	**135**	**100**

Table: 21

Role played by ASHA at the time of delivery in the labour room									
District	**Provide encouragement during delivery**		**Helped in taking care of the new born**		**Cleaned the room after delivery**		**Did not do anything**		**Total**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	12	60.0	19	95.0	8	40.0	3	15.0	20
NORTH	7	77.8	7	77.8	1	11.1	-	-	9
SOUTH	8	88.9	9	100.0	2	22.2	1	11.1	9
WEST	14	56.0	20	80.0	3	12.0	1	4.0	25
Total	**41**	**65.1**	**55**	**87.3**	**14**	**22.2**	**5**	**7.9**	**63**

Helped by an ASHA during PNC:

From the study it is found that 31.1 pc of mothers surveyed have shared that first visit of ASHA to mother after delivery is made either within first day or in between fourth day to seventh day. Visit within second and third day after delivery is informed by 11.9 pc of mothers followed by visit within eight to fourteenth day. 5.9 pc of mothers surveyed in East, South and West district have informed about the first visit of ASHA after delivery within fourteenth to twenty first day. First visit of ASHA within twenty first to twenty eight day is shared by 2.2 pc of mothers from East and West district. In East district, first visit is even conducted within twenty ninth to forty second day in case of few mothers surveyed. Except West district, 5.9 pc of mothers are never visited by ASHAs after delivery.

The study also provides information on the number of times ASHA visited mothers after delivery within first 42 days. 69.6 pc of mothers surveyed have shared up to 5 times visit by ASHA, highest is from East district. 25.2 pc of mothers have informed about 6–10 visit by ASHA within 42 days after delivery. 11 – 15 visits is also informed by 5.2 pc of mothers interacted in three districts except South district.

Table 24 & 25 gives information on the advice given by ASHA to mothers regarding newborn and post natal care. 88.9 pc of mothers have shared about getting advice regarding immediate initiation of breastfeeding / colostrums feeding from ASHA and 75.6 pc of mothers getting advice from ASHA for keeping the baby warm. ASHA providing immunization advice for the newborn is shared by 59.3 pc of mothers surveyed and 50.4 pc of mothers have received advice for registration of birth. 25.2 pc of mothers surveyed have informed about ASHA giving advice for not bathing the child immediately followed by counseling on exclusive breast feeding for first six months and taking nutritious food in adequate amounts. 18.5 pc of mothers interacted have shared about promotion of contraceptive use by ASHA and 13.3 pc mothers are advised for keeping the cord clean. Few mothers from three districts, except for North district, have received advice for identifying signs of excessive bleeding after delivery.

It is seen that 71.1 pc of mothers surveyed have shared that they started breastfeeding within 1 hour after birth. 13.3 pc of mothers started breastfeeding within 1 – 2 hour after birth. In East, South and West district, 6.7 pc of mothers interacted have started breastfeeding within 3 – 24 hours after birth, highest is in South district. This is followed by 5.2 pc of mothers' breastfeeding within 2 – 3 hours after birth. Even 3.7 pc of mothers responded for starting the breastfeeding after 24 hours of birth, highest is in South district with 6.7 pc (**Table 26**).

ASHA also help mothers for feeding of Colostrums to the Newborn. The study shows that 58.5 pc of mothers surveyed are advised by ASHA on early initiation of breast feeding. In case of 37 pc of mothers, ASHA is physically present and helped the mother in breastfeeding the child, maximum is from North district. 8.9 pc of mothers from three districts, except for West district, expected more support from ASHAs, highest is in South.

Out of 135 mothers surveyed, 128 mothers have given nothing to the newborn other than breast milk within first three days of birth. Only 7 mothers from three districts, excluding North district have give milk other than breast milk.

Table 29 speaks about weighing of the baby after birth on the same day in case of 94.8 pc of mothers surveyed including 100 pc of mothers from North district. 5.2 pc of mothers interacted are not aware about the time when the weight of the baby is taken after birth, highest is from East district.

74.8 pc of mothers surveyed have informed that the weight of their baby at birth is within the range of 1900 – 2500 grams (1.9 – 2.5 kg). 14.1 pc of mothers shared about weight of their baby at birth is more than 3000 grams. Except South district, 8.9 pc of mothers informed about having 2600 – 3000 grams (2.6 – 3 kg) weight of the baby at birth. Up to 1800 grams (1.8 kg) weight is found among 2.2 pc of mothers surveyed in East, North and West district. Within district, maximum mothers from North district have shared of having weight of the baby more than 3000 grams at birth and in rest if the three districts, maximum mothers baby weight is found in between 1900 – 2500 grams (1.9 kg – 2.5 kg).

Table: 22

First visit of ASHA to mother after delivery																			
District	<1st day		2nd-3rd day		4th-7th day		8th-14th day		14th -21st day		21st-28th day		29th – 42nd day		Never		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	8	16.3	7	14.3	15	30.6	6	12.2	4	8.2	2	4.1	1	2.0	6	12.2	49	100
NORTH	8	53.3	2	13.3	4	26.7	-	-	-	-	-	-	-	-	1	6.7	15	100
SOUTH	8	26.7	2	6.7	11	36.7	6	20.0	2	6.7	-	-	-	-	1	3.3	30	100
WEST	18	43.9	5	12.2	12	29.3	3	7.3	2	4.9	1	2.4	-	-	-	-	41	100
Total	42	31.1	16	11.9	42	31.1	15	11.1	8	5.9	3	2.2	1	0.7	8	5.9	135	100

Table: 23

No. of times ASHA visited mothers after delivery within first 42 days								
District	**Up to 5**		**6 to 10**		**11 to 15**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	39	79.6	7	14.3	3	6.1	49	100
NORTH	10	66.7	4	26.7	1	6.7	15	100
SOUTH	23	76.7	7	23.3	-	-	30	100
WEST	22	53.7	16	39.0	3	7.3	41	100
Total	**94**	**69.6**	**34**	**25.2**	**7**	**5.2**	**135**	**100**

Table: 24

Advice given by ASHA to mothers regarding newborn and post natal care											
District	**Immediate initiation of breastfeeding/ colostrums feeding**		**Advise for not bathing the child immediately**		**Taking nutritious food in adequate amounts**		**Advise for registration of birth**		**Identifying signs of excessive bleeding after delivery**		**Total Mother surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	42	85.7	9	18.4	11	22.4	23	46.9	2	4.1	49
NORTH	14	93.3	2	13.3	3	20.0	6	40.0	-	-	15
SOUTH	26	86.7	10	33.3	7	23.3	13	43.3	1	3.3	30
WEST	38	92.7	13	31.7	10	24.4	26	63.4	2	4.9	41
Total	**120**	**88.9**	**34**	**25.2**	**31**	**23.0**	**68**	**50.4**	**5**	**3.7**	**135**

Table: 25

ASHA advised mothers regarding newborn and post natal care											
	Promote Contraceptive use		**Counseling on exclusive breast feeding for first six months**		**Immunization advise for the new born**		**Keeping the baby warm**		**Keeping the cord clean**		**Total Mother surveyed**
District	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	7	14.3	10	20.4	27	55.1	35	71.4	4	8.2	49
NORTH	1	6.7	3	20.0	9	60.0	13	86.7	4	26.7	15
SOUTH	9	30.0	5	16.7	16	53.3	20	66.7	2	6.7	30
WEST	8	19.5	15	36.6	28	68.3	34	82.9	8	19.5	41
Total	**25**	**18.5**	**33**	**24.4**	**80**	**59.3**	**102**	**75.6**	**18**	**13.3**	**135**

Table: 26

Time taken after delivery to start breastfeeding of the newborn												
District	<1 hr		1 hr-2 hr		2.1 hr-3hr		3.1hr-24hrs		>24 hrs		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	36	73.5	4	8.2	3	6.1	4	8.2	2	4.1	49	100
NORTH	11	73.3	4	26.7	-	-	-	-	-	-	15	100
SOUTH	18	60.0	4	13.3	2	6.7	4	13.3	2	6.7	30	100
WEST	31	75.6	6	14.6	2	4.9	1	2.4	1	2.4	41	100
Total	**96**	**71.1**	**18**	**13.3**	**7**	**5.2**	**9**	**6.7**	**5**	**3.7**	**135**	**100**

Table: 27

Role of ASHA in helping mothers for feeding of Colostrums to the Newborn							
District	Advised on early initiation of breast feeding		She was present and helped in feeding child		She should have helped more		Total Mother surveyed
	No.	PC	No.	PC	No.	PC	
EAST	26	53.1	19	38.8	6	12.2	49
NORTH	8	53.3	6	40.0	1	6.7	15
SOUTH	16	53.3	10	33.3	5	16.7	30
WEST	29	70.7	15	36.6	-	-	41
Total	**79**	**58.5**	**50**	**37.0**	**12**	**8.9**	**135**

Table: 28

Type of food given to the Newborn within first three days of birth						
District	Nothing other than breast milk	Milk other than breast milk	Plain water	Sugar or glucose water	Sugar salt water solution	Total
EAST	46	3	-	-	-	49
NORTH	15	-	-	-	-	15
SOUTH	28	2	-	-	-	30
WEST	39	2	-	-	-	41
Total	**128**	**7**	**-**	**-**	**-**	**135**

Table: 29

Time when baby weighed after birth						
District	Same day		Don't Know		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	44	89.8	5	10.2	49	100
NORTH	15	100.0	-	-	15	100
SOUTH	29	96.7	1	3.3	30	100
WEST	40	97.6	1	2.4	41	100
Total	**128**	**94.8**	**7**	**5.2**	**135**	**100**

Table: 30

Weight of the baby at birth (in grams)										
District	Up to 1800		1900 to 2500		2600 to 3000		3100 & above		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	1	2.0	32	65.3	8	16.3	8	16.3	49	100
NORTH	1	6.7	5	33.3	3	20.0	6	40.0	15	100
SOUTH	-	-	28	93.3	-	-	2	6.7	30	100
WEST	1	2.4	36	87.8	1	2.4	3	7.3	41	100
Total	**3**	**2.2**	**101**	**74.8**	**12**	**8.9**	**19**	**14.1**	**135**	**100**

Table: 31

Presence of ASHA at the time of weighing the child						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	24	49.0	25	51.0	49	100
NORTH	10	66.7	5	33.3	15	100
SOUTH	13	43.3	17	56.7	30	100
WEST	29	70.7	12	29.3	41	100
Total	**76**	**56.3**	**59**	**43.7**	**135**	**100**

Role of ASHA in Immunization & during illness of child:

As shared by 51.1 pc of mothers surveyed, ASHA escorts the mother or take children for Immunization. This is followed by 46.7 pc mothers are reminded by ASHA about VHND for Immunization. 10.4 pc of mothers surveyed have also shared about no role of ASHA in Immunization of which highest is from East district and from this district, maximum mothers or children are escorted by ASHA.

The study reveals that 20.7 pc (28 nos.) of mothers have shared about sickness of their child in the first month of birth of which highest is from East district (28.6 pc). And all of them have sought treatment for the newborn sickness.

Again from the **Table 35**, it is seen that 53.6 pc of mothers out of above mentioned 28 mothers have received help from ASHA in seeking care for the newborn, including 100 pc mothers having sick child in North district.

Table: 32

Role of ASHA in Immunization							
District	**No role**		**Reminded you of the VHND**		**Escorted you or took children**		**Total Mother surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	8	16.3	18	36.7	27	55.1	49
NORTH	1	6.7	8	53.3	7	46.7	15
SOUTH	4	13.3	14	46.7	13	43.3	30
WEST	1	2.4	23	56.1	22	53.7	41
Total	**14**	**10.4**	**63**	**46.7**	**69**	**51.1**	**135**

Table: 33

Child at all sick in the first month of birth						
District	**Yes**		**No**		**Total Mother surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	14	28.6	35	71.4	49	100
NORTH	1	6.7	14	93.3	15	100
SOUTH	6	20.0	24	80.0	30	100
WEST	7	17.1	34	82.9	41	100
Total	**28**	**20.7**	**107**	**79.3**	**135**	**100**

Table: 34

Seek treatment for the newborn sickness					
District	**Yes**		**No**		**Total Sick newborn baby**
	No.	**PC**	**No.**	**PC**	
EAST	14	100.0	-	-	14
NORTH	1	100.0	-	-	1
SOUTH	6	100.0	-	-	6
WEST	7	100.0	-	-	7
Total	**28**	**100.0**	-	-	**28**

Table: 35

ASHA helped in seeking care for the new born					
District	**Yes**		**No**		**Total Sick newborn baby**
	No.	**PC**	**No.**	**PC**	
EAST	6	42.9	8	57.1	14
NORTH	1	100.0	-	-	1
SOUTH	3	50.0	3	50.0	6
WEST	5	71.4	2	28.6	7
Total	**15**	**53.6**	**13**	**46.4**	**28**

Table: 36

ASHA gave any home remedy for the sick children					
District	**Yes**		**No**		**Total Mother surveyed**
	No.	**PC**	**No.**	**PC**	
EAST	4	28.6	10	71.4	14
NORTH	1	100.0	-	-	1
SOUTH	3	50.0	3	50.0	6
WEST	5	71.4	2	28.6	7
Total	**13**	**46.4**	**15**	**53.6**	**28**

Complications during pregnancy:

The survey also highlights about any complications faced by the mothers during pregnancy or delivery or after delivery. Out of 135 surveyed mothers only 17 (12.6 pc) have complications during pregnancy or delivery or after delivery of which highest is from East district. All 17 mothers who had complications during pregnancy or delivery or after delivery all of them sought treatment for complications. ASHA made home visit to 14 mothers having

complications. All the mothers having complications in West district are visited by ASHA and all the mothers having complications in North district are not visited by ASHA.

Table 40 mentions about the day within 45 days of delivery when ASHA conducted visit to the mother. 86.7 pc of mothers surveyed could not recall the day when ASHA visited them after delivery, including 100 pc mothers interacted in North district. 8.1 pc of mothers surveyed in East, South and West district are visited by ASHA within 3rd day of delivery followed by 3 pc mothers visited within 6 – 10 days of delivery. In East and West district, 2.2 pc mothers shared about visiting within 4 – 5 days of delivery.

Table 44 gives information on the number of days when above mentioned 46 mothers started using contraceptive methods. 32.6 pc of 46 mothers accepting contraception methods have started using within 61 – 90 days after delivery. In three districts, excluding North district, 30.4 pc of mothers started using within 31 – 60 days and 15.2 pc started it within 30 days after delivery. 21.7 pc of mothers have started using contraception after 90 days of delivery. In North district, 50 pc of mothers using contraception methods started using within 61 – 90 days and rest of the 50 pc started it after 90 days.

Out of 135 only 39 (28.9 pc) of mothers have received JSY incentive of which highest is from North district. Maximum (71.1 pc) mothers have not received JSY of which majority are from South district. Also, it is seen that out of 39 mothers, who have received JSY, 69.2 pc mothers have collected the incentive through ASHA. 15.4 pc of mothers have collected it either by themselves or by their husband.

Table: 37

Any complication during pregnancy or delivery or after delivery (up to 42 days)						
	Yes		No		Total Mother surveyed	
District	No.	PC	No.	PC	No.	PC
EAST	7	14.3	42	85.7	49	100
NORTH	1	6.7	14	93.3	15	100
SOUTH	4	13.3	26	86.7	30	100
WEST	5	12.2	36	87.8	41	100
Total	**17**	**12.6**	**118**	**87.4**	**135**	**100**

Table: 38

Seek treatment for complication		
District	Yes	Total complication
EAST	7	7
NORTH	1	1
SOUTH	4	4
WEST	5	5
Total	**17**	**17**

Table: 39

Home visit made by ASHA during complication					
District	Yes		No		Total complication
	No.	PC	No.	PC	
EAST	6	85.7	1	14.3	7
NORTH	-	-	1	100.0	1
SOUTH	3	75.0	1	25.0	4
WEST	5	100.0	-	-	5
Total	**14**	**82.4**	**3**	**17.6**	**17**

Table: 40

Visit by ASHA within 45 days of delivery (in days)										
District	Within 3		4 to 5		6 to 10		Cannot recall		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC
EAST	6	12.2	1	2.0	2	4.1	40	81.6	49	100
NORTH	-	-	-	-	-	-	15	100.0	15	100
SOUTH	2	6.7	-	-	1	3.3	27	90.0	30	100
WEST	3	7.3	2	4.9	1	2.4	35	85.4	41	100
Total	**11**	**8.1**	**3**	**2.2**	**4**	**3.0**	**117**	**86.7**	**135**	**100**

Table: 41

Services availed by mother or her child from AWC						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	32	65.3	17	34.7	49	100
NORTH	11	73.3	4	26.7	15	100
SOUTH	16	53.3	14	46.7	30	100
WEST	32	78.0	9	22.0	41	100
Total	**91**	**67.4**	**44**	**32.6**	**135**	**100**

Table: 42

ASHA helped mothers in seeking services from AWC					
District	Yes		No		Availed AWC services
	No.	PC	No.	PC	
EAST	29	90.6	3	9.4	32
NORTH	11	100.0	-	-	11
SOUTH	14	87.5	4	25.0	16
WEST	28	87.5	4	12.5	32
Total	**82**	**90.1**	**11**	**12.1**	**91**

Table: 43

Mothers started using any contraception methods						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	16	32.7	33	67.3	49	100
NORTH	4	26.7	11	73.3	15	100
SOUTH	7	23.3	23	76.7	30	100
WEST	19	46.3	22	53.7	41	100
Total	**46**	**34.1**	**89**	**65.9**	**135**	**100**

Table: 44

Mothers started using contraceptives after delivery (in days)									
District	Within 30		31 to 60		61 to 90		91 & above		Using contraceptive
	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	2	12.5	7	43.8	5	31.3	2	12.5	16
NORTH	-	-	-	-	2	50.0	2	50.0	4
SOUTH	1	14.3	3	42.9	2	28.6	1	14.3	7
WEST	4	21.1	4	21.1	6	31.6	5	26.3	19
Total	**7**	**15.2**	**14**	**30.4**	**15**	**32.6**	**10**	**21.7**	**46**

Table: 45

Method of contraception used by mothers after delivery					
District	Temporary method		Permanent method		Using contraceptive
	No.	PC	No.	PC	
EAST	15	93.8	1	6.3	16
NORTH	4	100.0	-	-	4
SOUTH	7	100.0	-	-	7
WEST	18	94.7	1	5.3	19
Total	**44**	**95.7**	**2**	**4.3**	**46**

Table: 46

Mothers receiving JSY incentive						
District	Yes		No		Total Mother surveyed	
	No.	PC	No.	PC	No.	PC
EAST	11	22.4	38	77.6	49	100
NORTH	12	80.0	3	20.0	15	100
SOUTH	3	10.0	27	90.0	30	100
WEST	13	31.7	28	68.3	41	100
Total	**39**	**28.9**	**96**	**71.1**	**135**	**100**

Table: 47

Persons who collected the JSY incentive for the mother							
District	Self		ASHA		Husband		Mothers received JSY
	No.	PC	No.	PC	No.	PC	
EAST	1	9.1	10	90.9	-	-	11
NORTH	3	25.0	8	66.7	1	8.3	12
SOUTH	1	33.3	1	33.3	1	33.3	3
WEST	1	7.7	8	61.5	4	30.8	13
Total	**6**	**15.4**	**27**	**69.2**	**6**	**15.4**	**39**

Information pertaining to Beneficiary B

(Mothers with 1 year to 5 year old child (who was sick in last 6 months)

Infant and child mortality rates reflect a country's level of socioeconomic development and quality of life. Child morbidity is not a single problem with a single solution. Multiple and interrelated bio-social determinants interact and interplay demanding chain of approaches in policies and programmes to be evolved to deal with such kind of health menace.

One of the prime goals under NHM to reduce Infant and child mortality at a certain level based on millennium development goal. To achieve this goal, many objectives and strategies were set by the state. One of the major steps in this regard is the introduction of dynamic social activist called ASHA. ASHA can play a great role in the reduction of morality among the community by taking different preventive steps. They are not the direct service provider in the health sector but can advice home based remedies and provide basic medicines to the community for the common diseases like diarrhoea, cough and fever etc. ASHAs are the prime linkage between the community and the service provider.

In the study it was tried to find out the common morbidity pattern of children between the age 1 to 5 year and involvement of ASHA during to the sick children. It is also well known fact that the mostly morbidities are correlated with the mother's age, number of children, breast feeding and immunization status of the child; so the study tried to highlight these related points understand the contribution of these factors in child illness.

From the house to house survey, a cheering observation of the study is that most of the mothers (37 pc) are in the age group 26 to 30 years followed by 21 to 25 years (28 pc) because 51 pc mothers have a single child and 37 pc have 2 children. It is also revealed by the mothers that they communicated with the ASHA's (92 pc) during the illness of the child, which implies the well functionality of the ASHAs at the community level. Different advices were provided by ASHAs to the mothers at the time of birth, PNC, breast feeding and also on need of taking nutritious food in adequate amounts by the mothers, identifying signs of excessive bleeding after delivery, not to bathe the baby immediately after birth and registration of birth etc.

It was also found that the 75 pc mothers started breast feeding within 1 hrs of birth and 10 pc started between 1 to 2 hrs. Another good thing observed in the study was exclusive breast feeding which is nearly 85 pc. The study shows that 99.5 pc children were immunized by at least on vaccine with ANMs (55pc) facilitated the child immunization besides ASHA (66 pc).

The analysis also shows that ASHA played an active role (84 pc) in facilitating the enrolment to AWC for availing supplementary food for the children from the AWC.

It was also analyzed the episode of illness of the child in last 30 days where fever was the most common illness (60 pc) followed by cough (27 pc) and diarrhoea (11 pc). ASHA played an active role in management of diarrhoea of the child by advising home remedies, seek treatment at the facility and supply ORS packet to the mothers etc. For the other diseases also ASHA advised to the mothers to seek treatment from the facility (60 pc).

Survey Findings:

About the Mothers:

Age of the mother & total number of the children is important indicator for the health seeking behavior of the child. The study shows that**,** 36.9 pc mothers belong to the age of 26 – 30 years followed by 28.4 pc of mothers within the age of 21 – 25 years. 19.1 pc of mothers are found within the age group of 31 – 35 years. 10.6 pc of women are found above 36 years. Few mothers interacted in East, South and West district are of the age group up to 20 years. (**Table 1**).

It is found that 51.1 pc of the mothers have 1 children followed by 36.9 pc have 2 children. And 6.4 pc of mothers have 3 children and 5.7 pc of mothers reported to have more than 4 children and in both the age category highest is from North district (**Table 2**).

Table 1:

Age of the Mothers (in years)												
District	**Up to 20**		**21 to 25**		**26 to 30**		**31 to 35**		**36 & above**		**Total mothers surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	3	6.0	14	28.0	18	36.0	11	22.0	4	8.0	50	100.0
NORTH	-	-	5	27.8	6	33.3	3	16.7	4	22.2	18	100.0
SOUTH	2	6.7	14	46.7	7	23.3	4	13.3	3	10.0	30	100.0
WEST	2	4.7	7	16.3	21	48.8	9	20.9	4	9.3	43	100.0
Total	**7**	**5.0**	**40**	**28.4**	**52**	**36.9**	**27**	**19.1**	**15**	**10.6**	**141**	**100.0**

Table 2:

Number of children of mothers										
District	**1**		**2**		**3**		**4 & above**		**Total mothers surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	23	46.0	22	44.0	4	8.0	1	2.0	50	100.0
NORTH	7	38.9	4	22.2	3	16.7	4	22.2	18	100.0
SOUTH	19	63.3	9	30.0	1	3.3	1	3.3	30	100.0
WEST	23	53.5	17	39.5	1	2.3	2	4.7	43	100.0
Total	**72**	**51.1**	**52**	**36.9**	**9**	**6.4**	**8**	**5.7**	**141**	**100.0**

Role of ASHA during Post Natal Care:

It is encouraging to see that the 92.2 pc of mothers surveyed had interacted with ASHA for any illness of their child. Where 87.9 pc of mothers are advised by ASHA regarding immediate initiation of breastfeeding/colostrums feeding followed by 85.1 pc of mothers being advised for keeping the baby warm. 51.1 pc of mothers shared about receiving immunization advice for the newborn followed by 47.5 pc of mothers being advised for registration of birth. 26.2 pc of mothers have shared about ASHA giving advice for taking nutritious food in adequate amounts followed by 24.1 pc mothers receiving counseling on exclusive breast feeding for six months. 14.9 pc of mothers received advice from ASHA for not bathing child immediately followed by advice for keeping the cord clean.

But actual initiation of breast feeding is most important. It is observed that 75.2 pc of mothers had initiated breastfeeding to the newborn within 1 hour and 9.2 pc of mothers have either initiated the breastfeeding within 1 – 2 hour or 2 – 3 hour.

In **Table 7,** it is shown that, out of 141 mothers surveyed, 132 mothers have given nothing other than breast milk to the child within first three days of birth. Only 7 mothers have shared of giving milk other than breast milk to the child.

It is seen that 71.6 pc of mothers started complementary feeding at six months which is followed by 7.8 pc of mothers starting complementary feeding at 7 months. In East, South and West district, 5.7 pc of mothers shared about starting complementary feeding either within 3 months or at 5 months of the baby and 4.3 pc informed about starting at the age of 4 months. 5 pc of mothers from East and West district started at more than 7 months.

Table 3:

Mothers interaction with ASHA for any kind of illness of child						
District	**Yes**		**No**		**Total mothers surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	48	96.0	2	4.0	50	100.0
NORTH	17	94.4	1	5.6	18	100.0
SOUTH	27	90.0	3	10.0	30	100.0
WEST	38	88.4	5	11.6	43	100.0
Total	**130**	**92.2**	**11**	**7.8**	**141**	**100.0**

Table 4 & 5:

Advice given by ASHA to the mother regarding Newborn and Postnatal care											
District	**Immediate initiation of breastfeeding/ colostrums feeding**		**Advise for not bathing the child immediately**		**Taking nutritious food in adequate amounts**		**Advise for registration of birth**		**Identifying signs of excessive bleeding after delivery**		**Total mothers surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	44	88.0	8	16.0	10	20.0	24	48.0	1	2.0	50
NORTH	17	94.4	5	27.8	5	27.8	8	44.4		0.0	18
SOUTH	24	80.0	3	10.0	8	26.7	12	40.0	1	3.3	30
WEST	39	90.7	5	11.6	14	32.6	23	53.5	2	4.7	43
Total	**124**	**87.9**	**21**	**14.9**	**37**	**26.2**	**67**	**47.5**	**4**	**2.8**	**141**

Advice given by ASHA to the mother regarding Newborn and Postnatal care											
District	**Promote Contraceptive use**		**Counseling on exclusive breast feeding for first six months**		**Immunization advise for the new born**		**Keeping the baby warm**		**Keeping the cord clean**		**Total mothers surveyed**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	10	20.0	9	18.0	22	44.0	38	76.0	3	6.0	50
NORTH	6	33.3	8	44.4	7	38.9	17	94.4	1	5.6	18
SOUTH	4	13.3	8	26.7	13	43.3	26	86.7	6	20.0	30
WEST	11	25.6	9	20.9	30	69.8	39	90.7	10	23.3	43
Total	**31**	**22.0**	**34**	**24.1**	**72**	**51.1**	**120**	**85.1**	**20**	**14.2**	**141**

Table 6:

Initiation of breast feed to the baby after birth												
District	**<1 hr**		**1.1 hr-2 hr**		**2.1 hr-3hr**		**3.1hr-24hrs**		**>24 hrs**		**Total mothers surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	37	74.0	6	12.0	5	10.0	2	4.0	-	-	50	100.0
NORTH	15	83.3	1	5.6	1	5.6	-	-	1	5.6	18	100.0
SOUTH	23	76.7	2	6.7	3	10.0	2	6.7	-	-	30	100.0
WEST	31	72.1	4	9.3	4	9.3	2	4.7	2	4.7	43	100.0
Total	**106**	**75.2**	**13**	**9.2**	**13**	**9.2**	**6**	**4.3**	**3**	**2.1**	**141**	**100.0**

Table 7:

Type of feed given to the baby during first three days of birth									
District	**Nothing other than breast milk**	**Milk other than breast milk**	**Plain water**	**Sugar or glucose water**	**Gripe water**	**Sugar salt water solution**	**Fruit juice**	**Honey**	**Others**	**Total**
	1	1	-	-	-	-	-	-	1	
EAST	47	2	-	-	-	-	-	-	1	50
NORTH	17	1	-	-	-	-	-	-		18
SOUTH	28	1	-	-	-	-	-	-	1	30
WEST	40	3	-	-	-	-	-	-		43
Total	**132**	**7**	**-**	**-**	**-**	**-**	**-**	**-**	**2**	**141**

Table 8:

Age at which the baby is given complementary feeding besides breast milk														
District	**<3months of age**		**4months**		**5 months**		**6 months**		**7 months**		**>7 months**		**Total mothers surveyed**	
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**
EAST	5	10.0	4	8.0	4	8.0	31	62.0	4	8.0	2	4.0	50	100.0
NORTH	-	-	-	-	-	-	16	88.9	2	11.1	-	-	18	100.0
SOUTH	2	6.7	1	3.3	3	10.0	21	70.0	3	10.0	-	-	30	100.0
WEST	1	2.3	1	2.3	1	2.3	33	76.7	2	4.7	5	11.6	43	100.0
Total	**8**	**5.7**	**6**	**4.3**	**8**	**5.7**	**101**	**71.6**	**11**	**7.8**	**7**	**5.0**	**141**	**100.0**

Immunization & Nutritional Status of Child:

Out of 142 mothers surveyed, 140 mothers have immunized their child. Only 1 mother from South district, have not immunized the child.

Table 9 gives information about persons, who facilitated immunization of the child. Out of 140 mothers, whose children are immunized, 66.4 pc mothers have shared that the immunization is facilitated by ASHA. This is followed by 55 pc mothers sharing about facilitation of immunization by ANM. AWW has also facilitated immunization in case of 9.3 pc of mothers. In West district, maximum mothers (65.1 pc) have shared about facilitation of immunization by ANM whereas in other districts, maximum facilitation is done by ASHA. In East and South district, even MPW and other persons have facilitated immunization. Few mothers from South district have reported about facilitation of immunization by doctors.

The study shows that 79.4 pc of mothers surveyed have regularly availed supplementary food for the child from AWC. 9.2 pc of mothers have shared about occasionally receiving supplementary food from AWC, highest is from East district. In East, South and West district, 11.3 pc of mothers have informed about not availing supplementary food for the child from AWC of which South district has the highest (**Table 10)**.

In **Table 11**, it is shown that 84.4 pc of mothers surveyed are helped by ASHA in enrolment to AWC. 100 pc of mothers interacted in North district are facilitated by ASHA in enrolment.

Table 9:

Persons, who facilitated immunization of the child													
District	ASHA		ANM		MPW		AWW		Doctors		Others		No. of child immunized
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	36	72.0	24	48.0	1	2.0	5	10.0	-	-	1	2.0	50
NORTH	12	66.7	9	50.0	-	-	3	16.7	-	-	-	-	18
SOUTH	21	72.4	16	55.2	4	13.8	4	13.8	1	3.4	1	3.4	29
WEST	24	55.8	28	65.1	-	-	1	2.3	-	-	-	-	43
Total	**93**	**66.4**	**77**	**55.0**	**5**	**3.6**	**13**	**9.3**	**1**	**0.7**	**2**	**1.4**	**140**

Table 10:

Status of mothers, who availed supplementary food for the child from AWC								
District	Yes – regularly		Yes – occasionally		No		Total mothers surveyed	
	No.	PC	No.	PC	No.	PC	No.	PC
EAST	36	72.0	7	14.0	7	14.0	50	100.0
NORTH	17	94.4	1	5.6	-	-	18	100.0
SOUTH	23	76.7	1	3.3	6	20.0	30	100.0
WEST	36	83.7	4	9.3	3	7.0	43	100.0
Total	**112**	**79.4**	**13**	**9.2**	**16**	**11.3**	**141**	**100.0**

Table 11:

Role played by ASHA in facilitating mothers' enrolment to AWC						
District	Yes		No		Total mothers surveyed	
	No.	PC	No.	PC	No.	PC
EAST	38	76.0	12	24.0	50	100.0
NORTH	18	100.0	-	-	18	100.0
SOUTH	23	76.7	7	23.3	30	100.0
WEST	40	93.0	3	7.0	43	100.0
Total	**119**	**84.4**	**22**	**15.6**	**141**	**100.0**

Treatment of the sick child:

Table 12 explains about the type of illness/symptoms the child had in last one month. A total of 154 episodes of different types of diseases in last one month were reported by the mothers who were met. 61 pc of mothers surveyed informed about their child was suffering from fever followed by 27 pc of mothers responded of having cough. Diarrhea is seen among the children of 11.3 pc mothers surveyed followed by other types of diseases. 6.4 pc of mothers from three districts, except from North district, reported vomiting in their children during last one month.

Out of identified 16 children suffering from diarrhoea**,** 13 mothers reported that their child being very lethargic followed by symptom of sunken eyes observed by 6 mothers. Irritability in children during diarrhea is shared by 4 mothers. Symptoms of inability in drinking and others are also observed in case of 2 mothers each. All the 16 mothers sought treatment for diarrhea out of which 14 were reported to be advised by ASHA for seeking treatment.

Table 14 mentions about the places where 16 mothers having children suffering from diarrhea, found in the survey are treated. Most of the mothers from East, North and West district have taken treatment by ANM in the PHSC. 4 mothers from East, South and West district are found to treat their child in SDH/DH. Treatment is also done in PHC for the children of three mothers in East and West district. Only in North district treatment by local healer/RMP's clinic is found.

Table 15 gives details of the advice given by ASHA for the treatment/ home based care of the child suffering from diarrhea. Out of 16 mothers identified of having children suffering from diarrhea, 12 have shared about ASHA explaining them to make ORS from packet. 10 mothers have shared that, they are advised on cleanliness and hand washing and explained to make ORS at home. ASHA advised to continue feeding in case of 8 mothers followed by 6 mothers sharing about the advice to give extra fluids like dal ka pani etc. In East and North district, 3 mothers told about the nearest health institution where she can seek treatment.

Table 16 describes the ways ASHA provided support to 16 mothers having child suffering from diarrhea. 13 mothers have shared that they received ORS from the drug kit of ASHA. 11 mothers from East, North and West district have shared of being referred to ANM for seeking treatment. 2 mothers from East and South district informed about referring to AWC

by ASHA. Referral to public facility/doctor is done by ASHA for 4 mothers from East and West district. 1 mother from South district informed about not getting any help from ASHA.

Table 17 illustrates, about the method in which diarrhea is treated among 16 mothers identified with child suffering from diarrhea. 15 mothers shared that their child is treated by giving ORS fluid followed by 10 mothers sharing about medicines prescribed by the provider.

Table 18 shows, number of times ASHA visited the mother whose child as suffering from diarrhea. From the table, it is seen that six mothers was visited 3 times by ASHA followed by four mothers were visited four times and two mothers were visited two times and another two mothers were visited two times.

Table 12:

Type of illness /symptoms in the child during last one month												
District	Vomiting		Diarrhea		Cough		Fever		Others		Total mothers surveyed	Total episode of diseases
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC		
EAST	4	8.0	6	12.0	13	26.0	31	62.0	1	2.0	50	55
NORTH		0.0	1	5.6	7	38.9	13	72.2	1	5.6	18	22
SOUTH	2	6.7	4	13.3	9	30.0	17	56.7	1	3.3	30	33
WEST	3	7.0	5	11.6	9	20.9	25	58.1	2	4.7	43	44
Total	**9**	**6.4**	**16**	**11.3**	**38**	**27.0**	**86**	**61.0**	**5**	**3.5**	**141**	**154**

Table 13:

Nature of symptoms in the child while suffering from diarrhoea						
District	Child was very lethargic	Child was very irritable	Eyes of the child were sunken	Was not able to drink	Others	Total child with diarrhoea
EAST	6	2	3	1		6
NORTH	1		1			1
SOUTH	3	1			1	4
WEST	3	1	2	1	1	5
Total	**13**	**4**	**6**	**2**	**2**	**16**

Table 14:

Place of treating diarrhea of children, who were suffering										
District	ANM/ PHSC	PHC	CHC/ Block PHC	SDH/ DH	Local healer/ RMP' s clinic	Private qualified doctor's nursing home	Called ANM/ Nurse at home	Called RMP/ local practitioner at home	Called private qualified doctor at home	Total
EAST	6	1	1	1	-	-	-	-	-	6
NORTH	1	-	-		1	-	-	-	-	1
SOUTH		-	-	2	-	-	-	-	-	4
WEST	3	2		1	-	-	-	-	-	5
Total	**10**	**3**	**1**	**4**	**1**	-	-	-	-	**16**

Table 15:

Kind of advice ASHA gave for treatment/ home based care of the child suffering from diarrhea								
District	**Continue feeding the child**	**Give extra fluids – dal ka paani etc**	**Explained how to make ORS at home**	**Explained how to make the ORS from packet**	**Advised on cleanliness and hand washing**	**Told about the nearest health institution where I can seek care**	**Explained about the danger signs and importance of timely referral**	**Total**
EAST	4	4	5	5	5	2	-	6
NORTH	1	1	-	1	1	1	-	1
SOUTH	1	-	2	1	1	-	-	4
WEST	2	1	3	5	3	-	-	5
Total	**8**	**6**	**10**	**12**	**10**	**3**	-	**16**

Table 16:

Means of support provided by ASHA for treatment/home based care of diarrhea to mother							
District	Gave you ORS from her drug kit	Referred to ANM	Referred to AWC	Referred to public facility/doctor	Referred to private doctor	Did not help	Total
EAST	5	5	1	2	-		6
NORTH	2	2	-	-	-		1
SOUTH	2	-	1	-	-	1	4
WEST	4	4	-	2	-		5
Total	**13**	**11**	**2**	**4**	-	**1**	**16**

Table 17:

Distribution of treatment of diarrhea							
District	**ORS fluid**	**Intravenous (IV drip)**	**Injection**	**Medicines prescribed by the provider**	**Nothing**	**Others**	**Total**
EAST	7	-	-	6	-	-	6
NORTH	2	-	-	1	-	-	1
SOUTH	1	-	1	1	1	1	4
WEST	5	-	-	-	-	-	5
Total	**15**	-	**1**	**10**	**1**	**1**	**16**

Table 18:

No. of times ASHA came to visit at home when the child had diarrhea					
District	**1**	**2**	**3**	**4**	**Total**
EAST	-	1	4	2	6
NORTH	-	1	-	-	1
SOUTH	1	-	-	-	4
WEST	1	-	2	2	5
Total	**2**	**2**	**6**	**4**	**16**

Type of Diseases of the Child:

As observed in Table 19, 38 mothers have child suffering from Cough in last one month and the table shows the details of the symptoms of cough observed. 23 mothers have shared about cough with fever in their children. 8 mothers from three districts, except for South district have shared that, their child had difficulty in breathing while suffering from cough. From East and South district, 4 mothers informed about Cough for more than 20 days in their children of followed by 3 mothers observing chest wall in drawing.

Table 21 gives an idea of the persons who provided advice to the mothers for treatment of various illness suffered by their children. 61.9 pc of mothers having children suffering from any type of illness have shared that, they are advised by ASHA for treatment of their child. Family members of 32.1 pc of mothers have given advice for treatment of childhood illness followed by 20.9 pc of mothers being advised by ANM. Even local doctor/RMP are found to give advice to 2.2 pc of mothers in South and West district whereas in East and North district AWW have given advice to 4.5 pc of mothers.

Table 22 explains the place of care where 126 mothers sought treatment of their sick child. 37.3 pc of mothers responded for taking treatment from ANM/PHSC followed by 34.1 pc from SDH/DH. PHC is selected by 33.3 pc of mothers as place of care for their sick child. Except for North district, 7.9 pc of mothers in rest of the three districts have treated their sick child in CHC/Block PHC. 4.8 pc of mothers from East and South district have identified private qualified doctor's clinic/nursing home for treatment of their child and 1.6 pc of mothers from East and West district have even called private qualified doctor at home.

Table 19:

Child with cough have other symptoms						
District	**Difficulty in breathing**	**Cough with fever**	**Cough for >20days**	**Chest wall in drawing**	**Others**	**Total Children with cough**
EAST	3	11	2	2	1	13
NORTH	1	3	-	-	-	7
SOUTH	-	5	2	1	-	9
WEST	4	4	-	-	1	9
Total	**8**	**23**	**4**	**3**	**2**	**38**

Table 20:

Persons giving advice to mothers for treatment of childhood illness													
District	ASHA		ANM		Family members		Local doctor/ RMP		AWW		Other		Total child fall sick
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	25	52.1	10	20.8	16	33.3	-	-	3	6.3	-	-	48
NORTH	16	80.0	3	15.0	7	35.0	-	-	3	15.0	-	-	20
SOUTH	14	50.0	4	14.3	10	35.7	2	7.1	-	-	1	3.6	28
WEST	28	73.7	11	28.9	10	26.3	1	2.6	-	-	-	-	38
Total	**83**	**61.9**	**28**	**20.9**	**43**	**32.1**	**3**	**2.2**	**6**	**4.5**	**1**	**0.7**	**134**

Table 21:

Distribution of mothers who actually seek treatment					
District	Yes		No		Total
	No.	PC	No.	PC	
EAST	44	91.7	4	8.3	48
NORTH	17	85.0	3	15.0	20
SOUTH	27	96.4	1	3.6	28
WEST	38	100.0	0	0.0	38
Total	**126**	**94.0**	**8**	**6.0**	**134**

Reasons for not seeking care		
District	Because of livelihood activities	Total
EAST	4	4
NORTH	3	3
SOUTH	1	1
WEST	0	0
Total	**8**	**8**

Table 22:

Distribution of child by place of care																
District	**ANM/PHSC**		**PHC**		**CHC/ Block PHC**		**SDH/ DH**		**Private qualified doctor's clinic/ nursing home**		**Called private qualified doctor at home**		**Others**		**Total child seek treatment**
	No.	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	**No.**	**PC**	
EAST	15	34.1	14	31.8	3	6.8	16	36.4	4	9.1	1	2.3	1	2.3	44
NORTH	6	35.3	6	35.3	-	-	7	41.2	-	-	-	-	3	17.6	17
SOUTH	11	40.7	7	25.9	1	3.7	9	33.3	2	7.4	-	-	3	11.1	27
WEST	15	39.5	15	39.5	6	15.8	11	28.9	-	-	1	2.6	-	-	38
Total	**47**	**37.3**	**42**	**33.3**	**10**	**7.9**	**43**	**34.1**	**6**	**4.8**	**2**	**1.6**	**7**	**5.6**	**126**

Home Based Care of the Child:

Table 23 describes the advice given by ASHA for treatment/home based care of the sick child. 83.6 pc of mothers identified with sick child reported of being advised by ASHA for keeping the child warm followed by 66.4 pc of mothers responding to continue feeding the child. 23.9 pc of mothers are told about the nearest health institution for seeking treatment. ASHA even advised about home remedies as shared by 19.4 pc of mothers. 11.9 pc of mothers shared about ASHA explaining the danger signs and importance of timely referral. From East and South district, 3.7 pc of mothers shared about not receiving any advice.

Table 24 gives details of the ways in which ASHA helped the mothers for treatment of their sick child. 72.4 pc of mothers responded that they are given medicine by ASHA from her drug kit followed by 60.4 pc being referred to ANM. 23.9 pc of mothers are referred by ASHA to public facility/doctor and few mothers are also referred to AWW. In three districts, except for North district, 8.2 pc mothers are given advice for home remedies. 3 pc of mothers in East and West district are referred to private doctors and 3 pc mothers from East and South have not received any help from ASHA.

Table 23:

Advice given by ASHA for treatment/ home based care of the child															
District	Keeping the child warm		Continue feeding the child		Told about the nearest health institution where I can seek care		Explained the danger signs and importance of timely referral		Told about home remedies		Did not give any advise		Others		Total child fall sick
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	35	72.9	27	56.3	10	20.8	4	8.3	7	14.6	3	6.3	4	8.3	48
NORTH	15	75.0	10	50.0	7	35.0	4	20.0	5	25.0	-	-	3	15.0	20
SOUTH	24	85.7	19	67.9	3	10.7	2	7.1	5	17.9	2	7.1	2	7.1	28
WEST	38	100.0	33	86.8	12	31.6	6	15.8	9	23.7	-	-	1	2.6	38
Total	**112**	**83.6**	**89**	**66.4**	**32**	**23.9**	**16**	**11.9**	**26**	**19.4**	**5**	**3.7**	**10**	**7.5**	**134**

Table 24:

Ways in which ASHA helped mothers for treatment of the child at village																	
District	Gave Medicine from her drug kit		Referred to ANM		Referred to AWC		Referred to public facility/doctor		Referred to private doctor		Gave advise for home remedies		Did not help		Others		Total
	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	No.	PC	
EAST	30	62.5	28	58.3	4	8.3	6	12.5	3	6.3	7	14.6	1	2.1	1	2.1	48
NORTH	13	65.0	9	45.0	2	10.0	9	45.0	-	-	-	-	-	-	1	5.0	20
SOUTH	18	64.3	16	57.1	1	3.6	7	25.0	-	-	1	3.6	3	10.7	3	10.7	28
WEST	36	94.7	28	73.7	2	5.3	10	26.3	1	2.6	3	7.9	-	-	-	-	38
Total	**97**	**72.4**	**81**	**60.4**	**9**	**6.7**	**32**	**23.9**	**4**	**3.0**	**11**	**8.2**	**4**	**3.0**	**5**	**3.7**	**134**

Recommendations:

- As more than 50% of the ASHAs are covering a population above 1000, so it is suggested that a mapping exercise can be done so as to rationalize the population coverage of ASHAs to get better pragmatic output.
- Considering the percentage of illiterate ASHAs, it is suggested that pictorial oriented flipbooks/health education charts may be used as a communication material
- ASHAs (around 15%), who missed some part of training; need to be re-oriented again during monthly ASHA meeting so that they also get complete training inputs.
- State must appoint fresh ASHA Facilitators so that ASHAs, those who are performing dual role can be relieved and they can continue as ASHA. This will ensure better supportive supervision for ASHAs by ASHA Facilitators.
- It was also revealed that few ASHA trainings were non-residential. So, state needs to ensure that training is held in residential mode. Residential training will improve the training quality, bondage among ASHAs and it will also help ASHAs to reduce their transportation cost of attending the training.
- ASHAs are to be oriented on village meeting on health promotion, which at present they are hardly doing. Health promotion is very critical for ensuring disease at bay.
- ASHAs are to be trained on Interpersonal Communication (IPC) so that they can effectively address the issues related to family level resistance for referral of mother.
- ASHAs are to be oriented on importance of timely referral of sick children as it it has been seen that 85.1% of ASHAs are not referring sick children.
- ASHAs are to be engaged as DOTS provider, which will ensure better implementation of RNTCP program.
- ASHAs, who do not have drug kit (study says 14.9% ASHAs do not have drug kit) are to be provided drug kit urgently and the PHC needs to be the unit of refilling.
- Since, all the ASHAs have bank account, so cash payment has to be discouraged and all transaction should be made through bank.
- Fund release for ASHAs needs to be streamlined. State needs to introduce single window payment mechanism, preferably e-payment of ASHA incentive.
- ASHAs, whose HBNC kit items (weighing scale, thermometer) are not working, should be given fresh kits so that they can continue to do quality home visit.

- State needs to develop state specific ASHA module and ASHAs should be oriented on that module so as to ensure that ASHAs are better equipped about local problems and solutions and thus addressing the demand of the community.
- State needs to work closely with all related line department so that quality of VHND is strengthened through strong inter-sectoral convergence.
- Supportive Supervision has to be strengthened for ASHAs by the ASHA Facilitators as well as other staffs of ASHA Resource Centre. More handholding and follow up support is needed by the ASHAs from East District.
- The quality home visit of ASHA has to be emphasized through providing on job support to ASHA. This will help in increasing timely referral and thus bringing down the mortality rate of mother and newborn.
- ASHAs are to be oriented on different temporary family planning method so that they can generate awareness among target couples regarding temporary family planning. 65.9% mothers are found who do not use any contraceptive method.
- State to take it up with ICDS Department so that mothers enrolled at AWC start getting take home ration. At present, only 9.2 pc mothers get take home ration.
- State needs to take up the issue with appropriate department of improving road condition of connecting interior villages so that referral of patients from those remote villages becomes easy. Poor road condition has emerged as major challenge for referral, which is ultimately depriving patients for availing quality health services.
- State has to plan for training of VHSNC members so that VHSNCs can develop village health action plan, which will help villagers to take active part in health program.
- ASHA Facilitators are to be oriented more on supportive supervision so that they can provide quality handholding on job support to ASHAs. This will help ASHAs to clarify their doubts and thus to perform better.

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Findings of the Study

Recommendations