

Assessment of Time Spent by Accredited Social Health Activist (ASHA) for Their Work: A Time Motion Study

By

Sonam Singh

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER MAY CONCERN

This is to certify **Sonam Singh**, student of **MBA Hospital and Health management** from The IIHMR University, Jaipur has undergone dissertation at State Health Resource Center Chhattishgarh from Feb 4'2019-May 4'2019. The candidate has successfully carried out the study designated to her during dissertation and her approach to the study has been sincere, scientific and analytical.

The dissertation is in fulfilment of course requirement.

I wish her all the success in her future endeavor.



Col (Dr.) Ashok Kaushik

Dean, Academics and Student affair

The IIHMR University, Jaipur

17 May 2019



Dr. Sameer Phadnis

Associate professor

The IIHMR University, Jaipur



SHRC/ 380 / HR/ 2019

Date: - 10/05/19

COMPLETION CERTIFICATE

This is to certify that **Sonam Singh**, IIHMR University, Jaipur has successfully completed her internship programme at **State Health Resource Centre, Chhattisgarh** from **04.02.2019 to 03.05.2019**. She was involved in primary data collection in the following study:

“Assessment of time spent by Accredited Social Health Activist (ASHA) for their work: A time motion study”

The assignment was completed well in time and we appreciate her sincere effort in making this study successful.

Executive Director
SHRC, Raipur



THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that dissertation title **“Function And Time Utilization By Accredited Social Health Activist In Chhattisgarh”** and submitted by Sonam Singh, Enrollment Number 0698 under the supervision of Dr. Sameer Phadnis for award of MBA in Hospital and Health management of The IIHMR University carried out during the period from Feb 4 ,2019- 4 May ,2019 embodies my original work and has not formed the basis for the award of any degree, diploma, associateship, fellowship, title in this or any other similar institution of higher learning.



Sonam Singh

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Regards

Sonam Singh

HM-22nd batch

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Acronyms

SHRC	State health resource center	ANC	<u>Anti natal care</u>
VHNC		VHNSD	
ASHA	Accredited social health activist	SHC	Sub health center
MO	Medical Officer	PW	PRAGNENT WOMEN
NHM	National Health Mission	SRS	Sample registration system
HIMS	Health information management system	STI	Sexually transmitted infection
NRHM	National Rural Health Mission	TFR	Total fertility rate
NUHM	National urban health mission	VHND	Village health and nutrition day
IUCD	Intra uterine contraceptive device	WIFS	Weekly iron folic acid supplement
LBD	Low birth weight	WHO	World health organization
NBSU	New born stabilization unit	MoHFW	Ministry of health and family welfare
NFHS	National family health survey	JSSK	Janani shishusurkshakaryakarm
OCP	Oral contraceptive pill	RBSK	Rastriya balswasthyakaryakarm
OT	Operation theater	RKSK	Rastriya kisorswasthyakaryakarm
PCPNDT	Pre-conception and pre-natal diagnostic test	RSBY	Rastriya swastyabimayojna
PHC	Primary health center	NACP	National AIDS control programme
CHC	Community health center	NPCDCS	National programme for prevention and control of cancer, diabetes,cardiovascular disease and stroke

CHAPTER- 1

INTRODUCTION: OBJECTIVE, SCOPE METHODOLOGY

INTRODUCTION

The focus of the Mitanni program is knowledge and capacity building of women's for addressing the first level of community health care needs at helmet level. The primary beneficiary of this innovation are children and mother living in all 60092 rural habitations of Chhattisgarh. As the maintains are from community itself the first level of care are brought by them at the doorstep. The Mitanni programme is for both urban and rural area hence there is a huge population difference in both of area whereas urban Mitanni has to serve thousands of populations rural got little relieve on this, meanwhile time spent by the Mitanni for their work should also be different in this context. The second notable thing is distance of health facility generally we can see in urban area health facilities are quite nearby than rural area and villages main problem faces at the time of emergency is distance of referral unit at the time of complication and delivery.

In India, shortage of worker force is manifested at all three levels of health service delivery, i.e. primary, secondary and tertiary; and we can see this difficulty in rural area also the problems of the ground level which are basically of water , food, sanitation and hygiene related can not be treated by any doctor or any other public health specialist it can be only deal with the guidance of professionals by the member of community itself ,as we can see the number of asha workers has risen significantly in recent few years the need is a efficient and effective service delivery and adequate time utilization so they can serve maximum number of population

this study is conducted to assess the actual time spent by the Mitanni for their service delivery work since no specific time is allotted to the Mitanni for their

work its totally upon them except from some other work like pulse polio, immunization etc. where their presence is supposed to be mandatory.

In this study we have prepare a tool considering following areas important for the assessment of time utilization of maintains:

- Mitnin related work in last 15 days
- pregnant women visit
- newborn visit
- supplementaryfeedingcounselling (6-9 months)
- supplementary feeding counselling (6 mn-3 yrs.)
- drug distribution
- screening activity
- follow up activity
- sub center visit
- PHC visit
- CHC Visit
- district hospital visit
- right based activity
- survey related activity
- other Mitanni work
- VHND
- Cluster meetings
- VHSNC
- Hamlet
- Training

OBJECTIVES OF STUDY

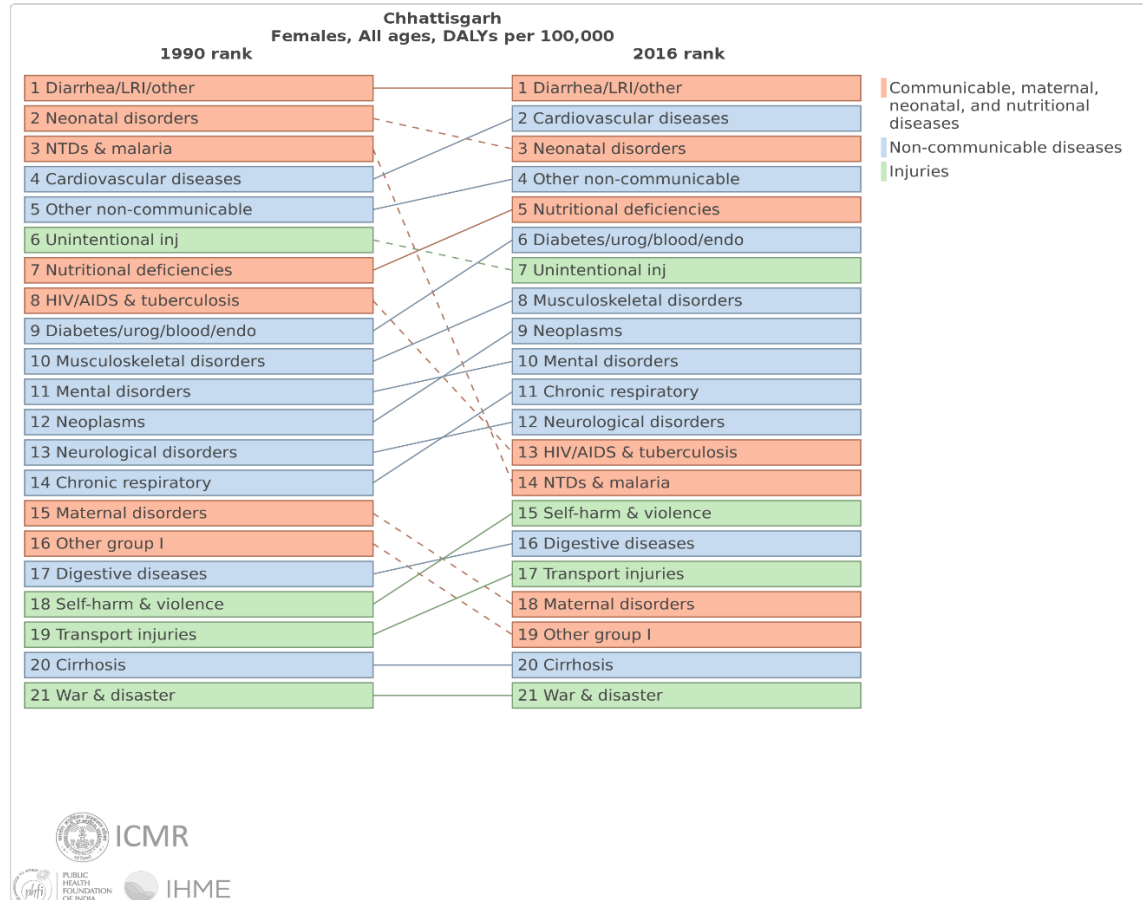
- To assess the actual time, Mitnin spent during a day for their work.
- To Determine the Time Utilization Pattern of Asha On Any Working Day.

- To Suggest the Measure to Improve the Time Utilization by Asha.

SCOPE OF STUDY

scope of this study involved framing roles according to the time distribution per day. concern area which needs to devote more time by Mitanni can be identify and prioritize.

- i. The study has been conducted in the two districts of Chhattisgarh namely mungeli and Bilaspur district. These two districts are chosen for the study based on demographic parameters, Raipur is an oldest district and capital city of Chhattisgarh with largest urban population and mungeli is a one of the newest formed districts with large number of rural habitats.
- ii. Present study is conducted among two different groups of Mitanni rural and urban with both of district one highly developed and one developing and newest.
- iii. After determining the time utilization pattern, we can only able to suggest appropriate measure to improve this.



As we can see above a notable decrease in disability adjusted life year due to communicable, maternal ,neonate and nutritional disease from 1990 to 2016 and this all the field comes under the work of ASHA so it is assumable that some contribution of Mitans are definitely in this by knowing the time utilization pattern and by managing it according to disease burden can help us to get more appreciable health indicators in future.

LITRATURE REVIEW

A strategy was developed to have community engagement activities through CHWs in the form of Accredited Social Health Activist (ASHA) and they are visible and audible presence among community which is leading more and more people amongst the community to seek health care. The ASHA as a volunteer is selected through a local community to take health services to the door step of the community. ASHA receives an incentive based on the activities she undertakes. (1)

Chhattisgarh state was carved out of Madhya Pradesh in year 2000 inherited a Public Health system having a huge shortage of Health Human Resources including ANMs. It needs around 6,000 new ANMs for fulfilling the two ANM per sub-center norm. The problem of recruiting and retaining ANMs is more severe for tribal and remote areas. Government of Chhattisgarh started Mitandin Program in 2002. Mitandins are Community Health Volunteers selected by community at hamlet level. Mitandins have received 56 days of residential training along with active field level on-the-job training and support. External evaluations have found them to be effective in areas like home-based newborn care, management of childhood illnesses, counselling for child nutrition, mobilization of communities on prevention of diarrhea and malaria. It was necessary to create career avenues and social security for Mitandins to augment and sustain their motivation as a volunteer workforce.(2)

The way the Mitandinprogramme is organized, there are two streams that provide inputs to the Mitandin in the village. The first is the stream described above that provides overall conceptualization, policy and monitoring. The second is the implementing agency of the programme which could be the public sector health services or the volunteer NGOs. Their role was to provide the Nodal officers, the DRPs, BRPs and also select the Mitandins. These implementing agencies were supervised and coordinated by SHRC an institution specially created to manage the Mitandin program through its Program Coordinators and Field Coordinators. These specialized personnel were located at the SHRC and district respectively. While the ProgramCoordinator did the desk work and went to the field wherever

problems arose while the field coordinators were expected to regularly supervise the personnel within the district level. SHRC paid Program Coordinators (PCs), FCs, DRPs and BRPs while the money that went to Mitanins started coming later through specific program such as Janani Suraksha Yojna (JSY) and immunization programs.(3)

ASHA workers are grass root level workers, the success of NRHM in India depends on how well ASHAs are trained and perform. Hence, it is essential to study if they have adequate knowledge and practices for delivering the maternal health care services to community. At the same time, it is important to address the problems faced by ASHA workers while working in the community to deliver maternal health care services and to study their perception about training component so that suitable modifications and corrective actions can be taken if required. With this rationale, the present study was carried out with an objective to assess the knowledge and practices for maternal health care delivery .(4)

The ASHA is a female volunteer selected by the community, deployed in her own village (one in every 1000 population) after a short training on community health.¹³ She is preferred to be between 25 and 45 years old, with a minimum formal education of 8 years and demonstrable leadership qualities.¹³ ASHAs are not salaried and they belong to the voluntary cadre of health staffs as they get fixed activity-based incentives. Started in 2006, currently the ASHA program has spread across the country with 820 000 women trained and deployed.¹⁴ Their responsibilities range from health education to diagnosis of health conditions. The CHW program could motivate and empower local lay women on community health largely. The desire to gain social recognition, a sense of social responsibility and self-efficacy motivated them to perform. The healthcare delivery system improvements might further motivate and enable them to gain the community trust. The CHW management needs amendments to ensure adequate supportive supervision, skill and knowledge enhancement and enabling working modalities(5)

Challenges faced by most of the ASHA were lack of support from PHC staff, no compensation for services other than institutional delivery, unclear reimbursement policy-delayed payments, poor confidence in their own ability to carry out the

desired work which reflected on the lack of good training & poor clarity in how to collaborate work with the ANM and Anganwadi worker. Medical officer, ANM considered ASHA as their subordinate and did not understand the problems faced by ASHA, they also failed to give them proper guidance and mutual respect and love. The ASHA complained regarding the lack of recognition and priority treatment of cases referred by them to MO / ANM. Though the NRHM focuses on reducing the maternal & child- Mortality & morbidity, creation of functional infrastructures & up gradation of services. Gratifying to note that NRHM has been partially successful in sensitizing the public health machinery towards - Generating awareness amongst ASHA & Creating a cadre of functional frontline workers in the form of ASHA ANC services at the village level were affected because of lack of participation of ASHA in village health & nutrition day (VHND) because of lack of clarity in their roles in health care provision.(6)

METHODOLOGY

This is a time motion study conducted in two districts of Chhattisgarh, district has been selected randomly one is the largest district of Chhattisgarh with the largest number of urban population as well as surrounded by rural habitats 5 industrial area 4 blocks and 4 tahsil over are 13083 square km of area. Meanwhile second one is a newest formed small district with 2750 square km of population and 3 block and major rural population.

the research methodology adopted to explore the information reflects the procedural steps followed in the light of objectives of the study. The study based on the assessment of working pattern of the ASHA (Mitanin) under the state health resource center and national rural health mission, which is one of the largest programme. It also provides an overview of the data collection methods used for the thesis, as well as the means used to analyses of the data. The chapter concludes with sections on the limitations of the research and ethical considerations. The various aspects of research methodology are discussed under the following heading

- **STUDY DESIGN-**

This was the Descriptive cross-sectional study using Time- Motion study design.

- **STUDY AREA**

The study is conducted in two districts of Chhattisgarh.

Chhattisgarh has a total population 25545148 with the population density of 189, number of districts is 27 and number of Asha workers is 69991.

- **STUDY POPULATION –**

This study population consist two cadre of Asha including rural and urban from the two different district of Chhattisgarh one has largest urban population and other small district with rural population.

- **DATA COLLECTION AND STUDY TOOLS**

Quantitative data was collected using piloted questionnaires. Pretesting of questionnaires has been done before starting final data collection procedure. The questionnaires for MITANIN consisted of 11 major categories of their area of work constituting of pregnant women care

,newborn care ,supplementary feeding, visit to health facility survey and other Mitanni related work.by using both time and day related questions under these all categories trying to measure the actual time utilization by the Asha workers.

- **DURATION OF STUDY:**

3 months from (February 2019 to May 2019)

- **SAMPLE SIZE AND SAMPLING TECHNIQUE:**

simple random sampling technique has been following two districts has been randomly selected from 27 district of Chhattisgarh one is an oldest formed district with large urban population and second is selected from 6 newest district of Chhattisgarh. at present total 69991 maintains are working in Chhattisgarh out of them 66220 are rural and 3771 are urban.from both selected districts randomly 40 urban and 40 rural maintains has been interviewed.

- **DATA ANALYSIS PLAN:**

SPSS and MicrosoftExcel havebeen used for analysis of data Quantitative data obtained from questionnaire wereanalyzed for time duration per worker per day. We computed mean, frequency, median and standard deviation for all 80 Mitansins.

- **ETHICAL CONSIDERATIONS:**

It was ensured that the subjects receive a full disclosure of the nature of the study, with an extended opportunity to ask questions. Informed consent was taken verbally from the respondents and confidentiality was maintained, benefits and risks of the respondents was also considered during the study

CHAPTER- 2

DATA ANALYSIS AND FINDINGS

FINDINGS-

1)AGE OF THE MITANINS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	80	21.0	55.0	36.363	7.0643
Valid N (listwise)	80				

INTERPRITATION-

Here we can see that average age of Mitanni workers is 36-year, minimum age is 21year and maximum is 55 year.

2) AVERAGE YEAR OF SERVICE

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
YOS	80	3.0	16.0	7.500	2.8596
Valid N (listwise)	80				

INTERPRETATION-

Asha programme is launch in Chhattisgarh in 2001, as we can see here maximum experience of Mitanni is 16 yrs. and minimum is 3 years. Meanwhile average experience of Mitanni is 7.5 year it means that most of the Mitanni has 7 plus year of experience

3) AVERAGE MONTHLY INCOME OF ASHA

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
MIOA	80	1000.0	4000.0	2126.250	584.9903
Valid N (listwise)	80				

INTERPRETATION-

There is no provision of monthly salary for the Asha workers they work on incentive basis which is depend upon different work done by them. As we can see average income earn by Asha from incentive is 2126 Rs/month maximum its raise up to 4000/- and minimum1000/-

4) AVERAGE DAY FOR MITANIN WORK IN 15 DAYS

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DMW	78	1.0	15.0	8.192	2.1445
Valid N (listwise)	78				

INTERPRETATION-

Average working days in a 15 day for Mitnin is 8 day where as they work minimum 1 to maximum 15 day.

5) AVERAGE TIME PER DAY FOR MITANIN WORK

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TMW	78	.0	51.0	4.179	5.6125
Valid N (listwise)	78				

INTERPRITATION-

Average time in a day Mitnin spent for their work is 4 Hr./Day, as we see in a previous table average day of working for Mitnin in 15 days is 8 days . So, we can say that in 8 days they work for 4 hour per day.

6) DAY VISITED TO PRAGENT WOMEN IN LAST 15 DAYS

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DVPW	78	.0	5.0	1.455	.8459
Valid N (listwise)	78				

INTERPRITATION-

Visiting to a pregnant women to prevent delivery related complication by screening and providing them other important information is an integral part of work of Mitnin. As we can see in the table in 15 days average 1-day Mitanni is visited to pregnant women of their area.

7)TIME SPENT DURING VISIT TO PREGNANT WOMEN (PER DAY)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TVPW	78	.0	5.0	1.827	1.0501
Valid N (listwise)	78				

INTERPRITATION-

Average time spent by the Mitansins during every visit to pregnantwomen is 1hour 30 minutes whereas maximum they spent 5 hours during their visit to pregnantwomen.

8)DAY VISITED TO NEWBORN IN 15 DAY

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DVNB	78	.0	7.0	1.128	1.1236
Valid N (listwise)	78				

INTERPRITATION-

Average visit to newborn in 15 days is 1-daywhereas maximum 7 day and minimum is zero it indicates that every Mitansin worker visit to newborn at least ones in 15 days.

9) TIME VISITED TO NEWBORN (PER DAY)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TVNB	77	.0	3.0	1.000	.8429
Valid N (listwise)	77				

INTERPRITATION

During their visit to newborn on average they spent 1 hour and maximum 3 hours per day.

10) SUPPLIMENTARY FEEDING COUNSELING IN 15 DAYS

(6-9 MONTH)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DSFM	78	.0	3.0	.949	.6221
Valid N (listwise)	78				

INTERPRITATION

Average day for supplementary feeding counseling (6month-9 month) is near by 1 day/15 days which is quiet less it is a very important thing for child nutrition and growth.

11)TIME SPENT IN SUPPLIMENTARY FEEDING COUNSELLING (PER DAY) (6-9 MONTH)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TSFM	78	.0	5.0	1.282	1.1610
Valid N (listwise)	78				

INTERPRITATION

Average time spent by Mitnin during feeding counseling is more than one hour which is a good indicator that they are describing supplementary feeding practices well during the interview it has been observe that they have a good knowledge about that and they are able to demonstrate it practically.

12)DAY SPENT NUTRITION COUNSELING IN 15 DAYS (6m- 3yr)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DSFN	80	.0	3	1.231	0.8596
Valid N (listwise)	80				

INTERPRITATION

Average day for supplementary feeding counseling (6month-3years) is 1 day/15 days maximum days for this activity is 3 days and minimum is zero it means Mitnin practice this activity at least ones during 15 days.

13) TIME SPENT NUTRITION COUNSELING PER DAY(6m-3yr)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TSFY	78	.0	5.0	1.167	1.0680
Valid N (listwise)	78				

INTERPRITATION

Average time spent by Mitandin during feeding counseling to 6 months to 3 year of children is more than one hour per day , maximum hours they spent for this activity is 5 and minimum is zero.

14) DAY SPENT FOR DISTRIBUTION OF DRUG IN 15 DAY

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DDD	78	.0	7.0	2.385	1.6669
Valid N (listwise)	78				

INTERPRITATION

Day spent for distribution of drug during 15 days is average 2 days to maximum 7 days, normally drugs for fever, cold, iron folic acid are distributed by the Mitandin, they also keep drug for tuberculosis, filaria and distribute it to patients

15) TIME SPENT IN DISTRIBUTION OF DRUG PER DAY

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TDD	78	.0	8.0	3.038	2.2285
Valid N (listwise)	78				

INTERPRITATION

Average time spent by Mitans for distribution of drug is 3 hours /day which is up to 8 hours /day depends upon the geographical location, population density and other demographical factors.

16) DAY SPENT FOR SCREENING ACTIVITY IN 15 DAYS

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DSA	78	.0	3.0	.513	.7515
Valid N (listwise)	78				

INTERPRITATION

Screening is a also part of Mitans work during training they have given the knowledge of some basic symptoms of disease related to newborn, mother and symptom of tuberculosis, leprosy on the basis of that they perform screening activity and take the patient to nearest facility for further investigation. On average in 15 days half day they spent for this activity.

17) TIME SPENT FOR SCREENING ACTIVITY PER DAY

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TSA	78	.0	5.0	.590	1.0893
Valid N (listwise)	78				

INTERPRITATION

Half hour in one they nearly Mitans spent for screening activity.

15) DAY SPENT FOR FOLLOW UP ACTIVITY IN 15 DAYS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DFA	78	.0	4.0	1.321	.8603
Valid N (listwise)	78				

INTERPRITATION

Follow-up is also aimportant part of Mitans work by which they able to insure that beneficiary is taking the medicine as per instruction or not, in 15 days average 1 day is spent by the Mitans for this activity.

18) TIME SPENT IN FOLLOW UP ACTIVITY (PER DAY)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TFA	78	.0	3.0	1.077	.7476
Valid N (listwise)	78				

INTERPRITATION

On average 1 hour/day Mitans spent for follow up activity.

19) DAY VISITED TO SUB CENTER IN ONE MONTH

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DVS	77	.0	3.0	.325	.6775
Valid N (listwise)	77				

INTERPRITATION

Visit to subcenter is very low its less than one day it could be because Mitanins always prefer to visit to the nearest facility and sub centers are not located in every village, so they use to go to nearby facility they have

20) TIME SPENT DURING VISIT OF SUB CENTER (PER DAY)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TVS	78	.0	8.0	.910	1.8459
Valid N (listwise)	78				

INTERPRITATION

Time spent in a subcenter is maximum 8 hours/day to less than one hour per day.

21) DAY VISITED TO PHC/UPHC IN 1 MONTH

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DVPC	78	.0	4.0	1.628	.9132
Valid N (listwise)	78				

INTRPRITATION

Average day to visit to the PHC by Mitanins is one day/ month and maximum is 4 day /per month, mostly the purpose behind visiting is pregnant women's ANC checkup and delivery.

22) TIME SPENT DURING VISIT OF PHC/UPHC PER DAY

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TVPC	78	.0	8.0	1.756	2.4505
Valid N (listwise)	78				

INTERPRITATION

Time spent in a PHC is average one hour to maximum 8 hour which is due to long queue some time and sometime due to delivery proceed they have to stay for whole day.

23)DAY VISITED TO CHC IN ONE MONTH

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DVCH	78	.0	3.0	1.359	.6833
Valid N (listwise)	78				

INTRPRITATION

Average day to visit to the CHC by Mitans is one day/ month and maximum is 3 day /per month.

24) TIME SPENT DURING VISIT TO CHC PER DAY

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TVCH	77	.0	6.0	1.169	2.1051
Valid N (listwise)	77				

INTERPRITATION

Time spent in a CHC is average one hour to maximum 6 hour its depend upon the purpose of visit if they visited for delivery they have to stay there for whole day

25) DAY VISITED TO DISTRICT HOSPITAL IN ONE MONTH

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DVDH	78	.0	4.0	.821	.8641
Valid N (listwise)	78				

INTERPRITATION

average is nearby one day to maximum 4 day/month normally Mitaniin prefer to go to nearest facility but if there is complicity in delivery and some other issue which can only deal in district hospital only than they visited to district hospital.

26) TIME SPENT DURING VISIT OF DISTRICT HOSPITAL (PER DAY)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TVDH	78	.0	8.0	3.212	2.9690
Valid N (listwise)	78				

INTERPRITATION

Average 3 hour/day to maximum 8 hour per day time a Mitanin spent during visit of district hospital travel time is included in this.

27) DAY SPENT IN RIGHT BASED ACTIVITY IN LAST 15 DAYS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DRBA	78	.0	5.0	.359	.7381
Valid N (listwise)	78				

INTERPRITATION

Right based activity like reporting for domestic violence other problem to the community member of their particular area Mitanins try to solve maximum time devoted to these activities in a month is 5 days.

28) TIME SPENT IN RIGHT BASED ACTIVITY (PER DAY)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TRBA	78	.0	3.0	.667	1.1127
Valid N (listwise)	78				

INTERPRITATION

Time spent for these activities in a day by mitanins is average half hour to maximum 3 hours.

29) DAY SPENT FOR SURVEY RELATED WORK IN 15 DAYS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DSRW	78	.0	10.0	2.244	1.7372
Valid N (listwise)	78				

INTERPRITATION

Average they have spent 2 days in a moth for survey recently they did survey for leprosy.

30) TIME SPENT IN SURVEY RELATED WORK (PER DAY)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TSRW	77	.0	8.0	3.117	2.2063
Valid N (listwise)	77				

INTERPRITATION

Average time they spent for survey is 3 hour a day which is maximum up to 8 hours / day.

31)DAY SPENT FOR OTHER MITANIN RELATAD WORK IN 15 DAYS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DOMP	78	1.0	4.0	2.936	.4654
Valid N (listwise)	78				

INTERPRITATION

Mitanin also perform other community health related work assigned to them for this average 3 days in a month they have spent.

32) TIME SPENT FOR OTHER MITANIN RELATED WORK (PER DAY)

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TOMP	78	1.0	8.0	6.051	1.2883
Valid N (listwise)	78				

INTERPRITATION

Average 6 hours/day they have devoted for this other Mitandin related work, it is seen that if any responsibility provided to them other than their normal job profile, they perform it very well.

33) DAY SPENT IN VHND

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DVND	78	.0	1.0	1.115	.7726
Valid N (listwise)	78				

INTERPRITATION

Village health and nutrition day organize once in every month, average day Mitandin attend VHND is 1day/month.

34) TIME SPENT IN VHND

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TVND	78	.0	8.0	3.506	2.2913
Valid N (listwise)	78				

INTERPRITATION

Average time spent by Mitansins for VHND is three and half hours which is maximum up to 8 hours per day.

35) DAY SPENT IN CLUSTER MEETING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DCL	78	.0	1.0	1.205	.6316
Valid N (listwise)	78				

INTERPRITATION

Cluster meeting attended by Mitansin once a month average day for cluster meeting is one day per month.

36) TIME SPENT IN CLUSTER MEETING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TCL	78	.0	8.0	3.974	1.8724
Valid N (listwise)	78				

INTERPRETATION

Time spent during cluster meeting by Mitadin is approximately 4 hour per day which is maximum 8 hour /day

37) DAY SPENT IN VHSNC MEETING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
DVNC	78	.0	3.0	.692	.5419
Valid N (listwise)	78				

INTERPRITATION

Average day for VHSNC is less than one day per month whereas maximum is 3 day/month

38) TIME SPENT IN VHSNC PER DAY

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
TVNC	78	.0	6.0	2.782	2.0805
Valid N (listwise)	78				

INTERPRITATION

Average time spent by Mitnin for VHSNC is 2 hour/day whereas maximum is up to 6 hour/day

39) DAY SPENT IN HAMLET MEETING

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DHM	78	.0	5.0	.987	.5464
Valid N (listwise)	78				

INTERPRITATION

Once in a month hamlet meeting is conducted by Mitnins in their respective hamlets. Average day is approximately 1 day/ month.

40) SPENT IN HAMLET MEETING PER DAY

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
THM	78	.0	6.0	4.077	1.4838
Valid N (listwise)	78				

INTERPRITATION

On average it took them 4 hours during meeting and maximum up to 6 hours.

41) DAY SPENT FOR TRAINING IN 1 YEAR

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
DTR	78	.0	7.0	6.833	.9176

Valid N (listwise)	78				
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INTERPRITATION

On average 6 days in a year spent by the Mitans for the training.

42) TIME SPENT IN TRAINING PER DAY

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
TTR	78	.0	8.0	7.897	.9058
Valid N (listwise)	78				

INTERPRETATION

Average time spent during training activity is 7 hour/day normally Mitans prefer to stay in a place of training they feel it convenience than every day traveling to the place of training because normally training are for 3-7day.

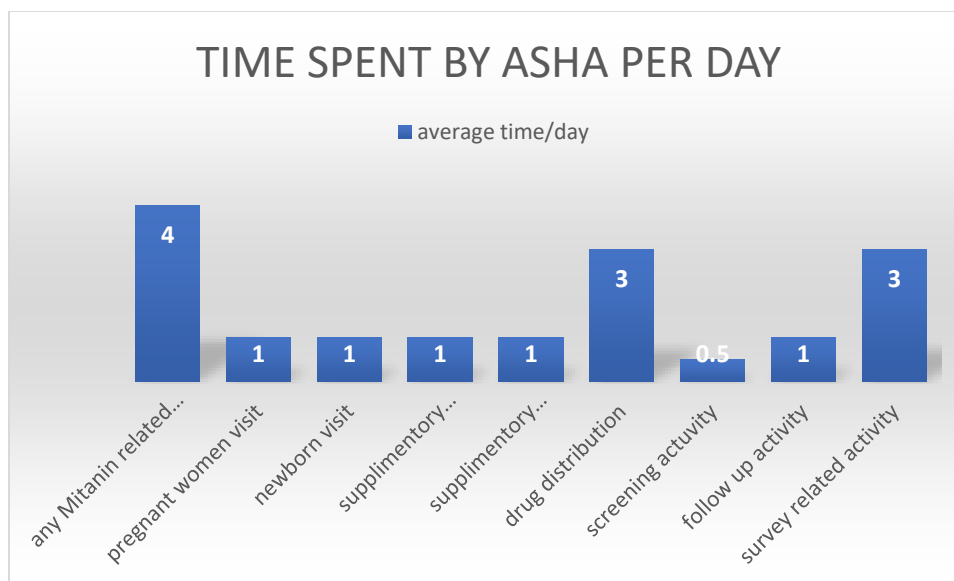
CHAPTER- 3

DISCUSSION AND CONCLUSION

DISCUSSION

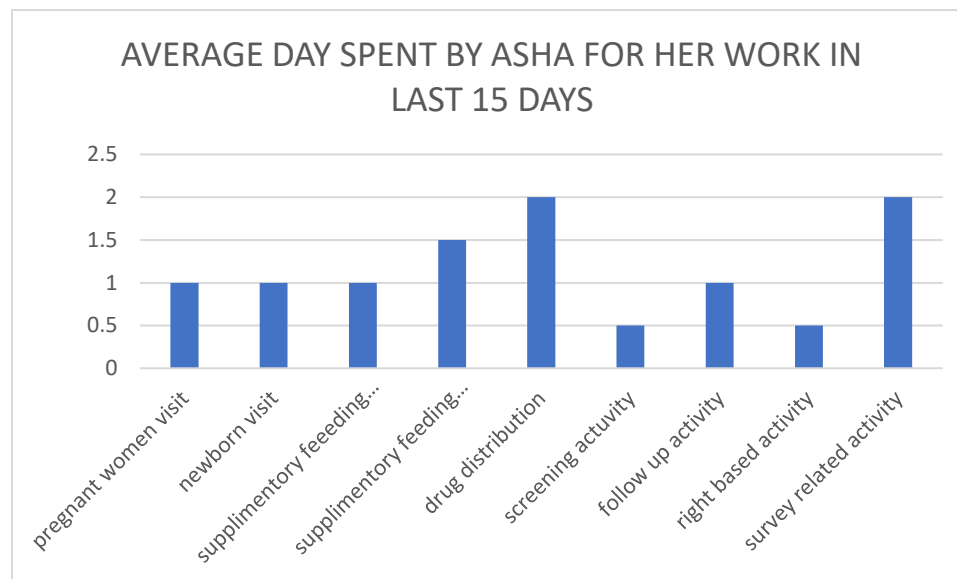
The study findings show that the Mitanin spent their time more pertinent to the work the assign by the authority on priority basis instead of her routine work. meanwhile she devotes her time more towards the work which are incentive based like delivery at the government facility etc. as we can see the graph below time spent for survey related work and drug distribution work (recently distribution of drug for filaria has been done) is higher than routine work performed by them.

figure -1



As we see the figure- 2 the average day spent for both of work is also higher. As per the finding in 15 days Mitnin spent average 8 days for their Mitnin related work which is appreciable as they not working on salary basis and no time frame has decided for their day to day activity, they are dedicating this much of time for their work, this can be improve much more by the proper supervision and guidance

figure 2



Study findings suggest that ASHAs perception regarding their job responsibilities appeared to be incomplete. They have a good knowledge about their work but They were found to be mostly interested in providing maternal and child care services as they may be influenced by higher incentive performances and supportive supervision by PHC staffs who encourage them to focus on MCH services in achieving the targets assigned particularly institutional delivery and

immunization coverage. As well as they are more focused toward the responsibility assigned to them time to time it could be because of feel of supervision and consternation of their bad impression on higher authority.

CONCLUSION

ASHA becomes an inevitable component in providing primary health care to the village level by creating awareness on health and its social determinants. They have mobilized the community towards local health planning that increased utilization of primary health care and thus placed the health in the hands of the people. The success of the ASHA program is highly dependent on the individual ASHAs and time spent by them to their work it shows that how much they are dedicated for their work, distance from health center has a salient effect upon result because it was find that they prefer to go to nearest health facility. It is also seen that for any other Mitanni related works when responsibility has provided to Mitaniin they have devoted theirall-time for that and seen that they attended trainings very dedicatedly and almost all attend whole day training session. un-availability of proper working schedule is a main issue behind the less working days and hour by the Asha. Improvements in supervision and support for Mitaniin workers are needed in order to enhance their working hour

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Annex 1

DISTANCE FROM PRIMARY HEALTH CENTER

DFPHC				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	29	36.3	36.3	36.3
0	1	1.3	1.3	37.5
0.5 KM	3	3.8	3.8	41.3
0.5KM	1	1.3	1.3	42.5
1 KM	15	18.8	18.8	61.3
10 KM	2	2.5	2.5	63.7
10KM	1	1.3	1.3	65.0
11KM	1	1.3	1.3	66.3
2 KM	6	7.5	7.5	73.8
3 KM	9	11.3	11.3	85.0
3KM	2	2.5	2.5	87.5
4 KM	1	1.3	1.3	88.8
5 KM	5	6.3	6.3	95.0
6 KM	1	1.3	1.3	96.3
6KM	1	1.3	1.3	97.5
7 KM	1	1.3	1.3	98.8
8 KM	1	1.3	1.3	100.0
Total	80	100.0	100.0	

2.AVERAGE TIME PER DAY FOR MITANIN WORK

FREQUENCY

		TMW			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	.0	1	1.3	1.3	1.3
	1.0	3	3.8	3.8	5.1
	2.0	23	28.7	29.5	34.6
	3.0	10	12.5	12.8	47.4
	4.0	16	20.0	20.5	67.9
	5.0	17	21.3	21.8	89.7
	6.0	4	5.0	5.1	94.9
	7.0	1	1.3	1.3	96.2
	8.0	2	2.5	2.6	98.7
	51.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

4. TIME SPENT DURING VISIT TO PREGNANT WOMEN (PER DAY)

FREQUENCY

		TVPW			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	1.3	1.3	1.3
	.5	5	6.3	6.4	7.7
	1.0	27	33.8	34.6	42.3
	2.0	30	37.5	38.5	80.8
	3.0	10	12.5	12.8	93.6
	4.0	2	2.5	2.6	96.2
	5.0	3	3.8	3.8	100.0
Total		78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

6. TIME VISITED TO NEW BORN (PER DAY)

FREQUENCY

		TVNB			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	21	26.3	27.3	27.3
	.5	6	7.5	7.8	35.1
	1.0	29	36.3	37.7	72.7
	1.5	2	2.5	2.6	75.3
	2.0	15	18.8	19.5	94.8
	3.0	4	5.0	5.2	100.0
	Total	77	96.3	100.0	
Missing	System	3	3.8		
Total		80	100.0		

8. TIME SPENT IN SUPPLIMENTARY FEEDING COUNSELLING (PER DAY){6-9 MONTH}

FREQUENCY

TSFM					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	14	17.5	17.9	17.9
	.5	12	15.0	15.4	33.3
	1.0	24	30.0	30.8	64.1
	1.5	4	5.0	5.1	69.2
	2.0	16	20.0	20.5	89.7
	3.0	2	2.5	2.6	92.3
	4.0	4	5.0	5.1	97.4
	5.0	2	2.5	2.6	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

10. TIME SPENT NUTRITION COUNSELING PER DAY(6m-3yr)

FREQUENCY

		TSFY			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	19	23.8	24.4	24.4
	.5	6	7.5	7.7	32.1
	1.0	30	37.5	38.5	70.5
	1.5	1	1.3	1.3	71.8
	2.0	13	16.3	16.7	88.5
	2.5	1	1.3	1.3	89.7
	3.0	5	6.3	6.4	96.2
	4.0	2	2.5	2.6	98.7
	5.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

12.TIME SPENT IN DISTRIBUTION OF DRUG PER DAY

FREQUENCY

		TDD			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	.0	14	17.5	17.9	17.9
	.5	2	2.5	2.6	20.5
	1.0	6	7.5	7.7	28.2
	2.0	11	13.8	14.1	42.3
	3.0	15	18.8	19.2	61.5
	4.0	6	7.5	7.7	69.2
	5.0	10	12.5	12.8	82.1
	6.0	10	12.5	12.8	94.9
	7.0	3	3.8	3.8	98.7
	8.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

15. TIME SPENT FOR SCREENING ACTIVITY PER DAY

FREQUENCY

		TSA			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	.0	47	58.8	60.3	60.3
	.5	9	11.3	11.5	71.8
	1.0	12	15.0	15.4	87.2
	1.5	1	1.3	1.3	88.5
	2.0	5	6.3	6.4	94.9
	4.0	2	2.5	2.6	97.4
	5.0	2	2.5	2.6	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

19. TIME SPENT IN FOLLOW UP ACTIVITY (PER DAY)

FREQUENCY

TFA					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	9	11.3	11.5	11.5
	.5	13	16.3	16.7	28.2
	1.0	39	48.8	50.0	78.2
	1.5	1	1.3	1.3	79.5
	2.0	11	13.8	14.1	93.6
	3.0	5	6.3	6.4	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

21. TIME SPENT DURING VISIT OF SUB CENTER (PER DAY)

FREQUENCY

TVS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	60	75.0	76.9	76.9
	1.0	1	1.3	1.3	78.2
	2.0	1	1.3	1.3	79.5
	3.0	7	8.8	9.0	88.5
	4.0	3	3.8	3.8	92.3
	5.0	3	3.8	3.8	96.2
	6.0	2	2.5	2.6	98.7
	8.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

25. TIME SPENT DURING VISIT OF PHC/UPHC PER DAY

FREQUENCY

		TVPC			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	48	60.0	61.5	61.5
	1.0	1	1.3	1.3	62.8
	2.0	2	2.5	2.6	65.4
	3.0	3	3.8	3.8	69.2
	4.0	8	10.0	10.3	79.5
	5.0	11	13.8	14.1	93.6
	6.0	2	2.5	2.6	96.2
	8.0	3	3.8	3.8	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

27. TIME SPENT DURING VISIT TO CHC PER DAY

FREQUENCY

TVCH

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	58	72.5	75.3	75.3
	2.0	1	1.3	1.3	76.6
	4.0	5	6.3	6.5	83.1
	5.0	10	12.5	13.0	96.1
	6.0	3	3.8	3.9	100.0
	Total	77	96.3	100.0	
Missing	System	3	3.8		
Total		80	100.0		

30. TIME SPENT DURING VISIT OF DISTRICT HOSPITAL (PER DAY)

FREQUENCY

TVDH

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	32	40.0	41.0	41.0
	1.0	1	1.3	1.3	42.3
	3.0	5	6.3	6.4	48.7
	4.0	4	5.0	5.1	53.8
	5.0	14	17.5	17.9	71.8
	5.5	1	1.3	1.3	73.1
	6.0	12	15.0	15.4	88.5
	7.0	1	1.3	1.3	89.7
	8.0	8	10.0	10.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

33.TIME SPENT IN RIGHT BASED ACTIVITY (PER DAY)

FREQUENCY

		TRBA			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	55	68.8	70.5	70.5
	1.0	4	5.0	5.1	75.6
	2.0	9	11.3	11.5	87.2
	3.0	10	12.5	12.8	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

35.TIME SPENT IN SURVEY RELATED WORK (PER DAY)

FREQUENCY

TSRW					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	20	25.0	26.0	26.0
	2.0	5	6.3	6.5	32.5
	3.0	14	17.5	18.2	50.6
	4.0	16	20.0	20.8	71.4
	5.0	12	15.0	15.6	87.0

	6.0	8	10.0	10.4	97.4
	8.0	2	2.5	2.6	100.0
	Total	77	96.3	100.0	
Missing	System	3	3.8		
Total		80	100.0		

38. TIME SPENT FOR OTHER MITANIN RELATED WORK (PER DAY)

FREQUENCY

		TOMP			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	1	1.3	1.3	1.3
	3.0	2	2.5	2.6	3.8
	4.0	2	2.5	2.6	6.4
	5.0	18	22.5	23.1	29.5
	6.0	29	36.3	37.2	66.7
	7.0	15	18.8	19.2	85.9
	8.0	11	13.8	14.1	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

40. TIME SPENT IN VHND

FREQUENCY

		TVND			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	19	23.8	24.4	24.4
	3.0	16	20.0	20.5	44.9
	4.0	11	13.8	14.1	59.0
	5.0	13	16.3	16.7	75.6
	6.0	17	21.3	21.8	97.4
	6.5	1	1.3	1.3	98.7
	8.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

42. TIME SPENT IN CLUSTER MEETING

FREQUENCY

		TCL			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	9	11.3	11.5	11.5
	1.0	2	2.5	2.6	14.1
	2.0	3	3.8	3.8	17.9
	3.0	5	6.3	6.4	24.4
	4.0	24	30.0	30.8	55.1
	5.0	22	27.5	28.2	83.3
	6.0	11	13.8	14.1	97.4
	7.0	1	1.3	1.3	98.7
	8.0	1	1.3	1.3	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

44. TIME SPENT IN VHSNC PER DAY

FREQUENCY

		TVNC			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	25	31.3	32.1	32.1
	1.0	1	1.3	1.3	33.3
	2.0	1	1.3	1.3	34.6
	3.0	9	11.3	11.5	46.2
	4.0	27	33.8	34.6	80.8
	5.0	11	13.8	14.1	94.9
	6.0	4	5.0	5.1	100.0

	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

46. TIME SPENT IN HAMLET MEETING PER DAY

FREQUENCY

THM					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	6	7.5	7.7	7.7
	2.0	1	1.3	1.3	9.0
	3.0	15	18.8	19.2	28.2
	4.0	13	16.3	16.7	44.9
	5.0	39	48.8	50.0	94.9
	6.0	4	5.0	5.1	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

48. TIME SPENT IN TRAINING PER DAY

FREQUENCY

		TTR			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	1.3	1.3	1.3
	8.0	77	96.3	98.7	100.0
	Total	78	97.5	100.0	
Missing	System	2	2.5		
Total		80	100.0		

Annex 2

QUESTIONNAIRE FOR MITANNI

NAME of Mitani-		MARITAL STATUS-	
- Age-		YEARS OF SERVICE-	
Village-		No. of children	
Hamlet-		Educational qualification-	
Block		NAME OF INVESTIGATOR	
- District-		Date of interview	
Monthly income of the family			

Who is the main earning member in the family?	
Is your family classified as BPL	
Distance of SHC	
Distance from PHC	
Distance from CHC	
Distance from DH	
Distance from hamlet	
Why did you choose to become Mitadin?	

Question relating to last 15 days work-

1. How many days in last 15 days you did any Mitadin related work?
.....
2. How much time you spent in a day for your Mitadin work?
.....
3. How many times in last 15 days you have visited to pregnant women's in your village?
.....

4. How much time on average you spent at the home of pregnant women?
.....
5. How many days on average you visited to newborn in last 15 days?
.....
6. How much time on average you spent when you visited to newborn?

.....
7. How many days in last 15 days you did Supplementary feeding counseling (6-9 months aged)?

.....
8. How much time it takes you for Supplementary feeding counseling (6-9 months aged) in one day?

.....
9. How many days in last 15 days you did Nutrition counseling (6 months to 3 years)?
.....
10. How much time it takes you for nutritional counselling (6-9 months aged) in one day?
.....
11. how many days on average during last 15 days you spent for the distribution of drug?
.....
12. how much time on average spent for the distribution of drug?

.....
13. to whom you distributed drugs in last 15 days?

.....
14. how many days you spent on average during last 15 days for screening activity?

.....

15. how much time you spent in a month for the screening activity?

.....

16. Whose screening you did in last 15 days?

.....

17. how many days you spent in a month for the follow up activity?

.....

18. how much time you spent in follow up activity?

.....

19. Whose follow-up have you did in last 15 days?

.....

21.On average how many times in last 15 days you visited to nearest sub center?

.....

IF YES

22. For what purpose you have visited to sub center?

.....

23.On average how much time you spent during your visit to sub center (included all traveling time)?

.....

24.On average how many days in last 15 days you visited to nearest PHC?

.....

IF YES

25. For what purpose you have visited to PHC?

.....

26. On average how much time in a day you spent during your visit to PHC (included all traveling time)?

.....

.....

27. On average how many times in a month you visited to community health center?

.....

IF YES

28. For what purpose you have visited to CHC?

.....

29. On average how much time you spent during your visit to community health center?

.....

30. On average how many times in a month you visited to nearest district hospital?

.....

IF YES

31. For what purpose you have visited to district hospital?

.....

32. On average how much time you spent during your visit to district hospital?

.....
.....

33.how much days in last 15 days you did right based activity?

.....

34. how much time in last 15 days you spent in right based activity?

.....

35. how many days in last 15 days you have spent for survey related work?

.....

36. how much time in a day you have spent for survey related work?

.....

37.Any other Mitani programme related work done in last month ?

.....

IF YES

38. how many day you work on this last month?

.....

39. How much time you have spent in a day for this work?

Question relating to last one-month activity-

40.Did you attend VHND in last one month?

.....

IF YES

41.How much time did you spent towards VHND?

.....

42. Did you attend any cluster meeting during last month?

.....

IF YES

43. How much time you have spent in cluster meeting?

.....

44. Did you attend any VHSNC meeting in last month?

.....

IF YES

45. How much time you have spent in VHSNC meeting?

.....

46. Did you conduct any Hamlet meeting in last month?

.....

IF YES

47. activity How much time it takes you in this?

.....

Question relating to last one-year activity-

48. During last year how many days you spent for training?

.....

49. What training activity you have attend?

.....

42. How much time you have spent in this training activity?

.....