Summer Placement

In

NHM, Odisha

(April 1 to May 31st, 2015)

A Report

By

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MBA Hospital and Health Management
2014-2016

Institute of Health Management Research, Jaipur

Under the guidance

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Suchismita Mishra has completed the summer internship at **National Health Mission, Bhubaneswar, Odisha,** from 2nd April to 28th May' 2015 and has conducted the following project under my guidance

A study on adequacy of performance incentive received by ASHA (Accredited Social Health Activist) in Koraput district, Odisha.

All the data related to the study is the primary data collected by herself.

The approach to the project has been sincere, scientific and analytical. The work is in partial fulfilment to the course requirements, recommended for the Master of Business Administration in Hospital and Health Management, 19th Batch from Institute of Health Management Research, Jaipur.

I wish her success in all her future endeavours.

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Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
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Letter No: OSH &FWS/8994
124/13 CR-1)

Date: 25.09.15

TO WHOMSOEVER IT MAYCONCERN

This is to certify that **Dr. Suchismita Mishra** student of Masters in Business Administration in Health and Hospital Management, IIHMR, Jaipur has undergone summer internship under **National Health Mission, Odisha from 2nd April to 28th May'15 and conducted a study on "Assigned Work load vs. approved performance incentive of ASHAs" in Koraput district, Odisha.**

As per the study design Dr. S. Mishra has made a presentation at NHM Directorate under the chairpersonship of DFW, Odisha to share the major findings of the study. During summer study , she has collected required data from Koraput district and NHM Directorate. She has worked under the guidance of **Dr. D.K.Panda, Team Leader, SHSRC and Dr. B.Modak, Sr. Training Consultant, SHSRC.**

I wish her every success in all her future endeavours.

24/9.

Mission Director, NHM &
Ex-Officio Additional Secretary to Govt.

Acknowledgement

At the onset of the report I would like to express my special gratitude and appreciation Smt. Roopa Mishra, Mission Director (NHM, Odisha) for allowing me to pursue my summer internship from National Health Mission, Odisha.

I would also like to acknowledge with much appreciation the crucial role of Dr. Biswajit Modak, Senior Training Consultant, SHSRC, NRHM, who despite of other pre occupations and busy schedule was there to guide me and whose stimulating suggestions and encouragement helped me complete my training.

This training wouldn't have been completed without a substantial support from Dr. D. K. Panda, Team leader and a great number of people so I would like to thank all the consultants in various departments and other staff members at NHM for being so helpful all the time and making this summer training project an unforgettable experience.

I express my gratitude and respectful regards to my mentor Prof. Barun Kanjilal, IHMR, Jaipur for his able guidance and useful suggestions, which helped me in completing the project work.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality. My colleagues, Dr Kim Patras also hold a special mention here for believing in me and supporting me throughout the summer internship training.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents and family for their blessings and my friends for their help and wishes for the successful completion of this training.

Dr. Suchismita Mishra

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Abbreviations

ADMO	Assistant District Medical Officer
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
AWW	Angan Wadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BPM	Block Programme Manager
CBR	Crude Birth Rate
CDMO	Chief District Medical Officer
CDR	Crude Death Rate
CHC	Commuity Health Center
CLMIS	Contraceptive Logistic Management Information System
CME	Continued Medical Education
CUG	Closed User Group
DOT	Direct Observed Treatment
DPM	District Programme Manager
DHH	District Headquarter Hospital
DLHS	District Level Household Survey
EDD	Expected Date of Delivery
FICTC	Facility Integrated Counseling & Testing Center
FRU	First Referral Unit
GIS	Global Information System
GKS	Gaon Kalyan Samiti
GODMAN	Government Doctor’s Information Management
HBPNC	Home Based Post Natal Care
HBNC	Home Based New Born Care
HIV	Human Immuno Virus
HMIS	Health Management Information System
HRMIS	Human Resource Management Information System
ICTC	Integrated Counseling & Testing Center
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standard
VH&SC	Village Health &Sanitation Committee

ITEMS	Integrated Training & Evaluation Management System
JSSK	Janani Shishu Surakhsha Karyakram
KBK	Kalahandi,Balangir,Koraput
LWE	Left Wing Extremities
MCH	Maternal Child Health
MCTS	Mother and Child Tracking System
MDG	Millennium Development Goals
MHU	Mobile Health Unit
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
NGO	Non Governmental Organization
NHSRC	National Health Systems Resource Centre
NHM	National Health Mission
NRC	Nutritional Rehabilitation Center
NRHM	National Rural Health Mission
OSMIS	Odisha State Malaria Information System
OVLMS	Odisha Vaccine Logistic Management System
PBP	Performance Based Payment
PHC	Primary Health Center
PI	Performance Incentive
PPP	Public–Private partnership
PRI	Panchayati Raj Institutions
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RMNCH+A	Reproductive Maternal Neonatal Child Health & Adolescent
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnutrition
SC	Sub Center
SHSRC	State Health Systems Resource Center
SIHFW	State Institute of Health and Family Welfare
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
TT	Tetanus Toxoid
UGPHC	Up Graded Primary Health Center

A report on observational learning about National Health Mission ,Odisha

Introduction

The Hon'ble Prime Minister of India Dr.Manmohan Singh launched NRHM (National Rural Health Mission) on 12 April 2005 in the country, with special focus on 18 states including Odisha. It is the Biggest ever health project in the health sector in the last 50 years. It recognizes the importance of health care in the process of economic and social development and improving the quality of lives of our citizens. It provides effective health care to rural population throughout the country with focus on 18 states, which have weak public health indicators and weak infrastructures.
The Hon'ble Chief Minister of Odisha Shri Naveen Patnaik in presence of the Union Minister Health & Family Welfare, Shri Anbumani Ramadoss launched the NRHM programme throughout the state on 17th June 2005 with goal of "Healthcare to All"

The first phase of NRHM was from 2007-2012. This is the second phase of NRHM (2013-2017). In 2013 it was named National Health Mission. National Health Mission (NHM) encompasses two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). It is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.

Goals of NHM

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavour would be to ensure achievement of those indicators given below. Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

1. Reduce MMR to 1/1000 live births

2. Reduce IMR to 25/1000 live births

3. Reduce TFR to 2.1

4. Prevention and reduction of anaemia in women aged 15–49 years

5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases

6. Reduce household out-of-pocket expenditure on total health care expenditure

7. Reduce annual incidence and mortality from Tuberculosis by half

8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts

9. Annual Malaria Incidence to be <1/1000

10. Less than 1 per cent microfilaria prevalence in all districts

11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

Vision of NHM

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Core Values of NHM

. Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.

. Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.

. Build environment of trust between people and providers of health services.

. Empower community to become active participants in the process of attainment of highest possible levels of health.

. Institutionalize transparency and accountability in all processes and mechanisms.

. Improve efficiency to optimize use of available resources.

The state of Odisha has an area of 155,707 km² and population of 41,947,358. Odisha is the ninth largest state by area in India, and the population. There are 30 districts; each district is subdivided into blocks, the total being 314. Blocks consist of *Panchayati* (village councils) & town municipalities. The state has population density of 270 per square kilometre as against the national average of 382 per square kilometre). The decadal growth rate of the state is +15.94 percent (against 21.54 percent for the country) and the population of the state is growing at a slower rate than the national rate.

In Odisha, more than 85 percent of the population live in rural areas and depends mostly on agriculture. The percentages of SC & STs constitute 16.53 & 22.13 percent respectively of the total state population. Nearly 45 percent of the state area in as many as 13 districts has been declared as Scheduled castes dominant areas.

Considering that good health is an important asset of livelihood and illness a major cause of impoverishment, the health and allied sector in the state has made noticeable improvements in leprosy control, Polio eradication, IMR, MMR, Malaria, CBR, CDR, Life Expectancy at Birth, Nutritional Status, Literacy, drinking water supply and sanitation.

NRHM plays an important role in the provision and administration of health services and in order to raise the quality, extend accountability and deliver the services fairly, effectively and courteously. The NRHM primarily seeks to provide preventive, primitive, curative and rehabilitative health services to the people through primary health care approach that has been accepted as one of the main instruments of action for development of human resources, accelerating the socio-economic development and attaining improved quality of life. Primary health care is essential health care for all citizens, easily accessible and at cost, which citizens and community can afford.

In the rural areas services are provided through a network of integrates health and family welfare delivery system. The primary health care infrastructure has been developed as a three tier system-

sub-centres, Primary Health centres and Community Health Centres. Sub-Centres is the most peripheral contact point between the Primary health care system and the community and is manned generally by Multi- Purpose Health Workers(Male & Female), AWW and ASHA. Medical Officer supported by Para-Medical and other staff operates primary Health centre. Some of the PHCs are running under PPP model.
NRHM working on five main Approaches:

1) **COMMUNITIZE**
    - HMC/RKS / PRIs at all levels
    - Untied grants to community/PRI Bodies
    - Funds, functions & functionaries to local community organizations
    - Decentralized planning, VH&S Committees
2) **MONITOR,PROGRESS AGAINST STANDARDS**
    - Setting IPHS Standards
    - Facility Surveys
    - Independent Monitoring Committees at Block, District & State levels
3) **FLEXIBLE FINANCING**
    - Untied grants to institutions
    - NGO sector for public Health goals
    - NGOs as implementers
    - Risk Pooling – money follows patient
    - More resources for more reform
4) **IMPROVED MANAGEMENT THROUGH CAPACITY**
    - Block & District Health Office with management skills
    - NGOs in capacity building
    - NHSRC / SHSRC / DRG / BRG
    - Continuous skill development
5) **INNOVATION IN HUMAN RESOURCE MANAGEMENT**
    - More Nurses – local Resident criteria
    - 24 X 7 emergencies by Nurses at PHC. AYUSH
    - 24 x 7 medical emergency at CHC

Objectives of NRHM Odisha

NRHM Initiatives General Objectives

- Reduction in child and maternal mortality.
- Universal access to public services for food and nutrition, sanitation and hygiene with emphasis on services addressing women's and children's health and universal immunization.
- Prevention and control of communicable, non-communicable, and locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalization of local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

Objectives of ASHA scheme are-

- Create awareness on health and its social determinants.
- Mobilize the community towards local health planning.

- Increase utilization and accountability of the existing health services.
- Promote good health practices.
- Provide a minimum package of curative care as appropriate and feasible for that level.
- Undertaking timely referrals.

Objective of Mainstreaming of AYUSH:

- Mainstreaming of AYUSH in the health care service delivery system to strengthen the existing public health system.

Objectives of United Fund for Sub Centres

- To increase functional, administrative and financial resources and autonomy to the field units.
- To develop the physical infrastructure and centre specific activities for PHCs.

Objectives of RKS

- Ensure compliance to minimal standard for facility and hospital care and protocols of treatment as issued by the Government.
- Ensure accountability of the public health providers to the community.
- Introduce transparency with regard to management of funds.
- Upgrade and modernize the health services provided by the hospital and any associated outreach services.
- Supervise the implementation of National Health Programs at the Hospital and other institutions that may be placed under its administrative jurisdiction.
- Organize outreach services/ health camps at facilities under the jurisdiction of the hospital
- Display a Citizen's Charter in the Health facility.
- Generate resources locally through donations, user fees and other means
- Establish affiliations with private institutions to upgrade services
- Undertake construction and expansion in the hospital building
- Ensure optimal use of hospital land as per govt. guidelines
- Improve participation of the society in the running of the hospitals
- Ensure proper training for doctors and staff
- Ensure subsidized food, medicines and drinking water and cleanliness to the patients and their attendants.
- Ensure proper use, timely maintenance and repair of hospital building equipment and machinery.

Objectives of Mobile health Units:

- Every district will have at least operational mobile medical unit t for delivering health services in terms of preventive, primitive, curative and effective to rural population especially to poor woman, children and old.

Objectives of Strengthening of PHC/CHC/UGPHC to Indian Public Health Standard:

- To provide optimal expert care to the community.
- To achieve and maintain an acceptable standard quality care in terms of Assured Services.
- To make the services more responsive and sensitive to the needs of the community.

Objectives of Immunization

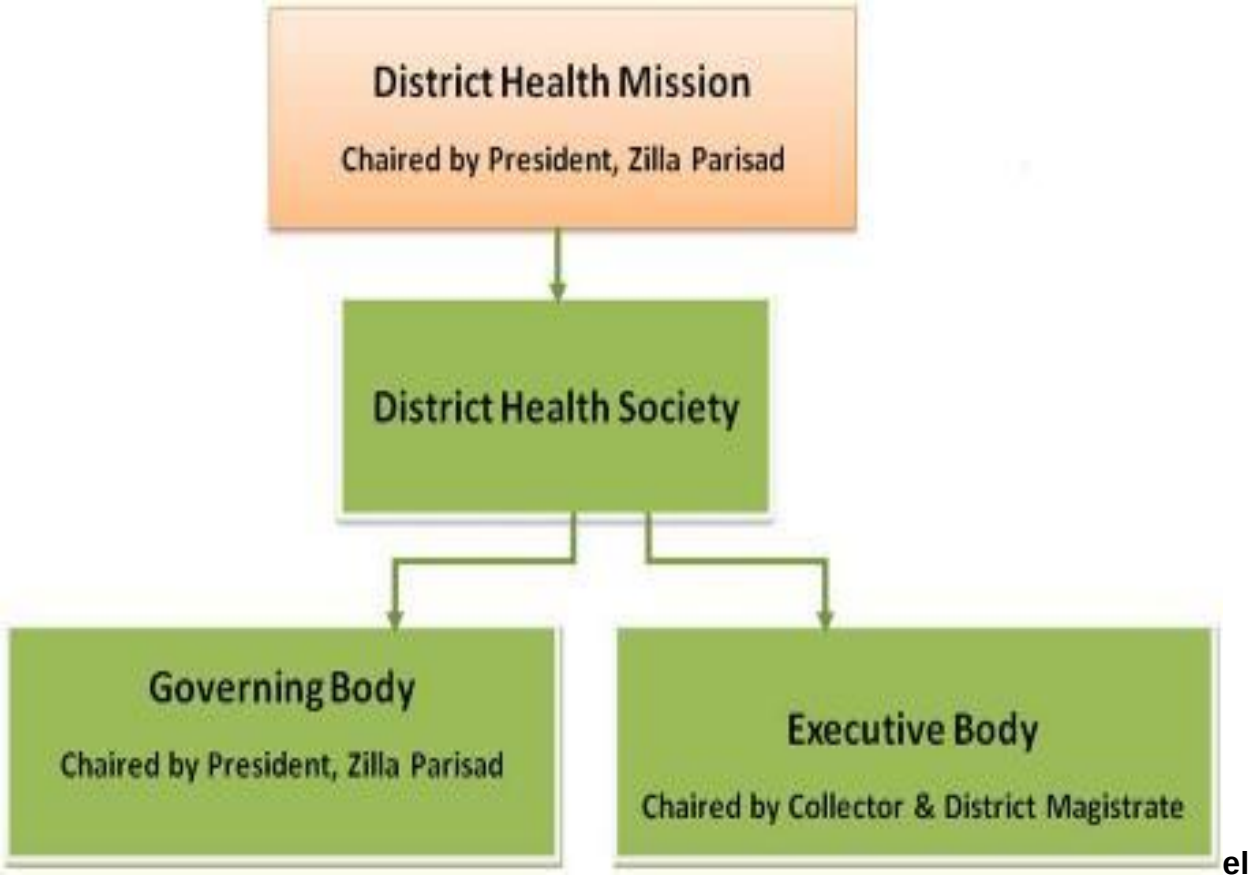
- Districts will provide equitable, efficient and safe immunization services to all infants and pregnant women. Aim is to achieve 100% full immunization status by 2009-2010 and to maintain it for long.
- **2005-06---------50%**
- **2006-07---------60%**
- **2007-08---------75%**
- **2008-09---------95%**
- **2009-10---------100%**
- Contribute global eradication of Polio by 2007.
- Elimination of Neonatal Tetanus, Diphtheria and Pertussis by 2009.
- Measles mortality and morbidity reduction to 80% by 2010, compared to 2000 estimates.
- Achieve and maintain vitamin A supplementation coverage >80% under the age of 3 yrs
- Establish sufficient sustainable and accountable fund flow at all levels.
- Ensure there is sustained demand and reduced social barriers to access immunisation services.

Objectives of the NIDDCP

- Assess the magnitude of IDD by periodic surveys.
- Re-survey after every 5-years to assess the extent of IDD and the impact of Iodized Salt.
- Laboratory Monitoring of Iodized Salt and Urinary Iodine excretion.

Figure 1 – State level Organogram of NHM Odisha

Figure 2- District level Organogram of NHM Odisha



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STATE INITIATIVES

- Swasthya Kantha Campaign: To provide health related communication information to rural population by writing the information on specific walls meant for the purpose. The walls are located at strategic points in most villages. The major issues tackled are “maternal health, child health, malaria and tuberculosis”.
  As a result of the Swasthya Kantha campaign, there is increased knowledge on health and sanitation issues of the village with improved health seeking behaviour of the people.

- Innovations in relation to ASHA workers
  - ASHA HBPNC: Home based post natal care for mother and infant by ASHA.
    ASHAs are being trained for home based post natal care which has increased record keeping of immunization, breast feeding and better reporting of LBW babies.
  - Bicycles to ASHAs: ASHAs have been provided with cycles so that they can deliver better services. Cycles help in easy commuting of the ASHAs to the areas that she covers, even in areas where roads are not available. After provision of cycles, there has been an increase in immunization coverage, ANC and institutional delivery.
  - ASHA fixed day payment: To address the grievances of payment of incentives, the government has come up with the policy of having a fixed day for payments of incentives. There are 32 different incentives for ASHA workers.
    With this innovation there has been an increased motivation of ASHA workers towards their work.
  - ASHA Gruha : It is a resting place for ASHAs, who accompanies pregnant women to the hospitals for their delivery.
    The ASHAs feels very secure to accompany pregnant women even at night, as she feels safety for herself during the visit to district hospitals.

- The Government of Odisha has started the 108 Ambulance Service in the year 2013

- *Gramsat* to promote health provisions was put up to disseminate innovations and information of health issues and to review the various programmes in place. It provides an excellent opportunity for discussions with block and district health officials.

- Public- private partnership:

  1. **Urban Slum Health Project:** Targeted for outreach and vulnerable areas. Provides services for health, hygiene, sanitation and nutrition.
  2. ***AROGYA* Plus project:** Specially targeted at Naxalite areas for providing health services to these areas. This project functions similarly as mobile health units
  3. **PHC New project:** 32 PHC (New) in very outreach areas
  4. **Vulnerable Group Project :** Meant for primitive tribe groups
  5. **Maternity Waiting Home:** Providing PNC support to pregnant women in outreach areas. Providing temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before EDD and can wait for delivery

- Mobile Health Unit: To provide preventive & curative health services in the inaccessible areas and difficult terrains which are un-served /underserved under usual circumstances. With the advent of MHU’s there has been an increase in the number of cases treated and referred. The

MHU's function for 22 days in a month, reaching far of villages to provide quality services to them.

- Janani Express: Free referral transport system to promote institutional delivery and reduce out of pocket expenditure by providing nonstop free transport facility and contributing in reduction of infant and maternal mortality. The average patient load has been on a gradual increase.

- Mobile Boat Clinic: To provide basic health services to people of most inaccessible and difficult areas of Malkanagiri district (Naxalite area). But after its introduction, giving services to the outreach people has become easier.

- Tika Express: An alternate vaccine delivery system for children of difficult and tribal dominated pockets to enhance immunization coverage and strengthen routine immunization programmes. Due to this initiative, percentage of full immunization has been on a constant increase.

- Sick New Born Care Unit: To improve neonatal survival and provide special level- II care to neonates including low birth weight and sick neonates. Special initiatives like "autoclaved cotton dress", "kangaroo

  care bag" and "oil cloth – with key message" are taken up. It has led to an increase in successful management of a huge number of babies.

- Single Window: *Janani* Sewa *Kendra* for JSY beneficiaries to reach up to a mark of 100% birth registration and to provide all major MCH related benefits at facility level. With this service in place, there has been an increase in distribution of birth certificates and delivering of other services to the beneficiaries.

- IT initiatives: Various IT applications have been used to achieve the desired objectives.

    - Program monitoring applications
        - E Swasthya Nirman
        - Drug Testing and Data Management System
        - *E Sanjog*
        - FRU Montoring System
        - Contraceptive Logistic Management Information System (C LMIS)
        - Odisha Vaccine Logistics Management System (OVLMS)
        - Integrated Training & Evaluation Management System (ITEMS)
    - Human Resource Monitoring & Management
        - E Attendance
        - Human Resource Management Information System (HRMIS)
        - Govt. Doctor's Information Management (GODMAN)
        - Mission Connect (CUG)
    - Citizen Centric Applications
        - E Blood Bank
        - Grievance Redresser System for JSSK Scheme
        - Telemedicine
    - Applications for Planning and Management
        - Odisha State Malaria Information System (OSMIS)
        - GIS in Odisha State Healthcare Planning & Management

Field Learning

List of people interacted during training period

S no.	Name	Designation
1	Dr Nirmala Kumari Dei	Director (Family & Welfare dept),Odisha
2	Dr. D. K. Panda	Team Leader(SHSRC)
3	Dr. Biswajit Modak	Sr. Training Consultant
4	Dr. B.P. Mohapatra	Jt. Director, Nutrition
5	Dr. PKB. Patnaik	Jt. Director, NCD
6	Dr. Bikash Patnaik	Jt. Director, CD
7	Dr. Ranjeeta Patanaik	Jt. Director, Rural Health
8	Dr. Pramila Baral	Jt.Director, Public Health
9	Dr. M.M. Pradhan	Deputy Director, NVBDCP
10	Mr. Sushant kumar Nayak	Sr. Consultant CTRC
10	Dr.M.K. Behera	AD(MH)
11	Dr. Aditya Mohapatra	Consultant Pediatrician
12	Mr. Adait Kumar Pradhan	State Programme Manager
13	Mr. Chandanesh Mishra	Consultant, Adolescent Health
14	Dr. Shridhar Kadam	Associate Professor IIPH, Bhubaneswar
15	Smt. Mithun Karmakar	Senior Consultant, M&E Section
16	Dr. Laxhmidhar Kabi	CDMO, Koraput
17	Dr. Lalatendu Das	ADMO(FW),Koraput
18	Dr. Arun kumar Padhi	ADMO(PH),Koraput
19	Mr. Saroj Kumar Panigrahi	DPM, Koraput
20	Mr. Sameer Tripathy	BPM, Kotpad
21	Mrs. Deepanwita Pattanaik	BPM, Borigumma
22	Mrs. Nutan Singh	BPM, Boipariguda
23	Mrs Ambujini Barik	BPM, Pottangi
24	Mr. Debasis Samal	RVCCN, Koraput
25	Mr. Jitendra Biswal	Deputy Manager RCH
26	Mr. M Santosh Kumar	Data Manager

Research Study:-

A study on adequacy of performance incentive received by ASHA (Accredited social health activist) in Koraput district, Odisha.

Background:-

The NRHM (National Rural Health Mission) was launched by the Prime Minister, Dr. Manmohan Singh in New Delhi on12th April 2005. The Mission aimed to achieve infant mortality rate (IMR) of 30 per 1000 live births, maternal mortality 100 per 100 thousand live births and total fertility rate of 2.1 by the year 2012. The Mission attempted to achieve these goals through a set of core strategies including appointment of ASHA (Accredited Social Health Activist)

ASHA is a health activist in the community who creates awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services. The original idea of ASHA concept has came from MITANIN Programme of Chhattisgarh which was launched by State Govt In 2001 in order to mobilise people towards local health planning. .

As per the guideline of NRHM , ASHA must be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years .She should be a literate woman with due preference in selection to those who are qualified up to 10 standard . This may be relaxed only if no suitable person with this qualification is available.

ASHA is chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram sabha. For Capacity building, ASHA undergoes series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.

ASHA receives performance-based incentives for different activities which broadly include maternal health, child health, promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH), promoting family planning programme.

In Odisha ASHA is performing 32 activities such as accompanying pregnant women for the institutional delivery, mobilization of beneficiaries to VHND, follow up of SNCU discharge babies, mobilisation of children to the immunisation session, motivation for both male and female sterilisation at public health institution , organising GKS meeting, attending monthly sector meeting etc.

Initiation of ASHA in NRHM is a holistic approach to improve the community health. A major change has been seen in health scenario of country after inception of ASHA concept. Now it is observed that **number of assigned activities is increasing day by day.** Working hour of ASHA is not scheduled, since requirement in health is situational.

They are trained, work hard 24x7, and they are accountable to the community and the Health system. The family life of the ASHA is disturbed, since they are on **24 hours call.** Now ASHA is expecting a higher PI for her contribution to the health system. Under the above situation a study has been done to evaluate the average time devoted and PI received by ASHA per month.

Justification

Only 42 percent of the ASHAs in Rajasthan and 82 percent of those in Orissa had received any payment for services they had already delivered.[1]

The modest incentive amounts being paid for certain services are not sufficient to motivate ASHAs to provide the service.[2]

A survey from Orissa revealed that one-third of the ASHAs were dissatisfied With their cash assistance and described it as “too much work and too little money.[3]

Research Question:-

What is the workload assigned to ASHA in terms of man hour and the average PI (performance incentive) received per month?

Objectives & Indicator:-

1. **Objective:** To study the average time (hours) devoted by ASHA per month for assigned health activities

   Indicators: Average time devoted for assigned health activities per month

2. **Objective:** To study the average performance incentive (PI) received by ASHA per month

   Indicators: Average PI received from government per month

3. **Objective:** To study amount of PI received time devoted for different monthly based health activities.

   Indicators: Average PI received against average time devoted for different monthly based health activities.

Research Methodology:-

- **Sources of Data:-** Primary data is collected in form of in depth interview of ASHA
- **Study Type:-** Exploratory
- **Study Duration:-** Two months
- **Study Area: -** Pottangi, Kotpad, Boipariguda blocks of Koraput district (Reason-Odisha is one of the eastern state of India. It has divided into 30 districts. One of the distribution patterns of districts is KBK & Non KBK districts. Koraput is one of the KBK district. It is dominated by tribal population & LWE (Left –Wing Extremism). From topography it is observed that Koraput has plane area, hilly region & inaccessible pocket. Adding to this female literacy rate is very low in Koraput district. Due to the above diversity ASHA of Koraput district are taking more hardship in comparison to the other area of Odisha. So to assess the average PI received against the completed work by ASHA in a tribal district, Koraput has been selected for the present study.

Sampling

- **Sampling Technique:-** Stratified purposive Sampling(Total 14 blocks of Koraput district is divided into 3 strata that is good ,average and low depending upon the performance of ASHA .Considering the limitations like hard to reach area ,limited time period and L.W.E(Left wing extremities) data is collected from one block of each strata.
- **Selection of respondents: -** ASHA are purposively selected for interview those are willing to answer all the questions.
- **Sample Size: -** 31 ASHA
- **Techniques:-** In depth Interview of ASHA
- **Tools:-** Semi structured (open - close end) Questionnaire

Data Analysis:-

- Collected data is analyzed based on the indicators taken against each objective.
- Indicators taken for all the health activities are expressed in terms of average.
- Indicators taken for monthly based activities are expressed in terms of percentage (%).
- Data is represented in a tabular form to find out the average and percentage (%).
- Ms-excel are utilized for data analysis.
- Since it is an exploratory study data is assessed in terms of percentage (%) and mean value
- Due amount of PI is taken for monthly activities and proportionate amount of PI was taken for long term activities.

Limitations

- Summer training is time bound.
- Sample is small and the size may not represent the entire universe of the study.
- Due to L.W.E. data is collected from near to reach area.
- Cultural limitations are there.

Ethical Consideration

- The study took care of dignity of respondents and respect for their views.
- The study maintained the confidentiality of the respondents.
- Information received by the respondents will not be misused in any form.
- The study ensured that information shared by the respondents will not put them in any kind of risk.

Result:-

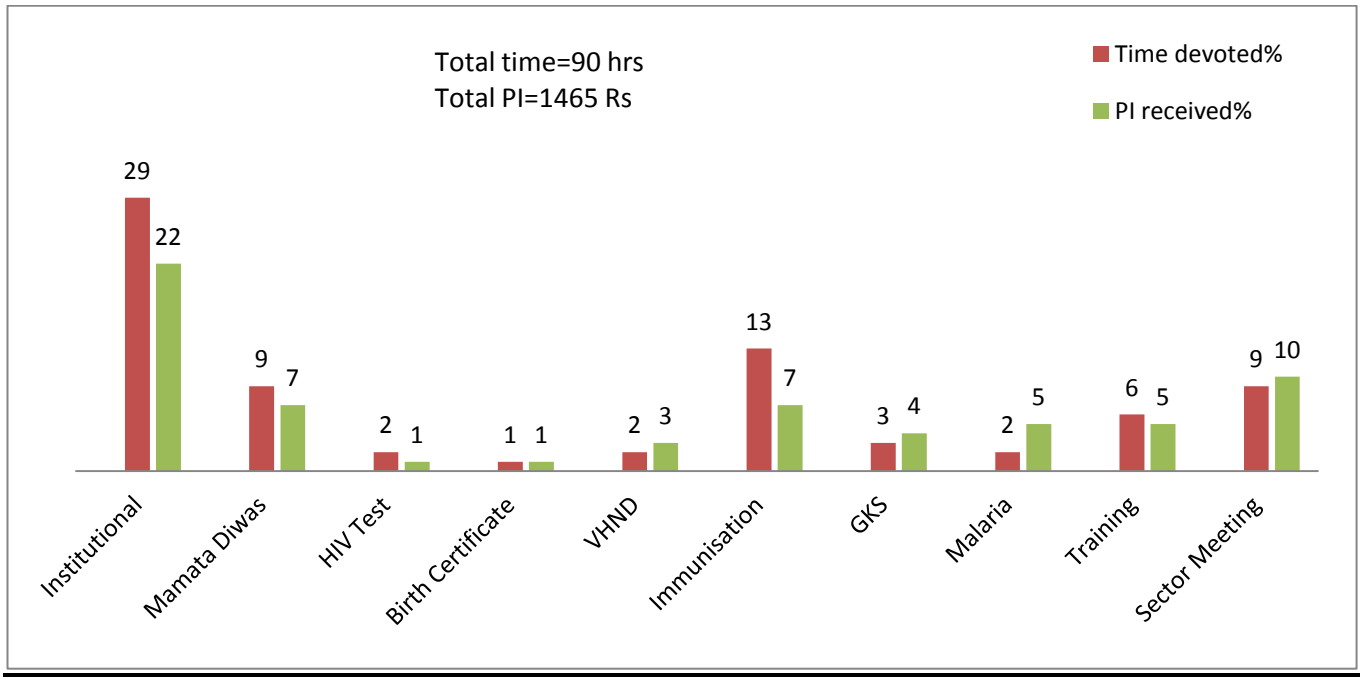
The table 1 presents the average time devoted and PI received by ASHA in a month and in a day. An ASHA is devoting 90 hours per month that means 3 hours per day for the assigned health activities. She is receiving 1465 Rs per month which means 49 Rs day for that time devotion. So the value of 1 hour is 16.33 Rs which is a very negligible amount.

Table 1: Average time devoted & PI received by ASHA

	Average time devoted (in Hrs)	Average PI received(in Rs)
Month	90	1465
Day	3	49

Graph 1 depicts the time devotion and PI received by ASHA for monthly based activities. For institutional delivery she is devoting 29 percent of total time and is getting 22 percent of total PI amount. In immunisation she is devoting 13 percent of total time and is getting only 7 percent of total PI amount. From this graph we can conclude that as per the time devotion ,the amount of PI is not adequate..

Graph 1: Time devotion & PI received by ASHA for monthly based activities



Major Findings

- ASHA is devoting average 3 hrs per day for assigned activities.
- Average 49 Rs/day per ASHA is not a comfortable PI.
- 29% of total time is devoted for institutional delivery while PI is only for 22%.
- 13% of total time is devoted for immunisation day while PI is only for 7%.
- For Mamata Diwas she is devoting average 9% of total time and is receiving 7% of PI.

Major Observation

- On an average 20 days per month ASHA is going out for her activities.
- Family life is disturbed due to more pressure of assigned activities.
- Motivation and encouragement is to some extent lacking.
- Lack of physical & mental support from family and community.
- ASHA are not satishfied with their PI amount & they are expecting an increment.

Suggestions

- As per the concept of ASHA, workload may be relooked.
- PI amount might be revised as per the time spent.
- Committed ASHAs may be encouraged through exposure.
- Contribution of ASHA needs to be encouraged through State convention / Dist. Convention regularly.
- PI in case of HIV & Malaria test may be rationalised.
- ASHA feed back mechanism may be established to enhance their work spirit.
- Adequate support to be ensured to ASHA from health personnel at institution level.

Reference:

1. Centre for Operations Research and Training (CORT). (2007). Assessment of ASHA and Janani Suraksha Yojana in Orissa. http://www.cortindia.com/rp%5crp-2007-0303.pdf

2. Nandan, D. (2008). A Study of Interface of ASHA with the Community and the Service Providers in Eastern Uttar Pradesh. http://nihfw.org/pdf/rahi-ii%20reports/gorakhpur.pdf

3. Centre for Operations Research and Training (CORT) (2007). Assessment of ASHA and Janani Suraksha Yojan.Orissa. http://www.cortindia.com/rp%5crp-2007-0303.pdf

Annexure:-

Questionnaire for ASHA Workers

Study on time devoted for assigned health activities and PI received by ASHA

Information- My name is Dr Suchismita Mishra and I am a student of IIHMR University, Jaipur. I am doing my summer training project under NHM, Odisha. My project is based on time devoted and PI received by ASHA for completion of assigned health activities by Government. I would like to ask you few questions related to my project. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and will not publish in any journal without the permission of Govt. of Odisha. We will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time. Thank you.

Consent- I_____give my approval for the interview. All the things have been explained to me up to my satisfaction

Interviewee Signature

General Information:-

S no	Particulars	Details
1.	Name of ASHA worker	
2.	Serial no	
3.	Age	
4.	Phone no	
5.	Block name	
6.	District name	

Questionnaire

S no.	Activities	Time Devoted	PI Received
1	Accompanying for Institutional delivery		
2	Mamata Diwas		
3	Mobilize and accompany pregnant women to ICTC or FICTC and ensure HIV and RPR testing during ANC		
4	Institutional delivery of HIV (+) case		
5	Information about maternal death		
6	Accompanying cost to ASHA for IV iron sucrose supplementation to identified severe anemic cases		
7	Providing HBNC		
8	Ensuring insurance of minimum 80% birth &death certificates in her target area		
9	Follow up of discharge SAM children from NRCs		
10	Mobilization of beneficiaries to VHND		
11	Mobilization of children to the immunization session		
12	Ensuring complete immunization of child within 1st year of age		
13	Ensuring complete immunization up to 2nd year of age		
14	Pulse Polio operating costs		
15	Motivation for male sterilization at public health institutions		
16	Motivation for female sterilization at public health institution		
17	Ensuring spacing for 2 years after marriage		
18	Ensuring spacing of 3 years after birth of 1st child		
19	Promoting eligible couple to opt for permanent method up to 2 children		
20	Organizing GKS meeting		
21	Identification & referral & drug administration as per prescription for due term of suspected leprosy cases		
22	As DOT provider for successful completion of treatment of new cases		
23	As DOT provider for previously treated cases		
24	Blood sample collection ,report & treatment (Malaria slide test)		
25	Identification, organizing, motivating & transporting the case for cataract operation, support during post operative stay at institutions		
26	Promoting eye donation		
27	Accompanying freedom fighter to health institutions for treatment		
28	Attending training programme		
29	Attending monthly sector meeting		
30	Accompanying serious case to the hospital for treatment		