**Summer Training at**
**Shree Bhuvneshwari Mahila Ashram**
(April 15, 2013 – June 8, 2013)

# A Study on Evaluation of Asha (Accredited Social Health Activist) Services in Rural Area of Gairsain Block Along with an Overview of Various Components Undertaken in Shri Bhuvneshwari Mahila Ashram.

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**Under the guidance of**
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**Post Graduate Diploma in Rural Management**
**2012-2014**

**Institute of Health Management Research,**
**Jaipur**
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# CERTIFICATE

This is to certify that, **Lucky Sharma**, student of Post Graduate Diploma in Rural Management (PGDRM) from Institute of Health Management Research, Jaipur, batch 3rd (2012-2014) has undergone summer internship training at **Shri Bhuvneshwari Mahila Ashram, Gairsain (Chamoli), Uttarakhand** and has done project on "A study on evaluation on ASHA (Accredited Social Health Activist) services in rural area of Gairsain block along with an over view of various components under taken in Shri Bhuvneshwari Mahila Ashram."

The candidate has successfully carried out the work assigned to her during her summer internship training from **15th April 2013 to 8th June 2013** and her approach has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

G. Sadhu

**Dr. Goutam Sadhu**
Associate Professor
Cum Dean, (RM) & Mentor
IIHMR, Jaipur

REGN-NO- 2426-78-79

# श्री भुवनेश्वरी महिला आश्रम

अंजनीसैंण, टिहरी गढ़वाल, उत्तरांचल

प्रमाणित किया जाता है कि कु०/श्रीमती/श्री लक्की शर्मा

पुत्री/पत्नी/पुत्र बी॰ एल॰ शर्मा पता I.I.H.M.R. JAIPUR

( RAJASTHAN ) ने श्री भुवनेश्वरी महिला आश्रम के प्रशिक्षण केन्द्र में

संस्था द्वारा संचालित INTERNSHIP परियोजना/कार्यक्रम के

अन्तर्गत दिनांक 15 अप्रैल से 15 जून-13 तक आयोजित 60 दिवसीय

AN EVALUATION OF ASHA's प्रशिक्षण पाठ्यक्रम/कार्यक्रम में

सफलता पूर्वक भाग लिया।

सचिव

कार्यक्रम समन्वयक

**Acknowledgement**

*At the onset of the report I would like to acknowledge my sincere thanks to my institute,* **Institute of Health Management Research, Jaipur** *for providing me a platform to gain enough knowledge and skills in different aspects of health management.*

*Most importantly I would like to thank* **Prof. Rahul Ghai** *for providing me this golden opportunity to work with* Shri Bhuvneshwari Mahila Ashram *as a part of my summer training.*

*I would also like to thank* **Dr. Sadhu Gautam** [Professor and Dean] *for his able guidance and useful suggestions, which helped me in completing the project work, in time.*

*I owe a great debt to* **Advocate Gyan Singh Rawat, Secretary SBMA** *for having permitted me to do my summer training with* Shri Bhuvneshwari Mahila Ashram *. he was a constant guiding support and inspiration throughout the training period.*

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*Finally, most importantly, I would like to express my heartfelt thanks to my beloved parents for their blessings, my friends/classmates for their help and wishes for the successful completion of this training.*

***Lucky Sharma***

# Contents

**Abbreviations**

1. ANM- Auxiliary Nurse Midwife
2. ARSH- Adolescent Reproductive And Sexual Health
3. ASHA- Accredited Social Health Worker
4. AWW- Anganwadi Worker
5. BCC- Behaviour Change Communication
6. BHO- Block Health Officer
7. CHC- Community Health Centre
8. CNA- Community Need Assessment
9. DPM- District Programme Manager
10. ECCD- Early Childhood Care And Development
11. FY- Financial Year
12. ICDS- Integrated Child Development Scheme
13. MO- Medical Officer
14. MoHFW- Ministry Of Health And Family Welfare
15. NRHM- National Rural Health Mission
16. PHC- Primary Health Centre
17. PRI- Panchayati Raj Institution
18. PU- Project Unit
19. RCH- Reproductive And Child Health
20. SBMA- Shri Bhuvneshwari Mahila Ashram
21. SC- Sub Centre
22. VHSC- Village Health and Sanitation Committee

# ABOUT

# SBMA

# 1. About the Summer Internship Organisation

## 1.1 Introduction About SBMA

Sri Bhuvneshwari Mahila Ashram (SBMA) is an independent organization that works with the people of Garhwal Himalayas.

The Ashram evolved out of years of community struggle led by the late Swami Manmathan, a crusader from Kerala who formed a passionate commitment to the progress of Uttranchal.

In the activist tumult of the 1960's and 70's the people of Garhwal, especially women, gave voice to frustration against bad governance and superstition.

As a platform for their struggle, Swami Manmathan founded SBMA in 1977 in Anjanisain, Tehri Garhwal.

### SBMA/Plan Gairsain

SBMA and PLAN International both entered into partnership in 1996 and one year later the partnership was also started in Gairsain area. Till FY' 04 the Gairsain was acting as a branch/sector office. In FY 05 the formal split happened and interventions from Tehri area was withdrawn. This gave an opportunity to Gairsain area to become a full-fledged PU and the caseload was increased to 2900 sponsored children, in FY 09, achieved the caseload from 2900 to 4500.but in FY 12 the caseload is in decreasing proportion in the end of FY-12 caseload reduced to 3974 from 4200. SBMA/Plan project area is covering 240 villages/locations of 86 Gram Sabah's (Village Panchayats). Village Panchayats are increased 86 to 95 Village Panchayats in Gairsain block after implementing the new policy of demarcation. The Gairsain town is located on Haldwani-Ranikhet-Karanprayag-Srinagar-Haridwar motor road (National Highway 87) and is 90 Km. far from Raniketh and 50 Km from Karanprayag. Gairsain is a small town and small market place, a community Health

Centre that is up graded in community health center recently, a college for higher education (only for Art student), a branch of State Bank of India and government departments. 60% of villages are situated on high altitude and is 3-6 hour walk from the roadside. The SBMA-Plan Gairsain PU has 1 central coordinating and administrative office called the PU office, which is located in village Saliyana Bend, 7 cluster offices each covering at an average 11-12 village and 3 Sector offices each covering at an average 40-50 villages.

### 1.2 SBMA vision

Happy children from happy families from happy communities

### 1.3 SBMA Mission

To ensure that the issues and concerns of women and children are solved by the Panchayats on priority basis

### 1.4 SBMA Strategy

Sensitize and build capacities of the people so that they can actively participate in the process of their own development

### 1.5 SBMA Approach

Organize people in groups, encourage them to discuss their issues, search solutions and influence Panchayats agenda of development

### 1.6 Chamoli District at a Glance

Chamoli district is the second largest district of Uttarakhand state of India. It is bounded by the Tibet region to the north, and by the Uttarakhand districts of Pithoragarh and Bageshwar to the east, Almora to the south, Garhwal to the southwest, Rudraprayag to the west, and Uttarkashi to the northwest. The administrative headquarters of the district is Gopeshwar.

According to the 2011 census Chamoli district has a population of 391,114, roughly equal to the nation of Maldives. This gives it a ranking of 559th in India (out of a total of 640). The district has a population density of 49 inhabitants per square kilometer

(130 /sq mi). Its population growth rate over the decade 2001-2011 was 5.6 per cent.Chamoli has a sex ratio of 1021 females for every 1000 males, and a literacy rate of 83.48 per cent.

## 1.7 Gairsain at a Glance

Gairsen or Gairsain is a village in Chamoli district in central Uttarakhand, India.

According to an old tale the name Gairsain comes from the Garhwali language. Gair means deep and sain means plane, referring to a place such as a valley, a plane area at the foot of hills.

It is situated in the center of the Garhwal and Kumaoun mandal. It is 1,750 metres (5,740 ft) high above sea level.

Gairsain is also the site of the source of the Ramganga River, the doodhatoli parwat where the Ramganga River rises.

Gairsain is just about 16 km from Almora border at the national highway 87 extension. Nearest railway station from Gairsain is Ramnagar which is 150 km away. Nearest airport is Gaucher which is about 54 km.

It is being seen as a future capital of Uttarakhand. Government of Uttarakhand had constituted Dixit commission for the search of a permanent capital which recommended Gairsain for the capital but the file related to this is gathering dust in Dehradun.

Recently Chief Minister Vijay Bahuguna in his first visit to Gairsain promised a lot of developmental projects to this town. He promised that an air strip would be laid in Gairsain. Apart from this one session of legislative assembly will be held in Gairsain annually.

## 1.8 Major Areas of work of SBMA

a) Child Rights And Protection
b) Education (ECCD and Model School)
c) Health
d) Participation Of Children In Governance
e) Water & Environment Sanitation
f) Disaster Preparedness
g) Livelihood
h) Watershed Management
i) Leadership Development
j) Community Mobilization

## 1.9 Activities done with the Institutions

VILLAGE PANCHAYAT FUN:- Skill development, support to planning process

VAN PANCHAYAT:- continue meeting about water conservation, management, catchments protection, plantation.

KISHORI SAMOOH:-Skill development, education motivation, family life education, community sensitization, leadership building..

BAL PANCHAYAT:-Sill development, Leadership building, Amazing kids, Journalism

MAHILA MANGAL DALs:-Skill dev., leadership, social development, motivation of MMD for implementation of activity, saving, Inter loaning, training on fodder development

KISHAN FEDERATION:- Training on Various livelihood option, technical and hardware support to farmers and farmer group.

SCHOOL:- Spoken English Radio program, teachers training, school supplies, play ground up gradation, building repair/maintenance, educational tour, comm. Teachers and computer teacher

# Summer Internship Project

## 2. A study on Evaluation of ASHA Programme

### 2.0 Executive Summary

A descriptive cross sectional study was carried out in Chamoli district of Uttarakhand state between 16 April – 6 June 2013. The main objective of this study was to evaluate the ASHA Programme. A sample of 20 ASHAs were taken and interviewed with the help of a semi structured questionnaire. Further in-depth interview was also conducted to ASHA, ANM, MOs and other stake holders.

Findings from the study reveals that maximum of the ASHAs more than three fifth (65 per cent) were between the age group of 30 to 39. Further analysis suggest that two fifth (40 per cent) of them were found to be mother of more than two children and further half of them having the age difference of more than 2 years between their first two children.

The average monthly household income in half of the respondents (50 per cent) of them was found to be less than Rs.10, 000. Data reveals that majority of the ASHA has a satisfactory knowledge about the technicalities of the programme.

As informed by maximum of the ASHAs (55 per cent) before joining as ASHA, they were involved in any work. As far as process involved in the selection is concerned, four fifth (80 per cent) was selected in gram sabha open meeting.

Data on training reveals satisfactory results as majority of ASHAs are trained in all the modules.

Only 30 per cent ASHAs were supported by ASHA Facilitator and only 15 per cent ASHA were supported by ANM. No medical officer and DPM provided support and any kind of Assistance to ASHA.

Almost all the records are maintained by the majority of ASHAs except three records namely Malaria, HIV and ARSH.

It was found that all the ASHAs have their bank accounts and the money of their Incentive was transferred directly in their Bank Account.

The average incentive for the ASHAs Interviewed was found to be around Rs 1300/- Per Month.

Around four fifth (80 per cent) ASHA did Counseling of women in all aspects of Health and 70 per cent ASHA did Household visits.

Around 70 per cent ASHAs Conducted less than 3 VHSCs meetings in last six months.

An average of 8 pregnant women accompanied for delivery by ASHA in last six months.

On the basis of above written findings certain recommendations can be made which are as follows

- Considering the educational background of ASHAs, it may be recommended that pictorial oriented flipbooks/health education cards as a communication material may be provided to the ASHAs.

- As most of the ASHAs are earning very less amount of incentives, there is need of streamlining the incentives and the payment mechanism.

- Most of the activities of ASHA are limited to only maternal, newborn and child health; however there are such issues like TB, malaria and village level collective meetings which are less concentrated by the ASHAs.

Therefore an orientation/sensitization meeting may be organized so that focus is also there in other aspects of health.

- From the various findings of the study it is evident that even though the ASHA programme is running smoothly but there is more need of supportive supervision to address the issues and challenges which will be helpful to bring about the health awareness among the community.

## 2.1 Objectives

The main objective of this study was to evaluate the ASHA Programme

**Specific Objectives are**

- To understand the Socio demographic profile of ASHA
- To Understand the current/existing status of various components under ASHA program and its overall effectiveness.
- To Assess the Knowledge of ASHA about various Programmes
- To Assess the quality of Selection and Training of ASHA
- To Identify the gaps and areas of improvement

## 2.2 Introduction

The mission document of National Rural Health Mission spells clearly the importance of community participation as a part of the decentralized process of health care management and service delivery. Community participation/processes can be seen as an essential element in 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 every village of the country with a trained female

community health activist – Accredited Social Health Activist (ASHA). Selected from the village itself and accountable to it, the ASHAs are trained to work as an interface between the community and the public health system. 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 inherent part of the health system. Despite this, 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.

## 2.3 Methodology

**Type of Study** – A descriptive cross sectional study was carried out.

**Study Period** – 15 April to 6 June, 2013

**Location of Study** – The study was carried out in Chamoli district of Uttarakhand state.

**Data Collection Tool** – A semi structured questionnaire was used for Interview

## 2.4 Key Findings and Discussions

This section provides the key findings and related observations on the various aspects for which the data was collected from various households.

### 2.4.1 Demographic and Socio - economic profile of ASHA

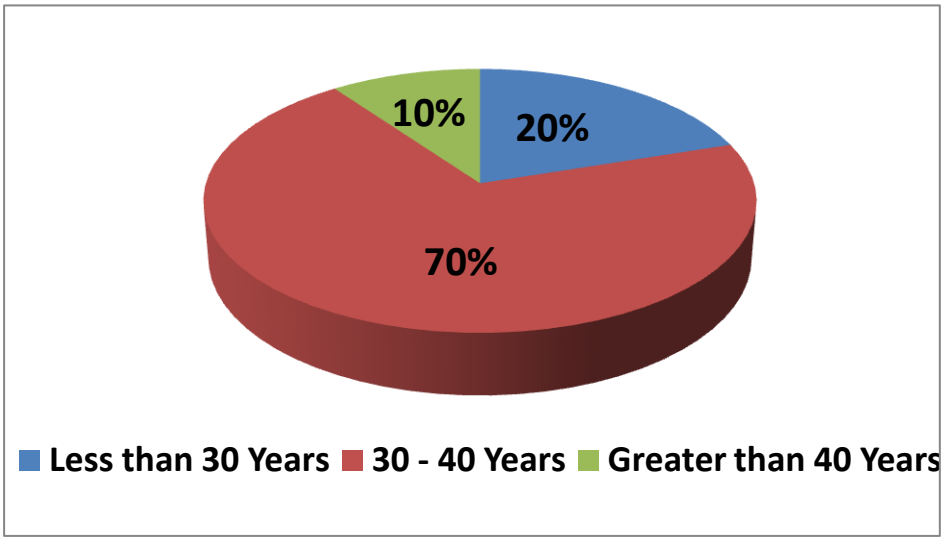


**Figure 1 – Distribution of ASHA as per different Age Groups**

Figure 1, predict that more than three fifth of the ASHAs (65 per cent) were between the age group of 30 to 39.

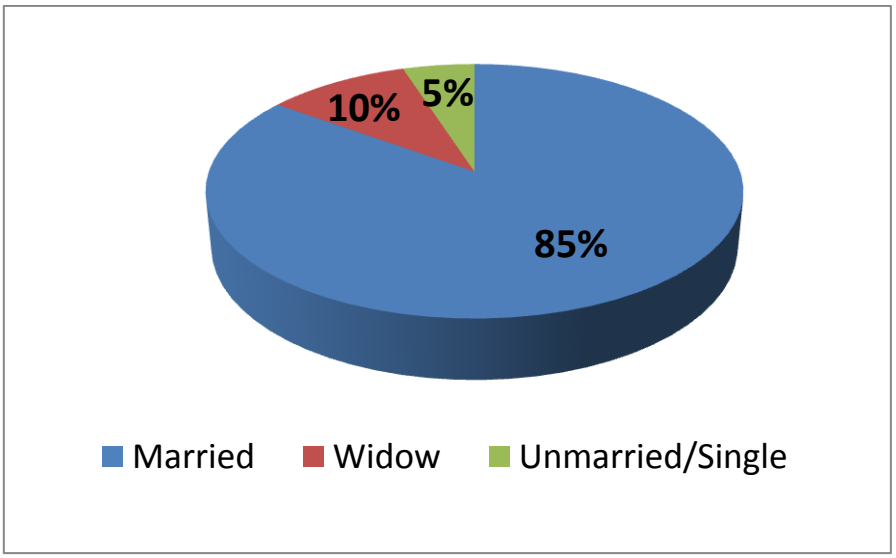


**Figure 2 – Marital Status of ASHA**

While trying to understand the marital status it was found that more than fourth fifth (85 per cent) were married, 10 per cent were widow and further 5 per cent were unmarried/single.

Two fifth (40 per cent) of them were found to be mother of more than two children and further half (50 per cent) of them having the age difference of more than 2 years between their first two children.

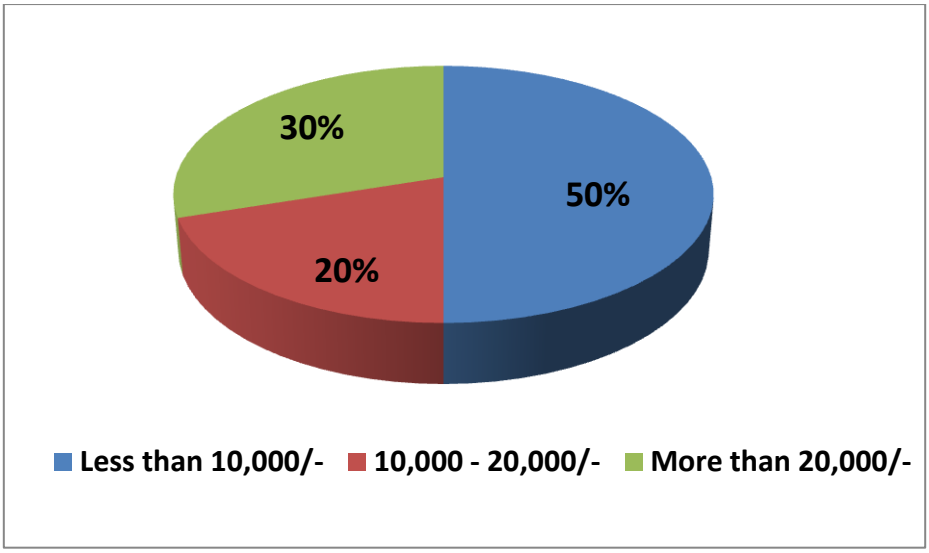


**Figure 3 - Monthly House hold Income of ASHA (In Rs)**

The average monthly household income for half (50 per cent) of the respondents were found to be Less than Rs.10,000

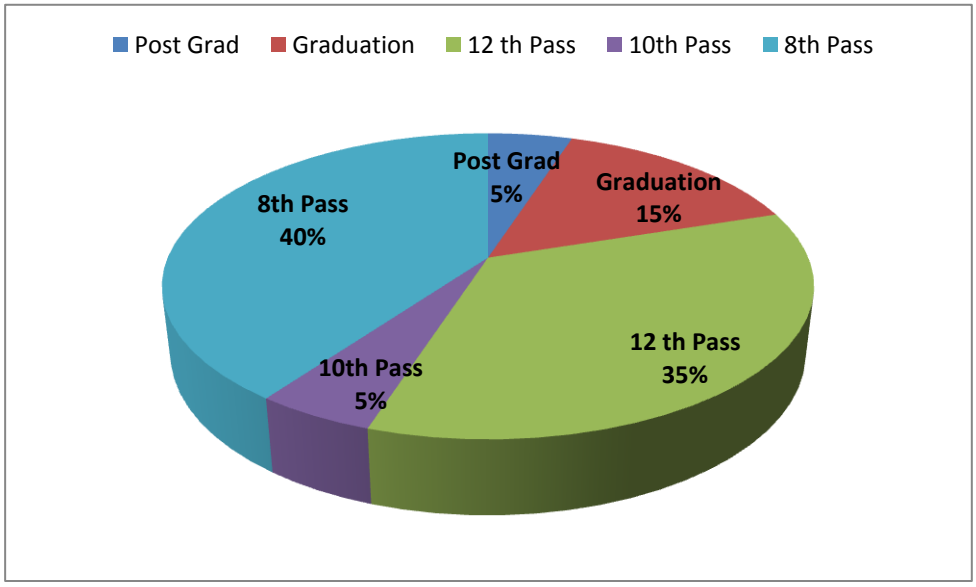


**Figure 4 – Education Status of ASHA**

Data reveals that 35 percent of ASHA were 12$^{th}$ pass and two fifth (40 per cent) of ASHA were 8$^{th}$ pass, 15 per cent ASHAs were graduate and 10 per cent were post graduate and 10$^{th}$ pass.

### 2.4.2 Knowledge of ASHA

Data reveals that majority of the ASHA has a satisfactory knowledge about the technicalities of the programme.

The detailed distribution is given in the table below.

**Table 1 – Knowledge of ASHA on Various topics**

| S.no | Knowledge Topics | Total No of ASHA knew | Total No of ASHA Didn't knew |
|---|---|---|---|
| 1 | Important danger sign to be looked after delivery? | 11 | 9 |
| 2 | Time after birth for initiation of breastfeeding | 19 | 1 |
| 3 | Vaccination schedule of child within 10 weeks | 12 | 8 |
| 4 | Vaccination schedule of child at 9 months | 12 | 8 |
| 5 | Exclusive breastfeeding period | 16 | 4 |
| 6 | Contraceptives for newly married couple? | 15 | 5 |
| 7 | Contraceptive for recently delivered couple? | 11 | 9 |
| 8 | No. of ANC to be done to a pregnant women | 15 | 5 |

### 2.4.3 Selection Process of ASHA

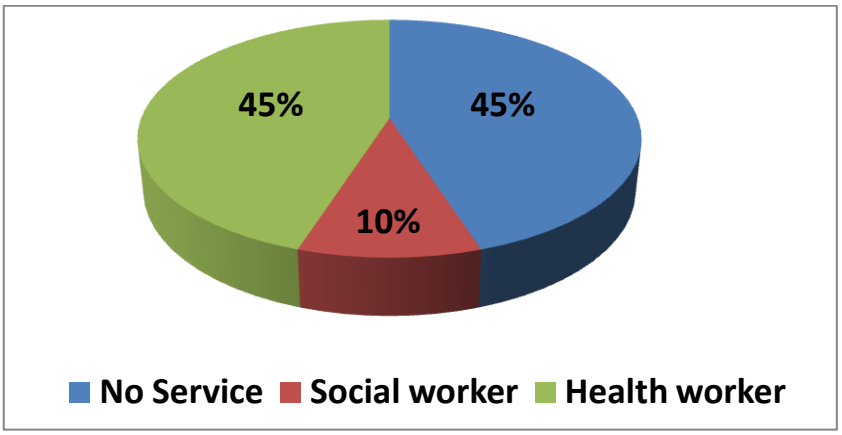


**Figure 5 – Services done before Joining as ASHA**

As informed by more then half of the ASHAs (55 per cent) before joining as ASHA, they were involved in any work. As far as process involved in the selection is concerned, four fifth (80 per cent) of the ASHA was selected in gram sabha open meeting.

Another 75 per cent informed that suggestions were taken from ANM for the selection as ASHA. Further 35 per cent of the ASHAs did not submit any formal application; however, 55 per cent submitted application for becoming ASHA to the ANM.

In more then three fifth (70 per cent) cases ANM was involved in selection process.

### 2.4.4 Training of ASHA

Data on training reveals satisfactory results as majority of ASHAs are trained in all the modules as shown in figure.

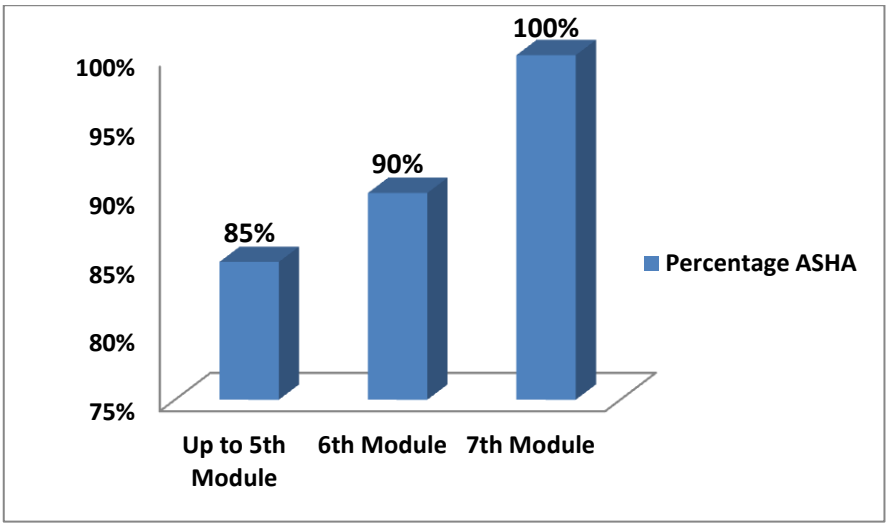


**Figure 2 – ASHA Trained in Various Modules**

### 2.4.5 Institutional Support Provided to ASHA

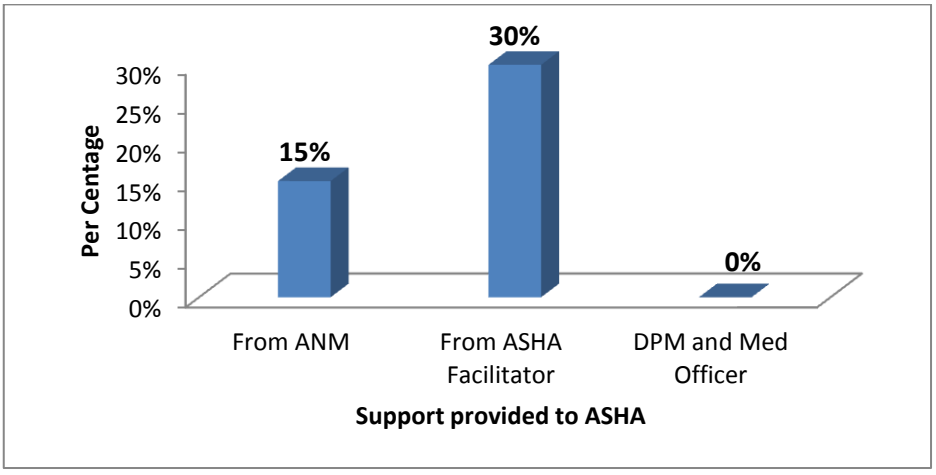


Figure 7 - **Institutional Support Provided to ASHA**

The data shows that only 30 per cent ASHAs were supported by ASHA facilitates and only 15 percent ASHA were supported by ANM. No medical officer and DPM provided support and any kind of Assistance to ASHA.

Around three fifth (60 per cent) ASHAs didn't meet with their Facilitator from last one month and one fourth (25 per cent) ASHAs didn't meet with ANM from last two month.

All of them have received their drug kit and more then half (55 per cent) of ASHAs are satisfied with the quality of Drug kits.

### 2.4.6 Record Maintenance by ASHA

Almost all the records are maintained by the majority of ASHAs except three records namely Malaria, HIV and ARSH.

The detailed distribution is given in table below.

**Table 2 – Records Maintained by ASHA**

| S.No | Type of records | Available with ASHAs (n=20) |
|---|---|---|
| a | ANC records | 20 |
| b | Immunization records & VHND | 18 |
| c | Newborn Visits | 16 |
| d | Sick children | 10 |
| e | Malaria cases | 5 |
| f | TB cases | 13 |
| g | Family Planning (Eligible couple, Male/female sterilization) | 18 |
| h | Malnutrition records | 10 |
| i | HIV/AIDS | 2 |
| j | ARSH | 7 |
| k | Weight of children | 18 |
| l | Meetings | 18 |

### 2.4.7 Incentive and Payment Mechanism

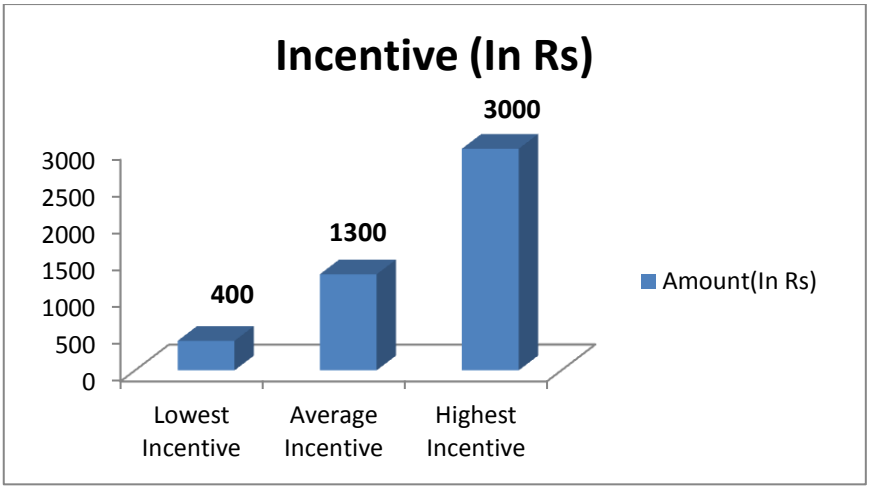


**Figure 8 – ASHA Incentive Comparision**

It was found that all the ASHAs have their bank accounts and the money of their Incentive was transferred directly in their Bank Account.

The average incentive for the ASHAs Interviewed was found to be around Rs 1300/- Per Month.

### 2.4.8 Activities Done by ASHA

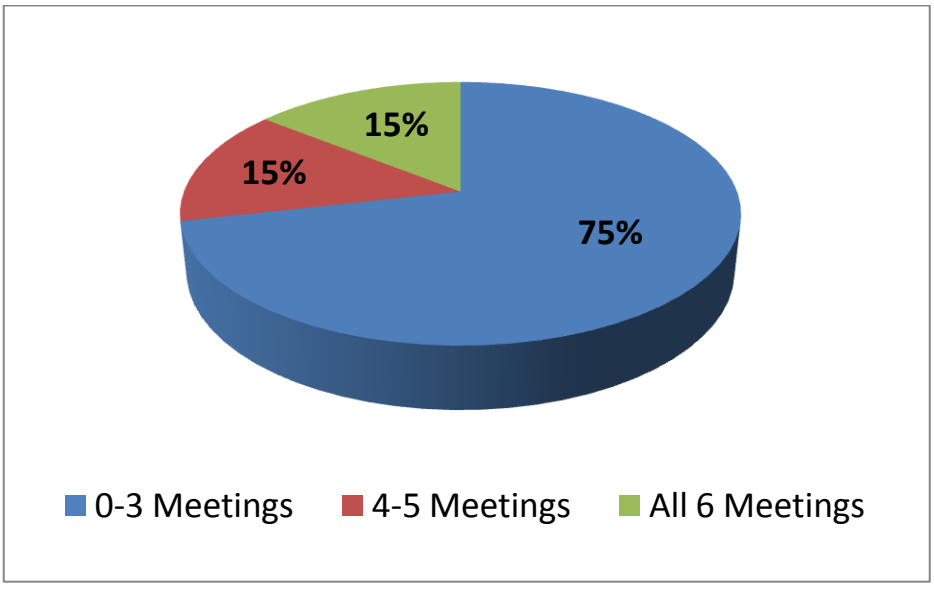


**Figure 9 - VHSC Meetings Conducted by ASHA (In Last Six Months)**

Around four fifth (80 per cent) of ASHA did Counseling of women in all aspects of Health and 70 per cent ASHA did Household visits.

Around 70 per cent ASHAs Conducted less than 3 VHSCs meetings in last six months.

An average of 8 pregnant women accompanied for delivery by ASHA in last six months.

## 2.5 Recommendations

On the basis of above written findings certain recommendations can be made which are as follows

- Considering the educational background of ASHAs, it may be recommended that pictorial oriented flipbooks/health education cards as a communication material may be provided to the ASHAs.

- As most of the ASHAs are earning very less amount of incentives, there is need of streamlining the incentives and the payment mechanism.

- Most of the activities of ASHA are limited to only maternal, newborn and child health; however there are such issues like TB, malaria and village level collective meetings which are less concentrated by the ASHAs. Therefore an orientation/sensitization meeting may be organized so that focus is also there in other aspects of health.

- From the various findings of the study it is evident that even though the ASHA
  programme is running smoothly but there is more need of supportive supervision to address the issues and challenges which will be helpful to bring about the health awareness among the community.

## 2.6 Limitations of this study

The finding of this study cannot be generalized as ASHAs were selected only from one District of Uttarakhand

## 3. References


1. http:// www.mohfw.nic.in/**NRHM**.htm
2.

## 4. Annexures

**Annexure 1 – Interview Schedule**

# Interview Schedule

## Confidential – For Research Purpose only

## About the study

**Topic – A study on Evaluation of ASHA Programme**

*Your identity will be kept confidential and this survey is being done for research purpose only*

Date of Interview _____

Village Name of ASHA_____ Population of Village of ASHA_____

PHC _____ Tehsil_____

***General Instruction*** *– Two respondents can be interviewed by using this response sheet and a verbal consent has to be taken from each before starting with the questionnaire.*

**Section A – Basic Demographic and Socio - economic profile of ASHA**

| **Respondents Number** | | | **Response** |
|---|---|---|---|
| 101 | Age (In Completed Years) | | |
| 102 | Marital Status | Married =1<br>Unmarried=2<br>Widow=3<br>Divorced=4 | |
| 103 | No of Chidren | | |
| 104 | If 2 or More, then Difference ( in years ) between first two child | | |
| 105 | Type of Family | Nuclear = 1<br>Joint = 2<br>Extended= 3<br>Single = 4 | |
| 106 | No. of Family Members | | |

| | | | |
|---|---|---|---|
| 107 | Average monthly earning of household (In Rs)? | | |
| 108 | Education status of ASHA | Post Grad = 1<br>Grad =2<br>High Sec=3<br>Sec=4<br>Upto 8=5<br>Upto5=6<br>Illiterate=9 | |

**Section B – Knowledge of ASHA**

| ***Instructions for Q201 to Q208 - Please ask ASHA following question for knowledge check*** | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 201 | Important danger sign to be looked after delivery? | Yes =1<br>No=2 | |
| 202 | Time after birth for initiation of breastfeeding | Yes =1<br>No=2 | |
| 203 | Vaccination schedule of child within 10 weeks | Yes =1<br>No=2 | |
| 204 | Vaccination schedule of child at 9 months | Yes =1<br>No=2 | |
| 205 | Exclusive breastfeeding period | Yes =1<br>No=2 | |
| 206 | Contraceptives for newly married couple? | Yes =1<br>No=2 | |
| 207 | Contraceptive for recently delivered couple? | Yes =1<br>No=2 | |
| 208 | No. of ANC to be done to a pregnant women | Yes =1<br>No=2 | |

## Section C – Selection Process of ASHA

| *Instructions for Q301 to Q310 - Please write response against each question* | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 301 | Involvement in any service before as an ASHA? | Yes =1<br>No=2 | |
| 302 | If Yes, then type of service | | |
| 303 | Did you submit any formal application for Selection?<br>Yes=1, No=2 | | |
| 304 | If yes , Then to whom | | |
| 305 | Explain selection process | | |
| 306 | Did Headman or selection committee consulted ANM for your Selection?<br>Yes =1, No=2 | | |
| 307 | Was ANM involved in process selection when you were becoming ASHA.<br>Yes=1, No=2 | | |
| 308 | If Yes, then was ANM recommended your Name<br>Yes=1, No=2 | | |
| 309 | Does she has any relation with Headman or any influenced people in village?<br>Yes =1, No=2 | | |
| 310 | If yes , then what….. | | |

## Section D – Training of ASHA

| *Instructions for Q401 to Q408 - Please write response against each question* | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 401 | Training upto 5 Module? | Yes =1<br>No=2 | |
| 402 | Training of 6 Module ? | Yes =1<br>No=2 | |
| 403 | Training of 7 Module ? | Yes =1<br>No=2 | |

| | | | |
|---|---|---|---|
| 404 | Training material received ? | Yes =1<br>No=2 | |
| 405 | Training Module Language | Local=1<br>English=2 | |
| 406 | Time since last training (in months) | | |
| 407 | Venue of training? | | |
| 408 | Was training residential? | Yes =1<br>No=2 | |

**Section E – Institutional support provided to ASHA**

| ***Instructions for Q501 to Q507 - Please write response against each question*** | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 501 | Maximum Support Provided to you by… | ANM=1<br>ASHA Facilitator=2<br>Med Officer=3<br>DPM=4<br>Other=9<br>_____ | |
| 502 | Last meeting held with ASHA Facilitator (In months) | | |
| 503 | Last meeting held with ANM (In months) | | |
| 504 | Last meeting held with MO (In months) | | |
| 505 | Drug kit provided to you? | Yes =1<br>No=2 | |
| 506 | Time since drug kit filled last? | | |
| 507 | Satisfied with quality of drugs? | Yes =1<br>No=2 | |

## Section F – Record Maintenance by ASHA

| *Instructions for Q601 to Q602 - Please write response against each question* | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 601 | Printed Diary/Book given to you? | Yes =1<br>No=2 | |
| 602a | **ANC records** | | |
| 602b | **Immunization records & VHND** | | |
| 602c | **Newborn Visits** | | |
| 602d | **Sick children** | | |
| 602e | **Malaria cases** | | |
| 602f | **TB cases** | | |
| 602g | **Family Planning (Eligible couple, Male/female sterilization)** | | |
| 602h | **Malnutrition records** | | |
| 602i | **HIV/AIDS** | | |
| 602j | **ARSH** | | |
| 602k | **Weight of children** | | |
| 602l | **Meetings** | | |

## Section G - Incentive and Payment Mechanism

| *Instructions for Q701 to Q703 - Please write response against each question* | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 701 | Incentive received (In Rs) in last 3 Months? | | |
| 702 | Do you have a bank account? | Yes =1<br>No=2 | |
| 703 | Mode of Payment to you? | Cash=1<br>Cheque=2<br>Bank Transfer=3 | |

## Section H – Activities Done by ASHA

| *Instructions for Q801 to Q8s07 - Ask ANM about the questions given below* | | | |
|---|---|---|---|
| **Respondents Number** | | | **Response** |
| 801 | Counseling women in all aspects of Health? | Yes =1<br>No=2 | |
| 802 | Household visits? | Yes =1<br>No=2 | |
| 803 | Nutritional Counselling? | Yes =1<br>No=2 | |
| 804 | No of VHSC Meeting organized by ASHA in last 6 Months ? | | |
| 805 | No of Pregnant women accompanied for Delivery in last 6 Months out of total delivery. | | |
| 806 | HBNC full visit in last 6 Months by ASHA. | | |
| 807 | Immunization session attended by ASHA | Always present=1<br>Sometimes=2<br>Very Less=3<br>Never=4 | |

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