Summer Training at
National Rural Health Mission, Panchkula
Haryana
(9th April, 2012 – 1st June, 2012)

To Study the Effectiveness of ASHA Workers in Facilitating Full Immunization Coverage in Yamunanagar and Narnaul, Haryana

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
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Certificate

This is to certify that Ms. Swati Singh Rathore from Institute of Health Management Research, Jaipur has undergone Summer Training at National Rural Health Mission, Panchkula, Haryana from 9th April, 2012 to 1st June, 2012.

The candidate herself carried out the project. Her approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Health and Hospital Management.

I wish her success in all her future endeavors.

Mr. Abhishek Dadhich
Assistant Professor
IHMR, Jaipur

Dr. P.R Sodani
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NATIONAL RURAL HEALTH MISSION (HARYANA)
Paryatan Bhawan, Bays No. 55-58,
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Ref No.: NRHM/ASHA-IC/2012-13/171 **Date: 07/06/2012**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Swati Singh Rathore**, student of Institute of Health Management and Research, Jaipur has successfully completed her Summer Internship (w.e.f. 9th April 2012 to 1st June 2012) with the **'State Institute of Health & Family Welfare (Haryana) at Panchkula'.**

She undertook a study examine the **'Effectiveness of ASHA Workers in Facilitating Full Immunization Coverage in Two Districts of Haryana–Yamunanagar & Narnaul'** under the guidance of undersigned. The topic was assigned to her by the Finance Commissioner & Principal Secretary to Govt. of Haryana, Deptt. of Health, Medical Education & AYUSH, Chandigarh.

Completing the assignment successfully, Ms. Swati has submitted a Study Report, showing her sincerity of purpose and commitment towards her work. Her performance and conduct show promise.

I wish her all the best in her future endeavors.

Madaan.

(CHAND SINGH MADAAN)
State NGO Coordinator
NRHM Haryana (Panchkula)

TO WHOM IT MAY CONCERN

This is to certify that Ms. Swati Singh Rathore did her summer training under State Institute of Health & Family Welfare, Haryana on the topic **"To study the effectiveness of ASHA workers in facilitating full immunization coverage in two Districts of Haryana – Yamunanagar & Narnaul"** from 9th April, 2012 to 31st May, 2012 under the guidance of Mr. Chand Singh Madan, State NGO Coordinator, NRHM Haryana.

Her approach has been sincere, scientific and analytical towards the study. I wish her good luck in all future endeavours.

Dated: 22nd June 2012

Principal SIHFW
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ACKNOWLEDGEMENT

Any accomplishment requires blessings and efforts of numerous individuals and this work is no exception. I thank god Almighty for giving me this great opportunity to study and learn at this prestigious training institute.

My profound and heartfelt gratitude is to Dr. P.R Sodani IIHMR Jaipur, who has been an animating force behind the conception and completion of this work and because of his continuous support and motivation that this internship has attained its present form.
I have deepest respect for my Mentor Mr. Abhishek Dadhich, IIHMR Jaipur, whose crisp comments and detailed suggestions have vastly enhanced the quality of the work.

Special Thanks to Dr. J.P. Singh IIHMR Jaipur, who had helped me a lot with some statistics calculations and supported me with his sharp discussions throughout the course of the study.

I would like to thank Dr. Barun Kanjilal IIHMR Jaipur for giving his valuable guidance and enhanced my report. I would like to thank Mr. Manoj Soni for giving me guidance regarding technical aspect of the report.

I would like to thank my Nodal Officer, Mr. Chand Singh Madan, State NGO coordinator, National Rural Health Mission Panchkula, Haryana, who has been the main pillar of strength and given his continuous support.

Thanks to Dr. Puneet Gupta Consultant Trainee, State institute of Health and Family Welfare, Panchkula, Haryana for time to time monitoring my work and guided me as and when required.

Last but not the least I would like to thank the health workers and the villagers who had helped a lot to conduct the survey in both the districts.

My deepest gratitude to my beloved parents whose blessings and continuous faith in me instilled the strength required to accomplish the work of such magnitude

ABOUT THE ORGANIZATION

Vision: There mission is to improve the quality of life of people by providing better Health Services. They strive to help people improve their productivity and reduce risks of diseases and injury in a cost-effective way.

Mission: They seek to establish long-term relationships with groups and individuals to enable them to continue to work to achieve optimal health. They deliver cost-competitive health promotion services with patient's satisfaction and accountability.

Goal: The Goal is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

The activities under National Rural Health Mission are transforming the health care delivery to rural population with increasing accessibility to quality services and the opportunity to participate actively in managing these services as well. The state has increased coverage under JSY; improvement in infrastructure; availability of paramedical and medical personnel.

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care.

The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the State.

Promote access to improved healthcare at household level through the Accredited Social Health Activist (ASHA). ASHA would act as a bridge between the ANM and the village and be accountable to the Panchayat. ASHA would facilitate in the implementation of the Village Health Plan along with Anganwadi worker, ANM, functionaries of other Departments, and Self Help Group members, under the leadership of the Village Health Committee of the Panchayat.

Health department of Haryana has manifold functions and duties which are as under:-

- Provide promotive, preventive, curative and rehabilitative services to the community through primary health care delivery system.
- Provide equitable and quality health care at primary, secondary and tertiary level.

- Extension, expansion and consolidation of rural health infrastructure.

- Provide Reproductive and Child Health Services with the objective of reducing MMR &IMR.

- Provide immunization services against vaccine preventive diseases of childhood as well as pregnant mothers against tetanus during child birth.

- Enforcement of PNDT Act to prevent Sex Determination.

- Implement and monitor various National Health Programmes.

- Provide emergency obstetric care.

- Ensure potable drinking water and basic sanitation facilities.

- Prevention and control of communicable and non-communicable diseases through active disease surveillance and timely remedial measures.

- Provide treatment for common disease and injuries including emergency medical care.

- Provide essential drugs, materials, equipments & modern medical/surgical gadgets for diagnosis treatment of patients.

- Promotion of proper and balanced nutrition – To raise the health status of the community.

- Enforcement of various Acts like Prevention of Food Adulteration Act, Drugs & Cosmetic Act, Human organ Transplant, Mental health Act, Radiation protection Act, Birth & Registration Act, Human Anatomy Act and implementation Of Bio Medical Waste Management & Handling rules.

- Educate community to bring about behavioural change regarding various Health and Family Welfare programmes thereby improving the quality of life – through Various mass media activities.

National Rural Health Mission has been launched with a view to bring about improvement in Health System and health status of people, especially those who live in rural areas of the country**.** The State of Haryana is steadily progressing towards attaining the goals and objectives shared under National Rural Health Mission (NRHM), National Population Policy (NPP) and Millennium Development Goals (MDG).

State Health and Family Welfare, Panchkula, Haryana

Historical background

State Health and Family Welfare is an apex level autonomous training and research organization in the health sector of the state. The Government Institution setup under IPP VII SIHFW; Panchkula was established in December, 1991.

SIHFW Panchkula has helped in making the comprehensive training plan for Haryana. This plan incorporates all the training under RCH and other health programmes these have been incorporated in the PIP as well. SIHFW has been involved in preparation of District Action Plans, Village Action Plans for all districts of Haryana.

SIHFW has been conducting in-service training courses for health functionaries. They have sufficient experience in conducting training activities. E.g. Training in SBA/ IMNCI and ASHA.Apart from this SIHFW Haryana has also initiated the implementation and Pre-service IMNCI in Medical Colleges, faculty of MC& Nursery Schools.

Mission:

The mission of the institute is to enhance the quality of medical, health and family welfare services delivered through variety of facilities in State of Haryana .

Challenges

• The challenge is to develop good liaison between the SIHFW and State of Jammu and Kashmir and Haryana & UT Chandigarh.

• Monitoring visit by SIHFW is not being conducted regularly. Post of Consultants under CTI need to be filled up to initiate and speed up the process of monitoring in the State.

• The pace of trainings has improved tremendously over past 2 years in spite of limited resources.

Opportunities

SIHFW Panchkula helps Haryana Government to identify new training institute as well as help in monitoring of RCH Services as given in the state PIP. Assist the state in listing of training centres and health care service delivery institutions in all sectors (district-wise. Try to maintain link with Medical colleges for providing technical guidance and referral support.

They train the State/District Officers in collation of report for appropriateness of referral (both time and place) received from various districts/blocks and to identify

lacunae in supplies, referral or training for appropriate correction. SIHFW helps to identify new institutes and accreditation of private institutes. There is Synchronization in training of all categories of 'in –position' health functionaries including programme managers is required. The CTI can assist the state to ensure synchronous training of all health personnel in block, district and state.

This is an opportunity for SIHFW to assist the state government and provide guidance to the districts in preparation of district training plans in accordance with the MOHFW's guidelines such that health facilities with skilled manpower could be made operational at the earliest. SIHFW can help to develop data base of trainees and help in optimal utilization of the trained man power. They could conduct evaluation of training to assess the need for re-training or newer training to be planned if required. So for that, various Guidelines were developed by National Nodal Institute for evaluation of trainees.

CHAPTER II

2.1 Introduction

Haryana is dominantly an agricultural Sate and comprises of 21 districts. Under these districts universal coverage of Immunization programme is on the priority list of the Government of Haryana. A child must be vaccinated against six vaccine-preventable diseases (polio, tuberculosis [TB], diphtheria, whooping cough, tetanus and measles); the recommended schedule for immunization is polio zero and BCG at birth, first dose of DPT and polio at 6 Weeks, second dose of DPT and polio at 10 weeks, third dose of DPT and polio at 14 Weeks, and measles at 9 months of age. Their target is 100% but they have reached approximately 50-70% according to DLHS 3 report.

The state is doing efforts to reduce the drop-outs in order to achieve their immunization target. ASHA workers play a major part in Immunization as this is the major part been played by them in various districts of Haryana as they deal with newly born children and provide vaccination to eligible children. This work is being conducted by making visits to all the families in each District by ASHA, once in six months to update their list and their work is to remind mothers in various districts at which they are appointed.

The Accredited Social Health Activist (ASHA) represents the pivotal part in the whole design and strategy of the National Rural Health Mission (NRHM), which, in turn, is a critical initiative of the central government to fulfil its promise on inclusive growth. The performance of ASHAs is, therefore, crucial for the success of NRHM and hence of the inclusive growth strategy of the government in India.

In the primary healthcare sector, NRHM is the principal programme of the government to achieve the health related millennium development goals such as infant mortality rate (IMR), maternal mortality rate (MMR); as well as control of specific diseases, and improvement of nutrition status of children and mothers. NRHM was introduced in the year 2005 in the 18 high focus states in India and has been expanding in its coverage ever since.

2.2 Rationale

The main purpose of conducting this study is to find out the contribution of ASHA workers with respect to complete immunization coverage of children in the age group 0-11 months and 12-23 months in two districts i.e. Yamunanagar & Narnaul. So, with the help of this study, technical competency of ASHA workers, proper analysis of the tracking and reporting system of ASHAs, and their effectiveness in imparting knowledge to the beneficiaries can be addressed.

2.3 General Objectives:

- To identify the gaps in performance of ASHA workers in providing full immunization services to community members.

Specific Objectives:

- To assess the level of knowledge and skills of ASHA workers in the two districts with the help of knowledge, attitude and practice analysis (KAPs).
- To identify the children in the village within the age group of children less than 11 months and 12-23 months and their immunization status.
- To identify the level of awareness about immunization amongst the mothers of beneficiaries.
- To identify the various problems been faced by ASHA workers in tracking the number of children being immunized.
- To identify understanding ability of mothers of beneficiaries for messages being communicated by ASHA workers.
- To identify various problems being faced by ASHA workers in communicating the immunizations messages to the mothers of beneficiaries and the ANM.
- To assess the level of training being given to ASHA workers with respect to immunization services.

2.4 Methodology:

Study Area: Yamunanagar and Narnaul

Study design: Cross sectional comparative study

Sampling method: Cluster Sampling Method

Sampling Size: Two districts are taken Yamunanagar and Narnaul. Under this, ten ASHA worker would be covered respectively and 10 families in each village (total of 5 villages) of both the districts whose children are in the age group of 0-11 months & 12-23 months.

2.5 Tools and Techniques:

Data Collection Techniques	Data Collection Tools
Scheduled Interview	Interview guide, questionnaire

CHAPTER III

ANALYSIS OF ASHA WORKERS

The basic information about ASHA workers in two districts of Haryana

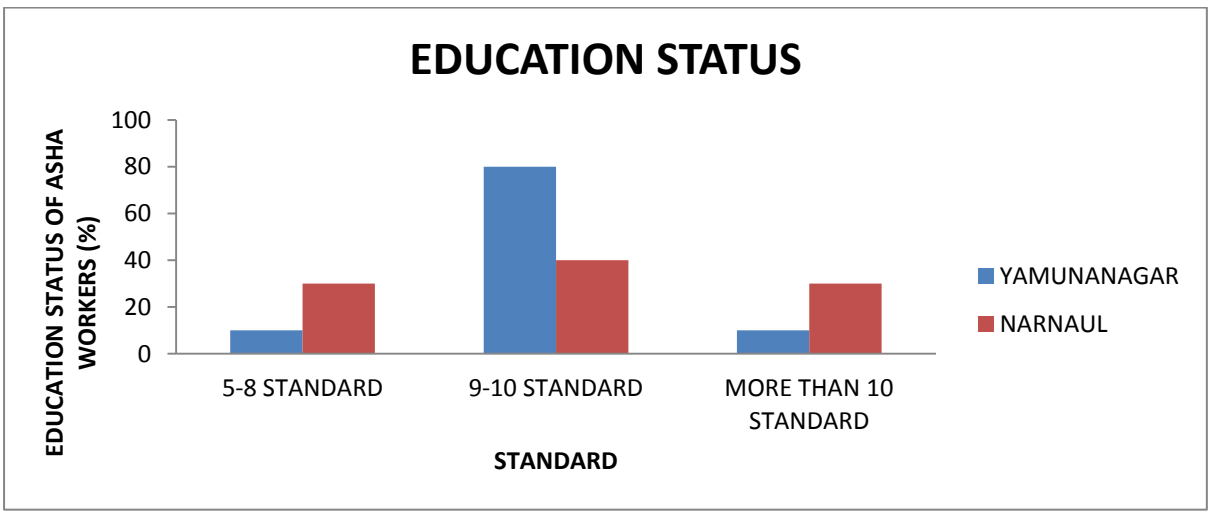
TABLE 1: Age groups of ASHA Workers in two districts

DISTRICT	YAMUNANAGAR		NARNAUL	
Age (Yrs)	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
20-24	1	10	0	0
25-30	2	20	5	50
31-35	3	30	4	40
36-40	4	40	1	10
TOTAL	**10**	**100**	**10**	**100**

Interpretation: Age group of ASHA Workers in these two districts majorly observed were in 25- 30 years at Narnaul and 36-40 years at Yamunanagar.

TABLE 2: Education Qualification

DISTRICT	YAMUNANAGAR	NARNAUL
Education	**PERCENT**	**PERCENT**
5-8 standard	10	30
9-10 standard	80	40
More than 10 standard	10	30
TOTAL	**100**	**100**



Interpretation: The percentage was highest amongst the ASHA Workers in their education status was observed to be upto 10 standard i.e. 80 percent at Yamunanagar and 40 percent were present at Narnaul. Only 10 percent and 30 percent ASHA's were educated more than 10 standards at Yamunanagar and Narnaul respectively. ASHA's education level must be at least 8^{th} standard and all ASHA's were educated at least up to 8^{th} class.

TABLE 3: Experience to the ASHA Workers

DISTRICT	YAMUNANAGAR		NARNAUL	
EXPERIENCE (Yrs)	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
0-2	2	20	0	0
3-5	0	0	4	40
6-8	8	80	6	60
TOTAL	**10**	**100**	**10**	**100**

Interpretation: The experience that these ASHA Workers were holding was highest upto 6-8 years in both the districts i.e. 80 percent at Yamunanagar and 60 percent at Narnaul. The lowest was upto 2years which was found at Yamunanagar. But, overall experience that these ASHA Workers were having in this health delivery sector was good for this position.

TABLE 4: Number of ASHA Workers stay in village

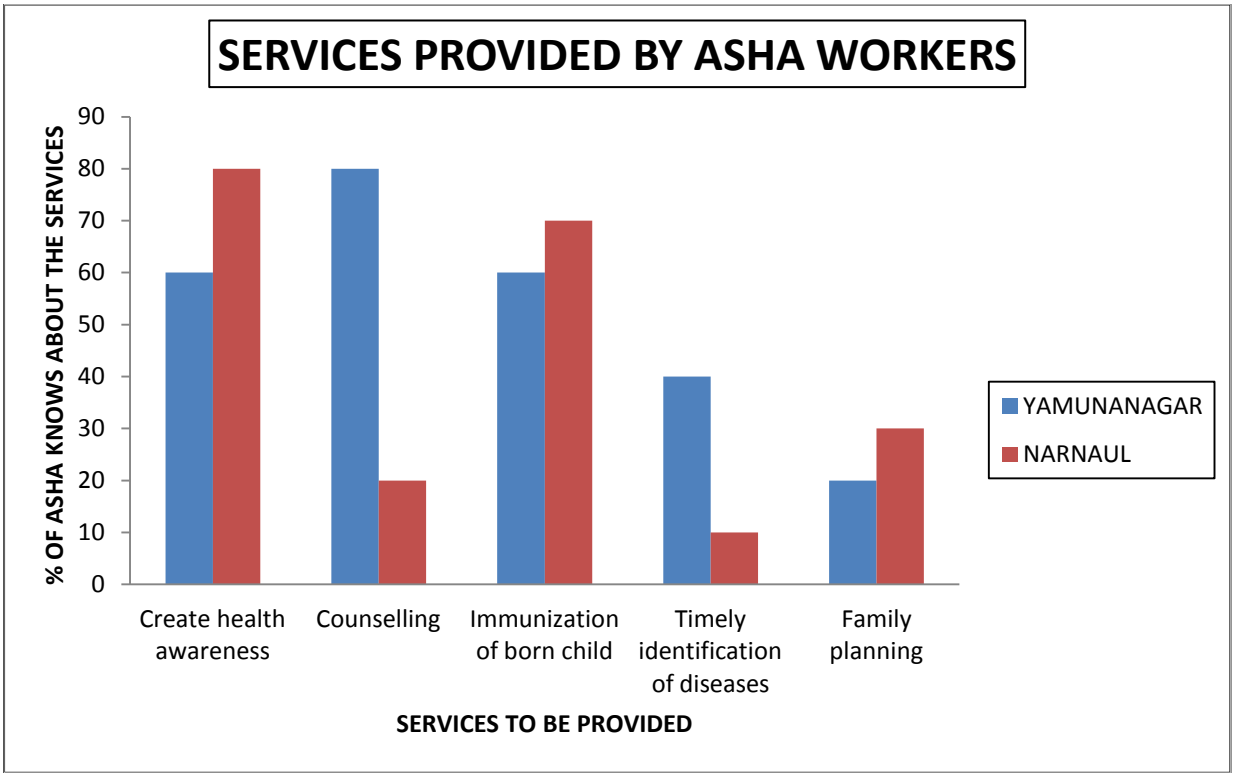
DISTRICT	YAMUNANAGAR		NARNAUL	
STAY IN VILLAGE	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
YES	10	100	7	70
NO	0	0	3	30
TOTAL	**10**	**100**	**10**	**100**

Interpretation: As per the above results it was observed that almost all the ASHA Workers with whom the interaction was done at Yamunanagar, stay in the village itself i.e. 100 percent but on the other hand at Narnaul there were around 30 percent of ASHA's who were staying outside the village and need to come to the PHC from other villages which were present at very long distances to do their jobs, which is creating one of the major problem for the ASHA's as well as for the villagers as they are not getting the services on time and leading to delay in service delivery from the health sector.

Assessment of level of knowledge and skills of ASHA workers in two districts of Haryana

TABLE 5: Number of ASHA workers knows about the services that must be provided by them

District	YAMUNANAGAR		NARNAUL	
Services need to be provided by ASHAs	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
Create health awareness	6	60	8	80
Counselling	8	80	2	20
Immunization of newly born child	6	60	7	70
Timely identification of diseases	4	40	1	10
Family planning	2	20	3	30



Interpretation: The level of knowledge of ASHA Workers was tested by asking them about the services that they need to provide as ASHA in their villages. The findings in these two districts comes out to be the highest in counselling at Yamunanagar i.e. 80 percent here the ASHA's were having knowledge mostly about providing counselling and they are not concentrating on other factors which are also one of major factors of concern and one of the duty of ASHA and the other district i.e. Narnaul where the ASHA's were having more concern and knowledge about one service i.e. creating health awareness that was around 80 percent of them who know about this service.

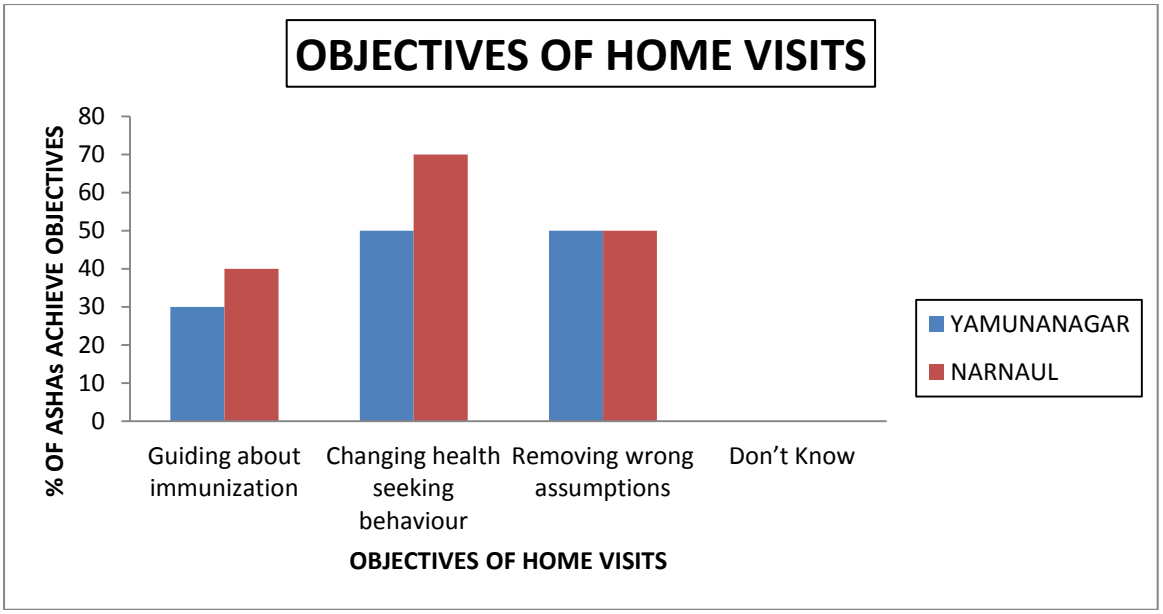
TABLE 6: Number of home visits done by ASHA workers in a day

DISTRICT	YAMUNANAGAR		NARNAUL	
Home visits done in a day	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
None	0	0	0	0
1-3	5	50	4	40
4-5	3	30	5	50
6-7	2	20	1	10
8-9	0	0	0	0
Ten	0	0	0	0
More than 10	0	0	0	0
TOTAL	**10**	**100**	**10**	**100**

Interpretation: The above table shows the home visits that were done by ASHA Workers on daily basis which was calculated for both the district, it was observed that maximum number of houses that can be visited by ASHA in a day had come out to be maximum 1-3 houses at Yamunanagar of ASHA's who do it on regular basis and 4-5 houses at Narnaul.

TABLE 7: Number of ASHA workers knows the objective of home visits in regard to immunization

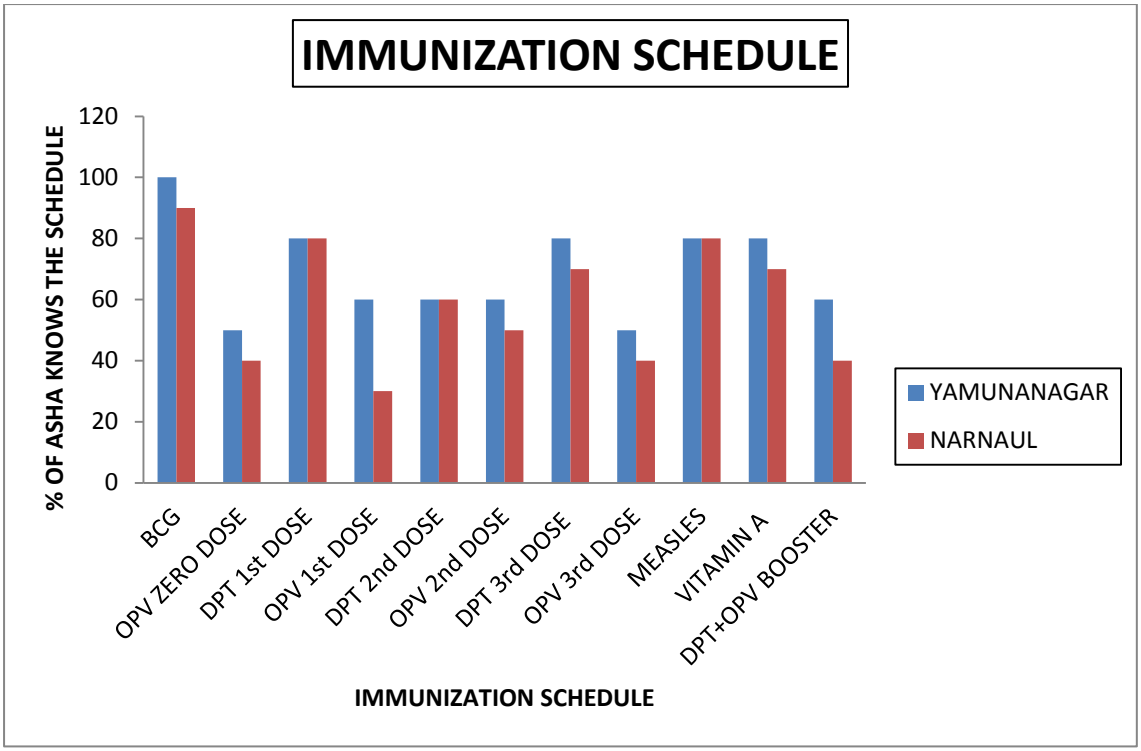
DISTRICT	YAMUNANAGAR		NARNAUL	
Objective of home visits	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
Guiding about immunization	3	30	4	40
Changing health seeking behaviour	5	50	7	70
Removing the wrong assumptions related to immunization	5	50	5	50
Don't know	0	0	0	0



Interpretation: The above data shows the objectives of those home visits that are need to be covered by the ASHA workers but it was observed that at Yamunanagar all the objectives are evenly distributed and all of them are given equal importance by ASHA working in this district but if we observe the data of Narnaul, more focus was given on to change the heath seeking behaviour of the community members i.e. 70 percent. So, to increase the knowledge level of the ASHA workers in both districts more training is need to be provided so that they can actually know their duties of these home visits.

TABLE 8: Number of ASHA workers knows about the immunization schedule of children in the age group of 0-11 months & 12-23 months

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Immunization schedule known to ASHA Workers	**PERCENT**	**PERCENT**
At Birth: BCG	100	90
At Birth: OPV zero dose	50	40
1 month: DPT 1st Dose	80	80
1 month: OPV 1st Dose	60	30
2 ½ month: DPT 2nd Dose	60	60
2 ½ month: OPV 2nd Dose	60	50
3 ½ month: DPT 3rd Dose	80	70
3 ½ month: OPV 3rd Dose	50	40
9 months: Measles	80	80
9 months: Vitamin A	80	70
16-23 months: DPV+ OPV Booster	60	40



Interpretation: The above data shows the level of knowledge of the ASHA workers about immunization schedule, here the knowledge level is tested for each vaccine that is been provided to a child from the age group of 0-11 and 12-23 months. It has been observed that maximum knowledge among ASHA workers at Yamunanagar is of BCG, DPT 1st dose, DPT 3rd dose, Measles and Vitamin A Vaccine and lowest level of knowledge is been observed is of OPV zero dose and OPV 3rd dose and in the other district Narnaul the data shows that the highest knowledge among the ASHA workers is of BCG, DPT 1st dose and Measles and lowest level of knowledge is of OPV zero dose, OPV 1st dose and DPT+OPV Booster.

The knowledge about vaccinations is too low present in the Narnaul district as compared to Yamunanagar and it is need to be improve because it can have adverse effect on the health of the beneficiaries due to improper knowledge and would further lead to decline in immunization status of that village and as a whole it would have a huge impact on the overall health status of the state.

TABLE 9: Number of ASHA Workers knows the place where BCG vaccine is given to an infant

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Place of BCG vaccine	**PERCENT**	**PERCENT**
Left upper arm	70	80
Can't say	0	0
Don't know	30	20
TOTAL	**100**	**100**

Interpretation: The above data shows the level of awareness among ASHA Workers about the place where BCG Vaccine is given to an infant, so according to the results it has been observed that about 70 percent of ASHA's know about place of vaccination, at the district Yamunanagar but still there are 30 percent of them you are not aware about it. On the other hand, at Narnaul there are 80 percent of them who are aware but remaining 20 percent are still unaware of it. As we compare it with Yamunanagar, Narnaul has better situation in relation to awareness level among ASHA's workers.

TABLE 10: Number of ASHA Workers knows the place where Measles vaccine is given to a child

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Place of Measles vaccine	**PERCENT**	**PERCENT**
Right upper arm	60	30
Can't say	0	0
Don't know	40	70
TOTAL	**100**	**100**

Interpretation: The above table shows the knowledge among the ASHA workers about the measles vaccine place where it is need to be given. So, according to the results it has been observed that in Yamunanagar 60 percent of ASHA's are aware but as we compare to Narnaul there were only 30 percent of them who are aware of it, which is said to be too low. Adequate training methods are needed to be adopted to increase the awareness level and thereby improve the health conditions of the districts.

Problems faced by ASHA workers in tracking the children who are in the age group of immunization

TABLE 11: Ability to track the children in the village

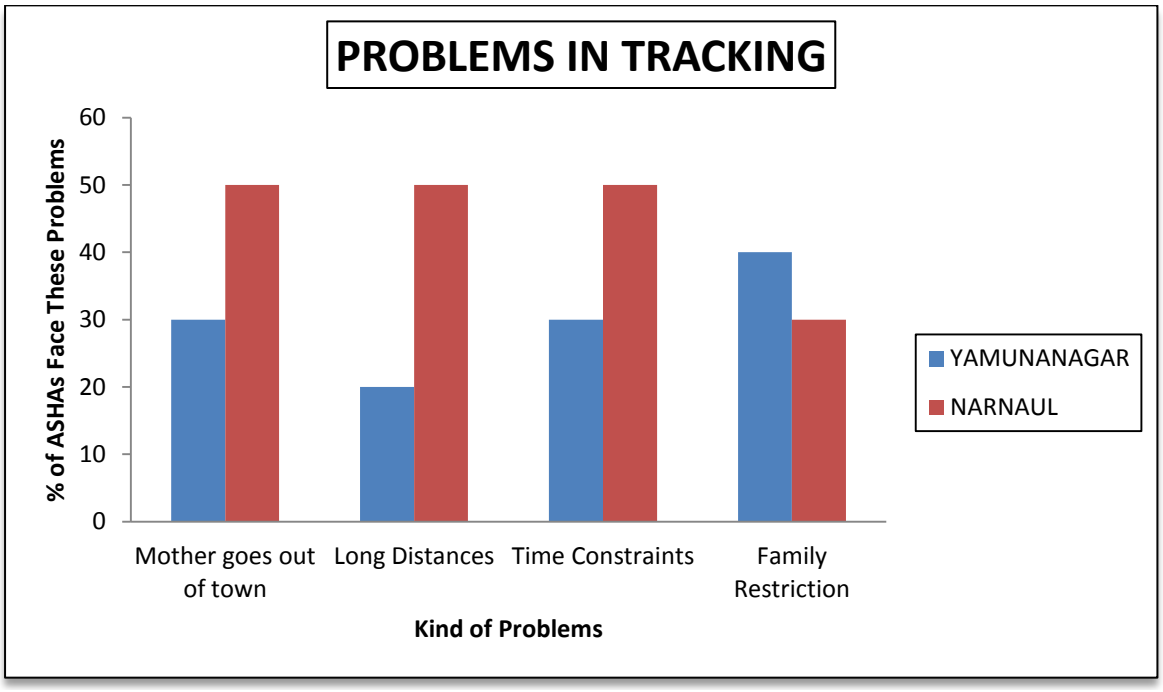
DISTRICT	**YAMUNANAGAR**		**NARNAUL**	
Rating	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
Bad	0	0	0	0
Less satisfactory	0	0	4	40
Satisfactory	8	80	4	40
Good	2	20	2	20
Excellent	0	0	0	0
TOTAL	**10**	**100**	**10**	**100**

Interpretation: The tracking ability among the ASHA workers is been analysed with the help of rating system and the rating is being given depending upon the level of knowledge about the various houses that are visited during this research project along with ASHA. So according to the observation at Yamunanagar 80 percent of them are satisfactory in tracking the children who are in the age group of immunization and only 20 percent of them had been

rated as good in tracking the houses. On the other hand Narnaul has some ASHA workers who were less satisfactory in tracking i.e. 40 percent of them and 20 percent were rated as good in their tracking system that is being followed under this district.

TABLE 12: Problems faced by ASHA workers in tracking the mothers of beneficiaries

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Problems faced in tracking	**PERCENT**	**PERCENT**
Mother goes out of town	30	50
Unable to locate the houses due to long distances	20	50
Time constraint	30	50
Family restriction	40	30
Don't know	0	0



Interpretation: This table is depicting the problems that are faced by ASHA workers when they are tracking the mothers of beneficiaries who are in need of getting their child immunized but ASHA is unable to locate them due to various reasons, the above reasons are observed in both the districts. Firstly, at Yamunanagar the major problem that is been faced by ASHA workers are the various kinds of family restrictions i.e. 40 percent being present at the beneficiaries houses due to which ASHA's are not comfortable in communicating the immunization message.

Secondly, at Narnaul the problem that was being observed was in three major factors due to which the ASHA workers were unable to locate the mothers of beneficiaries that has occurred in the case when the mothers were too busy in their own household activities, houses were

located at long distances and time constraint these problems were faced by almost 50 percent of ASHA Workers in various villages.

Assessment of the level of training being given to ASHA workers

TABLE 13: Number of ASHAs attended training sessions

DISTRICT	**YAMUNANAGAR**		**NARNAUL**	
Attended training sessions	**NUMBER**	**PERCENT**	**NUMBER**	**PERCENT**
Yes	8	80	6	60
No	2	20	4	40
Don't know	0	0	0	0
TOTAL	**10**	**100**	**10**	**100**

Interpretation: The total number of training sessions that was attended by the ASHA workers in the two districts of Haryana was, 80 percent of them in Yamunanagar and 60 percent at Narnaul who had attended all training sessions.

TABLE 14: Reasons for not attending the training sessions

DISTRCT	**YAMUNANAGAR**	**NARNAUL**
Reasons	**PERCENT**	**PERCENT**
Place of training is too far	20	40
Family obligation	20	40
Travelling allowances were not provided	0	0
No motivation factor in these sessions	10	20
Don't Know	0	0

Interpretation: The major reasons that were observed during the research work of not attending the training sessions were mostly present at the Narnaul district where the major problem was the location of the houses of ASHA workers which were too far from the place of training (40 percent) due to which there is decline in the attendance of training sessions, another factor was the family obligation (40 percent) of the ASHA workers which had lead to further decline in the ratio of attendance of sessions.

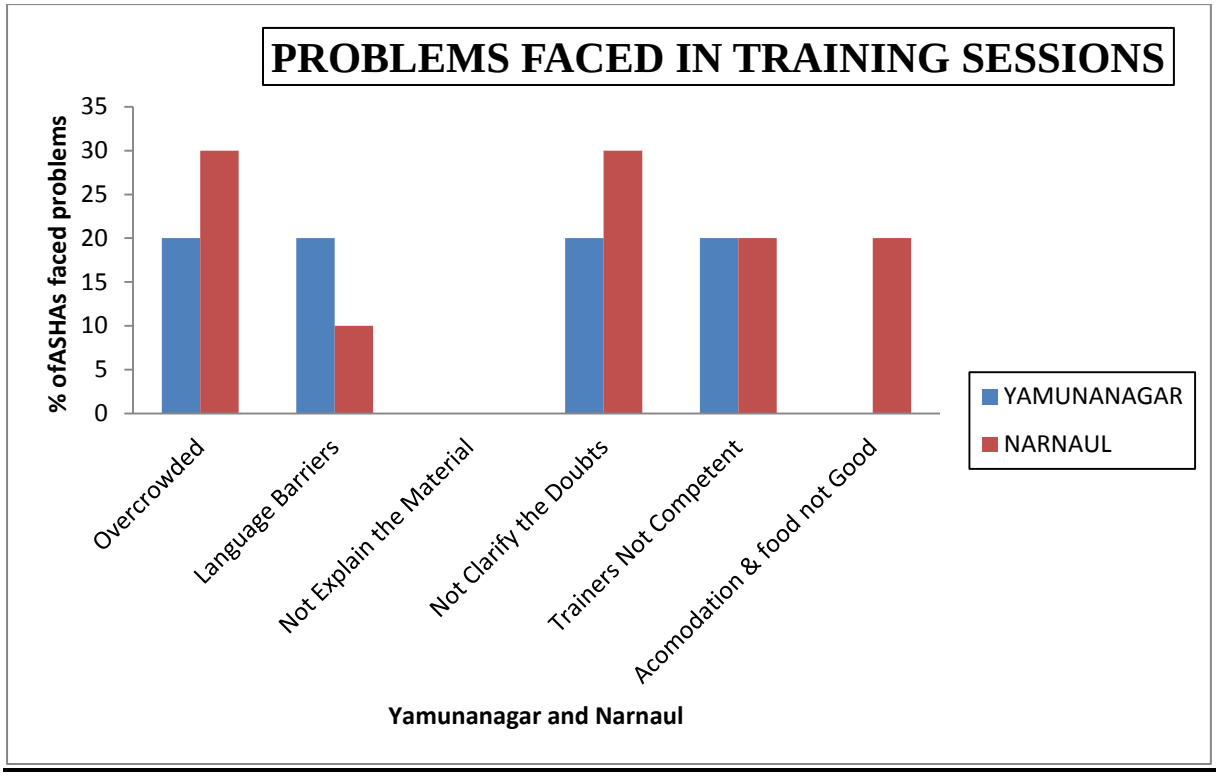
TABLE 15: Satisfaction level with the training sessions

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Satisfaction level from training	**PERCENT**	**PERCENT**
Yes	70	60
No	20	40
Don't know	10	0
TOTAL	**100**	**100**

Interpretation: Level of satisfaction from the training sessions that was provided to the ASHA workers was good in both the districts Yamunanagar and Narnaul i.e. 70. But there were 20 percent and 40 percent of them who are not satisfied with the training sessions due to various reasons.

TABLE 16: Reasons for unsatisfaction from the training sessions

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Reasons	**PERCENT**	**PERCENT**
Overcrowded	20	30
Faced the language barriers during training	20	10
Trainers did not explain the material clearly	0	0
Were not comfortable in clarifying doubts with trainers	20	30
Trainers were not competent enough to solve the problem	20	20
Accommodation and food was unsatisfactory	0	20



Interpretation: This table shows the reasons of unsatisfaction with the training sessions which were observed in both the districts. Firstly, in Yamunanagar there were 20 percent of ASHA workers who were unable to concentrate in the training sessions because of overcrowded places and rest other problems were acquiring similar percentage. Secondly, at Narnaul the major reason of unsatisfaction are the overcrowded sessions and the ASHA's were not comfortable in clarifying the doubts with the trainers.

So, overall the unsatisfaction and decline in attendance of training sessions were observed due these factors and it one of the concern situations for the Narnaul district who is require to reduce the percentage of unsatisfaction level so that there is some increase the attendance, which can be possible by creating certain interest in these training sessions.

TABLE 17: Number of ASHA workers received on the job training

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
On the job training	**PERCENT**	**PERCENT**
Yes	30	50
No	70	50
Don't know	0	0
TOTAL	**100**	**100**

Interpretation: This table shows the percentage of on the job training that is being given to the ASHA workers by the ANM during the routine schedule and ANM try to make the ASHA understand the working situations in the health sector. So, this training is mostly been

provided at Narnaul district where ANM's trying their level best to improve the working of ASHA's in their district which is around 50 percent of them who are getting on the training. But at Yamunanagar only 30 percent of them get this training which too low and it is require to be improved.

TABLE 18: Reasons for not getting on the job training

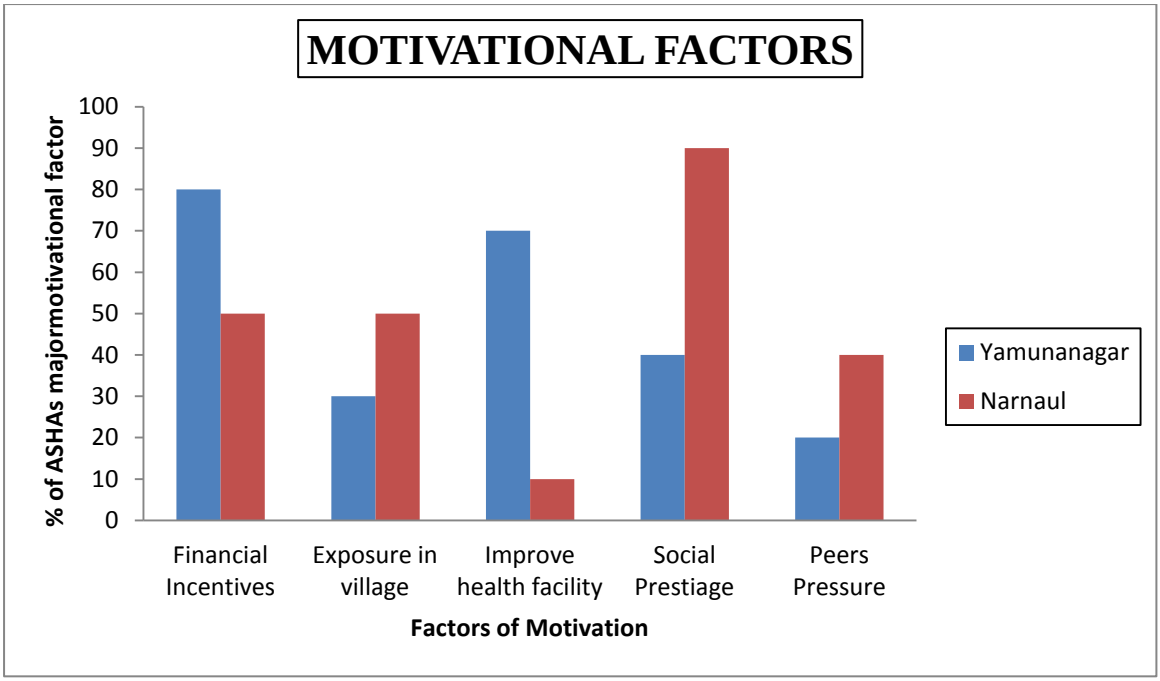
DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Reasons	**PERCENT**	**PERCENT**
ANM is too busy	40	50
Facility not present	50	20
Time was inconvenient	20	30
Training not held on specified date	30	30
Don't Know	0	0

Interpretation: The above table shows the reasons of low on the job training provided in these district is mainly because of busy schedule of ANM's and even facility is not present specially at Yamunanagar according to the data that is being presented, around 50 percent of ASHA's were not availing this training due to unavailability. At Narnaul facility is adequate but ANM herself is too busy that she is unable to guide the ASHA's. So, according to the data the work load of ANM's is need to reduce, so that they can concentrate on ASHA's and improve their working standard.

Motivational factor for ASHA workers

TABLE 19: Encourages the ASHAs to work harder

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Reasons	**PERCENT**	**PERCENT**
Financial incentives	80	50
To get more exposure in the village	30	70
To improve village health facilities	70	10
Social prestige	40	90
Peers pressure	20	40
Don't know	0	0



Interpretation: The ASHAs were asked about the factors that encourages them to take up their work more enthusiastically and do it more efficiently is to increase their financial incentives as it is rightly said that money is the most powerful motivating factor which can be observed at the district Yamunanagar where there are 80 percent of them who want this factor to exist as ASHA in the society.

On the other hand Narnaul major factor of motivation is increase in the social prestige among the community members after becoming ASHA of their village 90 percent of them agree with it.

Effectiveness of ASHA workers in communicating the immunization messages to the mothers of beneficiaries

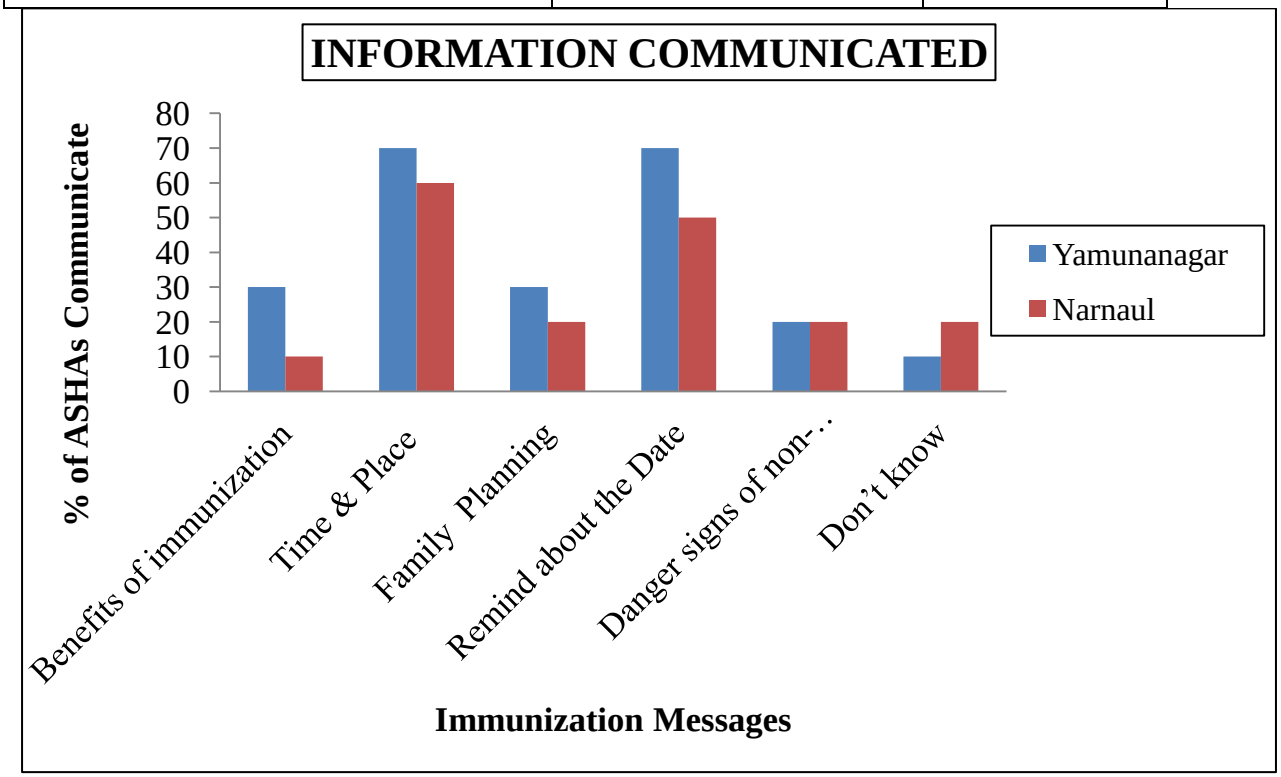
TABLE 20: Number of ASHA workers gives information about immunization

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Information	**PERCENT**	**PERCENT**
Yes	90	90
No	10	10
Don't know	0	0
TOTAL	**100**	**100**

Interpretation: The data revels that both the districts are communicating about immunization messages to the mothers of beneficiaries which is about 90 percent of them. The data is being collected by seeing the immunization status of children who are fully immunized which completely reveals that information is adequately given.

TABLE 21: Kind of information given by ASHAs

DISTRICT	YAMUNANAGAR	NARANUL
Information	**PERCENT**	**PERCENT**
Benefits about Immunization	30	10
Time & place where immunization scheduled	70	60
Family planning	30	20
Remind about the date of immunization	70	50
Danger signs of non-immunization	20	20
Don't Know	10	20



Interpretation: Earlier it had being observed that the ASHA workers are giving information about immunization but when the observation is being done on the kind of information that is being provided by ASHA, it had being revealed that majorly the information that is being communicated is about only time, place and date of immunization which shows that the mothers of beneficiaries are not aware about the benefits and danger signs of non-immunization which are major drawbacks in both the districts and it is required to be improve as fast as possible and that can be possible if adequate training is provided in regard to communication pattern.

TABLE 22: Number of ASHAs faced difficulty in communicating the immunization messages to the mothers of beneficiaries

DISTRICT	YAMUNANAGAR	NARNAUL
Problem in communication	**PERCENT**	**PERCENT**
Yes	50	70
No	50	30
Don't know	0	0
TOTAL	**100**	**100**

Interpretation: Communication problem that is present in the ASHA workers is mainly because of hesitation that is still present is many ASHA workers which is leading to improper communication and further leading to wrong message transfer to the concern community member. So, major problem in communication is present at Narnaul district i.e. 70 percent of them whereas 50 percent of ASHA are present at Yamunanagar. This can be improving by adequate training sessions; mock interviews can be conducted to remove the hesitation upto certain level.

TABLE 23: Problems faced by ASHA workers in communicating the messages

DISTRICT	YAMUNANAGAR	NARNAUL
Problem in communication	**PERCENT**	**PERCENT**
Mothers are busy	40	50
Mothers goes to other town	50	50
Don't understand the language used by ASHAs	30	10
Mother in law don't allow	30	50
Variation in religion	0	0
Can't say	0	0
Don't know	0	0
TOTAL	**100**	**100**

Interpretation: This table shows the kind of problems being faced by ASHA workers due to which there is improper communication between both the parties. Under Yamunanagar the major problem that has been found out was that the mothers goes out of the village so the immunization message that is need to be delivered is half delivered by ASHA to the concerned mother and further it is leading to decline in the immunization status of the child. At Narnaul highest percentage was present in three factors i.e. busyness of mothers, mothers not in town and mother in law interfere i.e. 50 percent due to which proper communication does not take place with the mothers and lead to limited knowledge.

Communication of immunization status of children between the ASHA workers and ANM at the health center

TABLE 24: Effectiveness in communicating the immunization status to the ANM

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Effectiveness in communication	**PERCENT**	**PERCENT**
Yes	80	60
No	20	40
Don't know	0	0
TOTAL	**100**	**100**

Interpretation: The above table shows the communication status of immunization messages between ASHA's and ANM's. It depicts that there is proper communication especially at Yamunanagar which is 80 percent as compared to Narnaul which is just 60 percent of them feel that they are not able to communicate properly to the ANM because of various constraints.

TABLE 25: Assessment of coordination and recording between ASHA and ANM

ASSESSMENT	**COORDINATION**		**RECORDING**	
	Yes	**No**	**Yes**	**No**
DISTRICT				
Yamunanagar	60	40	70	30
Narnaul	50	50	60	40

Interpretation: The assessment of communication status is being done by analysing the recording system at both the districts. As it is being observed from the above table better the coordination, better is the recording system being followed, in the district Yamunanagar if 60 percent of them are having proper coordination than 70 percent of ANM's are able to record the data of immunization. Same is the case with Narnaul where there are 50 percent of them who are able to coordinate with ANM than automatically there is proper recording system being present.

TABLE 26: Assessment of problems in recording which had arise due to improper coordination with ANM

ASSESSMENT	RECORDING			
DISTRICT	YAMUNANAGAR		NARNAUL	
	Yes	No	Yes	No
ANM is busy	40	60	40	60
Face to Face interaction with ANM is less	20	80	40	60
ANM is not competent for the job	0	0	0	0
Family relations with ANM is not good	10	90	10	90
Don't know	0	0	0	0

Interpretation: The problem that are being observed in recording due to improper coordination among ANM's and ASHA's is majorly present when ANM is herself busy in her own working and does give much importance to the information given by ASHA about the immunization status of children in their village. Highest percentage in both the districts is observed is at this factor only i.e. 40 percent and due to this there is less face to face contact with ANM to discuss about immunization status of children.

ANALYSIS OF BENEFICIARIES

The basic information about beneficiaries in two districts of Haryana

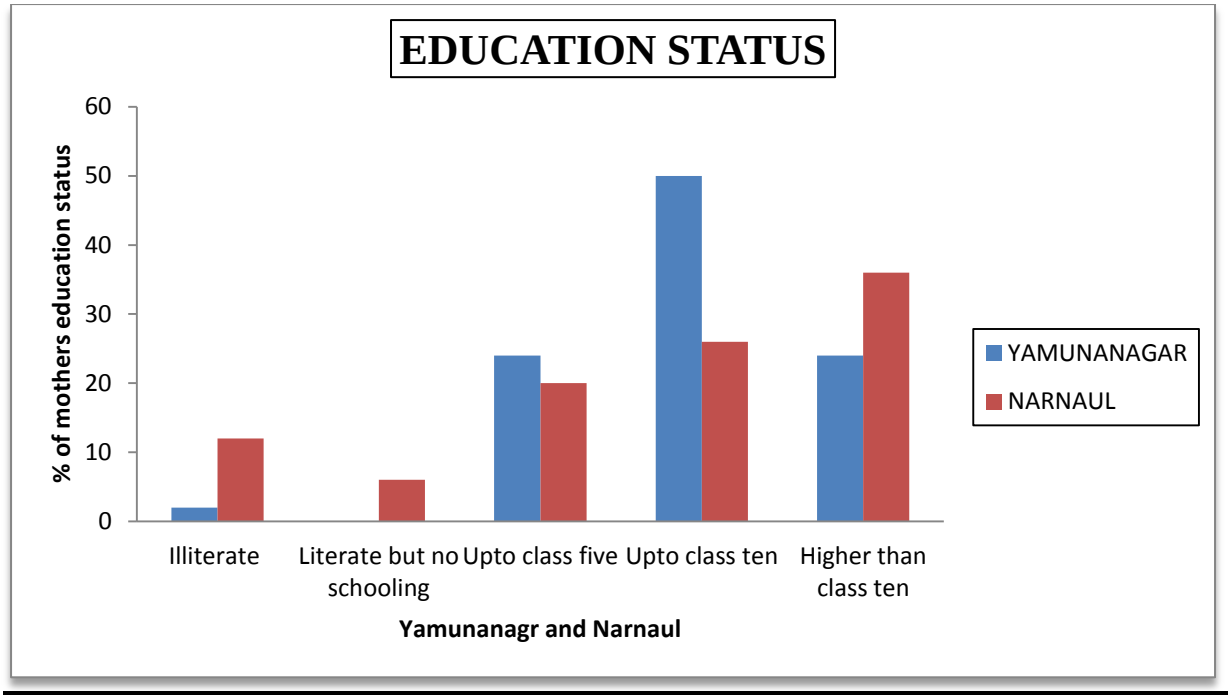
Table 1: Background Characteristics

Particulars	**Number of children**		**Total**
District	**0-11 months**	**12-23 months**	
Yamunanagar	20	30	**50**
Narnaul	20	30	**50**
			100

Interpretation: The above table shows that the total number of children covered in both the district i.e. 100 and out of these 20 children in each district of 0-11 months and 30 children in each district of 12-23 months are taken.

Table 2: Highest level of education received by the respondent (Mothers of the beneficiaries)

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
EDUCATION STATUS	**PERCENT**	**PERCENT**
Illiterate	2	12
Literate but no schooling	0	6
Upto class five	24	20
Upto class ten	50	26
Higher than class ten	24	36
Don’t know	0	0
Total	**100**	**100**

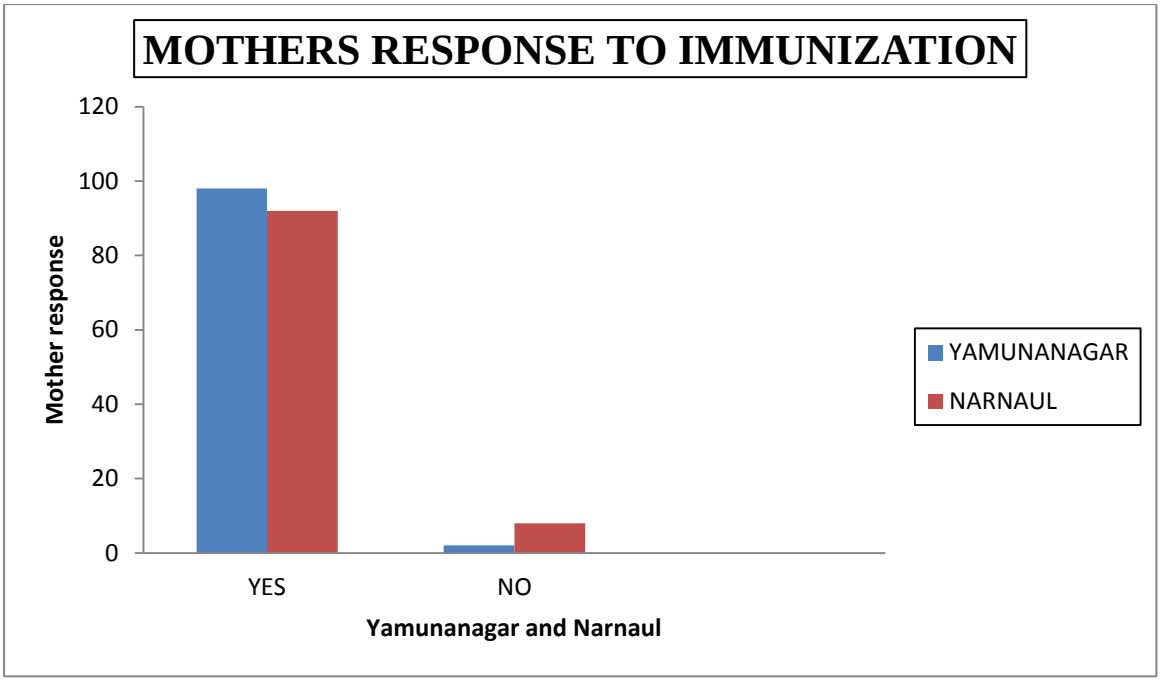


Interpretation: The above table shows the percentage of level of education of mothers of beneficiaries. This shows that there are 12 percent of mothers are illiterate in Narnaul which not a good sign because level of knowledge affect the immunization status of beneficiaries at Yamunanagar there are 50 percent of mothers are educated upto ten and there 36 percent of mothers educated higher than ten at Narnaul.

Level of awareness about immunization amongst the mothers of beneficiaries

Table 3: Number of mothers who agree to have immunization in two districts

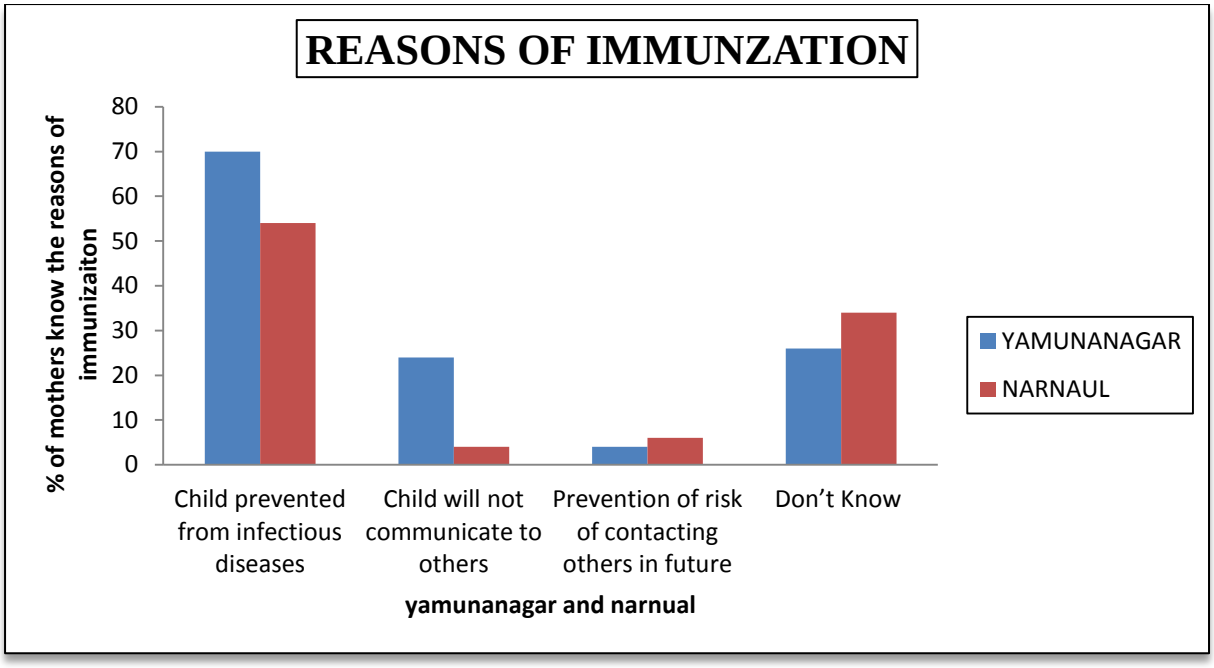
DISTRICT	**YAMUNANAGAR**	**NARNAUL**
AGREE TO HAVE IMMUNIZATION	**Percent**	**Percent**
Yes	98	92
No	2	8
TOTAL	**100**	**100**



Interpretation: The above graph shows agreeing ability of the mothers of beneficiaries in regard to get their child immunized it has showed good results that there are 98 percent of them at Yamunanagar and 92 percent of them at Narnaul who agree that immunization is important.

Table 4: Percentage of mothers know the reasons of getting their child immunized

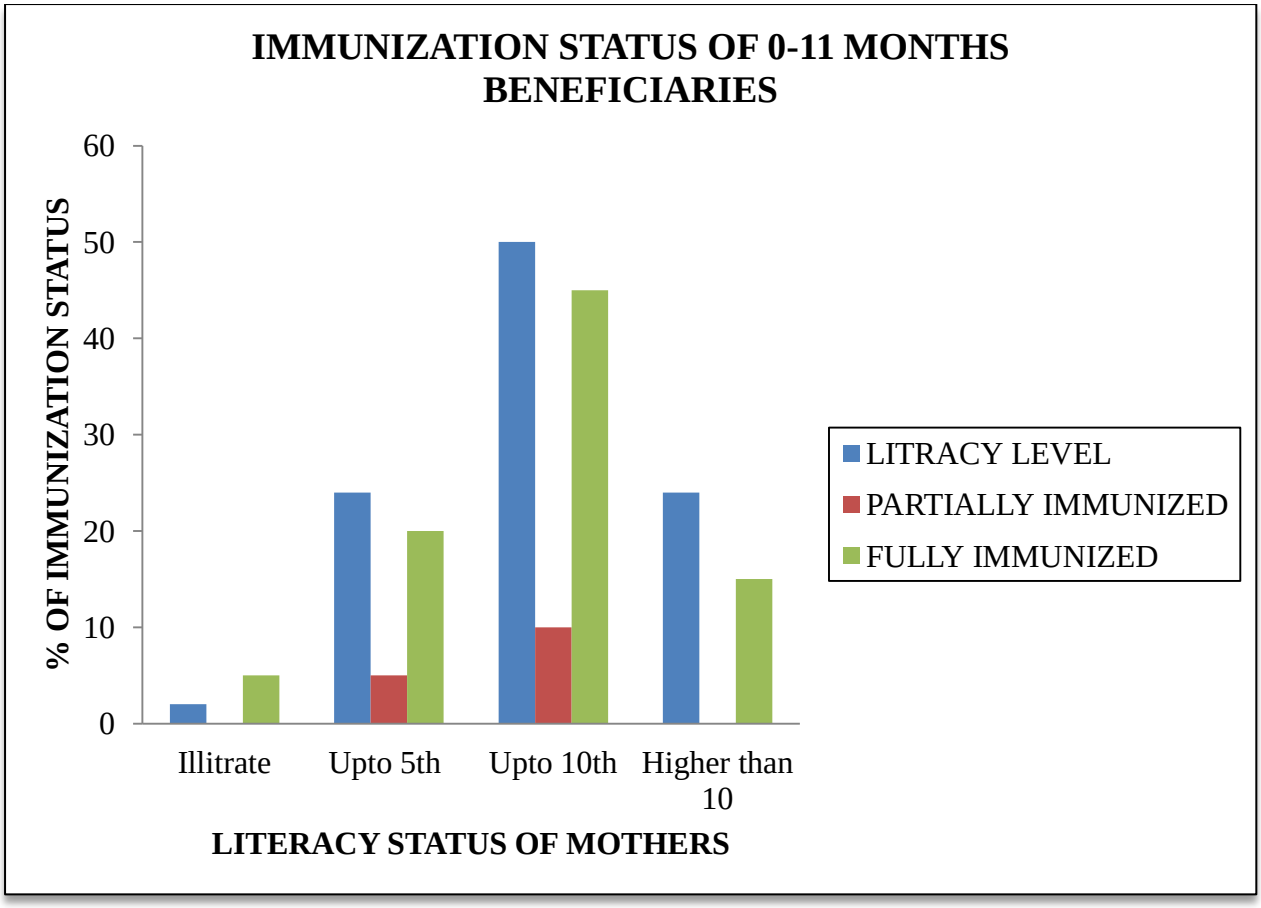
DISTRICT	Yamunanagar		Narnaul	
	Yes (%)	No (%)	Yes (%)	No (%)
1.Child will be prevented from infectious diseases	70	30	54	46
2. Child will not communicate disease to others	24	76	4	96
3. Prevention of risk of contacting to others later in life	4	96	6	94
4.Don't know	26	74	34	66

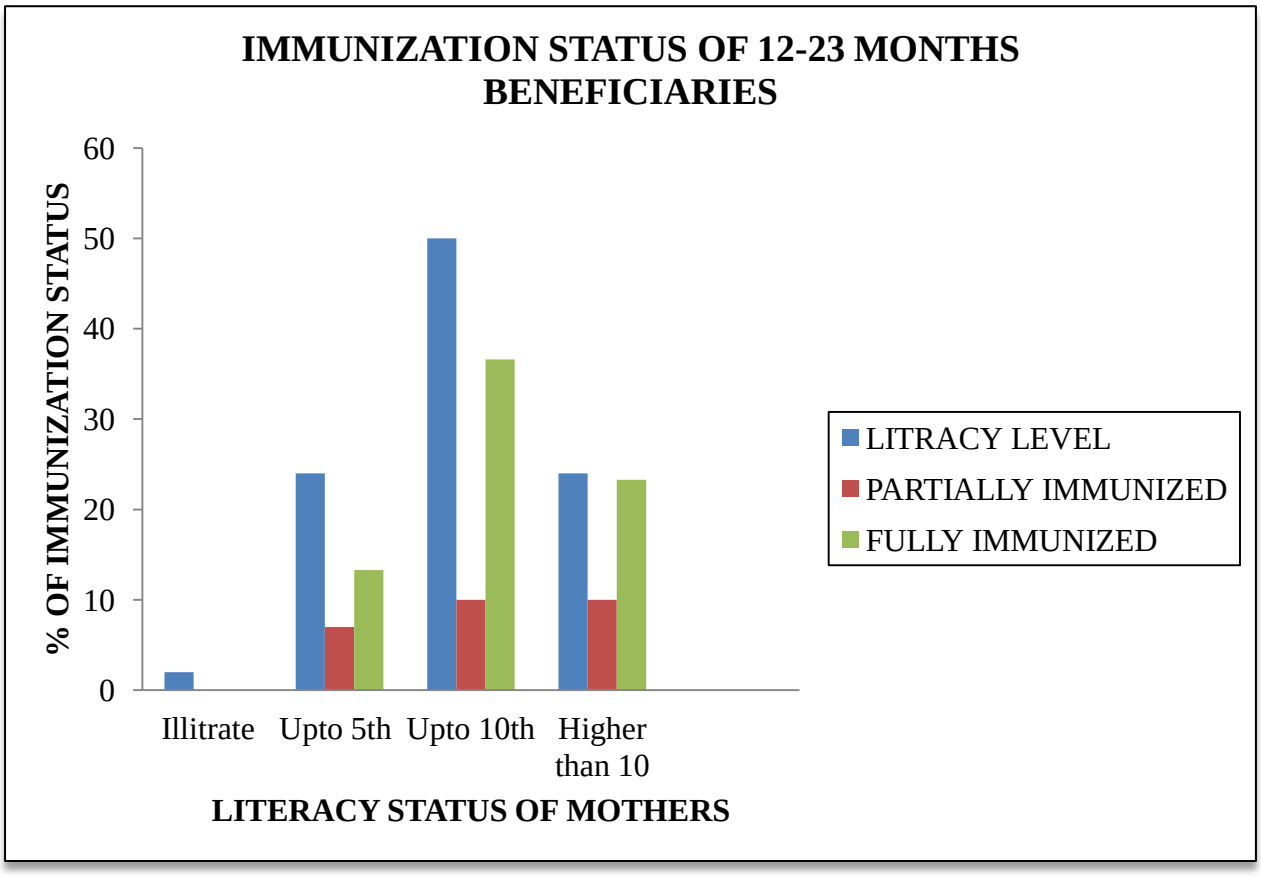


Interpretation: This graph depicts that the mothers of beneficiaries agree to have immunization but don't know the reasons completely of immunization. Most of them are aware that the child is prevented from infectious disease there are 70 percent of them in Yamunanagar and 54 percent at Narnaul but they are not aware about the other factors which are also too important it has very less percentage.

Table 5: Immunization status of beneficiaries in the age group of 0-11 months and 12-23 months compared with the level of educational status of mothers of beneficiaries in the district Yamunanagar of Haryana

YAMUNANAGAR							
AGE GROUP IN MONTHS							
EDUCATION STATUS		**0-11 months**			**12-23 months**		
		Immunization Status			**Immunization Status**		
		Not immunized (%)	**Partially immunized (%)**	**Fully immunized (%)**	**Not immunized (%)**	**Partially immunized (%)**	**Fully immunized (%)**
Illiterate	2	0	0	5	0	0	0
Literate but no Schooling	0	0	0	0	0	0	0
Upto class Five	24	0	5	20	0	7	13.3
Upto class Ten	50	0	10	45	0	10	36.6
Higher than class Ten	24	0	0	15	0	10	23.3
Don't know	0	0	0	0	0	0	0
TOTAL	**100**	**100**			**100**		

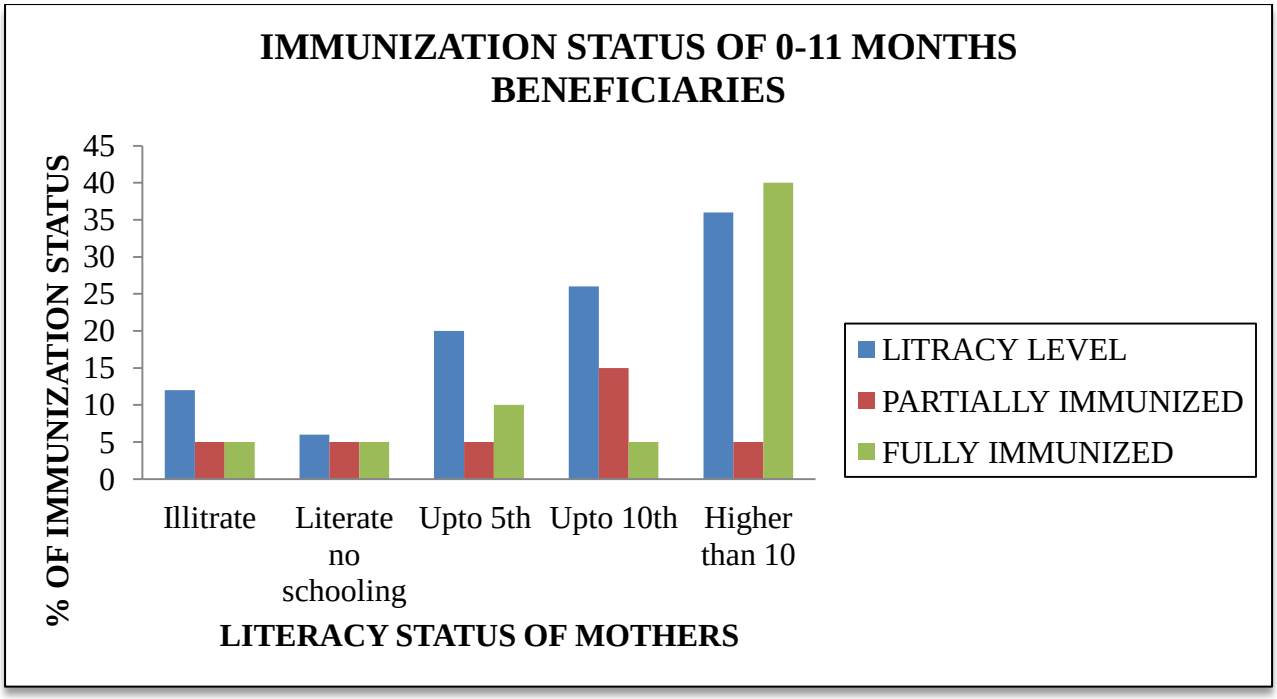

IMMUNIZATION STATUS OF 0-11 MONTHS BENEFICIARIES
% OF IMMUNIZATION STATUS
60
50
40
30
20
10
0
Illitrate
Upto 5th
Upto 10th
Higher than 10
LITERACY STATUS OF MOTHERS
LITRACY LEVEL
PARTIALLY IMMUNIZED
FULLY IMMUNIZED

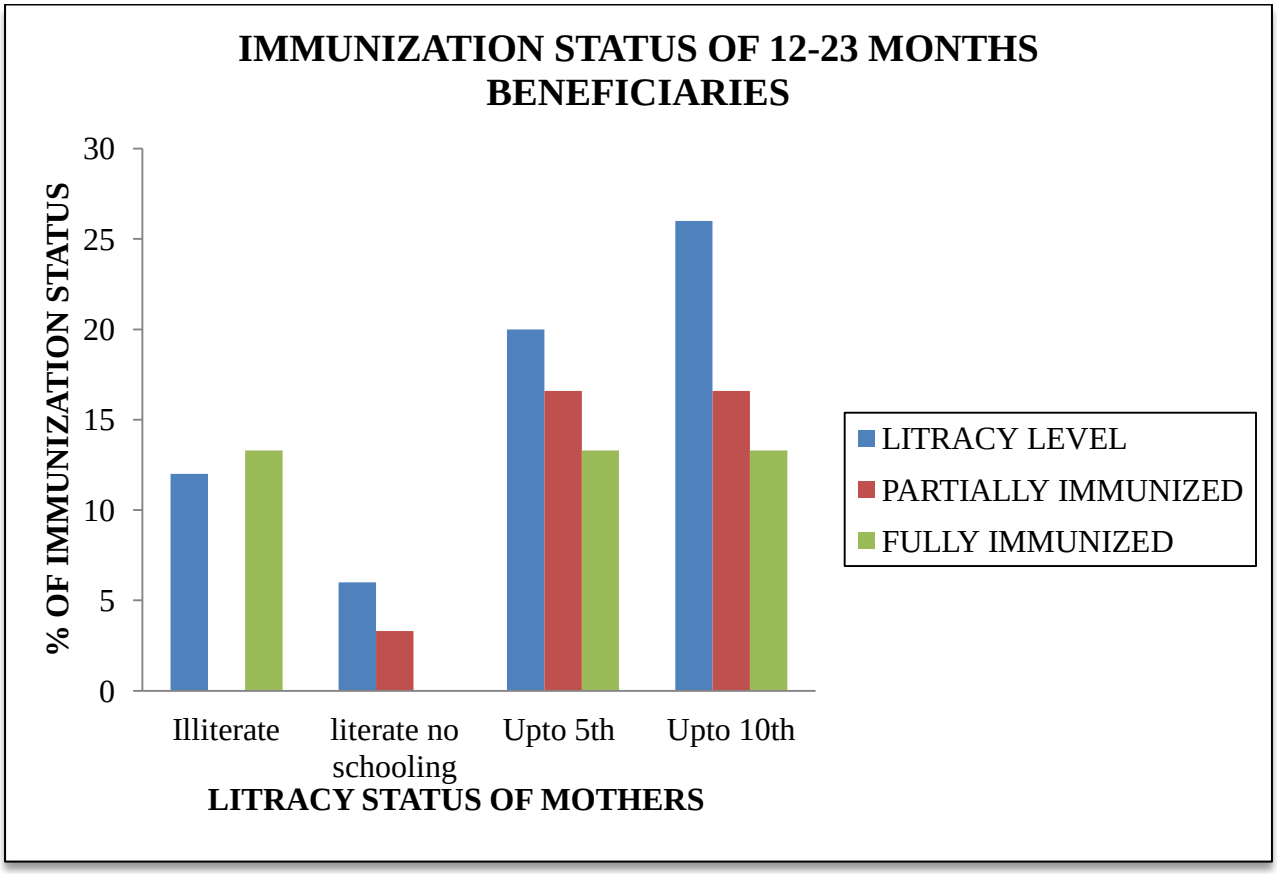

IMMUNIZATION STATUS OF 12-23 MONTHS BENEFICIARIES
% OF IMMUNIZATION STATUS
60
50
40
30
20
10
0
Illitrate
Upto 5th
Upto 10th
Higher than 10
LITERACY STATUS OF MOTHERS
LITRACY LEVEL
PARTIALLY IMMUNIZED
FULLY IMMUNIZED

Interpretation: The above two graphs shows the immunization status of children who are in the age group of 0-11 and 12-23 months which has been compared to the level of education of the mothers of beneficiaries. The status at Yamunanagar is above average. It has been shown that as there is increase in the level of knowledge of mothers, the immunization status has automatically has increased so education status has major impact on the health of child.

Table 6: Immunization status of beneficiaries in the age group of 0-11 months and 12-23 months compared to the level of educational status of mothers of beneficiaries in the district of Narnaul

NARNAUL							
AGE GROUP IN MONTHS							
EDUCATION STATUS		0-11 months			12-23 months		
		Immunization Status			Immunization Status		
		Not immunized (%)	Partially immunized (%)	Fully immunized (%)	Not immunized (%)	Partially immunized (%)	Fully immunized (%)
Illiterate	12	0	5	5	0	0	13.3
Literate but no Schooling	6	0	5	5	0	3.3	0
Upto class Five	20	0	5	10	0	16.6	13.3
Upto class Ten	26	0	15	5	0	16.6	13.3
Higher than class Ten	36	0	5	40	0	20	10
Don't know	0	0	0	0	0	0	0
TOTAL	**100**	**100**			**100**		


IMMUNIZATION STATUS OF 0-11 MONTHS BENEFICIARIES
% OF IMMUNIZATION STATUS
45
40
35
30
25
20
15
10
5
0
Illitrate
Literate no schooling
Upto 5th
Upto 10th
Higher than 10
LITERACY STATUS OF MOTHERS
LITRACY LEVEL
PARTIALLY IMMUNIZED
FULLY IMMUNIZED


IMMUNIZATION STATUS OF 12-23 MONTHS BENEFICIARIES
% OF IMMUNIZATION STATUS
30
25
20
15
10
5
0
Illiterate
literate no schooling
Upto 5th
Upto 10th
LITRACY STATUS OF MOTHERS
LITRACY LEVEL
PARTIALLY IMMUNIZED
FULLY IMMUNIZED

Interpretation: The above two graphs depicts the immunization status of beneficiaries in relation to the education level of mothers. At Narnaul the results shows that there are more of illiterate or educated more are the children who are partially immunized. So, there is need to have improvement in the education status of mothers so that there can be some reduction of burden on the ASHA workers. More imbalance is been observed the age group of 0-11 months of children.

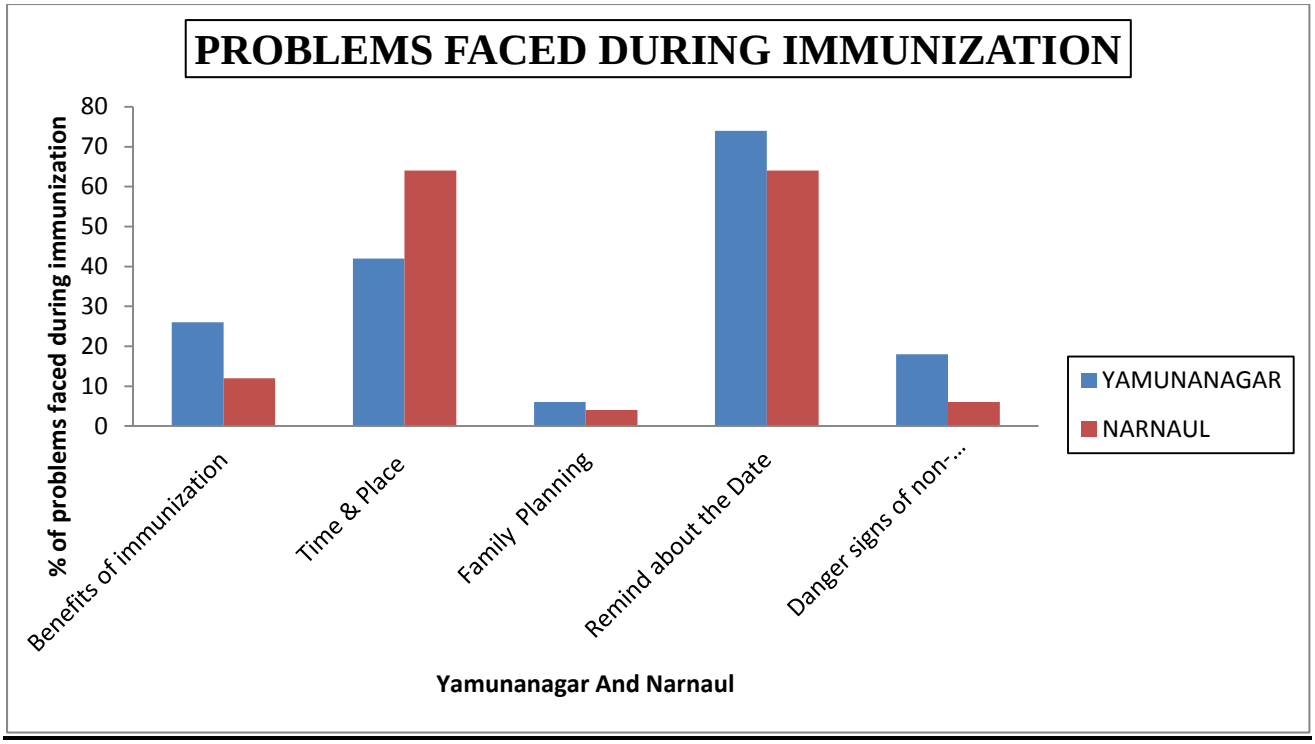
Effectiveness of ASHA workers in giving information about immunization to the mothers of beneficiaries

Table 7: ASHA Workers visited the homes of beneficiaries who are in the age group of immunization

DISTRICT	**Yamunanagar**		**Narnaul**	
ASHA Home Visits	**Number**	**Percent**	**Number**	**Percent**
At least once in month	25	50	21	42
Less often	24	48	26	52
Never	0	0	1	2
Don't Know	1	2	2	4
TOTAL	**50**	**100**	**50**	**100**

Table 8: Information given by ASHA Workers to the mothers of beneficiaries

DISTRICT	**YAMUNANAGAR**	**NARANUL**
Information	**Percent**	**Percent**
Benefits of Immunization	26	12
Time & place where immunization scheduled	42	64
Family planning	6	4
Remind about the date of immunization	74	64
Danger signs of non-immunization	18	6



Interpretation: The above graph shows that the mothers of beneficiaries are less aware about the benefits of immunization mostly when ASHAs visits their houses she remind them about the time and place of immunization but she is less communicating about the danger signs and benefits as the results shows. This was observed during the home visits of beneficiaries' mothers.

Understanding ability of the mothers of beneficiaries

Table 9: Effectiveness of mothers in understanding the immunization messages given by ASHA Workers

DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Understanding Level	**Percent**	**Percent**
Bad	2	6
Less satisfactory	18	36
Satisfactory	62	52
Good	18	6
Excellent	0	0
TOTAL	**100**	**100**

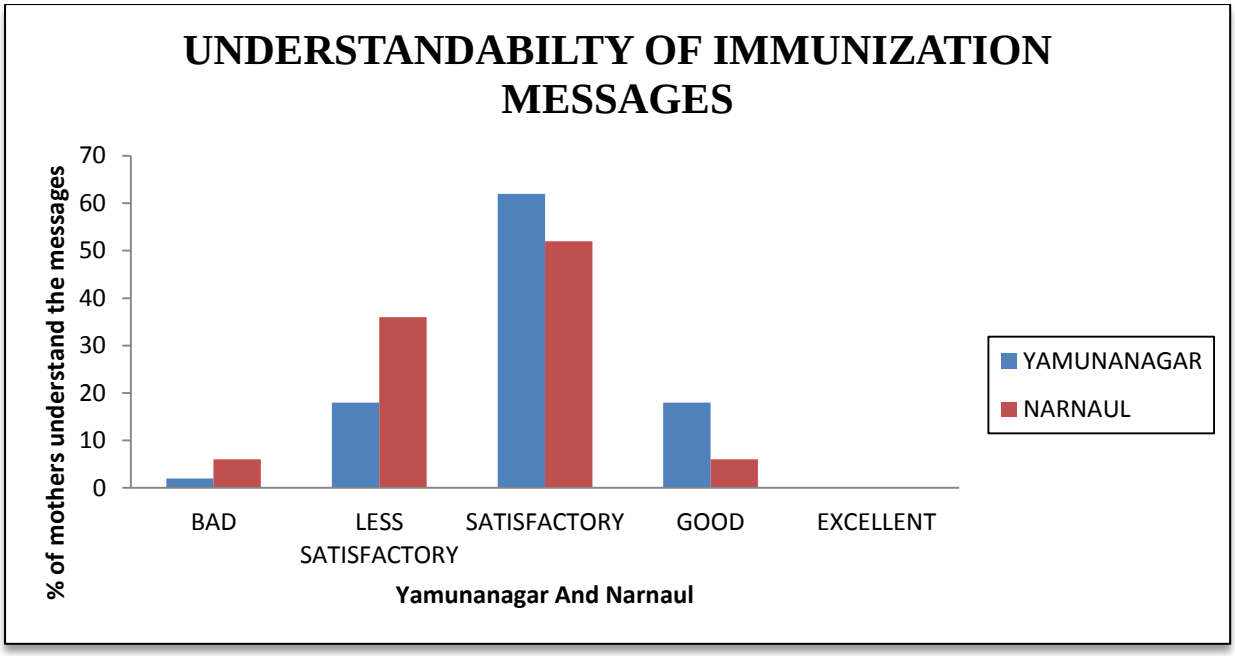


Table 10: Effectiveness of mothers in recalling the information being given by ASHA Workers

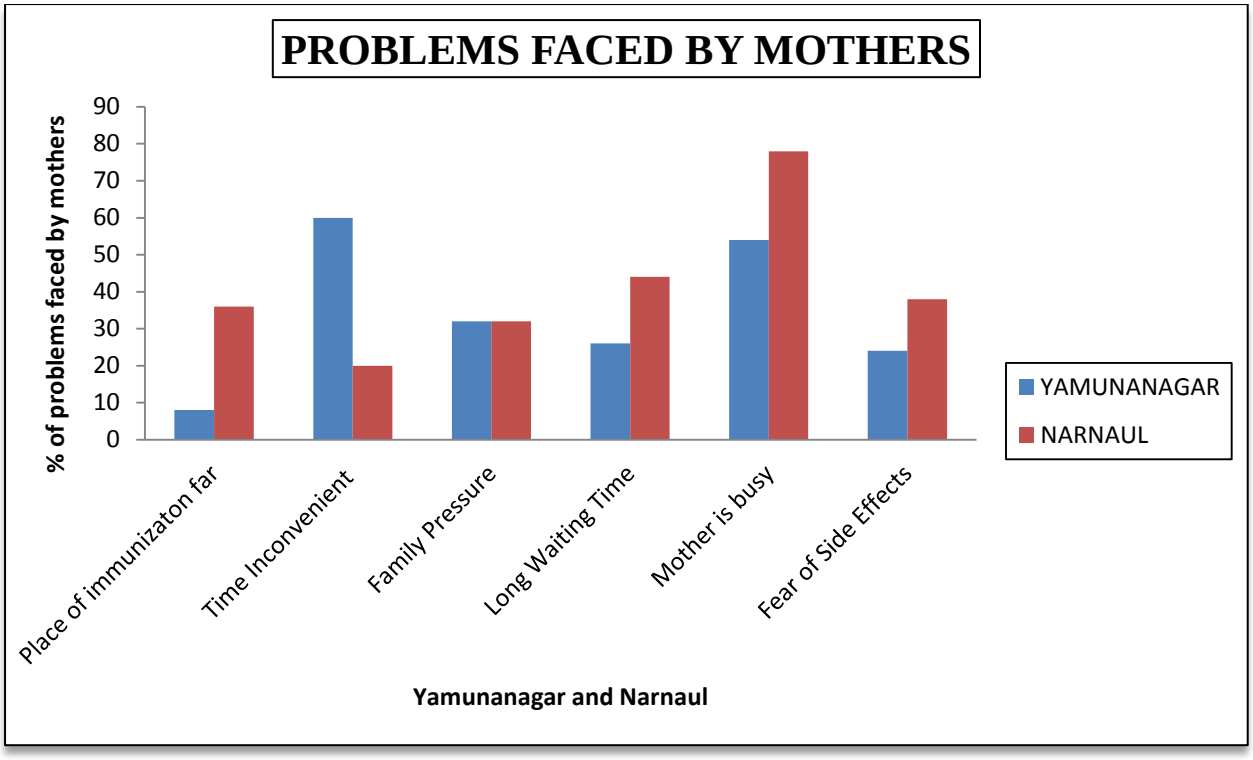
DISTRICT	**YAMUNANAGAR**	**NARNAUL**
Recalling Ability	**Percent**	**Percent**
Bad	6	8
Less satisfactory	30	68
Satisfactory	46	22
Good	18	2
Excellent	0	0
TOTAL	**100**	**100**

Table 11: Effectiveness of the mothers of beneficiaries in complying the information being given by ASHA workers

DISTRICT	YAMUNANAGAR	NARNAUL
Complying ability	**Percent**	**Percent**
Bad	4	10
Less satisfactory	34	54
Satisfactory	46	24
Good	16	12
Excellent	0	0
TOTAL	**100**	**100**

Table 12: Problems faced by the mothers of beneficiaries in getting their child immunized at the health centre

DISTRICT	YAMUNANAGAR	NARNAUL
Problems	**Percent**	**Percent**
Place of immunization is too far	8	36
Time of immunization is inconvenient	60	20
Family pressure	32	32
Long waiting time	26	44
Mother is too busy	54	78
Fear of side effects	24	38
Wrong information given by ASHA	0	4



Interpretation: The results shows the various problems been faced by the mothers of beneficiaries at the time, when they need to get their child immunized. Major problem that is been observed at Narnaul district is the place of immunization which is too far from their houses and mothers are not much concerned about immunization as they are unable take out time from their busy schedule and prefer to have immunization at their homes itself. On the other hand, at Yamunanagar the major problem that is being seen is of time that is being set up for immunization which is inconvenient for the mothers as that is the time when mothers are busy with their household activities.

CONCLUSION

Positive Aspects:

- ASHAs working in this district are performing much better above average level in case of immunization services or the other aspects that had being touched that is knowledge, attitude and practices (KAP).

- Majority of ASHAs have attended all training sessions and are aware about the various skills taught to them in the training module.

- All ASHAs are aware about their roles and responsibilities.

- ASHAs are having proper coordination with ANM in recording and reporting about the immunization status of children in their village.

- Training material that is been provided to them in the form of modules, which is easy to understand and comfortable for them.

- Motivational factor that I had observed for the ASHA workers here is getting more exposure in the village community as now they are coming in contact of more & more people by providing ample amount of services.

- On the part of beneficiaries that is the mothers whose children who are in the age group of 0-11 and 12-23 months most of them are known with the reasons of getting their child immunized.

Negative Aspects:

- Major problem that is been observed at this district is that ASHAs are not getting their monthly payments on time.

- Most of them have not prepared their ASHA Diary and there are some who are not aware how to fill up there diary.

- The beneficiaries that were observed in that most of them were not aware about the benefits of immunization because when ASHA visit their house she only tells about the date and time of immunization (reminder messages) but does not discuss about the benefits which lead to lack of knowledge among mothers of beneficiaries.

- There is still some hesitation present in ASHA workers. They are not much open to the villagers in discussing about the major issues in relation to health like family planning, TB, HIV AIDS etc.

- Mothers of beneficiaries prefer to have immunization at their home itself they are unable to visit the health centre because of long distances which also further leading to full immunization of child.

- ASHA workers with whom interacted, there were some who are working just because of peer pressure and due to which there is negative effect on their working.

- Most of the mothers of beneficiaries do not visit the health centre, there was more involvement of mother-in-laws in some villages due to which the awareness level of mothers of those children is too less as they are not aware, when is the time for their child to get vaccinated which shows that still there are some conservative families present in the society.

- The ASHA workers were not able to tell about the immunization schedule properly.

- Lack of vaccine related knowledge among the mothers of beneficiaries apart from polio.

- Lack of faith in getting their child immunized, particularly among elderly people.

- Fear of side effects in regard to vaccination is still present among the mothers of beneficiaries

- There is uncertainty of service provision.

- Limited counselling been given by ASHA workers.

- Training should be given in small batches because in large batches ASHA workers are unable to concentrate in the sessions.

- Less importance is been given to on the job training i.e. the training which is been given by the AMN to the ASHA workers in her village because of time constraint and busy schedule of AMN and further there is lack in health services on the part of ASHAs.

- Tracking system is needed to be improved as per the observation because ASHAs were not confident enough in finding the houses which had been selected from the immunization registers.

RECOMENDATIONS

- Training should be given to ASHAs to how to promote immunization by healthcare IEC and BCC.
- There should be one mentor along with every ASHA to assist her on timely basis.
- ASHAs should get more payments because this is the only tool which motivates them to work harder in the community and for the health care sector.
- Mobile & transport facility must be provided to every ASHA workers to have better communication with ANM as well as with the community and reduce out of pocket expenditure.
- Male health worker can be appointed to every ASHA worker to reduce burden of transportation and home visits.
- On the job training must be given to ASHAs along with ANMs to understand the inner working of the health system.
- A day must be set where both ASHA & mothers may interact & can have face to face interaction.
- Training should be given to remove inner hesitation during interaction with community.

LIMITATIONS OF THE STUDY

1. During the survey language was one of the constraint that might affect the depth of information collected.
2. Proper coordination was not present at the higher level at the health center which has created hindrance in collecting data.
3. Lack of availability of transportation at the CHC level which has created problem in collecting data from various villages.
4. Large sample could not be collected due time constraint.

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ANNEXURES

PLACES VISITED DURING DATA COLLECTION

Place of Visit: Yamunanagar District of Haryana

CHC	PHC	Sub-Center	Village
Bilaspur	Bilaspur	Milkkhas	➢ Milkkhas ➢ Bhanipur
		Changnauli	➢ Changnauli ➢ Tehi ➢ Peeruwala
Naharpur	Naharpur	Damla	➢ Model Town Damla ➢ Harijan Majri
		Harnol	➢ Rattan Garh ➢ Kunjal ➢ Rait Garh

Place of Visit: Narnaul District of Haryana

CHC	PHC	Sub-Center	Village
Dochana	Dochana	Dochana	➢ Dochana ➢ Badopur
		Kulatajpur	➢ Kultajpur ➢ Maksuspur ➢ Hasanpur
Ateli	Bachhod	Bachhod	➢ Bachhod ➢ Mirjapur
		Bhuskankal	➢ Patikra ➢ Bhuskankal

LIST OF PERSON INTERACTED DURING THE SUMMER TRAINING

Name	Affiliation	Place of Work
Mr. Chand Singh Madan	State NGO Coordinator	NRHM, Panchkula, Haryana
Dr. Suresh	District Program Coordinator – Child Health	
Dr. Usha Gupta	Principal	SIHFW, Panchkula, Haryana
Dr. Kashmir Singh	Consultant (Research Officer)	
Dr. Puneet Gupta	Consultant (Trainee)	
Dr. V.K. Sharma	Civil Surgeon	District Hospital, Yamunanagar, Haryana
Dr. Vijay Atreja	District Malaria Officer	
Dr. Vijay Dhayiya	Deputy Civil Surgeon Training	
Dr. Lal Chand	Senior Medical Officer	PHC, Mungoli,Yamunanagar
Dr. Mahesh Kumar	Senior Medical Officer	PHC, Bilaspur,Yamunanagar
Mr. Vikram	District Program Coordinator	CHC, Narnaul
Mrs. Sharmila	ANM	Sub-Center, Patikra,Narnaul
Mrs. Om Prabha	ASHA	
Mrs. Sushila	ASHA	
Mrs. Rajesh	ASHA	
Dr. Jakriti	BDS	PHC, Bachhod, Narnaul
Mrs. Shakuntala	ASHA	Sub-Center, Bachhod, Narnaul
Mrs. Raj Bala	ASHA	
Dr. Suresh	Medical Officer	CHC, Dochana, Narnaul
Mrs. Prem Devi	ASHA	Sub-Center, Dochana, Narnaul
Mrs. Manju	ASHA	Sub-Center, Kultajpur,Narnaul
Mrs. Raj Bala	ASHA	
Mrs. Sunita	ASHA	Sub-Center, Masksunpur,Narnaul
Mrs. Kavita	ASHA	Sub-Center, Hasanpur,Narnaul

Dr. Amandeep Kaur	District Immunization Incharge	PHC, Old Panchkula, Haryana
Mrs. Malik	LHV	
Ms. Monika	Information Assistant	
Mr. Krishna Kumar	MPH	
Dr. Monika	Dental Surgeon	PHC, Kot, Panchkula
Mrs. Kamala	ANM	Anganwadi Center at Mankain, Panchkula
Mrs. Sunita	ANM	
Mrs. Shakuntala Sharma	ASHA	
Mrs. Kamala	ANM	Sub-Center, Ramgarh, Panchkula
Mrs. Sunita	ANM	
Mrs. Sudesh	ANM	Nada Sahib, Panchkula, Haryana

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QUESTIONNAIRE OF ASHA WORKERS

TO STUDY THE EFFECTIVNESS OF ASHA WORKERS IN FACILITATING FULL IMMUNIZATION COVERAGE IN TWO DISTRICTS OF HARYANA YAMUNANAGAR & NARNUAL

Questionnaire Identification Number	
State Name :	**District Name :**
Block Name :	**Village Name :**
Phone number of ASHA:	
Name of ASHA :	

INTRODUCTION

Namaste, My name is _____ and I am from State Institute of Health & Family Welfare, Panchkula conducting a survey to know about the immunization status of children who are in the age group of 0-11 months & 12- 23 months and know about the tracking system that is been handled by the ASHA Workers.

We would very much appreciate your participation in this survey. Several different health related topics will be discussed including the awareness level, about various health services that is been given by you to the beneficiaries, the immunization status of children within your village, tracking and reporting system of children who are in need of getting immunized.

This survey usually takes between 20 to 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not been shown to other persons. Participation in this survey is voluntary, if you choose to participate; you may withdraw at any time. However we hope that you will take part in the survey since your participation is important.

May I begin the interview now?

- Respondent agrees to be interviewed.....1 Q.1
- Respondents does not agree to be interviewed.....2 END

Interviewer's Name: **Signature:**

Date:

INTERVIEW SCHEDULE FOR ASHA

	QUESTIONS	RESPONE	SKIP
Questions related to Basic information about ASHA			
1.	Name of the Village		
2.	Name of ASHA		
3.	Age of ASHA (in completed years)		
4.	Educational Qualification of ASHA		
5.	Do you stay in this village/ward?	1. Yes 2. No →	**Go to Q. 7**
6.	If no, then where do you come from?		
7.	For how many years have you worked as ASHA?	Years ☐	
8.	Name the services provided by ASHA?	1. create health awareness 2. counselling 3. immunization of newly born child 4. timely identification of diseases of family member 5. family planning 6.other services (specify)_____ _____ _____	
9.	How many homes do you visit every day?	1. none 2. 1-3 3. 4-5 4. 6-7 5. 8-9 6. ten 7. more than 10	
10.	Are you able to manage visits to the homes of the children on daily basis?	1. Yes 2. No	

11.	What is your main objective of these home visits?	1. guiding about immunization 2. changing health seeking behaviour 3. removing the wrong assumption related to immunization 4. any other (specify) _____ _____	
Question related to the Problems been faced by ASHA workers in Communicating the information about immunization.			
12.	Do you face difficulty in communicating health messages about immunization to the beneficiaries?	1. Yes 2. No →	**Go to Q. 14**
13.	If yes, then what problems do you face while providing counselling in regard to immunization?	_____ _____ _____ _____	
14.	How do you grade your ability in counselling the beneficiaries?	1. Bad 2. Less Satisfactory 3. Satisfactory 4. Good 5. Excellent	
15.	Are all beneficiaries able to give time for their counselling regarding getting their child immunized?	1. Yes → 2. No	**Go to Q. 17**
16.	If no, then what is the problem?	_____ _____ _____	
17.	How do you grade the understanding of beneficiaries developed by your counselling?	1. Bad 2. Less Satisfactory 3. Satisfactory 4. Good 5. Excellent	
18.	What problems are faced by the beneficiaries to understand the immunization messages given by you?	_____ _____ _____ _____	
Question related to Problems been faced by ASHA workers in tracking the number of children Who are in need of getting immunization.			

19.	Are you able to track all mothers who are in need of getting their child immunized?	1. Yes 2. No	
20.	How do you grade your ease in tracking the mothers who are in need of getting their child immunized?	1. Bad 2. Less satisfactory 3. Satisfactory 4. Good 5. Excellent	
Question related to Assess the level of knowledge of ASHA workers in Relation to immunization.			
21.	Give the immunization schedule for a child in the age group of 12- 23 months? **(circle the appropriate)**	1. At Birth: BCG and OPV zero dose 2. one month: DPT 1st and OPV 1st dose 3. 2½ month: DPT 2nd and OPV 2nd dose 4. 3½ month: DPT 3rd and OPV 3rd dose 5. 9 months: Measles + Vitamin A 6. 16-23 months: DPT + OPV booster 99. Don't Know	
22.	Where the BCG Vaccine is been given to an infant?	1. left upper arm 2. right upper arm 98. Can't say 99. Don't Know	
23.	Where the Measles Vaccine is been given to an infant?	1. Right Upper Arm 2. Left Upper Arm 98. Can't Say 99. Don't Know	
Questions related to level of training been given to the ASHA workers in relation to immunization services.			
24.	After recruitment as ASHA, upto how many module you have received basic training for immunization?	1. Module 1 2. Module 2-4 3. Module 5 4. HB PNC – Round 1 5. Special training on immunization	
25.	Are you satisfied with the training sessions being given to you for effective immunization practices?	1. Yes → **Go to Q.27** 2. No 99. Don't Know 98. Can't Say	

26.	If No, than what all problems you had faced in the training sessions? **(circle the appropriate)**	1. overcrowded 2. faced the language barriers during training 3. trainers did not explain the material clearly 4. were not comfortable in clarifying doubts with trainers 5. trainers were not competent enough to solve the problem 6. accomodation and food was unsatisfactory 7. others (specify)_____ _____	
27.	Have you received the compensation for training?	1. Yes 2. No	
28.	Are you able to listen attentively during the training sessions?	1. Yes 2. No	
29.	Do you think you are able to perform better after the training sessions?	1. Yes 2. No 99. Don't Know	
30.	Are you satisfied with the training material been provided to you?	1. Yes → **Go to Q.32** 2. No 98. Can't Say 99. Don't Know	
31.	If No, then what are the reasons? **(circle the appropriate)**	1.Material was not according to our roles and responsibilities 2. Proper guidelines were not present	

		3. Proper session plan was not present 99. Don't know	
32.	Have you received on the job training?	1. Yes → **Go to Q.34** 2. No 99. Don't Know	
33.	If No, then what are the reasons?	_____ _____ _____ _____	
34.	Have you attended all the sessions of training program?	1. Yes → **Go to Q.36** 2. No 99. Don't Know	
35.	If No, than what were the reasons? **(circle the appropriate)**	1. Place of training was too far 2. Family obligation 3. Travelling allownances were not provided 4. No motivation factor in these sessions 99. Don't Know	
36.	According to you, what would be the motivating factor which encourages you to work harder?	1. Financial incentives 2. To get more exposure in the village 3. To improve village health facilities 4. Social prestiage 5. Peers pressure 6.Other(specify)_____ _____	
Questions related to Problems been faced by ASHA workers in recording & communicating the Immunization status of children who are getting immunized to the ANM.			
37.	Are you able to communicate the immunization status to ANM of each child in your village?	1. Yes 2.No	

38.	Are you able to record the immunization status of each child in your village?	1. Yes 2. No →	**Go to Q. 40**
39.	If no, what problems do you face while recording the immunization status of children?	_____ _____ _____	
40.	Is there is a proper coordination between ASHA workers and ANM?	1. Yes 2. No	
41.	Are you able to change the health seeking behaviour of the mothers of the beneficiaries?	1. Yes 2. No	
42.	If no, then what problems do you face while changing the immunization status of children?	_____ _____ _____	

END OF SURVEY

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QUESTIONNAIRE OF BENEFICIARIES

TO STUDY THE EFFECTIVNESS OF ASHA WORKERS IN FACILITATING FULL IMMUNIZATION COVERAGE IN TWO DISTRICTS OF HARYANA YAMUNANAGAR & NARNUAL

Questionnaire Identification Number	
State Name :	**District Name :**
Block name :	**Village name :**
Phone number of the House hold member :	
Respondent's name :	
Number of children 0-11 months & 12-23 months old in the House hold	Less than <12 months _____ 12-23 months _____

INTRODUCTION

Namaste, My name is _____ and I am from State Institute of Health & Family Welfare, Panchkula conducting a survey to know about the immunization status of children who are in the age group, 0-11 months & 12- 23 months and to know about the tracking system that is been handled by the ASHA Workers.

We would very much appreciate your participation in this survey. Several different health related topics will be discussed including the awareness level about health services, the immunization status of your child and testing the satisfaction level with the services been given by ASHAs. This survey usually takes between 20 to 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not been shown to other persons.

Participation in this survey is voluntary, if you choose to participate; you may withdraw at any time. However, we hope that you will take part in the survey since your participation is important.

May I begin the interview now?

- Respondent agrees to be interviewed.....1 Q.1
- Respondents does not agree to be interviewed..... 2 END

Interviewer's Name: **Signature:**

Date:

INTERVIEW SCHEDULE FOR BENEFICARIES

S.NO	QUESTIONS	RESPONSE	SKIP
Questions related to basic information about beneficiaries.			
1.	What is the name and age (in completed months) of child?	Name of child _____ Months ☐	
2.	What is the gender of your child?	1.Male 2.Female	
3.	What is your caste?	1. Scheduled Caste 2. Schedule Tribe 3. OBC 4. General 99. Don't Know	
4.	What is your religion?	1. Hindu 2. Muslim 3. Sikh 4. Christian 5. Jain 6. Other (specify)_____ 99. Don't know	
5.	What is the highest level of knowledge that you have received?	1. Illiterate 2. Literate but no schooling 3. Up to class five 4. Up to class ten 5. Higher than class ten 99. Don't know	
6.	What is the main occupation of the head of the household?	1. Agriculture 2. Animal husbandry 3. Manual labour 4. Artisan 5. Business 6. Industrial workers 7. NREGA 8. Service 9. Self-employed 10.Domestic Help 11.Unemployed/ 12.Others Specify 99.Don't know	

Questions related to the awareness level amongst the mothers of the beneficaries in regard to immunization card.							
7.	Do you have card where immunization schedule is mentioned?	1. Yes 2. No card 99. Don't Know					
8.	**Observation**: Is the child immunized as per information furnished in the card?	1.Yes 2.No					
9.	What is the immunization status of children according to the age group (0-11 months) & (12- 23 months)?	1. Not immunized 2. Partially 3. Fully Immunized					
10.	According to the information furnished in the immunization card or no card? **(circle the appropriate)**	Yes, with card (1)	Yes, with no card (2)	No (3)	Don't know (99)		
	1. At Birth: BCG and OPV zero dose	1	2	3	99		
	2. one month: DPT 1st and OPV 1st dose	1	2	3	99		
	3. 2½ month: DPT 2nd and OPV 2nd dose	1	2	3	99		
	4. 3½ month: DPT 3rd and OPV 3rd dose	1	2	3	99		
	5. 9 months: Measles + Vitamin A	1	2	3	99		
	6. 16-23 months: DPT + OPV booster	1	2	3	99		

Questions related to the problems been faced by the mothers of the beneficiaries in getting their child immunized.			
11.	What kind of obstacles been faced by you in getting your child immunized? **(circle all appropriate)**	1. Place of immunization is too far 2. Time of immunization is inconvenient 3. Family pressure 4. Long waiting time 5. Mother is too busy 6. Fear of side effects 7. Wrong information given by ASHA 6. Other (Specify)_____	
12.	Do you agree that your chid should be immunized on regular intervals?	1. Yes 2. No →	**Go to Q.14**
13.	If Yes, then what are the reasons? **(circle the appropriate)**	1. Child will be prevented from infectious diseases 2. Child will not communicate the diseases to others 3. Prevention of risk of contacting the disease later in life 98. Can't say 99. Don't Know	
Questions related to judge the effectiveness of the information been given by ASHA workers			
14.	Does ASHA visit your house?	1. Yes 2. No →	**Go to Q.16**
15.	If yes, then what information does she give you about immunization? **(circle the appropriate)**	1. Benefits about immunization 2. Time and place where the immunization has been scheduled 3. Family planning 4. Remind about the date of immunization 6. Danger signs of non-immunization 7. Other (Specify)_____ 8. None of these 99. Don't Know	

16.	How often does ASHA visit your house to remind you about immunization?	1. At least once per month 2. Less often 3. Never 99.Don't Know	
17.	How effectively you are able to understand the immunization information being given to you by ASHA?	1.Bad 2. Less Satisfactory 3. Satisfactory 4. Good 5. Excellent	
18.	How far you are able to actually comply with the information being given to you by ASHA?	1. Bad 2. Less Satisfactory 3. Satisfactory 4. Good 5. Excellent	
19.	How far are you able to recall vaccination information being given to you by ASHA?	1. Bad 2. Less Satisfactory 3. Satisfactory 4. Good 5. Excellent	

END OF SURVEY