

CHAPTER-I

INTRODUCTION

Background

National Health Mission (NHM) introduced the cadre of Accredited Social Health Activist (ASHA) in the year 2007-08, who was perceived to be rural married women of the village itself, and will be a health volunteer and work as a catalyst in promoting family health. NHM envisaged to have an ASHA working in every 1000 rural population and expected to create awareness in her own village on health and mobilize the community towards local health planning and increase utilization of resources available in health facilities.

Identifying an appropriate woman as ASHA in every 1000 population itself was a big challenge and further built capacity of a woman on health issue, who has less/ no exposure to health related issues. Many of the selected ASHA were not even gone out of their village/block ever, independently. However, after a series of rigorous exercise at the field level they were identified and selected. Further, detailed and well planned induction training was imparted too to enhanced working capabilities and their effectiveness. It was envisaged that training will help to equip them with necessary knowledge and skills, resulting in achievement of NHM objectives. Viewing this, capacity building of ASHA became a continuous process at regular intervals.

Most of the trained ASHAs were successful in achieving the following:-

- Creating awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practice, healthy living and working conditions, information on existing health services and need for timely utilization of health and family welfare services.
- Counseling women on birth preparedness, importance of breast feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI) and care of young child.
- Mobilizing the community and facilitate them in accessing health and health related services available at the village level.
- Escorting/accompanying pregnant women & children requiring treatment/admission to the nearest pre identified health facility.
- Providing primary health facility at the grassroot and will also act as depot holder. She will inform Sub-Centers/Primary health Center about the birth and deaths in their village.
- Assisting ANM in immunization sessions.

The success of ASHAs as an effective community mobilization intervention, was followed by many issues and challenges, which needed to be sorted out on day to day basis. This is essential to increase confidence in them and handholding. Hence, it was felt that continuous supportive supervision and monitoring is required of their day to day work and therefore a concept of ASHA Sangini was introduced in the year 2012 – 2013. It was envisaged that selection of ASHA Sangini from among existing ASHAs and their capacity building for supportive supervision was approved, One ASHA Sangini is responsible for supervising and supporting 20 ASHAs (including her)

A five days training of ASHA Sangini in phase manner was approved in 2012-2013 and 2013-2014 PIP. A handbook was developed by NHSRC based on which training was to be imparted. Task of training district trainers was given to SIFPSA. So far 225 trainers have been trained from seventy five districts (three trainers from each district).

In Phase –I: 17 districts were taken - Aligarh, Azamgarh, Bahraich, Banda, Bulandshahar, Faizabad, Gorakhpur, Jhansi, Kannauj, Lakhimpur Kheri, Mirzapur, Moradabad, Pratapgarh, Saharanpur, Shahjahanpur, Siddharthnagar, Varanasi in the year 2012-2013. SIFPSA trained trainers of all 17 districts but training of ASHA Sangini was complete in 14 districts only. In three districts selection of Sangini is incomplete – (Gorakhpur, Kannauj and Azamgarh). Almost all the district training was mentored by the State trainers.

In Phase II: Districts trainers of remaining 58 districts were trained by SIFPSA from March to Oct. 2014.

Like ASHAs, ASHA Sangini also requires continuous capacity building to enhance their supportive supervision for ASHAs working under them. Since, they are selected among existing ASHAs only, to play the role of supportive supervisor, solve problem of the community and ASHA, a platform is required to address their issues at the initial stage for better performance.

Going by above, it is proposed by SIFPSA that a three days refresher training may be given to ASHA Sanginis of first phase i.e. of 17 districts, who were trained in 2012-2013 and have worked for more than six months.

To identify gaps in working of Sangini and support required to enhance their working, a need assessment is proposed by an outside agency to be selected by R&E division of SIFPSA. In line with this, discussion, interview will be held with selected Sangini and BPM/BHEO to whom they report. Depending upon the finding of the need assessment a handbook may be developed/ existing handbook may be customized and refresher will be based on it to enhance performance of Sangini.

Objective of the Study:

- To fill in gaps identified to improve working of ASHA Sangini.
- to solve field based problems of Sangini related to supportive supervision given to ASHAs
- To enhance skill of ASHA Sangini so that they can work as guide for ASHAs working under them.

Project Area:

- **17 districts:** Aligarh, Azamgarh, Bahraich, Banda, Bulandshahar, Faizabad, Gorakhpur, Jhansi, Kannauj, Lakhimpur Kheri, Mirzapur, Moradabad, Pratapgarh, Saharanpur, Shahjahanpur, Siddharthnagar and Varanasi.

Study Design and Methodology:

- All the 17 districts as mentioned above have been arranged in region wise. In western region the districts are Saharanpur, Bulandshahar, Moradabad, Aligarh, Shahjahanpur and Kannauj. Two districts, Saharanpur and Aligarh are selected on random basis for survey.
- In central region the district is Lakhimpur Kheri and it is selected for the survey. In Bundelkhand region the districts are Jhansi and Banda only so, Banda is selected for survey. In Eastern region the districts are Pratapgarh, Bahraich, Faizabad, Siddharth Nagar, Gorakhpur, Azamgarh, Varanasi and Mirzapur. Two districts Bahraich and Siddharth Nagar are selected randomly for the survey.
- In each selected district two blocks have been selected randomly.
- The list of selected districts and block are as follows:

Sl. No	Region	Name of Selected District	Block-I	Block-II
1	Western	Saharanpur	Nakud	Sarsawan
2	Western	Aligarh	Atrauli	Tappal
3	Central	Lakhimpur Kheri	Pallia	Dharaura
4	Bundelkhand	Banda	Kamasin	Tindwari
5	Eastern	Bahraich	Fakharpur	Shivpur
6	Eastern	Siddharth Nagar	Mithawal	Birdpur

Manpower and duration of data collection:

- There was one team in each district comprising of 01 SIFPSA officer and 01 SPMU Officer. Six officers were proposed by GM-CP (SPMU). The data was collected by 6 teams in first week of May 2016. The members of the teams from SIFPSA and SPMU was as follows:

Sl. No.	Name of SIFPSA Officers	Name of SPMU Officers	Name of District
1	Sanjay Srivastava	Shamsheer Alam	Saharanpur
2	Devesh Ch. Tripathi	Sarita Gupta	Aligarh
3	S. P. Khare	Divya Singh	Lakhimpur Kheri
4	Maya Upreti	Balram Tiwari	Banda
5	K. S. Bisht	Manju Kumari	Bahraich
6	Reeta Banerjee	Shashank Singh	Siddharth Nagar

Research techniques and tools

In line with the objectives of the study, quantitative and qualitative research techniques were used to generate information on all important indicators. The tools for interview with ASHA Sangini, BPM, BHEO and Nodal officer of CMO office were prepared with the co-ordination of Ms. Reeta Banarjee-DGM(Training).

Data entry, analysis and reporting

After its scrutiny and desk editing, the data entry was undertaken through a customized package prepared in SPSS. The data were fully validated in terms of internal consistency checks before it was analyzed.

Data entry and processing was done in-house using SPSS software. Before the data analysis tabulation plan was prepared and discussed with GM-R&E. Tables were generated according to the tabulation plans and in-depth interviews were analyzed and report prepared.

CHAPTER-II

Characteristics and views of ASHA Sanginis

This chapter provides information on background and characteristics of the ASHA Sangini, which covered under the survey.

Socio-Economic and Demographic Characteristics of ASHA Sangini

Table-1: Age group wise distribution of ASHA Sanginis:

Sl. No	Age Group	No. of ASHA Sanginis	Percentage
1	18 - 25 Years	2	3.3
2	25 - 30 Years	14	23.3
3	31 – 50 Years	43	71.7
4	51 – 60 Years	1	1.7
TOTAL (n=60)		60	100.00

Above table revealed that maximum 43 (71.7%) ASHA Sanginis are in the age group of 31-50 Years followed by 14 (23.3%) ASHA Sanginis in the age group of 25-30 years. Hence, it is clear that 96% ASHA Sanginis are in the age between 25 to 50 years. The average of ASHA Sangni is 33.9 years.

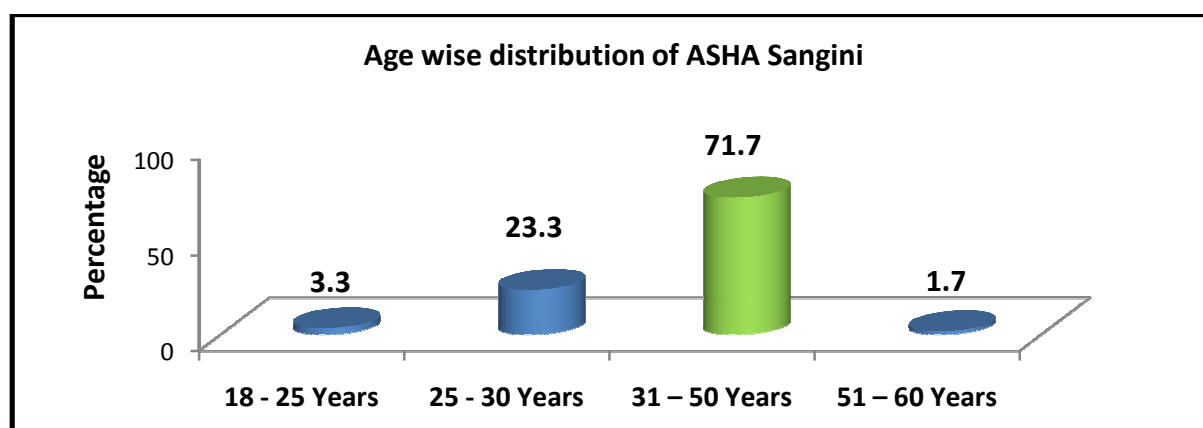
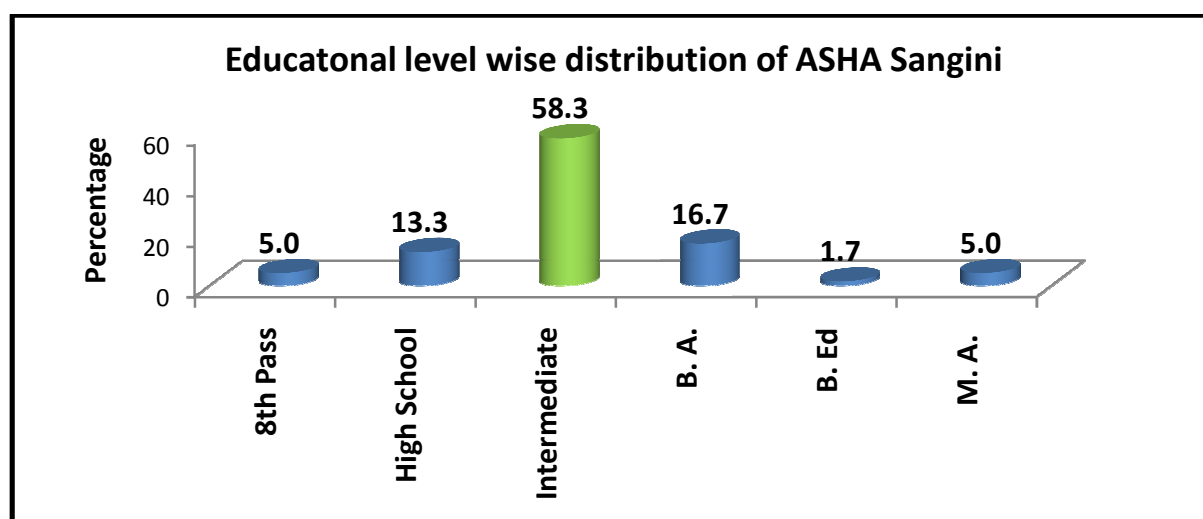


Table-2: Education Level wise distribution of ASHA Sanginis:

Sl. No	Education Level	No. of ASHA Sanginis	Percentage
1	8 th Pass	3	5.0
2	High School	8	13.3
3	Intermediate	35	58.3
4	B. A.	10	16.7
5	B. Ed	1	1.7
6	M. A.	3	5.0
TOTAL (n=60)		60	100.0

In light of above table, it revealed that qualification of 35 (58.3%) ASHA's was Intermediate and above Intermediate were 14 (23.4%). However, 11 (18.3%) are below Intermediate and only 3 (5.0%) ASHA Sanginis having Master degree.

**Table-3:** Period wise distribution of ASHA selected as ASHA Sangini

Sl. No.	Period	No. of ASHA Sanginis	Percentage
1	Before One Year	0	0.0
2	One and half year	1	1.7
3	Before two years	59	98.3
TOTAL (n=60)		60	100.0

As per the above table it shows that almost all ASHA Sanginis selected before two years.

Total number of days taking the training after selection as ASHA.

Table-4: Training days wise distribution of ASHA Sanginis are given below:

Sl. No	Training Days	No. of ASHA Sanginis	Percentage
1	23-30 days	8	13.3
2	31-35 days	4	6.7
3	36-40 days	5	8.3
4	41-50 days	40	66.7
5	>50 days	3	5.0
TOTAL (n=60)		60	100.0

As per the above table maximum 40(55.7%) ASHA Sanginis told that they have taken 41-50 days training after the selection of ASHA and attended the training after selection as ASHA. The **mean** no. of Training days is 43.47.

Table-5: Periodicity of ASHA Sanginis training of 5 days.

Sl. No.	Period	No. of ASHA Sanginis	Percentage
1	Six month before	0	0.0
2	One year before	2	3.3
3	One and half year before	58	96.7
4	Two years before	0	0.0
TOTAL (n=60)		60	100.0

As per the above table it seems that almost all 58 (96.7%) ASHA Sanginis attended the 5 days ASHA Sangini training. Only two 3.3% have taken 5 days ASHA Sangini training before one year.

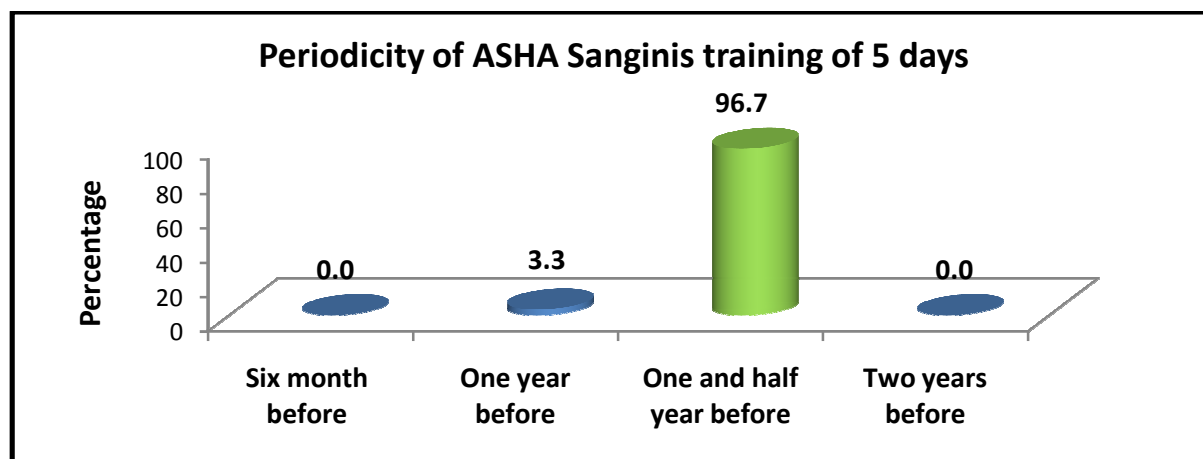


Table-6: Distribution of ASHA Sanginis working with total ASHAs are given below:

Sl. No.	Group of Number of ASHA	No. of ASHA Sanginis	Percentage
1	Total ASHA 12-20	33	55.0
2	Total ASHA 21-25	15	25.0
3	Total ASHA 26-33	12	20.0
TOTAL (n=60)		60	100.0

It seems from the above table, that 33 (55%) ASHA Sanginis are working with 12 to 20 ASHAs. However, 15 (25%) are working with 21-25 ASHAs and 12(20%) are working with 26 to 33 ASHAs. The average no. of total ASHAs is 21.5.

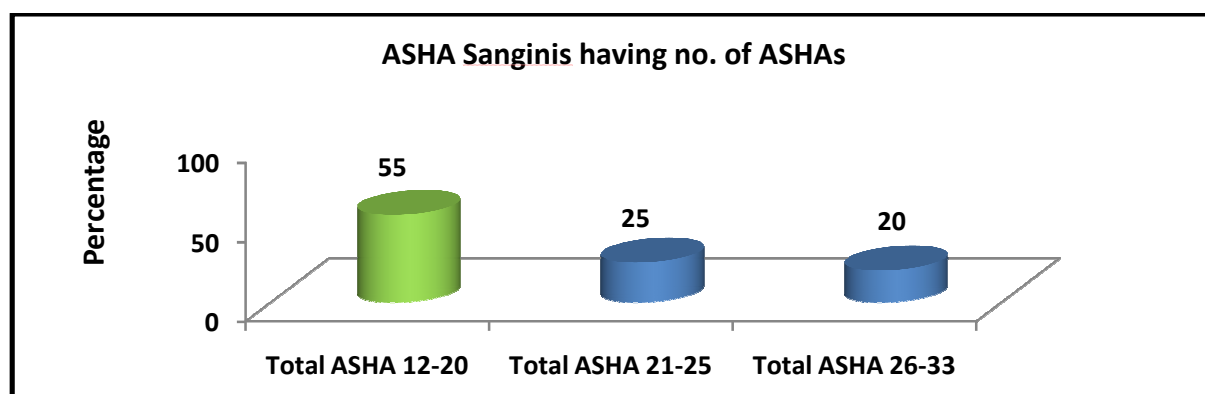


Table-7: Distribution of ASHA Sanginis having active /functional ASHAs:

Sl. No.	Group of Number of ASHA	No. of ASHA Sangini	Percentage
1	Total ASHA 7-20	44	73.3
2	Total ASHA 21-25	10	16.7
3	Total ASHA 26-33	6	10.0
TOTAL (n=60)		60	100.0

It seems from the above table that 44 (73.3%) ASHA Sanginis having 7 to 20 Active ASHAs. However, 10 (16.7%) having 21-25 Active ASHAs and 6(10%) having 26 to 33 Active ASHAs. The average no. of active ASHAs is 19.0.

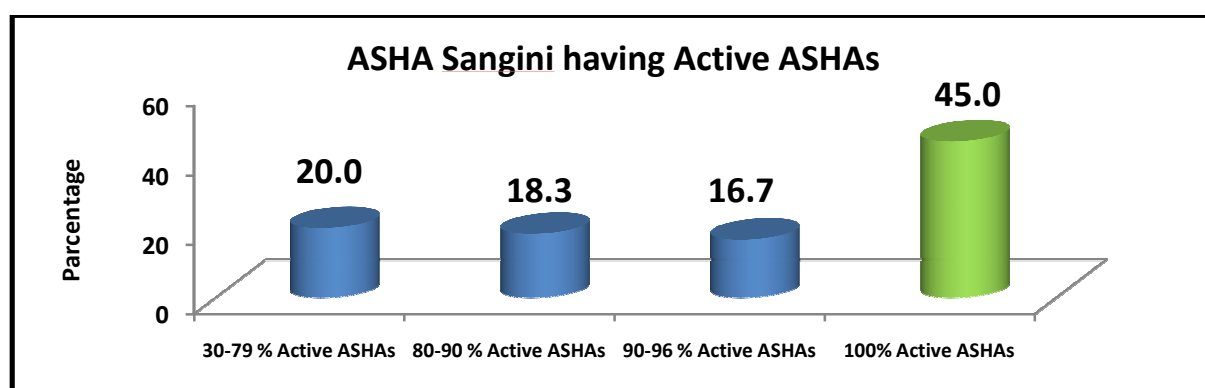


Table-8: Distribution of ASHA Sanginis having In-active ASHAs:

Sl. No.	Group of Number of ASHA	No. of ASHA Sanginis	Percentage
1	0 Inactive ASHA	33	55.0
2	Inactive ASHA 1-5	18	30.0
3	Inactive ASHA 6- 10	7	11.7
4	Inactive ASHA 11-15	2	3.3
TOTAL (n=60)		60	100.0

It is clear from the above table that more than half 33 (55.0%) ASHA Sangini having nil Inactive ASHA. However, 18 (30.0%) having 1-5 Inactive ASHAs and 2(3.3%) having 11 to 15 Inactive ASHAs. The average no. of inactive ASHAs is 2.8 .

Table-9: Distribution of ASHA Sangini conducting fixed day cluster meeting:

Sl. No.	Days	No. of ASHA Sanginis	Percentage
1	Monday	11	18.3
2	Tuesday	19	31.7
3	Thursday	15	25.0
4	Friday	5	8.3
5	Not Fixed	10	16.7
TOTAL (n=60)		60	100.0

It is clear from the above table that one third 19 (31.7%) ASHA Sanginis stated that cluster meeting are conducted on Tuesday in their area. However, one fourth 15 (25.0%) stated that the cluster meeting are conducting on Thursday in their area. Similarly 11(18.3%) and 5 (8.3%) stated that cluster meeting are conducting on Monday and Friday respectively. It is also revealed that 10(16.7) ASHA Sangini stated the day of conducting cluster meeting is not fixed.

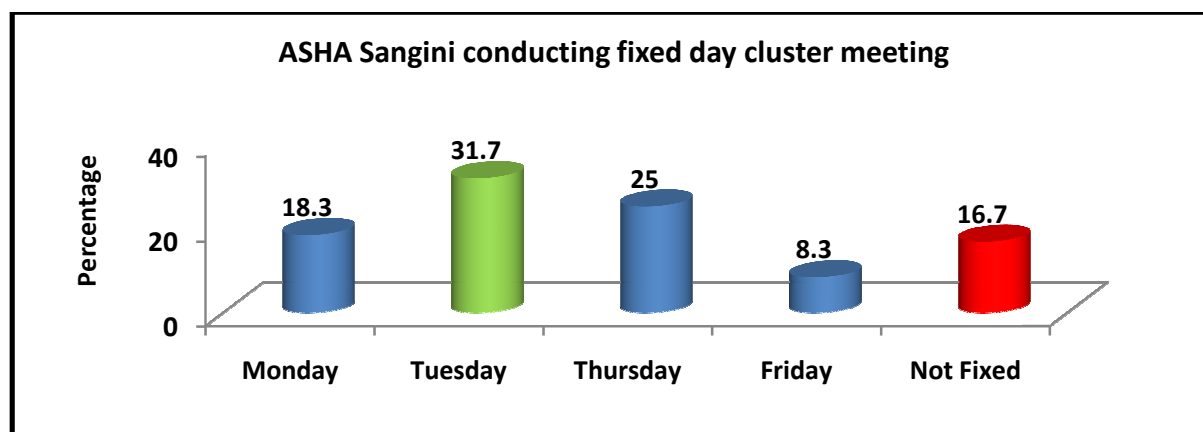
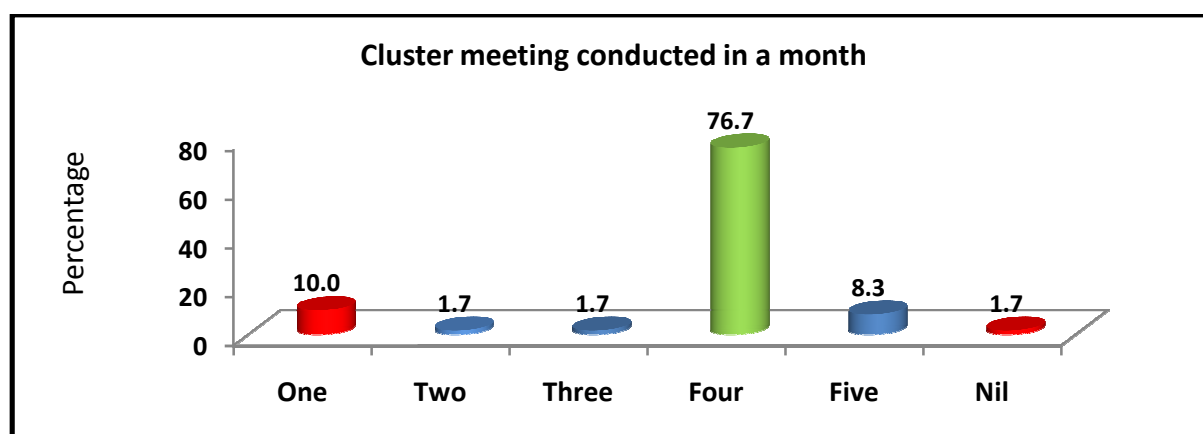


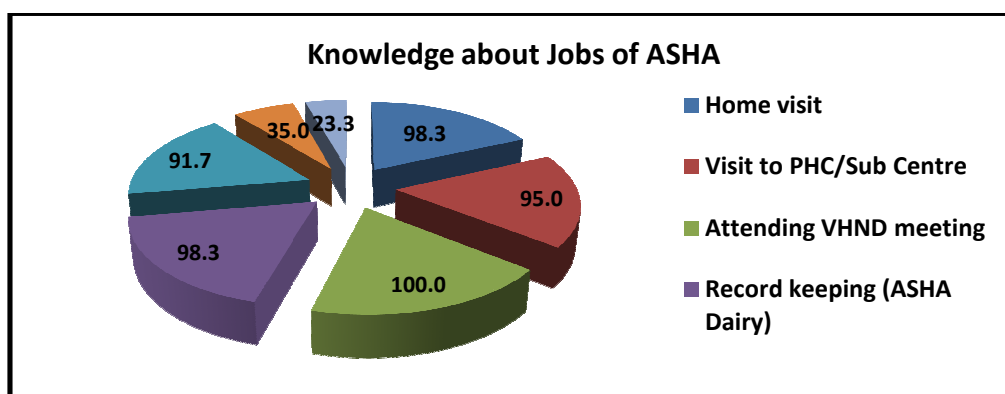
Table-10: Status of cluster meeting conducted by ASHA Sanginis as informed:

Sl. No.	No. of Cluster Meeting	No. of ASHA Sanginis	Percentage
1	One	6	10.0
2	Two	1	1.7
3	Three	1	1.7
4	Four	46	76.7
5	Five	5	8.3
6	Nil	1	1.7
TOTAL (n=60)		60	100.0

It is clear from the above table that one third 46 (76.7%) ASHA Sangini stated that 4 cluster meetings conducted in their area. However, 6(10.0%) stated that one cluster meeting is conducting in their area. Similarly 1 each ASHA Sangini stated that 2, 3 meetings are conducting in their area respectively. It is also observed that one ASHA Sangini stated that no cluster meeting is conducted in their area. The average meeting conducting in a month is 3.7.

**Table-11:** Views and understanding of ASHA Sangini about the job of ASHA:

Sl. No.	Work of ASHA	No. of ASHA Sanginis	Percentage
1	Help to AWW for Panjeeri distribution	21	35.0
2	Home visit	59	98.3
3	To attend the VHND meeting	60	100.0
4	Visit to Health Centre	57	95.0
5	Record keeping (ASHA Dairy)	59	98.3
6	Organising the meeting at village level.	55	91.7
7	To arrange the safe water	14	23.3
TOTAL (n=60)		60	100.0



As per the above table it is clear, that major work of ASHA's is attending the VHND meeting at village level, door to door home visit at village level for the preparation of due list for pregnant women, child immunization etc. and visit to health centre.

Table-12: Main activities by ASHA Sanginis at the time of visit to the ASHA's village:

Sl. No.	Work of ASHA	No. of ASHA Sanginis	Percentage
1	Checking of ASHA dairy and help to update the entries	58	96.7
2	Scolded to ASHA, if not complete the work	4	6.7
3	Supportive supervision	59	98.3
4	Visit with ASHA, to motivate the clients who refused to ASHA earlier.	58	96.7
5	Given feedback to ASHA on advice to improve their skills	58	96.7
6	Calculation of beneficiaries in ASHA's area.	44	73.3
7	Other works	2	3.3

As per the above table it is clear that the major work of ASHA Sangini when they visit the ASHA's area are: - Supportive supervision, checking and help to update the entries in ASHA dairy, visit with ASHA, to motivate the clients refused to ASHA earlier. Given feedback to ASHA and advice them to improve their skills

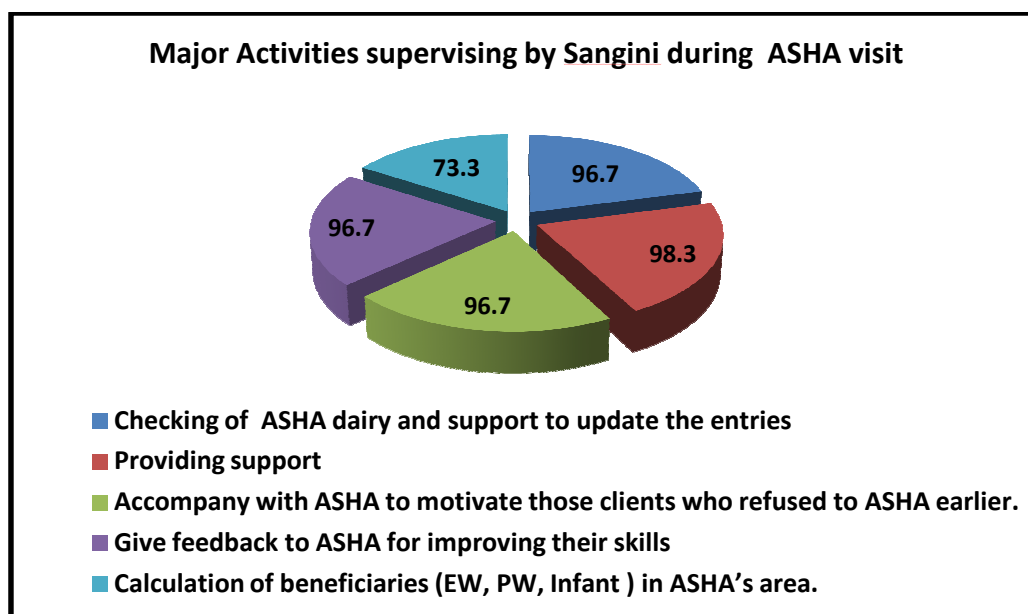


Table-13: General Criteria of ASHA Sanginis to assess the respective Active and Inactive ASHAs:

Sl. No.	Work of ASHA	No. of ASHA Sanginis	Percentage
1	Visit of newborn child, who delivered at home on first day.	59	98.3
2	Home visit for care of new born (6 visits for institutional delivery and 7 visits for home delivery)	60	100.0
3	Distribution of nutritional diet to women?	12	20.0
4	Participation in VHND meeting and support to ANM in immunization.	56	93.3
5	Support to institutional delivery.	56	93.3
6	How many children covered under Pulse Polio?	38	63.3
7	Management of Diarrhea and Pneumonia of children	57	95.0
8	Visit to PHC/CHC	33	55.0
9	Nutritional advice at the time of home visits.	56	93.3
10	Slides made for malaria clients in the malaria prone area.	33	55.0
11	ASHA working as dot's worker	51	85.0
12	Organising the VHND meeting in the village and participate.	56	93.3
13	Referral of IUCD/FST/MST and distribution of OCP and Condom	59	51.3

The above table shows that maximum works are help to assess the Active ASHA are: (1) Home visit for care of new born (6 visits for institutional delivery and 7 visits for home delivery) (2) First day home visit for new born (3) Referral of IUCD/FST/MST and distribution of OCP and Condom (4) Management of Diarrhoea and Pneumonia of children.

Table-14: Distribution of ASHA Sangini's perception about their role as Facilitator or as Observer to ASHA:

Sl. No.	Work of ASHA Sangini	No. of ASHA Sanginis	Percentage
1	Facilitator to ASHA works	58	96.7
2	Observer of ASHA's works	2	3.3

It observed that 58 (96.7%) ASHA Sangini were working as facilitator to work of ASHA and only 2 (3.3%) are stated that they are working as observer of ASHA work.

The major work of ASHA Sangini are as follows:

1. Door to door home visit with ASHA
2. Preparation of due list of pregnant women, children for immunization and families for Family Planning.
3. To participate in cluster meeting of ASHA.
4. To provide the HBNC kit to ASHA Sangini
5. Checking of Medicine Kit of ASHA and help to provide the medicine to ASHA
6. To improve the ability of ASHAs
7. Registration of new born child
8. Support to routine immunization
9. Review of CCSP form
10. Review of performance of ASHA

Table-15: Distribution of ASHA Sangini stated that they have knowledge to calculate the no. of clients in their area.

Sl. No.	Work of ASHA Sangini	No. of ASHA Sanginis	Percentage
1	Yes	50	83.3
2	No	10	16.7

It is clear from the above table that 50(83.3%) ASHA Sangini having the knowledge to calculate the number of clients in the area. However, 10 (16.7%) ASHA Sangini stated that they don't have knowledge to calculate the number of clients in their area.

The calculation for no. of beneficiaries out of 1000 population as per the health indicators of SRS 2013 i.e. Crude birth rate (CBR)= 27.2, Infant Mortality rate (IMR) = 50 and Maternal Mortality ratio is 258 per 1,00,000 live birth. The numbers of beneficiaries calculated are as follows:

1. Live birth = 27.2
2. No. of Pregnant women = 29.9
3. No. of child death = 1.36
4. No. of death of Infant = 0.9
5. No. of Maternal Death = 0.07
6. No. of Pregnant Women referral = 4.4

As per the survey, it was found that none of the ASHA Sangini reported correct answers for calculation of Health indicators reported above.

Table-16: Details of ASHA Sangini stated that they reviewed the records of ASHA at the time of visit.

Sl. No.	List / Records	No. of ASHA Sanginis	Percentage
1	Due List for VHND meeting	59	98.3
2	Stock Card for ASHA medicine kit	42	70.0
3	Preparation of personal planning format (Preparation for delivery)	50	83.3
4	Delivery Form	33	55.0
5	Form for first check-up of new born child	50	83.3
6	Home visit form (mother & new born child check-up)	54	90.0
7	Home visit form for high risk child	39	65.0
8	Format for information about infant death from family	26	43.3
9	Format for maternal death from family	26	48.3

It is revealed from the above table that 59 (89.3%) of ASHA Sangini reported that they reviewed Due List at the time of VHND meeting followed by 54(90.0%) for Home visit form (mother & check-up of new born child) and 50(83.3%) for Preparation of personal planning format (Preparation for delivery).

Table-17: Details of ASHA Sangini stated that they are preparing the plan of visit to their ASHAs.

Sl. No.	Visit programme to ASHA	No. of ASHA Sanginis	Percentage
1	Yes	60	100
2	No	0	0.0

It is clear from the above table that all the ASHA Sangini are preparing the programme to visit their ASHAs.

Table-18: Details of ASHA Sangini stated that they are preparing visit programmes for their ASHAs.

Sl. No.	Period	No. of ASHA Sanginis	Percentage
1	Once in two month	54	90.0
2	Once in a month	6	10.0
3	Twice in a month	0	0.0

It is clear from the above table that 54 (90%) ASHA Sanginis are preparing the visit programme to their ASHAs and followed by 6 (10%) once in two months.

Table-19: Details of ASHA Sangini stated that they are receiving formats for assessing the ASHA as active in the field.

Sl. No.	Format Received sufficient	No. of ASHA Sanginis	Percentage
1	Yes	49	81.7
2	No	11	18.3

It is clear from the above table that 49 (81.7%) ASHA Sanginis reporting that they received sufficient quantity of forms for assessing the ASHA in field followed by 11(18.3) ASHA Sanginis are stated that they are not received sufficient quantity of forms related to assessment of ASHAs.

Table-20: Details of ASHA Sanginis stated that they have sent the formats after assessing the ASHAs to block community supervisor.

Sl. No.	Format Received sufficient	No. of ASHA Sanginis	Percentage
1	Yes	59	98.3
2	No	1	1.7

It is clear from the above table that 59 (98.3%) ASHA Sanginis reported that they have sent the formats to block community supervisor after assessment of ASHAs and only 1(1.7%) ASHA Sangini said that she had not send the format.

Table-21: Details of ASHA Sangini stated that the period of sending the formats to block community supervisor after assessment of the ASHAs.

Sl. No.	Period	No. of ASHA Sanginis	Percentage
1	Weekly	0	0.0
2	Monthly	54	91.7
3	Once in three months	5	8.3

It is clear from the above table that almost all ASHA Sanginis i.e. 54(91.7%) are reporting that they are sending the ASHA assessment reports to block community supervisor on monthly basis and only 5(8.3%) are stating that they are sending the ASHA assessment report to block community supervisor once in three months.

Table-22: Details of ASHA Sanginis stated about the steps taken/handholding for the inactive ASHAS after the assessment.:

Sl. No.	Steps/ Action	No. of ASHA Sanginis	Percentage
1	Visited twice in a month for improvement of ASHA's work	57	95.0
2	ASHA scolded by higher authority	2	3.3
3	Help to ASHA for filling the entries in dairy	59	98.3
4	More focused in-active ASHAs in block level meetings.	56	93.3
5	To identify their problems and resolved them	56	93.3
6	Left them inactive.	7	11.7

It is clear from the above table that the major action to improve the work of in-active ASHAs are: Help to ASHA for filling the entries in dairy 59(98.3%) followed by 57 (95%), Visited twice in a month for improvement of ASHA's work and 56 (93.3%), more focused in-active ASHAs in block level meetings and to identify their problems and resolved them.

Table-23: Details of reported ASHA Sangini, who faced any problem in performing the work as ASHA Sangini.

Sl. No.	Problem	No. of ASHA Sanginis	Percentage
1	Yes	39	65.0
2	No	21	35.0

It is clear from the above table that 39(65%) ASHA sanginis have reported that they have problem for performing the job and 21 (35.0%) ASHA Sangini have no problem. The major problems identified that to movement in remote and distance villages of their area and amount of honorarium is very less.

Table-24: Details of ASHA Sanginis reported that committee has been constituted for resolving the problems.

Sl. No.	Committee constituted for resolving the problems	No. of ASHA Sanginis	Percentage
1	Yes	30	50.0
2	No	30	50.0

It is clear from the above table that half of the ASHA Sangini reported that committed has been constituted for resolving their problems and 50% are reported that no such committee has been constituted.

Table-25: Details of ASHA Sanginis about the membership of committee constituted for resolving the problems.

Sl. No.	Member of committee for resolving.	No. of ASHA Sanginis	Percentage
1	Yes	14	46.7
2	No	16	53.3

It is clear from the above table that out of those ASHA Sanginis who reported that Committee for resolving the problems has been established, 14(46.7%) ASHA Sanginis reported that they are member of that committee and 16(53.3%) reported that they are not member of that committee.

In response to what they do for resolving the ASHAs problems:

- Raised the problems of ASHA at block level meeting.
- Conducted more village level meetings with ASHA.
- Raised the problems in block level meeting as well as in cluster meeting.
- Contacted with concerned officers related to problem
- List of problems dropped in complaint box.

In response to ASHA Sangini, the name of district level officers and are they providing support or not:

- CMO- No support
- DCPM-Resolving the problems at HQ (Payment related)
- DPM-Resolving the problems at HQ level.

In response to ASHA Sangini, the name of block level officers and are they providing support or not:

- BCPM resolving all the problems related to ASHA at block level.
- BHEO also resolving the problems related to ASHA in the meeting
- MOIC, chaired the cluster meeting and resolving the problems.

Table-26: Details of ASHA Sangini reported that ever district level officer review their work.

Sl. No.	District level officer review the work of ASHA Sangini	No. of ASHA Sanginis	Percentage
1	Yes	38	63.3
2	No	22	36.7

It is clear from the above table that 38(63.3%) ASHA Sangini reported that district level officer ever reviewed their work and 22(36.7%) ASHA Sangini reported that district level officer never review their work.

Table-27: Details of ASHA Sangini reported that they are receiving the money related to home visits with ASHA regularly or not.

Sl. No.	Receiving the money related to home visit with ASHA regularly	No. of ASHA Sanginis	Percentage
1	Yes	45	75.0
2	No	15	25.0

In light of above table it is clear that three fourth (75%) ASHA Sangini reported that they have received payment regularly against the home visit with ASHA. However, one fourth (25%) stated that they are not receiving the honorariums regularly of the home visits with ASHA.

Table-28: Problems/bottlenecks reported in performing the activities in the field by ASHA Sangini:

Sl. No.	Type of activities	No. of ASHA Sanginis	Percentage
1	Movement in the areas of ASHAs	52	86.7
2	Door to door home visit	11	18.3
3	Organising community level meetings.	12	20.0
4	To filling the form related to active ASHA for works related to ASHA.	16	26.7
5	Calculation of beneficiaries in the area of ASHA.	34	56.7
6	Preparation of details list of medicine of ASHSA medicine kit.	25	41.7

It is clear from the above table that major problem to ASHA Sangin are 52(86.7%) Movement in the areas of ASHAs followed by 34(56.7%) related to Calculation of beneficiaries in the area of ASHA and 25(41.7%) Preparation of details list of medicine of ASHSA medicine kit.

Table-29: Details of ASHA Sangini reported the requirement of additional training:

Sl. No.	Additional Training required	No. of ASHA Sanginis	Percentage
1	Yes	56	93.3
2	No	4	6.7

It is clear from the above table, that 56(93.3%) ASHA Sangini had reported that they required training regarding of their work and only 4(6.7%) ASHA Sangini reported that they don't have any training.

In response of type/subject of training required, the responses are as follows:

- Preparation of due list
- More informative training and revision of training.
- Newly born child and immunization.
- calculation of health related indicators “birth and death”
- New and Refresher Training
- Counseling and skill training.

Table-30: Details of ASHA Sangini reported that they are doing inspection of drug kit of ASHA or not.

Sl. No.	Inspection of drug kit of ASHA	No. of ASHA Sanginis	Percentage
1	Yes	51	85.0
2	No	9	15.0

It is clear from the above table, that 51(85.0%) ASHA Sangini had reported that they inspecting the drug kit of ASHA and 9(15%) are not inspecting the drug kit of ASHA.

In response to ASHA Sangini, those who are inspecting the drug kit, what help they provided to ASHA in refilling the drugs are as follows:

- Preparation the list of medicines not available in the drug kit.
- Riffle the medicine expired or less.
- Inform in cluster meeting about the riffle the medicine required.
- List of short medicine give to block level for refilling.

Table-31: Details of ASHA Sangini reported related to attending the VHND meeting sessions as ASHA Sangini.

Sl. No.	Attended VHND meeting as ASHA Sangini	No. of ASHA Sanginis	Percentage
1	Yes	60	100.0
2	No	0	0.0

It is clear from the above table, that all 100% ASHA Sangini had reported that they attended the VHND meeting sessions as ASHA Sangini.

Responses of ASHA Sanginis about the role played in VHND meeting session is given below:

- Checking of due list of ASHA and weighing of child
- Report of Immunization from ASHA
- Checking of survey register of ASHA
- Counseling of refused family for immunization
- Support to ANM
- Prepare the due list in RI day

Table-32: Responses of ASHA Sanginis related to identification of families, left by Health Services:

Sl. No.	Identification done	No. of ASHA Sanginis	Percentage
1	Yes	60	100.0
2	No	0	0.0

It is clear from the above table, that all 100% ASHA Sangini had reported that they had identified the families those are not used health services in the area.

Table-33: Details of ASHA Sangini about the efforts made by them to provide the health services to those families who are not availing any health services in the remote area :

Sl. No.	Type of activities	No. of ASHA Sanginis	Percentage
1	More visits made	60	100.0
2	More focus on registration at AWW centre and sub-centre.	52	86.7
3	More focus on awareness about the health services	56	93.3
4	To aware about the free health services provided by the Govt.	56	93.3
5	Left this type of families	15	25.0

It is clear from the above table that major action taken by ASHA Sanginis are 60(100.0%) more visits made and followed by 56(93.3%) aware to community and more focus about the free health services provided by the Government.

Table-34: Details of ASHA Sanginis that they are co-ordinating with other workers are as follows:

Sl. No.	Type of Workers	No. of ASHA Sanginis	Percentage
1	ANM	59	98.3
2	AWW	57	95.0
3	Village health, sanitation and nutrition committee	55	91.7
4	Kotedar	18	30
5	Gram Pradhan	51	85.0
6	MOIC of PHC	54	90.0
7	Quack doctors	2	3.3

It is clear from the above table that more than ninety percent ASHA Sangini met with Government health workers ie. ANM, AWW, MOIC and village health, sanitation and nutrition committee .

Suggestions given by ASHA Sanginis related to their work and ASHA's work:

- Training should be repeated within three months.
- Honorarium of ASHA should be increased
- Time to time training required to ASHA on weighing, temperate and HBNC kit replacement
- Refresher training to ASHA and ASHA Sangini.
- Furniture (Table, Chair/ Dari) should be provided at place of Immunization.
- Review and inspection of ASHA's work once in two months by block level medical officers.
- Clean water supply as CHC/PHC level
- Timely payment to ASHA
- Availability of voucher for records in sufficient quantity.
- Fooding & lodging when ASHA carry the clients.

Interaction with district level officers ACO(RCH), DCPMs and block level officers MOIC/ BPM/BCPM/HEO

During the survey, we met with ACO(RCH) and DCPMs of concerned districts. We also met with MOIC, BPM, BCPM and HEO of selected blocks of concerned districts (Saharanpur, Aligarh, Banda, Siddharth Nagar, Bahraich and Lakhimpur Kheri). The major observations regarding TNA study for ASHA Sangini are as follows.

General Information:

- On an average 8 ASHA Sangini are placed in a block level.
- On an average 4 cluster meetings conducted at block level.
- It was found that all MOICs were chaired the cluster meeting in their block.

Major suggestions and information given by the Officers of concerned districts given in interview:

- The major roles and responsibilities of ASHA Sangini are:-
 - Supportive supervision to ASHA, help and support in HBNC, VHND meeting. ASHA Sangini also perused the payments of ASHA, to support to ASHA in organizing village level meetings. To monitor the ASHA dairy and support in entry and updation of ASHA dairy.
- The major areas to be focused at the time of training of ASHA Sangini:
 - The training needs for Vaccination, High risk pregnancy and new born child, new role and responsibility, preparation of due list. Clinical Training to support in epidemic. Knowledge of Family Planning services to be upgraded, Training and reorientation of NHM activities with IEC and mobile based.
- Problems faced by ASHA Sangini during the work:
 - Travel allowance or vehicle to be provided to ASHA Sangini, Leadership skill, motivational training and complicated reporting formats. Honorarium is very less. As per norms ASHA Sangini work with 20 ASHA, it should be fixed for all ASHA Sangini.

- New areas where ASHA Sanginis may be work:
 - Every NHM programme may be monitored / supported by ASHA Sanginis. Publicity of NHM schemes and can be used in disaster management and epidemic management.
- Problems faced by ASHA Sangini during the filling of Vouchers:
 - Record keeping are poor. Those ASHA Sangni who are not highly educated they have facing problem in filling it. ASHA Sangini having more than 20 ASHAs, it is suggested that 15-20 ASHA should be under one ASHA Sangini.
- Suggestions regarding better work of ASHA Sangini:
 - The information about the NHM should be given to ASHA Sangini at district level in every 6 months.
 - ASHA Sangini should be sent to another district for exposure visit.
 - Place for record keeping at PHC level may be provided.

CHAPTER-III

Summary & Recommendations

The Major findings are as follows:

1. Almost all the ASHAs (98.3%) are below the age of 50 years at the time of survey. However, only 26.6% of ASHAs are found to be below the age of 30 years.
2. The minimum educational criteria as fixed by the Government is 8th standard pass. However, 95% of the ASHA are found to be more educated than the prerequisite qualification for ASHA. Wherein 58.3% ASHA are Intermediate and 5% of them are holding Master Degree as well. Most of them are functional in the field as ASHA for more than 24 months.
3. As a part of ASHA Sangini capacity building, it was found that two third of them attended/imparted were training for 41-50 days. Remaining ASHA Sangini also received training but for less than 50 days. None of the ASHA Sangini was untrained as on date and almost all of them (96.7%) were trained before 18 months.
4. 73.3% ASHA Sangini are having 7 to 20 Active ASHAs whereas 55% ASHA Sangini are not having any inactive ASHA.
5. Over 83% of ASHA Sangini are organizing/conducting fixed day cluster meeting on weekly basis, whereas remaining ASHA Sangini are not following the fixed day cluster meeting pattern.
6. Maximum 55% ASHA Sanginis are working with 12-20 ASHAs and 45% are working with more than 20 ASHAs.
7. The cluster meeting are being organized on Monday, Tuesday, Thursday & Friday and 16.7% ASHA Sangini said that the day for cluster meeting is not fixed.
8. Maximum 76.7% ASHA Sanginis said that four cluster meetings are being organized in their area every month.
9. The major work of ASHA Sanginis are ; participating in VHND meeting, Home visits with ASHA, checking of records (Dairy) of ASHA and visit to health centre.
10. 83.3% ASHA Sangini reported that they know how to calculate the beneficiaries of Health indicators in their area. However, when asked for calculation, most of the

ASHA Sangini could not perform correctly. Hence, it is clear that very few ASHA Sangini having the correct knowledge to calculate the beneficiaries in their area.

11. It is revealed from the survey that maximum 90% are preparing the plan to visit their ASHAs once in two months.
12. 81.7% ASHA Sanginis reported that they have received formats for assessing ASHAs as Active or Inactive.
13. To improve the working of inactive ASHAs, 95.0% ASHA Sanginis visited twice in a month in their area.
14. About 65% ASHA Sanginis reported that they have faced the problems in performing their work and 50% of them reported that a committee for resolving their problems has been constituted.
15. 75% ASHA Sanginis reported that they are receiving honorarium regularly for home visits.
16. 85% ASHA Sangini stated that they are doing inspection of drug kits of ASHA during the visit.
17. All the ASHA Sangini reported that they always attended the monthly VHND meetings at block level.

Recommendations:

In light of findings of survey some suggestions/ recommendations are as follows:

- There is need of training on immunization, High risk pregnancies, new role and responsibility of ASHA Sanginis, preparation of due list. Knowledge of Family Planning to be upgraded. Training and reorientation of NHM activities with IEC and mobile based interventions is required.
- The calculation of beneficiaries in their areas regarding the health indicators should be cleared and training should be given on this issue.
- The updated information about the NHM schemes should be given to ASHA Sangini at district level in every 6 months.
- Number of ASHAs under each ASHA Sangini should not be more than 20.
- The drugs kit provided to the ASHA should be refilled time to time on regular basis.

- ASHA Sanginis should be sent to another district with better performance for exposure visit to improve the performance.
- ASHA Sanginis also informed that the Mobility in the field is generally restricted as honorarium is very less. Due to this they are not able to move much frequently in the field for supervisory visit to ASHAs. Hence, their honorarium may be increased.
- Committee for resolving problems of ASHAs need to be strengthened and made effectively functional.
- Time to time training is required for ASHA and ASHA Sanginis on weighing, temperature taking and HBNC.

To improve the working of ASHA Sanginis, some suggestions are:

- Honorarium of ASHA Sanginis should be increased
- Time to time training required to ASHA on weighing, temperature taking and HBNC.
- Refresher training to ASHA and ASHA Sangini.
- Furniture (Table, Chair/ Dari) should be provided at Sub centre/ PHC/ CHC (place of Immunization).
- Review and inspection of ASHA's work once in two months by block level medical officers.
- Timely payment to ASHAs
- Availability of voucher for records in sufficient quantity.
- Fooding & lodging arrangement should be done when ASHA escorts the clients.
