# CHAPTER- 9

# WORK EFFECTIVENESS

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Work effectiveness is closely related with ASHA workers performance and outcomes of the services they provide. Work effectiveness of ASHA is studied considering beneficiaries, community representative and institutional feedback on ASHAs performance. This would help to find out whether ASHAs are delivering appropriate health care to the target segment on time so that they could improve coverage of health services and produce a desired result in order to achieve the goal of NRHM.

## 9.1 Feedback on ASHAs performance

Beneficiaries, Community Representative and institutional feedback is essential to find out ASHAs performance as because feedback is a supportive act intended to deal with under performance in a constructive way and to develop performance to a high level. In this regards beneficiaries and stakeholders were interviewed to ascertain their awareness and knowledge about ASHA workers, their roles and responsibilities, the kind of support received from them and their overall satisfaction regarding health care services provided by the ASHA workers.

### 9.1.1Beneficiaries feedback

#### 9.1.1.1 Beneficiaries knowledge regarding ASHA workers roles and activities

Information have been collected from the respondents to whom ASHAs render their services in order to avail existing health care facilities, to find out whether they know about NRHM, ASHA, roles and activities undertaken by ASHA, and their relationship with them.

Information received from the respondents have been compiled and presented in the table 9.1. The findings in the table reveal that about 88 percent respondents of the selected households have heard about NRHM and ASHA appointed in their locality. 55 percent know that ASHA provides common medicines free of cost, 52.8 percent of beneficiaries are aware of ASHAs holding discussion about hand washing, 38.2 percent have information on ASHAs discussion about construction of household toilets, 47.7 percent have agreed with ASHAs holding discussion about safe drinking water. Information have been also collected from the respondents of the selected households of the village, on their knowledge of VHND being organized at the

village and the presence of Village Health and Sanitation Committee. About 75.5 percent respondents admitted to having knowledge about Village Health and Nutrition Day being organized regularly. And only 22.2 percent have knowledge about the presence of Village Health and Sanitation Committee in the village. 95 percent respondents revealed that they are informed by ASHAs about Janani Suraksha Yojana (JSY) in details, 93 percent respondents are aware about benefits of institutional delivery and 82 percent respondents admitted that ASHAs discussed about family planning and ideal gap between first and second child.

**Table 9.1, Distribution of respondents according to their knowledge about ASHAs by role and activities**

| Sl. no. | characteristics | Yes | | No | |
|---|---|---|---|---|---|
| | | (%) | (F) | (%) | (F) |
| 1. | Do you know about NRHM | 82 | 2296 | 12 | 336 |
| 2. | ASHA gives medicine free of cost when needed | 55 | 1540 | 45 | 1260 |
| 3. | ASHA discuss about hand washing | 52.8 | 1478 | 48.2 | 1350 |
| 4. | ASHA discuss about construction of household toilets | 38.2 | 1070 | 61.8 | 1730 |
| 5. | ASHA discuss about safe drinking water | 47.7 | 1336 | 52.3 | 1464 |
| 6. | Village health and nutrition day is being organized in the village | 75.5 | 2114 | 24.5 | 686 |
| 7. | you know about village health and sanitation committee | 22.2 | 622 | 77.8 | 2178 |
| 8. | ASHA gives you all the information regarding JSY | 95 | 2660 | 5 | 140 |
| 9. | You know about benefits of institutional delivery | 93 | 2604 | 7 | 196 |
| 10. | You are informed by ASHA about family planning and spacing methods and ideal gap between 1st and 2nd child. | 88 | 704 | 12 | 336 |
| 11. | Do you receive advice from ASHA regarding your diet | 60.3 | 1688 | 39.7 | 1112 |
| 12. | ASHA do regular home visit | 54.2 | 1518 | 45.8 | 1282 |
| 13. | Accompany pregnant women to the health centre for their ANC/ PNC check up. | 100 | 2800 | - | - |

Table 9.1 reveals that 60.3 percent respondents received advice from ASHA regarding proper diet during pregnancy and 100 percent beneficiaries admitted that ASHAs always accompany pregnant women for ANC/ PNC. Regarding home visit 54.3 percent beneficiaries

responded that ASHA give regular home visits. The findings indicated that ASHAs are fully engaged in providing all the information regarding the JSY schemes to their clients but majority of the beneficiaries have not been educated about sanitation and hygiene and about village health and sanitation committee. They hardly know about the other role of ASHA apart from activities under JSY. Hence they assumed that ASHAs have been working for only pregnant women and maternal health related issues. It implies that beneficiaries do not have a clear idea about the roles and responsibilities of ASHA workers. It indicated that ASHAs are somewhere lacking in their competency to carry out all the assigned task and making people aware of ASHAs role and responsibilities.

#### 9.1.1.2 Relationship of beneficiaries with ASHA workers

Table 9.2 provides information on distribution of beneficiaries according to the extent of their relationship with ASHA of their locality. It shows that 54% beneficiaries have positive relationship with ASHAs to a large extent, 32% have to some extent and remaining 14 percent beneficiary have positive relation to the little extent. Regarding ASHA workers behavior, 57% beneficiaries responded that they are friendly and disciplined to a large extent, 48% responded to some extent and 3% to little extent respectively. Majority of beneficiaries (37%) revealed that to some extent ASHA help and support clients and community member to develop skill to help own self, whereas12.2% beneficiaries responded that ASHAs do not help them at all. Majority of the respondents (46%) reported that ASHA listens to others problem to some extent followed by 34.3% and 19.7% to large extent and to little extent respectively. Information presented in the table depict that 58% beneficiaries are satisfied with the activities and outcomes of ASHAs to a large extent and remaining 42% to some extent. It indicated that beneficiaries have more expectation from ASHAs in terms of support, help and good responses. Hence ASHA might need to improve their performance in order to win the heart of community and to improve the outcomes of their activities to achieve the goal of NRHM.

**Table 9.2, Distribution of beneficiaries according to their relationship with ASHA workers of their locality**

| Sl. No. | characteristics | category | percentage | frequency |
|---|---|---|---|---|
| 1. | Have positive relationship | To large extent<br>To some extent<br>To little extent<br>Not at all | 54<br>32<br>14<br>- | 1512<br>896<br>392<br>- |
| 2. | ASHA workers are friendly and disciplined | To large extent<br>To some extent<br>To little extent<br>Not at all | 57<br>48<br>3<br>- | 1596<br>1344<br>84<br>- |
| 3. | Help and support clients and community member to develop skill to help own self. | To large extent<br>To some extent<br>To little extent<br>Not at all | 28<br>37<br>22.8<br>12.2 | 784<br>1036<br>638<br>342 |
| 4. | Listen carefully others problem and try to solve them | To large extent<br>To some extent<br>To little extent<br>Not at all | 34.3<br>46<br>19.7<br>- | 960<br>1288<br>552<br>- |
| 5. | Satisfied with outcomes of ASHA workers activities | To large extent<br>To some extent<br>To little extent<br>Not at all | 58<br>42<br>-<br>- | 1624<br>1176<br>-<br>- |

### 9.1.2 Community representative

**Awareness and involvement of members of Gram Panchayat regarding activities of ASHA workers**

Table 9.3 describes that 100 percent Gram Panchayat (GP) members reported regular availability of ASHA workers and provision of timely services by sub centers to the patients. 70 percent members of GP are aware of ASHAs working in position, 92 percent are aware of the benefits extended to the women who are registered under JSY schemes. About 46 percent GP admitted their involvement in conducting village health planning. Regarding existence of village VHSC in their GP, 58.8 responded as positive and 77 percent respondents were aware of holding VHSC meeting regularly but they are not fully involved. The Village Health Sanitation Committee has not been formed in many villages. It shows that ASHAs in every village of all

the districts are not supported by the members of GP in terms of participation and engagement of the community. Only 17 percent members of GP supervise ASHAs to conduct their activities. Findings imply that there should be more involvement of community representative in recruiting and discussing responsibilities of the ASHAs. 83 percent GP wanted arrangement of more training for ASHAs to improve their competency for better change.

**Table 9.3, Distribution of community representative according to their level of awareness and involvement**

| Sl.no. | characteristics | yes percentage | No percentage |
|---|---|---|---|
| 1. | Regular availability of ASHA workers | 100 | - |
| 2. | ASHA working in position/ role of ASHAs | 70 | 30 |
| 3. | Awareness of the benefits under JSY schemes | 92 | 8 |
| 4. | Involvement in conducting village health planning | 46 | 54 |
| 5. | Existence of village health and sanitation committee | 58.8 | 41.2 |
| 6. | Aware of holding regular meetings | 77 | 33 |
| 7. | Supervise ASHAs workers | 17 | 83 |
| 8. | More training to be arranged for ASHAs | 83 | 17 |

**Table 9.4, Distribution of members of Gram Pancharyat according to their opinion about ASHAs**

| Sl. no. | characteristics | category | percentage |
|---|---|---|---|
| 1. | Have positive relationship | To large extent<br>To some extent<br>To little extent<br>Not at all | 100<br>-<br>-<br>- |
| 2. | ASHA workers are friendly and disciplined | To large extent<br>To some extent | 72<br>28 |
| 3. | Help and support clients and community member to develop skill to help own self. | To large extent<br>To some extent<br>To little extent | 34<br>50<br>26 |
| 4. | Listen carefully others problem and try to solve them | To large extent<br>To some extent<br>To little extent | 54<br>46<br>- |
| 5. | Satisfied with outcomes of ASHA workers activities | To large extent<br>To some extent<br>To little extent<br>Not at all | 52<br>35<br>13<br>- |

Table 9.4 provides information on distribution of members of GP according to the extent of their relationship with ASHA of their locality. It shows that 100 percent respondents have positive relationship with ASHAs to a large extent, 72 percent respondents agreed that ASHAs are friendly and disciplined to a large extent, 28 percent responded to some extent. Majority of the members of GP (50 percent) revealed that to some extent ASHA help and support clients and community member to develop their skill to help own self followed by 34 percent to large extent, 26 percent to little extent. Majority of the respondents (54 percent) reported that ASHA listen to others problem to large extent followed 46 percent to some extent. Information presented in the table 9.4 depict that 52 percent respondents are satisfied with the activities and outcomes of ASHAs to a large extent, 35 percent to some extent and remaining 13 percent respondent satisfied to little extent.

Further community representative reveals that awareness among ASHAs about certain responsibilities like mobilizing community for PNC, immunization, sanitation, prevention of illness, adolescent health and about food and nutrition is lower than desired. They felt ASHAs are not provided adequate training and wanted arrangement of more training for ASHAs as well as for community member. They also expressed about non availability of funds in time which effect functioning of ASHAs activities and their performance.

### 9.1.3 Institutional feedback

To find out the institutional feedback, information from the health officials has been collected. Therefore 60 health officials such as community mobilizer, ASHA supervisor, Auxiliary Nurse Midwives, Block Programme Manager who deal with the activities of ASHAs have been interviewed.

The findings presented in the table 9.5 indicated that majority of the health officials have good relation with ASHAs of their locality. They revealed that ASHAs are friendly and disciplined, they help and support community members to develop skills to help own self and listen others problem and try to solve them to a large extent. But 53 percent of health officials revealed that ASHAs do home visits to some extent. They also expressed their satisfaction to some extent on the ASHAs performance. Though ASHA makes available health care services to the poor at the door steps and inform them about the schemes and services like JSY,

immunization etc. ASHAs are mainly involved in those activities which are linked to the financial benefits. They revealed that cash incentives have increased the number of institutional deliveries as ASHA make all the efforts to take the pregnant women to the health institution for deliveries. Immunization coverage also increased as the immunization days are conducted on a regular basis in the village. Hence it may indicate that activities linked to financial incentives are getting priority and other activities are being ignored.

**Table 9.5, Distribution of health officials according to their opinion about ASHAs**

| Sl. No. | characteristics | category | percentage | frequency |
|---|---|---|---|---|
| 1. | Have positive relationship | To large extent<br>To some extent<br>To little extent<br>Not at all | 100<br>-<br>-<br>- | 60<br>-<br>-<br>- |
| 2. | ASHAs are friendly and discipline | To large extent<br>To some extent<br>To little extent<br>Not at all | 75<br>25<br>-<br>- | 45<br>15<br>-<br>- |
| 3. | ASHAs do regular home visits | To large extent<br>To some extent<br>To little extent<br>Not at all | 47<br>53<br>-<br>- | 27<br>33<br>-<br>- |
| 4. | Help and support clients and community member to develop skills to help own self | To large extent<br>To some extent<br>To little extent<br>Not at all | 60<br>40<br>-<br>- | 36<br>24<br>-<br>- |
| 5. | Listen carefully others problem and try to solve them | To large extent<br>To some extent<br>To little extent<br>Not at all | 100<br>-<br>-<br>- | 60<br>-<br>-<br>- |
| 6. | Satisfied with outcomes of ASHA workers activities | To large extent<br>To some extent<br>To little extent<br>Not at all | 45<br>55<br>-<br>- | 27<br>33<br>-<br>- |

### 9.2 Comparative analysis of work effectiveness of ASHAs among the three districts

The three districts Sonitpur, Nagaon and Sivsagar have different health parameters which indicate that health status of population varies from district to district as low health status,

medium and high health status of the population. To find out the reasons behind this inhomogeneous result, a comparative analysis of work effectiveness of ASHA workers amongst the three districts has been done, (with reference to ASHAs competency, motivational level, interventions, training, activities carried out and outcomes). This would help to find out ASHA's functionality and their performance level in the three districts. Split half method is followed to analyze the data and to compare among the three districts.

### 9.2.1 Competencies of ASHA workers

Competency is measured in terms of knowledge of ASHA workers regarding different aspects of health issues, their attitude towards work, and their skills in conducting their work efficiently.

9.2.1.1 In regards to knowledge of ASHA workers, findings shows that amongst the three districts mean scores of knowledge of ASHA workers in Sivsagar districts is (3.5) which indicates that they have high level of knowledge, mean scores of knowledge of ASHA workers in Nagaon districts is (3.03) it indicate that they have medium level of knowledge and the mean scores of knowledge of ASHA workers in Sonitpur districts is (3.35) it also indicate that they have medium level of knowledge. Hence the ASHA workers of Sivsagar districts have higher knowledge with the mean score of 3.54 as compared to ASHA workers of Nagaon and Sonitpur districts. Findings reveal that ASHA workers of the three districts as chosen for the study has positive attitude towards their work with mean scores of (4.53) in Sivsagar district, (4.48) in Nagaon districts and mean scores for positive attitude in Sonitpur district is (4.47). Among the three districts attitude of ASHA workers towards their work in Sivsagar districts is little higher as compare to Sonitpur and Nagaon districts.

With regards to skills of ASHA workers, it has been found that in Sivsagar districts ASHAs are more skilled in carrying out their role and responsibilities and are more capable to convince their community to adapt healthy practices as compared to ASHAs of Nagaon and Sonitpur districts. Findings indicated that ASHA workers of Sivsagar district are more knowledgeable in regards to providing information on different health related aspects, have very positive attitude towards their work and more skilled in carrying out their work effectively.

Hence ASHAs of Sivsagar district are more competent as compared to the ASHAs of Sonitpur and Nagaon districts.

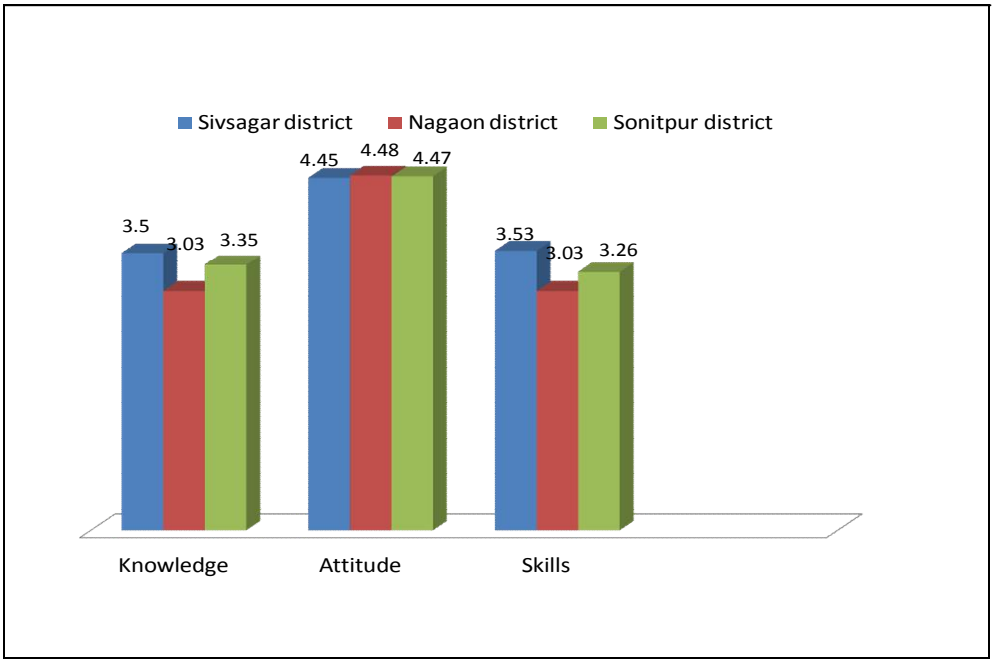


**Fig. 9.1, District wise distribution of ASHAs according to their competency**

### 9.2.2 Training imparted

Study reveals that there are several gaps in the ASHAs training programme. All the (100%) ASHAs are not thoroughly trained in the study area. 35% of ASHAs from Sivsagar district, 41% from Nagaon district and 37%) ASHAs from Sonitpur district received less than the prescribed 23 days of training by NRHM. Also they are provided training mainly on handling maternal health and child health issues, other areas under which ASHA workers perform their task are rarely considered. Hence, training remains incomplete. As a result ASHAs are not receiving required knowledge and skills needed to perform their task effectively. During the survey it was observed that some ASHA workers are unable to specify their roles and responsibilities in other areas of health issues apart from child and maternal health.

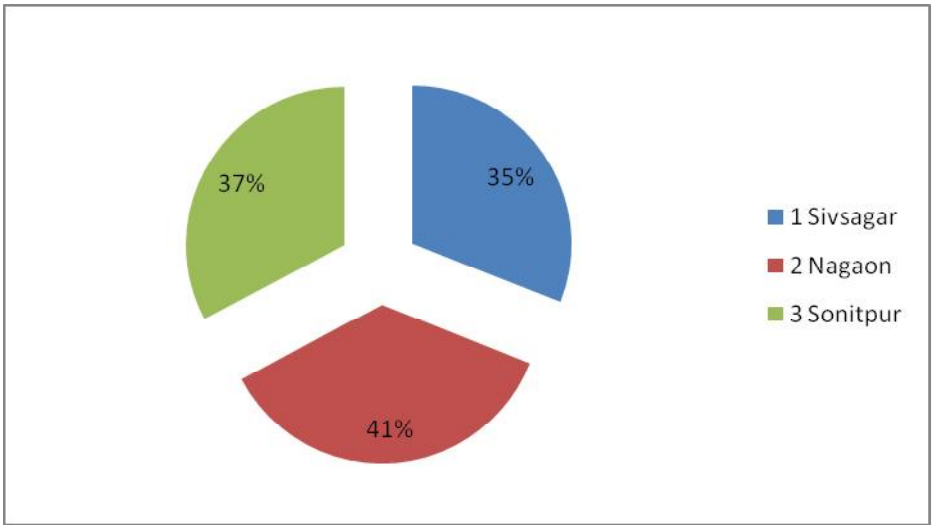


**Fig. 9. 2, ASHA workers receive training less than 23 days**

### 9.2.3 Motivational level of ASHA workers.

Findings reveal that ASHA workers are self motivated in the study area and they enjoy their work. 93% ASHAs wanted to continue their job as they desire to serve for the benefits of their community and protecting them from diseases. Rest 7% ASHAs do not want to continue their work because of their age, health condition and because of family's responsibility, which do not allow them to move around for the task every day. 75% ASHAs from Sivsagar district, 68% percent) from Nagaon district and 72% ASHAs from Sonitpur district felt their work is challenging as well as novel to a large extent. 88% ASHAs from Sivsagar district, 83% from Nagaon district and 87% ASHAs from Sonitpur district enjoy their work as ASHA workers to a large extent. Whereas, only 31% ASHAs from Sivsagar district, 32% ASHAs and 35% ASHAs from Nagaon and Sonitpur districts found their work is laborious. But they felt their prestige has gone up in the village. High level of motivation of ASHAs and their sense of voluntarism led to their active involvement in the state and have been contributing to some extent in ensuring better reach out to people and extending them better health services.

### 9.2.4 Satisfaction level of ASHA workers

ASHA workers of the three districts are satisfied with the intrinsic reward whereas dissatisfied with the extrinsic rewards they are getting for their work. ASHAs of three districts expressed that monetary incentive they are receiving for their work is very marginal. They

preferred a monthly payment for their work which should be made timely as their payment is always delayed. Mean scores of ASHA workers for extrinsic reward of Sivsagar district is 2.4, followed by Sonitpur district with mean score 1.98 and Nagaon district being 1.8. On the other side ASHAs of the three districts are satisfied with the intrinsic reward. Mean score for intrinsic reward of ASHAs under Sonitpur district is 3.8, Nagaon district 3.5 and Sivsagar district being 3.9. Result shows that ASHAs of Sivsagar district are highly satisfied with recognitions they get for their work, positive health outcomes, enhancement of their status in the community. In Nagaon district ASHAs are highly satisfied with recognition followed by faith and responsibilities provided to them by the community as well as by the health officials, and positive health outcome of their people. In Sonitpur district ASHAs are highly satisfied with positive health outcomes, enhancement of their duties followed by enhancement of their status. Better social status and recognition motivates them to take up more responsibilities and continue working, but ASHA workers expressed that they needed more financial compensation. Whatever they are provided is not as per with the work they are doing. This finding is in the line of Herzberg's motivation-hygiene theory. Thus money is a maintenance factor that is necessary to avoid dissatisfaction. But only money does not provide satisfaction.

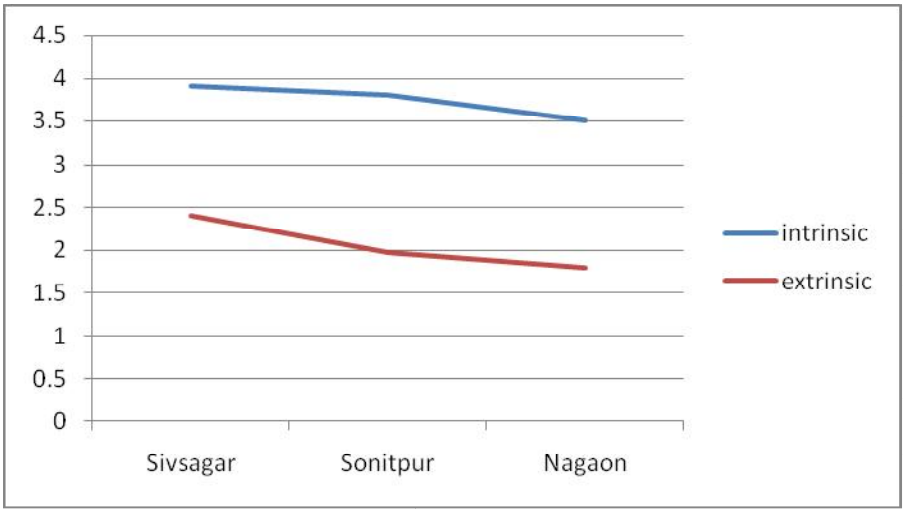


**Fig. 9.4, Satisfaction level of ASHA workers under the study area regarding their intrinsic and extrinsic rewards**

### 9.3 Outcomes and ASHAs work

A comparison of key health indicators among the three districts was done considering human development report, NRHM evaluation report and National household survey report of 2007-08 and 2012-13. For the purpose of the study those health indicators are considered for which ASHAs mainly performed their task.

The findings indicated that ASHA workers mainly performed tasks related to maternal health, child health, environmental sanitation and personal hygiene to control communicable diseases, family planning, first aid and food and nutrition under NRHM in Sivsagar, Nagaon and Sonitpur district of Assam. Mainly they are involved in the activities related to maternal and children health because of cash incentives under Janai Suraksha Yojana scheme. Under JSY, ASHA as well as the beneficiaries are provided financial assistance for ANC, institutional care during delivery and for PNC. Immunization coverage also increased, as immunization camps are conducted on regular basis in the villages on grounds of monetary benefits.

Further outcomes of the three districts presented in the table 9.7, it shows that Sivsagar districts achieved little higher in key indicators of NRHM as compared to the other two districts due to the efforts of ASHAs in the district who motivated community to access health care services available to them. Findings reveal that ASHA workers of Sivsagar district are more competent in comparison to the ASHAs of Nagaon and Sonitpur districts.

**Table 9.7, Health parameters mainly dealt by ASHAs and the outcomes: A comparison of key health indicators among the three districts from (2007-08) and (2012-13).**

| Sl. No. | Indicators | Comparison of health indicators among the districts form 2007-08 to 2012-13. | | | | | |
|---|---|---|---|---|---|---|---|
| | | Sivsagar (2007-08) | Sivsagar (2012-13) | Sonitpur (2007-08) | Sonitpur (2012-13) | Nagaon (2007-08) | Nagaon (2012-13) |
| 1. | Maternal Health | | | | | | |
| i) | Antenatal care | 60.6% | 92.4% | 49.7% | 84.3% | 51.2% | 75.2% |
| ii) | Postnatal care | 88.3% | 90.7% | 46.7% | 66.6% | 22.3% | 59.7 |
| iii) | Institutional delivery | 42.2% | 87% | 42.2% | 63.6% | 29.8% | 57.9% |
| iv) | Safe deliver | 43% | 90.5% | 20% | 65.6% | 39.5% | 66.9% |
| v) | Awareness on HIV, STI/RTI and Pneumonia | 42% | 91.9% | 35% | 75.6% | 28% | 81.9% |
| 2. | Children Health | 6.8% | 5.6% | 7.2% | 6.1% | 7.8% | 6.2% |
| i) | Infant mortality rate | | | | | | |
| ii) | Birth rate | 24% | 19% | 27.8% | 18.8% | 32.2% | 23.7% |
| iii) | Fully immunized children | 68.5% | 83.5% | 53% | 70.5% | 40.4% | 52.5% |
| iv) | Children received dose of vitamin A | 68.5% | 72.4% | 53% | 67.1% | 40.4% | 62% |
| v) | Children breast feed exclusively for six month | - | 44.7% | - | 31.3% | - | 54.2% |
| 3. | Organized Vaccination camp | .- | 100% | - | 100% | - | 100% |
| 4. | Organized VHND | | 12,10,364 | | 10,78,210 | | 12,10,364 |
| 5. | Organized VHSD | | 100302 | | 98455 | | 103721 |
| 6. | Scheme for women | 235 | 83549 | 161 | 130973 | 123 | 217157 |
| | i) Beneficiaries' of JSY | | | | | | |
| | ii) Mamoni | - | 75652 | - | 100343 | - | 17524 |
| | iii) Majoni | - | 17845 | - | 18416 | - | 14571 |
| 7. | Mobilize people for construction of household toilets | - | 1535000 household | - | 1204530 household | - | 1200682 household |
| 8. | Couples adopted family planning | 1018 | 750045 | 1147 | 42000 | 1170 | 38900 |

**(Source: Human development index, NRHM evaluation report, District level household survey Report, govt. of Assam. 2007-08 and 2012-13).**

### 9.3.1 Maternal Health

**i) Antenatal care (ANC)** – ANC intervention is necessary for improving maternal health and survival of infant. In Nagaon and Sonitpur district ANC is low compared to Sivsagar district. It may be due to the lowest literacy rate of women in Nagaon district and Sonitpur district of

Assam as compared to the Sivsagar district. ASHAs of Nagaon and Sonitpur districts needed to encourage pregnant women to come forward for ANC, which is very important for mother as well as for the baby in the womb.

**ii) Post Natal Care (PNC):** The care of the mother and the new born after delivery is known as post natal care and is important for the mother to prevent complications that may develop after delivery. Table 9.7 shows that, among the three districts beneficiaries of Sivsagar are highest in getting post natal care, which may be due to the fact that ASHA workers are more competent to motivate their client to seek post natal care as compared to uneducated women.

**iii) Institutional delivery**: institutional delivery has significantly increased in the three districts. Among them it is higher in Sivsagar district followed by Sonitpur and Nagaon district respectively.

**iv) Safe delivery:** percentage of safe delivery is more in Sivsagar district followed by Nagaon and Sonitpur district respectively.

**v)Awareness on HIV, STI/RTI and Pneumonia**: more percentage of people from Sivsagar district have awareness regarding HIV, STI/ RTI as compared to the percent of people from Nagaon and Sonitpur district. Therefore ASHAs of Nagaon and Sonitpur districts have to put more effort to create awareness among their community.

### 9.3.2. Child Health

**i). Infant Mortality Rate (IMR) -** This refers to the number of live children who die before completing one year of age. Infant Mortality Rate decreased from 6.8% to 5.6% in Sivsagar district, in Sonitpur district it decreased from 7.2% to 6.1% and in Nagaon district it decreased from 7.8% to 6.2%.

**ii). Immunization:** Percentage of fully immunized children increased in the study area. Previously immunization coverage was poor because of unawareness of family members on the need for immunizations, wrong ideas and fear of side effects and non availability of time to get their child immunized. ASHA is playing an important role in improving the coverage of immunization.

**iii). Birth Rate -** It decrease from 27.8% to 18.8% in Sonitpur district, from 24% to 19% in Sivsagar district and from 32.2 to 23.7% in Nagaon district.

**9.3.4 Vaccination Camp**: Before implementation of NRHM there was no Vaccination camp, but now it is organized by every ASHA regularly at the Anganwadi centre of each village. This has led to increase in the immunization coverage in all the districts.

**9.3.5. Village Health Nutrition Day:** Village health nutrition day is organized by ASHAs with the coordination of ASHA supervisor and ANM to disseminate information to the beneficiaries regarding importance of proper food and diet required by pregnant women, lactating mother and growing children. Among the three districts ASHAs of Nagaon and Sivsagar districts have organized more numbers of VHND. This programme has increased community awareness about preventive measures including nutrition for better health.

**9.3.6. Village Health Sanitation Day:** Village health and sanitation day is organized with the coordination of members of village sanitation committee in the village where ASHA discussed about how to remain healthy. They discussed on topics like cleanliness and health, proper toilet practices, hand wash and water safety etc. ASHAs of Nagaon district have conducted more VHND as compared to other two districts.

**9.3.7. Special Scheme for Women:** JSY, Mamoni and Majoni are the few schemes which are created especially for women for their development.

i) ASHA workers provide case assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate postnatal care to their clients under JSY scheme. The main motto of this scheme is to reduce overall maternal mortality rate (MMR) and infant mortality rate (IMR) by promoting institutional deliveries. JSY incentive has been a significant improvement in numbers of hospital deliveries.

**ii) Mamoni scheme** has been effective from 1$^{st}$ of March 2009. During the first registration, the pregnant woman are given 'Mamoni' a book on food and a mother and child health card (MCH card). During her second antenatal care (ANC) the pregnant woman receive an account cheque of Rs. 500. During her third ANC again she is given Rs. 500 along with a voucher for referral transport. The scheme Increased institutional deliveries, better care in pregnancy, especially

amongst the poor. Providing financial support to pregnant women of below poverty line to have nutritious food and iron supplement as helped in decreasing maternal and infant mortality rates and prevented anemia prevalence among pregnant women and children. This scheme also helped pregnant women by taking care of their monetary needs during pregnancy to some extent. Now they need not be neglected by their family members and can be less dependent on them for getting medical care and nutritional support. Sonitpur district has more numbers of beneficiaries under Mamoni scheme followed by Sivsagar district and Nagaon district respevtively.

**iii) Majoni** – This scheme has been started from March 2009 to provide special assistance to new born girl children under Assam Bikash Yojana. According to this scheme, every girl child would receive a fixed deposit amount of Rs. 5000.00 at the time of birth. The maturity period of the fixed deposit is 18 years of the girl. It provides financial support for the girl's education and helps in eradicating gender differences prevalent in the society. This scheme is likely to encourage the parents not to discriminate a girl child and plan a bright future for her. This would definitely be a significant component for winds of change in the society. In future she could be an important pillar of development. With this scheme the women also have felt more empowered. Among the three districts ASHAs of Sonitpur has covered more number of beneficiaries as compared to the other two districts.

**9.3.8. Construction of household toilets:** So far ASHA workers of Sivsagar districts mobilized 15, 35,000 people where as ASHAs of Sonitpur district mobilized 12,04,530 and ASHAs of Nagaon district motivated 12,00,682 people to construct household toilet.

**9.3.9. Motivation for family planning:** ASHA workers of Sivsagar districts have motivated more numbers of couple to adopt family planning practices followed by Sonitpur district and Nagaon district respectively.

Information presented in the table 9.7 indicated the significant increase in institutional deliveries, immunization, family planning, ANC, PNC and increased in the numbers of people for construction of household toilets. It resulted in decrease of infant mortality rate, maternal mortality rate, birth rate, death rate, communicable diseases etc. Creation of ASHA seems an effective intervention under the mission who is working as a bridge between the health system and the community. They provide first hand information, linkage and advice to the target

segments. A positive health indicator is observed. Hence the achievements in health related indicators which are mainly dealt by ASHA workers indicated the effectiveness of the ASHAs' programme. While comparing the performance/ competency of ASHA among the three districts, it is found that ASHAs of Sivsagar district are more competent and performing better than the ASHAs of Nagaon and Sonitpur districts.

## 9.4 GAPS

To achieve the goal of NRHM in reducing of children and maternal mortality rate, the ASHAs need continuous support from the institution. They require follow up, on job supervision and training to increase their competency and motivation in order to improve their performance in facilitating effective health care services. The factors such as competencies and performance level of ASHAs and institutional support provided to them in the present situation were studied so as to determine the gap between the current standard i.e. "what is" and the desired standard i.e. "what should be". These are discussed under following sections.

9.4.1 Gaps related to competency

9.4.2 Gaps related to performance

9.4.3 Gaps related to institutional support

### 9.4.1 Gaps related to competency:

ASHA workers have to perform various tasks. They conduct home visits to counsel families in taking care of the new born and sick children, counseling on anemia, leprosy, malaria and TB. ASHAs also counsel communities about the importance of antenatal checkup, feeding practices, nutritional diet during pregnancy and lactation, family planning and adolescent health. They also accompany pregnant women to the health centre for their antenatal and post natal checkup. They organize village health and nutrition day (VHND) and vaccination camp at Anganwadi Centre with the help of ANM and ASHA supervisor. With the coordination of gram panchayat, ASHAs have formed VHSC and motivate people for construction of toilets and development of comprehensive village health plan. To perform various assigned activities successfully ASHA workers should be competent. Their competency has been studied in terms of their knowledge, skills and attitude. ASHA's knowledge was measured in the aspects related

to maternal health, children health, adolescence health, sanitation and hygiene, food and nutrition and knowledge about their community.

A knowledge test has been conducted among the ASHAs of the three districts. Results indicated that ASHAs have high level of knowledge regarding their community and maternal health but they have medium level of knowledge regarding children health, sanitation and hygiene and food and nutrition. As per NRHM guideline ASHAs should have high level of knowledge in the above mentioned areas. Overall they have a medium level of knowledge on different aspects of health issues they are dealing with. Hence, it indicated that there is a gap in ASHA workers' knowledge than what is required.

With regards to skills, ASHA workers should have mastery in communication skill, interpersonal skill, organizational skill, advocacy skill, coordination skill and teaching skill. The findings of the study reveal that the ASHAs of the three districts have complete mastery in coordination skill, communication skill and organizational skill but they lack mastery in advocacy, interpersonal and teaching skills. Enhancement of these skills in ASHAs is necessary to perform better. Although ASHA workers have positive attitude towards their work but they lack the desired knowledge and skills which impacts their work effectiveness. Therefore ASHAs need more training to be provided by appropriate trainers to upgrade or improve their competency so that there remains no gap in their work competency.

### 9.4.2 Gaps related to performance

After introduction of ASHA workers under NRHM there has been a vast change in the health scenario, a lot has been achieved but still a far way to go to reach the millennium development goals for health. Findings presented in the previous chapters indicated that there is an increase in numbers of institutional delivery, fully immunized children and easy access to antenatal and post natal care. It has a positive impact on the health status; decreased maternal mortality rate, children mortality rate, death rate and birth rate. The success of NRHM to great extent depends on performance of ASHA workers. Every ASHA must know about functional health facilities and should have a clear idea about their roles and responsibilities. But it is observed that ASHAs in the three districts have no clear idea about this aspect. They are mainly engaged in those activities which are linked with cash incentives. On the ground of monetary

benefits they are fully involved in taking care of pregnant women and immunization camps though it has increased the institutional delivery and immunization coverage of Assam. Thus it indicated that other activities got less attention from ASHAs.

Further findings indicated that majority of ASHAs to some extent is successful in motivating community for construction of household toilets. Among the three districts ASHAs of Sivsagar district could convince more number of people for construction of household toilets followed by ASHAs of Sonitpur district and Nagaon district. Moreover VHSC is not formed in some of the villages of the study. Therefore ASHA workers and members of gram panchayat should be motivated to prepare comprehensive health plan and form VHSC in Assam.

Regarding motivation for family planning ASHAs of Sivsagar district motivated more families to adopt family planning as compared to other two districts. The most common method used by ASHAs to disseminate health related information is the home visit, which requires lot of time to cover the entire target segment and also it increases workload of ASHAs. "There are countries like Srilanka where a community health worker covers as few as 10 households offering maternal and child health related services. But in India one ASHA worker covers 1000 household usually spread over large area. Some times ASHA fail to visit certain areas and certain section of the population remain un-served which reduces the workers performance" (UNICEF 2004). Therefore coverage of household should be limited in order to have better health outcomes. Moreover ASHAs should be provided more of visual aids, flash cards and pictorial booklets with simple messages so that instead of reading out the information too much they could simply explain the needed information in an interesting way.

### 9.4.3 Gaps related to institutional support

Institutional support and supervision are very important to build ASHAs adequate capacity for better performance. Fig 9.5 shows that to provide institutional support to ASHA workers in Assam the state government has created a management and support structure known as State ASHA Resource Center (SARC). "The SARC is a public- private partnership that has established to develop monitoring, training and support tools for ASHA such as ASHA diaries, refresher training etc. Under SARC a supervisory structure created for ASHAs known as "community mobilizer" and "ASHA facilitator" also known as ASHA supervisor" (Bajpai and Dholikia

2011). Community mobilizer, ASHA facilitators are provided training by the SARC on the monitoring and supervision of ASHAs work. SARC also provided training to ASHA workers. One ASHA facilitator is appointed for every 10 ASHAs. They have to support ASHAs in conducting Village Health and Nutrition Day, supervise them and provide on the job training in their village. ASHA facilitator works with the coordination of ANM block programme manager and community mobilizer. They report to these functionaries about the activities of ASHAs. Hence ASHA facilitator serves as the link between the ASHAs and the health institute. The effectiveness of ASHA facilitator and ASHAs performance is evaluated on the basis of monthly reporting format submitted by ASHA facilitator for the ASHAs who work under her supervision. Moreover the reports are considered for arrangement of refresher training for the ASHAs to fill the needed gaps and improve their performance. On the other side at the block level, Block Programme Manager (BPM) appointed ASHA workers and also responsible for evaluation of their performance. They recommended needed training for ASHAs at the block as well as at the district level.

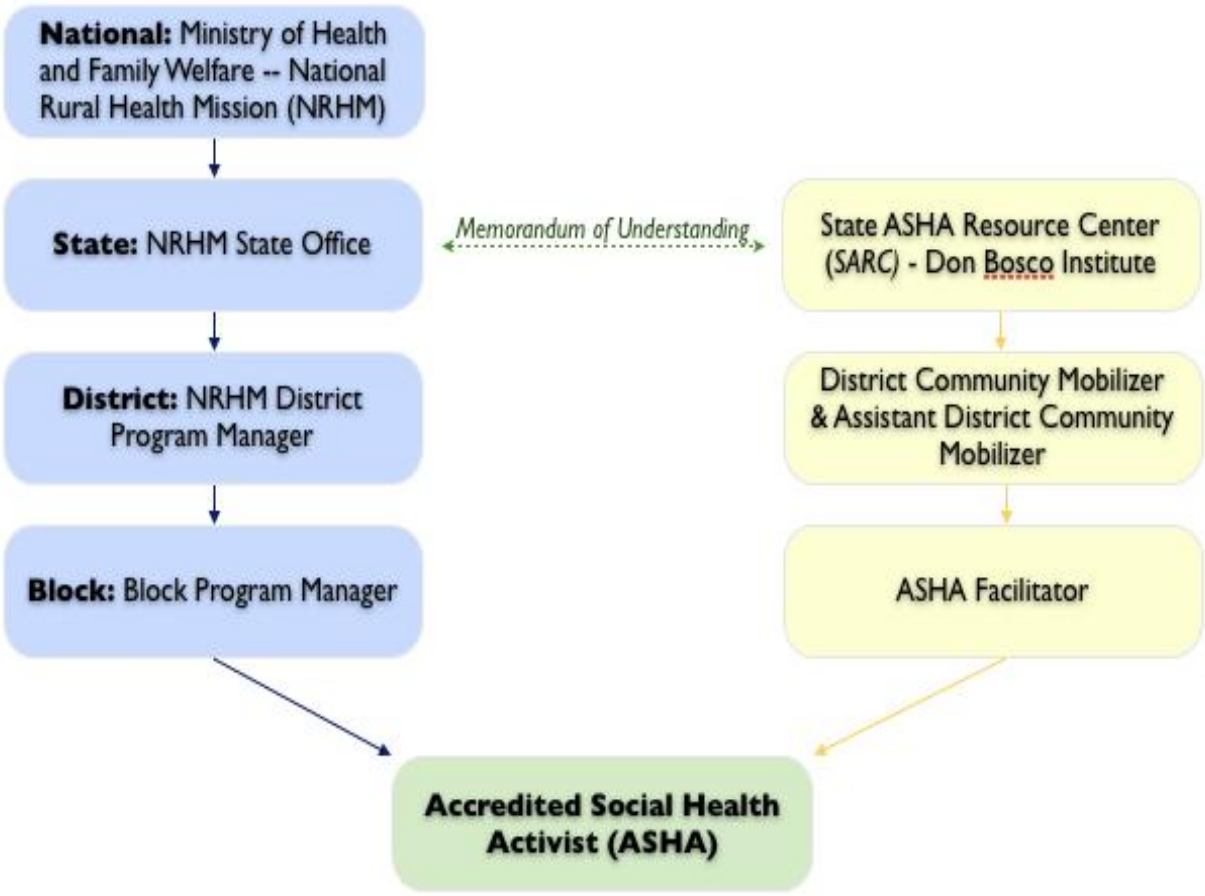


**Fig. 9.5, Organizational Chart of ASHA support structure in Assam**

a) **Institutional training**

Training is the important factor for capacity building of ASHA workers to achieve the objectives of ASHAs' scheme. .

The findings of the study regarding the training of ASHAs' reveal that 65.5% ASHAs from Sivsagar district, 64% from Nagaon district and 58.8% ASHAs from Sonitpur districts got training only on the topics like maternal and child health. 73% ASHAs from Sivsagar district, 65% ASHAs from Nagaon district and 68 percent ASHAs from Sonitpur district needed training in other areas where they lack in knowledge; it impacts on their work effectiveness. This creates confusion among ASHAs about their job responsibilities as they consider taking care of pregnant women is their main task. ASHAs also reported that

medicine kits received by them are incomplete in many respects and majority of ASHAs lack knowledge of proper doses and utility of drugs. They have no idea of value of proper record keeping.

**Table 9.8, Views of ASHAs regarding training they received.**

| **parameters** | **Sivsagar district** | | **Nagaon district** | | **Nagaon district** | |
|---|---|---|---|---|---|---|
| | **Yes** | **no** | **yes** | **no** | **yes** | **no** |
| Provided adequate training | 34.5% | 65.5% | 41.2% | 58.8% | 43% | 57% |
| Needed more training | 73% | 27% | 65% | 35% | 68% | 32% |
| Areas of training provided<br>1. Maternal health | 100% | - | 100% | - | 100% | - |
| 2. child health | 100% | - | 100% | - | 100% | - |
| 3. adolescence health and education | 59% | 41% | 42% | 58% | 48% | 52% |
| 4. food and nutrition | 37% | 63% | 32% | 68% | 33.3% | 66.7% |
| 5. Hygiene and sanitation | 57% | 43% | 52% | 48% | 55% | 45% |

b) **Supervision and evaluation of ASHAs activities**

Evaluation of ASHAs work should be done by ASHA facilitator, community mobilizer and block programme manager. The analysis of data reveals that supervision and evaluation of ASHAs work is done very often in the three districts, but mainly by ASHA facilitator and ANM. Institutionally ANM are not authorized to supervise and evaluate ASHAs though they coordinate with them in arranging Village Health and Nutrition Day and vaccination camps. As ANM are not provided any training regarding monitoring and evaluation of ASHA's work, hence there might be gaps in supervision of ASHAs by ANM.

**Table 9.9, Health official's responses regarding supervision and evaluation of the activities performed ASHAs.**

| **parameters** | **Sivsagar district** | | **Nagaon district** | | **Sonitpur district** | |
|---|---|---|---|---|---|---|
| Persons who supervised and evaluate ASHA | **frequency** | **percent** | **frequency** | **percent** | **frequency** | **percent** |
| ASHA facilitator | 37 | 100 | 62 | 100 | 45 | 100 |
| ANM | 31 | 83.7 | 38 | 61.3 | 33 | 73.3 |
| Community Mobilizer | 28 | 75.6 | 43 | 69.3 | 18 | 40 |
| Block Programme Manager | 22 | 59.4 | 26 | 41.9 | 25 | 55.5 |

**c) Gaps in selection of ASHA**

Selection of ASHA workers in the study area was mainly done on basis of recommendation which is often influenced by personal biases of members of gram panchayat, due to which eligible candidate remained left out. Prescribed qualification and criteria are overlooked while recommending ASHAs for appointment (Refer table 5.1), moreover 3% of ASHAs was found to be illiterate in the study area (Refer table 6.1.4). This might influence the performance of ASHA workers. Hence there is a gap in the selection of ASHAs which was not done as per the NRHM guideline.

**d) Problem faced by ASHA workers during their work**

The research study brought to light some problems faced by ASHAs in conducting their work effectively and in achieving NRHM goal in stipulated time. The following problems as mentioned by ASHAs are very important. Appropriate steps may be taken to overcome the gaps which discourages ASHAs in providing health care services and in making the ASHA scheme a complete success.

ASHA workers of Nagaon, Sonitpur and Sivsagar districts were interviewed regarding problems faced by them at work and they revealed that non availability of funds and low allowances are the most discouraging factors for ASHA workers due to which they cannot assist

the beneficiaries (community people) in getting an access to the financial support as under different schemes. They also revealed that incentives for their work are minimum and the same is not received on time.

Secondly, they are heavily work loaded. They have to perform multi tasks and look on many health issues like maternal health, child health, adolescence health, sanitation, immunization, family planning, and are also responsible for organizing health awareness camp and meetings. This has an adverse impact on motivation of ASHA workers as they are being paid some fixed amount for each task under different scheme. Therefore they are found to be primarily motivated by self interest.

**Table9.10, Ranking of problem faced by ASHA workers in facilitating health care services**

| Sl.No. | Problems/ Discouraging Factors | Mean | Standard deviation | rank |
|---|---|---|---|---|
| 1. | Non availability of funds and low allowances | 4.5 | 2.870 | I |
| 2. | Heavy work load | 3.9 | .892 | II |
| 3. | Lack of adequate training | 3.8 | .787 | III |
| | Lack in supply of drugs and transportation | 3.4 | .942 | IV |
| 5. | Lack of interest of community | 2.7 | .866 | V |
| 6. | Adequate facilities for institutional deliveries is not available | 1.5 | .578 | VI |

Thirdly, the most common problem that they face is the lack of adequate training. They have mentioned about their need for more training. An adequate training could help them to feel more comfortable in performing duties by enhancing their knowledge and updating their information. They faced transportation problem sometimes for the expected mothers especially at night and have to take the patient to the hospital on their own expenses. Therefore a separate vehicle to carry pregnant women for institutional delivery under Janani Suraksha Yojana should be started under every PHC.

They also face lack of interest of the community. It would be hard for ASHA workers to remain motivated if they lack community support. Lack of supply of drugs is also a major problem for ASHA workers which lower workers credibility. ASHAs should be trained appropriately so that they are capable of convincing the community to accept changes in health related behaviors. The least problem faced by ASHA workers under the study area was non availability of adequate facilities for institutional deliveries.

In Assam, Morigaon district is doing best so far under NRHM. Ministry of health and family welfare announced that Morigaon is on the verge of achieving the millennium development goals that could act as a guide for state wide success by 2015. Innovative delivery hut has been employed under every PHC to provide a space where pregnant women of high risk areas are brought to a safe and comfortable place to stay for a few days prior to their delivery. This delivery huts are located next to health institution capable for 24 hours delivery. The huts are taken care by a security guard and a lady care taker who should be from the nearby PHC. She also cooks food for the patients (dhillon et.al. 2012). In this district all the ASHAs are equipped with mobile phone which helps them to remain connected with patients and supervisor, and also enables them to follow up their work or activities. This kind of innovation should be encouraged in all other districts of Assam.

**Reference:**

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