

# **APPENDICES**

**APPENDIX - I**  
**QUESTIONNAIRE**

(For officials of Health Department and NRHM)

**1. Background Information-**

- i) Name:
- ii) Address:
- iii) Age

**2. Occupation**

- a) Programme coordinator
- b) Doctor
- c) Human Resource Manager
- d) District Programme Manager
- e) Block Programme Manager
- f) ASHA Facilitator
- g) Community mobilizer

**3. Instruction to ASHA workers regarding their job responsibilities**

- a) In written form
- b) Orally
- c) By providing orientation training
- d) Training prior to selection

**4. Which Health issues do ASHA workers of your locality most commonly address in their work?**

- a) Maternal health
- b) Child health
- c) Adolescence health
- d) Sanitation and hygiene
- e) Disease prevention and nutrition
- f) Improving health literacy

**5. Please describe the work that ASHA workers have to perform**

- a) Building individual / community capacity
- b) Counseling
- c) Patient navigation
- d) Health education
- e) Organizing health mela/ health awareness camp.
- f) Accompany pregnant women during ANT/ PNT check up.
- g) Active part in village health planning.

**6. Do you agree with the formal education up to class V111th for ASHA workers to hold their responsibilities?**

- a) Strongly agree   b) Agree   c) Cannot say   d) Disagree   e) Strongly disagree

**7. If no, what should be ASHA workers minimum qualifications?**

- a) up to class X
- b) Up to class XI
- c) Up to class XII

d) Class XII and above

**8. What is the selection procedure?**

- a) Interview
- b) Reference
- c) Verification
- d) previous work experience

**9. What qualities base did you select ASHA workers?**

- i) Knowledge of
  - a) Community
  - b) Health care system
  - c) Medicare
  - d) Specific disease/ health issues
  - e) General health
  - f) Any other (please specify)
- ii) Skills
  - a) Communication Skill
  - b) Interpersonal skills
  - c) Capacity building skills.
  - d) Advocacy skills
  - e) Organizational skills
  - f) All the above
  - g) Any other (please specify)

**10. Your opinion about ASHA workers of your locality**

i) ASHA workers have positive relationship with client, community member and supervisors or with health officials.

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

ii). ASHA workers are disciplined and friendly

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

iii. ASHA workers do regular home visit.

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

iv). ASHA workers help and support clients and community member to develop skills to help own self

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

v) ASHA workers listen carefully others problem and try to solve them

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

vi). ASHA workers capable of arranging meetings.

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all

vii) ASHA workers properly follow up the clients visit to health centers

- a) To large extent
- b) To some extent
- c) To little extent
- d) Not at all.

- viii) Are you satisfied with the outcomes of ASHA workers activities?  
 a) To large extent    b) To some extent    c) To little extent    d) Not at all.

**11. What are the methods used by ASHA to create awareness**

- a) Home visit
- b) Street play
- c) Organizing awareness camp
- d) Distribution of leaflet, folders and brochures etc
- e) Meetings
- g) Any other (please specify)

**12. Does she look for innovative methods to convey her message?**

- a) yes    and    b) No

**13. if yes , what are the methods she adopt, specify**

**14. Whether regular awareness camp is arranged by ASHA in your area?**

- a) Always    b) Very often    c) Sometimes    d) Rarely    e) Never

**15. Do you attend any such programme.**

- a) Always    b) Very often    c) Sometimes    d) Rarely    e) Never

**16 Do you assess the training need of ASHA workers of your block/ district/ state to enhance their skills in a regular interval?**

- a) Always    b) Very often    c) Sometimes    d) Rarely    e) Never

**17 What kind of training is provided to ASHA workers of your block/district/state.**

- a) On -job training
- b) Off- job training
- c) Orientation Training
- d) All of the above

**18. Details of training provided to ASHA workers of your block/district/state.**

| <b>Date</b> | <b>Duration</b> | <b>Place of Training</b> | <b>Main topics of training</b> |
|-------------|-----------------|--------------------------|--------------------------------|
|             |                 |                          |                                |
|             |                 |                          |                                |
|             |                 |                          |                                |
|             |                 |                          |                                |

**19 Is the training provided to ASHA is sufficient to enhance their skills to manage their work.**

- a) To large extent   b) To some extent   c) To little extent   d) not at all.

**20. Are their performance evaluated / supervised,**   a) Yes   b) No

**21. Who supervises ASHAs Work?**

- a) ASHA Supervisor
- b) Community Representative
- c) Block Programme Manager
- d) Community mobilizer
- e) ANM

**22. How frequently ASHA workers are supervised**

- a) Always   b) Very often   c) Sometimes   d) Rarely   e) Never

**23. What initiatives you are taking to motivate ASHA to perform their level best.**

| Variables        | Sub variables       | Level of frequency |            |          |        |       |
|------------------|---------------------|--------------------|------------|----------|--------|-------|
|                  |                     | always             | Very often | Sometime | Rarely | Never |
| Intrinsic reward | Skill enhancement   |                    |            |          |        |       |
|                  | recognition         |                    |            |          |        |       |
|                  | Appreciation        |                    |            |          |        |       |
| Extrinsic reward | Pay for performance |                    |            |          |        |       |
|                  | Accessories         |                    |            |          |        |       |
|                  | Award               |                    |            |          |        |       |
|                  | Certificate         |                    |            |          |        |       |
|                  | Felicitation        |                    |            |          |        |       |

**24. What are the facilities you are providing to ASHA to carry out their work?**

- a) Radio
- b) Bicycle
- c) Mobile & mobile connection
- d) Umbrella
- e) Record book
- f) Drug kit
- h) Any other (please specify)

**25. Do you have meetings with ASHA Workers? –**

- a) Yes                      b) No

**26. If yes, what is the different type of meetings held with them?**

- a) Review meeting
- b) Meeting with the reporting authority
- c) Team building meeting
- d) Community meeting.

**27. Who participate in village health planning?**

- a) Officials of NRHM
- b) Gram panchayat members
- c) NGO workers
- d) School teachers
- e) Anganwadi workers
- f) Villagers (different castes).
- h) ASHA workers
- i) Any other (please specify

## APPENDIX - II

### (Questionnaire for community representative)

#### 1. Background information

- i) Name
- ii) Addresses
- iii) Name of GP
- iv) Position in the community**
  - a) Ward member
  - b) Village councilor
  - c) Gaon burrah
  - d) Sectary of mahila samitee
  - e) School teacher

#### 2. Which Health issues do ASHA workers of your locality most commonly address in their work?

- a) Maternal health
- b) Child health
- c) Adolescence health
- d) Sanitation and hygiene
- e) Disease prevention and nutrition
- f) Improving health literacy

#### 3. Please describe the work that ASHA workers have to perform

- a) Building individual / community capacity
- b) Counseling
- c) Patient navigation
- d) Health education
- e) Organizing health mela/ health awareness camp.
- f) Accompany pregnant women during ANT/ PNT check up.
- g) Active part in village health planning.

#### 4. Do you agree with the formal education up to class V111th for ASHA workers to hold their responsibilities?

- a) Strongly agree
- b) Agree
- c) Cannot say
- d) Disagree
- e) Strongly disagree

#### 5. If no, what should be ASHA workers minimum qualifications?

- a) up to class X
- b) Up to class XI
- c) Up to class XII
- d) Class XII and above

#### 6. What is the selection procedure?

- a) Interview
- b) Reference
- c) Verification
- d) Previous work experience

#### 7. Who select individual from the community to work as ASHA.

- a) Members of GP
- b) Members of Rogi Kalyan Samitee
- c) Officers of HDB

d) Community people

**8. What qualities base did you select ASHA workers?**

i) Knowledge of

a) Community

b) Health care system

c) Medicare

d) Specific disease/ health issues

e) General health

f) Any other (please specify)

ii) Skills

a) Communication Skill

b) Interpersonal skills

c) Capacity building skills.

d) Advocacy skills

e) Organizational skill

f) All the above

g) Any other (please specify)

**9. Your opinion about ASHA workers of your locality**

i) ASHA workers have positive relationship with client, community member and supervisors or with health officials.

a) To large extent    b) To some extent    c) To little extent    d) Not at all

ii). ASHA workers are disciplined and friendly

a) To large extent    b) To some extent    c) To little extent    d) Not at all

iii. ASHA workers do regular home visit.

a) To large extent    b) To some extent    c) To little extent    d) Not at all

iv). ASHA workers help and support clients and community member to develop skills to help own self

a) To large extent    b) To some extent    c) To little extent    d) Not at all

v) ASHA workers listen carefully others problem and try to solve them

a) To large extent    b) To some extent    c) To little extent    d) Not at all

vi). ASHA workers capable of arranging meetings.

a) To large extent    b) To some extent    c) To little extent    d) Not at

vii) ASHA workers properly follow up the clients visit to health centers

a) To large extent    b) To some extent    c) To little extent    d) Not at all.

viii) Are you satisfied with the outcomes of ASHA workers activities?

a) To large extent    b) To some extent    c) To little extent    d) Not at all.

**10. Awareness and involvement of community representative regarding ASHA workers activity.**

i) Regular availability of ASHA workers

ii) ASHA working in position/ role of ASHAs

iii) Awareness of the benefits under JSY schemes

iv) Involvement in conducting village health planning

**Yes**

**No**



- v) Existence of VHSC
- vi) Awareness of holding regular meetings by ASHAs
- vii) Supervise / monitor ASHAs activities
- viii) Help in arranging more training for ASHAs
- ix) Existence of RKS in your GP
- x) ASHAs help RKS to implement toilets , proper drainage and safe drinking water

**APPENDIX- III**  
**Questionnaire/ Performa (For ASHA workers)**

**1. Background information**

Name:

Address:

Name of GP:

**2. Socioeconomic status score**

i) Age (in years)

a) Young (19-32years)

b) Middle (33-46years)

c) Old (47-60 year)

ii) Educational qualification

a) Can read and write

b) Primary level

c) Middle school level

d) High school level

e) Higher secondary level

iii) Marital status

a) Single

b) Married

c) Widow

d) Divorced/ separated

iv) Family type

a) Nuclear

b) Joint

c) Extended

v) Family size

a) small (up to 4 members) b) medium (5-8 members) c) large (9 and above)

vi) Category

a) General

b) OBC/ MOBC

c) SC/ST/Tea Tribes

vii) Family income per year

a) Below Rs. 15,000

b) 15,000-45000

c) above 45000

viii) Do you have electricity facility?

a) Yes

b) No

ix) Type of sanitation

a) Kutcha

b) pucca

c) semi pucca and kutcha

x) Type of drinking water facility?

a) Drinking water facility at home

b) In front of yard / well

c) Community tap / bore well

xi) Organizational membership (social institute, political party, Gram Panchayat)

a) No membership

b) Member of one organization

c) Member of more than one organization

xii) if yes, what is the level of involvement?

- a) Very active      b) Active      c) Average      d) Little      e) Never

### **3. Job Profile of ASHAs**

- i) From where you get information regarding the job?
- a) From Gram Panchayat
  - b) Mahila Samiti
  - c) Primary Health Centre
  - d) Advertisement in news paper/ radio
  - e) Block office
- ii) How you get selected for the job
- a) Through interview
  - b) Through recommendation
  - c) Through verification
  - d) On the basis of your previous experience
- iii) What are the jobs you performs an ASHA worker?
- a) Building community capacity
  - b) Building individual capacity
  - c) Community advocacy
  - d) Counseling
  - e) Patient navigation
  - f) Provide culturally appropriate health promotion /education
  - g) Organizing awareness camp
  - h) Accompany pregnant women during ANT PNT check up
  - i) Any other please specify
- iv) Knowledge and skill considered during your selection as ASHAs
- i) Knowledge of,
    - a) community
    - b) health care system
    - c) specific disease/ health issues
    - d) general health
    - e) any other please specify
  - ii) Skills
    - a) communication skills
    - b) interpersonal skills
    - c) capacity building skills
    - d) advocacy skills
    - e) teaching skills
    - f) organizing skill
    - g) any other

- v) Have you been instructed regarding your job responsibilities  
a) Yes            b) No

If yes, how

- a) in written form  
b) orally  
c) by providing orientation training
- vi) Do you have any special education/ training prior to selection as ASHA worker?  
a) Yes  
b) No ( if yes please specify)
- vii) Do you receive payment on time?  
a) Yes  
b) No
- viii) Mode of payment  
a) Cheque  
b) cash  
c) draft
- ix) **What other accessories have been provided?**  
a) Umbrella  
b) bicycle  
c) radio  
d) mobile  
e) Bag  
f) Drug kits  
g) thermometer  
h) Torch

- x) **Which health issues do ASHA most commonly address in their work?**  
a) Maternal health  
b) Child health  
c) Adolescence health  
d) Sanitation and hygiene  
e) Disease prevention and nutrition  
f) Eliminating health disparities  
g) Improving health literacy  
h) Provide dots to TB patients

- xi) **What kind of support you required to implement the programme more effectively? And to what extent?**

TLE            TSE

TLE            NAA

- a) More training is to be arranged for ASHA workers and community members.  
b) ASHA workers should be paid a fixed remuneration

- c) Payment should be made timely
- d) Regular supervision and follow-up from the health officials
- e) Community participation and their help
- f) Love and affection from the community

**4. Training of ASHA worker**

i) Is the training provided to you, enhancing your skills and knowledge to manage your work?

- a) To large extent      b) To some extent      c) To little extent      d) not at all.

**ii) Details of training provided to you**

| date | duration                        | Place of training | Main topics of the training |
|------|---------------------------------|-------------------|-----------------------------|
|      | 10 days training (module 1 & 2) |                   |                             |
|      | 14 days training (module 3)     |                   |                             |
|      | 18 days training (module 4)     |                   |                             |
|      | 2days training (module 5)       |                   |                             |

**iii) Areas of training**

- a. Maternal health
- b. child health
- c. adolescence health
- d. hygiene and sanitation
- e. food and nutrition
- f. referrals and first aid

**iv) How did the training help you? And to what extent**

large extent    to some extent    little extent    not at all

- i) Help to obtain a better job
- ii) Help to obtain better pay
- iii) Help to feel more comfortable in performing duties as an ASHA worker
- iv) Enhancement of knowledge and update information.
- v) Any other

**v) Whether your performance is evaluated,**

- a) Yes    b) No

**vi) if yes, mention the kind of evaluation:**

- a) By whom:
- b) Frequency: a) Always    b) Very often    c) Sometimes    d) Rarely    e) Never

**vii) Who supervises your Work**

- a) ASHA Supervised?
- b) Community Representative
- c) Block Programme Manager

- d) Community mobilizer  
 e) ANM/ school teachers  
 xiv) How frequently you are supervised  
 a) Always    b) Very often    c) Sometimes    d) Rarely    e) Never

**5. Knowledge test of community health workers**

**i) About the community where ASHA workers work**

| issues                    | statement  | Know thoroughly | Know some what | Least known |
|---------------------------|--|-----------------|----------------|-------------|
| Knowledge about community | Total population of your village                                       |                 |                |             |
|                           | Numbers of expected women of your village                              |                 |                |             |
|                           | Numbers of children below 5 years of age                               |                 |                |             |
|                           | Numbers of children immunized in previous month (all vaccine combined) |                 |                |             |

**ii) About health issue and service available**

| Health issues   | statement  | Know thoroughly | Know some what | Least known |
|-----------------|--|-----------------|----------------|-------------|
| Maternal health | 1. Antenatal care includes iron prophylaxis for pregnant and lactating women, two doses of tetanus toxoid vaccines and detection and treatment of anemia |                 |                |             |
|                 | 2. First milk of mother is called colostrums and it contain antibody, hence breastfeeding should be initiated within 1 hrs of delivery.                  |                 |                |             |
|                 | 3. First dose of TT should be given at 16 weeks and second dose at 20 weeks of pregnancy with minimum interval of one month between two doses.           |                 |                |             |
|                 | 4. Case benefits of rs. 500 is available to all the pregnant women on registration for ANC   |                 |                |             |

|                        |   |  |  |  |
|------------------------|---|--|--|--|
|                        | with you (ASHAs) and Rs. 900 at the time of delivery. The benefit would be extended to all the women from below poverty line even after 3 <sup>rd</sup> birth if the mothers under go sterilization in the health centre immediately after delivery |  |  |  |
| Child health           | 1. Baby should be exclusive breastfeed for the first six months and feed at least eight times a day   |  |  |  |
|                        | 2. Children with diarrhea immediately given ORS and sugar salt water are appreciate in case ORS is not available  |  |  |  |
|                        | 3. Immunization of children is done against the six killer diseases- tuberculosis, diphtheria, whooping cough, tetanus, polio and measles.  |  |  |  |
|                        | 4. Vitamin A doses start from nine months age, this protects children from night blindness.   |  |  |  |
| Sanitation and hygiene | 1. Hand wash, use of covered contains and proper disposal of garbage prevent diarrhea   |  |  |  |
|                        | 2. Development block provide Rs. 1000 for construction of low cost latrine to the families of BPL   |  |  |  |
|                        | 3. Mosquitoes breed in stagnated dirty waste water from our baths, kitchen and cattle shades. When a mosquito bites a person suffers from malaria. Fever with headache and vomiting are few symptoms of malaria.                                    |  |  |  |
|                        | 4. Soak pit must be used to avoid pools of water, particularly in streets and common pathways. The pit should be of 1.5 m length, breath and depth.   |  |  |  |

|           |  |  |  |  |
|-----------|--|--|--|--|
| Nutrition | 1. Spinach, amla, dalim, dry grapes, banana flower, drumstick, green leafy vegetable etc in daily is important to prevent blood deficiency.                              |  |  |  |
|           | 2. Hingh is commonly found in our kitchens and used as a condiment. However, it also as a digestive and is useful in common disorders like abdominal pain`               |  |  |  |
|           | 3. Vegetables, fruits, sprouts contain vitamin which protect us from diseases and contain fiber necessary for normal bowl movements.                                     |  |  |  |
|           | 4. Mamoni scheme is initiated to provide financial support of Rs. 1000 to pregnant women to have nutritious food and supplement along with mother and child health card. |  |  |  |

### 6. Question on skills of ASHA workers

- i). Use language confidently and communicate appropriately  
a) To large extent      b) To some extent      c) To little extent      d) not at all
- ii) Pass judgment or criticize mid-way while someone is speaking  
a) To large extent      b) To some extent      c) To little extent      d) not at all
- iii) Able to provide client centered counseling with any confusion.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- iv). Find difficulties to write applications and letters to the authorities to improve access to health care services?  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- v) Community people listen to ASHA and follow their advice  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- vi) Get encouragement and appreciation from community as well as from health officials  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- vii) Get love and affection from clients and community  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- Viii). Resolve problems without losing control of emotions and leaves no unhappy feelings among the members  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- ix) ASHA participate in village health plan



- a) To large extent      b) to some extent      c) to little extent      d) not at all
- x) Able to make available primary health facilities to the community  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xi) Seek advice from the appropriate authority and involvement of the community to solve a problem that you identified  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xii) Do regular visits to maintain follow up their clients?  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- Xiii) Able to state authority about the need of their locality and the reasons of need.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xiv) Mobilize individual, families and communities in getting the services they need.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xv) Support clients and community to develop skills to help own selves.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- Xvi) Able to identify health problems facing by the community.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xvii) Prepare adequately before meeting  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- Xviii) Able to conduct meeting and take follow up action  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xix) Able to work according to the work priorities and can manage time  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xx) Accompany beneficiaries for ANC/PNC and could arrange vehicle during emergency  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xxi) Teach your community people to develop confidence to promote their own health  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xxii) Instruct community to access health care services at village level health centers  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xxii) Provide information regarding diet and nutrition.  
a) To large extent      b) to some extent      c) to little extent      d) not at all
- xxiv) Make aware community to adapt hygienic and healthy practices  
a) To large extent      b) to some extent      c) to little extent      d) not at all

### **7. Attitude of ASHAs towards their work**

i) Creation of ASHA defines women empowerment; they got an opportunity to showcase their ability to create awareness on health and its social determinants

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

ii) Winning the community heart through ASHAs voluntary service and sincere dedication has helped to achieve the goal of NRHM.

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

iii) ASHA do regular home visit and tries to convince mother as well as other family member for avail health care facilities.

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

iv) ASHA should be always ready to serve the people in need

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

v) ASHA played a critical role in saving the lives of infants and mothers

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

vi) Each and every villager acknowledges and respects you (ASHA) for your contribution and willingness to work for own society

vi) Your work (as an ASHA) enhancing your status

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

xii) ASHA work for the sanitation of the village

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

xiii) ASHA organized and coordinate ANM and Anganwadi worker to holding Village Health and Nutrition Day

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

xiv) Social recognition which you are getting is driving force to continue as ASHA

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

xv) Whatever incentives you are getting for your work is additional income to the family and it financially empower.

Strongly agree                      agree                      no comment                      disagree  
strongly disagree

### 8. Approaches used by ASHAS to transmit health messages

xiv) does find difficulties in maintaining record book?

a) To large extent      b) to some extent      c) to little extent      d) not at all

xv) Do find difficulties in maintaining record book?

a) To large extent      b) to some extent      c) to little extent      d) not at all

xvi) How do you contact your clients to follow up them?

a) Home visit      b) through messages/ messengers      c) through phone call      d) meetings

xvii) To what frequency you contact your clients?

a) Always      b) very often      c) sometimes      d) rarely      e) never

xviii) What are the methods you used to create awareness about health issues?

a) Home visit                      always      very often      sometimes      rarely      never  
b) Phone calls  
c) Street plays / drama



| Variables        | Sub variables  | Level of satisfaction |              |            |           |                  |
|------------------|--|-----------------------|--------------|------------|-----------|------------------|
|                  |  | Highly dissatisfied   | dissatisfied | No comment | satisfied | Highly satisfied |
| Extrinsic reward | 1. Pay for performance   |                       |              |            |           |                  |
|                  | 2. Accessories   |                       |              |            |           |                  |
|                  | 3. Certificate   |                       |              |            |           |                  |
|                  | 4. Felicitation  |                       |              |            |           |                  |
| Intrinsic reward | 1. Enhancement of duties   |                       |              |            |           |                  |
|                  | 2. Faith and responsibilities provided by community as well as by health officials |                       |              |            |           |                  |
|                  | 3. reorganization  |                       |              |            |           |                  |
|                  | 4. positive health outcomes  |                       |              |            |           |                  |
|                  | 5. training  |                       |              |            |           |                  |
|                  | 6. support and supervision by health officials                                     |                       |              |            |           |                  |
|                  | 7. Appreciation  |                       |              |            |           |                  |
|                  | 8. Love and affection of community people.   |                       |              |            |           |                  |
|                  | 9. Enhancement of status.  |                       |              |            |           |                  |
|                  | 10. flexible working hour  |                       |              |            |           |                  |

**10. What discourage you in your work?**

| Difficulties/ problems   | always | Very often | Sometimes | Rarely | Never |
|--|--------|------------|-----------|--------|-------|
| a) Non availability of funds and low allowances.   |        |            |           |        |       |
| b) Adequate training is not provided to update information                               |        |            |           |        |       |
| c) Lack in supply of drugs and transportation  |        |            |           |        |       |
| d) Behavior of staff in health facilities is not appropriate.<br>Difficulties / problems |        |            |           |        |       |
| e) Adequate facilities for institutional deliveries not available.                       |        |            |           |        |       |
| f) Lack of interest of the community.  |        |            |           |        |       |
| g) heavy work loads  |        |            |           |        |       |

**APPENDIX - IV**  
**Questionnaire (part- IV)**  
**(For household or beneficiaries of NRHM)**

**1. Background information**

- i) Name:
- ii) Addresses:
- iii) Age:
  - a) 16 -25
  - b) 26- 35
  - c) 36- 45
- iv) Marital status
  - b) Married
  - c) Widow
  - d) Divorced/ separated

**2. Socioeconomic Status Score**

**i. Educational qualification**

- a) illiterate
- b) Can read and write
- c) Primary level
- d) Middle school level
- e) High school level
- f) Higher secondary level

**ii Main occupation of the family**

- a) Daily wage earner
- b) Artisan
- c) Business
- d) Agriculture
- e) Services

**ii. Family income (annually)**

- a) Below Rs. 15000
- b) Rs. 15001 – Rs. 45,000
- c) Above Rs. 45000

**iii. Type of house**

- a) Kutchha
- b) Semi pucca and kutchha
- c) Pucca

**iv. Family type**

- a) Nuclear
- b) Joint

**vi. Family size**

- a) Small (up to 4members)
- b) Medium (5-8 members)
- c) Large(9 and above)

**vii. Social category**

- a) SC/ ST/ Tea tribes
- b) OBC/ MOBC
- c) General

**viii. Landholding**

- a) Land less (<1 bigha)
- b) Marginal (2-4 bigha)
- c) Small (5-7 bigha)
- d) Large (> 10 bigha)

**x. Do you have drinking water facility?**

- a) Drinking water facility At home
- b) In front of yard/ well
- c) Community tape/ bore well
- d) Open tank

**xi. Material possession (household assets)**

- a) Television / Radio
- b) Improved chullah/ gas stoves
- c) Telephone/ Mobile
- d) Bicycle
- e) Motor cycle/ scooter
- f) Sanitary latrine
- g) Electricity
- h) Modern household furniture

**xii. Method of waste disposal**

- a) thrown in the open air
- b) buried in a pit
- c) burnt
- d) any other (please specify)

**xiii. Organizational membership (Social institution, Political party, Gram Panchayat,**

**Religious body)**

- a) No membership
- b) Member of a one organization
- c) Member of a more than one organization
- d) Office bear

**2. Do you know about NRHM and ASHA health worker of your locality?**

Yes / No

**3. ASHA gives medicine free of cost when needed**

Yes / No

**4. ASHA discuss about hand washing**

Yes / No

**5. ASHA discuss about construction of household toilets**

Yes / No

**6. ASHA discuss about, safe drinking water**

Yes / No

**7. VHND is being organized in the village**

Yes/ No

**8. Do you know about VHSC?**

Yes/ No

**9. ASHA gives all the information regarding JSY**

Yes/ No

**10. ASHA provides information about family planning and spacing method and ideal gap between 1<sup>st</sup> and 2<sup>nd</sup> child.**

Yes/ No

**11. Do you received advice from ASHA regarding your diet**

Yes/ No

**12. ASHA do regular home visit**

Yes/ No

**13. ASHA accompanies pregnant women to the health centers for their ANC/PNC check up.**

Yes/ No

**14 Your relationship with ASHA workers.**

i. ASHA worker of your locality have a positive relationship with clients, community member and supervisors.

a) To large extent   b) To some extent   c) To little extent   d) not at all.

ii. ASHA worker of your locality is disciplined and friendly

a) To large extent   b) To some extent   c) To little extent   d) not at all.

iii. ASHA worker help and support clients and community member to develop skill to help own self

a) To large extent   b) To some extent   c) To little extent   d) not at all.

iv. ASHA worker of your area listen carefully others problem.

a) To large extent   b) To some extent   c) To little extent   d) not at all.

v. ASHA workers of your area do regular home visit and capable of arranging meetings.

a) To large extent   b) To some extent   c) To little extent   d) not at all.

vi. Are you satisfied with the outcomes of ASHA workers activities?

a) To large extent   b) To some extent   c) To little extent   d) not at all.

**15. Do you have Village Health and Sanitation Committee in your Village?**

a) Yes   b) No



**12. Who participate in village health planning?**

- a) Officials of NRHM
- b) Gram panchayat members
  
- c) NGO workers
- d) School teachers
- e) Anganwadi workers
- f) Villagers (different castes).
- h) ASHA workers
- i) Any other (please specify)

**APPENDIX –V**  
**Scoring of Districts according to the selected health indicators**

| Districts  | CBR  | Score | CDR | Score | IMR | score | MMR | score | ID   | score | FIC  | score | ANC  | score | PNC  | score | JSY<br>Beneficiary | score | ASHA<br>AP | score | MRHE | score |
|------------|------|-------|-----|-------|-----|-------|-----|-------|------|-------|------|-------|------|-------|------|-------|--------------------|-------|------------|-------|------|-------|
| Borpeta    | 20.8 | 13    | 6.7 | 11    | 48  | 15    | 55  | 7     | 53   | 7     | 58.7 | 5     | 59.7 | 9     | 31.0 | 5     | 98.6               | 16    | 98.6       | 13    | 90.5 | 12    |
| Bongaigaon | 19.3 | 18    | 6.2 | 14    | 53  | 13    | 53  | 8     | 47.4 | 5     | 59.7 | 7     | 44   | 4     | 30.3 | 4     | 91                 | 6     | 94         | 10    | 84.8 | 9     |
| Chachar    | 26.5 | 2     | 7.5 | 7     | 57  | 10    | 57  | 5     | 60.3 | 11    | 64   | 9     | 52   | 8     | 27.3 | 3     | 98                 | 17    | 81.3       | 5     | 62.2 | 2     |
| Darrang    | 20.8 | 13    | 8.3 | 2     | 64  | 6     | 67  | 2     | 54.7 | 9     | 66   | 10    | 63.7 | 10    | 38.7 | 7     | 97.6               | 15    | 92.1       | 9     | 71.4 | 5     |
| Dhemaji    | 23.0 | 8     | 4.5 | 16    | 56  | 11    | 55  | 7     | 78.3 | 19    | 72.7 | 11    | 76   | 14    | 59.3 | 15    | 97.4               | 14    | 98.7       | 14    | 96.7 | 16    |
| Dhuburi    | 22.1 | 10    | 7.1 | 9     | 72  | 2     | 66  | 3     | 46   | 4     | 56.7 | 4     | 38.3 | 1     | 39.7 | 8     | 73.2               | 1     | 89.9       | 6     | 88.8 | 11    |
| Dibrugarh  | 20.1 | 14    | 8.1 | 4     | 55  | 12    | 55  | 7     | 64   | 12    | 78.7 | 15    | 89   | 19    | 73.7 | 19    | 91.7               | 9     | 84.9       | 5     | 99.0 | 19    |
| Goalpara   | 22.5 | 9     | 6.9 | 10    | 56  | 11    | 58  | 4     | 45.7 | 3     | 64   | 9     | 49.7 | 7     | 24.7 | 2     | 76.6               | 2     | 68.6       | 2     | 62.6 | 3     |
| Golaghat   | 21.9 | 11    | 8.0 | 5     | 57  | 9     | 68  | 1     | 67.3 | 13    | 86.3 | 18    | 84   | 17    | 75.3 | 20    | 98                 | 14    | 100        | 17    | 99.0 | 18    |
| Hailakandi | 32.1 | 1     | 7.0 | 14    | 55  | 12    | 52  | 9     | 53   | 7     | 55   | 3     | 71.7 | 13    | 31   | 5     | 90                 | 6     | 77.4       | 3     | 85.4 | 10    |
| Jorhat     | 20.0 | 15    | 8.2 | 3     | 58  | 8     | 56  | 6     | 69.7 | 15    | 88.3 | 19    | 91.7 | 20    | 81.3 | 22    | 91                 | 7     | 97.6       | 12    | 98.3 | 18    |
| Kamrup (U) | 20   | 15    | 7   | 14    | 52  | 14    | 55  | 7     | 55.7 | 10    | 77.7 | 12    | 77.7 | 16    | 71.3 | 18    | 100                | 18    | 34.7       | 1     | 99.3 | 20    |
| Kamrup (R) | 18.7 | 19    | 5.9 | 15    | 46  | 16    | 58  | 4     | 79.6 | 20    | 91.7 | 20    | 93   | 21    | 52.5 | 13    | 93.8               | 10    | 99.2       | 16    | 76.3 | 6     |
| Karimganj  | 25.8 | 3     | 6.6 | 12    | 69  | 3     | 58  | 4     | 35   | 1     | 40.3 | 1     | 43   | 3     | 18.3 | 1     | 82                 | 3     | 99         | 15    | 79.4 | 8     |
| Kokrajhar  | 23.1 | 7     | 7.7 | 6     | 76  | 1     | 66  | 3     | 48   | 6     | 59   | 6     | 41.3 | 2     | 46.0 | 11    | 100                | 18    | 100        | 17    | 94.5 | 13    |
| Lakimpur   | 24.4 | 5     | 6.9 | 10    | 68  | 4     | 58  | 4     | 82   | 21    | 85.7 | 17    | 98.3 | 23    | 50.3 | 12    | 97.2               | 13    | 100        | 17    | 100  | 21    |
| Morigaon   | 23.5 | 6     | 8.5 | 1     | 69  | 3     | 66  | 3     | 60   | 10    | 74.7 | 13    | 64   | 11    | 54.3 | 14    | 88.9               | 4     | 91.1       | 7     | 96.7 | 16    |
| Nagaon     | 24.6 | 4     | 8.1 | 4     | 72  | 2     | 68  | 1     | 41   | 2     | 53   | 2     | 45.3 | 5     | 43   | 9     | 89                 | 5     | 95.9       | 11    | 78.4 | 7     |

**APPENDIX –V**  
**Scoring of Districts according to the selected health indicators**

|              |      |    |     |    |    |    |    |   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|--------------|------|----|-----|----|----|----|----|---|------|----|------|----|------|----|------|----|------|----|------|----|------|----|
| Nalbari      | 18.8 | 19 | 7.4 | 8  | 62 | 7  | 58 | 4 | 71.7 | 16 | 82.3 | 16 | 76.3 | 15 | 36.7 | 6  | 100  | 18 | 92.6 | 9  | 95.8 | 15 |
| Sivasagar    | 19.7 | 17 | 8.1 | 4  | 55 | 12 | 56 | 6 | 75.3 | 17 | 86.3 | 18 | 94.3 | 22 | 68   | 17 | 100  | 18 | 100  | 17 | 95.3 | 14 |
| Sonitpur     | 19.8 | 16 | 6.5 | 13 | 66 | 5  | 66 | 3 | 53.3 | 8  | 60.7 | 8  | 64.3 | 12 | 62.3 | 16 | 91.3 | 8  | 100  | 17 | 54.6 | 1  |
| Tinsukia     | 21.1 | 13 | 7.5 | 7  | 44 | 17 | 53 | 8 | 68.3 | 14 | 78.3 | 14 | 86.3 | 18 | 80   | 21 | 96.6 | 11 | 100  | 17 | 98.0 | 17 |
| karbianglong | 21.2 | 12 | 6.9 | 10 | 62 | 7  | 58 | 4 | 78   | 18 | 58   | 4  | 48.7 | 6  | 43.2 | 10 | 97   | 12 | 92.1 | 8  | 63   | 4  |

Source: Coverage evaluation survey report Assam 2008- 2009 and districts level house hold survey report 2007-2008

**APPENDIX – VI**  
**Ranking of districts according to the score obtained regarding health indicators of the population**

| Districts  | Score | Score | score | score | score | score | score | score | score | score | score |     |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| Borpeta    | 13    | 11    | 15    | 7     | 7     | 5     | 9     | 5     | 16    | 13    | 12    | 113 |
| Bongaigaon | 18    | 14    | 13    | 8     | 5     | 7     | 4     | 4     | 6     | 10    | 9     | 98  |
| Chachar    | 2     | 7     | 10    | 5     | 11    | 9     | 8     | 3     | 17    | 4     | 2     | 78  |
| Darrang    | 13    | 2     | 6     | 2     | 9     | 10    | 10    | 7     | 15    | 9     | 5     | 88  |
| Dhemaji    | 8     | 16    | 11    | 7     | 19    | 11    | 14    | 15    | 14    | 14    | 16    | 145 |
| Dhuburi    | 10    | 9     | 2     | 3     | 4     | 4     | 1     | 8     | 1     | 6     | 11    | 59  |
| Dibrugarh  | 14    | 4     | 12    | 7     | 12    | 15    | 19    | 19    | 9     | 5     | 19    | 135 |
| Goalpara   | 9     | 10    | 11    | 4     | 3     | 9     | 7     | 2     | 2     | 2     | 3     | 62  |
| Golaghat   | 11    | 5     | 9     | 1     | 13    | 18    | 17    | 20    | 14    | 17    | 18    | 143 |
| Hailakandi | 1     | 14    | 12    | 9     | 7     | 3     | 13    | 5     | 6     | 3     | 10    | 83  |
| Jorhat     | 15    | 3     | 8     | 6     | 15    | 19    | 20    | 22    | 7     | 12    | 18    | 145 |
| Kamrup (U) | 15    | 14    | 14    | 7     | 10    | 12    | 16    | 18    | 18    | 1     | 20    | 145 |
| Kamrup (R) | 19    | 15    | 16    | 4     | 20    | 20    | 21    | 13    | 10    | 16    | 6     | 160 |

**APPENDIX – VI**  
**Ranking of districts according to the score obtained regarding health indicators of the population**

|              |    |    |    |   |    |    |    |    |    |    |    |            |
|--------------|----|----|----|---|----|----|----|----|----|----|----|------------|
| Karimganj    | 3  | 12 | 3  | 4 | 1  | 1  | 3  | 1  | 3  | 15 | 8  | 54         |
| Kokrajhar    | 7  | 6  | 1  | 3 | 6  | 6  | 2  | 11 | 18 | 17 | 13 | 90         |
| Lakimpur     | 5  | 10 | 4  | 4 | 21 | 17 | 23 | 12 | 13 | 17 | 21 | 147        |
| Morigaon     | 6  | 1  | 3  | 3 | 10 | 13 | 11 | 14 | 4  | 7  | 16 | 88         |
| Nagaon       | 4  | 4  | 2  | 1 | 2  | 2  | 5  | 9  | 5  | 11 | 7  | <b>52</b>  |
| Nalbari      | 19 | 8  | 7  | 4 | 16 | 16 | 15 | 6  | 18 | 9  | 15 | 133        |
| Sivsagar     | 17 | 4  | 12 | 6 | 17 | 18 | 22 | 17 | 18 | 17 | 14 | <b>162</b> |
| Sonitpur     | 16 | 13 | 5  | 3 | 8  | 8  | 12 | 16 | 8  | 17 | 1  | <b>107</b> |
| Tinsukia     | 13 | 7  | 17 | 8 | 14 | 14 | 18 | 21 | 11 | 17 | 17 | 157        |
| karbianglong | 12 | 10 | 7  | 4 | 18 | 4  | 6  | 10 | 12 | 8  | 4  | 95         |

## APPENDIX VII

Table, A3. List of Villages for sampling

| Sl.No. | Name of the villages | Health Development Block | Districts |
|--------|----------------------|--------------------------|-----------|
| 1.     | Nalonibari           | Behali                   | Sonitpur  |
| 2.     | Nizbehali            |                          |           |
| 3.     | Kasumari             |                          |           |
| 4.     | Kawori pathar        |                          |           |
| 5.     | Borajuli gaon        |                          |           |
| 6.     | Lal phukhuri         |                          |           |
| 7.     | Toku bari            |                          |           |
| 8.     | Bhotiamari           |                          |           |
| 9.     | Boralle mora         |                          |           |
| 10.    | Dakhinbhir           | Biswanathcharali         | Sonitpur  |
| 11.    | Uttarbhir            |                          |           |
| 12.    | Daw gaon             |                          |           |
| 13.    | Bam Gaon             |                          |           |
| 14.    | Kodomoni             |                          |           |
| 15.    | Kuch Gaon            |                          |           |
| 16.    | Gorehagi             |                          |           |
| 17.    | Jagatpur             |                          |           |
| 18.    | Madhupur             |                          |           |
| 19.    | Pabhoi               |                          |           |
| 20.    | Lehugaon             |                          |           |
| 21.    | Potia gaon           |                          |           |
| 22.    | Goroimari            |                          |           |
| 23.    | Joypur               |                          |           |
| 24.    | Balichang            |                          |           |
| 25.    | Nilpur               |                          |           |
| 26.    | Dallang guri         |                          |           |
| 27.    | Balipukhur           |                          |           |
| 28.    | Pithakhowa           | Behaguri                 | Sonitpur  |
| 29.    | Tumuki no.1          |                          |           |
| 30.    | Tumuki no.2          |                          |           |
| 31.    | Thelamora            |                          |           |
| 32.    | Komar Chuburi        |                          |           |
| 33.    | Likhok Gaon          |                          |           |
| 34.    | Naam pithakhowa      |                          |           |
| 35.    | Dhekial Gaon         |                          |           |
| 36.    | Mekanor Chuburi      |                          |           |
| 37.    | Bhomorrahguri        |                          |           |
| 38.    | Alisanga             |                          |           |
| 39.    | Tenga basti          |                          |           |
| 40.    | Alisanga uriamguri   |                          |           |
| 41.    | Uriamguri            |                          |           |
| 42.    | Bhojkhowa            |                          |           |
| 43.    | Khalailbil           |                          |           |
| 44.    | Panchmail            |                          |           |
| 45.    | Gaurisanga           |                          |           |

|     |                       |              |        |
|-----|-----------------------|--------------|--------|
| 46. | Beha gaon             |              |        |
| 47. | Jahaj duba gaon       |              |        |
| 48. | Pub thoria            | Jakhlabondha | Nagaon |
| 49. | Sonari gaon           |              |        |
| 50. | Uttar- pub thoria     |              |        |
| 51. | Bagjan                |              |        |
| 52. | Gorubondha no.1       |              |        |
| 53. | Gaorubondha no.2      |              |        |
| 54. | Saikia Chuburi        |              |        |
| 55. | Hensua gaon           |              |        |
| 56. | Kiling gaon           |              |        |
| 57. | Samumukh kachari gaon |              |        |
| 58. | Rangulu gaon          |              |        |
| 59. | Bagmari               | Samuguri     | Nagaon |
| 60. | Puronigudam           |              |        |
| 61. | Puronigudam Na-ali    |              |        |
| 62. | Halwa gaon            |              |        |
| 63. | Beroli gaon           |              |        |
| 64. | Muamari               |              |        |
| 65. | Sonari gaon           |              |        |
| 66. | Gendhali              |              |        |
| 67. | Mohpala               |              |        |
| 68. | Eheleuguri            |              |        |
| 69. | Uriagranti tubuki     | Kathiatoli   | Nagaon |
| 70. | Gorabari              |              |        |
| 71. | Telia ati             |              |        |
| 72. | Jyotinagar            |              |        |
| 73. | Pubtetelisor          |              |        |
| 74. | Bhelewuri             |              |        |
| 75. | Jumarmur              |              |        |
| 76. | Nibukali              |              |        |
| 77. | Garubondha            |              |        |
| 78. | Rangaloo              |              |        |
| 79. | Suarupathar           |              |        |
| 80. | Bundura               |              |        |
| 81. | Chang chaki           |              |        |
| 82. | Ghilani               |              |        |
| 83. | Kalikhwa              |              |        |
| 84. | Kamargaon             |              |        |
| 85. | Kohargaon             |              |        |
| 86. | Bherbheri             | Kathiatoli   | Nagaon |
| 87. | Gurukhunda            |              |        |
| 88. | Biharigaon            |              |        |
| 89. | Uariagaon             |              |        |
| 90. | Pani khati            |              |        |
| 91. | Hati khuti            |              |        |
| 92. | Singimari gaon        |              |        |
| 93. | Sitalmari             |              |        |
| 94. | Sildubi               |              |        |

|      |                      |              |          |
|------|----------------------|--------------|----------|
| 95.  | Bundura              |              |          |
| 96.  | Guhaikhat            |              |          |
| 97.  | Narttangaon          |              |          |
| 98.  | Ghogargaon           |              |          |
| 99.  | Ranipukhuri          |              |          |
| 100. | Khatalguri           | Simonabasti  | Nagaon   |
| 101. | Borhula no. 1        |              |          |
| 102. | Sonajuri             |              |          |
| 103. | Nonoi                |              |          |
| 104. | Jurajuri             |              |          |
| 105. | Khaloiati            |              |          |
| 106. | Barbhogaon           |              |          |
| 107. | Beloguri             |              |          |
| 108. | Kanuamari            |              |          |
| 109. | Auguri               |              |          |
| 110. | Namdang Bongali gaon | Gaurisagar   | Sivsagar |
| 111. | Rupahimukh           |              |          |
| 112. | Senchuwa gaon        |              |          |
| 113. | Dulia gaon           |              |          |
| 114. | Bhotiapara           |              |          |
| 115. | Deughoria            |              |          |
| 116. | Thenkeratal          |              |          |
| 117. | Hatighuli            |              |          |
| 118. | Belimukhia Kohar     | Kaloong Gaon | Sivsagar |
| 119. | Ghuirasuwa           |              |          |
| 120. | Ganak gaon           |              |          |
| 121. | Khanikar Gaon        |              |          |
| 122. | Abhoipuria           |              |          |
| 123. | Mukta                |              |          |
| 124. | Bogidoli             |              |          |



**APPENDIX- VIII**

Table A 4: Post Hoc analysis (LSD) SES score of ASHAs among their age group

| (I) Age of the respondents | (J) Age of the respondents | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
|                            |                            |                       |            |      | Lower Bound             | Upper Bound |
| (15-25 years)              | (26-35 years)              | -.19199*              | .04900     | .000 | -.2889                  | -.0951      |
|                            | (36-45 years)              | -.46278*              | .05563     | .000 | -.5727                  | -.3528      |
| (26-35 years)              | (15-25 years)              | .19199*               | .04900     | .000 | .0951                   | .2889       |
|                            | (36-45 years)              | -.27079*              | .05165     | .000 | -.3729                  | -.1687      |
| (36-45 years)              | (15-25 years)              | .46278*               | .05563     | .000 | .3528                   | .5727       |
|                            | (26-35 years)              | .27079*               | .05165     | .000 | .1687                   | .3729       |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX- IX**

Table A 5, Post Hoc analysis (LSD) SES score of ASHAs among their educational level

| (I) Educational qualification of the respondents | (J) Educational qualification of the respondents | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|--|--|-----------------------|------------|------|-------------------------|-------------|
|  |  |                       |            |      | Lower Bound             | Upper Bound |
| can read and write                               | primary level                                    | -.45463*              | .13882     | .001 | -.7291                  | -.1801      |
|  | middle school level                              | -.75282*              | .13764     | .000 | -1.0250                 | -.4807      |
|  | High school level                                | -.99853*              | .13860     | .000 | -1.2726                 | -.7245      |
|  | higher secondary level                           | -1.19024*             | .16093     | .000 | -1.5084                 | -.8720      |
| primary level                                    | can read and write                               | .45463*               | .13882     | .001 | .1801                   | .7291       |
|  | middle school level                              | -.29819*              | .06855     | .000 | -.4337                  | -.1626      |
|  | High school level                                | -.54390*              | .07047     | .000 | -.6832                  | -.4046      |
|  | higher secondary level                           | -.73561*              | .10796     | .000 | -.9491                  | -.5222      |
| middle school level                              | can read and write                               | .75282*               | .13764     | .000 | .4807                   | 1.0250      |
|  | primary level                                    | .29819*               | .06855     | .000 | .1626                   | .4337       |
|  | High school level                                | -.24571*              | .06811     | .000 | -.3804                  | -.1111      |
|  | higher secondary level                           | -.43742*              | .10643     | .000 | -.6478                  | -.2270      |
| High school level                                | can read and write                               | .99853*               | .13860     | .000 | .7245                   | 1.2726      |
|  | primary level                                    | .54390*               | .07047     | .000 | .4046                   | .6832       |
|  | middle school level                              | .24571*               | .06811     | .000 | .1111                   | .3804       |
|  | higher secondary level                           | -.19170               | .10767     | .077 | -.4046                  | .0212       |
| higher secondary level                           | can read and write                               | 1.19024*              | .16093     | .000 | .8720                   | 1.5084      |
|  | primary level                                    | .73561*               | .10796     | .000 | .5222                   | .9491       |
|  | middle school level                              | .43742*               | .10643     | .000 | .2270                   | .6478       |
|  | Highs school level                               | .19170                | .10767     | .077 | -.0212                  | .4046       |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX- X**

Table A 6, Post Hoc analysis (LSD) SES score of ASHAs among their organizational membership.

| (I)<br>organizational<br>membership        | (J) organizational<br>membership        | Mean<br>Difference (I-<br>J) | Std. Error | Sig. | 95% Confidence<br>Interval |                |
|--|---|------------------------------|------------|------|----------------------------|----------------|
|  |   |                              |            |      | Lower<br>Bound             | Upper<br>Bound |
| no membership                              | member of one<br>organization           | -.31036*                     | .06436     | .000 | -.4376                     | -.1831         |
|  | member of more than one<br>organization | -.69606*                     | .09110     | .000 | -.8762                     | -.5160         |
| member of one<br>organization              | no membership                           | .31036*                      | .06436     | .000 | .1831                      | .4376          |
|  | member of more than one<br>organization | -.38570*                     | .08828     | .000 | -.5602                     | -.2112         |
| member of<br>more than one<br>organization | no membership                           | .69606*                      | .09110     | .000 | .5160                      | .8762          |
|  | member of one<br>organization           | .38570*                      | .08828     | .000 | .2112                      | .5602          |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX- XI**

Table A 7, Post Hoc analysis of knowledge scores of ASHAS with their age

| (I) Age of the respondents | (J) Age of the respondents | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
|                            |                            |                       |            |      | Lower Bound             | Upper Bound |
| 15-25 years                | 26-35 years                | .20060*               | .06240     | .002 | .0772                   | .3240       |
|                            | 36-45 years                | .04692                | .07335     | .523 | -.0981                  | .1919       |
| 26-35 years                | 15-25 years                | -.20060*              | .06240     | .002 | -.3240                  | -.0772      |
|                            | 36-45 years                | -.15368*              | .06678     | .023 | -.2857                  | -.0217      |
| 36-45 years                | 15-25 years                | -.04692               | .07335     | .523 | -.1919                  | .0981       |
|                            | 26-35 years                | .15368*               | .06678     | .023 | .0217                   | .2857       |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX - XII**

Tables A 8, Post hoc analysis (LSD) knowledge score of ASHAs for organizational involvement.

| (I) level of involvement in organization | (J) level of involvement in organization | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|--|--|-----------------------|------------|------|-------------------------|-------------|
|  |  |                       |            |      | Lower Bound             | Upper Bound |
| never                                    | little                                   | -.16422*              | .06785     | .017 | -.2984                  | -.0301      |
|  | average                                  | -.20501*              | .07112     | .005 | -.3456                  | -.0644      |
|  | active                                   | -.20385               | .13202     | .125 | -.4649                  | .0572       |
|  | very active                              | -.32885               | .23317     | .161 | -.7899                  | .1322       |
| little                                   | never                                    | .16422*               | .06785     | .017 | .0301                   | .2984       |
|  | average                                  | -.04079               | .06601     | .538 | -.1713                  | .0897       |
|  | active                                   | -.03962               | .12934     | .760 | -.2953                  | .2161       |
|  | very active                              | -.16462               | .23167     | .479 | -.6227                  | .2934       |
| average                                  | never                                    | .20501*               | .07112     | .005 | .0644                   | .3456       |
|  | little                                   | .04079                | .06601     | .538 | -.0897                  | .1713       |
|  | active                                   | .00116                | .13108     | .993 | -.2580                  | .2603       |
|  | very active                              | -.12384               | .23264     | .595 | -.5838                  | .3361       |
| active                                   | never                                    | .20385                | .13202     | .125 | -.0572                  | .4649       |
|  | little                                   | .03962                | .12934     | .760 | -.2161                  | .2953       |
|  | average                                  | -.00116               | .13108     | .993 | -.2603                  | .2580       |
|  | very active                              | -.12500               | .25786     | .629 | -.6348                  | .3848       |
| very active                              | never                                    | .32885                | .23317     | .161 | -.1322                  | .7899       |
|  | little                                   | .16462                | .23167     | .479 | -.2934                  | .6227       |
|  | average                                  | .12384                | .23264     | .595 | -.3361                  | .5838       |
|  | active                                   | .12500                | .25786     | .629 | -.3848                  | .6348       |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX- XIII**

Table A 9, Post hoc analysis (LSD) knowledge score of ASHAs with duration of training

| (I) training provided, i) duration | (J) training provided, i) duration | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|------------------------------------|------------------------------------|-----------------------|------------|------|-------------------------|-------------|
|                                    |                                    |                       |            |      | Lower Bound             | Upper Bound |
| ten days training                  | 14 days training                   | -.02680               | .18418     | .885 | -.3909                  | .3373       |
|                                    | 18 days training                   | -.08264               | .07882     | .296 | -.2385                  | .0732       |
|                                    | 23 days training                   | -.24631 *             | .05833     | .000 | -.3616                  | -.1310      |
| 14 days training                   | ten days training                  | .02680                | .18418     | .885 | -.3373                  | .3909       |
|                                    | 18 days training                   | -.05583               | .19363     | .774 | -.4386                  | .3270       |
|                                    | 23 days training                   | -.21950               | .18623     | .241 | -.5877                  | .1487       |
| 18 days training                   | ten days training                  | .08264                | .07882     | .296 | -.0732                  | .2385       |
|                                    | 14 days training                   | .05583                | .19363     | .774 | -.3270                  | .4386       |
|                                    | 23 days training                   | -.16367               | .08349     | .052 | -.3287                  | .0014       |
| 23 days training                   | ten days training                  | .24631 *              | .05833     | .000 | .1310                   | .3616       |
|                                    | 14 days training                   | .21950                | .18623     | .241 | -.1487                  | .5877       |
|                                    | 18 days training                   | .16367                | .08349     | .052 | -.0014                  | .3287       |

\*. The mean difference is significant at the 0.05 level.

**APPENDIX- XIV**

Table A 10, Post hoc analysis (LSD) attitude score of ASHAs with duration of training

| (I) training provided, i) duration | (J) training provided, i) duration | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval |             |
|------------------------------------|------------------------------------|-----------------------|------------|------|-------------------------|-------------|
|                                    |                                    |                       |            |      | Lower Bound             | Upper Bound |
| ten days training                  | 14 days training                   | -.10180               | .41333     | .806 | -.9190                  | .7154       |
|                                    | 18 days training                   | .07986                | .17687     | .652 | -.2698                  | .4295       |
|                                    | 23 days training                   | -.39045*              | .13090     | .003 | -.6493                  | -.1316      |
| 14 days training                   | ten days training                  | .10180                | .41333     | .806 | -.7154                  | .9190       |
|                                    | 18 days training                   | .18167                | .43452     | .677 | -.6774                  | 1.0407      |
|                                    | 23 days training                   | -.28865               | .41793     | .491 | -1.1149                 | .5376       |
| 18 days training                   | ten days training                  | -.07986               | .17687     | .652 | -.4295                  | .2698       |
|                                    | 14 days training                   | -.18167               | .43452     | .677 | -1.0407                 | .6774       |
|                                    | 23 days training                   | -.47032*              | .18737     | .013 | -.8408                  | -.0999      |
| 23 days training                   | ten days training                  | .39045*               | .13090     | .003 | .1316                   | .6493       |
|                                    | 14 days training                   | .28865                | .41793     | .491 | -.5376                  | 1.1149      |
|                                    | 18 days training                   | .47032*               | .18737     | .013 | .0999                   | .8408       |

\*. The mean difference is significant at the 0.05 level.



Source: The Assam Tribune, daily news paper

**CITY**

## BJP demands testing of iron tablets

**STAFF REPORTER**

**GUWAHATI, May 25** – The Bharatiya Janata Party (BJP), Assam Pradesh today demanded that the iron tablets that are being administered to the girl students in the State must be tested again and stringent punishment must be meted to those found guilty in this connection.

The party also described Health Minister Himanta Biswa Sarma's remarks regarding the situation arising out of iron tablet consumption by girl students as apathetic and shallow.

In a press conference held yesterday, Sarma had mentioned that the side effects in

the girl students in Sonitpur that started showing after taking iron tablets was a normal condition. Sarma had also said that the condition of some of the girl students worsened

**Student bodies flay Himanta's remark**

because they had come in empty stomachs. "If students in Assam are coming in empty stomachs to schools, then who are those people who have availed the BPL cards?" asked the party pointing out that the Congress government has issued lakhs and lakhs of BPL cards in the State.

Meanwhile, AASU said that the remarks made by Himanta Biswa Sarma has proved his irresponsible attitude and his attempt to shield those involved in this racket of supplying spurious drugs.

The AJYCP has demanded a high-level inquiry into the matter. The student body has also dubbed Himanta Biswa Sarma as a 'liar'.

The SFI, Assam State Committee too said that Himanta Biswa Sarma was resorting to lies to hide his own fault. The All India Democratic Students Organisation and the All India Mahila Sanskritik Sangathan have demanded a thorough inquiry into the incident.

Dated- 25<sup>th</sup> May 2012

## Health care conditions abysmal in Golaghat tea garden areas

**CORRESPONDENT**

**GOLAGHAT, June 3** – In spite of adoption of ambitious schemes for healthcare by the NRIHM, no proper steps have been adopted by the Health Department of the State Government in the rural and tea garden areas of Golaghat district till now, affected people have alleged. The tea garden workers of the Golaghat district have been deprived of medical facilities, alleged the workers. The Health Department has also failed to appoint doctors and nurses at House-tally, Banuwaripur, Nilgiri, Mahima, Padumoni, Halmira Mukh, Golaghat, Jamuguri, Usha, Balizan, Chengajan, Dolowjan, Borting, Athabari, Furkating, Hatigaon, Matikhola, Kapuhating, Samuating, Chohlaguri, Rongajan, Katho-

ni, Naharbari, Rajabari, Avoijan, Shyamraipur, Dolakharia, and Govindapur, Missamora, Nandanpur, Krishna, Pavojan, Rongamati tea gardens. These gardens have also been running without nurses and pharmacists.

It may be mentioned here that according to the Assam Plantation Labour Rule 1956 every tea garden should be equipped with all medical facilities with proper and sufficient doctors and nurses. Moreover, among 1000 patients, 15 beds should be provided. Due to absence of proper treatment and absence of medicines most of the tea workers have this time suffered from cholera and dysentery.

In Hakhowjan tea garden seven persons had been affected by cholera. The patients are

Debraj Nahak (40), Kedar Nahak (30), Anil Tanti (28), Ahai-lya Nayak (40), Prabin Nahak (27), Mukesh Nayak (25), Jogeswar Nahak (45). Dr Mukul Gogoi, Joint Director Health Services, Golaghat told this correspondent that a group of doctors including Dr SB Goswami, Chief Medical & Health Officer and Dr Dilip Rajbanshi, had taken all proper steps to eradicate cholera and met the managers of the tea gardens for taking necessary action.

It may be mentioned here that due to cholera, three patients had died in 2009, three in 2008 and in 2007 two tea workers had died of cholera.

The local people and the tea workers had demanded of the Health Department to take viable steps against the eradication and control of cholera in these areas.

Dated- 3 June 2013



## Demand to improve facilities at Debachara dispensary

### CORRESPONDENT

BARAMA, July 30 – The failure of the State Health Department to provide full fledged medical service to the rural areas can be gauged from the absence of health care facilities in the malaria – prone areas of the district and its neighbouring areas.

Even though the State Health Minister Dr Himanta Biswa Sarma has assured the people of taking adequate steps to improve the infrastructure of the dispensaries to protect the villagers from malaria, a section of the people here have severely criticised the Health Minister for not talking steps to fulfil his promise.

Malaria is an annual phenomenon in villages like De-

bachara. The State dispensary situated in Debachara village in Baska district runs without adequate doctors staff causing immense trouble to the patients here.

The doctors who attend the hospital are not punctual. Patients coming to the hospital have to wait for the arrival of doctors who often comes to the hospital at 10-30 am. It is also alleged that the doctors do not stay in the residence in the camps. People have to face great hardship at night if they face serious illness. Meanwhile, student organisations have severely criticised the authorities concerned for not taking any move to improve the infrastructure of the dispensary.

It may be mentioned that the dispensary covers as

many as 12 villages in Paschim Baksa mouza.

The lack of proper infrastructure in the dispensary is another problem. Moreover, massive shortage of medicines, deplorable condition of the dispensary building and the quarters of the doctors are some of the major problems in the dispensary.

The people here have demanded the state Government, especially the Health Minister Himanta Biswa Sarma, to take adequate means to improve the infrastructure of the dispensary.

**Remembered:** Hiren Bhattacharjya was remembered in a meeting held at Barimakha recently. The meeting was organised by the Barimakha Anchalik Sarania Student's Union. Distin-

guished person and poets of the locality extended tributes to Late Hiru Da by placing flowers on his portrait. Suni Ram Boro, a noted social worker read out a poem of Hiren Bhattacharjya by translating from Assamese to Bodo language in the function conducted by Ramesh Chandra Das, the chairman of Sarania Kachari Development Council. Dilip Kumar Sarmah, Nabin Boro, Mahima Das, Himakshi Sarania among others read out some poems of Late Bhattacharjya at the function.

**Health camp:** A free medical treatment camp organised by the Rural Welfare Society was held at Bikash Jatiya Vidyalaya premises, Debachara recently. Mr Ramesh Chandra Das, the president of the

society while inaugurating the free medical camp formally, said that the NGO has adopted some schemes for helping the poor and down trodden people of the society said that the free medical camp would help the patients in general and eye patients in particular. He said that arrangement for doctors for the treatment eye patients from Sankardev Neralaya, Basistha Guwahati was done with the initiative of the NGO.

As many as 240 eye patients and 230 general patients were given free treatment by doctors in the camp. A mobile team from Mushalpur Civil Hospital took part in the camp and gave free treatment. Later 80 patients were selected for free operation of their eyes.

Dated- 30th July 2012

# 'ASHA Fortnight' Programme

from 22nd July, 2013 to 14th August, 2013

**'ASHA Fortnight' programme will be observed in Assam with the aim to:**

1. Clear all the backlog incentives to be paid to ASHAs from different schemes of NRHM.

All claims for incentives will be cleared for the following:

- a) Janani Suraksha Yojana
- b) Full Ante Natal Check-up
- c) Child Health (Infant death reporting: ₹50, Mobilization of children to vaccine site: ₹150 per session, HBNC Care: ₹250 per living infant)
- d) Family Planning: (For delaying first child by two years after marriage: ₹500; Spacing for three years after first child: ₹500; limiting at two children: ₹1000; motivating for Female sterilization ₹150 and for NSV ₹200)
- e) Full Immunization ₹150 (first year: ₹100) and (Second year: ₹50)

- f) NVBDCP (Per blood slide collection: ₹5, Malaria +ve PV by slide and completion of treatment: ₹50, RDK +ve PF on completion of treatment: ₹20)
- g) NLEP (For case detection: ₹250, for completion of treatment of PB cases: ₹400 and MB Cases: ₹600)
- h) NPCB (For completion of treatment of cataract per case: ₹175)
- i) RNTCP (DO Is provider: ₹250 for complete treatment of a case)

2. Clear all ASHA Kiron claims
3. Dispose of all ASHA grievances
4. Up-grade skills of ASHAs
5. Declare and give away all awards to ASHAs

**The following will be the calendar of activities during the fortnight:**

22nd July, 2013 to 5th August, 2013: Collection of claim from the ASHAs through ASHA Supervisor by BPM/ABPM/BAM.

6th August, 2013 to 10th August, 2013: Verification of the claim.

11th August, 2013 to 14th August, 2013: Payment to ASHAs by the existing process.

So all ASHAs are requested to submit their claims with relevant documents to ASHA Supervisors/ABPMs/BAMs.

**National Rural Health Mission, Assam**

Sri Tarun Gogoi  
Hon'ble Chief Minister

Dr. Himanta Biswa  
Hon'ble Minister, Health & Family Welfare, Assam

Dated: 20th July 2013