ASHA Evaluation

Nagaland

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

Regional Resource Centre for North Eastern States (RRC-NE)
Ministry of Health & Family Welfare (MoHFW)
Government of India

Acknowledgement

Regional Resource Centre for North Eastern States conducted the evaluation of ASHA program in the State of Nagaland. Data collection of the said study was held during April/May 2012. I would like to extend my sincere gratitude to the State, District and Block Program Management Unit as well as health facility staff for their support and over-all coordination in carrying out the study especially the data collection successfully.

I also would like to acknowledge all the field level investigators and supervisors who were involved in the data collection in the three districts. Last but not the least; I would like to thank all the respondents and key informants of the study without whom, it would not have been possible to conduct the study.

I would like to request the State officials to refer the findings of this study at their optimum level, and bring about the necessary changes or modification with suitable State specific actions for the betterment of the ASHA program in the State.

Dr. A.C. Baishya
Director, RRC-NE

Abbreviation

ANM	Auxiliary Nursing Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BPMU	Block Program Management Unit
CBO	Community Based Organization
CHC	Community Health Centre
DH	District Hospital
DPMU	District Program Management Unit
FP	Family Planning
MO-IC	Medical Officer In-charge
NRHM	National Rural Health Mission
NGO	Non-government Organization
PHC	Primary Health Centre
SPMU	State Program Management Unit
SC	Sub-centre
SHG	Self Health Group
ST	Schedule Tribe
SC	Schedule Caste
OBC	Other Backward Class
VHSNC	Village Health Sanitation and Nutrition Committee
VHC	Village Health Committee
VC	Village Council
VHND	Village Health and Nutrition Day

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Executive Summary

The importance of community participation is clearly highlighted in the mission document of National Rural Health Mission (NRHM). One of the major components of NRHM is the community process under which a female community health activist called "Accredited Social Health Activist" (ASHA) is selected and trained to work as an interface between the community and the public health system. Even though the ASHA programme has become an inherent part of the health system different issues and challenges including the lack of clarity on roles and responsibilities, the adequacy of training and support system, concerns over her working conditions and monetary benefits are influencing the effectiveness of the ASHA programme. Therefore with NRHM already implemented for more than 7 years a strong need is felt to study and evaluate the ASHA programme to understand the existing situation and status of the ASHA programme, identifying the gaps and work on the strategies for strengthening the ASHA programme which will in turn fulfil the mandate of NRHM. Regional Resource Centre for NE States conducted evaluation of ASHA programme in Nagaland which is one of the high focused States. Data collection of the study was done in the month of April/May 2012.

For the said study three districts were selected based on their performance/health indicators, namely; a) Dimapur (One of the good performing districts), b) Wokha (One of the medium performing districts) and c) Phek (One of the poor performing districts). 10% of the total nos. of ASHAs/ASHA Villages of the State was considered for the study. Systematic random sampling along with cluster sampling, which is proportionate to the population (total number of ASHA in the districts) was adopted. The key informants of the study includes; ASHA, AWW, ANM, PRI, beneficiary-1(women with children under 6 months of age) and beneficiary- 2 (women with children between 6.1 months to 2 years who fell sick in last one month). Interaction was also held with the concerned authority at State, District and Block level.

Overall findings from the study reveal, that maximum of the ASHAs are between the age group of 30 to 39 years. All the ASHAs were found to be ST and all of them were Christian. Further, maximum ASHAs were found to be 8^{th} class passed while 11.6% ASHAs were found to be un-married (single). It was also found that maximum of the ASHAs are staying in

the village since birth while maximum of them are working as ASHA for more than 6 years, which shows that ASHAs knows about the village quite well. Further it was also revealed that maximum of the ASHAs is serving more than 1000 population. The average time spent on ASHA work was found to be 1 to 2 hours daily as maximum of the ASHAs shared about that.

As far as the selection process of ASHAs are concerned, it was found that maximum ASHAs were selected through village meeting though the influence of Headman/VC members was observed. The role of ANM and AWW in the selection of ASHAs was found to be very little.

While trying to know about the training status, it was found that maximum of the ASHAs (95.7%) have attended the training. Further it was revealed that 93.9% ASHAs have attended up to module 5 while 88.3% have attended up to 1st round of 6th and 7th module. It was also found that all the ASHAs have received the training materials. All the ASHAs shared that the training was non-residential.

For supportive supervision of ASHA and ASHA program at various level, it was found that;

- At State level there is an ASHA Resource Centre with one State ASHA Nodal Officer and administrative assistant
- At the district level, there is no District Community Mobilizer in place, rather the existing staff of DPMU is taking care of the ASHA program
- At Block level there is a Block ASHA Coordinator, however there is no ASHA Facilitator at present at the Sector level.
- The concerned VHSNC use to provide support to the ASHAs while performing her duty, especially in relation to the promotion of immunization and care of pregnant women, promotion of institutional delivery and health awareness campaign.

Drug kit was found to be distributed to all the ASHA along with other consumables which include Salter weighing scale, cotton absorbent roll, bandage etc. However regular refilling is an issue. None of the ASHAs were found to maintain the drug kit stock register. Even though maximum of the ASHAs have received the ASHA diary, it was found that near about 66% ASHAs were found to maintain records of immunization and VHND and rest of the other records were not maintained.

Regarding the incentive paid to the ASHAs, it was found that only about 30% ASHAs were found to earn between Rs 1500 to Rs 1999 in last three months, while only 22% ASHAs earned between Rs 500 to Rs 999 in last three months. The payment is made by cash as all the ASHAs shared about that. However, it can also be noted that ASHA convention was held in these three Districts in last month where ASHAs were paid Rs 500 to Rs 800 as TA (depending on distance from the venue).

While trying to understand the various major roles played and activities conducted by ASHAs, maximum of the ANM, AWW and Headman/VC members shared about; counselling of women on all aspects of pregnancy, accompanying women for delivery, visiting newborn and promotion of immunization/VHND. Again maximum of the ASHAs shared about activities like counselling of women in all aspects of pregnancy, household visits, visiting newborn for advice and accompanying pregnant women for delivery which they have conducted in last 6 months.

Findings on VHSNC constitution and position of ASHA are found to be different in all the three districts. Most VHSNC in Dimapur have followed the GOI norms, while in Wokha VHSNC was mostly handled by ASHAs and involvement of AWW or headman was rarely observed. In case of Phek, no new VHSNC was constituted; rather the already existing VHC (Village Health Council) was playing the role of VHSNC too and here the involvement of ASHAs was negligible.

From the opinion of the respondents especially beneficiaries regarding the contribution of ASHA (on maternal health, newborn and child health), it was found that nearly 39% of them were visited by ASHAs twice during the period of their pregnancy. Regarding the advice given by ASHA during pregnancy, maximum of the beneficiary shared about ASHAs advice in terms of institutional delivery especially at PHC/CHC. The major reason for home delivery as shared by the beneficiaries was found to be non availability of transport and maximum of the beneficiaries also shared that such home deliveries are conducted by the family members. Of those women who have delivered at health facilities, only 56% of them were accompanied by ASHA while going to the facility for delivery. Again in case of arrangement of transport to the facility is concerned, it was found that only 37.6% beneficiaries informed about such arrangement done by the ASHA, and rest of them informed about arrangement by themselves.

In case of the advice given by ASHA during PNC, maximum of the beneficiaries shared that they were advised on early initiation of breast feeding and immunization of the baby. Again in case of weight taken at the time of birth, it was found that only 48.3% mothers informed that the weight was taken on the day of birth, while the presence of ASHA during the time of weight taken is informed by only 33.3% mothers. As far as availing of anganwadi services is concerned, maximum of the children are availing service from anganwadi centre, while the ASHAs helped them in seeking the services from the anganwadi as shared by the mothers.

In case of diarrheal disease among children, maximum of the mothers took the advice of ASHA. Regarding the ASHAs advice in diarrhoea treatment, maximum of the mothers informed that they were advised to continue feeding the child during the illness and some of the ASHAs also showed the mothers how to prepare the ORS at home. However, in knowledge test; nearly 32% ASHAs were not having correct knowledge about ORS preparation. Further ASHAs visit during the child's illness were found to be poor as only 41.9% mothers shared that ASHA visited twice during that period.

In case of family planning, only 1.9% mothers are using it. Condom and oral pills are the methods that they have adopted.

Some of the major and noticeable changes brought buy the ASHA programme, as shared by ANM, AWW and Headman/VC member includes; increase in immunization, increase of mothers and children attendance in VHND, increase access of public health facilities etc.

Recommendations:

- Considering the educational background of ASHAs, it may be recommended that pictorial oriented flipbooks/health education cards as a communication material may be provided to the ASHAs.
- As most of the ASHAs are covering a population of 750 to 1000 in a hilly state like Nagaland, it is always suggested that the population range may be reduced to 500 to 600 through a mapping exercise based on terrain and population which will be quite fruitful to serve the community better.

- As the training of ASHAs are non-residential, considering the group work and practice session it may be made residential which will be more effective. It will also reduce the amount of money that they spent on daily travelling during the training. Moreover there should not be any compromise with the number of training days because considering the age factor and educational qualification of ASHAs it is always suggested to stick to the number of training days which will be quite fruitful.

- To bring the adequacy of supportive supervision, State may propose for one ASHA Facilitator against 10 ASHAs or even lesser than that for smooth running of the ASHA programme. State should also propose for DCM at District level. Through the ASHA Facilitators there will be more effective on job support to ASHAs and regularity may be maintained for happening of ASHA monthly meetings.

- As most of the Block ASHA Coordinators are not the trainers of ASHAs, therefore it is always recommended that they should be oriented during the orientation/training at State/District level which will be helpful to provide more effective supportive supervision to the ASHAs.

- Though the drug kits are provided to the ASHAs but there is always an issue of refilling. The availability of drugs at SC/PHC level is an issue as there is scarcity of drugs. Moreover the amount of money is reduced form Rs 600 to Rs 350 per ASHA in the year 2012-13. So State may adopt the strategy of procuring generic drugs for State and along with that the required drugs for the ASHAs may also be procured.

- The ASHA diary is received by almost all the ASHAs but there is an issue of maintaining the records as only a few ASHAs are maintaining this. It is also seen in few places of Dimapur that some of the ASHAs are maintaining the records of VHND along with the photographs which may be considered as a good practice. However ASHAs need to be oriented on the importance of record keeping in her day to day work.

- As most of the ASHAs are earning very less amount of incentives, there is need of streamlining the incentives and the payment mechanism. State may initiate the process of single window mechanism. As all the ASHAs are paid cash, State may think of paying in cheques on pilot basis as more than 50% ASHAs are having bank account.

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

- As only 50% of the mothers are accompanied by ASHA for institutional delivery, the ASHAs need to be motivated as well as sensitized on that issue.

- It is observed from the study that maximum of the patients are directly going to the PHC/CHC by passing the SC which is not at all a good sign. Scarcity of drugs being the major reason for that, State may streamline the issue and make the drugs available at the SC level.

- As the home delivery is very high in all the three Districts, the issue may be addressed at the level of ASHA with support from ANM during home visits and VHNDs.

- Even though the ASHA, AWW and ANM are sharing about the regular happening of VHND, the presence of ANM is negligible because the pregnant women are registered at 5 or 6 months of pregnancy. This may be improved by regular outreach work by ANM and compulsory presence during VHND.

- In Wokha AWW are not the member of the VHSNCs and the Chairperson is the one who is neither a Village Headman nor a member of Village Council. State/District may look after the issue and initiate the process of restructuring the existing VHSNC by following GoI guideline.

- As there is no VHSNC in Phek District, the role of VHSNC may be taken care of by existing VHC. As the ASHA is neither a member nor a member secretary of the VHC, it may be recommended that the ASHA may be made member secretary or create a VHSNC by referring the GoI guidelines with necessary State specific actions.

- As shared preparation of Village Health Plan is one of the roles of ASHA but there was no such plan which the study team has come across. State/District may arrange for one orientation/training of ASHAs and other VHSNC members for the development of Village Health Plan. On pilot basis the development of Village Health Plan may be initiated in 4-5 villages in every block.

- ASHAs were asked on 17 different situations on maternal, newborn and child health to understand her knowledge level. The overall knowledge level of ASHA is comparatively better in Wokha. However some of the issues like full ANC, important danger signs, preparation of ORS, prevention of child passing frequent watery stool, immunization schedule, family planning etc. have to be taken care of during refresher training of ASHA or any other future training. Monthly meetings of ASHAs can be taken as another platform to address the issues.

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

Background

Introduction:

The mission document of National Rural Health Mission spells clearly the importance of community participation as a part of the decentralized process of health care management and service delivery. Community participation/processes can be seen as an essential element in national health strategic plans or policies of India under NRHM.

One of the key components of the community processes under National Rural Health Mission is to provide every village of the country with a trained female community health activist – Accredited Social Health Activist (ASHA). Selected from the village itself and accountable to it, the ASHAs are trained to work as an interface between the community and the public health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

Today, the ASHA programme has become an inherent part of the health system. Despite this, there are several issues and challenges which includes; lack of clarity on roles and responsibilities, questions of her effectiveness and health outcomes, the adequacy of training and support systems, concerns related to her working conditions and payments and defining a future role for her. Therefore, there is need for a study/evaluation which would help in understanding the existing situation as well as status of the ASHA program, identifying the gaps, and working out strategies for strengthening/improving the ASHA program, and thus fulfilling the mandate of NRHM.

ASHA in Nagaland:

The total numbers of ASHA selected in the country have now reached over 850,000 women. The State of Nagaland is one of high focussed state under National Rural Health Mission, and has 1700 ASHAs in place. Most of the ASHAs have received training up to 1st round of Module 6 & 7, and 2nd round training is on progress. Drug kits have been provided to all these ASHAs. The State has also established ASHA Resource Centre at State level with one State ASHA Nodal Officer and one Administrative Assistant. There is one block ASHA

coordinator in each block providing regular supportive supervision and on job training to the ASHAs in their respective area/block.

The proposed study will help to understand the overall status of the ASHA program in the State of Nagaland as well as contribution made by the program in improving the health status of the people. It will also help in knowing the type of support being received by ASHA program at various levels (from state to village level), and what more to be done so as to further improve their performances.

Objectives of the ASHA Evaluation are to:

- Understand the perspective, experience as well as contributions of various concerned authority and stakeholders in relation to the ASHA program
- Understand the current/existing status of various components under ASHA program and its overall effectiveness.
- Assess the ASHA's knowledge level, her contributions and work outputs.
- Assess the quality of key processes/mechanism, such as: selection, training, monitoring/ support structure and community ownership.
- Identify the gaps and areas of improvement, and accordingly suggest strategies to further strengthen the program

Methodology:

Selection of the Districts:

Three districts of Nagaland were selected for the said study based on their performance/health indicators. These three districts were; a) Dimapur (one of the good performing), b) Wokha (one of the medium performing) and c) Phek (one of the poor performing) were selected for the said study.

Sample Size and selection:

10% of the total number of ASHAs of the State i.e. 10% of 1700 = 170 ASHAs was to be considered for the study. These ASHAs were again proportionately selected from identified three districts based on the total number of ASHAs in each of the district. However, during

the study the team interviewed 164 ASHAs as 6 ASHAs could not be interviewed because they were out of station due to some work. Likewise, in few of the villages other respondents such as AWW and PRI members, required beneficiaries were also not available during the field visit for data collection. **Table -1** show the district wise actual number of respondents interviewed.

As far as sampled respondents who were interviewed is concerned, from each identified ASHA villages; one ASHA, one AWW, two mothers with 6 or less than 6 months old baby (B-1), two mothers who are having children with more than 6 months to 2 years of age who fell sick in last one month (B-2), one village headman or VC/VDB member were interviewed. One SC was selected for every 4-5 ASHAs and interview of one of the ANM of SC was held.

For identification of beneficiaries (B-1 & B-2); listing was done of all the "women with children under 6 months (B-1)" and "women with children between 6.1 months to 2 years who had fallen sick in last one month" in the selected villages. From the list one women each (i.e one B-1 and one B-2) were interviewed. Also, one woman each of B-1 and B-2 was interviewed based on names suggested by ASHAs whom she has interacted during pregnancy and when child was sick.

Table No 1: Sample Size

District	Total ASHA	Sample Size (number of respondents/key informants)					
		ASHA	AWW	ANM	Headman VHC/VC member	Beneficiary-1	Beneficiaries-2
Dimapur	242	76	73	20	68	148	143
Wokha	160	51	48	13	48	98	95
Phek	132	37	35	10	36	71	70
Total	534	164	156	43	152	317	308

Systematic random sampling along with cluster sampling was adopted for selection of sampled villages based on calculated sample interval. First, the block and facility wise listing of the ASHAs/villages (in alphabetic order) and accordingly based on sampling interval, the required number of index ASHAs/villages from each district were identified. Once the index villages/ASHAs were identified, another three villages/ASHAs near to the index village were

also considered. Sample size selected for the study was proportionate to total number of universe (ASHA) in the district i.e. total number of ASHAs in the selected three districts.

Tools of Data collection:

Both qualitative and quantitative data were collected during collection of primary data. Quantitative data were collected from the key informants using a structured interview schedule. Interaction was also held with staff of SPMU, DPMU, BPMU, Health Facility, community. Various records at all level (state to village/ASHA) were also checked /referred.

The quantitative primary data were analyzed using SPSS package (16.1 version)

Findings of the Study

General background of the Respondents

Background of ASHAs:

Age, caste and religion:

Findings from the study reveals that maximum of the ASHAs (42.70%) were between the age group of 30 to 39. All the ASHAs interviewed were found to be ST, and all of them were Christian. Diagram below provide overall age wise distribution of the ASHAs interviewed, and Table No. 2 may be referred for district wise data on age, caste/category and religion of ASHAs interviewed.

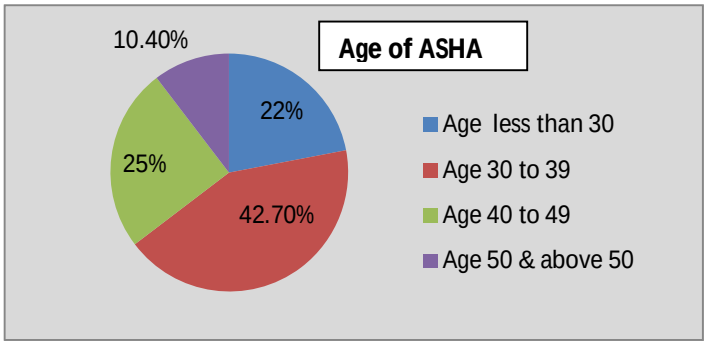


Table No.2: Background of ASHAs

Descriptions		Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	NO	PC
Age	less than 30	12	15.8	12	23.5	12	32.4	36	22.0
	30 to 39	23	30.3	24	47.1	23	62.2	70	42.7
	40 to 49	24	31.6	15	29.4	2	5.4	41	25.0
	50 & above 50	17	22.4	0	0.0	0	0.0	17	10.4
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Caste	ST	76	100.0	51	100.0	37	100.0	164	100.0
Religion	Christian	76	100.0	51	100.0	37	100.0	164	100.0

Education Status of ASHA:

Maximum ASHAs i.e. 53.7% were found to be 8th class passed, while 22.5% were having education qualification lesser than 8th class.

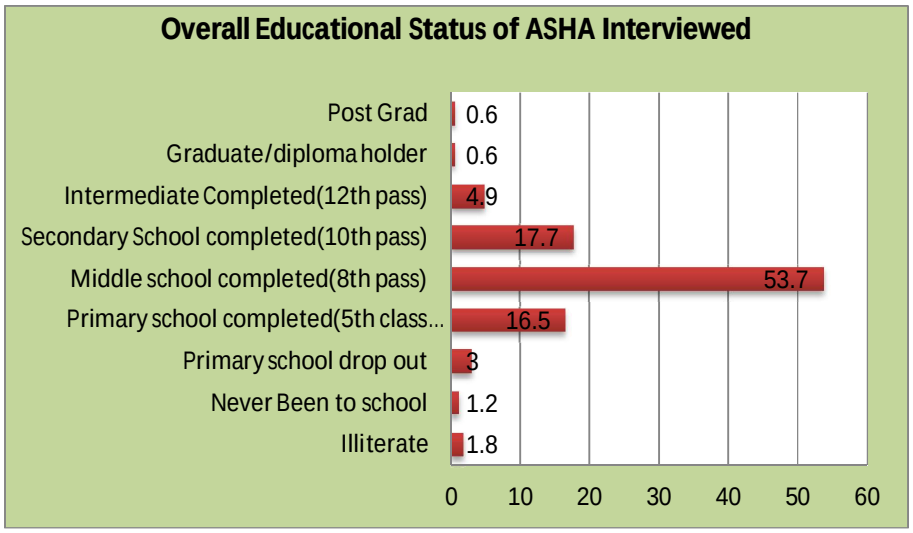


Table below provide district wise details on education status of ASHAs.

Table No.3- Education Status of ASHA

Educational Status	Districts							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Illiterate	3	3.9	0	0.0	0	0.0	3	1.8
Never Been to school	1	1.3	1	2.0	0	0.0	2	1.2
Primary school drop out	3	3.9	2	3.9	0	0.0	5	3.0
Primary school completed(5th class pass)	18	23.7	5	9.8	4	10.8	27	16.5
Middle school completed(8th pass)	33	43.4	35	68.6	20	54.1	88	53.7
Secondary School completed(10th pass)	11	14.5	7	13.7	11	29.7	29	17.7
Intermediate Completed(12th pass)	7	9.2	1	2.0	0	0.0	8	4.9
Graduate/diploma holder	0	0.0	0	0.0	1	2.7	1	0.6
Post graduate(degree/diploma)	0	0.0	0	0.0	1	2.7	1	0.6
Total	76	100.0	51	100.0	37	100.0	164	100.0

Marital Status of ASHAs:

While trying to understand the marital status 82.3% were found to be married, 4.3% were widow, 1.2% were divorced, 0.6% separated and 11.6% were unmarried/single. Maximum of them (64%) got married for more than last 6 years, and maximum of them (39.6%) were found to be mother of 3 to 4 children. The pie-chart below may be referred for overall marital status of all the ASHAs interviewed, and Table No.-4 may be referred for district wise detailed information.

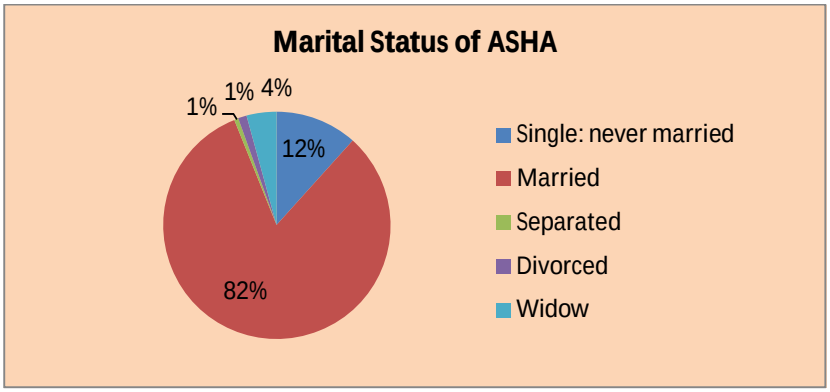


Table No. 4: Marital Status of ASHAs

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Marital Status	Single: never married	12	15.8	5	9.8	2	5.4	19	11.6
	Married	56	73.7	45	88.2	34	91.9	135	82.3
	Separated	0	0.0	0	0.0	1	2.7	1	0.6
	Divorced	1	1.3	1	2.0	0	0.0	2	1.2
	Widow	7	9.2	0	0.0	0	0.0	7	4.3
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Duration of marriage	Up to 2 yrs	3	3.9	2	3.9	3	8.1	8	4.9
	2.1 to 4 yrs	3	3.9	1	2.0	2	5.4	6	3.7
	4.1 to 6 yrs	13	17.1	8	15.7	5	13.5	26	15.9
	More than 6 yrs	45	59.2	35	68.6	25	67.6	105	64.0
	Not married	12	15.8	5	9.8	2	5.4	19	11.6
	Total	76	100.0	51	100.0	37	100.0	164	100.0
No of children	1 to 2	12	15.8	14	27.5	12	32.4	38	23.2
	3 to 4	28	36.8	21	41.2	16	43.2	65	39.6
	5 to 6	18	23.7	8	15.7	4	10.8	30	18.3
	Above 6	4	5.3	2	3.9	3	8.1	9	5.5
	None	2	2.6	1	2.0	0	0.0	3	1.8
	Not married (No child)	12	15.8	5	9.8	2	5.4	19	11.6
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Livelihood Activity and income of ASHA's family:

The main livelihood activity of the family of ASHA was found to be agriculture-own land (65.2%). Similarly, the main income generating activity done by ASHA was also informed as agriculture-own land by maximum of the ASHAs (56.7%). Another 14% ASHAs have shared that ASHA work as one of the main income generating activity for them. Main earning member of family has been informed as husband by maximum ASHAs (52.4%). Maximum ASHAs (35.4%) have shared that monthly income of the family is between Rs. 1000 and Rs. 3000.

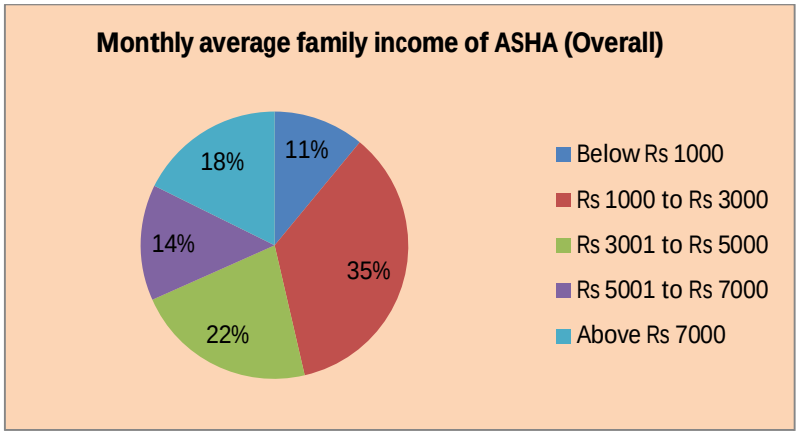


Table No. 5: Livelihood Activity and income of ASHA's family

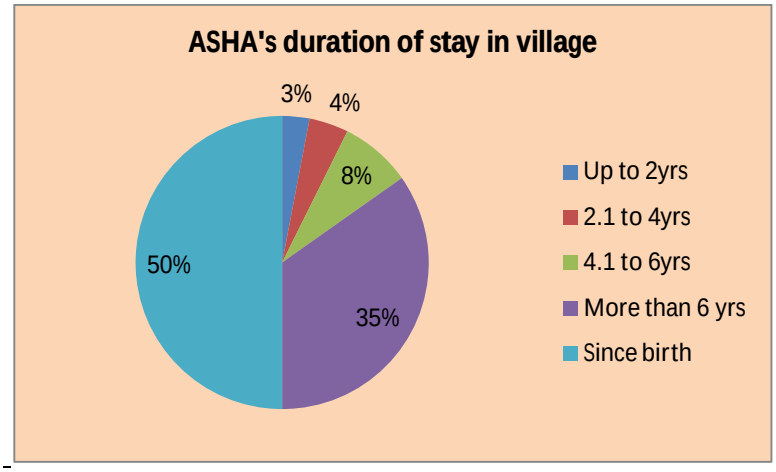
Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Main livelihood activity of Family	Agriculture-own land	47	61.8	33	64.7	27	73.0	107	65.2
	Self employed	6	7.9	1	2.0	2	5.4	9	5.5
	Salaried employee(Government)	9	11.8	6	11.8	5	13.5	20	12.2
	Salaried employee(Private)	6	7.9	7	13.7	2	5.4	15	9.1
	Daily wages labour	1	1.3	3	5.9	0	0.0	4	2.4
	Others	7	9.2	1	2.0	1	2.7	9	5.5
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Main income generating activity by ASHA	Agriculture-own land	32	42.1	31	60.8	30	81.1	93	56.7
	Animal husbandry	5	6.6	0	0.0	3	8.1	8	4.9
	Self employed	5	6.6	0	0.0	0	0.0	5	3.0
	Salaried employee(Government)	3	3.9	7	13.7	0	0.0	10	6.1
	Salaried employee(Private)	7	9.2	7	13.7	1	2.7	15	9.1
	Daily wages labour	4	5.3	2	3.9	0	0.0	6	3.7
	ASHA work	16	21.1	4	7.8	3	8.1	23	14.0
	Others	4	5.3	0	0.0	0	0.0	4	2.4
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Description		District							
		Dimapur		Wokha		Phek		Total	
		No.	PC	No.	PC	No.	PC	No.	PC
Earning member in the family	Male member-Father	18	23.7	11	21.6	20	54.1	49	29.9
	Male member-Husband	39	51.3	31	60.8	16	43.2	86	52.4
	Male member-Son/Brother	4	5.3	3	5.9	0	0.0	7	4.3
	Female-myself	14	18.4	6	11.8	1	2.7	21	12.8
	Female-other	1	1.3	0	0.0	0	0.0	1	0.6
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Monthly average income	Below Rs 1000	5	6.6	5	9.8	8	21.6	18	11.0
	Rs 1000 to Rs 3000	21	27.6	26	51.0	11	29.7	58	35.4
	Rs 3001 to Rs 5000	19	25.0	9	17.6	8	21.6	36	22.0
	Rs 5001 to Rs 7000	14	18.4	4	7.8	5	13.5	23	14.0
	Above Rs 7000	17	22.4	7	13.7	5	13.5	29	17.7
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Duration of stay in the village and years of service/work as ASHA

As far as duration of her stay in the village is concerned, it was found that maximum of ASHAs (50%) belong to the same village and another 34.8% have been staying in the same village for more than last 6 years.

Maximum of the ASHAs (30.5%) have been working as ASHA for more than last 6 years, while only 7.9% have joined few months back (less than 1 year). Table No.-6 provides district wise information on duration of stay of ASHA in her village and her years of work as ASHA in the village.



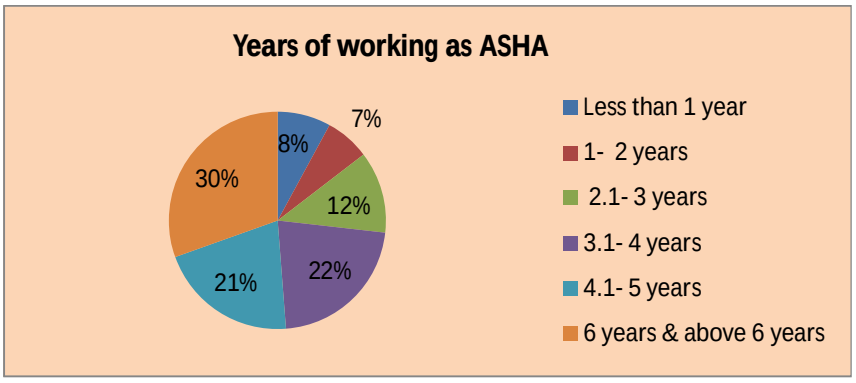


Table No. 6: Duration of stay in the village and years of service/work as ASHA

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Duration of stay where working as ASHA	Up to 2yrs	0	0.0	2	3.9	3	8.1	5	3.0
	2.1 to 4yrs	3	3.9	3	5.9	1	2.7	7	4.3
	4.1 to 6yrs	3	3.9	6	11.8	4	10.8	13	7.9
	More than 6 yrs	32	42.1	17	33.3	8	21.6	57	34.8
	Since birth	38	50.0	23	45.1	21	56.8	82	50.0
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Working as ASHA	Less than 1 year	7	9.2	1	2.0	5	13.5	13	7.9
	1- 2 years	6	7.9	3	5.9	2	5.4	11	6.7
	2.1- 3 years	9	11.8	9	17.6	2	5.4	20	12.2
	3.1- 4 years	19	25.0	10	19.6	7	18.9	36	22.0
	4.1- 5 years	9	11.8	15	29.4	10	27.0	34	20.7
	6 years & above 6 years	26	34.2	13	25.5	11	29.7	50	30.5
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Population and hamlet coverage, and mode of transport

Analysis of the findings shows that the population covered by maximum of ASHAs (40.2%) is more than 1000, and maximum ASHAs (40.9%) look after 5 to 6 hamlets, followed by 39.6% ASHAs who covers 3 to 4 hamlets. More than 99% ASHAs informed walking as common mode of transport for going to villages/hamlets.

As far as average time spent by ASHAs for ASHA work is concerned, maximum of them (45.1%) informed about 1 to 2 hours of work daily, followed by another 21.3 % spending for 2 to 3 hours daily on average for ASHA work. Table no.-7 may be referred for district wise detailed information on population and hamlet covered by ASHAs and mode of transport.

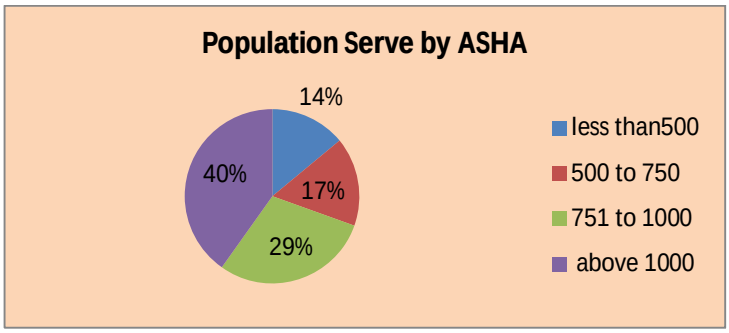


Table No. 7: Population and hamlet coverage and mode of transport

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No		No	Pc	No	PC
Population served by ASHA	less than500	10	13.2	9	17.6	4	10.8	23	14.0
	500 to 750	12	15.8	13	25.5	2	5.4	27	16.5
	751 to 1000	21	27.6	18	35.3	9	24.3	48	29.3
	above 1000	33	43.4	11	21.6	22	59.5	66	40.2
	Total	76	100.0	51	100.0	37	100.0	164	100.0
No of colony/khel (hamlet) served by ASHA	1 to 2	16	21.1	8	15.7	6	16.2	30	18.3
	3 to 4	32	42.1	19	37.3	14	37.8	65	39.6
	5 to 6	27	35.5	24	47.1	16	43.2	67	40.9
	7 to 8	1	1.3	0	0.0	1	2.7	2	1.2
	Above 8	0	0.0	0	0.0	0	0.0	0	0.0
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Furthest hamlet or household	Less than 1 Km	7	9.2	13	25.5	13	35.1	33	20.1
	1 to 2 Km	56	73.7	29	56.9	20	54.1	105	64.0
	2.1 to 3 Km	10	13.2	5	9.8	2	5.4	17	10.4
	More than 3 Km	3	3.9	4	7.8	2	5.4	9	5.5
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Time taken to reach furthest hamlet or household	Less than 30 min	34	44.7	18	35.3	17	45.9	69	42.1
	30 min to 1 hr	32	42.1	25	49.0	15	40.5	72	43.9
	1.1 hr to 1.5 hr	6	7.9	3	5.9	3	8.1	12	7.3
	More than 1.5 hr	4	5.3	5	9.8	2	5.4	11	6.7
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Mode of transport	Walking	75	98.7	51	100.0	37	100.0	163	99.4
	Cycle	3	3.9	0	0.0	0	0.0	3	1.8
	Bullock cart/Horse cart	0	0.0	0	0.0	0	0.0	0	0.0
	Motorcycle	1	1.3	0	0.0	2	5.4	3	1.8
	Auto(Tempo)	5	6.6	3	5.9	0	0.0	8	4.9
	Rickshaw	0	0.0	0	0.0	0	0.0	0	0.0
	Bus	1	1.3	0	0.0	1	2.7	2	1.2
	Others	2	2.6	0	0.0	0	0.0	2	1.2

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No		No	Pc	No	PC
Average time spent on ASHA work daily	Less than 1 hr	2	2.6	12	23.5	5	13.5	19	11.6
	1 to 2 hr	43	56.6	9	17.6	22	59.5	74	45.1
	2.1 to 3 hr	13	17.1	15	29.4	7	18.9	35	21.3
	3.1 to 4 hr	10	13.2	11	21.6	1	2.7	22	13.4
	More than 4 hr	8	10.5	4	7.8	2	5.4	14	8.5
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Background of ANM:

Age, caste and religion:

As far as background of those ANMs who were interviewed is concerned, maximum of them i.e. 34.9% were found to be below the age of 30, while another 32.6% were between 30 to 39 years of age.

All the ANMs were STs and were found to be Christian. The pie-chart diagram below provides overall age wise distribution ANMs interviewed. Refer table no.-8 for district wise break up of age, caste/category and religion of ANMs.

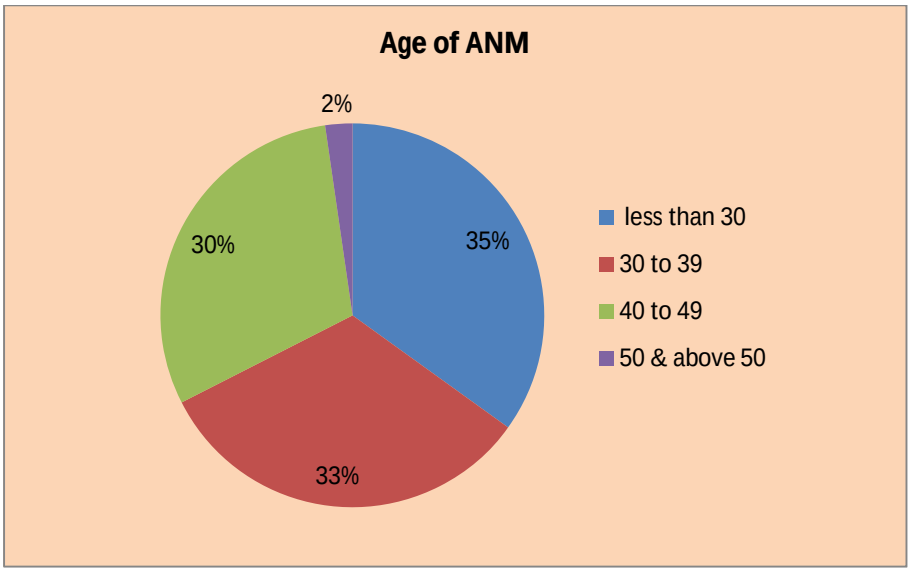


Table No.8: Background of ANMs

Description		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age	less than 30	4	20.0	7	53.8	4	40.0	15	34.9
	30 to 39	7	35.0	3	23.1	4	40.0	14	32.6
	40 to 49	8	40.0	3	23.1	2	20.0	13	30.2
	50 & above 50	1	5.0	0	0.0	0	0.0	1	2.3
	Total	20	100.0	13	100.0	10	100.0	43	100.0
Caste	ST	20	100.0	13	100.0	10	100.0	43	100.0
Religion	Christian	20	100.0	13	100.0	10	100.0	43	100.0

Population, village and ASHA coverage:

Maximum of the Sub-centre (SCs) (41.9%) were found to cover 2000 to 2999 population. At the same time, 20.9% SCs were found to cover more than 5000 population. Among the three districts maximum SCs in Dimapur (35%) were found to be covering a population of more than 5000.

As far as number of villages covered by the SCs is concerned, most SCs (69.8%) were covering less than 5 villages. In maximum of the SCs (46.5%), average number of ASHAs under the SCs area was found be 3 to 5. Table no.-9 may be referred for district wise details on population and village covered by SCs, and average number of ASHAs under the SCs.

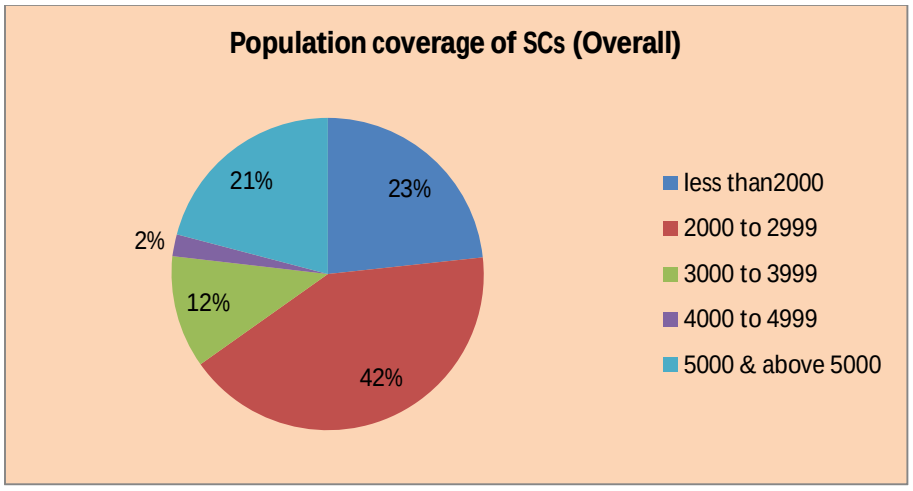


Table No. 9: Population, village and ASHA coverage of the SCs/ANM

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Population served	less than2000	5	25.0	2	15.4	3	30.0	10	23.3
	2000 to 2999	6	30.0	8	61.5	4	40.0	18	41.9
	3000 to 3999	2	10.0	2	15.4	1	10.0	5	11.6
	4000 to 4999	0	0.0	0	0.0	1	10.0	1	2.3
	5000 & above 5000	7	35.0	1	7.7	1	10.0	9	20.9
	Total	20	100.0	13	100.0	10	100.0	43	100.0
village covered	less than 5	9	45.0	12	92.3	9	90.0	30	69.8
	5 to 9	9	45.0	1	7.7	1	10.0	11	25.6
	10 to 14	1	5.0	0	0.0	0	0.0	1	2.3
	5 to 19	1	5.0	0	0.0	0	0.0	1	2.3
	20 & above	0	0.0	0	0.0	0	0.0	0	0.0
	Total	20	100.0	13	100.0	10	100.0	43	100.0
No. of Asha in ANM's coverage area	less than 3	3	15.0	8	61.5	5	50.0	16	37.2
	3to 5	10	50.0	5	38.5	5	50.0	20	46.5
	6 to 9	5	25.0	0	0.0	0	0.0	5	11.6
	10 to 12	0	0.0	0	0.0	0	0.0	0	0.0
	15 & above	2	10.0	0	0.0	0	0.0	2	4.7
	Total	20	100.0	13	100.0	10	100.0	43	100.0

Background of AWW:

Age, caste and religion:

Maximum of the AWWs (44.9%) were between the age of 30 to 39, and all were found to fall in the category of ST caste as well as Christian religion.

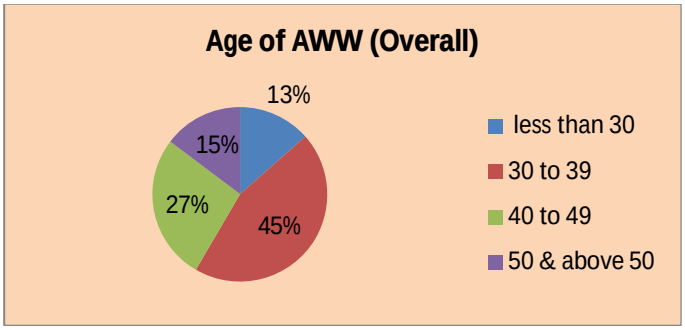


Table No.-10 may be referred for detailed district wise break-up on age, caste and religion of AWW interviewed.

Table No.10: Background of AWW

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age	less than 30	12	16.4	2	4.2	7	20.0	21	13.5
	30 to 39	32	43.8	22	45.8	16	45.7	70	44.9
	40 to 49	20	27.4	13	27.1	9	25.7	42	26.9
	50 & above 50	9	12.3	11	22.9	3	8.6	23	14.7
	Total	73	100.0	48	100.0	35	100.0	156	100.0
Caste	ST	73	100.0	48	100.0	35	100.0	156	100.0
Religion	Christian	73	100.0	48	100.0	35	100.0	156	100.0

Educational qualification of AWW

As far as educational qualification of the AWW is concerned, analysis of the data reveals that maximum of the AWW (48.1%) have completed middle class school (8th pass). There were no illiterate AWW, while 27.6% of them were 10th class passed. Please refer table no. 11 that provides the detailed district wise information on educational qualification of AWW.

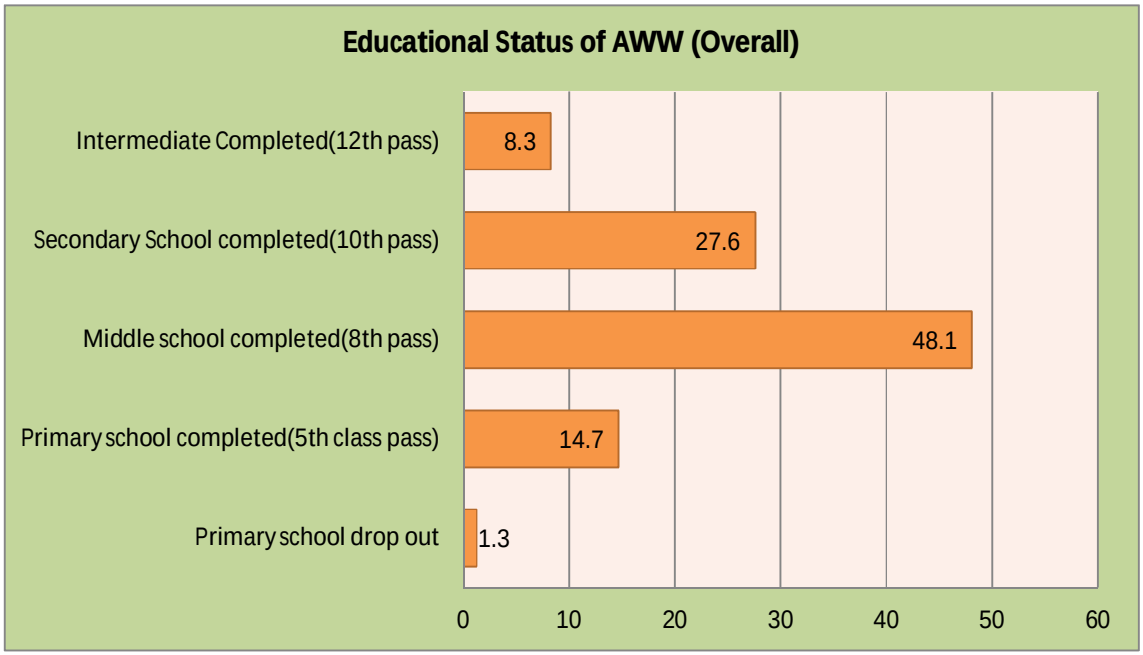


Table No.11: Educational qualification of AWW

Educational Status	Districts							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Primary school drop out	2	2.7	0	0.0	0	0.0	2	1.3
Primary school completed(5th class pass)	11	15.1	8	16.7	4	11.4	23	14.7
Middle school completed(8th pass)	30	41.1	25	52.1	20	57.1	75	48.1
Secondary School completed(10th pass)	20	27.4	15	31.3	8	22.9	43	27.6
Intermediate Completed(12th pass)	10	13.7	0	0.0	3	8.6	13	8.3
Graduate/diploma holder	0	0.0	0	0.0	0	0.0	0	0.0
Post graduate(degree/diploma)	0	0.0	0	0.0	0	0.0	0	0.0
Total	73	100.0	48	100.0	35	100.0	156	100.0

Background of Headman/VC member:

Age, caste and religion:

More than 50% of the headman/VC members who were interviewed were found to be in the age category of 50 or above. All the members/headman interviewed were male, ST and Christian.

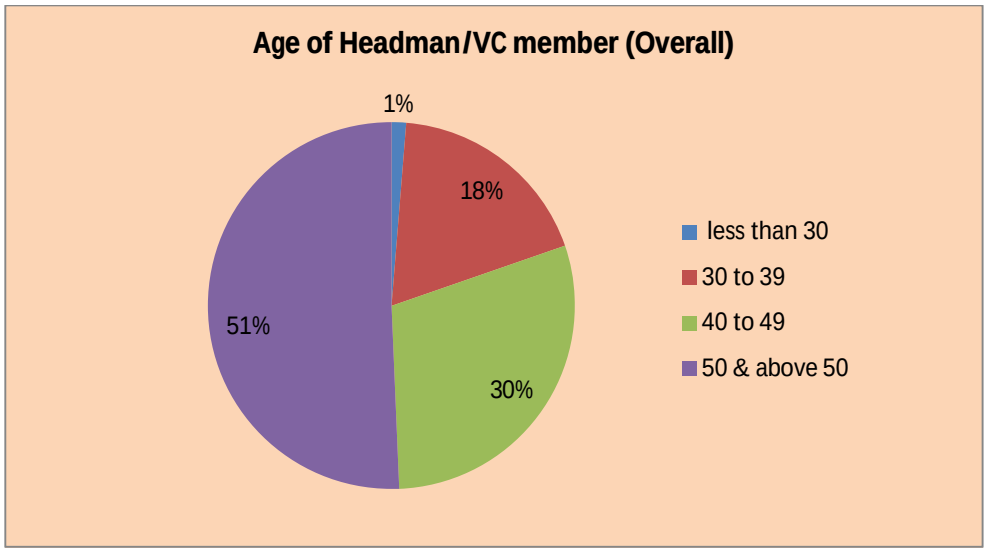


Table No.12: Background of Headman/VC member

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age	less than 30	0	0.0	2	4.2	0	0.0	2	1.3
	30 to 39	10	14.7	8	16.7	10	27.8	28	18.4
	40 to 49	20	29.4	13	27.1	12	33.3	45	29.6
	50 & above 50	38	55.9	25	52.1	14	38.9	77	50.7
	Total	68	100.0	48	100.0	36	100.0	152	100.0
Caste	ST	68	100.0	48	100.0	36	100.0	152	100.0
Religion	Christian	68	100.0	48	100.0	36	100.0	152	100.0
Sex	Male	68	100.0	48	100.0	36	100.0	152	100.0

Educational qualification of Headman/VC member

Maximum of the Headman/VC member (36.8%) interviewed were 10th passed, followed by 30.3% who were found to be 8th passed and another 21.7% were 5th class passed. Further it was also revealed that 1.3 % of them were illiterate.

Diagram below provides overall educational qualification of all the headman/VC- members interviewed.

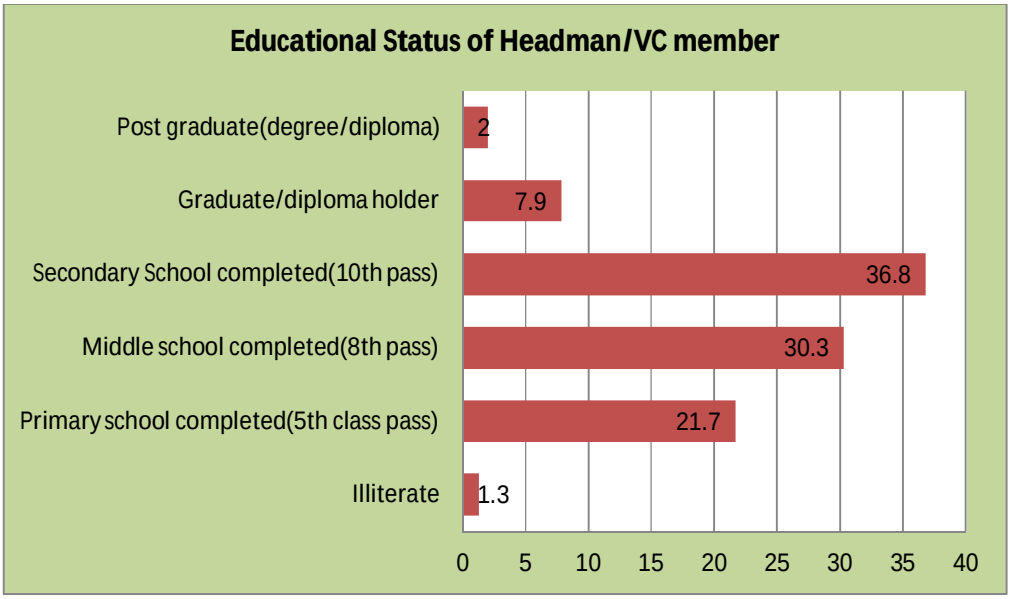


Table No.-13 provides district wise details of educational status of the headman/VC member interviewed.

Table No. 13: Educational qualification of Headman/VC member

Educational Status	Districts							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Illiterate	1	1.5	0	0.0	1	2.8	2	1.3
Primary school completed(5th class pass)	8	11.8	13	27.1	12	33.3	33	21.7
Middle school completed(8th pass)	20	29.4	18	37.5	8	22.2	46	30.3
Secondary School completed(10th pass)	30	44.1	15	31.3	11	30.6	56	36.8
Graduate/diploma holder	8	11.8	2	4.2	2	5.6	12	7.9
Post graduate(degree/diploma)	1	1.5	0	0.0	2	5.6	3	2.0
Total	68	100.0	48	100.0	36	100.0	152	100.0

Background Information of Beneficiaries -1 (Mother of baby who is below 6 months of age)

Age, caste and religion:

Beneficiaries -1 are those mother who have delivered in last six months (i.e. who has a baby of 6 months of age or lesser). Analysis of the data shows that maximum of the respondents (40.1%) were between the ages of 25 to 29 years.

As far as religion is concerned, most of the respondents (90.8%) were found to be Christian, rest were Hindu (6.6%) and Muslim (2.6%).

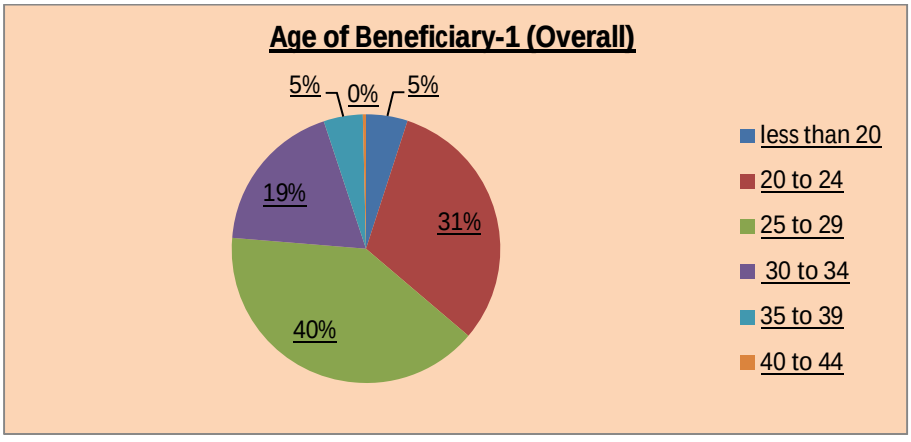


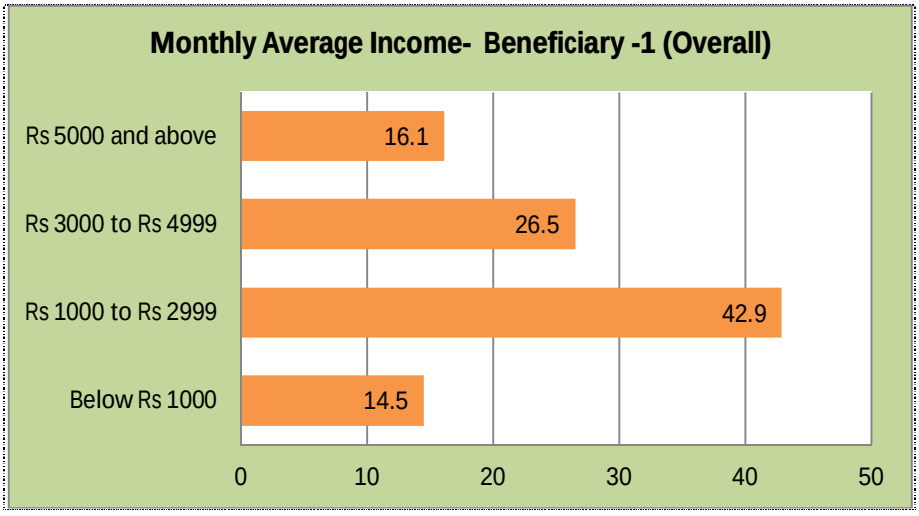
Table no. 14 may be referred for district wise information on age, caste, and religion of beneficiary-1.

Table No. 14: Background Information of Beneficiaries -1

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age of Beneficiaries	less than 20	5	3.4	4	4.1	7	9.9	16	5.0
	20 to 24	46	31.1	31	31.6	22	31.0	99	31.2
	25 to 29	57	38.5	42	42.9	28	39.4	127	40.1
	30 to 34	32	21.6	18	18.4	9	12.7	59	18.6
	35 to 39	7	4.7	3	3.1	5	7.0	15	4.7
	40 to 44	1	0.7	0	0.0	0	0.0	1	0.3
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Religion	Hindu	18	12.2	3	3.1	0	0.0	21	6.6
	Muslim	8	5.4	0	0.0	0	0.0	8	2.6
	Christian	122	82.5	95	96.9	71	100.0	288	90.8
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Caste	SC	14	9.5	0	0.0	0	0.0	14	4.4
	ST	121	81.8	95	96.9	71	100.0	287	90.5
	OBC	12	8.1	2	2.0	0	0.0	14	4.4
	General	1	0.7	1	1.0	0	0.0	2	0.6
	Total	148	100.0	98	100.0	71	100.0	317	100.0

Livelihood activity and average income:

Agriculture was found to be the major source of livelihood for maximum respondent (41.6%). The average monthly income for maximum of them (42.9%) was found to be between Rs.1000 to Rs.2999.



The table below may be referred for district wise detailed information related to livelihood activities and average monthly income.

Table No. 15: Livelihood activity and average income:

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
livelihood activity	Agriculture – own land	43	29.1	48	49.0	41	57.7	132	41.6
	Self employed	28	18.9	10	10.2	4	5.6	42	13.2
	Salaried employee(Govt)	18	12.2	4	4.1	8	11.3	30	9.5
	Salaried employee(Private)	12	8.1	15	15.3	8	11.3	35	11.0
	Daily wages labour	42	28.4	21	21.4	10	14.1	73	23.0
	Others	5	3.4	0	0.0	0	0.0	5	1.6
	Total	148	100.0	98	100.0	71	100.0	317	100.0
average monthly family income	Below Rs 1000	14	9.5	13	13.3	19	26.8	46	14.5
	Rs 1000 to Rs 2999	55	37.2	51	52.0	30	42.3	136	42.9
	Rs 3000 to Rs 4999	48	32.4	22	22.4	14	19.7	84	26.5
	Rs 5000 and above	31	20.9	12	12.2	8	11.3	51	16.1
	Total	148	100.0	98	100.0	71	100.0	317	100.0

Background Information of Beneficiaries - 2 (Mothers of Children between 6.1 month and 2 years of age who had fallen sick in last 1 month)

Age, caste and religion:

Most of the beneficiary -2 (36.7%) were found to be between the age group of 25 to 29 years, followed by another 34.4% who were found to be in the age category of 20 and 24. As far as religion is concerned most of them (91.9%) were found to be Christian. Rest of them were Hindu (6.8%) and Muslim (1.3%). Most of them (91.9%) were found to be STs, while 4.5% were of general category, 2.6% were SCs and 1.0% was OBCs.

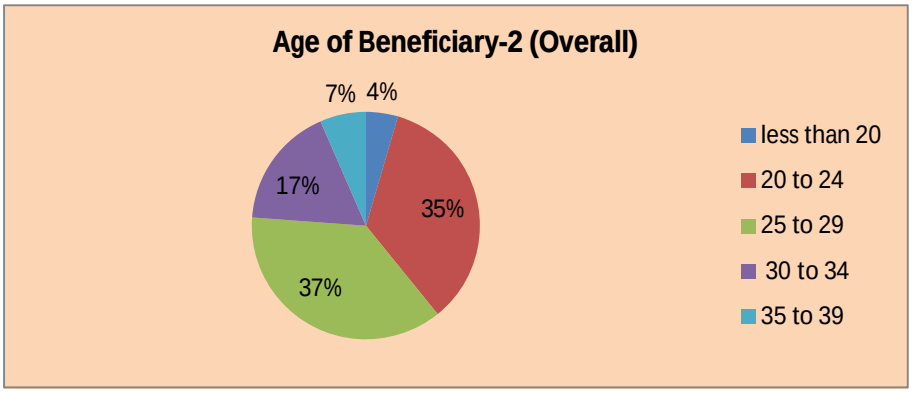
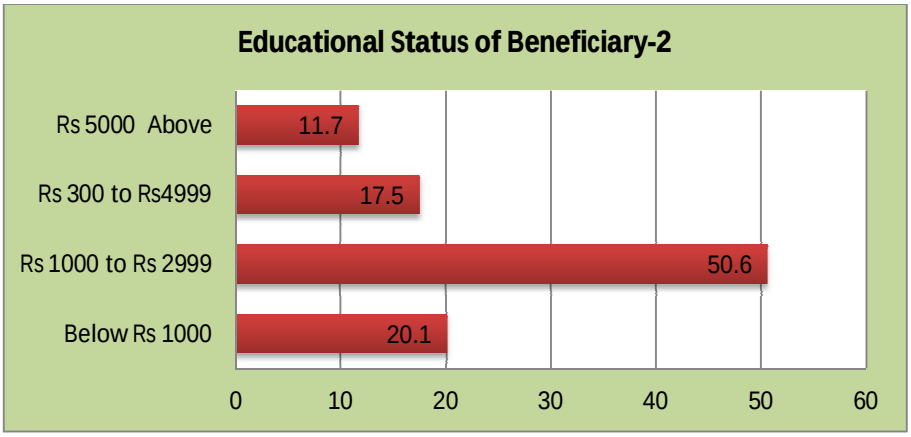


Table No. 16: Age, religion and caste of respondent

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age of Beneficiaries	less than 20	10	7.0	2	2.1	2	2.9	14	4.5
	20 to 24	45	31.5	33	34.7	28	40.0	106	34.4
	25 to 29	48	33.6	43	45.3	22	31.4	113	36.7
	30 to 34	30	21.0	11	11.6	12	17.1	53	17.2
	35 to 39	10	7.0	5	5.3	5	7.1	20	6.5
	40 to 44	0	0.0	1	1.1	1	1.4	2	0.6
	Total	143	100.0	95	100.0	70	100.0	308	100.0
Religion	Hindu	16	11.2	5	5.3	0	0.0	21	6.8
	Muslim	4	2.8	0	0.0	0	0.0	4	1.3
	Sikh	0	0.0	0	0.0	0	0.0	0	0.0
	Christian	123	86.0	90	94.7	70	100.0	283	91.9
	Jain	0	0.0	0	0.0	0	0.0	0	0.0
	Buddhism	0	0.0	0	0.0	0	0.0	0	0.0
	Total	143	100.0	95	100.0	70	100.0	308	100.0
Caste	SC	8	5.6	0	0.0	0	0.0	8	2.6
	ST	123	86.0	90	94.7	70	100.0	283	91.9
	OBC	3	2.1	0	0.0	0	0.0	3	1.0
	General	9	6.3	5	5.3	0	0.0	14	4.5
	Total	143	100.0	95	100.0	70	100.0	308	100.0

Livelihood activity and average monthly income

Agriculture was found to be the major livelihood activity among maximum of the respondents (51.3%). Another 22.4% of them were found to be daily wage labourer. The average monthly income was found to be Rs.1000 to Rs. 2999 among most of them (50.6%).



For district wise detailed break-up on average monthly income and livelihood activities, table below (i.e. Table No.-17) may be referred.

Table No. 17: Livelihood activity and average monthly income

Descriptions		Districts							
		Dimapur		Wokha		Phek		Total	
		No	PC	No	PC	No	PC	No	PC
livelihood activity	Agriculture – own land	69	48.3	52	54.7	37	52.9	158	51.3
	Self employed	20	14.0	8	8.4	2	2.9	30	9.7
	Salaried employee(Government)	14	9.8	5	5.3	5	7.1	24	7.8
	Salaried employee(Private)	7	4.9	8	8.4	11	15.7	26	8.4
	Daily wages labour	32	22.4	22	23.2	15	21.4	69	22.4
	Others	1	0.7	0	0.0	0	0.0	1	0.3
	Total	143	100.0	95	100.0	70	100.0	308	100.0
average monthly family income	Below Rs 1000	25	17.5	22	23.2	15	21.4	62	20.1
	Rs 1000 to Rs 2999	62	43.4	51	53.7	43	61.4	156	50.6
	Rs 300 to Rs4999	35	24.5	12	12.6	7	10.0	54	17.5
	Rs 5000 Above	21	14.7	10	10.5	5	7.1	36	11.7
	Total	143	100.0	95	100.0	70	100.0	308	100.0

Selection process of ASHA

Selection process:

As informed by maximum of the ASHAs (46.3%) before joining as ASHA, they were not involved in any work, while 32.9% were involved in Self-Help group. 7.3% of them were working as Anganwadi Helper (and still working as AW-Helper), and 6.7% were/still working as AWW. As far as process involved in the selection is concerned, maximum was through village meeting (48.2%) followed by VC meeting (26.2%) and VHC meeting (25.6%). Another 27.4% informed about selection through reference of AWW. Further 75% of the ASHAs informed that they did not submit any formal application; however, 16.5% submitted application for becoming ASHA to the village Headman/Village Council.

Table No. 18: Selection process of ASHA (as informed by ASHAs themselves)

Descriptions		Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Involvement in any service before an ASHA	Village Dai	13	17.1	0	0.0	1	2.7	14	8.5
	Health worker for NGO	8	10.5	1	2.0	0	0.0	9	5.5
	Aganwadi worker	8	10.5	0	0.0	3	8.1	11	6.7
	Aganwadi helper	10	13.2	0	0.0	2	5.4	12	7.3
	Any other social service	11	14.5	3	5.9	7	18.9	21	12.8
	Self help groups	24	31.6	12	23.5	18	48.6	54	32.9
	None	24	31.6	34	66.7	18	48.6	76	46.3
Process involved in the selection of ASHA	Village meeting	47	61.8	14	27.5	18	48.6	79	48.2
	VHC meetings	21	27.6	6	11.8	15	40.5	42	25.6
	Meeting of VC	10	13.2	26	51.0	7	18.9	43	26.2
	ANM in consultation with community	3	3.9	3	5.9	0	0.0	6	3.7
	ANM acting on her own	7	9.2	0	0.0	4	10.8	11	6.7
	AWW in consultation with community	0	0.0	0	0.0	3	8.1	3	1.8
	AWW acting on her own	14	18.4	2	3.9	29	78.4	45	27.4
	Headman/VC members in consultation with the community	7	9.2	1	2.0	1	2.7	9	5.5
	Headman/VC member acting alone	2	2.6	5	9.8	0	0.0	7	4.3
Submission of application	Headman/VC	9	11.8	13	25.5	5	13.5	27	16.5
	ANM	2	2.6	2	3.9	0	0.0	4	2.4
	NGO Facilitator	1	1.3	1	2.0	0	0.0	2	1.2
	PHC MO	4	5.3	4	7.8	0	0.0	8	4.9
	Not Submitted	60	78.9	31	60.8	32	86.5	123	75
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Role of ANM in selection of ASHA:

As far as involvement of ANM in selection of ASHAs is concerned, it was revealed that; 41.9% of ANM were not involved in selection of ASHA, while 16.3% informed that they have facilitated the selection of ASHA in consultation with community and another 14% ANM informed that they have recommended ASHA's name to the headman/VC.

Table No. 19: Role of ANM in ASHA selection (as informed by ANM)

Role of ANM in the selection of ASHA	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Recommended ASHA's name to the Headman/VC	4	20.0	0	0.0	2	20.0	6	14.0
Acted alone in selection of ASHA	1	5.0	0	0.0	0	0.0	1	2.3
Facilitated the selection of ASHA in consultation with the community	2	10.0	2	15.4	3	30.0	7	16.3
Listed possible candidates for ASHA	2	10.0	0	0.0	0	0.0	2	4.7
Was consulted but did not play any role	1	5.0	0	0.0	0	0.0	1	2.3
Was not consulted at all	0	0.0	1	7.7	0	0.0	1	2.3
ASHA was already selected at the time of my posting	8	40.0	2	15.4	1	10.0	11	25.6
No role	5	25.0	9	69.2	4	40.0	18	41.9

Role of AWW in selection of ASHA

As informed by the AWW interviewed, 51.3% of them were not involved in selection of ASHA, however, 32.1% of them recommended ASHA's name to the headman/VC and 24.4% informed that they have facilitated the selection of ASHAs in consultation with community. Please refer the below table for district-wise detailed break-up.

Table No. 20: Role of AWW in ASHA selection (as informed by AWW)

Role of AWW in the selection of ASHA	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Recommended ASHA's name to the Headman/VC	45	61.6	1	2.1	4	11.4	50	32.1
Acted alone in selection of ASHA	3	4.1	0	0.0	3	8.6	6	3.8
Facilitated the selection of ASHA in consultation with the community	29	39.7	5	10.4	4	11.4	38	24.4
Listed possible candidates for ASHA	6	8.2	0	0.0	2	5.7	8	5.1
ASHA was already selected at the time of my posting	2	2.7	3	6.3	3	8.6	8	5.1
No role	20	27.4	39	81.3	21	60.0	80	51.3

Role of Headman/VC in selection of ASHA

As far as role of headman/VC member in selection of ASHA is concerned, 59.2% of them have informed that they have recommended ASHA's name. Another 56.6% recommended the name in consultation with community and 38.2 % have informed that they have selected ASHA in consultation with Village Council.

Table No. 21: Role of Headman/VC in selection of ASHA (as informed by Headman/VC)

Role of PRI in the selection of ASHA	Districts							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Recommended ASHA's name	50	73.5	22	45.8	18	50.0	90	59.2
Personally selected the ASHA	6	8.8	12	25.0	0	0.0	18	11.8
Recommended ASHA's name in consultation with the community	39	57.4	22	45.8	25	69.4	86	56.6
Took the decision in consultation with the ANM	28	41.2	4	8.3	2	5.6	34	22.4
Took the decision in consultation with the AWW	16	23.5	7	14.6	0	0.0	23	15.1
Listed possible candidates	4	5.9	1	2.1	4	11.1	9	5.9
Selected ASHA in consultation with VC	23	33.8	23	47.9	12	33.3	58	38.2
I was selected as Headman/VC member here after the selection of the ASHA	8	11.8	2	4.2	2	5.6	12	7.9
Played no role	4	5.9	8	16.7	1	2.8	13	8.6

Training of ASHA

Training Status

As far as the training status of ASHAs is concerned, 95.7% ASHAs have attended training, while 4.3% who have not attended any training so far. While trying to understand the status of ASHA training on various training rounds, it was found that 93.9% have attended training up-to Module 5, 88.41% have attended 1st round of Module 6 & 7 training, and another 35.36% have attended 2nd round training of ASHA Module 6 & 7.

Training on 2nd round of Module 6 & 7 has begun only in Dimapur district, and it is not yet started in Wokha and Phek districts. Further it was informed by all the ASHAs who have attended the training that they have received the training materials. Table below provides district wise detailed information about the status of ASHA training.

Table No. 22: Training rounds attended by ASHA

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Has received training	Yes	74	97.4	48	94.1	35	94.6	157	95.7
	No	2	2.6	3	5.9	2	5.4	7	4.3
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Training rounds attended	Up to 5	71	93.42	46	95.83	35	94.59	154	93.90
	6 (1st round of 6 & 7)	67	88.15	48	100.0	48	100.0	145	88.41
	7 (2nd round of 6 & 7)	58	76.31	0	0.00	0	0.00	58	35.36
	Not attended any training	2	2.6	3	5.9	2	5.4	7	4.3
Training materials received	Yes	74	100.0	48	100.0	35	100.0	157	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0
	Total	74	100.0	48	100.0	35	100.0	157	100.0

Time since last training and training venue

It was informed by 29.9% of the ASHAs who attended the training that the last training was held more than 2 months back (2.1 to 4 months), another 28.7% of them shared that the last training was held more than 6 months back and another 23.6% ASHAs told that it's been 4.1 to 6 months that they have attended the last training.

As far as venue of the training is concerned, 65% of the ASHAs informed that the training was held mostly at block level or in health facility especially PHC/CHC. All the ASHAs have told that the trainings were non-residential.

Table No. 23: Time since last training and training venue

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Time since the last training held	1month back	12	16.2	8	16.7	4	11.4	24	15.3
	1.1 to 2 months back	1	1.4	1	2.1	1	2.9	3	1.9
	2.1 to 4 months back	18	24.3	16	33.3	13	37.1	47	29.9
	4.1 to 6 months back	17	23.0	8	16.7	12	34.3	37	23.6
	6.1months to 1yr back	26	35.1	14	29.2	5	14.3	45	28.7
	More than 1 yr back	0	0.0	1	2.1	0	0.0	1	0.6
	Total	74	100.0	48	100.0	35	100.0	157	100.0
Venue of the training	Community Hall	8	10.8	1	2.1	0	0.0	9	5.7
	Block level or PHC/CHC	55	74.3	25	52.1	22	62.9	102	65.0
	District Hospital/facility	5	6.8	18	37.5	11	31.4	34	21.7
	Guest house/hotels	0	0.0	4	8.3	1	2.9	5	3.2
	Don't remember	1	1.4	0	0.0	0	0.0	1	0.6
	Others	5	6.8	0	0.0	1	2.9	6	9.7
	Total	74	100.0	48	100.0	35	100.0	157	100.0
Training was residential	Yes	0	0.0	0	0.0	0	0.0	0	0.0
	No	74	100.0	48	100.0	35	100.0	157	100.0
	Total	74	100.0	48	100.0	35	100.0	157	100.0

All the ANMs interviewed were not found to be the trainers of ASHA in any of the training round though they informed about providing regular handholding support to ASHAs.

Institutional Support

Supportive Supervision of ASHAs at various levels and Its Mechanism

At state level, there is State ASHA Resource Centre with a State ASHA Nodal officer and a Administrative Assistant. At the district level, there is no District Community Mobilizer, and the existing DPMU of NRHM is taking care of overall program including the ASHA program. There is one Block Level ASHA Coordinator in each of the blocks. There is no ASHA Facilitator at present and the supportive supervision and on-job field level support to the ASHAs are provided by the Block Level ASHA Coordinator only.

Review meeting of the Block Level ASHA Coordinators is organized once in a quarter at State Level (at State HQ/SPMU i.e. Kohima)

While trying to know about the support provided to the ASHAs in her work, maximum of the ASHAs (83.5%) shared about ANM as the one who provide them maximum support in her work, followed by Block ASHA Coordinator as informed by 63.4% ASHAs.

As far as last meeting of ASHAs with Block ASHA Coordinator, ANM, AWW and MO is concerned, the analysis of the data shows that;

- 40.2% ASHA informed that they have interacted with Block ASHA co-ordinator one month back and another 23.2% ASHA's informed that they have met the Block ASHA Coordinator within last 15 days.
- 7.3% ASHAs shared that they have met ANM within last 10 days; of these 28% have met ANM within last 5 days.
- 7.3% ASHAs shared that they have met AWW within last 10 days; of these 22.6% have met AWW within last 5 days.
- 31.7% ASHAs told that they have interacted with MO more than a month back; another 27.4% informed that they have interacted with MO 15 to 29 days before, while another 22% told that they have met the MO within last 15 days. Table no. 24 provides the detailed information.

Table No. 24: Support provided to the ASHA

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Maximum support provided to ASHA	ANM	61	80.3	44	86.3	32	86.5	137	83.5
	AWW	38	50.0	21	41.2	34	91.9	93	56.7
	VHSNC	32	42.1	29	56.9	16	43.2	77	47.0
	Headman/VC	27	35.5	7	13.7	7	18.9	41	25.0
	ASHA Coordinator	51	67.1	37	72.5	16	43.2	104	63.4
	NGO facilitator	5	6.6	1	2.0	7	18.9	13	7.9
	None	3	3.9	1	2.0	0	0.0	4	2.4
	Others	2	2.6	0	0.0	2	5.4	4	2.4
Last meeting held with ASHA Coordinator	Within last 15 days	30	39.5	4	7.8	4	10.8	38	23.2
	Last month	28	36.8	23	45.1	15	40.5	66	40.2
	Two months	11	14.5	17	33.3	10	27.0	38	23.2
	More than two months	5	6.6	5	9.8	4	10.8	14	8.5
	3 to 6 months	2	2.6	1	2.0	3	8.1	6	3.7
	More than six months	0	0.0	1	2.0	1	2.7	2	1.2
	Never	0	0.0	0	0.0	0	0.0	0	0.0
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Last meeting with ANM	Less than 5 days	38	50.0	22	43.1	16	43.2	76	46.3
	5 - 9 days	18	23.7	17	33.3	11	29.7	46	28.0
	10 - 14 days	8	10.5	4	7.8	0	0.0	12	7.3
	15-19 days	8	10.5	2	3.9	8	21.6	18	11.0
	20- 24 days	1	1.3	2	3.9	0	0.0	3	1.8
	25 - 29 days	0	0.0	0	0.0	0	0.0	0	0.0
	30 days & above	3	3.9	4	7.8	2	5.4	9	5.5
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Last meeting with AWW	Less than 5 days	54	71.1	28	54.9	15	40.5	97	59.1
	5 - 9 days	15	19.7	13	25.5	9	24.3	37	22.6
	10 - 14 days	3	3.9	4	7.8	5	13.5	12	7.3
	15-19 days	1	1.3	3	5.9	6	16.2	10	6.1
	20- 24 days	1	1.3	0	0.0	0	0.0	1	0.6
	25 - 29 days	0	0.0	0	0.0	1	2.7	1	0.6
	30 days & above	2	2.6	3	5.9	1	2.7	6	3.7
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Last meeting with MO	Less than 15 days	20	26.3	12	23.5	4	10.8	36	22.0
	15 - 29 days	25	32.9	18	35.3	2	5.4	45	27.4
	30 - 44 days	18	23.7	17	33.3	17	45.9	52	31.7
	45-59 days	7	9.2	3	5.9	5	13.5	15	9.1
	60 days & above	6	7.9	1	2.0	9	24.3	16	9.8
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Support provided by VHSNC

Support from the VHSNC/VHC was shared by all the ASHAs while performing her activities. Analysis of the data on activities supported by VHSNC, as shared by the ASHAs were found to be; promotion of immunization and care of pregnant woman (68.4% ASHA each), promotion of institutional delivery (57.9%) and health awareness campaign (44.1%).

Table No. 25: Activities supported by VHSNC

Activities supported by VHSNC	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Promotion of institutional deliveries	39	53.4	28	63.6	21	60.0	88	57.9
Promotion of immunization	45	61.6	34	77.3	25	71.4	104	68.4
Care for pregnant woman	45	61.6	34	77.3	25	71.4	104	68.4
Health awareness campaign	30	41.1	25	56.8	12	34.3	67	44.1
Providing DOTs therapy	5	6.8	6	13.6	4	11.4	15	9.9
Eliminating water clogging to prevent vector borne diseases	25	34.2	22	50.0	14	40.0	61	40.1

Interviews of ANM, AWW and Headman/VC members were also conducted in order to understand their opinion about the issues/activities of ASHAs which the VHSNC supported. Analysis of the response provided shows that the issues on which maximum support to ASHA have been provided by VHSNC is immunization (ANM- 62.2%, AWW-77.4% & Headman/VC- 78.3%) followed by care of pregnant woman (ANM- 45.9%, AWW-48.9 & Headman/VC- 60.5%). Another 40.5% ANM, 36.5% AWW and 31.6% Headman/VC members shared about support provided for water and sanitation related activities.

Table No. 26: Activities supported by VHSNC

Issues on which VHSNC support ASHA		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As Shared by ANM	JSY	5	26.3	2	20.0	1	12.5	8	21.6
	Immunization	13	68.4	7	70.0	3	37.5	23	62.2
	Care of pregnant women	11	57.9	3	30.0	3	37.5	17	45.9
	Arranging referral transport	12	63.2	1	10.0	2	25.0	15	40.5
	Water and sanitation activities	7	36.8	3	30.0	5	62.5	15	40.5
	Community mobilization activities – picketing alcohol shops, ensuring services etc	2	10.5	1	10.0	0	0.0	3	8.1

Issues on which VHSNC support ASHA		Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As shared by AWW	JSY	37	57.8	14	33.3	6	19.4	57	41.6
	Immunization	57	78.1	28	66.7	21	67.7	106	77.4
	Care of pregnant women	32	50.0	21	50.0	14	45.2	67	48.9
	Arranging referral transport	18	28.1	11	26.2	5	16.1	34	24.8
	Water and sanitation activities	25	39.1	15	35.7	10	32.3	50	36.5
	Community mobilization activities – picketing alcohol shops, ensuring services etc	27	42.2	8	19.0	1	3.2	36	26.3
As shared by Headman/VC member	JSY	33	48.5	0	0.0	2	5.6	35	23.0
	Immunization	62	91.2	34	70.8	23	63.9	119	78.3
	Care of pregnant women	49	72.1	26	54.2	17	47.2	92	60.5
	Arranging referral transport	24	35.3	7	14.6	6	16.7	37	24.3
	Water and sanitation activities	36	52.9	6	12.5	6	16.7	48	31.6
	Community mobilization activities – picketing alcohol shops, ensuring services etc	16	23.5	5	10.4	4	11.1	25	16.4

Drug kit and its refilling and other consumables:

Drug kit has been provided to ASHAs, and is received by 93.3% ASHAs. While trying to understand the existing stock of various drugs and other consumable items provided to ASHAs, it was found that; thermometer was available with 94.1%, Salter weighing scale with 95.7% ASHAs, cotton absorbent roll with 83.0% ASHAs, bandage with 54.9% ASHAs, ORS packet with 39.2% ASHAs and condoms with 36.6% of the ASHAs. Paracetamol tablet was available with 27.5% ASHAs.

Table No. 27: Status of drug kit and availability of drugs and consumables

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
ASHA was provided with a drug kit	Yes	72	94.7	45	88.2	36	97.3	153	93.3
	No	4	5.3	6	11.8	1	2.7	11	6.7
	Total	76	100.0	51	100.0	37	100.0	164	100.0
drugs available in the kit	Disposable Delivery kit	4	5.6	9	20.0	4	11.1	17	11.1
	Tab. Iron folic acid (L)	12	16.7	6	13.3	3	8.3	21	13.7
	Tab Punarvadu Mandur (ISM preparation of iron)	1	1.4	3	6.7	0	0.0	4	2.6

	Descriptions	Districts							
		Dimapur		Wokha		Phek		Total	
		No.	PC	No.	PC	No.	PC	No.	PC
(Contd.) Drugs available in the kit	ORS packets	36	50.0	16	35.6	8	22.2	60	39.2
	Tab. Peracetamol	26	36.1	12	26.7	4	11.1	42	27.5
	Tab. Dicyclomine	0	0.0	5	11.1	0	0.0	5	3.3
	Povidine ointment tube	17	23.6	8	17.8	4	11.1	29	19.0
	Thermometers	67	93.1	43	95.6	34	94.4	144	94.1
	Cotton absorbent roll	65	90.3	38	84.4	24	66.7	127	83.0
	Bandages, 4cmx4meters	43	59.7	27	60.0	14	38.9	84	54.9
	Tab. Chloroquine	1	1.4	6	13.3	2	5.6	9	5.9
	Condoms	33	45.8	15	33.3	8	22.2	56	36.6
	Oral Contraceptive pill	13	18.1	5	11.1	2	5.6	20	13.1
	Salter Weighing Scale	74	97.4	48	94.1	35	94.6	157	95.7

Drug kit refilling and drug quality:

Data analysis on refilling of drug kit as informed by ASHAs shows that it's been more than 6 months that the drug kit was last refilled as informed by 35.9% of the ASHAs interviewed. Another 23.5% of them informed that it's been more than 3 months to 6 months that their drug kit was refilled. As far as the person/official who helps in refilling the drug kit is concerned, 43.8% of ASHAs shared that it is Block ASHA Coordinator who help them, while another 24.8% told that ANM help them in refilling the drug kit. Further 65.4% of the ASHAs were found to be satisfied with the quality of drugs and consumables provided to them. Drug kit stock register was not found to be maintained in all places.

Table No. 28: Drug kit refilling

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Time since drug kit filled last	Less than 15 days back	1	1.4	0	0.0	0	0.0	1	0.7
	15 days to 31 days	4	5.6	4	8.9	2	5.6	10	6.5
	32 to 60 days	6	8.3	4	8.9	6	16.7	16	10.5
	61 to 90 days	12	16.7	1	2.2	11	30.6	24	15.7
	91 days to 6 months	16	22.2	7	15.6	13	36.1	36	23.5
	6.1 months to 1 yr	25	34.7	29	64.4	1	2.8	55	35.9

(Contd.)	Descriptions	Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Time since drug kit filled last	More than 1 yr	5	6.9	0	0.0	2	5.6	7	4.6
	Never	3	4.2	0	0.0	1	2.8	4	2.6
	Total	72	100.0	45	100.0	36	100.0	153	100.0
Help ASHA in refilling the drugs	ANM	26	36.1	3	6.7	9	25.0	38	24.8
	PHC doctor	16	22.2	2	4.4	0	0.0	18	11.8
	Block ASHA Coordinator	29	40.3	14	31.1	24	66.7	67	43.8
	BPM	1	1.4	1	2.2	0	0.0	2	1.3
	PHC pharmacist	14	19.4	1	2.2	1	2.8	16	10.5
	CHC doctor	6	8.3	2	4.4	0	0.0	8	5.2
	CHC pharmacist	10	13.9	0	0.0	0	0.0	10	6.5
	None	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	1.4	0	0.0	1	2.8	2	1.3
Satisfied with the quality of drugs	Yes	47	65.3	29	64.4	24	66.7	100	65.4
	No	25	34.7	16	35.6	12	33.3	53	34.6
	Total	72	100.0	45	100.0	36	100.0	153	100.0

Records Maintenance (ASHA Diary)

95.1% of the ASHAs informed that they have received ASHA diary. As far as record maintenance by ASHAs is concerned, 66.5% of them were found to have maintained records related to immunization and VHND, followed by more than 64% maintaining records of weight of children and also training attendance, and 56.1% were maintaining records on ANC. Table below may be referred to know district wise details of various records maintained by ASHAs.

Table No. 29: Record maintenance by ASHAs

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Printed diary/record book given	Yes	74	97.4	47	92.2	35	94.6	156	95.1
	No, I have bought my own register	1	1.3	2	3.9	0	0.0	3	1.8
	No	1	1.3	2	3.9	2	5.4	5	3.0
	Total	76	100.0	51	100.0	37	100.0	164	100.0

(Contd.) Descriptions		Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	No	Pc	No
Types of records	ANC records	43	56.6	31	60.8	18	48.6	92	56.1
	Immunization records & VHND	52	68.4	36	70.6	21	56.8	109	66.5
	Newborn Visits	18	23.7	10	19.6	5	13.5	33	20.1
	Sick children	16	21.1	8	15.7	5	13.5	29	17.7
	Malaria cases	8	10.5	2	3.9	3	8.1	13	7.9
	TB cases	10	13.2	3	5.9	2	5.4	15	9.1
	Family Planning (Eligible couple, Male/female sterilization)	28	36.8	21	41.2	12	32.4	61	37.2
	Malnutrition records	11	14.5	3	5.9	7	18.9	21	12.8
	HIV/AIDS	0	0.0	0	0.0	0	0.0	0	0.0
	Training attendance	48	63.2	36	70.6	21	56.8	105	64.0
	ARSH	0	0.0	0	0.0		0.0	0	0.0
	Meeting	37	48.7	28	54.9	17	45.9	82	50.0
	Weight of children	51	67.1	35	68.6	20	54.1	106	64.6

Incentive and its payment mechanism:

Questions were asked to ASHAs so as to understand the amount of incentive received by her in last three months and its mode of payment. 29.9% ASHAs have informed that they have earned between Rs.1500 to Rs.1999 in last three months from ASHA related work, followed by 28.7% of them earning Rs.1000 to Rs.1499 and another 22% ASHAs earning Rs.500 to Rs.999 from ASHA work in last three months. As far as mode of payment is concerned, all the ASHAs (100.0%) informed that it is made by cash. While trying to know, if any ASHAs have bank account, 56.1% of them were found to have account in bank.

Table No. 30: Earning of ASHAs in last three months and its payment mechanism

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	NO	PC
Incentive received by ASHA in last three months	Below Rs. 500	8	10.5	3	5.9	1	2.7	12	7.3
	Rs. 500- Rs.999	12	15.8	17	33.3	7	18.9	36	22.0
	Rs. 1000- Rs. 1499	18	23.7	14	27.5	15	40.5	47	28.7
	Rs. 1500- Rs. 1999	24	31.6	15	29.4	10	27.0	49	29.9
	Rs. 2000- Rs. 2499	10	13.2	1	2.0	1	2.7	12	7.3
	Rs. 2500- Rs. 2999	2	2.6	1	2.0	2	5.4	5	3.0
	Rs 3000 and above	2	2.6	0	0.0	1	2.7	3	1.8
	Total	76	100.0	51	100.0	37	100.0	164	100.0

(Contd.) Descriptions		District							
		Dimapur		Dimapur		Dimapur		Dimapur	
		No	Pc	No	Pc	No	Pc	NO	PC
ASHA has a bank account	Yes	48	63.2	28	54.9	16	43.2	92	56.1
	No	28	36.8	23	45.1	21	56.8	72	43.9
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Mode of payment	Cheque	0	0.00	0	0.00	0	0.00	0	0.00
	Cash	76	90.8	51	96.1	37	100.0	164	100.0
	Bank transfer	0	0.0	0	0.0	0	0.0	0	0.0
	Total	76	100.0	51	100.0	37	100.0	164	100.0

Opinion of ANM, AWW and headman/VC members on appropriate type of payment for ASHAs were taken. They were asked if the existing performance based incentive or fixed payment or both will be appropriate way of payment to ASHAs. Analysis of the response provided shows that maximum of them suggested for fixed payment/salary (ANM- 48.8%, AWW- 37.8%, Headman/VC-37.5%, followed by 30.2% ANM, 34.6% AWW and 35.5% headman/VC members suggesting for both i.e. a fixed payment with performance based incentives.

Table No. 31: Appropriate type of payment for ASHA

Appropriate way of payment for ASHA		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As informed by ANM	Performance based incentive	5	25.0	1	7.7	3	30.0	9	20.9
	Fixed payment	12	60.0	6	46.2	3	30.0	21	48.8
	Both	3	15.0	6	46.2	4	40.0	13	30.2
	Can't say	0	0.0	0	0.0	0	0.0	0	0.0
	Total	20	100.0	13	100.0	10	100.0	43	100.0
As informed by AWW	Performance based incentive	11	15.1	5	10.4	17	48.6	33	21.2
	Fixed payment	33	45.2	15	31.3	11	31.4	59	37.8
	Both	23	31.5	24	50.0	7	20.0	54	34.6
	Can't say	6	8.2	4	8.3	0	0.0	10	6.4
	Total	73	100.0	48	100.0	35	100.0	156	100.0
As informed by Headman/VC member	Performance based incentive	12	17.6	2	4.2	14	38.9	28	18.4
	Fixed payment	24	35.3	25	52.1	8	22.2	57	37.5
	Both	26	38.2	20	41.7	8	22.2	54	35.5
	Can't say	6	8.8	1	2.1	6	16.7	13	8.6
	Total	68	100.0	48	100.0	36	100.0	152	100.0

Functionality of ASHA

Roles and Activities of ASHAs:

While trying to understand the role of ASHAs and major activities performed by her, maximum of the ANM, AWW and Headman/VC members shared; counselling of woman on all aspects of pregnancy, accompanying women for delivery, visiting newborn, promotion of immunization/VHND as some of the major roles and activities of ASHAs. Table no. 32 provides information on role and activities of ASHAs according to ANM, AWW and headman/VC member respectively.

Table No. 32: Role of ASHA

Roles and activities of ASHA		District							
		Dimapur		Wokha		Phek			Total
		No	Pc	No	Pc	No	Pc	No	PC
According to ANM	Counseling women on all aspects of pregnancy	17	85.0	13	100.0	7	70.0	37	86.0
	Accompanying women for delivery	20	100.0	13	100.0	10	100.0	43	100.0
	Visiting newborn for advice/care	19	95.0	9	69.2	5	50.0	33	76.7
	Promotion and coordination for immunization programme/VHNDs	20	100.0	13	100.0	10	100.0	43	100.0
	Provides medicines for minor illness	18	90.0	9	69.2	7	70.0	34	79.1
	Advise for home management or referral for minor illness	7	35.0	7	53.8	4	40.0	18	41.9
	Providing pills and condoms and IFA tablets	13	65.0	10	76.9	4	40.0	27	62.8
	Any tuberculosis related work(DOTS provider)	9	45.0	1	7.7	2	20.0	12	27.9
	Getting Headman/VC to take action on health related issues	6	30.0	1	7.7	2	20.0	9	20.9
	Take appropriate action (alerting authorities, water and sanitation activities) in case of a disease outbreak in the village	8	40.0	2	15.4	3	30.0	13	30.2
	Petition to the authorities if the health service are not reaching to the village	3	15.0	1	7.7	2	20.0	6	14.0
	Conducting house hold visits	16	80.0	9	69.2	8	80.0	33	76.7
	Conduct/participate in VHSNC meeting	10	50.0	9	69.2	2	20.0	21	48.8

	(Contd.) Roles and activities of ASHA	Districts							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
According to AWW	Counseling women on all aspects of pregnancy	68	93.2	39	81.3	28	80.0	135	86.5
	Accompanying women for delivery	70	95.9	40	83.3	25	71.4	135	86.5
	Visiting newborn for advice/care	56	76.7	37	77.1	21	60.0	114	73.1
	Promotion and coordination for immunization programme/VHNDs	33	45.2	32	66.7	15	42.9	80	51.3
	Provides medicines for minor illness	66	90.4	34	70.8	16	45.7	116	74.4
	Advise for home management or referral for minor illness	26	35.6	29	60.4	11	31.4	66	42.3
	Providing pills and condoms and IFA tablets	40	54.8	25	52.1	11	31.4	76	48.7
	Any tuberculosis related work(DOTS provider)	17	23.3	9	18.8	5	14.3	31	19.9
	Getting Village Council/VHC to take action on health related issues	22	30.1	7	14.6	3	8.6	32	20.5
	Take appropriate action in case of a disease outbreak in the village	39	53.4	11	22.9	5	14.3	55	35.3
	Petition to the authorities if the health service are not reaching to the village	5	6.8	9	18.8	1	2.9	15	9.6
	Conducting house hold visits	66	90.4	31	64.6	18	51.4	115	73.7
	Conduct/participate in VHSNC meeting	38	52.1	24	50.0	9	25.7	71	45.5
According to Headman/ VC	Counseling women on all aspects of pregnancy	66	97.1	39	81.3	31	86.1	136	89.5
	Accompanying women for delivery	65	95.6	35	72.9	28	77.8	128	84.2
	Visiting newborn for advice/care	58	85.3	31	64.6	21	58.3	110	72.4
	Promotion and coordination for immunization programme/VHNDs	36	52.9	29	60.4	20	55.6	85	55.9
	Provides medicines for minor illness	61	89.7	29	60.4	14	38.9	104	68.4
	Advise for home management or referral for minor illness	15	22.1	24	50.0	14	38.9	53	34.9
	Providing pills and condoms and IFA tablets	51	75.0	21	43.8	9	25.0	81	53.3
	Any tuberculosis related work(DOTS provider)	18	26.5	0	0.0	3	8.3	21	13.8
	Getting Village Council/VHC to take action on health related issues	25	36.8	0	0.0	4	11.1	29	19.1
	Take appropriate action in case of a disease outbreak in the village	28	41.2	3	6.3	6	16.7	37	24.3
	Petition to the authorities if the health service are not reaching to the village	6	8.8	3	6.3	3	8.3	12	7.9
	Conducting house hold visits	63	92.6	33	68.8	22	61.1	118	77.6
	Conduct/participate in VHSNC meeting	42	61.8	34	70.8	11	30.6	87	57.2
	Others	0	0.0	1	2.1	1	2.8	2	1.3

Activities conducted by ASHAs in last six month:

As informed by ASHAs, some of the major activities that they have conducted in last six months includes; counselling of pregnant woman in all aspects of pregnancy (88.4%), household visit (86%), visiting newborn for advice to mother (73.2%), and accompanying pregnant woman for delivery (70.1%). Only 14.6% ASHAs informed about acting as DOTs provider for TB patient.

Table No. 33: Activities conducted by ASHAs in last six months (informed by ASHAs)

Activities done in last six months	District							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Counseling women in all aspects of pregnancy	74	97.4	40	78.4	31	83.8	145	88.4
Accompanying women for delivery	63	82.9	36	70.6	16	43.2	115	70.1
Village meeting or any other collective meeting for health promotion	27	35.5	24	47.1	11	29.7	62	37.8
VHSNC meetings	56	73.7	35	68.6	16	43.2	107	65.2
Visiting new born for advice/care	58	76.3	39	76.5	23	62.2	120	73.2
Promotion and coordination for immunization programmes	38	50.0	39	76.5	18	48.6	95	57.9
Household visits	71	93.4	46	90.2	24	64.9	141	86.0
Nutrition counseling	41	53.9	35	68.6	14	37.8	90	54.9
Any malaria control related work /prepared slides for malaria	17	22.4	18	35.3	7	18.9	42	25.6
Consultation for minor illness of children and referral	29	38.2	28	54.9	14	37.8	71	43.3
Consultation for minor illness of children and use of drug kit /referral for appropriate care	20	26.3	32	62.7	13	35.1	65	39.6
DOTs provider for TB patients	13	17.1	8	15.7	3	8.1	24	14.6
Attended/organized VHNDs	36	47.4	25	49.0	18	48.6	79	48.2
Others	0	0.0	0	0.0	1	2.7	1	0.6

Maternal, Newborn and Child Health:

Care for Pregnant woman:

While trying to understand the contribution made by ASHAs in relation to care of pregnant woman; 59.8% ASHAs have informed that they have accompanied 1 to 2 pregnant women for institutional delivery in last three month, while 26.2% have accompanied 3 to 4 pregnant woman in last three months for institutional delivery. Please refer table no.34 for detail information.

Table No. 34: Pregnant Woman accompanied by ASHAs for institutional delivery (by ASHA)

PW accompanied by ASHA for institutional delivery in last three months	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
None	0	0.0	0	0.0	0	0.0	0	0.0
1 to 2	43	56.6	28	54.9	27	73.0	98	59.8
3 to 4	24	31.6	12	23.5	7	18.9	43	26.2
5 to 6	5	6.6	2	3.9	1	2.7	8	4.9
above 6	4	5.3	9	17.6	2	5.4	15	9.1
Total	76	100.0	51	100.0	37	100.0	164	100.0

As informed by the ANMs interviewed, some of the major activities done by ASHAs to provide care to the woman during pregnancy includes; helping in ANC registration (83.7%), motivating pregnant woman for institutional delivery (74.4%), reminding woman about immunization and VHND (69.8%) etc.

Table No. 35: Contribution of ASHA for care of pregnant woman (informed by ANM)

Activities done by ASHA to provide care to the women during pregnancy	District							
	Dimapur		Wokha		Phek		Total	
	No	PC	No	PC	No	PC	No	PC
Helping in Registration of the pregnant woman at the health facility	18	90.0	11	84.6	7	70.0	36	83.7
Reminds her and escort her to VHND	16	80.0	11	84.6	3	30.0	30	69.8
Advise on nutritional foods and/or supplementary ration from AWC	15	75.0	8	61.5	4	40.0	27	62.8
Encouraging them for ANC	14	70.0	11	84.6	4	40.0	29	67.4
Ensuring ANC including TT shots, IFA tablets and BP monitoring	12	60.0	9	69.2	6	60.0	27	62.8
Provide information on the benefits of JSY	15	75.0	9	69.2	3	30.0	27	62.8
Motivating for institutional delivery	15	75.0	11	84.6	6	60.0	32	74.4
Refers in case of any illness during pregnancy	14	70.0	9	69.2	4	40.0	27	62.8

Pregnancy related complication and it's referral by ASHA:

While trying to understand the pregnancy related complications, 26.2 % of the ASHAs have informed about cases of pregnancy related complicacy of woman in the community in last six month. Of these, 62.8% ASHAs informed that they refer such cases to CHC/DH and also 44.2% ASHAs refer them to ANM/SC. Major challenges faced for referring the pregnant woman to health facilities, as shared by ASHA includes; non-availability of transport (25%), no support structure in family (24.4%), resistance by family members (20.7%). The below table provides the detail information.

Table No. 36: Pregnancy related complications and it's referral by ASHAs in last 6 months (by ASHA)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Pregnancy related complications	Yes	21	27.6	12	23.5	10	27.0	43	26.2
	No	55	72.4	39	76.5	27	73.0	121	73.8
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Measures taken to manage pregnancy related complications	Referred the women to the nearest CHC/DH	12	57.1	9	75.0	6	60.0	27	62.8
	Referred the women to private facility	2	9.5	0	0.0	0	0.0	2	4.7
	Referred the women to ANM/SC	6	28.6	9	75.0	4	40.0	19	44.2
	Referred but patient didn't go	4	19.0	0	0.0	1	10.0	5	11.6
	Escorted women to the facility for delivery	7	33.3	2	16.7	5	50.0	14	32.6
	Didn't do anything	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	4.8	0	0.0	0	0.0	1	2.3
Challenges faced in referring the PW to the health facility	Non availability of staff at the health facilities	10	13.2	8	15.7	4	10.8	22	13.4
	Non availability of services at the facility	11	14.5	9	17.6	5	13.5	25	15.2
	No transport available	12	15.8	17	33.3	12	32.4	41	25.0
	No roads	11	14.5	12	23.5	8	21.6	31	18.9
	Resistance of the families	14	18.4	12	23.5	8	21.6	34	20.7
	Resistance of the local dais	6	7.9	4	7.8	3	8.1	13	7.9
	No support structure of the families to leave the house	16	21.1	14	27.5	10	27.0	40	24.4
	High expenses	9	11.8	5	9.8	4	10.8	18	11.0
	Others	10	13.2	8	15.7	4	10.8	22	13.4

While trying to understand from ANM, AWW and Headman/VC about the places of referral of complicated cases of pregnancies by ASHA, it was found that maximum of such cases are

referred to PHC/CHC (ANM- 51.2%, AWW- 49.4% & Headman/VC- 44.7%) followed by referral of such cases to DH (ANM-23.3%, AWW- 42.9% & Headman/VC 41.4%). Another 23.3% ANM shared about referral of such complicated pregnancies by ASHAs to SHCs, however only 7.1% AWW and 10.5% headman/VC informed about such referral to SHCs.

Table No. 37: Place of referral by ASHAs

Place of referring complicated pregnancies by ASHA		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As informed by ANM	SHC	1	5.0	3	23.1	6	60	10	23.3
	PHC/CHC	10	50.0	8	61.5	4	40	22	51.2
	DH	8	40.0	2	15.4	0	0	10	23.3
	Private qualified doctor	1	5.0	0	0.0	0	0	1	2.3
	Private quack	0	0.0	0	0.0	0	0	0	0.0
	Total	20	100.0	13	100.0	10	100	43	100.0
As informed by AWW	SHC	3	4.1	5	10.4	3	8.6	11	7.1
	PHC/CHC	22	30.1	33	68.8	22	62.9	77	49.4
	DH	47	64.4	10	20.8	10	28.6	67	42.9
	Private qualified doctor	1	1.4	0	0.0	0	0.0	1	0.6
	Private quack	0	0.0	0	0.0	0	0.0	0	0.0
	Total	73	100.0	48	100.0	35	100.0	156	100.0
As informed by Headman/ VC member	SHC	6	8.8	3	6.3	7	19.4	16	10.5
	PHC/CHC	23	33.8	22	45.8	23	63.9	68	44.7
	DH	38	55.9	19	39.6	6	16.7	63	41.4
	Private qualified doctor	1	1.5	3	6.3	0	0.0	4	2.6
	Private quack	0	0.0	0	0.0	0	0.0	0	0.0
	Don't know	0	0.0	1	2.1	0	0.0	1	0.7
	Total	68	100.0	48	100.0	36	100.0	152	100.0

Care of newborn and sick child

Care for newborn and sick child is one of the major responsibilities of ASHA. 61% of the ASHAs shared that there was no referral cases of sick or low birth newborn, 23.8% shared about referral of 1 to 2 sick newborn to health facilities. The place of referral as informed by 90.6% of the ASHAs is the PHC. At the same time 43.8% ASHAs informed that they also refer them to SHCs. Another 28.1% shared about referral of such newborn to CHC, while another 20.3% shared about referral to DH.

Though presence of sick child in community was shared by all the ASHAs, however, as far as referral of sick child by ASHAs is concerned, 22.6% ASHAs shared that they have referred 1

to 2 sick child to health facilities, 15.2% have referred 3 to 4 sick child to health facilities and 6.1% of them have referred 5 to 6 sick child to health facilities.

Table No. 38: Sick or low birth weight newborn and its referral

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Sick or low birth weight newborn referred	None	44	57.9	36	70.6	20	54.1	100	61.0
	1 to 2	20	26.3	11	21.6	8	21.6	39	23.8
	3 to 4	8	10.5	3	5.9	8	21.6	19	11.6
	5 to 6	3	3.9	0	0.0	1	2.7	4	2.4
	above 6	1	1.3	1	2.0	0	0.0	2	1.2
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Place where sick or low birth weight newborn referred	SHC/ANM	8	25.0	13	86.7	7	41.2	28	43.8
	PHC	32	100.0	19	126.7	7	41.2	58	90.6
	CHC	6	18.8	2	13.3	10	58.8	18	28.1
	DH	9	28.1	1	6.7	3	17.6	13	20.3
	Private qualified doctor	1	3.1	4	26.7	0	0.0	5	7.8
	Private unqualified doctor	0	0.0	0	0.0	0	0.0	0	0.0
	Others	4	12.5	0	0.0	0	0.0	4	6.3
No of sick children up to two years of age referred	None	47	61.8	24	47.1	15	40.5	86	52.4
	1 to 2	13	17.1	16	31.4	8	21.6	37	22.6
	3 to 4	11	14.5	4	7.8	10	27.0	25	15.2
	5 to 6	1	1.3	5	9.8	4	10.8	10	6.1
	above 6	4	5.3	2	3.9	0	0.0	6	3.7
	Total	76	100.0	51	100.0	37	100.0	164	100.0

While attempting to get the opinion of ANM, AWW and headman/VC about the place of referral of sick child by ASHA, it was found that maximum of them (ANM- 53.5%, AWW-46.8%, Headman/VC- 44.7%) informed that such children are referred to PHC/CHC, followed by DH (AWW-43.6%, Headman/VC- 41.4%, ANM- 11.6%). Further 32.6% of ANMs informed that such sick child are referred to SHCs by ASHAs, however only 10.5% Headman/VC and 5.8% AWW informed about referral of sick child to SHCs. Table no. 39 can be referred for detail information.

Table No. 39: Place of referral by ASHAs

Place of referring children with severe illness by ASHA		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As informed by ANM	SHC	4	20.0	4	30.8	6	60	14	32.6
	PHC/CHC	11	55.0	8	61.5	4	40	23	53.5
	DH	4	20.0	1	7.7	0	0	5	11.6
	Private qualified doctor	1	5.0	0	0.0	0	0	1	2.3
	Private quack	0	0.0	0	0.0	0	0	0	0.0
	Total	20	100.0	13	100.0	10	100	43	100.0
As informed by AWW	SHC	3	4.1	3	6.3	3	8.6	9	5.8
	PHC/CHC	20	27.4	32	66.7	21	60.0	73	46.8
	DH	45	61.6	12	25.0	11	31.4	68	43.6
	Private qualified doctor	4	5.5	1	2.1	0	0.0	5	3.2
	Private quack	0	0.0	0	0.0	0	0.0	0	0.0
	Don't know	1	1.4	0	0.0	0	0.0	1	0.6
	Total	73	100.0	48	100.0	35	100.0	156	100.0
As informed by Headman /VC member	SHC	6	8.8	3	6.3	7	19.4	16	10.5
	PHC/CHC	23	33.8	22	45.8	23	63.9	68	44.7
	SDH/DH	38	55.9	19	39.6	6	16.7	63	41.4
	Private qualified doctor	1	1.5	3	6.3	0	0.0	4	2.6
	Private quack	0	0.0	0	0.0	0	0.0	0	0.0
	Don't know	0	0.0	1	2.1	0	0.0	1	0.7
	Total	68	100.0	48	100.0	36	100.0	152	100.0

Participation of ASHA in VHND

As informed by ASHAs about their participation in VHND in last three months, it was found that 40.2% ASHAs have attended VHND 3 times (every month), while another 49.4% informed that they have attended VHND twice in last three months.

Table No. 40: ASHA's Participation in VHND (informed by ASHAs)

Immunization session attended in last three months	District							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
None	3	3.9	2	3.9	3	8.1	8	4.9
1	1	1.3	1	2.0	3	8.1	5	3.0
2	28	36.8	32	62.7	21	56.8	81	49.4
3	40	52.6	16	31.4	10	27.0	66	40.2
Above 3	4	5.3	0	0.0	0	0.0	4	2.4
Total	76	100.0	51	100.0	37	100.0	164	100.0

While trying to understand from ANM and AWW about the participation of ASHAs in VHND, 81.4% of ANM and 64.7% of AWW told that ASHA always attend the VHND. Another 9.3% ANM and 18.6% AWW informed that ASHA sometime attend the VHND.

Table No. 41: ASHA's participation in VHND (informed by ANM)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Participation of ASHA in VHND	Always present	18	90.0	11	84.6	6	60.0	35	81.4
	Sometimes	0	0.0	1	7.7	3	30.0	4	9.3
	Comes whenever called	2	10.0	1	7.7	1	10.0	4	9.3
	Never	0	0.0	0	0.0	0	0.0	0	0.0
	Total	20	100.0	13	100.0	10	100.0	43	100.0
Role of ASHA in VHND	Reminds about eligible mother and children	14	70.0	12	92.3	4	40.0	30	69.8
	Bringing them to VHND	18	90.0	13	100.0	4	40.0	35	81.4
	Assisting in ANC	13	65.0	8	61.5	2	20.0	23	53.5
	Assisting in immunization	17	85.0	9	69.2	4	40.0	30	69.8
	Organizing VHND venue	29	39.7	21	43.8	12	34.3	62	39.7

As far as ASHA's role in VHND is concerned, 81.4% of ANM and 63.5% AWW shared that they mobilize/bring the women and children to the venue for immunization. While 69.8% ANM and 72.4% AWW shared that they remind eligible mother and children to come for VHND. Table no. 42 provides the detail information.

Table No. 42: ASHA's participation in VHND (informed by AWW)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Immunization sessions attended by ASHA	Always present	48	65.8	35	72.9	18	51.4	101	64.7
	Sometimes	13	17.8	8	16.7	8	22.9	29	18.6
	Comes whenever called	12	16.4	5	10.4	7	20.0	24	15.4
	Never	0	0.0	0	0.0	2	5.7	2	1.3
	Total	73	100.0	48	100.0	35	100.0	156	100.0
Role of ASHA in VHND	Reminds about eligible mother and children	60	82.2	38	79.2	15	42.9	113	72.4
	Bringing them to VHND	49	67.1	29	60.4	21	60.0	99	63.5
	Assisting in ANC	19	26.0	12	25.0	8	22.9	39	25.0
	Assisting in immunization	49	67.1	23	47.9	19	54.3	91	58.3
	Organizing VHND venue	10	50.0	10	76.9	2	20.0	22	51.2

Infectious disease (TB) and disease outbreaks:

While trying to understand the situation/existence of persons suffering from TB, it was found that nearly 41% of the ASHAs were not aware if any of the TB patient in her village is taking DOTs therapy or not. Another 44.5% ASHA told that there are at least 1 to 2 cases of TB in the village in last one year and have taken DOTs therapy. As far as ASHA's role as a DOTs provider is concerned, 69.2% ASHAs are not acting as DOTs provider, while 24.4% ASHAs are providing DOTS to 1 to 2 TB patients.

Table No. 43: TB patient on DOTS therapy and ASHA's role as DOTS provider

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
TB patient taking DOTs therapy in ASHA's area	None	4	7.8	12	23.5	3	8.1	19	11.6
	Don't know	22	28.9	24	47.1	21	56.8	67	40.9
	1 to 2	47	61.8	15	29.4	11	29.7	73	44.5
	3 to 4	2	2.6	0	0.0	1	2.7	3	1.8
	above 4	1	1.3	0	0.0	1	2.7	2	1.2
	Total	76	100.0	51	100.0	37	100.0	164	100.0
ASHA is a DOTs provider for such TB patients	None	37	74.0	11	73.3	6	46.2	54	69.2
	1 to 2	11	22.0	1	6.7	7	53.8	19	24.4
	3 to 4	1	2.0	0	0.0	0	0.0	1	1.3
	above 4	1	2.0	0	0.0	0	0.0	1	1.3
	Total	50	100.0	15	100.0	13	100.0	78	100.0

Disease Outbreak

All the ASHAs interviewed in all the three districts did not inform about any disease outbreak in their respective villages in last six months.

Table No. 44: Disease outbreak in last six month

Whether any disease outbreak in the last six months	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Yes	0	0.0	0	0.0	0	0.0	0	0.0
No	76	100.0	51	100.0	37	100.0	164	100.0
Total	76	100.0	51	100.0	37	100.0	164	100.0

VHSNC and Social Mobilization:

Status of VHSNC and VHSNC meeting:

As far as constitution of VHSNC is concerned, it was found that the VHSNCs had been constituted in 92.7% of the villages as informed by ASHAs. However, in 59.2% of VHSNCs ASHAs are acting as Member Secretary and 21.1% of ASHAs informed that they are not involved or part of VHSNC. During last three months, VHSNC had only one meeting as informed by 50.7% ASHAs, while another 19.7% ASHA informed that two meetings of VHSNC was held in last three months. Table below provides detail information about the status of VHSNC, its account opening status and its meeting in last three months.

Table No. 45: VHSNC status and meeting in last three months

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
VHSNC in ASHA's area	Yes	73	96.1	44	86.3	35	94.6	152	92.7
	No	3	3.9	7	13.7	2	5.4	12	7.3
	Total	76	100.0	51	100.0	37	100.0	164	100.0
VHSNC has account	yes	71	97.3	43	97.7	34	97.1	148	97.4
	No	2	2.7	1	2.3	1	2.9	4	2.6
	Total	73	100.0	44	100.0	35	100.0	152	100.0
ASHA's position in VHSNC	Member	13	17.8	5	11.4	12	34.2	30	19.7
	Member Secretary	55	75.3	34	77.3	1	2.9	90	59.2
	Other office bearer	0	0.0	0	0.0	0	0.0	0	0.0
	Not Involved in any way	5	6.8	5	11.4	22	62.9	32	21.1
	Not aware	0	0.0	0	0.0	0	0.0	0	0.0
	Total	73	100.0	44	100.0	35	100.0	152	100.0
No of VHSNC meeting in the last three months	1	38	52.1	21	47.7	18	51.4	77	50.7
	2	15	20.5	8	18.2	7	20.0	30	19.7
	3	9	12.3	5	11.4	6	17.1	20	13.2
	above 3	2	2.7	3	6.8	0	0.0	5	3.3
	None	8	11.0	7	15.9	4	11.4	19	12.5
	Don't know	1	1.4	0	0.0	0	0.0	1	0.7
	Total	73	100.0	44	100.0	35	100.0	152	100.0
No of VHSNC meetings organized by ASHA in last three months	1	33	43.4	19	43.2	8	22.9	60	39.5
	2	12	15.8	8	18.2	1	2.9	21	13.8
	3	10	13.2	4	9.1	3	8.6	17	11.2
	above 3	1	1.3	2	4.5	1	2.9	4	2.6
	None	17	22.4	11	25.0	22	62.9	50	32.9
	Don't know	0	0.0	0	0.0	0	0.0	0	0.0
	Total	73	96.1	44	100.0	35	100.0	152	100.0

Data analysis of the response provided by ANM in relation to VHSNC shows that, VHSNC has been formed in the villages under respective SCs as informed by 86% of the ANMs. 67.6% of the ANMs informed that they are not part of VHSNC and not involved in VHSNC. Remaining 32.4% told that they are member of the VHSNC. As far as involvement of ASHAs in VHSNC as informed by ANMs is concerned, 29.7% ANMs shared that ASHAs are member of VHSNC, and 29.7% informed that ASHAs are not involved in VHSNC, while another 29.7% ANMs informed that ASHAs are Member Secretary of the VHSNC.

Table No. 46: Status of VHSNC formation and involvement of ASHA and ANM (as informed by ANM)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
VHSNC present	Yes	19	95.0	10	76.9	8	80.0	37	86.0
	No	1	5.0	3	23.1	2	20.0	6	14.0
	Total	20	100.0	13	100.0	10	100.0	43	100.0
Position of ASHA in the VHSNC	Member	7	36.8	1	10.0	3	37.5	11	29.7
	Member secretary	5	26.3	6	60.0	0	0.0	11	29.7
	Other office bearer	0	0.0	1	10.0	0	0.0	1	2.7
	Not involved in any way	6	31.6	1	10.0	4	50.0	11	29.7
	Don't know	1	5.3	1	10.0	1	12.5	3	8.1
	Total	19	8.7	10	100.0	8	100.0	37	100.0
Position of ANM in the VHSNC	Member	9	47.4	1	10.0	2	25.0	12	32.4
	Member secretary	0	0.0	0	0.0	0	0.0	0	0.0
	Other office bearer	0	0.0	0	0.0	0	0.0	0	0.0
	Not involved in any way	10	52.6	9	90.0	6	75.0	25	67.6
	Total	19	100.0	10	100.0	8	100.0	37	100.0

As far as information provided by AWW in relation to status of VHSNC and ASHA's & AWW's position in VHSNC is concerned, the analysis of the data shows that; 87.8% AWW informed that VHSNC is constituted, 36.5% informed that ASHA is the Member Secretary, while another 33.6% informed that ASHA is member of the VHSNC. About the involvement of AWW herself in VHSNC is concerned, 71.5% of them informed that they are member of VHSNC, however, another 23.4% AWW informed that they are not involved in VHSNC.

Table below provides district wise detail information on response of AWW in relation to the status of VHNSC formation, and involvement of ASHAs and AWW in the VHSNC.

Table No. 47: Status of VHSNC formation and involvement of ASHAs & AWW (as informed by AWW)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
VHSNC formed	Yes	64	87.7	42	87.5	31	88.6	137	87.8
	No	9	12.3	6	12.5	4	11.4	19	12.2
	Total	73	100.0	48	100.0	35	100.0	156	100.0
Position of ASHA in the VHSNC	Member	32	50.0	5	11.9	9	29.0	46	33.6
	Member secretary	21	32.8	29	69.0	0	0.0	50	36.5
	Other office bearer	0	0.0	0	0.0	0	0.0	0	0.0
	Not involved in any way	7	10.9	0	0.0	10	32.3	17	12.4
	Don't know	4	6.3	8	19.0	12	38.7	24	17.5
	Total	64	100.0	42	100.0	31	100.0	137	100.0
Position of AWW in the VHSNC	Member	52	81.3	25	59.5	21	60.0	98	71.5
	Member secretary	4	6.3	3	7.1	0	0.0	7	5.1
	Other office bearer	0	0.0	0	0.0	0	0.0	0	0.0
	Not involved in any way	8	12.5	14	33.3	10	28.6	32	23.4
	Total	64	100.0	42	100.0	31	88.6	137	100.0

All the village headman/VC members interviewed shared about constitution of VHSNC in the respective villages. It was also shared by 61.8% of the headman/VC that ASHA is the Member Secretary of the VHSNC, and 57.9% shared that they (headman/VC member) are the chairperson/president of the concerned VHSNC. Table No.-48 provide district wise breakup on the status of VHSNC formation and involvement of ASHA and Headman/VC.

Table No. 48: Status of VHSNC formation and involvement of ASHAs and Headman/VC (as informed by Headman/VC member)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
VHSNC present	Yes	68	100.0	48	100.0	36	100.0	152	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0
	Total	68	100.0	48	100.0	36	100.0	152	100.0
Position of ASHA in the VHSNC	Member	8	11.8	1	2.1	7	19.4	16	10.5
	Member secretary	53	77.9	41	85.4	0	0.0	94	61.8
	Other office bearer	0	0.0	0	0.0	0	0.0	0	0.0
	Not involved in any way	4	5.9	1	2.1	17	47.2	22	14.5
	Don't know	3	4.4	5	10.4	12	33.3	20	13.2
	Total	68	100.0	48	100.0	36	100.0	152	100.0
Position of PRI in the VHSNC	Member	4	5.9	19	39.6	4	11.1	27	17.8
	Chairperson	53	77.9	3	6.3	32	88.9	88	57.9
	Other office bearer	8	11.8	8	16.7	0	0.0	16	10.5
	Not involved in any way	3	4.4	17	35.4	0	0.0	20	13.2
	Don't know	0	0.0	1	2.1	0	0.0	1	0.7
	Total	68	100.0	48	100.0	36	100.0	152	100.0

Activities conducted by VHSNCs:

While trying to know the major activities of VHSNCs, it was informed by 46.1% ASHAs about improving sanitation/cleanliness of the village, followed by 21.1% ASHAs informing about arrangement of referral transport for needy and poor families seeking health care services (going to health facility).

Table No. 49: Major Activities conducted by VHSNC

Major Activities conducted by VHSNC	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Repairing the hand pump/well	4	5.5	6	13.6	7	18.9	17	11.2
Improving sanitation/cleanliness of the village	25	34.2	27	61.4	18	48.6	70	46.1
Spraying of insecticides	4	5.5	3	6.8	7	18.9	14	9.2
Giving loans to families for health needs	11	15.1	1	2.3	0	0.0	12	7.9
Arranging of referral transport for needy/poor families in case of health care seeking	13	17.8	11	25.0	8	21.6	32	21.1
No expenditure done at all	0	0.0	1	2.3	0	0.0	1	0.7
Don't know	7	9.6	0	0.0	8	21.6	15	9.9

Role of ASHA in VHSNC

Interviews were conducted with ANM, AWW and Headman/VC member to understand the role of ASHAs in VHSNC. Mobilizing people to attend VHSNC meeting has been shared as a role of ASHA by all the respondents (ANM- 75.7%, AWW-63.5% & Headman/VC-57.9%), followed by helping in organizing meeting (ANM-56.8%, AWW-57.7% & Headman/VC- 53.3%). District wise detail information on role of ASHAs as shared by ANM, AWW and Headman/VCs are given in the below table.

Table No. 50: Role of ASHA in VHSNC

Role of ASHA in VHSNC		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
According ANM	Prepares village health plan	7	36.8	2	20.0	1	12.5	10	27.0
	Mobilizes people for VHSNC meeting	16	84.2	7	70.0	5	62.5	28	75.7
	Flags important issues of the village	9	47.4	4	40.0	4	50.0	17	45.9
	Helps in organizing the meeting	14	73.7	5	50.0	2	25.0	21	56.8
According to AWW	Prepares village health plan	16	25.0	10	23.8	6	19.4	32	22.73
	Mobilizes people for VHSNC meeting	49	76.6	28	66.7	10	32.3	87	63.5
	Flags important issues of the village	46	71.9	16	38.1	14	45.2	76	55.5
	Helps in organizing the meeting	48	75.0	26	61.9	5	16.1	79	57.7
According to Headman/VC member	Prepares village health plan	13	19.1	7	14.6	5	13.9	25	16.4
	Mobilizes people for VHSNC meeting	43	63.2	29	60.4	16	44.4	88	57.9
	Flags important issues of the village	12	17.6	13	27.1	2	5.6	27	17.8
	Helps in organizing the meeting	47	69.1	23	47.9	11	30.6	81	53.3

Social Mobilization:

Analysis of the data on social mobilization activities conducted by ASHAs shows that ensuring availability of services from ANM/AWW/Health facility as shared by 59.2% ASHA, followed by 57.2% ASHAs informing about activities related to water and sanitation facilities. Another 36.2% ASHAs told about picketing of alcohol shops as one of the major social mobilization activities conducted by them.

Table No. 51: Social Mobilization activities done by ASHA (shared by ASHA)

Social Mobilization activities done by ASHA	District							
	Dimapur		Wokha		Phek		Total	
	No	Pc	No	Pc	No	Pc	No	PC
Ensuring availability of services from ANM/AWW/ health facility	41	56.2	29	65.9	20	57.1	90	59.2
Picketing of alcohol shops	41	56.2	11	25.0	3	8.6	55	36.2
Ensuring participation in ICDS food production	14	19.2	11	25.0	3	8.6	28	18.4
PDS shop regulation and demand generation	7	9.6	1	2.3	3	8.6	11	7.2
Water and sanitation facilities	35	47.9	33	75.0	19	54.3	87	57.2
Forest rights and environmental issues	6	8.2	5	11.4	5	14.3	16	3.1
Mobilization against domestic violence	4	5.5	16	36.4	4	11.4	24	15.8
Adult and women education	10	13.7	22	50.0	12	34.3	44	28.9

Analysis of the response of the ANM, AWW and Headman/VC members on social mobilization activities of ASHAs shows water and sanitation related activity as one of the major activity as shared by 46.5% ANMs, 49.4% AWW and 45.4% of Headman/VC-interviewed, followed by picketing of alcohol shops as shared by 37.2% ANMs, 47.4% AWW and 40.1% Headman/VC members.

Table No. 52: Social Mobilization activities done by ASHA

Social mobilization activities done by ASHA		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
As shared by ANM	Picketing of alcohol shops	9	45.0	4	30.8	3	30.0	16	37.2
	Ensuring participation in ICDS food production, PDS shop regulation and demand generation	12	60.0	1	7.7	0	0.0	13	30.2
	Water and sanitation facilities	12	60.0	4	30.8	4	40.0	20	46.5
	Forest rights and environmental issues	7	35.0	2	15.4	1	10.0	10	23.3
	Mobilization against domestic violence	6	30.0	2	15.4	1	10.0	9	20.9
	Adult and women education	5	25.0	2	15.4	1	10.0	8	18.6
As shared by AWW	Picketing of alcohol shops	46	63.0	15	31.3	13	37.1	74	47.4
	Ensuring participation in ICDS food production, PDS shop regulation and demand generation	40	54.8	3	6.3	3	8.6	46	29.5
	Water and sanitation facilities	57	78.1	16	33.3	4	11.4	77	49.4
	Forest rights and environmental issues	22	30.1	5	10.4	6	17.1	33	21.2
	Mobilization against domestic violence	21	28.8	5	10.4	6	17.1	32	20.5
	Adult and women education	21	28.8	16	33.3	12	34.3	49	31.4
	None	2	2.7	10	20.8	3	8.6	15	9.6
	Any Other	0	0.0	3	6.3	0	0.0	3	1.9
As shared by Headman/VC member	Picketing of alcohol shops	42	61.8	8	16.7	11	30.6	61	40.1
	Ensuring participation in ICDS food production, PDS shop regulation and demand generation	38	55.9	3	6.3	5	13.9	46	30.3
	Water and sanitation facilities	60	88.2	4	8.3	5	13.9	69	45.4
	Forest rights and environmental issues	23	33.8	2	4.2	2	5.6	27	17.8
	Mobilization against domestic violence	20	29.4	6	12.5	4	11.1	30	19.7
	Adult and women education	19	27.9	8	16.7	13	36.1	40	26.3
	None	1	1.5	20	41.7	17	47.2	38	25.0
	Any Other	1	1.5	4	8.3	0	0.0	5	3.3

ASHA in Village Council:

Analysis of the response from ASHA, ANM, AWW and Headman/VC members interviewed about the ASHA's involvement in Village Council is concerned, 9.8% of ASHAs informed that they are member of Village Council, while 16.3% ANMs, 4.5% AWW and 3.9% headman/VC member interviewed also informed about ASHA's involvement in Village Council as a member.

Table No. 53: Involvement of ASHA in Village Council

ASHA as a member of Village Council		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Response from ASHA	Yes	3	3.9	6	11.8	7	18.9	16	9.8
	No	73	96.1	45	88.2	30	81.1	148	90.2
	Total	76	100.0	51	100.0	37	100.0	164	100.0
Response from ANM	Yes	6	30.0	1	7.7	0	0.0	7	16.3
	No	14	70.0	12	92.3	10	100.0	36	83.7
	Total	20	100.0	13	100.0	10	100.0	43	100.0
Response from AWW	Yes	3	4.1	3	6.3	1	2.9	7	4.5
	No	70	95.9	45	93.8	34	97.1	149	95.5
	Total	73	100.0	48	100.0	35	100.0	156	100.0
Response from Headman/VC Member	Yes	3	4.4	2	4.2	1	2.8	6	3.9
	No	65	95.6	46	95.8	35	97.2	146	96.1
	Total	68	100.0	48	100.0	36	100.0	152	100.0

Effectiveness of ASHA program

Changes that the ASHA program has brought:

In order to understand the changes brought by the ASHA program, opinion of ANM, AWW and Headman/VC were taken during the interview. It was shared by maximum of them that introduction of ASHA program has brought about increase in immunization as shared by 95.3% ANM, 92.9% AWW and 94.1% Headman/VC members, followed by 79.1% ANM, 80.1% AWW and 82.9% Headman/VC members informing about increase in mother's and children attendance in VHND. However, as far as increase in awareness of rights is concerned, it was shared by only 32.6% ANM, 25.6% AWW and 17.8% Headman/VC.

Table No. 54: Changes brought by ASHA programme

Changes brought by ASHA programme		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
According to ANM	Increasing immunization	20	100.0	13	100.0	8	80.0	41	95.3
	Increasing institutional delivery	17	85.0	8	61.5	7	70.0	32	74.4
	Increase in utilization of public health services	15	75.0	8	61.5	7	70.0	30	69.8
	Better hygiene in the community	16	80.0	7	53.8	7	70.0	30	69.8
	Increasing mother and children's attendance in VHND	17	85.0	11	84.6	6	60.0	34	79.1
	Increased awareness of rights	9	45.0	4	30.8	1	10.0	14	32.6
According to AWW	Increasing immunization	73	100.0	44	91.7	28	80.0	145	92.9
	Increasing institutional delivery	68	93.2	32	66.7	21	60.0	121	77.6
	Increase in utilization of public health services	34	46.6	34	70.8	23	65.7	91	58.3
	Better hygiene in the community	37	50.7	28	58.3	20	57.1	85	54.5
	Increasing mother and children's attendance in VHND	59	80.8	43	89.6	23	65.7	125	80.1
	Increased awareness of rights	21	28.8	12	25.0	7	20.0	40	25.6
According to Headman /VC member	Increasing immunization	68	100.0	45	93.8	30	83.3	143	94.1
	Increasing institutional delivery	50	73.5	28	58.3	21	58.3	99	65.1
	Increase in utilization of public health services	43	63.2	33	68.8	27	75.0	103	67.8
	Better hygiene in the community	46	67.6	22	45.8	31	86.1	99	65.1
	Increasing mother and children's attendance in VHND	65	95.6	33	68.8	28	77.8	126	82.9
	Increased awareness of rights	18	26.5	6	12.5	3	8.3	27	17.8

ASHA's contribution on Maternal, Newborn and Child health (As shared by beneficiaries)

Care during pregnancy:

ANC services during pregnancy (B-1)

Analysis of the data on ANC services received by mothers who had delivered in last six months is concerned, 38.2% of them informed about 2 ANC services, 24.3% had 3 ANCs and 11.7% had 1 ANC during their pregnancy period. As far as presence of ASHAs while availing ANC is concerned, 30.9% told about her presence during 2 ANC, while another 31.5% shared that ASHAs were never present.

Table No. 55: ANC services received during pregnancy (B-1)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
No. of Ante natal received	1	11	7.4	11	11.2	15	21.1	37	11.7
	2	56	37.8	46	46.9	19	26.8	121	38.2
	3	41	27.7	22	22.4	14	19.7	77	24.3
	4	20	13.5	6	6.1	10	14.1	36	11.4
	Above 4	5	3.4	0	0.0	1	1.4	6	1.9
	None	15	10.1	13	13.3	12	16.9	40	12.6
	Total	148	100.0	98	100.0	71	100.0	317	100.0
ASHA present during ANC	Yes for all visits	3	2.0	4	4.1	0	0.0	7	2.2
	Yes for three visits	31	20.9	14	14.3	12	16.9	57	18.0
	Yes for two visits	50	33.8	35	35.7	13	18.3	98	30.9
	Yes for one visit	16	10.8	15	15.3	24	33.8	55	17.4
	No	48	32.4	30	30.6	22	31.0	100	31.5
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Services given during the pregnancy	Weighed	101	68.2	61	62.2	49	69.0	211	66.6
	BP check up	109	73.6	63	64.3	61	85.9	233	73.5
	Urine test	96	64.9	28	28.6	31	43.7	155	48.9
	Blood sample taken	70	47.3	14	14.3	32	45.1	116	36.6
	Abdominal check up	51	34.5	20	20.4	22	31.0	93	29.3
	Advice for food and rest	77	52.0	34	34.7	29	40.8	140	44.2
	90 or more iron tablets	62	41.9	44	44.9	39	54.9	145	45.7
	2 tetanus toxoid injections	73	49.3	17	17.3	44	62.0	134	42.3
	1 tetanus toxoid injections	20	13.5	31	31.6	12	16.9	63	19.9
	ANC card and registration	60	40.5	8	8.2	24	33.8	92	29.0
	Information about emergency transport contact detail	12	8.1	2	2.0	12	16.9	26	8.2
	Information about identifying danger signs during pregnancy	19	12.8	10	10.2	12	16.9	41	12.9
	Ultrasound	39	26.4	5	5.1	18	25.4	62	19.6
	None	8	5.4	0	0.0	2	2.8	10	3.2
	Others	0	0.0	0	0.0	2	2.8	2	0.6

Services given by ASHA during pregnancy

Of all the mothers who had delivered in last six month, 38.8% told that ASHA had visited them twice during the period of their pregnancy, while another 19.9% informed that they have been visited by ASHA thrice. As far as issues on which the mothers have received advice from ASHA during their pregnancy is concerned, 69.1% of them told that ASHA has advised them to visit health facility for ANC, followed by 56.8% mothers advised by ASHA on consumption of IFA tablet, 46.4% advised for institutional delivery. Further all the mothers interviewed, 44.2% of them have informed that ASHAs has helped them in preparation of birth plan.

Table No. 56: Services given by ASHA during pregnancy

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
No of times visited by the ASHA during pregnancy	1	16	10.8	13	13.3	23	32.4	52	16.4
	2	62	41.9	48	49.0	13	18.3	123	38.8
	3	36	24.3	16	16.3	11	15.5	63	19.9
	4	10	6.8	5	5.1	6	8.5	21	6.6
	5	5	3.4	1	1.0	0	0.0	6	1.9
	Above 5	2	1.4	0	0.0	0	0.0	2	0.6
	None	17	11.5	15	15.3	18	25.4	50	15.8
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Issues on which advice was received from ASHA	Visiting health facility for weighing, BP check up and TT injection	109	73.6	65	66.3	45	63.4	219	69.1
	Advice on regular consumption of IFA tablets	87	58.8	55	56.1	38	53.5	180	56.8
	Advice on institutional delivery	66	44.6	45	45.9	36	50.7	147	46.4
	Janani suraksha yojna benefit	59	39.9	22	22.4	39	54.9	120	37.9
	Home delivery care (five cleans)	18	12.2	10	10.2	10	14.1	38	12.0
	Information about identification of danger signs	17	11.5	10	10.2	18	25.4	45	14.2
	Neo natal care-keeping baby warm after birth	37	25.0	25	25.5	22	31.0	84	26.5
	Immediate initiation of breast feeding	64	43.2	50	51.0	29	40.8	143	45.1
	Advice on nutritious and timely consumption of food	51	34.5	42	42.9	27	38.0	120	37.9
	Post natal care	41	27.7	45	45.9	24	33.8	110	34.7
	Family planning advice	34	23.0	36	36.7	25	35.2	95	30.0
	None of the above	8	5.4	1	1.0	12	16.9	21	6.6
	Others	0	0.0	0	0.0	2	2.8	2	0.6
ASHA helped in making birth plan	Yes	82	55.4	37	37.8	21	29.6	140	44.2
	No	66	44.6	61	62.2	50	70.4	177	55.8
	Total	148	100.0	98	100.0	71	100.0	317	100.0

Complication during pregnancy

Of all the beneficiary-1 interviewed, only 9.8% have shared that they had complications during their pregnancy period. Of these, 67.7% seek the advice of family members for treatment, followed by 64.5% who took advice of ASHA, and 35.5% took the advice of ANM for treatment. Place of treatment was PHC as informed by 28% of them, followed 24% of them who went to CHC for treatment, another 20% went to DH for treatment and 12% to SHC for availing treatment. Table no. 57 provides the detail information.

Table No. 57: Complications during pregnancy

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Any complications during pregnancy	Yes	14	9.5	7	7.1	10	14.1	31	9.8
	No	134	90.5	91	92.9	61	85.9	286	90.2
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Advice sought for treatment	ASHA	11	78.6	3	42.9	6	60.0	20	64.5
	ANM	3	21.4	0	0.0	8	80.0	11	35.5
	Family members	8	57.1	7	100.0	6	60.0	21	67.7
	Local Healer	1	7.1	0	0.0	2	20.0	3	9.7
	AWW	2	14.3	0	0.0	0	0.0	2	6.5
	None	0	0.0	0	0.0	0	0.0	0	0.0
Seek treatment for complication	Yes	11	78.6	6	85.7	8	80.0	25	80.6
	No	3	21.4	1	14.3	2	20.0	6	19.4
	Total	14	100.0	7	100.0	10	100.0	31	100.0
Place of seeking care	ANM/SHC	3	27.3	0	0.0	0	0.0	3	12.0
	PHC	3	27.3	0	0.0	4	50.0	7	28.0
	CHC	4	36.4	0	0.0	2	25.0	6	24.0
	DH	3	27.3	0	0.0	2	25.0	5	20.0
	Private qualified doctor's clinic/nursing home	4	36.4	1	16.7	0	0.0	5	20.0

ASHA's advice for delivery and place of delivery:

It was shared by 62.1% of the beneficiary interviewed that ASHA's advised them to deliver at PHC/CHC, followed by 16.4% of them who told that they were advised to deliver at DH. As far as place of delivery is concerned, home delivery is quite high as 60.6% of the beneficiary informed that they have delivered at home. While trying to understand the reasons for choosing the place of delivery, it was found that the place was chosen as it has good facility/services as shared by 44.8% respondents, followed by 41% of them telling about family pressure as one of the major reason for choosing the place of delivery. Another 31.2% of them have told referral by ASHA as one of the major reason for choosing place of

delivery, while another 29% informed about timely availability of transport facility as one of the major reason.

Table No. 58: ASHA' advice for delivery & place of delivery

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice given by ASHA to go for delivery	SHC	1	0.7	7	7.1	2	2.8	10	3.2
	PHC/CHC	89	60.1	63	64.3	45	63.4	197	62.1
	DH	35	23.6	13	13.3	4	5.6	52	16.4
	Private clinic	0	0.0	0	0.0	0	0.0	0	0.0
	Private unqualified (quack) clinic	0	0.0	0	0.0	0	0.0	0	0.0
	Home	6	4.1	0	0.0	2	2.8	8	2.5
	Did not advice	17	11.5	15	15.3	18	25.4	50	15.8
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Place of delivery	Home	78	52.7	62	63.3	52	73.2	192	60.6
	SHC	0	0.0	0	0	0	0	0	0
	PHC/CHC	44	29.7	31	31.6	15	21.1	90	28.4
	DH	19	12.8	5	5.1	4	5.6	28	73.83
	Private clinic	7	4.7	0	0.0	0	0.0	7	2.2
	Private unqualified (quack) clinic	0	0.0	0	0.0	0	0.0	0	0.0
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Reason to choose the place of delivery	Referral by ASHA	52	35.1	34	34.7	13	18.3	99	31.2
	Money available from JSY scheme	4	2.7	6	6.1	2	2.8	12	3.8
	Good doctor	9	6.1	2	2.0	5	7.0	16	5.0
	Good facility	78	52.7	37	37.8	27	38.0	142	44.8
	Timely transport available	53	35.8	22	22.4	17	23.9	92	29.0
	Self motivated	9	6.1	2	2.0	3	4.2	14	4.4
	Family pressure	72	48.6	37	37.8	21	29.6	130	41.0
	Due to complications during the pregnancy	4	2.7	3	3.1	4	5.6	11	3.5
	Due to complications in the previous pregnancy	2	1.4	0	0.0	0	0.0	2	0.6
	Facility close by	0	0.0	1	1.0	2	2.8	3	0.9
	Referral by ANM/AWW	3	2.0	5	5.1	0	0.0	8	2.5
	Previous child/children were born there	2	1.4	1	1.0	4	5.6	7	2.2
	Others	3	2.0	0	0.0	2	2.8	5	1.6

Home delivery and its reasons:

Maximum of the home deliveries are found to be conducted by the family members as shared by 49% of those beneficiary-1 who had delivered at home, while another 32.3% shared that the delivery was conducted by dai. As far as major reasons behind the delivery at home is concerned, 34.9% told that this is due to non-availability of transport facilities, while another 26.6% shared family pressure/tradition and faith on family members as the reasons for home delivery.

Table No. 59: Details of Home delivery and its reason

Descriptions		District							
		Dimapur		Wokha		Phek			Total
		No	Pc	No	Pc	No	Pc	No	PC
Home delivery done by	Dai	15	19.2	25	40.3	22	42.3	62	32.3
	ANM	7	9.0	1	1.6	2	3.8	10	5.2
	Nurse	11	14.1	4	6.5	4	7.7	19	9.9
	Family member	39	50.0	31	50.0	24	46.2	94	49.0
	Others	6	7.7	1	1.6	0	0.0	7	3.6
	Total	78	100.0	62	100.0	52	100.0	192	100.0
Reasons for home delivery	Birth happened at night	14	17.9	13	21.0	12	23.1	39	20.3
	No transport facility available for going to facility	21	26.9	28	45.2	18	34.6	67	34.9
	Transport was called but came very late(no time left to go)	0	0.0	0	0.0	0	0.0	0	0.0
	Family tradition/pressure	22	28.2	17	27.4	12	23.1	51	26.6
	No one to accompany to the facility	0	0.0	0	0.0	1	1.9	1	0.5
	Do not trust doctor or facility nearby	1	1.3	0	0.0	0	0.0	1	0.5
	Non availability of services at the facility	0	0.0	7	11.3	6	11.5	13	6.8
	Faith in local dai	6	7.7	8	12.9	5	9.6	19	9.9
	Faith in family members	13	16.7	22	35.5	16	30.8	51	26.6
	Lack of money/resources	2	2.6	0	0.0	1	1.9	3	1.6
	Facility is located very far	2	2.6	7	11.3	0	0.0	9	4.7

Institutional delivery and person accompanying

Of those beneficiaries delivered at health facility, 85.1% of them shared that they were accompanied by their husband, while another 56% told that ASHA also accompanied them while going to the health facility for delivery. Please refer table no. 60 for detail information.

Table No. 60: Institutional delivery and person accompanying

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Accompanied to the facility at time of delivery	ASHA	45	64.3	18	50.0	7	36.8	70	56.0
	ANM	21	30.0	10	27.8	8	42.1	39	31.2
	AWW	5	7.1	2	5.6	2	10.5	9	7.2
	Dai	1	1.4	1	2.8	0	0.0	2	1.6
	Husband	65	92.9	32	88.8	14	73.68	148	85.1
	Mother/mother-in-law	27	38.6	4	11.1	14	73.7	45	36.0
	Other family members	34	48.6	7	19.4	19	100.0	60	48.0
	Others	0	0.0	0	0.0	0	0.0	0	0.0
Reasons for not accompanying by ASHA at the time of delivery	Delivery not discussed/promoted with ASHA	7	28.0	4	22.2	3	25.0	14	25.5
	Delivery was promoted but escort service was not needed	0	0.0	2	11.1	0	0.0	2	3.6
	Escort service was needed but ASHA could not be informed	10	40.0	5	27.8	3	25.0	18	32.7
	Escort service was needed but ASHA could not come	7	28.0	7	38.9	6	50.0	20	36.4
	Escort service was needed but ASHA refused	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	4.0	0	0.0	0	0.0	1	1.8

As far as the kind of support provided by ASHAs who had accompanied the woman for institutional delivery is concerned, maximum (85.7%) respondents told that ASHA spoke to the medical officer, followed by helping in arrangement of medicines required (61.4%) and 42.9% informed that ASHAs helped them in registration and other administrative activities.

While trying to understand the arrangement of transportation by ASHAs for going to the health facility for delivery is concerned, it was found that the transport/vehicle was arranged by ASHAs as informed by only 37.6% beneficiaries, remaining 62.4% informed that it was arranged by themselves/family. Again, analysis of the data about the kind of help provided by ASHAs in arranging transport is concerned, 66.7% told that ASHA called the driver/vehicle owner, however only 12.5% of them said that the cost of vehicle/transportation was paid by ASHAs.

Table No. 61: Support of ASHA while accompanying for institutional delivery and transport arrangement

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Role of ASHA at the time of institutional delivery	Spoke to the medical personal	43	95.6	12	66.7	5	71.4	60	85.7
	Helped in expediting registration and other administrative activities	15	33.3	5	27.8	10	142.9	30	42.9
	Helped in getting the JSY cash incentive	13	28.9	5	27.8	10	142.9	28	40.0
	Provided psychological and moral support	13	28.9	7	38.9	2	28.6	22	31.4
	Arranged for the medicines required	27	60.0	13	72.2	3	42.9	43	61.4
	Arranged for the food	12	26.7	2	11.1	2	28.6	16	22.9
	Other	1	2.2	0	0.0	0	0.0	1	1.4
	None	1	2.2	1	5.6	0	0.0	2	2.9
ASHA helped in arranging transport at the time of delivery	Yes	29	41.4	11	30.6	7	36.8	47	37.6
	No	41	58.6	25	69.4	12	63.2	78	62.4
	Total	70	100.0	36	100.0	19	100.0	125	100.0
Support by/Role of ASHA in arranging transport	Called the driver/owner at the time of labour	19	65.5	6	54.5	7	100.0	32	66.7
	Informed the family/myself about the contact details of the taxi/ambulance/auto services who can be called at the time of labour	2	6.9	2	18.2	0	0.0	4	8.3
	Went and arranged for a taxi/auto at time of labour	1	3.4	2	18.2	0	0.0	3	6.3
	Paid for the transport	6	20.7	0	0.0	0	0.0	6	12.5
	Others	1	3.4	1	9.1	0	0.0	2	4.2

Janani Suraksha Yojana (JSY):

While trying to understand the status of JSY incentives received by beneficiary/mothers who have delivered in last six months, it was found that only 45.4% of them have received the entitled incentive. Of this 32.6% have received Rs.500 (home delivery), and 67.4% have received Rs.700 (institutional delivery). As far as the person who collected the JSY incentive

is concerned, 39.6% informed that it is ASHA who collected it, while in case of 32.6% mothers it was collected by their husbands. In case of incentive for ASHA also, there were more than 50% of ASHAs who are yet to receive JSY incentives.

Table No. 62: JSY and its payment status

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Received JSY incentive	Yes	73	49.3	48	49.0	23	32.4	144	45.4
	No	75	50.7	50	51.0	48	67.6	173	54.6
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Amount received for JSY	500	23	31.5	14	29.2	10	43.5	47	32.6
	700	50	68.5	34	70.8	13	56.5	97	67.4
	Total	73	100.0	48	100.0	23	100.0	144	100.0
Person that collected JSY incentive	Self	9	12.3	14	29.2	1	4.3	24	16.7
	ASHA	26	35.6	18	37.5	13	56.5	57	39.6
	ANM	5	6.8	1	2.1	6	26.1	12	8.3
	Husband	30	41.1	14	29.2	3	13.0	47	32.6
	Any family member	3	4.1	1	2.1	0	0.0	4	2.8
	Total	73	100.0	48	100.0	23	100.0	144	100.0

Care for Newborn and PNC:

Home visit by ASHA and her advice:

Considering the home visits made by ASHAs for newborn care/PNC, it was found that, 56% said that ASHAs were there at the time of delivery, while 28.1% told that they have been visited by ASHA between 4th to 7th day after delivery, while another 23.7% shared that ASHA visited them on 2nd to 3rd day after delivery.

As far as the advice given by ASHAs during her visit is concerned, 69.7% of the beneficiary told that they have been advised about immediate initiation of breastfeeding, followed by 55.2% who were advised on keeping newborn warm, while 54.3% were advised on immunization. However, only 15.1% of the respondents told that they were advised on identifying danger sign of excessive bleeding after delivery. Please refer table no. 63 for detail information.

Table No. 63: Home visit by ASHA and her advice (shared by beneficiary-1)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
ASHA's first visit to you after delivery	ASHA was present at the institution at the time of delivery	45	64.3	18	50	7	36.8	70	56.0
	Less than 1st day	16	10.8	7	7.1	5	7.0	28	8.8
	2nd to 3rd day	32	21.6	28	28.6	15	21.1	75	23.7
	4th to 7th day	24	16.2	37	37.8	28	39.4	89	28.1
	8th to 14th day	15	10.1	6	6.1	8	11.3	29	9.1
	14th to 21st day	0	0.0	0	0.0	2	2.8	2	0.6
	21st to 28th day	1	0.7	0	0.0	0	0.0	1	0.3
	29th to 42nd day	2	1.4	1	1.0	0	0.0	3	0.9
	Came only when I called	1	0.7	0	0.0	2	2.8	3	0.9
	Never	12	8.1	1	1.0	4	5.6	17	5.4
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Advice given by ASHA regarding newborn and post natal care	Immediate initiation of breast feeding/colostrums feeding	114	77.0	66	67.3	41	57.7	221	69.7
	Advise for not bathing the child immediately	57	38.5	39	39.8	33	46.5	129	40.7
	Taking nutritious food in adequate amount	84	56.8	38	38.8	43	60.6	165	52.1
	Advise for registration of birth	48	32.4	12	12.2	32	45.1	92	29.0
	Identifying signs of excessive bleeding after delivery	21	14.2	7	7.1	20	28.2	48	15.1
	Promote contraceptive use	30	20.3	25	25.5	28	39.4	83	26.2
	Counseling on exclusive breast feeding for first six months	60	40.5	46	46.9	49	69.0	155	48.9
	Immunization advise for the new born	81	54.7	38	38.8	53	74.6	172	54.3
	Keeping the baby warm	92	62.2	59	60.2	24	33.8	175	55.2
	Keeping the cord clean	61	41.2	38	38.8	10	14.1	109	34.4
	Others	5	3.4	0	0.0	2	2.8	7	2.2

Analysis of the response provided by mothers of child between 6.1 months to 2 years of age who fell sick in last 1 month (Beneficiary-2) in relation to the advice given to them by ASHAs while their baby was born (during PNC), it was found that, 54.9% of them were advised on immediate initiation of breastfeeding, followed by 52.3% of them advised by

ASHA on immunization of the baby. However, only 12.3% told that they were advised on identifying danger sign of excessive bleeding after delivery.

Table No. 64: Advice given by ASHA during PNC (informed by Beneficiary-2)

Advice given by ASHA regarding newborn and post natal care	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Immediate initiation of breast feeding/colostrums feeding	75	52.4	53	55.8	41	58.6	169	54.9
Advise for not bathing the child immediately	50	35.0	39	41.1	20	28.6	109	35.4
Taking nutritious food in adequate amount	59	41.3	25	26.3	25	35.7	109	35.4
Advise for registration of birth	10	7.0	1	1.1	5	7.1	16	5.2
Identifying signs of excessive bleeding after delivery	22	15.4	11	11.6	5	7.1	38	12.3
Promote contraceptive use	22	15.4	13	13.7	7	10.0	42	13.6
Counseling on exclusive breast feeding for first six months	49	34.3	38	40.0	44	62.9	131	42.5
Immunization advise for the new born	75	52.4	53	55.8	33	47.1	161	52.3
Keeping the baby warm	49	34.3	38	40.0	44	62.9	131	42.5
Keeping the cord clean	64	44.8	50	52.6	11	15.7	125	40.6
Others	7	4.9	0	0.0	7	10.0	14	4.5

Breastfeeding Initiation:

As far as initiation of breastfeeding of the newborn is concerned, 47.9% of the mother/beneficiary-1 told that they initiated it in less than 1 hour of birth, while another 42.9% informed that it was initiated in 1 to 2 hour after the birth of the baby.

Considering the role of the ASHA for feeding colostrums, 69.7% mothers informed about the advice given by ASHA on early initiation of breastfeeding, however, 11% mothers felt that ASHA should have helped more.

As far as feeding of child in first three days of birth is concerned, 63.4% mothers told that they fed nothing other than breast-milk, however, remaining 36.6% informed about feeding child other than breast milk such as; powder /cow milk, plain water, gripe water etc.

Table No.65: Breastfeeding Initiation and role of ASHA

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Time after birth breastfeeding started	Less than 1 hr	75	50.7	46	46.9	31	43.7	152	47.9
	1hr to 2 hr	63	42.6	51	52.0	22	31.0	136	42.9
	2.1hr to 3hr	7	4.7	1	1.0	8	11.3	16	5.0
	3.1hr to 24hr	1	0.7	0	0.0	8	11.3	9	2.8
	More than 24 hrs	2	1.4	0	0.0	2	2.8	4	1.3
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Role played by ASHA for feeding of colostrums	Advised on early initiation of breast feeding	114	77.0	66	67.3	41	57.7	221	69.7
	She was present there and helped in feeding the child	46	31.1	31	31.6	17	23.9	94	29.7
	She should have helped more	13	8.8	8	8.2	14	19.7	35	11.0
Fed to the child within the first three days	Nothing other than breast milk	77	52.0	65	66.3	59	83.1	201	63.4
	Milk other than breast milk	11	7.4	0	0.0	2	2.8	13	4.1
	Plain water	15	10.1	15	15.3	42	59.2	72	22.7
	Sugar or glucose water	1	0.7	2	2.0	6	8.5	9	2.8
	Gripe water	38	25.7	4	4.1	18	25.4	60	18.9
	Sugar salt water solution	1	0.7	1	1.0	0	0.0	2	0.6
	Fruit juice	0	0.0	0	0.0	0	0.0	0	0.0
	Infant formula	2	1.4	0	0.0	0	0.0	2	0.6
	Tea/coffee	0	0.0	0	0.0	0	0.0	0	0.0
	Honey	0	0.0	0	0.0	6	8.5	6	1.9
	Others	1	0.7	0	0.0	2	2.8	3	0.9

Weight of baby:

While trying to know the birth weight of the baby, it was found that weight of the baby were taken on same day of birth as informed by 48.3% mothers, while 22.7% told that weight was taken after more than one day of birth. Another 21.5% mothers informed that the weight of the baby was not taken at the time of birth or after, and 7.6% was not able to answer if the weight was taken (as they don't know).

As far as birth weight of the newborn is concerned, 96.4% of the baby who were weighed had 2.5kg or more than that. However, presence of ASHA during the weight was taken is informed by 33.3% mothers, while rest of the 66.7% mothers informed that ASHA was not there when the baby's weight was taken. Refer table no.-66 for detailed information.

Table No. 66: Weight of the baby

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Time after birth baby weighed	Same day	91	61.5	41	41.8	21	29.6	153	48.3
	More than one day	27	18.2	34	34.7	11	15.5	72	22.7
	Don't Know	9	6.1	9	9.2	6	8.5	24	7.6
	Never	21	14.2	14	14.3	33	46.5	68	21.5
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Weight of the baby	Less than 2.00 Kg	1	0.8	1	1.3	0	0.0	2	0.9
	2 kg to less than 2.5 kg	2	1.7	1	1.3	3	9.4	6	2.7
	2.5 kg & above 2.5 Kg	115	97.5	73	97.3	29	90.6	217	96.4
	Total	118	100.0	75	76.5	32	100.0	225	100.0
ASHA present at the time of weighing	Yes	44	37.3	18	24.0	13	40.6	75	33.3
	No	74	62.7	57	76.0	19	59.4	150	66.7
	Total	118	100.0	75	100.0	32	100.0	225	100.0

Immunization:

As far as immunization of the children below 6 months of age is concerned, 86.4% mothers informed that the baby received at least one or other immunization/vaccination. While trying to understand the kind of vaccine received, 76.6% of them received BCG, followed by 47.4% of them who received polio dose given at the time of birth, while another 71.9% received 1st dose of polio as per the analysis of the response provided by the beneficiary-1.

Table No. 67: Immunization Status of the baby

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
child received any vaccination	Yes	137	92.6	82	83.7	55	77.5	274	86.4
	No	11	7.4	16	16.3	16	22.5	43	13.6
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Immunized for	BCG	107	78.1	63	76.8	40	72.7	210	76.6
	01 dose of polio given at birth	72	52.6	38	46.3	20	36.4	130	47.4
	1 dose of polio	98	71.5	58	70.7	41	74.5	197	71.9
	2 doses of polio	73	53.3	37	45.1	29	52.7	139	50.7
	3 doses polio	56	40.9	23	28.0	17	30.9	96	35.0
	3 DPT	14	10.2	1	1.2	18	32.7	33	12.0
	2 DPT	29	21.2	20	24.4	15	27.3	64	23.4
	1 DPT	39	28.5	21	25.6	18	32.7	78	28.5
	Have received but i don't know the type	25	18.2	19	23.2	12	21.8	56	20.4
	None of the above	0	0.0	0	0.0	0	0.0	0	0.0

Descriptions		(Cont. Table No.-67)				District			
		Dimapur				Dimapur			
		No		No		No		No	
(Contd.) Role played by ASHA for immunization	No role	14	10.2	0	0.0	2	3.6	16	5.8
	Reminded you of the ANM/VHND	92	67.2	59	72.0	35	63.6	186	67.9
	Reminded you and escorted you or took children	27	19.7	17	20.7	16	29.1	60	21.9
	Others	4	2.9	6	0.0	2	3.6	12	4.4

Care of sick newborn

During the course of the study, it was attempted to know about the sickness of the newborn during the first month of birth. Analysis of the data shows that 18% of the baby had fallen sick during first month of the birth. Further 56.1% mothers told that it was family members who helped maximum in seeking care of the newborn, followed by 47.4% mothers informed about help from ASHA while seeking care of the baby and another 24.6% share the same thing about ANM.

While trying to understand if the baby has received any treatment, 89.5% informed about treatment, of which 86.3% of them went to PHC for treatment. Another 51% informed that they went to SHC/ANM for treatment of the child. Those who did not sought for any treatment during the child's sickness, 83.3% of them told that they didn't go as the institution is quite far.

Table No. 68: Sick newborn and it's care and treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Whether Child was sick in first month of birth	Yes	22	14.9	19	19.4	16	22.5	57	18.0
	No	126	85.1	79	80.6	55	77.5	260	82.0
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Help in seeking care for the new born	ASHA	11	50.0	8	42.1	8	50.0	27	47.4
	ANM	5	22.7	4	21.1	5	31.3	14	24.6
	Family members	17	77.3	2	10.5	13	81.3	32	56.1
	Local doctor/RMP	4	18.2	2	10.5	0	0.0	6	10.5
	AWW	1	4.5	0	0.0	0	0.0	1	1.8
	None	1	4.5	1	5.3	4	25.0	6	10.5
	Other	0	0.0	1	5.3	2	12.5	3	5.3

Descriptions		(Contd. Table No.- 68) District							
		Dimapur				Dimapur			
		No		No		No		No	
seek treatment for the newborn sickness	Yes	21	95.5	18	94.7	12	75.0	51	89.5
	No	1	4.5	1	5.3	4	25.0	6	10.5
	Total	22	100.0	19	100.0	16	100.0	57	100.0
Place of seeking care for sick newborn	SHC/ANM	12	57.1	7	38.9	7	58.3	26	51.0
	PHC	15	71.4	17	94.4	12	100.0	44	86.3
	CHC	7	33.3	6	33.3	4	33.3	17	33.3
	DH	8	38.1	5	27.8	3	25.0	16	31.4
	Private qualified doctor	3	14.3	3	16.7	0	0.0	6	11.8
Reasons for not seeking treatment	Institution is very far	1	100.0	0	0.0	4	100.0	5	83.3
	Did not know about the complications	0	0.0	1	100.0	0	0.0	1	16.7

Anganwadi Services

Analysis of the data on Anganwadi services shows that 70.3% of the children are availing services from Anganwadi centre. Of these, 68.2% of the mother informed that ASHA helped them in seeking the services form Anganwadi centre.

Table No. 69: Anganwadi services

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Child availed any services from the AWC	Yes	103	69.6	72	73.5	48	67.6	223	70.3
	No	45	30.4	26	26.5	23	32.4	94	29.7
	Total	148	100.0	98	100.0	71	100.0	317	100.0
ASHA helped in seeking services from the AWC	Yes	75	72.8	52	72.2	25	52.1	152	68.2
	No	28	27.2	20	27.8	23	47.9	71	31.8
	Total	103	100.0	72	100.0	48	100.0	223	100.0

Care for children (especially sick Child – 6.1 months to 2 years of age)

Breastfeeding practice

Of all the mothers (beneficiaries-2) interviewed, 32.5% informed that they started complimentary feeding at the age of six months, however, another 24.7% told that they have started it during 4 months of age, followed by 23.7% who had started complimentary feeding when the baby was 5 months of age.

Table No. 70: Breastfeeding practice

Breastfeeding Practice		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Age of feeding child with food besides breast milk	Less than 3 months of age	12	8.4	5	5.3	1	1.4	18	5.8
	4 months	35	24.5	26	27.4	15	21.4	76	24.7
	5 months	29	20.3	20	21.1	24	34.3	73	23.7
	6 months	45	31.5	33	34.7	22	31.4	100	32.5
	7 months	18	12.6	10	10.5	4	5.7	32	10.4
	More than 7 months	3	2.1	1	1.1	4	5.7	8	2.6
	Have not started yet	1	0.7	0	0.0	0	0.0	1	0.3
	Total	143	100.0	95	100.0	70	100.0	308	100.0

Immunization

While trying to understand the immunization status of the children, 86% of them were found to have received one or other immunization/vaccination. Of these 57% informed that ASHA facilitated them for immunization, and another 52.8% shared that ANM also facilitated them. As far as type of vaccination received is concerned, 69.4% of them informed to have received BCG, while 47.5% have received dose of polio given at birth. Another 64.9% received first dose of polio, while 34% received measles vaccination. Table No.-71 may be referred for detailed district wise break-up on child immunization status.

Table No. 71: Immunization status of the child

Descriptions		District							
		Dimapur		Wokha		Phek			Total
		No	Pc	No	Pc	No	Pc	No	PC
child received any vaccination	Yes	128	89.5	78	82.1	59	84.3	265	86.0
	No	15	10.5	17	17.9	11	15.7	43	14.0
	Total	143	100.0	95	100.0	70	100.0	308	100.0
Facilitated the immunization for child	ASHA	62	48.4	52	66.7	37	62.7	151	57.0
	ANM	53	41.4	36	46.2	51	86.4	140	52.8
	MPW	0	0.0	0	0.0	1	1.7	1	0.4
	AWW	10	7.8	3	3.8	5	8.5	18	6.8
	Doctors	7	5.5	0	0.0	3	5.1	10	3.8
	Others	12	9.4	0	0.0	0	0.0	12	4.5
Child immunized for	BCG	95	74.2	51	65.4	38	64.4	184	69.4
	0 dose of polio given at birth	74	57.8	32	41.0	20	33.9	126	47.5
	1 doses of polio	88	68.8	48	61.5	36	61.0	172	64.9
	2 doses of polio	78	60.9	44	56.4	31	52.5	153	57.7
	3 doses polio	44	34.4	10	12.8	17	28.8	71	26.8
	3 DPT	44	34.4	11	14.1	15	25.4	70	26.4
	2 DPT	30	23.4	20	25.6	13	22.0	63	23.8
	1 DPT	20	15.6	24	30.8	21	35.6	65	24.5
	Measles	51	39.8	18	23.1	21	35.6	90	34.0
	Have received but I don't know the type	31	24.2	25	32.1	18	30.5	74	27.9

Anganwadi Services (for children);

Of all the mothers interviewed, in relation to Anganwadi services of the child (supplementary food), 39% are availing it regularly and 46.8% are availing it occasionally, while rest of the 14.2% told that they have not availed any services from Anganwadi Centre. Table no. 72 provides detail information on supplementary food from AWC and role of ASHA in enrolment to AWC.

Table No. 72: Anganwadi Services

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Availed supplementary food from AWC	Regularly	65	45.5	35	36.8	20	28.6	120	39.0
	Occasionally	57	39.9	43	45.3	44	62.9	144	46.8
	No	21	14.7	17	17.9	6	8.6	44	14.2
	Total	143	100.0	95	100.0	70	100.0	308	100.0
ASHA played any role in enrolment to AWC	Yes	66	46.2	52	54.7	28	40.0	146	47.4
	No	77	53.8	43	45.3	42	60.0	162	52
	Total	143	100.0	95	100.0	70	100.0	308	100.0

Illness of the child

Analysis of the data on illnesses of the child in last one month shows that, 36% of them had cough, 31.8% had fever, 29.5% had vomiting, while another 24% informed about diarrhoea.

Table No. 73: Major types of illnesses among the children

Illness/symptoms that child has in last one month	District							
	Dimapur		Wokha		Phek			Total
	No	Pc	No	Pc	No	Pc	No	PC
Vomiting	33	23.1	26	27.4	32	45.7	91	29.5
Child had pustules on his body	0	0.0	5	5.3	11	15.7	16	5.2
Fits/convulsions	1	0.7	1	1.1	0	0.0	2	0.6
Diarrhea	29	20.3	25	26.3	20	28.6	74	24.0
Cough	59	41.3	20	21.1	32	45.7	111	36.0
Fever	48	33.6	17	17.9	33	47.1	98	31.8
Others	4	2.8	0	0.0	0	0.0	4	5.4

Diarrheal Disease among children

In relation to the seeking of advice for treatment by mothers (for diarrhoea of child); 71.6% of the mothers took the advice of ASHA followed by 51.4% of them who took advice of ANM. Table no. 74 provides the detail breakup of the symptoms when the child had diarrhoea.

Table No. 74: Symptoms of diarrhoea and advice

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Symptoms when the child had diarrhea	Child was very lethargic	10	34.5	21	84.0	11	55.0	42	56.8
	Child was very irritable	18	62.1	22	88.0	3	15.0	43	58.1
	Eyes of the child were sunken	9	31.0	6	24.0	5	25.0	20	27.0
	Was not able to drink	10	34.5	4	16.0	5	25.0	19	25.7
	Blood in stools	11	37.9	3	12.0	8	40.0	22	29.7
Advice sought for treatment	ASHA	20	69.0	23	92.0	10	50.0	53	71.6
	ANM	15	51.7	9	36.0	14	70.0	38	51.4
	Family members	12	41.4	9	36.0	11	55.0	32	43.2
	Local doctor	2	6.9	2	8.0	0	0.0	4	5.4
	AWW	1	3.4	4	16.0	3	15.0	8	10.8
	None	1	3.4	1	4.0	1	5.0	3	4.1

As far as treatment in health facility for children with diarrhoea is concerned, 81.1% took treatment and remaining 18.9% did not visit the health facilities for treatment as they managed at home. Of those who visited health facilities, 50% of them visited PHC, while 48.3% visited SHC and another 45% informed that they also called ANM at home for treatment.

Table No. 75: Seeking care for diarrhoea treatment

Descriptions		District							
		Dimapur		Wokha		Phek			Total
		No	Pc	No	Pc	No	Pc	No	PC
Seek any treatment for diarrhea	Yes	27	93.1	18	72.0	15	75.0	60	81.1
	No	2	6.9	7	28.0	5	25.0	14	18.9
	Total	29	100.0	25	100.0	20	100.0	74	100.0
Place of seeking care	ANM/SHC	18	66.7	8	44.4	3	20.0	29	48.3
	PHC	10	37.0	9	50.0	11	73.3	30	50.0
	CHC	2	7.4	4	22.2	3	20.0	9	15.0
	DH	4	14.8	0	0.0	0	0.0	4	6.7
	Local healer	1	3.7	0	0.0	2	13.3	3	5.0
	Private qualified doctor's clinic/nursing home	6	22.2	6	33.3	1	6.7	13	21.7

	(Contd.) Description	(Contd. Table No.- 75) District							
		Dimapur		Dimapur		Dimapur		Dimapur	
		No	PC	No	PC	No	PC	PC	PC
	Called ANM/nurse at home	5	18.5	18	100.0	4	26.7	27	45.0
	Called local practitioner at home	0	0.0	4	22.2	4	26.7	8	13.3
	Called private qualified doctor at home	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	3.7	0	0.0	0	0.0	1	1.7

ASHA's role/advice in diarrhoea treatment

As far as role played by ASHA is concerned, it was attempted to know; what advice ASHAs had given and what action ASHA had taken for the treatment of the child with diarrhoea. Analysis of the data of advice given by ASHA shows that; ASHA had asked mother to continue feeding of the child as informed by 70.3% of bebefeciary-2, while another 50% of them told that ASHA taught them how to prepare ORS fluid at home, another 41.9% informed that they were told about the nearest health facilities where they can go for treatment and 36.5% told that they had been advised by ASHA on cleanliness and hand-washing.

As far as the role of ASHA on treatment part of diarrhoea is concerned, ORS packet were provided to mother/beneficiary-2 as informed by 56.8% of the mothers, while 27% shared that they were referred by ASHA to ANM/SHC and another 24.3% told that ASHA had referred them to public health facility/doctor. Table No. 76 may be referred for district wise detailed break up/information.

Table No. 76: ASHA's role/advice in diarrhoea treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice given by ASHA for treatment/home based care of the child	Continue feeding the child	21	72.4	17	68.0	14	70.0	52	70.3
	Give extra fluids-dal ka pani etc	5	17.2	14	56.0	1	5.0	20	27.0
	Explained how to make ORS at home	21	72.4	13	52.0	3	15.0	37	50.0
	Explained how to make the ORS from packet	14	48.3	5	20.0	1	5.0	20	27.0
	Advised on cleanliness and hand washing	15	51.7	10	40.0	2	10.0	27	36.5
	Told about the nearest health institution where I can seek care	11	37.9	14	56.0	6	30.0	31	41.9
	Explained about the danger signs and importance of timely referral	7	24.1	8	32.0	1	5.0	16	21.6
	Others	1	3.4	0	0.0	0	0.0	1	1.4
ASHA helped in the treatment of the child	Gave you ORS from her drug kit	20	69.0	15	60.0	7	35.0	42	56.8
	Referred to ANM	9	31.0	7	28.0	4	20.0	20	27.0
	Referred to AWC/NRC	3	10.3	4	16.0	0	0.0	7	9.5
	Referred to public facility/doctor	8	27.6	9	36.0	1	5.0	18	24.3
	Referred to private doctor	2	6.9	1	4.0	1	5.0	4	5.4
	Didn't help	2	6.9	1	4.0	7	35.0	10	13.5
	Others	0	0.0	0	0.0	0	0.0	0	0.0

Diarrhoea treatment of child and visit of ASHA

56.8% of the respondents informed that ORS was given to the child while he/she was sick, at the same time medicines were also prescribed by healthcare service provider as shared by 68.9% respondents. While trying to know the number of visits of ASHAs during child's illness, 41.9% of them told that they were visited twice by ASHA during the child's illness, followed by 23% of them informed that ASHA visited only once. However, 10.8% informed that they were never visited by ASHAs while the child was suffering from diarrhoea. District wise detailed information is provided in Table No.-77.

Table No. 77: Treatment of diarrhoea and ASHA's visit

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Medicines/Drugs given to treat diarrhea of the child	ORS	20	69.0	15	60.0	7	35.0	42	56.8
	Intravenous (IV drip)	4	13.8	0	0.0	2	10.0	6	8.1
	Injection	10	34.5	3	12.0	1	5.0	14	18.9
	Medicines prescribed by the service provider	20	69.0	20	80.0	11	55.0	51	68.9
	Nothing	1	3.4	1	4.0	0	0.0	2	2.7
	Others	0	0.0	0	0.0	0	0.0	0	0.0
No of times ASHA visited home when the child had diarrhea	1	8	27.6	2	8.0	7	35.0	17	23.0
	2	10	34.5	16	64.0	5	25.0	31	41.9
	3	3	10.3	5	20.0	2	10.0	10	13.5
	4	3	10.3	1	4.0	0	0.0	4	5.4
	5	3	10.3	0	0.0	0	0.0	3	4.1
	More than 5	1	3.4	0	0.0	0	0.0	1	1.4
	Never	1	3.4	1	4.0	6	30.0	8	10.8
	Total	29	100.0	25	100.0	20	100.0	74	100.0

Cough among children

Cough with fever was found to be one of the major symptoms as informed by 72.1% respondents, followed by difficulty in breathing as shared by 42.3% respondents. Another 12.6% informed about cough for more than 20 days.

Maximum of the mothers (58.6%) shared that they seek advice of family members for treatment, followed by 56.8% of them who sought advice of ASHA also for treatment, while another 53.2 % took help of ANM too.

As far as the treatment of the child is concerned, 82.9% of them sought treatment. Further 46.4% of them went to PHC for treatment, followed by 29.7% of the children who were treated at ANM/SHC and another 24.5% called the ANM at home for treatment. Please refer Table No.-78 for district wise information.

Table No. 78: Symptoms, advice for treatment and place of treatment

Descriptions		District							
		Dimapur		Wokha		Phek			Total
		No	Pc	No	Pc	No	Pc	No	PC
Symptoms that the child was having	Difficulty in breathing	16	27.1	15	75.0	16	50.0	47	42.3
	Cough with fever	43	72.9	17	85.0	20	62.5	80	72.1
	Cough for more than 20 days	11	18.6	3	15.0	0	0.0	14	12.6
	Chest wall in drawing	3	5.1	1	5.0	0	0.0	4	3.6
	None of the above	6	10.2	0	0.0	1	3.1	7	6.3
	Others	1	1.7	1	5.0	1	3.1	3	2.7
Advice sought for treatment	ASHA	29	49.2	15	75.0	19	59.4	63	56.8
	ANM	20	33.9	19	95.0	20	62.5	59	53.2
	Family members	31	52.5	11	55.0	23	71.9	65	58.6
	Local healer	6	10.2	4	20.0	3	9.4	13	11.7
	AWW	1	1.7	2	10.0	2	6.3	5	4.5
	None	5	8.5	1	5.0	1	3.1	7	6.3
	Other	0	0.0	0	0.0	0	0.0	0	0.0
Seek any treatment	Yes	51	86.4	16	80.0	25	78.1	92	82.9
	No	8	13.6	4	20.0	7	21.9	19	17.1
Place of seeking care	ANM/SHC	13	25.5	13	65.0	7	43.8	33	29.7
	PHC	26	51.0	13	65.0	12	75.0	51	46.4
	CHC	5	9.8	6	30.0	1	6.3	12	10.9
	DH	7	13.7	0	0.0	1	6.3	8	7.3
	Local healer	3	5.9	1	5.0	3	18.8	7	6.4
	Called ANM/nurse at home	15	29.4	7	35.0	5	31.3	27	24.5
	Called local practitioner at home	1	2.0	0	0.0	2	12.5	3	2.7
	Called private qualified doctor at home	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	2.0	0	0.0	1	6.3	2	1.8

Advice given by ASHA and her help for treatment

While trying to know the advice given by ASHA for treating cough is concerned, analysis of the data shows that 69.4% of them were advised by ASHA on keeping newborn warm, 64% of them being told about nearest health institution for treatment, followed by 63.1% of them who were told to continue feeding the child during illness. Another 41.4% informed that ASHA's advised them about possible home remedies. As far as help of ASHA for/during the treatment is concerned, 55% of them were referred to ANM/SHC by ASHA, followed by another 36% who told that they were given medicine by ASHA.

Table No. 79: ASHA's advice and help in treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice given by ASHA for treatment/home based care of the child	Keeping the child warm	43	72.9	13	65.0	21	65.6	77	69.4
	Continue feeding the child	35	59.3	15	75.0	20	62.5	70	63.1
	Told about the nearest health institution where I can seek care	39	66.1	14	70.0	18	56.3	71	64.0
	Explained about the danger signs and importance of timely referral	23	39.0	12	60.0	6	18.8	41	36.9
	Told about home remedies	25	42.4	12	60.0	9	28.1	46	41.4
	Did not give any advise	12	20.3	2	10.0	3	9.4	17	15.3
	Others	1	1.7	0	0.0	0	0.0	1	0.9
ASHA helped in the treatment of the child	Gave medicine from her drug kit	27	45.8	8	40.0	5	15.6	40	36.0
	Referred to ANM	35	59.3	14	70.0	12	37.5	61	55.0
	Referred to AWC	7	11.9	5	25.0	4	12.5	16	14.4
	Referred to public facility/doctor	16	27.1	8	40.0	3	9.4	27	24.3
	Referred to private doctor	6	10.2	3	15.0	1	3.1	10	9.0
	Gave advise for home remedies	27	45.8	11	55.0	5	15.6	43	38.7
	Others	1	1.7	0	0.0	0	0.0	1	0.9

Vomiting among children

Of those children who had vomiting in last one month, 71.4% of the mothers took the advice of family members for treatment, followed by 64.8% mothers who sought advice from ANM, followed by 60.4% mothers who were advised by ASHA. As far as place of treatment is concerned, 55.4% of them told about PHC, while 44.6% went to SHC/ANM, and another 36.5% shared that they called the ANM/nurse at home for treatment.

Table No. 80: Advice for treatment of vomiting and place of treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
advice sought for treatment	ASHA	23	69.7	15	57.7	17	53.1	55	60.4
	ANM	20	60.6	19	73.1	20	62.5	59	64.8
	Family members	31	93.9	11	42.3	23	71.9	65	71.4
	Local Healer	6	18.2	4	15.4	3	9.4	13	14.3
	AWW	1	3.0	2	7.7	2	6.3	5	5.5
	None	5	15.2	1	3.8	1	3.1	7	7.7
	Other	0	0.0	0	0.0	0	0.0	0	0.0
seek any treatment	Yes	28	84.8	21	80.8	25	78.1	74	81.3
	No	5	15.2	5	19.2	7	21.9	17	18.7

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No.	PC	No.	PC	No.	PC	No.	PC
Place of seeking care	ANM/SHC	13	46.4	13	61.9	7	28.0	33	44.6
	PHC	16	57.1	13	61.9	12	48.0	41	55.4
	CHC	5	17.9	6	28.6	1	4.0	12	16.2
	DH	7	25.0	0	0.0	1	4.0	8	10.8
	Local healer	3	10.7	1	4.8	3	12.0	7	9.5
	Private qualified doctor's clinic/nursing home	4	14.3	2	9.5	1	4.0	7	9.5
	Called ANM/nurse at home	15	53.6	7	33.3	5	20.0	27	36.5
	Called local practitioner at home	1	3.6	0	0.0	2	8.0	3	4.1
	Called private qualified doctor at home	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	3.6	0	0.0	1	4.0	2	2.7

ASHA's advice and help in treatment

Analysis of the data reveals that, 67% of the mothers (beneficiary-2) were advised about the nearest health facility where treatment could be sought, 61.5% mothers were advised by ASHA to continue feeding during illness and 45.1% were advised about home remedies. As far as help provided by ASHAs for treatment is concerned, 51.6% of them told that they were referred by ASHA to ANM/SHC, while another 27.5% shared that ASHA gave them medicines.

Table No. 81: ASHA's advice and help in treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice given by ASHA for treatment/home based care of the child	Keeping the child warm	0	0.0	0	0.0	0	0.0	0	0.0
	Continue feeding the child	25	75.8	14	53.8	17	53.1	56	61.5
	Told about the nearest health institution where I can seek care	29	87.9	14	53.8	18	56.3	61	67.0
	Explained about the danger signs and importance of timely referral	18	54.5	6	23.1	5	15.6	29	31.9
	Told about home remedies	21	63.6	12	46.2	8	25.0	41	45.1
	Did not give any advise	5	15.2	3	11.5	8	25.0	16	17.6
	Others	1	3.0	0	0.0	0	0.0	1	1.1
ASHA helped in the treatment of the child	Gave medicine from her drug kit	12	36.4	8	30.8	5	15.6	25	27.5
	Referred to ANM	21	63.6	14	53.8	12	37.5	47	51.6
	Referred to AWC	7	21.2	5	19.2	4	12.5	16	17.6
	Referred to public facility/doctor	7	21.2	6	23.1	3	9.4	16	17.6
	Referred to private doctor	1	3.0	3	11.5	1	3.1	5	5.5
	Gave advise for home remedies	18	54.5	12	46.2	5	15.6	35	38.5
	Others	1	3.0	0	0.0	0	0.0	1	1.1

Fever among the children

In case of fever also, advice of the family members were taken by maximum of them as shared by 66.3% beneficiaries-2, followed by 62.2% mothers who sought advice of ASHA and 58.2% who sought advice of ANM for treatment.

60.9% shared that the place of treatment of child was SHC/ANM, followed by 44.6% who were treated at PHC and 29.3% called the ANM at home for treating the child.

Table No. 82: Advice for treatment of fever and place of treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice sought for treatment	ASHA	34	70.8	11	64.7	16	48.5	61	62.2
	ANM	29	60.4	8	47.1	20	60.6	57	58.2
	Family members	31	64.6	11	64.7	23	69.7	65	66.3
	Local Healer	6	12.5	3	17.6	3	9.1	12	12.2
	AWW	12	25.0	2	11.8	2	6.1	16	16.3
	None	2	4.2	1	5.9	3	9.1	6	6.1
	Other	0	0.0	0	0.0	0	0.0	0	0.0
Seek any treatment	Yes	46	95.8	16	94.1	30	90.9	92	93.9
	No	2	4.2	1	5.9	3	9.1	6	6.1
Place of seeking care	ANM/SHC	28	60.9	8	50.0	20	66.7	56	60.9
	PHC	20	43.5	9	56.3	12	40.0	41	44.6
	CHC	5	10.9	6	37.5	1	3.3	12	13.0
	DH	7	15.2	0	0.0	1	3.3	8	8.7
	Local healer	3	6.5	1	6.3	3	10.0	7	7.6
	Private qualified doctor's clinic/nursing home	3	6.5	2	12.5	1	3.3	6	6.5
	Called ANM/nurse at home	15	32.6	7	43.8	5	16.7	27	29.3
	Called local practitioner at home	1	2.2	0	0.0	2	12.5	3	3.3
	Called private qualified doctor at home	0	0.0	0	0.0	0	0.0	0	0.0
	Others	1	2.2	0	0.0	1	6.3	2	2.2

ASHA's advice and help in treatment

ASHA advised the mothers about the nearest health facilities where the child could be treated as shared by 57.1% mothers (beneficiay-2) while 54.1% of them told that they were advised to continue feeding the child and another 44.9% were advised on home remedies.

For treatment, ASHA referred them to ANM as informed by 50% of the respondents and 40.8% were given medicine by ASHA. Table no. 83 provides detail information about the ASHA's help and advice given.

Table No. 83: ASHA's advice and help in treatment

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Advice given by ASHA for treatment /home based care of the child	Keeping the child warm	0	0.0	0	0.0	0	0.0	0	0.0
	Continue feeding the child	31	64.6	9	52.9	13	39.4	53	54.1
	Told about the nearest health institution where I can seek care	32	66.7	10	58.8	14	42.4	56	57.1
	Explained about the danger signs and importance of timely referral	23	47.9	6	35.3	6	18.2	35	35.7
	Told about home remedies	25	52.1	10	58.8	9	27.3	44	44.9
	Did not give any advise	12	25.0	2	11.8	3	9.1	17	17.3
	Others	1	2.1	0	0.0	0	0.0	1	1.0
ASHA helped in the treatment of the child	Gave medicine from her drug kit	27	56.3	8	47.1	5	15.2	40	40.8
	Referred to ANM	28	58.3	9	52.9	12	36.4	49	50.0
	Referred to AWC	7	14.6	5	29.4	4	12.1	16	16.3
	Referred to public facility/doctor	16	33.3	8	47.1	3	9.1	27	27.6
	Referred to private doctor	6	12.5	3	17.6	1	3.0	10	10.2
	Gave advise for home remedies	27	56.3	7	41.2	5	15.2	39	39.8
	Others	1	2.1	0	0.0	0	0.0	1	1.0

Family Planning:

As far as use of contraceptives methods among the mothers who delivered in last six months is concerned, only 1.9% of them are using it. Condom and oral pills are the methods that they are adopting. The detail breakup of the methods used are provided in table no. 84.

Table No. 84: Use of contraceptives types among mothers (beneficiary-1)

Descriptions		District							
		Dimapur		Wokha		Phek		Total	
		No	Pc	No	Pc	No	Pc	No	PC
Started using any contraceptives	Yes	2	1.4	2	2.0	2	2.8	6	1.9
	No	146	98.6	96	98.0	69	97.2	311	98.1
	Total	148	100.0	98	100.0	71	100.0	317	100.0
Methods using	Condom	0	0.0	2	100.0	0	0.0	2	33.3
	Male sterilization	0	0.0	0	0.0	0	0.0	0	0.0
	Female sterilization	2	100.0	0	0.0	0	0.0	2	33.3
	Copper-T insertion	0	0.0	0	0.0	0	0.0	0	0.0
	Oral contraceptive	0	0.0	0	0.0	2	100.0	2	33.3
	Injectble	0	0.0	0	0.0	0	0.0	0	0.0
	Abstinence	0	0.0	0	0.0	0	0.0	0	0.0
	Others	0	0.0	0	0.0	0	0.0	0	0.0
	None	0	0.0	0	0.0	0	0.0	0	0.0

Knowledge level of ASHAs

Table No. 85: Knowledge level of ASHA

Knowledge Advice for	Districts															
	Dimapur				Wokha				Phek				Total			
	Full		Partial		Full		Partial		Full		Partial		Full		Partial	
	No	PC	No	PC	No	PC	No	PC	No	PC	No	PC	No	PC	No	PC
5 months PW with severe headache, nausea and oedema	65	85.5	11	14.5	45	88.2	6	11.8	21	56.8	16	43.2	131	79.9	33	20.1
Important danger sign to be looked after delivery	24	31.6	52	68.4	25	49.0	25	51.0	9	24.3	28	75.7	58	35.4	104	64.6
TT shots for PW (prime)	39	51.3	27	48.7	26	51.0	25	49.0	18	48.6	19	51.4	83	50.6	80	49.4
Things to be fed to newborn at birth	53	69.7	23	30.3	41	80.4	10	19.6	23	62.2	14	28.8	117	71.3	47	28.7
Time after birth for initiation of breastfeeding	71	93.3	5	6.7	48	94.1	3	5.9	33	89.7	4	10.3	152	92.7	12	7.3
Exclusive breastfeeding period	63	82.9	13	17.1	44	86.3	7	13.7	26	70.3	11	29.7	133	81.1	21	18.9
Advice for 1 yr old child passing frequent watery stool	38	50.0	38	50.0	27	52.9	24	47.1	17	45.9	20	54.1	82	50.0	82	50.0
Advice for preventing recurrent diarrhoea	68	89.5	18	10.5	47	92.2	4	7.8	28	75.7	9	14.3	143	87.2	21	12.3
Knowledge on preparation of ORS	54	71.1	22	28.9	35	68.6	16	31.4	23	62.2	14	37.8	112	68.3	52	31.7
Signs to look for a 3 yr old child cough & fever	46	60.1	20	39.9	36	70.6	15	29.4	16	43.2	21	56.8	98	59.8	66	40.2
Vaccination schedule of child within 10 weeks (2 1/2 months)	52	68.4	24	31.6	40	78.4	11	21.6	23	62.2	14	37.8	115	70.1	49	29.9
Vaccination schedule of child at 9 months	38	50.0	38	50.0	28	54.9	23	45.1	17	45.9	20	54.1	83	50.6	81	49.4
Test for 40 yrs old male with cough with sputum for 20 days	57	75.0	19	25.0	42	82.4	9	17.6	25	67.6	12	32.4	124	75.6	40	24.4
Advice for 35 yr old female with fever with chills at night	50	65.8	26	34.2	36	70.6	15	29.4	19	51.4	18	48.6	105	64.0	59	26.0
Contraceptives for newly married couple	58	76.0	18	24.0	40	78.4	11	21.6	28	75.7	9	24.3	126	76.8	38	23.2
Contraceptive for recently delivered couple	46	60.5	15	39.5	33	64.7	18	35.3	21	56.8	16	43.2	100	61.0	64	39.0
Contraceptive for couple not wanting any more child	55	72.4	19	27.6	41	80.4	10	19.6	25	67.6	12	22.4	121	73.8	43	26.2

Results and Discussion

Background of ASHA:

Maximum of the ASHAs (64.7%) are found to be below 40 years of age which shows that ASHAs are quite young. Among the three districts it is highest in Phek with 94.6% of them below 40 years of age. 22.5% of the ASHAs have educational qualification less than 8th std i.e. their understanding level is expected to be less as compared to rest of the ASHAs, which is highest in Dimapur with more than 25% of ASHA who are below 8th std passed. 11.6% of the ASHAs were found to be single, with highest in Dimapur (15.8% unmarried). Almost all these unmarried ASHAs were found to be a family member of the Headman (mostly daughter).

Agricultural work has been shared as the main livelihood activity as shared by 65.2% ASHAs, which is highest in Phek with 73%, followed by 64.7% in Wokha. Family income of ASHAs were found to be Rs.3000 per month or lesser as shared by 46.4%, which is highest in Wokha among the three districts with 60.8% ASHAs with family income of Rs.3000 or lesser followed by 51.3% in Phek and 34.2% in Dimapur.

50% of the ASHAs have been in their respective village since birth and another 34.8% have been staying there for more than last 6 years. This shows that, the ASHAs are very much familiar with the village and is a person known to all the villagers. This is an added advantage for her to work effectively in the village as she has been staying there for so long.

Maximum ASHAs (more than 40%) are covering a population of more than 1000, which is even highest in Phek with 59.5% ASHAs who are covering more than 1000 population followed by Dimapur (43.4%) and Wokha (21.6%). Another 35.3% ASHAs in Wokha, 27.6% ASHAs in Dimapur and 24.3% ASHAs in Phek are covering a population between 751 to1000. All these shows that most ASHAs in all the three districts are covering high population, which will be difficult for an ASHA in a State like Nagaland with hilly terrain especially in Wokha and Phek Districts and in some parts of Dimapur. This will also affect her performances.

As far as profile of ANM is concerned, more than 67% are below 40 years of age and the population coverage is less than 3000 for more than 65% of the SCs, however, 20.9% SCs are

covering a population more than 5000, which is highest in Dimapur with 35% of the SCs covering more than 5000 population. More than 83% of the SCs have 5 or less than 5 ASHAs under SC area. Nearly 70% of SCs are covering less than 5 villages, which is highest in Wokha with 92.3% SCs covering less than 5 villages, 90.0% SC in Phek and 45% SCs in Dimapur covering less than 5 villages.

Selection process of ASHA:

Most of the ASHAs (75%) have not submitted any application form, however, system of submission of application mostly to the headman was informed by rest of the ASHAs. Process of selection as informed by ASHA was mainly through village level meeting with Village Council and Village health Committee (VHC).

Influence of Headman/VC in selection of ASHA was found to be predominant in all the three districts as 59.2% Headman/VC members shared that they recommended the ASHA's name and another 11.8% personally selected the ASHA. This is highest in Dimapur as 82.3% headman has influenced the selection process. This was also observed during the field level data collection as maximum of the ASHAs in Dimapur were one of the family members of the Headman.

Previous work experience before becoming ASHA is concerned, More than 54% of the ASHAs were found to have experience in social sector such as; SHG, Anganwadi helper, Health worker with NGO/CBO, other social service, village dai etc. It was also found that 10.5% of the ASHAs in Dimapur and 8.1% in Phek was still working as AWW.

Training of ASHA:

Training up to 2nd round of Module 6 & 7 was found to be conducted in Dimapur district, while in Wokha and Phek training of ASHAs up to 1st round of Module 6 & 7 have been conducted. 4.3% of the ASHAs who have not received any training so far, mostly were newly selected ASHAs. Training materials especially ASHA Modules were received by all the ASHAs who attended the training.

No trainings were found to be residential. It is mostly organized at block level or in PHC/CHC and ASHAs use to go up-down every day from her place to training site during the time of training. The method of the training was participatory with mostly practice sessions and role plays. In addition to the Modules provided, during the training digital thermometer and Salter weighing scale for weighing newborn was also provided. Few of the ASHAs especially in Dimapur shared that the digital thermometer provided to them were not working, so they have returned it and they are still waiting for the new digital thermometer. The quality of the Salter scale provided was not as per the sample provided to the State during the State level TOT, however, it still may be used though the handle is not so easy or comfortable to hold and weigh a newborn. Another issue is the string for weighing the baby which is provided with the Salter scale, cannot be used for weighing a baby. Further it was found that none of the ASHAs were able to use the string provided for weighing the baby, however, they adopted some innovative method using a cloth **('gamcha')** for weighing baby ***(please see photograph No. 7 & 8 in annex).***

It was informed by many of the ASHAs in Phek districts that, the number of training days during Module 6& 7 was 3 days and not 5 days. However, they also shared that all the topics were covered during the time of the training.

Institutional Support:

State has State ASHA Resource Centre with a State Nodal Officer and an Administrative Assistant. At district level there is no District Community Mobilizers, and the ASHA programme is taken care by DPMU. While in Block, there is one Block ASHA Coordinator in every block, though there is no ASHA Facilitator at present. Regular supportive supervision is provided by State Team through field visits especially during ASHA training and ASHA day or convention.

Most ASHAs (more than 75%) happen to meet the Block ASHA Coordinator one month back or even before. The support provided by Block Level ASHA Coordinator is very much limited due to various existing challenges such as non-availability of transport facilities, huge amount of expenditure involved on transport/vehicle for going to field visit. These limit them to go for regular field visit for supportive supervision. In most places especially in Wokha and Phek even a single visit would cost somewhere between Rs.800 to Rs.1000 or even more

on transportation alone, which in Dimapur would range from Rs.200 to Rs.500 per visit. Therefore, at present, the supervision is provided by Block ASHA Coordinator, mostly during the visit of Block Team. Even though monthly meeting of ASHAs are organized in many blocks/health facilities, the number of ASHAs attending the meeting is less, as only nearby ASHAs use to come and attend it due to amount of expenditure that they would incur in travel/transport which is much more than the TA provided to them.

Good coordination of ASHAs with ANM and AWW was observed in most places in all the three districts. This is also supported by the fact that, 83.5% ASHAs have shared that they receive maximum support, followed by more than 56% of them receiving support from AWW also.

Drug kit and It's refilling:

Drug kit has been provided to all the ASHAs. As far as refilling is concerned, analysis shows that it is done mostly once a year as most ASHAs (more than 40%) shared that it was refilled more than 6 months back. While more than 35% told that it was refilled more than 3 months ago. Refilling is done mostly by Block ASHA Coordinator and ANM. Nearly 35% of ASHAs shared that they are not satisfied with the quality of drugs as many drugs were nearing expiry dates when it is provided to them, or is losing out of the strip (especially IFA). However, while they were requested to show the team such drugs, it was informed that they have already thrown it away, and is not with them anymore.

Record maintenance:

Overall record maintenance was found to be poor in most places. However, in few of the places especially in Dimapur VHND records were found to be maintained in detail with photographs. Those ASHAs who were found to maintain records, were mostly for; VHND/Immunization, ANC, Training, newborn/child weight etc. Importance of records maintenance and its usage in their regular activity were not realized by most of the ASHAs.

ASHA Incentive and Its Payment:

Earning of ASHA from her ASHA work was found to be very less in all the three districts. Nearly 30% of the ASHAs were found to have earned between Rs.1500 to Rs.1999 in last three month i.e. Rs.500 to Rs.650 per month. 28.7% have earned Rs.1000 to Rs.1499 in last three months, while 22% were found to earn Rs.500 to 999 in last three months. This amount

is even inclusive of the recent ASHA convention held in March/April 2012 where ASHAs were given Rs.700 to Rs.1000 for attending the convention as TA depending on the distance from district HQ. This shows that their earnings from incentives are even much lesser.

Presently the payment is made by cash in all places, and there is no payment system by cheque. More than 56% of the ASHAs were found to have a bank account, which is highest in Dimapur with more than 63% of them having account in bank, followed by nearly 55% in Wokha and 43.2% of them with bank account in Phek. While trying to know the opinion of ANM, AWW and headman/VC members about the payment mechanism for ASHA, most of them have suggested for either a fixed monthly honorarium or honorarium with incentives. Most of them shared that, ASHAs in the village are doing various work especially for pregnant mother, newborn and children if not every aspects of health, therefore, they have suggested for such payment mechanisms to motivate the ASHAs in doing her work.

Functionality of ASHA and Effectiveness of ASHA Program:

Activities conducted by ASHA:

Response from the ANM, AWW and Headman/VC members reveals that, the roles and activities of ASHAs which most of them have shared are mostly those related to maternal, newborn and child health and meeting such as VHSNC meetings. Very few of them have shared about role of ASHAs on infectious disease such as TB and Malaria. This could also be related to the response provided by ASHA on activities that she has conducted in last six month. Activities conducted by ASHAs in last six months also shows the similar thing to that of the response of ANM, AWW and Headman/VC members as most of the activities conducted by most ASHAs are those related to; maternal, newborn and child health. Very few of them have done activities related to that of infectious diseases like TB and malaria.

Care for Pregnant Women:

As shown by the analysis of the data on pregnant woman accompanied by ASHAs, maximum ASHAs (almost 60%) have shared that they have accompanied 1 to 2 pregnant women for institutional delivery in last one year followed by 26.2% who have accompanied 3 to 4

pregnant woman. Considering the fact that most ASHAs in all the three districts are covering a population of more than 1000 and 750 to 1000 population, and the CBR of Nagaland being 16.8, the expected number of pregnant women in such villages will be 14 to 18 or more pregnant women in a year in every villages. The institutional delivery as per the analysis of the data is 47.3% in Dimapur, 36.7% in Wokha and 26.8% in Phek. Based on this, it may be assumed that out of 14 to 18 or more expected number of PW in each village on average, 7 to 9 of them have delivered in institution in Dimapur, 5 to 7 have delivered in institution in Wokha and 4 to 5 have delivered in institution in Phek. Further, if we relate it with the information on number of PW accompanied by ASHA for institutional delivery, it shows that in all the three districts, ASHA has not accompanied more than 50% of the PW while going to institution for delivery.

For pregnancy related complications, maximum cases were referred to PHC/ CHC/DH (62.8%), followed by SCs/ANM. However, during the delivery of such women with complications, only 32.6% informed that they have accompanied them, which is lowest in Wokha with only 16.7% of ASHAs accompanying such cases. Non-availability of transport facilities, resistance from families were shared as the major challenges faced while referring pregnant woman which was shared by maximum of the ASHAs, which is highest in Wokha followed by Phek district. Survey team during the field level data collection also found that the road conditions and transport system as major problem/challenges, which is maximum in most places in Wokha followed by Phek, and some parts of Dimapur.

Response provided by the beneficiary-1 (woman who have delivered in last six month) shows that only 37.6% of them had 3 ANC or more during the time of pregnancy. Nearly 50% had only 1o r 2 ANC, while 12% had no ANC during the time of pregnancy. Presence of ASHAs during the ANC was informed by 69% of the respondents. As shared by 75% of the mothers ASHA have visited them during the time of pregnancy. However, numbers of visits were mostly twice as shared by nearly 39% ASHAs. In case of Wokha district, it is highest with 49% of them visited twice by ASHA, followed by nearly 42% of them visited by ASHA in Dimapur. However, it is comparatively quite low in Phek as only 18.3% have shared that ASHA have visited them twice, while 32.4% have been visited by ASHA once as shared by the respondent. Further ASHAs have also helped them in making birth plan as shared by 55.4% mothers in Dimapur followed by 37.8% in Wokha and 29.6% in Phek district. The advices given by ASHAs to the mothers during their pregnancy period were about visiting

health facilities for weighing, BP Check up and TT injection, consumption of IFA, promotion of institutional delivery, benefit of JSY etc. Very few of them shared that ASHAs have advised them about identification of danger signs and home delivery care (five cleans). Complicated cases of pregnancy are mostly referred to PHC/CHC and DH.

Delivery:

Home delivery is found to be quite high with 60.6% of beneficiary-1 delivered at home. This is even highest in Phek with more than 73% of them delivered at home followed by Wokha (63.3%) and Dimapur (52.7%). Institutional Delivery mostly happens at DH, followed by PHC/CHC. No cases of delivery at SC were reported. Maximum of the home deliveries were conducted by family members followed by dai. Non-availability of transport facilities, followed by family tradition/pressure were shared the major reasons for home delivery. Of all those respondents/beneficiary-1 delivered at health facility, 56% of them shared that ASHA accompanied them to the health facility while going for delivery. This is highest in Dimapur (64.3%) followed by Wokha (50%) and Phek (36.8%). The reason being, mostly they were not able to inform ASHA, or even if they inform then also sometime ASHA could not turn up. Those who were accompanied by ASHA shared that major role of ASHA was that she spoke with the medical officer and did overall coordination. This shows that ASHA has a good rapport with the health facility staff, which is highest in Dimapur (95.6%) followed by Phek (71.4%) and Wokha (66.7%).

Janani Suraksha Yojana (JSY):

Only 45.4% of the mothers who have delivered in last six months (beneficiary-1) have received JSY incentive. This shows there is huge back-log of JSY payment in all the three districts. The matter was discussed with district/State officials and it was found that this is due to delay in fund release from the State and State released the fund in month of June 2012 as informed by the State.

Care for Newborn and Sick baby (below 6 months):

More than 70% ASHAs were found to have visited the newborn by 2nd or 3rd day of birth or before that. Nearly 70% shared that ASHAs have advised them about initiation of breastfeeding/colostrums feeding, which is highest in Dimapur with 77% of the mothers sharing about it, followed by 67.3% in Wokha and 57.7% in Phek.

As far as initiation of breastfeeding is concerned, nearly 48% of them initiated within 1 hour of birth, while nearly 43% of them initiated within 1 to 2 hours of birth. ASHAs were found to have played a good role by giving advice on initiation of early breastfeeding to mother, as informed by 77% mothers in Dimpaur, 67.3% in Wokha and 57.7% in Phek. Again in case of foods fed to the child in first three days of birth, it is a serious concern as 59.2% mothers have fed plain water in Phek, 15.3% have fed plain water to baby in Wokha, and 10.1% in Dimapur. Of all the babies, who were weighed, more than 96% of them had birth weight 2.5kg or more. This may be due to the lifestyle of the mothers such as food habits (non-vegetarian) and exercise as part of normal/routine daily work.

As far as immunization of children below 6 months of age is concerned, more than 70% of mothers informed that BGC and 1st dose of polio had been given. Another more than 20% of them said, vaccination was received but they don't know the type of the vaccination. ASHAs were found to play a good role for immunization especially in reminding the mother about VHND or ANM/SC for immunization, or by escorting or taking children along with mother for immunization. 18% of the newborn were found to have fallen sick in first one month of birth. More than 47% of them took advice of ASHA. Nearly 90% of the sick baby went for treatment, of which more than 86% went to PHC. This is mainly due to the non-availability of drugs in the SCs as shared and better facility in PHC/CHC with doctor. More than 70% of the mothers informed that they are availing Anganwadi services, of which more than 68% informed that ASHA helped them in seeking services from Anganwadi centre.

Village Health and Nutrition Day (VHND):

Attendance of ASHA in every VHND is confirmed by more than 80% of ANM and almost 65% AWW. Highest is in Dimapur, followed by Wokha and then Phek. However, attendance of ANM itself in the VHND is questionable, as it was found from the records that, most of

the PW (more than 80%) who came for 1st ANC /registration was during the 5th or 6th month of pregnancy. This shows that even if the VHND are happening, ANC check-up/registration is not happening due to absence of ANM.

Care for Sick Children: (6.1 months to 2 years of age):

Exclusive breastfeeding is another issue which needs to have a serious focus as more than 54% mothers were found to have initiated complimentary feeding by 5 months or before the child is even 5 months. The major reason is because of the fact that the mother uses to go for agricultural work, use to begin giving complimentary feeding to baby at early age. This may usually lead to various illnesses among infants/baby.

As far as immunization status of children is concerned, nearly 70% had given BCG followed by 65% had given 1st dose of polio and 34% had received measles. 57% of the mothers/beneficiary-2 shared that ASHA has facilitated the immunization. More than 75% of children are availing Anganwadi services, of which 39% are availing it regularly and remaining are availing it occasionally as shared by their mothers. More than 47% of mothers/beneficiary-2 shared that ASHA played a role in enrolment of children in Anganwadi centre.

Diarrhoea, cough, fever and vomiting were among the major illnesses that the children suffered in last one month. Of all the sick children, 36% of them were found to have suffered from cough, of these more than 72% had cough with fever, another 42.3% also had difficulty in breathing. More than 56% took advice of ASHA. For treatment more than 46.4% went to PHC. Even though nearly 58.6% took advice of ANM, actually only 30% of them went to SC for treatment. Similar is in case of children suffering from fever and vomiting that even though they took advice of ANM and ASHA for treatment maximum of them go to PHC/CHC. This is due to the poor services at SC level especially due to non-availability of drugs. As far as role of ASHA in treatment of cough, fever and vomiting is concerned; in all the three districts, it is found to be mostly referral to ANM/SC. Role of ASHA as a depot holder for drugs and her role in treatment by providing drug from drug kit was observed in few places. Among the mothers of children who suffered from cough; 45.8% in Dimapur, 40% in Wokha and 25.6% in Phek informed about ASHA giving medicines from the drug kit. Similarly in case of vomiting also, 36.4% in Dimapur, 30.8% in Wokha and 15.6% in Phek

informed about ASHA providing medicines to them during the child's illness. For fever treatment, ASHA provided medicines as informed by 56.3% mothers/benefiacry-2 in Dimapur, 47.1% in Wokha and 15.2% in Phek.

Diarrhoea was also among the illnesses suffered by Children with 24% of them suffering from it. While trying to understand the role of ASHA in diarrhoea treatment, it was found that 69 % of the mothers were provided with ORS by ASHA in Dimapur, 60% in Wokha and 35% in Phek. This shows that availability of ORS is still better as compared to other drugs in the ASHA drug kit. As far as ASHAs advice to mother on homemade fluid/ORS is concerned, 72.4% mothers in Dimapur and 52% mothers in Wokha told that they were taught by ASHAs on it, however only 5% mothers were taught on it by ASHA in Phek

Tuberculosis and disease outbreak:

No cases of disease outbreak were reported by ASHA so far. As far as ASHA's role in relation to TB is concerned, analysis shows that her involvement is very weak as more than 40% ASHAs were not aware if there were any cases of TB in her village, and less than 30% of the ASHAs were acting as DOTS provider wherever TB patient were reported.

VHSNC and Social Mobilization

Meeting of VHSNC is found to be very irregular as more than 50% of the ASHAs informed that it has been organized only once in last three months, while another 12.5 % have shared that no VHSNC meeting was held in last three months.

As far as involvement and role of ASHA in VHSNC is concerned, there were variations in the three districts. In Dimapur 75.3% of the ASHAs were Member Secretary of the VHSNC, while in Wokha 77.3% of the ASHAs were Member Secretary of VHSNC, however, in Phek only 2.9% ASHAs were Member Secretary of VHSNC. While trying to understand the case of Phek, it was found that, no new VHSNC has been created, but the fund for VHSNC was provided to the already existing Village Health Committee. This has lead to less or almost no involvement of ASHA, with the existing VHC functioning the way it has been functioning for years with additional fund of VHSNC coming to it. Analysis of the situation in Dimapur shows that, the GOI guidelines were followed in most places and involvement of school

teachers, opinion leaders, SHG, AWW were noticed. However in Wokha, in most places it is taken care by ASHA, even the untied fund is termed as "ASHA fund" in most places, and no involvement of other members like SHG and even AWW were noticed in most cases.

Some of the major activities of VHSNC as informed were village cleaning, referral transport for poor families (for going to health facilities) and repairing of hand pump (tube well). This is appreciable that VHSNC is involved in arrangement of such transport for seek people, which is highest in Wokha (25%), followed by Phek (21.6%) and (17.8%) in Dimapur. This may be because of the fact that, the transportation & communication is one of the biggest challenge/issues in Wokha and Phek. However discussion on disease prevalence, and plan of action by VHSNC was not observed in any of the districts. While trying to capture the role of ASHA in VHSNC, it was found that in most places their role is mobilizing and organizing the VHSNC meeting. Preparation of Village Health Plan as one of her role which was informed by 27% ANM, 22.73% AWW and 16.4% Headman/VC members. However, during the field level data collection time, no VHSNC were found to have developed any such Village Health Plan.

ASHA's role as activist especially in social mobilization was observed in all the three districts especially in relation to water and sanitation, and in ensuring availability of services at AW centre and SCs. Even her role in picketing of alcohol shop (local) was also observed, which is highest in Dimapur (56.2%) followed by Wokha (25%) and Phek (8.6%). In few places even role of ASHA in forest right and environment issues, and mobilization against domestic violence were reported. These clearly indicate the emergence of ASHA's role as an activist in her village.

Family Planning

Family planning is one of the weakest areas among all in the three districts, where ASHAs also played little role. Only about 2% of all the mothers interviewed were found to have adopted family planning methods/contraceptives. Those who have used contraceptives, shared about oral contraceptives, condoms and female sterilization as the methods of family planning adopted by them.

Knowledge level of ASHAs

All together 17 different situations on maternal, newborn and child health, family planning and infectious diseases were put and asked questions on it to ASHAs to understand her knowledge level. In general it is found that overall knowledge level of ASHAs comparatively better in Wokha followed by Dimapur and Phek. As far as knowledge on maternal health is concerned, knowledge of ASHAs especially on pregnant woman with danger sign like headache, nausea and oedema was better (nearly 80% have full knowledge) as compared to number of TT shots to be given during pregnancy (50.6%) and important danger signs to be looked after delivery (35.4%). Most ASHAs were found to have good knowledge about breastfeeding practices such as time of initiation of breastfeed (92.7%) and period of exclusive breastfeeding (81.1%). More than 87% ASHAs were found to have full knowledge about prevention of recurrent diarrhoea, however, their knowledge level on treatment part was comparatively poor as 68.3% ASHAs have full knowledge about preparation of homemade fluid/ORS, and only 50% were having full knowledge on advice for prevention of child passing frequent watery stool. Knowledge of ASHA on immunization schedule was average. It was also found that they have better knowledge about immunization schedule of child within 10 weeks (75.6% with full knowledge), as compared to knowledge about ASHA on vaccination to be given to a child at 9 months (50.6%). As far as knowledge of ASHA on family planning methods/contraceptives are concerned, they have better knowledge about correct contraceptives methods to be advised to newly married couple (76.8% with full knowledge), followed by advise to couple wanting no more child (73.8%) as compared to recently delivered woman who want to have gap for next pregnancy (61% with full knowledge).

Recommendations

Background

- More than 20% of the ASHAs are having educational qualification lesser than 8th Std. Therefore, in any of the future training participatory methodology which was followed in ASHA Module 5 training and Module 6 & 7 training should be followed with enough time given to ASHAs for practice session and demonstration in the village site (especially focussing ASHAs with lesser educational qualifications). Considering the overall education level of ASHAs, State may provide communication materials to ASHAs which are more pictorial oriented such as flip books/health education card, posters etc. For this purpose, State may refer to such materials existing at national level as well as in other States and adopt with necessary state specific modifications.

- In all the three districts, maximum ASHAs are covering more than 1000 population and many ASHAs are covering population more than 750. It may be difficult to cover such a huge population for one single ASHA working in hilly terrain in Wokha and Phek districts and similar may be in other hilly districts of the State also. Similar situation is also seen in many widely scattered villages of Dimapur. If we analyse the ratio of ASHA and population coverage in other hilly terrain/States of North East, in general one **ASHA covers 350 to 800 populations.** State may do a mapping exercise based on terrain and population, and identify the need of additional ASHAs in discussion with district/block level officials and accordingly may propose in PIP in future.

- Most ANMs /SCs are covering 5 villages or lesser than that. If the ANMs are made regularly available in the health facilities/SCs they may be involved effectively in providing hand-holding support to ASHAs.

Training of ASHAs:

- Training of ASHAs in all the training sites is found to be non-residential. Considering the group work and practice sessions involved in the training of ASHAs, it is always more effective if the training is made residential. It may also reduce the amount of time as well as expenditure of ASHAs that they incur in travelling. It is also understood that residential training will be difficult in the present context in Nagaland. However, it may be initiated in some of the selected training sites especially in district HQ/Block HQ, wherever possible and later slowly expand it in other training sites. Such strategies have been successfully adopted in State like Meghalaya.

- It is always suggested not to compromise the number of training days of ASHA training. If a program management person look at the number of training days and

topics covered, it may be felt that 5 days training for a training round of Module 6 & 7 is quite a lot and it may be done easily in 2-3 days. However, this has been kept at 5 days considering the educational qualifications of ASHAs and age factor, where more practice sessions are required. Therefore, it is always suggested not to compromise with the number of training days.

- Many of the ASHAs have shared the need of training materials in local dialect, which is very much vital for an ASHA. Though it may be difficult for the State to translate all the training Modules in all the dialects as there are various dialect spoken by different tribes. However, State may look for translation of Module 5 and Module 6 & 7 (which cover topics of Module 1 to 4) beginning with major dialects.

- As far as equipments provided during the training such as weighing scale and digital thermometer is concerned, State with the help of districts and blocks may try to identify those ASHAs whose digital thermometer is not working and may immediately act upon and replace it with new ones. For weighing scale, State may need to provide a new Salter weighing scale. If not the entire set of Salter scale and string, at least the string (as per the actual sample provided to the State by state trainers trained at national training site) needs to be purchased and provided to the ASHAs.

Institutional Support

- Presently State has State ASHA Resource Centre, and at district level existing DPMU is there but there is no District Community Mobilizers. Block ASHA Coordinator at Block level is providing support to the ASHAs and the ASHA program with various limitations as mentioned earlier. State may propose for ASHA Facilitators for at least every 10 ASHAs on average or may even be lesser in difficult/hilly terrain, which may be posted at health facility PHC/CHC level or even at SC level. Block ASHA Coordinator may provide support to the ASHAs/ASHA Program through these ASHA Facilitators. At district level State may propose for District Community Mobilizers (DCMs).

- Once the ASHA Facilitators are in place, there will be more effective field level on job support and hands-on training for the ASHAs. Even the monthly meeting of ASHAs in such situation may be held at PHC or SC level in order to reduce the amount of money spent by ASHAs on travel for attending the meeting. This will also reduce the number of times Block ASHA Coordinator has to visit to the field (so also the expenditure on travel) and the workload as they would provide support to the ASHAs/program through ASHA Facilitators.

- If the State still continue with the existing support structure and mechanism, in such situation, there should be provision for TA/DA for Block ASHA Coordinators, which may be calculated in more realistic way, based on existing rates (travel expense) in districts, and it may differ from one district to other (or even block to another within district). Substantially, this basically has been found to be a felt need for these personnel in enabling them to frequently, as and when required, to provide handholding support and monitoring visits to their respective ASHAs in their jurisdiction for encouraging and facilitate the ASHAs in performing her duties actively/sincerely. Secondly, This provision for Monitoring and evaluation would boost the morale of both the Coordinators and the ASHAs paving a way in having a frequent/regular interaction which presently has been found to be in need.

- Most of the existing Block ASHA Coordinators are not trainers of ASHA, though they are the main support structure for giving supportive supervision to ASHAs. As ASHAs are performing various skills such as weighing of baby, hand washing technique, taking temperature using digital thermometer, wrapping baby etc., therefore, Block ASHA Coordinators need to know such skills so that they are able to provide more effective supportive supervision to ASHAs. Otherwise, Block ASHA Coordinators may not be in a position to handhold ASHAs on these skills. State may provide orientation on essential skills to Block ASHA Coordinators during any of the training/orientation at State/District level.

- Drug Kits have been provided to ASHAs; however, regular refilling of the drug kit is a challenge. Even the refilling at SC/PHC level on requirement basis is hardly happening. Even, availability of drugs at SC and PHC/CHC is an issue as there are scarcity of drugs. Based on the experience, it is noticed that in the State, the drugs supplied from State Government is able to meet only 10-15% of the requirement. Therefore, refilling of ASHA drug kit whenever it is required would remain one of the biggest challenges. This challenge is going to be even more serious in coming time as the approval given for refilling of drug kit of ASHAs have been reduced to Rs.350 per ASHA per year in year 2012-2013, from earlier amount of Rs.600 per ASHA per year. State may adopt the strategy of procuring generic drugs for state, and along with that drugs, the required drugs to be provided to ASHAs may also be procured together.

- Almost all ASHAs have received ASHA diary. However, quality maintenance of the diary/records is not happening except for few ASHAs. In few places in Dimapur, few of the ASHAs were found to have maintained records especially of VHND in a detailed way with photography, which may be considered as good practice among ASHAs. ASHAs need to be oriented on importance of maintaining records, and its usage especially in her day today work, and overall programme.

- Most ASHAs are earning very less amount of incentive as discussed earlier. There is need for streamlining the incentive and its payment mechanisms. State may do a case load analysis and back-log payment, reasons for delay in payment. State may attempt to initiate single window payment mechanism of ASHA incentive. Payment by cheque for ASHAs may begin in many places especially in district HQ and town area on a pilot basis, as more than 50% of ASHAs were found to have Bank Account. State may learn from the existing payment system in the State of Assam and Orissa, and may streamline with learning from such states with necessary State specific modifications.

Functionality and overall effectiveness:

Maternal, newborn and child health:

- Activities conducted by ASHAs in last six months, and also as shared by ANM, AWW and headman/VC members shows that the major focus remains maternal, newborn and child health, which are the core activities that ASHAs are expected to focus. However, this should not let them not to focus on other component such as malaria and TB, and village level collective meeting for health promotion etc. An orientation /sensitization of ASHAs during the up-coming training or meeting may be done, so that their focus is also there in activities related to other aspects too (in addition to maternal, newborn and child health)

- Only 50% of the mothers delivered in institution are accompanied by ASHAs. Reasons of ASHA not accompanying was found to be mostly ASHA unable to come though they were informed by the family members of the pregnant woman. To improve it, ASHA needs to be motivated as well as sensitized that they will be losing JSY incentive which they are entitled for if they don't accompany the pregnant woman even after taking care of her during the entire period of pregnancy.

- For maximum of the pregnancy related complications and treatment for sick child, patients are going to PHC/CHC. This shows how effectiveness and functional is the SCs as maximum are by-passing it. Moreover, one of the major reasons being non-availability of services especially drugs. As mentioned earlier State may streamline issue and make generic drugs available even at the SC level with uninterrupted supply.

- Home delivery is high in all the three districts with highest being in Phek district followed by Wokha. Non-availability of transport and family pressure/tradition are among the major reasons for such high delivery at home. As far as issues related to

transport is concerned, it may be taken care of, up-to some extent once the JSSK scheme is implemented effectively. However, the tradition of family for home delivery and family pressure has to be dealt with at the level of family/village by ASHA with support of others especially ANM. The issue may be discussed and family members may be sensitized during home visits and VHND.

- Outreach work by ANM needs to be improved as most of the pregnant woman were registered or had 1st ANC at 5 or 6 months of pregnancy. This shows that even if ASHA, AWW and ANM are sharing about regular VHND in all the three districts, presence of ANM is negligible. By improving the outreach work of ANM and making her presence compulsory in VHND, the quality of VHND may be enhanced, and the villagers especially the pregnant woman and children will have access to better quality health care services during VHND.

Infectious disease:

- As mentioned earlier also, ASHAs are found to have played a very limited role as far as infectious disease like TB and malaria is concerned. Their role and participation in these activities needs to be enhanced. This may be dealt with during future training, meeting etc.

VHSNC and social mobilization:

- Issues related to VHSNC especially the role/position of ASHAs and participation of AWW in VHSNC needs to be addressed especially in Wokha and Phek.

- In Wokha, in most VHSNC, AWW are not a member, and chairperson happens to be a person from the community who is neither headman nor a member of Village Council or Village Development Board, or any community based organization. The same was shared with district officials during the data collection period, and they were found to be aware of the issues. State/District may intervene, and initiate to restructure the existing VHSNC by referring the GOI guidelines, and with State specific necessary actions.

- In Phek district, there is no separate VHSNC as such, however, the role of VHSNC have been taken care of by already existing VHC. Therefore, in the district in most places, ASHAs are not the Member Secretary, and even not a member of the VHC. In such situation, it may be suggested to make the ASHA the Member Secretary of the existing VHC, or create a VHSNC instead of merging it with existing VHC by referring the GOI guidelines, and with necessary State specific actions. This issues needs to be addressed by State/District officials.

- Preparation of Village Health Action Plan was shared as one of the roles of ASHA by few of the respondents; however, the team have not come across with any plan of action as such Village Health Action Plan. In addition, activities of VHSNC includes; repairing of well/hand pump (tube well), village cleaning, referral transport for sick patient etc. However, discussion on prevailing diseases among the people in the village etc. were found to be missing. An orientation of selected members of VHSNC on VHSNC and its role is suggested. If State has not proposed for such training, then one of the meetings of VHSNC may be taken as an opportunity for the purpose. The major topics which should not be missed are; analysis of prevailing diseases among the people in the village and making an agenda point for discussion about it in every meeting, follow up actions on what has been discussed/resolved in previous meeting, and developing Village Health Action Plan. Development of Village Health Action Plan may be initiated on a pilot basis with 4 or 5 villages in every block.

Knowledge level of ASHAs:

- All together 17 different situations on maternal, newborn and child health, family planning and infectious diseases were put and asked questions on it to ASHAs to understand her knowledge level. In general it is found that overall knowledge level of ASHAs is comparatively better in Wokha followed by Dimapur and Phek.
- However, some of the issues on which ASHAs needs to be oriented regularly considering their partial knowledge on such issues are;
    - Full ANC (especially number of TT injection for PW)
    - Important danger signs to be noticed after delivery
    - Preparation of homemade fluid/ORS
    - Prevention of child passing frequent watery stool.
    - Immunization schedule for both (within 10 weeks of birth and at 9 months)
    - Family planning/contraceptive especially for spacing
- This may be taken care of during refresher training of ASHAs or any of the future training of ASHAs. There may be re-orientation of ASHAs on above issues.
- Or, State may inform the ANMs to orient ASHAs especially on these issues during VHND or when they happen to interact with ASHAs as part of their regular duty.
- Monthly meeting of ASHAs may also be taken as an opportunity for the purpose.

Annex: Photographs from the field (taken during data collection)

1.Orientation of Research Investigators (Dimapur)

2.Interview of AWW

3.Interview of Headman

4.Interview of mother of newborn

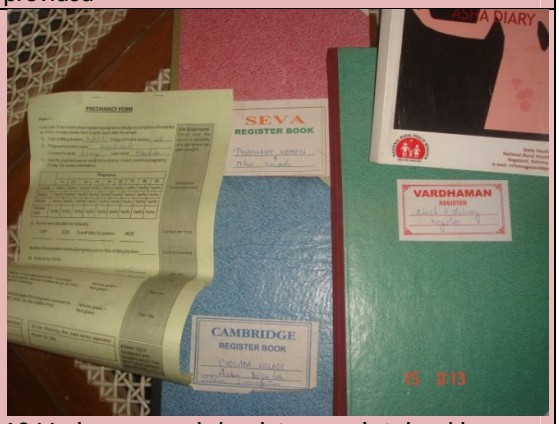
5.ANM interview

6.Interview of ASHA

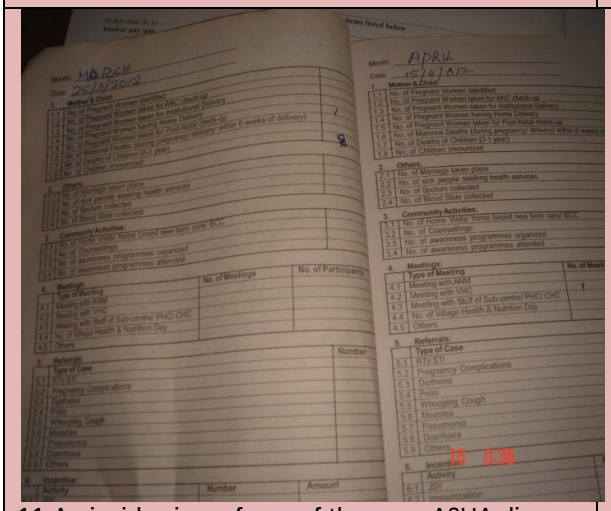
7.Salter weighing scale provided to ASHA

8.An ASHA demonstrating how they use 'Gamcha' for weighing baby as they can't use the string provided

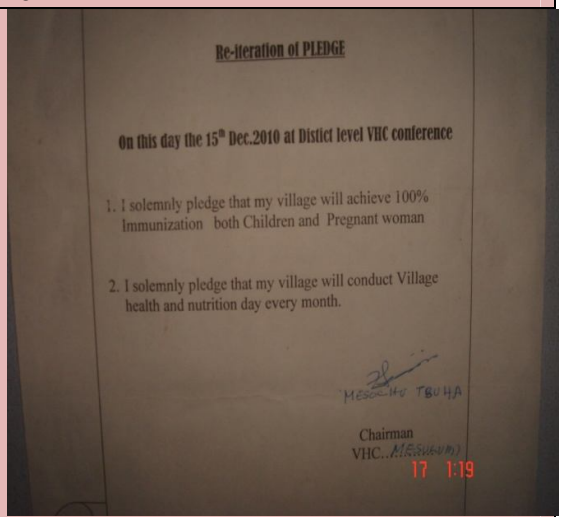
9.Drugs provided to ASHA (in stock)



10.Various records/registers maintained by ASHA



11.An inside view of one of the page ASHA diary



12.A written commitment given by VHSNCs

Photographs of few of the SCs

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