

Date: - 28/09/2015

PHC: - TARIYANI BLOCK

FDG WITH ASHA AT TARIYANI BLOCK



Demographic characteristics

Name	Age	No Of Children	Qualification
Vinita devi	37	2	Metric
Sima kumari	28	5	Inter
Urmila Mishra	30	4	Non Metric
Sunit devi	25	4	Non Metric
Renu kumari	45	6	Non Metric
Munita kumari	30	3	Inter
Seema Kumari	32	3	Inter
Neeta kumari	31	2	Inter
Beby kumari	41	3	Metric
Urmila mishar	39	3	Non Metric
Sunita devi	30	2	Metric
Sarita kumari	32	3	Inter
Kiran kumari	37	4	Metric
Visa kumari	38	3	Non metric
Rani devi	32	2	Inter
Indu Sinha	36	2	Inter

Work and work hours

Reference Point	Response
<ul style="list-style-type: none"> What is your the usual working hours (daily/monthly) 	We work for 2 to 3 hours per day . Though it varies upon the situation . The is no time limitation or fixed timing . While accompanying a pregnant woman it takes even two days at a stretch that we work continuously .
<ul style="list-style-type: none"> Who takes care of your work if you are not in the village or not available because of any other work? 	None. There is no system like this
<ul style="list-style-type: none"> How long you are working as ASHA? 	Majority are since 2007 but a small number has joined in 2011 to 13 too.
<ul style="list-style-type: none"> What do you do as ASHA? 	Support in registration of pregnant women , their vaccination , support through mobile kunji , and connect to the AWCs .
<ul style="list-style-type: none"> What is your role in Village Health & Nutrition Day (VHND), Mamta Divas, health camps or any other health activity in the village? 	Mobilisation of children and women , due list preparation, support in vaccination.

<ul style="list-style-type: none"> • Apart from health, what other activities do you engage in (nutrition, sanitation & hygienic practices, information on existing health services)? 	<p>Counselling on cleanliness and toilet construction and use . We support in awareness building on Kala Azar , Dengue and assist spraying of DDT .</p>
<ul style="list-style-type: none"> • How do you help the panchayat and Village Health Sanitation & Nutrition Committee (VHSNC) members in utilizing the VHSNC untied funds? 	<p>There is no role of ASHA in utilisation of VHSNC in this block . We had been informed long back about it , but no obvious role were were ever asked to play in utilisation of VHSNC fund</p>
<ul style="list-style-type: none"> • How do you help the ANM in utilizing the untied funds received she receives at the Sub Centre? 	<p>ASHA was never informed or consulted in the matter of utilisation of untied fund. Majority were not aware about the untied fund to the HSC.</p>
<ul style="list-style-type: none"> • Do you get sufficient stock in the ASHA kit? What is the frequency of refill of the ASHA kit? 	<p>We were supplied ASHA kit in 2007 but it was never refilled. The ASHAs appointed in the later phase were not even aware about how it looked or what it contained. Though they had heard about the kit.</p>
<ul style="list-style-type: none"> • What is your role in mobilize the community? 	<p>Make home visits , counselling on cleanliness and hygiene practices . Call to vaccination centre.</p>
<ul style="list-style-type: none"> • Do you work with the local SHG and women network within the village? (Details of the work) 	<p>We are aware about these groups, but don't have direct interaction with them . We think that they are different organisation.</p>
<ul style="list-style-type: none"> • What monitoring support is provided to you by the ANM, Lady Supervisor, PHC-MO 	<p>Yes, lots of people go to monitor us, they check whether we are on time or not . But the visit was MO was not obvious as they were hesitant to talk . Yes, the role of BCM was recognised by all</p>
<ul style="list-style-type: none"> • Explain your work with the Anganwadi Worker (AWW) 	<p>Survey and counselling of 'the refusal to vaccination ' families . We on cleanliness counselling</p>
<ul style="list-style-type: none"> • What is your response time to any medical emergency within the community? 	<p>We respond quickly and start acting immediately at information . within 15 minutes of information they are the spot .</p>

<ul style="list-style-type: none"> How do you handle the health related problems amongst the deprived section of the community? 	There is no discrimination was on the basis of society the beneficiary belong to. Instead the deprived section do seek help of ASHA more proactively

Remuneration

Reference Point	Response
<ul style="list-style-type: none"> What is your average monthly earnings 	No fixed or regular . This varies from Rs 140 to Rs 2000
<ul style="list-style-type: none"> What is the frequency of receiving the ASHA incentives? Are these adequate? 	In one to two months . Not at all . In fact even a small amount of rs 2000 per month as honorarium will be far better
<ul style="list-style-type: none"> Are there any delays in payments? If yes, the reasons for delays. 	Yes . Sometimes it takes six months to get Muskan payments. Better known to the people at block level . They postpone the payment at one pretext or two
<ul style="list-style-type: none"> Do you have to pay bribes to get your payments? How much and to whom? 	Very complex to answer . No one did respond affirmatively

Work satisfaction and motivation

Reference Point	Response
<ul style="list-style-type: none"> Do you enjoy your work, why/why not? 	Yes , we do enjoy the job . because there is a feeling of support the society. The payment is so low that we are derided by the society too that work so hard at such a meagre income . They feel like part of the government system
<ul style="list-style-type: none"> Have there been drop-outs among ASHAs? Reasons, if yes. 	Very few. Either they moved somewhere or got an opportunity
<ul style="list-style-type: none"> What can make the work more enjoyable and richer? 	If we get a regular and better honorarium . And yes with support kit .
<ul style="list-style-type: none"> Are you adequately trained, do you feel the need for additional knowledge/skills to perform your 	No , only fourth module has been completed till date . Yes we need better training and on

tasks?	regular basis
<ul style="list-style-type: none"> Is the mentoring support provided currently adequate? How can it be improved further? 	Provide us better payment on regular basis .
<ul style="list-style-type: none"> How do the community view the ASHAs, do you feel empowered and confident? 	Community feels us to be a part of the govt system and a channel between PHC and the community
<ul style="list-style-type: none"> Do you have inhibitions, challenges in going to certain communities? Why? 	No not at all . Every one is equal .