Figure No.	Title	Page No
Figure 1.	Process of Behaviour Change	7
Figure 2.	A Framework for Communication Programmes	10
Figure 3.	Governance Structure of NHM	22
Figure 4.	Three Tier Health Set Up in Gujarat	25
Figure 5.	Components of NHM	26
Figure 6.	Major Initiatives under NHM	28
Figure 7.	Role of IEC/BCC	31
Figure 8.	Thrust Areas of IEC/BCC Activities	32
Figure 9.	IEC/BCC Strategies in Health	34
Figure 10.	Map of Chhotaudepur District	36
Figure 11.	Decentralised and Bottom-up Approach: Preparation of	39
	State, District and Block level Health Action Plan	
Figure 12.	Operational Structure of NHM at District level	40
Figure 13.	Operational Structure of NHM at Block level	41
Figure 14.	Healthcare Functionaries at Block/Grass-root level	42
Figure 15.	Support Structure for Effective Service Delivery Through	44
	ASHA	
Figure 16.	Roles and Responsibilities of the ASHA	45
Figure 17.	Recommended Primary Healthcare Pyramid for Tribal	56
	area	
Figure 18.	Phase-wise Review Process	80
Figure 19.	Description of the Final Sample	144
Figure 20.	Methodology (Objectives, Tools and Analysis) - At a Glance	168
Figure 21.	Percentage Distribution of the ASHAs According to	192
	Blocks they Belonged to	
Figure 22.	Percentage Distribution of the ASHAs according to Age	192
Figure 23.	Percentage Distribution of the ASHAs according to	193
J	Educational Qualification	
Figure 24.	Percentage Distribution of the ASHAs according to	194
-	Work Experience	-
Figure 25.	Percentage Distribution of the ASHAs according to	194
2	Media Use	
Figure 26.	Percentage Distribution of the ASHAs according to	195
5	Occupational Skills	

List of Figures

Figure 27.	Percentage Distribution of the ASHAs according to	195
	Training Received under NHM	
Figure 28.	Percentage Distribution of the ASHAs according to	196
	Knowledge Regarding Health Communication	
	Strategies	
Figure 29.	Categorisation of the ASHAs according to Overall Use	231
	of Health Communication Strategies	
Figure 30.	Percentage Distribution of the ASHAs according to Top	237
	Five Health Communication Strategies used for Home	
	Visit	
Figure 31.	Categorisation of the ASHAs according to Use of Health	238
	Communication Strategies during Home Visit	
Figure 32.	Percentage Distribution of the ASHAs according to Top	245
	Five Health Communication Strategies used for VHND	
Figure 33.	Categorisation of the ASHAs according to Use of Health	246
	Communication Strategies for VHND	
Figure 34.	Percentage Distribution of the ASHAs according to Top	254
	Five Health Communication Strategies used for Visit to	
	Health Facilities	
Figure 35.	Categorisation of the ASHAs according to Use of Health	255
	Communication Strategies for Visit to Health Facilities	
Figure 36.	Percentage Distribution of the ASHAs according to Top	261
	Five Health Communication Strategies used for Village	
	Health Sanitation and Nutrition Committee Meeting	
Figure 37.	Categorisation of the ASHAs according to Use of Health	262
	Communication Strategies	
	for Village Health Sanitation and Nutrition Committee	
	Meeting	
Figure 38.	Percentage Distribution of ASHAs according to Top Five	269
	Health Communication Strategies Used for Keeping and	
	Informing about records	
Figure 39.	Categorisation of the ASHAs according to Use of Health	270
	Communication Strategies for Keeping and Informing	
	about Records	
Figure 40.	Categorisation of the ASHAs according to Perceived	285
	Benefits of Health Communication Strategies	
Figure 41.	Categorisation of the ASHAs according to Barriers	303
	related to Health Communication Strategies	

Figure 42.	Distribution of the ASHAs according to Readiness for	333
	Specific Components of Training related to Health	
	Communication in Future	
Figure 43.	Percentage Distribution of the ASHAs according to Top	340
	Five Need of Additional Health Communication	
	Strategies for Home visit	
	Percentage Distribution of the ASHAs according to the	347
Figure 44.	Top Five Need of Additional Health Communication	
	Strategies for VHND	
Figure 45.	Categorisation of the ASHAs according to Need of	348
	Additional Health Communication Strategies for	
	Planning and celebrating VHND	
Figure 46.	Distribution of the ASHAs according to Top Five Need	356
	of Additional Health Communication Strategies for Visit	
	to Health Facilities	
Figure 47.	Categorisation of the ASHAs according to Need of	357
	Additional Health Communication Strategies for Visit to	
	Health Facilities	
Figure 48.	Distribution of the ASHAs according to Top Five Need	363
	of Additional Health Communication Strategies for	
	VHSNC Meeting	
Figure 49.	Categorisation of the ASHAs according to Need of	364
	Additional Health Communication Strategies for VHSNC	
	meeting	
Figure 50.	Percentage Distribution of the ASHAs according to Top	371
-	Five Need of Additional Health Communication	
	Strategies for Keeping and Informing about Records	
Figure 51.	Categorisation of the ASHAs according to Need of	372
5	Additional Health Communication Strategies for	
	Keeping and Informing about Records	
Figure 52.	Results at a Glance	390
J		