Minutes of the Meeting of Mentoring Group for ASHA

Venue : NIHFW, Munirka

Date and Time : August 01st, 2006 at 9.30 a.m.

A meeting of the Mentoring Group for ASHA was held on August 01st, 2006 at NIHFW under the chairpersonship of Ms. S. Jalaja, Additional Secretary, Ministry of Health & Family Welfare, Government of India. The meeting was attended by the members of the Mentoring Group, officials from the Min/Health & FW, NIHFW, and the Mission Directors / representatives from States of Bihar, Orissa, Uttar Pradesh, and Rajasthan.

List of participants is annexed.

The agenda for discussion was as under :

- Status of the selection and training of ASHA
- ASHA support mechanism
- Training modules for ASHA
- Evaluation of ASHA

In her opening remarks the Additional Secretary explained the progress under ASHA in various States. She explained that with the approval of the implementation framework by the Cabinet, the ASHAs were now to be put in place in all the 18 high focus States. The additional States were seven north-eastern States other than Assam, and Himachal Pradesh. She also explained that the Cabinet has also allowed engagement of community health worker in the tribal districts of the other States. She further explained, at some length, the achievements under various activities of the NRHM and how they would impact the functioning of ASHA. She also asked the States to ensure that they too had an ASHA mentoring group on the same lines as at the Centre and the group was made fully functional.

Dr. Tarun Seem, Director (NRHM) presented State-wise details of progress of ASHA selected and number trained till July 31st, 2006.

Dr. Himanshu Bhushan, Assistant Commissioner (MH) made a brief presentation on "Support Mechanism for ASHA".

The Mission Directors from the States of Rajasthan, Uttar Pradesh, Bihar, and Orissa made a brief presentation on the status of the selection and training of ASHAs in their respective States.

In Rajasthan 20,000 Sahyoginis were already working at AWC before the ASHA concept. Now they are known as ASHA Sahyoginis. The State has taken steps for setting up of ASHA resource centre to oversee the implementation of the Scheme including training, supervision, IEC, inter-sectoral convergence and evaluation. It was also informed that many of the ASHA Sahyoginis have small children, therefore, the State has taken initiative to set up crèches and food arrangement for these children. The ASHA training modules have been adapted locally on a regional basis as Rajasthan has clearly demarcated six regions which are different from each other.

In the State of Uttar Pradesh, a total of about 52,000 ASHAs have been selected till date and about 26,000 have received induction training. In difficult areas, ASHAs are being selected on a population norm of 500-700 while in some easily accessible areas they are being selected on a population of 1,500.

In the State of Bihar, out of a total of 43,000 selected ASHAs 12,465 have received the induction training of seven days duration. It was informed that due to non-availability of functional PHCs and Sub Centres for delivery cases, efforts are being made to attach ASHAs to private accredited nursing homes till the PHCs/Sub Centres become functional. Steps are being taken to set up mentoring groups at the State and District levels. The evaluation of the Scheme has been outsourced to UNICEF.

In Orissa 12,730 ASHAs have been selected and trained out of a total of 34,123 ASHAs for the entire Mission period. The State has decided to issue identity cards to ASHAs to give her better credibility in the community.

Shri B.P. Sharma, Joint Secretary, Min/Health & FW, GoI informed the group that rapid evaluation of ASHA (selection/training) is being done by UNFPA. Three States i.e. Uttar Pradesh, Madhya Pradesh, and Jharkhand have been selected. Three districts from each State will be taken for the purpose and the report would be submitted in next two months to the Min/Health & FW, Government of India. The recommendations could be used for mid course correction, if required.

Members from Mentoring Group felt the need for validation by Regional Research Centres of any internal evaluation done by the States.

The observations and suggestions of the participants were as under :

- Instead of having one ASHA per 1,000 population, there should be one ASHA for a population of 250.
- There was still a lack of clarity about the role of ASHA as to whether she was an activist or a government health functionary.
- The priorities which any ASHA would have was largely driven by the compensation mechanism. The package, therefore, needs to be properly devised so that ASHA did not lose sight of her role as an activist.
- There was a strong need to link ASHAs to a functional facility. Unless referrals by ASHA were honoured on priority basis, ASHA would not gain credibility in the community.
- There have been improper selection of ASHAs and in some places there were also instances where despite clear guidelines by the Government of India, the Panchayati Raj Institutions were not involved in the process.
- The country has a pool of large number of motivated trained workers who have been trained earlier by reputed NGOs. They could be considered for selection as ASHAs/link workers.
- There should be a greater involvement of the NGOs in the training of ASHAs.
- There should not be any target oriented approach in the selection of ASHAs. The process of selection should be based on community mobilization which is essentially a slow process and the best results would be achieved only when the process had been entirely gone through.

- ❖ The documents pertaining to ASHA were not available in the States in requisite numbers. It would be essential to ensure that those were printed in adequate number and all stake-holders were provided copies as and when required.
- ❖ Training and providing support to ASHA at a work-place is a gigantic work. Unless proper support mechanism are established at the State, District, and Block level, this important initiative of the government would not meet with success. The initiative of the Government of Rajasthan to set up an ASHA resource centre at the State level was appreciated and it was decided to circulate the document to the other States concerned.

ASHA Mentoring Group would meet once in three months in future to review the progress.

The meeting concluded with a vote of thanks to the Chair.

List of Participants

Sl. No.	Name	Address
1.	Dr. N. H. Antia	Chairman & Director, FRCH, Pune, Maharashtra
2.	Dr. Shyam Astekar	21 Cherry Hills Society, Anandvalli, Gangapur Road, Nasik, Maharashtra
3.	Dr. Abhay Bang	Director, SEARCH, Gadchiroli, Maharashtra
4.	Ms. Ila Vakharia	Director, CHETNA, Ahmedabad, Gujrarat
5.	Dr. Sharad D. Iyengar	Secretary, ARTH, Udaipur, Rajasthan
6.	Dr. Vijay Aruldas	Christian Medical Association of India, Janakpuri, New Delhi
7.	Mr. Alok Mukhopadhyay	Chief Executive, VHAI, New Delhi
8.	Dr. Thelma Narayanan	Coordinator, Community Health Cell, Bangalore, Karnataka
9.	Dr. H. Sudershan	Vivekananda Girijena Kalyana Kendra, Mysore, Karnataka
10.	Dr. K. Pappu	CINI, 24 Parganas, West Bengal
11.	Dr. Sunder Raman	Director, SHRC, Raipur
12.	Dr. Abhijit Das	Director, Centre for Health & Social Justice, New Delhi
13.	Prof. Dr. B. C. Das	Mission Director, SIHFW, Orissa
14.	Dr. S. K. Rath	Consultant, OSH & FW Society, BBSR, Orissa
15.	Dr. L. B. Prasad	DGFW / Mission Director, U. P
16.	Mrs. Shubhra Singh	Secy (FW), MD (NRHM), Rajasthan
17.	Dr. S. N. Baranwal	Addl. Director (FW), Patna, Bihar
18.	Ms. Mona Gupta	RCH Training Coordinator, Bihar
19.	Shri B. P. Sharma	Jt. Secretary, MOHFW, New Delhi
20.	Shri Amarjeet Sinha	Jt. Secretary, MOHFW, New Delhi
21.	Shri Tarun Seem	Director NRHM, MOHFW, New Delhi
22.	Dr. N. Namshum	DC (Trg.), MOHFW, New Delhi
23.	Dr. I. P. Kaur	DDG (MCH), MOHFW, New Delhi
24.	Dr. Himanshu Bhushan	AC (MH), MOHFW, New Delhi
25.	Dr. K. Kalaivani	Director I/c., NIHFW, New Delhi
26.	Dr. Savita Mehta	Consultant (RCH), NIHFW, New Delhi