National Consultation of Mentoring Group for ASHA
National Institute of Health &Family Welfare, New Delhi
27th November, 2007

National Consultation of the Mentoring Group for ASHA was held on 27th November, 2007 at National Institute of Health & Family Welfare (NIHFW) under the Chairmanship of Shri G. C. Chaturvedi, Mission Director (NRHM), GOI. The meeting was attended by the members of the Mentoring Group, officials from the Ministry of Health & FW and NIHFW .

List of participants is at **Annex - I.**

Dr. N. Namshum Deputy Commissioner (Trg & CH) welcomed the participants. Sh. Amarjeet Sinha, Joint Secretary(MOHFW) in his opening remarks informed the participants that ASHA has carved a place for herself and a range of activities are being performed by her under NRHM. It was evident during the visits made to 13 states for NRHM review(14-21Nov.2007). He emphasized the need for quicker quality training, referral linkages and resource support for ASHA. A need has emerged for thinking about an alternate training strategy and re working the training modules keeping local conditions in mind. Apart from tribal areas of non high focus states there is a felt need for community link worker all over the country. .

The key note address by Shri.G.C.Chaturvedi, Mission Director (NRHM) GOI indicated that there was a need for constant guidance of ASHA after training. At this stage some inputs were needed to streamline the payment of incentives and its accountability. Need for support through VHSC and block facilitators was emphasized. Provision of drug kit by the states will bring more credibility to ASHA. Mode of replenishment of drug kit monthly/bimonthly needs to be decided by the states locally.

The agenda for discussion was as under:

- Progress of ASHA in States.
- Report of visits made to states by ASHA Mentoring Group members
- Review of Guidelines of ASHA
- Status of Field Testing of Book V for ASHA
- Presentation on review report of ASHA by VHAI.

Dr. N. Namshum, Deputy Commissioner (Trg & CH) made a presentation giving details of Status of ASHA / Link Workers in the States and pointing out areas of concern. She highlighted the need for faster training of ASHA in remaining modules ,web based monitoring, support mechanism at field level, formation of ASHA Resource Centre and timely disbursement of the incentives. ASHA Divas was suggested on 30th of every month for disbursing the incentive.

Dr. Nerges Mistry, Director FRCH , in her presentation of the visit to Uttarakhand informed the participants that :

- Selection of ASHA is complete for the State for mission period.
- Himalayan Institute has been identified as ASHA Resource Center(ARC).
- ARC draft guidelines have been formulated
- MNGO/FNGO are involved in training but their knowledge regarding health is poor .
- Role clarity between ASHA, AWW & ANM is not there..
- Specific needs of the State e.g. injuries, transportation of pregnant women and use of herbal medicines should be addressed.
- Trainers from MNGO/FNGO need to be trained /oriented in health issues

Voluntary Health Association of India(VHAI)-RRC informed about the issues regarding ASHA in J&K, Assam, Manipur and Sikkim.

- In J&K selection of ASHA is complete. Training quality is poor. State ownership is lacking.There is conflict of interest between ASHA,AWW& ANM. Payment of incentive is not being made in time.
- In Manipur need for ASHA is not understood by the State.State ownership is lacking. Role clarity of ASHA is needed. Incentive is not being paid. There are drop outs which are not being quantified.
- In Assam though the selection of ASHA is near completion there is no role clarity of ASHA. Incentive is also not being paid.
- In Sikkim training of ASHA has completed in 2 modules . There are no clear guidelines on role of ASHA. Voluntary Health &Sanitation Committee(VHSCs) are very weak hence ASHA Resource Center is needed in the State

Dr. Sharad Iyengar presented the issues regarding ASHA Sahyogini in Rajasthan. ASHAs are working more as an assistant to AWW. Though JSY is effective in the state, ASHA is not receiving complete incentive. Quality of training is not good as it is mainly done by the guest trainers who cannot provide fulltime training and WCD trainers are not completely oriented to family welfare subjects. ARC is functional
but needs to hand hold ASHAs more at field level. ICDS supervisors could be used for monitoring. Record keeping by ASHA should be kept to minimum. If any new incentives are being proposed they should be complimentary to existing incentives.

Dr. Sundararaman, Executive Director-NHSRC, reviewed the guidelines provided by GOI- Reference Material was circulated . He discussed the budgetary provision for ASHA support system. He urged the mentoring group members to help states in establishing support system as money for last two years was lying unspent. He stressed

upon the need to quantify drop-out ASHAs and to induct and train new ASHAs, importance of phasing out non-functional ASHAs..

Dr. Nupur Basu Das from CINI discussed the issues regarding ASHAs in West Bengal ,that selection of ASHA is being done in three phases and preference is given to Grade I and II of Self Help Group Members and trained dais. Training module in local language is ready and training is going on by CINI. Role clarity of ASHA to some block health officers is still not there, also number of coordinators and co-facilitators for training of ASHA is less. There are some problems regarding payment of incentive also.

CHETNA presented the 5th Module on "The Role of ASHA as an Activist". Though they were supposed to come with a report of field testing of the module in Madhya Pradesh, yet they have not started the field testing.. The group recommended that they should do the field testing at two levels one for less educated ASHA and other for educated ASHAs and submit the report by January, 2008.

Dr. L. Nath from Independent Commission and Dr. Bhatnagar (VHAI), gave a presentation on the evaluation which has been done in EAG States, it stated that around 90% ASHA have been selected but the guidelines of selection have not been followed except in Orissa. Quality of training is poor. Though induction training in the first module has completed in many of the States, training in second module has yet to start. Role clarity of ASHA is not there . Support system in the States has yet to established. Payment modalities are not clear to the people who are paying the incentives.

The Mentoring Group Members deliberated on the issues and areas of concern related to ASHA

The **recommendations** are as under:-

- Role of ASHA needs to be clearly defined.
- Convergence is essential with AWW and ANM for the smooth functioning of ASHA.
- ASHA can be selected in a smaller population if the States need. If any corrections have to be made in the selection process, especially regarding the drop outs and new inductees, it should be done locally.
- Alternative Training strategy needs to be decided by the State so that the training can be done at a faster pace. MNGO/FNGOs should be included in the training. Trainers should be chosen on the basis of their field experiences and be given orientation regarding family welfare issues before training the ASHAs. Full time trainers are needed for ASHA training.
- Support for ASHA in a form of human resource is essential. ASHA resource centre should be set up in the States at the earliest. Project manager at state level could be a person from community health or social sciences. It is mandatory to have a female for Block facilitator.
- Support system should be institutionalized for sustainability.

- ICDS supervisors could be used for monitoring in Rajasthan. If LHV is not available for monitoring a Sr. ANM could be used for monitoring and honorarium paid accordingly.
- Incentives could be paid through cheque or in Post Offices so that there could be transparency in the payment of incentives.

Meeting ended with vote of thanks to the Chair.

Annexure – I

List of Participants.

S.No.	Name	Designation & Address
1.	Shri G.C. Chaturvedi	Mission Driector, NRHM, **GOI**
2.	Shri Amarjeet Sinha	Joint Secretary. NRHM, **GOI**
3.	Shri Pravir Krishn	Joint Secretary, **GOI**
4.	Dr. P.L. Joshi	DDG(L), DGHS, **GOI**
5.	Dr. Sunder Raman	Executive Director, NHSRC, **New Delhi**
6.	Dr. N. Namshum	DC (Trg.), **MOHFW, GOI**
7.	Dr. A.S. Rathore	ADG, NPCD, **DGHS**
8.	Dr. Charan Singh	Joint Director, NVBDCP, NICD, **DGHS**
9.	Dr. Dinesh Baswal	AC (Trg.), **MOHFW, GOI**
10.	Dr. Savita Mehta	Consultant, (Trg.), **MOHFW, GOI**
11.	Dr. Geeta Bamezai	Lead Consultant, **NACO,**
12.	Ms. Rohini Ramamurthy	PO, (Council ling) **NACO**
13.	Dr. K. Kalaivani,	Nodal Officer, NRHM, NIHFW, Munirka, **New Delhi**
14.	Dr. Mumtaz Sanghamita	Sr. Consultant RCH, NIHFW, Munirka, **New Delhi**
15.	Dr. N. F. Mistry,	Director, FRCH, Pune, **Maharashtra**
16.	Ms. Pallavi Patel	CHETNA, Ahmedabad, **Gujarat**
17.	Dr. Sharad Iyengar	Chief Executive, ARTH, **Udaipur, Rajasthan**
18.	Dr. H. Sudarshan	Karuna Trust & VGKK, Bangalore, **Karnataka**
19.	Dr. Nupur Basu Das	Child-in-Need Institute (CINI),**West Bengal**
20.	Dr. Poushali Majumdar	Prog. Support Manager, **CINI, New Delhi.**
21.	Dr. L. Nath	ICHDI, C/o VHAI, **New Delhi**
22.	Dr. P. C. Bhatnagar	VHAI, **New Delhi**
23.	Ms. Seema Gupta	RRC coordinator, **VHAI**
24.	Manoj Kar	Advisor, Community Participation, NHSRC, **New Delhi**
25.	Ms. Sushma Rath	PAO, NHSRC, **New Delhi**
26.	Ms. Sarover Zaidi	ICICI, Centre for Child Health & Nutrition
27.	Ms. Shilpa Despande	ICICI, Centre for Child Health & Nutrition