Dear Mission Director,

Your attention is drawn to the role of ASHA facilitators. The ASHA facilitator is expected to be a mentor, guide, and counselor to the ASHA. She/He is also expected to provide support, supervise, build capacity of the ASHA and monitor the progress of the individual ASHA in their given area. The general norm is to appoint one facilitator for every 20 ASHA. Thus one ASHA facilitator would work with about 20 ASHAs in a population of about 20,000. To make efficient use of this human resource. However reports from field visits indicate that ASHA are also given the role of ASHA Facilitators. In such cases it has been found that ASHAs not only find it difficult to undertake both the tasks but this also compromises her effectiveness as an ASHA facilitator and as an ASHA. It is therefore desirable that the roles of the two are delinked for effective performance of both the ASHA and the ASHA facilitators.

2. States are accordingly advised to do the following-
   a) Undertake a mapping exercise to assess the areas where ASHA facilitators continue to work as ASHAs.
   b) Delink the two roles of ASHA Facilitators and ASHAs. Every ASHA facilitator should be given a choice of whether she wants to continue as ASHA facilitator or whether she wants to work as ASHA in her village.
   c) While selecting new ASHA facilitators, in addition to the criteria of being (i) A resident of one of the cluster villages where she supports the ASHAs, (ii) XII pass, (iii) dynamic and (iv) successful in ASHA’s role, States should give due weightage to ASHAs earning higher incentives on account of their performance.

Yours sincerely,

(Manoj Jhalani)

To,
Mission Director. NHM - All States/UTs
Copy to:

1. Additional Chief Secretary-Health/Principal Secretary-Health/Secretary(H&FW)-All States/UTs
2. ED (NHSRC)/ Dr Rajani Ved, Advisor (Community Process) NHSRC