Consultation of National ASHA Mentoring Group (NAMG)
NHSRC, NIHFW Campus, New Delhi
Dated: 11th February 2009

Consultation of National ASHA Mentoring Group was held on 11th February 2009 at National Health Systems Resource Centre (NHSRC), New Delhi. This was chaired by Dr. T Sundararaman, Executive Director, NHSRC, New Delhi, and attended by members of National ASHA Mentoring Group (NAMG), officials from Ministry of Health and Family Welfare, and the team members from Community Participation Unit, NHSRC, New Delhi (*List of participants attached as annexure- I).*

ED, NHSRC welcomed the participants and stated the need of expansion of mentoring support mechanism for ASHA Scheme in non-high focus states addressing strategic issues. It was shared that, the training of ASHAs up to 4th Module/round have been completed in most of the high focused States, and training on Module-5 is going on. Support of NAMG members was requested to assist States in preparing and finalizing Module/Book-6, which would be a state specific module.

Dr. Dinesh Baswal, Assistant Commissioner (Training), MoHFW gave a detailed presentation on ASHA scheme. Major issues and concerns highlighted as specific to states included;

General Issues:

- Absence of supporting mechanism and monitoring system in some states
- Drop outs of ASHAs happening in all states, but it is not recorded/documented
- Process of replenishment of drug kits needs to be streamlined
- Quality assurance in training is needed
- Integrated compensation package has yet to be put in place in few states
- Monthly review meetings need to be streamlined
- There is need for refresher training of ASHAs
- In most states, ASHAs are getting incentive only for JSY& Immunization. In such situation in the states, sustainability of ASHA is doubtful as delivery load is low More attention is given to cases referred by ASHAs, especially to recognize her effort and to give her a feedback through creation of 'ASHA Help Desk' in district hospitals

Specific Issues:

- In Mizoram, all selected ASHAs have been trained in module I-IV in 7 days. Hence refresher training is essential
- Scattered villages and lack of or unavailability of transport facilities in hilly states of North east States – specific concerns in majority of NE States
- In Jharkhand, delayed in training due to non release of funds
- Module – V TOT conducted in Uttarakhand, Assam and Tripura (for four NE States- Manipur, Meghalaya, Sikkim and Mizoram). Similar effort needed for rest of the NRHM focused states including rolling out of module V TOT
- In MP, ASHA are serving localities for more than 1000 population
- In Chhattisgarh, bridge course for 10th Std. pass Mitanin to become ANMs have been initiated
- Module III, IV&V have been redrafted as one book for15 days in Rajasthan
- In Uttarakhand, a cadre of max. 25 women master trainers are being developed to roll on 5th module training.
- Monthly review meetings need to be streamlined. ASHAs are not well versed with their roles in Uttar Pradesh
- In Meghalaya, 3197 ASHAs have been trained in module-I. Training in other modules is going on - needs to be expedited. Drug kits have to be procured.

- In Orissa, the information about 'Integrated compensation package for ASHA' is being prepared and to be disseminated for all ASHAs

Dr. Manoj Kar, Advisor- Community Participation, NHSRC made a presentation on the follow up recommendations of National ASHA Mentoring Group. He shared action taken on the recommendations of the last NAMG consultation held on 16th May 2008 and consultation of TRG-NAMG (Technical Resource Group- ASHA Mentoring Group) held on 31st July-1st August 2009 as follows:-

- Technical Advisory Group on selected themes/issues constituted involving members from National ASHA Mentoring Group. Technical Resource Group provided input and contributions to the improvement of disbursement of 'payment and incentives systems'
- Some selected ASHAs were invited to interact with members during the State ASHA Mentoring Group meeting with documentation of proceedings in some States, such as Assam and Arunachal Pradesh
- Information about integrated compensation package, mentioning the 'incentive attached to specific services' to be made available to all ASHAs in most of the States.
- Priority given to the creation, building and facilitation of ASHA support structures in states, with the formation of ASHA mentoring group.
- Background paper on 'Accreditation for ASHA' prepared and discussed with Technical resource Group. Follow up initiated with IGNOU, selected State Universities and National Institute of Open School.
- 40 Fellows recruited- Rajasthan (15), Jharkhand (8), Bihar (9) and Orissa (8) as Community Health Fellows

ASHA Support System- Progress :

- 'Community Process Resource Center' (CPRC) operational in Orissa with deployment of District Co-ordinators for all districts
- 'ASHA resource Centre' is functional through HIHT in Uttarakhand with District ASHA Support systems in 9 out of 13 districts
- In MP, 'ASHA resource Centre' team is functional with deployment of District Coordinators to be made. Selection of Block Level facilitators for Fifty percent of Districts completed recently.
- ARC in Jharkhand to be operational soon with the deployment of District Community Mobilisers
- In UP, 'District Community Mobilisers' are in place as part of DPMUs (District Programme Management Units) in all districts

Some of the challenges in the implementation of the ASHA Scheme which we are now focused on are;

- Incentive payments to be streamlined and made transparent
- Supportive mechanism for refilling of drug-kits is needed
- Building capacities of ASHA support system at all levels to facilitate , handhold and mentor the mandates of 'Community Processes'
- The linkages of ASHA related activities , NGO involvement in facilitation of ASHA support systems and health systems to be strengthened
- Support system need to be deployed at the districts. & sub-districts level along with the capacity building of "ASHA Resource Centre' / 'Community Processes Resources Centre'
- Need for strengthening documentation of State laid community intervention and practices

- Long time gap between training of one module to another (for example; training on Module – 1 and Module 2 conducted in 2007, and 3rd Module training was conducted in October 2008),

Presentation by National ASHA Mentoring Group members:

1. Dr. Sharad Iyenger from ARTH, Udaipur shared the following observations from his visit to the state of Mizoram during the Common Review Mission;

- Education level is so high in the state of Mizoram, that there is not much difference between the education level of an ASHA and any other persons in the community. And, more than 70% of deliveries are institutional delivery. Pregnant women themselves go for institutional delivery whether ASHA escorts them or not. Therefore, in such a state ASHA's role under JSY is very limited
- There is need for training of ASHAs on post natal care as they do visit the women after delivery. There is need for hand holding of ASHAs with redefining her roles and responsibilities specific to state situation, support systems and linkages with healthy facility need to be build up
- VHSCs are very active in Mizoram, and Mizoram should be a place with most effective VHSC as compared to other states

2. Ms. Neidonuo Angami, member from Nagaland shared her views about the need for field visits in all states of North East, and for strengthening the functioning of 'ASHA Mentoring Group.'

3. Dr. Nupur Basu from CINI, West Bengal made a presentation on the implementation of ASHA Scheme in Jharkhand. She shared some experiences from the CRM visit to the (to Ormanjhi Block in Ranchi District) state;

- There were lack of IEC and BCC material which is needed by Sahiyas
- There is need for re- training/re-orientation of Sahiyas as many of them have already forgotten what they have learned in previous trainings, and the training was non-residential. Therefore, there is need to look at the training component very seriously
- 'State ASHA Mentoring Group' is formed. The formation of ASHA Mentoring Group at District level has been initiated, and is already formed in 3 districts
- There is need for strengthening of Incentive payment mechanism for Sahiyas

4. Dr. Sham Austekar shared his experience from the visit to Maharashtra. It was shared that, there is lack of vision about ASHAs in the state. ASHAs' main tasks remain mainly JSY and immunization. Maharashtra Government has its own provision of Rs.500 for assisted home delivery (for women in tribal area). This leads to loss of ASHA's importance in such area, and is a challenge for ASHA to get JSY incentive. In many villages, 'pada' health workers are working in addition to ASHAs, causing overlapping of functions.

Some of the recommendations made by Dr. Austekar based on his recent visit to UP are;

- Drug kit replenishment should be made through Sub centre ANMs
- AYUSH remedies and training for local resources are needed
- State is unsure on 1 BLF/10 ASHAs because of employment hassles. This needs to be addressed.

Taking all these into account Dr. Sham Austekar expressed the need of a qualitative study/assessment on various parameters of ASHA scheme.

5. Smt Indu Kapoor, from CHETNA, Ahmedabad made a presentation on 'Training of Trainers on ASHA Module/Book- 5'. Training of trainers at State level for Module-V was jointly provided by CHETNA and NHSRC, and the State specific "Rolling out Plan" was also developed. State level trainers' training has been completed for Uttarakhand, Assam, Tripura, Manipur, Mizoram and Sikkim. Rolling out plan is on process in the States of Assam and Uttarakhand, and other States will follow soon. Mission Directorate with the support of 'State ASHA Resource Centre' and NE-RRC is guiding and ensuring timely rolling out with involvement of NGOs in NE States.

As an outcome of the training, State level master trainers were developed in Uttarakhand (34), Assam (44), Tripura (6), Mizoram (5), Manipur (5) and Sikkim (5). And also, district level roll out plan has been developed. Translation and state level adaptation of ASHA Book 5 has been initiated.

Some of the challenges in doing TOT includes; Selection of the Master trainers (Criteria needs to be developed), availability of the module in local language, support and monitoring requirement to ensure quality of district level TOT by the master trainers and training of ASHA.

6. Dr. N.F.Mistry, from FRCH, Mumbai gave a presentation on 'Public Private Partnership'. She shared about the involvement of 7 NGOs during the training of ASHAs in 5 tribal districts of Maharshtra. Positive impact of the training includes; enhancement in capacity of the NGO trainers, appreciation of the innovative training methodology by govt. trainers and ASHAs. Some of the challenges faced in the scheme include; drop-outs of ASHAs, late selection, joining of new ASHAs after 1st round training, hands on training between theoretical training, and discrepancies in drug supplies to ASHAs.

Talking about her experience in the state of Uttarakhand, she said that, there are need for strengthening certain areas in the scheme, such as; deliveries and care of young children including immunization by ASHA, initiatives of the NGOs for 'dai' training , training of VHSC/GSS, interaction between ASHAs and CHWs from NGOs, CHWs to attend certain training at PHC etc.

7. Dr. Thelma Narayan, shared the findings from her visit to MP. The State is planning for increasing the number of ASHAs to 70,000 that equals the number of Anganwadi Centre. There are considerable drop outs of ASHAs in the State. There is, therefore, need of having a system in place to capture the drop out cases of ASHAs, and also a plan for replacement of ASHAs and their retraining with focus on nutrition, water and sanitation. The State has 35% SC/ST population, but that is hardly represented at program management level (HR) under NRHM.

Some of the suggestions given by Dr. Thelma Narayan include;

- Need for systematic, sustained training & support system for ASHA's, VHSC's and all community participation (CP) aspects.
- Dialogue and orientation of staff of public health system regarding NRHM and CP.
- District level planning & monitoring of ASHAs' training. Quality assessments of the training by state level unit (assisted by NGOs/academics/researchers)

8. Dr. Antony, Director, SHRC, Chhattisgarh said that, the State had its own way/modules of training which was quite different from rest of the states. Training up to Module- 10th is completed, and Module- 11th is supposed to be on 'Infant and Young Child Care'. Mitanin also plays a role of service provider for three clinical services viz. Leprosy, TB and Malaria. A committee has been formed for the welfare of Mitanin and their families. The State is on the process of support course (study) for well performing Mitanin such as ANM course for 10th Pass Mitanin and BSc. Nursing course for 12th pass Mitanin. Mitanins are now changing

from their 'role of activist' to a 'health care provider' in the State. It was informed that a good number of Mitanin has become 'Sarpanch' (in PRI). Member of the NAMG requested to publish such state specific information, and share for wider dissemination.

9. Dr. Ritupriya, Advisor, Public Health Planning, NHSRC highlighted the findings of the 2nd CRM report such as;

- Various forms of identity support to ASHA (such as ID card, uniform, ASHA Diwas etc.) are there to motivate the work of ASHAs
- In many states ASHAs are becoming like an assistant to the ANMs
- Too many task are given to the ASHAs from different vertical (line) departments, and this is leading to the feeling of demands for regularization of ASHAs in many states
- The issue of drug refilling problem is observed across all the states
- Delays in incentive payment leading to dropping out observed.
- No clarity about incentive tasks among ASHAs, MOs & ANMs.

Some of the suggestions offered were;

- Need for a revolving fund for JSY.
- Decentralized drug procurement with minimum rate contract. And, State need to check the drug kit, to ensure the quality and to overcome issues of logistic support for refilling of drug kit.
- Repeated filling of drug may be a wastage in case of non-functional ASHAs
- Need for strengthening incentive payment system of ASHAs

Decisions of National ASHA Mentoring Group:

a). Expansion of national ASHA Mentoring Group in the view of expansion of ASHA program: Criterion for new National ASHA Mentoring Group Members agreed are;

i). Experience in the community health programs

ii). Able to spare enough time to visit states and contribute to the handholding

Names suggested for new member; Dr. Prakashama, Dr. Mathew and Ms. Renu Khana

b). Training team for Module- V: Formation of a national level pool of trainers for Module-V TOT was agreed. These trainers are expected to be from different NGOs spread all over the country. MOUs will be signed with the NGOs for their contributions at the national level as part of resource pool of trainers. The team would not be for full time, but on incentive basis that would be calculated based on the number of training days they are involved in. This team would become available for other roles as developing module VI, training of support workers etc.

c). Developing evaluation plan of ASHA effectiveness and related studies:

- Decision was taken to develop a concept note keeping in mind the role and responsibilities of ASHA (as per guideline). Dr. Sharad Iyenger and Dr. Rajni Vaid agreed to jointly develop a draft concept note, which would be shared with 'National ASHA Mentoring Group' members (in e-group) by 15th April 2009.
- It was also decided to organize a workshop on evaluation study and on concept of ASHA scheme, sometime around April 10-15th, preferably in Shimla.

- It was also agreed to have an annual position paper on ASHA program, based on which, two days retreat for national ASHA Mentoring Group members would be organized.

d). Building up of systems for mentoring mechanism of ASHAs in Non-High Focused States: Members of National ASHA Mentoring Group expressed the need for increasing frequency of visits and support to the Non-High focused States for fact finding and handholding of ASHAs. Ms. Seema Gupta agreed to work on it in Jammu and Kashmir, Dr. N.F. Mistry in Andhra Pradesh, Dr. Sharad Iyenger agreed for Himachal Pradesh. In addition, it was also agreed to have link/partner agency in such states to build up the support systems.

e). Decision was taken to respond to the state specific request on development of strategies for the "6th module training' for ASHAs (with the involvement of National ASHA Mentoring Group).

The consultation ended with the vote of thanks by the Advisor-CP, to all the members and the participants for their valuable contributions, as well as their involvement in strengthening of mentoring process for ASHA Scheme.

Annex- I : List of the Participants

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14	Dr. Ritupriya	Advisor, Public Health, NHSRC	-do-
15	Dr. Manoj Kar	Advisor- CP, NHSRC	-do-
16	Mr. Arun Shrivastav	Consultant, NHSRC	-do-
17	Dr. Manoj Kumar	Consultant- Program Support, CP, NHSRC	-do-
18	Mr. H. Nongyai	Consultant- Documentation and Communication Support, CP, NHSRC	-do-