



Accredited Social Health Activist (ASHA)

State Institute of Health & Family Welfare, Jaipur



ASHA

ASHA is the first port of call for any health related demands of deprived sections of the population, especially women & children, who find it difficult to access health services.



ASHA

Accredited

Recognized by the community

Social

From the community, By the community and
For the community.

Health Activist

Spreading awareness for health concerns
Promoting change in health related practices



ASHA–Sahyogini: Convergence brought in

- Convergence of ICDS and Health Dept.
- Sahyogini as 3rd worker at AWC already existed before NRHM
- To avoid Duplication- Sahyogini taken as ASHA (in Rajasthan)
- Nomenclature devised as ASHA-Sahyogini



ASHA–Sahyogini: Selection

- Listing of interested and eligible women by ANM and LS
- Panel of three names
- Approval through Gram Sabah- Community empowerment

ASHA–Sahyogini: selection Eligibility



- Intensive mobilization to get active ASHA-Sahyogini.
- Any woman can not be the ASHA-Sahyogini.
 - Age - 21years to 45 years
 - Qualification - 8th Pass Minimum (relaxation for tribal and desert areas)
 - Married/divorcee/separated
 - Must be 'BAHU' of the community
 - Resident of the village
 - Active/Vocal/leadership qualities



Roles & Responsibilities

- Total information of the community
- Village Health Plan
- Create Awareness
- Coordination with AWW/TBA/ANM/MPW
- Counseling/Mobilization
- Escorts/Accompany
- Provision of Primary Medical Health Care
- Maintain Drug Kit
- Record and Registration



ASHA–Sahyogini: Trainings

GOI norms- 23 days and 5 phases

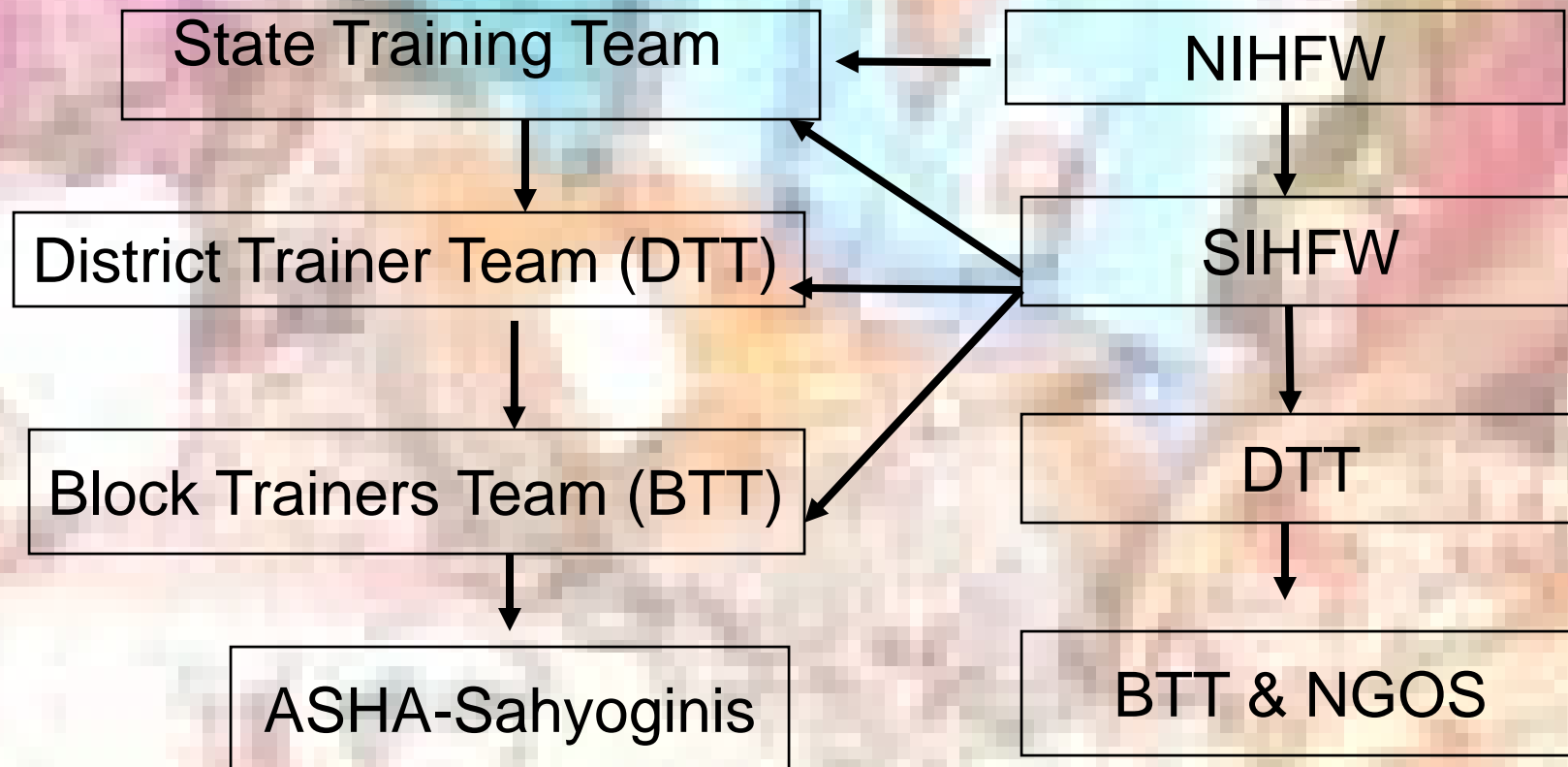
Phase	Days
1st	6 days
2nd	4 days
3rd	4 days
4th	5 days
5th	4 days



- 4 rounds of 23 days (10+ 4+5+4 days)
- Presently 3rd phase rolled out
- DTT for 15 days integrated training for fresh
ASHAs started from Oct. 2009



ASHA-Sahyogini : Trainings





Support structure

- ASHA mentoring group → State Level
- ASHA Resource centre → Earlier at SIHFW, now at SPMU
- Joint Strengthening Committee
 - At State level- ACS/PHS/Secretaries
 - At District level- CMHO/DD-ICDS
 - At Block level- BCMO/ CDPO
 - At PHC level- MO/LHV/LS/ANM



Monitoring

- PHC level monthly meetings
 - Review of ASHAs work
 - Collection and compilation of reports
 - Incentive payments to ASHAs
- MCHN monitoring by external agency
- Monthly reports from districts



Monitoring indicators for ASHAs

Institutional deliveries	5 Deliveries per year (80% of total deliveries should be escorted by ASHAs)
Social Mobilization	80% beneficiaries (ANC & children) of the due list should be mobilized for MCHN day.
Sterilization	1 case per month.



Reporting system for ASHA

- **Form no. 6-9:-** Deliveries escorted by ASHAs
- **NRHM formats:-** No. of ASHAs, training, monthly meetings, performance, integrated package etc.
- **CHC monitoring:-** Deliveries escorted by ASHAs
Sterilization motivated by ASHAs

Integrated compensation



One time honorarium	Amount (Rs.)
Monthly meeting	100
Social mobilization for MCHN day	150
Organizing monthly VHSC meeting	100
Bi-monthly conduction of meeting for adolescent girls	100
Total to be paid by NRHM	450
Amount to be paid by WCD after attending monthly meeting at PHC	1000
Total	1450



Performance based compensation

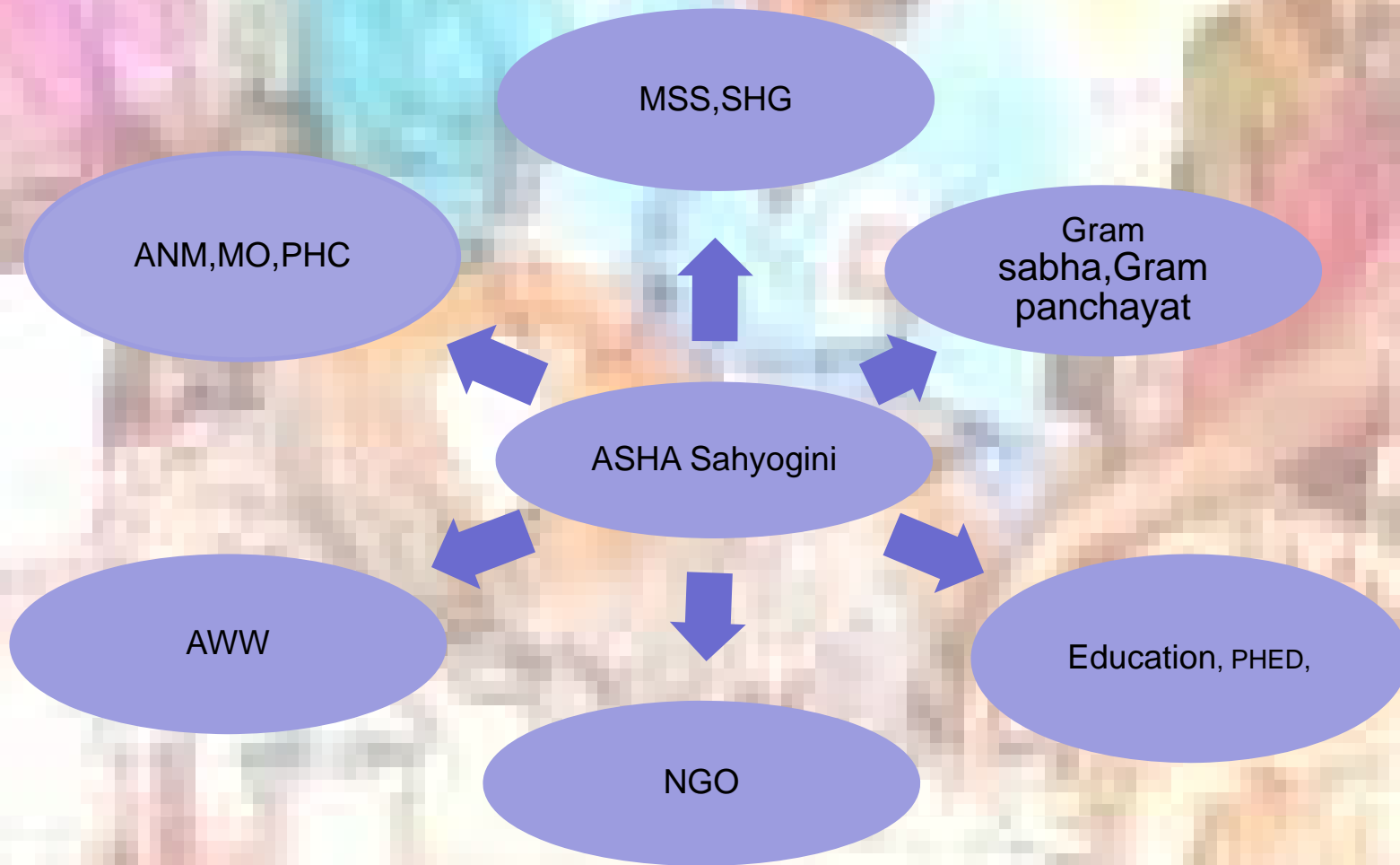
Activity	Amount (Rs.)
JSY 400+100+100	600
Male Sterilization	200
Female Sterilization	150
DOTS	250
Cataract	175
Toilet construction	60
RT to Malaria cases	50

Work load: ASHA (1 000 Pop.)



Beneficiary category	Expected number in an Year
Pregnant women	30-31 <ul style="list-style-type: none">• Out of which 4-5 may have complications• 50% shall have anemia
New Born	27-28
Children in 0-1 Year	30 (3% of the population)
Children 1-5 years	130, (13 % of Population)
Eligible couples	16-17% (15-45 years)
Eligible for Vasectomy/ Tubectomy	5-7% of Eligible couples
Eligible for spacing Methods	11-12% of Eligible couples

Linkages of ASHA Sahyogini



Palpable Impact: Increase in



- ANC registration in first trimester
- Institutional Deliveries – 69.4%(1207065) till March 2010-11
- Immunization – full immunization- 83.2%(1368591)
 - OPV3 : 1059759
 - DPT3 : 1063675
 - BCG : 1250107
 - Measles : 1048061
- No. of Sterilization - 70.3% (338574)
- Practices
 - Breast feeding practices
 - Health seeking behavior
- Referral
- Community involvement –VHSC/MCHN

(Source :Pragati Pratedan, 2010-2011 & DMHS)



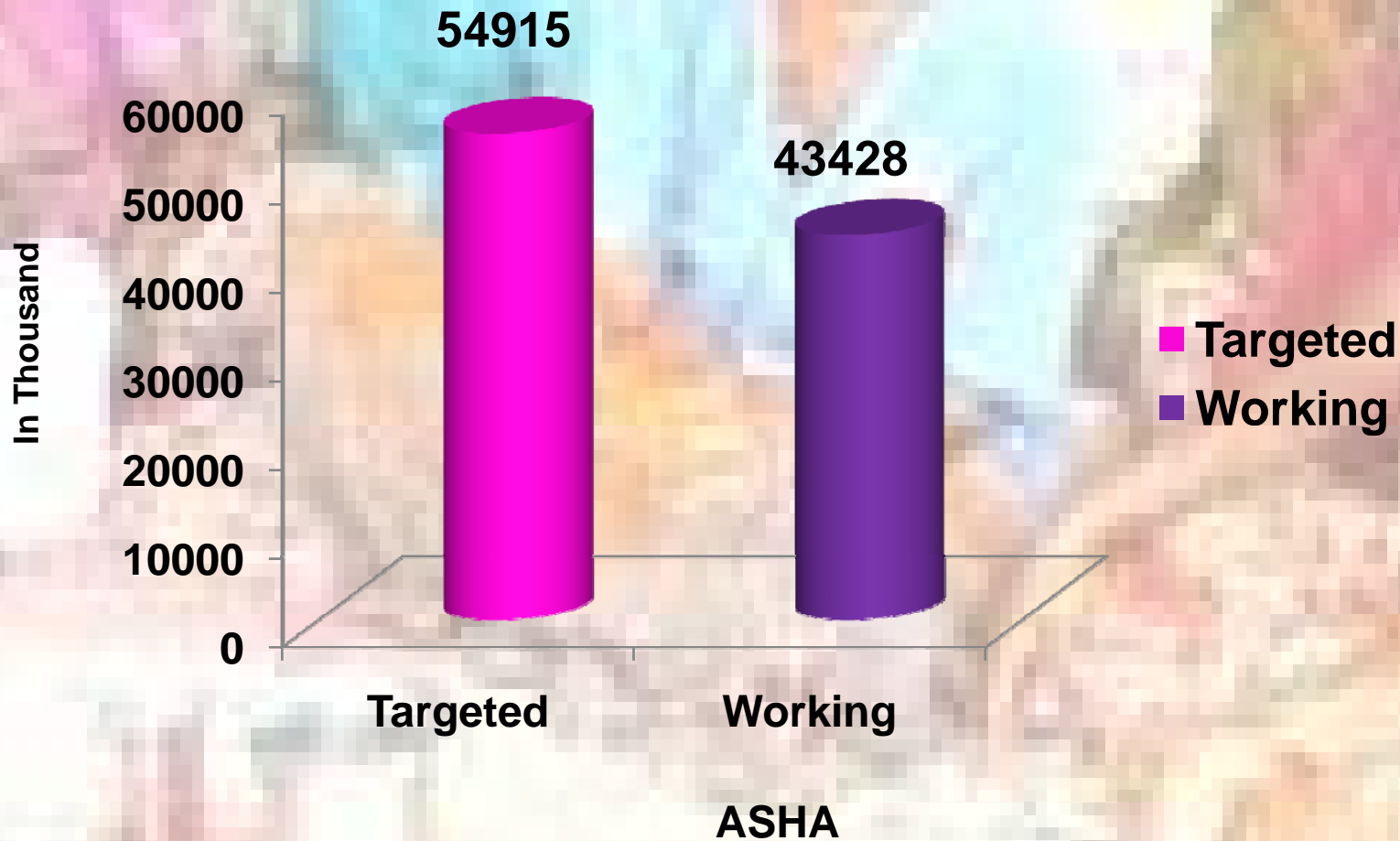
Factors critical to success of ASHA

- Selection of ASHA by prescribed process as per the ASHA guidelines.
- Linkage with nearest functional health facility for referral services.
- Identified transport for referral of cases from village to facility.



- Successful organization of monthly Health and Nutrition Day (in every village with the ANM / AWW)
- Monthly meeting of ASHA at PHC.
- Timely payment of incentives to ASHA.
- Timely replenishment of ASHA kit
- Priority and recognition of cases referred by ASHA to MO / ANM

Status of ASHAs in Rajasthan on January 2012



Source : SARC-Rajasthan

SIHFW: an ISO 9001: 2008 certified Institution

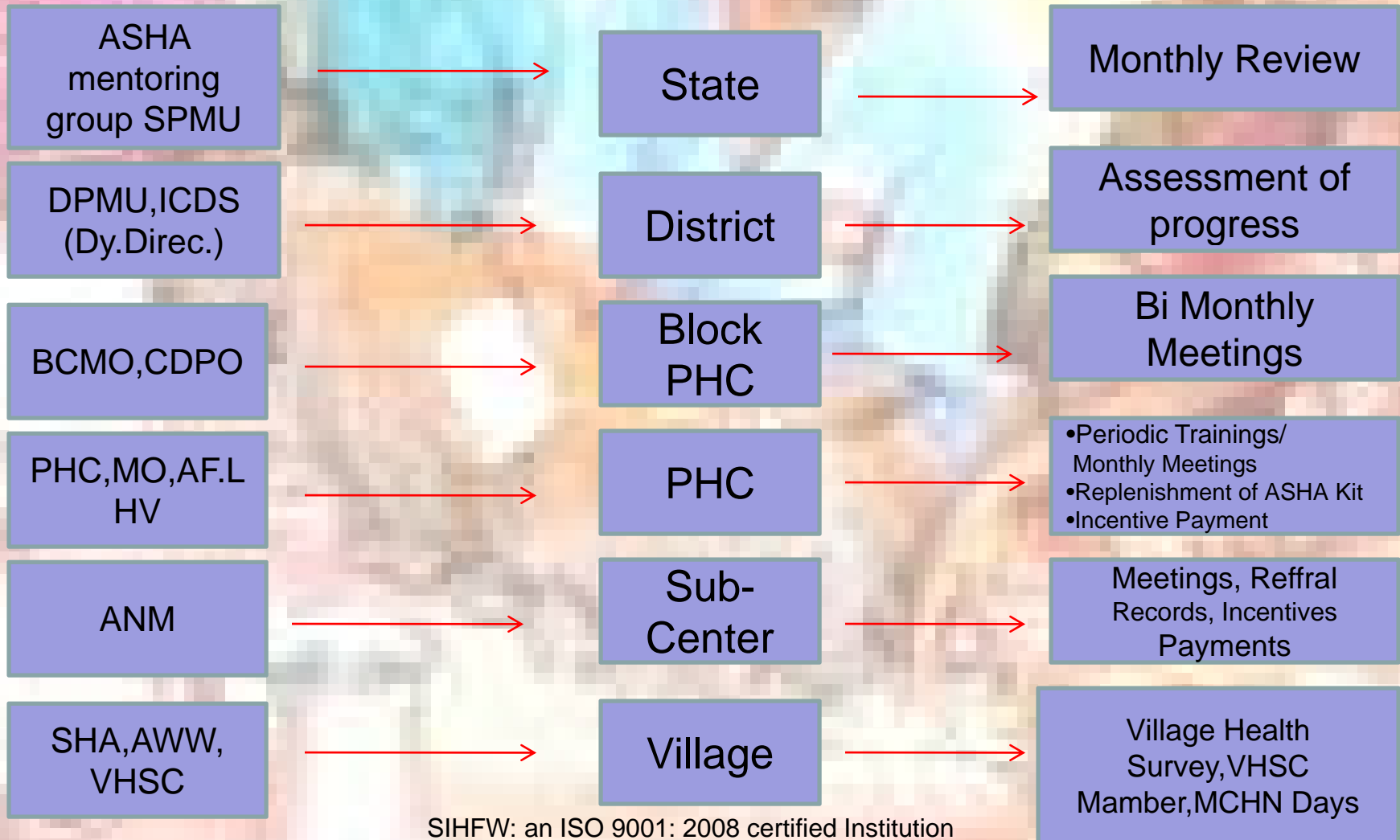
No. of ASHAs –received training



Year	Rajasthan
1 st & 2 nd Module	40361
3 rd Module	33811
4 th Module	32652
5 th Module	30797
15 days comprehensive module	10851
6 th Module	138 (till January 2012)

Source:- Pragati Pratedan, 2010-2011 & ARC

Supporting Mechanism for ASHA Sahyogini



SIHFW: an ISO 9001: 2008 certified Institution



Home Delivery of Contraceptives

- The GOI supplies contraceptives such as Condom, Oral Pill and Emergency pills to states as part of the free supply and social marketing scheme.

Object:-

- To improve access to contraceptives
- Reduce unmet need



- The scheme implemented on a pilot basis in 233 districts in 17 states. (Including 19 districts of Rajasthan).
- ASHA is being involved for the free supply of contraceptives at the door step of beneficiaries.
- ASHA get incentives for her efforts



Role of ASHA

- Counsel all the eligible couples for contraceptive choices
- Client screened by the MO/ANM before selling OCPs
- Prepare a list of eligible couples of her village
- Mention the preferred type of contraceptive



- Regular collect stock of contraceptives
- Deliver contraceptives at door step of the beneficiaries
- Charge the beneficiary at the approved rates as an incentive for her efforts



Role of MO I/C/ANM

- Certify the list of eligible couples
- Ensure all ASHAs collect supply
- Verify ASHAs' performance on a monthly basis
- Screen the couple for eligibility for OCPs



Role of State

- Designate a person for manage and monitor the scheme
- Orient the CMOs, ASHA & ANMs of the districts where the scheme is being launched
- IEC material displayed at all PHC and sub-centers



Role of PHC Health Supervisors

- Prepare list of ASHAs
- Collect, Compile and prepare report
- Regularize the payment or incentives
- Facilitate with BCMO, BPM, BHS
- Monitoring
- Meeting & Training



Role of DACs / BHSs

- Create database of ASHA.
- Liaise with district level stakeholders for mobilizing support
- Supervision and monitoring of the ASHAs, NGOs and Block ASHA facilitators and PHC ASHA Supervisors.
- Attend ASHA meetings at block and PHC.
- Prepare annual training plan of ASHA for different rounds.



- Compilation of monthly report with the help of Data Assistant of DPMU.
- Dissemination of guidelines related to ASHA to all functionaries at different levels.
- Follow up with Block ASHA facilitators/ BPMs on the progress of assigned job.
- Monitor timely payments of ASHAs
- Monitor physical and financial progress of the component.
- Field visits



Role of DPM/BPM

- Develop annual plan for selection and training for ASHA
- Drafting of annual targets for ASHA, CHC-
PHC (sterilization, ID & immunization)



- Support District ASHA Coordinator in developing localised implementation plans.
- Monitor physical and financial progress of the component.
- Ensure adoption and implementation of plan and fund flow at local level.



Collective Role of DAC/DPM/BHS/BPM

- **Reporting** – timely and properly
- **Hand holding** support to ASHAs
- **Timely payments to ASHA-Sahyogini**
- **Regular** monthly meetings at PHC/CHC
- **Identification** of non-performing ASHAs



Programmatic Check List

- Whether ASHA monthly meetings at PHC/CHC are being organized or not
- Does every institution organizes it
- No. of ASHAs are regularly attending the meeting
- Are ASHAs getting their incentives as per activities



Measures of effectiveness

- % of newborns visited thrice in first week including once on first day
- % of pregnant women who received more than 20 visits for common illnesses per month
- % of ASHAs who referred all (or at least half) their pregnant women for institutional delivery



Case Study

Santosh Malav, an ASHA, Namana PHC, Bundi, registered a tribal pregnant woman named Vimla. Santosh knew that Vimla was anemic and any complication may occur at the time of delivery. At the time of delivery, Vimla needed blood, but as Namana PHC was not having any facility of blood transfusion, doctor referred the patient to district hospital Bundi.



When the doctors asked about arranging blood, none of the family members agreed to donate. All were afraid to the after effects of the blood donation.

At that time Santosh donated blood and saved life of Vimla.



Thank You

For more details log on to
[www. Sihfwrajasthan.com](http://www.Sihfwrajasthan.com)
or
contact : Director-SIHFW on
sihfwraj@yahoo.co.in