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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

F.No. 5 (1) 12011-NRHM-J
15th March, 2011

Subject: Establishing Strengthen the ASHA resource centers.

Dear

I am writing to you with regard to the findings and recommendations of the Fourth Common Review Mission, made specifically for the ASHA programme. The report highlights that ASHA programme's success is limited on account of the lack of a strong supportive system to enable supervision, training and facilitation of ASHA. This finding is also strongly validated by the recent ASHA evaluation report that has found a positive correlation between the existence of support structures at state, district block, and sub block levels, and the functionality and effectiveness of the ASHA.

The support system suggested for the ASHA vide MOHFW letter, dated October 6, 2006, D.O. No A, 110033/39/2004-Trg., sets out clearly the structure and funding for ASHA Resource Centers in those states with less than 20,000 ASHA and those with more than 20,000 ASHA. For the latter category, the center requires a Project Manager, Deputy Project Manager, one statistical assistant, a data assistant and one office assistant. In those states with less than 20,000 ASHA, a Project Manager, Statistical Assistant, and one office attendant are required.

Your state has not yet set up the ASHA Resource Center, and is currently managing the programme through existing mechanisms. This is a deterrent to effective scaling up of the support and supervisory system for the ASHA. We would request the state to set up the ASHA resource center as soon as possible.

As the ASHA programme is being scaled up and district, block and sub block support systems are being created, the ASHA Resource Centers requires additional programme managers to provide support and supervision to a cluster of districts. This should also be included in your plans to strengthen the ASHA Resource Center. Your state should also enable the ARC with the requisite resources to support and supervise the programme in the entire state.

States which have an ASHA Resource Center have followed varying models for this. They include: establishing an independently registered body as the ASHA resource Center, under the chairpersonship of the Mission Director, creating a team with the full complement of staff within the State

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Health Systems Resource Center/State Programme Management Unit, or supporting an NGO with the capacity and competency to undertake this function. The state may select any of these models to suit your requirement. No matter what the mechanism, the center should have the required staff complement discussed above and function under the guidance of the Mission Director.

We look forward to hearing from you soon on the progress on this front.

Yours sincerely,

o/c 
(P.K. Pradhan)

To:

Mission Directors (NRHM) – Madhya Pradesh, Uttar Pradesh, Manipur, Mizoram, Nagaland, Sikkim, Andhra Pradesh, Delhi, Gujarat, Haryana, Karnataka, Jammu & Kashmir.



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Nirman Bhavan, New Delhi - 110108

F.No. 5 (1) 12011-NRHM-J/382-

Dated: 15th March, 2011. 394

Subject: Strengthening the ASHA resource centers.

Dear

I am writing to you with regard to the findings and recommendations of the Fourth Common Review Mission, made specifically for the ASHA programme. The report highlights that ASHA programme's success is limited on account of the lack of a strong supportive system to enable supervision, training and facilitation of ASHA. This finding is also strongly validated by the recent ASHA evaluation report that has found a positive correlation between the existence of support structures at state, district block, and sub block levels, and the functionality and effectiveness of the ASHA.

Early on, in the life of NRHM, the MOHFW had issued guidelines for a support system for the ASHA vide its letter, dated October 6, 2006, D.O. No A, 110033/39/2004-Trg., sets out clearly the structure and funding for ASHA Resource Centers in those states with less than 20,000 ASHA and those with more than 20,000 ASHA. For the latter category, guidelines specified that the ASHA Resource Center requires a Project Manager, Deputy Project Manager, one statistical assistant, a data assistant and one office assistant. In those states with less than 20,000 ASHA, a Project Manager, Statistical Assistant, and one office attendant are required.

Although your state has set up the ASHA Resource Center, the entire team must be recruited and oriented to the ASHA and Community processes component. As the ASHA programme is being scaled up and district, block and sub block support systems are being created, the ASHA Resource Centers require additional programme managers to provide support and supervision to a cluster of districts. This should also be included in your plans to strengthen the ASHA Resource Center. Your state should also enable the ARC with the requisite resources to support and supervise the programme in the entire state.

We look forward to hearing from you soon on the progress on this front.

Yours sincerely,

d/c

(P.K. Pradhan)

To:

Mission Directors (NRHM), Bihar, Orissa, Uttrakhand, Rajasthan, Assam, Meghalaya, Arunachal Pradesh, Tripura, Delhi, Gujarat, West Bengal, Maharashtra, Kerala, Punjab, Tamil Nadu.