SPEED POST/URGENT

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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

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Dated the October, 2009

Dear Dr. Dewan,

The last ASHA Mentoring Group meeting had brought attention to the fact that whereas most states have now procured and distributed drug kit for ASHAs, refilling of their drug kits are very poor. This had also been pointed out by the Common Review Mission.

To correct this, states need to put in place a process guideline of how district should ensure refill. Based on best practices of managing this refill, drawn from a number of states we are enclosing a model guideline that you may find useful. Please edit it to serve your requirements. All guidelines would need to state:

a) The list of drugs in the ASHA drug kit.
b) The service provider/facilitator who would refill the kit.
c) The time and place where the ASHA would get the refill done.
d) The periodicity of its refill
e) Instructions on how to refill the kit so that name and use of drug is known to ASHA.
f) A model stock card for ASHA to keep and another for the service provider who refills the kit to keep.
g) The stores (block/district) from where the drug refill provider would collect the stocks.
h) Person for ASHA to contact in case there is a problem.

We would appreciate you making a copy of the guidelines issued by you so that we know that this step has been ensured.

With regards

With warm regards,

(Amarjeet Sinha)

To

Dr. S. K. Dewan
Mission Director (NRHM)
Health Care, Human Service & FW Deptt.
Government of Sikkim
Tashiling, Secretariat, Gangtok - 737102
Sikkim.

Healthy Village, Healthy Nation

एड्स - जानकारी ही बचाव है

3.) ASHA would be paid Rs. 250 for conducting home visits for the care of the newborn and post partum mother. The amount would be paid on completion of the home visit form duly validated by the facilitator. The incentive would be paid only on completion of 45 days after birth of the child subject to the following:

- Birth weight must be recorded in the Maternal and Child Protection (MCP) Card.
- Newborn must have been immunized with BCG, first dose of OPV and DPT and entries made in the MCP card
- Birth should have been registered
- Both mother and newborn should be safe until the 42nd day of delivery

4.) In order to equip ASHA for providing home based new born care, she must be trained in modules 6 and 7.

5.) The funds for this programme are available under NRHM – ASHA incentive head. Payment to ASHA would be made by the same mechanism which the state has chosen for making JSY payments.

It is requested that implementation of home based new born care be accorded priority.

(Dr. Ajay Khera)
Deputy Commissioner
(Child Health & Immunization)
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Copy to:

1. PPS to Secretary (H & FW)
2. PPS to SS & MD, NRHM
3. PS to JS(RCH)
4. PS to JS (P)
5. Director (finance – NRHM)
6. Office copy

Model Guidelines to Streamline refilling of ASHA drug kit:

(a) The aim is to ensure that all ASHAs have at least one month's stock of drugs with her at all times. Since different ASHAs would have different rates of utilization for different drugs and since the same drugs often come in different colours and shapes with only English labels, a careful system needs to be put in place. These guidelines are meant to ensure this.

(b) The list of drugs must have and the quantity of each for a month stock is as given below:

Name of Drug	Quantity (proposed)	Name of Drug	Quantity (proposed)
Tablet Iron	90	Tab Chloroquine	20 (per month)
Tablet Folic Acid	90	Tab Oral Pill (Cycle)	50
Tab Punarvadu mandur (ISM-Iron preparation)	45	Tab EC	50
Sachets ORS	125	Cotton	5
Tab PCM	150	Bandage (4 cm wide)	50
Tab Dicyclomine	50	DDK (clean Delivery)	2
Ointment Povidone	100	Thermometer	2
Condom	100		
		Sp Iron	5 bottles-(100 ml)
		Gentian violet	2 bottles (50 ml)

(Change according to state/district priorities)

(c) The Male multipurpose worker in the sub centre or the ASHA facilitator/trainer could be in charge of refilling drug kits. If the MPW post is vacant or non-functional then the ANM or the sector supervisor may be assigned this task. (Where there is a full time sub block ASHA facilitator in place, they could be given this task in preference)

(d) There would be monthly meeting of ASHAs at the PHC.The MPW/ASHA facilitator will attend the meeting and refill the drug kits at the meeting itself. The kits should be refilled at least once in two months, preferably monthly.

(e) The first time the drug kit is refilled, she is given stocks at least equal to 3 months stock. Then every subsequent time, the MPW/ASHA facilitator/trainer sees how much balance is left in her kit and then fills it up so that it comes back to the 3 month level. (Many states give a fixed amount of each drug with each refill. This is an acceptable way to start, one must move to a need based supply system.)

(f) It is useful to have plastic bottles (or covers) in the drug kit with name and a symbol representing each drug pasted on it. Then when refilling is done the drugs are put into appropriate bottle/cover-so that even if shape and colour of a particular drug changes, the ASHA will not get confused. Also please check existing drugs in the kit for expiry date and remove those which have crossed

expiry date. Drugs being supplied should also have at least one year of time left before expiry.

(g) A model stock card for the ASHA is enclosed. A copy of this card is with the MPW/ASHA facilitator who does the refill. In addition he/she has a consolidated refill statement card to give to the block/district stores from where they got the drugs.

(h) The MPW/Facilitator should collect the drugs from the block warehouse before each meeting and after the meeting return the balance with the consolidated statement of the distribution.

(i) Districts should indent drugs for this purpose from the state or purchase drugs as per laid down procedures to ensure that all block stores have adequate supplies for the purpose.

(j) Monitoring and evaluation of Drug kits use and supply system should be established with support from existing supervisory cadre i.e. ANM and further supplementing with ASHA facilitator (in few states). ASHA mentoring group in states should also be briefed about the process of monitoring and evaluation and their feedback to district and states for corrective actions. State office will monitor District and so district will monitor BPHC; BPHC officer with ASHA facilitator will monitor ASHAs.

(k) In case there is any problem with distribution or non-receipt of the drugs the ASHA may contact District Community Mobiliser Shri..... (Phone no.....)

Sd/-

Chief Medical & Health officer

.....district

ASHA DRUG KIT STOCK CARD

	Month & Date of Refill		(1)		(2)		(3)		(4)		(5)		(6)	
S. No	Name of Drug	Symbol*	Balance	Refill given	Balance	Refill given	Balance	Refill given	Balance	Refill given	Balance	Refill given	Balance	Refill given
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Balance : This is what was left in kit at time of refill – after recovering explained drugs/ supplies.

Refill : This is what was put into the kit

*Symbol is a pictorial symbol that could be used to denote a drug – since often the drugs comes labelled only in English

Card is to be updated by person providing the re-fill

MPW/Facilitator/Trainer DRUG KIT REFILL

CONSOLIDATED STATEMENT

(To be given to block/district) stores

MONTH/DATE OF REFILL.....

S.No	DRUGS (Name)	Total Balance drugs with ASHAs	Total expired drugs removed	Total drug refill provided
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

To be submitted to block/district stores from where drugs were issued :