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**Government of India**  
**Ministry of Health & Family Welfare**

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Nirman Bhawan, New Delhi  
Dated the 23 July, 2014

To,  
Mission Directors, NHM (All States/UTs)


**Subject: Guidelines for Monthly Meeting of ASHAs at PHC and SHC-regarding**

Please find enclosed guidelines for Monthly Meeting of ASHAs to be held at Primary Health centres (PHCs) and Sub-Centres (SCs). The guidelines are intended to provide structure to the meetings so that these serve as effective platform for capacity building, review of performance and problem solving.

2. While monthly review meetings of ASHAs at PHCs are fairly well established, the review meeting at SCs have not been so. I am directed to convey that the states may consider holding meeting of ASHAs at SCs to facilitate regular review. The untied grant of the SC may be utilised for providing TA/DA to ASHAs for the meeting.
3. The Hindi version of the guidelines will follow.

Encl : (i) Guidelines for Monthly Meeting of ASHAs to be held at Primary Health centres (PHCs)  
(ii) Guidelines for Monthly Meeting of ASHAs to be held at Sub-Centres (SCs).

o/c

Yours faithfully  
  
23/7/2014  
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## Guidelines for Monthly Meeting of ASHAs at PHC

### Background

The Monthly meetings of ASHAs are conducted at PHC level in most states and at CHC level in few states. Currently these meetings are convened by the PHC or BPHC Medical Officer with assistance from Block Programme Managers / Block Community Mobilizers or LHVs/ ANMs. The ASHAs spend an entire day to attend these meetings however their time is not utilized efficiently since the meeting merely acts as a forum for submission of payment vouchers and verification. In cases where meetings are held t CHC/ BPHC level the batch size per meeting increases from 30 ASHAs to 100-150 ASHAs and even submission of payment vouchers and verification does not happen effectively.

In order to make the monthly meetings more effective and utilise ASHA's time more efficiently, the meetings should be designed to ensure skill building of ASHAs on a regular basis, replenishment of ASHA drug kit and problem solving.

**Objectives** – The key objectives of the monthly meetings are to act as forum for-

1. Capacity building
2. Review of performance monitoring reports with special focus on identification of marginalized sections of the community and efforts for improving health care access for such households
3. Drug kit replenishment
4. Submission of payment vouchers/ formats
5. Problem solving
6. Dissemination of new orders / guidelines

**Venue** – The ideal venue for the monthly meetings is the PHC at sector level in rural setting and Urban Health Centre in urban settings. States where meetings are currently held at CHC level should be encouraged to organize the meetings at PHC level. This would limit the batch size from 100-150 ASHAs to about 30-35 ASHAs.

**Batch Size** – The batch size for one meeting should be limited to 30-35 ASHAs. In situations where monthly meeting at PHC level is not feasible, four to five separate meetings at CHC level each with a batch size of 30-35 ASHAs should be organized instead of one monthly meeting. Small group size would also enable solidarity building amongst ASHAs, ASHA Facilitators, her support team and other health functionaries.

**Resource Persons** - The Medical officers at PHC or BPHC should continue to convene the meeting since these meetings are the only opportunity for the ASHAs to interact with the medical officers of their area in a larger platform. The other participants of the meeting include the ANMs, LHVs, ASHA facilitators, BCM and BPMs. In addition, ASHA trainers at block / district level can be invited as resource persons for the relevant skill building sessions. The Block Medical Officer should attend the PHC meeting at least once in 2 months.

**Agenda** - The agenda of the monthly meetings should be designed with adequate time allocated to each activity and shared with the participants and resource persons. This is specifically important for skill building sessions where a pre planned agenda would ensure participation of the resource

