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with enclosure



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Government of India
Ministry of Health & Family Welfare

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).

Yours faithfully


23/7/2014
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(Advisor, Community Processes)

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 LHV/ 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 at 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

persons and preparedness of ASHAs (like carrying the relevant reading material, equipment/ drug kit and preparing for the session).

Sessions during meeting –

1. **Capacity building for ASHAs-** Topics of the skill building sessions can be decided based on – a) ASHA's performance, b) gaps noticed in ASHA training, or c) ASHA's feedback. District Community Mobilizers may also plan themes for every month where one topic from ASHA modules is covered during the monthly meetings and prepare a calendar with topics for the district. For instance, topic of breast feeding can be decided for the month of January and use of drug kit for the month of February and so on. The session should be taken by qualified resource person which may include the medical officers or ANMs/ LHV's who have been trained in ASHAs training modules or district/ block trainers of ASHAs.
2. **Review of performance monitoring reports with special focus on coverage of marginalized sections of community** - Another agenda item of the meeting is to facilitate ASHAs in identifying people from marginalized sections of the community and plan for efforts to ensure adequate coverage of such households. Special session can be designed using the performance monitoring reports of ASHAs and health outcomes of the catchment area of the PHC to assess the coverage of the ASHA. Since ASHA facilitators play a key role in compiling and reviewing performance monitoring reports of ASHAs and in providing on the job mentoring support to ASHAs, they can take the lead in conducting this session. Training of ASHAs in Reaching the Unreached can also be linked with this session and conducted on a priority basis in areas where it is yet to be initiated.
3. **Drug kit replenishment** - The meeting also provides an opportunity to streamline the drug kit replenishment to address the issue of frequent stock outs of drugs at ASHA level. An assessment of the drug kit stock card filled by ASHAs or contents of the drug kit should be conducted by all ASHA facilitators during their cluster meetings. ASHA Facilitators should then inform the ANM/MOICs about the stock status of the drugs in each ASHA kit 4-5 days before the meeting to facilitate a systematic refilling process. District and Block Community mobilizers should provide details of components of drug kit as per the ASHA and HBNC guidelines to the PHC/ CHC MOIC to ensure that drug kit contents are standardized across the district.
4. **Submission of payment vouchers/ formats** - The meeting should continue to be a dedicated day for submission of the payment vouchers/ formats by ASHAs for the activities done in previous month after due verification by ASHA facilitators or ANMs. ASHA facilitators can help the ASHAs in completing their formats / vouchers during village visits or cluster meetings before the due date of the monthly meeting. This would fasten the process of submission and verification of formats/ vouchers during the monthly meeting.
5. **Problem solving and Dissemination of new orders / guidelines** - Monthly meetings can also be used to disseminate new orders or guidelines pertaining to ASHA programme by district / block officials and for addressing the problems of ASHAs. If any

grievances are shared by ASHAs during the meeting, the convenor of the meeting should document them and forward the grievances to the district grievance committee for appropriate action and follow up.

Meeting Minutes– The proceedings of every meeting should be recorded by the ANM/ LHV and submitted to the PHC/ BPHC MOIC for review. This would facilitate PHC MOIC, BCMs/ BPMs and BMOH in assessing the quality of the meetings and also to keep a record of the topics covered during refresher sessions, problems shared by ASHAs and action taken to solve them. The meeting minutes should also be shared with the BCM / BMOH and DCM/ CMOH on a monthly basis.

Draft agenda for Monthly meeting of ASHAs at PHC			
	Agenda	Duration	
1	Capacity building	2 hr	10:00 am-12:00
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	1hr	12:00-1:00pm
	Lunch		1:00pm- 2:00pm
3	Drug kit replenishment	45 min	2:00pm-2:45 pm
4	Submission of payment vouchers/ bills	45 min	2:45 pm- 3:30pm
5	Problem solving and Dissemination of new orders / guidelines	45 min	3:45pm-4:30pm

Guidelines for Monthly meetings of ASHAs at SHC

Background

The convergence between the front line workers like ASHAs, ANM and AWWs has been so far limited to only planning and participation in Village Health Nutrition days. Each of these functionaries has individual roles in provision of health and nutrition services at village level. However anecdotal evidence shows that FLWs help each other in delivering these services at field level, though in an adhoc manner- as and when required. Better coordinated efforts between ANM, ASHAs and AWW can help in effective planning, implementation and delivery of services at the village level.

A monthly meeting of ANM, all AWWs and ASHAs of the SHC catchment area can facilitate and improve the coordination between them on a routine basis.

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

- a. Assessing delivery of health care services and planning for universal coverage
- b. Developing strategies to reach the marginalized sections of the community based on local context
- c. Technical Support
- d. Verification of formats/ vouchers filled by ASHAs
- e. Problem solving

Venue – Meetings would be held on a monthly basis at the SHC.

Participants– ANMs of the SHC, all ASHAs and AWWs in the coverage area of SHC would participate in the meeting. Thus the expected group size would range between 11-15 members per meeting depending on the population covered by the SHC. In cases where SHC cover population of more than 5000 then separate meetings can be organized based at cluster level based on the group of villages located close to each other with ASHAs and AWWs of these villages participating in one meeting. A small group of 11- 15 would be ideal for building solidarity between the FLWs and effective discussion about the local issues. ASHA facilitators can also participate in the meeting as invitees.

Agenda - The agenda for the next monthly meeting can be designed based on discussions held during the first meeting. The meeting should be a half day meeting with adequate time allocated for discussion on local issues, sharing of information and planning for better provision of services. The ASHA facilitators should organize the first meeting after coordinating with ANM, ASHA and AWWs of the said SHC. The date of subsequent meetings should be fixed by the participants during every meeting taking in to consideration the dates of forthcoming Village Health and Nutrition Days (VHND), Village Health Sanitation and Nutrition Committees (VHSNC) and any other planned village activities.

Sessions during meeting –

- 1. Assessing delivery of health care and nutrition services and planning for universal coverage** –Meetings should be used as a platform to assess the extent of service delivery by assessing the estimated population which required either health care or nutrition services and the percentage of population to which FLWs could provide the desired services and constraints faced by them in provision of services. Records maintained by each should be shared for improved planning and delivery of services. This can be used to identify - i) drop outs from AWC and NRC, ii) dropouts from immunization and ANC, iii) households which resist behaviour changes with respect to health care and nutrition services, iv) challenges faced by them etc. This information can be used to plan for the actions which can lead to improvement in coverage of services such that all drop outs and / or marginalized households are adequately covered. For instance FLWs can plan for joint household visits to some of the households and address the constraints faced based on their experiences and local context. These discussions can further help the FLWs identifying any other health care priorities and needs of the local community. The information should be used to develop a village level plan for holding VHNDs, VHSNC meetings and other events for promoting health / nutrition related issues. A time bound activity plan can also be drawn to address each issue systematically with one of the FLW taking the lead responsibility of the task. For instance in case of large number of dropouts from AWC, AWW can be made the nodal person for the task while ASHA and ANM can help by conducting household visits and counselling of the family.
- 2. Developing strategies to reach the marginalized sections of the community based on local context** - One of the key objectives of the meeting is to identify the marginalized households in the village and develop strategies to reach such households. Discussions can be held using the training brochure “reaching the unreached” to develop the understanding of ASHAs as well as AWWs. Meeting can also act as a forum to identify households which are not covered by any ASHA or AWC by estimating the actual households in the village and number of households allocated to each worker.
- 3. Technical support to ASHAs and AWWs** –Meetings can also be used as a forum for peer learning and ANMs should continue providing technical support to ASHAs as well as AWWs. ANMs can also invite ASHA facilitators or PHC MO or Anganwadi supervisor in the meeting when specific topics are planned to be discussed. Both AWWs and ASHAs would benefit from such discussions and provide an opportunity for cross learning.
- 4. Verification of formats/ vouchers filled by ASHAs** –As part of ANMs role of providing programmatic support to ASHAs, ANMs can also review and verify the formats/ vouchers of the ASHAs to facilitate payments and identify any problems.

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5. **Problem solving** –Monthly meetings can also be used as a forum to identify, document and address the problems faced by ASHAs and AWWs in the field. Though in many cases ANMs and AWWs/ ASHAs would be able to take corrective action while in other cases ANMs would be required to document and present the problems to the relevant PHC MO and AWW supervisor to facilitate necessary actions. If any grievances are shared by ASHAs or AWWs during the meeting, then ANMs should document them; inform the ASHA facilitators or AWW supervisors about the complaints. In cases of grievances of ASHAs, ANMs should also forward the grievances to the district grievance committee for appropriate action and follow up. In case corrective action cannot be initiated at the level of ANM, the same may be indicated in writing at the monthly meeting at the PHC and also during the visit by the BCM/PHC MO/Supervisor whichever is earlier.

Meeting Minutes – Brief meeting minutes should be maintained by the ANM for every SHC meeting. ANM should record key issues discussed and follow up actions decided during every meeting along with date and participant names. This would enable participants to track the status of actions taken on issues raised during the previous meeting and help in planning for follow up actions.

Monitoring of the SHC meeting – In order to review the frequency and quality of meetings, ASHA facilitators should participate in at least one of the SHC meetings every quarter. ASHA facilitators should review the meeting minutes maintained by ANMs and discuss follow up actions planned by the group for addressing issues related to health and nutrition services.