

Supportive Supervision Mechanism for the implementation of ASHA Activity



Guidelines



*Mission Directorate
National Rural Health Mission
Health & Family Welfare Department
Govt. of Orissa.*

Supportive Supervision mechanism for the implementation of ASHA activity

Background

ASHAs have made significant contribution in their respective community to increase the level of health awareness, promotion of institutional delivery, immunization coverage and other health related activities. To strengthen the process and improve their performance, it is now required to establish and institutionalize the supportive supervision forums for ASHA activity at various levels. As a part of the same strategy, it is proposed to conduct regular interface meetings of ASHAs at various levels.

The interface meeting of ASHA at various levels is intended to achieve the followings

- © Ascertain the activities undertaken by ASHA in the field.
- © Provide feedback to become a functional and effective ASHA by playing an improvised role in the community for addressing the health issues.
- © Build regular interface with the health system, update the knowledge of ASHA through regular capacity building programmes, sharing of information etc.
- © Addressing the issues related to ASHAs like grievance redressal, streamline payment, drug kit replenishment etc.

The review of ASHA activity will be held at Health Sector, Block and District level.

Sector level

The review meeting of ASHA activity will be organized at the health sector level based on the following norms

- © The review meeting of ASHA activity will be organized at the sector level on a monthly basis.
- © The meeting will be conducted by the LHV of the concerned sector. If the LHV is not available for the sector, person in charge of the sector will conduct the meeting. ANMs of the concerned sector along with all the ASHAs will participate in the meeting. Senior officers like Medical Officer, BEE, Ayush Doctor, BPO from the block should participate in the meeting to provide the required technical support. They should divide the sectors among themselves.

- © The meeting is to be conducted on a fixed day of the preferably third Saturday of every month. ANMs of the health sector area will inform the ASHAs about the meeting day.
- © The duration of the meeting would be 5 hours preferably from 10 a.m. to 3 p.m. and the venue for the same would be Health Sub Centre/Anganwadi Center/ GP meeting place/any other suitable venue available in the areas of the concerned sector.
- © The **discussion points** of the meeting would be
 - Analysis of the activities organized and implemented by the ASHAs in their respective villages during the period.
 - Discussion on the health the issues/problems of the village/area. Preparation of the plan for the pregnant women for ANC and institutional delivery, coverage of unimmunized children, other disease affected persons, village meeting etc.
 - Updated information sharing with the ASHAs by the LHV/ANM
 - Discussion on one health topic
 - Understanding the difficulties faced by ASHAs and issues to be followed up at the block level. (Payment of incentives, Drugs replenishment, community mobilization etc.)
- © LHV/person assigned to conduct the training will maintain a register to track the activities of each of the ASHAs as per the Annex - 1. S/He would submit a report in the prescribed format to the block Medical Officer mentioning the above points. A meeting register will be maintained by the LHV/person assigned to conduct the training for this purpose where all the ASHAs along with the ANMs, LHV/Male supervisor, MO, BEE, BPO present in the meeting will put their signature.
- © All the incentives of ASHAs should be paid during this meeting. The block Accountant/cashier should come prepared for this purpose.

Block level

At the block level the review meeting of ASHA activity would be held as per the following norms

- © The meeting will be headed by the Block Medical Officer I/C with the support from BPO, BEE and AYUSH doctor. This will be organized on a monthly basis and on a fixed day preferably on the last Saturday/Monday of the month and at the block headquarters.
- © ANMs, LHVs/person given the responsibility of conducting the meeting at the sector level will participate in the meeting. This day could be observed as Block level ASHA Diwas to address the grievances of ASHAs.
- © The **discussion points** of the meeting would be
 - Sector wise analysis of the reports submitted by LHV/sector in charge. Provide feedback to the LHVs, ANMs on effective implementation of ASHA activity sector wise.
 - The incentive payment status of ASHAs should also be discussed in this meeting.
 - Taking appropriate action on the difficulties faced by ASHAs like payment streamlining, drugs kit replenishment, community mobilization etc.
 - Prepare a quarterly action plan for ASHA activity and submit the same to the district level.
- © A meeting register will be maintained for the purpose where the participants would put their signature. BPO will maintain the same and would be responsible for the submission of action plan and reports (in the prescribed format) to the district level.

District level

At the district level the meeting for ASHA activity would be organized by the CDMO on a quarterly basis. ADMO (FW), DPM, Dist. ASHA coordinator, Dy. MEIO and other district level officials will participate in the meeting. MO I/C, BPO, Ayush Doctors from the block will participate in the meeting. Members of District ASHA Mentoring Group will be invited to give their input in the meeting. The day could be observed as District ASHA Diwas to address the grievances of ASHAs.

The **discussion points** of the meeting would be

- © Analysis of the block level reports submitted on the implementation of ASHA.
- © Providing support for ASHA activity based on the feedback from various levels. Prepare a quarterly district action plan for ASHA activity.
- © Sharing of the issues with ASHA Mentoring Group and submit the report to the Mission Directorate, NRHM for further action.
- © District ASHA Coordinator will be responsible for convening the meeting and submission of the report to the Mission Directorate, NRHM.
- © The incentive payment status of ASHAs should also be discussed in the meeting.

The District level meeting will be conducted on a quarterly basis during the month of June, September, December, March of the year.

State Level

The district level reports will be analyzed at the state level by the CPRC. Analysis of the reports would be placed before the Mission Director, State ASHA Mentoring Group for taking appropriate steps and putting adequate mechanism to strengthen implementation of ASHA activity.

Funds for the activity

Sector level meeting

- Rs.100/- for each ASHA per meeting
- Rs.100/- for each ANM, LHV/Sector in charge per meeting
- Rs.100/- for MO, BEE, BPO, Ayush doctor (any two persons for each sector) from the block level ARC funds.

(LHV/Sector in charge would ensure payment of these funds at the venue to the participants)

Block Level meeting

An amount of Rs.25/- per participant may be spent towards the refreshment of the participants in the meeting at the block level. This will be borne from recurring expenditure of the funds provided under ASHA Resource Center.

District level meeting

An amount of Rs.50/- may be spent towards the refreshment of the participants in the meeting at the district level. This will be borne from the recurring expenditure of the funds provided under ASHA Resource Center.

Annex - 1

Sector level Bi monthly consolidated report on ASHA activity.

Name of the Health Sector:

Block:

District:

Date of the meeting:

Basic information of the sector

No. of Sub centers:

Total no. of AWC :

No. of ASHAs:

Total no. of Immunization points:

No. of GKSs (VHSC):

No. of ASHAs participated in the meeting	
No. of ANMs participated in the meeting	
Total no. of deliveries in the sector	
No. of ASHAs accompanied for institutional delivery	
No. of ASHAs participated in the Immunization sessions	
No. of ASHAs attended VHND	
No. of ASHAs attended GKS meeting	
No. of cases treated for minor ailments	
No. of DOTs provided by ASHA	
No. of Blood slides collected by ASHAs	
Consolidated requirement of Drugs/Contraceptives/ORS for the ASHA Drug kits	
No. of ASHAs conducted village meeting	
Total no. of IHL promoted by ASHA	
Health Issue discussed in this meeting	
Major difficulties faced by the ASHAs	

Signature of the LHV/sector in charge

Annex - 2

Block level consolidated report on ASHA activity.

Block:

District:

Date of the meeting:

Basic information of the block

No. of Sub centers:

Total no. of AWC :

No. of ASHAs:

No. of ANMs:

No. of ASHAs attended the meetings at the sector level	
No. of ANMs attended the meeting	
No. of LHVs attended the meeting	
Total no. of deliveries in the block	
No. of ASHAs accompanied for institutional delivery	
No. of ASHAs participated in the Immunization sessions	
No. of ASHAs attended VHND	
No. of ASHAs attended GKS meeting	
No. of cases treated for minor ailments	
No. of DOTs provided by ASHA	
No. of Blood slides collected by ASHAs	
Consolidated requirement of Drugs/Contraceptives/ORS for the ASHA Drug kits	
No. of ASHAs conducted village meeting	
Total no. of IHL promoted by ASHA	
Health Issue discussed in this meeting	
Major difficulties faced by the ASHAs	

Signature of the MO I/C

Annex - 3

District level consolidated report on ASHA activity.

District :

Date of the meeting:

Basic information of the District

No. of Sectors:

Total no. of Blocks:

No. of ASHAs:

No. of ANMs:

No. of GKS:

No. of ASHAs attended the meetings at the sector level	
No. of ANMs attended the meeting	
No. of LHVs/sector in charge attended the meeting	
Total no. of deliveries in the District	
No. of ASHAs accompanied for institutional delivery	
No. of ASHAs participated in the Immunization sessions	
No. of ASHAs attended VHND	
No. of ASHAs attended GKS meeting	
No. of cases treated for minor ailments	
No. of DOTs provided by ASHA	
No. of Blood slides collected by ASHAs	
Consolidated requirement of Drugs/Contraceptives/ORS for the ASHA Drug kits	
No. of ASHAs conducted village meeting	
Total no. of IHL promoted by ASHA	
Health Issue discussed in this meeting	
Major difficulties faced by the ASHAs	

Signature of the CDMO

