



**GOVERNMENT OF WEST BENGAL  
HEALTH AND FAMILY WELFARE DEPARTMENT  
NATIONAL RURAL HEALTH MISSION  
SWASTHYA BHAWAN, 4<sup>th</sup> FLOOR, B- WING  
GN-29, SECTOR-V, SALT LAKE  
KOLKATA-700091**

**Memo No: HFW/NRHM/20/06/2099**

**September 23, 2011**

**GUIDELINES FOR MONITORING OF ASHAs UNDER NRHM**

**Introduction:**

In West Bengal, which is a non EAG state, the ASHA programme is being implemented in phases. During the initial phases of implementation, the selection and training of ASHAs had the highest priority. Now, with a majority of ASHAs placed at community level, and with the introduction of the revised incentive package for ASHAs, time has come to implement an effective monitoring system for them.

In order to streamline the process of monitoring and supportive supervision for ASHAs, and keeping in mind that the ASHAs do not belong to regular health cadre but are essentially community volunteers who maintain a crucial link between the government health system and the communities, the State ASHA Cell under NRHM proposed the following mechanism for the State. Subsequently, this mechanism was debated on and approved by the State ASHA Mentoring Group (SAMG) comprising of MD, AMD, representative of NHSRC MOHFW GOI, Jt. DHS (FW) & SFWO, DDHS Nursing, TO SPSRC, State NGO Coordinator, Representative of Jt.DHS PH&CD, PO P&RD, Representatives of NGOs and other members of State ASHA Cell.

**Rationale:**

Monitoring of the ASHA programme needs to be operationalized in a manner which ensures that the information from monitoring feeds into reporting requirements, project implementation, and management, both in programmatic and financial aspects.

- The no. of ASHAs per Block sanctioned by the State based on 2001 Census varies widely; from 24 ASHAs in Raniganj to 405 ASHAs in Raiganj, with the average being around 179 ASHAs per Block.



- The distribution of Blocks according to the sanctioned no. of ASHAs is given below:

Sanctioned No. of ASHAs	No. of Blocks	%
<=50	4	1.17
>50 and <=100	25	7.33
>100 and <=150	87	25.51
>150 and <=200	116	34.02
>200 and <=250	59	17.30
>250 and <=300	38	11.14
>300 and <=350	8	2.35
>350 and <=400	3	0.88
>400	1	0.29
<b>TOTAL</b>	<b>341</b>	

With about 76.83% of blocks having 100 to 250 ASHAs, it is obvious that for regular monitoring of the performance of the ASHAs, there has to be a viable multi-tier approach with specific roles and responsibilities attached to each tier for monitoring the performance of ASHAs.

### Tiers of monitoring:

**Tier 1: Sub Centre level** - As already mentioned in previous orders, namely, the **ASHA Implementation Guideline** vide DO No. HSL (Misc.) – 156 (54) / 06, dated 18<sup>th</sup> September, 2006, a **GO**, vide Memo No. H/421/CFW/2007 dated 17<sup>th</sup> September, 2007, and the **Revised Comprehensive Incentive Package Guideline for ASHAs**, vide Memo No. HFW/NRHM/20/06/1104 dated 13<sup>th</sup> June, 2011, the ANM in charge of the Sub Centre is responsible for monitoring and supervising the daily functioning of ASHAs. She continues to play that role.

Role of ANM in charge of the Sub Centre:

- 1.1: The ANM in charge of the Sub Centre monitors and supervises the performances of 5 to 7 ASHAs working within her sub center area.
- 1.2: As per existing guidelines, ANM meets the ASHAs on every Wednesdays of the week, on every VHNDs being held in their area of operation and on the 3<sup>rd</sup> Saturday of every month.
- 1.3: Monitoring visits in the field areas of the ASHAs on the days of outreach and VHNDs will be conducted by ANM and/or second ANM, along with the concerned ASHA. Every month, the ANM and second ANM will ensure at least one such visits per ASHA within the sub center area every month.

