ENABLING URBAN ASHAs TO EFFECTIVELY FACILITATE UTILIZATION OF FAMILY PLANNING SERVICES
PURPOSE

To aid district health officials in strengthening the role of urban Accredited Social Health Activists (ASHAs) in facilitating utilization of Family Planning (FP) services among marginalized and vulnerable population in urban slums.

AUDIENCE

1. Chief Medical Officers (CMO)
2. Nodal Officer-Urban Health and Family Planning
3. Medical Officer-Urban Primary Health Center (UPHC)
4. District Program Managers (DPM)
5. District/Community Process Managers
6. NGOs
7. Health Partners
8. Urban Health Coordinator/Assistant Program Manager,
9. NUHM

BACKGROUND

Urban Accredited Social Health Activists (ASHAs) work as community level care providers. They play a vital role by facilitating communities' access to health care services including FP with the aim to reduce preventable child and maternal deaths. They have recently been introduced in National Urban Health Mission (NUHM).

Urban ASHAs, as per the National Health Mission (NHM), work on the pattern of rural ASHAs and are the link between urban poor and the health services. Similar to rural ASHAs, the urban ASHAs visit household to provide information and counseling on a range of health issues. They also provide support to the Urban Health and Nutrition Day (UHND) sessions, organize and support monthly meeting of Mahila Arogya Samitis, which are community meetings for health awareness, and spread awareness about health services (Refer to: Induction training module for ASHAs in urban areas - section 1, page nos. 7 to 13, for role of ASHAs).

SCOPE OF ASHA'S WORK WITH REGARD TO FAMILY PLANNING

1. Maintain eligible couple’s household data in Urban Health Index Register (UHIR) or in similar registers
2. Undertake post-partum visits and counsel for FP.
3. Provide information and counseling on the full range of methods and provide OCPs and condoms to those who wish to use them.
4. Help the couple in deciding the FP method most suitable to them and help them in accessing it.
EVIDENCE OF THE IMPACT

Women / eligible couples contacted by ASHAs are more likely to be referred for family planning services.

Data from the end line evaluation of UHI showed that 65% of women reported ever discussing FP with an ASHA and approximately 40% of women met with an ASHA within twelve months of delivery.

Experience from UHI shows that the ASHAs were well accepted and were leaders in promoting FP and other services in their communities. They were an important link between their communities and the health system. Not only did they provide information and counseling, but often-escorted women to the service delivery points. Furthermore, women who met and discussed FP with ASHAs were significantly more likely to become new acceptors of contraception.

Although the deployment of ASHAs was only one of the several key components in the implementation, these results, nonetheless, demonstrate their critical contribution.

GUIDANCE ON ENHANCING THE URBAN ASHAS’ CAPACITY AS A FAMILY PLANNING MOBILIZER

SPECIFIC AND IN-DEPTH TRAINING ON FAMILY PLANNING

ASHAs have undergone initial training, but it included only one session on family planning. More in-depth training is required to provide quality family planning services to the community. A two-day training, especially on family planning and informed choice counseling is necessary for ASHAs.
JOB AIDS

Providing FP job aids will help ASHAs to provide more effective interpersonal counseling and advice during home visits.

MENTORING & SUPPORTIVE SUPERVISION OF ASHAs BY AREA ANM

Training of urban ASHA is only the first step in equipping her with the skills she requires to effectively meet the FP needs of the community she serves. Continuous on-the-job mentoring and supervision is required to help the ASHA translate her training into practice.

Guidance on mentoring and supervision of ASHAs is provided in the handbook for ASHA facilitators, and includes a field-visit-checklist for supervisor and a checklist for feedback (Refer to: Guidelines for ASHA facilitators, district ASHA resource center, Gujarat, Annexure-I & Annexure-II, page nos. 8 to 10- http://nhm.gov.in/images/pdf/communityisation/asha/handbook_for_ASHA_Facilitators.pdf).

RECOGNIZING AND REWARDING PERFORMANCE

Recognizing and rewarding ASHAs who perform well, contributes to maintaining motivation of ASHAs and helps prevent drop-outs.

CRITICAL COMPONENTS FOR ASHA TRAINING

1. Mapping and listing of all households including the most vulnerable population (Refer to: TCIHC’s mapping & listing tool)
2. Prioritize visits to needy couples and women
3. In-depth knowledge of modern contraceptive methods
4. Provide information and counseling on family planning to motivate new users and encourage for regular usage and switching of methods, if necessary (Refer to: Training module on Inter-Personal Communication; and method-specific training PPTs)
5. Follow-up users’ continuation of family planning method and track drop-outs
6. Follow-up and referral for management of any side-effects or complications.
7. Mobilization of community for UHND and outreach camps
8. Establishment, facilitation and support to MAS
9. Record-keeping

JOB-AIDS FOR ASHAs

1. Method-specific counseling cards
2. Frequently asked questions with answers
3. Handbills with list of facilities where family planning services are available
4. Contraceptive display kits showing different family planning methods
ROLES AND RESPONSIBILITIES TOWARDS STRENGTHENING ASHAs

Chief medical officer (CMO)
• Ensure that ASHAs are selected and deployed as per the approved Record of Proceedings (ROP)
• Ensure funds for training of ASHAs and for facilitating their work through the Program Implementation Plan (PIP) process (Refer to: TCIHC’s PIP tool)
• Identify /hire competent trainers with extensive experience in family planning for training of ASHAs (Refer to: List of master trainers to be sourced from states at the time of preparing the training plan. )
• Involve NGOs/ health partners to facilitate the role of ASHAs as mandated by the NUHM
• Review physical performance (programmatic and financial) of ASHAs especially in light of family planning indicators

Nodal officer-urban health and FP
• Arrange for training of trainers on family planning
• Provide supplementary family planning training for ASHAs
• Provide for family planning job aids, IEC material, commodities and other supplies
• Ensure supportive supervision of ASHAs
• Identify well-performing ASHAs and reward them

District program manager
• Support CMO in budgeting for ASHA component
• Develop plans for the ASHA component and ensure their implementation

District community process manager (DCPM/CCPM)
• Ensure selection and hiring of ASHAs
• Ensure capacity building of ASHAs on family planning methods
• Provide support in identifying vulnerable population (Refer to: TCIHC’s mapping & listing tool)
• In coordination with MoIC, conduct periodic review of ASHAs’ performance on family planning indicators

Medical officer-in-charge - UPHC
• Provide FP job-aids, IEC material, commodities and other supplies to ASHAs
• Ensure availability of the roster and supplies for UHNDs and outreach camps
• Conduct overall monitoring and review of the performance of ASHAs on family planning indicators
• Inform ASHAs about the Fixed Day Static (FDS) service schedule
• As per the defined terms and conditions, release timely payment to ASHAs

ANM (ASHA facilitator)
• Provide mentoring and supportive supervision to ASHAs
• Ensure timely indenting and supply of family planning commodities
• Inform ASHAs about the FDS service schedule
• Ensure that commodities and supplies are provided to ASHAs
• Collect FP data from ASHAs and review the same
**NEW ASHA PAYMENT SYSTEM (MONTHLY ACTIVITY)**

- ASHA to prepare monthly All Claim Form along with supporting documents (1st to 4th of the month)
- Receiving of All Claim Form at UPHC along with supporting documents. To be entered on the spot and print-out of Acknowledgment to be provided. Single window system for all incentives (5th to 12th of the following month)
- Verification of documents and approval by ACMO & HO (between 13th to 22nd of the following month)
- Direct transfer to ASHA’s bank account using PFMS portal

> p SMS alert to ASHA regarding receipt of claim form

> p SMS alert to ASHA regarding approval of claim

> p SMS alert to ASHA regarding payment of claim

**MONITORING OF PERFORMANCE AND OUTCOMES**

Auxiliary Nurse Midwives, ASHA facilitators, DCPM and the Urban Health Coordinator (UHC) monitor the ASHAs on a set of indicators, including ones based on the key tasks undertaken by them. These indicators can be obtained from the data in the HMIS, ASHA registers, ASHA facilitator reports and other activity reports, and include the following:

- Number of ASHAs deployed as compared to the numbers sanctioned
- Number of ASHAs trained compared to those deployed
- Number of ASHAs who received supplementary training on family planning
- Number of ASHA monthly meetings held as compared to those planned
- Percentage of ASHAs receiving supportive supervision from ASHA facilitator
- Number of eligible couples who received services from ASHA
- Number and percentage of institutional deliveries
- Number and percentage of post-partum family planning service users
- Number of women escorted for deliveries by ASHA
- Number of new family planning users enlisted by ASHA
- Percentage of ASHAs who have stocks of both condoms and pills
- Number of ASHA monthly meetings held where family planning performance and related issues were discussed
- Percentage of ASHAs who have made a prioritization plan for household visits to eligible couples and pregnant women
- Percentage of marginalized and vulnerable households visited by ASHAs

Additionally, it is important to monitor ASHAs through field visits, whether they have been provided job-aids and IEC materials and whether they are distributing IEC material to eligible couples.

These indicators can be monitored during CMO and UPHC monthly meetings. These meetings serve as a forum for sharing and validating information related to the performance of ASHAs and for problem solving.

**COST ELEMENTS**

For strengthening ASHAs’ capacity to facilitate and support family planning, requires that the following heads are budgeted. If they are not budgeted, then a request should be made in the Supplementary PIP and in the next year’s PIP (Refer to: TCIHC’s PIP tool).

The given table is indicative and illustrates the manner in which cost elements are provided in a Government PIP. Hence, it guides audience on where to look for elements related to a particular task, such as strengthening the urban ASHAs.

<table>
<thead>
<tr>
<th>COST ELEMENTS / PIP BUDGET HEAD</th>
<th>FMR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of trainers on FP for cascade training to ASHAs</td>
<td>9.5.22.1</td>
</tr>
<tr>
<td>Supplementary training on FP for ASHAs</td>
<td>U.3.1.2 &amp; U.3.1.3</td>
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<tr>
<td>Job-aids, IEC materia</td>
<td>11.6.1; 11.6.3; 11.6.4; 11.6.5; 11.6.6; 12.3.4</td>
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<tr>
<td>Commodities and supplies</td>
<td>U.6.2.4.1 till U.6.2.4.3</td>
</tr>
<tr>
<td>ASHA FP incentives</td>
<td>U.3.1.1.1 till U.3.1.1.3; 3.1.1.2.2 till 3.1.1.2.8</td>
</tr>
<tr>
<td>Budget for ‘Reward and Recognition’ of ASHAs</td>
<td>3.1.3.3</td>
</tr>
<tr>
<td>Orientation/review of ASHAs (as applicable) on: New contraceptives, post-partum and post-abortion family planning, scheme for home delivery of contraceptives (HDC), ensuring spacing at birth (ESB), wherever applicable Pregnancy Testing Kits (PTK)</td>
<td>3.1.2.5</td>
</tr>
</tbody>
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**Source:** NHM PIP Guideline, 2018-19

**Sustainability**

The ASHA component will be sustained under NUHM. However, ensuring the capacity of ASHAs to provide quality FP information and services will require concerted efforts on the part of the CMO to ensure that the costs for hiring, training and supervision/mentoring of ASHAs are included in the PIP. Reward and recognition to well-performing ASHAs can provide motivation for their continued good performance.
### AVAILABLE RESOURCES

1. Induction training module for ASHAs in urban areas, English, section 1, page nos. 7 to 13
2. Induction training module for ASHAs in urban areas, Hindi
3. NHM Flow chart for ASHA support mechanism
4. Support mechanism for ASHA under NHM
5. GoI family planning method-specific training presentations
6. GoI method-specific counseling cards on family planning
7. GoI frequently asked questions & answers on family planning
8. Pregnancy screening checklist
9. Family planning effectiveness chart
10. Family planning films by GoI
11. Urban Health Index Register (UHIR)/Eligible Couple Register/ RCH register
13. TCIHC’s mapping & listing tool
14. TCIHC’s PIP tool

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Disclaimer: This document is based on the learnings collated from Urban Health Initiative (supported by BMGF), Health of the Urban Poor (supported by USAID), Expand Access, and Quality to Broaden Method Choice (EAQ) in Uttar Pradesh (supported by BMGF). This document is not prescriptive in nature but provides overall guidance on how this particular aspect was dealt with in these projects for possible adoption and adaptation.

FOR FURTHER DETAILS, PLEASE CONTACT:

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