

ORGANISING ASHA TRAINING IN BIHAR – IMPLEMENTING THE NGO MODEL

Problem Statement

ASHA programme is a critical component of National Rural Health Mission (NRHM), and includes several processes which aim to actively engage communities in improving health status. The National ASHA Guideline stipulate that all ASHAs must receive 23 days of training in first year covering the first five modules and subsequently receive 12 days of refresher training every year.

Till the year 2010-11, the state of Bihar grappled with the issue of poor quality and slow pace of ASHA training. Thus by March, 2010 out of 79,952 selected ASHAs, only 52859 ASHAs were trained in combined Module of 2, 3 and 4 covering only 12 days training. By this time, most of the other states had completed ASHA Training in Module 5, covering 23 days of training and were in the preparatory phase to roll out training of skill based ASHA Module 6 and 7. ASHA training was initially conducted by the SIHFW and subsequently it was outsourced to PRANJAL, a training institution set up by Public Health Engineering Department. However the issue of slow pace, inconsistent training methodology and poor quality of training were highlighted by several evaluations and reviews.

Programme Description

The poor quality and slow pace of training advocated the need of revamping the institutional mechanism. State Health Society, Bihar entered in to partnership with NGOs to address the issues pertaining to ASHA training in the state. Thus Bihar became the first state to involve NGOs and community based organization in ASHA Training at state and district levels. State conducted the selection of the State training agencies with the help of

National Health Systems Resource Centre based on open tendering and specific transparent criteria. Four NGOs were selected as State Training Agencies by this process (Population Foundation of India; JANANI; CARITAS INDIA; Public Health Resource Network). Each organization was given the responsibility to implement training in 7-12 districts of Bihar each depending on availability of resources and presence of organizations in that region. The State training agency carried out the selection of District training agencies to conduct the training in each districts. The process of selection involved was identical to the one followed in the selection of State agencies. This led to the creation of four state training sites in the state operated by four reputed National NGOs and 14 District Training Sites being run by State NGOs.

To further speed up the roll out of training for ASHAs, state devised the strategy to club Module 5, 6 & 7 training in consultation with NHSRC and State training agencies. Thus content of Module 5 is also covered along with the training of ASHA Module 6 and 7. This practice increased the duration of ASHA training of Module 6 & 7 from 20 days (five days per round) to 24 days (six days per round).

Program Impact

Till date total pool of 23 district trainers and 802 ASHA trainers has been created. As on April, 2013, 63120 (75%) ASHAs have been trained in Round I and 26638 (31.54%) have been trained in Round II of ASHA Module 5, 6 and 7. Out of 3946 selected ASHA Facilitators, 2916 ASHA Facilitators trained have also been trained by a joint team of trainers from State and District pool in Handbook for ASHA Facilitators.

ASHA Training in Koshi and Tirhut Region, Bihar Module 5, 6 and 7



Creation of permanent pool of Trainers: The strategy to involve NGOs in ASHA Training helped the state to create a pool of permanent trainers who are exclusively available for training of ASHAs and provide continuous support to the training process.

Supportive Supervision: State trainers placed in the state training agencies provide supportive supervision during ASHA training and stay at district level sites for the entire training duration. This provides an opportunity to identify the gaps and take corrective actions. The State and District Training Agencies also maintain a detailed data base of training, profile of trainers and ASHAs, their performance and need of refresher or retraining of ASHAs. This helps the training agencies to monitor the quality of training and plan for refresher training.

Establishment of Institutional Mechanism: Engagement of NGOs enabled state to establish strong institutional mechanism for ASHA Training through coordination between State Health Society, State Training Agencies, District Training Agencies and National Health System Resource Centre. This has created a strong base of training institutes and trainers in the state which can serve as a useful resource for future training needs of ASHA, ASHA Facilitators and VHSNC.

Scalability

The partnership model with NGOs in Bihar has proved to be a boon in resolving the crisis of ASHA training and helped the state in addressing acute shortage of trainers and training institutes. Dedicated training agencies and trainers at state and district level ensure quality of training and eventually provide high levels of skills of the ASHAs and ASHA facilitators. Such a Public Private Partnership Model involving State Health Society and NGOs having experience of training or working with community health workers, can also be a useful strategy for other states, especially in states which face the issue of limited resources and find it difficult to complete the ASHA training effectively.



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