Small Investments
Big Returns

Strengthening Supportive Supervision

BY INVESTING IN NUMBERED ASHA SANGINIS, THE PERFORMANCE OF A LARGE NUMBER OF ASHAS CAN BE EASILY TRACKED AND SUPPORTED

ReMiND Project
M-HEALTH SOLUTIONS TO SUPPORT ASHA SANGINIS FOR MATERNAL & CHILD SURVIVAL

OVERVIEW

Accredited Social Health Activists (ASHAs) under the Uttar Pradesh National Health Mission (UP-NHM) are a crucial link between the community and the health system. Catholic Relief Services (CRS) is piloting and supporting scale-up of an ASHA Sangini mobile health (mHealth) application for supervisors of ASHAs in two districts of Uttar Pradesh (UP).

The ASHA and her supervisor, the ASHA Sangini, play a critical role in reaching women and children with community health services and contributing to improved maternal and newborn health outcomes. A 2011 NHM evaluation of the ASHA program identified incomplete training, limited management structures and supervision as the main barriers to ASHAs performance.

In UP, the model employed for ASHA supervision is that selected ASHAs hold the dual role of ASHA and ASHA Sangini. Since the ASHA Sanginis selected from the ASHA pool are all new to the supervisory role, tailored support and capacity strengthening is required in certain health knowledge, practices and health system processes will be required.

Project Objectives

The ReMiND (Reducing Maternal & Newborn Deaths) project aims to strengthen systematic supportive supervision of ASHAs to improve their performance through: i) Improved knowledge and skills of ASHA Sanginis on supportive supervision, ii) Automated reports at different levels, iii) Real-time report for evidence based decision making, iv) An efficient and transparent payment system of ASHA Sanginis.

QUICKFACTS	
Project Type	**mHealth, supportive supervision, health systems strengthening**
Project location	**Uttar Pradesh:** **8 blocks of Kaushambi District** **1 block of Lucknow District**
Partners	**Vatsalya, Sarathi Development Foundation, Dimagi Inc.**

| TIMELINE	
2011	A NHM evaluation of ASHA program identified incomplete training, limited management structures and supervision as main barriers to ASHA performance.
2013	As a pre-cursor to government roll-out of ASHA Sangini in UP, the CRS ReMiND project operationalized a model of project-supported Sector Facilitators (SF) to support ASHAs in the project areas.
2014	Lessons from this led to re-crafting the ReMiND SF model and application together with the NHM and NHSRC for the ASHA Sangini program mobile phone-based application.

faith. action. results.

Project Description

CRS with support from Dimagi Inc., and in collaboration with local implementing partners Vatsalya and Sarathi Development Foundation are working closely with the UP-NHM to scale-up the mobile technology intervention to strengthen supportive supervision of ASHAs. CRS and the Directorate of Health and Family Welfare have signed a scope of work as an extension of an existing Memorandum Of Understanding, which includes roles and responsibilities of both parties for the roll-out of the AS application and requisite block and district support in Kaushambi and Lucknow districts.

ASHA Sanginis will use the mobile-phone application which facilitates assessing beneficiary coverage by ASHA workers, collecting and compiling data on ASHA functionality, supportive supervision and reporting and redressal of ASHA grievances.

Supportive supervision by ASHA Sangini through mobile application
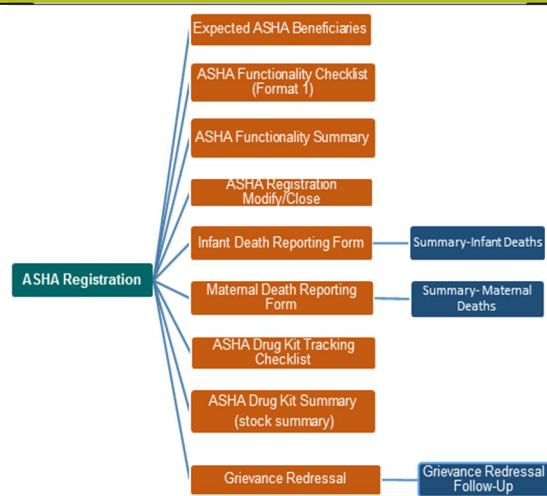
COMING SOON-NEW ADDITION!

ReMiND is working to append forms on maternal and infant death reporting and ASHA drug kit tracking to the Sangini application.

Functionality visit details of ASHA Sanginis will be tied directly to electronic payments.

Lessons

Key interventions include: Use of a mobile application by ASHA Sanginis for functionality review, grievance redressal, registration, and other supervision functions; training of ASHA Sanginis and block officials on using the mobile app; field support to Sanginis while they mentor and supervise ASHAs; sharing of data generated by the program to guide and support ASHA Sangini; providing inputs to strengthen the skills and knowledge of Sanginis in block monthly meetings for improved mentoring and supervision; establishing periodic review meetings at different levels for further strengthening the presence of the Sanginis in their areas; cross-learning among field areas; monthly block level interactions with Sanginis beyond mere submission of reports to include ongoing capacity building efforts.

Results

Technology can be used to strengthen supportive supervision by providing real-time data on ASHA performance that Sanginis can use to provide individualized feedback and guidance for improvement. Real-time data increases the potential for remote monitoring, targeted follow-up and face-to-face supportive supervision visits with the ASHA.

Based on ReMiND's experience, success of the supervision model depends on providing adequate management support and guidance to Sanginis beyond training to ensure good use of real-time data. Another critical component of the model is ensuring higher-level data analysis and use by middle and senior-level managers for evidence-based decision-making about strategies to further improve ASHA supportive supervision.

Scalability and Scope

Over the period, *percentage ASHA Sanginis' visiting households where ASHAs face problem in motivating families to adopt health behavior* shows a 48 point percent increase between March - September 2015 which has further led to approximately 14 point percent *less ASHAs reporting resistant families in their area* in this period.

ASHA Sanginis are often drawn from the best performing ASHAs. The basic application is already in place and can be easily expanded for additional functionality and new modules. For example functionality visit details of ASHA Sangini can be tied directly to payments electronically. Validating the ASHA related data captured by ASHA Sanginis could be done using other data in the report or based on the past month's data, flagging when data seem inconsistent with past data. Dashboards that compile and disaggregate graphical data based on categories of interest for stakeholders (specific ASHA interventions, geography, high-risk, caste), can be accessible to district and state level officials, or by external stakeholders or partners.

As the ASHA Sangini application scales up, it is expected to lead to improved quality of care provided by ASHAs and improved coverage of services. Capacity and motivation of ASHAs are also expected to increase as a result of sharing of grievance issues and supportive supervision. An important part of sustainability of the project is that real time data generated through the application will be used to inform program decisions.

WE ARE JUST A MAIL OR A CALL AWAY!

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