CAPACITY BUILDING OF FRONTLINE WORKERS

Transforming cluster review meetings into ASHA capacity building platforms in Uttar Pradesh

BACKGROUND

The Accredited Social Health Activists (ASHA) program was initiated in 2005 under the National Rural Health Mission, Ministry of Health and Family Welfare, Government of India (GoI), to improve maternal and child health outcomes.

The mission involves creating a network of Community Health Workers in each village, appropriately known as "Accredited Social Health Activists" (ASHAs), who are an interface between the community and the public health system, trained to create awareness on health and its social determinants, mobilise the community, and facilitate them to access reproductive, maternal, newborn, child health, nutrition (RMNCHN) and sanitation services that are available at the Anganwadi, sub-centre or primary health centres. Building knowledge and skills for ASHAs to carry out their assigned roles is a critical part of the National Health Mission (NHM) program.

As per the GoI norms, One ASHA is deployed per 1000 population.

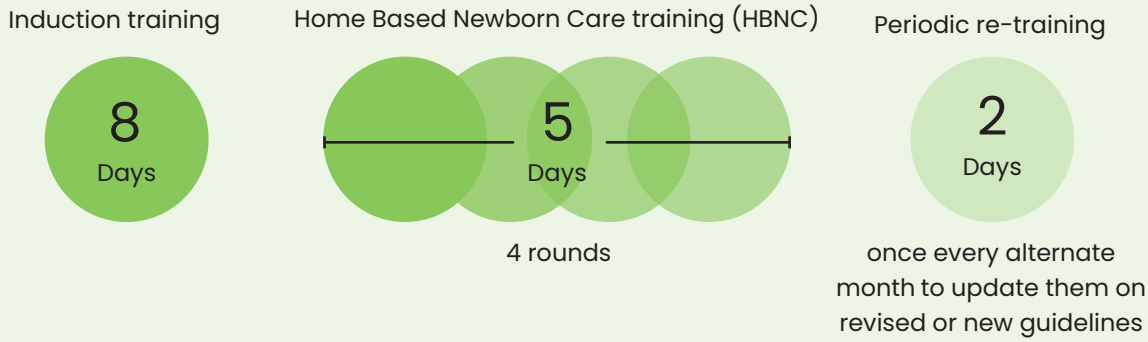
In Uttar Pradesh (UP), approximately

1,57,845 (Source: BCPM MIS) ASHAs cater to an estimated 232 million rural population within the state.
(Source: ACS letter no. 1756 issued dated 27th September 2021)

Landscape of ASHA Training and Capacity Building Platforms in Uttar Pradesh

Periodic, integrated training programs have been envisaged for ASHAs.The training programs address various aspects of planning for primary health care services, community mobilization and follow up of targeted beneficiaries.

The GoI mandates that ASHA workers must undergo a scheduled training program for 28 days

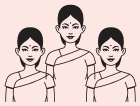


It is well established that the ASHA workforce, "a flagship program" of NHM, are in constant need of capacity building opportunities and innovative strategies to equip them with the requisite knowledge and skills to efficiently perform their tasks.

NHM facilitates various training, capacity building, monitoring, and supportive supervision activities for ASHAs through various platforms such as Cluster meetings and ASHA, Auxiliary Nurse and Midwife (ANM) and Anganwadi worker (AWW) meetings, referred to as AAA meetings. These AAA meetings are usually focused on review of the daily activities of the ASHA, ANM and AWW.

Sub Centre meeting (AAA)

The AAA meetings are held twice a month, at the sub centre level, across the state. The primary purpose of the AAA meetings is to improve coordination between the three cadres of frontline workers. The AAA agenda includes reviews of the previous Village Health and Nutrition Day (VHND) sessions, records review with due-list verification and community mobilization activities.



Cluster Meeting

Cluster meetings occur at Primary Health Center (PHC)/Community Health Center (CHC) level in a block, across all districts of UP, once a month for each ASHA. The total number of ASHAs at the block level (200-250) are divided into 4-5 clusters, and only one cluster (50-55) is called in a week. Thus 4-5 cluster meetings are held every month, in each block. These meetings are convened by the Medical Officer-In-Charge (MOIC). ASHAs participating in the meetings receive an incentive of Rs.150/-. The cluster meetings are usually a place for submitting payment vouchers, verifying and reviewing the ASHA program.

Capacity Building of ASHAs: Need and Scope

Multiple studies have indicated the need to build capacity of ASHAs to enhance their performance.

- A cross-sectional study conducted in the three districts of Assam[1], found that ASHAs have mediocre levels of knowledge and receive insufficient institutional training. Gaps in knowledge, attitude, skills and continued training, were evident.
- Studies in Uttar Pradesh[2] indicate the need to sensitise ASHAs on effective communication and to invest in building their capacity for health communication, beyond technical content.
- Another study concluded that building ASHA capacity during monthly meetings can contribute significantly to the development of community health workers' motivation, confidence, work skills, and quality of interaction during their home-visits[3].

[1] Mampi Bora Das & Papori Baruah. Competency of ASHA workers and their work effectiveness: An Empirical Study of Assam. Jharkhand Journal of Development and Management Studies XISS, Ranchi, Vol. 14, Nos.3 & 4, July- December 2016, pp. 7099-7110

[2] Archana Shrivastava Arun Srivastava , (2016),"Measuring communication competence and effectiveness of ASHAs (accredited social health activist) in their leadership role at rural settings of Uttar Pradesh (India)", Leadership in Health Services, Vol. 29 Iss 1 pp. 69 - 81

[3] Tridibesh Tripathy Shankar Das Anjali Tripathy Rakesh Dwivedi Mohini Gautam. Capacity Building of ASHA at the Monthly Meeting Platforms IN PHC and CHC in Uttar Pradesh, India. Selected Topics in Humanities and Social Sciences Vol. 2, 18 June 2021 , Page 99-107. https://doi.org/10.9734/bpi/sthss/v2/2651F. Published: 2021-06-18

ROLE OF UTTAR PRADESH TECHNICAL SUPPORT UNIT IN ENHANCING THE CAPACITIES OF ASHAs IN UTTAR PRADESH

The Institute for Global Public Health, University of Manitoba (IGPH-UoM), and India Health Action Trust (IHAT), under the aegis of a Memorandum of Cooperation between the Bill & Melinda Gates Foundation (BMGF) and the Government of Uttar Pradesh (GoUP), established the Uttar Pradesh Technical Support Unit (UP TSU) in 2013. In its first phase, UP TSU aimed to strengthen Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) outcomes in the state of Uttar Pradesh, India. The project implemented direct interventions and provided technical support at the community and health facility level in 25 high priority districts (HPDs), that were selected based on their poor RMNCHN indicators.

The UP TSU first reorganised ASHA areas, advocated for adequate availability and technically supported the VHND to become the platform for delivery of antenatal and post-natal care services. These initiatives have been described previously[4]. As a follow-up to these foundational efforts to improve availability and accessibility to community level services, UP TSU then ventured into building the capacity of ASHA to improve their performance, closing gaps in services missed by individuals and improving quality of services.

Cluster meetings were identified as a potential platform for ASHA capacity building. The UP TSU organised consultations, developed modules, implemented a pilot intervention and supported GoUP to expand the cluster meetings platform across 75 districts in the state. This process is described in the next section.

[4]Strengthening Antenatal Care through Community Interventions: An Implementation Note 2022, Uttar Pradesh Technical Support Unit

CAPACITY NEEDS ASSESSMENT OF ASHAs AND ASHA SANGINIs

A consultation workshop to understand the capacity building needs of ASHAs

Informal interactions with ASHAs indicated that they faced many challenges related to knowledge and skills to perform their roles. A three-day consultation workshop was organised to clearly understand and document ASHAs' concerns, explore methods to enhance their knowledge, skills, and competencies, and to identify the system-related barriers to their performance.

The first consultation organised in February 2017 involved 25 ASHAs, 25 ASHA Sanginis, NHM officials and UP TSU staff. On the first day ASHAs alone were exclusively involved, and ASHA Sanginis were included for the next two days. The consultation helped to identify and prioritise gaps that needed to be addressed. The group concluded that regular ongoing capacity building of ASHAs was crucial to enhance their performance and morale.

Key Points arising from the Gap Analysis

Participants mentioned that refresher training after induction was often ad-hoc. There were no structured modules and trained trainers. Budgets for refresher training were not a constraint, but their optimal utilisation was an issue. The existing structure had minimal scope of accommodating the real training needs of ASHA workers. The existing platforms for training were unable to upskill the ASHAs in pace with the rapidly changing policy and guidelines. Apart from sharing guidelines and theoretical knowledge, there was scope to build field-level skills of ASHAs. These skills were identified by the Block Community Process Managers (BCPM), District Community Process Managers (DCPM), or the ASHA herself.

Barriers identified at ASHA Sangini level

Scope:
- Insufficient understanding of community interventions.
- Roles of ASHA and ASHA Sangini not clearly defined.

Skills development:
- Training lacks opportunity to demonstrate/practice skills.
- Insufficient understanding of mentoring techniques.
- Absence of need-based mentoring.
- No system for continuous training, refreshers, or on-site handholding for ASHA Sanginis.
- BCPMs also lacked the skills to mentor ASHA Sangini.

System level:
- Insufficient job aids for ASHAs.
- Cluster meetings and AAAs were largely reporting sessions.
- Inadequate training infrastructure at the block level.
- Lack of a resource pool of trainers.
- Sub-optimal coordination at the block level to ensure community level service delivery.

Strategic Approach:
- No understanding of denominators to estimate coverage.
- Lack of prioritization for ASHA-area visits.
- Limited tools and methods for assessing ASHA performance.
- No team-based processes/platforms for participatory planning and problem-solving (Sangini & ASHAs).

Assessment of knowledge and skills of ASHA & ASHA Sangini

Knowledge assessment key findings

20% have knowledge about due-list updating in Village Health Index Register (VHIR)

25% had adequate knowledge regarding the Iron Folic Acid (IFA) tablets consumption

50% of ASHA Sanginis knew all categories of High Risk Pregnancies (HRPs)

55% of ASHA Sanginis lacked accurate knowledge on birth planning

Skills Required (ASHA Sangini)

Apart from clarity on their roles, Sangini's need:

- Demonstration skills*
- Coordination & management skills&
- Gap analysis and planning skills#
- Facilitation & communication skills@

* Skills on hand-washing practices, weighing the newborn, measuring temperature, counting breathing rate, wrapping the baby, Kangaroo Mother Care (KMC), positioning for breastfeeding, etc,.
& Coordination and management of all the ASHAs under Sangini's mentorship, plan visits to cover all her ASHAs in a month, coordination with the MoIC, BCPM, BPM, ANMs, etc.,
# Demonstration on how to do pregnant women's line listing and due-list validation to ensure the coverage, how to prioritise mentoring visits and selection of households for home visits, etc.,
@ Demonstration on how to facilitate one-to-one or group counselling on IFA, Birth preparedness, nutrition, etc., at ASHA Sangini level

Conclusion and Actions Proposed

The consultation workshop reinforced the need for continuous trainings and on-site mentoring to equip ASHAs with the necessary knowledge and skills.

UP TSU therefore reviewed the opportunities for meeting platforms and determined that cluster meetings could potentially be the most suitable and cost-effective option. Generally, about 4 cluster meetings are held each month at the block level. These are attended by all ASHAs (~ 45-55 ASHAs per meeting, usually based on the number of ASHAs in a block). The meetings are chaired by MOIC and attended by BCPM and BPM. The Cluster-Meeting platform was therefore proposed as the meeting platform for building the capacities of ASHAs.

The ASHA Sangini was already acting as a cadre for enhancing skills of ASHA, and she was identified as the facilitator for the cluster level capacity building meeting. However, in order to enhance their efficiency, it would be important to enhance their knowledge, skills and competencies. Both NHM and UP TSU staff suggested two structured rounds of training programs on facilitation skills for ASHA Sanginis.

TRANSFORMING CLUSTER MEETINGS INTO ASHA CAPACITY BUILDING PLATFORM

Piloting the Capacity Building Intervention

NHM, with support from UP TSU, piloted the cluster level capacity building meeting initiative in 61 blocks of 16 High Priority Districts (HPDs). The intervention focused on converting the Cluster Meetings into the ASHA Capacity Building Platform. This included the provision of added incentives to ASHAs for active participation in the capacity building sessions, and to ASHA Sanginis for facilitating the sessions. The pilot intervention was completed during the financial year of 2017-2018. Based on positive results, the initiative was scaled up across all the 75 districts of Uttar Pradesh in 2019.

Steps in this process

- **A concept note on transforming 'Cluster Meetings to a block level capacity building platform'** was drafted and shared with NHM. In consultation with General Manager, Community Processes (GM-CP), the proposal and budget was finalised and incorporated in the supplementary Performance Improvement Plan (PIP) for the Financial Year (FY) 2017-2018 and submitted to GoI for approval.

- **Operational Guidelines issued to Chief Medical Officers (CMOs) and District Community Process Managers (DCPMs)** – Operational guidelines on technical and financial aspects were drafted by NHM in consultation with UP TSU and released by MD NHM. Consequently, the signed guidelines were issued to the CMOs of the selected 16 HPDs for rolling out capacity building sessions in cluster meetings.
  Phase 1 location – 61 blocks of 16 HPD Districts of UP, viz., Allahabad, Kaushambi, Mirzapur, Sonbhadra, Faizabad Badaun, Bareilly, Pilibhit, Rampur, Shahjahanpur, Etah, Hardoi, Kannauj, Kasganj, Maharajganj and Sant Kabir Nagar.

- **Development of 'Cluster capacity building meeting' Module on key thematic areas:** Key RMNCHN areas were identified in consultation meetings with ASHAs and ASs and based on that a module with 12 chapters was developed by NHM and UP TSU in 2017-2018. A consultation workshop was organised with the ASM (ASHA Sangini Mentors: UPTSU field level cadre in phase I and II) to elicit critical feedback on the facilitation of the sessions. Their suggestions were incorporated and the module was shared with the field team for pilot testing. Learnings from the pilot initiative were incorporated, and the final module was shared with Mission Director (MD) - NHM and GM-CP. The MD-NHM suggested four additional topics (Non-communicable diseases, Adolescent health, VHND & Immunisation, and VHNSC). These were added into module in the financial year 2018-2019.

Financial guidelines of Capacity building session in cluster meeting (2017-2018)

ASHA Sangini is incentivised with Rs. 100/- for Session facilitation and Rs. 100/- for food. This amount is additional besides of Rs. 250/- for regular participation in cluster meeting.

Likewise, ASHA receives Rs. 100/- for food to participate in the cluster meeting. This is in addition to the incentive of Rs. 150/- given to them for attending cluster meeting.

State Level trainer receives Rs. 500/- for participating, monitoring and reporting of cluster meetings in a quarter.

Monthly calendar for session facilitation in the Cluster meeting

APR

Diarrhoea

MAY

Low birth weight management: KMC & Early Breastfeeding

JUN

Village Health Sanitation & Nutrition Committee (VHSNC)

JUL

Early identification and registration of Pregnant Women

AUG

HRP Identification and Referral

SEP

Birth planning, Institutional Delivery and Govt. Schemes

OCT

Postpartum intrauterine contraceptive devices (PPIUCD) & Family Planning

NOV

Home Based New Born Care

DEC

Pneumonia

JAN

Immunization and VHND

FEB

Adolescent Health

MAR

Non-communicable diseases

Orientation and execution of the Cluster Capacity building meeting

A cascade model was adopted to orient and train the concerned officials on the Cluster level capacity building guidelines, modules and implementation plan. A state-level training was conducted for district officials, who would become master trainers for training at the district level, along with the BCPM and ASHA Sangini.

- **State-level ToT of Regional Coordinators, DCPMs and DCSs** – In April 2018, State level Training of Trainers (ToT) was organised in two batches for Regional Coordinators, DCPMs and UP TSU staff. The participants were oriented on the operational guidelines, and the assessment checklist to identify facilitators.

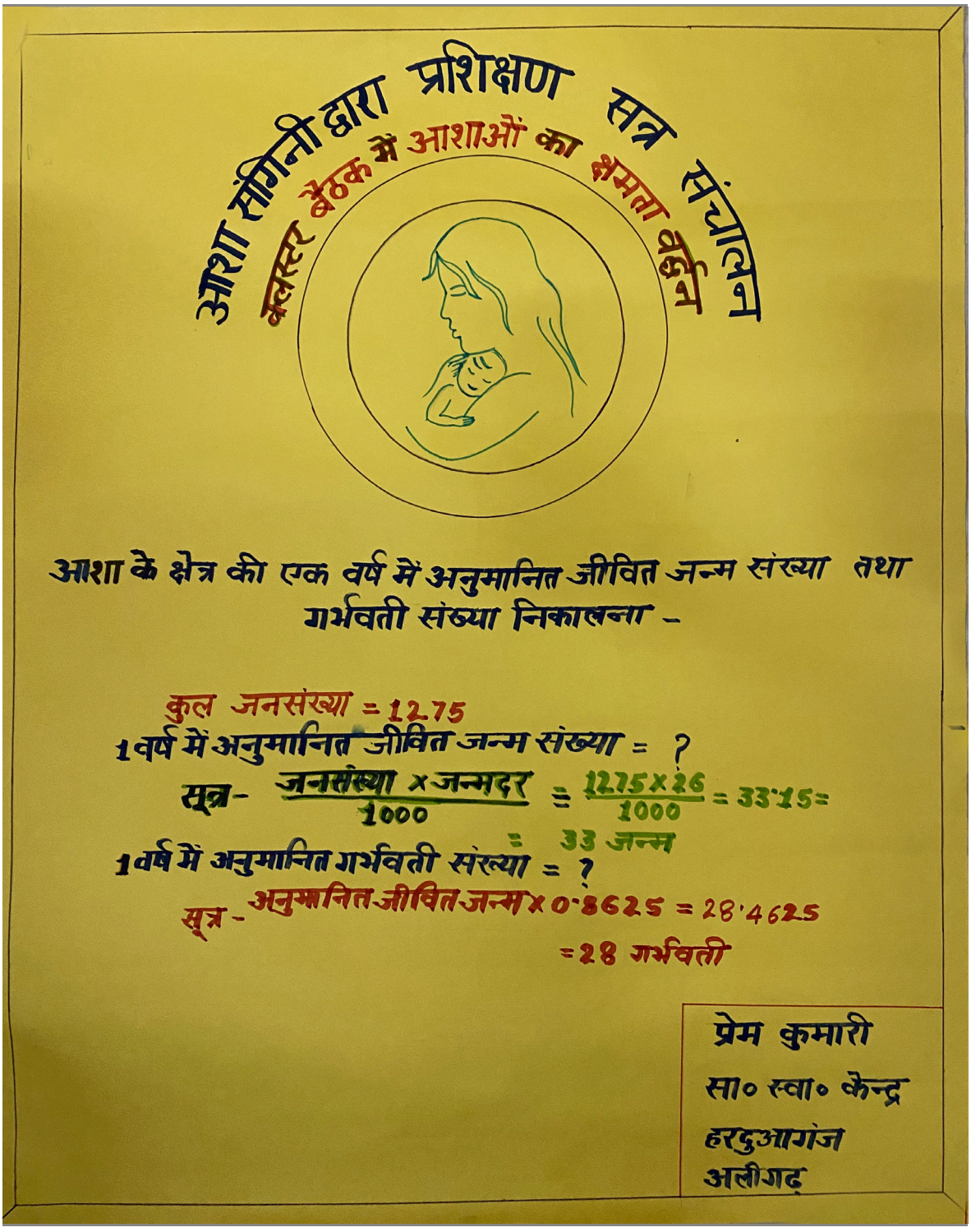
- **District level five-day orientation program of BCPM & ASHA Sangini** – In July 2018, BCPMs and ASHA Sanginis of 16 HPDs were oriented on the facilitation of the sessions as listed in the module. The orientation program was conducted in 18 batches covering 581 ASHA Sanginis and 60 BCPMs. The facilitation assessment checklist was circulated among DCPM for the selection of ASHA Sangini as a facilitator. ASHA Sangini capacities were assessed based on their facilitation skills, knowledge and, performance in the field.

- **Identified Sanginis as a trainer** – A total of 199 ASHA Sanginis were identified by DCPM as key facilitators for cluster level capacity building sessions. The remaining ASHA Sangini provided support as co-facilitators and were continuously mentored by UP TSU to improve their facilitation skills.

- **Continuous handholding of ASHA Sanginis through BCPMs & UP TSU staff in Sangini's monthly meeting –**
    a. UPTSU and BCPMs continuously mentored the ASHA Sanginis to improve their facilitation skills.
    b. UP TSU "supervised the 'mock sessions' conducted by ASHA Sanginis.
    c. The module on each of the thematic areas was developed in consultation with NHM.
    d. Trainers at District level including BCPM, DCPM, Block Outreach Coordinator (BOC) and District Specialist Community Outreach (DSCO) re-orient ASHA Sangini on the themes on RMNCHN as listed in the module.
    e. UP TSU supported development of Information, Education, Communication (IEC) material/flipcharts on the RMNCHN areas as job aids for the sessions.
    f. In addition, UP TSU supported Sangini in developing their supervision skills to identify poorly performing ASHAs during cluster meetings and to prioritize mentoring visits to them.

- **Session facilitation by ASHA Sangini in cluster capacity building meetings as per the training calendar** –From August 2018 onwards, capacity building sessions were being facilitated by ASHA Sangini in cluster meetings supported by ASM, in alignment with the operational guidelines and training calendar. A total of 563 ASHA Sangini led sessions as a facilitator and around 12738 ASHAs attended the meetings.

- **ASM & ASHA Sangini providing support to ASHAs during their field visit** - ASM and ASHA Sanginis are continuously undertaking mentoring visits to respective ASHA areas to improve the performance of the ASHA. During the visits, they also attempt to understand the gaps and field challenges faced by ASHAs, and collectively find possible solutions and corrective actions to address challenges.



Scaling up of the cluster capacity building meeting Intervention

Based on the findings and key learnings of cluster capacity building meetings in 61 districts, the intervention was scaled up in

FY 2019-20	FY 2020-21	FY 2021-22
127 blocks of 28 districts (High priority & Aspirational districts)	321 blocks of 28 HPDs	Across all the blocks of 75 districts

At scale, the intervention will strengthen approximately 3258 cluster meetings each month, as a capacity building platform to build the knowledge and skill of approximately 162,885 ASHAs and 8013 ASHA Sanginis.

Learning resource materials with voiceover-embedded videos adapted from the training modules were developed during the Covid-19 pandemic for the ASHA Sanginis to use as job-aids.

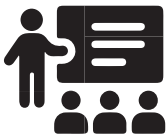
A cascade model was adopted to roll out the cluster capacity building meeting interventions in all 75 districts. In this regard, a state-level joint ToT for Regional Managers, District Community Process Managers (DCPM), NHM, state specialists, and District Specialist Community Outreach (DSCO), UP TSU was organized in three batches from February 15-22, 2022, in Lucknow.

During the TOT, a district-wise micro-plan was developed to roll out the training programs to train the ASHA Sanginis and BCPMs. Overall, 213 batches of district-level training were planned across the state to train the 5892 ASHA Sanginis and 820 BCPMs/BPMs/Health Education Officers (HEOs) till March 2022. The plan included 81 batches of two-days refresher training covered 2472 participants (ASHA Sangini (AS), BCPM & BPM), in 28 districts that had previously implemented the program, and 131 batches of three-day training in the remaining 47 districts covered 3936 participants (AS, BCPM & BPM). Out of the 213 training batches, 212 training batches were completed in March 2022.

Total participation: ASHA Sanginis **5696 (97%)** | BCPM/BPM **587 (72%)**

KNOWLEDGE ASSESSMENT SCORE

Pre-training **44%**



Post-training **80%**

Scaling up of the cluster capacity building meeting Intervention

2014-15
Data Collection platform

2015-16
Strengthen as Review and planning platform

2016-17
Piloted by UPTSU and concept note proposed to NHM

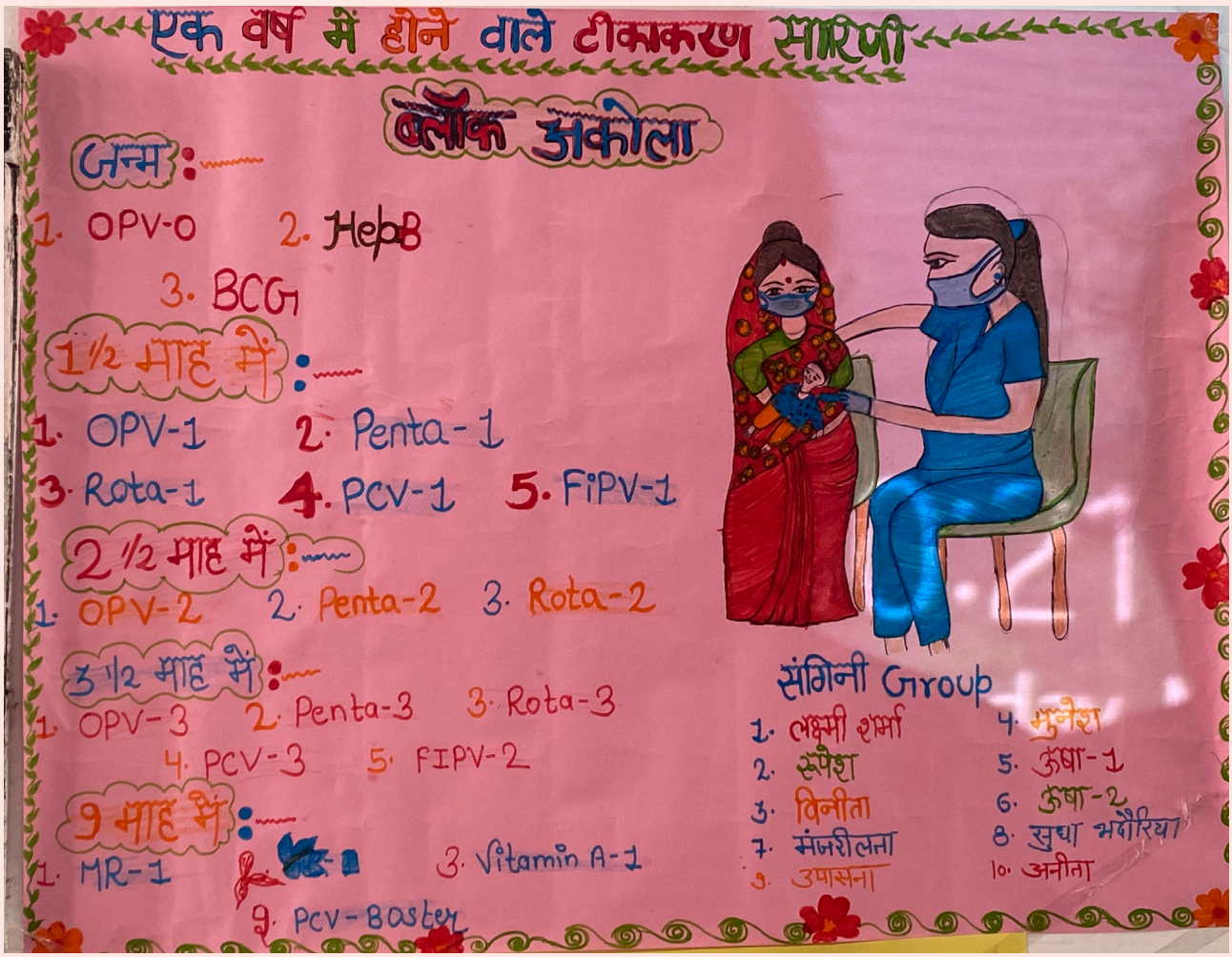
2017-18
Based on findings intervention Proposed in PIP for piloting

2018-19
NHM adopted and piloting done in 60 blocks of 16 districts with the support of UPTSU

2019-20
Based on findings scaled up in 127 blocks of 28 districts (HPD + Aspirational Districts (AD))

2020-21
Expanded Capacity building intervention in 28 districts 321 blocks

2021-22
Scaling up in 75 district 820 blocks



FUNCTIONING OF CLUSTER CAPACITY BUILDING MEETING PLATFORM

Before training

ASHA Sanginis prepare themselves by familiarising themselves with the training manual, reading and understanding the topics, prepare notes and chart papers. Fellow ASHA Sanginis also assist her.

During the training

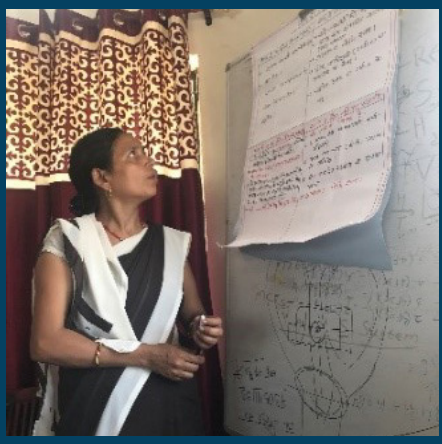
ASHA Sangini, in consultation with the ASHAs, sets the basic guidelines to be applicable during the meeting to maintain a productive and organized program. The meeting starts with a recap of the previous month's topic. There is a brief sharing by the ASHAs on the previous month's meeting learning points and the applicability in the field. After this, the session proceeds further by ASHA Sangini explaining the topic of the day and pointed areas to be covered under the session. She involves participants to share their experiences with the training topic. ASHAs who are in the meeting are experienced personnel who share valuable information. All ASHAs find that hearing about their co-workers' experiences was beneficial. ASHA Sangini is co-facilitated by other Sanginis who support managing the various group activities including quiz, role-play and case study. They also act as note-takers and record important discussions.

Role-play and case studies have been incorporated in the module which is linked to the session learning outcomes. Role-plays and discussions on case studies give ASHAs opportunities to act out the situation and also to identify problems, share experiences handling difficult situations and develop creative problem-solving skills. In the role-plays, ASHAs exhibit the skills of interacting with pregnant women, their families, and other stakeholders.

After the training

Before ending the day's session, ASHA Sangini facilitates a quick quiz (listed in module) based on the content of each session and topic discussed during the day, it helps the ASHAs to recap on what's been learned. This exercise is aimed at gauging the knowledge and understanding of the ASHAs on the topics discussed during the meeting.

Feedback is also provided to ASHA Sanginis by the District Specialist Community Outreach and Block outreach coordinator. This activity provides a scope to ASHA Sanginis to reflect on the gaps, scope of improvement and encouragement for ongoing learning. Community team working at state, zone and district level regularly attend cluster meeting and provide feedback for further improvement.



IMPACT OF THE INTERVENTION

Cluster capacity building meetings have resulted in considerable improvement in the outreach skills of ASHA Sanginis and ASHAs. The 13th, 14th and 15th Common Review Mission (CRM) teams of the GoI appreciated this initiative. The intervention has impacted 23.32 crores population and an estimated 68.45 lakh pregnant women and 59.5 lakh new-born. Cluster capacity building meeting has been acknowledged as an important platform for enhancing the knowledge level of ASHA workers on key RMNCHN indicators. The VHIR tool and other job aids enable identifying those left-out and helps improve coverage of primary Antenatal Care (ANC) services for the marginalized and vulnerable rural populations of UP.

National Family Health Survey (NFHS) - 5 has shown an increase of 15.9% in overall registration of pregnant women, 16.6% increase in coverage of early antenatal care and 16% increase in women who received 4+ ANC check-up, with a reduction in Neonatal mortality rate (NMR) from 45.1 to 35.7 per 1000 live births. An increase of 5.8% was observed in mothers who consumed iron folic acid for 180 days or more when they were pregnant. Anaemia rates in pregnant women reduced marginally from 51.0 to 45.9%.

4 out of 5 women are now delivering in health facilities, an increase of 15.6%. While these gains cannot be solely attributed to the capacity building of ASHA, their role in achieving these outcomes and the contribution of cluster meetings for capacity building cannot be discounted.

REFLEECTIONS

Dr. Avdesh Kumar, MOIC CHC-Tirva, District- Kannouj, stated that "Cluster meeting is an effective platform for capacity building for ASHAs and should be consciously leveraged for imparting appropriate skills. I have observed that ASHAs and ASHA Sanginis are now more equipped with necessary knowledge, and improved skills on communication, interpersonal and coordination".

Mr. Anil AT, DCPM, District - Kannouj, shared, "Now ASHAs are more equipped with latest information on different guidelines,". He adds "providing training skills to ASHA Sanginis can help them in effectively addressing the needs and issues of ASHAs and to enhance their skills by handholding and continuous mentoring. AS provides effective supervision to ASHAs through routine field visits, hence they are in a best position to understand the gaps and ways to address them during cluster meetings".

Mr. Akhilesh Kumar, BCPM, District - Sonabadhra, stated that, "Capacity building sessions during Cluster meeting is helping ASHA in improving the quality of their counselling; and as observed by ASHA Sangini in the field that there is an increase in families' receptiveness to key MNH messages delivered by ASHA".

Mr. Rohini, BCPM, Block – Kada, District - Kaushambi, shared, "This intervention of building capacities of ASHA every month in cluster meeting is duly equipping ASHA to adopt the focused approach in their outreach planning, home visits, and communication skills which will possibly lead to the improved utilization of maternal and child health services by the community".

Mr. Vikas Yadav, BCPM, Block - Rudauli, District - Ayodhya specified that "This platform is not only strengthening the skills of ASHA but also making ASHA Sangini more competent and proficient, by enhancing her interactive skills and building leadership qualities".

Poonam, BoC, Block - Aliganj, District - Etah commented that "cluster meetings are helping not only ASHAs but ASHA Sanginis as well to build confidence. Now the number of home visits have also increased because of their improved communication skills, they build rapport with the mothers-in-law and husband to encourage a pregnant woman to get care at home and to attend VHND for all ANC check-ups".

Anjana Choubey, ASHA Sangini, Block-Birdha, District-Lalitpur expressed that, "Cluster meeting had a significant impact on knowledge of ASHAs. I have observed in the field that there is an increase in the number of PW line listings and HRP identification. Now ASHA can do a gap analysis between the estimation and registration of PW by applying formulas. An increasing trend in institutional deliveries and quality home visits have also been observed in the villages which were motivated and facilitated by the ASHAs."

India Health Action Trust
S&S Elite
2nd Floor, No. 197
10th Cross, CBI Road
Ganganagar, Bengaluru – 560032
Karnataka

Phone: +91 80 2340 9698
Email: contactus@ihat.in
Website: www.ihat.in

Uttar Pradesh Technical Support Unit
India Health Action Trust
404, 4th Floor
Ratan Square No. 20-A
Vidhan Sabha Marg
Lucknow - 226001
Uttar Pradesh, India

Phone: +91-522-4922350 / 4931777

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