

Delhi

Background

Delhi state is unique in the sense that it is urban and has around 17 lakh (2011 Census) people living in slums spread across the state and 31.63 lakh vulnerable population¹. Under the National Urban Health Mission (NUHM), the key concern/focus is to reach out to the poor households with very limited access to even basic amenities.

The NUHM framework has emphasized the need for mobilising and organising the urban poor in a group '*Mahila Arogya Samiti*' (MAS) for increasing access to health care. Each MAS group will cover around 50 to 100 households (HHs) and will have a chairperson and a treasurer, supported by an ASHA. This group would focus on preventive health and to promote health care, facilitating access to identified facilities and management of revolving fund. [NUHM Framework for Implementation, para 7.14.2.1, page 51]

Current Update

In the Programme Implementation Plan (PIP) 2013-14, the state had planned visioning workshops at the state, district and the facility level under community action for health (CAH). Recruitment of the staff - State Project Officer -NHM at state level, Additional Chief District Medical Officer at the district level and Medical Officer In-Charge at the facility level, was done for CAH implementation. The state has finalised citizen charters for the PUHCs.

At a Glance	
ASHAs in the state	4,044 ²
Mahila Arogya Samiti	Proposed 100

An orientation workshop on Community Action for Health was organized on March 21, 2014 with support from the RRC-VHAI wherein the technical sessions on community action were facilitated by the AGCA and PFI-HUP. Besides, the Delhi State Health Mission was given technical support in preparing a feasible strategy for promoting community engagement under the NUHM. As part of the initial step by the state government, an orientation workshop for the district level NHM officials was organised on April 23, 2014, which was facilitated by the AGCA Secretariat and the PFI HUP team.

In the FY 2015-16, the state has proposed to strengthen the community processes under the NUHM. The activities suggested are – a) organise 100 MAS groups and b) mentor 50 ASHAs³ (@ 2 MAS groups per ASHA). State will also pilot two strategies to reach out the urban poor population – a) work with groups formed and strengthened by the NGOs and b) form new groups with support from District ASHA Coordinators and ASHAs. The state will work with 50 groups each under both the strategies covering 8 districts out of the total 11 districts.

The following key activities will be undertaken with technical assistance from the Advisory Group on Community Action (AGCA) Secretariat and PFI-Health for the Urban Poor:

State level

- Capacity building of the District ASHA Coordinators on MAS formation and its mentoring
- Development of tools and IEC materials
- Regular review meetings/ State ASHA Mentoring Group meetings.

¹ Source: Chapter 1 Page 7 of Delhi PIP FY 2014-15.

² As per Delhi PIP FY 2014-15.

³ Please refer Annexure 1 for ASHA programme structures in Delhi

District level

- Supportive supervision of MAS groups and ASHAs to strengthen their roles
- Regular review meetings/ASHA Sannelan.

Field level

- Selection of the ASHAs in the pilot area, if not available
- Capacity building of the ASHAs by District ASHA Coordinators on MAS groups formation and their mentoring
- Awareness generation on health programmes including health entitlements and mobilization of the community
- Formation/adoption and capacity building of MAS groups
- Mentoring of MAS groups to support and guide the programme activities and utilization of untied funds.

In addition, state has proposed an innovative strategy to form five teams consisting 4 members each, for inspection and assessment of 125 facilities on pilot basis under the community monitoring programme.

ASHA Programme- Structure in Delhi

