NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

UPDATE ON

ASHA PROGRAMME

July 2018

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SECTION 1

Introduction

The ASHA programme launched about 27 years after the Alma Ata declaration, was designed around six key tenets that include: community based selection, role clarity in articulating her three roles of Facilitator, Mobilizer and community level care provider (necessitated in view of the fact that she is a volunteer and needed to work with other front-line health workers), a systematic training structure, task based incentives, a dedicated support and supervisory chain at state, district, block and sub block levels and ensuring community embeddedness by making her the member secretary of community health committees. These tenets are recognised globally as a hallmark of a successful CHW programme.

The National Health Policy, 2017, with its commitment to devote nearly two thirds of the health budget to comprehensive primary health care, heralds a paradigm shift in the organization of health care services in moving from selective to comprehensive primary health care. The Alma Ata declaration clearly recognises the role of lay workers as a key force in achieving Health for All, and ensuring community participation in health. This paradigm shift is not without consequences for the ASHA and as India moves along the path of comprehensive primary health care, towards Universal Health Coverage, some key questions on policy adaption and programme modulation will need to be addressed.

This is the eighteenth issue of the biannual ASHA Update and covers the period between January 2018 to June 2018. In addition to the update and progress in this period on selection, training, and support for the ASHA in rural and urban areas, this issue includes a detailed report on the process of ASHA certification initiated in early 2017, a section on progress related to training in Non-Communicable Diseases (NCDs), a section on state specific innovations, and finally a list of updated incentives for the ASHA.

The number of ASHA in the country as of June 30, 2018 is 9,55,625 against a target of 10,21,817. It is to be noted that the target itself fluctuates based on notification of urban areas, and increasing population density in some rural areas. Nonetheless there is still a six per cent shortfall of ASHAs in rural and urban areas across the country. While most states have selected over 90 per cent ASHA, Kerala has only 78 per cent rural ASHAs with a shortfall of about 48 per cent urban ASHAs. This is of concern considering that Kerala has in fact rolled out programmes for mental health and palliative care at community and primary health care levels with distinct roles for the ASHA.

In regard to training, the four rounds of modular training in Modules Six and Seven, initiated in May 2011, were expected to provide the ASHA with skills and competencies in relation to maternal, newborn, childhood nutrition, management of common childhood illnesses, women's reproductive health, and common communicable diseases. Progress in most states that have followed this pattern of modular training of four rounds of five days each has been slow. In past updates the challenges with training such as trainer attrition, variable quality of training, lack of availability of training modules were highlighted. These, unfortunately continue to be persistent, hampering the pace of training and training outcomes. This update provides in Section Three, a state-wise analysis of progress in each Round of training. Some remarkable successes are evident, particularly in UP where training in Round Three has jumped from 19 per cent in January 2018 to 70 per cent. Round Four training although still low, has been initiated in all states except Haryana, Uttar Pradesh and Telangana A key component of the ASHA programme is the creation of support structures and this has remained unchanged since January 2018.

Section Four traces the journey of the ASHA certification programme implemented through a Tripartite arrangement between The Ministry of Health and Family Welfare (MoHFW) the National Health Systems Resource Centre, and the National Institute of Open Schooling (NIOS). It involves a process of accreditation of the training sites, trainers and certification of the curriculum and the ASHAs and ASHA facilitators. The First batch of 2214 ASHAs were certified in January 2018.

Section Five illustrates some state specific innovations in ASHA training. From Madhya Pradesh, which had undertaken ASHA training through district level NGOs , we have an example of the state attempting to improve training quality by appraising the implementing NGOs and its existing trainers and expanding its training pool by identifying ASHA and ASHA facilitators demonstrating high training competency through an evaluation process. Another innovation by the state has enabled those ASHA trained as ANM as part of a career opportunity, to serve as trainers. From the state of Gujarat we see the use of Satellite Communication technology to complement face to face training and orientation. Early anecdotal evidence indicates that this method of interaction serves a variety of functions. From Uttar Pradesh we see that virtual classrooms are being utilised to make training more accessible for different programme staff across the state.

Section Six provides an updated list of incentives provided through the National Health Mission. Four new incentives have been added since the last ASHA update in January 2018.

SECTION 2
Programme Update

A) Status of ASHA Selection: National Overview

A total of 9,55,625 (94 per cent) ASHAs are in position against a target of 10,21,817. Over the last six month, though, there has been a decrease in the overall selection target for ASHAs, the number of ASHAs in position increased. The total selection target decreased from 10,22,265 to 10,21,817 and the number of ASHAs in position increased from 9,39,978 to 9,55,625.

A.1) National Rural Health Mission

The overall selection target for rural ASHAs decreased, while the number of ASHAs in position increased with respect to the previous update. The present target for rural ASHAs was revised to 9,47,972 in comparison to 9,48,070 reported in January 2018. Currently, 8,92,052 ASHAs are in position in rural areas as compared to 8,83,062 ASHAs in January 2018, thereby achieving 94 per cent of the selection target for rural ASHAs.

Among the High Focus States, Madhya Pradesh (+691) and Rajasthan (+144) have successfully increased their selection targets while Uttar Pradesh has reportedly reduced their target by 868 ASHAs. The decrease in selection target in Uttar Pradesh is due to the fact that certain rural areas have now been re-designated as peri-urban areas, where the State will not select ASHAs unless these areas are notified as slum areas.

The national pool of ASHAs has increased over the past six months with an overall selection of 8990 new ASHAs. The high focus states continue to contribute to this pool in a major way by adding 90 per cent (5648) of the new ASHAs. Most of the high focus states have reported an increase in the number of ASHAs except for three states (Chhattisgarh, Jharkhand and Uttarakhand). While Chhattisgarh and Jharkhand have been able to maintain their strength of ASHAs, Uttarakhand, on the other hand, reports a decrease of 133 ASHAs in the last six months as these ASHAs have now been designated as Urban ASHAs on account of notification of certain rural areas as urban areas.

Amongst the North East (NE) states, Mizoram and Nagaland have increased their targets and Mizoram has also selected new ASHAs in order to meet the updated target. The status for the other NE states largely remains unchanged. These states continue to do well with an achievement of 100 per cent selection against their respective targets.

Across the Non-High Focus States, 92 per cent ASHAs are in position against the target. A significant increase in the number of new ASHAs was reported by states such as West Bengal (+1374), Karnataka (+934) and Maharashtra (+832). None of these states have reported any downward revision in the targets as well as the number of selected ASHAs. However, States such as Kerala (78 per cent), Tamil Nadu (57 per cent) and West Bengal (83 per cent) have selected less than 90 per cent ASHAs against the target.

Among the Union territories, Andaman & Nicobar Islands and Lakshadweep Islands have achieved 100 per cent of their target while Dadra & Nagar Haveli and Daman & Diu are still below 90 per cent of their target. Over the past six months, Chandigarh has taken a policy decision to discontinue the ASHA programme and has adopted the nomenclature of Link Workers for the existing ASHAs.

Population Density

The National average for the population density per ASHA under NRHM is currently 891 which is a slight reduction from 899 , as reported in January 2018. This correlated with the increase in number of ASHAs in High Focus States. The population density ranges from as low as 128 per ASHA in Lakshadweep to as high as 1224 per ASHA in West Bengal. In the High Focus States it has reduced to 864 from 874 and from 979 to 970 in the Non-High Focus states. However, the North-East States have reported an increase in the population density by 18 points and the Union Territories have reported a marginal decrease by 3 points. There is a decrease in the population covered by each ASHA owing to new ASHAs been selected in the last six months

Though states such as Bihar, Rajasthan, Uttar Pradesh, Karnataka, Maharashtra, Punjab and West Bengal have shown a decrease in the density, they continue to have a population density of over 1000.

A.2) National Urban Health Mission

Under NUHM, the country has achieved 86 per cent of urban ASHA selection target which is a significant improvement from the previous status of 77 per cent in January 2018. The target for urban ASHAs shows a decrease from 74,195 to 73,845 in the past six months, this was primarily due to the decision of states like Tamil Nadu and Chandigarh to discontinue the selection of ASHAs in urban areas and use volunteers for the same function as ASHAs but under a different nomenclature. However, the number of urban ASHAs in position has increased with an addition of 6,364 new urban ASHAs since the last update.

The number of urban ASHAs shows a significant increase in both the High Focus and Non-high focus states from 19,820 to 21,442 and from 34,467 to 39,619 respectively in the last six months. Whereas, the Union Territories and North East states have shown reductions in the number of urban ASHAs during this period.

Overall, the North-East states show a decrease in both the target and number of ASHAs owing a decline in number of ASHAs in Mizoram and Tripura. While, Arunachal Pradesh, Assam, Manipur and Meghalaya maintained the same numbers over the past six months, Sikkim (+9) and Nagaland (+35) have added ASHAs.

Most of the High Focus states have increased the pool of urban ASHAs except for Chhattisgarh, which maintains a status quo. Similarly, the majority of the Non-High Focus states have also reported a positive trend in the number of new ASHAs with the exceptions of Andhra Pradesh (-77) and West Bengal (-511).

Half of the states and UTs have selected more than 90 per cent urban ASHA against their respective targets. Jharkhand, Manipur, Mizoram, Gujarat, Nagaland and Telangana have achieved over 99 per cent selection target for urban ASHAs. States such as Chhattisgarh (97 per cent), Odisha (98 per cent), Arunachal Pradesh (95 per cent), Assam (96 per cent), Sikkim (97 per cent), Tripura (95 per cent), Punjab (95 per cent) and Dadra & Nagar Haveli (97 per cent) have successfully selected more than 95 per cent urban ASHAs against the target.

Only four states and UTs have less than 60 per cent of ASHAs selected against the target, these are Jammu and Kashmir (59 per cent), Kerala (48 per cent) , Puducherry (59 per cent), and Daman and Diu (32 per cent).

Table 1 : Status of ASHA selection under NRHM and NUHM

	NRHM					NUHM		
STATE / UT	**Rural ASHAs (Target)**	**Rural ASHAs (in position)**	**Percentage of ASHAs in position against the target**	**Rural Population 2011 Census**	**Current Density**	**Urban ASHAs (target)**	**Urban ASHAs (in position)**	**Percentage of ASHAs in position against the target**
High Focus States								
Bihar	93687	87611	94	92341436	1054	562	520	93
Chhattisgarh	70278	66215	94	19607961	296	3883	3771	97
Jharkhand	40964	39964	98	25055073	627	396	396	100
Madhya Pradesh	63439	62699	99	52557404	838	5100	3978	78
Odisha	45665	45297	99	34970562	772	1482	1450	98
Rajasthan	51180	45837	90	51500352	1124	4672	4098	88
Uttar Pradesh	159307	149709	94	155317278	1037	7036	6048	86
Uttarakhand	9905	9774	99	NA	NA	1181	1181	100
Total	**534425**	**507106**	**95**	**438387020**	**864**	**24312**	**21442**	**88**
North East States								
Arunachal Pradesh	3862	3837	99	1066358	278	42	40	95
Assam	30619	30619	100	26807034	876	1336	1289	96
Manipur	3928	3928	100	1736236	442	81	81	100
Meghalaya	6519	6519	100	2371439	364	210	170	81
Mizoram	1012	1012	100	525435	519	79	79	100
Nagaland	1917	1887	98	1407536	746	41	41	100
Sikkim	641	641	100	456999	713	35	34	97
Tripura	6840	6832	100	2712464	397	527	502	95
Total	**55338**	**55275**	**100**	**37083501**	**671**	**2351**	**2236**	**95**

Table 1 : Status of ASHA selection under NRHM and NUHM

	NRHM					NUHM		
STATE / UT	**Rural ASHAs (Target)**	**Rural ASHAs (in position)**	**Percentage of ASHAs in position against the target**	**Rural Population 2011 Census**	**Current Density**	**Urban ASHAs (target)**	**Urban ASHAs (in position)**	**Percentage of ASHAs in position against the target**
Non- High Focus States								
Andhra Pradesh	40021	39236	98	34776389	886	4365	3351	77
Delhi	0	0	0	NA	NA	6142	5719	93
Gujarat	38902	37056	95	34694609	936	4114	4078	99
Haryana	18000	17369	96	16509359	951	2676	2463	92
Himachal Pradesh	7930	7829	99	6176050	789	34	31	91
Jammu & Kashmir	12000	11843	99	9108060	769	138	82	59
Karnataka	39195	37001	94	37469335	1013	3329	2791	84
Kerala	30927	24206	78	17471135	722	4084	1977	48
Maharashtra	61235	58614	96	61556074	1050	9845	8389	85
Punjab	17360	17212	99	17344192	1008	2610	2479	95
Tamil Nadu	6850	3905	57	NA	NA	0	0	0
Telangana	23887	23820	100	21585313	906	3318	3289	99
West Bengal[1]	61008	50763	83	62183113	1225	6072	4970	82
Total	**357315**	**328854**	**92**	**318873629**	**970**	**46727**	**39619**	**85**
Union Territories								
Andaman & Nicobar	412	412	100	237093	575	10	0	0
Chandigarh	24	14	58	NA	NA	0	0	0
Dadra & Nagar Haveli	250	208	83	183114	880	66	64	97
Daman & Diu	98	73	74	60396	827	38	12	32
Lakshadweep	110	110	100	14141	129	0	0	0
Puducherry	0	0	0	NA	NA	341	200	59
Total	**894**	**817**	**91**	**494744**	**606**	**455**	**276**	**61**
Total All India	**947972**	**892052**	**94**	**794838894**	**891**	**73845**	**63573**	**86**

1 West Bengal has a cadre of Community Health Workers similar to ASHAs in urban areas called Honorary Health Worker (HHW), which predates the urban ASHA programme in the state.

B) Status of ASHA training

B.1) ASHA training under NRHM

ASHA trainings in Module Six & Seven have been progressing under NRHM with an achievement of 96 per cent, 91 per cent, 84 per cent and 56 per cent in the four rounds respectively. While majority states have been able to achieve near completion of Round One and Round Two, at 96 per cent and 90 per cent respectively. Training progress has been slow for Round Three and Round Four. There has been an overall increase of 10 per cent in Round Three training and progress on Round Four remains insignificant. In order to enable completion of all four rounds of Module Six and Seven training for ASHAs, the states need to expedite the pace of trainings.

In the High Focus States there has been no significant change in the number of ASHAs trained in Round One and Two with an overall achievement of 96 per cent and 92 per cent respectively. In Round Three training, there has been a significant improvement where an increase has been noted from 66 per cent in January 2018 to 81 per cent in July 2018. Round Four training status have also increased marginally by two per cent over the past six months. As per the current update, Chhattisgarh, Odisha and Uttarakhand continue to perform well in all four Rounds. While, Rajasthan has increased the number of ASHAs trained in Round Three training in this period. Uttar Pradesh has managed to make impressive strides in Round Three trainings in the current update, where the total number of ASHAs trained increased from 19 per cent in January 2018 to 70 per cent in July 2018. Chhattisgarh, Jharkhand, Uttarakhand and Odisha have trained more than 90 per cent of their ASHAs in Round Four. Though Rajasthan has completed only 59 per cent Round Four training, it has achieved significant progress in the last six months with an increase of over 12 per cent. The Round Four trainings in Bihar and Madhya Pradesh have remained the same since the last update at 8 per cent and 57 per cent respectively. While Bihar could not progress in the trainings because the state had initially used the help of NGOs for the ASHA trainings, the changeover from the NGO model in 2014 has resulted in the limited availability of training sites. State has also faced high attrition of trainers that resulted in the stalled the progress of Module Six and Seven training of ASHAs . As reported in last edition of ASHA update, Madhya Pradesh had undergone an elaborate appraisal process for the NGO partners involved in ASHA trainings as well as of the district level trainers from the late 2017 continuing to beginning of the year 2018. This delayed the progress of ASHA training in the state. The only state where Round Four training is yet to commence is Uttar Pradesh.

Majority of North East states have trained over 90 per cent of their ASHAs in Round One, Two and Three. In Round Four, barring Arunachal Pradesh, Meghalaya and Nagaland where there have been no changes in the training status in the present update, the states have achieved over 93 per cent of their training targets. In the Non-High Focus states, there has not been any significant change in the number of ASHAs trained in Round One, Two and Three. While in Round Four, the percentage of ASHAs trained increased from 62 per cent to 67 per cent. This increase was on account of training of ASHAs in Gujarat, Karnataka, Maharashtra and Jammu and Kashmir, of which, the progress in Jammu and Kashmir has been the most remarkable where the state has trained over 94 per cent of the ASHAs in Round Four since the last update. Haryana, Kerala and Telangana are yet to begin the Round Four training.

In the Union territories, Andaman and Nicobar islands have progressed well in ASHAs trainings and have trained 100 per cent of their ASHAs in all four Rounds of Module Six and Seven. Daman and Diu despite reporting significant progress in the last update has not begun trainings for Round Three and Four. While, Lakshadweep is yet to commence trainings of ASHAs in Module Six and Seven.

Table 2 - Status of ASHA Training under NRHM

State / UT	Target	ASHA selected/ working	Round 1 of Module 6 & 7		Round 2 of Module 6 & 7		Round 3 of Module 6 & 7		Round 4 of Module 6 & 7	
		No.	No.	%	No.	%	No.	%	No.	%
High Focus States										
Bihar	93687	87611	78336	89	67725	77	55818	64	7148	8
Chhattisgarh	70278	66215	66169	100	66169	100	66169	100	66169	100
Jharkhand	40964	39964	37045	93	37271	93	37910	95	36257	91
Madhya Pradesh	63439	62699	61774	99	61489	98	57011	91	35554	57
Odisha	45665	45297	45297	100	45297	100	45297	100	44680	99
Rajasthan	51180	45837	43925	96	41468	90	35994	79	27270	59
Uttar Pradesh	159307	149709	142217	95	136597	91	105051	70	0	0
Uttarakhand	9905	9774	9774	100	9774	100	9774	100	9774	100
Total	**534425**	**507106**	**484537**	**96**	**466793**	**92**	**413024**	**81**	**226852**	**45**
North-East States										
Arunachal Pradesh	3862	3837	3669	96	3472	90	3472	90	3032	79
Assam	30619	30619	29998	98	29406	96	28519	93	28519	93
Manipur	3928	3928	3804	97	3804	97	3804	97	3756	96
Meghalaya	6519	6519	5891	90	5873	90	5941	91	5414	83
Mizoram	1012	1012	1012	100	1012	100	1012	100	1012	100
Nagaland	1917	1887	1887	100	1887	100	1887	100	1593	84
Sikkim	641	641	641	100	641	100	639	100	639	100
Tripura	6840	6832	6832	100	6832	100	6832	100	6832	100
Total	**55338**	**55275**	**53734**	**97**	**52927**	**96**	**52106**	**94**	**50797**	**92**
Non High Focus States										
Andhra Pradesh	40021	39236	36410	93	35270	90	29106	74	21568	55
Gujarat	38902	37056	36299	98	35532	96	35074	95	34344	93
Haryana	18000	17369	17369	100	17369	100	17081	98	0	0
Himachal Pradesh	7930	7829	7539	96	7529	96	7474	95	7473	95
Jammu & Kashmir	12000	11843	11718	99	11730	99	11552	98	11116	94
Karnataka	39195	37001	33602	91	32667	88	31023	84	30488	82
Kerala	30927	24206	24206	100	4400	18	0	0	0	0
Maharashtra	61235	58614	58614	100	58249	99	57813	99	54574	93
Punjab	17360	17212	16243	94	16243	94	16416	95	16324	95
Tamil Nadu	6850	3905	1953	50	1953	50	1953	50	1953	50
Telangana	23887	23820	23820	100	23820	100	23590	99	0	0
West Bengal	61008	50763	50763	100	50913	100	48953	96	43469	86
Total	**357315**	**328854**	**318536**	**97**	**295675**	**90**	**280035**	**85**	**221309**	**67**
Union Territories										
Andaman & Nicobar	412	412	412	100	412	100	412	100	412	100
Chandigarh[2]	24	14	0	0	0	0	0	0	0	0
Dadra & Nagar Haveli	250	208	68	33	45	22	0	0	0	0
Daman & Diu	98	73	73	100	55	75	0	0	0	0
Lakshadweep	110	110	0	0	0	0	0	0	0	0
Total	894	817	553	68	512	63	412	50	412	50
Total All India	**947972**	**892052**	**857360**	**96**	**815907**	**91**	**745577**	**84**	**499370**	**56**

2 Chandigarh has adopted the nomenclature of 'Link Workers' for the CHWs which carry out functions similar to ASHAs. Their numbers are included in the ASHAs under NRHM.

B.2) ASHA training under NUHM

During the last six months ,there has been an increase in the number of ASHAs trained in the induction module and also an increase in the number of total urban ASHAs selected but overall the percentage of ASHAs trained in the induction module have remained unchanged at 86 per cent. In the High Focus States, due to an increase in the number of selected urban ASHAs, the total percentage of urban ASHAs trained in the induction module fell to 86 per cent from 93 per cent and the number of ASHAs trained in Round One of Module Six and Seven reduced to 55 per cent from 58 per cent in January 2018. While Chhattisgarh, Rajasthan, Uttar Pradesh, Madhya Pradesh and Odisha have progressed well in the induction trainings, Bihar and Jharkhand have selected more ASHAs in the period but are yet to train them. Chhattisgarh, Madhya Pradesh, Odisha and Rajasthan have also progressed well in training urban ASHAS in Round One, Two, Three and Four of Module Six and Seven. While, Bihar, Jharkhand, Uttarakhand and Uttar Pradesh, are yet to start the training for their Urban ASHAs in Module Six and Seven, as reported in the last update.

In the North East states, Induction training was completed for almost 100 per cent of the urban ASHAs and in the current update, there has been an increase in the number of urban ASHAs selected. There has been a significant increase in the number of ASHAs trained in Module Six and Seven, as the percentage of the same increased from 15 per cent in the last update to 90 per cent in the present update. Tripura which had not yet trained the urban ASHAs in Module Six and Seven as per the last update, has now completed the same during the last six months. Assam had also completed training of their urban ASHAs in Module Six and Seven (Round One and Two). While, Arunachal Pradesh, Sikkim and Mizoram despite the small numbers of urban ASHAs are yet to begin trainings them in Module Six and Seven. Manipur, Meghalaya and Nagaland have initiated the Round One of Module Six and Seven trainings for the Urban ASHAs but are yet to commence training on Round Two, Three and Four.

In the Non-High Focus States, there has been an increase in the number of urban ASHAs and a total of 85 per cent of the ASHAs have been trained in induction module. Training of urban ASHAs in Round One, Two, Three and Four of Module Six and Seven have also progressively increased in the current update. Some states like Himachal Pradesh , Jammu and Kashmir and West Bengal are yet to commence Module Six and Seven training of the Urban ASHAs. Andhra Pradesh has only trained the urban ASHAs in Round One and is yet to start the training in Round Two, Three and Four of Module Six and Seven for their urban ASHAs.

Pace of training of urban ASHAs despite having small numbers is lower in comparison to rural ASHAs. One of the reasons for this could be lack of dedicated support structures for urban ASHAs in many cities/districts in the states.

Among the Union Teritories, Daman and Dui, and Dadar and Nagar Haveli have initiated the trainings of urban ASHAs in Induction module and Round One of Module Six and Seven. Over the last six months, they have have trained 58 per cent and 91 per cent respectively of their urban ASHAs in Induction module and 58 per cent and 84 per cent respectively in Round One of Module Six and Seven. The UTs are yet to start Round Two, Three and Four of Module Six and Seven. Puducherry implemented the ASHA programme recently, it selected urban ASHAs and started with Training of Trainers in induction module. Training of ASHAs are expected to be initiated anytime soon.

Table 3 - Status of ASHA Training under NUHM

State	Total Number of Urban ASHAs (*Selected*)	Total Number of Urban ASHAs trained in Induction Module	Percentage of Urban ASHAs trained in Induction Module	Total Number of Urban ASHAs trained in Round 1 - Mod 6 & 7	Percentage of Urban ASHAs trained in Round 1 - Mod 6 & 7	Round 2 of Mod 6 & 7	Percentage of Urban ASHAs trained in Round 2 - Mod 6 & 7	Round 3 of Mod 6&7	Percentage of Urban ASHAs trained in Round 3 - Mod 6 & 7	Round 4 of Mod 6&7	Percentage of Urban ASHAs trained in Round 4 - Mod 6 & 7
High Focus states											
Bihar	520	308	59	0	0	0	0	0	0	0	0
Chhattisgarh	3771	3700	98	3682	98	3682	98	3682	98	3682	98
Jharkhand	396	204	52	0	0	0	0	0	0	0	0
Madhya Pradesh	3978	3324	84	2704	68	2360	59	1560	39	720	18
Odisha	1450	1403	97	1366	94	1366	94	1366	94	1146	79
Uttarakhand	1181	0	0	0	0	0	0	0	0	0	0
Uttar Pradesh	6048	5109	84	0	0	0	0	0	0	0	0
Rajasthan	4098	4098	104	3962	97	3764	92	3342	82	2843	69
Total	**21442**	**18196**	**85**	**11714**	**55**	11172	52	6268	29	4709	22

Table 3 - Status of ASHA Training under NUHM

State	Total Number of Urban ASHAs (*Selected*)	Total Number of Urban ASHAs trained in Induction Module	Percentage of Urban ASHAs trained in Induction Module	Total Number of Urban ASHAs trained in Round 1 - Mod 6 & 7	Percentage of Urban ASHAs trained in Round 1 - Mod 6 & 7	Round 2 of Mod 6 & 7	Percentage of Urban ASHAs trained in Round 2 - Mod 6 & 7	Round 3 of Mod 6&7	Percentage of Urban ASHAs trained in Round 3 - Mod 6 & 7	Round 4 of Mod 6&7	Percentage of Urban ASHAs trained in Round 4 - Mod 6 & 7
North Eastern States											
Arunachal Pradesh	40	40	100	0	0	0	0	0	0	0	0
Assam	1289	1289	100	1289	100	1289	100	0	0	0	0
Manipur	81	81	100	10	12	0	0	0	0	0	0
Meghalaya	170	170	100	169	99	0	0	0	0	0	0
Mizoram	79	79	100	0	0	0	0	0	0	0	0
Nagaland	41	41	56	41	56	0	0	0	0	0	0
Sikkim	34	25	74	0	0	0	0	0	0	0	0
Tripura	502	502	100	502	100	502	100	502	100	502	100
Total	**2236**	**2236**	**100**	**2011**	**90**	**1838**	**82**	**502**	**22**	**502**	**22**
Non-High Focus states											
Andhra Pradesh	3351	3353	100	1236	37	0	0	0	0	0	0
Delhi	5719	5719	100	5695	100	5695	100	4941	86	0	0
Gujarat	4078	3915	96	3790	93	3790	93	3790	93	3790	93
Haryana	2463	2463	100	2438	99	2346	95	2346	95	2033	83
Himachal Pradesh	31	31	0	0	0	0	0	0	0	0	0
Jammu & Kashmir	82	63	77	0	0	0	0	0	0	0	0
Karnataka	2791	2791	100	1600	57	1219	44	707	25	698	25
Kerala	1977	1977	100	1977	100	1977	100	1977	100	1977	100
Maharashtra	8389	4282	51	2839	34	1722	21	1218	15	697	8
Punjab	2479	2312	93	2312	93	2312	93	2312	93	2312	93
Telangana	3289	2769	84	2769	84	2769	84	2769	84	0	0
West Bengal	4970	3999	80	0	0	0	0	0	0	0	0
Total	**39619**	**33674**	**85**	**24680**	**62**	**21830**	**55**	**20060**	**51**	**5684**	**14**
Union Territories											
Daman and Diu	12	7	58	7	58	0	0	0	0	0	0
Dadar and Nagar Haveli	64	58	91	54	84	0	0	0	0	0	0
Puducherry	200	0	0	0	0	0	0	0	0	0	0
Total	**276**	**65**	**24**	**61**	**61**	**0**	**0**	**0**	**0**	**0**	**0**
National Total	**63573**	**54171**	**85**	**38466**	**61**	**34840**	**55**	**26830**	**42**	**10895**	**17**

C. STATUS OF SUPPORT STRUCTURES FOR COMMUNITY PROCESSES

C.1. ASHA Mentoring Groups (AMGs)

ASHA Mentoring Groups (AMGs) have been constituted in a total of 26 states in the country. Chhattisgarh, Haryana, Himachal Pradesh, and Tamil Nadu are the only four states which do not have AMGs. The six UTs have also not constituted AMGs. Some states like Delhi and Uttar Pradesh have also constituted ASHA Mentoring Group at the District level, on the other hand, Madhya Pradesh has constituted a Mentoring Group for Community Action (MGCA) at the State, District and Block level which supports the ASHA and Community Processes programme. Among the eight High-Focus states, all states except Chhattisgarh have an ASHA Mentoring Group at the state level although their functionality varies widely. For instance, Madhya Pradesh was the only state which has had an AMG meeting in the last six months. States like Bihar and Rajasthan have not had an AMG meeting in the state since 2010, While Odisha had the last AMG meeting in the year 2012. In the North-East, all states have constituted AMGs but do not conduct regular meetings as Assam is the only state that reported the last meeting which was held in January 2016. States like Nagaland, Sikkim, and Tripura have reportedly held their last AMG meetings in 2013.

Among the Non-High Focus states, Haryana, Himachal Pradesh and Tamil Nadu do not have an AMG in place, but in Tamil Nadu, NGOs are involved in the role. Among the other Non-High Focus states, only Kerela has reported an AMG meeting in the last six months, which was held in January 2018. West Bengal has not had an AMG meeting since December 2011.

Most states actively constituted AMGs to act as a technical resource group to assist the State Governments in overall implementation, monitoring and review of the ASHA programme. However, over the years AMG meetings have become increasingly irregular or have not been held possibly on account of other programme priorities. Nevertheless, there remains a case to revitalise this critical support to improve programme oversight and ensuring necessary accountability for programme support.

C.2. ASHA Resource Centres

ASHA Resource Centres (ARCs) exist in all states barring the Union Territories, although their structure and composition varies. For instance, in some states like Bihar and Chhattisgarh, there are separate bodies registered as a society which play the function of an ASHA Resource Centre, in other states, there are either Community Processes Resource Centres lead by Nodal Officers which support the ASHA and other programmes under community processes. In a number of states, the ARCs consist of teams within the State Programme Management Units which support the programme at the state level.

C.3. ASHA support structure at State, District, Block and Sector level

Since the last ASHA update in January 2018, there has not been any major change reported in the support structures for community processes across the states.

All high focus states except Odisha have an ASHA support cadre at State, district, block and sector level. Odisha manages the programme at block level through their existing programme management unit staff but the state also has an additional cadre of 25 District Coordinators (against 30 positions) for their Gaon Kalyan Samitis (VHSNC).

As per the last update, Bihar had reported a significant number of vacancies across the district, block and sector level. In the last six months, the state has been unable to recruit staff for these positions. Madhya Pradesh has also reported a significant number of vacancies at the block and sector level. Uttar Pradesh, which had reported a significant number of vacancies at the sector level in the last update, has recruited more ASHA facilitators but still reports a considerable number of vacancies at the sector level in the present update. Chhattisgarh, Jharkhand, Odisha, and Uttarakhand have not reported any major changes in their support staff while reporting near almost filled positions.

Across the North East states, there has been no reported change in the community processes support structure. Among the eight states, Manipur, Meghalaya, Mizoram, and Sikkim do not have additional support staff for community processes at the block level, while in Sikkim the regular cadre alone supports the programme at district level. These states do not report any significant vacancies at the sector level.

No major changes in the support staff have been reported across the Non-High focus states. In Andhra Pradesh, Gujarat, Jammu and Kashmir and Tamil Nadu regular staff support the ASHA programme at the block level. While, Haryana, Karnataka, and Maharashtra, has engaged dedicated staff to the community processes at all four levels.

Across the Union Territories, no major changes have taken place in the support structure. In all UT's except Andaman and Nicobar island, existing staff supports the programme. In Andaman and Nicobar island, 22 (target is 22) ASHA facilitators are in place to support ASHAs at the sector level.

Table 4 - Status of the Community Processes Support Structure in High Focus States

State	State Level	District Level	Block Level	Sector Level
Bihar	State AMG was constituted in December 2009, only three meeting held so far, last meeting was held on 30 June 2011. Asha Resource Centre (ARC) set up and registered, as a separate society which is accountable to State Health Society. Seven members team of ARC and nine out of 12 Divisional Coordinators currently in position. There are also 26 District Data Assistants (DDA) in position, out of 38 sanctioned positions. State trainers trained in Round One - six, Round Two - two and Round Three - six.	12 out of 38 District Community Mobilizers are in place. District Trainers trained in Round One -803, Round Two – 532 and Round Three – 180.	298 out of 534 Block Community Mobilizers are in place.	4153 out of 4470 ASHA Facilitators in place (one per 20 ASHAs).
Chhattisgarh	AMG is not established. ARC is working under SHRC with a team of six programme coordinators led by a team leader. Two programme associates in place for NUHM. 46 state trainers trained and six state trainers trained for NUHM.	35 District Coordinators in place in 27 districts (two in one district in some outreach districts). For NUHM, three out of four District Coordinators are in place. 292 District trainers trained for NRHM and 25 district trainers trained for NUHM.	292 out of 292 Block Mobilizers in place for NRHM & 25 out of 25 Block Coordinators in place for NUHM.	3150 out of 3220 Mitanin trainers (AFs) in place (one per 20 ASHAs) for NRHM and under NUHM 202 out of 204 Mitanin trainers in place (one per 20 ASHAs).
Jharkhand	State AMG constituted in 2012 and reconstituted in 2013. So far, 10 meetings have taken place where the last meeting took place in October 2017. Community Mobilization Cell/ARC works within SPMU with two consultants. State trainers trained in three rounds, Round One has nine, Round Two has nine and Round Three has nine.	22 out of 24 District Programme Coordinators are in place. District Trainers trained in Round One – 44, Round Two – 39 and Round Three - 39.	643 (688) Block Trainers & BRPs in place (three trainers per block)	2200 out of 2260 Sahiya Saathi's (AFs) in place (one per 20 Sahiyas).

State	State Level	District Level	Block Level	Sector Level
Madhya Pradesh	State AMG formed in Oct 2008 and later merged with MGCA. 28 meetings have been held so far, where the last meeting took place in July 2018. ARC team led by State Nodal officer with two team members. State trainers trained in three rounds, Round One with 41 trainers, Round Two with 39. trainers and Round Three with 25 trainers	48 out of 51 District Community Mobilizers in place. District MGCAs formed. District Trainers trained in Round One - 458, Round Two – 416 and Round Three - 367.	252 out of 313 Block Community Mobilizers in place. 313 Block MGCAs in place.	4291 out of 5157 ASHA Facilitators in place (One for 10 ASHAs in tribal areas and one for two sub-centres in other areas)
Odisha	AMG was constituted in 2009. Four meetings have been held so far and the last meeting took place in 2012. Community Processes Resource Centre (CPRC) is in place with a team of four senior consultants , five training coordinators and one programme assistant. State trainers trained in Round One – 16, Round Two – 16. Round Three–16.	All 30 district community mobilizers are in place. District level AMGs are also constituted. 25 out of 30 District Coordinators for GKS (VHSNC) are also in place. 267 District Trainers are in place.	Existing Block PMU staff manages the programme.	2217 out of 2262 Community Facilitators (AFs) in place (one per 20 ASHAs).
Rajasthan	State AMG constituted in June 2006 and the last meeting was held in September 2010. A team of two consultants working in SPMU. State trainers trained in Round One – 25, Round Two – 25, Round Three- 25	28 out of 34 District Community Mobilizers are in place. District Trainers trained in Round One - 745, Round Two- 718, Round Three- 631	185 out of 249 Block ASHA Coordinators are in place.	1182 out of 1528 ASHA supervisors are in place (one per PHC).
Uttar Pradesh	State AMG constituted in Aug 2008, last meeting held in December 2016. Community Processes Division led by a nodal officer and a team of 10 consultants works within SPMU . 10 out of 12 Regional Coordinators also in place State trainers trained in Round One – 71, Round Two-63, Round Three-28.	70 out of 75 District Community Mobilizers are in position. 72 Districts have District AMGs. District Trainers trained in Round One - 3135 and Round Two – 1650.	795 out of 820 Block Community Mobilizers in place.	6265 out of 6815 ASHA Facilitators are in position (One per 20 ASHAs).

State	State Level	District Level	Block Level	Sector Level
Uttara khand	AMG was constituted in 2009 and a total 26 meetings were held, last meeting was held in May 2016. State has one Nodal Officer, one Programme Manager & two Programme Coordinators in place in the SPMU. State trainers trained in Round One – six, Round Two – five and Round Three - five.	12 out of 13 District Community Mobilizers are in place. District Trainers trained in Round One- 165, Round Two -156 and Round Three- 75. State has reported that at present only 13 DCMs are available as both, state and district trainers.	98 out of 101 Block Community Mobilizers in place and six Community Mobilizers in place for NUHM.	584 out of 606 AFs in place. (The target of 606 includes 550 rural & 56 urban, one AF for every 15 to 20 ASHAs)

Status of the Community Processes Support Structure in North East States

State	State Level	District Level	Block Level	Sector Level
Arunachal Pradesh	State AMG was constituted in January 2010, nine meetings have been held so far. Last meeting was held in August 2015. ASHA Resource Centre- there is a three member team within the SPMU. 3.State trainers trained in Round One – two, Round Two – two and Round Three - three.	All 20 District Community Mobilizers are in place. District Trainers – Round One - 22, Round Two – 28 and Round Three – 28	All 84 Block Community Mobilizers are in position.	All 348 ASHA Facilitators are in place (one per 10 to 15 ASHAs)
Assam	State AMG constituted in 2010-11, eight meetings have been held so far. Last meeting took place in January 2016. ASHA Resource Centre housed within SPMU, with one Programme Manager - ASHA, and one State Community Mobilizer in place. State trainers trained in Round One - 15, Round Two - 12 and Round Three - seven.	All 27 District Community Mobilizers are in place. District Trainers trained in Round One - 447, Round Two – 447 and Round Three - 447.	All 142 Block Community Mobilizers are in place.	All 2877 ASHA Facilitators in place (one AF for 10 ASHAs).

State	State Level	District Level	Block Level	Sector Level
Manipur	State level AMG was constituted in Dec 2008, 11 meetings have been held so far. Last meeting held in May 2014. ASHA Resource Centre is led by the State cadre officer which is housed within SPMU. The team also includes one ASHA Program Manager and one Data entry operator. State trainers trained in Round One - three, Round Two - three, Round Three - three.	All Nine District Community Mobilizers are in place. District Trainers trained in Round One - 62, Round Two - 62 and Round Three – 62	Programme supported at block level by existing BPMU staff.	192 out of a total 194 ASHA Facilitators are in position (one per 10 to 20 ASHAs).
Meghalaya	AMG formed in Oct 2009. Six meetings held. Last meeting held in Oct 2014. ASHA Resource Centre in place, within SPMU with two programme managers. State trainers trained in Round One - three, Round Two - three, Round Three - two.	All 11 District Community Process Coordinators in place. District Trainers trained in Round One - 66, Round Two – 56 and Round Three- 56.	Programme supported at block level by existing BPMU staff.	334 out of 334 ASHA Facilitators in place (one per 20 ASHAs).
Mizoram	State AMG was constituted in April 2008, nine meetings have taken place and the last meeting was held in September 2015. ARC team is housed the within SPMU, with a team of three consultants. State trainers trained in Round One-three, Round Two- three. Round Three-three.	All Nine District ASHA Coordinators in place. District Trainers trained in Round One - 18, Round Two – 18 and Round Three- 18.	Programme supported at block level by existing BPMU staff.	All 109 ASHA Facilitators are in place (one per 10 ASHAs).
Nagaland	AMG was formed in March 2010, five meetings have been held so far and the last meeting took place in August 2013. ASHA Resource Centre is housed with the SPMU with a team of two. State trainers trained in Round One - three, Round Two - two. Round Three – two.	All 11 District Community Mobilizers are in place. District Trainers trained in Round One - 66, Round Two – 66 and Round Three -66.	66 out of 72 Block ASHA Coordinators (BACs) are in place.	Block ASHA Coordinators also provide field level support to ASHAs.

State	State Level	District Level	Block Level	Sector Level
Sikkim	State AMG was constituted in 2010 and reconstituted in April 2016. Two meetings have been held so far, the last meeting was held in November 2013. One State ASHA Nodal Officer is in position. State trainers trained in Round One - two, Round Two - two and Round Three – three.	Programme supported at district level by existing DPMU staff. District Trainers trained in Round One - 18, Round Two – 13, Round Three- 11.	Programme supported at block level by existing BPMU staff.	All 71 ASHA Facilitators are in place (one per 10 ASHAs).
Tripura	State AMG was constituted in May 2009. Eight meetings held so far and the last meeting was held in Nov 2013. ASHA resource centre constituted (one state ASHA Programme Manager). State trainers trained in Round One - six, Round Two - six, Round Three – six.	Seven out of eight District ASHA Coordinators are in place. Three District Community Mobilizers (DCMs) in original four districts and four Sub Divisional Coordinators acting as DCM in newly formed district. District Trainers- Round One - 66, Round Two - 89, Round Three – 89.	Nine out of 11 positions Sub-division Level ASHA Coordinators are in place.	399 out of 400 ASHA Facilitators are in place.

Status of the Community Processes Support Structure in Non- High Focus States

State	State Level	District Level	Block Level	Sector Level
Andhra Pradesh	AMG constituted in May 2015. Functions of ARC are currently being managed by a team based in SPMU and Directorate . State trainers - Round One - 9, Round Two – 9 and Round Three- 9.	10 out of 13 District Community Mobilizers are in place. Project Officer - District Training Team (P.O.DTT) and District Public Health Nursing Officer (DPHNO) also support the rogramme. District Trainers – Round One- 306, Round Two - 317, Round Three– 312	All 225 Public Health Nurses designated as Block Community Mobilizers.	1385 out of 1410 Health Supervisors at PHC level play the role of ASHA Facilitator.
Delhi	State AMG was formed in July 2010, six meetings have been held so far and last meeting held in January 2015. ARC is in place; with one State level Nodal Officer, two State ASHA Coordinators & two consultants. State trainers trained in Round One - 54, Round Two - 54 and Round Three - 54.	8 out of 11 District ASHA Coordinators in place. District Mentoring Group is also in place. District Trainers - Round One - 255, Round Two - 261, Round Three - 318	113 ASHA Units in place (One unit per 50,000 population). Each unit has a Unit Mentoring Group which is composed of four to five ANMs. Each ANM mentors five to seven ASHAs. 1500 ANMs are in place as ASHA mentors.	
Gujarat	State level AMG was constituted in August 2011, five meetings held so far. The last meeting was held in March 2015. ARC is working under the office of Rural Health Department under Commissionerate of Health Office with three consultants. State trainers trained in Round One - seven, Round Two - seven, Round Three - seven.	Existing DPMU staff supports the programme at district level. 31 out of 33 Programme Assistants - ASHA, are in position. District Trainers trained in Round One - 119, Round Two - 91, Round Three - 51	Programme supported at block level by existing BPMU staff.	3457 out of 3751 ASHA Facilitators are in place (one per 10 to 20 ASHAs/ one per PHC).
Haryana	AMG is not constituted. ARC is in place within the SPMU with a seven members team. State trainers trained in Round One - 10, Round Two - 10 and Round Three - 10.	20 out of 22 District ASHA Coordinators (DAC) in place. District Trainers trained in Round One- 377, Round Two - 377 and Round Three - 377.	107 out of 113 Block ASHA Coordinators in place.	554 out of 900 ASHA Facilitators are in place.
Himachal Pradesh	AMG is not constituted. State has started ASHA programme in FY 2014-15. One ASHA Nodal Officer works within SPMU. State trainers trained Round One – 23, Round Two - 23 and Round Three – 23.	10 out of 12 District ASHA Coordinating Assistants are in position. District Trainers trained in Round One - 260, Round Two - 260 and Round Three – 260.	70 out of 74 Block ASHA Coordinators are in position.	Existing staff supports the programme at sector level. Female health worker is playing the role of ASHA Facilitator - 2000 out of 2071 in position.
Jammu & Kashmir	State AMG established in 2012-13. One ASHA Nodal Officer and one state ASHA Programme Manager & two Assistant ASHA Programme Managers & one project officer ASHA, in place within SPMU. State trainers are trained in Round One – 12, Round Two - 12, Round Three - 12.	Existing DPMU staff supports the programme at district level. Total team has all 22 in position. District Trainers trained in Round One – 190, Round Two - 190, Round Three - 190.	Existing BPMU staff supports the programme at block level, Total team has 117 out of 117 in position. Community Health Officer or ANMs / LHVs support the programme.	Existing cadre of ANMs / LHVs designated to support ASHA programme. 811 out of 816 in position, one per 10 ASHAs in 44 hard to reach blocks and one per 20 ASHAs in 73 other blocks.
Karnataka	State AMG constituted in October 2012, reconstituted in February 2017. Last meeting was held in February 2017. ASHA Nodal Officer in Health Directorate and Deputy Director for ASHA Training based within SIHFW, in addition to this, there is one Programme Manager ASHA - in the SPMU. State trainers trained in Round One - seven, Round Two - seven, Round Three – seven.	27 out of 30 District ASHA Mentors in place. District Trainers- Round One – 140, Round Two – 121, Round Three - 118.	163 out of 176 Block Mobilizers in place.	1671 out of 1800 ASHA Facilitators in place.
Kerala	State AMG constituted in 2008, eight meetings held, last meeting held in January 2018. State ASHA Team with one Nodal Officer and consultant based within SPMU. Seven state trainers trained.	13 out of 14 District ASHA Coordinators are in place. 40 District Trainers have been trained.	Existing Staff. 201 out of 214 block level staff is engaged.	Junior Public Health Nurse support the programme at sector level.

State	State Level	District Level	Block Level	Sector Level
Maharashtra	State AMG constituted in Oct 2007, 5 meetings have been held so far, last meeting held in July, 2013. The ARC team is based within the SPMU consisting of one programme manager each for ASHA & one for VHSNC working under the ASHA nodal officer. State trainers trained in Round One - 13, Round Two - 13 and Round Three - 13.	33 out of 34 District Community Mobilizers (DCMs) are in place . District AMG formed in all districts. District Trainers trained in Round One - 1412, Round Two– 1374 and Round Three - 1329.	332 out of 355 Block Community Mobilizers (BCMs) are in place. Block AMG is formed in 70 tribal blocks and in 281 non-tribal blocks	3461 out of 3562 AFs are in place. 1 per 10 ASHAs in tribal and 1 per 20 ASHAs in non- Tribal districts.
Punjab	State AMG constituted in Oct 2014. One meeting held in May 2017. One consultant working in SPMU. State trainers trained in Round One - five, Round Two – seven and Round Three - six.	11 out of 22 District Community Mobilizers (DCMs) are in place. District Trainers trained in Round One - 347, Round Two – 345 and Round Three - 342.	Existing block level staff support the programme at block level. Block Extension Educator working as BCM in many of the blocks.	867 out of 898 ASHA Facilitators (AFs) are in place.
Tamil Nadu	State AMG not formed and NGOs are involved in providing support to ASHAs. Institute of Public Health, Poonamallee is working as ARC. Three state trainers trained.	Existing staff (DPMU) , Deputy Director of Health Services and District and Maternal and Child Health Officers (DMCHO) support the programme at district level.	Community Health Nurse cadre support the programme at block level.	Sector Health Nurse support the programme at sector level.
Telangana	State AMG was formed in May 2015, but no meetings have been held as of now. The ASHA Resource Centre is located within the SPMU with a team of four. State trainers trained in Round One - three, Round Two – three and Round Three - three.	2 out of 31 DCMs are in position. These positions have been approved recently. Recruitment is in process. District Trainers trained in Round One - 326, Round Two – 326 and Round Three - 326.	Existing BPMU staff (CHO/PHN) support the programme at block level, 151 out of 151 in position.	1353 out of 1387 Multi Purpose Health Supervisors (MPHS-F) support the programme at sector level. One MPHS-F per PHC is designated as an ASHA Facilitator.

State	State Level	District Level	Block Level	Sector Level
West Bengal	State AMG formed in September 2010 and a total of four meetings have taken place. The last meeting was held in December 2011. ARC team of 10 members, led by State NGO Coordinator is located within the SPMU. ASHA training are managed by Child In Need Institute (CINI). State trainers trained in Round One - 11, Round Two – 11 and Round Three - 11.	21 out of 26 District Community Mobilizers in are in place. District Trainers trained in Round One - 569, Round Two – 569 and Round Three - 569.	476 out of 666 Block Community Mobilizers are in place (two per block).	Existing staff - Health Supervisor at Gram Panchayat level supports the ASHA programme at sector level.

Status of the Community Processes Support Structure in Union Territories

State	State Level	District Level	Block Level	Sector Level
Andaman & Nicobar	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	22 (out of 22) ASHA Facilitators are in place.
Chandigarh	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	Existing LHVs supervise ASHAs.
Dadra and Nagar Haveli	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	Existing staff support the programme at sector level.
Daman and Diu	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	Existing staff support the programme at sector level.
Lakshadweep	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	Existing staff support the programme at sector level.
Puducherry	Programme managed by SPMU	Existing DPMU staff supports the programme at district level.	Existing BPMU staff support the programme.	Existing staff support the programme at sector level.

SECTION 3
ASHA Certification

ASHA certification is a joint initiative of Ministry of Health and Family Welfare (MoHFW) in collaboration with National Health Systems Resource Centre (NHSRC) and National Institute of Open Schooling (NIOS), which involves accreditation of training sites and certification of trainers and ASHAs. The proposal of ASHA certification was approved in the first meeting of Mission Steering Group under the National Health Mission in 2013 and the MoU was signed in 2014.

The process of ASHA certification is expected to ensure improvement in the quality of training and enable desired programme outcomes. As part of the tripartite arrangement, MoHFW is expected to provide the overall policy and funding support to the process, NHSRC is responsible for overall technical oversight of the processes and NIOS is the certificate issuing authority for Trainers, Training Sites and ASHAs.

Key objectives of the programme are to

- Provide a legal and administrative framework within which the ASHA would be responsible for providing community level care for a range of illnesses
- Enhance the competency and professional credibility of ASHAs
- Provide an assurance to the community on the quality of services being provided by the ASHA
- Promote the ASHA's sense of self recognition and worth
- Motivate ASHAs to excel in their work

Components of the programme

The following four program components are required to be accredited/certified under the programme :

(i) Training Curriculum

(ii) Training Sites

(iii) Trainers

(iv) ASHAs and ASHA Facilitators

The Project Steering Committee is the advisory body for implementing the roll out of ASHA Certification, under which two committees (a) Technical Advisory Committee for 'Standardization of Curriculum' for ASHA Certification and (b) Accreditation Guidelines Committee - for Sites and Trainers (State and District level), were formed to develop the core curriculum and accreditation guidelines for sites and trainers, respectively.

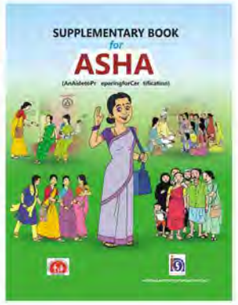
Status Update

Based on the readiness of the states (assessed on the levels of completion of training of ASHAs/ASHA Facilitators in Rounds One to Four of Module Six and Seven), 23 States and one Union Territory, have started the process of ASHA certification. These are

Arunachal Pradesh	Jammu and Kashmir
Nagaland	Assam
Jharkhand	Odisha
Chhattisgarh	Karnataka
Punjab	Dadar and Nagar Haveli
Madhya Pradesh	Sikkim
Delhi	Maharashtra
Telangana	Gujarat
Manipur	Tripura
Haryana	Meghalaya
Uttarakhand	Himachal Pradesh
Mizoram	West Bengal

4.1. Standardisation of Training Curriculum

For the purpose of standardisation of the training curriculum required for ASHA certification, 'Supplementary book for ASHA- An aide to preparing for certification' has been developed. It covers all essential competencies (i.e. content of Modules One to Five or Induction Module, Modules Six and Seven, Reaching the Unreached and Mobilising for Action on Violence Against Women), as approved by the Project Steering Committee. It comprises of a series of worksheets with objective questions and problem-solving exercises which test the ASHA's ability to identify corrective action. Supplementary Book for ASHA- Hindi and English



The supplementary book are translated, printed and disseminated by NIOS across all states. So far, the book has been printed in Hindi, English, Assamese, Kannada, Bengali, Marathi, Punjabi, Nepali, Urdu, Odia and Gujarati. Supplementary book for Chhattisgarh has been adapted as per state's context. Translation in Manipuri for Manipur, Garo and Khasi for Meghalaya, Mizo for Mizoram, Tenydie for Nagaland and Telugu for Telangana is currently underway.

4.2. Accreditation of State and District Training Sites

The training sites at state and district level are accredited by NIOS through a process of verification of documents and inspection of the sites. The process of inspection of state sites is facilitated by NHSRC while the inspection of district sites is facilitated by state teams. The inspection team for state training sites comprises of one representative each from MoHFW; NHSRC and NIOS. For district sites, the inspection team includes representatives from state and NIOS.

So far 34 state training sites have been inspected by NIOS. Of which 31 state training sites have been accredited across 17 states. while three sites could not be certified due to discrepancies noted in documentation by the inspection team (one site in Uttarakhand and two sites in Karnataka). The inspection of state training sites in Dadar and Nagar Haveli, Haryana, Manipur, Mizoram, Meghalaya, Nagaland and Telangana is yet to be completed. 67 district training sites across nine states have been accredited. The remaining states are at varying stages in terms of selection, submission of required documents and planning for inspection of district training sites. The details of district training sites is given in Table - 1.

4.3. Trainers

A National Resource Team (NRT) consisting of 27 trainers was created by NHSRC in 2015 to support the refresher training and certification of state and district trainers, accreditation of state and district training sites and also to facilitate certification of ASHAs and ASHA facilitators.

A total of 179 State Trainers across 21 states and 310 district trainers across 12 states have been certified by NIOS.

The eligibility criteria of state trainers include completion of training in all three rounds of TOT for ASHA Module 6&7 and conduction of atleast two batches of each of the three rounds of district trainers training. Similarly, district trainers are expected to have been trained in all three rounds of TOT of Module 6&7 and to have trained atleast two batches of each of four rounds of training of ASHAs. The trainers are evaluated on three components v.i.z, training skills, practical skills and theory.

A six-days refresher training and certification workshop comprising of four days of refresher training and two days of external evaluation by NIOS is organized at National sites for state trainers and at accredited state sites for district trainers. The workshop including evaluation for state trainers at National sites is coordinated by NSHRC and NIOS while primary responsibility of certification of district trainers lies with the Regional NIOS Centres and State ASHA Resource Centres. The process of certification of district trainers is dependent on the completion of accreditation of state training sites, certification of state trainers and the availability of supplementary book in regional languages. The details of district trainers are given in Table - 1.

4.4. ASHAs and ASHA Facilitators

Certification of ASHAs and ASHA Facilitators (AFs) is initiated after the certification of state and district (ASHA trainers), and accreditation of state and district training sites and on availability of supplementary book in regional languages. The key responsibility of certification of ASHAs lies with the Regional NIOS centres in coordination with State ASHA Resource Centre teams.

Those ASHAs and ASHA Facilitators trained in all four rounds of Module Six and Seven are eligible for certification.

A ten days refresher training of ASHAs and ASHA Facilitators is undertaken covering the content of the supplementary book and practice of skills. Training is followed by external evaluation organized by NIOS on six essential skills - weighing the new-born, measuring temperature of the new-born, keeping the new-born warm, preparation of ORS in case of diarrhoea, use of Nishchay kit for confirming pregnancy and hand-washing and two additional skills including viva on few identified topics and demonstration for malaria tests.










Theory examination for ASHAs and ASHA Facilitators is organized by NIOS on a six-monthly basis, first examination is held in the month of January and second in the month of July. After registration, the ASHAs/ASHA Facilitators can clear the examination in upto four attempts.

2256 ASHAs and ASHA Facilitators from nine states- Arunachal Pradesh, Assam, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Sikkim and Tripura appeared for the first theory examination on 31st January, 2018. Of these, 2214 ASHAs and ASHA Facilitators have passed the examination (theory and practical) and have been certified by NIOS. 4591 ASHAs and ASHA Facilitators from 14 states- Arunachal Pradesh, Assam, Chhattisgarh, Delhi, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Sikkim, Tripura and Uttarakhand appeared in the second theory examination held by NIOS on 22nd July, 2018. The result for these ASHAs and ASHA Facilitators is awaited by NIOS.





Table 1- Details of various components under ASHA Certification

S. No.	States*	Number of State Trainers Certified by NIOS	Number of District Trainers Certified by NIOS	State Training Sites accredited by NIOS	District Training Sites accredited by NIOS	Number of ASHAs/AFs passed in the exam held on Jan 31st, 2018	Number of ASHAs/AFs appeared in the examination held on 22nd July, 2018
1	Arunachal Pradesh	2	12	1 site	2 sites	20	119
2	Assam	5	32	1 site	3 sites	471	278
3	Chhattisgarh	20	0	1 site	0	0	90
4	Delhi	41	0	1 site	11 sites	174	848
5	Gujarat	6	15	2 sites	0	0	0
6	Himachal Pradesh	12	0	1 site	0	0	60
7	J &K	10	16	2 sites	2 sites	0	0
8	Jharkhand	9	31	1 site	16 sites	550	210
9	Karnataka	3	76	6 sites (4 sites accredited and result awaited for 2 sites- Bengaluru)	4 sites	301	1044
10	Madhya Pradesh	11	22	3 sites	0	114	318
11	Maharashtra	12	34	8 sites	0	279	482
12	Manipur	8	0	0	0	NA	0
13	Mizoram	1	0	0	0	NA	0
14	Meghalaya	6	0	0	0	NA	0
15	Nagaland	6	NA	0	0	NA	0
16	Odisha	3	27	1 site	3 sites	0	376
17	Punjab	4	21	1 site	2 sites	0	242
18	Sikkim	2	11	1 site	0	25	127
19	Tripura	6	0	1 site	0	280	81
20	Uttarakhand	6	13	2 sites (1 site accredited and result awaited for 1 site)	0	0	316
21	West Bengal	6	0	1 site	24 sites	0	0
	Total	**179 certified across 21 states**	**310 certified across 12 states**	**31 sites accredited across 17 states; 3 sites (result awaited)**	**67 sites accredited across 9 states**	**2214 across 9 states**	**4591 across 14 states**

States*- Haryana and Telangana; and UT-Dadar and Nagar Haveli have enrolled in the programme in FY-2018-19 and the programme is yet to be initiated.

Data reported from States highlights that states have made good progress in terms of accreditation of training sites and training trainers, the progress made in certification of ASHAs and ASHA Facilitators is relatively slow. This relies on a number of steps that have to be completed before initiating the training and certification of ASHAs and ASHA Facilitators. These involve accreditation of training sites at state and district level, availability of the supplementary book in regional languages and certification of State and District Trainers. Delay in completion of any of these steps affects the pace of certification of ASHA and ASHA Facilitators .

As the programme moves forward and states prepare for the third round of examination for ASHAs and ASHA Facilitators and enrolling significant number of ASHAs and ASHA Facilitators, the following areas need to be focused on for effective implementation of ASHA certification :

- Improving coordination between State and NIOS Regional teams for timely planning and implementation
- Ensuring availability of dedicated teams at NIOS Regional offices to manage the work load
- Timely availability of translated and printed Supplementary books to facilitate training an d certification of district trainers and ASHAs / ASHA Facilitators
- Strengthening of training sites especially at district level to meet the essential criteria under certification
- Institutionalizing mechanisms for regular reviews and orientation of all stake holders.

SECTION 4

Training of ASHAs on Non-Communicable Diseases

The roll-out of Comprehensive Primary Health Care (CPHC) aims to include an expanded range of primary health care services catering to services beyond the domain of reproductive and child health care and communicable diseases. The design of the programme is such that it includes services for common non-communicable diseases, mental health, oral health, ophthalmology, elderly care, palliative health care and trauma care at primary health care facilities. The programme also aims to upgrade existing sub-centers and primary health centers to 'Health and Wellness Centres'. This expanded service package requires that a greater set of skills and knowledge is to be delivered by front-line workers like ASHAs and ANMs. For NCDs, 'The Operational Guidelines for Prevention, Screening, and Control of common Non-communicable Diseases (Hypertension, Diabetes, and three cancers – Oral, Breast and cervical cancers)' was launched in the year 2016. This laid the basis for the key components of universal screening of NCDs which include - Population Enumeration, Screening of all individuals over 30 years of age through Community Based Assessment Checklist (CBAC) and Health Promotion, followed by management, appropriate referral and follow up for common NCDs. The initial steps of the programme including population enumeration, CBAC, screening of individuals over 30 years of age, referral and follow up to ensure treatment compliance is to be undertaken by ASHAs. In order to update their knowledge and to enhance their skills regarding common NCDs like hypertension, diabetes and cancer and their major risk factors, ASHAs are to be trained for five days in the module on NCDs. In the last six months, the programme has trained not only ASHAs but also MPW- Female, Medical Officers and staff nurses on different aspects of NCDs like prevention, screening, and control of common NCDs.

As of May 2018, 49,017 ASHAs in 30 states and 13,641 Auxiliary nurse Midwives/Multi-purpose Workers (ANM/MPW) have been trained across 35 states, on the module on common Non-Communicable Diseases. While, screening of common NCDs has been initiated in 22 states and two union territories, in total 72,60,930 individuals have been screened so far. State wise numbers of ASHA trained in NCDs are given in Table -1 below.

Table number 1 - State wise training of ASHAs on common NCDs

S.No.	State	Number of ASHAs trained
1	Bihar	0
2	Chhattisgarh	1435
3	Jharkhand	1338
4	Madhya Pradesh	0
5	Odisha	7119
6	Uttarakhand	453
7	Uttar Pradesh	2805
8	Rajasthan	3571
9	Andhra Pradesh	197
10	Delhi	272
11	Gujarat	2183
12	Haryana	3254
13	Himachal Pradesh	2004
14	Jammu & Kashmir	2333
15	Karnataka	213
16	Kerala	38
17	Maharashtra	1952
18	Punjab	10698
19	Tamil Nadu	137
20	Telangana	5923
21	West Bengal	167
22	Puducherry	0
23	Arunachal Pradesh	30
24	Assam	239
25	Manipur	390
26	Meghalaya	210
27	Mizoram	75
28	Nagaland	0
29	Sikkim	53
30	Tripura	1422
31	Chandigarh	26
32	Daman and Diu	86
33	Lakshadweep	82
34	Dadar & Nagar Haveli	312
35	Andaman & Nicobar	0
	Total	**49017**

The programme is in its nascent stages. Most states have initiated training of ASHAS in NCDs. Punjab, Odisha, and Telangana have trained the most numbers of the ASHAs in the module on NCDs. While, states like Bihar, Madhya Pradesh, and Nagaland, and UTs including Andaman and Nicobar islands are yet to initiate the training of the ASHAs in NCDs.

The experience of rolling out training for NCD demonstrates that completion of training for ASHAs was relatively faster in comparison to other service providers. This was mainly on account of a dedicated training structures up to district level . In the initial stages of the programme, the training received a widely positive response from ASHAs. ASHAs were aware about the NCD burden in the communities, the out of pocket expenditure incurred by households for the treatment of NCDs and were receptive to learn new skills for community level management of NCDs. Past trainings in Module 6 and 7 training for ASHAs also provided a sound foundation to learn new skills of measuring waist circumference, Community Based Risk Assessment (CBAC) scoring etc in a relatively short time frame.

Considering that this is a new programme, the states have also made reasonable progress in terms of mobilisation and screenings at the HWCs.

The existing multiple loads of training at the district level has been a key challenge for programme managers to plan training of ASHAs in the newer service packages for Comprehensive Primary Health Care (CPHC). The Urban ASHA programme is relatively new and many states are prioritising completion of training in Module Six and Seven for urban ASHAs. Field-based reviews have highlighted that while in the majority of the states the protocols of NCD training of ASHA were adhered to, in some states the duration of training was reduced , and may have implications on the quality of training that ASHA receive on NCDs.

As is the case with roll out of all new programmes , there is a critical need to strengthen post-training support for ASHAs. The programme staff will need to pay extra attention to enable ASHAs to undertake not just population enumeration, fill information in Community Based Assessment Checklist (CBAC) but use this opportunity to bring about lifestyle modification counselling on risk factors, enable adequate demand generation and mobilising to avail NCD related services at the HWCs. Additionally, on the job training support should empower ASHAs to coordinate with health facilities for community-level follow-up and ensure the continuum of care.

SECTION 5

State specific innovations for training of ASHAs and their support staff

With the evolution of ASHA programme , States have also rolled out context specific innovations to improve the quality of ASHA training. These includes initiatives from Madhya Pradesh related to the appraisal of the District Trainers, and the NGOs which were earlier involved in ASHA training. The State has also involved the ASHAs trained as ANMs and ASHA Facilitators with post-graduate education in technical training and district level ToTs for ASHAs. Other innovations discussed are use of SATCOM programme for training ASHAs in Gujarat and the use of virtual training platforms by Uttar Pradesh.

1. Strengthening ASHA training through innovations under Community Processes in Madhya Pradesh

In 2017, the Public Health and Family Welfare Department of Madhya Pradesh, the ASHA Resource Centre and state level developmental partners brainstormed to evolve a strategy for improving the evaluation of training of ASHAs on Module Six and Seven. This led to the decision to develop processes for external/independent appraisal of district trainers and NGOs that are involved in the training of ASHAs. State also created opportunities to involve new cadres in the training of ASHA. the State identified ASHAs and ASHA Facilitators trained as ANMs or ASHA Facilitators with post-graduate education to serve as trainers for ASHAs.

1.1 Appraisal of district trainers

Since 2011, Madhya Pradesh had a consistent pool of district level trainers who were trained in ASHA Module Six and Seven and over the years trained in Round One, Two, Three, and Four. However, there was a felt need to improve the quality of the training.

These include interventions from Madhya Pradesh related to appraisal of NGOs and District trainers to improve training quality. Use of ASHAs trained as ASHAs and ASHA Facilitators with post graduate education in conducting ASHA training. Use of virtual training platform such as SATCOM in Gujarat and virtual training in Uttar Pradesh.

The process of appraisal was developed to systematically evaluate the competencies of the trainers, and only those trainers who will qualify the appraisal will be eligible for undertaking any further training and NIOS certification. The appraisal process included a written test for theory as well as a skill assessment. Candidates who secured more than 70 per cent marks in both written and skill test were allowed to continue with training. Candidates underwent a three-day refresher training prior assessment. Each candidate was given only two chances to appear in the exam, failing which they would no longer be involved in the training of the ASHAs.

The appraisal of the trainers was done by a committee comprising of members from government and Non-Governmental Organisation such as Joint Director/ Regional Director as the Nodal Officer, State-level trainers, National Health Mission representatives and representative from development partners working in the state.

In the first round of appraisal, out of a total of 306 district level trainers, 60 per cent of the trainers passed. Those candidates who scored between 60 to 70 per cent received refresher training and 91 per cent cleared the appraisal in the second round. A total of 264 trainers were appraised in the state through this process. The details of the appraisal process are as follows:

Total District Trainer who participated in the appraisal process	Total number of trainers who passed in the first attempt	Trainers who were disqualified in the first round of the appraisal process	Trainers who received refresher training (scored between 60 to 70% marks)	Passed in re-appraisal	Total Pass
306	**186**	**120**	**85**	**78**	**264**

1.2. Appraisal of NGOs involved in training of ASHAs

Madhya Pradesh has been using NGO support for ensuring training logistics. While selection of NGOs for ASHA trainings was undertaken through a robust process , there was a need for reappraisal to sustain training quality.

An appraisal committee for the NGO appraisal was constituted and comprised of members from government and Non-Governmental Organisations like Director/Joint Director the National Health Mission, Consultants, State level Mentoring Group for Community Action (MGCA) members, State trainers and representatives from state level developmental partners. The appraisal for NGOs was based on parameters like legal status, training management, logistics, financial processes, documentation, quality assessment of training, human resource, experience in the state, etc. NGOs were scored on negotiable and non-negotiable parameters/criteria. Details of the parameters are given below-

Non-negotiable (80% mark mandatory for eligibility)	Negotiable (50% marks mandatory for eligibility)
Total 80% marks are mandatory for eligibility	
1. Legal Status	1. Human resource
2. Training Management	2. Experience
3. Logistics	3. Follow up &reporting
4. Financial processes	4. Safety arrangements & management
5. Documentation	
6. Quality assessment of training	
7. Training methods	
8. District trainer's criteria	

As per the norms, MoUs were renewed only of those NGOs which scored more than 80 per cent in the appraisal process. The NGO which scored less than 80 per cent but more than 60 per cent in the appraisal, were given a timeline of three months to improve their performance in parameters. NGOs which scored less than 60 per cent, were declared non eligible and their MoUs were terminated. In the process, 29 NGOs were declared eligible after the appraisal, two NGOs had their MoUs terminated and 15 NGOs were given a notice period for meeting these essential norms.

The process of NGO appraisal took a few months to complete but the result are showing, that NGOs now involved in the ASHA training are showing complete compliance with the state's norms specified for supporting trainings.

2. Leveraging field experiences of ASHA facilitators and ASHAs for serving as ASHA trainers

The states also brought out two new innovations for recognising ASHA and ASHA Facilitators as District Trainers. This not only allowed roping in of field experiences of ASHAs/ASHA Facilitators but provided an avenue for career progression of ASHA Facilitators as district level trainers. ASHAs who had trained as ANMs were also given training to participate as NCD and HBYC trainers after a thorough appraisal process

2.1. ToT for ASHA Facilitator with post graduate education

Madhya Pradesh has selected ASHA Facilitators from existing ASHAs as they are well versed with grass-root realities and the role of an ASHA or ASHA Facilitators with post-graduate education. A two step training for ASHA Facilitators was planned where Part - One involved Induction module and Round One and Two of Module Six and Seven. The Part-Two covers Round Three and Four of Module Six and Seven and the module on Non-Communicable Diseases. Each part was a residential Training of Trainers of ten days each. The Part-Two training of the 120 ASHA Facilitators, who have previously cleared Part- One of the training is scheduled in 2019. Details of participants in Round One and those nominated for Round Two are -

No. ofASHA Facilitatorswho participated in Part One of the ToT	No. of ASHA Facilitators who passed Part One&were nominated as for Round Two
94	68

2.2. ToT for ASHAs who trained as ANMs

As a career progression policy, a large number of ASHAs were previously selected for studying the ANM course in government colleges. Recruitment of these ASHAs by the health system has been a major challenge of this policy. To address this concern, Madhya Pradesh decided to involve ASHAs trained as ANMs as ASHA Trainers. These ASHAs trained as ANMs were trained in new programmes on Non Communicable Diseases and on Home Based Care for Young Child (HBYC). A total of 14 ASHAs trained as ANMs have been nominated as NCD district trainers and five have been nominated as HBYC district trainers after successful completion of the ToT.

These processes of approval and evaluation of ASHAs and ANMs with advanced training competencies have led to an increase in the quality of the district level trainings in Madhya Pradesh. This opportunity also serves as a motivating factor for existing ASHAs in service to enroll for opportunities for higher education. In both these roles of district level trainers, the rich field experiences of ASHAs adds a great value for their work as trainers.

3. SATCOM Programme for ASHA- "ASHA Ek Arogya Chetna", Gujarat

Capacity building of ASHA is key for the appropriate delivery of health services and involves a continuous process of improving the necessary knowledge, skills, and confidence of front-line workers. In this regard, the Government of Gujarat has initiated 'SATCOM' (Satellite Communication) through a partnership with BISAG (Bhaskracharya Institute for Space Applications and Geo-informatics) in all districts of the state.

SATCOM is involved in the broadcast of various health-related informative programmes on channel two of 'VANDE Gujarat' (Video Audio Network for Development and Education). The resource persons involved in these programmes can address anyone with access to a television channel and a DTH (Direct to Home) service. Additionally, the platform is also able to answer queries from viewers across the network. 'ASHA Ek Arogya Chetna' sessions take place every Saturday and employ various pedagogies like roleplay, case study, demonstration of skills, presentations, etc. An annual calendar of different sessions has been developed by SIHFW and ASHA Resource Cell, Gujarat. The programme also aims to orient the AAA (Anganwadi, ASHA and ANM) on various health-related subjects like Maternal Health, Nutrition, Child Health, Epidemics etc.

The last segment of the program is a question answer or quiz round. Participants can respond to the questions using their mobile phones and ASHAs who respond first are awarded. This two-way interface encourages the presence of ASHAs during live program access. Some immediate outcomes of the programme have been that the programme has provided a platform for simultaneous training of a large number of front line functionaries (AAA) and has helped in creating a bridge between ASHAs and the health department leading to improved communication between the two.

SATCOM has also helped in creating a platform for receiving feedback from the field/community level regarding public health services & for collectively identifying solutions for the issues faced by ASHA in their routine tasks.

SATCOM functions as an effective tool to improve knowledge on delivering key & common messages of health interventions across the health systems. It has proved to be an efficient system of skill development by demonstration. Additionally, SATCOM has enabled mass learning on subjects of Anaemia, Breastfeeding, Intensified Diarrhoea Control Fortnight (ICDF), National Deworming Day (NDD), Infant and Young Child Feeding (IYCF), and screening of SAM children. The knowledge base thus strengthened, has improved ASHAs rapport with the community in improving coverage of these services. SATCOM has also been reported to be helpful in reaching out to health workers and community in areas where there was low uptake of immunisation. This has resulted in better coverage during the campaigns like Mission Indradhanush and Measles and Rubella campaign.

Incentive support for ASHAs for SATCOM

The programme is currently supported through NHM funds. ASHAs receive an incentive of Rs. 125/- for attending the SATCOM session every week. The programme has been seen to be scalable and can be implemented in adjunct to the monthly meetings of ASHAs at the health facility. This platform has been used as an effective tool for increasing the opportunities for skill building of front line functionaries.

4. Virtual Classroom: a cost effective training solution from Uttar Pradesh

A Virtual Classroom is an online platform that allows participants to communicate with one another, view presentations or videos, interact with facilitators, and engage with resources in working groups. Uttar Pradesh has incorporated the use of virtual classrooms for training in the state. Training through an online virtual classroom is envisaged to train multiple participants across the state at the same time. It provides an opportunity to district level participants to learn and interact directly with state-level trainers, without the investment of time and travel needed in face to face training. In addition to this, virtual classroom training is seen to be cost-effective and saves lodging, boarding, travel related arrangements and travel time.

A State level Virtual Classroom at SIHFW was developed in 2017-18, with connectivity to 10 Virtual Classroom at Regional Health and Family Welfare Centre (RHFWTC) in the state. A facilitator is assigned to the virtual classroom at each RHFWTC and training sessions are conducted from the SIHFW's virtual classroom. One or two sessions are conducted directly at RHFWTCs, which are facilitated by Regional Coordinators or other trainers posted at RHFWTCs.

In 2018-19, the State managed to train a total number of 3118 participants from different cadres in the public health system on a range of competencies through the medium. Virtual classroom in Uttar Pradesh for ASHA programme have been used for ongoing capacity building of ASHA programme staff. State has used this forum effectively not just for refresher training of Block Community Process Managers but also for their capacity building on rolling out programmes for ASHAs. Training of NGOs on national programmes such as COPTA has also been initiated, virtual classrooms are serving the capacity building of several other programmes. As the states prepare to roll out new packages for CPHC, they will need programme orientation and capacity building for several cadres. Virtual classroom platform can be adopted by other states for mass training of personell on newer packages under CPHC.

The Following training have been conducted through the virtual classroom in the state during the period.

Name of the Training	Level of Participants	Batches	Number
One Day Orientation for BCPMs Refresher Training	RHFWTC Trainers/NGOs	1	44
BCPMs Refresher Training	BCPMs	3	776
B.C.P.M Training on BCPM MIS	B.C.P.M.	3	776
B.A.M. Training on BCPM MIS	BAM	3	690
Training on BCPM MIS	Medical officers	3	529
Training on Advocacy on COTPA of FCTC	NGO/Advocacy Group Media	1	78
One Day Orientation for CHOs	CHO	1	225
	Total	**16**	**3118**

SECTION 6

An Update on ASHA Incentives

Since the last update in January 2018, Several new incentives for the ASHA has been added to the already existing ASHA incentives. The newly added incentives for the ASHA include the incentive for undertaking five additional home visits under the Home-Based Care for Young Child (HBYC) programme for the strengthening of health and nutrition of the young child through a recommended schedule. Under the Kala Azar elimination programme (under National Vector borne Disease Control Programme), ASHAs will be given additional incentive for referring suspected cases of Kala Azar and ensuring treatment of the same. Two new incentives have also been added under the initiative on Comprehensive Primary Health Care (CPHC) for the ASHAs in the last six months; these include incentives for maintaining data validation and collection of additional information for enrollment of households in Pradhan Mantri Jan Arogya Yojana (earlier National Health Protection Mission) under Ayushman Bharat. The other incentive is for delivery of new service packages under the CPHC component, which at present is inclusive of Non-Communicable Diseases but will include mental health, oral health, etc to include all 12 packages in the future.

Sl. No.	Activities	Amount in Rs/case	Source of Fund and Fund Linkages	Documented in
I	**Maternal Health**			
1	JSY financial package			MOHFW Order No.
a.	For ensuring antenatal care for the woman	Rs.300 for Rural areas and Rs. 200 for Urban areas	Maternal Health-NRHM-RCH Flexi pool	Z 14018/1/2012/-JSY JSY-section Ministry of Health and Family
b.	For facilitating institutional delivery	Rs. 300 for Rural areas and Rs. 200 for Urban areas		Welfare -6th. Febuary-2013
II	**Child Health**			
1	Undertaking Home Visit for the care of the New Born and Postpartum mother[1] -Six Visits in Case of Institutional Delivery (Days 3rd, 7th, 14th, 21st, 28th& 42nd) -Seven visits in case of Home Deliveries (Days 1st, 3rd, 7th, 14th, 21st, 28th& 42nd)	Rs. 250	Child Health-NHM-RCH Flexi pool	HBNC Guidelines –August-2014
2	Undertaking Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits-(recommended schedule- 3rd, 6th, 9th, 12th and 15th months) - (Rs.50 x 5 visits) –in 1st phase the programme is proposed to implement only in 235 POSHAN Abhiyan and Aspirational districts	Rs. 50/visit with total Rs. 250/per child for making 05 visits		D.O. No. Z-28020/177/2017-CH 3rd May-2018
3	For follow up visits to a child discharged from facility or Severe Acute Malnutrition (SAM) management centre	Rs. 150 only after MUAC is equal to nor-more than 125mm		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	Ensuring quarterly follow up of low birth weight babies and newborns discharged after treatment from Specialized new born Care Units[2]	Rs. 50/ Quarter-from the 3rd month until 1 year of age		Order on revised rate of ASHA incentives-D.O-Z.28020/187/2012-CH MoHFW- Would be subsumed with HBYC incentive

1 This incentive is provided only on completion of 45days after birth of the child and should meet the following criteria-birth registration, weight-record in the MCP Card, immunization with BCG, first dose of OPV and DPT complete with due entries in the MCP card and both mother and new born are safe until 42nd day of delivery.
2 This incentive will be subsumed with the HBYC incentive subsequently

5	For mobilizing and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	Rs. 100/ ASHA/Bi-Annual		Operational Guidelines for National Deworming Day January-2016
6	Week-1-ASHA incentive for prophylactic distribution of ORS to families with under-five children	Rs. 1 per ORS packet for 100 under five children		OGs for Intensified Diarrhoea Control Fortnight – June-2015
7	Week-2- ASHA incentive for facilitating growth monitoring of all children in village; screening and referral of undernourished children to Health centre; IYCF counselling to under-five children household	Rs. 100 per ASHA for completing at least 80% of household		
8	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding-Quarterly mother meeting	Rs. 100/ASHA/ Quarterly meeting		Operational Guidelines for Promotion of Breastfeeding-MAA - 2016
III	**Immunization**			
1	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool	Order on Revised Financial Norms under UIP-T.13011i01/2077-CC-May-2012
2	Complete immunization per child up-to two years age (all vaccination received between 1st and second year of age after completing full immunization after one year	Rs. 753		Order no – T.13011/01/2012/-CC& V
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day4	IPPI funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	DPT Booster at 5-6years of age	Rs. 50		Order no – T.13011/01/2012/-CC& V
IV	**Family Planning**			
1	Ensuring spacing of 2 years after marriage [5]	Rs/ 500	Family planning – NHM RCH Flexi Pool	Order No- D.O – N-11012/11/2012 – FP, May-2012
2	Ensuring spacing of 3 years after birth of 1st child [5]	Rs. 500		
3	Ensuring a couple to opt for permanent limiting method after 2 children[6]	Rs. 1000		

3 Revised from Rs. 50 to Rs, 75
4 Revised from Rs 75/day to Rs 100/day
5 Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha ,Rajasthan, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Gujarat, Haryana, Karnataka, Maharashtra, Andhra Pradesh, Telangana, West Bengal & Daman and Diu
6 Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha ,Rajasthan, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Gujarat, Haryana and Dadar& Nagar Haveli

4	Counselling, motivating and follow up of the cases for Tubectomy	Rs. 200 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) Rs.300 in 146 MPV districts Rs. 150 in remaining states		Revised Compensation package for Family Planning- September DO-N 11026/11/2014-FP – 2014
5	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) and 400 in 146 MPV districts and Rs. 200 in remaining states		
6	Female Postpartum sterilization	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) and 400 in 146 MPV districts		
7	Social marketing of contraceptives- as home delivery through ASHAs	Rs. 1 for a pack of 03 condoms, Rs. 1 for a cycle of OCP, Rs. 2 for a pack of ECPs		Guidelines on home delivery of contraceptives by ASHAs-Aug-2011-N 11012/3/2012-FP
8	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
9	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case		Order on revised rate of ASHA Incentives -2016
Mission Parivar Vikas In selected 146 districts in seven states- (57 in UP, 37 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh, Madhya Pradesh 25 and 2 in Assam)				

10	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	Rs. 100 per dose	Family planning-RCH-NHM Flexi Pool	D.O.No.N. 110023/2/2016-FP dated 10th November 2016
11	Mission Parivar Vikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conducted eligible couple survey- maximum four rounds	Rs. 150/ ASHA/round		D.O.No.N. 110023/2/2016-FP dated 10th November 2016
12	Nay Sahel an FP kit for newly weds- a FP kit would be given to the newly wed couple by ASHA (In initial phase ASHA may be given 2 kits/ ASHA)	Rs. 100/ASHA/Nay Sahel kit distribution		
13	Sammellans mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting		
14	Updating of EC survey before each MPV campaign-Note- updating of EC survey register incentive is already part of routine and recurring incentive	Rs.150/ASHA/ Quarterly round		
V	**Adolescent Health**			
1	Distributing sanitary napkins to adolescent girls	Rs. 1/ pack of 6 sanitary napkins	Menstrual hygiene Scheme–RCH – NHM Flexi pool	Operational guidelines on Scheme for Promotion of Menstrual Hygiene August-2010
2	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting	VHSNC Funds	
3	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Rs. 100/ Per PE		Operational framework for Rashtriya Kishor Swasthya
4	Incentive for mobilizing adolescents for Adolescent Health day	Rs. 200/ Per AHD		Karyakram – January-2014
VI	**Incentive for Routine Recurrent Activities**			
1	Mobilizing and attending VHND or (outreach session/ Urban Health and Nutrition Days)	Rs. 200 per session	NHM- Flexi Pool	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV

2	Convening and guiding monthly meeting of VHSNC/MAS	Rs. 150		
3	Attending monthly meeting at Block PHC/5U-PHC	Rs. 150		
4	a) Line listing of households done at beginning of the year and updated every six months b) Maintaining records as per the desired norms like –village health register c) Preparation of due list of children to be immunized updated on monthly basis d) Preparation of due list of ANC beneficiaries to be updated on monthly basis e) Preparation of list of eligible couples updated on monthly basis	Rs. 500		
VII	**Participatory Learning and Action- (In selected 10 states that have low RMNCH+A indicators – Assam, Bihar, Chhattisgarh, Jharkhand, MP, Meghalaya, Odisha, Rajasthan, Uttarakhand and UP)**			
1	Conducting PLA meetings- 2 meetings per month- Note- Incentive is also applicable for AFs @Rs.100/- per meeting for 10 meetings in a month	Rs. 100/ASHA/per meeting for 02 meetings in a month		D.O. No. Z.15015/56/2015-NHM-I (Part)- Dated 4th January-2016
VIII	**Revised National Tuberculosis Control Programme8**			
	Honorarium and counselling charges for being a DOTS provider		RNTCP Funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
1	For Category I of TB patients (New cases of Tuberculosis)	Rs. 1000 for 42 contacts over six or seven months of treatment		
2	For Category II of TB patients (previously treated TB cases)	Rs. 1500 for 57 contacts over eight to nine months of treatment including 24-36 injections in intensive phase		
3	For treatment and support to drug resistant TB patients	Rs. 5000 for completed course of treatment (Rs. 2000 should be given at the end on intensive phase and Rs. 3000 at the end of consolidation phase		

8 Initially ASHAs were eligible to an incentive of Rs 250 for being DOTS provider to both new and previously treated TB cases. Incentive to ASHA for providing treatment and support Drug resistant TB patients have now been revised from Rs 2500 to Rs 5000 for completed course of treatment

4	For notification if suspect referred is diagnosed to be TB patient by MO/Lab[9]	Rs. 100		Revised National Tuberculosis Control Program-Guidelines for partnership- Year 2014
IX	**National Leprosy Eradication Programme[10]**			
1	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy - for 33 states (except Goa, Chandigarh &Puducherry).	Rs. 250 (for facilitating diagnosis of leprosy case)+ Rs. 400 (for follow up on completion of treatment)	NLEP Funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
2	Referral and ensuring compliance for complete treatment in multi-bacillary cases of Leprosy- for 33 states (except Goa, Chandigarh &Puducherry).	Rs. 250 (for facilitating diagnosis of leprosy case)+ Rs. 600 (for follow up on completion of treatment)		.
X	**National Vector Borne Disease Control Programme**			
A)	**Malaria[11]**			
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test	NVBDCP Funds for Malaria control	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
2	Providing complete treatment for RDT positive Pf cases	Rs. 75/- per positive cases		
3	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime			
4	For referring a case and ensuring complete treatment	Rs. 300 (not in their updated list)		
B)	**Lymphatic Filariasis**			
1	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and endemic districts	Rs. 200	NVBDCP funds for control of Lymphatic Filariasis	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
2	For annual Mass Drug Administration for cases of Lymphatic Filariasis[12]	Rs. 200/day for maximum three days to cover 50 houses and 250 persons		
C)	**Acute Encephalitis Syndrome/Japanese Encephalitis**			
1	Referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs. 300 per case	NVBDCP funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV

9 Provision for Rs100 notification incentive for all care providers including ASHA/Urban ASHA /AWW/ unqualified practitioners etc if suspect referred is diagnosed to be TB patient by MO/Lab.

10 Incentives under NLEP for facilitating diagnosis and follow up for completion of treatment for pauci bacillary cases was Rs 300 before and has now been revised to-Rs 250 and Rs 400 now. For facilitating diagnosis and follow up for completion of treatment for multi-bacillary cases were Rs 500 incentive was given to ASHA before and has now been revised to-Rs 250 and Rs 600.

11 Incentive for slide preparation was Rs 5 and has been revised to Rs 15. Incentive for providing treatment for RDT positive Pf cases was Rs 20 before and has been revised to Rs 75. Incentive for providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen was Rs 50 before. Similarly incentive for referring a case of malaria and ensuring complete treatment was Rs 200/case and has been revised to Rs 300 now.

12 Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

D)	**Kala Azar elimination**			
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying13	Rs. 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds	Minutes Mission Steering Group meeting-Febuary-2015
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case	NVBDCP funds	Minutes Mission Steering Group meeting-Febuary-2018
E)	**Dengue and Chikungunya**			
1	Incentive for source reduction & IEC activities for prevention and control of Dengue and Chikungunya in 12 High endemic States (Andhra Pradesh, Assam, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana and West Bengal)	Rs. 200/- (1 Rupee /House for maximum 200 houses PM for 05 months- during peak transmission season). The incentive should not be exceed Rs. 1000/ASHA/Year	NVBDCP funds	Updated list of NVBDCP incentive shared by MoHFW- NVBDCP Division
F)	**National Iodine Deficiency Disorders Control Programme**			
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDCP Funds	National Iodine Deficiency Disorders Control Programme – Octuber-2006
XI	**Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening**			
1	Maintaining data validation and collection of additional information- per completed form/family for NHPM –under Ayushman Bharat	Rs. 5/form/family	NHM funds	D.O.No.7 (30)/2018-NHM-I Dated 16th April-2018
2	Filling up of CBAC forms of every individual –onetime activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30 years of age	Rs. 10/per form/per individual as one time incentive	NPCDCS Funds	D.O.No.Z-1505/39/2017- NHM-I Dated 19th July-2017
3	Follow up of patients diagnosed with Hypertension/Diabetes and three common cancer for ignition of treatment and ensuring compliance	Rs. 50/per case/Bi-Annual	.	.
4	Delivery of new service packages under CPHC component	Rs.1000/ASHA/PM (linked with activities)	NHM funds	D.O.No.Z-1505/11/2017- NHM-I-Dated 30th May-2018
XII	**Drinking water and sanitation**			
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation	Order No. Jt.D.O.No.W-11042/7/2007-CRSP-part- Ministry of Drinking Water and Sanitation - 18th May-12
2	Motivating Households to take individual tap connections	Rs. 75 per household		Order No. - 11042/31/2012 -Water II Ministry of Drinking Water and Sanitation – Febuary-2013

13 In order to ensure vector control, the role of the ASHA is to mobilize the family for IRS. She does not carry out the DDT spray. During the spray rounds her involvement would be for sensitizing the community to accept indoor spraying and cover 100% houses and help Kala Azar elimination. She may be incentivized of total Rs 200/- (Rs.100 for each round) for the two rounds of insecticide spray in the affected districts of Uttar Pradesh, Bihar, Jharkhand and West Bengal.

NOTES

राष्ट्रीय स्वास्थ्य मिशन

Ministry of Health & Family Welfare
Government of India