



# ASHA UPDATE

## 2021-22







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# Introduction

India's ASHA programme with 9.92 lakhs ASHAs is the largest Community Health Volunteer programme globally. Unarguably, ASHAs have been in the forefront of our nation's fight against the COVID-19 pandemic. ASHAs were involved in diverse actions like spreading community awareness about the pandemic, surveillance activities, contact tracking, home isolation, etc. Their commitment to the cause coupled with their enviable energies enabled not only India to fight the COVID pandemic but also continue the non-covid essential health services like maternal, new-born and child health care. Field interactions with ASHAs in many States/UTs was revealing. 'We receive calls from expectant mothers, even at odd hours of the night, and being able to assist them makes us extremely happy. Our medical staff have been guiding us too' an ASHA in Uttar Pradesh shared with pride. It is indeed heartening that ASHAs have been recognised with Director-General's Global Health Leaders Award 2022 by the World Health Organisation

The rapid and consistent operationalisation of the Ayushman Bharat- Health and Wellness Centres across the country has provided ASHAs a plenary role in prevention and control of non-communicable diseases and all other expanded range of services like Eye care, Oral care, Ear, Nose & Throat care, common Emergency care, Mental Health care, Elderly care, and Palliative care. It also means she is now able to serve all members of the family and not limiting to women and children. This is evidently enhancing her credibility and opportunity to earn additional incentives amongst the same number of households she has been catering hitherto. The recent approval by the National Health Mission Steering Group chaired by Union Health & Family Welfare Minister of a cash incentive of Rs. 5000 each for passing NIOS certificate examinations for RMCHA+ and expanded package of services will surely further boost ASHAs competence as well as morale.

This issue of the Annual ASHA update is the first of its kind, the second one since the pandemic and the twenty-second in the series. The outlook of the ASHA update has been changed. Traditional scheme of chapters have now been replaced with National and State profiles. Each State profile has pictorial and graphical presentations with minimal text, highlighting status of ASHA selection, population overview, training status of ASHAs, ASHA training support structure, support mechanism for ASHAs, enrolment of ASHAs in social security schemes, status of community platforms, and training support structure for community platforms.

State profiles are sequenced in alphabetical order of the states' name. All the information included in the graphical presentation are as shared by the States/UTs and the flow is uniform. Some states have shared their best practises. The Update has found place for them too.

I hope the new framework of ASHA update is to your liking and act as an easy reference material. Please share your feedback. We will strive to match your expectations in the coming editions. Good bye! Till we meet again in 2023!!

**Dr.(Flt Lt).M.A.Balasubramanya**  
**Advisor (Community Processes-Comprehensive Primary Health Care)**



# **ASHA Programme Fact Sheets**

# Overview

Across the country, the ASHA program has been steadily consolidating. ASHA as grassroot soldiers have been in the forefront whether it is COVID pandemic or maternal care, care of the new born or care of people for non-communicable diseases.

The number of in-position ASHAs has increased from 9.14 lakh in 2020-21 to 9.92 lakh in FY 2021–22. This increase of 78,094 in-position rural and urban ASHAs means 96% of rural and urban ASHAs are in position against the target of 10.38 lakh ASHAs.

Capacity building of ASHAs too has consistently progressed. 89% of in-position rural ASHAs and 56% of in-position urban ASHAs have completed all the four rounds of training in modules 6 & 7 training. 5,65,448 (62%) rural ASHAs and 49,040 (64%) urban ASHAs have been trained on non-communicable diseases. 4,74,336 (52%) rural ASHAs and 32,002 (42%) urban ASHAs have undergone training in Home Based Care for Young Child (HBYC).

Establishment of ASHA support structures in all States/UTs has consistent too. 84% of District Community Mobiliser (DCM) positions sanctioned in 24 states/UTs, 87% of Block Community Mobiliser (BCM) positions sanctioned in 15 states/UTs, and 94% of ASHA Facilitator positions sanctioned in 20 states/UTs have been filled. State ASHA Mentoring Groups (SAMG) has been formed in 26 States/UTs. The SAMGs on an average have 15-17 members and average 4-5 meetings have been held. Of the 313 districts implementing ASHA program performance monitoring system (14 states/UTs, 63% districts are graded A, 27% districts are graded B, and 10% districts are graded C.

The speed and scale of the ASHA certification process needs attention. So far, 50,968 (0.05 %) of in-position ASHAs have completed the certification in RMNCH+A.

ASHA restrooms/ASHA Ghar are available in 16 States/UTs, either at district hospitals, community health centres (CHCs), or other health facilities with a high delivery load.

Enrolment of ASHAs in social security schemes has shown limited progress. 59% of the eligible in-position ASHAs have been enrolled in PMJJBY, 65% of the eligible in PMSBY, and 66% of the eligible ASHAs have been enrolled in PMSYMDY.

97% of the expected VHSNCs and 85% of the expected MAS have been constituted. VHSNCs has increased from 5,53,866 to 5,54,288 between FY 2020–21 and FY 2021-22. In 16 States/UTs the member secretary of VHSNCs is other than ASHA. VHSNCs being community-based multi-stakeholder platform, the norms define, a community representative like ASHA to be the member secretary. Also, 3,73,985 (67%) VHSNCs are trained. About 8% increase in the trained members is observed when compared to 2020-21. Trusting and strengthening VHSNC and MAS is expected to pave way for greater utilisation of public health facilities and also achievement of universal health coverage.

# INDIA

## ASHA Selection



**Total ASHAs: 9,92,195**  
**9,15,400 Rural ASHAs (96%)**



**76,795 Urban ASHAs (89%)**



## Overview

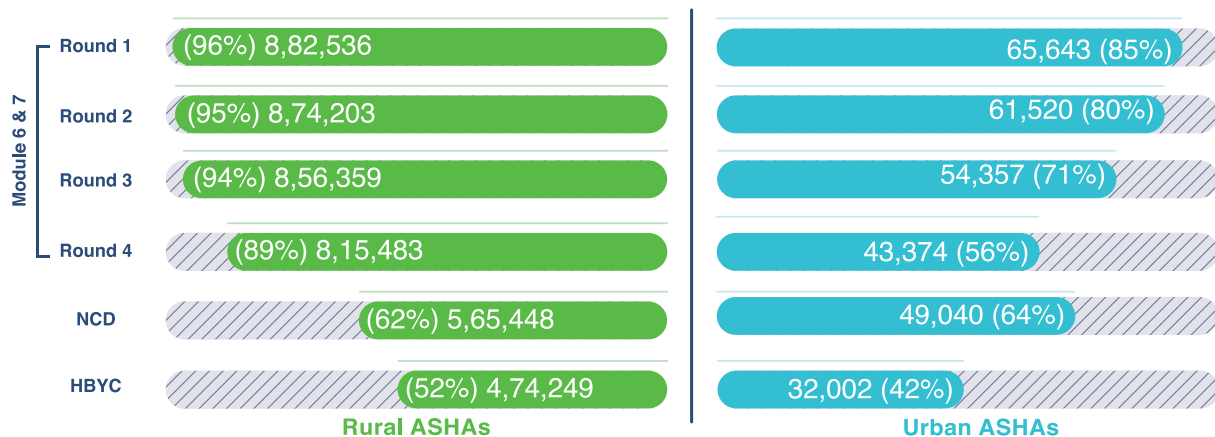
### Total Population

**136.13 Cr.**  
**(42.37 Cr. Urban & 93.76 Cr. Rural)**  
*(Source: Census)*



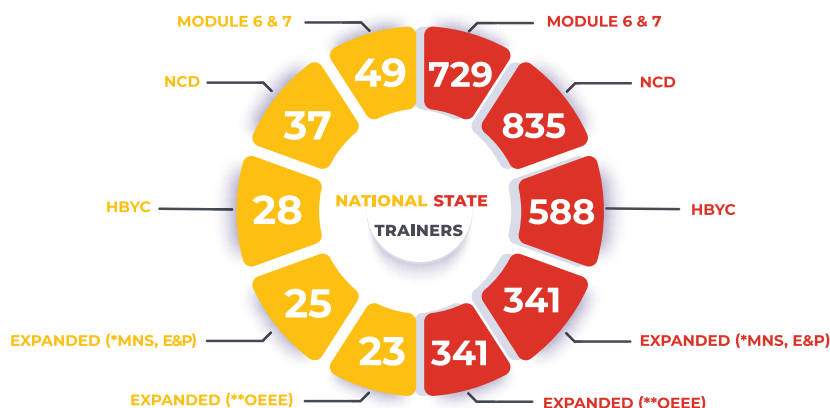
**Average Population covered by ASHAs**  
**1,024 (Rural Population)**

## Training Status of ASHAs



## Support System for ASHA Training

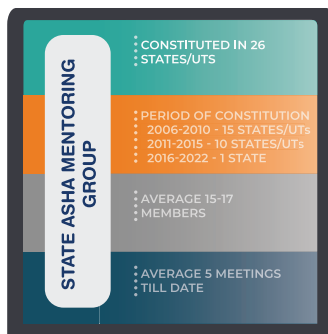
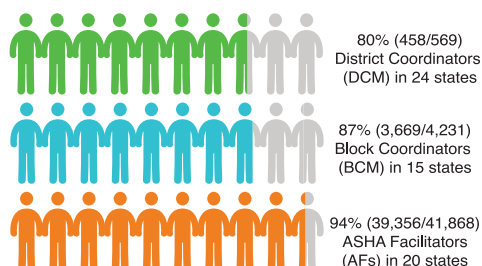
- Training Sites**
- 70** Govt. run training sites at state level.
  - 08** NGO run training sites at state level.
  - 749** Govt. run training sites at district level.
  - 296** NGO run training sites at district level.



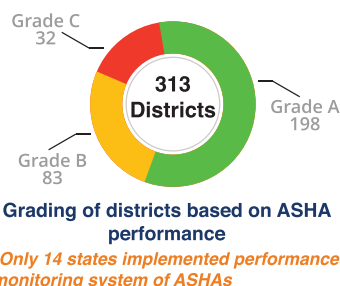
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
 \*\* Oral, Eye, Ear, Nose, Throat and common emergency care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



**16 States & UTs have resting rooms for ASHAs at CHC/DH/Other Health facilities**

### ASHA CERTIFICATION STATUS

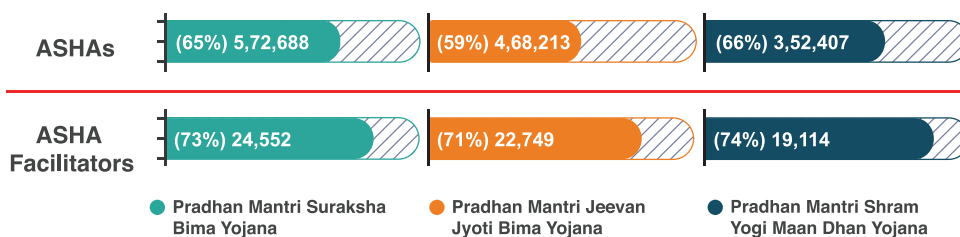
5.14% (50,968) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level in 21 States/UTs
- ☒ Formed at District level in 24 States/UTs



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- Majority of states/UTs have constituted VHSNCs at revenue village level
- 10-12 average number of members
- 15 States/UTs do not have VHSNC with ASHA as member secretary
- 24,49,337 VHSNC members trained
- 827 cities MAS proposed
- 8-10 average MAS members
- 4,86,679 MAS members trained

## Trainers for Community Platforms



# ANDAMAN & NICOBAR ISLANDS

## ASHA Selection



422 Rural ASHAs (100%)



10 Urban ASHAs (100%)

## Overview

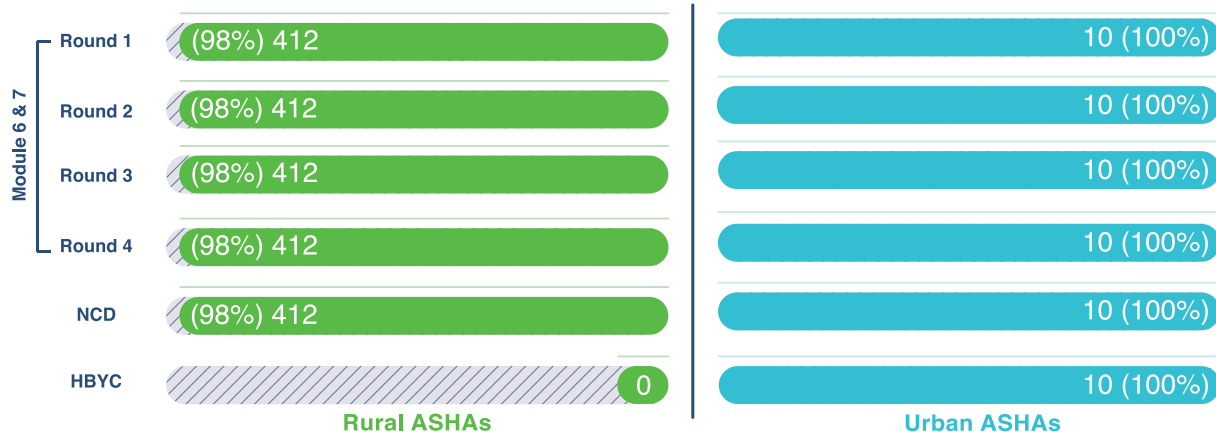
### Total Population

4.02 Lakhs  
(1.76 Lac. Urban & 2.26 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

543 (Rural Population)

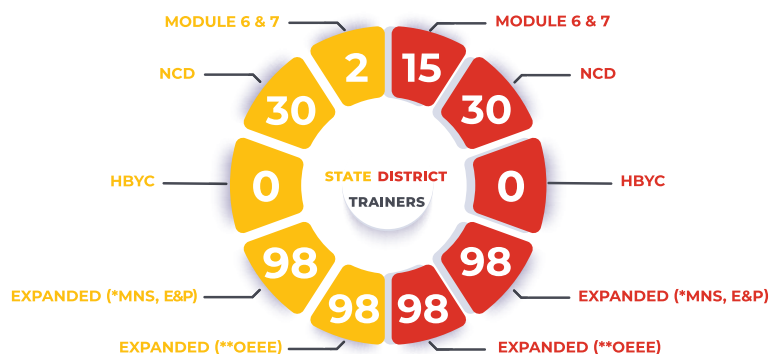
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

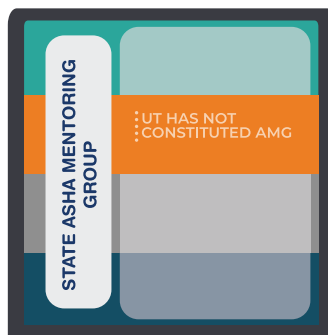
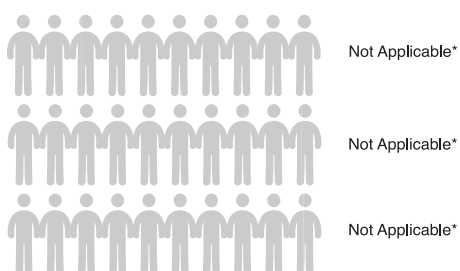
- 00 Govt. run training sites at state level.
- 00 NGO run training sites at state level.
- 30 Govt. run training sites at district level.
- 00 NGO run training sites at district level.



\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position

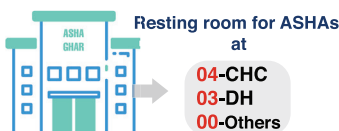


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*UT has not implemented performance monitoring system of ASHAs



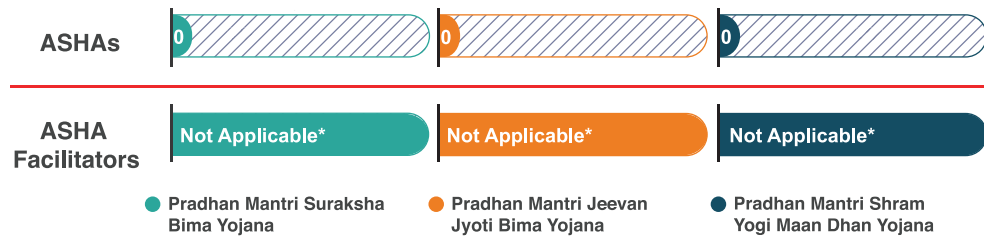
### ASHA CERTIFICATION STATUS

UT has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*UT has no ASHA Facilitators

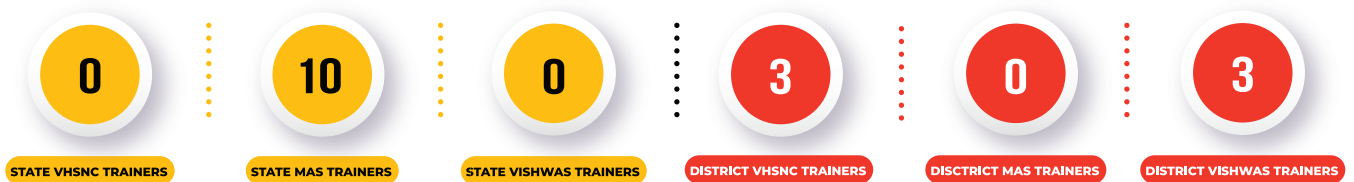
## Status of Community Platforms



- 100% VHSNC constituted at village level
- 6-8 average number of members/VHSNC
- 100 % VHSNC with ASHA as member secretary
- 275 VHSNC members trained

- 100% MAS constituted
- 1 city MAS proposed
- 5-10 average MAS members
- 0 MAS members trained

## Trainers for Community Platforms





# ANDHRA PRADESH

## ASHA Selection



**35,701 Rural ASHAs (96%)**



**5,602 Urban ASHAs (98%)**

## Overview

### Total Population

**5.3 Crores**  
(1.91 Cr. Urban & 3.39 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

**959 (Rural Population)**

## Training Status of ASHAs



## Support System for ASHA Training

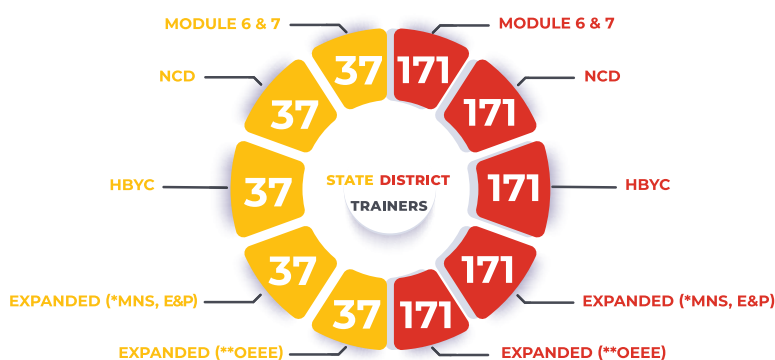
### Training Sites

**02** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**13** Govt. run training sites at district level.

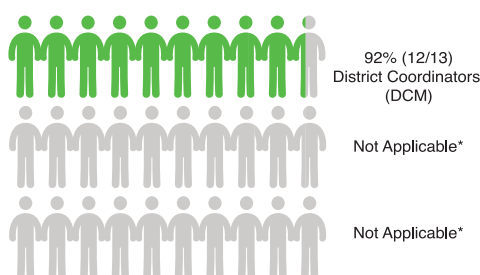
**00** NGO run training sites at district level.



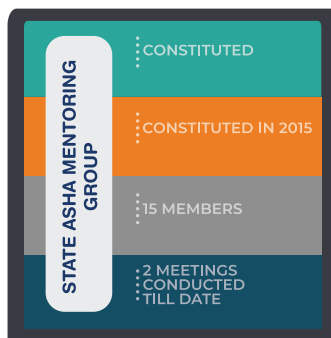
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

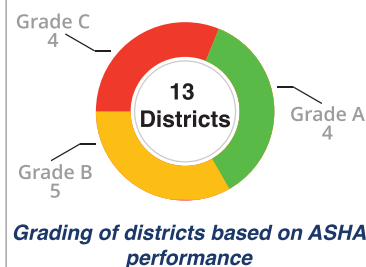
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



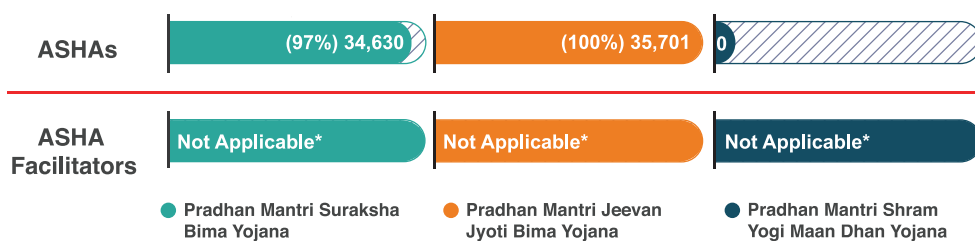
### ASHA CERTIFICATION STATUS

State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at gram panchayat level
- 12-15 average number of members/VHSNC
- 13,065 VHSNC with ASHA as member secretary
- 1,30,630 VHSNC members trained

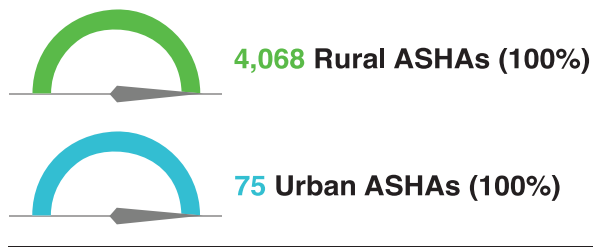
- 100% MAS constituted
- 74 cities MAS proposed
- 8-10 average MAS members
- 92,008 MAS members trained

## Trainers for Community Platforms

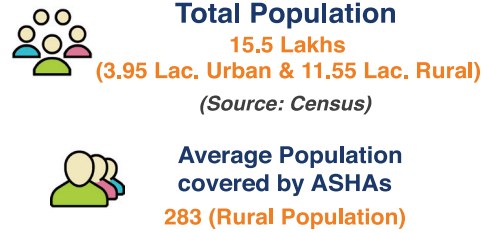


# ARUNACHAL PRADESH

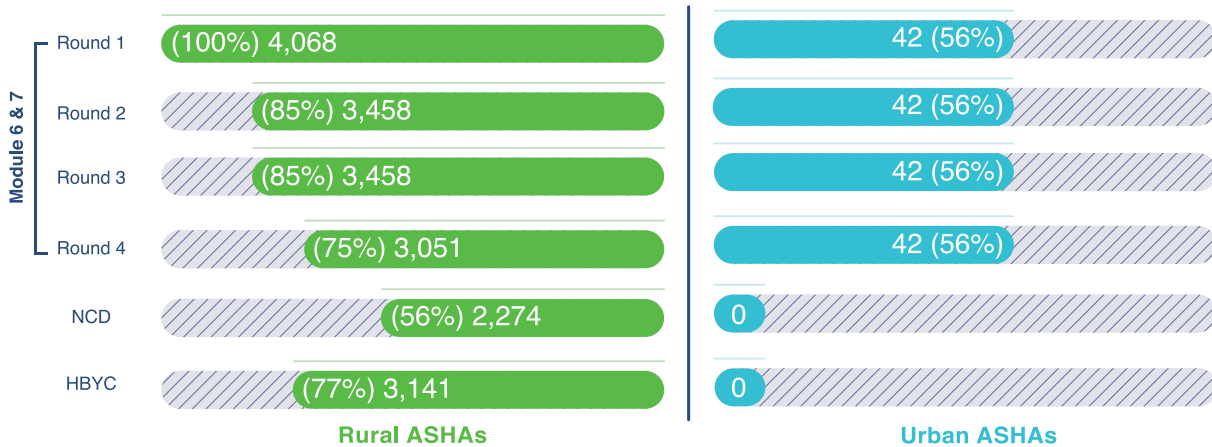
## ASHA Selection



## Overview



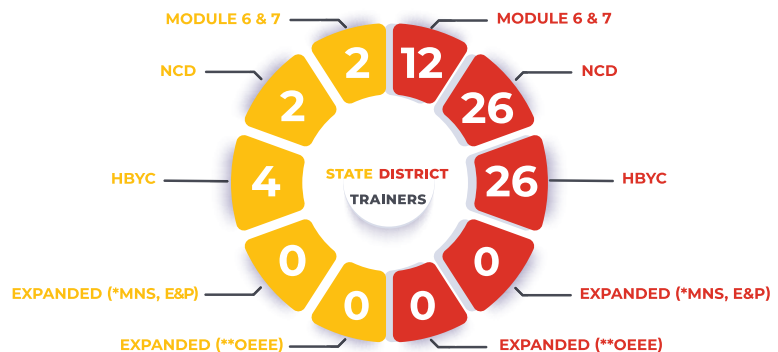
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

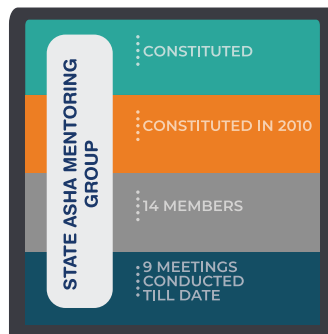
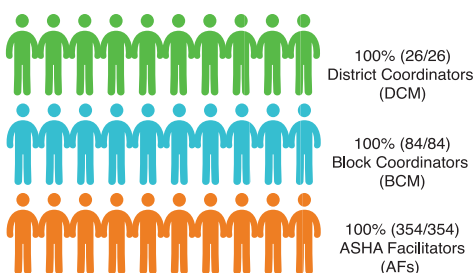
- 01** Govt. run training sites at state level.
- 00** NGO run training sites at state level.
- 05** Govt. run training sites at district level.
- 00** NGO run training sites at district level.



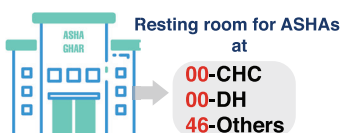
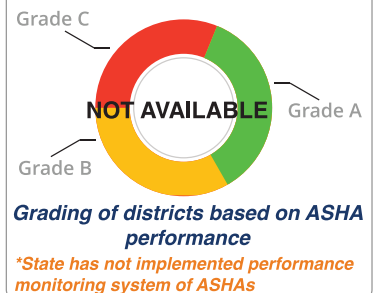
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

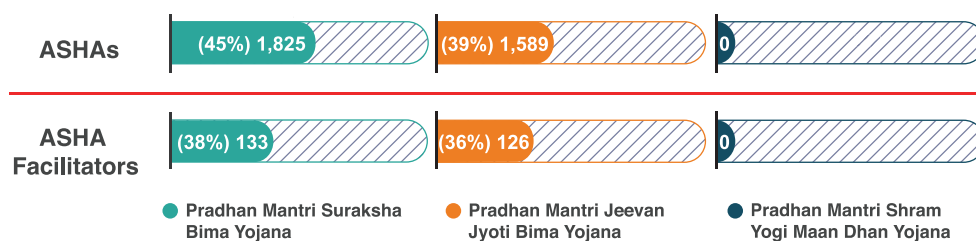
7.89% (327) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 93% VHSNC constituted at revenue village
- 6-10 average number of members/VHSNC
- 3,772 VHSNC with ASHA as member secretary
- 4,304 VHSNC members trained

- 98% MAS constituted
- 2 cities MAS proposed
- 10-12 average MAS members
- 90 MAS members trained

## Trainers for Community Platforms



# ASSAM

## ASHA Selection

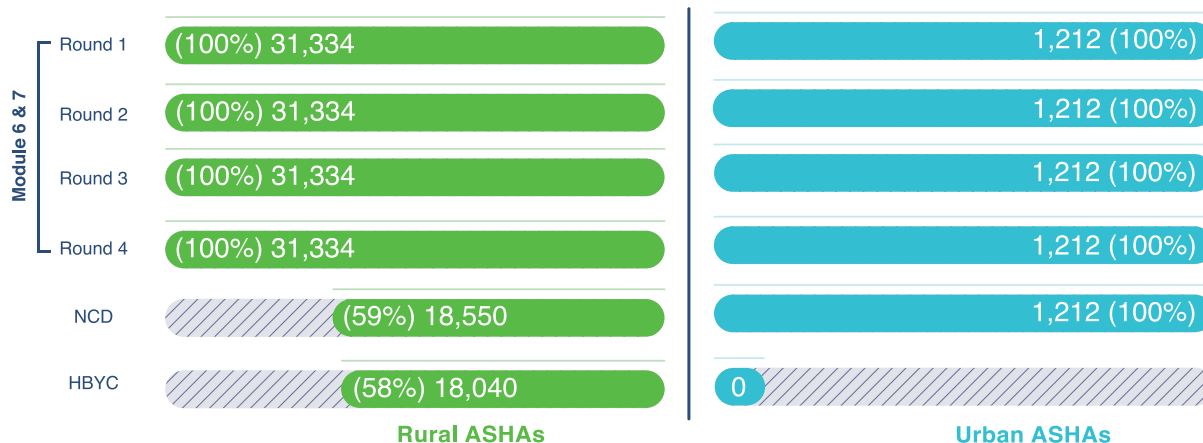


## Overview

**Total Population**  
3.54 Crores  
(54 Lac. Urban & 3 Cr. Rural)  
(Source: Census)

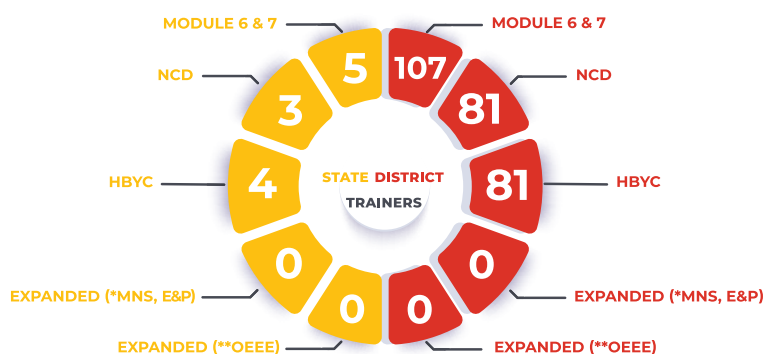
**Average Population covered by ASHAs**  
951 (Rural Population)

## Training Status of ASHAs



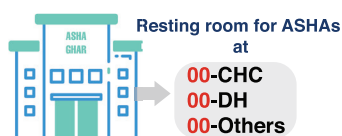
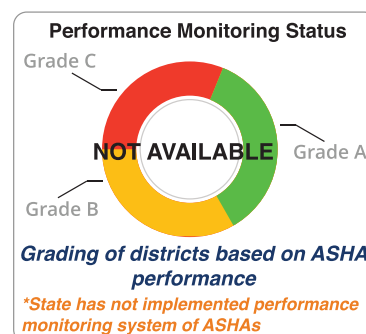
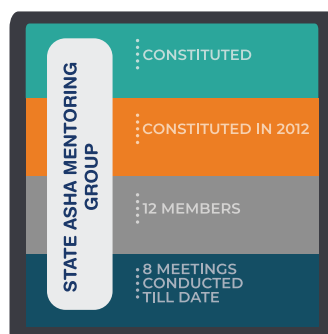
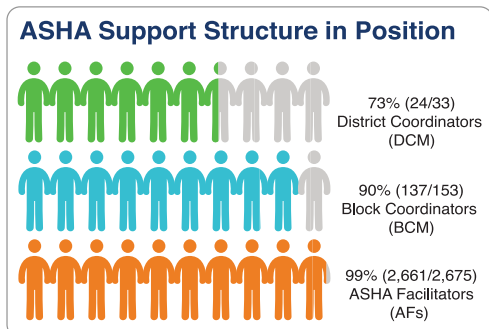
## Support System for ASHA Training

- Training Sites**
- 01** Govt. run training sites at state level.
  - 00** NGO run training sites at state level.
  - 27** Govt. run training sites at district level.
  - 00** NGO run training sites at district level.



\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

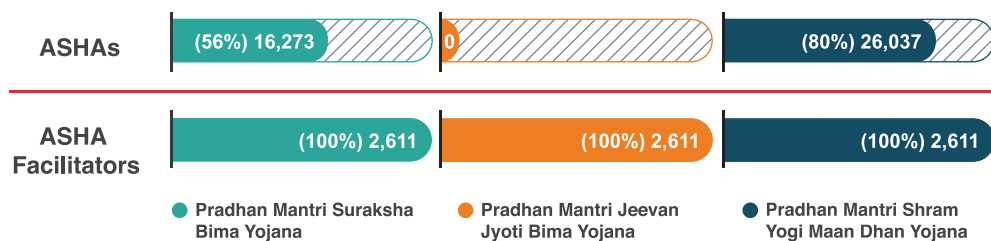


**ASHA CERTIFICATION STATUS**

9.39% (3,056) ASHAs have completed certification in RMNCH + A

- Grievance Redressal System for ASHAs**
- ☒ Formed at State level
  - ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



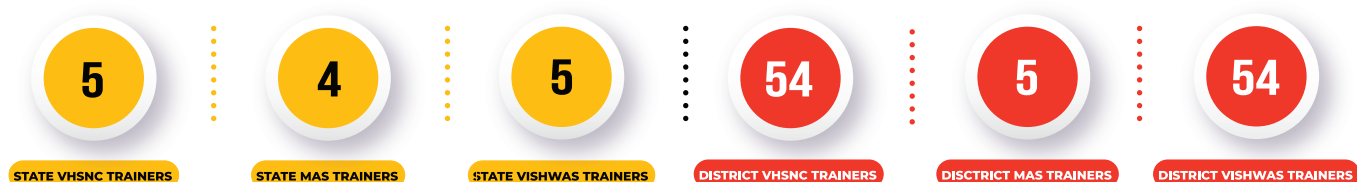
## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 6-15 average number of members/VHSNC
- 28,149 VHSNC with ASHA as member secretary

- 100% MAS constituted
- 15 cities MAS proposed
- 12-20 average MAS members

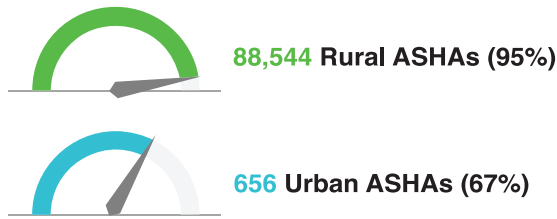
## Trainers for Community Platforms



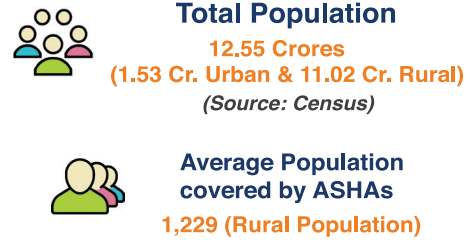


# BIHAR

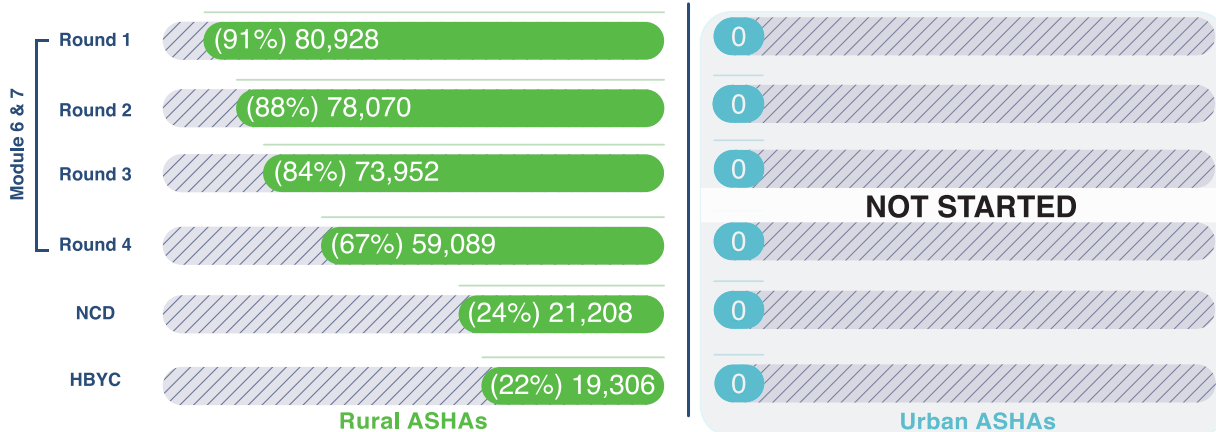
## ASHA Selection



## Overview



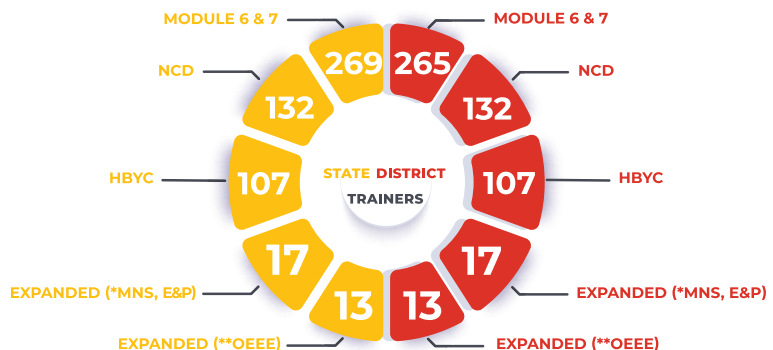
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

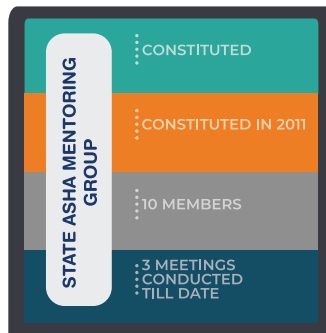
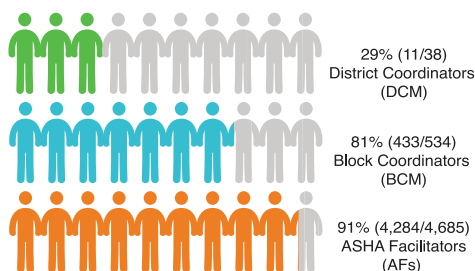
- 00 Govt. run training sites at state level.
- 00 NGO run training sites at state level.
- 01 Govt. run training sites at district level.
- 00 NGO run training sites at district level.



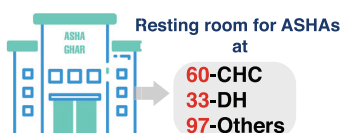
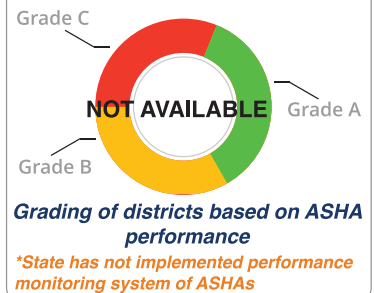
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, ENT and Emergency Care, PLA has not initiated by the state.

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



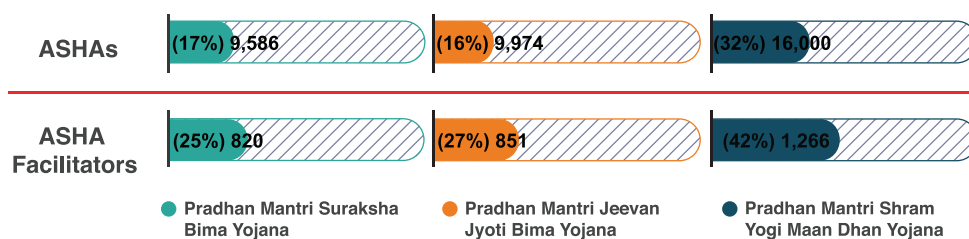
### ASHA CERTIFICATION STATUS

State has not initiated ASHA certification in RMNCH + A

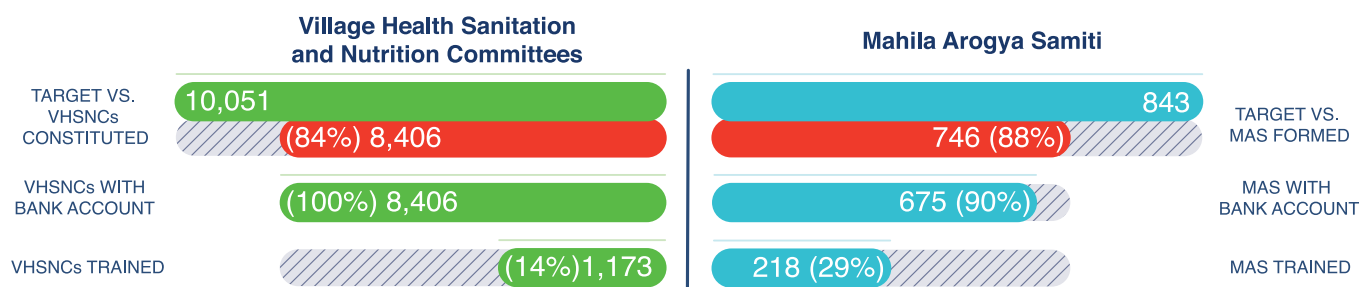
### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 84% VHSNC constituted at gram panchayat level
- 5-6 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 4,559 VHSNC members trained

- 88% MAS constituted
- 27 cities MAS proposed
- 8-10 average MAS members
- 1,395 MAS members trained

## Trainers for Community Platforms



## Streamlining ASHA payments through Ashwin Portal

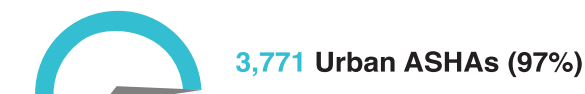
Currently, 88,580 ASHAs and 4,287 ASHA Facilitators are functional in Bihar. In the state, ASHAs receive around 63 types of performance-based incentives including state-specific activities. To pay timely incentives to ASHA & ASHA Facilitators and maintain transparency in the disbursement, State has started online payment system “**Ashwin (ASHA Performance and Incentive Portal)**” which was developed by NIC, Bihar with technical Inputs from ASHA Resource Centre, HMIS Cell, State Health Society Bihar and Care India (hosted at <http://ashwin.bih.nic.in>).

- In FY 2021-22, **Rs. 498,80,26,138/-** has been transferred as incentive to the Bank Accounts of Rural ASHA & ASHA Facilitators from Ashwin Portal
- In FY 2021-22, **Rs. 19553546/-** has been transferred as Incentive to Bank Accounts of Urban ASHA. The implementation of online payment system ‘Ashwin’ has brought about positive impact on ASHAs wherein there confidence and satisfaction levels have increased gradually.



# CHHATTISGARH

## ASHA Selection



## Overview

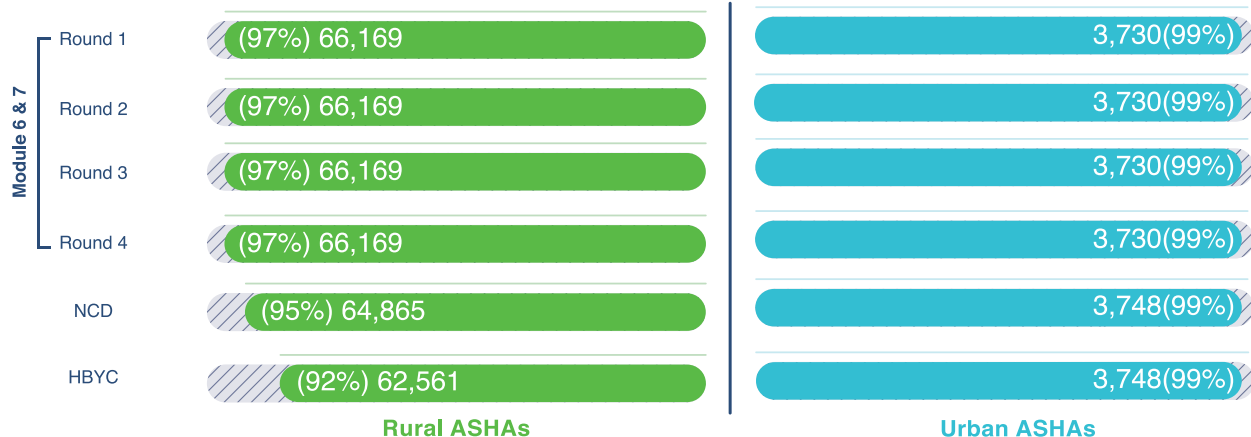
### Total State Population

2.9 Crores  
(80 Lac. Urban & 2.1 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

320 (Rural Population)

## Training status of ASHAs



## Support System for ASHA Training

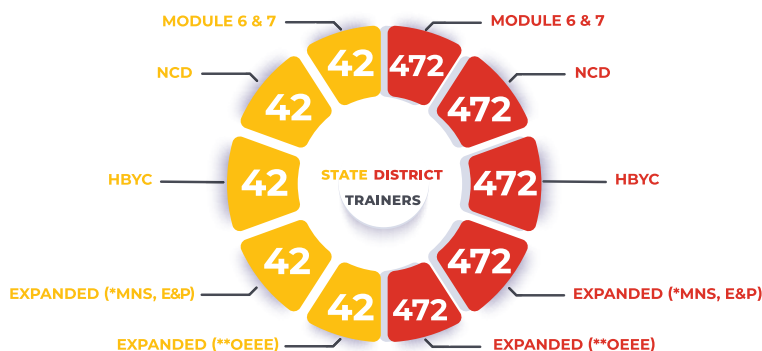
### Training Sites

01 Govt. run training sites at state level.

04 NGO run training sites at state level.

01 Govt. run training sites at district level.

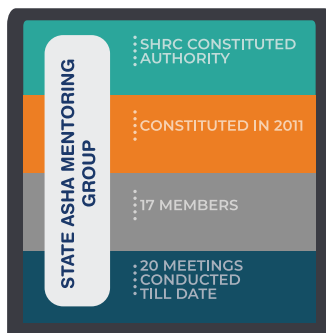
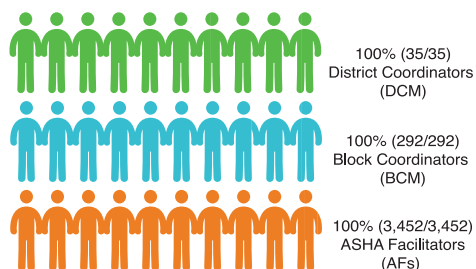
28 NGO run training sites at district level.



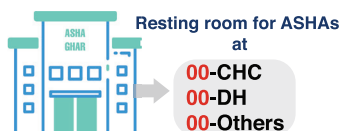
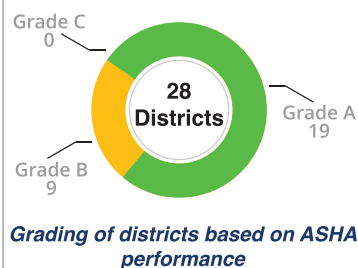
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, ENT and Emergency Care. State has not initiated PLA strategy.

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

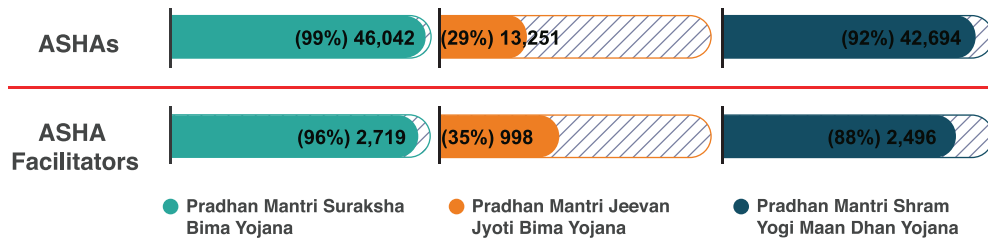
0.71% (512) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 15-20 average number of members/VHSNC
- 19,180 VHSNC with ASHA as member secretary
- 2,49,340 VHSNC members trained

- 95% MAS constituted
- 19 cities MAS proposed
- 10-12 average MAS members
- 11,977 MAS members trained

## Trainers for Community Platforms



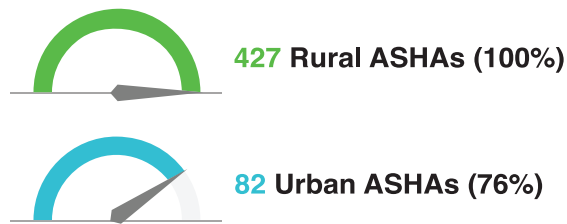
### Effort of Mitadin (ASHA) in Identifying and treating TB cases

A 14-year-old girl in Sahagaon village of Balod district, Chhattisgarh grew weak due to repeated episodes of illness. The girl's family member admitted her to the private hospital where she recovered after treatment. The girl started coughing again after a few days which continued for more than two weeks. Mitadin (ASHA) advised the family members of the girl to get tested in the government hospital but family did not pay attention initially. After continued persuasion by Mitadin, the family members got the girl tested at government hospital where she tested positive for TB. After her treatment was initiated, her father also tested positive for TB in a few days. With the support of Mitadin (ASHA), both father and daughter completed their treatment for 6 months and came out as TB free. This is a testimony to the power of ASHA's embeddedness in the community which helps in early detection and treatment of chronic diseases.



# DADRA & NAGAR HAVELI & DAMAN & DIU

## ASHA Selection



## Overview

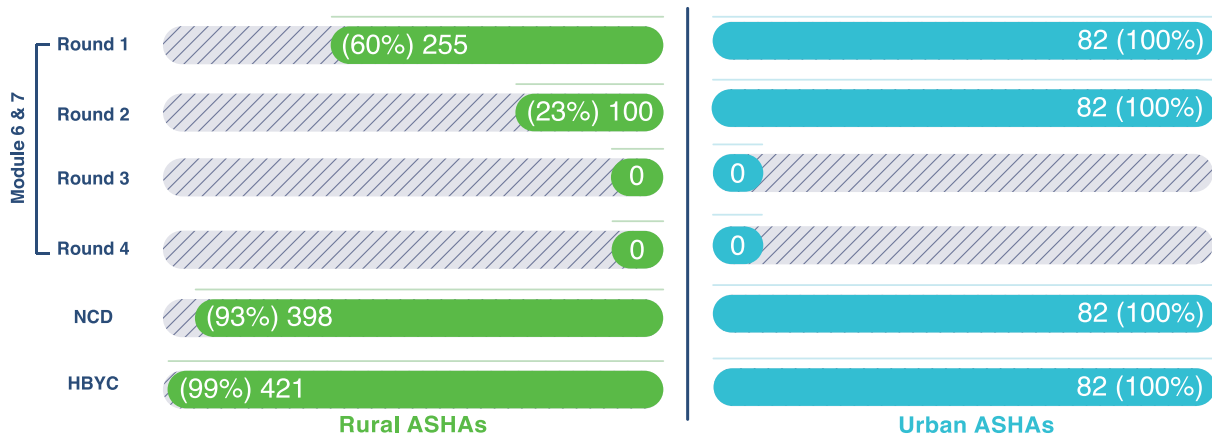


**Total Population**  
12.01 Lakhs  
(9.66 Lac. Urban & 2.35 Lac. Rural)  
(Source: Census)



**Average Population covered by ASHAs**  
607 (Rural Population)

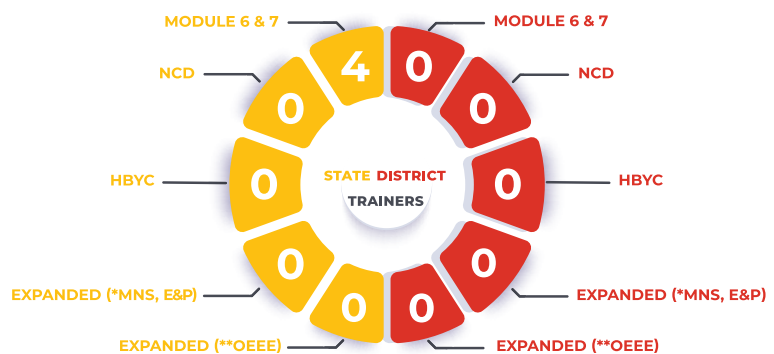
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

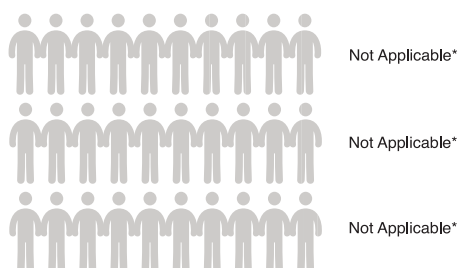
- 00 Govt. run training sites at state level.
- 00 NGO run training sites at state level.
- 00 Govt. run training sites at district level.
- 00 NGO run training sites at district level.



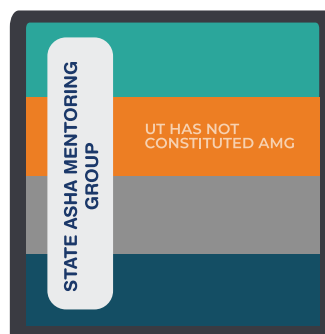
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



**Grading of districts based on ASHA performance**

\*UT has not implemented performance monitoring system of ASHAs



Resting room for ASHAs at

00-CHC  
00-DH  
00-Others

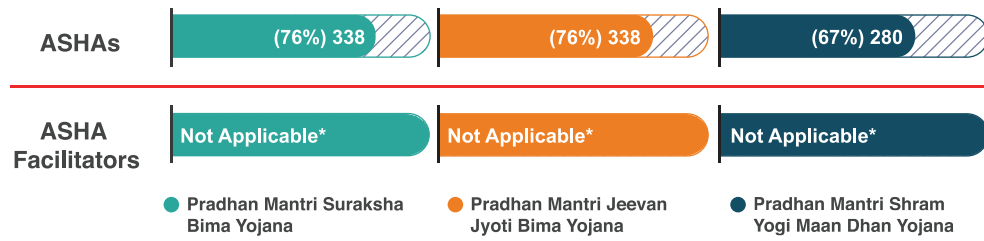
### ASHA CERTIFICATION STATUS

UT has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

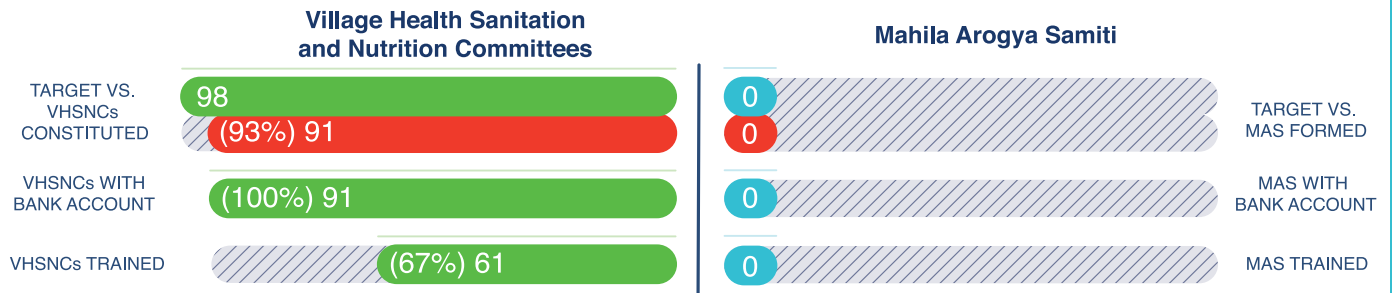
- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*UT has no ASHA Facilitators

## Status of Community Platforms



- 93% VHSNC constituted at village level
- 6-8 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 61 VHSNC members trained

- 0% MAS constituted
- 0 cities MAS proposed
- 0 average MAS members
- 0 MAS members trained

## Trainers for Community Platforms



# DELHI

## ASHA Selection



NA (Delhi has no Rural Areas)



6,153 Urban ASHAs (97%)



## Overview

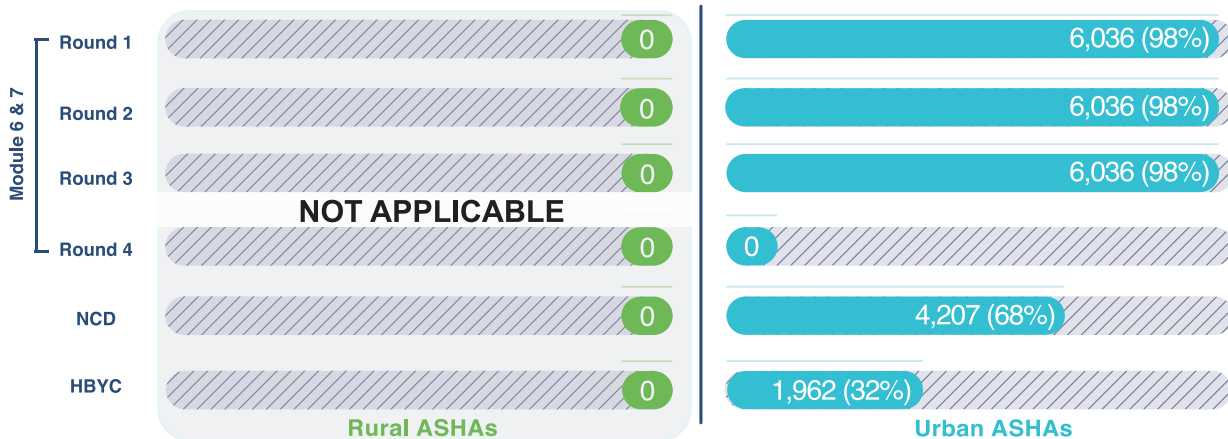
### Total Population

2.09 Crores  
(2.085 Cr. Urban & 0.011 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

Not Applicable

## Training Status of ASHAs



## Support System for ASHA Training

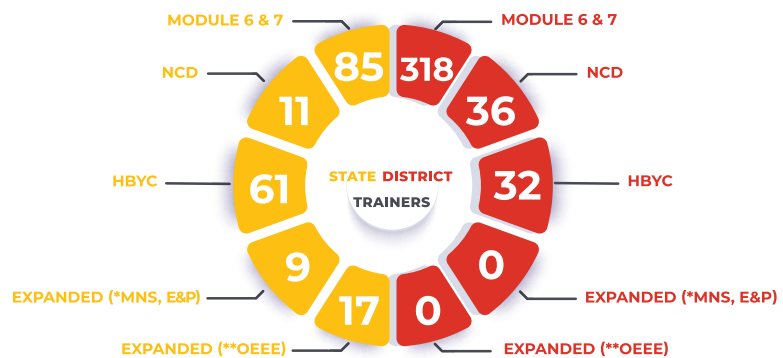
### Training Sites

01 Govt. run training sites at state level.

00 NGO run training sites at state level.

11 Govt. run training sites at district level.

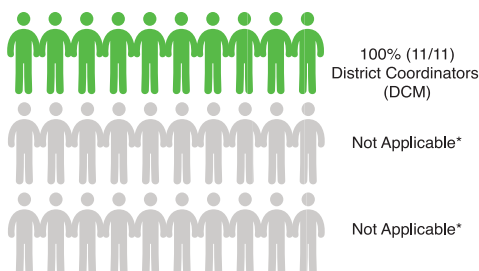
00 NGO run training sites at district level.



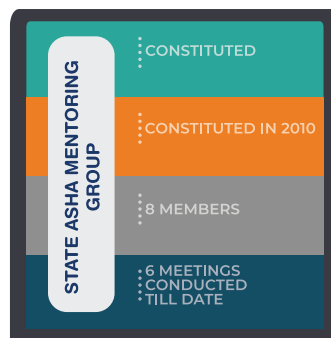
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

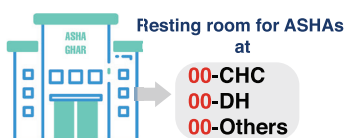
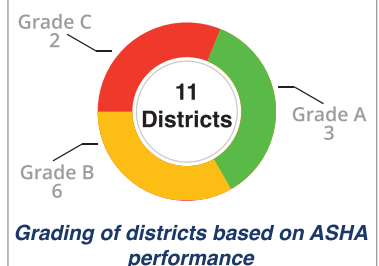
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

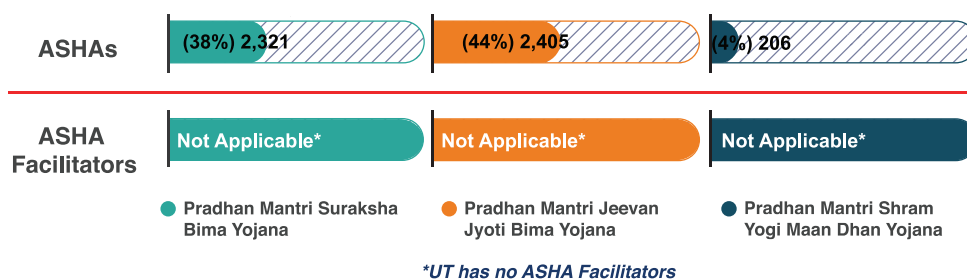
46.55% (2,864) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

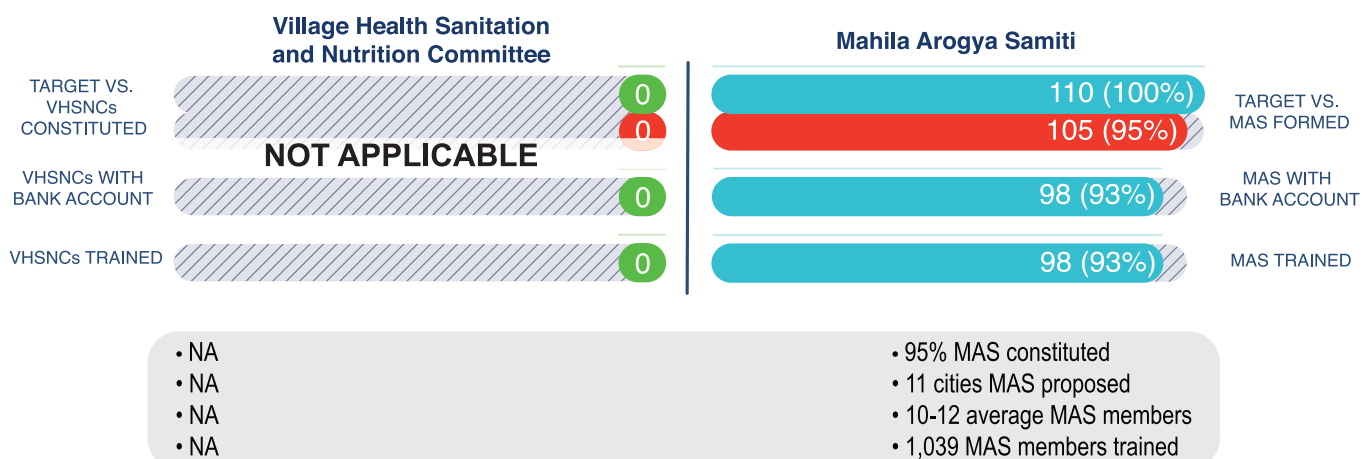
- Formed at State level
- Formed at District level



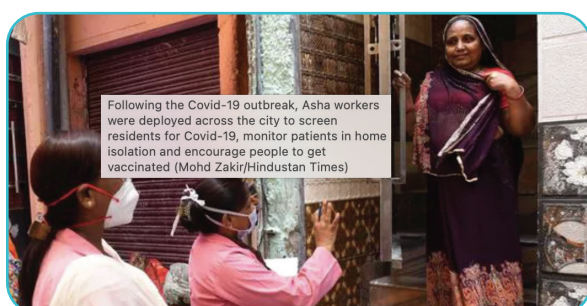
## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



## Trainers for Community Platforms



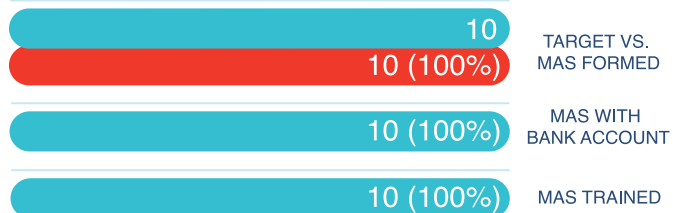
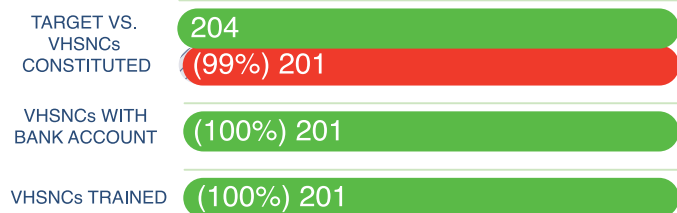




## Status of Community Platforms

Village Health Sanitation  
& Nutrition Committees

## Mahila Arogya Samiti



- 99% VHSNC constituted at gram panchayat level
- 10-12 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 1,979 VHSNC members trained

- 100% MAS constituted
- 8 cities MAS proposed
- 10-12 average MAS members
- 116 MAS members trained

*\*Goa has no ASHA Programme*



# GUJARAT

## ASHA Selection



## Overview

### Total Population

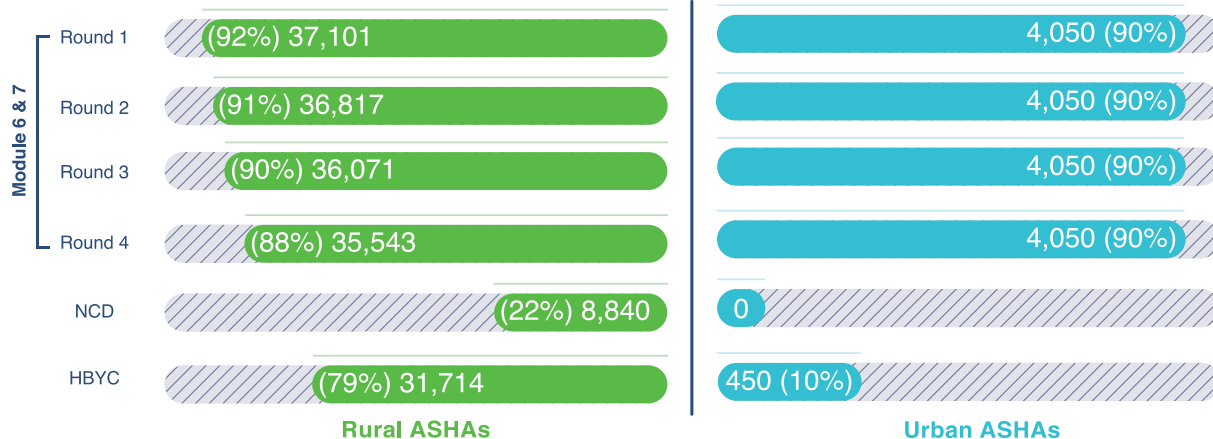
7.09 Crores  
(3.43 Cr. Urban & 3.66 Cr. Rural)

(Source: Census)

### Average Population covered by ASHAs

914 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

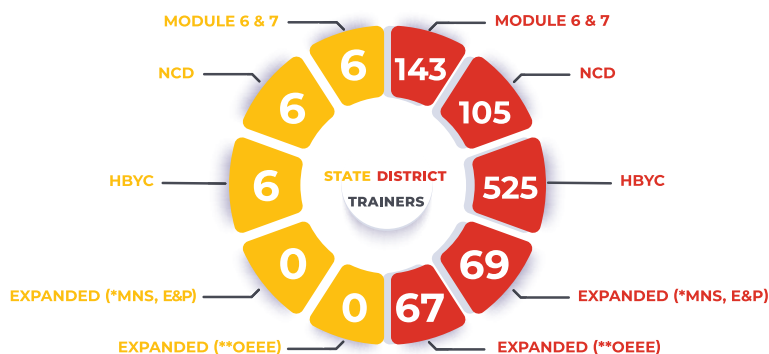
### Training Sites

02 Govt. run training sites at state level.

00 NGO run training sites at state level.

124 Govt. run training sites at district level.

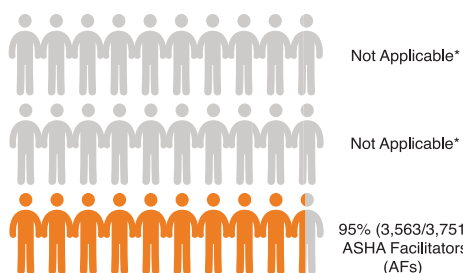
04 NGO run training sites at district level.



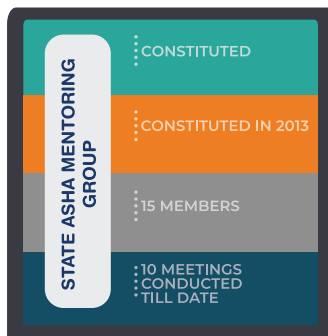
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff

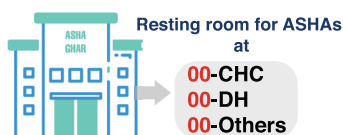


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



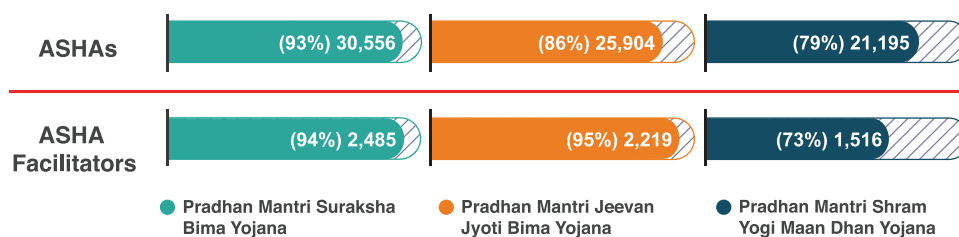
### ASHA CERTIFICATION STATUS

0.08% (35) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



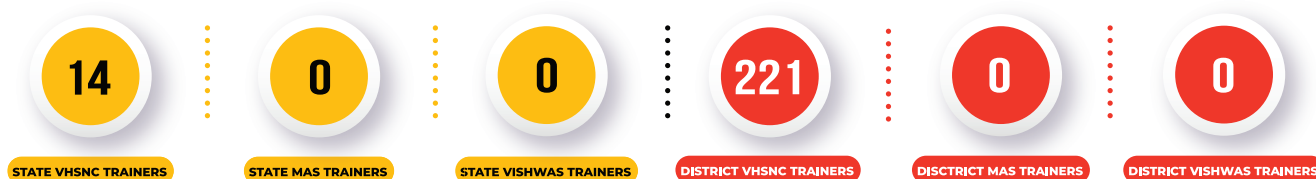
## Status of Community Platforms



- 97% VHSNC constituted at revenue village level
- 8-12 average number of members/VHSNC
- 17,097 VHSNC with ASHA as member secretary
- 52,530 VHSNC members trained

- 95% MAS constituted
- 71 cities MAS proposed
- 10-12 average MAS members
- 31,411 MAS members trained

## Trainers for Community Platforms



### ASHA's Relentless Efforts During Flood in Jamnagar District

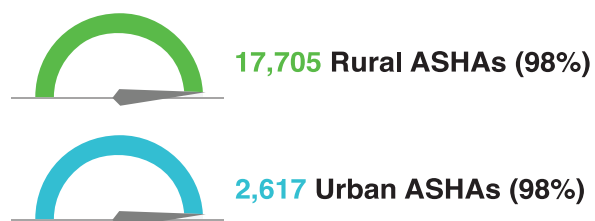
Jamnagar a coastal town in Gujarat state was heavily flooded affecting access to the healthcare services. An ASHA worker of Khimrana village was following up pregnant mothers in her catchment area. A pregnant mother of the Khimrana village had labour pains and unfortunately the river line connecting the village to the main road was flooded, blocking the access and transportation services. ASHA worker in collaboration with FHV took all the necessary help to ensure the institutional delivery. District officials agreed to transport the mother through airlift or even by boat, but it was all in vain due to unforeseen weather constraints. Thus, with no options existing district administration asked ASHA to reach pregnant mother's house to provide assisted home delivery services. ASHA worker in video consultation with doctors provided delivery services successfully. Next day RBSK doctors visited the mother's home and provided necessary vaccination services to the baby. This story shows despite the efforts in ensuring institutional deliveries force majeure can create helpless constraints, however even during such situations ASHAs throughout our country has stood forefront in ensuring the necessary healthcare.



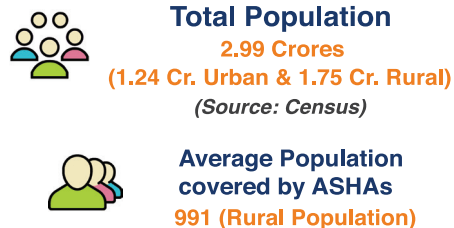


# HARYANA

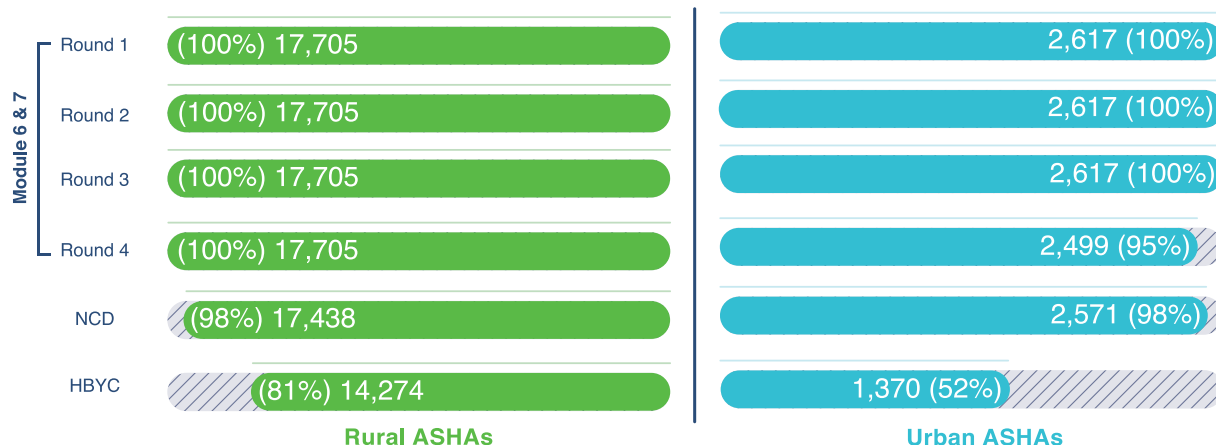
## ASHA Selection



## Overview

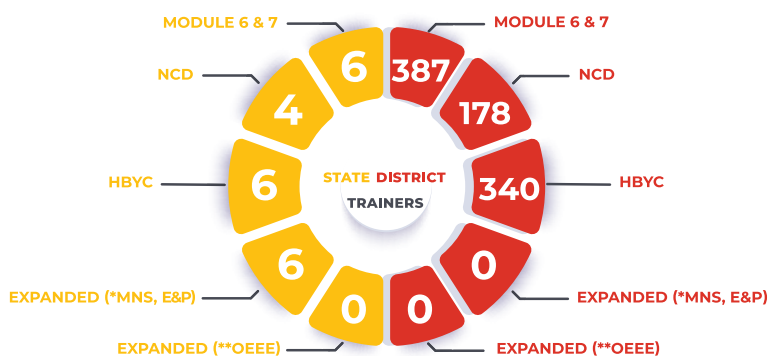


## Training Status of ASHAs



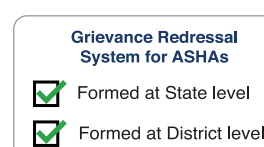
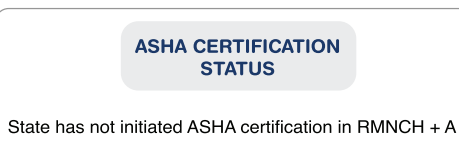
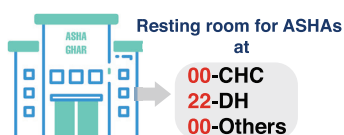
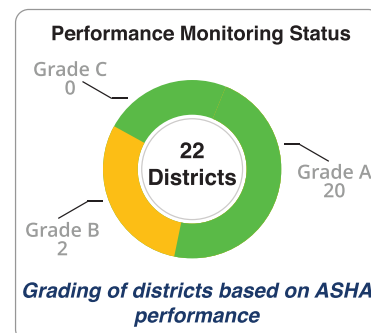
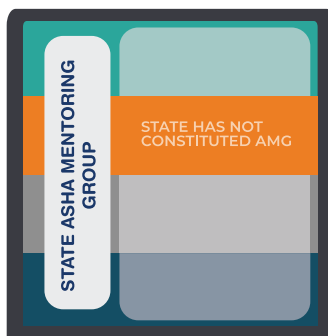
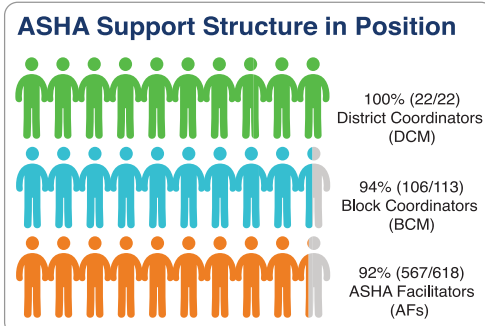
## Support System for ASHA Training

- Training Sites**
- 01 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 131 Govt. run training sites at district level.
  - 26 NGO run training sites at district level.

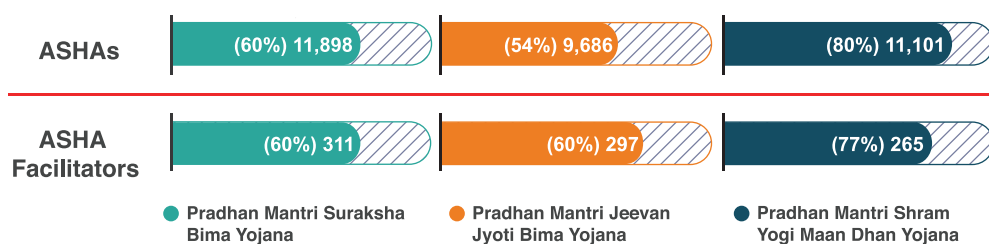


\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 30,245 VHSNC members trained

- 100% MAS constituted
- 1 city MAS proposed
- 5-15 average MAS members
- 270 MAS members trained

## Trainers for Community Platforms





# HIMACHAL PRADESH

## ASHA Selection



## Overview



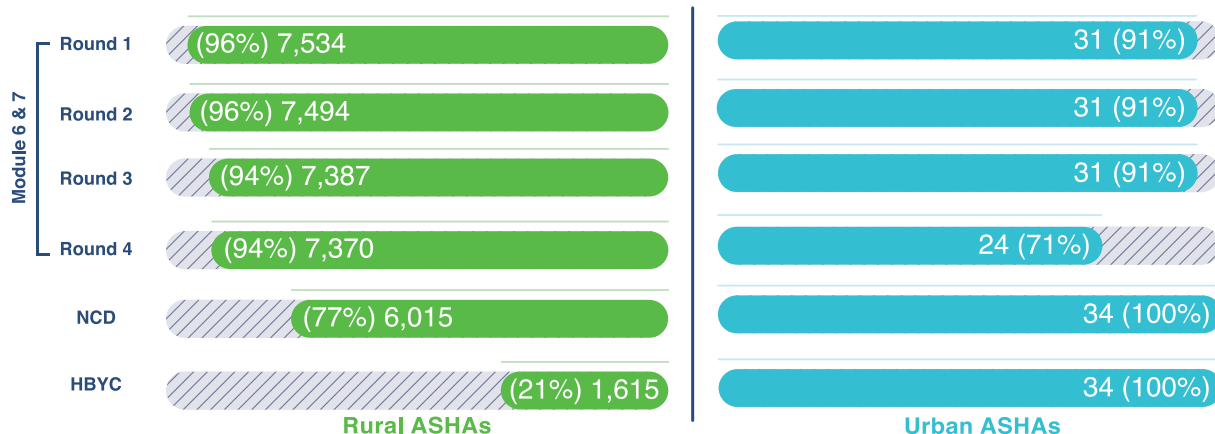
### Total Population

74.43 Lakhs  
(7.66 Lac. Urban & 66.77 Lac. Rural)  
(Source: Census)



Average Population covered by ASHAs  
848 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

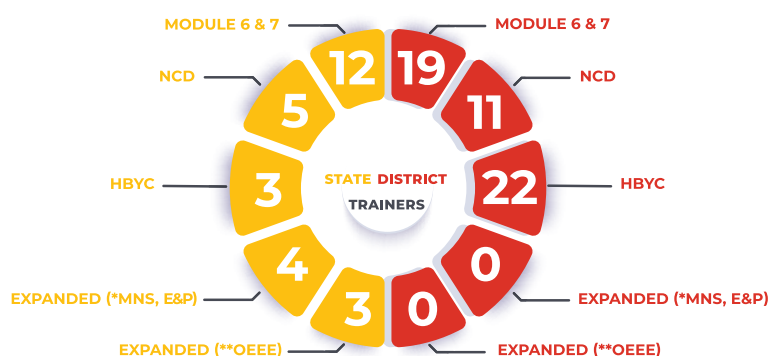
### Training Sites

02 Govt. run training sites at state level.

02 NGO run training sites at state level.

07 Govt. run training sites at district level.

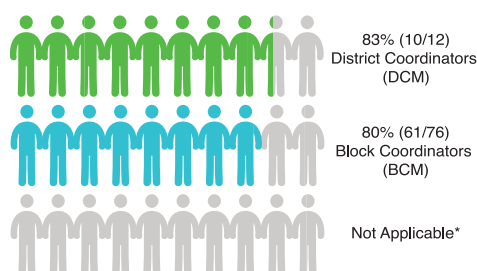
00 NGO run training sites at district level.



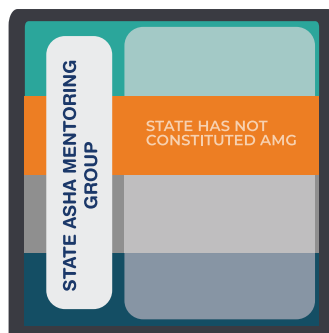
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

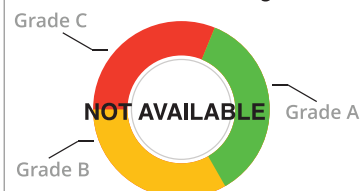
### ASHA Support Structure in Position



\*Managed by existing support staff

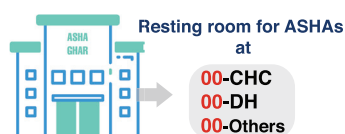


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



### ASHA CERTIFICATION STATUS

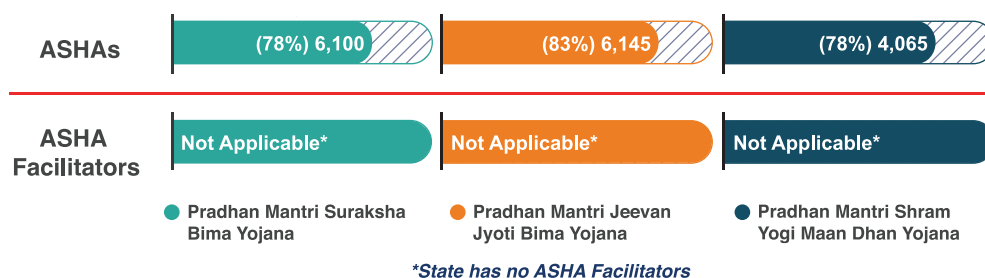
State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

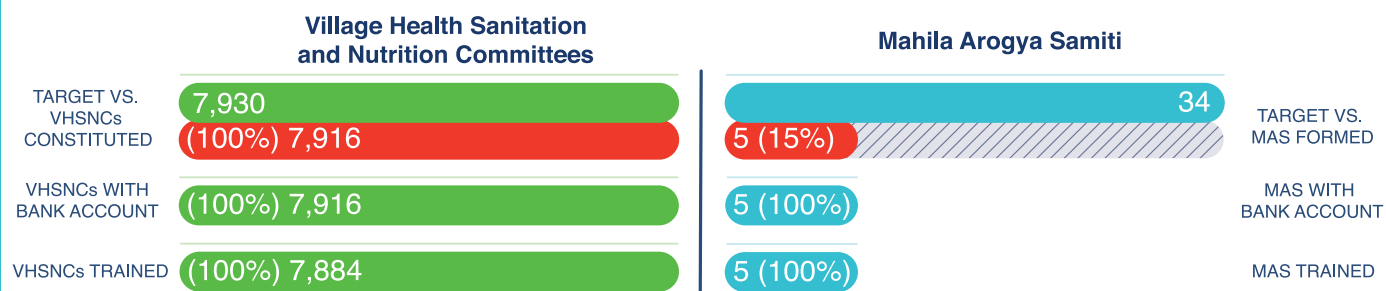
Not Available

Not Available

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 7,916 VHSNC with ASHAs as members secretary
- 31,536 VHSNCs members trained

- 15% MAS constituted
- 4 cities MAS proposed
- 11-15 average MAS members
- 18 MAS members trained

## Trainers for Community Platforms



### Engagement of community platform for health: Himachal Pradesh

ASHA of block Matiana, Himachal Pradesh alongside her routine activities is the proactive member secretary in VHSNCs. Being a Member Secretary of Village Health Sanitation and Nutrition Committee, she raised an issue of drinking water availability in village. With the collective efforts of VHSNC, the available old water source was cleaned and repaired to provide potable water for community. Later the VHSNC members also worked to improve the hygiene and sanitation of the village. The collective efforts of Village Health Sanitation and Nutrition Committee is best example for engagement of community platforms.



# JAMMU & KASHMIR

## ASHA Selection



## Overview

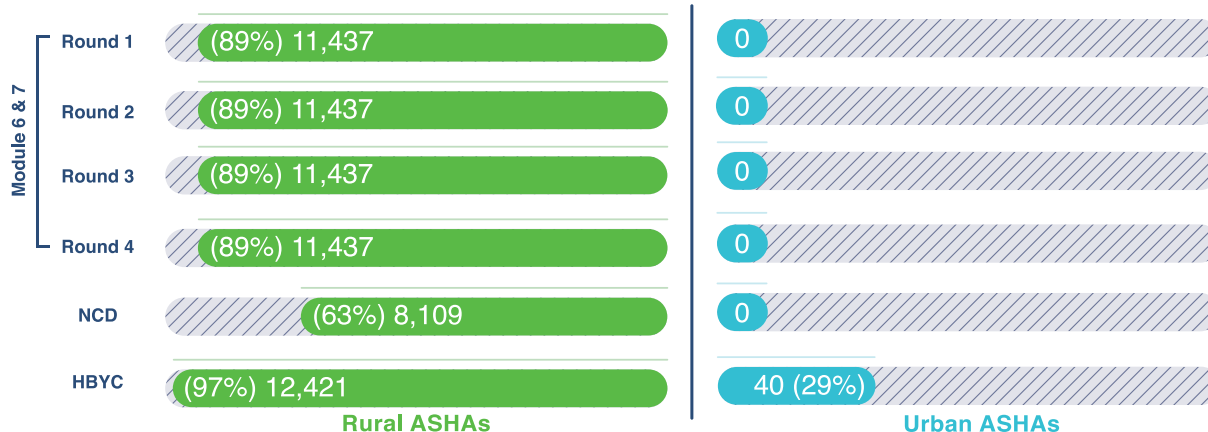
### Total Population

1.35 Crores  
(41.11 Lac. Urban & 94.27 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

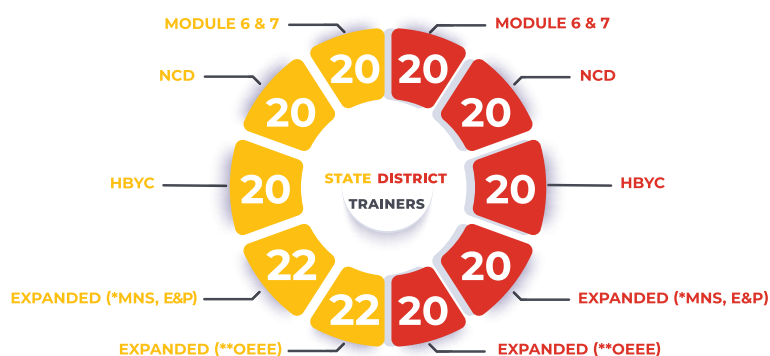
733 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

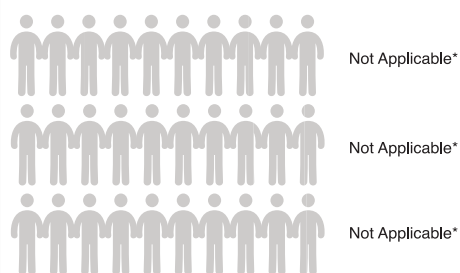
- Training Sites**
- 02 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 20 Govt. run training sites at district level.
  - 00 NGO run training sites at district level.



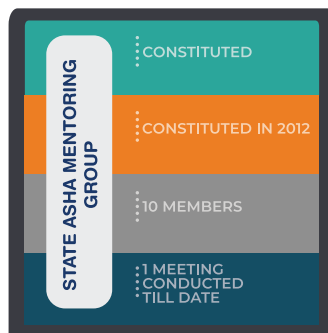
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

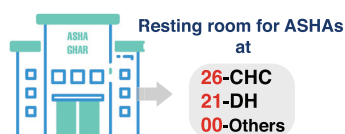
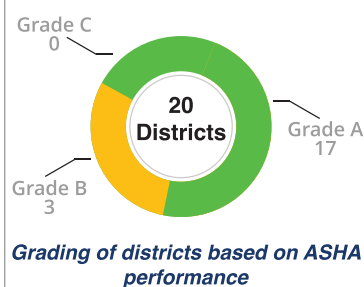
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



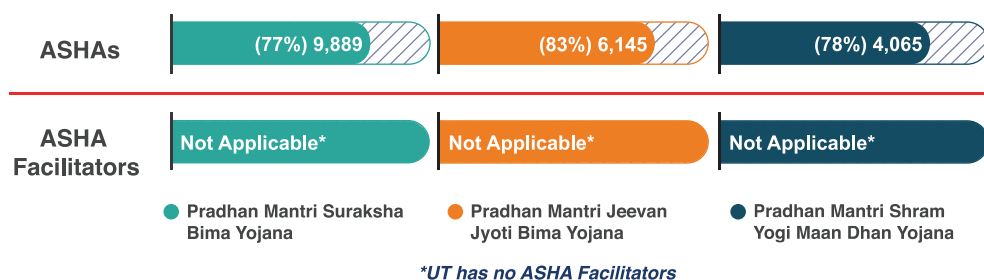
### ASHA CERTIFICATION STATUS

51.32% (6,664) ASHAs have completed certification in RMNCH + A

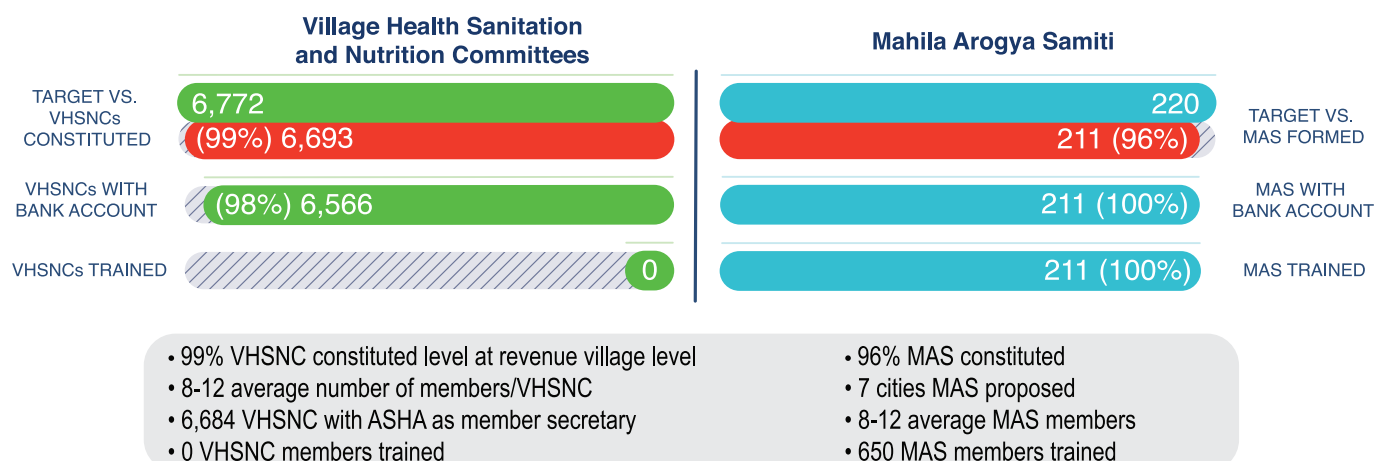
### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

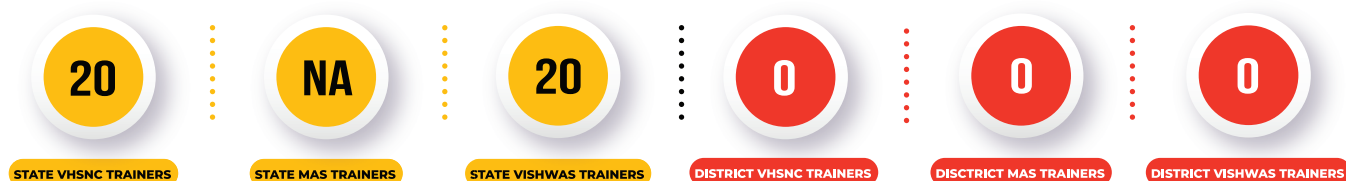
## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



## Trainers for Community Platforms





# JHARKHAND

## ASHA Selection



## Overview

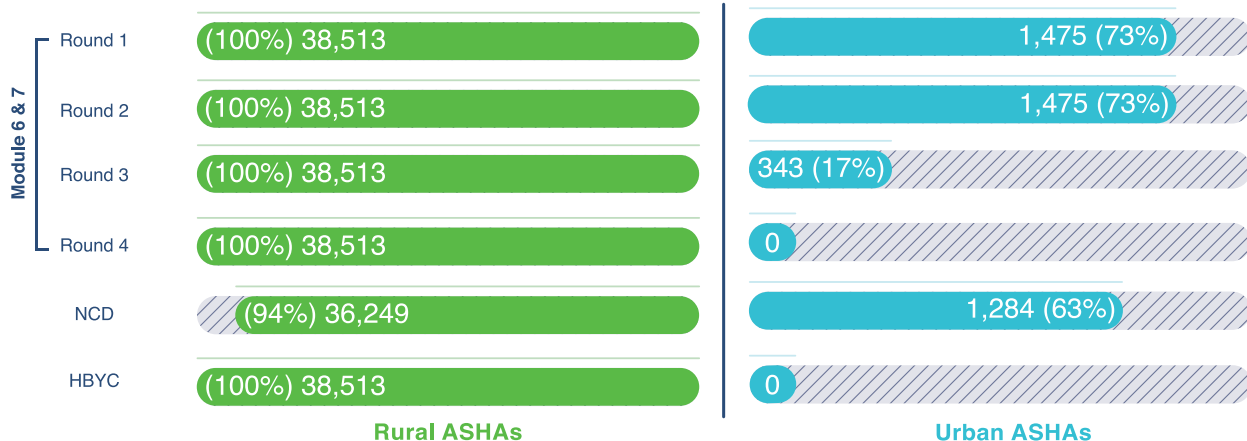
### Total Population

3.91 Crores  
(1.01 Cr. Urban & 2.90 Cr. Rural)  
(Source: Census)



Average Population covered by ASHAs  
745 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

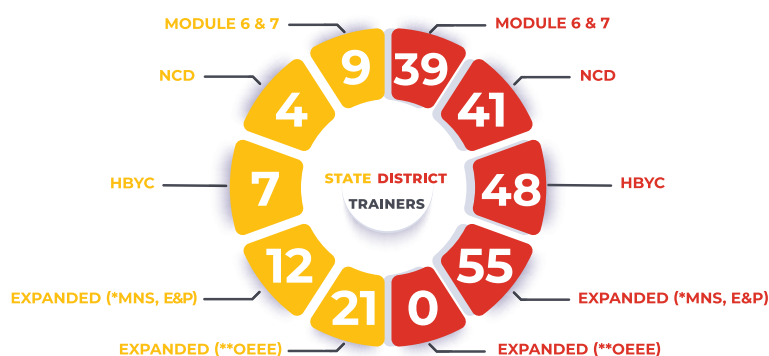
### Training Sites

**01** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**21** Govt. run training sites at district level.

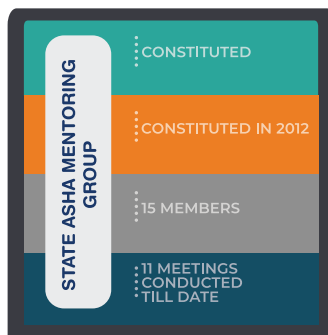
**28** NGO run training sites at district level.



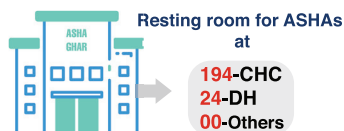
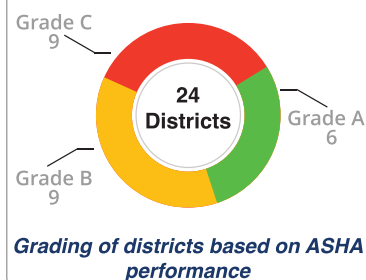
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

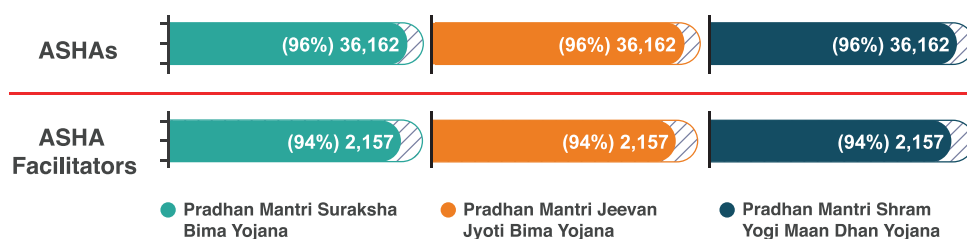
23.7% (11,420) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 99% VHSNC constituted level of constitution-Revenue Village
- 11-15 average number of members/VHSNC
- 29,635 VHSNC with ASHAs as members secretary
- 53,201 VHSNCs members trained

- 100% MAS constituted
- 22 cities MAS proposed
- 11-15 average MAS members
- 2,056 MAS members trained

## Trainers for Community Platforms



### ASHAs (Sahiya): Role in coping with COVID-19 crisis

When a large part of the world as well as our own country India got surprised by COVID-19 strike in terms of containment of the virus, availability of health infrastructure and clinical management of COVID-19 patients, Jharkhand with its scarce health facilities has, so far, managed the incidence with great success with the help of alertness, timely policy intervention and ruthless implementation of instructions and guidelines at the grassroots level. The Salient Features of Jharkhand in its fight against COVID-19 is because of their ASHAs(Sahiya).

ASHAs (Sahiya) role was more focus on surveillance and tracking of the migrants along with community leaders (VHSNC and PRI members). ASHAs (Sahiya) also engaged in awareness campaign like traditional drum beating, miking and poster display and banners and hording at the public places etc. Also social distancing, hand wash demo and practice, distribution of drugs etc was done by ASHAs (sahiya) in their village. These activities made the community aware and ready to take action against COVID-19 effect in their village. In this process Sahiys were also doing ANC, HBNC and HBYC care for new born and children of upto 15 months.



# KARNATAKA

## ASHA Selection



**38,370 Rural ASHAs (98%)**



**3,185 Urban ASHAs (95%)**

## Overview

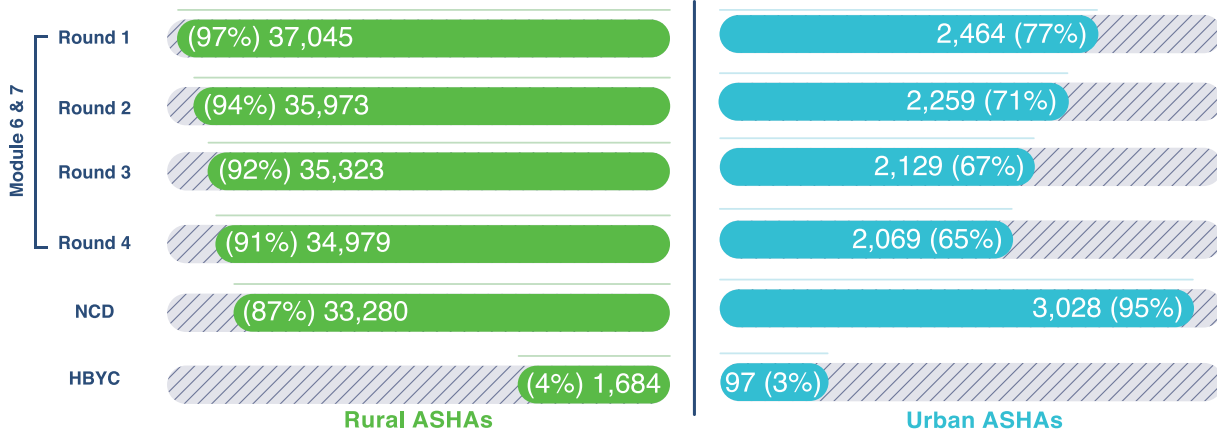
### Total Population

**6.74 Crores**  
(2.97 Cr. Urban & 3.77 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

**989 (Rural Population)**

## Training Status of ASHAs



## Support System for ASHA Training

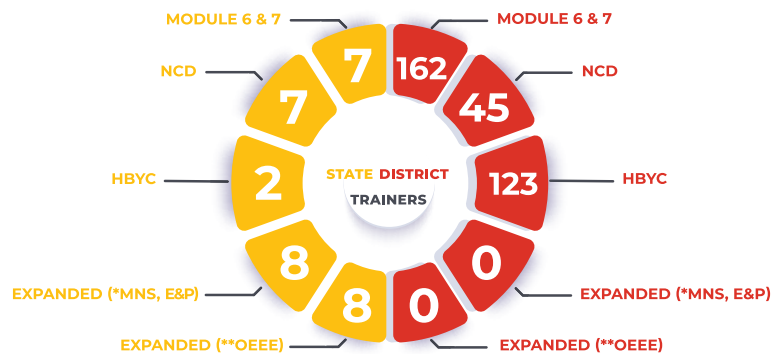
### Training Sites

**04** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**19** Govt. run training sites at district level.

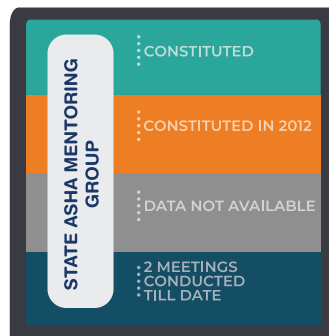
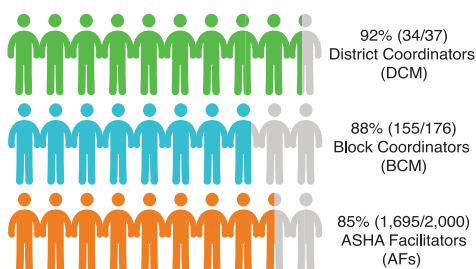
**19** NGO run training sites at district level.



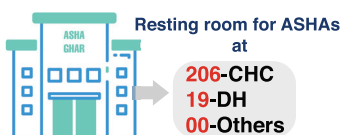
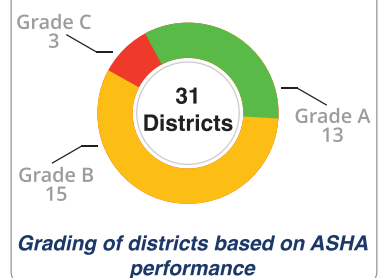
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



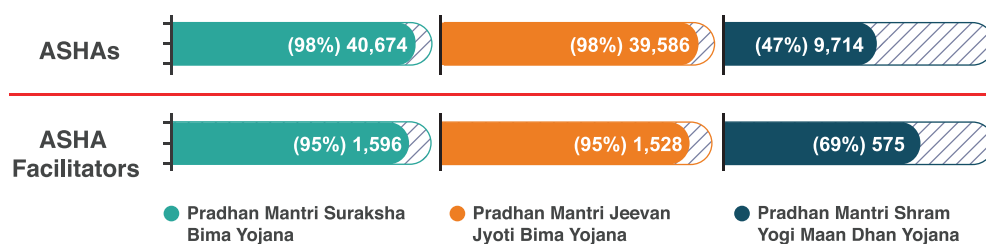
### ASHA CERTIFICATION STATUS

37.7% (15,669) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 97% VHSNC constituted at revenue village level
- 10-15 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 35,274 VHSNC members trained

- 100% MAS constituted
- 80 cities MAS proposed
- 8-12 average MAS members
- 19,622 MAS members trained

## No. of Trainers for Community Platforms



# KERALA

## ASHA Selection



## Overview

### Total Population

3.56 Crores  
(2.61 Cr. Urban & 96 Lac. Rural)  
(Source: Census)



Average Population covered by ASHAs  
465 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

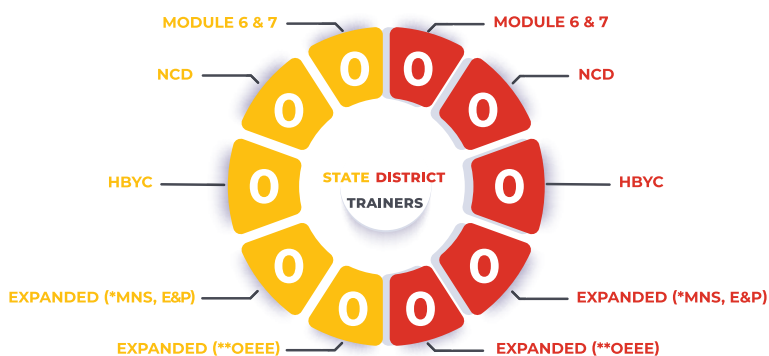
### Training Sites

00 Govt. run training sites at state level.

00 NGO run training sites at state level.

00 Govt. run training sites at district level.

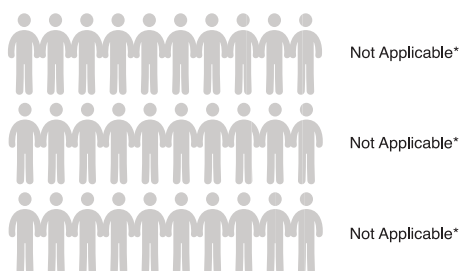
00 NGO run training sites at district level.



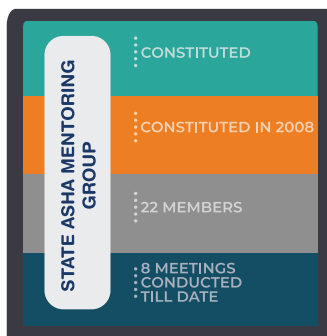
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff

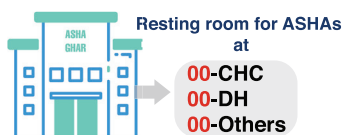


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



### ASHA CERTIFICATION STATUS

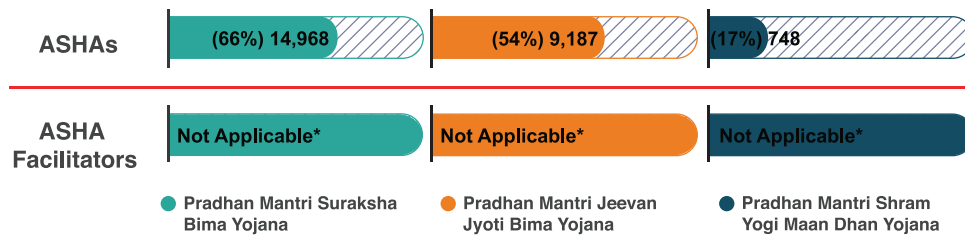
State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



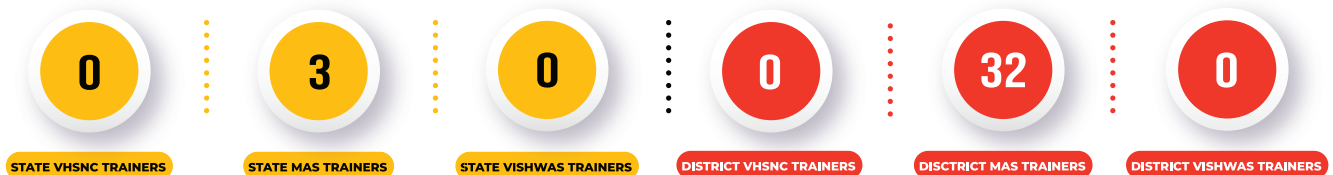
## Status of Community Platforms



- 100% VHSNC constituted at ward level
- 15-20 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 2,34,276 VHSNC members trained

- 65% MAS constituted
- 58 cities MAS proposed
- 8-10 average MAS members
- 12,768 MAS members trained

## Trainers for Community Platforms



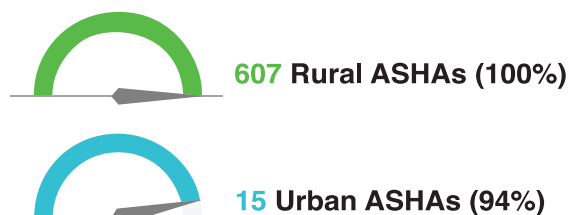
### 'ASHA THARAM'- An award for the outstanding contribution of ASHAs in Kerala

As an accolade to their crucial role in linking community with the health system during the COVID-19 pandemic, Malayala Manorama- One of the leading News Network in the State, honoured ASHA workers with the 'ASHA THARAM' Awards. As part of the Awards, a prize money of Rs.1,00,000 each was given to the selected 10 ASHA workers for their exemplary service and this happens to be the highest prize money in the Kerala's Visual Media History. The Award distribution ceremony, telecasted through Malaya Manorama News Channel as well, was attended by eminent personalities in the social and cultural scenario of the state and that includes the likes of Hon'ble Health Minister, High Court Judge Justice and leading Malayalam cinema actor. Asha Tharam Award recognises ASHA worker's leadership qualities, contributions to advancing global health and commitment to regional health issues. The top 10 winners in the finale were selected after scrutinizing the 30 ASHA workers shortlisted by the State Health Department & National Mission based on their field level involvement and dedicated performance.

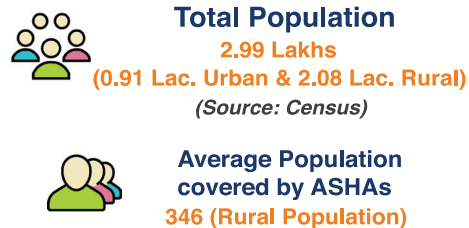


# LADAKH

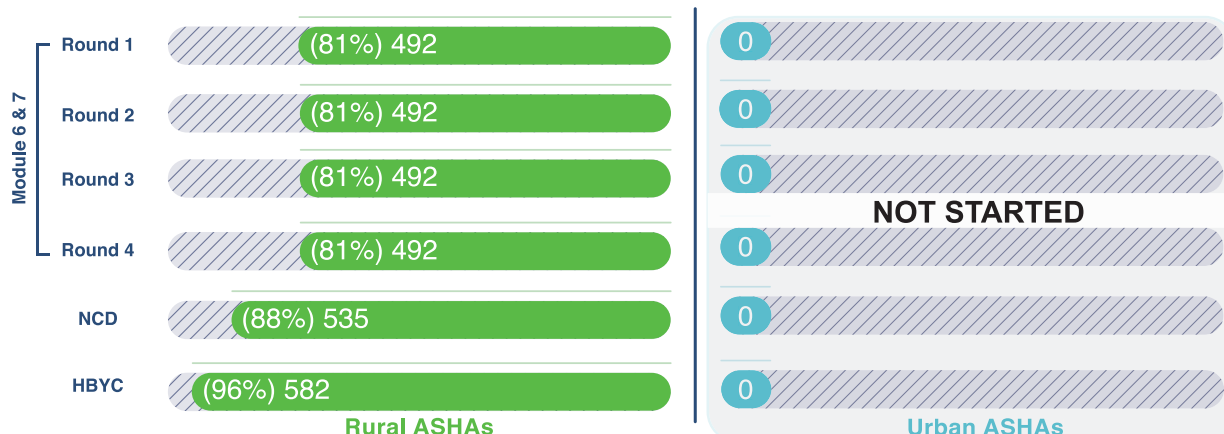
## ASHA Selection



## Overview



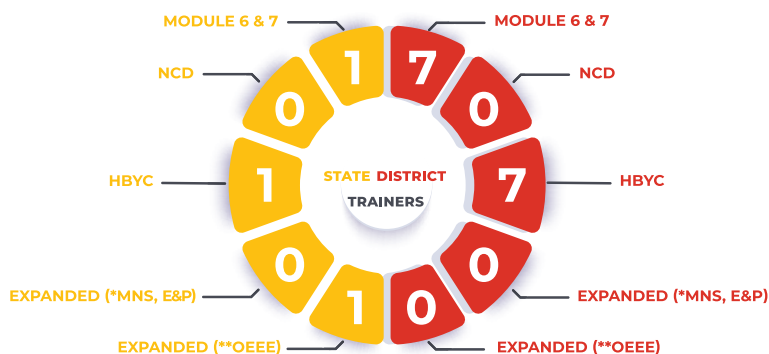
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

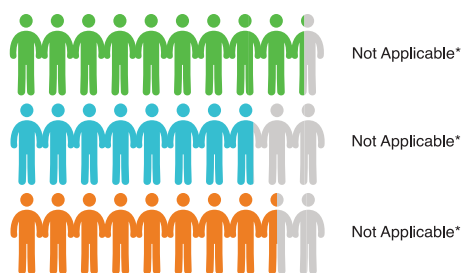
- 01** Govt. run training sites at state level.
- 00** NGO run training sites at state level.
- 02** Govt. run training sites at district level.
- 00** NGO run training sites at district level.



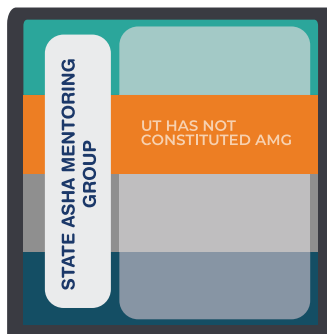
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff

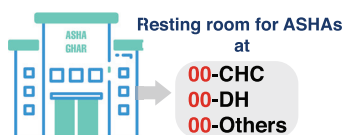


### Performance Monitoring Status



**Grading of districts based on ASHA performance**

\*UT has not implemented performance monitoring system of ASHAs



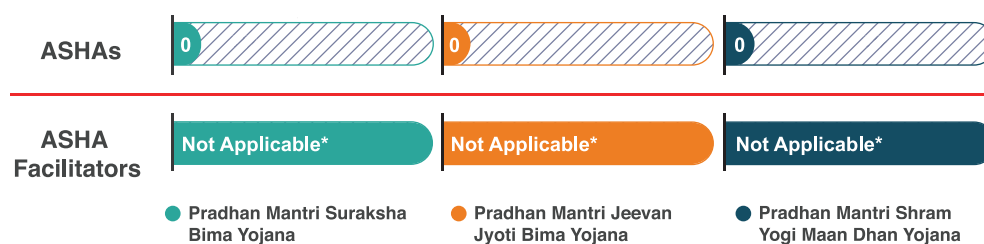
### ASHA CERTIFICATION STATUS

UT has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

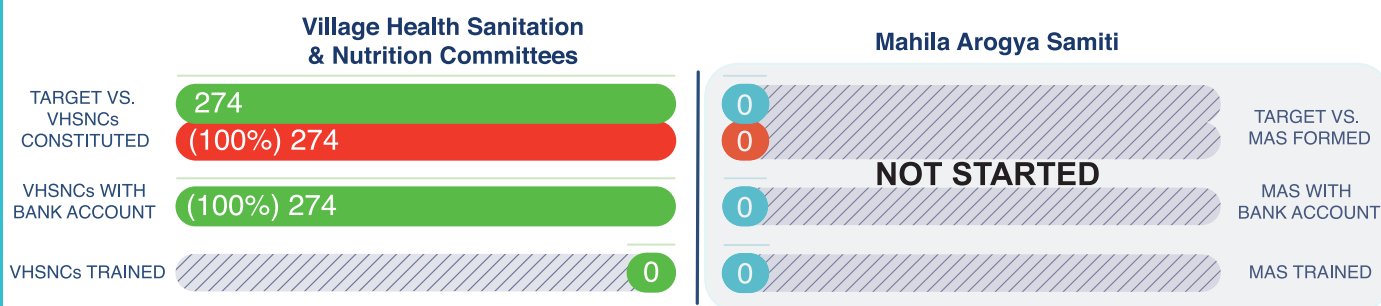
- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*UT has no ASHA Facilitators

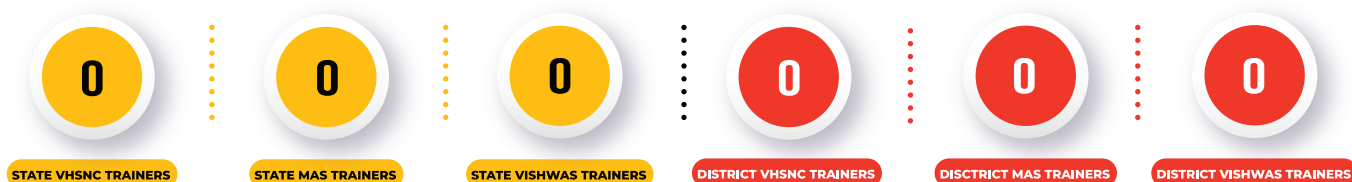
## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 8-12 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 0 VHSNC members trained

- 0% MAS constituted
- 0 cities MAS proposed
- 0 average MAS members
- 0 MAS members trained

## Trainers for Community Platforms



# LAKSHADWEEP

## ASHA Selection



## Overview

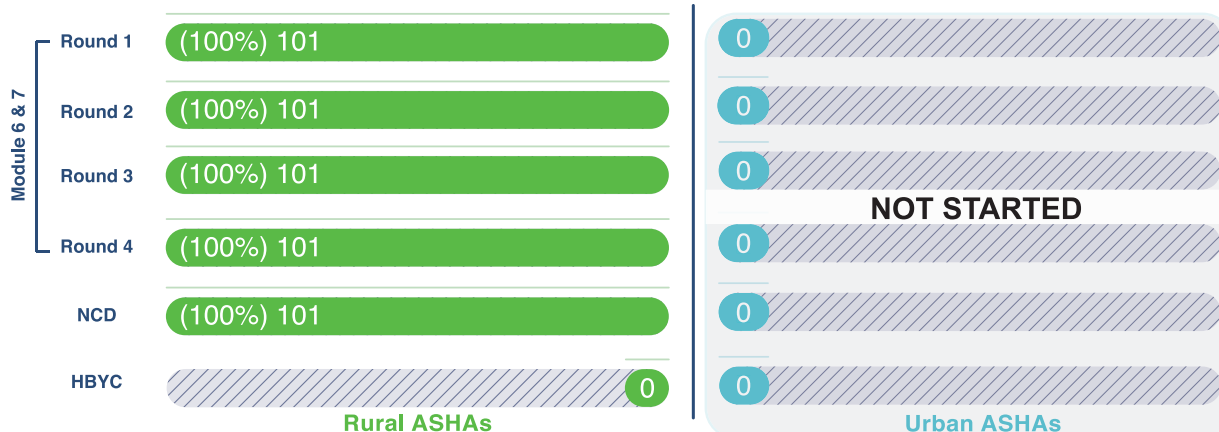
### Total Population

0.69 Lakhs  
(0.67 Lac. Urban & 0.02 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

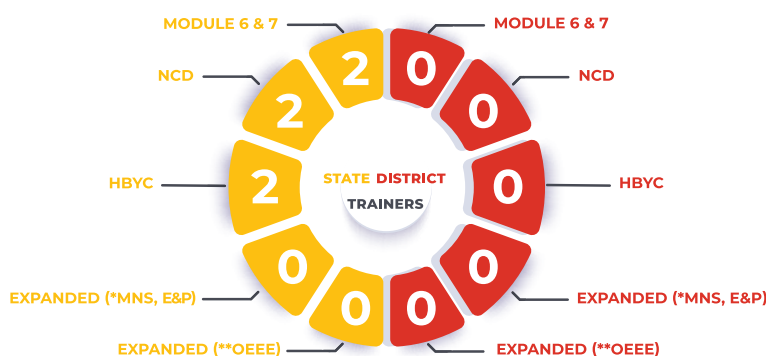
153 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

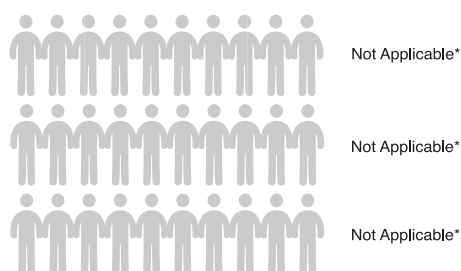
- Training Sites**
- 00 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 00 Govt. run training sites at district level.
  - 00 NGO run training sites at district level.



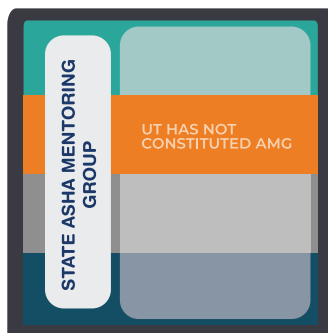
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

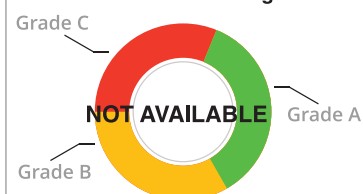
### ASHA Support Structure in Position



\*Managed by existing support staff

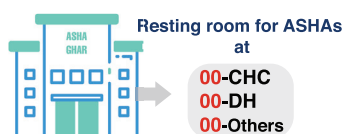


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*UT has not implemented performance monitoring system of ASHAs



### ASHA CERTIFICATION STATUS

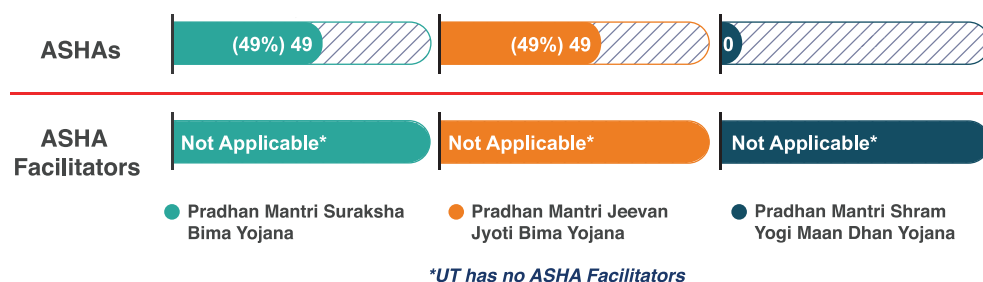
UT has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

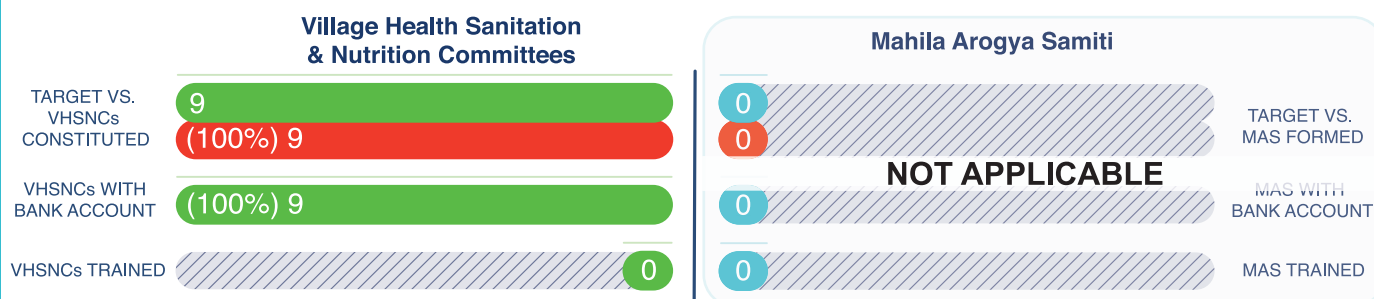
- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes

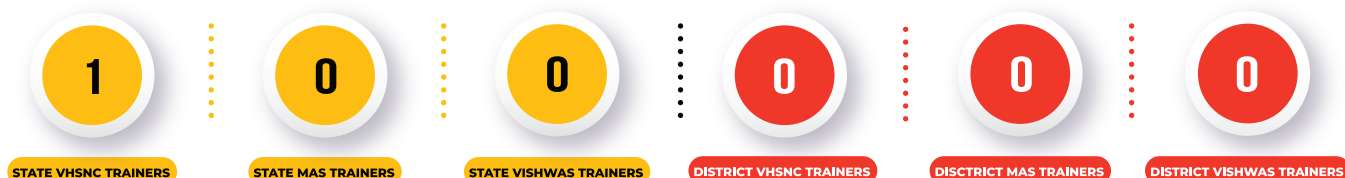


## Status of Community Platforms



- 100% VHSNC constituted at Revenue village level
- 4-6 average number of members/VHSNC
- 0 VHSNC with ASHAs as members secretary
- 0 VHSNCs members trained

## Trainers for Community Platforms



# MAHARASHTRA

## ASHA Selection



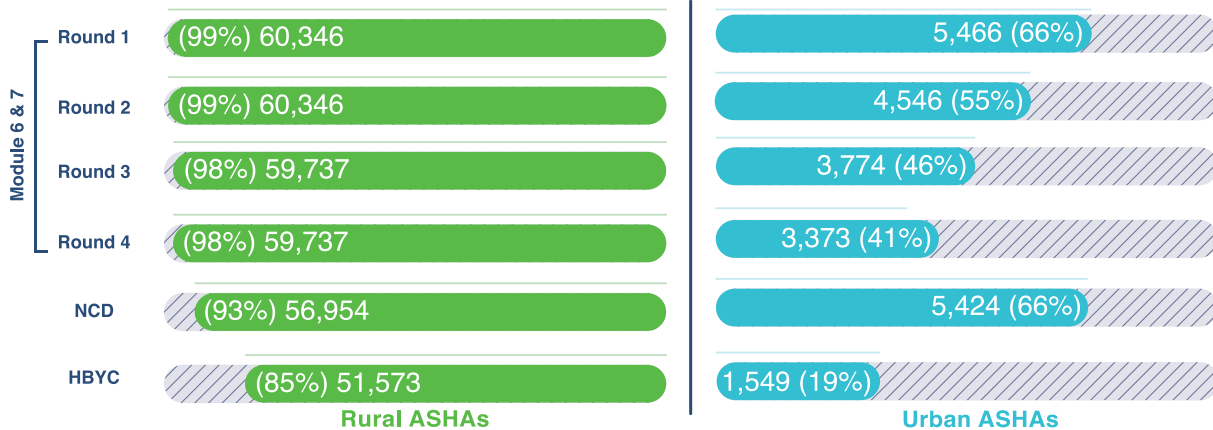
## Overview

**Total Population**  
12.57 Crores  
(6.07 Cr. Urban & 6.5 Cr. Rural)  
(Source: Census)



**Average Population covered by ASHAs**  
1,067 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

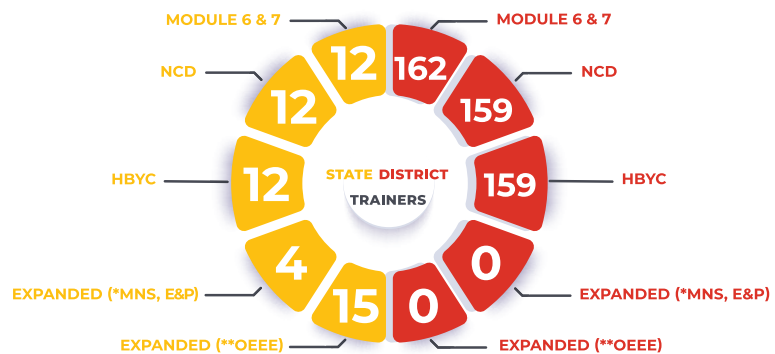
### Training Sites

**01** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**47** Govt. run training sites at district level.

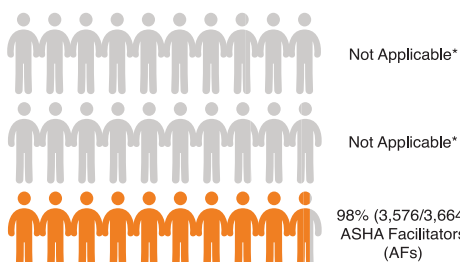
**00** NGO run training sites at district level.



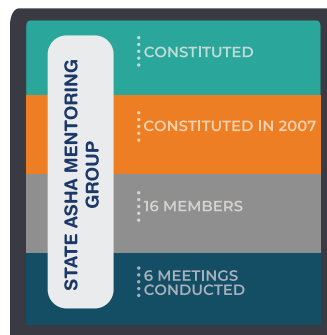
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

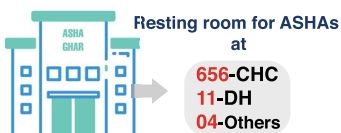
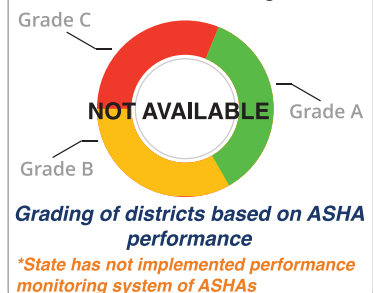
### ASHAs Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



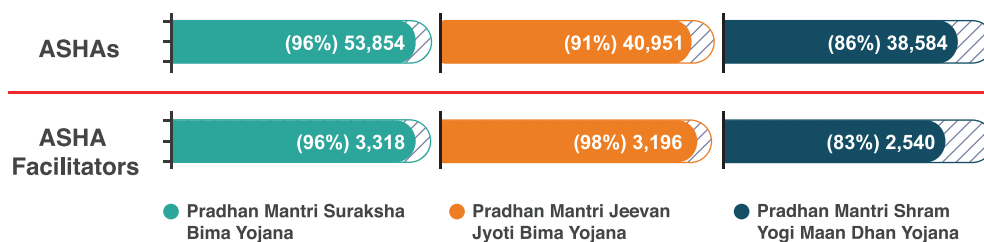
### ASHA CERTIFICATION STATUS

4.48% (3,100) ASHAs have completed certification in RMNCH + A

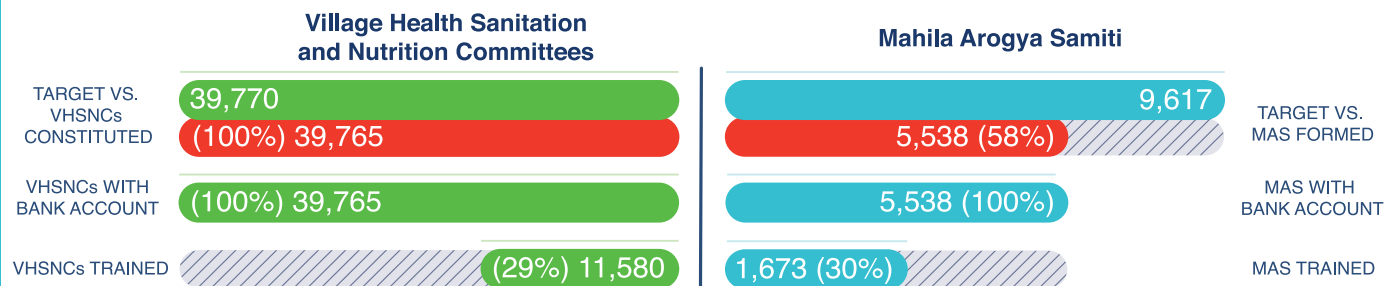
### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 39,765 VHSNC with ASHA as member secretary
- 19,636 VHSNC members trained

- 58% MAS constituted
- 98 cities MAS proposed
- 8-10 average MAS members
- 14,540 MAS members trained

## Trainers for Community Platforms



### Role of ASHA in chronic Illness Care : Maharashtra

An ASHA of Rajura village, Amravati district works for an isolated and remote community. A two and a half year old child residing in the tribal area was diagnosed with 'Rectal prolapse'. The parent tribal couple struggled to make ends meet and had no idea that their baby would have such a serious illness, but the matter came to the notice of the ASHA and she referred the child to AB-HWC. Further the child was referred to tertiary care facility for the operation where he was operated successfully. Due to the regular home visits and counselling and support by our ASHA, the child was benefited by the regular check-ups and enquiries.



# MANIPUR

## ASHA Selection



## Overview

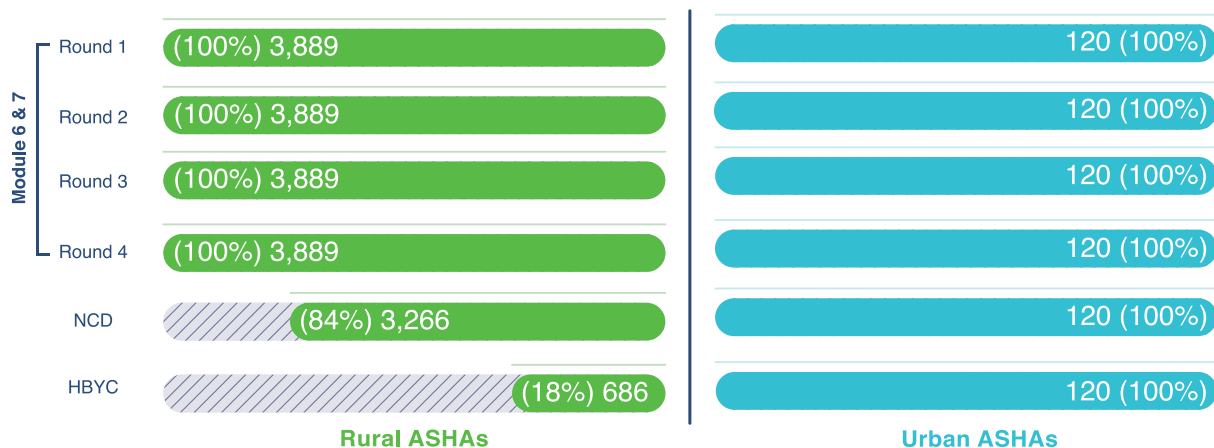
### Total Population

32.01 Lakhs  
(10.33 Lac. Urban & 21.68 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

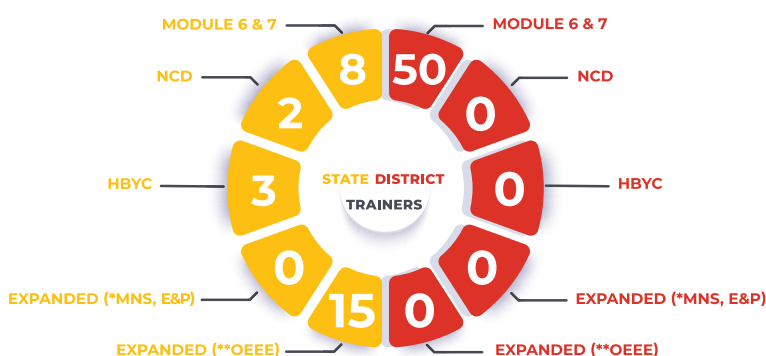
556 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

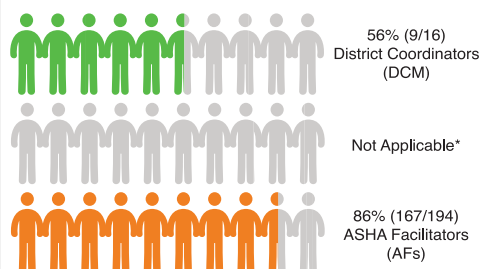
- Training Sites**
- 01 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 16 Govt. run training sites at district level.
  - 00 NGO run training sites at district level.



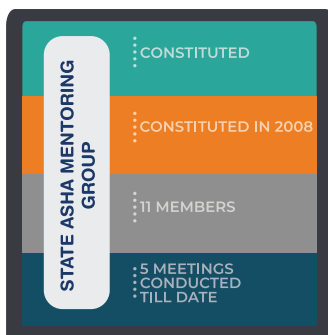
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

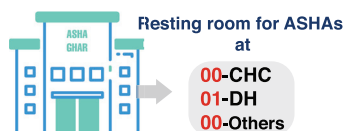
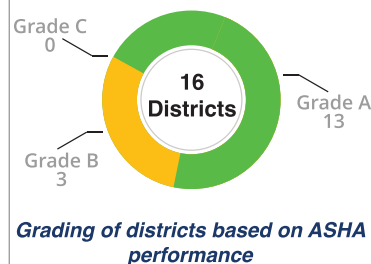
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

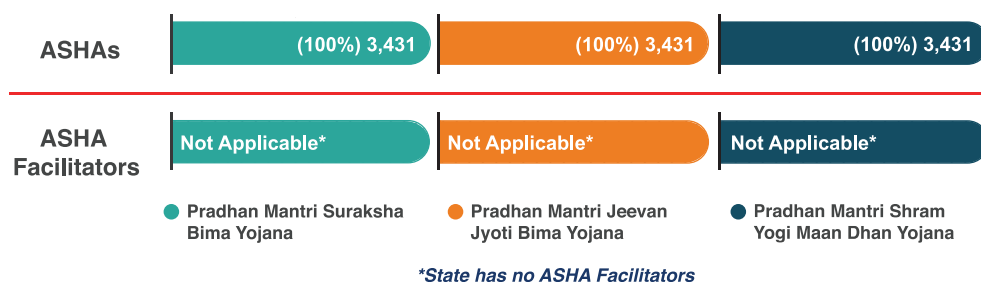
1.90% (76) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

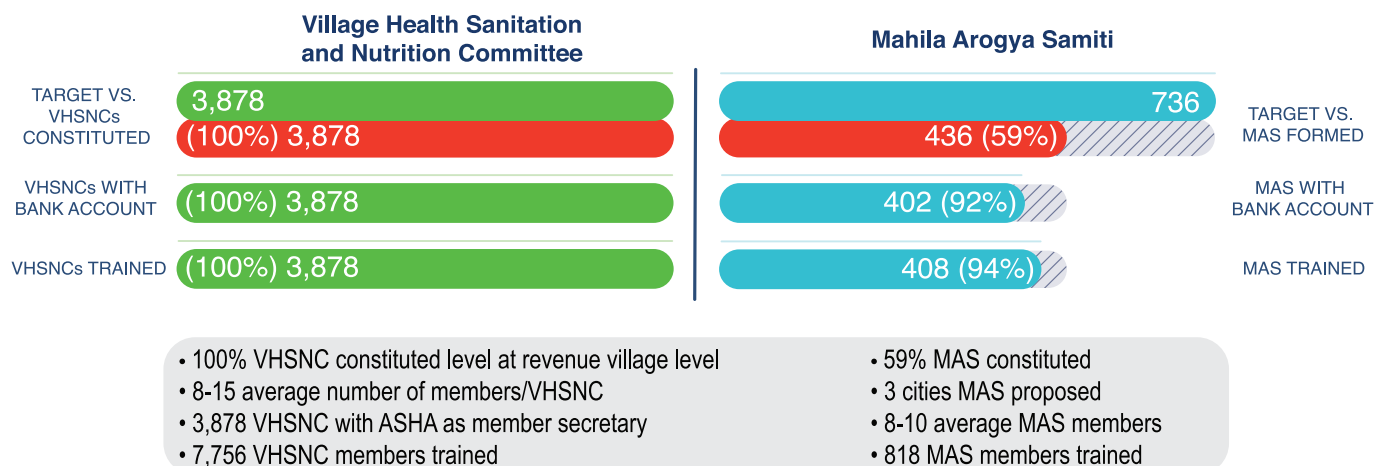
- ✓ Formed at State level
- ✓ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



## Trainers for Community Platforms



### State Specific Health Security Benefit Scheme for ASHAs

Hon'ble CM of the state under Chief Ministergi Hakshel-gi Tengbang (CMHT) has announced health protection scheme for frontline health workers. Under this scheme ASHAs and Anganwadi workers are entitled to avail cashless treatment up to 5 Lakh in the empanelled hospitals in the state. The Scheme will cover secondary and tertiary care on Hospitalization at the empanelled network of Hospital. Each eligible beneficiary family will receive a CMHT - Manipur Health card with a unique identification number. By showing a CMHT-Manipur Health card, a beneficiary can get cashless treatment i.e. without making any payment to the empanelled hospitals up to Rs. 5 Lakh per year per enrolled family on a floater basis. The benefit will be applicable to certain day-care and hospitalization procedures. Beneficiaries are also entitled to claim transport allowance through the scheme. In such manner, many of States/UTs are taking progressive steps to enable supportive environment for ASHAs.

(Source: <http://cmhtmanipur.gov.in/cmht/scheme-details.html>)



# MEGHALAYA

## ASHA Selection



## Overview

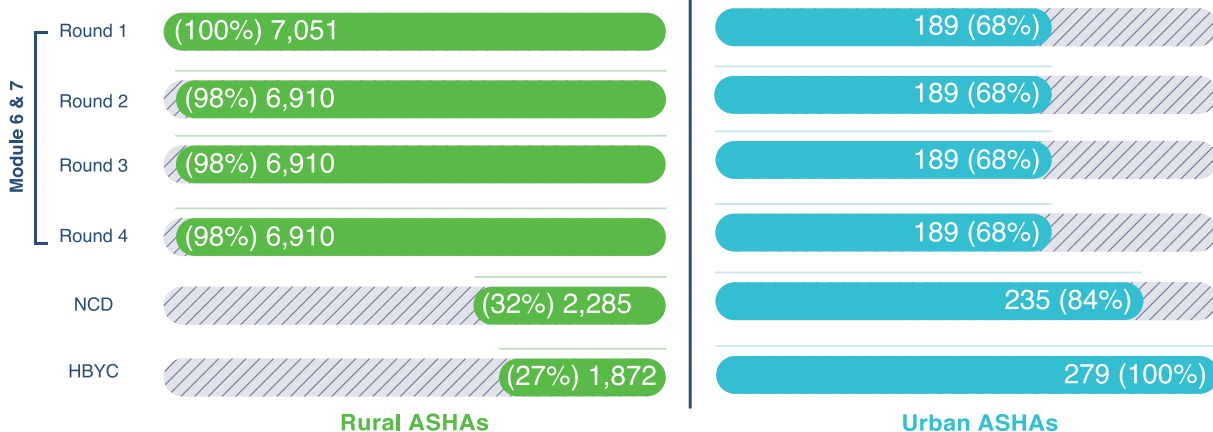
### Total Population

33.26 Lakhs  
(6.86 Lac. Urban & 26.4 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

371 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

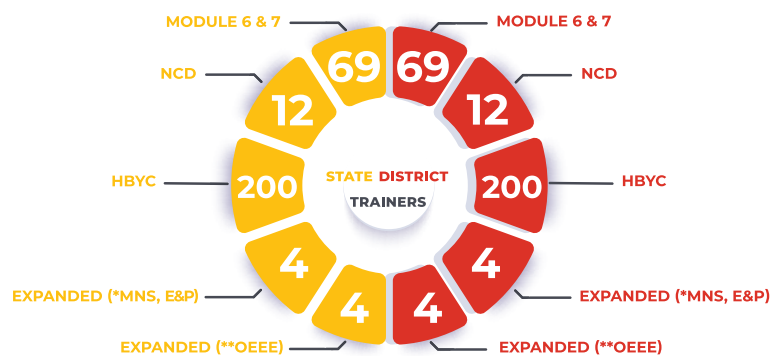
### Training Sites

**01** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**00** Govt. run training sites at district level.

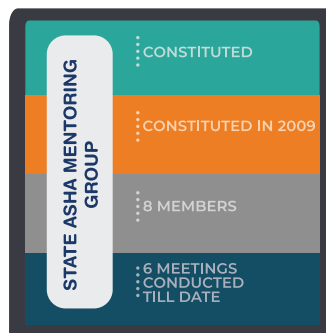
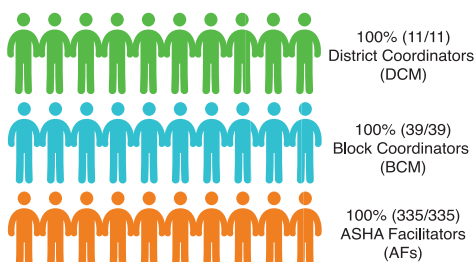
**00** NGO run training sites at district level.



\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

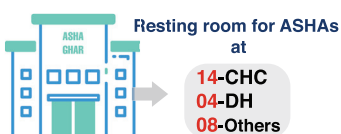
### ASHA Support Structure in Position



### Performance Monitoring Status



*\*State has not implemented performance monitoring system of ASHAs*



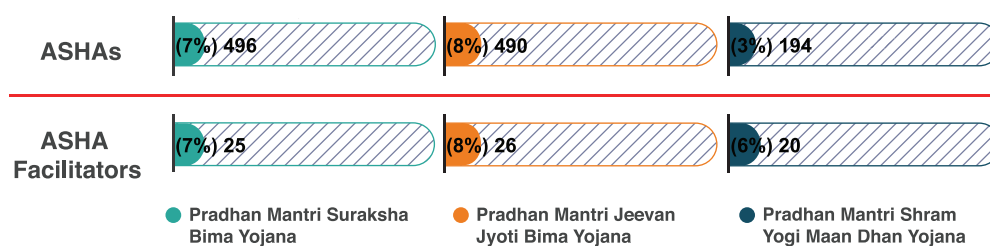
### ASHA CERTIFICATION STATUS

0.56% (41) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 94% VHSNC constituted at revenue village level
- 7-10 average number of members/VHSNC
- 6,310 VHSNC with ASHA as member secretary
- 4,250 VHSNC members trained

- 100% MAS constituted
- 4 cities MAS proposed
- 10-15 average MAS members
- 104 MAS members trained

## Trainers for Community Platforms



### Streamlining Payment and Ensuring Timely Disbursement of Funds to ASHAs

Government of Meghalaya had been facing issues related to timely disbursement of incentives and payment to ASHAs leading to a huge backlog of payments. With the support of National Health Mission, the Government of Meghalaya has introduced the ASHA and ASHA Facilitator payment mobile application. The sole purpose of developing the application is to ease the payment process of ASHA incentives and ensure timely disbursement of the same. The application will also be an important support tool for programme officers at all level as it will enable regular monitoring and tracking of ASHA payment and ensure no time lag in payments. This application has been rolled out in Umling Block of Ri-Bhoi District on a pilot basis. The number of ASHAs that have enrolled in the application is 471 from entire Ri-Bhoi District, the total claims raised is Rs. 29.90 Lakhs, and an amount raised has been released for payment to the ASHAs through this application within 5 days from the time of claims. This process has cut down the time from 120-150 days to less than 5 days.

(Source: Press note Government of Meghalaya dated 30.03.2022 available at [https://meghalaya.gov.in/sites/default/files/press\\_release/Press\\_Release\\_from\\_NHM.pdf](https://meghalaya.gov.in/sites/default/files/press_release/Press_Release_from_NHM.pdf))



# MIZORAM

## ASHA Selection



## Overview

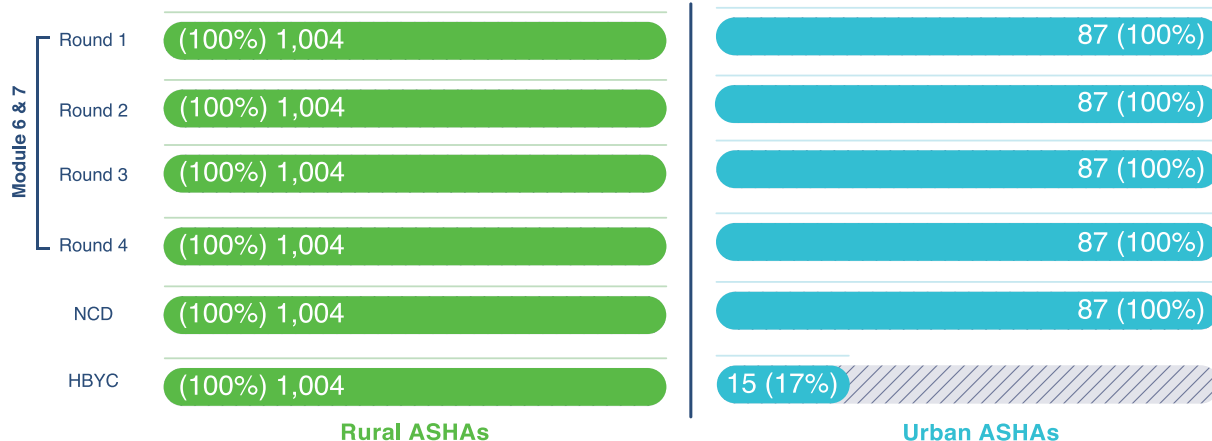
### Total Population

12.30 Lakhs  
(6.75 Lac. Urban & 5.55 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

554 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

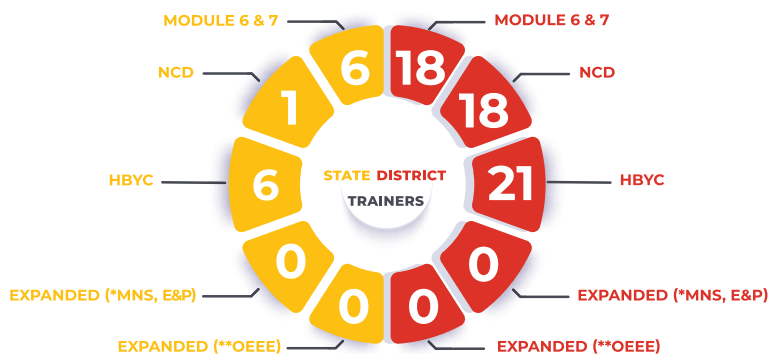
### Training Sites

01 Govt. run training sites at state level.

01 NGO run training sites at state level.

09 Govt. run training sites at district level.

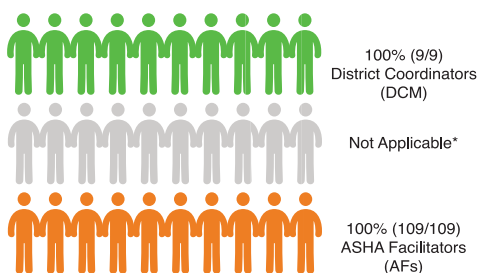
09 NGO run training sites at district level.



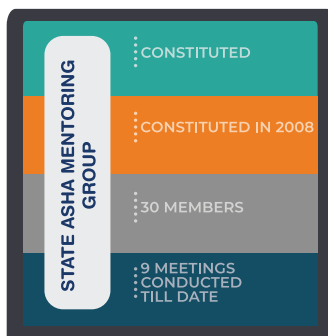
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

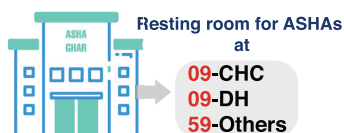
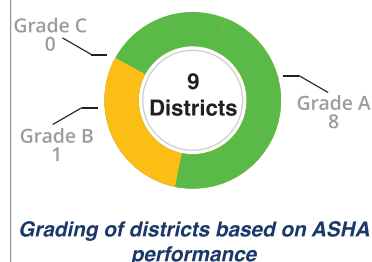
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

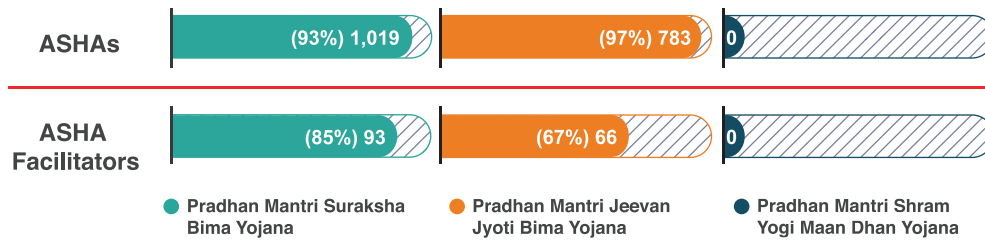
6.05% (66) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 96% VHSNC constituted at village level
- 15-20 average number of members/VHSNC
- 830 VHSNC with ASHA as member secretary
- 1,660 VHSNC members trained

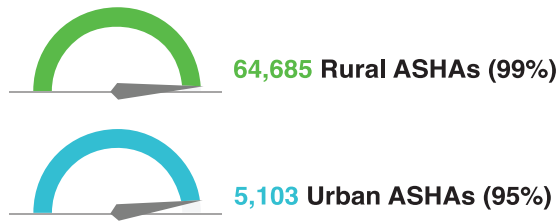
- 100% MAS constituted
- 3 cities MAS proposed
- 10-20 average MAS members
- 700 MAS members trained

## Trainers for Community Platforms



# MADHYA PRADESH

## ASHA Selection



## Overview



### Total Population

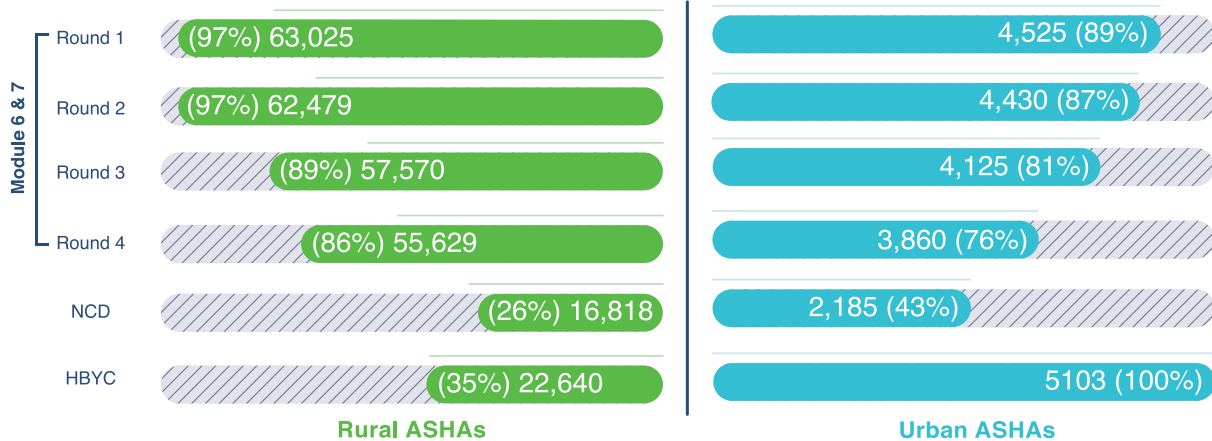
**8.58 Crores**  
(2.48 Cr. Urban & 6.10 Cr. Rural)  
(Source: Census)



### Average Population covered by ASHAs

**936 (Rural Population)**

## Training Status of ASHAs



## Support System for ASHA Training

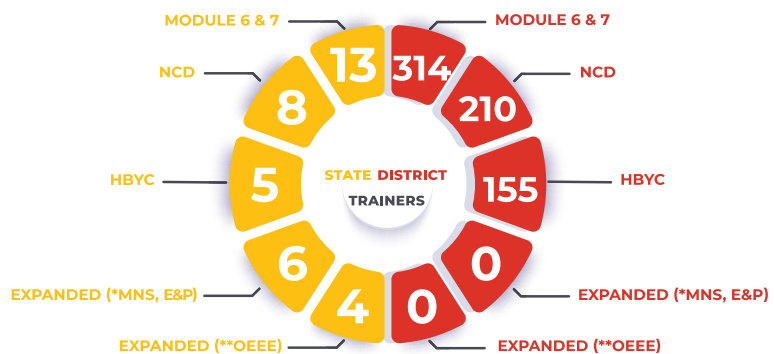
### Training Sites

**03** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**51** Govt. run training sites at district level.

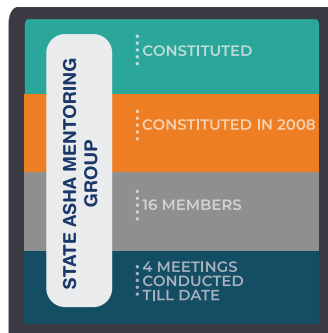
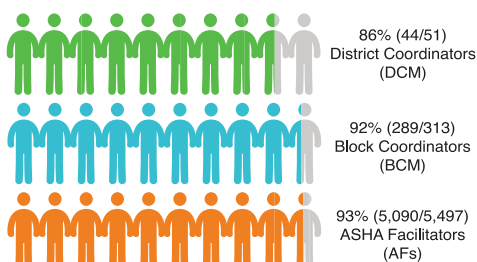
**47** NGO run training sites at district level.



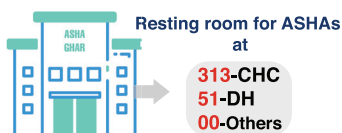
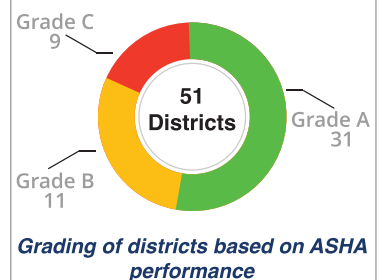
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



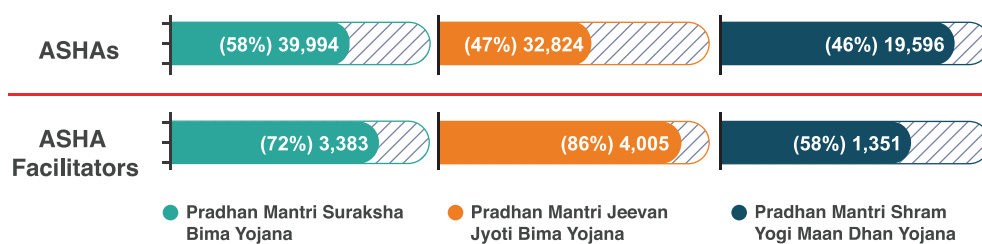
### ASHA CERTIFICATION STATUS

2.89% (2,019) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 98% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 1,04,515 VHSNC members trained

- 72% MAS constituted
- 68 cities MAS proposed
- 12-14 Average MAS members
- 44,904 MAS members trained

## Trainers for Community Platforms



### Incremental Learning Approach pedagogy for capacity building of ASHAs-A pilot on Madhya Pradesh

A rapid assessment of knowledge of ASHAs and their supervisors conducted by State ASHA resource Center, Madhya Pradesh, suggested a felt need to improve their skills and knowledge in critical area of RMNCHA+N. This led to mapping of certain themes to be focused on during capacity building programs using Incremental Learning Approach (ILA) Pedagogy. In this regard, a pilot was conducted to determine the effectiveness of ILA in two districts of Madhya Pradesh, i.e. Ashok Nagar and Ujjain. To ensure high level of comprehension and retention, structured modules and detailed training plans were developed. This included a virtual session per week for ASHA supervisors. This was followed by in-person training at block level which served as refreshers. The ASHA supervisors would select a specific theme each month and cover the same during the sector level aiming to update the knowledge and skills of ASHAs. Learnings were also made an integral part of on-job/field visits. This ILA pedagogy helped improve the technical knowledge of the ASHA supervisors and also their training techniques. Further, the basic principles of participation, repetition, relevance, transference and feedback were adopted which made the pilot successful. Improvement in utilization of sector meeting platforms was observed. Overall, to bridge the gaps during service delivery, supportive supervision tools received an impetus.



# NAGALAND

## ASHA Selection



## Overview

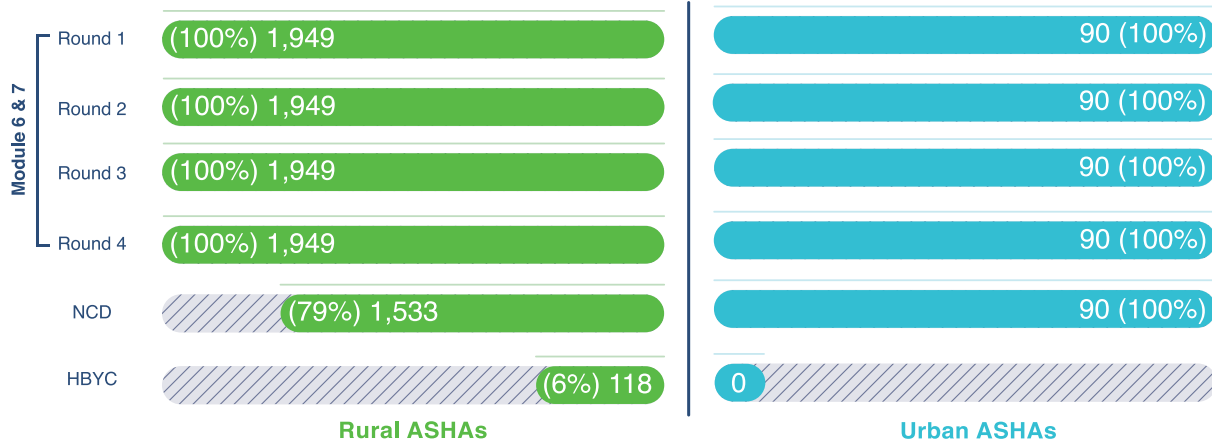
### Total Population

22.18 Lakhs  
(9.96 Lac. Urban & 12.22 Lac. Rural)  
(Source: Census)

### Average Population covered by ASHAs

645 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

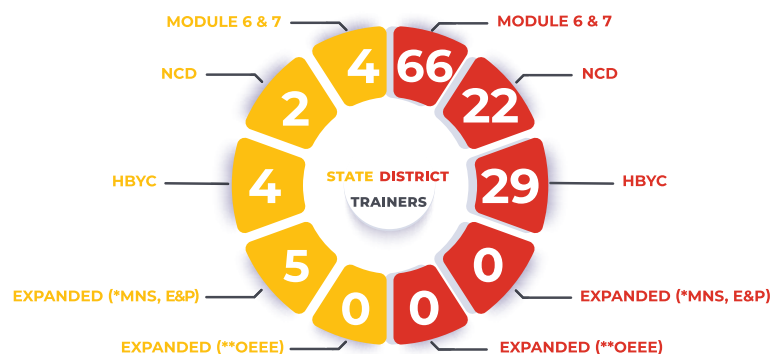
### Training Sites

01 Govt. run training sites at state level.

00 NGO run training sites at state level.

01 Govt. run training sites at district level.

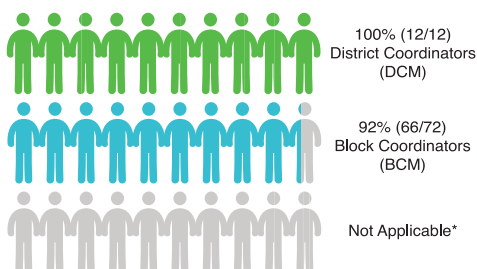
00 NGO run training sites at district level.



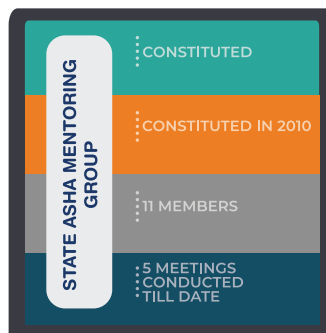
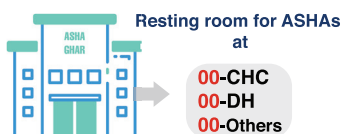
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



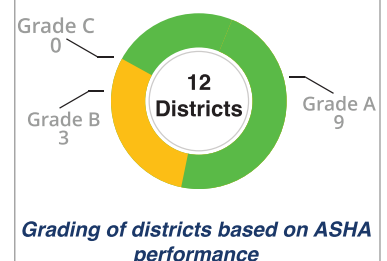
\*Managed by existing support staff



### ASHA CERTIFICATION STATUS

2.4% (49) ASHAs have completed certification in RMNCH + A

### Performance Monitoring Status

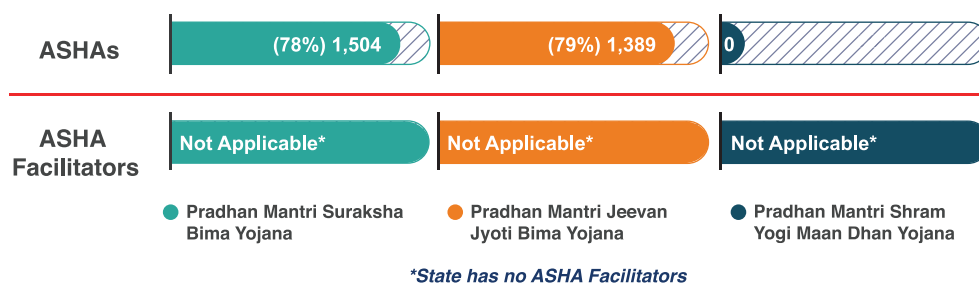


### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 1,359 VHSNC with ASHA as member secretary
- 3,444 VHSNC members trained

- 78% MAS constituted
- 5 cities MAS proposed
- 6-10 average MAS members
- 704 MAS members trained

## Trainers for Community Platforms



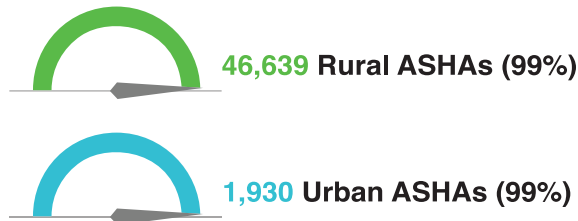
### Exemplary Role Played by ASHAs in Facilitating COVID-19 Immunization in Children

Working since 2011, an ASHA of Yaongyimsen village of Mokokchung District has built a strong rapport with community members and maintains a close relationship with vulnerable population especially the elderly, children and women and provides patient specific care. During the COVID-19 pandemic, due to the engagement of majority of families in the agricultural sector, families often found difficult to take their children for COVID-19 immunization services. In such cases, ASHA proactively stood forefront in mobilizing such children and ensuring the immunization services. Her constant efforts in COVID-19 vaccination have resulted in achieving 100% COVID-19 vaccination. She also stays involved in spreading awareness about COVID-19 in her community and dispelling myths and misconceptions. She also plays the role of a mentor to newly selected ASHAs in nearby villages by assisting them in carrying out ASHA roles and duties and supports them during HBNC visits, ANC and PNC visits. Such collective efforts of ASHAs all across the country have significantly contributed in scaling up COVID-19 immunization reach.



# ODISHA

## ASHA Selection



## Overview

### Total Population

**4.42 Crores**  
(82.91 Lac. Urban & 3.59 Cr. Rural)  
(Source: Census)

**Average Population covered by ASHAs**  
**770 (Rural Population)**

## Training Status of ASHAs



## Support System for ASHA Training

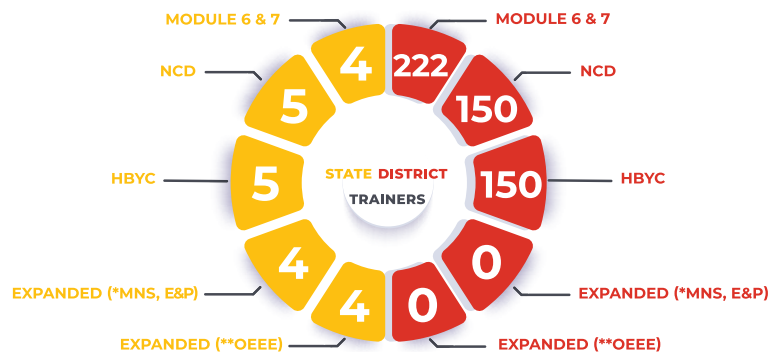
### Training Sites

**01** Govt. run training sites at state level.

**00** NGO run training sites at state level.

**14** Govt. run training sites at district level.

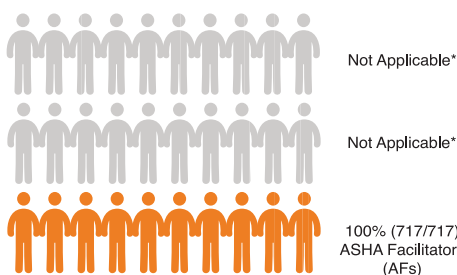
**126** NGO run training sites at district level.



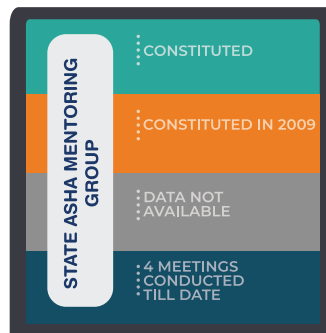
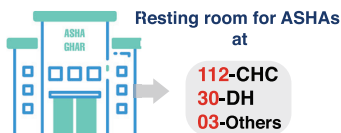
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



**Grading of districts based on ASHA performance**

\*State has not implemented performance monitoring system of ASHAs

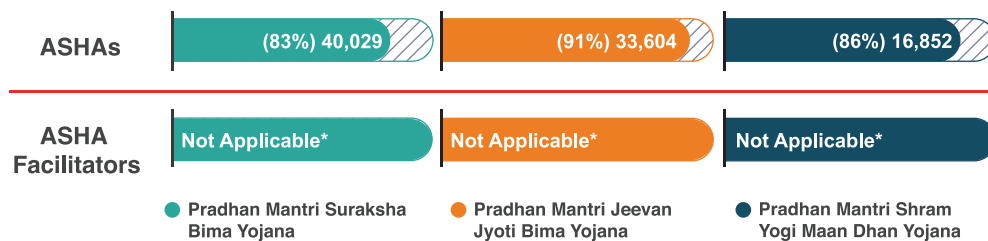
### ASHA CERTIFICATION STATUS

5.47% (2,656) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*State has no ASHA Facilitators

## Status of Community Platforms



- 99% VHSNC constituted at revenue village level
- 10-15 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 2,72,500 VHSNC members trained

- 99% MAS constituted
- 47 cities MAS proposed
- 11-5 average MAS members
- 40,356 MAS members trained

## Trainers for Community Platforms



# PUDUCHERRY

## ASHA Selection



NA (UT has no Rural Areas)



## Overview

### Total Population

16.08 Lakhs  
(11.27 Lac. Urban & 4.81 Lac. Rural)  
(Source: Census)



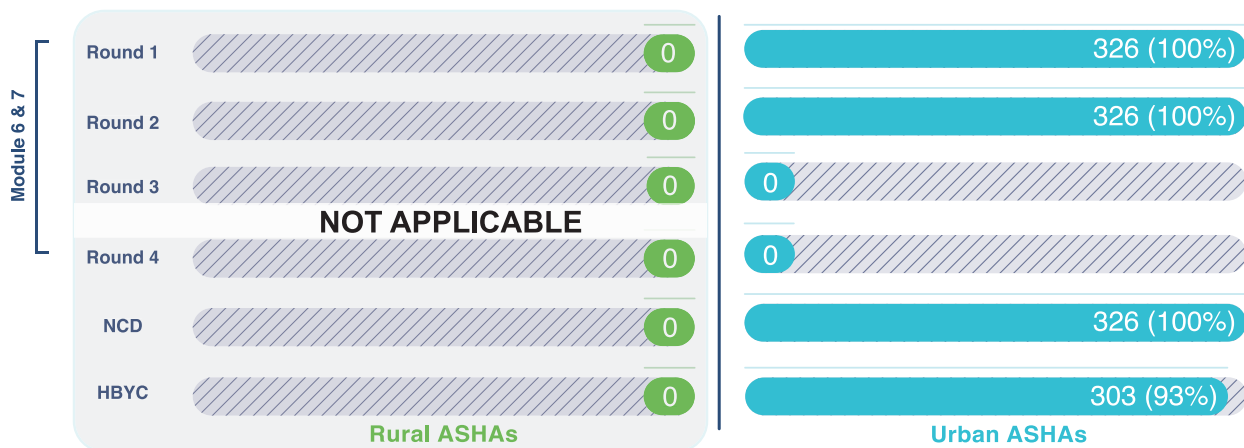
326 Urban ASHAs (96%)



### Average Population covered by ASHAs

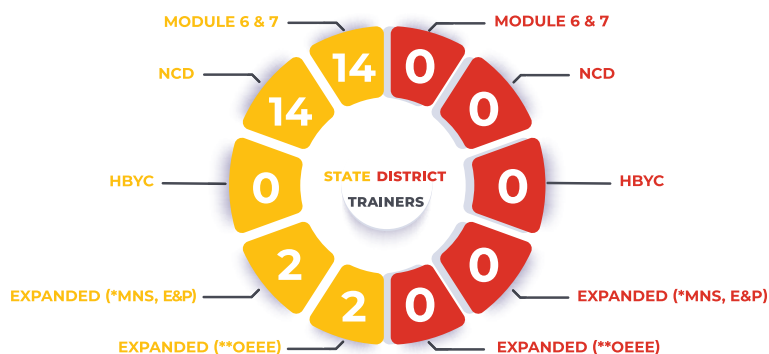
No Rural ASHAs

## Training Status of ASHAs



## Support System for ASHA Training

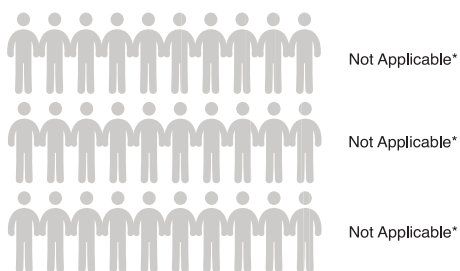
- Training Sites**
- 02 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 06 Govt. run training sites at district level.
  - 00 NGO run training sites at district level.



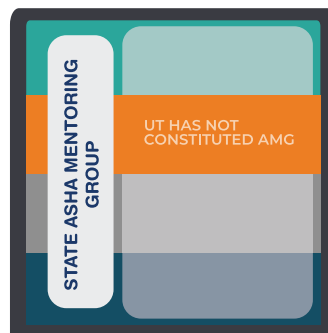
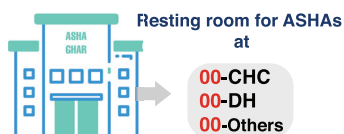
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff



### ASHA CERTIFICATION STATUS

UT has not initiated ASHA certification in RMNCH + A

### Performance Monitoring Status



### Grading of districts based on ASHA performance

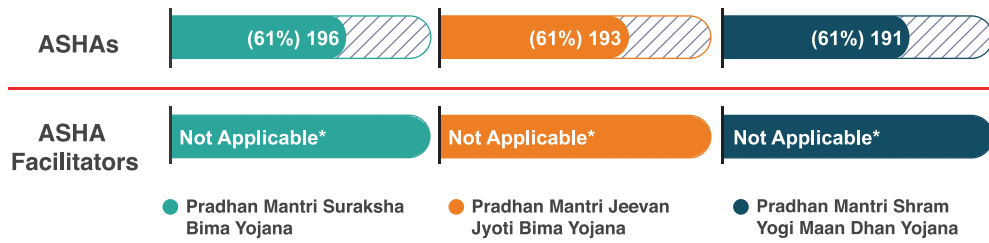
\*UT has not implemented performance monitoring system of ASHAs

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

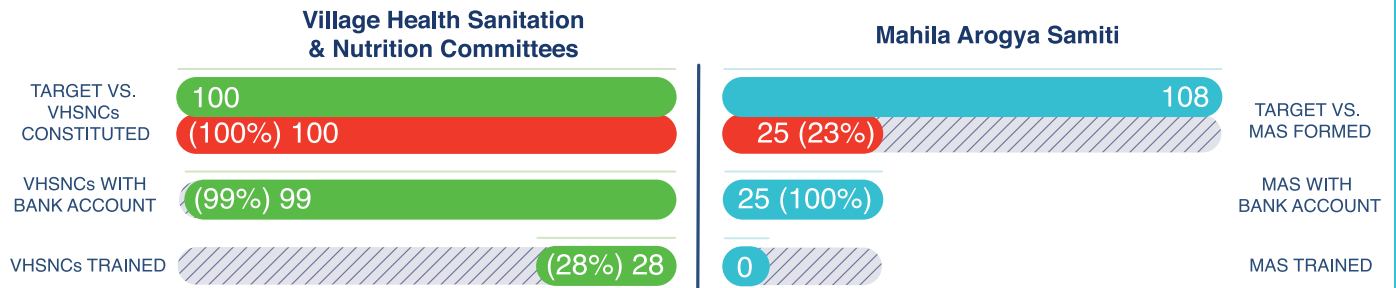


## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*UT has no ASHA Facilitators

## Status of Community Platforms



- 100% VHSNC constituted at village level
- 7-10 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 28 VHSNC members trained

- 23% MAS constituted
- 1 city MAS proposed
- 8-12 average MAS members
- 0 MAS members trained

## Trainers for Community Platforms



# PUNJAB

## ASHA Selection



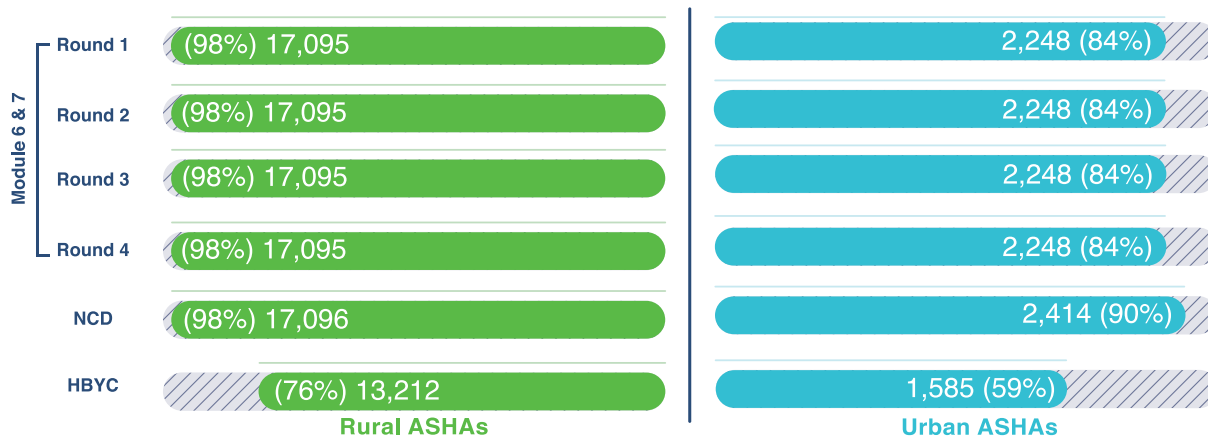
## Overview

### Total Population

3.06 Crores  
(1.27 Cr. Urban & 1.79 Cr. Rural)  
(Source: Census)

Average Population covered by ASHAs  
1,028 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

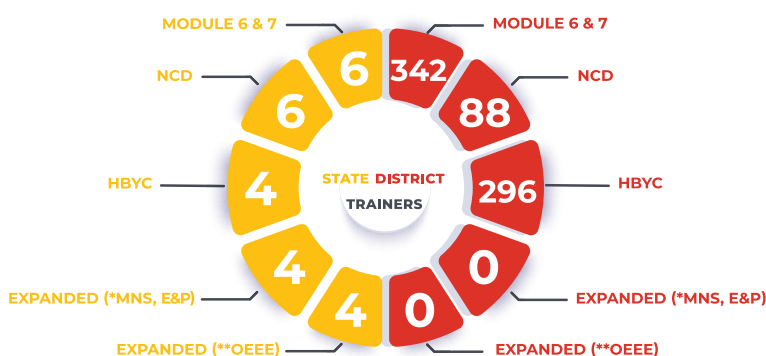
### Training Sites

01 Govt. run training sites at state level.

00 NGO run training sites at state level.

23 Govt. run training sites at district level.

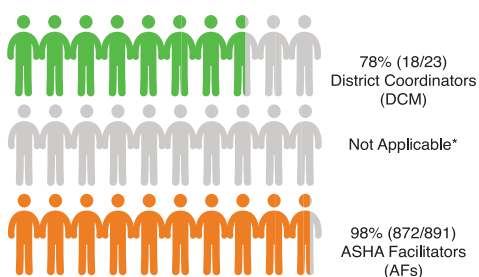
00 NGO run training sites at district level.



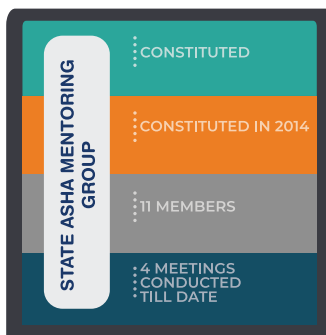
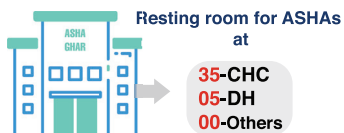
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

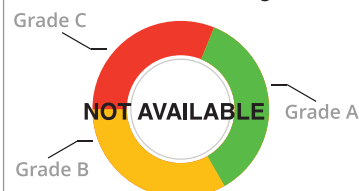
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs

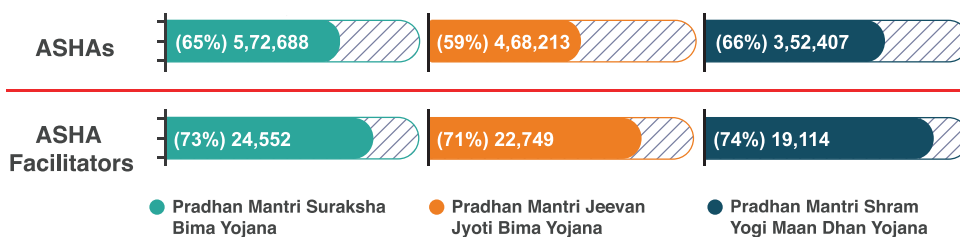
### ASHA CERTIFICATION STATUS

2.64% (532) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- Majority of states/UTs have constituted VHSNCs at revenue village level
- 10-12 average number of members/VHSNC
- 15 States/UTs do not have VHSNC with ASHA as member secretary
- 24,49,337 VHSNC members trained
- 827 cities MAS proposed
- 8-10 average MAS members
- 4,86,679 MAS members trained

## Trainers for Community Platforms





# RAJASTHAN

## ASHA Selection



## Overview

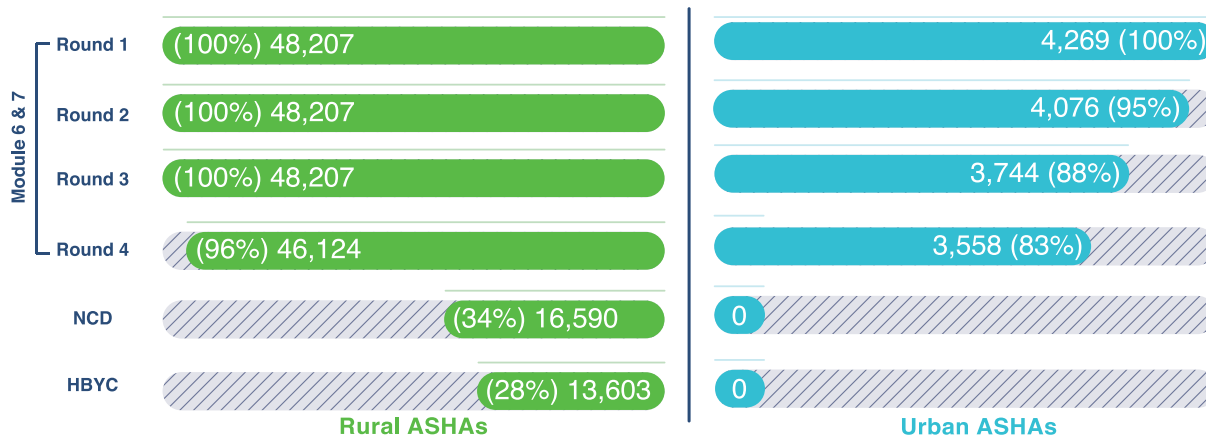
### Total Population

8.04 Crores  
(2.13 Cr. Urban & 5.91 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

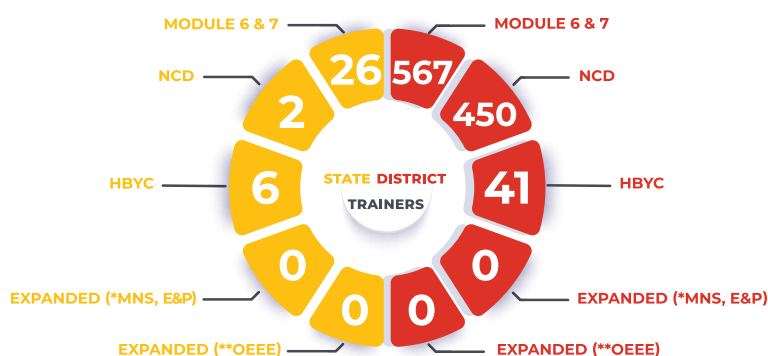
1,218 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

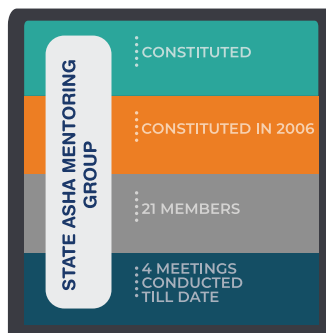
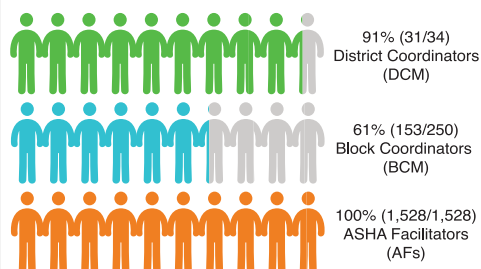
- Training Sites**
- 03 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 34 Govt. run training sites at district level.
  - 00 NGO run training sites at district level.



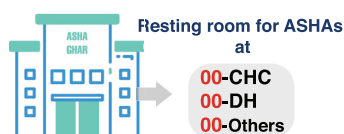
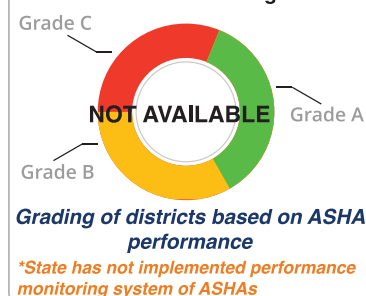
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

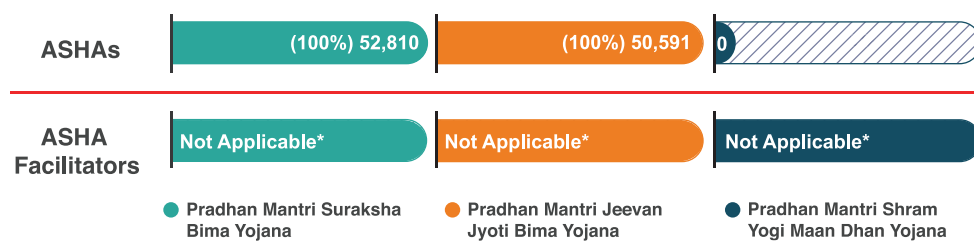
State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ✓ Formed at State level
- ✓ Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



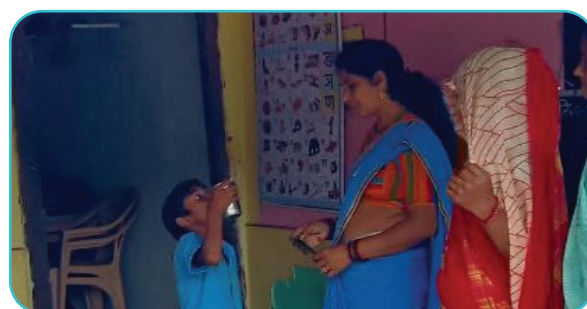
## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 43,440 VHSNC with ASHA as members secretary
- 1,14,120 VHSNC members trained

- 100% MAS constituted
- 61 cities MAS proposed
- 10-12 average MAS members
- 45,180 MAS members trained

## Trainers for Community Platforms



# SIKKIM

## ASHA Selection



## Overview

### Total Population

6.84 Lac.  
(3.27 Lac. Urban & 3.57 Lac.)  
(Source: Census)

### Average Population covered by ASHAs

583 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

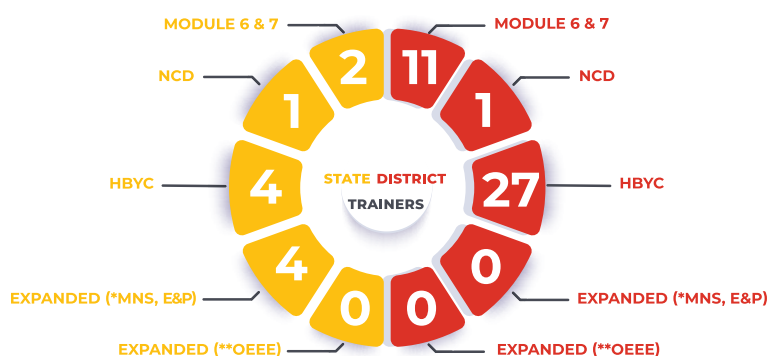
### Training Sites

01 Govt. run training sites at state level.

00 NGO run training sites at state level.

00 Govt. run training sites at district level.

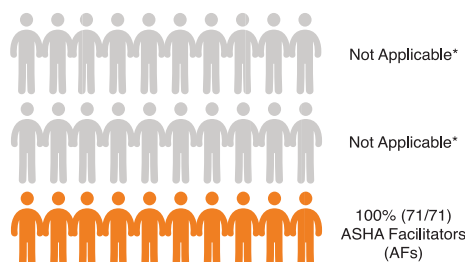
00 NGO run training sites at district level.



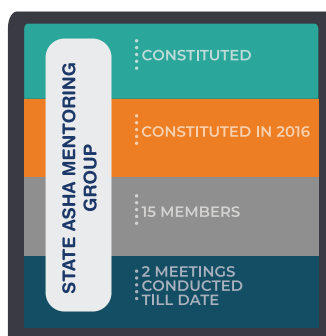
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



\*Managed by existing support staff

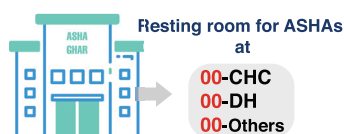


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



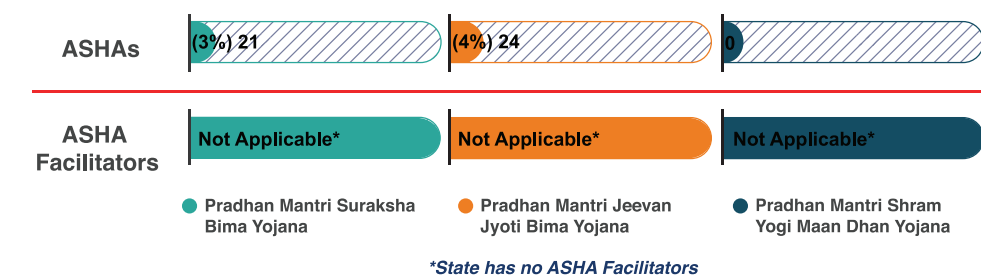
### ASHA CERTIFICATION STATUS

50.3% (340) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



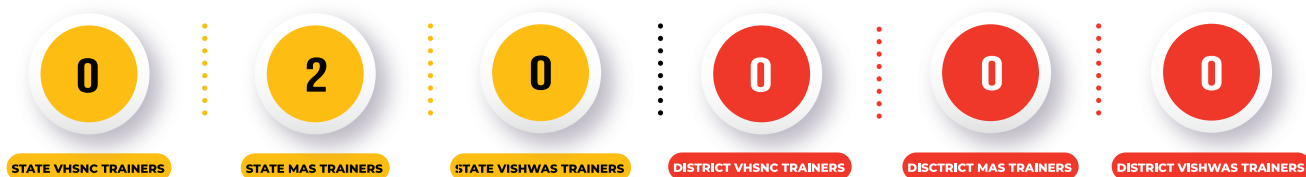
## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 8-10 average VHSNC members
- 641 VHSNC with ASHA as member secretary
- 6,410 VHSNC members trained

- 100% MAS constituted
- 2 cities MAS proposed
- 10-15 average MAS members
- 350 MAS members trained

## Trainers for Community Platforms



### Decentralized Management for Prevention and Control of COVID-19 Pandemic

ASHA and AWW of the South District are playing a pivotal role in the fight of COVID-19 pandemic relentlessly. Since the outbreak, these workers have been creating awareness about this disease and the basic hygiene that one needs to practice which is washing hands at regular intervals or use hand sanitizers, wearing a face mask and maintaining social distance. State government has leveraged Village Health, Sanitation and Nutrition Committee (VHSNC) meetings to training ASHAs on prevention and control of COVID-19 pandemic. Similarly, AWW of the district have been involved to provide education, nutrition, contact tracing, monitoring cases and standard health services in rural areas. The resilient contribution that these ASHAs and AWWs have provided during these testing times is unparalleled, their network and years of healthcare practice in villages has helped in community engagement. They have been instrumental in addressing Covid misconceptions, effective implementation of quarantine and most importantly they have also actively disseminated information on how to discard covid related bio medical waste. To create an enabling and decentralized management State government has set up a Village Level Monitoring Team comprising of Gram Panchayat/Municipal Councillor as team member, ASHA as health member, Anganwadi Worker and volunteers as members. This team has been formed to detect and monitor the patients as early as possible and limit the spread of Covid-19. Many of such collective efforts in our country has helped to fight the infection!



# TAMIL NADU

## ASHA Selection



## Overview

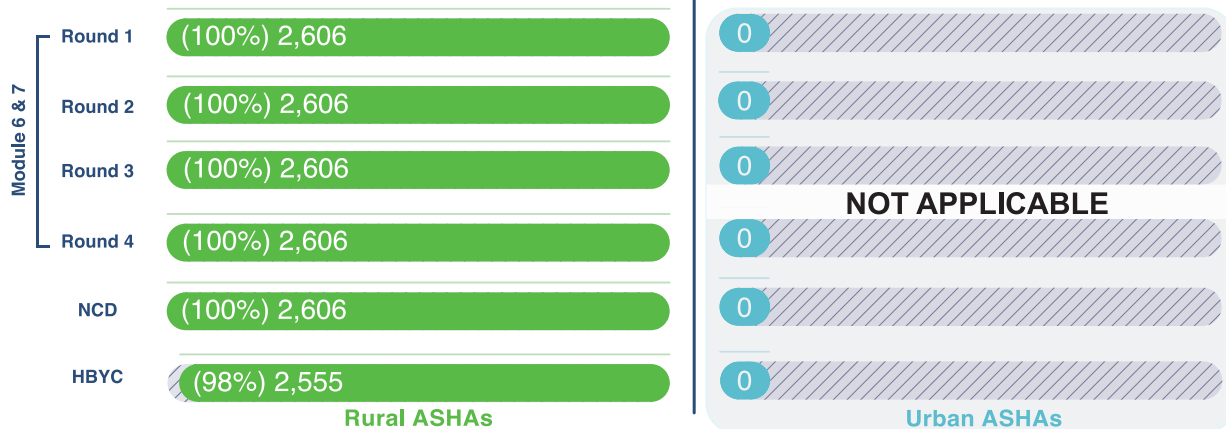
### Total Population

7.67 Crores  
(4.09 Cr. Urban & 3.58 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

13,870 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

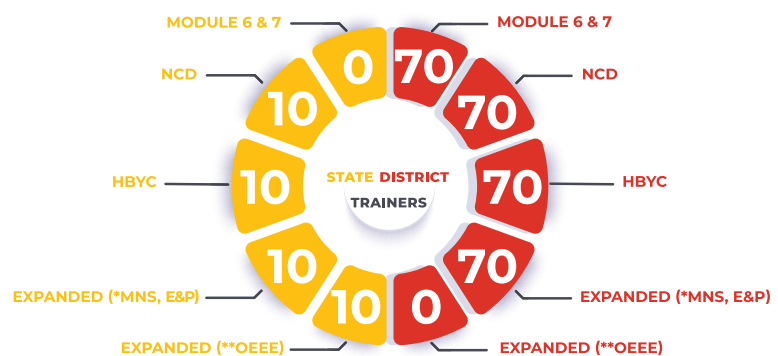
### Training Sites

07 Govt. run training sites at state level.

00 NGO run training sites at state level.

35 Govt. run training sites at district level.

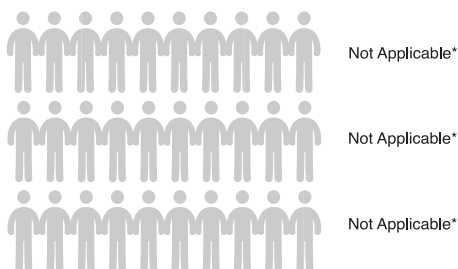
00 NGO run training sites at district level.



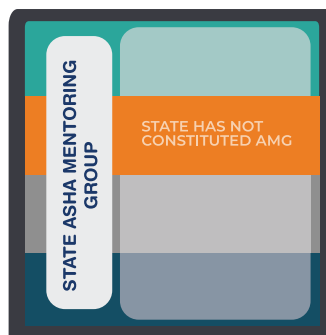
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

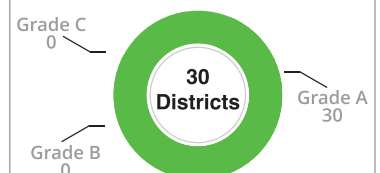
### ASHA Support Structure in Position



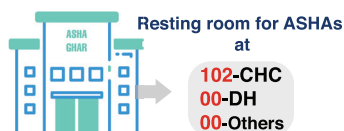
\*Managed by existing support staff



### Performance Monitoring Status



Grading of districts based on ASHA performance



### ASHA CERTIFICATION STATUS

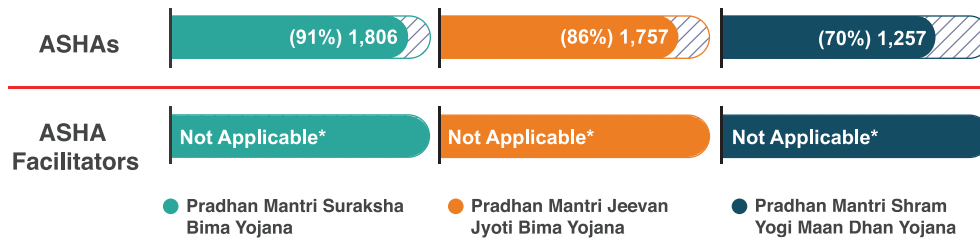
State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ✓ Formed at State level
- ✓ Formed at District level

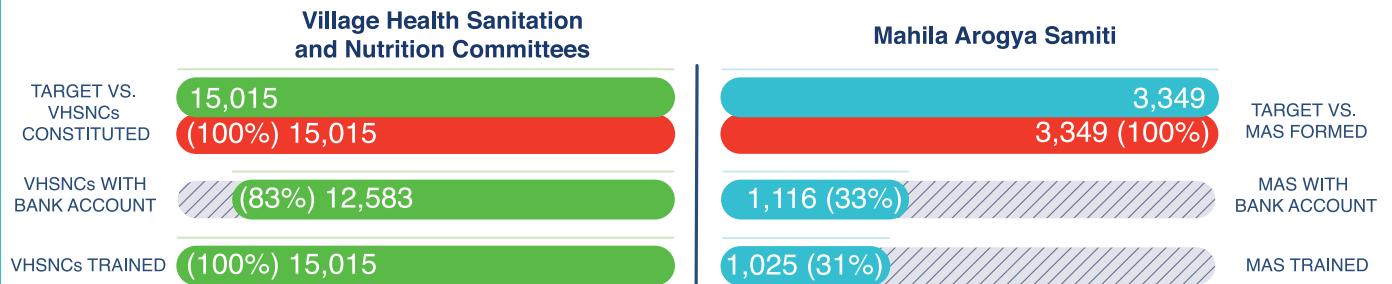


## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



\*State has no ASHA Facilitators

## Status of Community Platforms



- 100% VHSNC constituted at gram panchayat level
- 5-7 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 45,979 VHSNC members trained

- 100% MAS constituted
- 11 cities MAS proposed
- 10-12 average MAS members
- 10,250 MAS members trained

## Trainers for Community Platforms



# TELANGANA

## ASHA Selection



## Overview

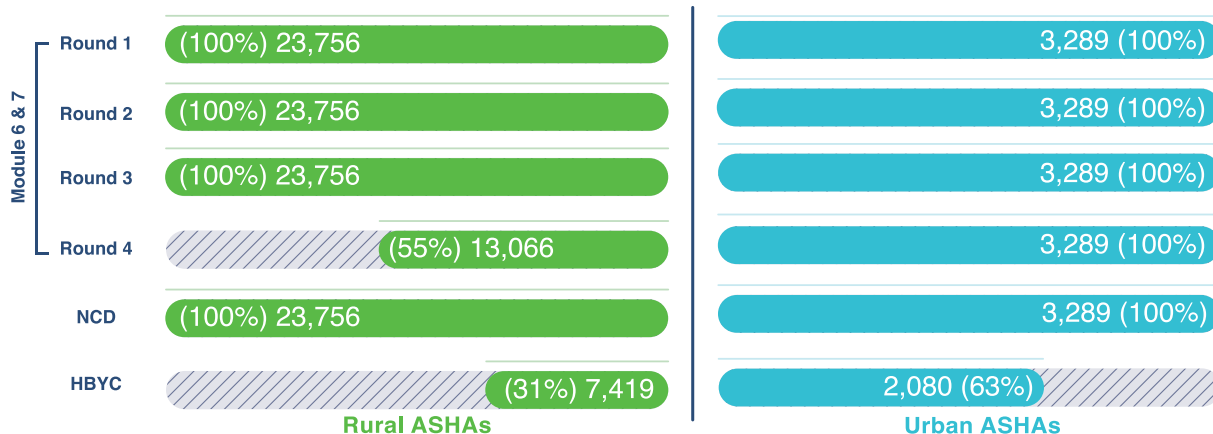
### Total Population

3.79 Crores  
(1.78 Cr. Urban & 2.01 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

853 (Rural Population)

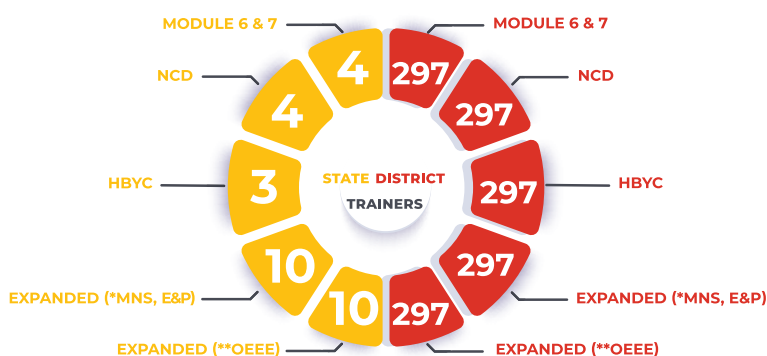
## Training Status of ASHAs



## Support System for ASHA Training

### Training Sites

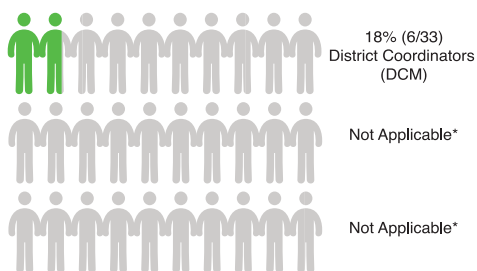
- 12 Govt. run training sites at state level.
- 00 NGO run training sites at state level.
- 12 Govt. run training sites at district level.
- 00 NGO run training sites at district level.



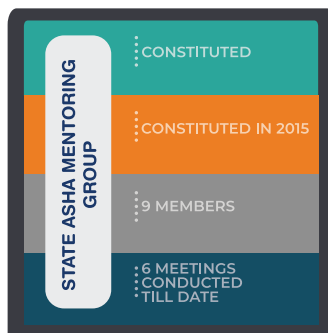
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

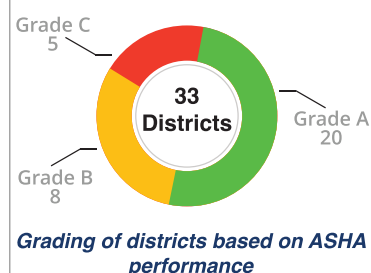
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status

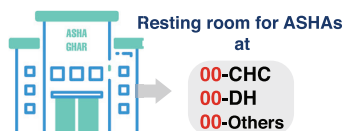


### ASHA CERTIFICATION STATUS

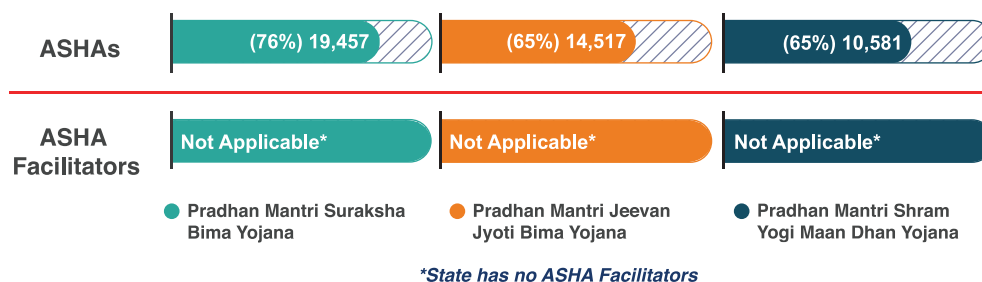
State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



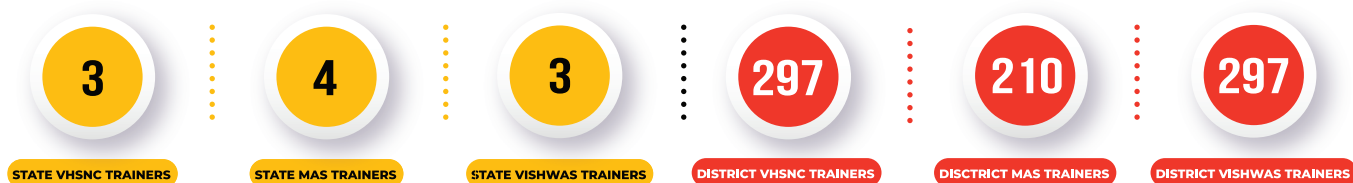
## Status of Community Platforms



- 62% VHSNC constituted at revenue village level
- 15-19 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 1,56,495 VHSNC members trained

- 72% MAS constituted
- 42 cities MAS proposed
- 18-20 average MAS members
- 7,900 MAS members trained

## Trainers for Community Platforms





# TRIPURA

## ASHA Selection



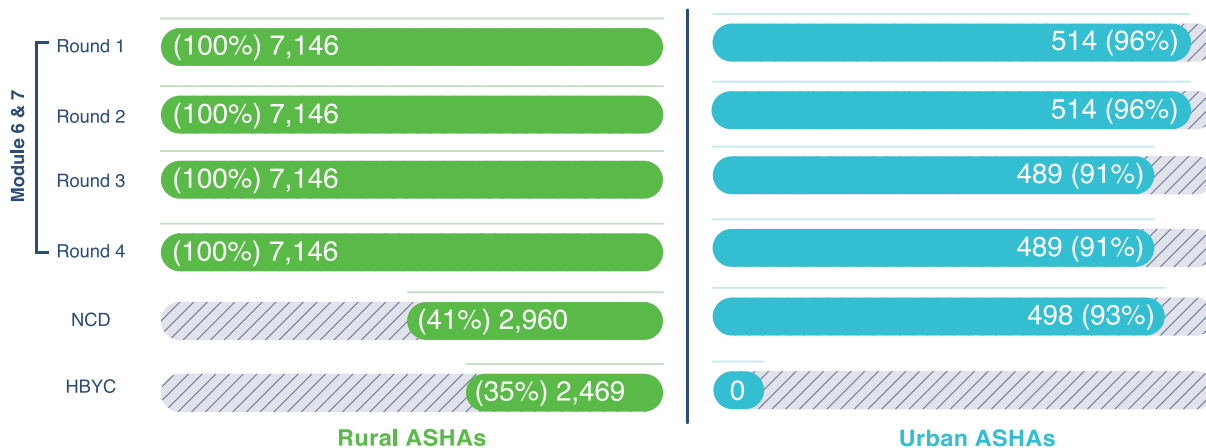
## Overview

### Total Population

41.18 Lakhs  
(15.85 Lac. Urban & 25.33 Lac. Rural)  
(Source: Census)

Average Population covered by ASHAs  
360 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

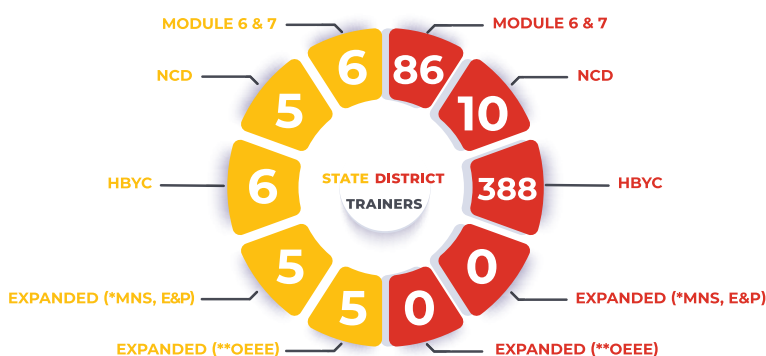
### Training Sites

02 Govt. run training sites at state level.

00 NGO run training sites at state level.

02 Govt. run training sites at district level.

00 NGO run training sites at district level.



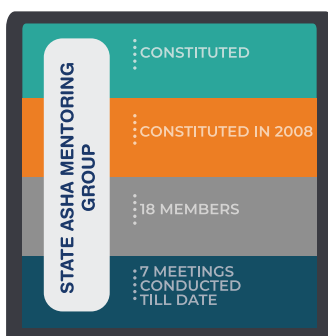
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

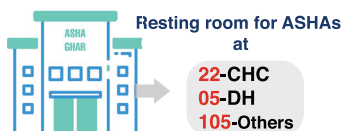
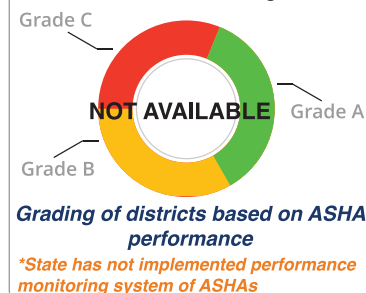
### ASHA Support Structure in Position



\*Managed by existing support staff



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

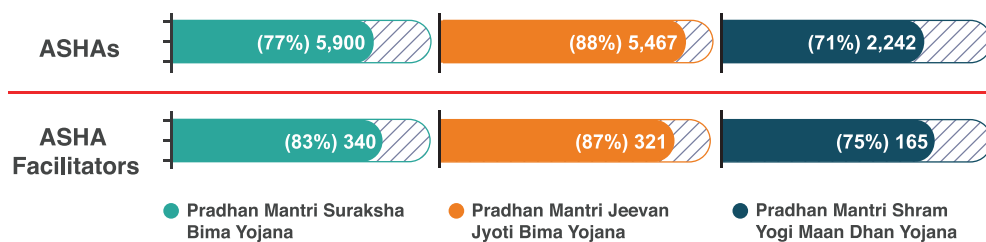
13.24% (1,017) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at gram panchayat level
- 10-15 average number of members/VHSNC
- 0 VHSNC with ASHA as member secretary
- 2,356 VHSNC members trained

- 100% MAS constituted
- 3 cities MAS proposed
- 10-15 average MAS members
- 380 MAS members trained

## Trainers for Community Platforms



# UTTAR PRADESH

## ASHA Selection



## Overview

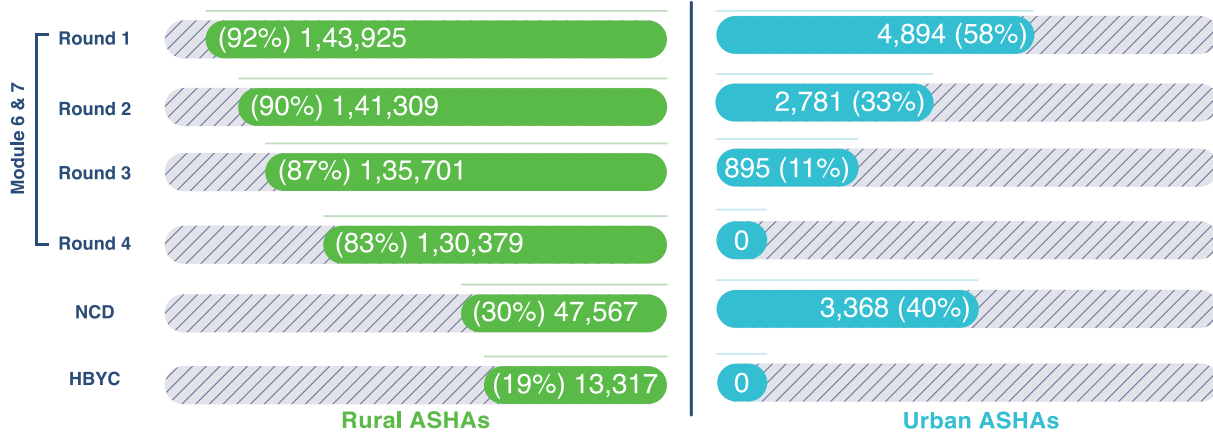
### Total Population

23.4 Crores  
(5.60 Cr. Urban & 17.80 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

1,131 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

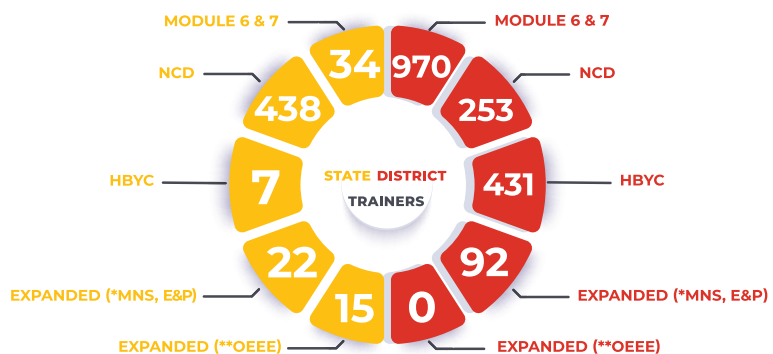
### Training Sites

12 Govt. run training sites at state level.

00 NGO run training sites at state level.

75 Govt. run training sites at district level.

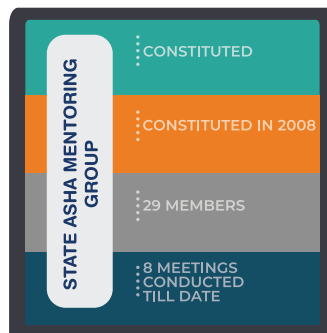
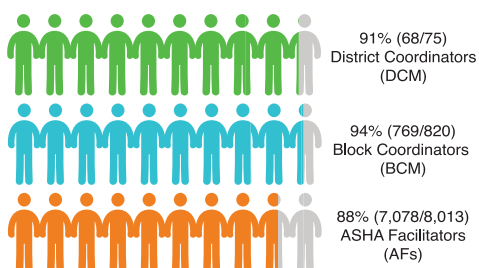
00 NGO run training sites at district level.



\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position

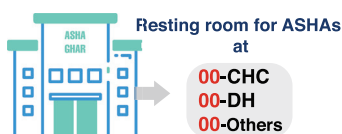


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



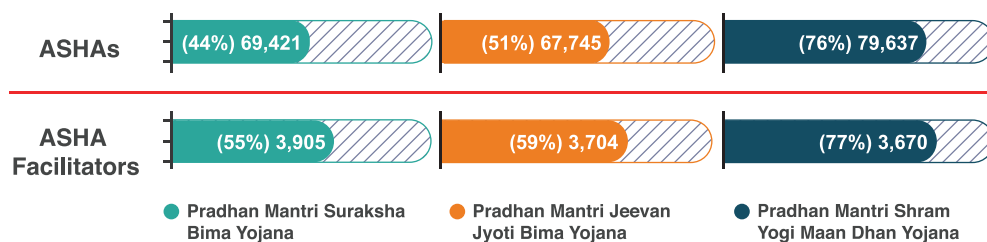
### ASHA CERTIFICATION STATUS

State has not initiated ASHA certification in RMNCH + A

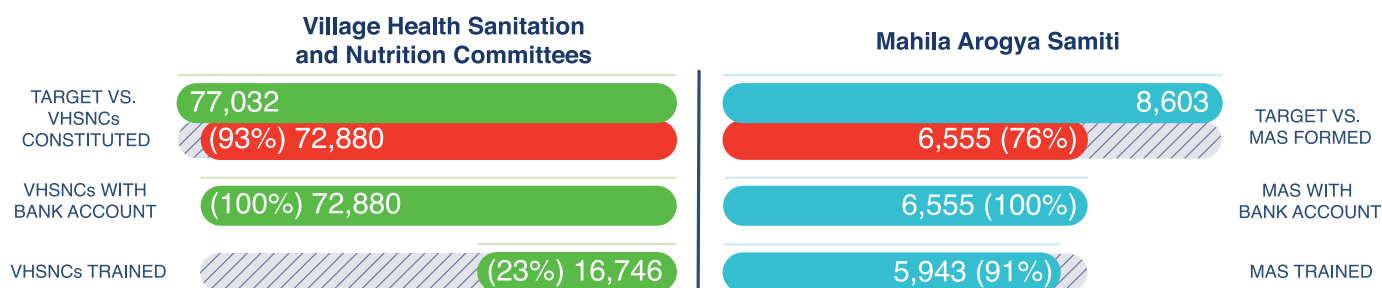
### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 93% VHSNC constituted at revenue village level
- 12-17 average number of members/VHSNC
- 71,378 VHSNC with ASHA as member secretary
- 1,39,318 VHSNC members trained

- 76% MAS constituted.
- 134 cities MAS proposed.
- 10-12 average MAS members
- 11,886 MAS members trained.

## Trainers for Community Platforms





# UTTARAKHAND

## ASHA Selection



10,759 Rural ASHAs (100%)



1,205 Urban ASHAs (100%)



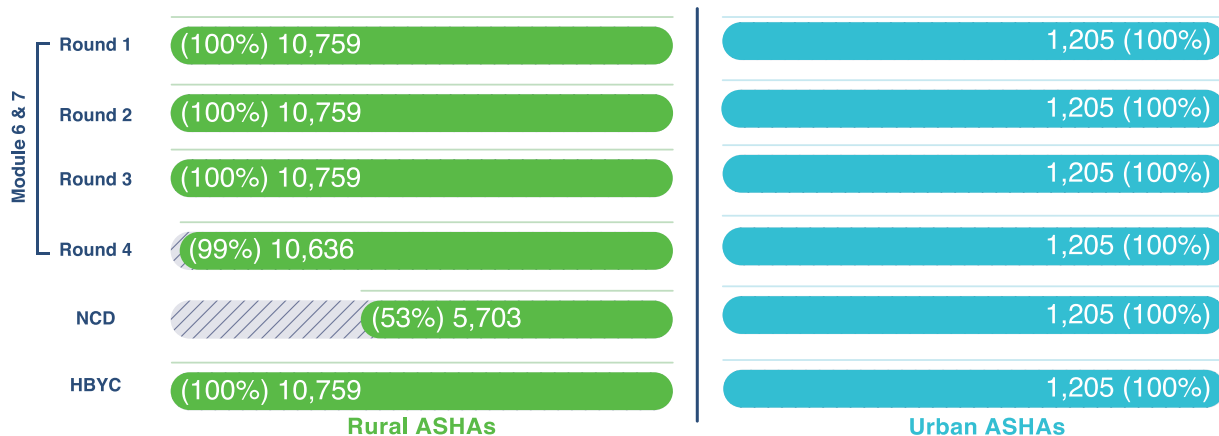
## Overview

### Total Population

1.15 Crores  
(41 Lac. Urban & 74 Lac. Rural)  
(Source: Census)

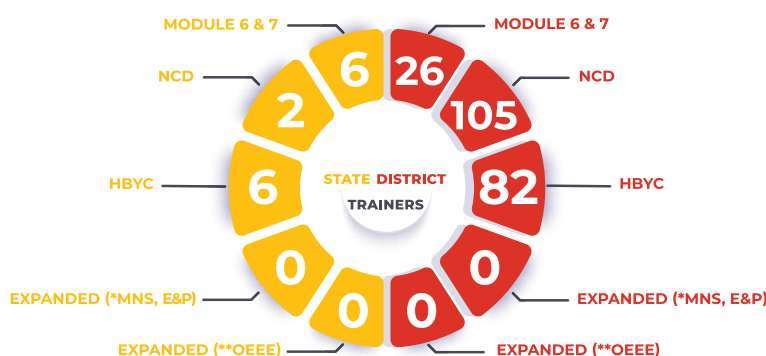
Average Population covered by ASHAs  
693 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

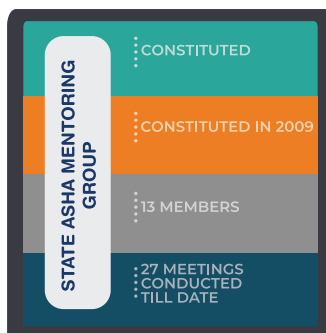
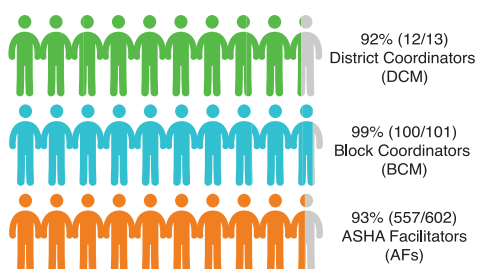
- Training Sites**
- 02 Govt. run training sites at state level.
  - 00 NGO run training sites at state level.
  - 13 Govt. run training sites at district level.
  - 08 NGO run training sites at district level.



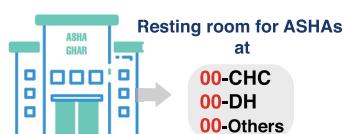
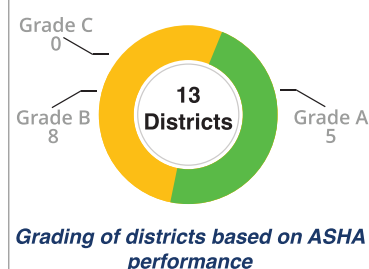
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

### ASHA Support Structure in Position



### Performance Monitoring Status



### ASHA CERTIFICATION STATUS

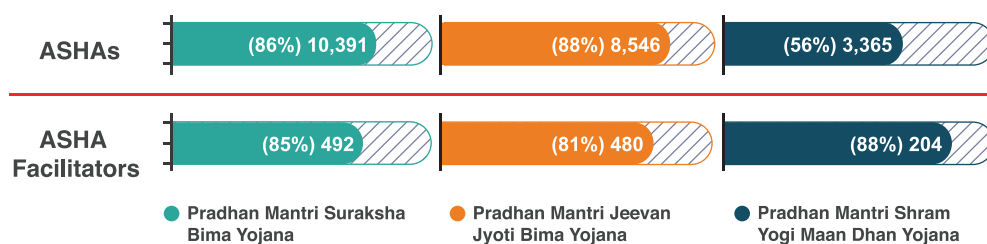
11.56% (1,383) ASHAs have completed certification in RMNCH + A

### Grievance Redressal System for ASHAs

- Formed at State level
- Formed at District level



## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 14,915 VHSNC with ASHA as member secretary
- 33,797 VHSNC members trained

- 98% MAS constituted
- 10 cities MAS proposed
- 10-12 average MAS members
- 2,800 MAS members trained

## Trainers for Community Platforms



# WEST BENGAL

## ASHA Selection



## Overview

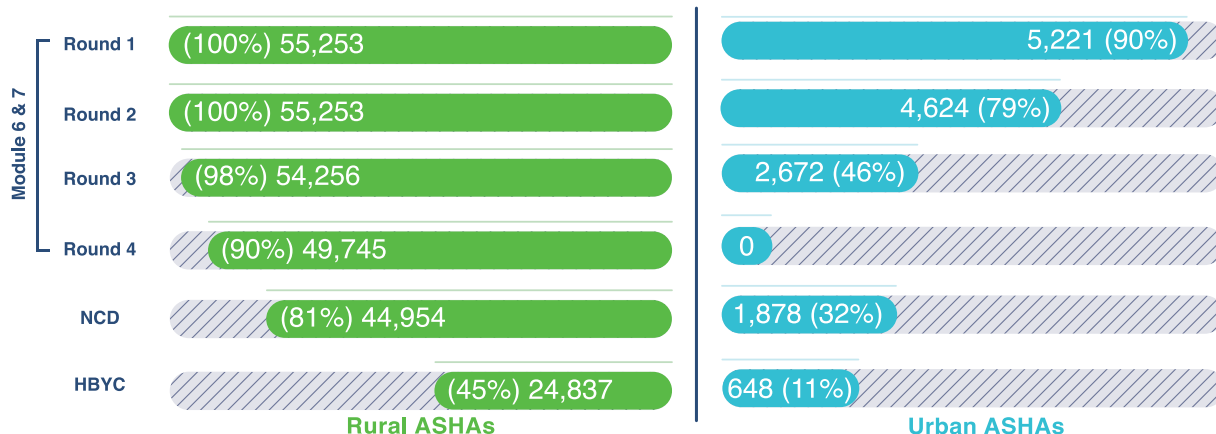
### Total Population

9.87 Crores  
(3.60 Cr. Urban & 6.27 Cr. Rural)  
(Source: Census)

### Average Population covered by ASHAs

1,140 (Rural Population)

## Training Status of ASHAs



## Support System for ASHA Training

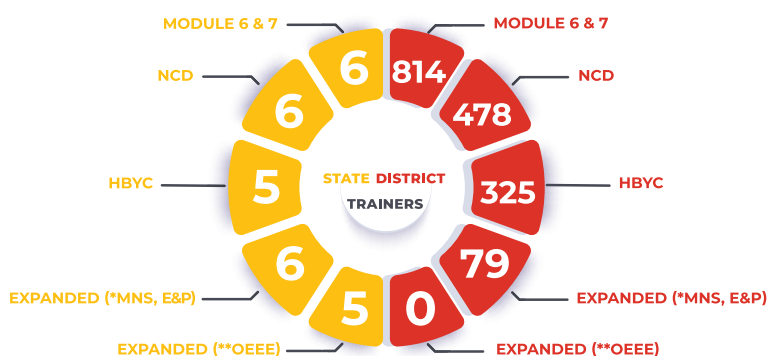
### Training Sites

00 Govt. run training sites at state level.

01 NGO run training sites at state level.

00 Govt. run training sites at district level.

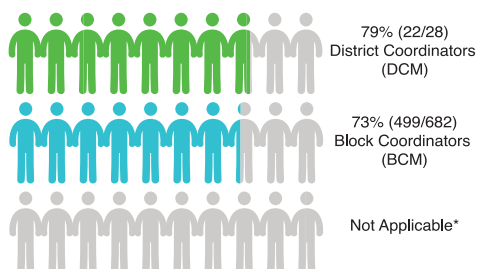
29 NGO run training sites at district level.



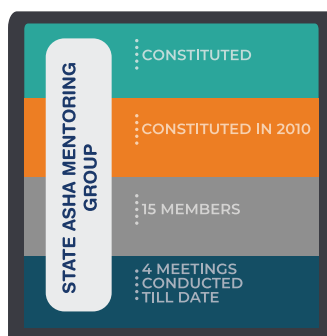
\* Mental, Neurological and Substance Use (MNS) Disorders, Palliative and Elderly Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

## Support Structure for ASHAs

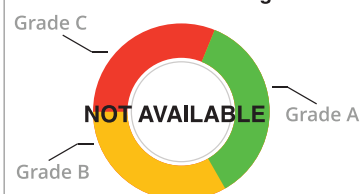
### ASHA Support Structure in Position



\*Managed by existing support staff

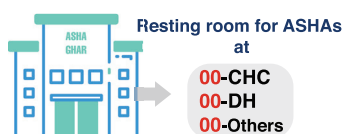


### Performance Monitoring Status



Grading of districts based on ASHA performance

\*State has not implemented performance monitoring system of ASHAs



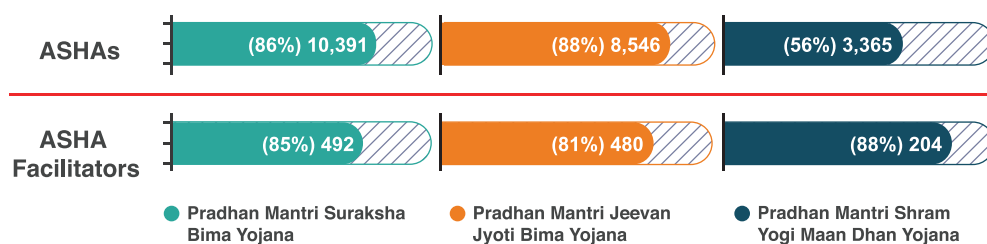
### ASHA CERTIFICATION STATUS

State has not initiated ASHA certification in RMNCH + A

### Grievance Redressal System for ASHAs

- ☒ Formed at State level
- ☒ Formed at District level

## Enrollment of ASHAs/ASHA Facilitators in Social Security Schemes



## Status of Community Platforms



- 100% VHSNC constituted at revenue village level
- 12-15 average number of members/VHSNC
- 14,915 VHSNC with ASHA as member secretary
- 33,797 VHSNC members trained

- 98% MAS constituted
- 10 cities MAS proposed
- 10-12 average MAS members
- 2,800 MAS members trained

## Trainers for Community Platforms







# **Annexures**

## Selection Status of ASHAs

Sl. No	State/UT	Rural Areas			Urban Areas			Total			ASHA Certification		Number of resting room for ASHAs		
		Target	In position	% of rural ASHAs in position	Target	In position	% of urban ASHAs in position	Target	In position	% of total ASHAs in position	Total Number	% of certification	CHC	DH	Other
1	Andaman and Nicobar Islands	422	422	100	10	100	100	432	432	100	-	-	4	3	-
2	Andhra Pradesh	37,017	35,701	96	5,735	5,602	98	42,752	41,303	97	-	-	-	-	-
3	Arunachal Pradesh	4,068	4,068	100	75	100	100	4,143	4,143	100	327	8	-	-	46
4	Assam	31,334	31,334	100	1,212	1,212	100	32,546	32,546	100	3,056	9	-	-	-
5	Bihar	93,687	88,544	95	977	656	67	94,664	89,200	94	-	-	60	33	97
6	Chhattisgarh	68,277	68,112	100	3,883	3,771	97	72,160	71,883	100	512	1	-	-	-
7	Daman Diu & Dadranagar Haveli	427	427	100	108	82	76	535	509	95	-	-	-	-	-
8	Delhi	Not Applicable			6,361	6,153	97	6,361	6,153	97	2,864	47	-	-	-
9	Gujarat	41,847	40,239	96	4,711	4,478	95	46,558	44,717	96	35	0	-	-	-
10	Haryana	18,000	17,705	98	2,676	2,617	98	20,676	20,322	98	-	-	-	22	-
11	Himachal Pradesh	7,930	7,838	99	34	34	100	7,964	7,872	99	954	12	-	-	-
12	Jammu and Kashmir	13,236	12,850	97	138	136	99	13,374	12,986	97	6,664	51	26	21	-
13	Jharkhand	39,964	38,513	96	2,500	2,028	81	42,464	40,541	95	9,608	24	196	46	-
14	Karnataka	39,195	38,370	98	3,339	3,185	95	42,534	41,555	98	15,669	38	208	19	-
15	Kerala	22,243	22,243	100	4,205	4,205	100	26,448	26,448	100	-	-	-	-	-
16	Ladakh	610	607	100	16	15	94	626	622	99	-	-	-	-	-
17	Lakshadweep	110	101	92	16	15	94	126	116	92	-	-	-	-	-
18	Maharashtra	61,215	60,956	100	10,744	8,280	77	71,959	69,236	96	3,100	4	656	11	4
19	Manipur	3,890	3,889	100	186	120	65	4,076	4,009	98	76	2	-	1	-

Sl. No	State/UT	Rural Areas			Urban Areas			Total			ASHA Certification		Number of resting room for ASHAs		
		Target	In position	% of rural ASHAs in position	Target	In position	% of urban ASHAs in position	Target	In position	% of total ASHAs in position	Total Number	% of certification	CHC	DH	Other
20	Meghalaya	7,051	7,051	100	284	279	98	7,335	7,330	100	41	1	14	4	8
21	Mizoram	1,004	1,004	100	87	87	100	1,091	1,091	100	66	6	9	9	59
22	Madhya Pradesh	65,670	64,685	99	5,350	5,103	95	71,020	69,788	98	2,019	3	313	51	-
23	Nagaland	2,000	1,949	97	90	90	100	2,090	2,039	98	49	2	-	-	-
24	Odisha	47,095	46,639	99	1,942	1,930	99	49,037	48,569	99	2,656	5	112	30	6
25	Puducherry	Not Applicable			341	326	96	341	326	96	-	-	-	-	-
26	Punjab	17,720	17,448	98	2,800	2,691	96	20,520	20,139	98	532	3	35	5	-
27	Rajasthan	51,152	48,207	94	4,664	4,269	92	55,816	52,476	94	-	-	-	-	618
28	Sikkim	641	641	100	35	35	100	676	676	100	340	50	-	-	-
29	Tamil Nadu	2,650	2,606	98	Not Applicable			2,650	2,606	98	-	-	102	-	-
30	Telangana	26,028	23,756	91	5,000	3,289	66	31,028	27,045	87	-	-	-	-	-
31	Tripura	7,226	7,146	99	541	536	99	7,767	7,682	99	1,017	13	22	5	105
32	Uttar Pradesh	1,66,757	1,56,337	94	10,625	8,462	80	1,77,382	1,64,799	93	-	-	-	-	-
33	Uttarakhand	10,813	10,759	100	1,205	1,205	100	12,018	11,964	100	1,383	12	-	-	-
34	West Bengal	63,164	55,253	87	6,097	5,819	95	69,261	61,072	88	-	-	-	-	-
ALL INDIA		9,52,443	9,15,400	96	85,987	76,795	89	10,38,430	9,92,195	96	50,968	5	1,757	260	943

# Training Status of Rural ASHAs

Sl. No	State/UT	Total in-position ASHAs	Module 6 & 7 Training								Non-Communicable Diseases Training		Home Based Care for Young Child Training	
			Round 1		Round 2		Round 3		Round 4		Trained	%	Trained	%
			Trained	%	Trained	%	Trained	%	Trained	%				
1	Andaman and Nicobar Islands	422	412	98	412	98	412	98	412	98	-	-	-	
2	Andhra Pradesh	35,701	35,286	99	35,286	99	35,286	99	35,249	99	35,249	99	99	
3	Arunachal Pradesh	4,068	4,068	100	3,458	85	3,458	85	3,051	75	2,274	56	77	
4	Assam	31,334	31,334	100	31,334	100	31,334	100	31,334	100	18,550	59	58	
5	Bihar	88,544	80,928	91	78,070	88	73,952	84	59,089	67	21,208	24	22	
6	Chhattisgarh	68,112	66,169	97	66,169	97	66,169	97	66,169	97	64,865	95	92	
7	Daman Diu & Dadranagar Haveli	427	255	60	100	23	-	-	-	-	398	93	99	
8	Delhi						Not Applicable							
9	Gujarat	40,239	37,101	92	36,817	91	36,071	90	35,543	88	8,840	22	79	
10	Haryana	17,705	17,705	100	17,705	100	17,705	100	17,705	100	17,438	98	81	
11	Himachal Pradesh	7,838	7,534	96	7,494	96	7,387	94	7,370	94	6,015	77	21	
12	Jammu and Kashmir	12,850	11,437	89	11,437	89	11,437	89	11,437	89	8,109	63	97	
13	Jharkhand	38,513	38,513	100	38,513	100	38,513	100	38,513	100	36,249	94	100	
14	Karnataka	38,370	37,045	97	35,973	94	35,323	92	34,979	91	33,280	87	4	
15	Kerala	22,243	21,798	98	21,798	98	21,798	98	21,798	98	22,243	100	100	
16	Ladakh	607	492	81	492	81	492	81	492	81	535	88	96	
17	Lakshadweep	101	101	100	101	100	101	100	101	100	101	100	-	
18	Maharashtra	60,956	60,346	99	60,346	99	59,737	98	59,737	98	56,954	93	85	
19	Manipur	3,889	3,889	100	3,889	100	3,889	100	3,889	100	3,266	84	18	



Sl. No	State/UT	Total in-position ASHAs	Module 6 & 7 Training								Non-Communicable Diseases Training		Home Based Care for Young Child Training	
			Round 1		Round 2		Round 3		Round 4					
			Trained	%	Trained	%	Trained	%	Trained	%	Trained	%	Trained	%
20	Meghalaya	7,051	7,051	100	6,910	98	6,910	98	6,910	98	2,285	32	1,004	27
21	Mizoram	1,004	1,004	100	1,004	100	1,004	100	1,004	100	1,004	100	1,004	100
22	Madhya Pradesh	64,685	63,025	97	62,479	97	57,570	89	55,629	86	16,818	26	22,640	35
23	Nagaland	1,949	1,949	100	1,949	100	1,949	100	1,949	100	1,533	79	118	6
24	Odisha	46,639	45,706	98	45,706	98	45,706	98	45,706	98	45,949	99	46,162	99
25	Puducherry										Not Applicable			
26	Punjab	17,448	17,095	98	17,095	98	17,095	98	17,095	98	17,096	98	13,212	76
27	Rajasthan	48,207	48,207	100	48,207	100	48,207	100	46,124	96	16,590	34	13,603	28
28	Sikkim	641	641	100	630	98	630	98	630	98	641	100	259	40
29	Tamil Nadu	2,606	2,606	100	2,606	100	2,606	100	2,606	100	2,606	100	2,555	98
30	Telangana	23,756	23,756	100	23,756	100	23,756	100	13,066	55	23,756	100	7,419	31
31	Tripura	7,146	7,146	100	7,146	100	7,146	100	7,146	100	2,960	41	2,469	35
32	Uttar Pradesh	1,56,337	1,43,925	92	1,41,309	90	1,35,701	87	1,30,379	83	47,567	30	13,317	9
33	Uttarakhand	10,759	10,759	100	10,759	100	10,759	100	10,636	99	5,703	53	10,759	100
34	West Bengal	55,253	55,253	100	55,253	100	54,256	98	49,745	90	44,954	81	24,837	45
	ALL INDIA	9,15,400	8,82,536	96	8,74,203	95	8,56,359	94	8,15,493	89	5,65,448	62	4,74,249	52

# Training Status of Urban ASHAs

Sl. No	State/UT	Total in-position ASHAs	Module 6 & 7 Training								Non-Communicable Diseases Training		Home Based Care for Young Child Training	
			Round 1		Round 2		Round 3		Round 4		Trained	%	Trained	%
			Trained	%	Trained	%	Trained	%	Trained	%				
1	Andaman and Nicobar Islands	10	10	100	10	100	10	100	10	100	10	100	10	100
2	Andhra Pradesh	5,602	5,528	99	5,528	99	5,307	95	5,307	95	5,602	100	5,307	95
3	Arunachal Pradesh	75	42	56	42	56	42	56	42	56	-	-	-	-
4	Assam	1,212	1,212	100	1,212	100	1,212	100	1,212	100	1,212	100	-	-
5	Bihar	656	-	-	-	-	-	-	-	-	-	-	-	-
6	Chhattisgarh	3,771	3,730	99	3,730	99	3,730	99	3,730	99	3,748	99	3,748	99
7	Daman Diu & Dadranagar Haveli	82	82	100	82	100	-	-	-	-	82	100	82	100
8	Delhi	6,153	6,036	98	6,036	98	6,036	98	-	-	4,207	68	1,962	32
9	Gujarat	4,478	4,050	90	4,050	90	4,050	90	4,050	90	-	-	450	10
10	Haryana	2,617	2,617	100	2,617	100	2,617	100	2,499	95	2,571	98	1,370	52
11	Himachal Pradesh	34	31	91	31	91	31	91	24	71	34	100	34	100
12	Jammu and Kashmir	136	-	-	-	-	-	-	-	-	-	-	40	29
13	Jharkhand	2,028	1,475	73	1,475	73	343	17	-	-	1,284	63	-	-
14	Karnataka	3,185	2,464	77	2,259	71	2,129	67	2,069	65	3,028	95	97	3
15	Kerala	4,205	4,205	100	4,205	100	4,205	100	4,205	100	4,205	100	4,205	100
16	Ladakh	15	-	-	-	-	-	-	-	-	-	-	-	-
17	Lakshadweep	15	-	-	-	-	-	-	-	-	-	-	-	-
18	Maharashtra	8,280	5,466	66	4,546	55	3,774	46	3,373	41	5,424	66	1,549	19
19	Manipur	120	120	100	120	100	120	100	120	100	120	100	120	100

Sl. No	State/UT	Total in-position ASHAs	Module 6 & 7 Training								Non-Communicable Diseases Training		Home Based Care for Young Child Training	
			Round 1		Round 2		Round 3		Round 4					
			Trained	%	Trained	%	Trained	%	Trained	%	Trained	%		
20	Meghalaya	279	189	68	189	68	189	68	189	68	235	84	279	100
21	Mizoram	87	87	100	87	100	87	100	87	100	87	100	15	17
22	Madhya Pradesh	5,103	4,525	89	4,430	87	4,125	81	3,860	76	2,185	43	5,103	100
23	Nagaland	90	90	100	90	100	90	100	90	100	90	100	-	-
24	Odisha	1,930	1,700	88	1,700	88	1,700	88	1,700	88	1,903	99	1,775	92
25	Puducherry	326	326	100	326	100	-	-	-	-	326	100	303	93
26	Punjab	2,691	2,248	84	2,248	84	2,248	84	2,248	84	2,414	90	1,585	59
27	Rajasthan	4,269	4,269	100	4,076	95	3,744	88	3,558	83	-	-	-	-
28	Sikkim	35	18	51	18	51	18	51	18	51	35	100	35	100
29	Tamil Nadu										Not Applicable			
30	Telangana	3,289	3,289	100	3,289	100	3,289	100	3,289	100	3,289	100	2,080	63
31	Tripura	536	514	96	514	96	489	91	489	91	498	93	-	-
32	Uttar Pradesh	8,462	4,894	58	2,781	33	895	11	-	-	3,368	40	-	-
33	Uttarakhand	1,205	1,205	100	1,205	100	1,205	100	1,205	100	1,205	100	1,205	100
34	West Bengal	5,819	5,221	90	4,624	79	2,672	46	-	-	1,878	32	648	11
	ALL INDIA	76,795	65,643	85	61,520	80	54,357	71	43,374	56	49,040	64	32,002	42

## Status of Mahila Arogya Samiti

Sl. No	State/ UT	MAS Formed					Bank account		MAS Training		
		Number of cities where MAS is proposed	Total Number of MAS proposed	Total Number of MAS formed	% of MAS formed	Average number of members in each MAS	Total number of MAS with bank account	% of MAS with bank account	Total number of MAS trained	Total no. of MAS members trained	% of MAS members trained
1	Andaman and Nicobar Islands	1	25	25	100	5 to 10	25	100	-	-	-
2	Andhra Pradesh	74	10,440	10,440	100	8 to 10	10,440	100	10,440	92,008	100
3	Arunachal Pradesh	2	92	90	98	10 to 12	80	89	80	90	89
4	Assam	15	658	658	100	12 to 20	651	99	658	6,585	100
5	Bihar	27	843	746	88	8 to 10	675	90	218	1,395	29
6	Chhattisgarh	19	3,883	3,706	95	10 to 12	3,706	100	3,698	11,977	99
7	Daman Diu & Dadranagar Haveli	-	-	-	-	-	-	-	-	-	-
8	Delhi	11	110	105	95	10 to 12	98	93	98	1,039	93
9	Goa	8	10	10	100	10 to 12	10	100	10	116	100
10	Gujarat	71	7,171	6,843	95	10 to 12	6,843	100	4,773	31,411	70
11	Haryana	1	50	50	100	5 to 15	50	100	50	270	100
12	Himachal Pradesh	4	34	5	15	11 to 15	5	100	5	18	100
13	Jammu and Kashmir	7	220	211	96	8 to 12	211	100	211	650	100
14	Jharkhand	22	918	918	100	11 to 15	918	100	918	2,056	100
15	Karnataka	80	4,071	4,071	100	8 to 12	4,046	99	4,071	19,622	100
16	Kerala	58	2,560	1,659	65	8 to 10	993	60	1,659	12,768	100
17	Ladakh	-	-	-	-	-	-	-	-	-	-
18	Lakshadweep	-	-	-	-	-	-	-	-	-	-
19	Maharashtra	98	9,617	5,538	58	8 to 10	5,538	100	1,673	14,540	30



Sl. No	State/ UT	MAS Constitution					Bank account		MAS Training		
		Number of cities where MAS is proposed	Total Number of MAS proposed	Total Number of MAS formed	% of MAS formed	Average number of members in each MAS	Total number of MAS with bank account	% of MAS with bank account	Total number of MAS trained	Total no. of MAS members trained	% of MAS members trained
20	Manipur	3	736	436	59	8 to 10	402	92	408	818	94
21	Meghalaya	4	110	110	100	10 to 15	110	100	104	104	95
22	Mizoram	3	65	65	100	10 to 20	65	100	50	700	77
23	Madhya Pradesh	68	5,350	3,872	72	12 to 14	3,872	100	3,742	44,904	97
24	Nagaland	5	113	88	78	6 to 10	88	100	88	704	100
25	Odisha	47	3,387	3,363	99	11 to 15	3,363	100	3,363	40,356	100
26	Puducherry	1	108	25	23	8 to 12	25	100	-	-	-
27	Punjab	40	3,593	3,593	100	10 to 12	3,593	100	3,593	20,411	100
28	Rajasthan	61	4,718	4,718	100	10 to 12	4,718	100	4,718	45,180	100
29	Sikkim	2	35	35	100	10 to 15	35	100	35	350	100
30	Tamil nadu	11	3,349	3,349	100	10 to 12	1,116	33	1,025	10,250	31
31	Telangana	42	11,000	7,900	72	18 to 20	7,900	100	7,900	7,900	100
32	Tripura	3	257	257	100	10 to 15	257	100	96	380	37
33	Uttar Pradesh	134	8,603	6,555	76	10 to 12	6,555	100	5,943	11,886	91
34	Uttarakhand	10	900	884	98	10 to 12	421	48	884	2,800	100
35	West Bengal	90	11,792	10,213	87	8 to 12	9,394	92	10,194	1,05,391	100
	<b>ALL INDIA</b>	<b>1,022</b>	<b>94,818</b>	<b>80,538</b>	<b>85</b>	<b>-</b>	<b>76,203</b>	<b>95</b>	<b>70,705</b>	<b>4,86,679</b>	<b>88</b>

# Village Health Sanitation & Nutrition Committee

Sl. No	State/UT	VHSNC Constitution					VHSNC Bank account					VHSNC Training				
		Level of formation	Average members per VHSNCs	Target Number	Number of VHSNCs constituted	% of VHSNCs constituted	Number of VHSNCs with bank account	% of VHSNCs with bank account	No. of VHSNCs with ASHA as member secretary	In case ASHAs are not member secretary then specify (ANM / AWW)	No. of VHSNCs with ASHA as joint signatory of bank account	Total number of VHSNCs trained	Total number of VHSNCs members trained	% of VHSNCs members trained		
1	Andaman and Nicobar	Village	6 to 8	275	275	100	275	100	275	NA	275	275	275	100		
2	Andhra Pradesh	Gram Panchayat	12 to 15	13,065	13,065	100	13,065	100	13,065	NA	13,065	13,065	1,30,630	100		
3	Arunachal Pradesh	Revenue Village	6 to 10	4,040	3,772	93	3,318	88	3,772	NA	3,772	3,200	4,304	85		
4	Assam	Revenue Village	6 to 15	28,149	28,149	100	28,149	100	28,149	NA	28,149	28,149	55,346	100		
5	Bihar	Gram Panchayat	5 to 6	10,051	8,406	84	8,406	100	-	MPW	-	1,173	4,559	14		
6	Chhattisgarh	Revenue Village	15 to 20	19,180	19,180	100	19,180	100	19,180	NA	19,180	19,180	2,49,340	100		
7	Daman Diu & Dadra	Village	6 to 8	98	91	93	91	100	-	ANM	-	61	61	67		
8	Delhi	Not Applicable														
9	Goa	GP	10 to 12	204	201	99	201	100	-	MPW	-	201	1,979	100		
10	Gujarat	Revenue Village	8 to 12	17,676	17,099	97	17,097	100	17,097	MPW	17,091	10,506	52,530	61		
11	Haryana	Revenue Village	12 to 15	6,049	6,049	100	6,049	100	-	AWW	-	6,049	30,245	100		
12	Himachal Pradesh	Revenue Village	12 to 15	7,930	7,916	100	7,916	100	7,916	NA	7,916	7,884	31,536	99		
13	Jammu and Kashmir	Revenue Village	8 to 12	6,772	6,693	99	6,566	98	6,684	NA	6,649	-	-	-		
14	Jharkhand	Revenue Village	11 to 15	30,012	29,635	99	29,635	100	29,635	NA	29,635	27,666	53,201	93		
15	Karnataka	Revenue Village	10 to 15	26,866	26,084	97	26,084	100	-	AWW	26,023	19,024	35,274	73		
16	Kerala	Ward Level	15 to 20	19,523	19,523	100	19,523	100	-	MPW	-	19,523	2,34,276	100		
17	Ladakh	Revenue Village	8 to 12	274	274	100	274	100	-	MPW	-	-	-	-		
18	Lakshadweep	Revenue Village	4 to 6	9	9	100	9	100	-	MPW	9	-	-	-		
19	Maharashtra	Revenue Village	12 to 15	39,770	39,765	100	39,765	100	39,765	NA	39,765	11,580	19,636	29		

Sl. No	State/UT	VHSNC Constitution					VHSNC Bank account					VHSNC Training				
		Level of formation	Average members per VHSNCs	Target Number	Number of VHSNCs constituted	% of VHSNCs constituted	Number of VHSNCs with bank account	% of VHSNCs with bank account	No. of VHSNCs with ASHA as member secretary	In case ASHAs are not member secretary then specify (ANM / AWW)	No. of VHSNCs with ASHA as joint signatory of bank account	Total number of VHSNCs trained	Total number of VHSNCs members trained	% of VHSNCs members trained		
20	Manipur	Village	8 to 15	3,878	3,878	100	3,878	100	3,878	NA	3,878	3,878	7,756	100		
21	Meghalaya	Village	7 to 10	6,685	6,310	94	6,310	100	6,310	NA	6,310	3,073	4,250	49		
22	Mizoram	Village	15 to 20	866	830	96	830	100	830	NA	830	830	1,660	100		
23	Madhya Pradesh	Revenue Village	12 to 15	50,567	49,567	98	49,567	100	-	AWW	47,967	14,930	1,04,515	30		
24	Nagaland	Revenue Village	12 to 15	1,359	1,359	100	1,359	100	1,359	NA	1,359	1,346	3,444	99		
25	Odisha	Revenue Village	10 to 15	46,102	46,102	100	46,102	100	-	AWW	-	46,102	2,72,500	100		
26	Puducherry	Revenue Village	7 to 10	100	100	100	99	99	-	MPW	NA	28	28	28		
27	Punjab	Revenue Village	10 to 15	12,982	12,982	100	12,982	100	12,982	NA	12,982	12,982	77,736	100		
28	Rajasthan	Revenue Village	12 to 15	43,440	43,440	100	43,440	100	43,440	NA	-	19,020	1,14,120	44		
29	Sikkim	Village	8 to 10	641	641	100	641	100	641	NA	641	641	6,410	100		
30	Tamil Nadu	GP	5 to 7	15,015	15,015	100	12,583	83	-	MPW	760	15,015	45,979	100		
31	Telangana	Revenue Village	15 to 19	16,876	10,433	62	10,431	100	-	MPW	-	10,433	1,56,495	100		
32	Tripura	GP	10 to 15	1,178	1,178	100	1,178	100	-	MPW	1,105	1,178	2,356	100		
33	Uttar Pradesh	Revenue Village	12 to 17	77,032	72,880	95	72,880	100	71,378	NA	71,378	16,746	1,39,318	23		
34	Uttarakhand	Revenue Village	12 to 15	14,915	14,915	100	14,915	100	14,915	NA	14,915	11,775	33,797	79		
35	West Bengal	Gram Samsad	12 to 15	49,051	48,472	99	45,685	94	-	MPW	-	48,472	5,75,781	100		
ALL INDIA		-	-	5,70,630	5,54,288	97	5,48,483	96	3,21,271	-	3,53,654	3,73,985	24,49,337	67		

## Support Structure for ASHA Program

SN	State/UT	ASHA Facilitators			Block Coordinators			District Coordinators		
		Target	In position	% of ASHAs in position	Target	In position	% of BC in position	Target	In position	% of DC in position
1	Andhra Pradesh			Not Applicable				13	12	92
2	Arunachal Pradesh	354	354	100	84	84	100	26	26	100
3	Assam	2,675	2,661	99	153	137	90	33	24	73
4	Bihar	4,685	4,284	91	534	433	81	38	11	29
5	Chhattisgarh	3,454	3,452	100	292	292	100	35	35	100
6	Delhi			Not Applicable				11	11	100
7	Gujarat	3,751	3,563	95			Not Applicable			
8	Haryana	618	567	92	113	106	94	22	22	100
9	Himachal Pradesh	Not Applicable			76	61	80	12	10	83
10	Jharkhand	2,295	2,272	99	2,290	2,290	100	24	23	96
11	Karnataka	2,000	1,695	85	176	155	88	37	34	92
12	Madhya Pradesh	5,497	5,090	93	313	289	92	51	44	86
13	Maharashtra	3,664	3,576	98			Not Applicable			
14	Manipur	194	167	86	Not Applicable			16	9	56
15	Meghalaya	335	335	100	39	39	100	11	11	100
16	Mizoram	109	109	100	Not Applicable			9	9	100
17	Nagaland	Not Applicable			72	66	92	12	12	100
18	Odisha	717	717	100	Not Applicable			Not Applicable		
19	Punjab	891	872	98	Not Applicable			23	18	78
20	Rajasthan	1,528	1,528	100	250	153	61	34	31	91



SN	State/UT	ASHA Facilitators			Block Coordinators			District Coordinators		
		Target	In position	% of ASHAs In position	Target	In position	% of BC In position	Target	In position	% of DC In position
20	Rajasthan	1,528	1,528	100	250	153	61	34	31	91
21	Sikkim	71	71	100	Not Applicable					
22	Tripura	415	408	98	Not Applicable			8	3	38
23	Uttar Pradesh	8,013	7,078	88	820	769	94	75	68	91
24	Uttarakhand	602	557	93	101	100	99	13	12	92
25	West Bengal	Not Applicable			682	499	73	28	22	79
	* 11 States/Uts are using the existing program management unit as a support for ASHA Program									

# **ASHA Incentives Under National Health Mission**

## ASHA Incentives

Part-1 Updated list of ASHA Incentives under National Health Programs				
SN	Activities	Amount in Rs. /Case	Source of Fund & Fund Linkages	Documented in
<b>I Incentive for Routine Recurrent Activities</b>				
1	Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days	Rs.200/session	NHM- Flexi Pool	Order on revised rate of ASHA incentives- D. O. No. P17018/14/13-NRHM-1V
2	Conveying and guiding monthly meeting of VHSNC/MAS	Rs. 150		
3	Attending monthly meeting at Block PHC/UPHC	Rs. 150		
4	a. Line listing of households done at beginning of the year and updated every six months	Rs. 300		Order no. F No7 (84)/2018 NHM-1  Dated-28 <sup>th</sup> Sept 2018
	b. Maintaining village health register and supporting universal registration of births and deaths to be updated on the monthly basis	Rs. 300		
	c. Preparation of due list of children to be immunized on monthly basis	Rs. 300		
	d. Preparation of list of ANC beneficiaries to be updated on monthly basis	Rs. 300		
	e. Preparation of list of eligible couple on monthly basis	Rs. 300		
<b>II Maternal Health</b>				
	<b>JSY financial package</b>			MoHFW Order No. Z 14018/1/2012/-JSY JSY -6th. Feb-2013
1	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	
	b. For facilitating institutional delivery	Rs. 300 for Rural areas and Rs. 200 for Urban areas		
2	Reporting Death of women (15-49 years age group) by ASHA to PHC Medical Officer <sup>1</sup>	Rs. 200 for reporting within 24 hours of occurrence of death by phone	HSC/ U-PHC- Un-tied Fund	MOHFW-OM- 120151/148/2011/MC H; Maternal Health Division; 14th Feb-2013
<b>III Child Health</b>				
1	Home Visit for the Newborn and Post-Partum mother <sup>2</sup> -Six Visits in Case of Institutional Delivery (Days 3, 7, 14, 21, 28 & 42) -Seven visits in case of Home Deliveries (Days 1, 3, 7, 14, 21, 28 & 42)	Rs. 250	Child Health- NHM- RCH Flexi pool	HBNC Guidelines – August-2014
2	Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits-(recommended schedule- 3, 6, 9, 12 and 15 months)-(Rs.50X5visits)	Rs. 50/visit with total Rs. 250/per child for making 05 visits		D.O. No. Z- 28020/177/2017-CH 3 <sup>rd</sup> May-2018
3	Revision of ASHA incentive for referral of SAM children to NRC and follow up of SAM children after discharge from facility/NRC or Severe Acute Malnutrition (SAM) management centre	-Rs. 100/- per referring SAM child with medical complication to NRCs -Rs. 150/- per follow up visits of SAM children discharged from NRC (Rs 50/visit for 1st and 4th visit and Rs 25 per visit for 2nd and 3rd visit) -Rs. 50/- per SAM child in case child is declared free of SAM status after completion of all follow ups		Order on revised rate of ASHA incentives- D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022

<sup>1</sup> Under SUMAN Guidelines 2019, any person who first reports a **Maternal Death** in the community shall be entitled of incentive @Rs 1000/ including ASHAs, however the mode of reporting shall only be through 104 call centre and no other mode of reporting except specified by the State Govt shall be included and payable after the death to be certified by the designated block team.

<sup>1</sup>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 of delivery.

<sup>1</sup> This incentive will be subsumed with the HBYC incentive subsequently

<sup>1</sup> Revised from Rs. 50 to Rs, 75

<sup>1</sup> Revised from Rs 75/day to Rs 100/day

V	Family Planning			
1	Ensuring spacing of 2 years after marriage <sup>1</sup>	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 1 <sup>st</sup> child <sup>5</sup>	Rs. 500		
3	Ensuring a couple to opt for permanent limiting method after 2 children <sup>2</sup>	Rs. 1000		
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		
6	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
7	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case		
8	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case		
Mission Parivar Vikas- In selected 146 districts in six states- (57 in UP, 37 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh and 2 in Assam)				
9	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
10	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		

<sup>1</sup> 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

<sup>2</sup> 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



11	Nayi Pahel- 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/Nayi Pahel kit distribution		
12	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting		
13	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		
VI	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	RKSK- NHM Flexi pool	Operational framework for Rashtriya Kishor Swasthya Karyakram – Jan-2014
4	Incentive for mobilizing adolescents for Adolescent Health day	Rs. 200/ Per AHD		
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-1 (Part)- Dated 4 <sup>th</sup> January-2016
VIII	National Tuberculosis Elimination Programme (NTEP) <sup>1</sup>			
	Honorarium and counselling charges for being a DOTS provider		NTEP 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		National Tuberculosis Elimination Program
4	For notification if suspect referred is diagnosed to be TB patient by MO/Lab <sup>2</sup>	Rs.100		
5	Incentive to ASHA/Community Volunteers for ensuring seeding of bank account details of TB patients in Ni-kshay portal within 15 days of treatment initiation for enabling DBT Payments under NTEP	Rs. 50/per notified TB patient		D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022

<sup>1</sup> 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

<sup>2</sup>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.

6	Incentive to ASHA / Community Health Volunteer for supporting treatment adherence and completion of TB Preventive Treatment among eligible individuals	Rs. 250/- per individual for successful completion of TB Preventive Treatment		
IX National Leprosy Eradication Programme <sup>1</sup>				
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) National Malaria Control Programm <sup>2</sup>				
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  D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022
2	Providing complete treatment for RDT positive Pf cases	Rs. 200/- per confirmed case of Malaria for ensuring complete treatment		
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 timeline 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 <sup>3</sup>	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
D) Kala Azar elimination				
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying <sup>4</sup>	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

<sup>1</sup>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.

<sup>1</sup> 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.

<sup>1</sup>Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

<sup>1</sup> 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%

2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case		Minutes Mission Steering Group meeting- Feb-2018
3	Incentive to ASHAs for referring Post Kala-Azar Dermal Leishmaniasis (PKDL) case	Rs. 500/- per case (Rs. 200/- at the time of diagnosis and Rs. 300/- after treatment completion) in all 4 Kala-azar endemic states		D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022
<b>E)</b>	<b>Dengue and Chikungunya</b>			
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 exceed Rs. 1000/ASHA/Year	NVBDCP funds	MoHFW- NVBDCP- Dated-16 <sup>th</sup> August- 2018
<b>F)</b>	<b>National Iodine Deficiency Disorders Control Programme</b>			
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDCP Funds	National Iodine Deficiency Disorders Control Programme – October-2006
<b>XI</b>	<b>Anaemia Mukht Bharat</b>			
1	ASHA incentive for mobilizing children 6-59 months, WRA and post-partum lactam women	Rs. 150/month/ASHA for covering at least 70% of the beneficiaries for IFA supplementation to two age groups: children 6-59 months & WRA.	RCH Flexi pool	Intensified National Iron Plus, Initiative (I-NIPI), OGs, 2018
<b>XII</b>	<b>Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening</b>			
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 16 <sup>th</sup> 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 19 <sup>th</sup> July-2017
3	Follow up of patients diagnosed with Hypertension/Diabetes and three common cancers 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 30 <sup>th</sup> May- 2018
<b>XIII</b>	<b>Drinking water and sanitation</b>			
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation	D.O.No.W- 11042/7/2007-CRSP- part- Ministry of Drinking Water and Sanitation - 18 <sup>th</sup> May- 12
2	Motivating Households to take individual tap connections	Rs. 75 per household		D.O. -11042/31/2012 - Water II Ministry of Drinking Water and Sanitation – Feb-2013

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.

XIV	ASHA Certification			
1	Incentive award in cash for ASHAs and ASHA Facilitators who have certified in two independent certificates: 1- RMNCHA+N 2- Expanded Service Package from NCDs to Palliative Care	Rs. 5000/for each certification	NHM funds	D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022
XV	Facilitating creation and seeding of ABHA ID in various IT portals			
1	Incentive for ASHAs for each ABHA account created and seeded in various IT portals of MoHFW	Rs. 10/-for each ABHA account created and seeded in various IT portals of MoHFW	NHM funds	D.O- V.11011/1/2022- NHM-III Dated 26 <sup>th</sup> Oct 2022

**Incentives to the ASHAs and ASHA Facilitators during COVID-19 Pandemic-** During the COVID-19 pandemic, the following incentives/announcements were made by MoHFW acknowledging the tremendous efforts made by ASHAs during the pandemic. These can be accessed at-

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1339&lid=720>

#### **Monetary Incentives to ASHAs and ASHA Facilitator**

- D.O. No. NHSRC/20-21/ED sect/Covid 19/04 dated 27th March, 2020 along with guidance note on operationalizing actions at outreach and community level and the role of FLWs- on account of COVID related work, provision of additional incentives of Rs. 1000 per month per ASHA and Rs. 500 per month per ASHA Facilitator between 01.01.2020 and 30.06.2020. In addition, states were also directed that ASHAs be supplied with adequate protective equipment this ensuring their safety during the pandemic.
- D.O. No. V-18015/4/2020-NHM-II dated 20th April 2020- for support to the ASHAs, the States/UTs to ensure that full incentives for routine and recurrent activities (Rs. 2000 per month) is paid to all the ASHAs along with additional COVID incentives for ASHAs and AFs.



## State-Specific Incentives for ASHA from State Funds

SN	Name of States	State-Specific Incentives for ASHAs from State Funds
1	Andhra Pradesh	Provides balance amount to match the total incentive of Rs.10, 000/PM/ASHA
2	Arunachal Pradesh	100% top-up, frequency of disbursement quarterly
3	Assam	Rs.1000/PM/ASHA from FY 2018-2019
4	Bihar	Rs.1000/PM/ASHA for defined indicators related to immunization, child health, maternal health, family planning etc. (for achieving any four out of six defined indicators).
5	Chhattisgarh	75% of the matching amount of incentives over the above incentives earned by an ASHA as a top-up on an annual
6	Delhi	Rs.3000/PM/ASHA for functional ASHA (against the 12 core activities performed by ASHA)
7	Gujarat	Provides 50% top-up - frequency of disbursement quarterly
8	Haryana	Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additional linked with the performance of 05 Major RCH activities
9	Himachal Pradesh	Rs.2750/PM/ASHA
10	Kerala	Rs.6000/PM/ASHA
11	Karnataka	Rs.5000/PM/ASHA
12	Manipur	Rs. 1000/PM/ASHA recently declared by state FY 2021-22- modalities of payment still to be finalized
13	Madhya Pradesh	100% against 07 specified activities (JSY, HBNC, LBW & SNCU Follow-ups, Iron Sucrose follow-ups of Anaemic PW, Early Registration of PW, Full Immunization and Complete Immunization)
14	Meghalaya	Rs.2000/PM/ASHA
15	Maharashtra	Rs.3500/PM/ASHA from FY 2021-22
16	Odisha	Rs.1000 /PM/ASHA from state fund launched on April 1st, 2018
17	Punjab	Rs. 2500/PM/ASHA
18	Rajasthan	Rs. 3564/PM/ASHA
19	Sikkim	Rs. 6000/PM/ASHA
20	Tripura	Provides 100% top-up against 08 specified activities and 33.33% top-up based on other activities.
21	Telangana	Provides balance amount to match the total incentive of Rs. 7500/month
22	Uttarakhand	Rs.5000/year and Rs. 3000/PM/ASHA with 10% top-up
23	Uttar Pradesh	Rs.1500/PM/ASHA linked with the proportion of routine incentives to be paid to the ASHAs in the particular month
24	West Bengal	Rs.4500/PM/ASHA

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## Special thanks to:

- Nodal Officers Community Processes, ASHAs and ASHA Facilitators in all States & Union Territories.
- Senior Consultants and Consultants, Community Processes and Comprehensive Primary Health Care, in National Health Systems Resource Centre & North East Regional Resource Centre (NE-RRC).



### **Namaste!**

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

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National Health Systems Resource Centre