

# ASHA UPDATE

## 2022-23

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Local Leaders, Global Impact:  
ASHAs Changing Lives







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## **Acronyms and Abbreviations**



ASHA	Accredited Social Health Activist
AF	ASHA Facilitator
ANM	Auxiliary Nurse and Midwife
BCM	Block Community Mobilizer
CHC	Community Health Centre
CHO	Community Health Officer
CP-CPHC	Community Processes- Comprehensive Primary Health Care
DCM	District Community Mobilizer
DH	District Hospital
E&P	Elderly and Palliative Care
HBYC	Home Based Care for Young Child
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti
MNS	Mental Neurological and Substance Use
NA	Not Applicable
NCD	Non-Communicable Disease
NFHS	National Family Health Survey
NHM	National Health Mission
NUHM	National Urban Health Mission
OEEE	Oral Eye ENT and Emergency Care
PHC-HWC	Primary Health Centre – Health & Wellness Centre
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojana
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMSYMY	Pradhan Mantri Shram Yogi Maan Dhan Yojana
RMNCH+A	Reproductive, Maternal, Newborn, Child Health and Adolescent Health
SHC-HWC	Sub Health Centre – Health & Wellness Centre
SRS	Sample Registration Survey
UT	Union Territory
VHSNC	Village Health Sanitation and Nutrition Committee
VISHWAS	Village based Initiative to Synergise Health Water and Sanitation





## **Foreword**

It gives me immense pleasure to present the ASHA Annual Update FY 2022-23, reflecting the remarkable progress and achievements of India's ASHA program over the past year. This latest edition highlights the tireless efforts and dedication of numerous ASHAs and the unwavering commitment to supporting comprehensive primary health care and community process platforms to serve the nation's health.

Over the years, the ASHA program has grown to become the largest community health volunteer initiative globally, and there is no doubt that ASHAs have been at the forefront of our nation's battle against the COVID-19 pandemic. With successfully achieving the target of operationalizing 1,50,000 Ayushman Bharat Health and Wellness Centres by December 2022, the role of ASHAs has evolved into a crucial one, encompassing the provision of an expanded range of healthcare services. These centres have become community hubs for delivering a comprehensive package of essential health services, including eye care, oral care, ear, nose & throat care, common emergency care, mental health care, elderly care, and palliative care. ASHAs have played a pivotal role in spreading awareness about these services, ensuring that communities have access to a wider spectrum of healthcare options than ever before. Furthermore, as our nation embraces a digital approach to healthcare, ASHAs have readily adapted to digital tools and technologies, leveraging them to enhance their efficiency and effectiveness in serving their communities. This shift towards a digital ecosystem has empowered ASHAs to be even more accessible and responsive to the healthcare needs of their communities.

As we move forward, it is essential to continue supporting and recognizing the invaluable contributions of ASHAs to India's public health landscape. Their dedication, perseverance, and compassion have been the pillars of success for our community health volunteer program. Let us extend our deepest gratitude to all ASHAs for their selfless service and unwavering commitment.

I extend my heartfelt appreciation to the Ministry of Health & Family Welfare, State Health departments, and all stakeholders for their continued support in empowering and equipping ASHAs to serve our communities better.

May this year's ASHA Annual Update serve as a testimony to the indomitable spirit and remarkable achievements of our ASHAs, and may it inspire us all to continue working towards a healthier, happier India.

**Maj Gen (Prof) Atul Kotwal**  
**Executive Director, NHSRC**





## **Overview**

The Accredited Social Health Activist (ASHA) Program is a pioneering community health initiative implemented under the National Health Mission (NHM) in India. Since its inception, the program has undergone significant changes and achieved remarkable milestones. Launched in 2005, its aim was to create a crucial bridge between healthcare services and marginalized communities, contributing to improved health outcomes and greater access to essential services.

This program's impact becomes evident when considering key health indicators like Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). As per SRS, IMR in India has experienced a significant decrease, dropping from 58 deaths per 1000 live births in the year 2005 to 28 deaths in the year 2020. Similarly, MMR has shown a remarkable decline, plummeting to 97 deaths per lakh live births in 2020 from the considerably higher figure of 301 deaths in 2003. In terms of maternal care, a noteworthy 58% of women have undergone a minimum of three Antenatal Care (ANC) visits. Furthermore, the trend of institutional deliveries has witnessed an upward trajectory, surging from 41% in 2005 to an impressive 88.6% by 2021 as stated in the NFHS. The realm of child health has also displayed remarkable progress. The proportion of children receiving complete immunization in accordance with the National Immunisation schedule has climbed significantly, ascending from 43.5% in 2006 to a commendable 83% as of 2021. Therefore, the ASHA Program's community-based approach, which involves educating, advocating, and facilitating access to healthcare services, has led to these improved health indicators. The program's grassroots efforts have bridged the gap between healthcare services and marginalized communities, ultimately resulting in better health outcomes for the population.

The number of in-position ASHAs has increased from 9.92 Lakhs in 2021-22 to 10.03 Lakhs in FY 2022-23. Currently, there are 9.2 Lakhs rural ASHAs, close to the target of 9.68 Lakhs ASHAs, and 0.8 Lakh urban ASHAs, almost reaching the target of 0.9 Lakh ASHAs, making a total close to the target of 10.62 Lakhs ASHAs. The capacity enhancement of ASHAs has maintained steady progress. An impressive 90% of rural ASHAs and 71% of urban ASHAs have successfully completed all four training rounds within modules 6 & 7. In terms of non-communicable diseases, 66% of rural ASHAs and 75% of urban ASHAs have received training. Similarly, 68% of rural ASHAs and 50% of urban ASHAs have undergone Home Based Care for Young Child (HBYC) training. However, the pace and extent of the ASHA certification process require attention, as only 64,708 ASHAs have completed certification in Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) so far.

The increase in ASHAs' involvement in social security plans also demonstrates a degree of achievement, with around 62% participating in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 68% in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 66% in Pradhan Mantri Shram Yogi Maan Dhan Yojana (PMSYMDY).

To facilitate community involvement, community platforms known as Jan Arogya Samiti (JAS), Village Health, Sanitation & Nutrition Committee (VHSNC), and Mahila Arogya Samiti (MAS) have been established at the community and facility levels. Notably, 98% of expected VHSNCs, 85% of MAS, and 67% of JAS, against the target, have been constituted in States/UT.

In summary, the ASHA Program has undergone significant development, resulting in remarkable changes and achievements. It showcases the government's commitment to connecting communities with healthcare services and improving the overall well-being of people across the country. This update serves as a valuable repository of information, enabling quick access to critical data, trends, and outcomes.

## **Voices of Empowerment:** **Testimonials**



## JAMMU & KASHMIR

"I am an ASHA of village Rehn, Batara District Kathua. I have been serving in this role since 2015, and I take pride in the work I do for my community. The scope of my role expanded significantly with the implementation of Ayushman Bharat, which focused on primary care services. As part of AB-HWC initiative, I am now involved in a wide range of services, including screening, preventive care, promotive care, elderly care, and palliative care. I am passionate about my role as an ASHA and feel a deep sense of responsibility towards my community. I will continue to serve and support the well-being of pregnant mothers, newborns, children, and everyone in

my village to the best of my abilities."

~Rekha, Rehn village

## GUJARAT

"I am serving in the Talala taluka of Gir Somnath district, Gujarat. I find great joy in my role as an ASHA worker, helping individuals especially adolescent girls and pregnant mothers to combat anemia and embrace healthier lives. Providing guidance, educating individuals about nutrition and wellness, encouraging regular health check-ups, and witnessing their progress remind me of the positive impact we can achieve through dedicated effort. I am grateful for the support of the Community Health Officer, ANM and ASHA Supervisor in carrying out my responsibilities effectively. Knowing that my efforts contribute to addressing anemia in community is a source of great pride."

~Dipaliben Sonpal, Talala

## KERALA

"Since 2019, I've been dedicatedly serving as a migrant link worker in Ernakulam district. My decision to become an ASHA for the migrant community has been incredibly fulfilling, allowing me to make a meaningful impact with government support. Even amidst the pandemic, I took on a role at a special call center in the district collectorate, a unique experience. Beyond my ASHA responsibilities, I've introduced basic Malayalam classes to improve health communication in the community. Regular community meetings aid in planning future initiatives, including increasing school and Anganwadi enrollments. This journey has not only enriched my life but also elevated my role within the community."

~Supriya Debnath, South Vazhakkulam village

## CHHATTISGARH

"I take immense pride in being known for my dedication to the well-being of the people in my area. During the challenging times of Covid-19, our hamlet faced a severe shortage of rice, leaving many without a proper meal. In response, I took the initiative and collaborated with the Gram Panchayat to ensure that rice was made available to all those in need.

I also took on the role of supporting a woman who was unjustly labeled as Tonhi (witchcraft) in our village.

I stood by her side and offered my assistance until justice was served, and the accused individuals were rightfully punished. Together, we can create a more caring and supportive environment for everyone."

~Dhanmat Bai, Sitapur village

## ASSAM

"Being an ASHA, I had the privilege of assisting pregnant woman and new born in village. I regularly do home visits, ensure early registration of pregnant mother, IFA supplementation, vital support to mother, tending to their health concerns and assist families as and when needed. Guiding mothers and family towards the safety and care of institutional deliveries is a central part of my work. I also spread awareness and provide counseling support for family planning. Assisting eligible couples in making informed decisions allows them to envision a future that's economically, emotionally, and physically secure. It's truly fulfilling to be part of a process that ensures the health and well-being of both mothers and their precious newborns."

~Mrs. Nandita Chintey, Rangpuria village

## ODISHA

"My journey as an ASHA began in 2015, and I wear my role with pride. In a village where 1250 individuals reside across 384 households, my primary objective is mobilization for VHND sessions, vital support to pregnant mothers, HBNC home visits and facilitate community to SHC-HWC for an expanded range of services. Through door-to-door surveys, I'm committed to raising awareness about TB, Leprosy, NCDs, Malaria, Diarrhea, and more, while also meticulously documenting family data and aiding referrals to the CHO at SHC-HWC. Engaging in this fulfilling endeavor fills me with limitless happiness, and I eagerly look forward to sustaining this impactful journey for years to come."

~Bilashini Katria, Muskuti village

## **Community Champions:** **Making a Difference in Health**





Delighted that the entire team of ASHA workers have been conferred the @WHO Director-General's Global Health Leaders' Award. Congratulations to all ASHA workers. They are at the forefront of ensuring a healthy India. Their dedication and determination is admirable.



## Matilda Kullu: Odisha ASHA Worker Who Fought COVID, Superstition Features In Forbes W-Power List



## WHO honours all ASHA workers for key Covid role

United Nations/Geneva: India's one million all-women ASHA volunteers were honoured by the World Health Organisation on Sunday for their "crucial role" in providing direct access to healthcare facilities in rural areas and their indefatigable efforts to rein in the coronavirus pandemic in the country.



ASHA volunteers gained spotlight during the peak of the pandemic for conducting door-to-door checks to trace Covid patients

## Asha worker on Forbes India's W-Power list

Shares Space With Ex-SBI Chief, B'wood Actor

Hemanta Pradhan  
@timesgroup.com

**Bhubaneswar:** Matilda Kullu, an accredited social health activist (ASHA) from Odisha's Sundargarh district, has found place among achievers like former SBI chairman Arundhati Bhatnagar and actress Sanya Malhotra in the Forbes India W-Power 2021 list.

The 45-year-old tribal woman has been working for the last 15 years at her Garadabahal village under Baragana police limits to change the mindset of the people to visit the hospital and take medicines if they fall sick and not take the help of quacks or black magic practitioners.

"I feel happy today that people visit hospitals on my suggestion and not fall into the trap of superstition and black magic. Other major issues in my area are casteism and untouchability. Some people kept distance from me while I was visiting door-to-door for survey or any field work. But now the situation has changed a little bit. Though this practice cannot be eradicated at once, the mindset of people is changing because of education," said



Matilda Kullu, ASHA worker from Sundargarh

Matilda.

Though she could not continue her studies after matriculation, she always advises people to educate their children. Her son and daughter have completed graduation. "Glad to know that my name has come in the Forbes India W-Power list. It will inspire me to continue my good work amid

vaccines. Besides, I never say no if an expectant mother calls me for help even in the middle of the night," she added.

One million ASHA volunteers honoured by World Health Organization

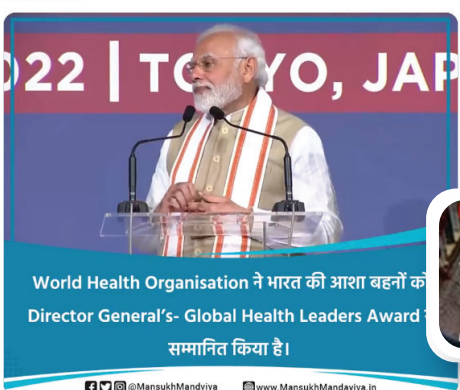


Dr Mansukh Mandaviya  
@mansukhmandviya

Extremely proud of Ms #MatildaKullu, ASHA behen & #COVID warrior from Odisha's Sundargarh district, who has been featured in @ForbesIndia W-Power 2021 list.

She has played a crucial role in ending superstition related to health ailments.

भारत की लाखों आशा बहनें, मैटेनल केयर से लेकर वैक्सीनेशन तक, पोषण से लेकर स्वच्छता तक, देश के स्वास्थ्य अभियान को गति दे रही हैं: PM @NarendraModi जी



## ASHA and Anganwadi Workers Are the Backbones of India's Rural Health and Care Services

MOIN GAZI | JANUARY 3, 2021

An Expert Explains | ASHA: A successful public health experiment rooted in the village community



Talking therapy: ASHA workers offer hope in rural Madhya Pradesh



Printed from  
THE TIMES OF INDIA

## ASHA workers in Maharashtra's Kolhapur find way to remote hamlet despite gushing waters

TNN | Jul 13, 2022, 06:55 PM IST



KOLHAPUR: Even as heavy rains lashed Kolhapur in M, a video of healthcare workers finding their way to remote hamlet despite gushing waters has gone viral on social media.

In a video, the Accredited Social Health Activist (ASHA) can be seen finding their way to a remote hamlet despite gushing waters in hilly Ajara tehsil of Kolhapur district. Clad in raincoats and carrying the vaccine cold box, the workers were on the way to vaccinate beneficiaries as part of the 'Char Dastak' programme.

The health care workers have to complete the task by foot. There are over 110 such remotest hamlets, mostly along Western Ghats sections of the district.

## Independence Day Special With Amitabh Bachchan: The Critical Role Of ASHA Workers In Building A Healthy India







## **ASHA Programme:** **Fact Sheets**

# INDIA



## Overview



### Total Population

138.81 Crores  
(90.13 Crores Rural & 48.68 Crores Urban)  
(Source: Census, Estimated 2023)

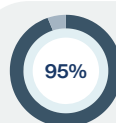


### Average Population covered per ASHA

918 (Rural Population)  
2,235 (Urban Population)

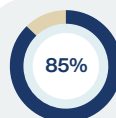
## ASHAs In-position

Total ASHAs: 10,03,790



9,23,869 Rural ASHAs

TARGET 9,68,371

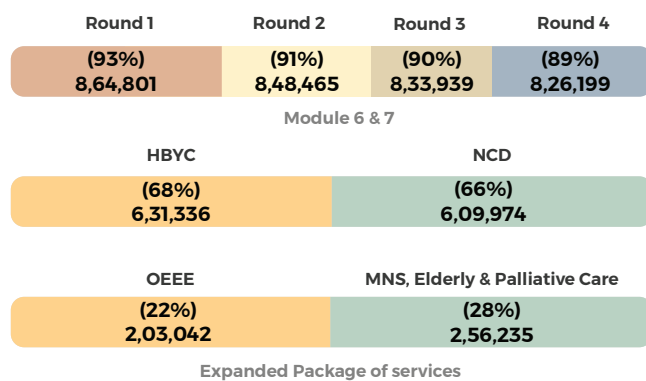


79,921 Urban ASHAs

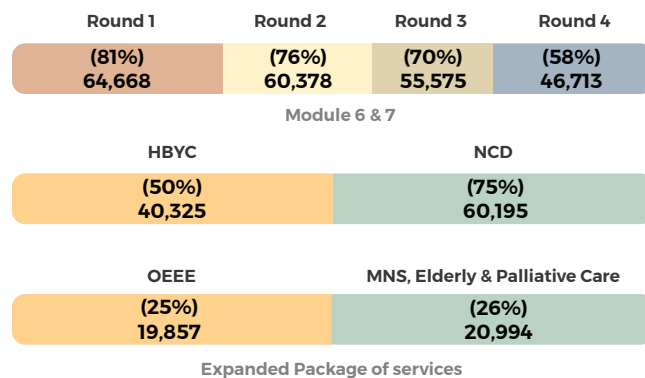
TARGET 93,667

## Training Status of ASHAs

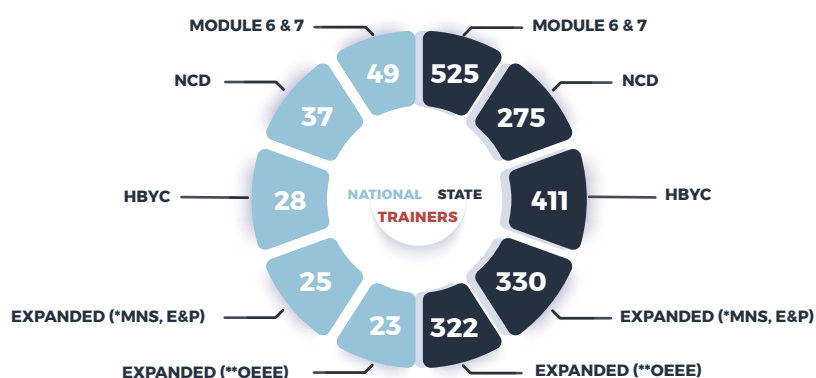
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

64,708 ASHAs have completed certification in RMNCH + A

6.4%

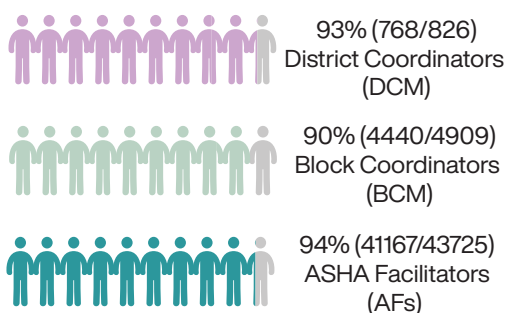
20 States & UTs have resting room for ASHAs at CHC/DH /Other Health Facilities

ASHA GHAR

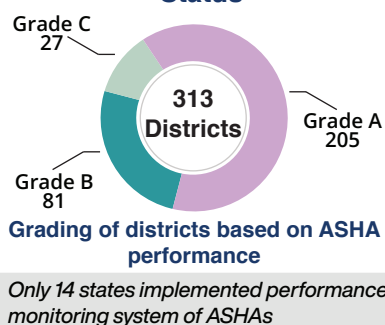


## Support Structure for ASHAs

### ASHAs Support Structure in Position



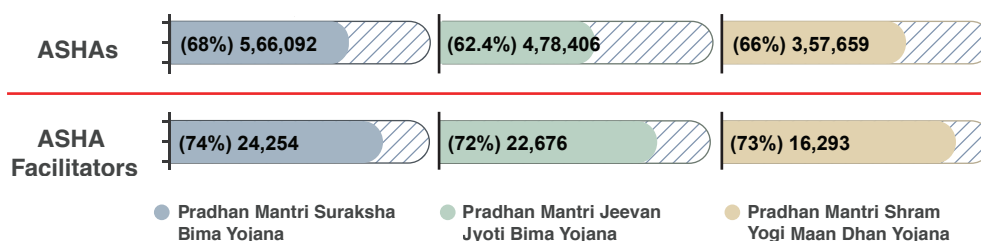
### Performance Monitoring Status



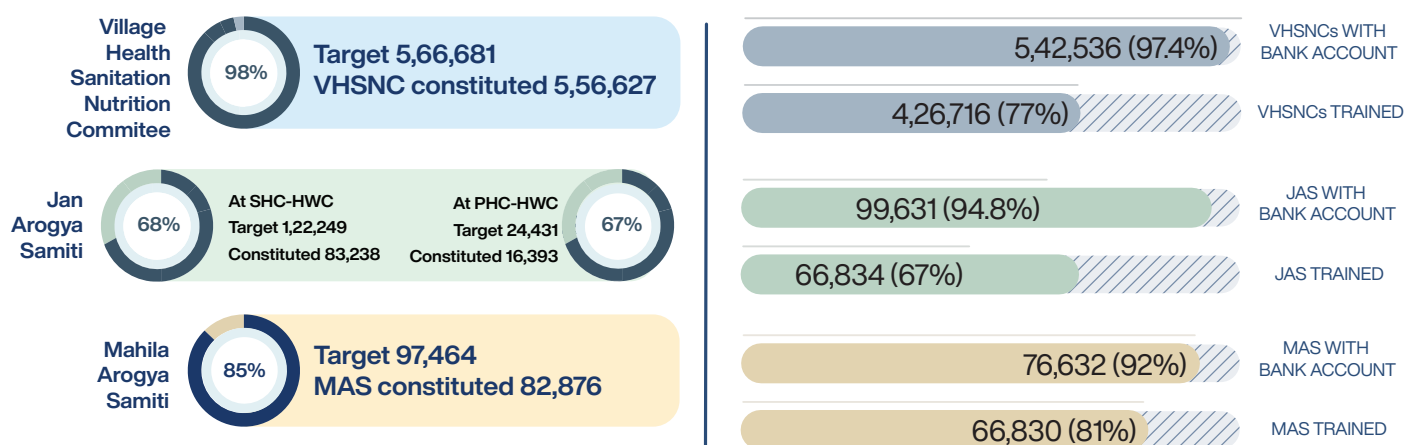
### Grievance Redressal System for ASHAs

- Formed at state level in 22 States/UT: ☒
- Formed at district level in 25 States/UT: ☒
- Formed at block level in 14 States/UT: ☒

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



## Status of Community Platforms



- Majority of VHSNC constituted at Revenue village level
- 10-15 average VHSNC members
- 3,51,797 VHSNC with ASHA as member secretary
- 25,03,118 VHSNC members trained
- JAS constituted at SHC/PHC-HWC level
- 99,605 JAS formed
- 15-20 average JAS members
- 3,70,468 JAS members trained
- 1,044 city MAS proposed
- 10-12 average MAS members
- 5,38,260 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
National Trainers	82	64	29	82
State Trainers	312	122	167	193

# ANDAMAN & NICOBAR ISLANDS



## Overview



### Total Population

**4.03 Lakhs**  
(2.25 Lakhs Rural & 1.78 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

**752 (Rural Population)**  
**8,563 (Urban Population)**

## ASHAs In-position

Total ASHAs: 422



412 Rural ASHAs

TARGET 412

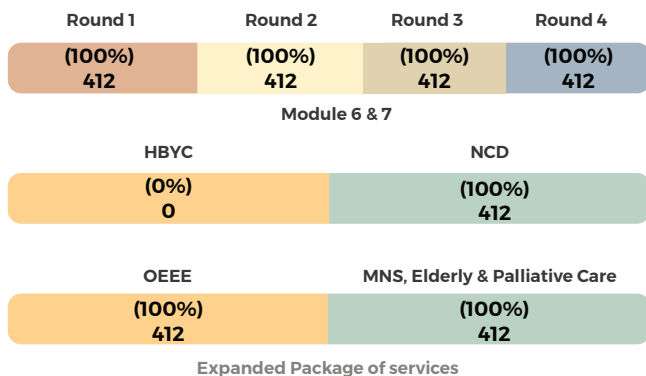


10 Urban ASHAs

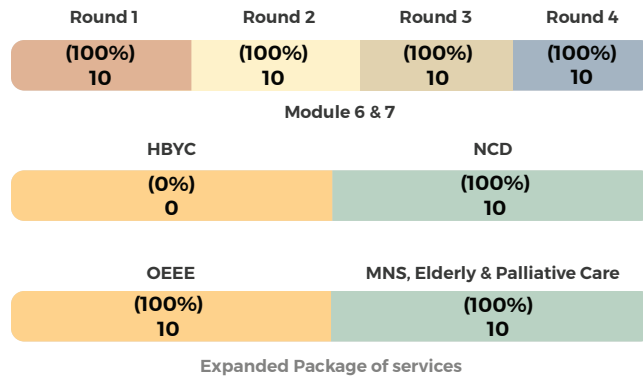
TARGET 10

## Training Status of ASHAs

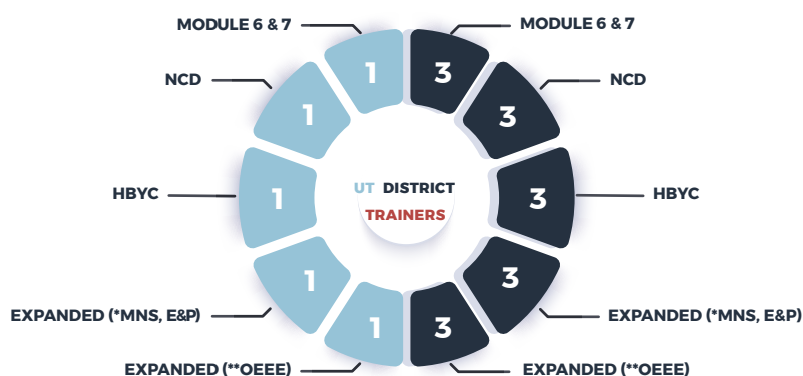
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

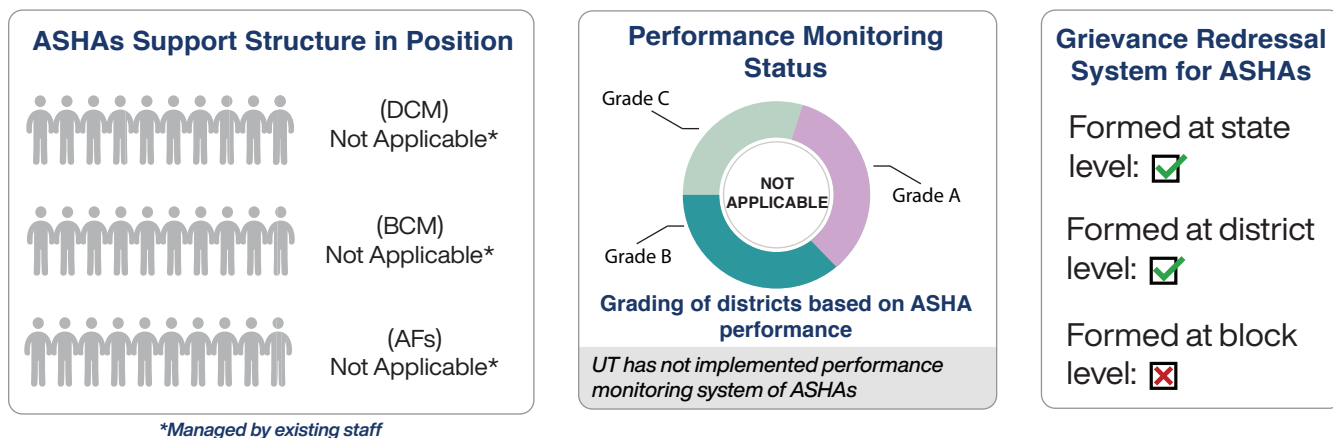
UT has not initiated ASHA certification in RMNCH + A

0%

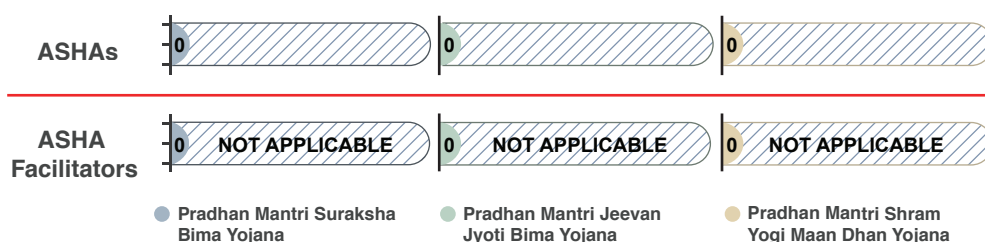
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



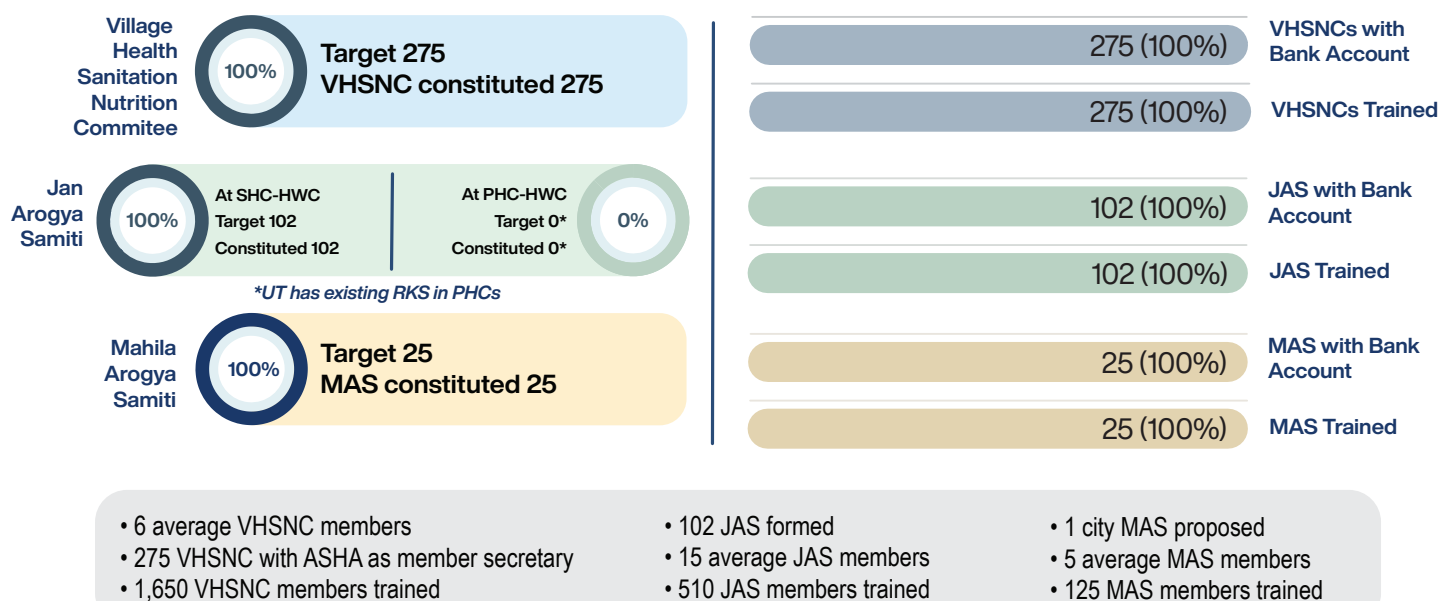
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
UT Trainers	0	1	5	0
District Trainers	7	3	0	0



# ANDHRA PRADESH



## Overview



### Total Population

4.96 Crores  
(3.5 Crores Rural & 1.5 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
2,000 (Urban Population)

## ASHAs In-position

Total ASHAs: 42,585



36,935 Rural ASHAs

TARGET 37,017

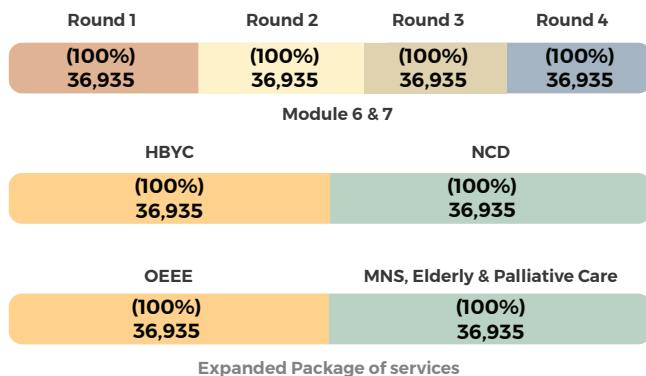


5,650 Urban ASHAs

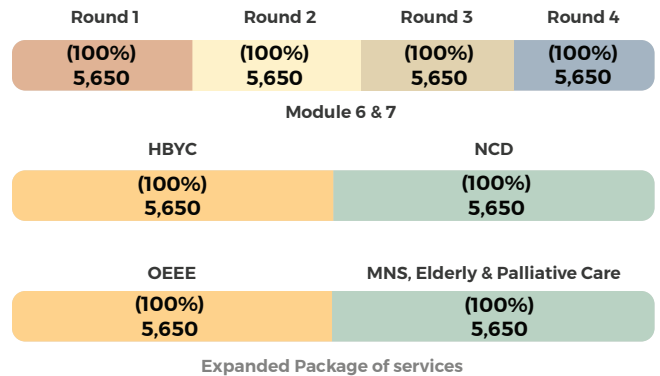
TARGET 5,735

## Training Status of ASHAs

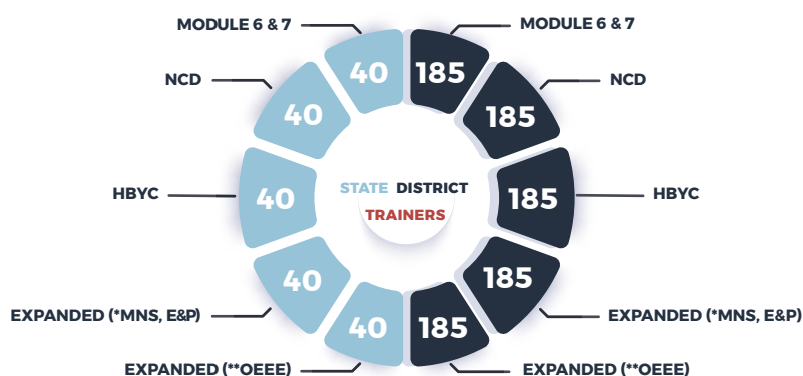
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

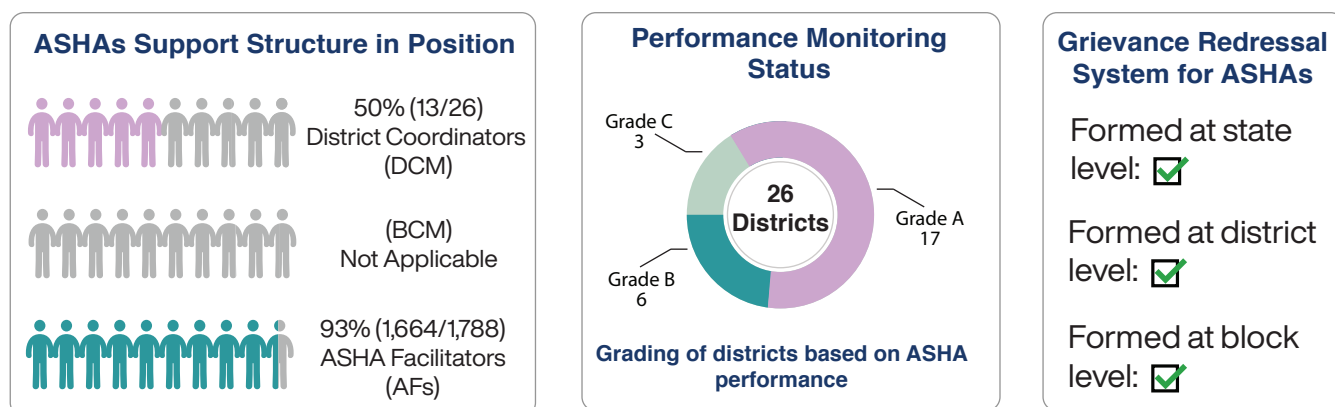
State has not initiated ASHA certification in RMNCH + A

0%

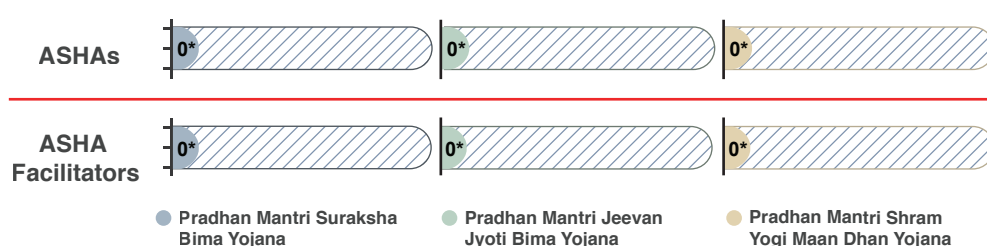
Resting room for ASHAs:  
CHC-117  
DH-12  
Others-11,724



## Support Structure for ASHAs

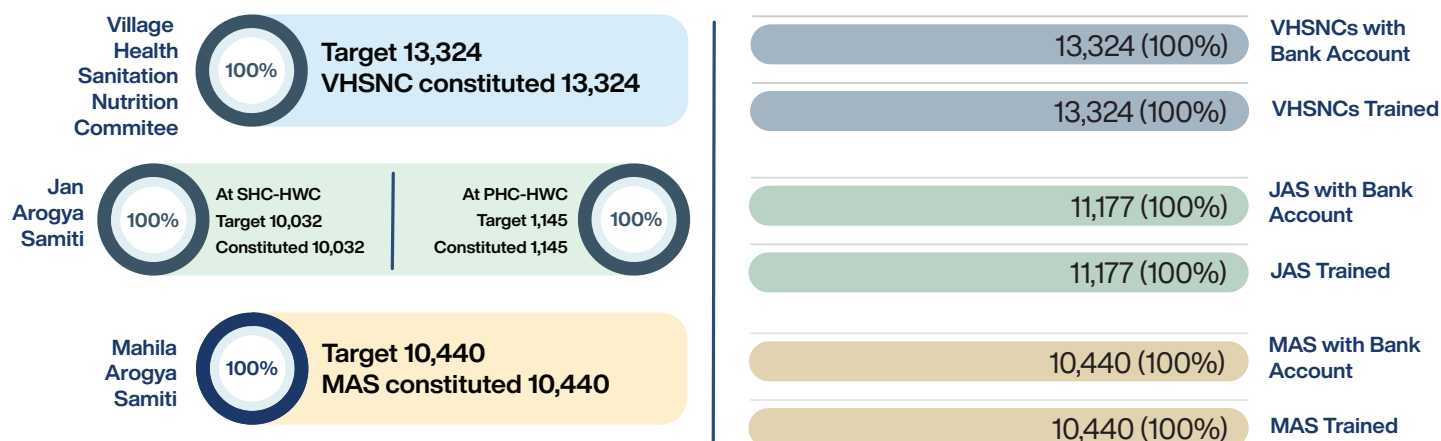


## Enrollment of ASHAs/ASHA Facilitators in Social Security Scheme



\*ASHA/AF are covered under state government scheme called as YSR Bima

## Status of Community Platforms



- 10-12 average VHSNC members
- 13,324 VHSNC with ASHA as member secretary
- 1,33,240 VHSNC members trained
- 11,177 JAS formed
- 12-15 average JAS members
- 1,02,610 JAS members trained
- 74 cities MAS proposed
- 8-11 average MAS members
- 92,007 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	13	7	13	13
District Trainers	1,664	208	130	1,664



# ARUNACHAL PRADESH



## Overview



### Total Population

15.6 Lakhs  
(11.6 Lakhs Rural & 4 Lakhs Urban)  
(Source: Census, Estimated 2023)

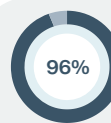


### Average Population covered per ASHA

339 (Rural Population)  
3,000 (Urban Population)

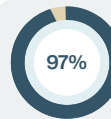
## ASHAs In-position

Total ASHAs: 3,985



3,886 Rural ASHAs

TARGET 4,068

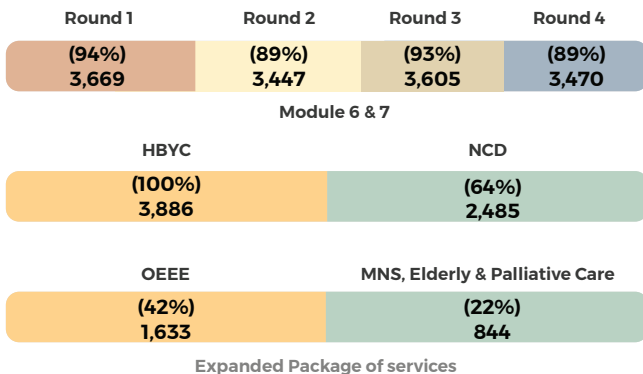


99 Urban ASHAs

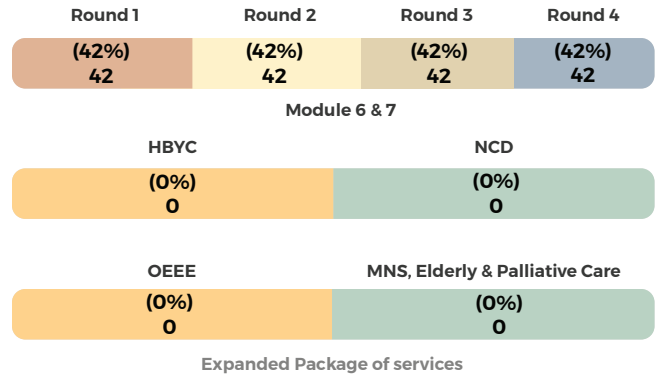
TARGET 102

## Training Status of ASHAs

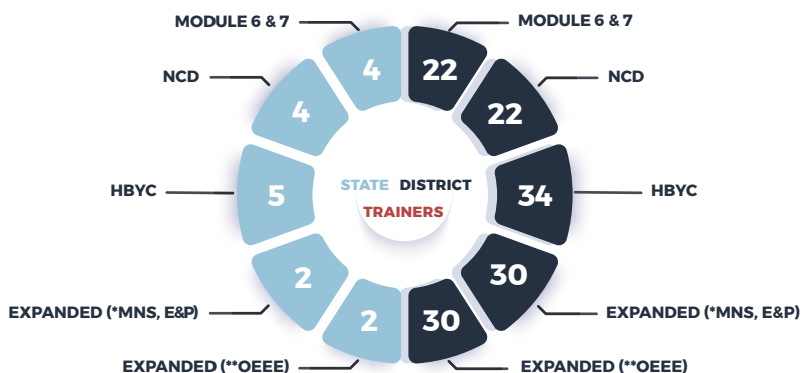
### RURAL



### URBAN



## Support System for ASHA Training



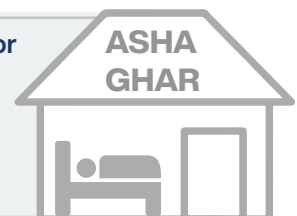
\* Mental, Neurological and Substance Use (MNS) Disorders, Elderly and Palliative Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

### ASHA Certification Status

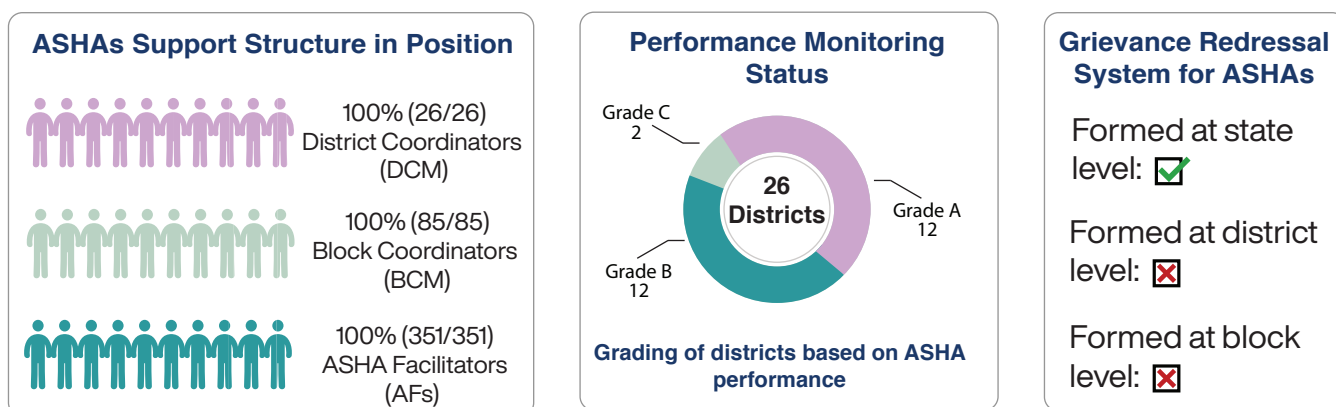
512 ASHAs have completed certification in RMNCH + A

13%

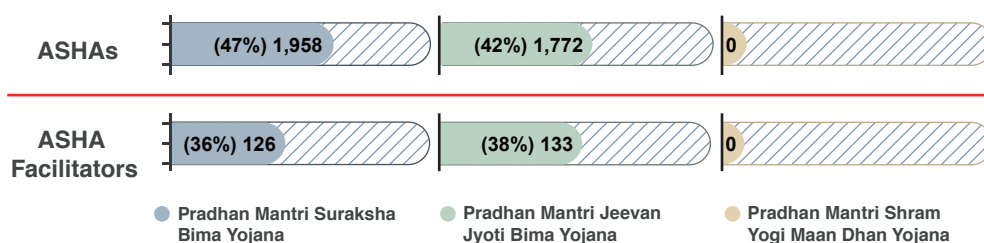
Resting room for ASHAs:  
CHC-177  
DH-12  
Others-42



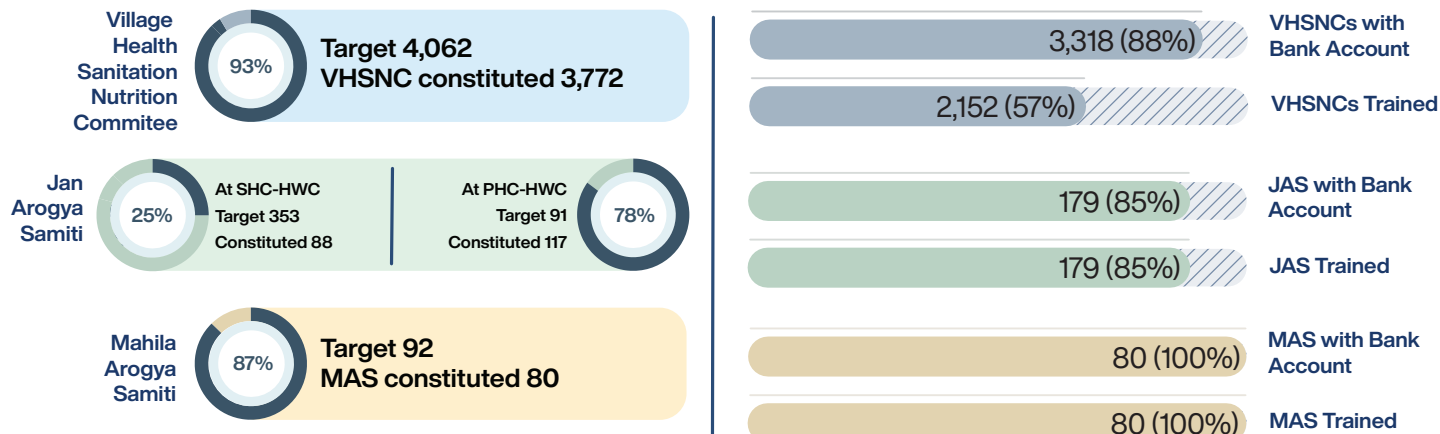
## Support Structure for ASHAs



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



## Status of Community Platforms



- 6-10 average VHSNC members
- 3,772 VHSNC with ASHA as member secretary
- 4,304 VHSNC members trained
- 179 JAS formed
- 7 average JAS members
- 612 JAS members trained
- 2 cities MAS proposed
- 10 average MAS members
- 450 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	2	2	3	3
District Trainers	32	46	3	22

# ASSAM



## Overview



### Total Population

3.57 Crores  
(3.01 Crores Rural & 56 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
3,500 (Urban Population)

## ASHAs In-position

Total ASHAs: 32,546



31,334 Rural ASHAs

TARGET 31,334

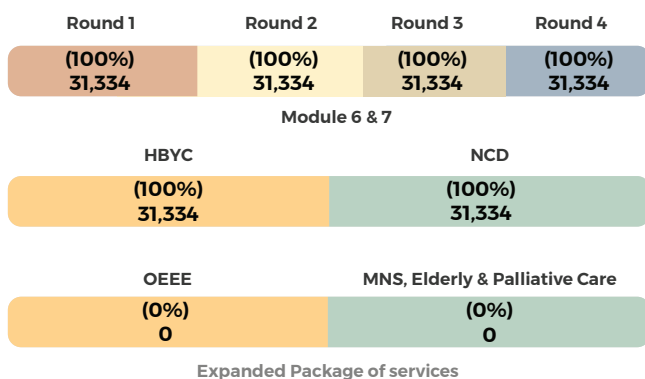


1,212 Urban ASHAs

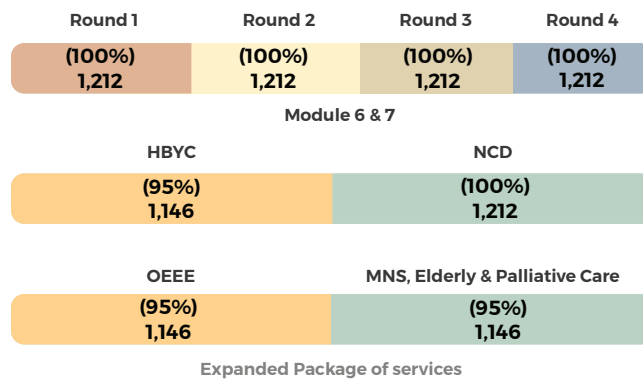
TARGET 1,212

## Training Status of ASHAs

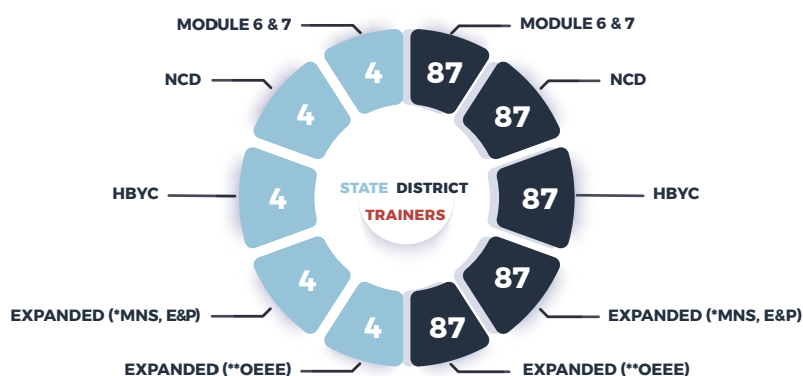
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

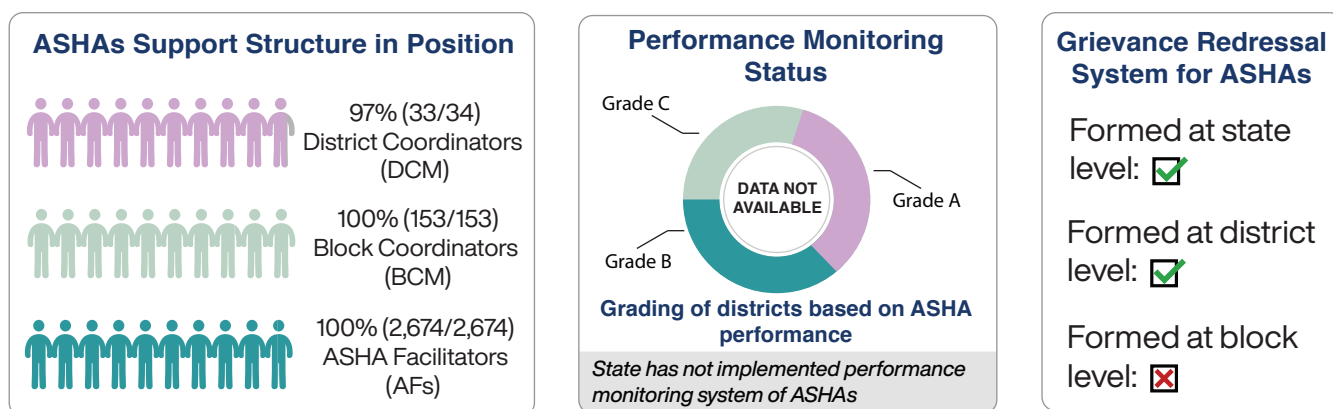
5,433 ASHAs have completed certification in RMNCH + A

17%

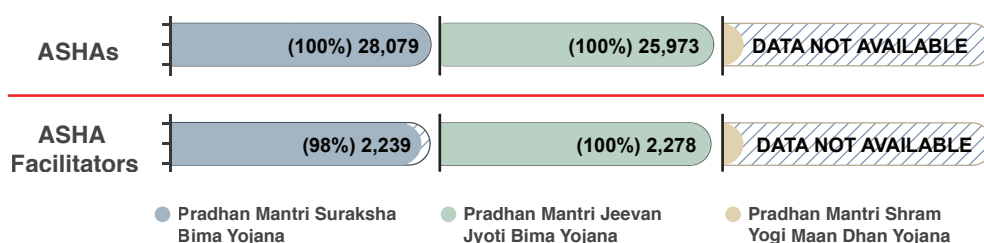
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



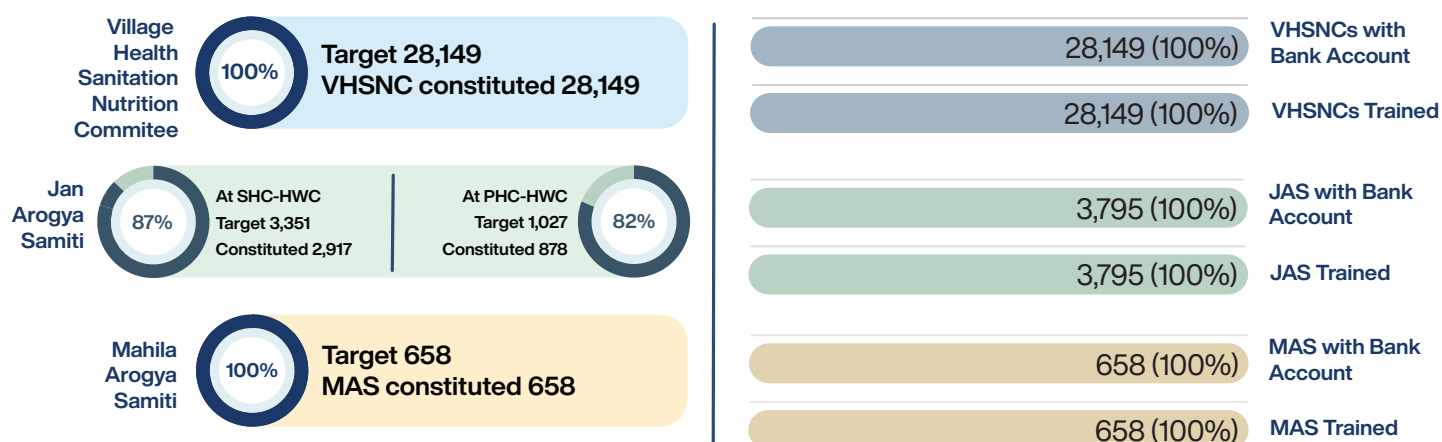
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15 average VHSNC members
- 28,149 VHSNC with ASHA as member secretary
- 56,298 VHSNC members trained

- 2,917 JAS formed
- 15 average JAS members
- 11,385 JAS members trained

- 14 cities MAS proposed
- 10 average MAS members
- 6,590 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	5	8	4	5
District Trainers	54	120	45	54



# BIHAR



## Overview



### Total Population

12.76 Crores  
(11.1 Crores Rural & 1.5 Crores Urban)  
(Source: Census, Estimated 2023)

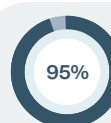


### Average Population covered per ASHA

1,000 (Rural Population)  
2,500 (Urban Population)

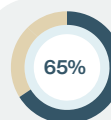
## ASHAs In-position

Total ASHAs: 90,039



89,400 Rural ASHAs

TARGET 93,687

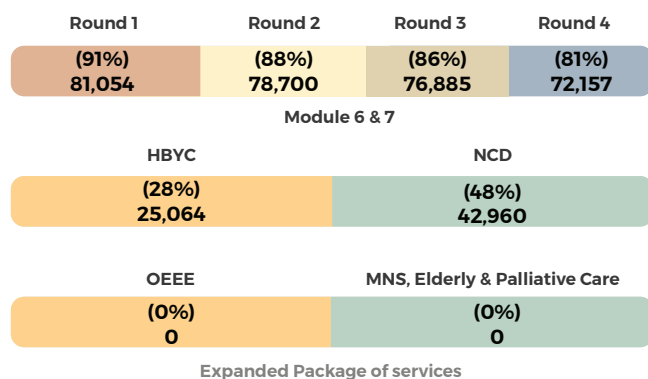


639 Urban ASHAs

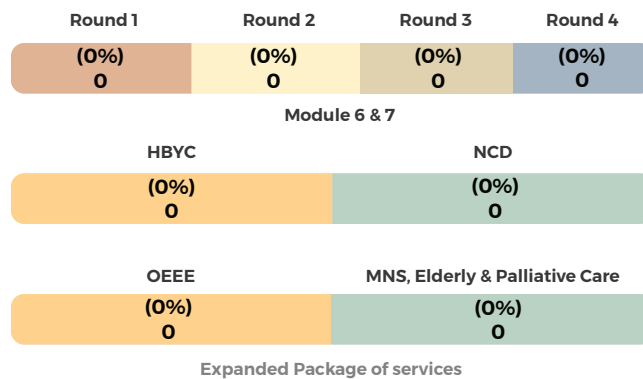
TARGET 977

## Training Status of ASHAs

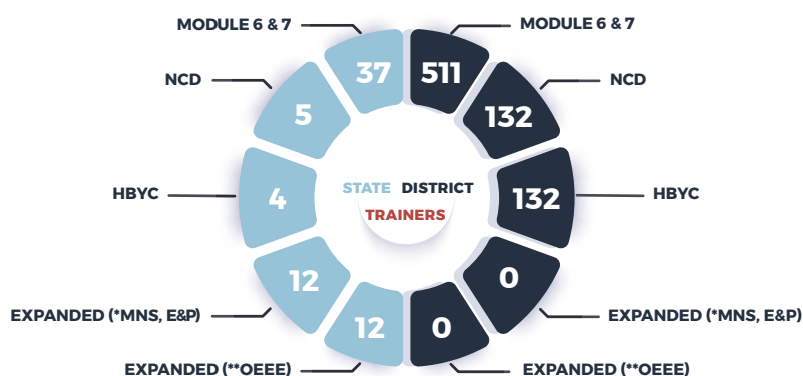
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

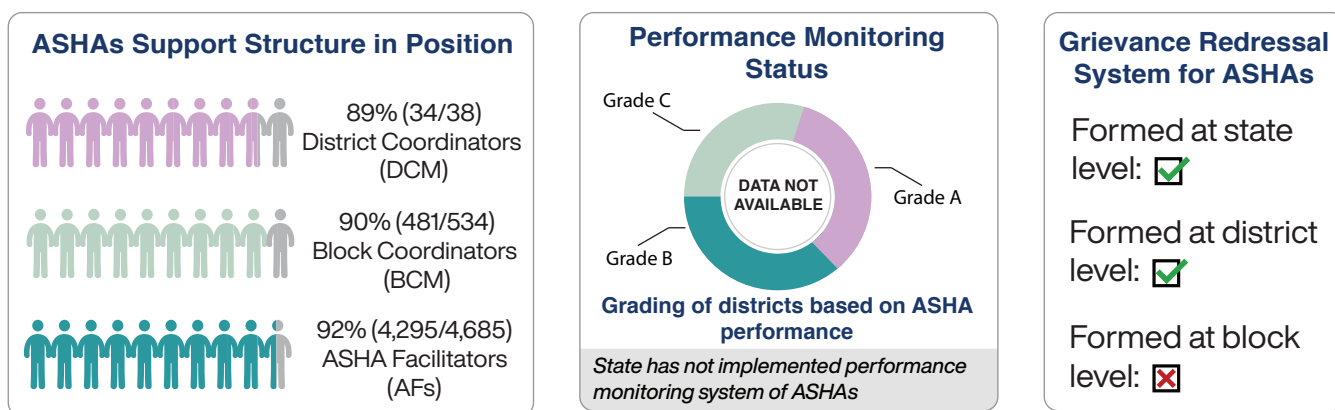
State has not initiated ASHA certification in RMNCH + A

0%

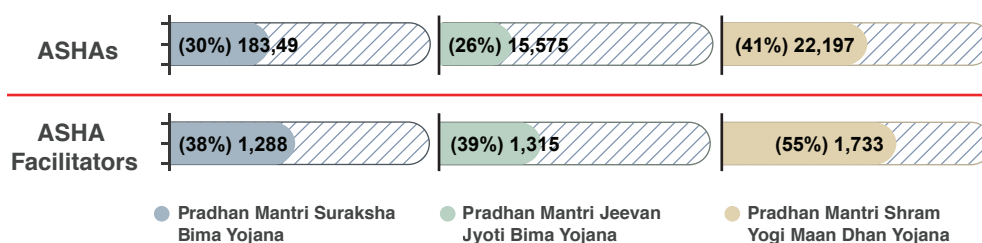
Resting room for ASHAs:  
CHC-60  
DH-33  
Others-97



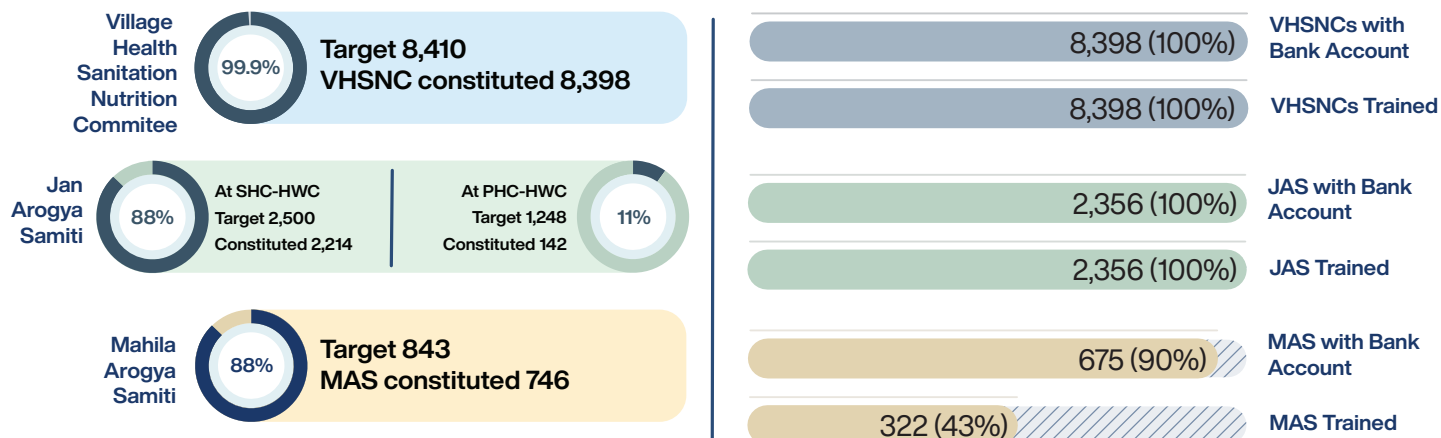
## Support Structure for ASHAs



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



## Status of Community Platforms



- 5-7 average VHSNC members
- ANM acts as member secretary
- 22,795 VHSNC members trained

- 2,356 JAS formed
- 9 average JAS members
- 33,210 JAS members trained

- 27 cities MAS proposed
- 10-12 average MAS members
- 3,220 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	2	4	0	3
District Trainers	76	76	39	38

# CHANDIGARH



## Overview

## ASHAs In-position

Total ASHAs: 0



### Total Population

12.3 Lakhs  
(NA Rural & 12.3 Lakhs Urban)  
(Source: Census, Estimated 2023)



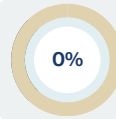
### Average Population covered per ASHA

NA (Rural Population)  
NA (Urban Population)



0 Rural ASHAs

TARGET NA

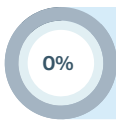


0 Urban ASHAs

TARGET NA

## Status of Community Platforms

Village Health Sanitation Nutrition Committee



Target NA  
VHSNC constituted NA

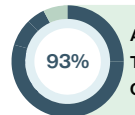


VHSNCs with Bank Account



VHSNCs Trained

Jan Arogya Samiti

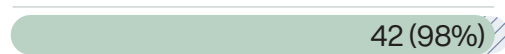


At SHC-HWC  
Target 14  
Constituted 13

At PHC-HWC  
Target 29  
Constituted 29

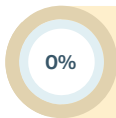


JAS with Bank Account



JAS Trained

Mahila Arogya Samiti



Target NA  
MAS constituted NA



MAS with Bank Account



MAS Trained

VHSNC  
• Not Applicable  
• Not Applicable

• 42 JAS formed  
• 14-15 average JAS members  
• 610 JAS members trained

MAS  
• Not Applicable  
• Not Applicable

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	NA	5	NA	NA
District Trainers	NA	NA	NA	NA





# CHHATTISGARH



## Overview



### Total Population

3.01 Crores  
(2.20 Crores Rural & 0.81 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

400 (Rural Population)  
700 (Urban Population)

## ASHAs In-position

Total ASHAs: 71,741



67,987 Rural ASHAs

TARGET 68,277

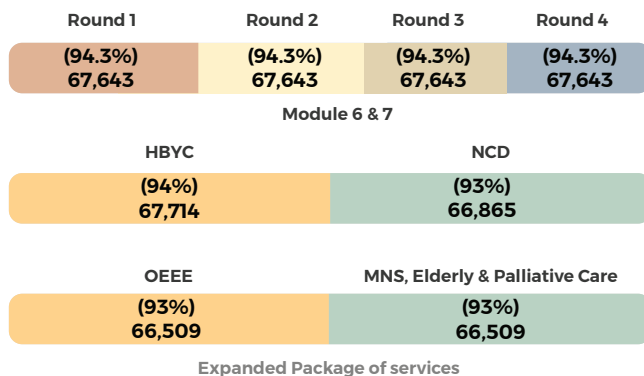


3,754 Urban ASHAs

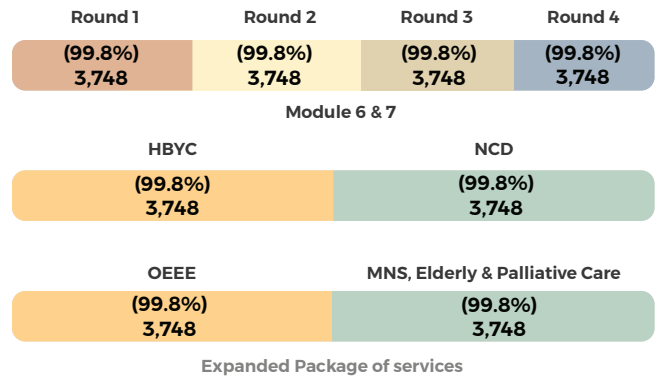
TARGET 3,771

## Training Status of ASHAs

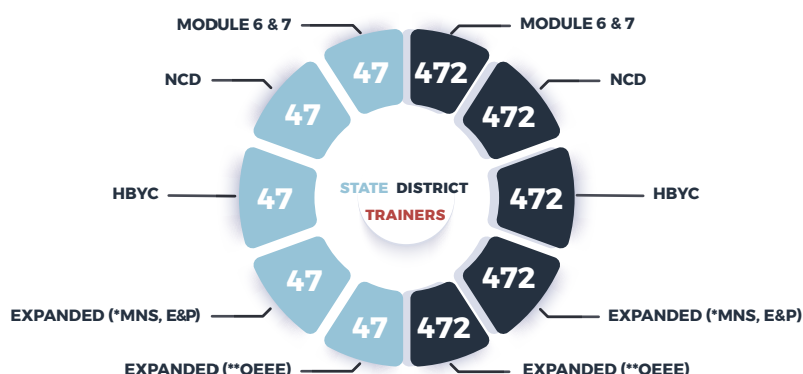
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

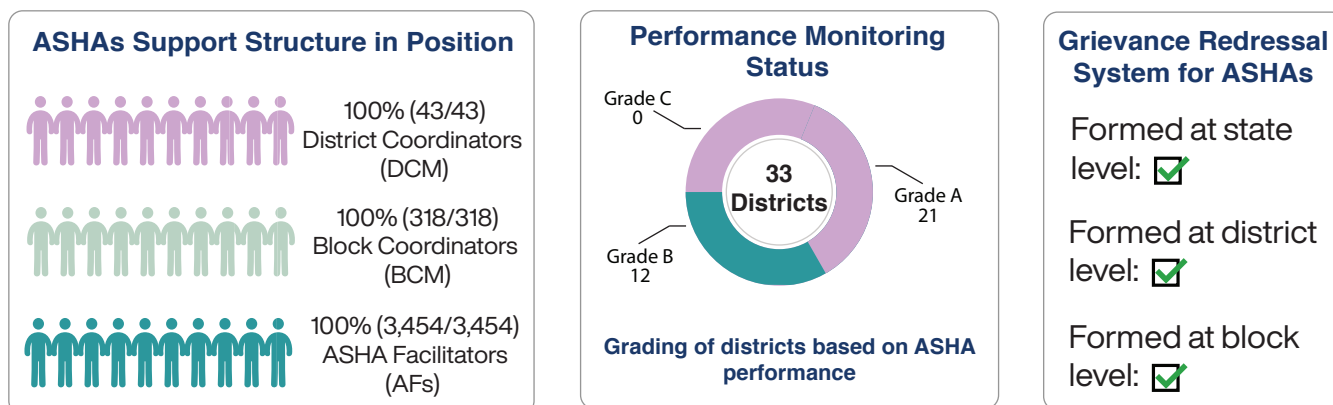
777 ASHAs have completed certification in RMNCH + A

1.08%

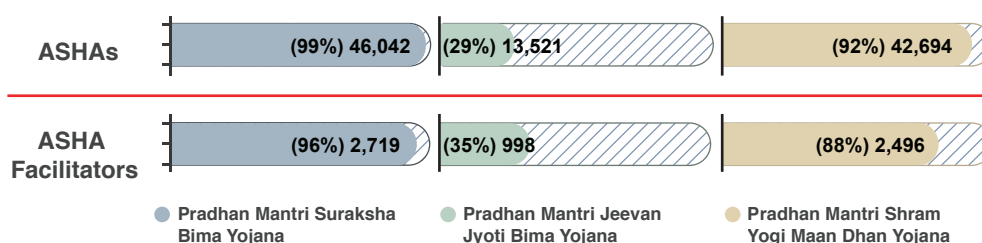
Resting room for ASHAs at district hospital is under construction



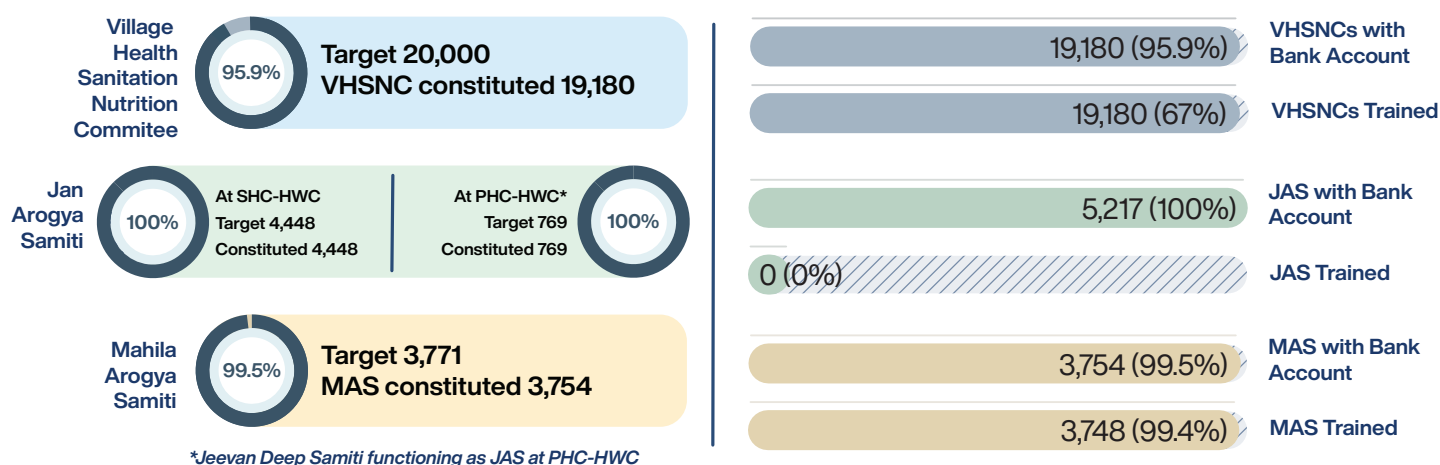
## Support Structure for ASHAs



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



## Status of Community Platforms



- 18 average VHSNC members
- 19,180 VHSNC with ASHA as member secretary
- 2,02,771 VHSNC members trained

- 5,217 JAS formed
- 10-12 average JAS members
- 0 JAS members trained

- 20 cities MAS proposed
- 10 average MAS members
- 31,762 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	47	4	6	47
District Trainers	472	120	25	472



# DADRA & NAGAR HAVELI & DAMAN & DIU



## Overview



### Total Population

12.63 Lakhs  
(1.9 Lakhs Rural & 10.2 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
2,000 (Urban Population)

## ASHAs In-position

Total ASHAs: 448



367 Rural ASHAs

TARGET 472

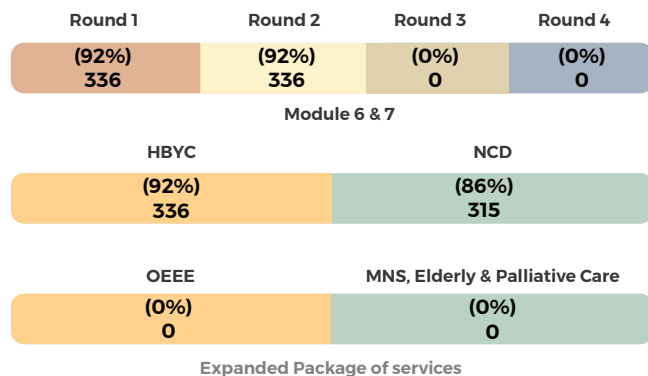


83 Urban ASHAs

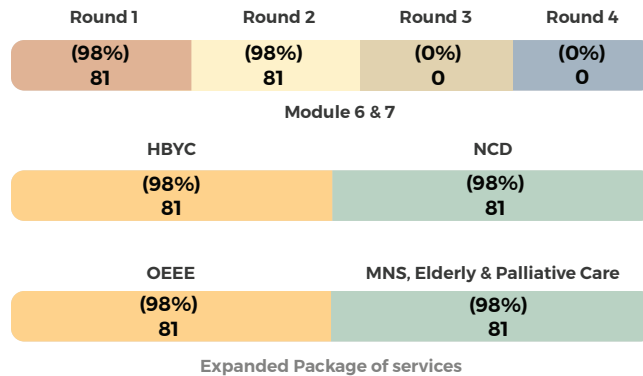
TARGET 83

## Training Status of ASHAs

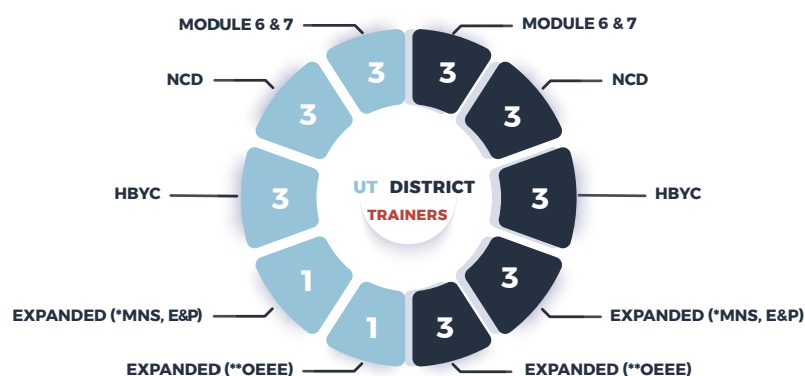
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

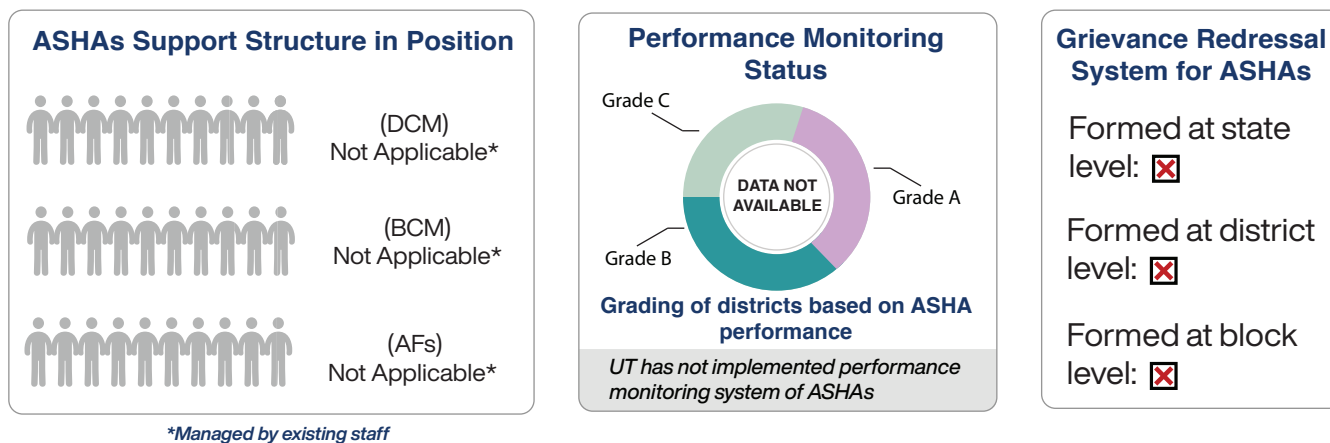
UT has not initiated ASHA certification in RMNCH + A

0%

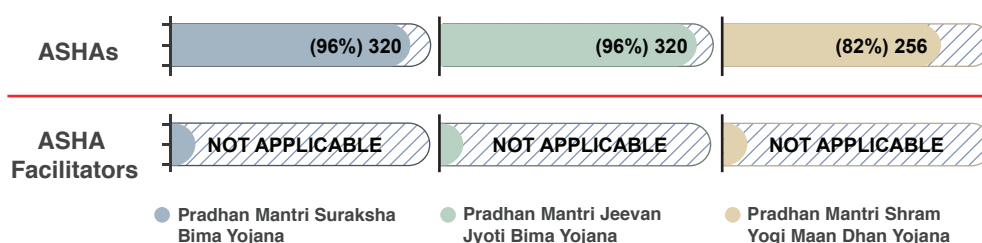
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



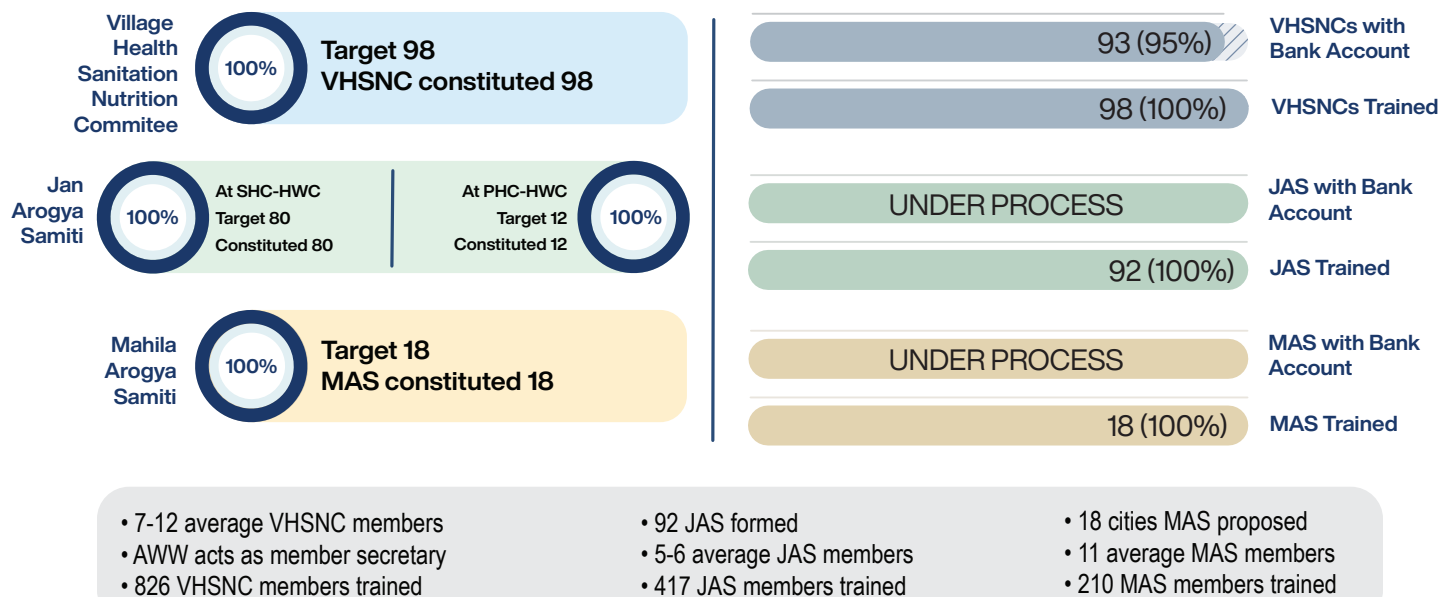
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	3	1	1	0
District Trainers	3	3	2	0

# DELHI



## Overview



### Total Population

2.13 Crores  
(NA Rural & 2.13 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

0 (Rural Population)  
2,000 (Urban Population)

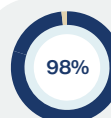
## ASHAs In-position

Total ASHAs: 6,214



0 Rural ASHAs

TARGET NA

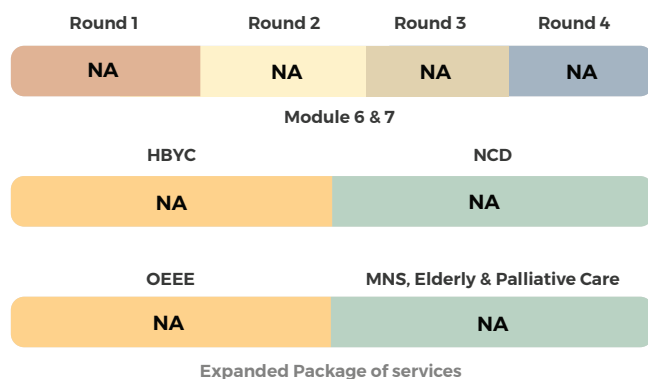


6,214 Urban ASHAs

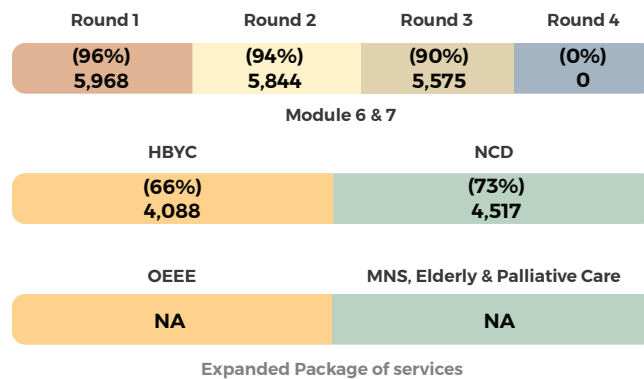
TARGET 6,334

## Training Status of ASHAs

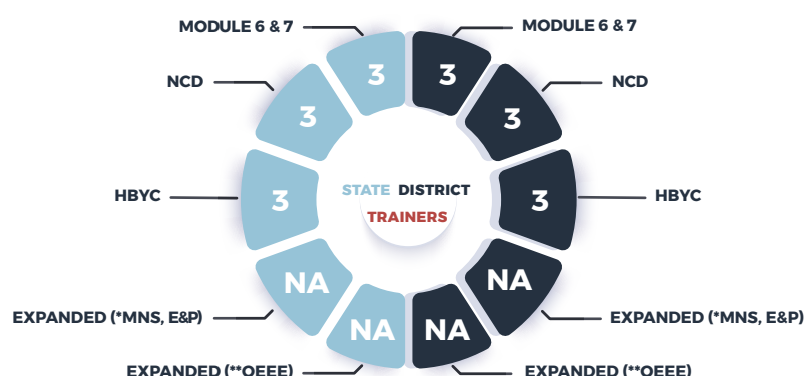
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

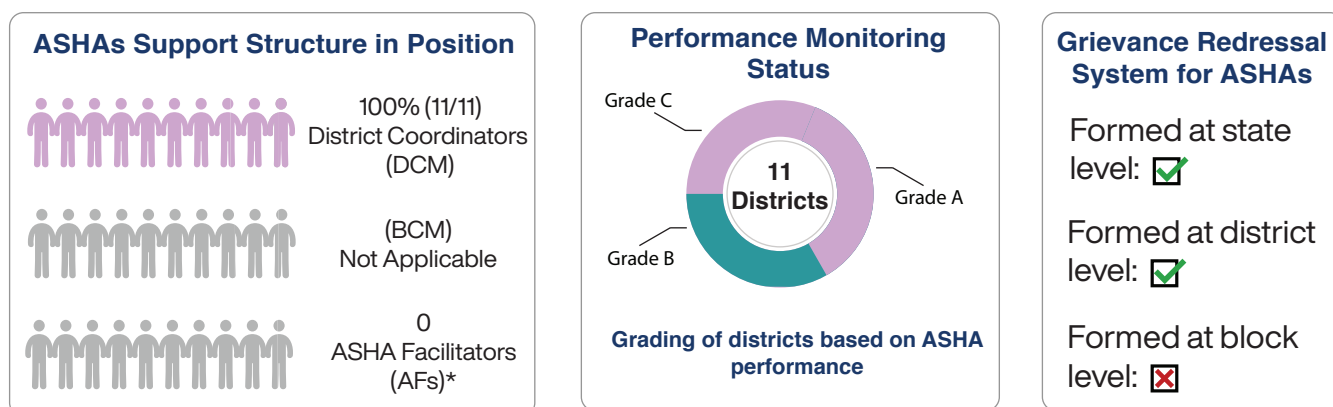
2,864 ASHAs have completed certification in RMNCH + A

46%

Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00

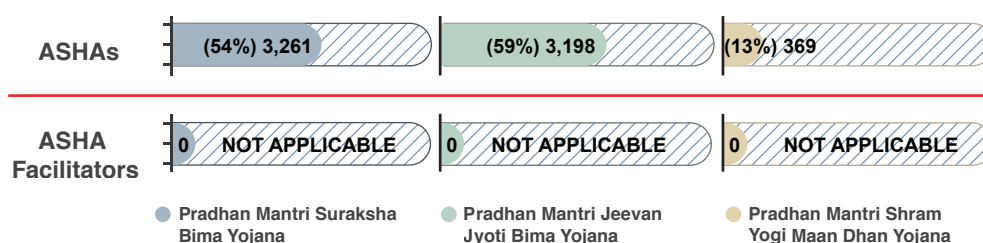


## Support Structure for ASHAs

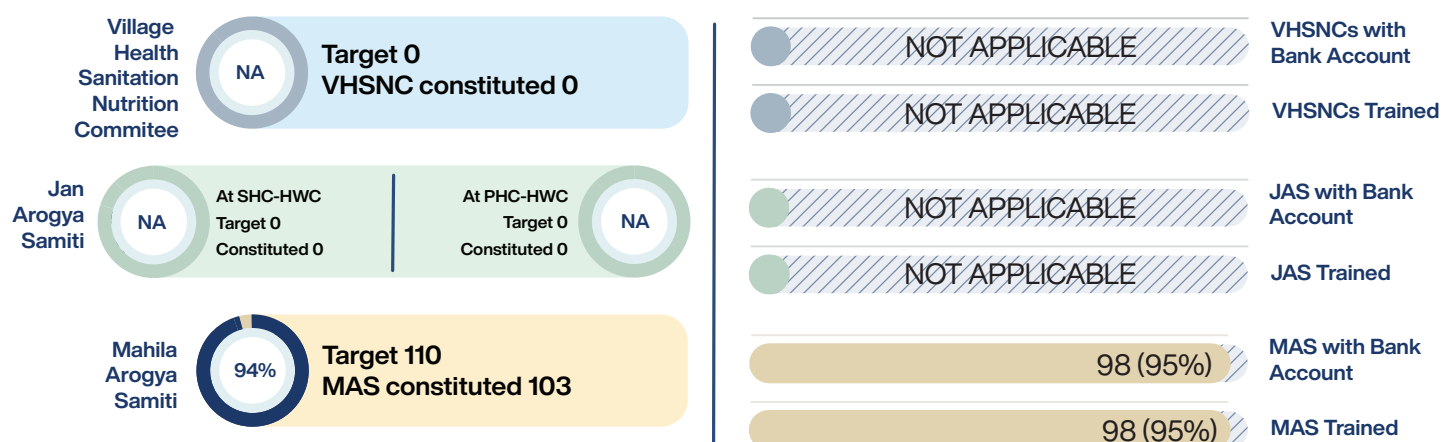


\*Managed by existing staff

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



## Status of Community Platforms



VHSNC

- NA
- NA

JAS

- NA
- NA

- 11 cities MAS proposed
- 10-12 average MAS members
- 910 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	NA	NA	4	NA
District Trainers	NA	NA	22	NA





## Overview

## ASHAs In-position

Total ASHAs: 0



### Total Population

15.75 Lakhs  
(3.81 Lakhs Rural & 11.94 Lakhs Urban)  
(Source: Census, Estimated 2023)



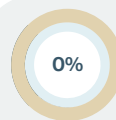
### Average Population covered per ASHA

NA (Rural Population)  
NA (Urban Population)



0 Rural ASHAs

TARGET NA

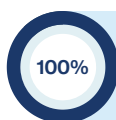


0 Urban ASHAs

TARGET NA

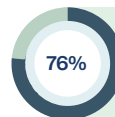
## Status of Community Platforms

Village Health Sanitation Nutrition Committee



Target 218  
VHSNC constituted 218

Jan Arogya Samiti

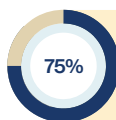


At SHC-HWC  
Target 170  
Constituted 130

At PHC-HWC  
Target 24  
Constituted 0

0%

Mahila Arogya Samiti



Target 12  
MAS constituted 9

218 (100%)

VHSNCs with Bank Account

218 (100%)

VHSNCs Trained

0 (0%)

JAS with Bank Account

130 (100%)

JAS Trained

9 (100%)

MAS with Bank Account

9 (100%)

MAS Trained

- 10 average VHSNC members
- Panch member acts as member secretary
- 2,180 VHSNC members trained

- 130 JAS formed
- 8 average JAS members
- 134 JAS members trained

- 4 cities MAS proposed
- 5-20 average MAS members
- 93 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	0	4	0	0
District Trainers	0	0	0	0





# GUJARAT



## Overview



### Total Population

7.15 Crores  
(3.66 Crores Rural & 3.48 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
1,500 (Urban Population)

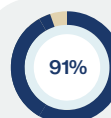
## ASHAs In-position

Total ASHAs: 43,928



38,884 Rural ASHAs

TARGET 40,671

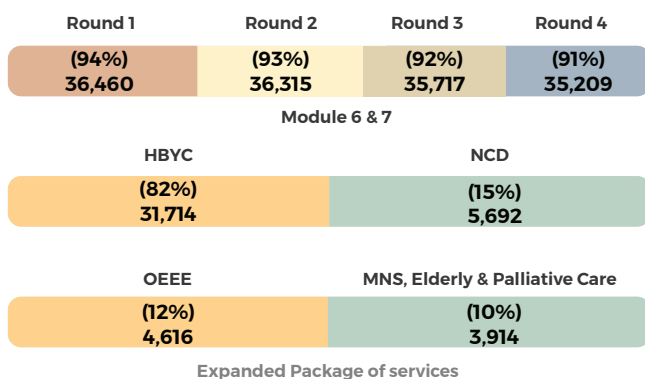


5,044 Urban ASHAs

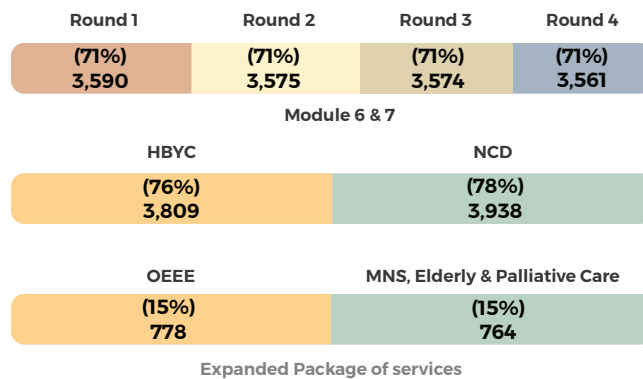
TARGET 5,525

## Training Status of ASHAs

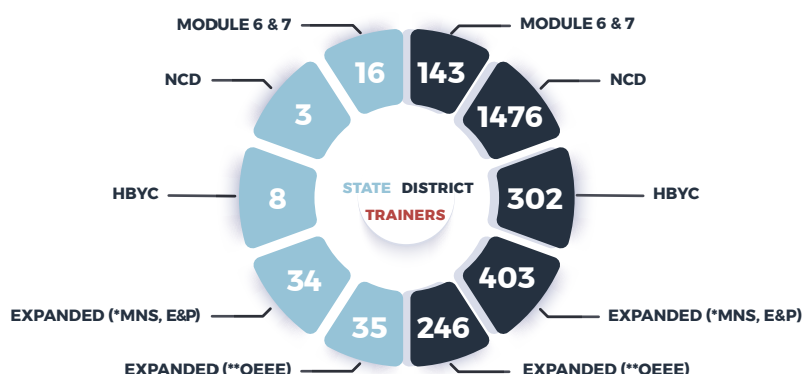
### RURAL



### URBAN



## Support System for ASHA Training



\* Mental, Neurological and Substance Use (MNS) Disorders, Elderly and Palliative Care

\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care

\*State has also separate block trainers

### ASHA Certification Status

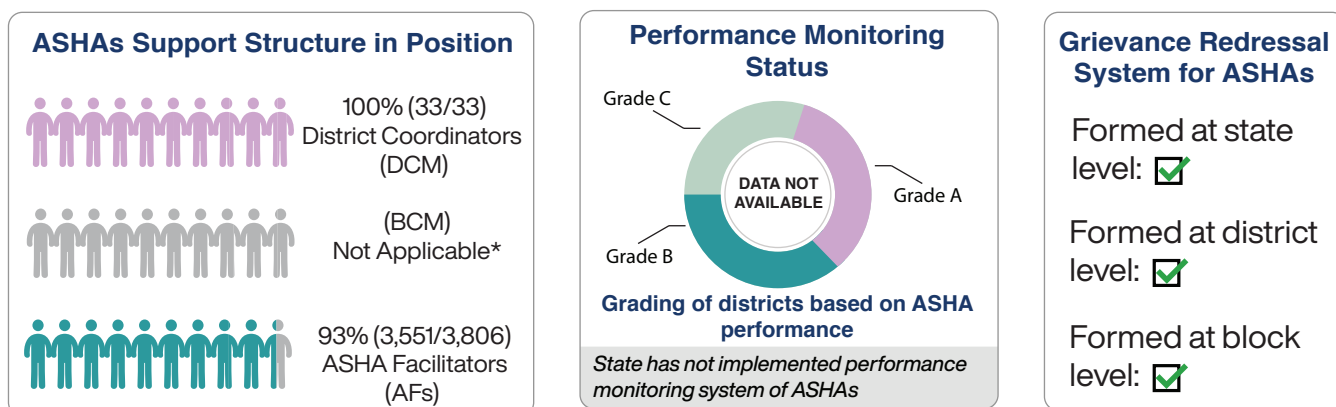
567 ASHAs have completed certification in RMNCH + A

1.3%

Resting room for ASHAs:  
CHC-00  
DH-12  
Others-34

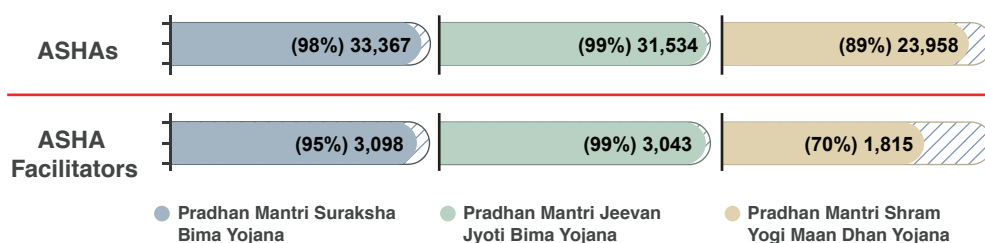


## Support Structure for ASHAs

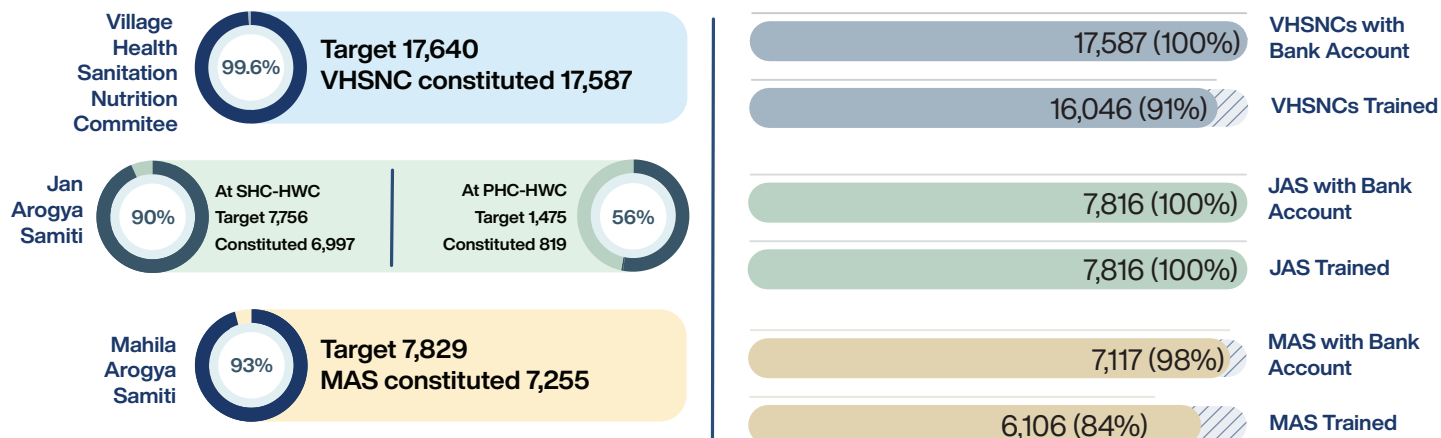


\*Managed by existing staff

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



## Status of Community Platforms



- 11-15 average VHSNC members
- 17,587 VHSNC with ASHA as member secretary
- 1,23,520 VHSNC members trained
- 7,816 JAS formed
- 10-15 average JAS members
- 7,816 JAS members trained
- 79 cities MAS proposed
- 10 average MAS members
- 59,423 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	2	0	11	0
District Trainers	191	0	154	0

# HARYANA



## Overview



### Total Population

3.02 Crores  
(1.74 Crores Rural & 1.27 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,099 (Rural Population)  
1,900 (Urban Population)

## ASHAs In-position

Total ASHAs: 20,378



17,741 Rural ASHAs

TARGET 18,000

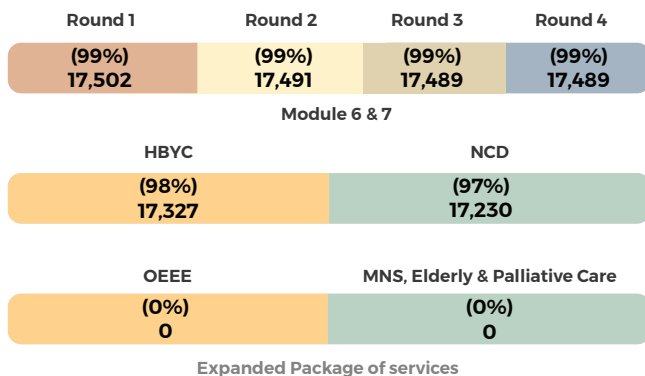


2,637 Urban ASHAs

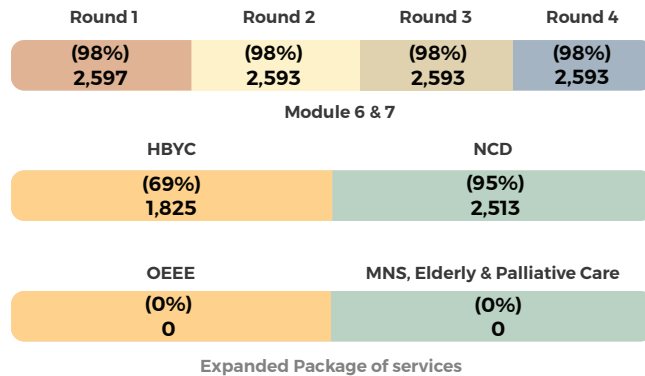
TARGET 2,676

## Training Status of ASHAs

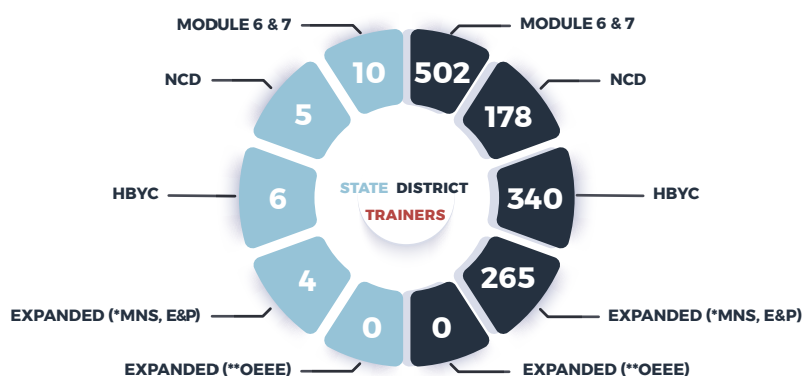
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

State has not initiated ASHA certification in RMNCH + A

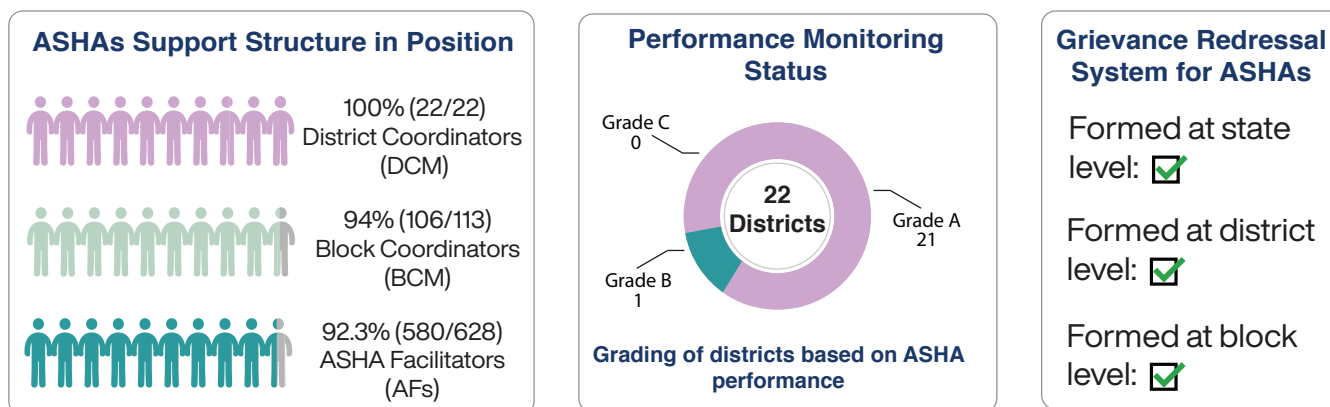
0%

Resting room for ASHAs:  
CHC-00  
DH-06  
Others-00

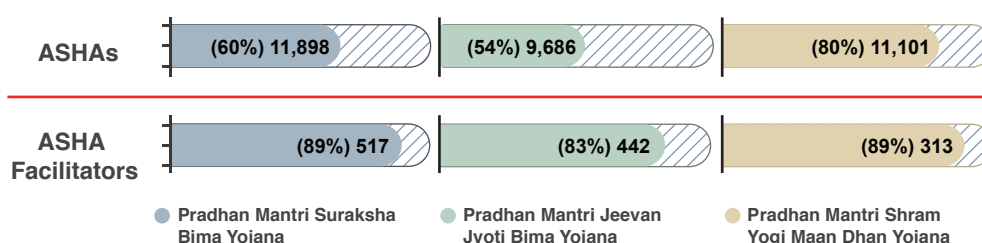




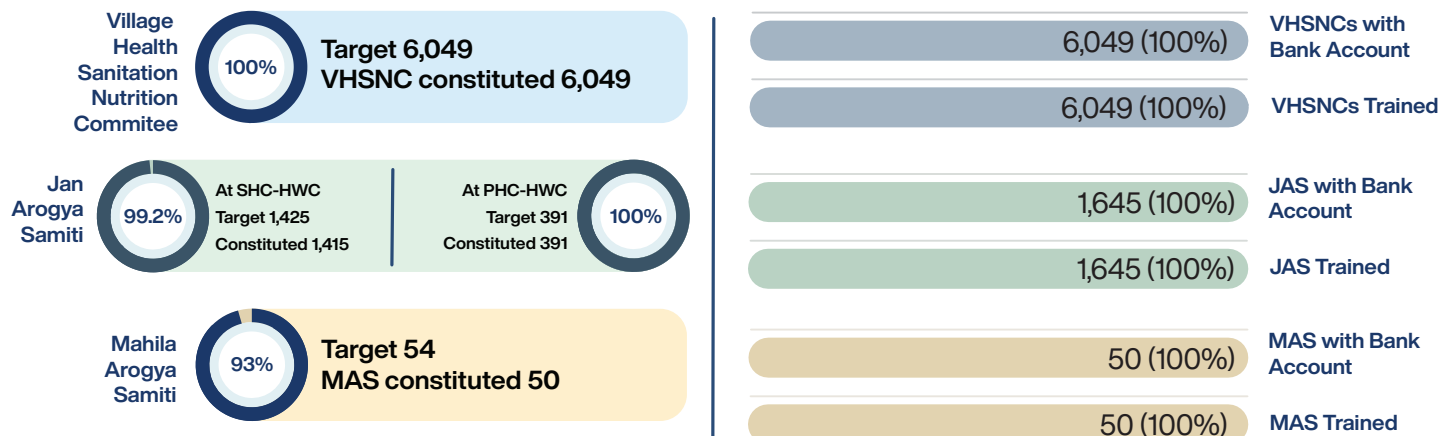
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15 average VHSNC members
- AWW are member secretary for VHSNCs
- 61,000 VHSNC members trained

- 1,806 JAS formed
- 12-13 average JAS members
- 12,332 JAS members trained

- 1 city MAS proposed
- 12 average MAS members
- 500 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	5	2	2	2
District Trainers	65	44	22	65

# HIMACHAL PRADESH



## Overview



### Total Population

74.68 Lakhs  
(66.98 Lakhs Rural & 7.70 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

900 (Rural Population)  
1,600 (Urban Population)

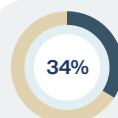
## ASHAs In-position

Total ASHAs: 7,830



7,799 Rural ASHAs

TARGET 8,652

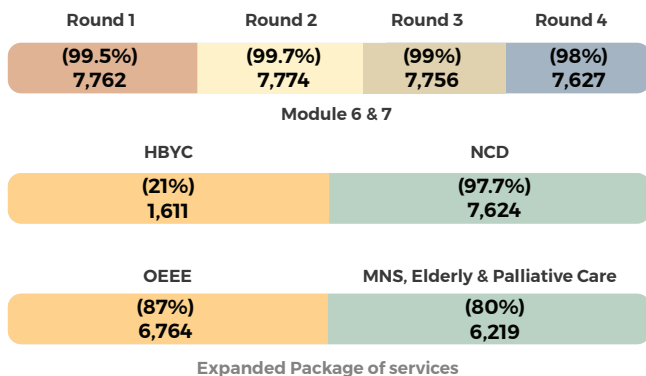


31 Urban ASHAs

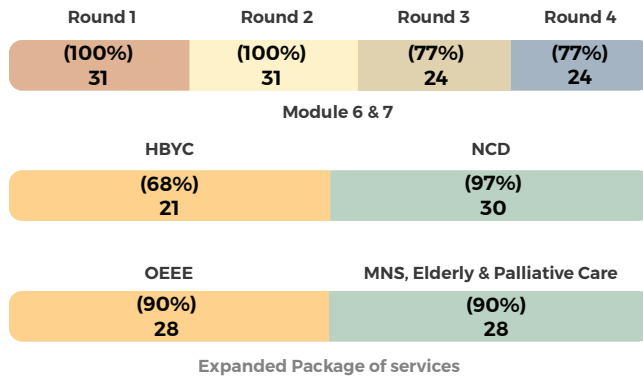
TARGET 92

## Training Status of ASHAs

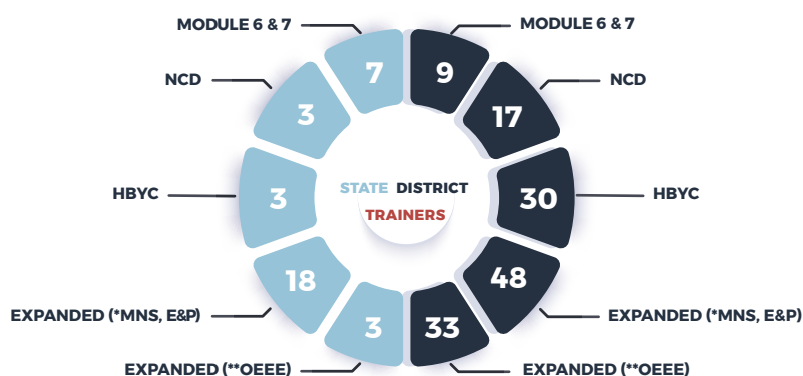
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

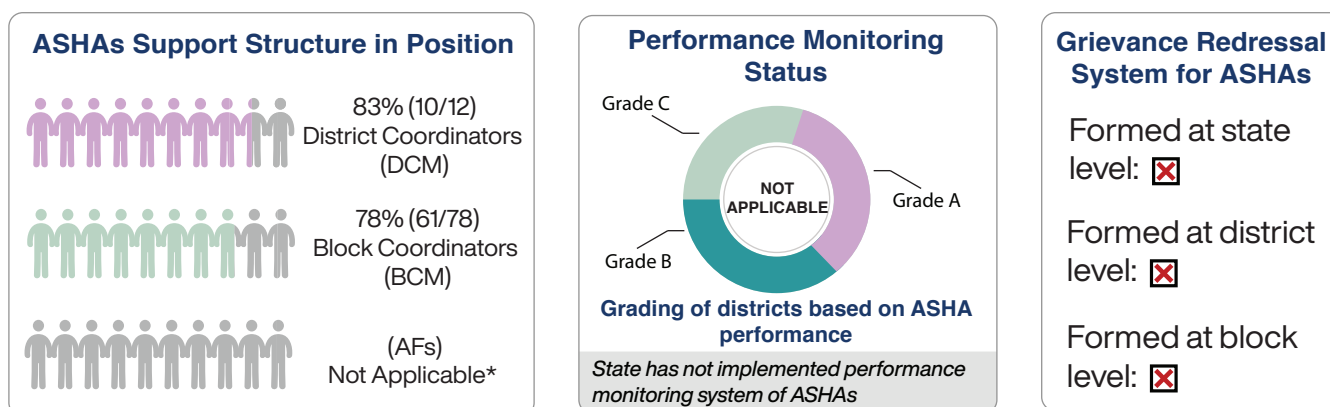
1,552 ASHAs have completed certification in RMNCH + A

20%

Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00

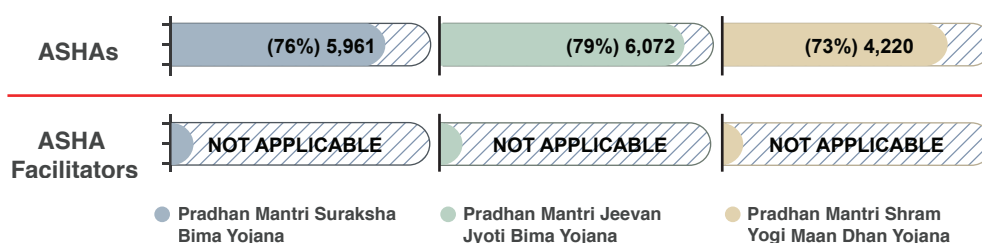


## Support Structure for ASHAs

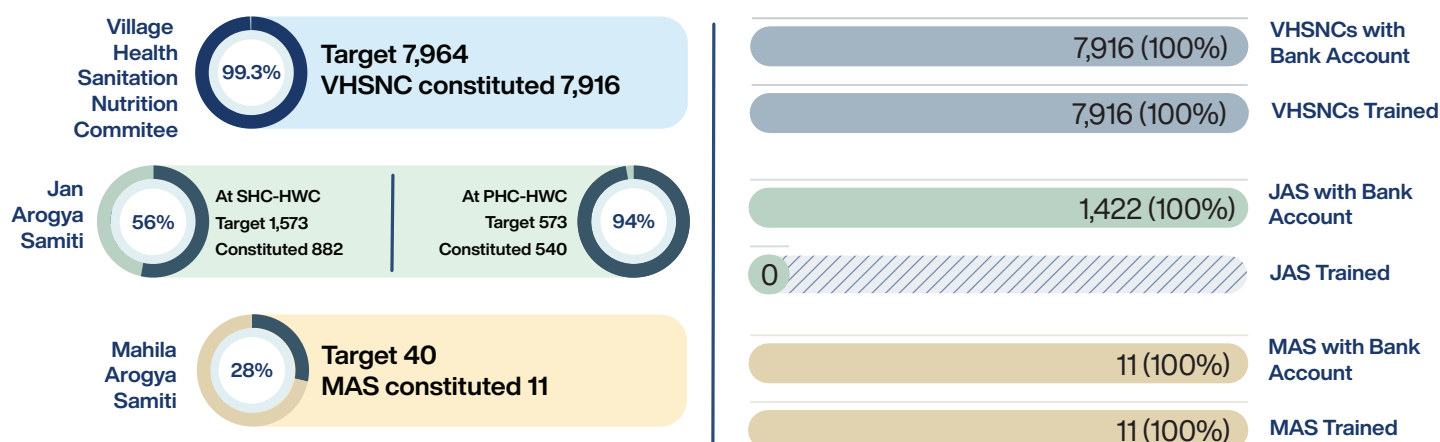


\*Managed by existing staff

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



## Status of Community Platforms



- 4 average VHSNC members
- 7,916 VHSNC with ASHA as member secretary
- 16,990 VHSNC members trained

- 1,422 JAS formed
- 10-12 average JAS members
- 0 JAS member trained

- 3 cities MAS proposed
- 4 average MAS members
- 15 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	4	5	2	4
District Trainers	44	0	0	44

# JAMMU & KASHMIR



## Overview



### Total Population

1.36 Crores  
(94.49 Lakhs Rural & 41.54 Lakhs Urban)  
(Source: Census, Estimated 2023)

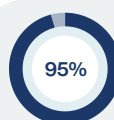


### Average Population covered per ASHA

1,500 (Rural Population)  
3,200 (Urban Population)

## ASHAs In-position

Total ASHAs: 13,175



12,962 Rural ASHAs

TARGET 13,616

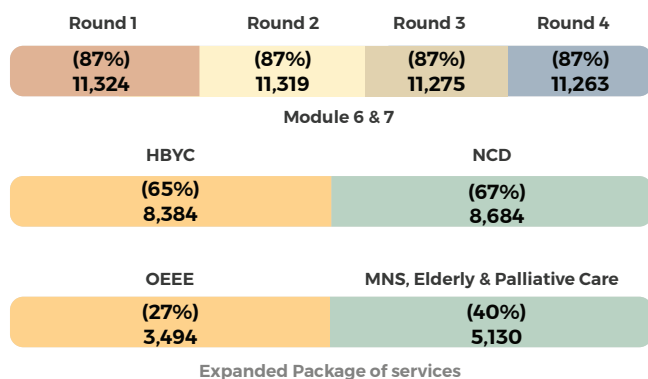


214 Urban ASHAs

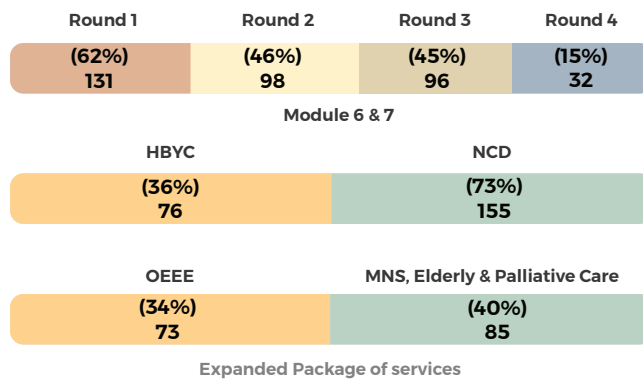
TARGET 238

## Training Status of ASHAs

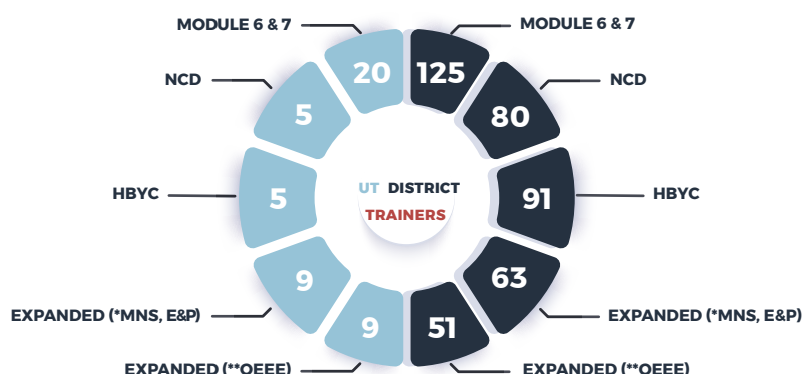
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

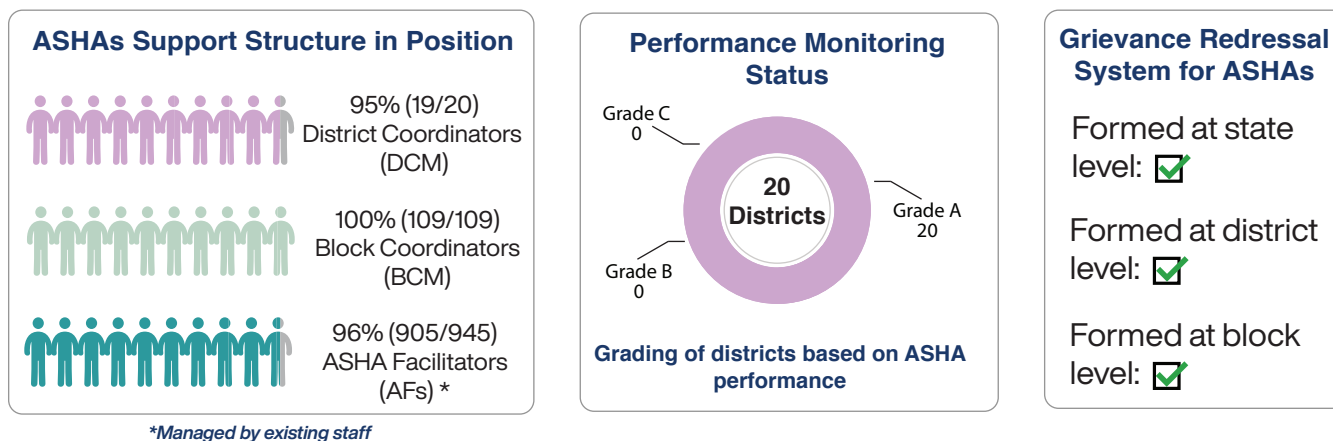
7,891 ASHAs have completed certification in RMNCH + A

56%

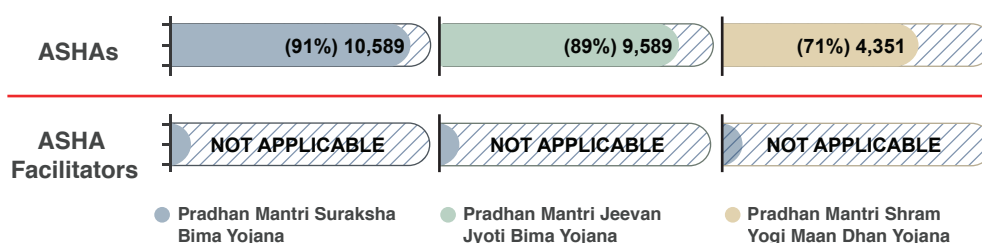
Resting room for ASHAs:  
CHC-20  
DH-07  
Others-10



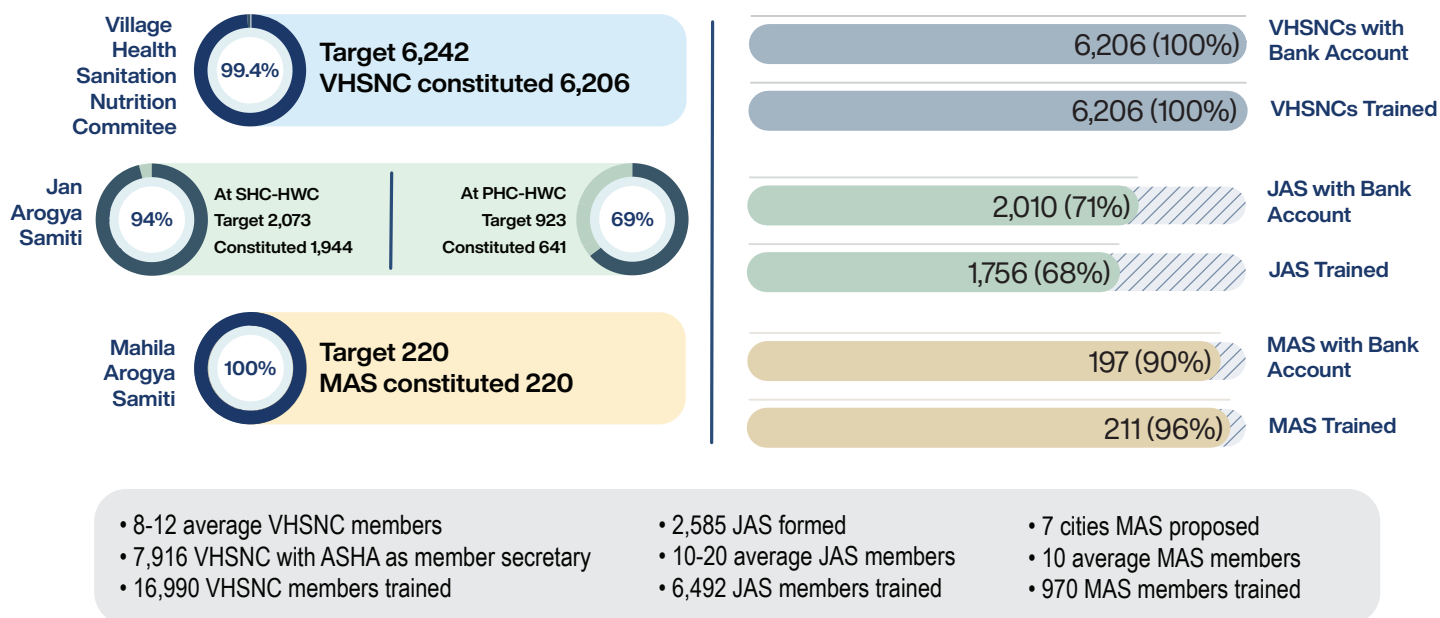
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	7	4	4	6
District Trainers	42	0	10	42



# JHARKHAND



## Overview



### Total Population

3.94 Crores  
(2.91 Crores Rural & 1.03 Crores Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

800 (Rural Population)  
1,500 (Urban Population)

## ASHAs In-position

Total ASHAs: 42,331



39,831 Rural ASHAs

TARGET 39,964

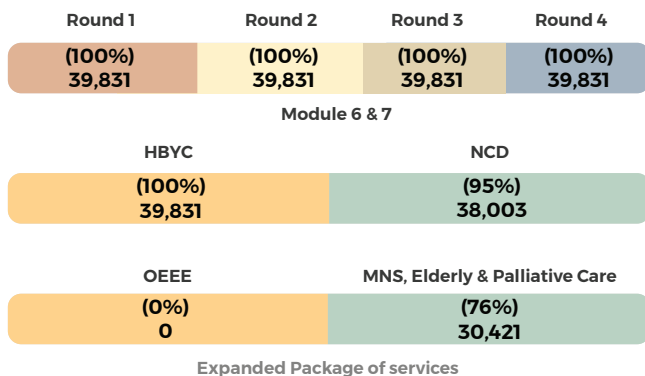


2,500 Urban ASHAs

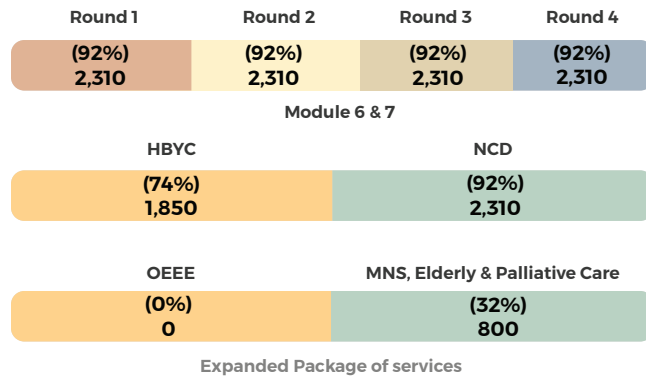
TARGET 2,500

## Training Status of ASHAs

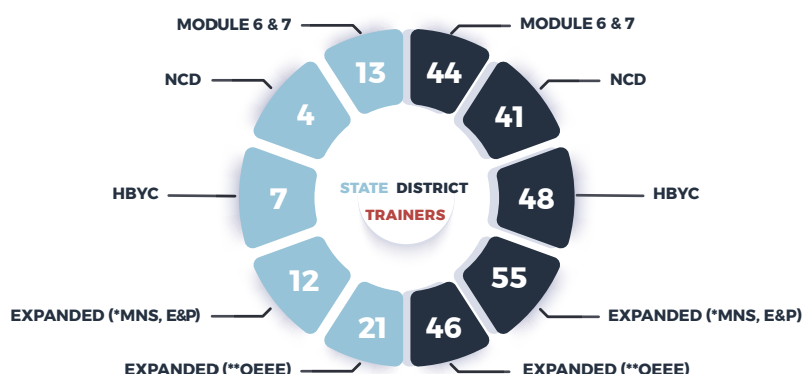
### RURAL



### URBAN



## Support System for ASHA Training



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

\*\*\*State has also separate block trainers

### ASHA Certification Status

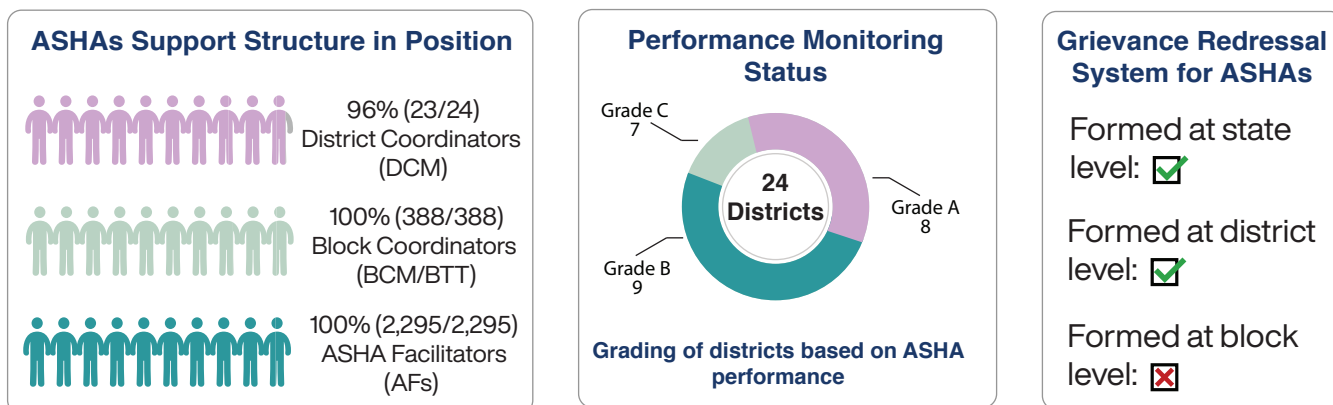
30% (12,747) ASHAs have completed certification in RMNCH + A

30%

Resting room for ASHAs:  
CHC-194  
DH-22  
Others-02

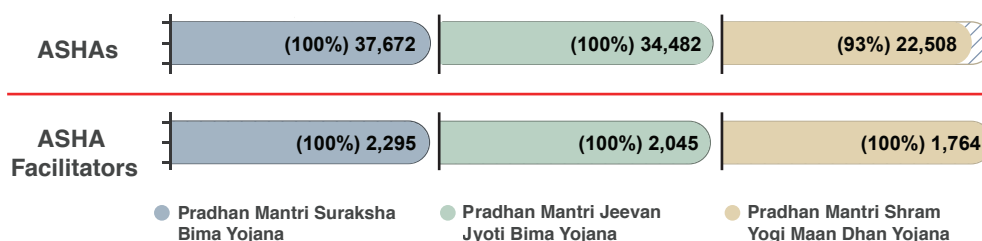


## Support Structure for ASHAs

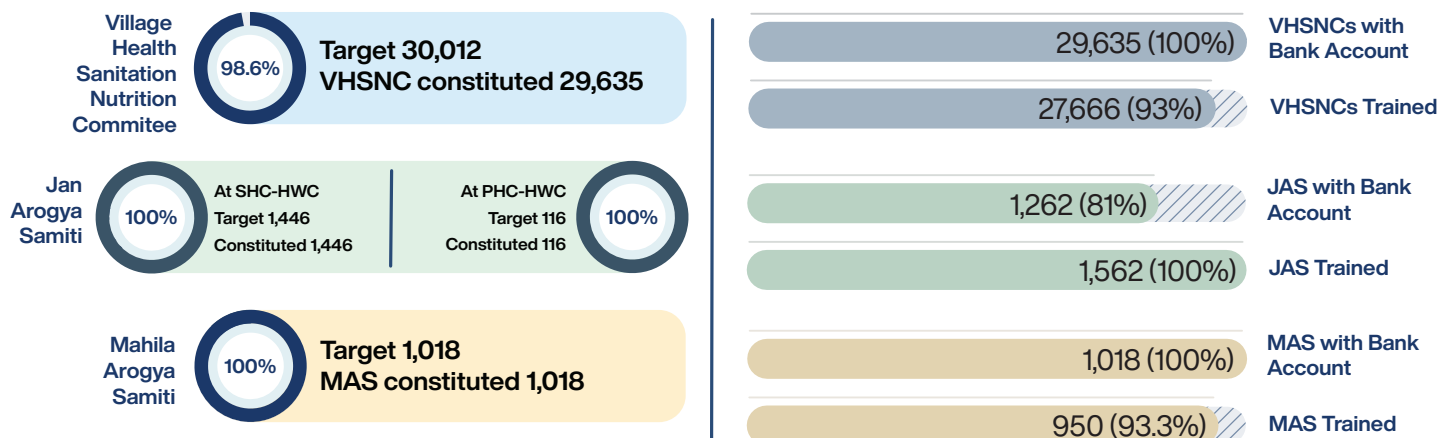


\*48 State training team (STT) is available at district level

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



## Status of Community Platforms



- 11-15 average VHSNC members
- 29,635 VHSNC with ASHA as member secretary
- 55,623 VHSNC members trained

- 1,562 JAS formed
- 8-10 average JAS members
- 4,686 JAS members trained

- 22 cities MAS proposed
- 10-12 average MAS members
- 2,850 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	8	6	8	8
District Trainers	42	61	42	42

# KARNATAKA



## Overview



### Total Population

6.76 Crores  
(3.76 Crores Rural & 3 Crores Urban)  
(Source: Census, Estimated 2023)

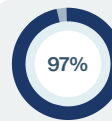


### Average Population covered per ASHA

1,100 (Rural Population)  
2,500 (Urban Population)

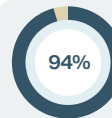
## ASHAs In-position

Total ASHAs: 41,013



37,875 Rural ASHAs

TARGET 39,195

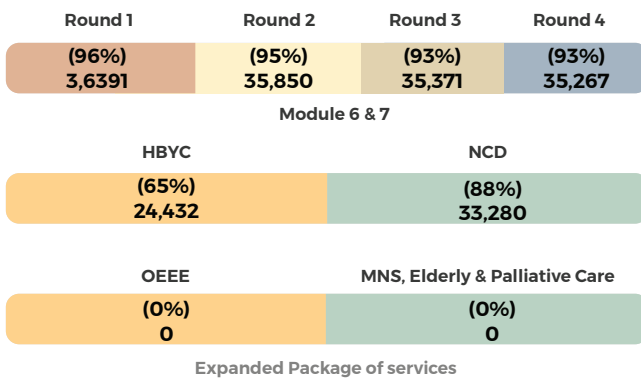


3,138 Urban ASHAs

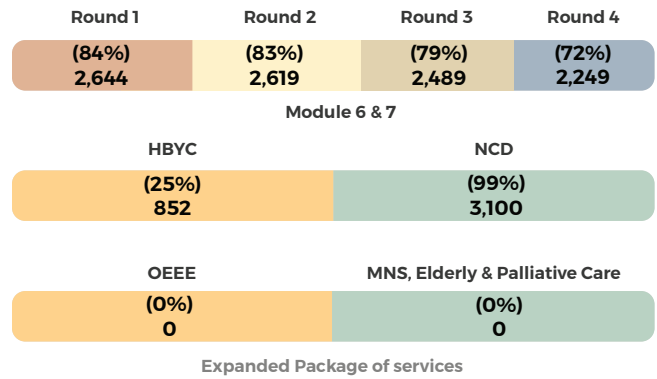
TARGET 3,329

## Training Status of ASHAs

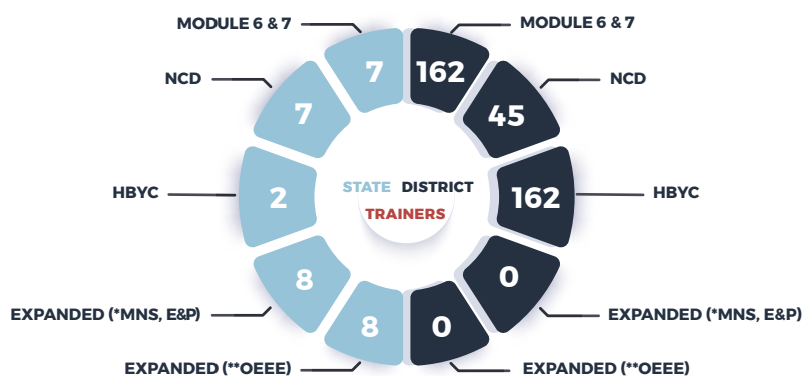
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

19,275 ASHAs have completed certification in RMNCH + A

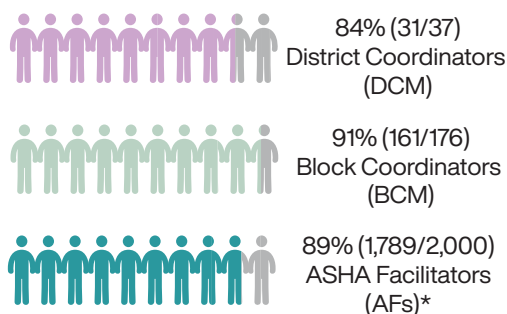
45%

Resting room for ASHAs:  
CHC-351  
DH-23  
Others-00



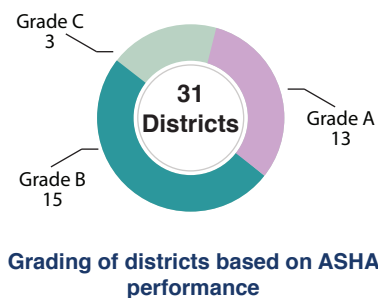
## Support Structure for ASHAs

### ASHAs Support Structure in Position



\*Managed by existing ASHAs

### Performance Monitoring Status



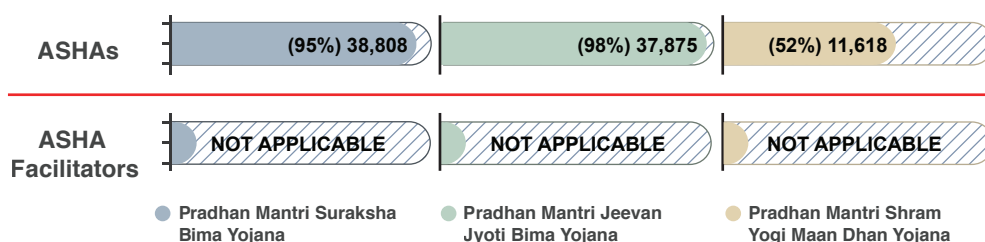
### Grievance Redressal System for ASHAs

Formed at state level: ☒

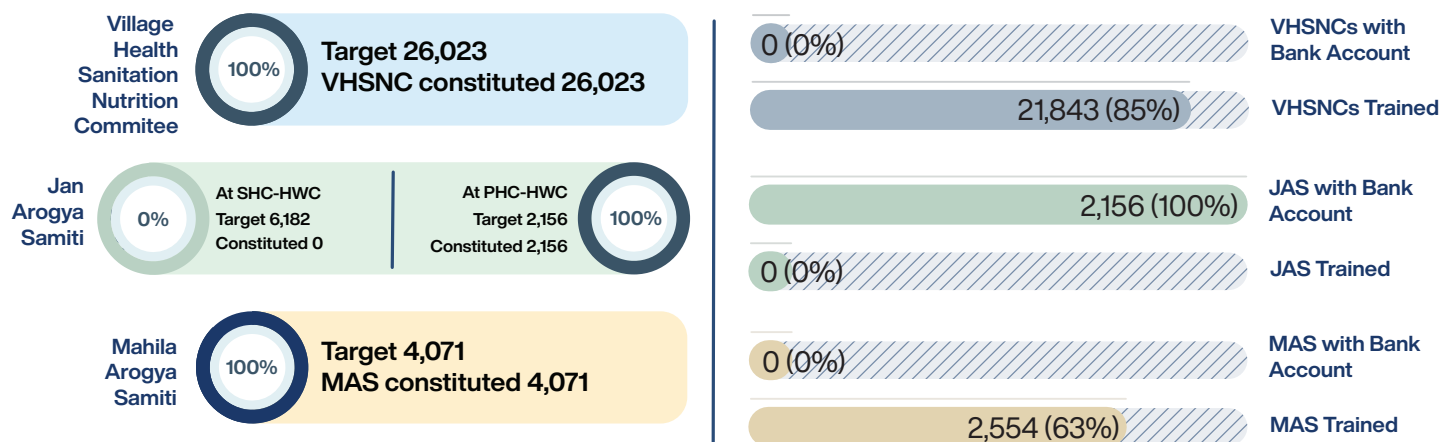
Formed at district level: ☒

Formed at block level: ☒

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



## Status of Community Platforms



- 15 average VHSNC members
- 25,613 VHSNC with ASHA as member secretary
- 43,672 VHSNC members trained

- 2,156 JAS formed
- 16 average JAS members
- 0 JAS members trained

- 80 cities MAS proposed
- 10-12 average MAS members
- 15,300 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	38	6	5	33
District Trainers	124	0	90	124



# KERALA



## Overview



### Total Population

3.57 Crores  
(88.29 Lakhs Rural & 2.69 Crores Urban)  
(Source: Census, Estimated 2023)

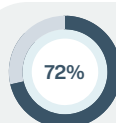


### Average Population covered per ASHA

1,250 (Rural Population)  
2,500 (Urban Population)

## ASHAs In-position

Total ASHAs: 26,448



22,243 Rural ASHAs

TARGET 30,927

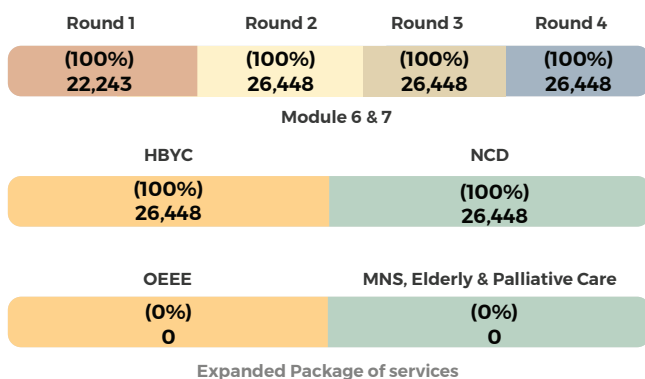


4,205 Urban ASHAs

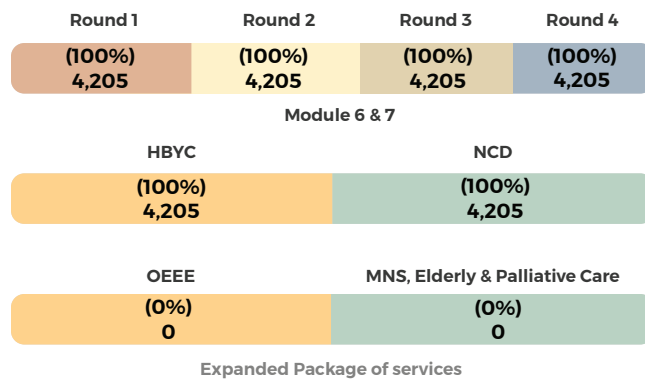
TARGET 4,205

## Training Status of ASHAs

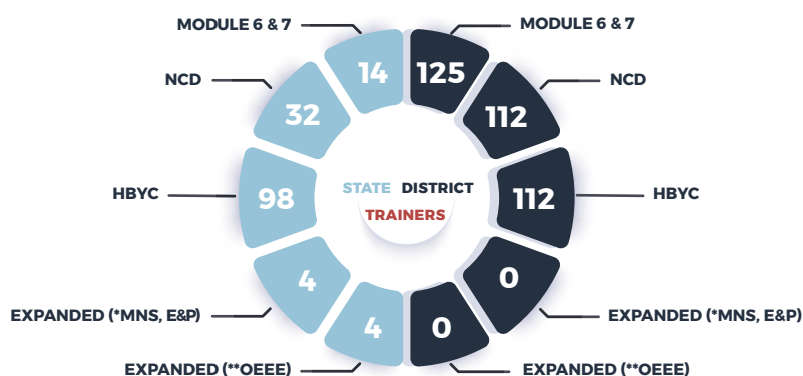
### RURAL



### URBAN



## Support System for ASHA Training



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

\*\*\*State has also separate block trainers

### ASHA Certification Status

State has not initiated ASHA certification in RMNCH + A

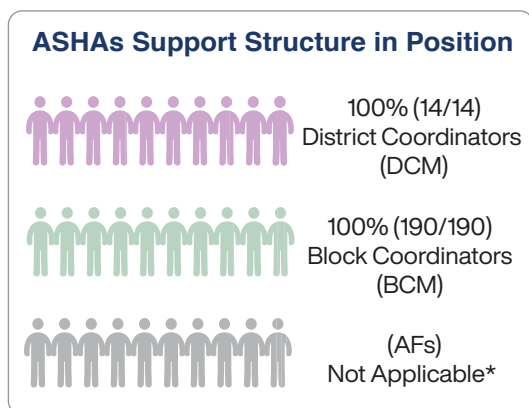
0%

Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00

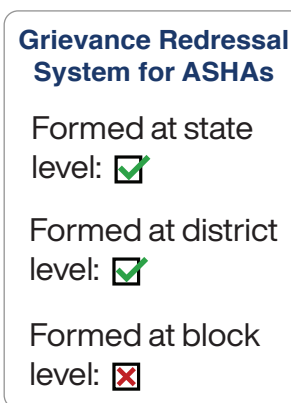
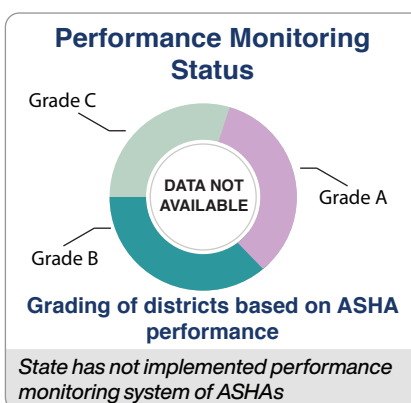




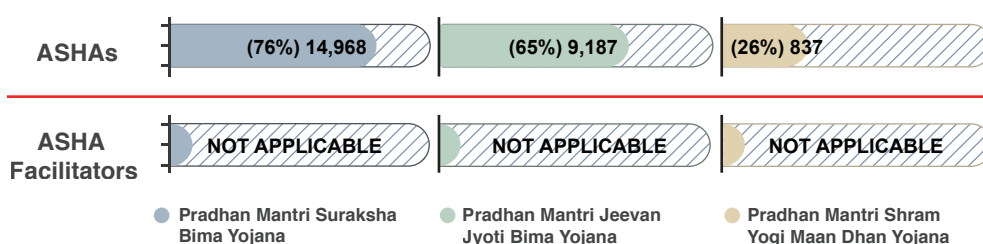
## Support Structure for ASHAs



\*Managed by existing staff

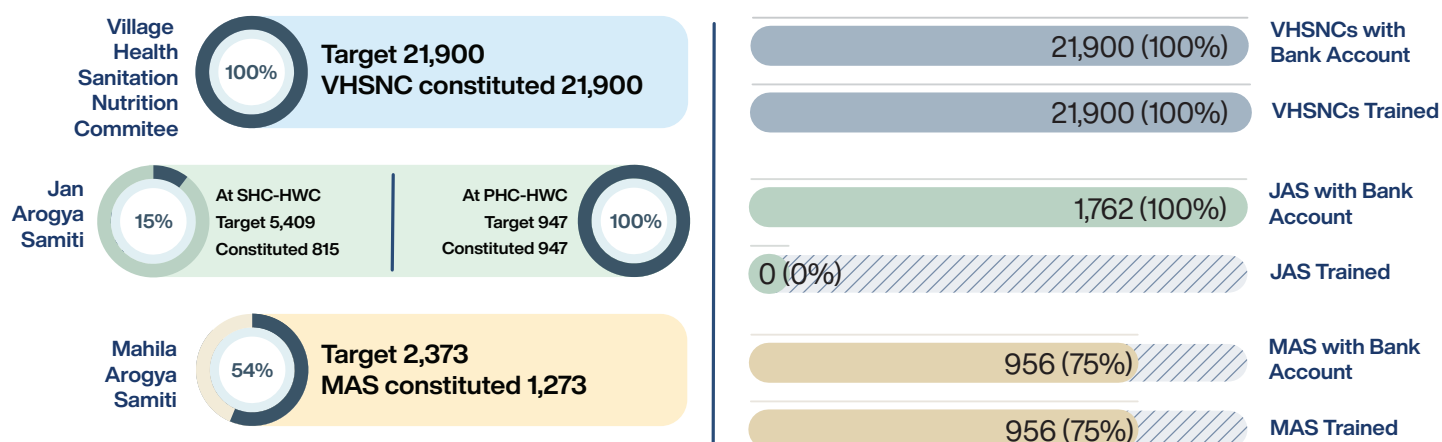


## Enrollment of ASHAs/ASHA Facilitators in Social Security Scheme



\*ASHAs are also covered under state government scheme called as ASHA KIRANAM

## Status of Community Platforms



- 15 average VHSNC members
- 21,900 VHSNC with ASHA as member secretary
- 2,62,800 VHSNC members trained

- 1,762 JAS formed
- 8-10 average JAS members
- 0 JAS members trained

- 56 city MAS proposed
- 10 average MAS members
- 4,376 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	42	4	2	0
District Trainers	448	0	46	0

# LADAKH



## Overview



### Total Population

3 Lakhs  
(2.07 Lakhs Rural & 0.95 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

756 (Rural Population)  
2,075 (Urban Population)

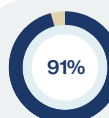
## ASHAs In-position

Total ASHAs: 625



603 Rural ASHAs

TARGET 610

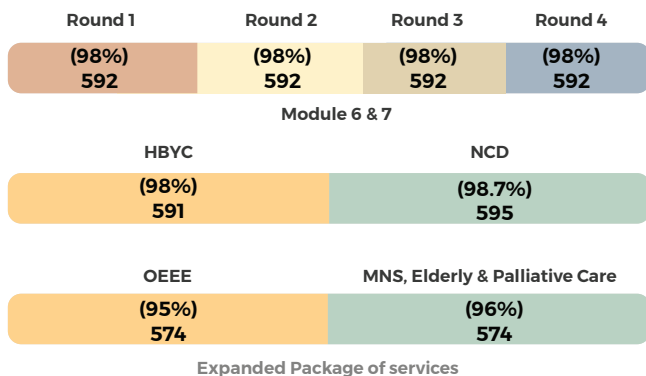


20 Urban ASHAs

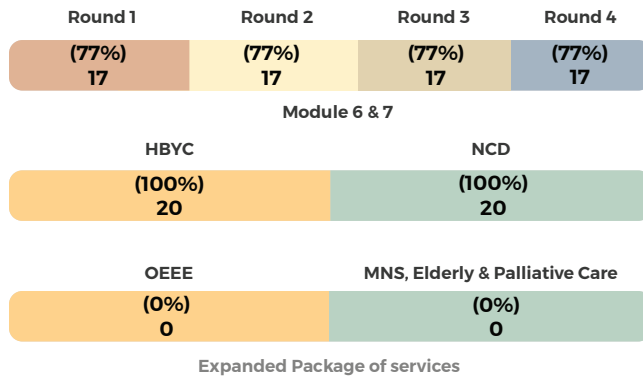
TARGET 22

## Training Status of ASHAs

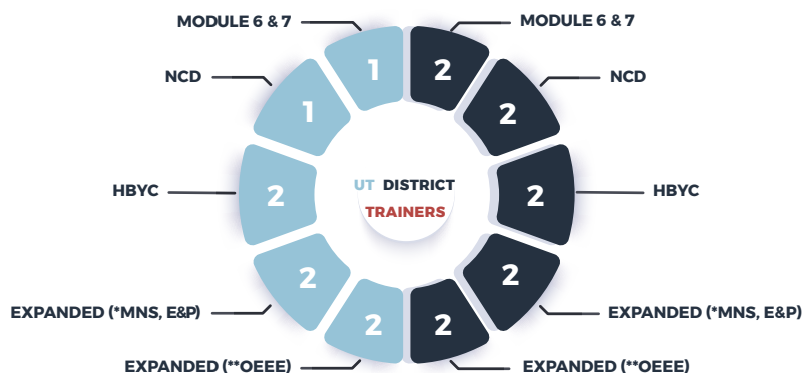
### RURAL



### URBAN



## Support System for ASHA Training



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

\*\*\*UT has also separate block trainers

### ASHA Certification Status

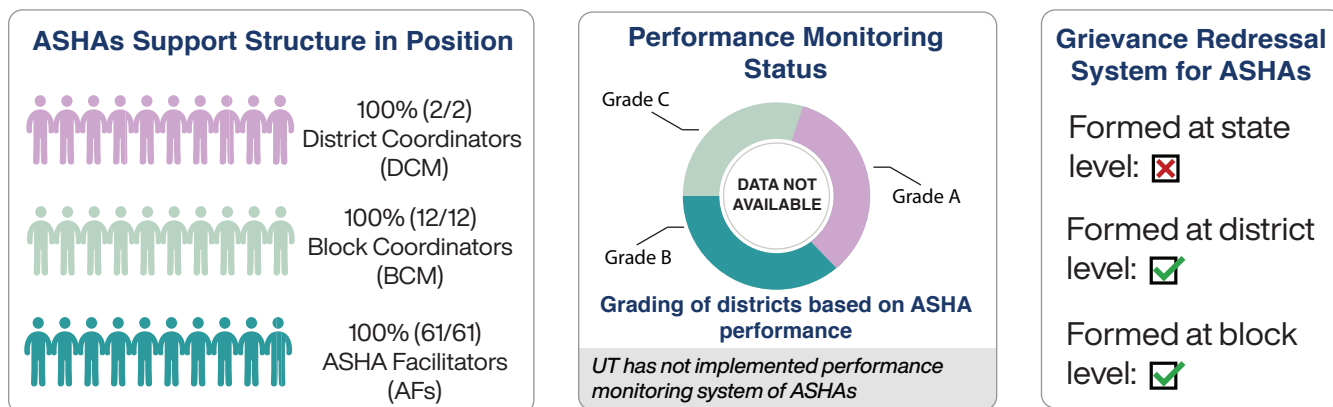
UT has not initiated ASHA certification in RMNCH + A

0%

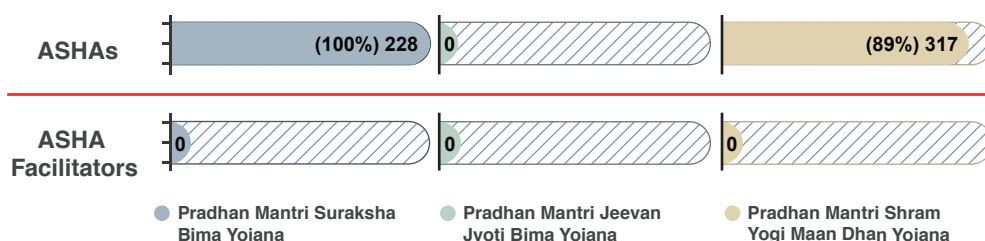
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



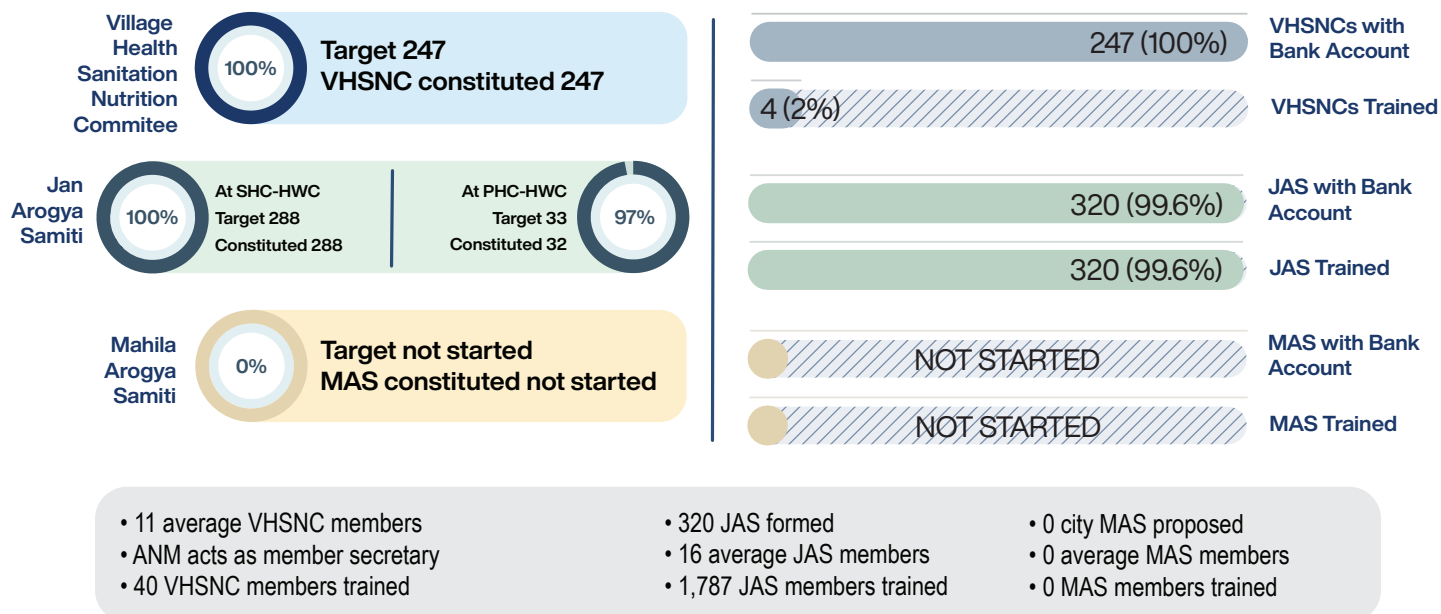
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
UT Trainers	1	3	0	0
District Trainers	9	3	0	0

# LAKSHADWEEP



## Overview



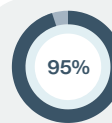
**Total Population**  
0.69 Lakh  
(0.01 Lakh Rural & 0.68 Lakh Urban)  
(Source: Census, Estimated 2023)



**Average Population covered per ASHA**  
672 (Rural Population)  
NA (Urban Population)

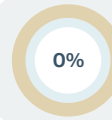
## ASHAs In-position

Total ASHAs: 105



105 Rural ASHAs

TARGET 110

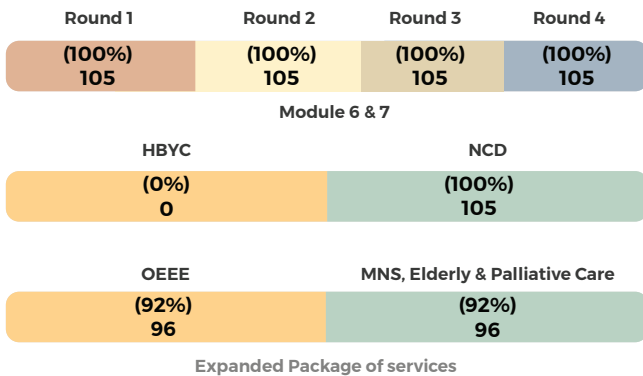


0 Urban ASHAs

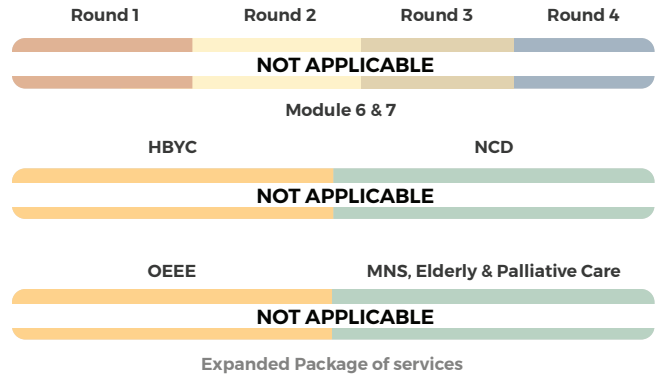
TARGET NA

## Training Status of ASHAs

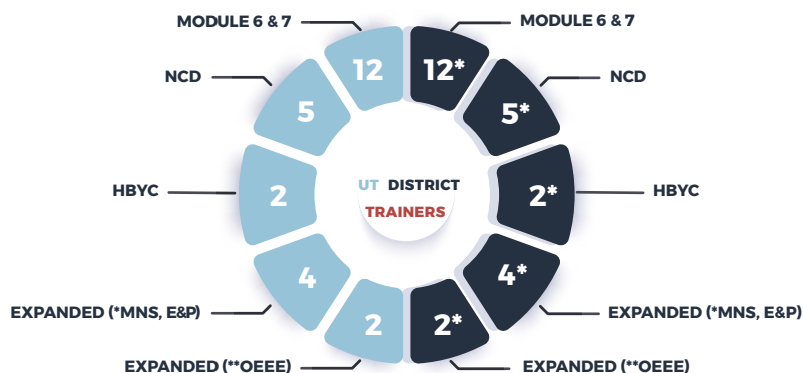
### RURAL



### URBAN



## Support System for ASHA Training



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

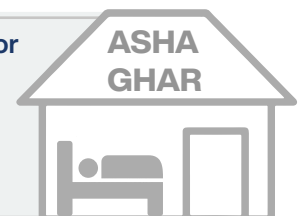
\*UT trainers are also district trainers

## ASHA Certification Status

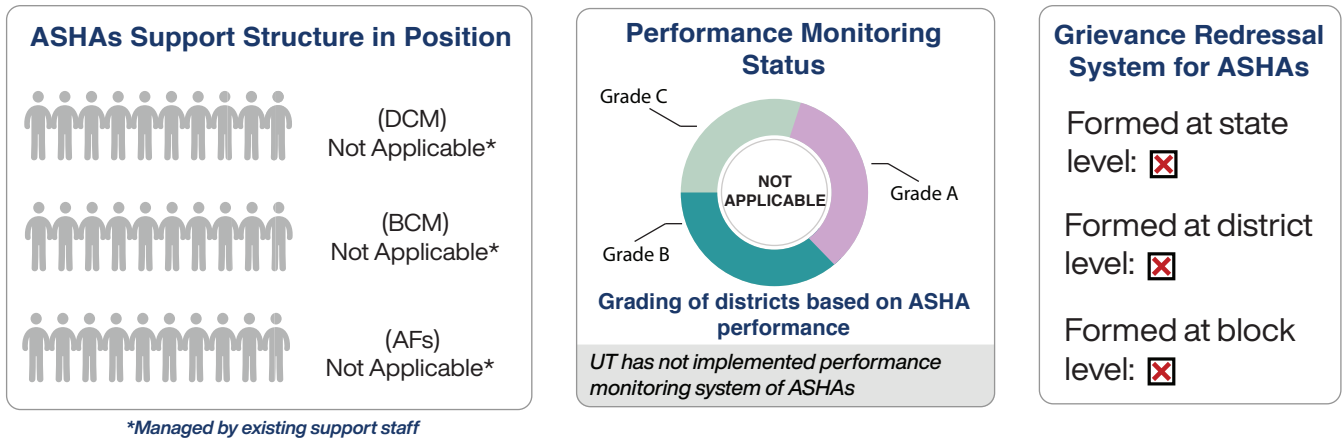
UT has not initiated ASHA certification in RMNCH + A

0%

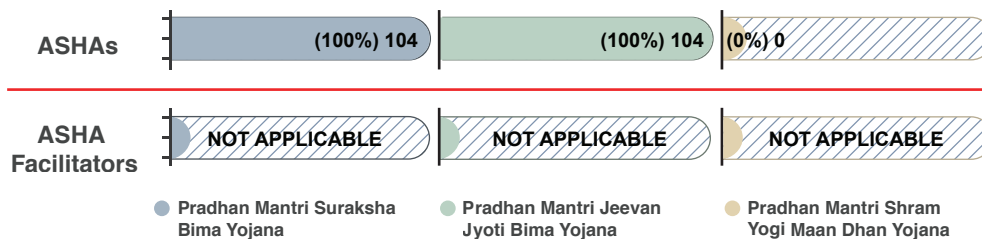
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



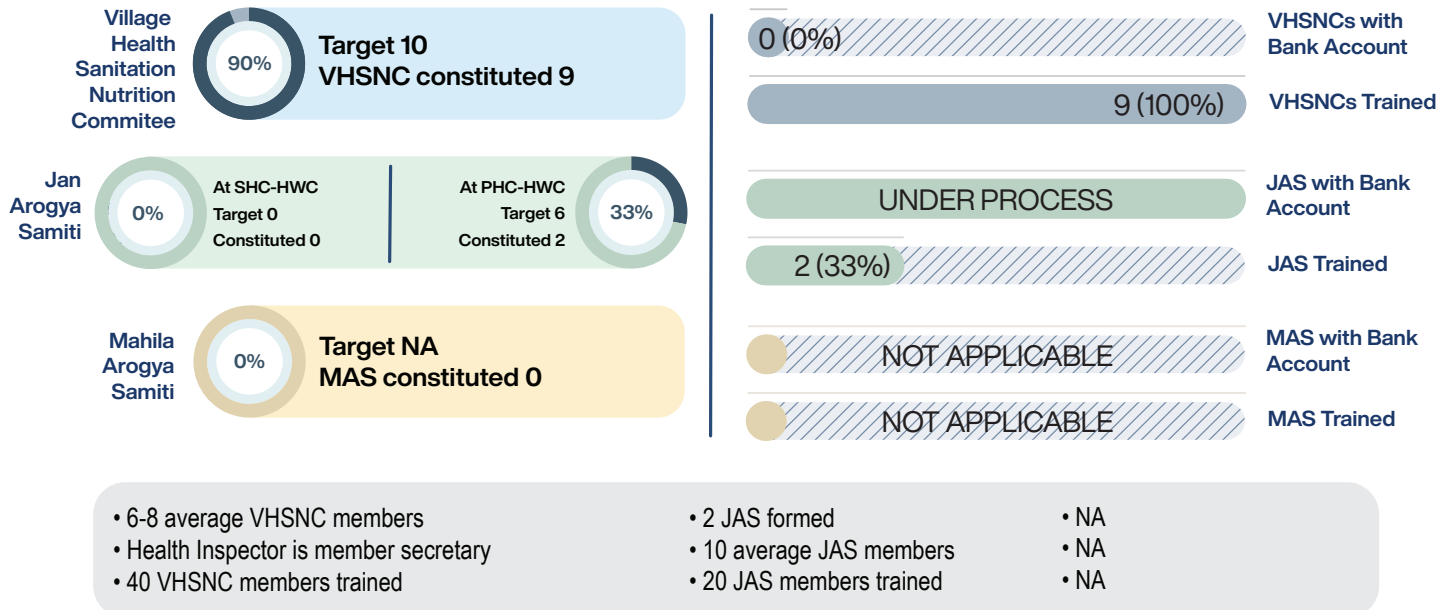
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	9	2	NA	0
District Trainers	9	2	NA	0



# MADHYA PRADESH



## Overview



### Total Population

8.65 Crores  
(6.14 Crores Rural & 2.51 Crores Urban)  
(Source: Census, Estimated 2023)

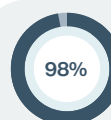


### Average Population covered per ASHA

1,000 (Rural Population)  
2,500 (Urban Population)

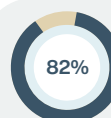
## ASHAs In-position

Total ASHAs: 69,450



65,092 Rural ASHAs

TARGET 66,715

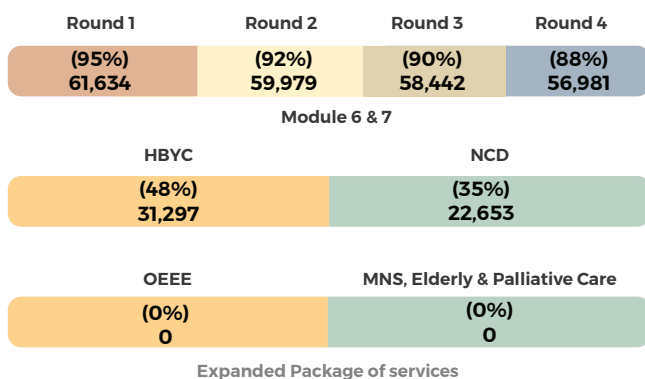


4,358 Urban ASHAs

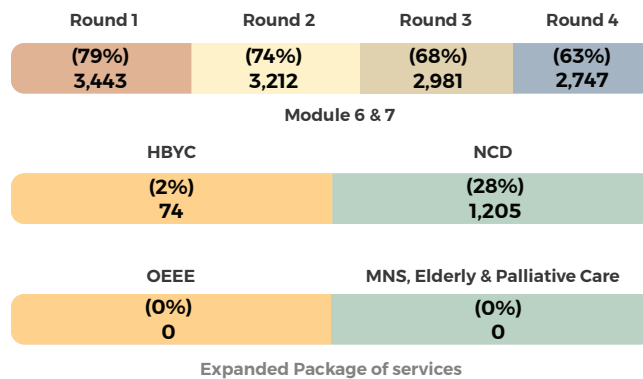
TARGET 5,335

## Training Status of ASHAs

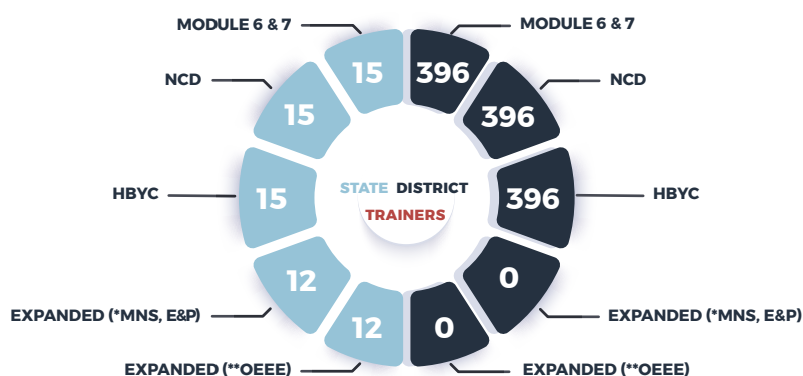
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

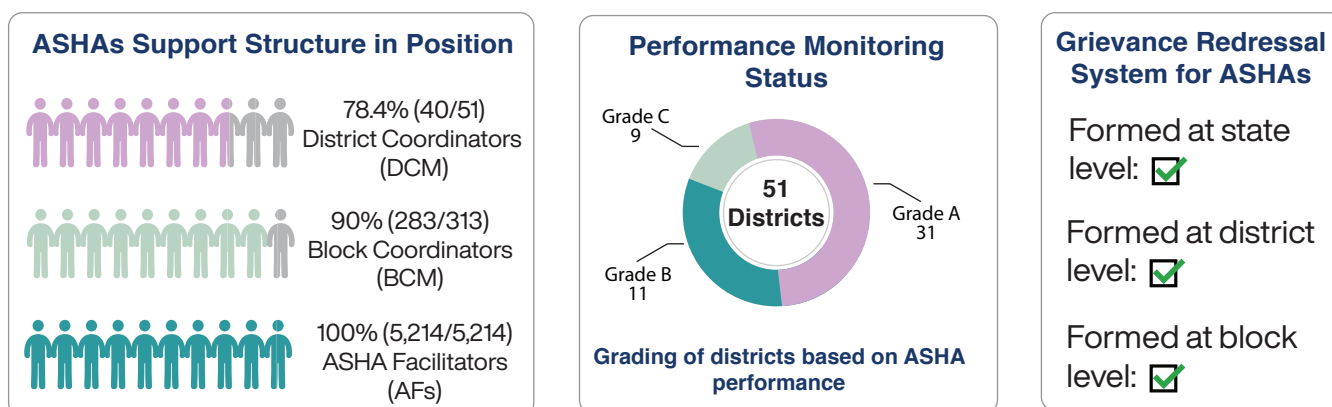
2,019 ASHAs have completed certification in RMNCH + A

3%

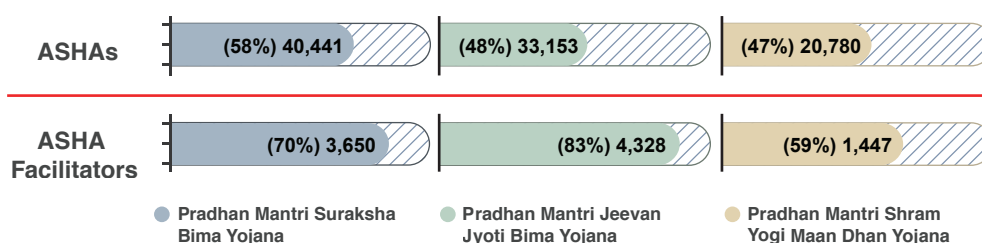
Resting room for ASHAs:  
CHC-313  
DH-47  
Others-00



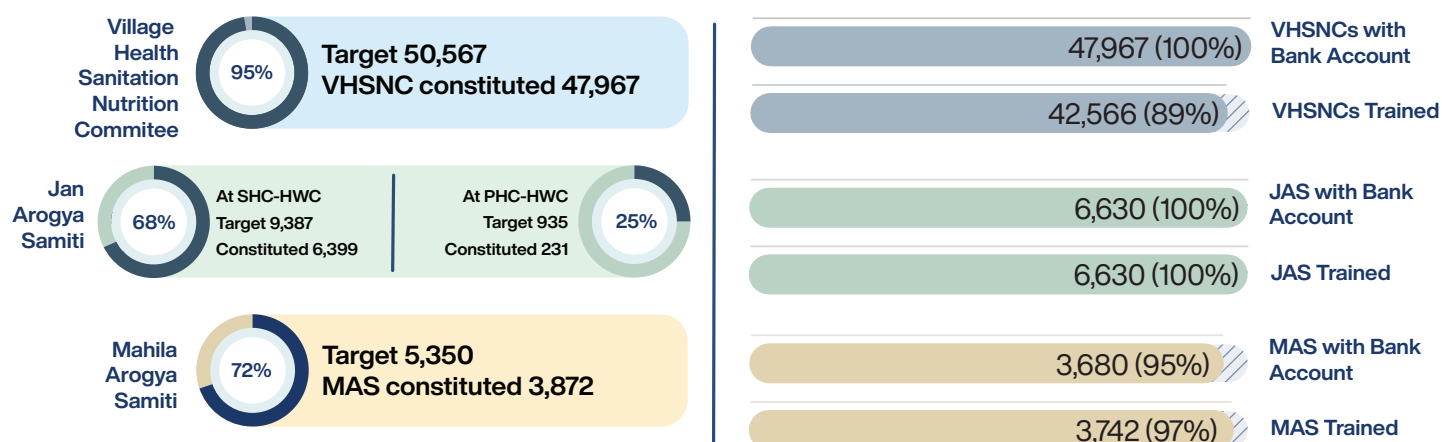
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15 average VHSNC members
- 47,967 VHSNC with ASHA as member secretary
- 2,12,830 VHSNC members trained

- 6,630 JAS formed
- 17-18 average JAS members
- 99,580 JAS members trained

- 68 cities MAS proposed
- 20 average MAS members
- 44,904 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	34	0	7	8
District Trainers	190	0	149	154

# MAHARASHTRA



## Overview



### Total Population

12.63 Crores  
(6.5 Crores Rural & 6.13 Crores Urban)  
(Source: Census, Estimated 2023)

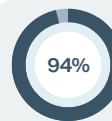


### Average Population covered per ASHA

1,006 (Rural Population)  
1,778 (Urban Population)

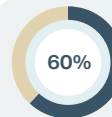
## ASHAs In-position

Total ASHAs: 70,267



60,981 Rural ASHAs

TARGET 64,644

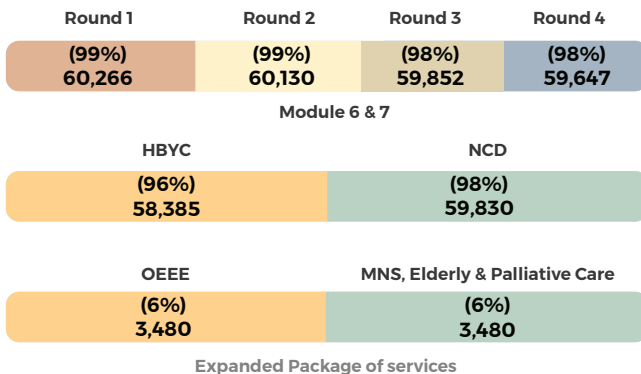


9,286 Urban ASHAs

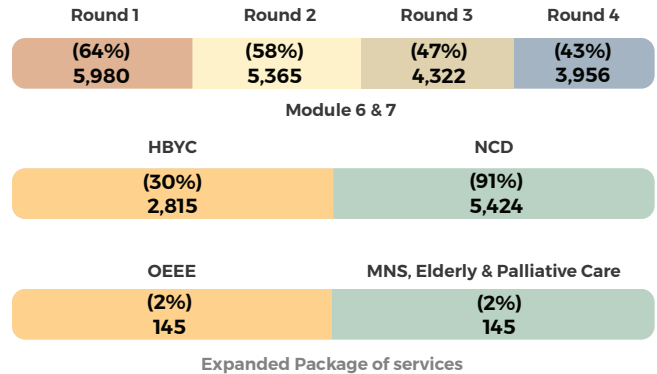
TARGET 15,441

## Training Status of ASHAs

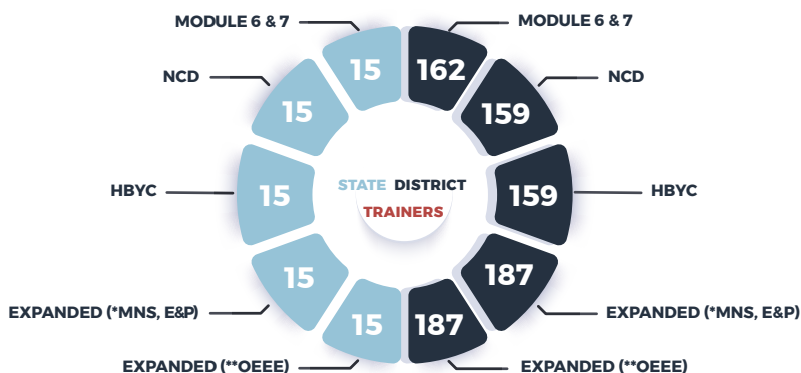
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

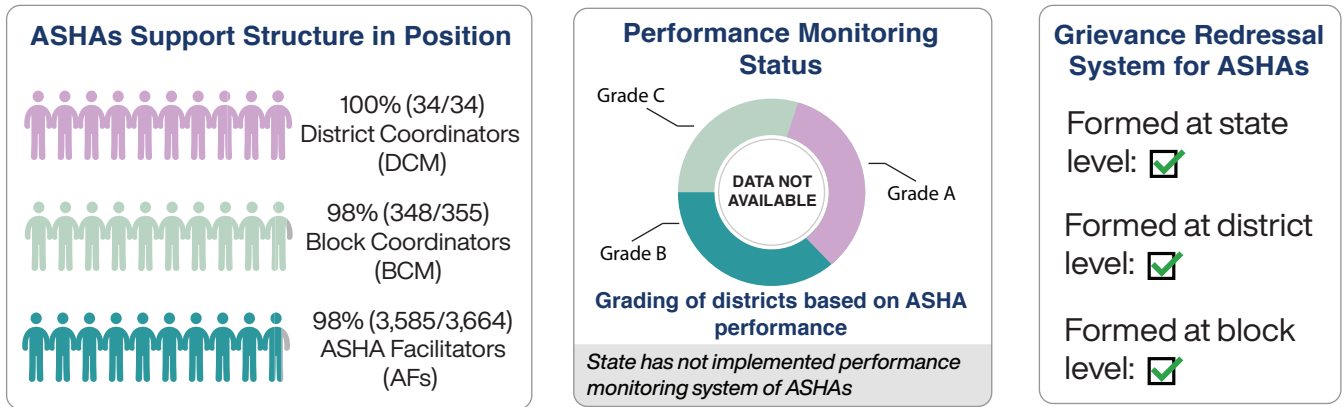
3,100 ASHAs have completed certification in RMNCH + A

96%

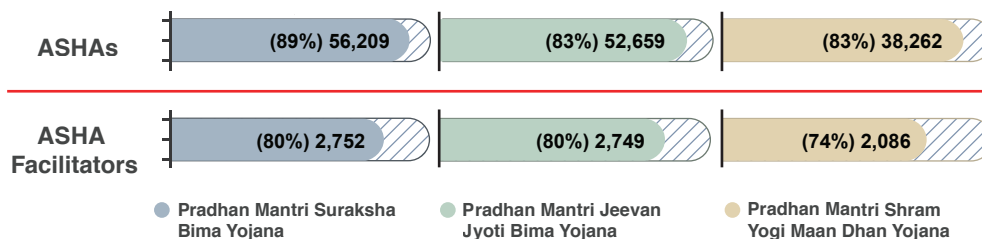
Resting room for ASHAs:  
CHC-54  
DH-13  
Others-520



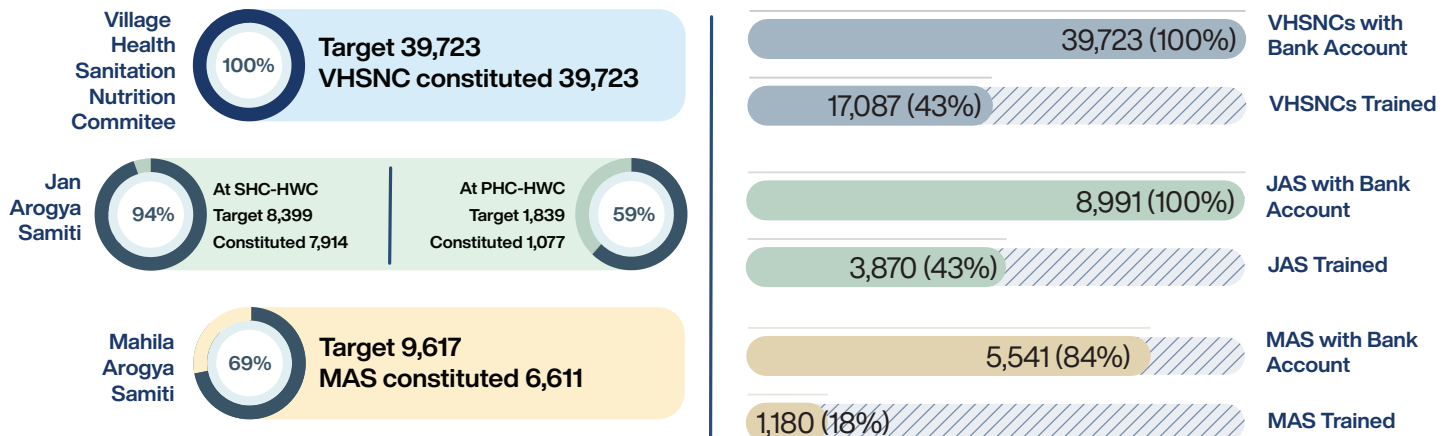
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15-20 average VHSNC members
- 39,723 VHSNC with ASHA as member secretary
- 31,943 VHSNC members trained

- 8,991 JAS formed
- 15-17 average JAS members
- 3,683 JAS members trained

- 95 cities MAS proposed
- 6 average MAS members
- 12,122 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	6	6	6	6
District Trainers	76	82	97	76



# MANIPUR



## Overview



### Total Population

32.23 Lakhs  
(21.78 Lakhs Rural & 10.45 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

900 (Rural Population)  
2,372 (Urban Population)

## ASHAs In-position

Total ASHAs: 4,076



3,890 Rural ASHAs

TARGET 3,890

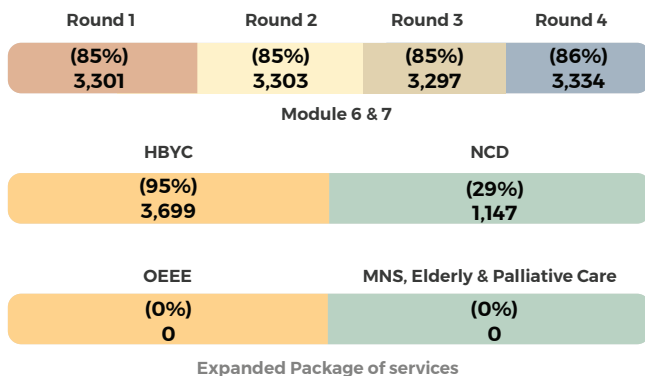


186 Urban ASHAs

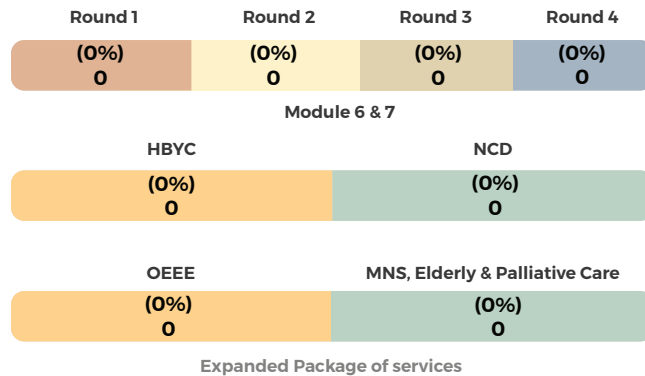
TARGET 186

## Training Status of ASHAs

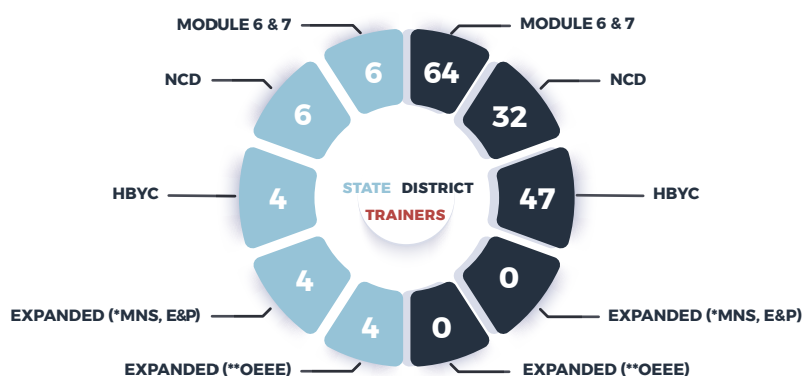
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

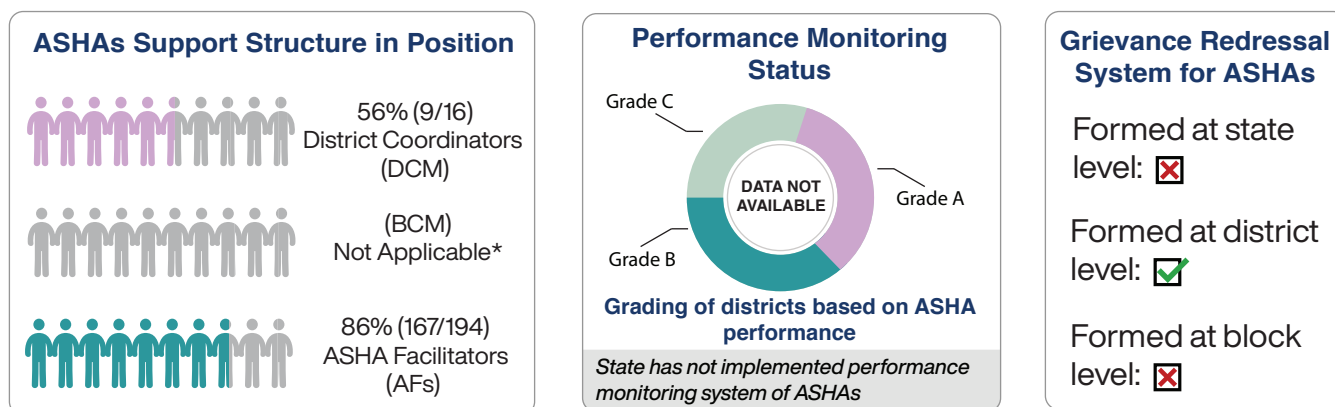
79 ASHAs have completed certification in RMNCH + A

2%

Resting room for ASHAs:  
CHC-00  
DH-01  
Others-00

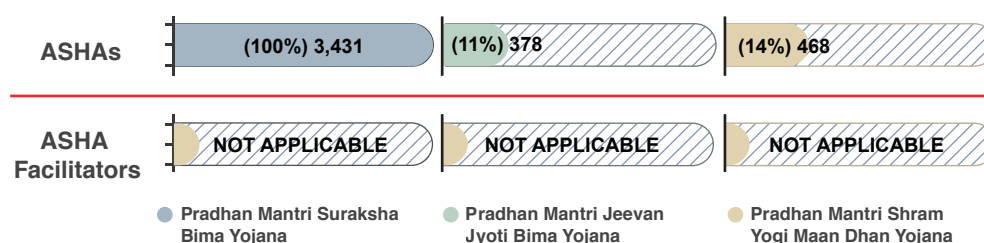


## Support Structure for ASHAs

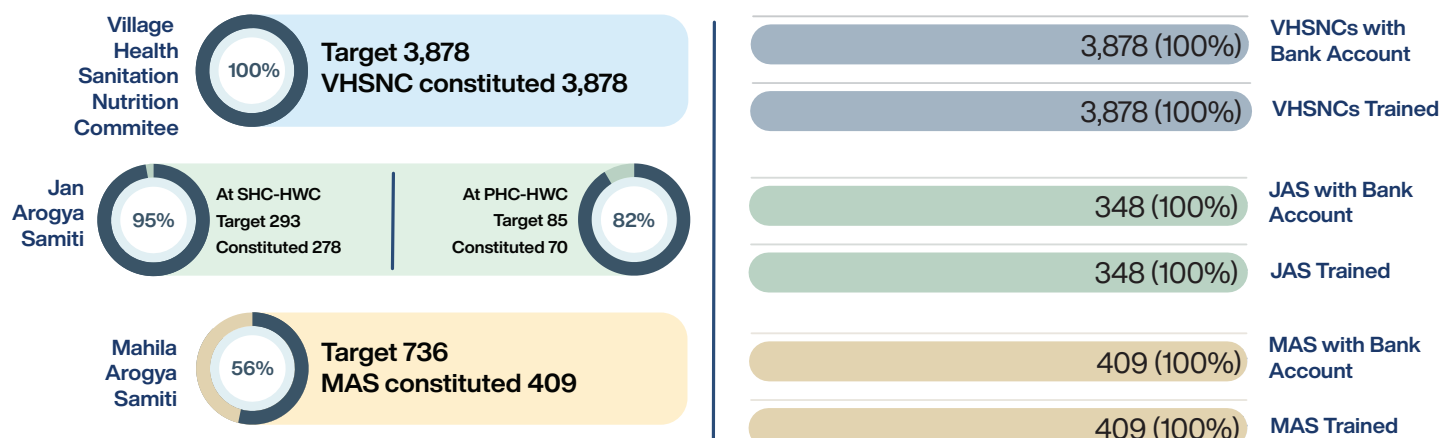


\*Managed by existing staff

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



## Status of Community Platforms



- 17 average VHSNC members
- 3,878 VHSNC with ASHA as member secretary
- 40,698 VHSNC members trained

- 363 JAS formed
- 16 average JAS members
- 3,973 JAS members trained

- 3 cities MAS proposed
- 8-10 average MAS members
- 818 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	0	4	3	5
District Trainers	0	0	1	60

# MEGHALAYA



## Overview



### Total Population

33.49 Lakhs  
(26.58 Lakhs Rural & 6.91 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
1,000 (Urban Population)

## ASHAs In-position

Total ASHAs: 7,071



6,811 Rural ASHAs

TARGET 6,819

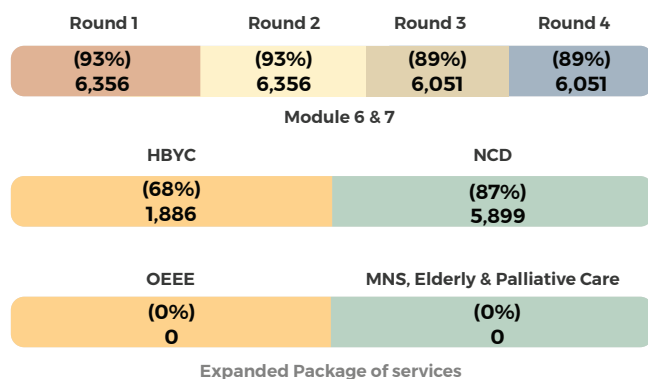


260 Urban ASHAs

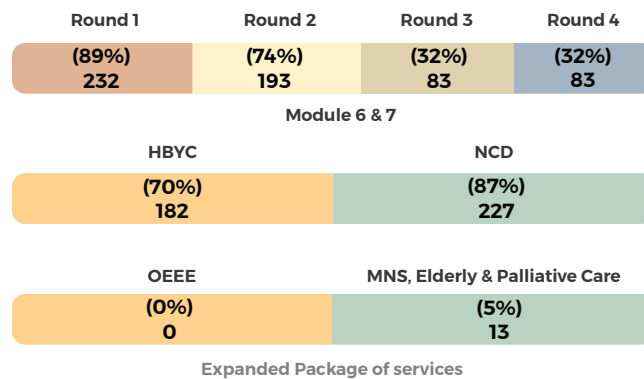
TARGET 265

## Training Status of ASHAs

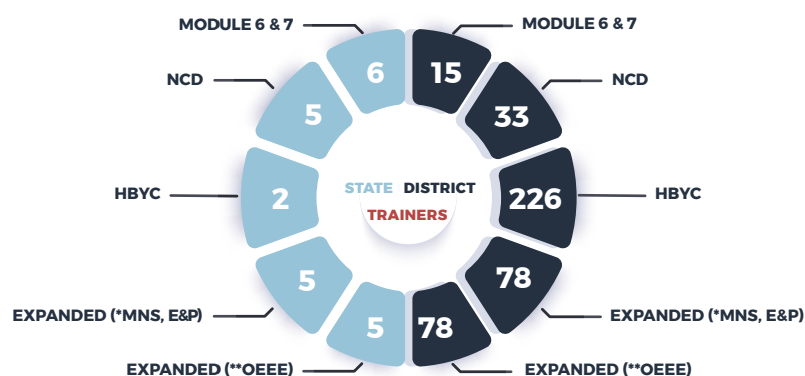
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

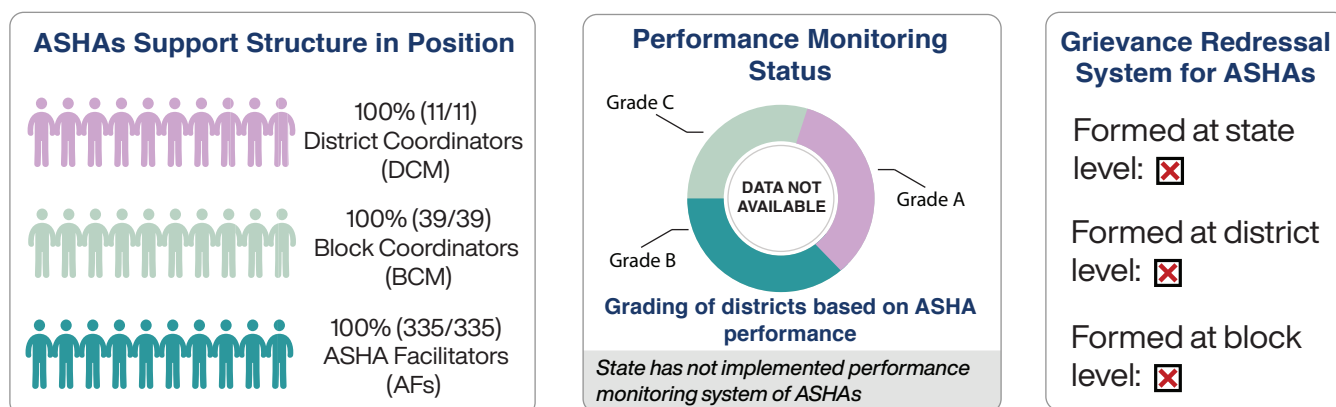
41 ASHAs have completed certification in RMNCH + A

1%

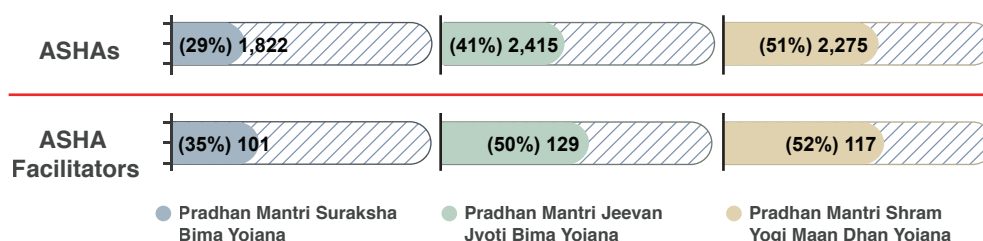
Resting room for ASHAs:  
CHC-10  
DH-03  
Others-07



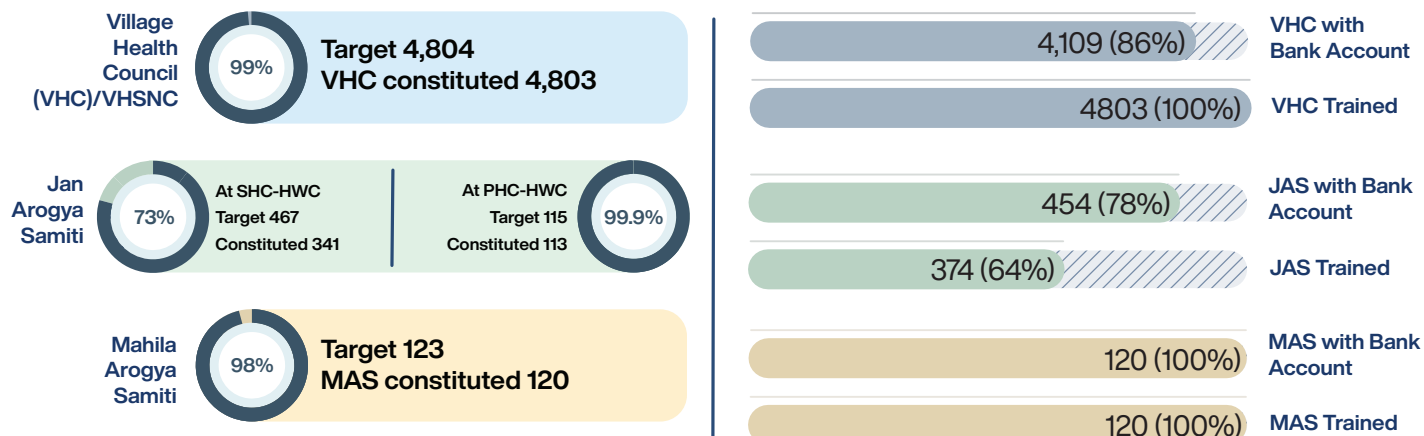
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15-20 average VHC members
- Active executive member as member secretary
- 40,698 VHC members trained

- 584 JAS formed
- 10-15 average JAS members
- 4,172 JAS members trained

- 4 cities MAS proposed
- 10-12 average MAS members
- 748 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	6	3	2	6
District Trainers	33	26	4	33



# MIZORAM



## Overview



### Total Population

12.38 Lakhs  
(5.57 Lakhs Rural & 6.81 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

1,000 (Rural Population)  
1,500 (Urban Population)

## ASHAs In-position

Total ASHAs: 1,091



1004 Rural ASHAs

TARGET 1004

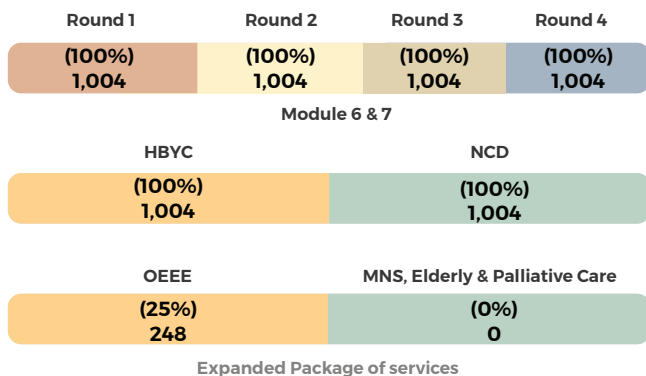


87 Urban ASHAs

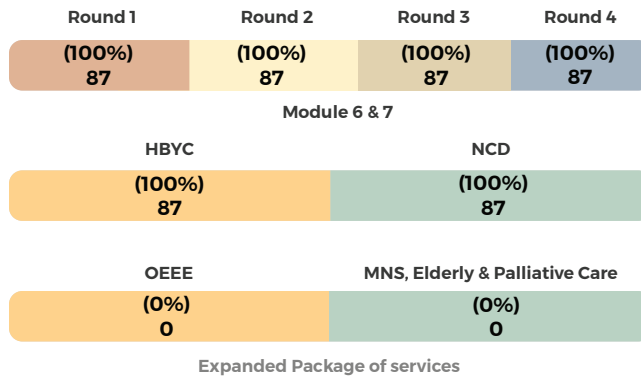
TARGET 87

## Training Status of ASHAs

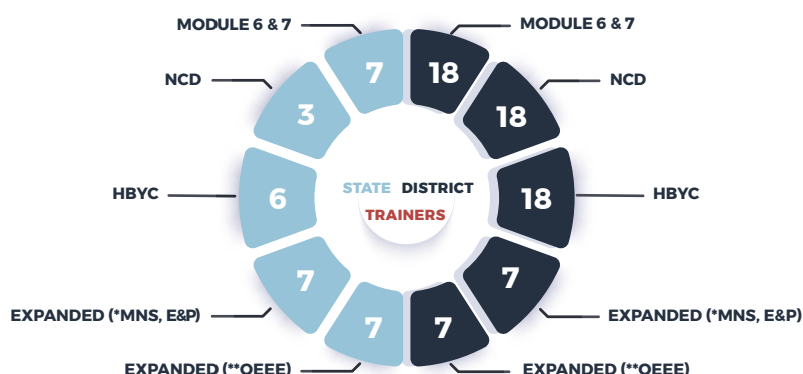
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

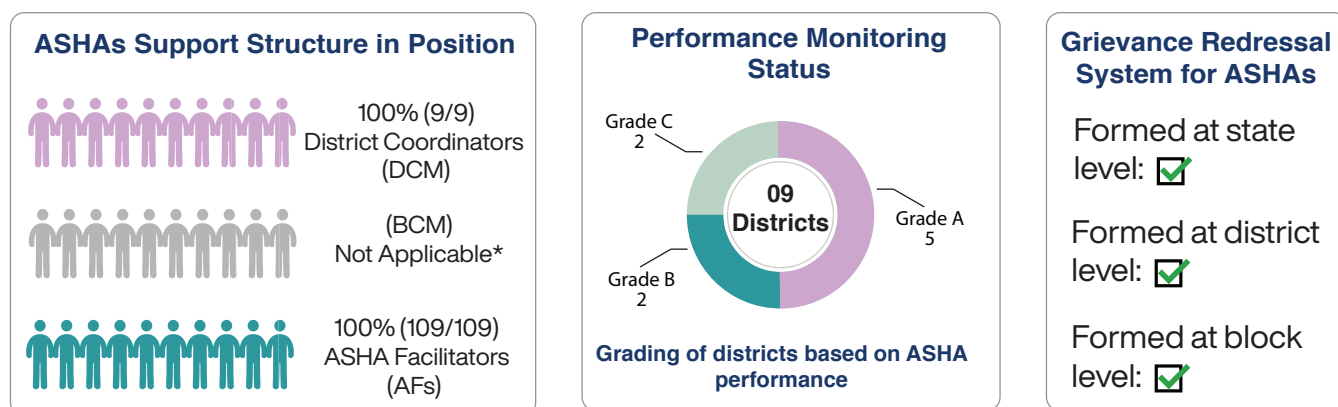
66 ASHAs have completed certification in RMNCH + A

6%

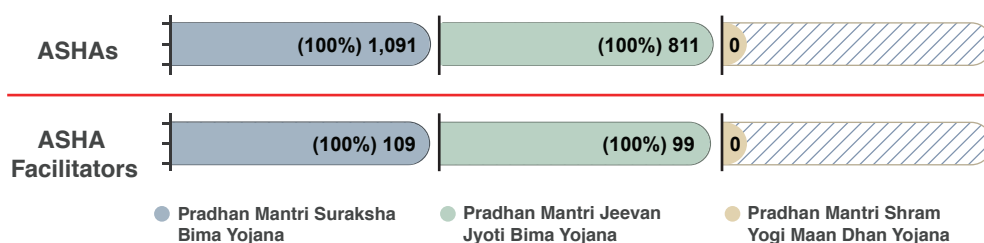
Resting room for ASHAs:  
CHC-09  
DH-12  
Others-59



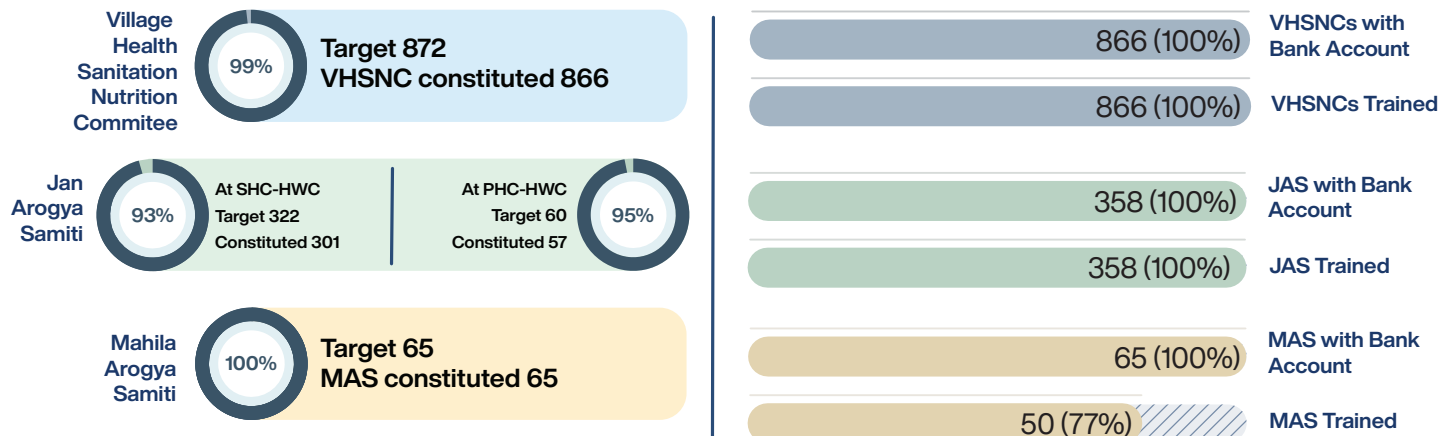
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15 average VHSNC members
- 866 VHSNC with ASHA as member secretary
- 1,732 VHSNC members trained

- 358 JAS formed
- 10 average JAS members
- 1,074 JAS members trained

- 3 cities MAS proposed
- 10-20 average MAS members
- 700 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	7	7	2	7
District Trainers	18	18	0	18

# NAGALAND



## Overview



### Total Population

22.33 Lakhs  
(12.1 Lakhs Rural & 10.23 Lakhs Urban)  
(Source: Census, Estimated 2023)

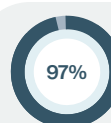


### Average Population covered per ASHA

1,250 (Rural Population)  
1,500 (Urban Population)

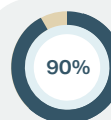
## ASHAs In-position

Total ASHAs: 2,094



1,949 Rural ASHAs

TARGET 2,000

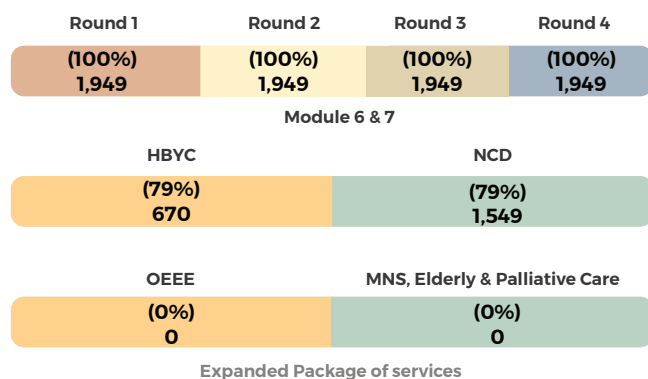


197 Urban ASHAs

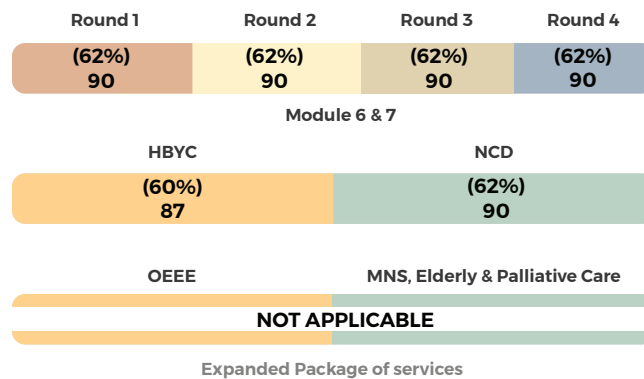
TARGET 220

## Training Status of ASHAs

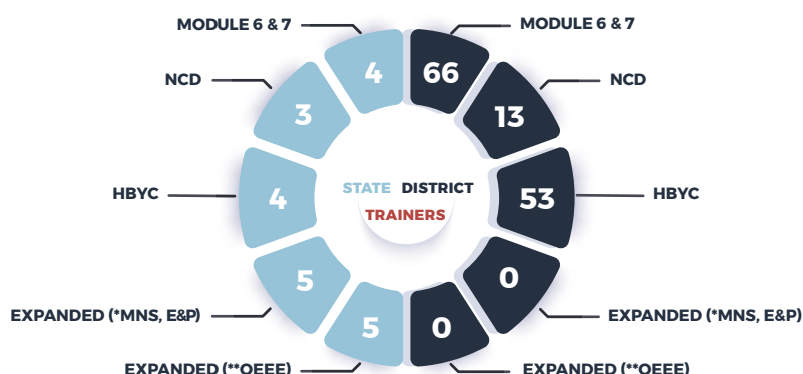
### RURAL



### URBAN



## Support System for ASHA Training



\* Mental, Neurological and Substance Use (MNS) Disorders, Elderly and Palliative Care  
\*\* Oral, Eye, Ear, Nose, Throat and common Emergency Care  
\*State has also separate block trainers

### ASHA Certification Status

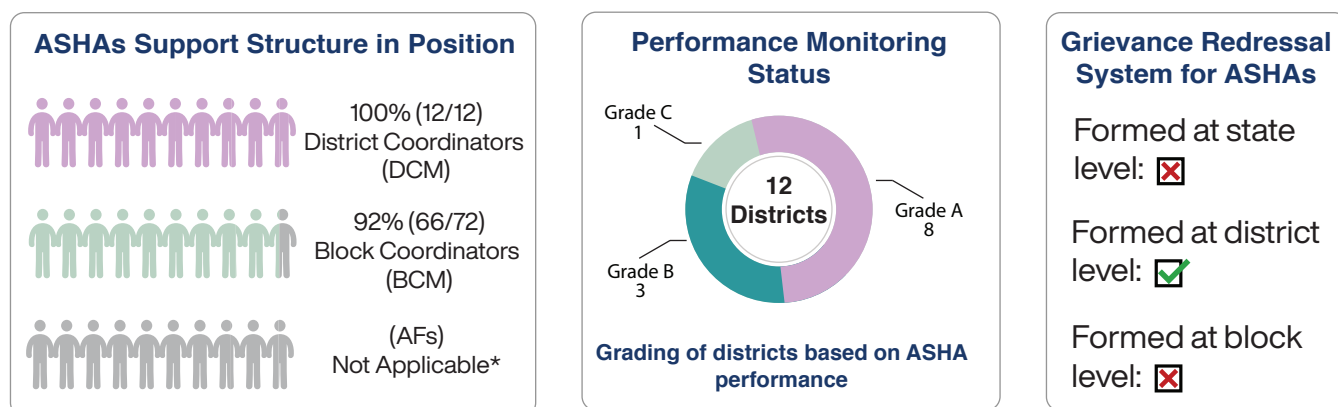
49 ASHAs have completed certification in RMNCH + A

2.4%

Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00

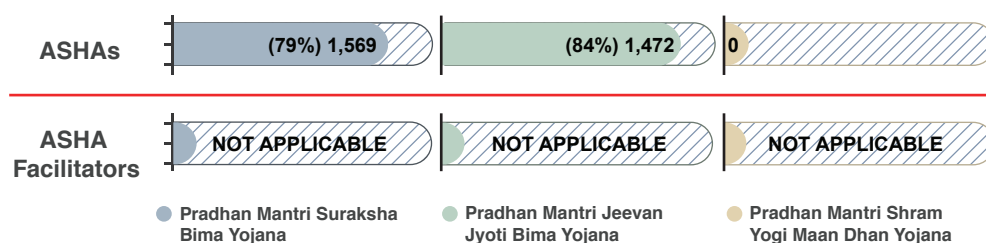


## Support Structure for ASHAs

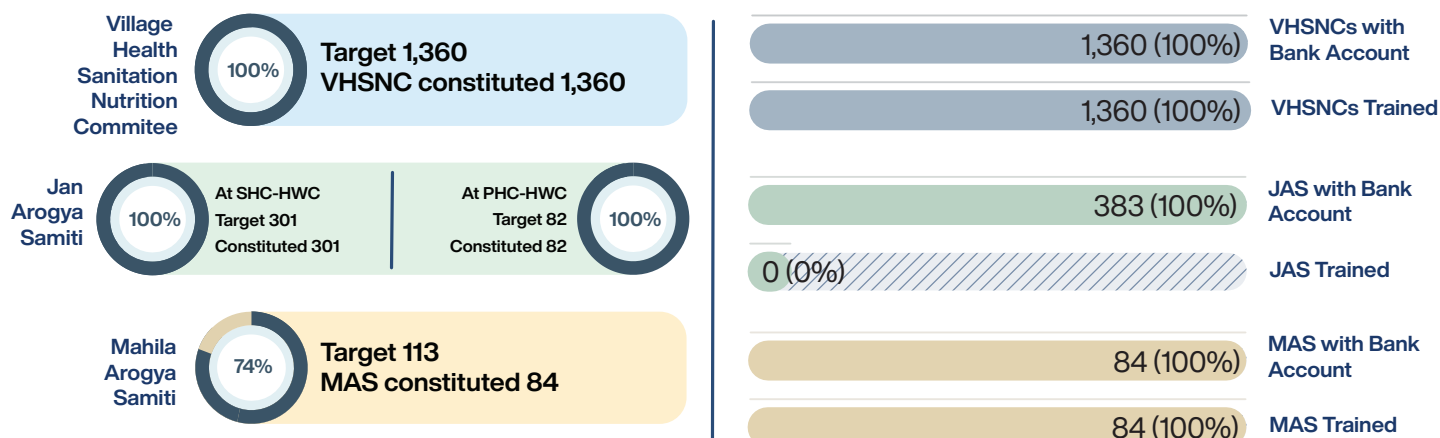


\*Managed by existing staff

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



## Status of Community Platforms



- 15 average VHSNC members
- 1,360 VHSNC with ASHA as member secretary
- 3,444 VHSNC members trained

- 383 JAS formed
- 10 average JAS members
- 0 JAS members trained

- 5 cities MAS proposed
- 6-10 average MAS members
- 704 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	4	3	4	4
District Trainers	45	31	5	0



# ODISHA



## Overview



### Total Population

**4.62 Crores**  
(3.75 Crores Rural & 87 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

**860 (Rural Population)**  
**1,500 (Urban Population)**

## ASHAs In-position

**Total ASHAs: 49,138**



**47,051 Rural ASHAs**

**TARGET 47,349**

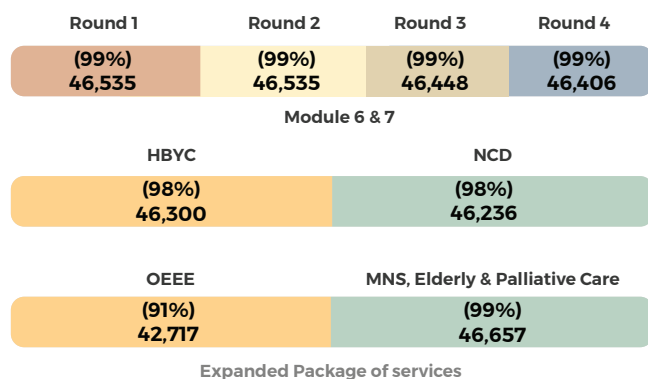


**2,087 Urban ASHAs**

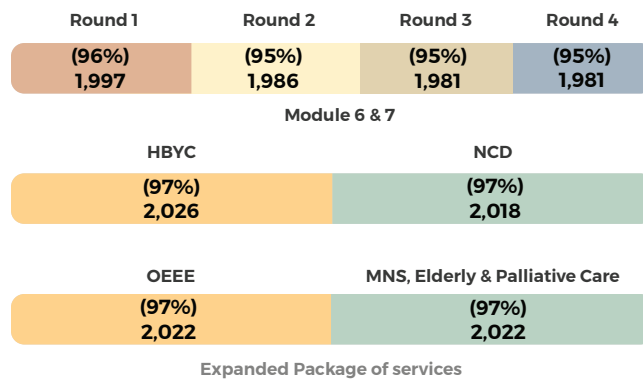
**TARGET 2,173**

## Training Status of ASHAs

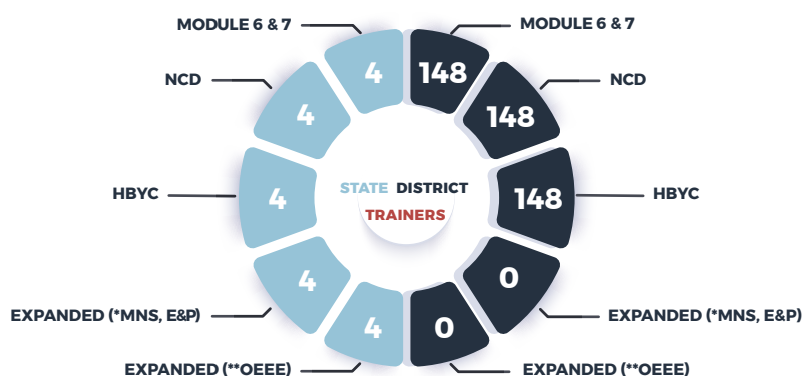
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

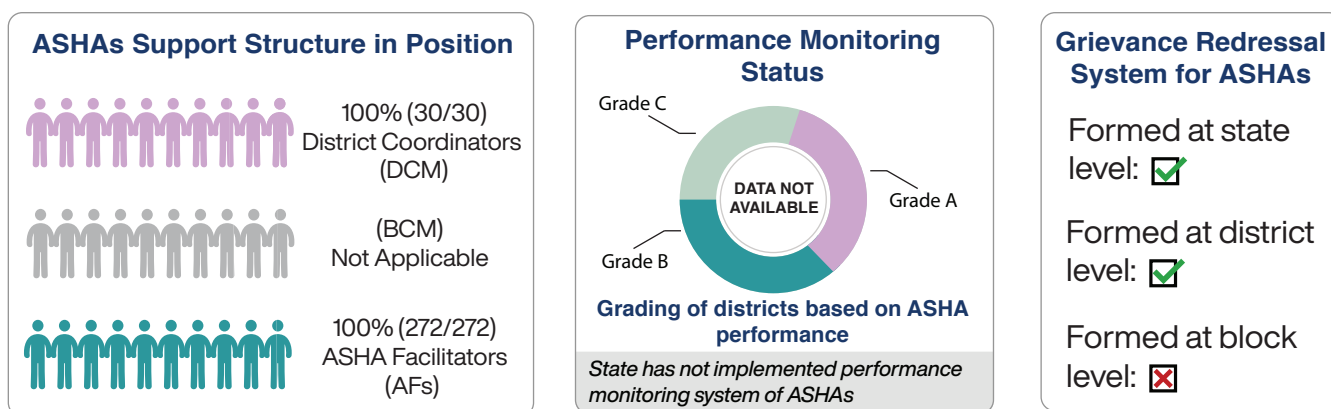
3,894 ASHAs have completed certification in RMNCH + A

**8%**

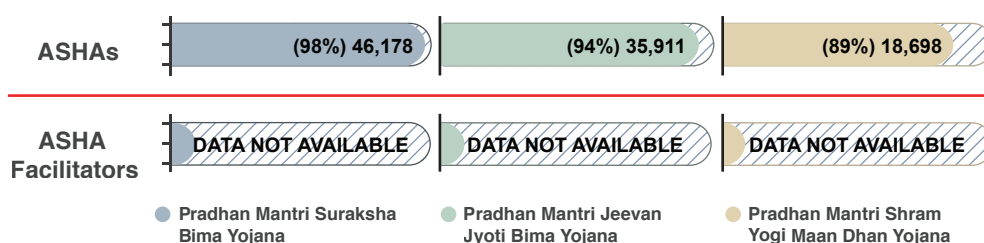
Resting room for ASHAs:  
CHC-116  
DH-30  
Others-02



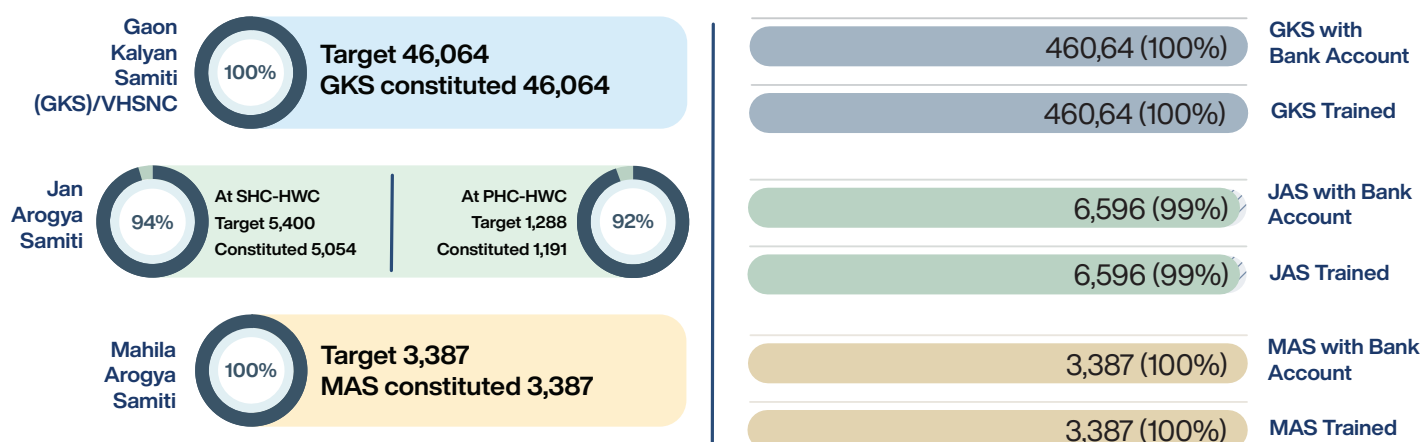
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15-20 average GKS members
- AWW is member secretary of GKS
- 2,72,500 GKS members trained

- 6,596 JAS formed
- 15-20 average JAS members
- 32,372 JAS members trained

- 47 cities MAS proposed
- 11-15 average MAS members
- 38,604 MAS members trained

## Trainers for Community Platforms

	GKS	JAS	MAS	VISHWAS
State Trainers	6	8	10	6
District Trainers	120	120	53	120

# PUDUCHERRY



## Overview



### Total Population

16.46 Lakhs  
(4.91 Lakhs Rural & 11.55 Lakhs Urban)  
(Source: Census, Estimated 2023)

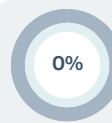


### Average Population covered per ASHA

NA (Rural Population)  
2,500 (Urban Population)

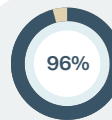
## ASHAs In-position

Total ASHAs: 328



0 Rural ASHAs

TARGET NA

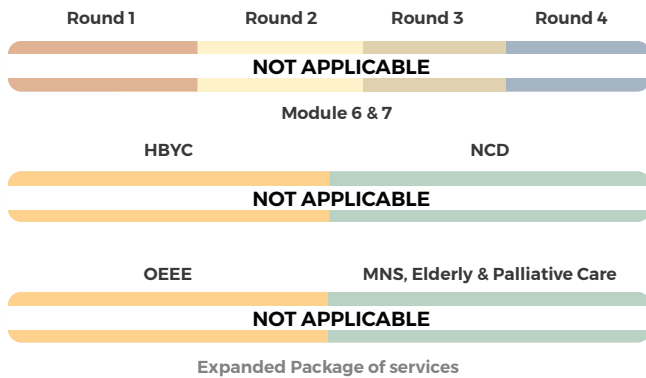


328 Urban ASHAs

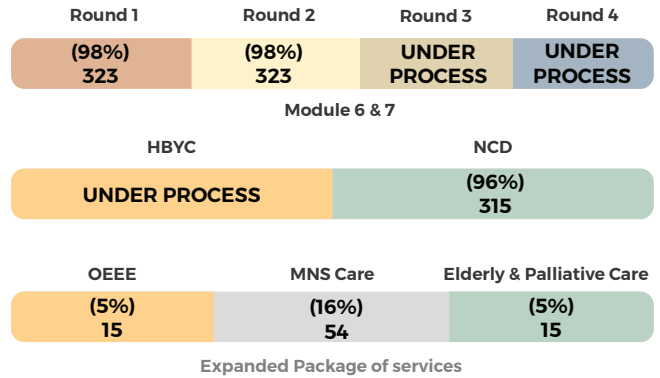
TARGET 341

## Training Status of ASHAs

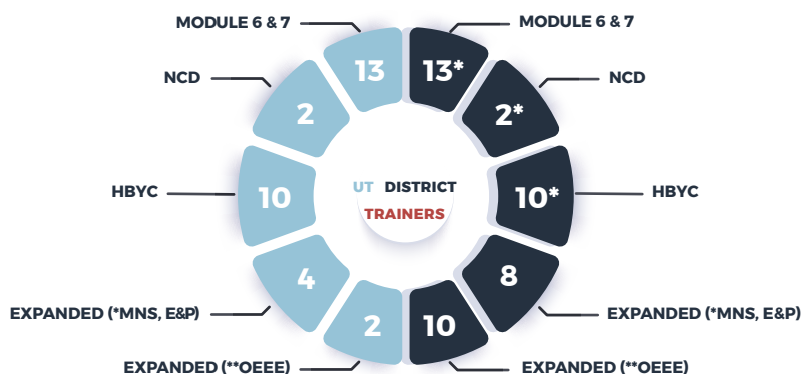
### RURAL



### URBAN



## Support System for ASHA Training



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

\*UT trainers are also district trainers

### ASHA Certification Status

UT has not initiated ASHA certification in RMNCH + A

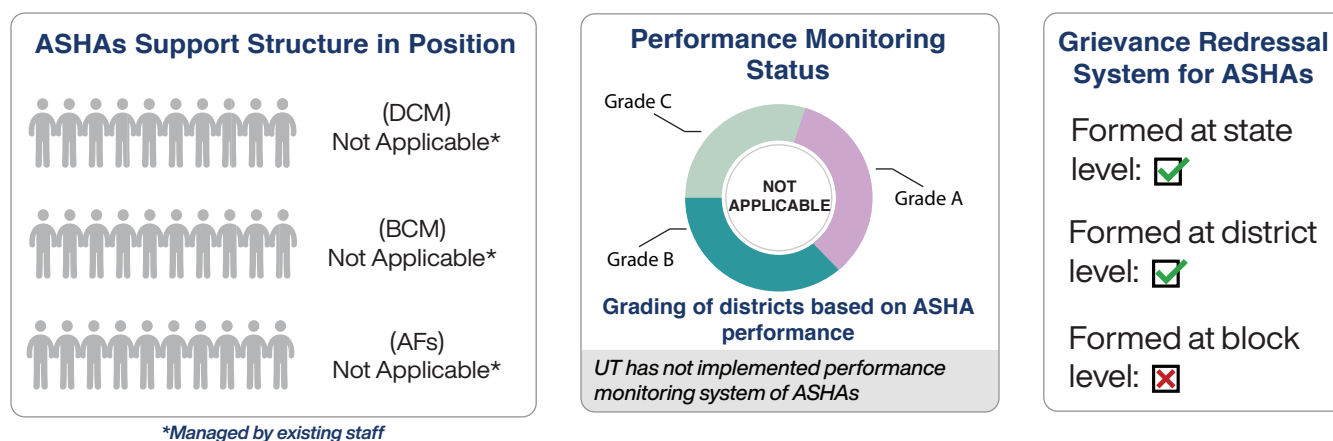
0%

Resting room for ASHAs:  
CHC-02  
DH-00  
Others-03

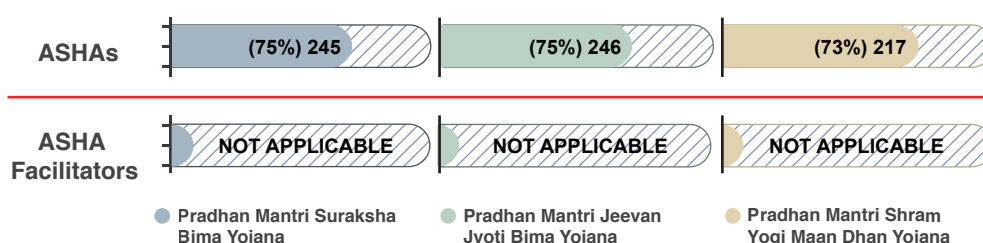
ASHA GHAR



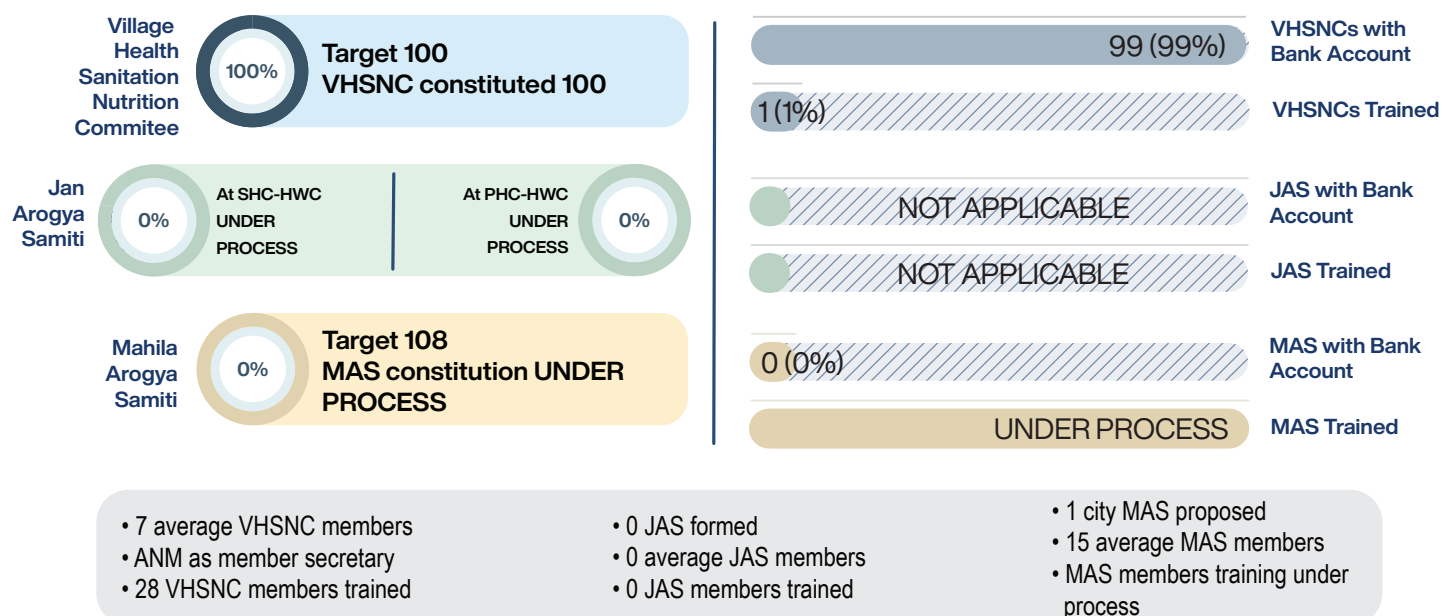
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
UT Trainers	0	0	0	0
District Trainers	0	0	0	0



# PUNJAB



## Overview



### Total Population

3.07 Crores  
(1.79 Crores Rural & 1.27 Crores Urban)  
(Source: Census, Estimated 2023)

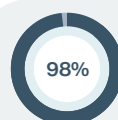


### Average Population covered per ASHA

1,000 (Rural Population)  
2,000 (Urban Population)

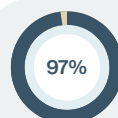
## ASHAs In-position

Total ASHAs: 20,130



17,413 Rural ASHAs

TARGET 17,720

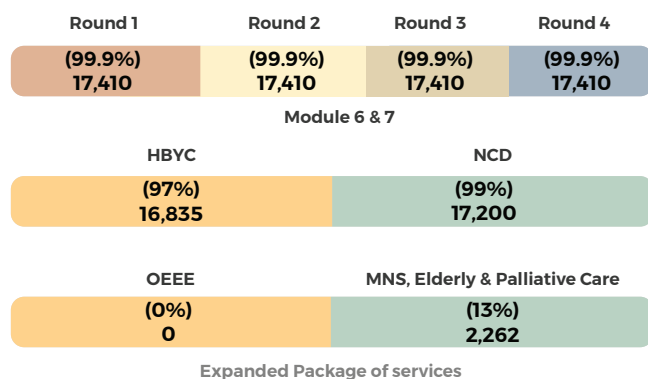


2,717 Urban ASHAs

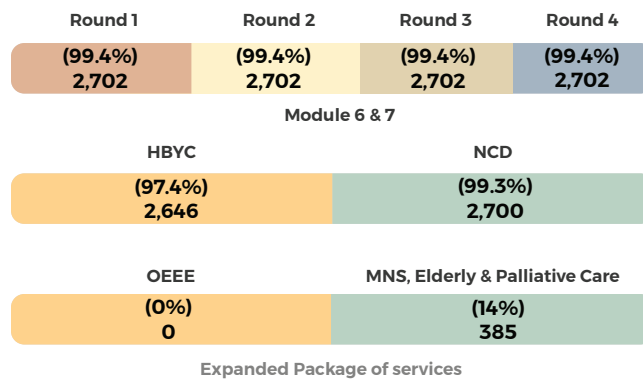
TARGET 2,800

## Training Status of ASHAs

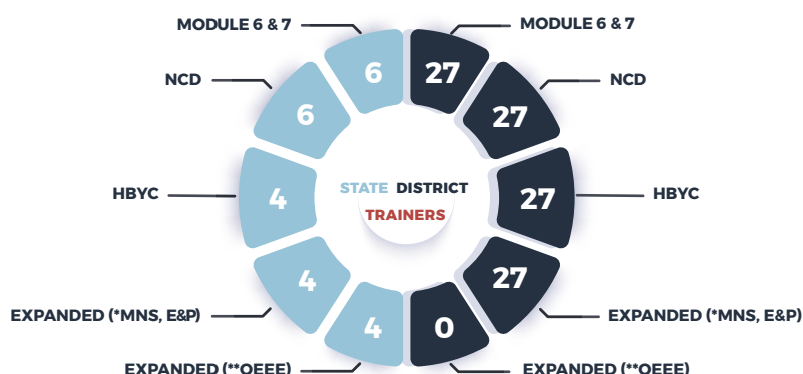
### RURAL



### URBAN



## Support System for ASHA Training



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

## ASHA Certification Status

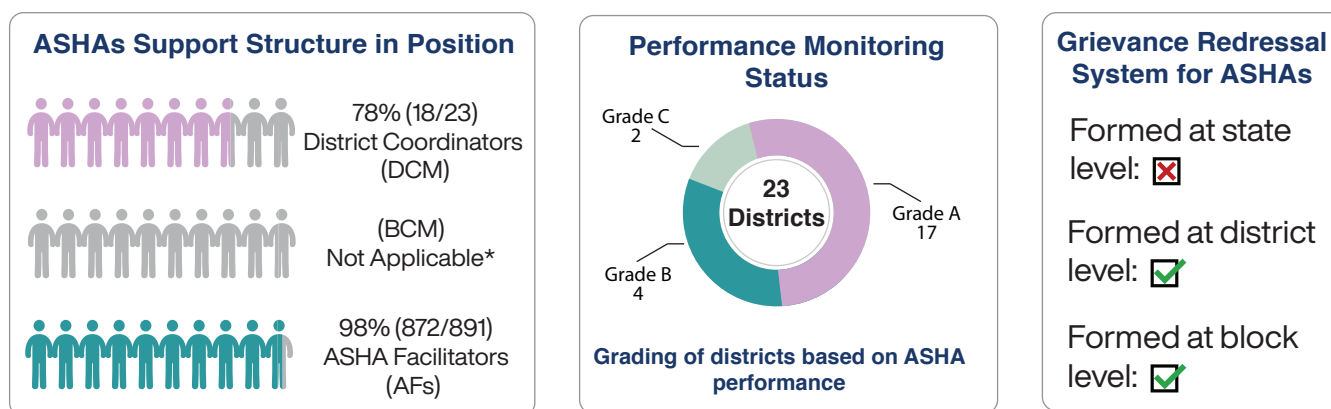
367 ASHAs have completed certification in RMNCH + A

2%

Resting room for ASHAs:  
CHC-73  
DH-17  
Others-78

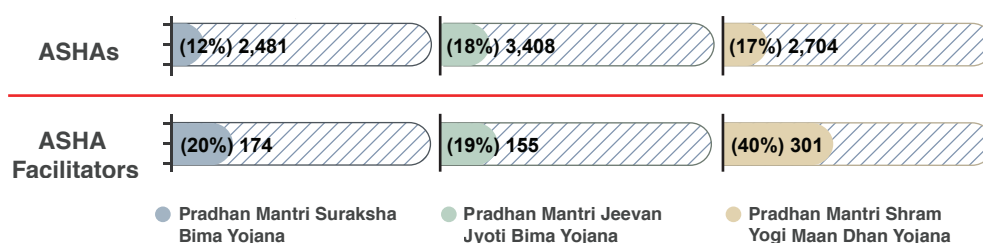


## Support Structure for ASHAs

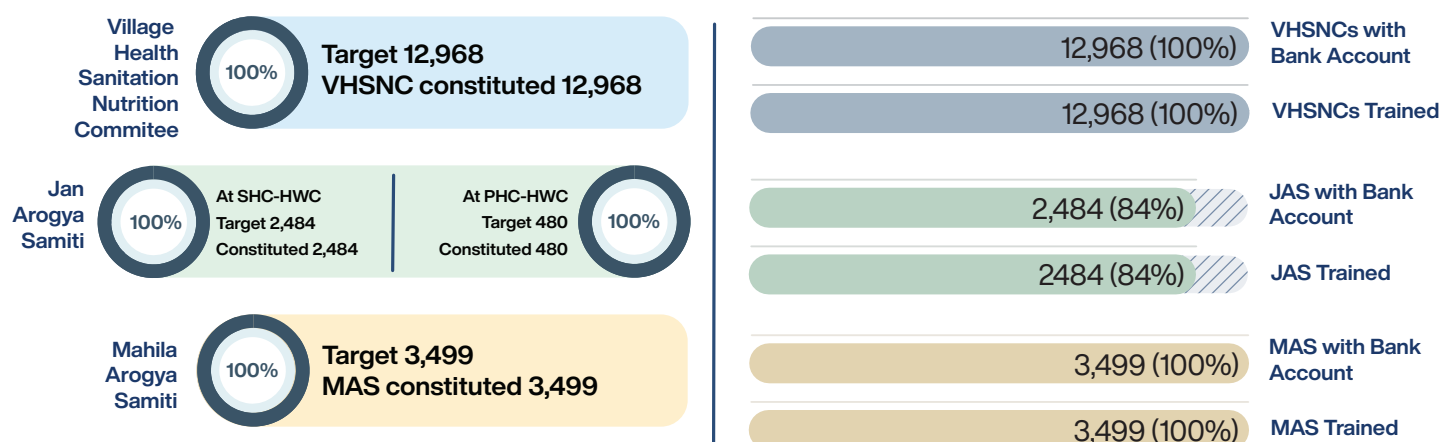


\*Managed by existing staff

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



## Status of Community Platforms



- 10-15 average VHSNC members
- 12,968 VHSNC with ASHA as member secretary
- 73,546 VHSNC members trained

- 2,964 JAS formed
- 18-20 average JAS members
- 2,484 JAS members trained

- 40 cities MAS proposed
- 10-12 average MAS members
- 20,411 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	3	5	3	4
District Trainers	23	0	23	23

# RAJASTHAN



## Overview



### Total Population

8.11 Crores  
(5.95 Crores Rural & 2.16 Crores Urban)  
(Source: Census, Estimated 2023)

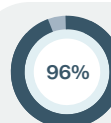


### Average Population covered per ASHA

1,000 (Rural Population)  
1,400 (Urban Population)

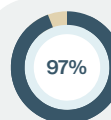
## ASHAs In-position

Total ASHAs: 53,462



49,157 Rural ASHAs

TARGET 51,390

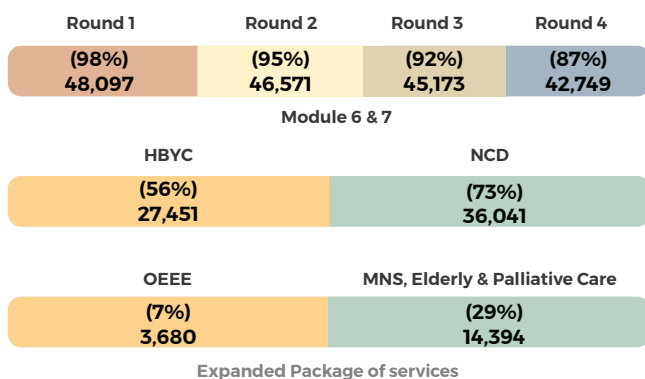


4,305 Urban ASHAs

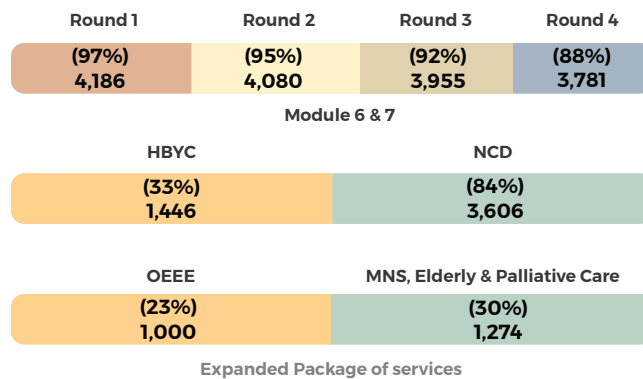
TARGET 4,426

## Training Status of ASHAs

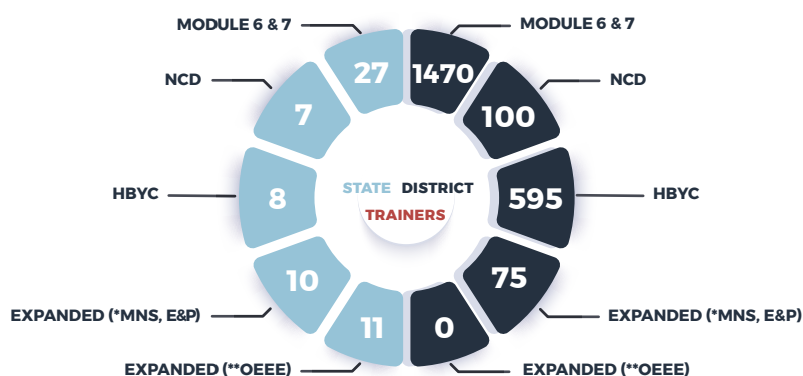
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

State has not initiated ASHA certification in RMNCH + A

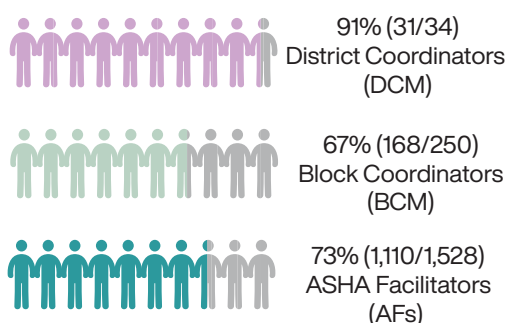
0%

Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00

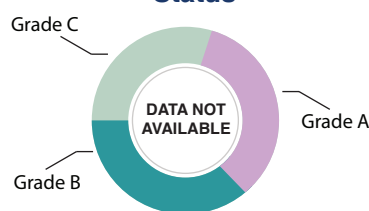


## Support Structure for ASHAs

### ASHAs Support Structure in Position



### Performance Monitoring Status



### Grading of districts based on ASHA performance

State has not implemented performance monitoring system of ASHAs

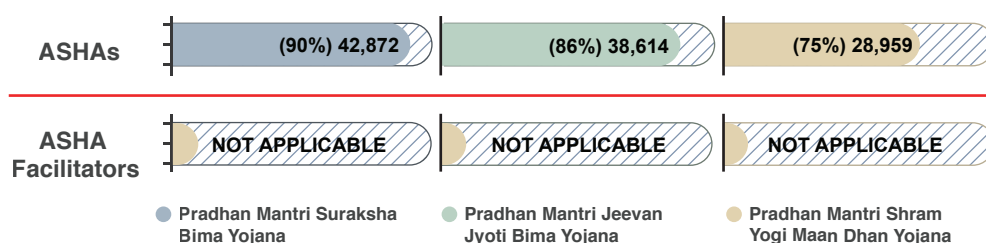
### Grievance Redressal System for ASHAs

Formed at state level: ☒

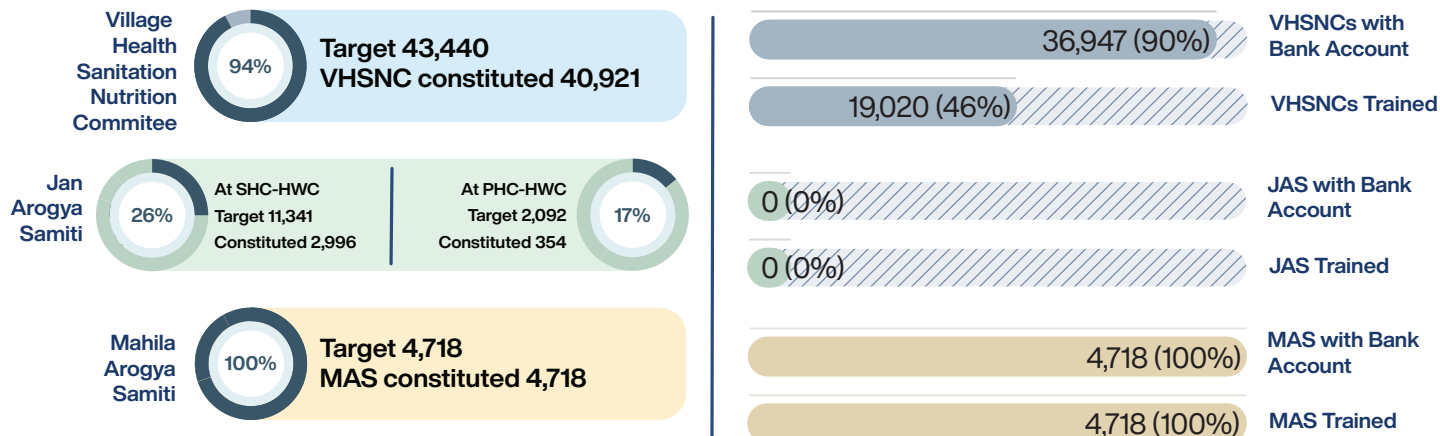
Formed at district level: ☒

Formed at block level: ☒

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



## Status of Community Platforms



- 15 average VHSNC members
- 39,534 VHSNC with ASHA as member secretary
- 1,14,120 VHSNC members trained

- 3,350 JAS formed
- 15 average JAS members
- 0 JAS members trained

- 61 cities MAS proposed
- 10 average MAS members
- 47,180 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	4	0	5	4
District Trainers	0	0	43	0



# SIKKIM



## Overview



### Total Population

6.89 Lakhs  
(3.51 Lakhs Rural & 3.38 Lakhs Urban)  
(Source: Census, Estimated 2023)



Average Population  
covered per ASHA  
800 (Rural Population)  
2,000 (Urban Population)

## ASHAs In-position

Total ASHAs: 676



641 Rural ASHAs

TARGET 641

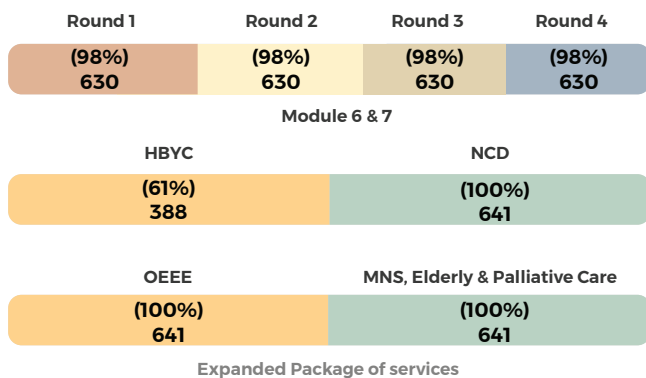


35 Urban ASHAs

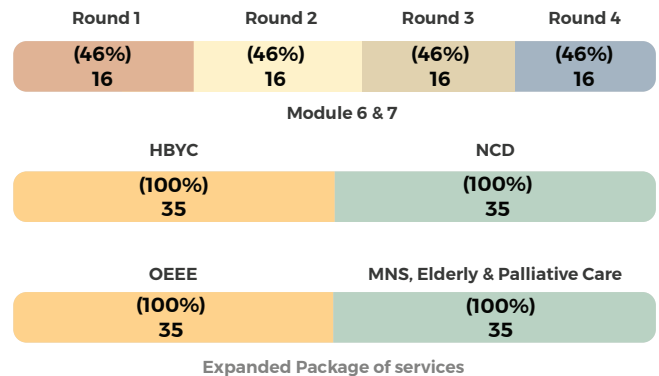
TARGET 35

## Training Status of ASHAs

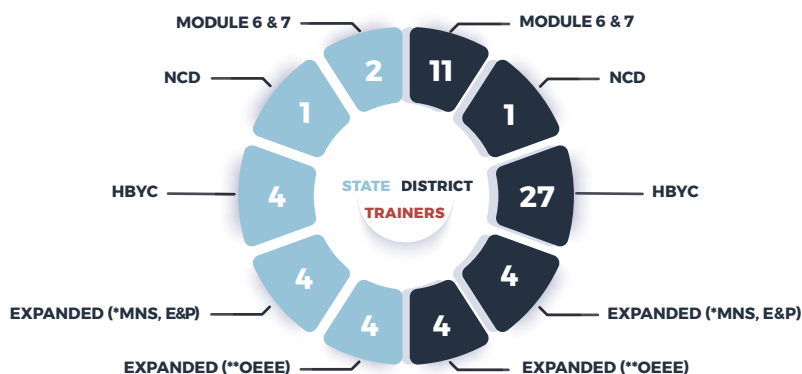
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

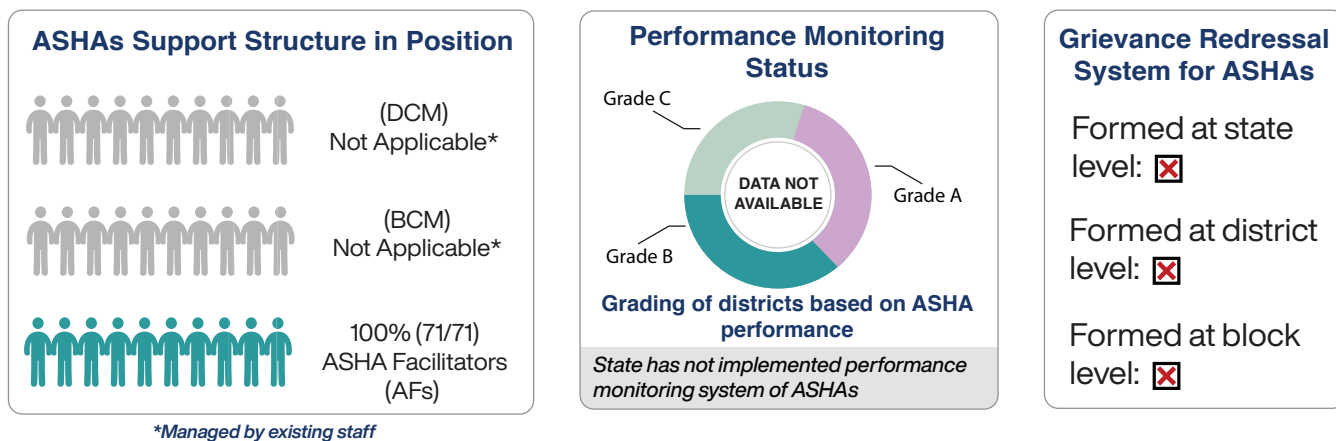
352 ASHAs have completed certification  
in RMNCH + A

52%

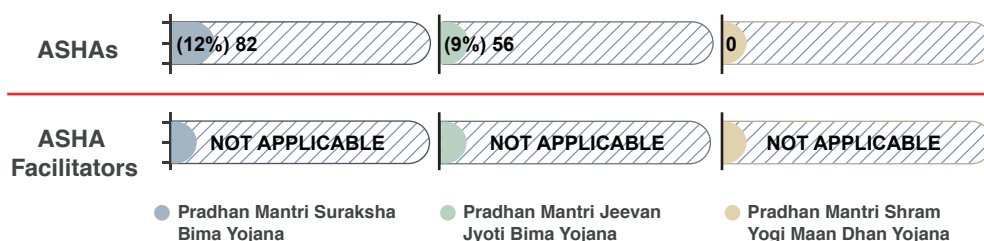
Resting room for  
ASHAs:  
CHC-00  
DH-00  
Others-00



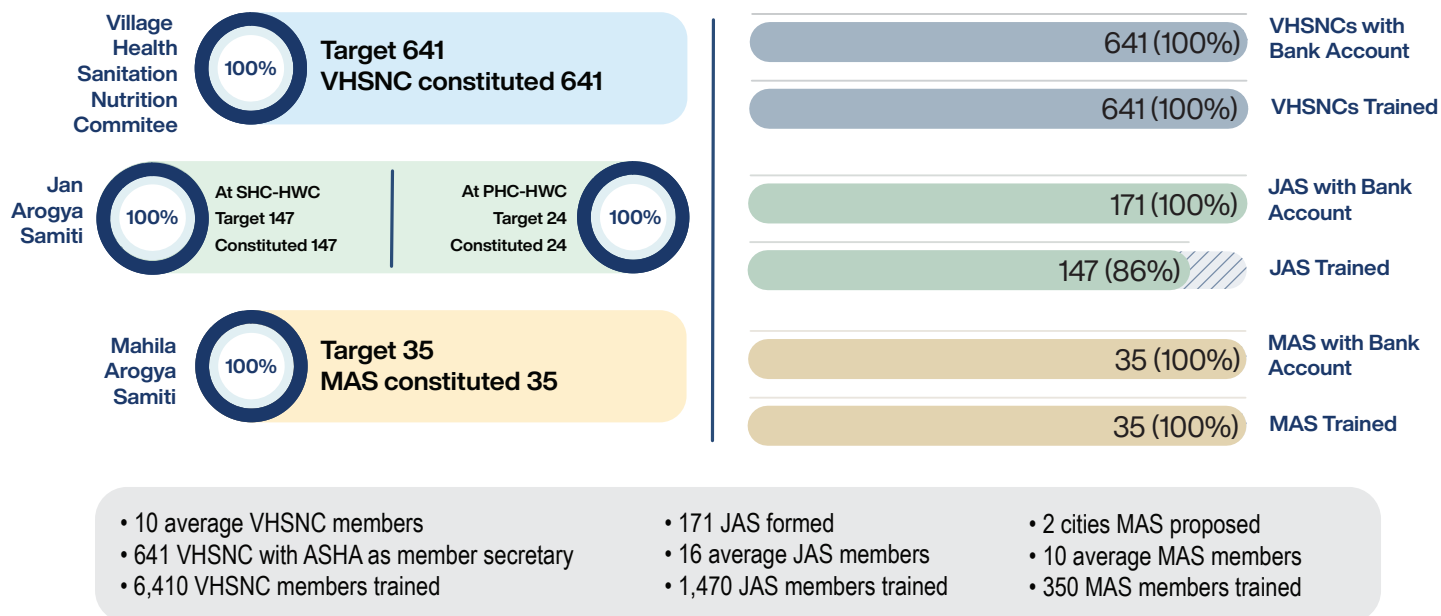
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	1	2	1	1
District Trainers	0	25	0	0

# TAMIL NADU



## Overview



### Total Population

7.68 Crores  
(3.56 Crores Rural & 4.12 Crores Urban)  
(Source: Census, Estimated 2023)



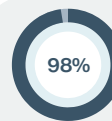
### Average Population covered per ASHA

1,104 (Rural Population)\*  
0 (Urban Population)

\*In Tribal areas only

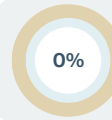
## ASHAs In-position

Total ASHAs: 2,604



2,604 Rural ASHAs

TARGET 2,650

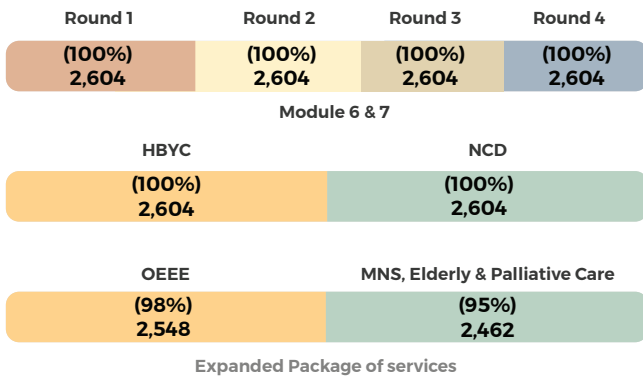


0 Urban ASHAs

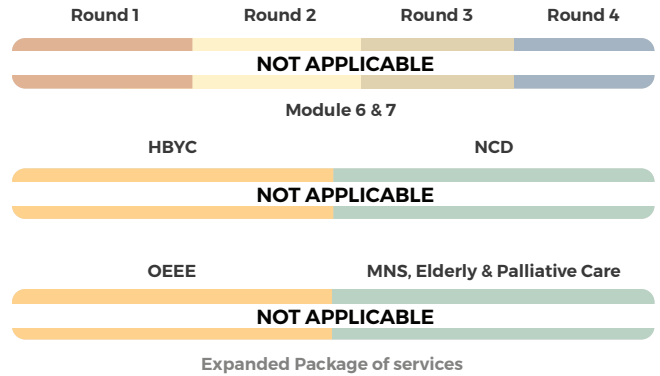
TARGET NA

## Training Status of ASHAs

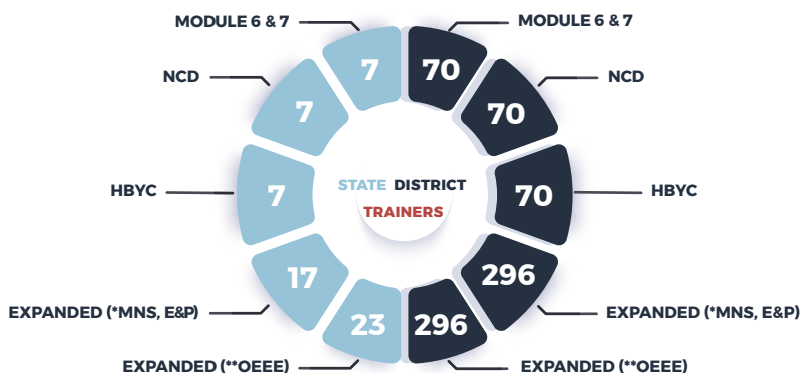
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

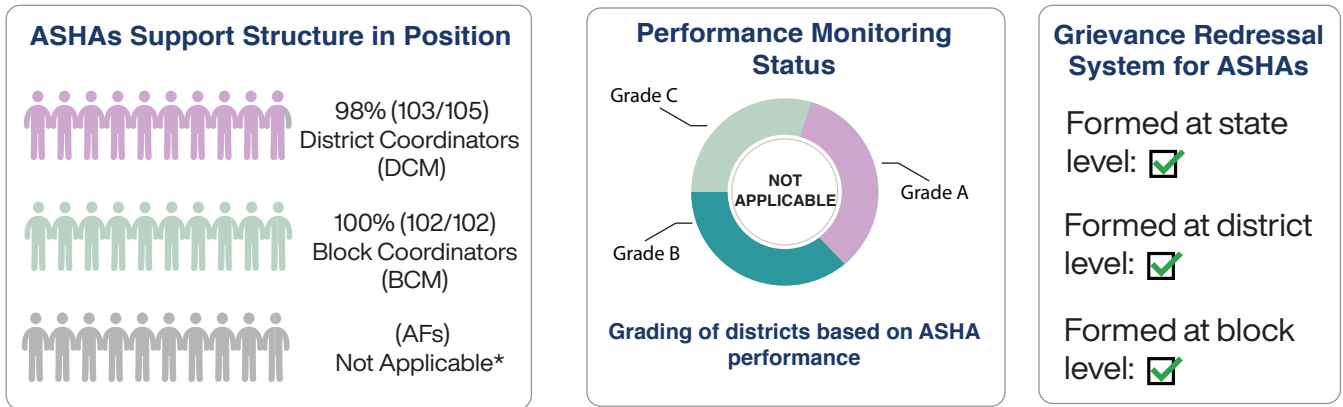
State has not initiated ASHA certification in RMNCH + A

0%

Resting room for ASHAs:  
CHC-102  
DH-00  
Others-936

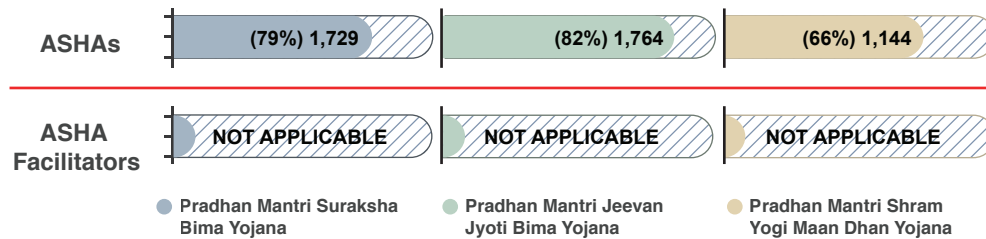


## Support Structure for ASHAs

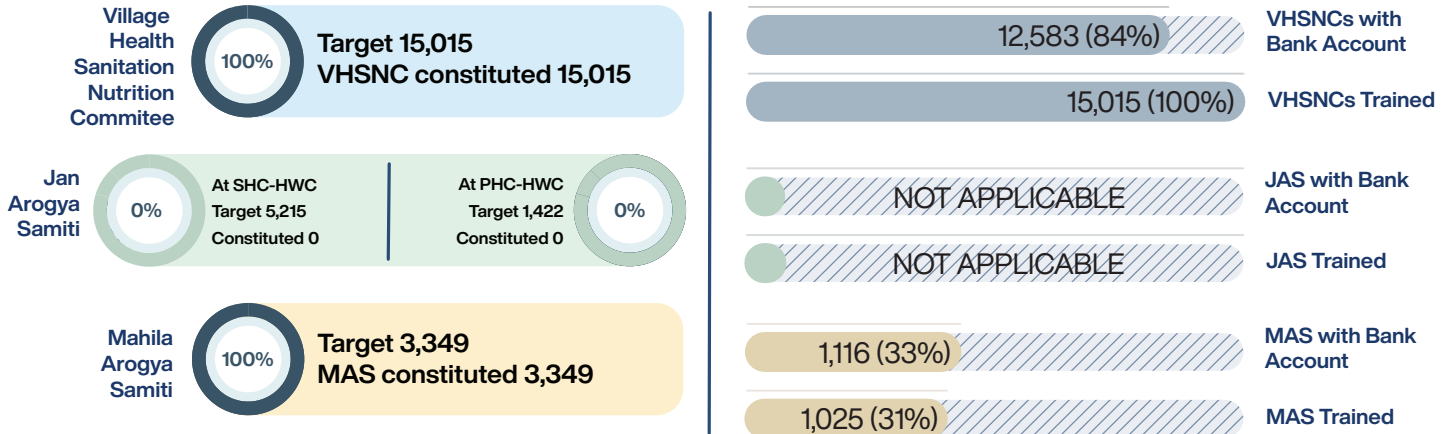


\*Managed by existing staff

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



## Status of Community Platforms



- 15 average VHSNC members
- 1,116 VHSNC with ASHA as member secretary
- 45,979 VHSNC members trained

- 0 JAS formed
- 0 average JAS members
- 0 JAS members trained

- 11 cities MAS proposed
- 10 average MAS members
- 10,250 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	27	9	2	0
District Trainers	508	0	0	522



# TELANGANA



## Overview



### Total Population

3.8 Crores  
(2.2 Crores Rural & 1.3 Crores Urban)  
(Source: Census)

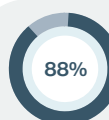


### Average Population covered per ASHA

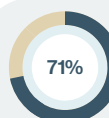
950 (Rural Population)  
3,000 (Urban Population)

## ASHAs In-position

Total ASHAs: 26,573



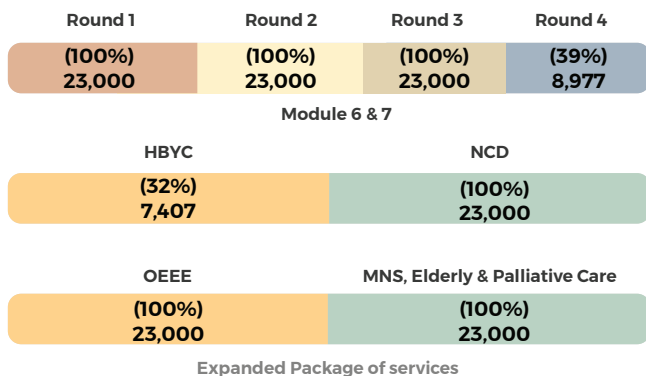
23,000 Rural ASHAs TARGET 26,028



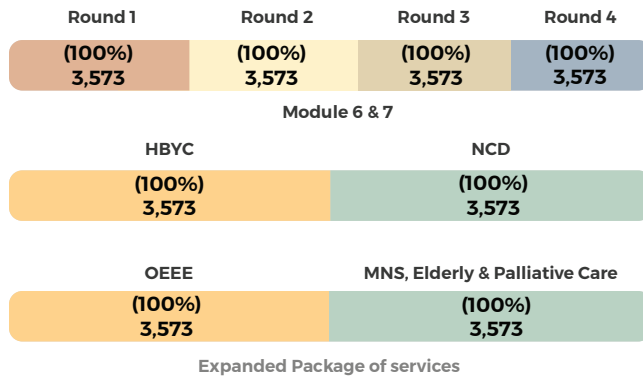
3,573 Urban ASHAs TARGET 5,000

## Training Status of ASHAs

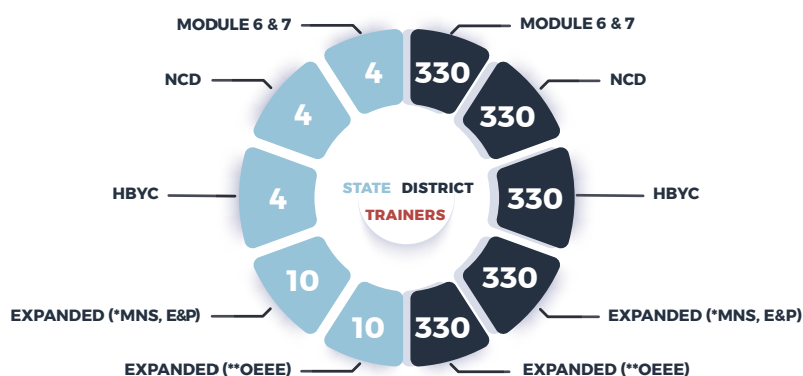
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

State has not initiated ASHA certification in RMNCH + A

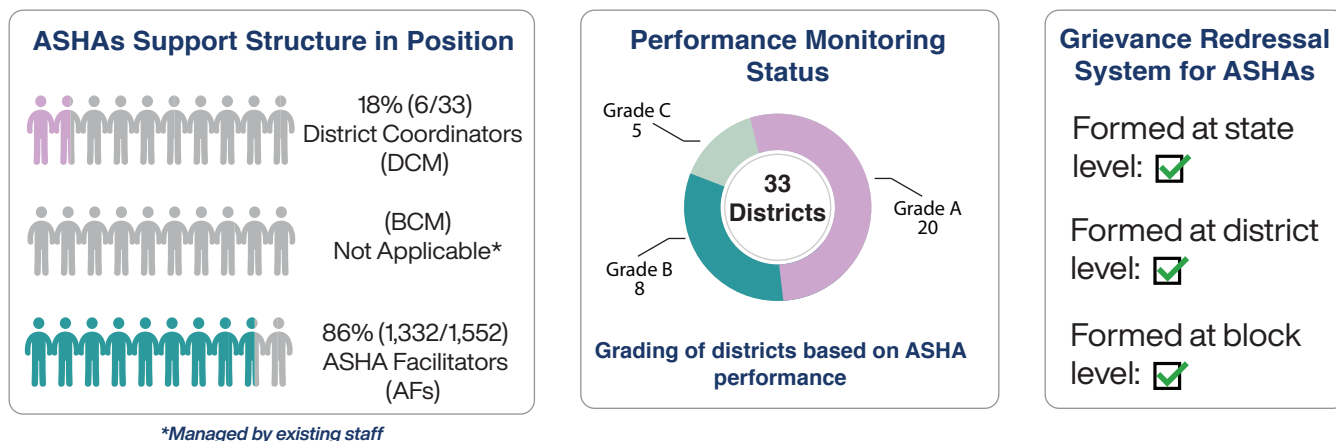
0%

Resting room for ASHAs:  
CHC-102  
DH-10  
Others-38

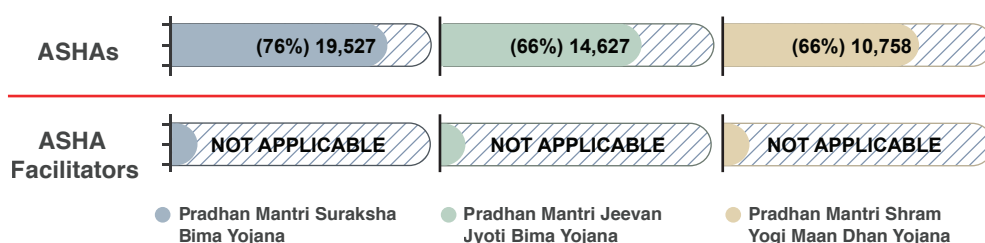
ASHA GHAR



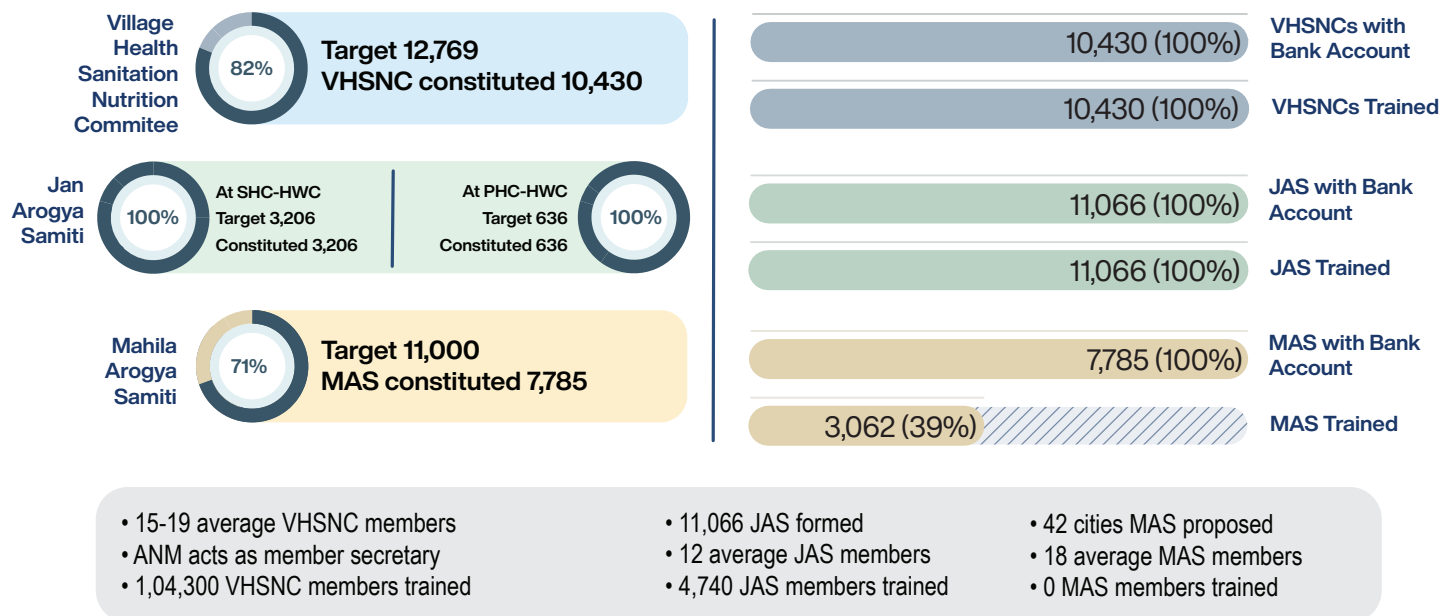
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	4	3	4	4
District Trainers	96	140	0	96

# TRIPURA



## Overview



### Total Population

41.47 Lakhs  
(25.22 Lakhs Rural & 16.25 Lakhs Urban)  
(Source: Census, Estimated 2023)



### Average Population covered per ASHA

494 (Rural Population)  
1,058 (Urban Population)

## ASHAs In-position

Total ASHAs: 7,790



7,203 Rural ASHAs

TARGET 7,226

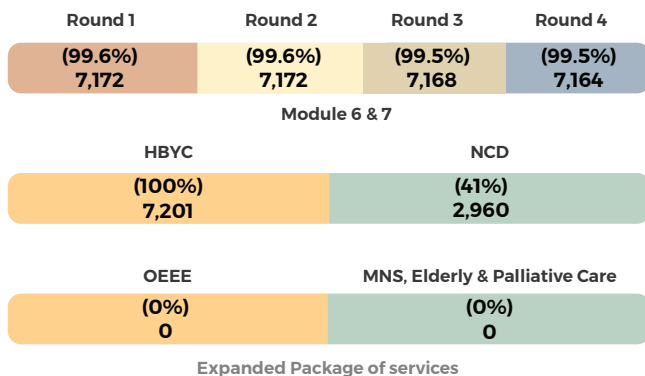


587 Urban ASHAs

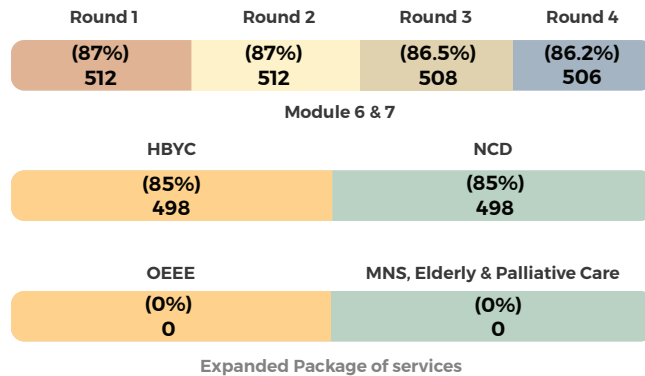
TARGET 593

## Training Status of ASHAs

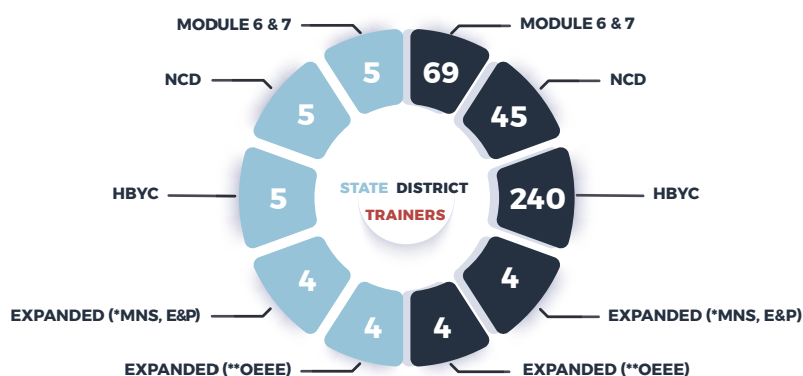
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

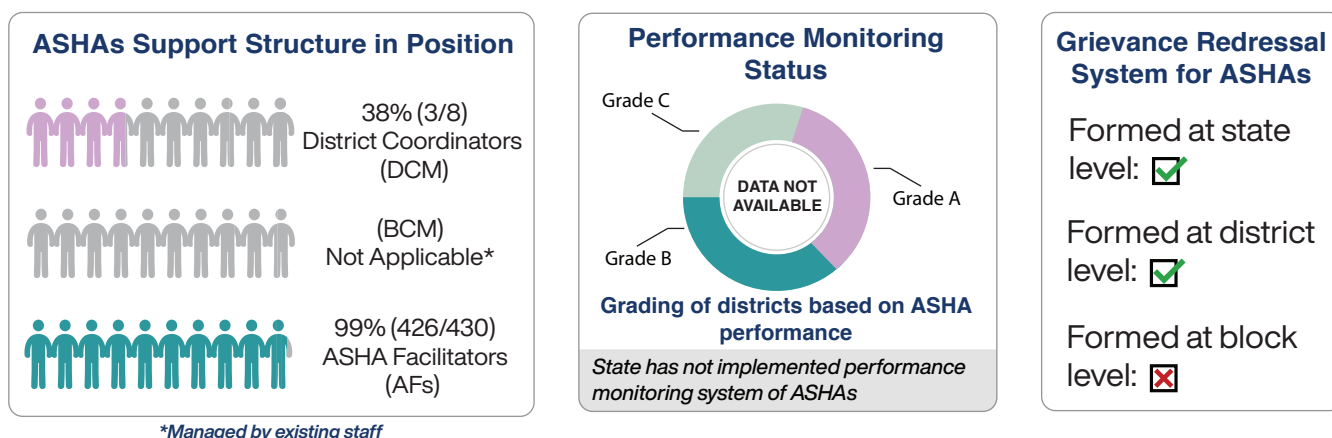
1,567 ASHAs have completed certification in RMNCH + A

20%

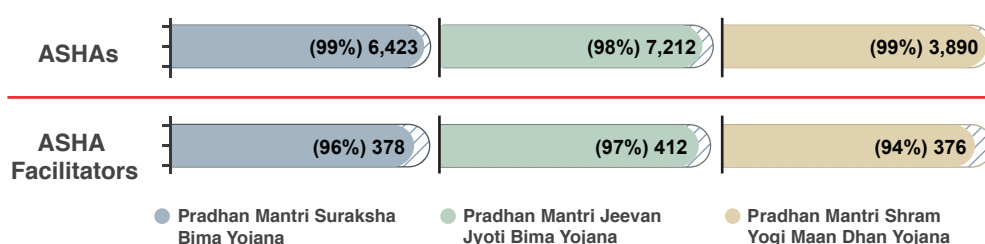
Resting room for ASHAs:  
CHC-21  
DH-06  
Others-105



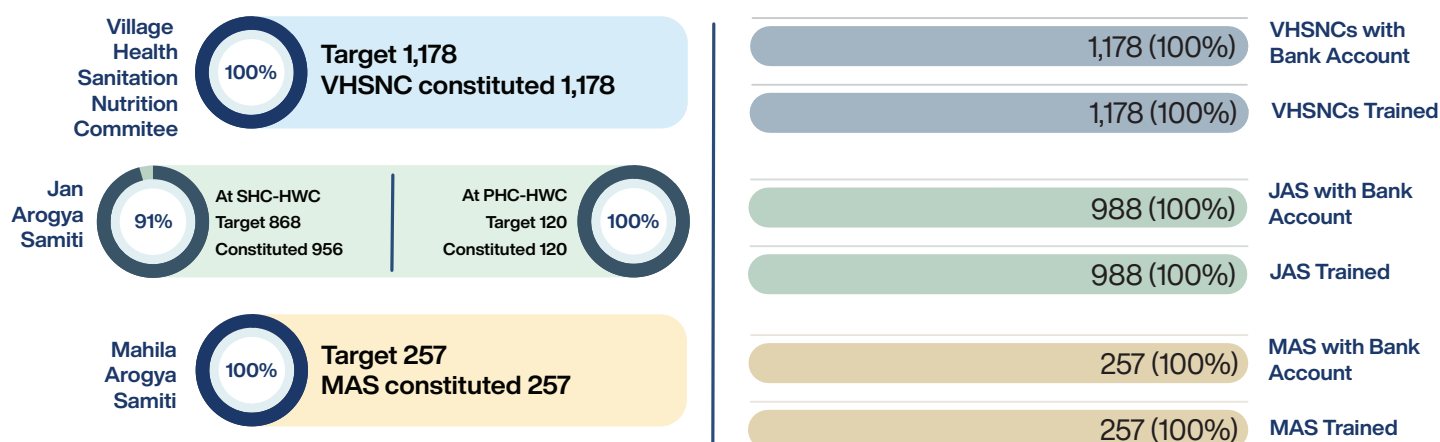
## Support Structure for ASHAs



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



## Status of Community Platforms



- 10-15 average VHSNC members
- ANM/CHO are member secretary
- 3,534 VHSNC members trained

- 988 JAS formed
- 5-10 average JAS members
- 1,950 JAS members trained

- 3 cities MAS proposed
- 12 average MAS members
- 1,856 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	6	6	6	5
District Trainers	68	75	68	68



# UTTAR PRADESH



## Overview



### Total Population

23.26 Crores  
(17.90 Crores Rural & 5.66 Crores Urban)  
(Source: Census, Estimated 2023)

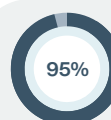


### Average Population covered per ASHA

1,000 (Rural Population)  
2,000 (Urban Population)

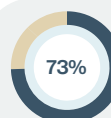
## ASHAs In-position

Total ASHAs: 1,67,492



1,58,413 Rural ASHAs

TARGET 1,67,059

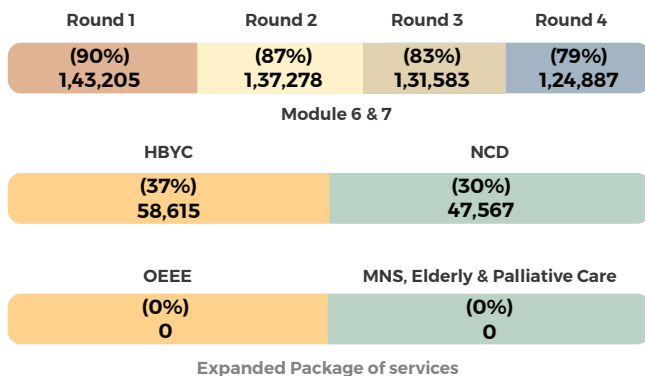


9,079 Urban ASHAs

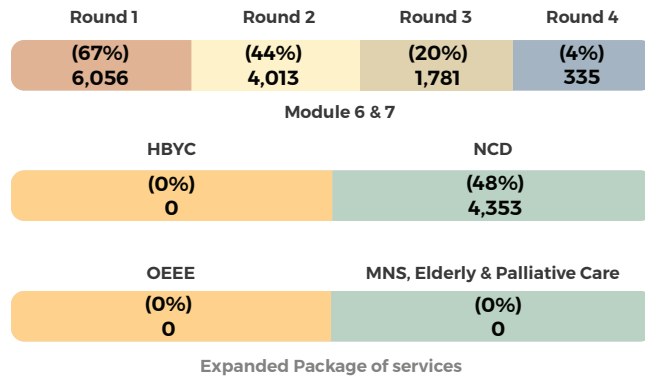
TARGET 12,489

## Training Status of ASHAs

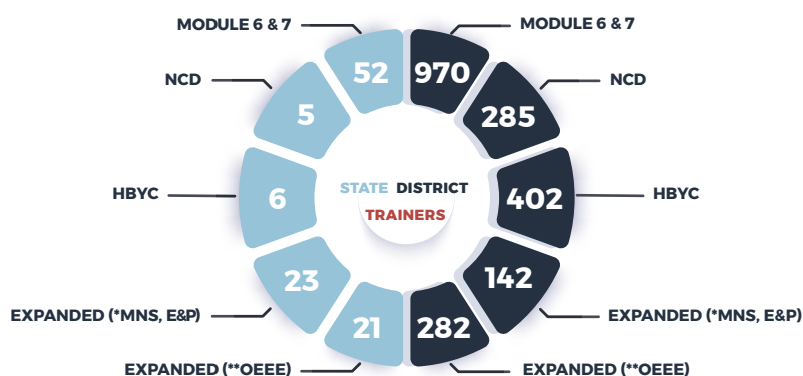
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

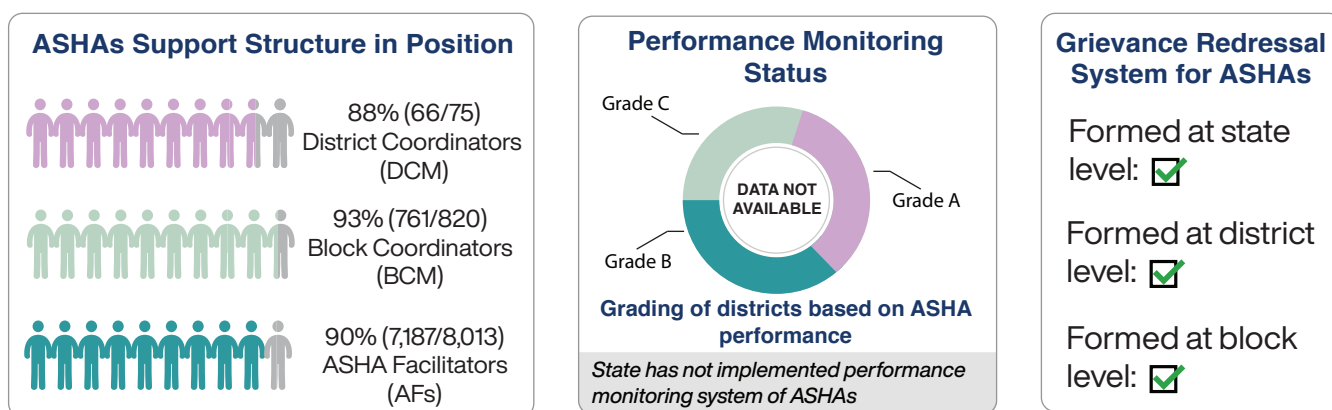
State has not initiated ASHA certification in RMNCH + A

0%

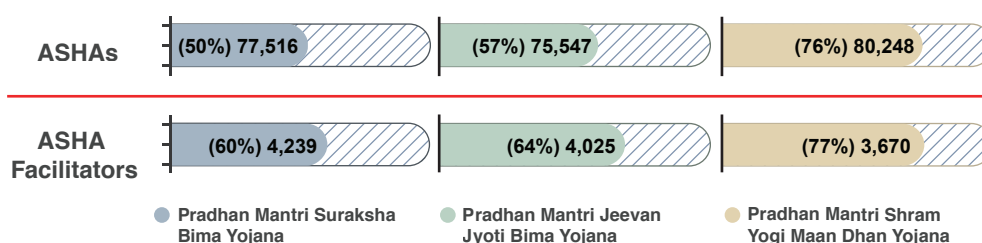
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



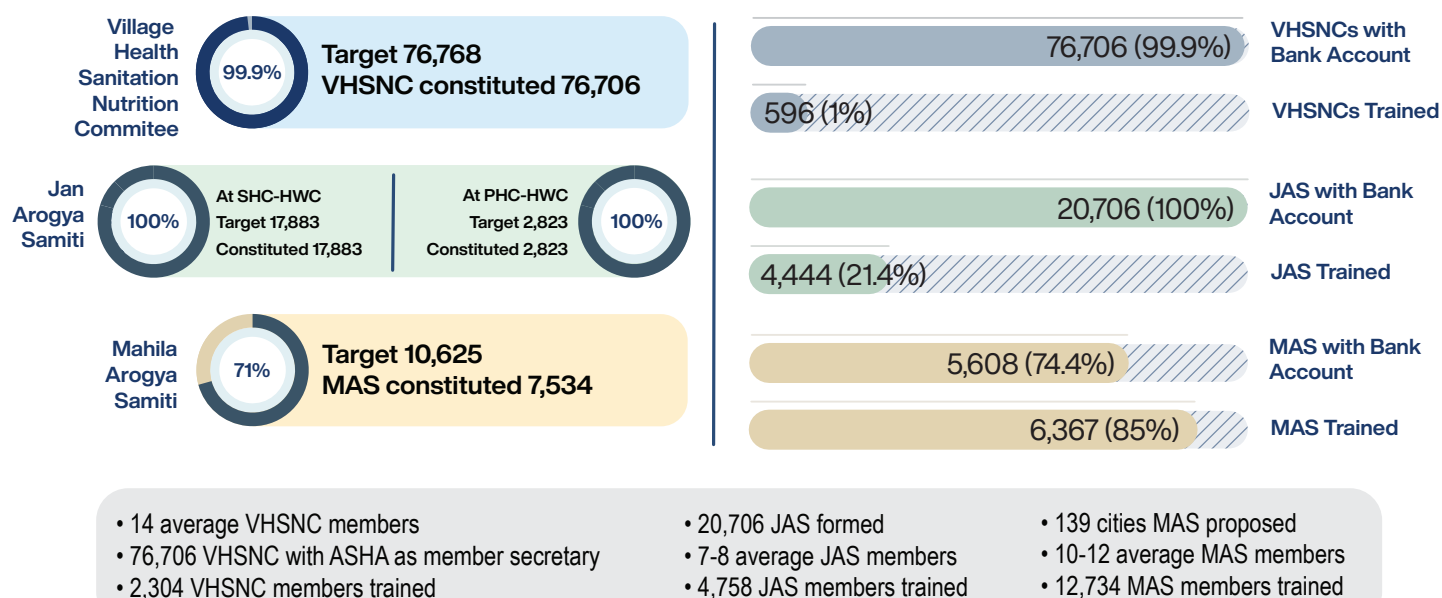
## Support Structure for ASHAs



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



## Status of Community Platforms



## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	8	0	5	3
District Trainers	136	0	132	136

# UTTARAKHAND



## Overview



### Total Population

**1.16 Crores**  
(74.60 Lakhs Rural & 41.77 Lakhs Urban)  
(Source: Census, Estimated 2023)

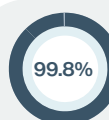


### Average Population covered per ASHA

**1,000 (Rural Population)**  
**1,500 (Urban Population)**

## ASHAs In-position

**Total ASHAs: 11,994**



**10,791 Rural ASHAs**

**TARGET 10,813**

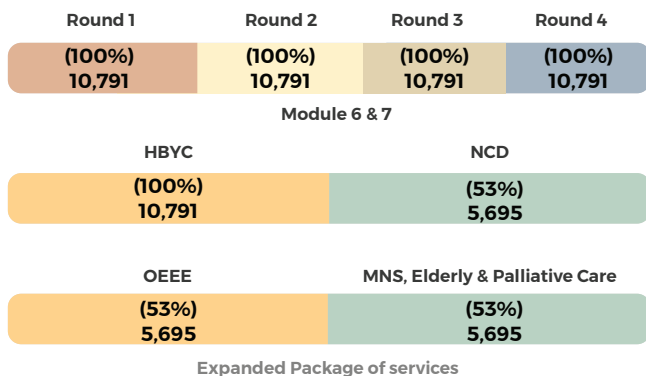


**1,203 Urban ASHAs**

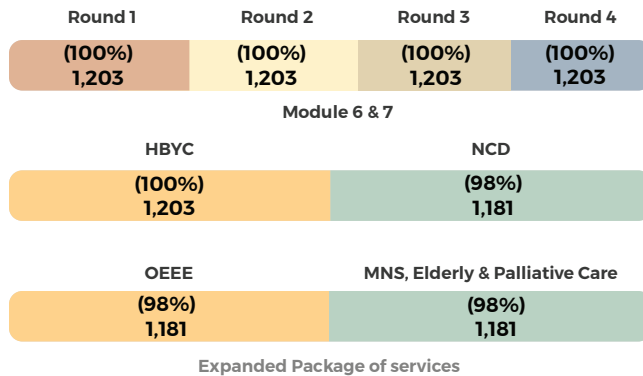
**TARGET 1,205**

## Training Status of ASHAs

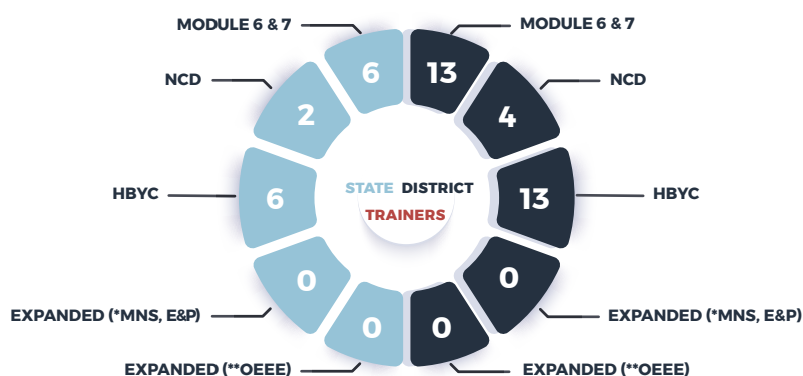
### RURAL



### URBAN



## Support System for ASHA Training



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

\*\*\*State has also separate block trainers

### ASHA Certification Status

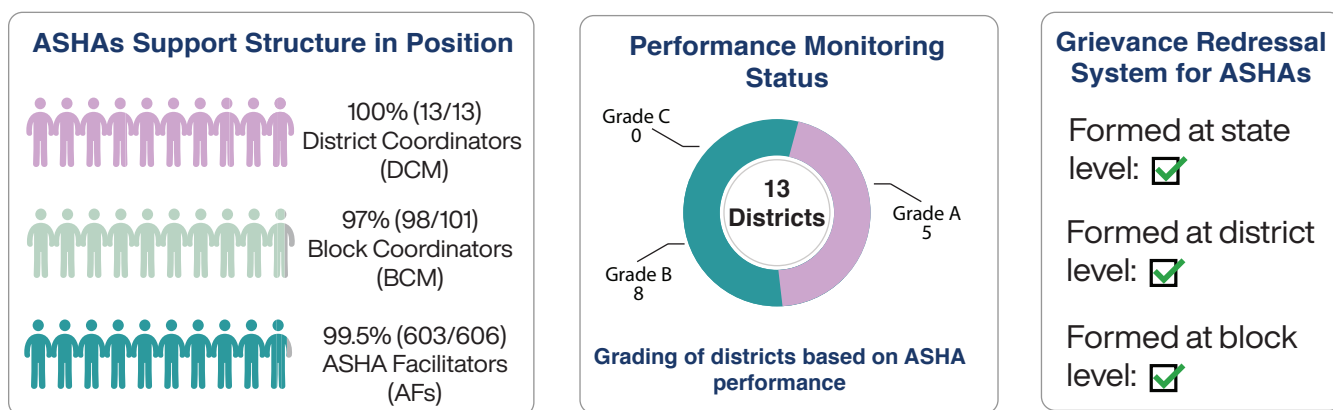
2,832 ASHAs have completed certification in RMNCH + A

**24%**

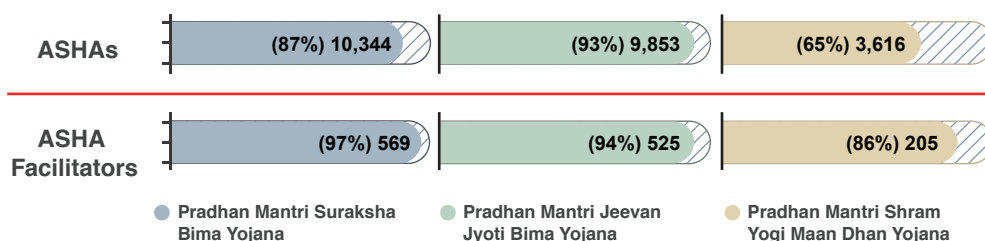
**Resting room for ASHAs:**  
**CHC-11**  
**DH-12**  
**Others-00**



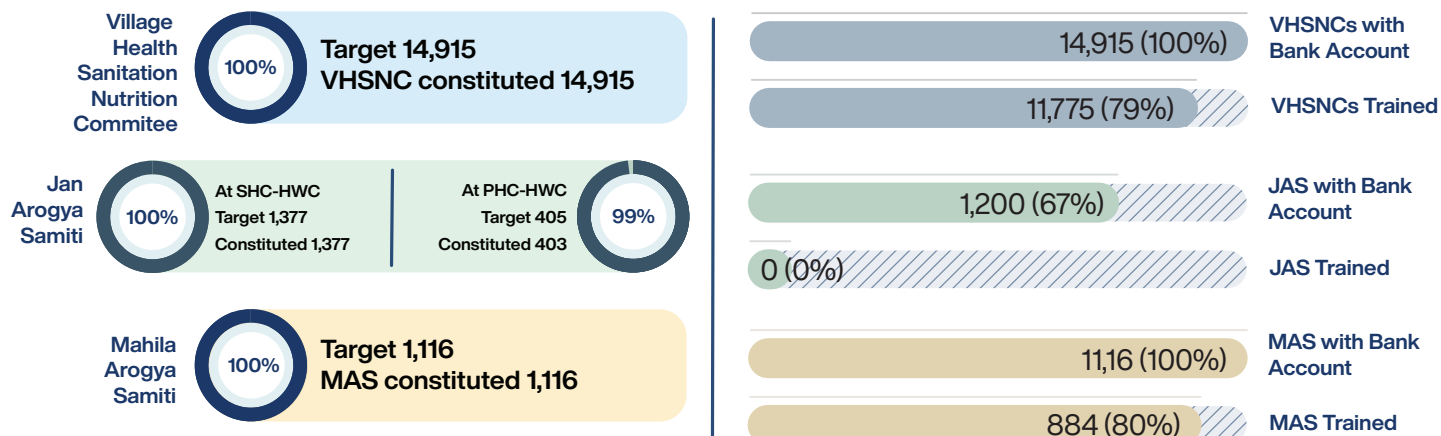
## Support Structure for ASHAs



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



## Status of Community Platforms



- 15 average VHSNC members
- 14,915 VHSNC with ASHA as member secretary
- 20,310 VHSNC members trained

- 1,780 JAS formed
- 15-17 average JAS members
- 0 JAS members trained

- 10 city MAS proposed
- 10-12 average MAS members
- 2,800 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	4	0	2	4
District Trainers	13	0	20	13



# WEST BENGAL



## Overview



### Total Population

9.9 Crores  
(6.26 Crores Rural & 3.64 Crores Urban)  
(Source: Census, Estimated 2023)

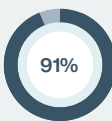


### Average Population covered per ASHA

1,181 (Rural Population)  
2,500 (Urban Population)

## ASHAs In-position

Total ASHAs: 65,743



59,506 Rural ASHAs

TARGET 65,411

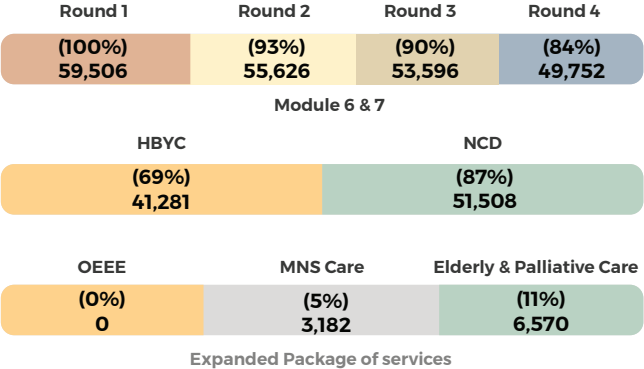


6,237 Urban ASHAs

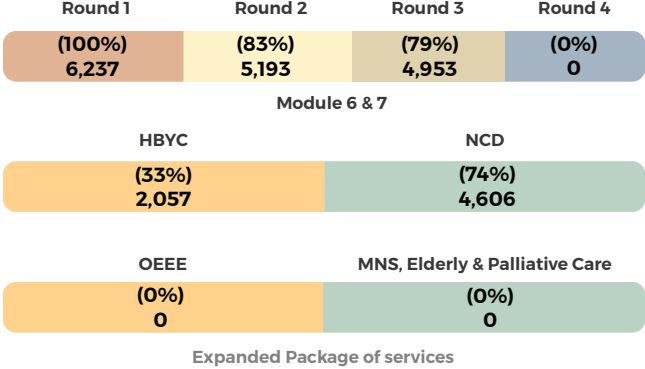
TARGET 6,237

## Training Status of ASHAs

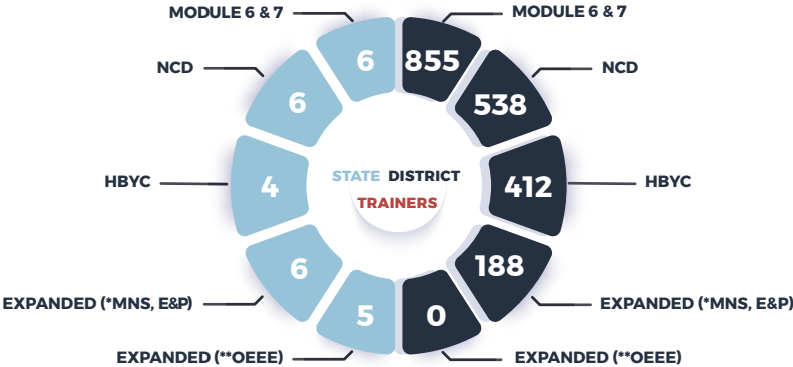
### RURAL



### URBAN



## Support System for ASHA Training



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

### ASHA Certification Status

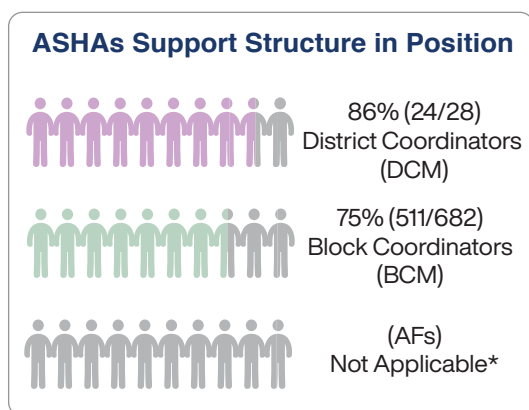
State has not initiated ASHA certification in RMNCH + A

0%

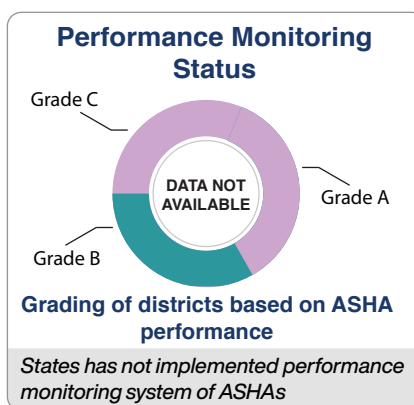
Resting room for ASHAs:  
CHC-00  
DH-00  
Others-00



## Support Structure for ASHAs



\*Managed by existing staff



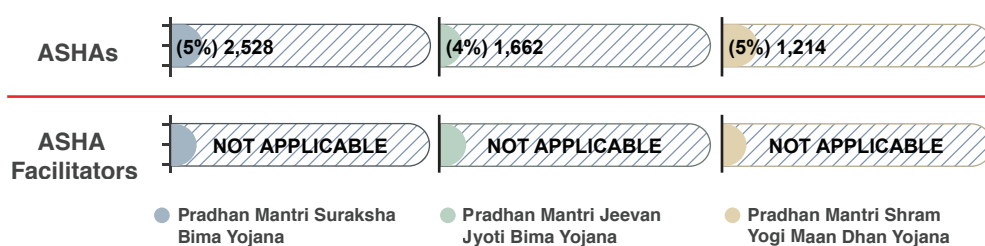
### Grievance Redressal System for ASHAs

Formed at state level: ☒

Formed at district level: ☒

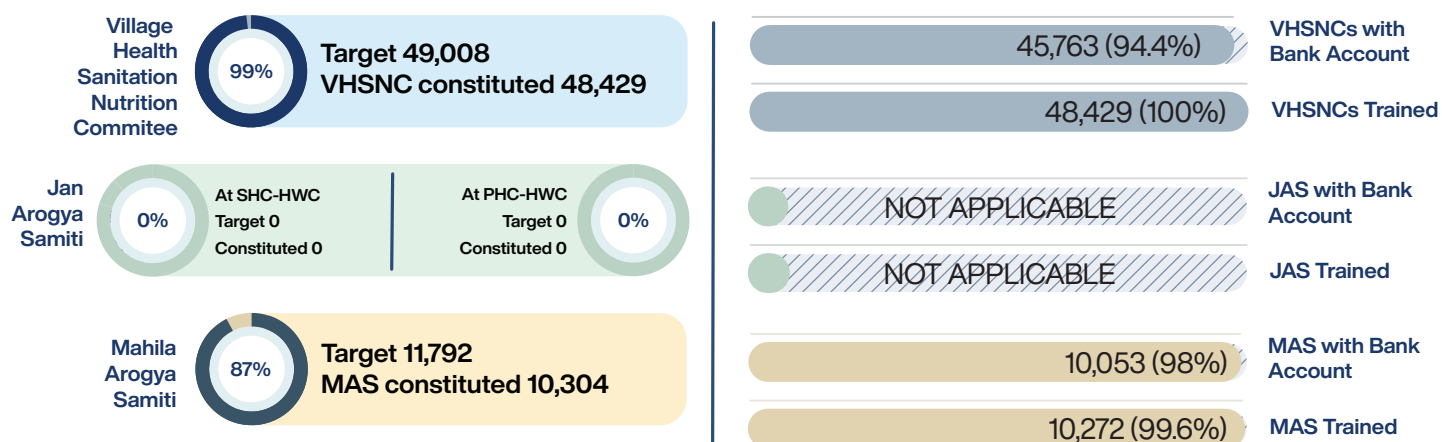
Formed at block level: ☒

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



\*64,294 ASHAs are covered under state government scheme called as Swasthya Sathi Health Scheme

## Status of Community Platforms



- 15 average VHSNC members
- ANM are member secretary for VHSNCs
- 64,3316 VHSNC members trained

- NA
- NA
- NA

- 91 cities MAS proposed
- 8-12 average MAS members
- 1,06,026 MAS members trained

## Trainers for Community Platforms

	VHSNC	JAS	MAS	VISHWAS
State Trainers	5	NA	2	5
District Trainers	21	NA	74	21



## **Annexures**



## Selection Status of ASHAs and AFs

SN	States/ UT	Rural ASHAs				Urban ASHAs				ASHA Facilitators				
		Target	In position	%	Average population covered by Rural ASHA	No. of cities covered under NUHM	Target	In position	%	Average population covered by Urban ASHA	Target	In position	%	Ratio of ASHA Facilitator & ASHA
1	A & NI	412	412	100	752	1	10	10	100	8,563	NA	NA	NA	NA
2	Andhra Pradesh	37,017	36,935	99.8	1,000	50	5,735	5,650	99	2,000	NA	NA	NA	NA
3	Arunachal Pradesh	4,068	3,886	96	339	2	102	99	97	3,111	351	351	100	10
4	Assam	31,334	31,334	100	1,000	14	1,212	1,212	100	3,500	2,674	2,674	100	20
5	Bihar	93,687	89,400	95	1,000	27	977	639	65	1,750	4,685	4,295	92	20
6	Chandigarh	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
7	Chhattisgarh	68,277	67,987	99.6	400	20	3,771	3,754	99.5	700	3,454	3,454	100	20
8	DD & DNH	472	367	78	1,000	2	106	81	76	2,000	NA	NA	NA	NA
9	Delhi	NA	NA	NA	NA	11	6,334	6,214	98	2,000	NA	NA	NA	NA
10	Goa	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
11	Gujarat	40,671	38,884	96	1,000	79	5,525	5,044	91	1,500	3,806	3,551	93	10
12	Haryana	18,000	17,741	99	1,099	20	2,676	2,637	99	1,900	628	580	92	25 to 40
13	Himachal Pradesh	8,652	7,799	90	900	3	92	31	34	1,600	NA	NA	NA	NA
14	Jammu & Kashmir	13,616	12,962	95	1,500	85	238	214	90	3,000	945	905	96	10 to 20
15	Jharkhand	39,964	39,831	99.7	800	22	2,500	2,500	100	1,500	2,295	2,295	100	20 to 25
16	Karnataka	39,195	37,875	97	1,100	80	3,329	3,138	94	2,500	2,000	1,789	89	20
17	Kerala	30,927	22,243	72	1000-1500	56	4,205	4,205	100	2,500	NA	NA	NA	NA
18	Ladakh	610	603	99	756	1	22	20	91	2,075	61	61	100	21
19	Lakshadweep	110	104	95	672	NA	NA	NA	NA	NA	NA	NA	NA	NA
20	Maharashtra	64,644	60,981	94	1,006	98	15,441	9,286	60	1,778	3,664	3,585	98	15 to 20
21	Manipur	3,890	3,890	100	900	3	186	186	100	2,372	194	167	86	21
22	Meghalaya	6,819	6,811	99.9	1,000	1	265	260	98	1,000	335	335	100	20
23	Mizoram	1,004	1,004	100	1,000	3	87	87	100	1,500	109	109	100	10 to 20
24	Madhya Pradesh	66,715	65,092	98	1,000	66	5,335	4,358	82	2,500	5,214	5,214	100	12
25	Nagaland	2,000	1,949	97	1000-1500	5	220	145	66	1,500	NA	NA	NA	NA
26	Odisha	47,349	47,051	99	860	47	2,173	2,087	96	1,500	272	272	100	20 to 25
27	Puducherry	NA	NA	NA	NA	4	341	328	96	2,500	18	0	0	0
28	Punjab	17,720	17,413	98	1,000	40	2,800	2,717	97	2,000	891	872	98	20
29	Rajasthan	51,390	49,157	96	1,000	62	4,426	4,305	97	1,400	1,528	1,110	73	20 to 28
30	Sikkim	641	641	100	800	2	35	35	100	2,000	NA	NA	NA	NA
31	Tamil Nadu	2,650	2,604	98	1,104	NA	NA	NA	NA	NA	NA	NA	NA	NA
32	Telangana	26,028	23,000	88	950	44	5,000	3,573	71	3,000	1,552	1,332	86	NA
33	Tripura	7,226	7,203	100	494	3	593	587	99	1,058	430	426	99	18
34	Uttar Pradesh	1,67,059	1,58,413	95	1,000	167	12,489	9,079	73	2,000	8,013	7,187	90	20
35	Uttarakhand	10,813	10,791	99.8	500-1000	11	1,205	1,203	99.8	NA	606	603	100	25 to 30
36	West Bengal	65,411	59,506	91	1,181	96	6,237	6,237	100	2,500	NA	NA	NA	NA
Total		9,68,371	9,23,869	95	918	1,125	93,667	79,921	85	2,235	43,725	41,167	94	16

# Training Status of Rural ASHAs

SN	State/UT	Total number of functional Rural ASHAs (NRHM) 2022-23	Module 6&7 Training (Cumulative)						R-4		NCD Training		HBVC Intervention		Expanded package of services		
			R-1		R-2		R-3		R-4		NCD Training		HBVC Intervention		OEEE (Oral, Eye, ENT & Emergency Care)		% of ASHAs trained
			No. of ASHAs trained	% of training	No. of ASHAs trained	% of training	No. of ASHAs trained	% of training	No. of ASHAs trained	% of training	No. of ASHAs trained	% of ASHAs trained	No. of ASHAs trained	% of ASHAs trained	No. of ASHAs trained	% of ASHAs trained	
1	A & NI	412	412	100	412	100	412	100	412	100	412	100	0	0	412	100	100
2	Andhra Pradesh	36,935	36,935	100	36,935	100	36,935	100	36,935	100	36,935	100	36,935	100	36,935	100	100
3	Arunachal Pradesh	3,886	3,669	94	3,477	89	3,605	93	3,470	89	2,485	64	3,888	100	1,633	42	22
4	Assam	31,334	31,334	100	31,334	100	31,334	100	31,334	100	31,334	100	31,334	100	0	0	0
5	Bihar	89,400	81,054	91	78,700	88	76,885	86	72,157	81	42,960	48	25,064	28	0	0	0
6	Chandigarh																
7	Chhattisgarh	67,987	67,643	99	67,643	99	67,643	99	67,643	99	66,865	98	67,714	100	66,509	98	98
8	DD & DNH	367	336	92	336	92	0	0	0	0	315	86	336	92	0	0	0
9	Delhi																
10	Goa																
11	Gujarat	38,884	36,460	94	36,315	93	35,717	92	35,209	91	5,692	15	31,714	82	4,616	12	3,914
12	Haryana	17,741	17,502	99	17,491	99	17,489	99	17,489	99	17,230	97	17,327	98	0	0	0
13	Himachal Pradesh	7,799	7,762	99.5	7,774	99.7	7,756	99	7,774	98	7,624	98	1,611	21	6,764	87	6,219
14	J & K	12,962	11,324	87	11,319	87	11,275	87	11,263	87	8,684	67	8,384	65	3,494	27	5,130
15	Jharkhand	39,831	39,831	100	39,831	100	39,831	100	39,831	100	38,003	95	39,831	100	0	0	30,441
16	Karnataka	37,875	36,391	96	35,850	95	35,371	93	35,267	93	33,280	88	24,432	65	0	0	0
17	Kerala	22,243	22,243	100	22,243	100	22,243	100	22,243	100	22,243	100	22,243	100	0	0	0
18	Ladakh	603	592	98	592	98	592	98	592	98	595	99	591	98	574	95	574
19	Lakshadweep	104	96	92	96	92	96	92	96	92	96	92	0	0	96	92	96
20	Maharashtra	60,981	60,266	99	60,130	99	59,852	98	59,647	98	59,830	98	58,885	96	3,480	6	3,480
21	Manipur	3,890	3,301	85	3,303	85	3,297	85	3,334	86	1,147	29	3,699	95	0	0	0
22	Meghalaya	6,811	6,356	93	6,378	94	6,051	89	6,142	90	5,899	87	1,886	28	0	0	0
23	Mizoram	1,004	1,004	100	1,004	100	1,004	100	1,004	100	1,004	100	1,004	100	248	25	0
24	Madhya Pradesh	65,092	61,634	95	59,979	92	58,442	90	56,981	88	22,653	35	31,297	48	0	0	0
25	Nagaland	1,949	1,949	100	1,949	100	1,949	100	1,949	100	1,549	79	583	30	0	0	0
26	Odisha	47,051	46,535	99	46,535	99	46,448	99	46,406	99	46,236	98	46,300	98	42,717	91	46,657
27	Puducherry																
28	Punjab	17,413	17,410	100	17,410	100	17,410	100	17,410	100	17,200	99	16,835	97	0	0	2,262
29	Rajasthan	49,157	48,097	98	46,571	95	45,173	92	42,749	87	1,523	3	27,451	56	3,680	7	14,394
30	Sikkim	641	630	98	630	98	630	98	629	98	641	100	388	61	641	100	641
31	Tamil Nadu	2,604	2,604	100	2,604	100	2,604	100	2,604	100	2,604	100	2,604	100	2,548	98	2,462
32	Telangana	23,000	23,000	100	23,000	100	23,000	100	8,977	39	23,000	100	7,407	32	23,000	100	23,000
33	Tripura	7,203	7,172	99.6	7,172	100	7,168	100	7,164	99	2,960	41	7,201	100	0	0	0
34	Uttar Pradesh	1,58,413	1,43,205	90	1,37,278	87	1,31,583	83	1,24,887	79	47,567	30	58,615	37	0	0	0
35	Uttarakhand	10,791	10,791	100	10,791	100	10,791	100	10,791	100	5,695	53	10,791	100	5,695	53	5,695
36	West Bengal	59,506	59,506	100	55,626	93	53,596	90	49,752	84	51,508	87	41,281	69	0	0	6,570
	Total	9,23,869	8,64,801	93	8,48,465	92	8,33,939	90	8,26,199	89	6,09,974	66	6,31,336	68	2,03,042	22	2,56,235

SN	State /UT	Total number of functional ASHAs (FY 2022-2023) NUHM	Module 6&7 Training (Cumulative)								NCD Training		HBYC Intervention		Expanded package of services			
			Module 6&7															
			R 1		R 2		R 3		R 4		Total no. of ASHAs trained	% against the target	% of ASHAs trained	% of ASHAs trained	% of ASHAs trained	MNS, Elderly & Palliative Care		
			No. of ASHAs trained	% of training	No. of ASHAs trained	% of training	No. of ASHAs trained	% of training	No. of ASHAs trained	% of training								
1	A & NI	10	10	100	10	100	10	100	10	100	0	0	0	10	100	10	100	
2	Andhra pradesh	5,650	5,650	100	5,650	100	5,650	100	5,650	100	5,650	100	5,650	100	5,650	100	100	
3	Arunachal Pradesh	99	42	42	42	42	42	42	42	42	0	0	0	0	0	0	0	
4	Assam	1,212	1,212	100	1,212	100	1,212	100	1,212	100	0	0	1,146	95	1,146	95	95	
5	Bihar	639	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	Chandigarh																	
7	Chhattisgarh	3,754	3,748	99.8	3,748	99.8	3,748	99.8	3,748	99.8	3,748	99.8	3,748	99.8	3,748	99.8	99.8	
8	DD & DNH	83	81	98	81	98	0	0	0	81	98	81	98	81	98	81	98	
9	Delhi	6,204	5,968	96	5,844	94	5,575	90	0	4,517	73	4,088	66	0	0	0	0	
10	Goa																	
11	Gujarat	5,044	3,590	71	3,575	71	3,574	71	3,561	71	3,938	78	3,809	76	778	15	764	
12	Haryana	2,637	2,597	98	2,593	98	2,593	98	2,593	98	2,513	95	1,825	69	0	0	0	
13	Himachal Pradesh	31	31	100	31	100	24	77	24	77	30	97	21	68	28	90	28	
14	J & K	213	131	62	98	46	96	45	32	15	155	73	76	36	73	34	85	
15	Jharkhand	2,500	2,310	92	2,310	92	2,310	92	2,310	92	2,310	92	1,850	74	0	0	800	
16	Karnataka	3,138	2,644	84	2,619	83	2,489	79	2,249	72	3,100	99	852	27	0	0	0	
17	Kerala	4,205	4,205	100	4,205	100	4,205	100	4,205	100	4,205	100	4,205	100	0	0	0	
18	Ladakh	20	17	85	17	85	17	85	17	85	20	100	20	100	0	0	0	
19	Lakshadweep																	
20	Maharashtra	9,286	5,980	64	5,365	58	4,322	47	3,956	43	5,424	58	2,815	30	145	2	145	
21	Manipur	186	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	Meghalaya	260	232	89	193	74	83	32	83	32	227	87	0	0	0	13	5	
23	Mizoram	87	87	100	87	100	87	100	87	100	87	100	87	100	0	0	0	
24	MP	4,358	3,443	79	3,212	74	2,981	68	2,747	63	1,205	28	74	2	0	0	0	
25	Nagaland	145	90	62	90	62	90	62	90	62	90	62	87	60	0	0	0	
26	Odisha	2,087	1,997	96	1,986	95	1,981	95	1,981	95	2,018	97	2,026	97	2,022	97	2,022	
27	Puducherry	328	323	98	323	98	0	0	0	0	315	96	0	0	15	5	54	
28	Punjab	2,717	2,702	99	2,702	99	2,702	99	2,702	99	2,700	99	2,646	97	0	0	385	
29	Rajasthan	4,305	4,186	97	4,080	95	3,955	92	3,781	88	3,606	84	1,426	33	1,000	23	1,274	
30	Sikkim	35	16	46	16	46	16	46	16	46	35	100	35	100	35	100	35	
31	Tamil Nadu																	
32	Telangana	3,573	3,573	100	3,573	100	3,573	100	3,573	100	3,573	100	0	0	3,573	100	3,573	
33	Tripura	587	512	87	512	87	508	87	506	86	498	85	498	85	387	66	0	
34	UP	9,079	6,056	67	4,013	44	1,781	20	335	4	4,353	48	0	0	0	0	0	
35	Uttarakhand	1,203	1,203	100	1,203	100	1,203	100	1,203	100	1,181	98	1,203	100	1,181	98	1,181	
36	West Bengal	6,237	6,237	100	5,193	83	4,953	79	0	0	4,606	74	2,057	33	0	0	0	
	Total	79,912	64,668	81	60,378	76	55,575	70	46,713	58	60,195	75	40,325	50	19,857	25	20,994	
																	26	

# Status of Trainers

SN	State/UT	Community Processes & Comprehensive Primary Healthcare										Community Platforms									
		Module 6&7		NCD		HBYC		Expanded Package of Service				Mahila Arogya Samiti		VHSNC		VISHWAS Handbook		Jan Arogya Samiti			
		No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers	Oral, Eye, ENT and Emergency	MNS, Elderly and Palliative	No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers	No. of State Trainers	No. of District Trainers		
1	A & NI	1	3	1	3	1	3	1	3	1	3	1	3	5	Nil	0	7	Nil	Nil	1	3
2	Andhra Pradesh	40	185	40	185	40	185	40	185	40	185	40	185	13	130	13	1,664	13	1664	7	208
3	Arunachal Pradesh	4	22	4	22	4	22	4	22	4	22	4	22	3	3	2	32	3	22	2	46
4	Assam	4	87	4	87	4	87	4	87	4	87	4	87	4	45	5	54	5	54	8	120
5	Bihar	37	511	5	132	4	132	4	132	12	12	0	12	0	39	2	76	3	38	4	76
6	Chandigarh	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5	0
7	Chhattisgarh	47	472	47	472	47	472	47	472	47	472	47	472	6	25	47	472	47	472	4	120
8	DD & DNH	3	3	3	3	3	3	3	3	1	1	3	3	1	2	3	3	NA	NA	1	3
9	Delhi	115	348	11	36	68	32	NA	NA	NA	NA	NA	NA	4	22	NA	NA	NA	NA	NA	NA
10	Goa	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	0
11	Gujarat	16	143	3	1476	8	302	35	246	34	403	11	154	2	191	0	0	0	0	0	0
12	Haryana	4	265	5	178	4	265	NA	NA	4	265	4	265	2	22	4	65	2	65	2	44
13	Himachal Pradesh	7	9	3	17	3	30	3	33	18	48	2	0	4	44	4	44	4	44	5	0
14	Jammu & Kashmir	20	125	5	80	5	91	9	51	9	63	4	10	7	42	7	42	6	42	2	0
15	Jharkhand	13	44	4	41	7	48	21	46	12	55	8	42	8	42	8	42	8	42	6	61
16	Karnataka	7	162	7	45	2	162	8	0	8	0	38	124	38	124	33	124	33	124	6	0
17	Kerala	14	125	32	112	98	112	0	0	0	0	2	46	42	448	0	0	0	0	4	0
18	Ladakh	1	2	1	2	2	2	2	2	2	2	2	0	1	9	0	0	0	0	3	3
19	Lakshadweep	12	12	5	5	2	2	4	4	2	2	0	0	0	9	9	0	0	0	2	2
20	Maharashtra	15	162	15	159	15	159	15	187	15	187	6	97	6	76	6	76	6	76	6	82
21	Manipur	6	64	6	32	4	47	4	0	4	0	3	1	0	0	0	5	60	4	0	0
22	Meghalaya	6	15	5	33	2	226	5	78	5	78	1	4	6	33	3	33	6	33	3	26
23	Mizoram	7	18	3	18	6	18	7	7	7	7	2	0	7	18	7	18	7	18	7	18
24	Madhya Pradesh	15	396	15	396	15	396	12	0	12	0	7	149	34	190	8	190	8	154	0	0
25	Nagaland	4	66	3	30	4	53	5	0	5	0	6	10	4	45	4	45	4	4	3	31
26	Odisha	4	148	4	148	4	148	4	0	4	0	10	53	6	120	6	120	6	120	8	120
27	Puducherry	13	13	2	2	10	10	2	10	4	8	0	0	0	0	0	0	0	0	0	0
28	Punjab	6	27	6	27	4	27	4	0	4	27	3	23	3	23	3	23	4	23	5	0
29	Rajasthan	27	1,470	7	100	8	595	11	0	10	75	5	43	4	4	0	4	0	4	0	0
30	Sikkim	2	11	1	0	4	27	4	4	4	4	1	0	1	0	1	0	1	0	2	25
31	Tamil Nadu	7	70	7	70	7	70	23	296	17	296	2	0	27	508	2	508	0	522	9	0
32	Telangana	4	330	4	330	4	330	10	330	10	330	4	0	4	96	4	96	4	96	3	140
33	Tripura	5	69	5	45	5	240	4	4	4	4	6	68	6	68	5	68	5	68	6	75
34	Uttar Pradesh	52	970	5	285	6	402	21	282	23	142	4	132	8	136	NA	NA	NA	NA	0	0
35	Uttarakhand	1	13	1	4	6	13	0	0	0	0	2	20	4	13	4	13	4	13	0	0
36	West Bengal	6	855	6	538	4	412	5	0	6	188	2	74	5	21	5	21	5	21	0	0
Total		525	7,215	275	5,113	411	5,135	325	2,360	330	2,964	167	1,338	312	4,629	193	3,771	122	1,203		



## Status of Jan Arogya Samiti

SN	State/UT	Status of JAS at HWC - Sub Health Centre					Training of JAS (Cumulative)		Status of JAS at HWC - Primary Health Center					Training of JAS (Cumulative)			
		Target for JAS formation (at SHC Level)	No. of JAS - Formed (at SHC Level)	% of JAS Formed	No. of JAS with bank account	Average no. of member per JAS	Total number of JAS trained	Total no. of JAS members trained	Target for JAS formation (at PHC Level)	No. of JAS - Formed (at PHC Level)	% of JAS Formed	No. of JAS with bank account	Number of members per PHC-JAS (State norm) atleast 15-20	Total number of JAS trained	Total no. of JAS members trained		
1	A & NI	102	102	100	102	15	102	510	22	22	100	0	15	0	0		
2	Andhra Pradesh	10,032	10,032	100	10,032	12	10,032	1,00,320	1,145	1,145	100	1,145	15	1,145	2,290		
3	Arunachal Pradesh	88	88	100	0	7	0	417	117	91	78	77	7	0	195		
4	Assam	3,351	2,917	87	2,917	9	2,917	8,751	1,072	878	82	878	14	878	2,634		
5	Bihar	2,500	2,214	89	2,214	9	2,356	21,204	1,248	142	11	142	16	2,356	33,210		
6	Chandigarh	14	13	93	0	14 to 15	13	189	29	29	100	0	14 to 15	29	421		
7	Chhattisgarh	4,448	4,448	100	4,448	10 to 12	0	0	769	769	100	769	10 to 12	0	0		
8	DD & DNH	80	80	100	0	5 to 6	92	192	12	12	100	0	5 to 6	93	225		
9	Delhi	Not Applicable															
10	Goa	130	8	6	0	130	134	24	58	Under process						819	819
11	Gujarat	7,756	6,997	90	6,997	10 to 15	6,997	6,997	1,475	819	56	819	10 to 15	819	819		
12	Haryana	1,425	1,415	99	1,415	12 to 13	1,415	10,306	391	391	100	391	12 to 13	230	2,026		
13	Himachal Pradesh	1,573	882	56	882	10 to 12	0	0	573	540	94	540	45,270	0	0		
14	J & K	2,073	1,944	94	2,010	8 to 12	1,362	4,485	923	641	69	469	8 to 12	394	2,007		
15	Jharkhand	1,446	1,446	100	1,204	10	1,446	4,338	116	116	100	58	10	116	348		
16	Karnataka	6,182	0	0	0	0	0	0	2,156	2,156	100	2,156	16	0	0		
17	Kerala	5,409	815	15	815	8 to 10	0	1,762	947	947	100	947	8 to 10	0	0		
18	Ladakh	288	288	100	288	16	300	1,596	33	32	97	32	16	32	191		
19	Lakshadweep	7	Under Process							6	2	33	0	10	2	20	
20	Maharashtra	8,399	7,914	94	7,914	15-17	3,870	3,683	1,839	1,077	59	1,077	15-17	870	683		
21	Manipur	293	278	95	278	16	278	2,629	85	70	82	70	16	70	1,344		
22	Meghalaya	467	341	73	341	10 to 15	273	3,262	115	113	98	113	10 to 15	101	910		
65	Mizoram	322	301	93	301	10	301	903	60	57	95	57	10	57	171		
24	Madhya Pradesh	9,387	6,399	68	6,399	17 to 18	6,399	95,658	935	231	25	231	17 to 18	231	3,922		
25	Nagaland	301	301	100	301	10	0	0	82	82	100	82	10	0	0		
26	Odisha	5,400	5,054	94	5,054	15-20	5,054	23,326	1,288	1,191	92	1,150	15-20	6,596	17,865		
27	Puducherry	74	0							24	0						
28	Punjab	2,484	2,484	100	2,484	18-20	2,484	2,484	480	480	100	0	18-20	0	0		
29	Rajasthan	11,341	2,996	26	0	15	0	0	2,092	354	17	0	15	0	0		
30	Sikkim	147	147	100	147	16	147	1,470	24	24	100	24	16	0	0		
31	Tamil Nadu	5,215	0	0	0	0	0	0	1,422	0	0	0	0	0	0		
32	Telangana	3,206	3,206	100	3,206	12	1,763	0	636	636	100	636	12	636	0		
33	Tripura	956	868	91	868	5 to 10		1,280	120	120	100	120	5 to 10		670		
34	Uttar Pradesh	17,883	17,883	100	17,883	7 to 8	4,000	4,307	2,823	2,823	100	2,823	7 to 8	444	444		
35	Uttarakhand	1,377	1,377	100	986	15 to 17	0	0	405	403	99.5	214	15 to 17	0	0		
36	West Bengal	8,093	Not Initiated							909	Not Initiated						
Total		1,22,249	83,238	68	79,486	291	51,735	3,00,093	24,431	16,393	67	15,020	202	15,099	70,395		

# Status of Village Health Sanitation & Nutrition Committee

SN	State /UT	Village Health Sanitation and Nutrition Committee (VHSNC)												Training of VHSNC (Cumulative)		
		Status of VHSNC					VHSNC Bank Account							Total number of VHSNC trained	% of VHSNC Trained	Total no. of VHSNC members trained
		Level of formation of VHSNC (GP/Village or Revenue village )	No. of VHSNCs - Target	No. of VHSNCs - Formed	% of VHSNC Formation	No. of members per VHSNC	No. of VHSNCs with bank account	% of VHSNC with bank account	No. of VHSNCs with ASHA as member secretary	In case, ASHAs are not member secretary then specify (ANM / AWW/ any other)	No. of VHSNCs with ASHA as joint secretary of bank account					
1	A & NI	Village	275	275	100	6	275	100	275	NA	275	275	100	1,650		
2	Andhra Pradesh	Gram panchayat	13,324	13,324	100	10 to 12	13,324	100	13,324	NA	13,324	13,324	100	1,33,240		
3	Arunachal Pradesh	Revenue Village	4,068	3,772	93	6 to 10	3,318	88	3,772	NA	3,318	2,152	57	4,304		
4	Assam	Revenue Village	28,149	28,149	100	15	28,149	100	28,149	NA	28,149	28,149	100	56,298		
5	Bihar	Gram Panchayat	8,410	8,398	100	5 to 7	8,398	100	NA	ANM	NA	8,398	100	45,590		
6	Chandigarh						Not Applicable									
7	Chhattisgarh	Revenue Village	20,000	19,180	96	18	19,180	100	19,180	NA	19,180	19,180	100	2,02,771		
8	DD & DNH	Village	98	98	100	7 to 12	93	95	0	AWW	0	98	100	826		
9	Delhi						Not Applicable									
10	Goa	GP/Village	218	218	100	10	218	100	NA	NA	NA	218	100	2,180		
11	Gujarat	Revenue vill age	17,640	17,587	100	11 to 15	17,587	100	17,587	NA	17,587	16,046	91	1,23,520		
12	Haryana	Revenue Vill age	6,049	6,049	100	15	6,049	100	0	AWW	6,049	6,049	100	61,000		
13	Himachal Pradesh	Village	7,964	7,916	99	4	7,916	100	7,916	NA	7,916	7,916	100	16,990		
14	Jammu & Kashmir	Revenue Village	6,242	6,206	99	8 to 12	6,206	100	6,206	NA	6,206	6,202	100	16,990		
15	Jharkhand	Revenue Village	30,012	29,635	99	10 to 15	29,635	100	29,635	NA	29,635	55,623	188	27,666		
16	Karnataka	Revenue Village	26,023	26,023	100	15	26,023	100	25,613	NA	25,613	21,843	84	43,672		
17	Kerala	Ward level	21,900	21,900	100	15	21,900	100	0	MPW	0	21,900	100	2,62,800		
18	Ladakh	Revenue Village	247	247	100	11	247	100	0	ANM	247	0	0	0		
19	Lakshadweep	Revenue Village	10	9	90	6	0	0	NA	MPW	NA	9	100	9		
20	Maharashtra	Revenue Village	39,723	39,723	100	15-20	39,723	100	39,723	ASHA	39,723	17,087	43	31,943		
21	Manipur	Village	3,878	3,878	100	12	3,878	100	3,878		3,878	3,878	100	40,698		
22	Meghalaya	Revenue Vill age	6,786	6,480	95	15-20	1,930	30	NA	NA	NA	6,480	100	40,698		
65	Mizoram	Village level	872	866	99	15	866	100	866	NA	866	866	100	1,732		
24	Madhya Pradesh	Revenue Village	50,567	47,967	95	15	47,967	100	47,967	NA	47,967	42,566	89	2,12,830		
25	Nagaland	Revenue Village	1,360	1,360	100	15	1,360	100	1,360	NA	1,360	1,360	100	3,444		
26	Odisha	Revenue Vill age	46,064	46,064	100	15 to 20	46,064	100	NA	AWW	46,064	46,064	100	2,72,500		
27	Puducherry	Revenue Vill age	100	100	100	7	99	99	NA	ANM	NA	1	1	28		
28	Punjab	Revenue Village	12,968	12,968	100	10 to 15	12,968	100	12,968	NA	12,982	12,968	100	73,546		
29	Rajasthan	Revenue Village	43,440	40,921	94	15	36,947	90	NA	NA	0	0	0	0		
30	Sikkim	Village	641	641	100	10	641	100	641	NA	641	641	100	6,410		
31	Tamil Nadu	Village	15,015	15,015	100	15	12,583	84	1,116	ANM	760	15,015	100	45,979		
32	Telangana	Gram Panchayat	12,769	10,430	82	15 to 19	10,430	100	-	ANM	0	10,430	100	1,04,300		
33	Tripura	Gram Panchayat	1,178	1,178	100	10 to 15	1,178	100	NA	ANM/CHO	0	1,178	100	3,534		
34	Uttar Pradesh	Revenue Village	76,768	76,706	100	14	76,706	100	76,706	NA	76,706	596	1	2,304		
35	Uttarakhand	Revenue Village	14,915	14,915	100	15	14,915	100	14,915	NA	14,915	11,775	79	20,310		
36	West Bengal	Gram Samsad	49,008	48,429	99	15	45,763	94	NA	ANM	NA	48,429	100	6,43,316		
Total			5,66,681	5,56,627	98	98	5,42,536	97	3,51,797		3,31,684	4,26,716	77	25,03,118		

## Status of Mahila Arogya Samiti

SNo.	State/UT	Mahila Arogya Samiti (MAS)									
		Status of MAS as on 31st March 2023					Training of MAS				
		No. of cities where MAS is proposed	Target for MAS formation	No. of MAS formed	% of MAS formed	No. of members per MAS (State norm)	No. of MAS with bank account	% of MAS with bank account	Total number of MAS trained	% of MAS trained	Total no. of MAS members trained
1	A & NI	1	25	25	100	5	25	100	25	100	125
2	Andhra Pradesh	74	10,440	10,440	100	10 to 12	10,440	100	10,440	100	92,007
3	Arunachal Pradesh	2	92	80	87	8 to 10	80	100	80	100	80
4	Assam	14	658	658	100	10	658	100	658	100	6,590
5	Bihar	27	843	746	88	10 to 12	675	90	322	48	3,220
6	Chandigarh					Not Applicable					
7	Chhattisgarh	20	3,771	3,754	99.5	10	3,754	100	3,748	100	31,762
8	DD & DNH	18	18	18	100	11	0	0	18	100	210
9	Delhi	11	110	103	94	10 to 12	98	95	98	100	910
10	Goa	4	12	9	75	5 to 20	9	100	9	100	93
11	Gujarat	79	7,829	7,255	93	10	7,117	98	6,106	86	59,423
12	Haryana	1	54	50	93	12	50	100	50	100	500
13	Himachal Pradesh	3	40	11	28	4	11	100	11	100	15
14	Jammu & Kashmir	7	220	220	100	10	197	90	197	100	970
15	Jharkhand	22	1,018	1,018	100	10 to 12	1,018	100	950	93	2,850
16	Karnataka	80	4,071	4,071	100	10 to 12	4,071	100	4,071	100	34,922
17	Kerala	56	2,373	1,273	54	10 to 12	956	75	956	100	4,376
18	Ladakh					0					
19	Lakshadweep					Not Applicable					
20	Maharashtra	95	9,617	6,611	69	8	5,541	84	1,180	21	12,122
21	Manipur	3	736	409	56	5	409	100	409	100	818
22	Meghalaya	4	123	120	98	10 to 12	120	100	120	100	748
65	Mizoram	3	65	65	100	10 to 20	65	100	50	77	700
24	Madhya Pradesh	68	5,350	3,872	72	20	3,680	95	3,742	102	44,904
25	Nagaland	5	113	84	74	6 to 10	84	100	84	100	704
26	Odisha	47	3,387	3,387	100	11 to 15	3,387	100	3,387	100	38,604
27	Puducherry	1	108	0	0	15	0	0	0	0	0
28	Punjab	40	3,499	3,499	100	10 to 12	3,499	100	3,499	100	20,411
29	Rajasthan	61	4,718	4,718	100	10	4,718	100	4,718	100	47,180
30	Sikkim	2	35	35	100	10	35	100	35	100	350
31	Tamil Nadu	11	3,349	3,349	100	10 to 12	1,116	33	1,025	92	10,250
32	Telangana	42	11,000	7,785	71	10 to 12	7,785	100	3,062	39	472
33	Tripura	3	257	257	100	12	257	100	257	100	1,856
34	Uttar Pradesh	139	10,625	7,534	71	10	5,608	74	6,367	114	12,734
35	Uttarakhand	10	1,116	1,116	100	10 to 12	1,116	100	884	79	2,800
36	West Bengal	91	11,792	10,304	87	8 to 12	10,053	98	10,272	102	1,06,026
Total		1,044	97,464	82,876	85	10	76,632	92	66,830	81	5,38,260

# Status of Social Security Scheme for ASHAs

SN	State/UT	ASHAs (NRHM +NUHM) Eligible for Social Security Schemes				ASHAs (NRHM +NUHM) enrolled in Social Security Schemes-till 31st March 2023				ASHA Facilitator Eligible for Social Security Schemes				ASHA Facilitator enrolled in Social Security Schemes-till 31st March 2023			
		Pradhan Mantri Suraksha Bima Yojana	Pradhan Mantri Jeevan Jyoti Bima Yojana	Pradhan Mantri Shram Yogi Maan Dhan	Pradhan Mantri Suraksha Bima Yojana	%	Pradhan Mantri Jeevan Jyoti Bima Yojana	%	Pradhan Mantri Shram Yogi Maan Dhan	Pradhan Mantri Jeevan Jyoti Bima Yojana	%	Pradhan Mantri Suraksha Bima Yojana	%	Pradhan Mantri Jeevan Jyoti Bima Yojana	%	Pradhan Mantri Shram Yogi Maan Dhan	%
1	A & NI																
2	Andhra Pradesh																
3	Arunachal Pradesh	4,170	4,170	0	1,958	47	1,772	42	0	351	0	351	0	126	36	133	38
4	Assam	28,079	25,973	NA	28,079	100	25,973	100	0	2,278	0	2,278	0	2,239	98	2,278	100
5	Bihar	61,886	59,495	54,337	18,349	30	15,575	26	22,197	3,440	41	3,410	3,440	1,288	38	1,315	39
7	Chhattisgarh	46,354	46,354	46,354	46,042	99	13,251	29	42,694	2,835	92	2,835	2,835	2,719	96	998	35
8	DD & DNH	334	334	314	320	96	320	96	256	NA	82	NA	NA	NA	NA	NA	NA
9	Delhi	6,053	5,441	2,931	3,261	54	3,198	59	369	NA	13	NA	NA	NA	NA	NA	NA
11	Gujarat	34,150	31,854	26,803	33,367	98	31,534	99	23,958	3,256	89	3,256	3,060	3,098	95	3,043	99
12	Haryana	19,916	18,066	13,902	11,898	60	9,686	54	11,101	580	80	530	352	517	89	442	83
13	HP	7,829	7,702	5,776	5,961	76	6,072	79	4,220	NA	73	NA	NA	NA	NA	NA	NA
14	J & K	11,626	10,804	6,104	10,589	91	9,589	89	4,351	NA	71	NA	NA	NA	NA	NA	NA
15	Jharkhand	37,672	34,482	24,489	37,672	100	34,482	100	22,508	2,295	93	2,295	2,045	2,295	100	2,045	100
16	Karnataka	41,013	38,770	22,256	38,808	95	37,875	98	11,618	NA	52	NA	NA	NA	NA	NA	NA
17	Kerala	19,607	14,053	3,232	14,968	76	9,187	65	837	NA	26	NA	NA	NA	NA	NA	NA
18	Ladakh	228	0	358	228	100	0	0	317	NA	89	NA	NA	NA	NA	NA	NA
19	Lakshadweep	104	104	NIL	104	100	104	100	NA	NA	NA	NA	NA	NA	NA	NA	NA
20	Maharashtra	63,317	63,317	45,912	56,209	89	52,659	83	38,262	3,435	83	3,435	3,435	2,752	80	2,749	80
21	Manipur	3,431	3,453	3,431	3,431	100	378	11	468	NA	NA	NA	NA	NA	NA	NA	NA
22	Meghalaya	6,251	5,874	4,418	1,822	29	2,415	41	2,275	291	51	291	258	101	35	129	50
23	Mizoram	1,091	811	0	1,091	100	811	100	0	109	0	109	99	109	100	99	100
24	MP	69,450	69,450	44,364	40,441	58	33,153	48	20,780	5,214	47	5,214	5,214	3,650	70	4,328	83
25	Nagaland	1,988	1,752	NA	1,569	79	1,472	84	NA	NA	NA	NA	NA	NA	NA	NA	NA
26	Odisha	47,051	38,258	20,998	46,178	98	35,911	94	18,698	NA	89	NA	NA	NA	NA	NA	NA
27	Puducherry	328	328	296	245	75	246	75	217	NA	73	NA	NA	NA	NA	NA	NA
28	Punjab	20,139	19,436	15,464	2,481	12	3,408	18	2,704	853	17	853	798	174	20	155	19
29	Rajasthan	47,396	44,801	38,828	42,872	90	38,614	86	28,959	NA	75	NA	NA	NA	NA	NA	NA
30	Sikkim	676	654	365	82	12	56	9	0	NA	0	NA	NA	NA	NA	NA	NA
31	Tamil Nadu	2,184	2,151	1,727	1,729	79	1,764	82	1,144	NA	66	NA	NA	NA	NA	NA	NA
32	Telangana	25,542	22,297	16,375	19,527	76	14,627	66	10,758	NA	66	NA	NA	NA	NA	NA	NA
33	Tripura	6,461	7,318	3,917	6,423	99	7,212	99	3,890	393	99	393	426	378	96	412	97
34	UP	1,56,337	1,33,017	1,05,059	77,516	50	75,547	57	80,248	7,078	76	7,078	6,245	4,239	60	4,025	64
35	Uttarakhand	11,825	10,545	5,553	10,344	87	9,853	93	3,616	588	65	588	557	569	97	525	94
36	West Bengal	55,695	45,749	24,311	2,528	5	1,662	4	1,214	NA	5	NA	NA	NA	NA	NA	NA
	Total	8,38,183	7,66,813	5,37,554	5,66,092	68	4,78,406	62	3,57,659	32,966	67	31,475	22,319	24,254	74	22,676	72
																16,293	73





## **ASHA Incentives under National Health Mission**

ASHA Incentive for Routine and Recurrent Activities				
SN	Activities	Amount in Rs. /Case	Source of Fund & Fund Linkages	Documented in
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 meetings of VHSNC/MAS	Rs. 150		
3	Attending monthly meetings 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		
ASHA Incentives under National Health Program				
I	Maternal Health			
	JSY financial package			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/MCH; Maternal Health Division; 14th Feb-2013
II	Child Health			
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

<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>2</sup> This incentive is provided only on completion of 45 days 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.

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	<ul style="list-style-type: none"> <li>- Rs. 100/- per referring SAM child with medical complication to NRCs</li> <li>- 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)</li> <li>- Rs. 50/- per SAM child in case child is declared free of SAM status after completion of all follow ups</li> </ul>		Order on revised rate of ASHA incentives- D.O-V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022
4	Ensuring quarterly follow up of low-birth-weight babies and newborns discharged after treatment from Specialized newborn Care Units <sup>3</sup>	Rs. 50/ Quarter-from the 3 <sup>rd</sup> month until 1 year of age		D.O- Z.28020/187/2012-CH, MOHFW- would be subsumed with HBYC incentive
5	Child Death Review for reporting child death of children under 5 years of age	Rs. 50		Operational Guidelines for Child Death Review- 2014
6	For mobilizing and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	Rs. 100/ ASHA/Bi-Annual		Operational Guidelines for National Deworming Day Jan-2016
7	Week-1-ASHA incentive for prophylactic distribution of ORS to families with under-five children	Rs. 1 per ORS packet for 100 under five children		Operational Guidelines for Intensified
8	Week-2- ASHA incentive for facilitating growth monitoring of all children in village; screening and referral of	Rs. 100 per ASHA for completing at least 80% of household		Diarrhoea Control Fortnight – June-2015

<sup>3</sup> This incentive will be subsumed with the HBYC incentive subsequently

	undernourished children to Health centre; IYCF counselling to under-five children household			
9	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding-Quarterly mother meeting	Rs. 100/ASHA/ Quarterly meeting		Operational Guidelines for Promotion of Breastfeeding-MAA -2016
<b>III Immunization</b>				
1	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool	Order on Revised Financial Norms under UIP-T.13011i01/2077-CC-May-2012
2	Complete immunization per child up-to two years age (all vaccination received between 1 <sup>st</sup> & 2 <sup>nd</sup> year of age after completing full immunization after one year	Rs. 75 <sup>4</sup>		Order no – T.13011/01/2012/-CC& V
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day <sup>5</sup>	IPPI funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	DPT Booster at 5-6years of age	Rs.50	Routine Immunization Pool	Order-T.13011/01/2012/-CC& V
<b>IV Family Planning</b>				
1	Ensuring spacing of 2 years after marriage <sup>6</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	Rs. 500		
3	Ensuring a couple to opt for permanent limiting method after 2 children <sup>7</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,		Revised Compensation package for Family

<sup>4</sup> Revised from Rs. 50 to Rs, 75

<sup>5</sup> Revised from Rs 75/day to Rs 100/day

<sup>6</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>7</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

		Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana, and Gujarat) Rs.300 in 146 MPV districts Rs. 150 in remaining states		Planning- September DO-N 11026/11/2014-FP – 2014
5	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana, and Gujarat) and 400 in 146 MPV districts and Rs. 200 in remaining states		
6	Female Postpartum sterilization	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana, and Gujarat) and 400 in 146 MPV districts		
7	Social marketing of contraceptives- as home delivery through ASHAs	Rs. 1 for a pack of 03 condoms, Rs. 1 for a cycle of OCP, Rs. 2 for a pack of ECPs		Guidelines on home delivery of contraceptives by ASHAs-Aug-2011-N 11012/3/2012-FP
8	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
9	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case		Order on revised rate of ASHA Incentives -2016
<b>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)</b>				
10	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly	Rs. 100 per dose	Family planning- RCH- NHM Flexi Pool	D.O.No.N. 110023/2/2016-FP



	centchroman pill (Chhaya) - Incentive to ASHA			
11	Mission Parivar Vikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct eligible couple survey- maximum four rounds	Rs. 150/ ASHA/round		
12	Nayi Pahel- an FP kit for newlyweds- a FP kit would be given to the newlywed couple by ASHA (In initial phase ASHA may be given 2 kits/ ASHA)	Rs. 100/ASHA/Nayi Pahel kit distribution		
13	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting		
14	Updating of EC survey before each MPV campaign- Note-updating of EC survey register incentive is already part of routine and recurring incentive	Rs.150/ASHA/Quarterly round		
V	Adolescent Health			
1	Distributing sanitary napkins to adolescent girls	Rs. 1/ pack of 6 sanitary napkins	Menstrual hygiene Scheme–RCH – NHM Flexi pool	Operational guidelines on Scheme for
2	Organizing monthly meetings with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting	VHSNC Funds	Promotion of Menstrual Hygiene August-2010
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		
VI	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
VII	National Tuberculosis Elimination Programme (NTEP) <sup>8</sup>			
	Honorarium and counselling charges for being a DOTS provider		NTEP Funds	Order on revised rate of ASHA

<sup>8</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

1	For Category I of TB patients (New cases of Tuberculosis)	Rs. 1000 for 42 contacts over six or seven months of treatment		incentives-D.O. No. P17018/14/13-NRHM-IV
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		
4	For notification if suspect referred is diagnosed to be TB patient by MO/Lab <sup>9</sup>	Rs.100		National Tuberculosis Elimination Program
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
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		
VIII	National Leprosy Eradication Programme <sup>10</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)		
IX	National Vector Borne Disease Control Programme			

<sup>9</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.

<sup>10</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.

A)	National Malaria Control Program <sup>11</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>12</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>13</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- February-2015
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		D.O- V.11011/1/2022-

<sup>11</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>12</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>13</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% 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.

		diagnosis and Rs. 300/- after treatment completion) in all 4 Kala-azar endemic states		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 be 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>X</b>	<b>Anaemia Mukht Bharat</b>			
1	ASHA incentive for mobilizing children 6-59 months, WRA and post-partum lactam women	Rs. 15/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>XI</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 initiation 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>XII</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
XIII	ASHA Certification			
	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
XIV	Facilitating creation and seeding of ABHA ID in various IT Portals			
	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



## **State-Specific Incentives for ASHA from State Funds**

S. No	State/UT	State specific fixed/top up incentive to ASHAs from State Fund
1	A & NI	Rs. 500 (As per the policy of Andaman & Nicobar Administration, an incentive of Rs. 500/- per month is being provided to every ASHA for the betterment of villagers as per the guidelines)
2	Andhra pradesh	Provides balance amount to match the total incentive of Rs.10, 000/PM/ASHA
3	Arunachal Pradesh	Rs. 2000 Per Month (100% top-up, frequency of disbursement quarterly)
4	Bihar	Additional performance based incentives of Rs. 1000/- (One Thousand) per month from the State Fund for Immunization ,Child Health, Maternal Health and Family planning, attending meetings etc. ASHA Facilitators also receives Rs. 1000/- per month from state fund if 50 % of ASHAs in their Coverage Areas.
5	Chhattisgarh	75% of matching amount of incentives from state fund over the incentives earned by ASHA.
6	Delhi	Core incentives is Rs. 3000/- per month for functional ASHA plus certain state specific activity incentives.
7	Gujarat	50% TOP UP/ per month over total GOI incentive and Rs. 2500/month fix Incentive
8	Haryana	Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additional linked with performance of 05 Major RCH activities
9	Himachal Pradesh	Rs. 4700/- (State incentive has been increased by Rs. 500/-, therefore, total incentive payable w.e.f. April, 2023 is Rs. 5200/-)
10	Jharkhand	Top up of Rs. 1000/- on performance based incentive of 14 key indicator
11	Karnataka	The State Govt is providing Rs.5000 per month as Monthly fixed honararium to ASHAs
12	Kerala	Rs. 6000 per month as ASHA Honorarium from state government fund
13	Maharashtra	Rs. 3500/month/ASHA
14	Manipur	Rs. 1000/- per ASHA/month.
15	Meghalaya	State Fixed Incentive - Rs. 2000/month and State Covid Incentive - Rs. 1000/- pm
16	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)
17	Odisha	1000/- per month as conditional assured incentive
18	Puducherry	Fixed amount of Rs.3000/ASHA
19	Punjab	2500 Per Month Per ASHA/ASHA Facilitator
20	Rajasthan	Rs. 1650/ASHA/Month from State Govt Fund
21	Sikkim	Monthly fixed honorarium of Rs 6000/- disburse from State Fund, recently Government of Sikkim announce hike in fixed honorarium from Rs 6000/- to Rs 10000/-
22	Tamil Nadu	NCD incentive - Rs.500
23	Telangana	Rs. 6750/month
24	Tripura	Top up @100 % on 8 specific work and 33.33% on NHM work from State exchequer and @ Rs.1000/ fixed for each ASHA and AF.
25	Uttar Pradesh	Rs. 1500 per month (State Budget Incentive linked with Incentive for Routine Activity)
26	Uttarakhand	Rs. 3000/month state incentive
27	West Bengal	Monthly Fixed Honorarium of Rs. 4500 for all functional rural ASHAs

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### **Namaste!**

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