| Rationale: | The Government of India has launched National Rural Health Mission (NRHM) to address the health needs of rural population, especially the vulnerable section of the society. The sub-centre which is the peripheral level of contact with the community under the public health infrastructure caters to a large population of 5000. The ANM is overworked, which impacts upon outreach services in rural areas. 

To complement the work of ANM, ASHA (the Accredited Social Health Activist) is selected through a selection process to fill the gaps in the health care delivery system. She is a volunteer who acts as a bridge between the community and the available health care system. The ASHA strengthens the link between health sector and community. She is working towards catalysing behavioural change in rural and tribal areas of the state. ASHA is contributing towards enhancing quality of life with focus on health nutrition, sanitation, drinking water etc. The village health and sanitation committee will oversee monitoring and support ASHA. 

In the year **05-06 and 06-07** ASHAs have been selected on the basis of Anganwadi Centres in the state. A total of **34324** were to be selected by March 07. As of now, a total of **12730 in 05-06** and **20897 in 06-07 with all total of 33627** have been selected. Therefore, it is proposed that the induction training cost of ASHAs to be provided in 2007-08 (Funds for training of 30% ASHAs projected in 2006-07). Further the 2\(^{nd}\), 3\(^{rd}\), and 4\(^{th}\) module training of the second batch of ASHAs also has to be undertaken. The drug kit for replenishment of drugs for 12730 and provision of new drug kit to newly selected ASHAs has to be provided. Lastly, selection of another 3164 ASHAs in new Anganwadi centers shall be done this |
In the State the already trained ASHAs are currently doing their job and they have assisted over 72000 JSY beneficiaries. Further, they are motivating women for sterilisation and immunization of children. They are also being utilized for motivating people for household toilets in the villages.

| Objectives: | ♦ Create awareness on health and its social determinants.  
♦ Mobilize the community towards local health planning.  
♦ Increase utilization and accountability of the existing health services.  
♦ Promote good health practices.  
♦ Provide a minimum package of curative care as appropriate and feasible for that level.  
♦ Undertaking timely referrals. |

| Strategy: | The ASHA is appointed to take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygiene practices, healthy living condition for working conditions, information on existing health services and timely utilization of health & family welfare services.  

She will counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including RTI/STI and care of young child.  

ASHA will mobilize the community and facilitate them in accessing health and its related services available at the
Anganwadi/Sub-center/primary health centers.

She will assist the Village health & sanitation committee of the Gram panchayat to develop a comprehensive village health plan.

She will escort/accompany pregnant women & children requiring treatment / admission to the nearest pre-identified health facility i.e. PHC/CHC/FRU.

ASHA will provide primary medical care for minor ailments such as diarrhoea, fever, and first aid for minor injuries, work as provider of DOTS under RNTCP. She will also act as depot holder for essential provisions which will be made available to every habitation.

She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Center/Primary Health Centre. Besides, she will also promote construction of household toilets under Total Sanitation Campaign.