



Role of Stakeholders & Committees at Different Levels

[Major Stakeholders]

- Accredited Social Health Activist (ASHA)
- Auxillary Nurse Midwife (ANM)
- Anganwadi Workers (AWW)
- Panchayati Raj Institutions (PRI)
- Non-governmental Organisations (NGO's)
- District Administration
- State Governments

[ASHA]

- Health activist in community
- Counsel women on birth preparedness
- Mobilise community & facilitate them in accessing health & health related services available at Anganwadi/sub-centre/primary health centers
- Depot holder for essential provisions like ORS, IFA, chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc
- Receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes & construction of household toilets.

[ANM]

- Act as resource persons for initial & periodic training & also ensure that during training ASHA gets compensation for performance & also TA/DA for attending training schedule
- Hold weekly/fortnightly meeting with ASHA & provide on-job training by discussing activities undertaken during the week/fortnight & provide guidance in case ASHA encounters any problem
- Guide ASHA in bringing beneficiary to outreach session.
- She will utilize ASHA in motivating pregnant women for coming to Sub-Centre for initial check-ups and also take ASHA's help in bringing married couples to sub centres and motivating pregnant women for taking full course of Iron and Folic Acid (IFA).

[AWW]

- Will guide ASHA in performing activities such as organising Health Day once/twice a month at Anganwadi Centre & orientating women on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of immunisation etc.
- Depot holder for drug kits & will issue it to ASHA
- ASHA will support the AWW in mobilizing pregnant and lactating women and infants for nutrition supplement. She would also take initiative for bringing the beneficiaries from the village on specific days of immunisation, health check-ups/health days etc. to Anganwadi Centres

Panchayati Raj Institutions

- ASHA would be accountable to the community through the Gram Panchayat.
- Village Health & Sanitation Committee (VHC), the standing committee of the Gram Panchayat (GP)
 - Provide oversight of all NRHM activities at the village level
 - Developing the Village Health Plan
 - Support of the ANM, ASHA, AWW and Self Help Groups
- Block level Panchayat Samitis will co-ordinate the work of the GP in their jurisdiction & serve as link to the DHM.
- DHM will be led by the Zila Parishad and will control, guide and manage all public health institutions in the district.

Non-Governmental Organisations

- In institutional arrangements at National, State and District Level
- Standing Mentoring Group for ASHA
- Member of Task Groups
- Provision of Training, BCC and Technical Support for ASHAs / DHM
- Health Resource Organizations
- Service delivery for identified population groups on select themes
- For Monitoring, Evaluation and Social Audit

[District Administration]

- Constitution of District Health Mission
- Preparation of integrated District Action Plan
- Constitution of HMS for district hospital, CHCs & PHCs
- Opening Joint Account of ANM & Sarpanch to manage Untied Fund
- Facilitation of village health planning

State Government

- Establish State and District Health Missions
- Integrate the multiple Societies for Health and Family Welfare Programmes at State and District levels
- Formulate State Action Plan
- Commit to undertake systemic reform, including devolution of powers to Panchayati Raj Institutions and decentralization of the programme to district levels
- Ensure smooth fund flow,
- Technical and MIS support

Committees at Different Levels

