

5. ASHAs will mobilise the community and facilitate them in accessing health related services available at the Anganwadi/sub-centre/primary health centers. A prompt payment of performance based incentives which are adequate to enable an ASHA working in a population of 1000 to earn atleast Rs.,3000 per month. In difficult areas where she serves population of less than 1000, additional incentives may be provided by States, after notification. States have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/hilly and difficult areas. (Para 5.5.1.1, 5.5.1.3, D.O No. 17014/9/13-Eco dated 11<sup>th</sup> July 2014, Ministry of Tribal Affairs, Minutes of Mission Steering Group of NHM, 20<sup>th</sup> December 2013- nrhm.gov.in)
6. Mobile Medical Units (MMUs) to take health services to remote, far flung, difficult to reach areas shall be supported. The pattern of MMUs will depend on the geography and could provide a package of services equivalent to a primary health centre, and have the necessary HR, equipment and supplies. The applicable norm is 5 MMUs per district based on population criteria. However this can be further relaxed for hilly & tribal areas. (Para 5.4.11)
7. "Time-to-care": Health care delivery facilities should be within 30 minutes of walking distance, from habitation, implying that additional sub-centres where population is dispersed would need to be created. There is an assured sub centre team per population of 5000 and for 3000 in hilly, desert and tribal areas. (Para 5.4.6)
8. The VHSNC will be a sub-committee or a standing committee of the GramPanchayat, shall be supported to develop village health Plan. The VHSNC will also monitor the services provided by the Anganwadi Worker, the ASHA, and the sub-centre. (Para 5.5.2)
9. ASHAs, ANMs, and other frontline health workers will be trained in the critical areas of sanitation, safe drinking water, health and hygiene. This will also be an important component of the training curriculum for the Rashtriya Bal Swasthya Karyakram (RBSK) teams. (Para 5.5.4.3)
10. One major social determinant of health is gender. Mainstreaming gender concerns shall be done by sensitizing providers and mid level managers to gender issues, and making facility level care women friendly, both as patients or care givers. (Para 5.5.4.6)