

Enhancing Gender-Responsive Health Services through Open and Digital Learning in India

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1. Introduction

India strives for Universal Health Coverage (UHC) where that all people have access to the full range of quality health services, when and where they need them, in affordable means. India's achievements towards UHC while striving to reach Sustainable Development Goals(SDG)-3 targets related to Health and well-being for all, has been significant. The progress has been praiseworthy but challenges remain in ensuring gender equity and social inclusion. UHC can only truly be achieved if gender and other drivers of inequalities within health systems are actively considered and addressed.

Gender remains the key social determinant of health services where access to services and provision of quality health care is effected by gender norms and stereotypes. Health systems are not gender neutral structures and processes of oppression and discrimination that exist in society do get reproduced in health systems implicitly or explicitly. Thus, bridging gender inequalities is a pre-requisite to achieving UHC and building gender sensitive health systems.

Digital Health can improve access to health care facilities, extend and expand health care coverage and improve quality is a well-known reality but digital health can also ensure gender and social inclusion as a bonus benefit is not too well researched or understood. Gender equality in digitalization entails structural and transformative changes that involve every aspect of digital governance and every actor in the digital ecosystem. It means ensuring that all voices and perspectives are heard, including those of gender and ICT experts. Mainstreaming gender in the design and implementation of national digital strategies is essential for an equitable and gender-responsive health services(UNDP 2021)

A gender sensitive approach aims to reduce health inequities and ensure equitable access to quality healthcare services for all, including women, men, and transgender individuals. Gender Responsive Health(GRH) services can improve health outcomes and the quality of care received by beneficiaries.

2. Components of gender responsive health services.

A gender-sensitive health system acknowledges and addresses the diverse health needs and experiences of individuals based on their gender, recognizing that gender norms, roles, and relations significantly influence health outcomes. (World Health Organization, n.d.) Some of the components of GRH are

- Ensuring Gender responsive policies
- Creating Gender inclusive Services
- Enhancing equitable -and non-discriminatory access to services
- Building capacities for enhancing quality of gender sensitive services
- Community Engagement to boost demand for quality health services
- Monitoring and tracking of gender sensitive services.

Recognizing that gender norms, roles, and relations can affect access to healthcare, health-seeking behaviour, and health outcomes, India pushed for integration of gender its digital and online learning mechanisms/tools to address gender inequalities. Digital healthcare infrastructure in India has evolved significantly to bridge the gaps in healthcare services, leveraging technology in the form of telemedicine, electronic health records (EHRs), and artificial intelligence (AI)-driven diagnostics. This paper attempts to explore and enumerate the open and digital leaning mechanisms available to advance GRH services for women in India. Web search and analysis of the all available tools available on the related websites was done to see its relevance and contribution to various components the digital health and GRH. Since the canvass is large, only those impacting women and girls directly and indirectly are reviewed and shared in this paper.

3. Finding of analysis

3.1. Ensuring Gender responsive policies

Developing and implementing health policies and programs that consider the specific needs and vulnerabilities of different gender groups is the foundation for Gender sensitive health system. National Health Policy(NHP, 2017) of India, aims for Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality(P2) NHP 2017 and also advocates for extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system.(P 25). It emphasise promotion of utilization of National Knowledge Network for Tele-education, Tele-CME, Tele- consultations and access to digital library.(Para 23.1)

3.2 Creating Gender-Responsive Services

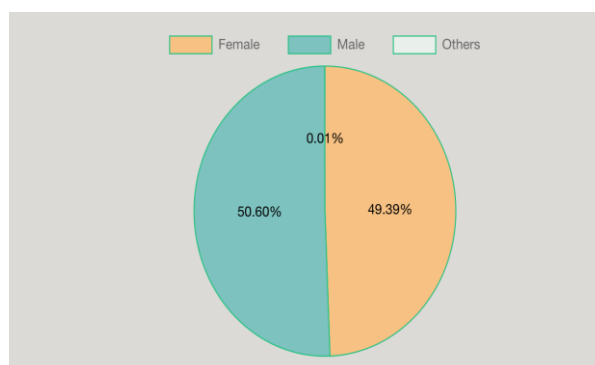
Keeping in view the large population of the country, spread over in diverse geographies and in different economic conditions , adoption of digital and online learning mechanisms was not just desirable but an urgent necessity . India's national digital health programmes are providing scalable solutions to transform healthcare delivery across India. Digital tools have been rapidly integrated in health programmes across the country by harnessing innovations across artificial intelligence, big data, telemedicine and other domains. Ensuring that healthcare services digitally accessible, safe, and respectful for all individuals, including transgender people, is important

3.2.1 Ayushman Bharat Digital Mission (ABDM)

ABDM (<https://abdm.gov.in/>) was initiated in 2021 to strengthen the accessibility and equity of health services, in a holistic healthcare programme approach leveraging IT & associated technologies. It establishes a unified digital health ecosystem, integrating health records and enabling smooth patient journeys across public and private sectors. It prescribes common health data standards, promotes registry of health facilities, healthcare professionals through digitization of processes in the healthcare institutions by dovetailing various resources to bridge the gap among multiple stakeholders that are the part of the healthcare ecosystem. ABDM builds the backbone needed for an integrated digital health infrastructure, bridging gaps among diverse stakeholders through digital pathways. The dashboard of ABDM as on 10 May 2025 reports 77,56,91,170 ABHA accounts and 54,17,65,749 health records. Over 3,98,205 health facilities and 6,19,866 healthcare professionals have joined the mission, laying the groundwork for a connected digital healthcare system.

The **Ayushman Bharat Health Account (ABHA)** is a 14 digit number that uniquely identifies the patient in India's digital healthcare ecosystem. ABHA facilitates proactive health monitoring by tracking a patient's medical history, lab reports, and medication patterns. ABHA number establishes a strong and trustable identity to be accepted by healthcare providers across the country allowing the digital storage and use of health data.. ABHA plays a vital role in bridging the service gaps by enabling telemedicine and remote consultations. With digital health records easily accessible, doctors can provide accurate diagnoses and treatment plans, even for patients in remote locations. This minimizes the need for frequent hospital visits, reduces travel costs and ensures timely medical interventions which means women are more likely to utilise the services . Not surprisingly of all the ABHA accounts created 49.3% are women, 50.88 are men and 0.01% belong to other nonbinary gender as per ABDM dashboard.

Figure 1- ABHA account created by gender-



Source Dashboard of ABHA (<https://dashboard.abdm.gov.in/abdm/>)

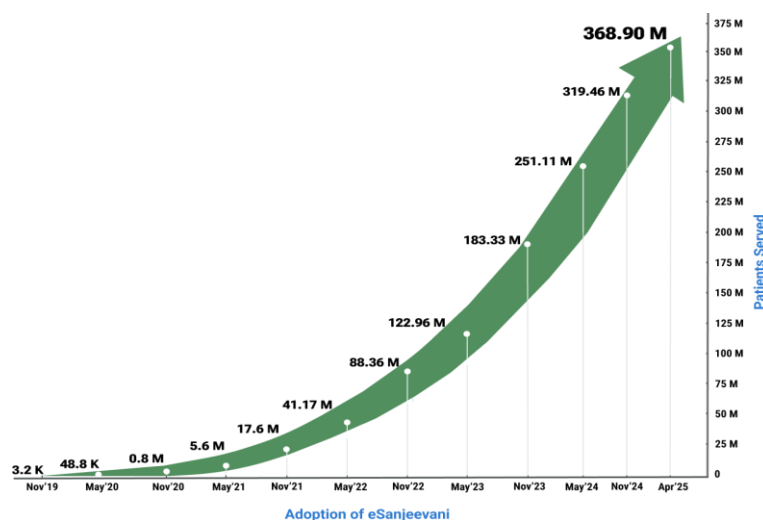
3.2.2 Sanjivani Telemedicine Service

eSanjeevani (<https://esanjeevani.mohfw.gov.in/#/>) is a cloud-based integrated telemedicine solution which revolutionizes healthcare by offering seamless access to doctors and specialists through smartphones. eSanjeevani offers free tele-consultations in ensuring women's access to specialized health services, including those related to maternal and reproductive health, and screenings for cancers like breast, oral, and cervical cancer. By reducing healthcare expenses and travel-related costs, eSanjeevani has been found to be more useful for women.

Even though all the guidelines of e-sanjeevini do not have any specific focus on women, but still it has been found that a large portion of eSanjeevani consultations are women. In other study (Markan, Ashish 2022) of total, 5138 patients of e-sanjeevini, 56% were females. Further, eSanjeevani supports the LaQshya program, which aims to improve the quality of care during childbirth and the immediate postpartum period in public health facilities, benefiting pregnant women.

eSanjeevani is continuously evolving to meet the dynamic needs of India's healthcare landscape. By integrating cutting-edge interventions like Artificial Intelligence (AI), it empowers both healthcare providers and patients with smarter, faster, and more personalized experiences. These advancements enhance clinical decision-making, streamline processes, and ensure a more responsive and user-friendly telemedicine service. The key features of affordability and privacy, make it more suitable for people of diverse genders. The phenomenal growth in short time period says it all.

Figure 2: Adoption of e-sanjeevini
April 2025



Source: <https://esanjeevani.mohfw.gov.in/#/about>

3.3 Ensuring equitable access

Ensuring that all individuals, regardless of gender, have equal access to healthcare services, information, and resources equitably is essential. Most of the digital tools are shared below are gender neutral which means that people of all gender have equal opportunity and equitable access to register and avail the services.

3.3.1 National Health Portal (NHP) (<https://www.india.gov.in/national-health-portal?page=1>) Acts as a single point access for authenticated health information for citizens, students, healthcare professionals and researchers to provide information pertaining to health issues, diseases, health services, and tips for healthy living. Users can also get helpline numbers, blood banks details, etc. A voice portal, providing information through a toll-free number 1800-180-1104 and Mobile App are also available.

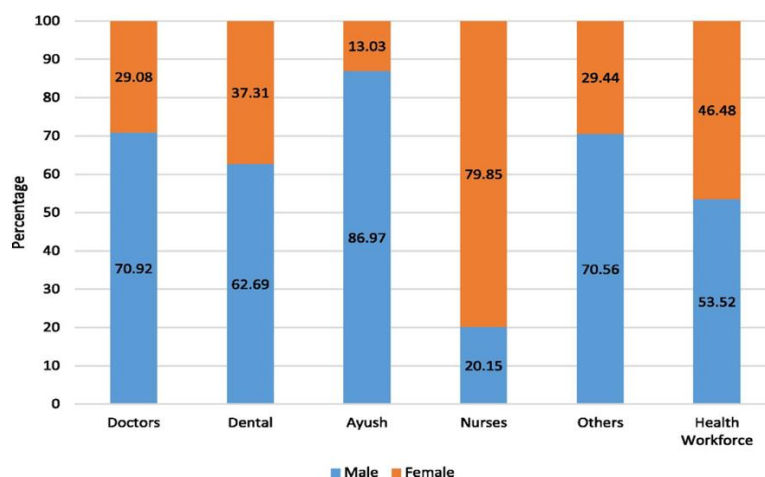
3.3.2 Online Registration System (ORS) (<http://www.ors.gov.in/>) (2015) provides services to citizens for taking online registration & appointment, payment of fees, online viewing diagnostic reports, enquiring availability of blood online etc. in various public hospitals, in order to improve ease of services for citizens.

3.3.3 Mera Aspataal (Patient Feedback) Application (<https://meraaspataal.nhp.gov.in/>) is an IT based feedback system to collect information on patients' level of satisfaction using a multi-channel approach viz. SMS, Outbound Dialing, Web Portal, and Mobile App to empower citizens to participate in improvement of healthcare service delivery by providing feedback on service quality, facilities etc.

3.4 Building capacities for enhancing quality of gender sensitive services

Providing gender sensitivity training for healthcare professionals to enhance their understanding and ability to deliver gender-responsive care is crucial. Training and capacity building of large pool of HRH consisting of 288735 Multi-Purpose Health Worker (Female / Male, 94007 Staff Nurse at PHC & CHC and 98967 Medical officers (NHSRC, Ministry of Health & Family Welfare, Government Of India, 2025), is a huge task. Thus digital technology and online learning has been widely used through online courses and digital platforms. Even though there is no gender disaggregated data on the respective websites. However, 80% of nurses and 100% of ASHA are women who are frontline workers in the health services of India. Use of digital training in capacity building benefits them the most because they are most likely to be excluded from outstation training due to family responsibilities and child needs.

Figur:3 Gender distribution of HRH in India-2018. NSSO



Source: Health workforce in India: why, where and how to invest? WHO 2021, <https://www.who.int/publications/i/item/9789290228813>

3.4.1 SAKSHAM (Stimulating Advanced Knowledge for Sustainable Health Management)

SAKSHAM (<https://lmis.nihfw.ac.in/>) is a digital learning initiative to provide online training for health professionals and medical education across the country. It serves as a Learning Management Information System (LMIS) to act as a centralized repository for health-related training and learning materials. It facilitates advanced domain knowledge within the healthcare sector and documents best practices in health-related teaching and training. Acting as a platform for enhancing inclusiveness in terms of capacity building and knowledge sharing in the healthcare domain, it also serves as a central database for trained healthcare professionals nationwide. As per data retrieved on 8 May 2025, there are 52,964 SAKSHAM Users, 345 Medical Courses (NMCN) and 289 Public Health Courses including a course on Gender and Equity issues in the National Rural Health Mission.

3.4.2 ANM on line (ANMOL)

Auxiliary Nurse Midwife (ANM) are the frontline health workers. ANMOL is an android-based application launched in 2016 which empowers ANMs in carrying out their day-to-day work efficiently and effectively by entering and updating service records of beneficiaries on a real/near real-time basis. Further, ANMOL also acts as a job aid to the ANMs by providing them with readily available information such as due list of services in her area, Workplan, VHND session, Dashboard and guidance based on data entered, Digital RCH Register etc. Audio, and Video Counselling facility of ANMOL helps in creating awareness among beneficiaries and the front line workers about the various govt. schemes and facilities.

beneficiaries may get on family planning, pregnancy and child care. Approximately 1.82 lakh ANMs are registered and using ANMOL application since inception. Current status is available at https://rch.mohfw.gov.in/rch/Anmol_Status.aspx

3.4.3 Mobile Academy

Mobile Academy (<https://armman.org/mobile-academy/>) is a Reproductive Maternal Neonatal and Child health training course for building capacity of Accredited Social Health Activist (ASHA) workers on life-saving preventative health behaviours, and improve the quality of their engagement with new and expecting mothers and their families. The course uses Interactive Voice Response (IVR) technology that is mobile handset independent, audio-based and accessed via a simple voice call. run in five languages . It includes modules that train the ASHAs to deliver preventive care and referrals for mothers and children, through the stages of pregnancy until the child is two years of age. It is largest mobile-based training programme for health workers in the world that has reached over 506,600 ASHAs (across 17 states and union territories in India.

3.4.4 Anemia Mukh Bharat (AMB)

AMB was launched in 2018 with the aim of reduction of anemia through 6X6X6 strategy in 6 key groups: (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant women, lactating women, and women in reproductive age (15-49 years) through six interventions and six mechanisms. E-training Module for Master Trainers on AMB is a well-researched and organized training module including power point presentations prepared by expert resources. The content covers **knowledge** as well as **skills** necessary for identifying, diagnosing and treating anemia, planning and budgeting of communication activities for behaviour change. It also includes use of the online AMB Dashboard designed as a one stop portal for reporting, monitoring and review, through data mining and analysis, and applying quarterly progress report formulae for different indicators as per HMIS.

3.4.5 Mental health Education & E-Training (MEET)

An Initiative to disseminate knowledge and provide training on mental health conditions using digital technology. It is a digital academy aimed on increasing trained human resources in the field/area of mental health, and serves as a platform for all healthcare professionals to build skills on basic mental health care, upscale their knowledge and learn best practices. This digital academy is running 9 certificate courses and 2 ECHO (Enhancing Well Being of Communities) programs including a course on women's mental health.

3.4.6 Enhancing Well Being of Communities (ECHO)

Through Hub-and- Spoke model, ECHO (<https://echoindia.in/healthcare>) empowers communities by mentoring and capacity building in healthcare using. teleconferencing technology. During the sessions, primary care clinicians from multiple sites present patient cases to the specialist teams and to each other. Specialists serve as mentors and colleagues, sharing their knowledge and expertise with primary care clinicians. Essentially, ECHO® creates ongoing learning communities where primary care clinicians receive support and develop the skills they need. It has completed 430+ programme and 270+ are ongoing.

ECHO of the nurse aims to strengthen the nursing fraternity of India - establishes ongoing learning communities through which primary care professionals can receive support and build the skills they require. The programs offer to achieve a knowledge transfer from tertiary care nursing experts to primary care nurses. We believe that a competent nurse as a care giver can lead to improved quality care of the patients.

3.5 Community Engagement to boost demand for quality health services

Making women, girls and transgender individuals aware of their risks and vulnerabilities and providing them with the knowledge, skills, and resources to make informed decisions about their health is imperative to strengthen the demand for early diagnosis and timely treatment. Given the disproportionate vulnerability of women and girls to communicable diseases (HIV, TB, STIs, Hepatitis C), non-communicable diseases (cancers, thyroid disorders, hormonal imbalances, weight gain), and other health risks due to their reproductive responsibility, there is strong need to engage with communities to promote awareness about gender-related health issues and encourage participation in healthcare programs

3.5.1 IT enabled Accredited Social Health Activist (ASHA).

ASHA is a woman community health worker selected by the community, resident in the community, who is trained, deployed and supported to improve the health status of the community through securing people's access to health care service. ASHAs play a vital role in ensuring the effectiveness of healthcare services in India. Hailing from the local community, they understand the culture, beliefs and value systems of their villages. They understand the gender disparities and imbalanced power dynamics. Thus building their capacities is utterly important for improving rural women's access to Health care. Over the past 15 years, with nearly 9.83 Lakh ASHAs are responding to local health needs and playing a critical role in with the help of IT and smartphones. The World Bank 14th Common review mission Report 2021 confirms that ASHAs in many states use IT applications to streamline ASHA payments. (P27) and few states have given of Smart phones to ASHAs and ASHA Facilitators (P 28)

3.5.2 Central Health Education Bureau(CHEB)

CHEB (<https://dghs.mohfw.gov.in/index.php>) was established in 1956 with the aims of educating the people about health plans and programmes, training health professionals , developing and supplying health education/IEC materials, conducting health behavioural research activities, providing technical assistance to government and non-government agencies in the field of health education, developing health education syllabi for different target groups and collaborating with international agencies in promoting health education. It runs various health education for the public and has e newsletter and E publications on various health issues like Diabetes, Hypertension and obesity etc

3.5.3.National AIDS Control Programme (NACP-V)

National AIDS Control Organization (NACO) (<https://naco.gov.in/>) - aims to leveraging technology to bring efficiency and expand the reach of the services, to mitigate linkage loss across screening-confirmation-treatment-retention, to strengthen outreach, upskilling field resources, improving counselling and building synergy across service delivery points. NACO has harnessed the power of digital technology through help line and social media to revolutionize the fight against HIV/AIDS India.

The National Toll-Free AIDS Helpline- 1097 is widely used by individuals seeking confidential information, counselling, and support related to HIV/AIDS. In the year 2023-24 the helpline recorded more than 4 lakhs calls, providing round-the-clock assistance in 16 languages. It has effectively disseminated vital information regarding prevention methods, treatment options and the importance of regular testing While men continued to form the majority of callers, representing 92% of total calls, there was a noticeable increase in calls from women this year, reflecting the helpline's expanding reach across gender lines.

Digital platforms such as Facebook, X, Instagram and YouTube are important tools for educating diverse populations . NACO has 9.5 Million reach on Facebook, 6.4 Million on Instagram and an average 160 impressions per post' on X.

3.5.4 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

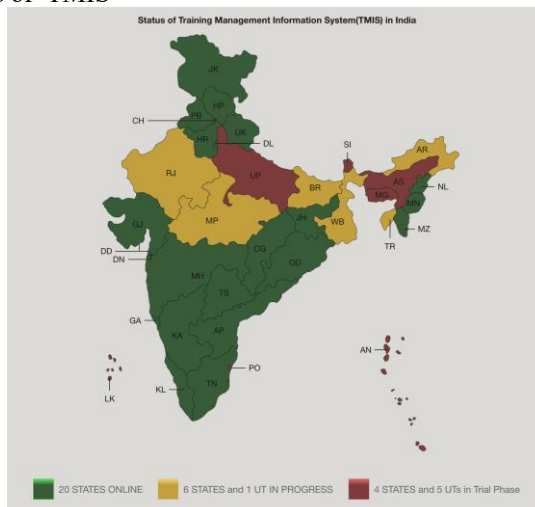
NPCDCS focuses on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. It encourages Population-based Screening of common NCDs by ASHAS who are given on line training through by extensive use of especially made you tube channels in different languages by respective states.

3.6 Monitoring and tracking the progress

3.6.1 Training Management Information System (TMIS)-is web based application to facilitate monitoring and planning of skilled and trained health care providers to have a centralized database of trained human resource to strengthen the public sector health delivery system. TMIS is dynamic database to capture all real time trainings, nominations, certificate generation, post training

evaluation and post training deployment. It acts as a tool for important issue including facilitating the gap analysis of trained and untrained health workforce.

Figure 2; Current status of TMIS



Source: <https://tmis-mohfw.gov.in/Home/CurrentStatus.aspx>

3.6.2 Mother and Child Tracking System (MCTS)

MCTS is Reproductive Child Health (RCH) application for individual tracking to facilitate timely delivery of antenatal and postnatal care services and immunization to children with an objective of improving IMR, MMR, & morbidity; providing alerts to health service providers about the services due list and service delivery gaps; appropriate health promotion messages to beneficiaries.

Currently over 12 crore pregnant women and around 11 crore children have been registered on MCTS / RCH portal since inception.

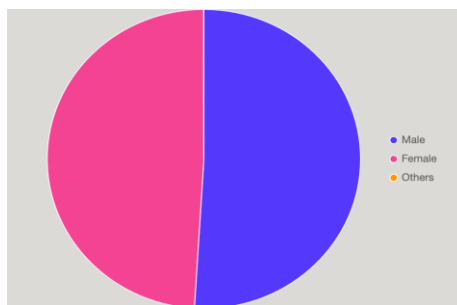
3.6.3 TB Patient Monitoring System-Nikshay

NI-KSHAY-(Ni=End, Kshay=TB) is the web enabled patient management system for TB control under the National Tuberculosis Elimination Programme (NTEP) of India. Ni-kshay is used by health functionaries at various levels to register cases under their care, order various types of tests from Labs across the country, record treatment details, monitor treatment adherence and to transfer cases between care providers. It also functions as the National TB Surveillance System and enables reporting of various surveillance data to the Government of India. It integrated with the ABDM/(ABHA) IDs for seamless treatment and care

3.6.3 CoWIN Platform

Initiated in response to COVID, the CoWIN platform allowed individuals to register on an online portal, schedule vaccinations at government hospitals, receive digital vaccination certificates and facilitated access to vaccinations at private sector hospitals. The platform gave the government access to valuable COVID-19 data. Revolutionized vaccination campaigns, managing over 2 billion doses with precision and setting global benchmarks for [large-scale health system digitization](#). According to the CoWIN dashboard (Total Vaccination Doses delivered is 2,20,68,68,255.. As on 30 April 2025 1006180444 Men (51%) and 967499687 (44%) women have been vaccinated showing the gender gap of approximately 7%.

Figure 3 ; CoWIN vaccination by gender



Source ; <https://dashboard.cowin.gov.in/>)

3.6.5 U-WIN Platform

Learning from the CoWIN is a digital platform for digitalization of all vaccination services provided under the Universal Immunization Programme (UIP) was initiated to ensure timely administration of life-saving vaccines to pregnant women and children (from birth to 16 years) against 12 vaccine-preventable diseases. It is based on premises of 'Anytime Access' and 'Anywhere' access to vaccination services, generation of Ayushman Bharat Health Account (ABHA) and Child ABHA, citizen module, automated SMS alerts, QR-based e-Vaccination Certificate and offline mode for data entry by vaccinators.

3.6.6 Electronic Vaccine Intelligence Network or eVIN-

It digitizes vaccine stocks and monitors the temperature of the cold chain through a smartphone application. The tech platform – with a 99 percent adoption rate – ensures no stock outs. Importantly, it also empowers India's last-mile healthcare workers, most of whom are women - thereby strengthening immunization systems in India. <https://www.undp.org/india/stories/digital-dose-indian-women-health-workers-lead-charge>. Through the app, health workers get complete information about vaccine stocks and their storage temperatures. Before eVIN, stocks were managed manually through physical record-keeping in registers and charts. Most health workers – especially women – would find it challenging to monitor vaccine temperatures at night or during weekends. This often led to uneven vaccine distribution, unavailability and wastage.

3.6.7 Nikusth 2.0 - National Leprosy Eradication Mission has developed Digital Surveillance Systems which is an integrated portal for leprosy case management under (NLEP). It ensures efficient data recording, data analyses and data reporting in real time dashboard at center, state and district levels.

4. Conclusion

Given the fast paced technological advancements, efficient use of digital technology is not only the necessary imperative for achieving the SDGs but also for building gender-responsive health services. Digital revolution is set to redefine healthcare in India. With ABHA, India's healthcare system is evolving into a digital-first ecosystem, making quality care accessible and affordable for all. The continued expansion of ABHA will further strengthen the country's healthcare infrastructure, ensuring that medical services reach every corner of the nation. As India strides towards rapid technological advancements and healthcare challenges, role of digital transformation to improve health outcomes need to be expanded in health services to improve quality, keeping in mind the following

- Digital tools can be gender neutral but access, ownership and use of technology is not gender neutral
- Technology alone cannot address systemic gender biases -when the roots lie in social attitudes and beliefs.
- It is important to understand that women and any target social groups are not homogeneous and have diverse vulnerabilities under different conditions.
- Sustainable change requires empowering women and marginalized genders through education, awareness and skill building.
- The need for gender disaggregated data (where ever absent currently) must be emphasised so that India's digital health strategies can showcase globally how digitisation can improve health equity and healthcare outcomes across diverse populations so as build a resilient digital health ecosystem

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