



स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O.No. A 11033/39/2004 - Trg.
Dated the 6th October, 2006.

S. JALAJA, IAS (BI:74)
Additional Secretary &
Mission Director (NRHM)
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Dear Sh. Jain

Please refer to vide D.O. letter No.A-11033/39/2004 - Trg. of this Ministry dated 15th June, 2006 regarding the second set of guidelines on the Support Mechanism for ASHA.

2. Over the last one year, the States have selected more than 2 lakhs ASHAs. The number of ASHAs is likely to be increased very rapidly over the next two years. Therefore, a very strong support mechanism is required at block, district and State levels to ensure that the scheme of community health worker meets the objectives, which the Mission has envisaged for it

3. The implementation framework for the NRHM has recently been approved. The scheme of ASIIA has now been extended to all the 18 high focus States. Besides, the scheme would also be implemented in the tribal districts of the other States. In the new implementation framework, a provision has been made for an expenditure of Rs.10,000/- per ASHA during a financial year. This ceiling does not include the performance-based compensation, which the different programme divisions would disburse from their own funds.


4. The earlier ASHA guidelines had visualized an expenditure of Rs. 7,415/- per ASIIA. The remaining amount of Rs. 2585/- per ASHA per year can be utilized for strengthening the ASIIA support system. The increased outlay gives a valuable opportunity to further strengthen the support mechanism. The enclosed guidelines provide model of a support system. Providing an identity to ASIIA like Identity Cards, badges, arm bands and bags with NRHM Logo could also be done with the funds made available to the States.

5. The financial guidelines consist of different norms for the States having more than 20,000 ASHAs and those having less than 20,000 ASHAs. The guidelines for operationalizing support mechanism for ASHA, funding for support mechanism of ASHA and the annual budget provision are enclosed.

6. The States already have unspent balances. These could be used for immediate implementation of the proposed set up in the guidelines. It should be ensured that average expenditure on an ASHA does not exceed Rs. 10,000/- (excluding compensation to ASHA in any financial year).

With regards

Yours faithfully


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Shri A.K.Jain
Pr. Secretary (Health & F.W.),
& Mission Director (NRHM)
Government of Uttaranchal,
Dehradun

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

Ministry of Health & Family Welfare
Training Division

Funding for Support Mechanism of ASHA

One of the key strategies under the National Rural Health Mission (NRHM) is a community health worker i.e., Accredited Social Health Activist (ASHA) for every village at a norm of one per thousand population. Right after the launch of the Mission, detailed guidelines were issued by the Government of India for selection and training of ASHAs. The above guidelines clearly brought out the role of ASHA vis-à-vis that of Anganwadi Worker (AWW) and Auxiliary Nurse Mid-wife (ANM). The guidelines also gave break up of the expenditure on selection, training and provision of drug kits to ASHAs. The scheme for providing performance linked compensation and the methodology of payment of compensation was also delineated in those guidelines.

2. In view of the selection of large number of ASHAs, a need for providing a support mechanism for ASHAs has been acutely felt. A set of guidelines was therefore issued to the States to facilitate putting in place a mechanism for this purpose. These guidelines provided for inter-alia ASHA mentoring group at State level, Block Level Facilitators at the rate of one per ten ASHAs, a system of monitoring meetings of ASHAs at the PHC level, coordination with Self-Help Groups etc.

3. The implementation framework for the NRHM has recently been approved. The scheme of ASHA has now been extended to all the 18 high focus States. Besides, the scheme would also be implemented in the tribal districts of the other States. In the new implementation framework, a provision has been made for an expenditure of Rs. 10,000 per ASHA during a financial year. This ceiling does not include the performance-based

compensation, which the different programme divisions would disburse from their own funds. The earlier ASHA guidelines had visualized an expenditure of Rs. 7,415/- per ASHA. The increased outlay gives a valuable opportunity to further strengthen the support mechanism.

4. Over the last one year, the States have selected more than 200,000 ASHAs. The number of ASHAs is likely to be increase very rapidly over the next two years. As a matter of fact, a district alone is expected to have more than 1,000 ASHAs. Obviously, a very strong support mechanism is required at block, district and State level to ensure that the scheme of community health worker meets the objectives, which the Mission has envisaged for it. The support functions which would have to be carried out at these levels include inter-alia, preparation of training calendar for the trainers as well as for ASHAs, monitoring the implementation of the training programmes, adapting the training modules (provided to the States by the GoI) to suit the local conditions, translation in local language, printing and distribution of these manuals, developing ASHA monitoring forms and monitoring her performance, developing IEC materials, addressing grievances of ASHAs if any etc.

5. In order to provide adequate support to the ASHAs, the following has been provided:

- **At State Level:**

In the implementation framework of the NRIIM a provision has been made for a State Health System Resource Centre (SHSRC) in every State. It is envisaged that once this centre is set up they would provide the leadership and support to the ASHA scheme at the State level. However, setting up of SHSRC may take a year. Since the support mechanism for ASHAs at the State level cannot wait for that long, a provision is being made for ASHA resource centre on the lines of the set up in Rajasthan. In the State having more than 20,000 ASHAs, a resource Centre would comprise a Project Manger (MBA), a Deputy Project Manager (MSW), one Statistical Assistant (Graduate in Statistics), a Data Assistant and Office Attendant.

In the smaller States (other than North Eastern States) having less than 20,000 ASHAs, three persons are being provided at the State level i.e. one Project Manager, a Statistical Assistant, and one Office Attendant.

These functionaries together would comprise an ASHA Resource Centre which would ultimately get subsumed in the State Health Resource Centre (SHRC) as and when the SHRC gets off the ground.

In the detailed cost estimates (annexured), adequate provisioning has been done for office expenses and other contingent expenditure. This amount will be provided as a lump sum so that the States have the flexibility to use the amount as per their needs.

▪ **At District level:**

In the existing ASHA guidelines, at the district level a District Nodal Officer has been provided. The District Nodal Officer is to be an officer nominated by the Civil Surgeon. Since the guidelines do not provide for additional human resources, it is expected that he/she would be doing the work with the existing human and financial resources. However, as has been mentioned above, managing the various aspects of the functioning of more than 1,000 ASHAs will not be a simple task without adequate human and financial resources. It is, therefore, now proposed that each District Nodal Officer would be supported by a Community Mobiliser who would have the qualification of MSW. A Data Assistant may also be provided to satisfactorily discharge the work.

▪ **At Block Level:**

At the block level, as per the existing ASHA guidelines, the Block Nodal Officer is to be nominated by the Block Medical Officer. The Block Nodal Officer will have the services of a number of Block Facilitators @ 1 per 10 ASHAs. Even though a need has been actually felt for the services of a Block Coordinator, looking to the large number of blocks in the States, the outgo in providing for an additional Block Coordinator at the block level would be considerable. It may not, therefore, be

possible to provide for the services of a Block Coordinator without overshooting the norm of Rs. 10,000 per ASHA. However, in the earlier guidelines, a provision of one Facilitator for ten ASHAs has already been made. It is expected that this arrangement would suffice. However, a flexibility would be available to the Block Nodal Officer to utilize the services of the Facilitator posted at the block or any other Facilitator for other administrative work in his office relating to ASHAs. For this purpose a small honorarium could be permissible to the Facilitators.

▪ **At PHC level:**

There would be considerable workload at PHC level as many of the bills for payment to ASHA would be processed in that office. Since no additional manpower is provided at this level, a suitable honorarium for LHV and the Block Supervisor for ICDS is being provided in the guidelines.

6. The cost estimates are annexed. The details of the post, qualifications, etc. are in that annexure. The appointment to the above positions can only be on a contractual basis. These guidelines are not applicable to the North-Eastern States for which guidelines would be issued separately.

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ANNUAL BUDGET PROVISIONS FOR ASHA SUPPORT SYSTEM

(More than 20,000 ASHAs per State)

This financial guidelines will apply to the States where more than 20,000 ASHAs have been envisaged to be selected during the Mission period.

Sr. No.	Particulars	Tentative Budget
AT THE STATE LEVEL		
ASHA RESOURCE CENTER (under SHRC)		
1	Personnel (Hired through an Agency on contract basis)	
	(a) Project Manager (MBA)	Rs. 7,05,600/-
	(b) Deputy Project Manager (Master in Social Works)	
	(c) Statistical Assistant (Graduate in Statistics with 6 months Basic Computer course)	
	(d) Data Assistant (Graduate with Basic Computer knowledge)	
	(e) Office Attendant	
	Total of (a) + (b) + (c) + (d) + (e) = Rs. 6,72,000/-	
	Agency Charges @ 5% = Rs. 33,600/-	
	TOTAL = Rs. 7,05,600/-	
2	Office Expenses on Telephone, Photocopy, stationary etc. / development for IEC and monitoring material (IEC material, reporting format, monitoring formats and resource material for meetings.), translation, printing any other material related with ASHA modules, badges & I-cards for ASHA / Monitoring and supervision / Operation research / documentation, ASHA sammelan and exposure visits / Workshops, seminars and Meetings.	Rs. 10,00,000/-
3	Contingency	Rs. 50,000/-
	Total	Rs. 17,55,600/-
AT THE DISTRICT LEVEL		
District Health Society (Programme Management Unit)		
1	Strengthening of the District PMU for undertaking ASHA support system.	
	Additional Personnel	Rs. 2,76,000/-
	(a) Community Mobiliser (Master in Social Work) Will report to District Nodal Officer	
	(b) Data Assistant (Graduate with Basic Computer knowledge) to strengthen the District PMU to take this additional work. He/She will assist the existing staff of District PMU in all the work related to NRHM including ASHA related work.	

TA/DA to be paid from District Health Society (Programme Management Cost) for monitoring visits and collection of information Telephone, fax, computer, stationeries etc to be used from District PMU.

Total of (a)+(b) = **Rs. 2,76,000/-**

AT THE BLOCK LEVEL

Personnel

(a) Block Nodal Officer (Block Level Organizer) will be an officer designated by Block Medical Officer (Necessarily will be any person other than Medical Officer I/C)

Rs. 3,86,400/-

(b) Contingency allowance to Block Organizer for updating his knowledge and skills. This fund can be used for purchasing journals, magazines, etc. on Public Health related issues.

Rs. 12,000/- per annum

(c) Block Facilitators (Female-one for ten ASHAs) Approx. 10 facilitators in each block. Some States may have more Facilitators depending on number of ASHAs.

(i) Rs. 150 per day including food & transport x 20 visits in a month (maximum) x12 months = Rs. 36,000/- per annum

Rs. 36000 x 10 facilitators = Rs 3,60,000/-

(d) Honorarium to one facilitator for assisting Block Nodal Officer Rs. 2400/- per annum

(e) Contingency for stationary & Meeting expenses, etc. Rs 12,000/- per annum.

TOTAL = Rs. 3,86,400/-

AT THE PHC LEVEL

(a) Honorarium to LHV for organizing meetings, trainings and attending to at least five Healths and Nutrition Day per month at Anganwadi Center for monitoring purpose. The LHV must participate in at least 5 Health and Nutrition day per month to access this honorarium. It is envisaged that LHV will cover all the villages in her jurisdiction during the year. Annual calendar of her visits will be approved by MO I/C PHC & copies made available to all ASHAs in the month of April every year.

Rs. 21,000/-

Rs. 500/- per month x 12 months = Rs. 6,000/-

(b) Honorarium to Block Supervisor of ICDS for monitoring Health and Nutrition Day, at Anganwadi Center. The Block supervisor of ICDS must participate in 5 Health and nutrition day per month to access this honorarium. It is envisaged that Block Supervisor will cover all the villages in his/ her jurisdiction during the year.

Rs. 500/- per month x 12 months = Rs. 6,000/-

(c) For monthly meetings serving Tea, Snacks/ refreshment etc. during the meeting. Rs. 9,000/- per annum.

TOTAL = Rs. 21,000/-

TOTAL.....

Rs. 24,39,000/-

- Although flexibility has been given to hire the personnel within a defined amount. The States are required to intimate the salaries on which these above personnel have been contracted.
- The balance amount left after utilizing the fund as per the above guidelines is to be used for innovative activities of the States for strengthening the operational system for ASHA in order to achieve quality output. These activities may be undertaken by the States under intimation to Ministry of Health and Family Welfare, GOI.
- Funds in this connection will flow through the State and District Health Societies and all the financial and accounting principles of NRHM / RCH – II funds will be applicable in this case also.

ANNUAL BUDGET PROVISIONS FOR ASHA SUPPORT SYSTEM
(Less than 20,000 ASHAs per State)

These financial guidelines will apply to the States where less than 20,000 ASHAs have been envisaged to be selected during the Mission period.

Sr. No.	Particulars	Tentative Budget
AT THE STATE LEVEL		
ASHA RESOURCE CENTER (under SHRC)		
1	Personnel (Hired through an Agency on contract basis) (a) Project Manager (MBA) (b) Data Assistant (Graduate with Basic Computer knowledge) (c) Office Attendant Total of (a) + (b) + (c) = Rs. 3,60,000 Agency Charges @ 5% = Rs. 18,000/- <p align="right">TOTAL = Rs. 3,78,000/-</p>	Rs. 3,78,000/-
2	Office Expenses on Telephone, Photocopy, stationary etc. / development for IEC and monitoring material (IEC material, reporting format, monitoring formats and resource material for meetings.), translation, printing any other material related with ASHA modules. badges & I-cards for ASHA / Monitoring and supervision / Operation research / documentation, ASHA sammelan and exposure visits / Workshops, seminars and Meetings.	Rs. 6,75,000/-
3	Contingency	Rs. 50,000/-
Total		Rs. 11,03,000/-
AT THE DISTRICT LEVEL		
District Health Society (Programme Management Unit)		
1	Strengthening of the District PMU for undertaking ASHA support system. <u>Additional Personnel</u> (a) Community Mobiliser (Master in Social Work) Will report to District Nodal Officer (b) Data Assistant (Graduate with Basic Computer knowledge) to strengthen the District PMU to take this additional work. He/She will assist the existing staff of District PMU in all the work related to NRHM including ASHA related work. TA/DA to be paid from District Health Society (Programme Management Cost) for monitoring visits and collection of information Telephone, fax, computer, stationeries etc to be used from District PMU. Total of (a)+(b) = Rs. 2,76,000/-	Rs. 2,76,000/-
AT THE BLOCK LEVEL		

Personnel	
<p>(a) Block Nodal Officer (Block Level Organizer) will be an officer designated by Block Medical Officer (Necessarily will be any person other than Medical Officer I/C)</p> <p>(b) Contingency allowance to Block Organizer for updating his knowledge and skills. This fund can be used for purchasing journals, magazines, etc. on Public Health related issues. Rs. 12,000/- per annum</p> <p>(c) Block Facilitators (Female-one for ten ASHAs) Approx. 10 facilitators in each block. Some States may have more Facilitators depending on number of ASHAs.</p> <p>(i) Rs. 150 per day including food & transport x 20 visits in a month (maximum) x 12 months = Rs. 36,000/- per annum. Rs. 36000 x 10 facilitators = Rs 3,60,000/-</p> <p>(d) Honorarium to one facilitator for assisting Block Nodal Officer Rs. 2400/- per annum.</p> <p>(e) Contingency for stationary & Meeting expenses, Rs 12000/- per annum.</p> <p style="text-align: right;">TOTAL = Rs. 3,86,400/-</p>	Rs. 3,86,400/-
AT THE PHC LEVEL	
<p>(a) Honorarium to LHV for organizing meetings, trainings and attending to at least five Healths and Nutrition Day per month at Anganwadi Center for monitoring purpose. The LHV must participate in at least 5 Health and Nutrition day per month to access this honorarium. It is envisaged that LHV will cover all the villages in her jurisdiction during the year. Annual calendar of her visits will be approved by MO I/C PHC & copies made available to all ASHAs in the month of April every year. Rs. 500/- per month x 12 months = Rs. 6,000/-</p> <p>(b) Honorarium to Block Supervisor of ICDS for monitoring Health and Nutrition Day at Anganwadi Center. The Block supervisor of ICDS must participate in 5 Healths and nutrition day per month to access this honorarium. It is envisaged that Block Supervisor will cover all the villages in his/ her jurisdiction during the year. Rs. 500/- per month x 12 months = Rs. 6,000/-</p> <p>(c) For monthly meetings serving Tea, Snacks/ refreshment etc. during the meeting. Rs. 9,000/- per annum</p> <p style="text-align: right;">TOTAL = Rs. 21,000/-</p>	Rs. 21,000/-
TOTAL.....	
Rs. 17,86,400/-	

- Although flexibility has been given to hire the personnel within a defined amount. The States are required to intimate the salaries on which these above personnel have been contracted.
- The balance amount left after utilizing the fund as per the above guidelines is to be used for innovative activities of the States for strengthening the operational system for ASHA in order to achieve quality output. These activities may be undertaken by the States under intimation to Ministry of Health and Family Welfare, GOI.
- Funds in this connection will flow through the State and District Health Societies and all the financial and accounting principles of NRHM / RCH – II funds will be applicable in this case also.
