



Ministry of Health & Family Welfare
Government of India

Update on ASHA PROGRAMME July 2014



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The ASHA programme is nearing a decade of implementation. In the nine years of programme implementation, old stereotypes that have dogged the programme since its inception have been challenged. Among the more prominent were that the role of the ASHA be limited to a link worker, that on the field mentoring and support could be provided through existing staff, with no necessity for a separate cadre, that volunteerism would not work, and that the ASHA would only undertake tasks for which she is incentivized. We have reported in earlier issues of the update, findings from ASHA programme evaluations conducted in all states except Tamil Nadu and Jammu and Kashmir, and some of the smaller North eastern states, that have demonstrated findings that are contrary to such stereotypes.

All evaluation data demonstrate that the better the quality of ASHA support the more effective and functional she is. The nature of support is dependent on the dedicated cadre of personnel who are allocated this task. We also reported that across the country the ASHA exercises her agency, undertaking several other tasks that go far beyond the lure of the incentives to serve her community. ASHAs have proved in most places that they have, to a major degree, fulfilled the three roles envisioned of them: the Facilitator, the Mobilizers and the Community level care provider. The extent to which she is able to realize each of these roles depends on the programmatic environment, status of health system, and the socio cultural context and governance in which she functions.

However as the programme matures and evolves there are both unfinished agendas and emerging challenges that the states need to address. Mere recruitment of personnel for the support system is not sufficient. ASHA support teams also need orientation, a well grounded understanding of the ASHA programme and her training and her functions, to be able to support her better. States need to strengthen and sustain the training systems that have been established. Data show us that the levels of trainer attrition particularly, the district trainers who train the ASHA is high. States need to identify ways to retain trainers so as to ensure that the considerable investment made in the programme is not lost. Other factors that affect the programme include, issues of procurement whether they be related to replenishment of her equipment and drug kit, printing of training manual, trainer notes and communication material, and in some cases the availability of suitable training sites. These barriers seriously hamper the pace of the programme, the quality of training inputs and the resultant effectiveness of the ASHA.

This issue is the tenth in the series of bi-annual ASHA updates, produced by the National Health Systems Resource Center, (NHSRC) for the National Health Mission (NHM), Ministry of Health and Family Welfare (MOHFW). The objective of the ASHA update is to report on programmatic advancements, provide information on studies and evaluations, and other pertinent information related to the ASHA and Community Processes programme during the period January 2014 to June 2014.

During this period, two handbooks and accompanying trainer notes for the ASHA programme were developed. Both handbooks were in response to demands from the states. From field reports many cases have been reported where ASHAs themselves are the victims of violence and there were also many instances of ASHA addressing the issue of domestic and sexual violence in their communities. In order to build an understanding among the ASHAs, of the genesis and nature of violence against women and the importance of mounting an informed community response, the MoHFW launched a manual for the ASHA

on mobilizing for Action on Violence against Women and an accompanying trainer handbook. During this period the Handbook for members of the Village Health, Sanitation and Nutrition Committee (VHSNC) and the accompanying trainer manual was also developed. Both these manuals were developed in active consultation with state nodal officers and support from the National ASHA Mentoring Group.

The update is divided into five sections. As has been the practice, in the first section we provide a status update on ASHA selection and training. This section also reports on the status of support structures in the states. With the launch of the NUHM, states are now involved in selecting ASHAs in urban areas. Section 2 provides a brief update on the policy guidelines for Community Processes in the urban areas. In this section, we also capture briefly the strategy for ASHA selection adopted by the state of Chhattisgarh in order to exemplify how the state was able to use existing facilitators and their skills in community level rapport building and also expedite the pace of selection in urban areas. Central monitoring of ASHA payments has long been an area of concern. Since the launch of NRHM, several states have substantially streamlined the modalities of payment, with varying degrees of success. In Section 3 we provide a background of the Publicly Financed Management Systems introduced by the Government of India to monitor payments through Centrally Sponsored Schemes, including ASHA payments. Odisha is a pioneer on this front and their experience is also presented in this section. Section 4 provides an update on various mechanisms states use to support and motivate the ASHA, including a brief update on grievance redressal systems and the challenges in making these effective. Finally in Section 5 we provide a brief review on expenditures in the ASHA programme – per ASHA expenditure in the last two financial years. In the second part of this section we present a fact sheet on year-wise fund releases and expenditures on ASHA programme over the entire period of 2005 to March 2014. We hope that this report is of value to policy makers, programme officers, researchers and others interested in the ASHA programme.

This section provides data on three major areas related to the ASHA programme. The primary source for this data is the ASHA matrix, a quarterly compilation of key indicators related to the ASHA and Community Processes programmes,

The data covers the following:

1. ASHA selection and currently functional ASHAs
2. Status of Training
3. Status of Support Structures

This section also presents the density of ASHAs across states based on rural population as per Census 2011. We have used the data reported by the states for the ASHA Matrix, as on June 2014.

Section 2.1: ASHA Selection

During last FY 2013-14, state of Himachal Pradesh initiated selection of ASHAs in the state and process is currently underway. Also the state of Telangana was carved out of Andhra Pradesh in March 2014. Subsequently the 64,827 ASHAs working in AP are now distributed among the two states based on their geographic areas. Andhra Pradesh now has a target of 42681 while Telangana has the target of 28019, against which 39,009 ASHAs are working in Andhra Pradesh and 25,818 ASHAs in Telangana. This brings the total number of states where ASHA programme is being implemented to 33, with only two UTs - Puducherry and Chandigarh and one state –Goa being left out. However in this update we have reported data from 31 states, taking Telangana and Andhra Pradesh as one state and excluding progress of data from Himachal Pradesh since selection of ASHA is underway in the state.

The last update of January, 2014 reported a drop in total number of ASHAs, from 870089 ASHAs in July 2013 to 8,34,922 on account of improved identification of drop out and non functional ASHAs by states. Over the period of last six months some states (like Madhya Pradesh, Rajasthan, Gujarat, Haryana, Jammu & Kashmir, Punjab, Maharashtra and West Bengal) have selected new ASHAs to address gaps against set targets. As per recent data from states, the total number of ASHAs across 31 states and UTs is now 8,47,213 with an increase of about 12300 ASHAs from the data of January, 2014. Overall achievement of ASHA selection against the revised target of 9,40,114 (with target increased in Rajasthan and Mizoram) is 90.1%.

Amongst the High Focus States, most states have over 95% ASHAs in position against the target, except for Rajasthan and Uttar Pradesh, where only 87%, and 81% of the target ASHAs, respectively, are in place. Target for ASHA selection has been increased slightly in Rajasthan while it has been revised in Uttarakhand with a small downward correction. The number of ASHAs in place has increased in Madhya Pradesh by 4970 and Rajasthan by 1305 while a drop out of 97 ASHAs is reported from Uttarakhand and 53 ASHAs from Bihar. All North Eastern (NE) states have achieved more than 95 % target in selection of ASHA except in Mizoram where target number of ASHAs has been revised to 1538 from 1090 in January 2014, leading to a drop in selection achievement to 64%. Out of the Non high focus states, seven states have over 90% of the ASHAs in position against the target. Selection of ASHAs is 85% in Kerala followed by 82% in Delhi, 77% in Karnataka and 74% in West Bengal. New ASHAs have been selected in six states, which are Gujarat – 741, Haryana – 269, J&K – 558, Maharashtra – 2949, Punjab- 110 and West Bengal – 1593 while a drop out of 259 ASHAs is reported from Karnataka. Among UTs, Andaman and Nicobar and Lakshdweep have achieved 90 % and

100% of the target in selection of ASHAs, but Daman and Diu and Dadra and Nagar Haveli have 81 % and 83% ASHAs in place.

In terms of population density, the majority of high focus states have one ASHA for 1000 population or less except states of Bihar, Rajasthan and Uttar Pradesh. States of Jharkhand and Uttarakhand have a population density of 1 per 635 and 668 respectively on account of tribal and hilly areas. Similarly all NE states except Assam, have low population density within the range of 350 to 684. Lowest population coverage of 296 is reported from Chhattisgarh- where ASHAs are selected at habitation (para/hamlet) level and from Arunachal Pradesh (284) because of difficult geographic terrain and sparse population distribution. On the other hand, five out of eleven Non High focus states report population density of over 1000. Highest being from West Bengal with 1383 and Karnataka with 1255 whereas lowest density of 618 is seen in Kerala. Population coverage in UTs is within the range of 128 in Lakshadweep to 879 in Dadar & Nagar Haveli.

Table 2.1 A: Status of ASHA selection and density in High Focus state

| State | Proposed ASHAs (Target) | ASHA selected/ working | % of ASHA in place against proposed | Rural Population 2011 census | Current Density of ASHAs |
|----------------|-------------------------|------------------------|-------------------------------------|------------------------------|--------------------------|
| Bihar | 87135 | 83773 | 96.14 | 92075028 | 1/1099 |
| Chhattisgarh* | 70000 | 66179 | 94.54 | 19603658 | 1/296 |
| Jharkhand | 40964 | 39380 | 96.13 | 25036946 | 1/635 |
| Madhya Pradesh | 58245 | 55541 | 95.36 | 52537899 | 1/945 |
| Odisha | 43530 | 43363 | 99.62 | 34951234 | 1/806 |
| Rajasthan | 54953 | 48078 | 87.49 | 51540236 | 1/1072 |
| Uttar Pradesh | 159482 | 128611 | 80.64 | 155111022 | 1/1206 |
| Uttarakhand | 11039 | 10511 | 95.22 | 7025583 | 1/668 |
| Total | 525348 | 475436 | 90.50 | 437881606 | 1/921 |

*Chhattisgarh has selected ASHAs at habitation level.

Table 2.1 B: Status of ASHA selection and density in North East states

| State | Proposed ASHAs (Target) | ASHA selected/ working | % of ASHA in place against proposed | Rural Population 2011 census | Current Density of ASHAs |
|---------------|-------------------------|------------------------|-------------------------------------|------------------------------|--------------------------|
| Assam | 30508 | 29694 | 97.33 | 26780516 | 1/902 |
| Arunachal Pr. | 3862 | 3761 | 97.38 | 1069165 | 1/284 |
| Manipur | 3878 | 3878 | 100 | 1899624 | 1/489 |
| Meghalaya | 6519 | 6258 | 96 | 2368971 | 1/378 |
| Mizoram | 1538 | 987 | 64.17 | 529037 | 1/536 |
| Nagaland | 1887 | 1887 | 100 | 1406861 | 1/745 |
| Sikkim | 666 | 666 | 100 | 455962 | 1/684 |
| Tripura | 7367 | 7367 | 100 | 2710051 | 1/367 |
| Total | 56225 | 54498 | 96.93 | 37220187 | 1/682 |

Table 2.1 C: Status of ASHA selection and density in Non High Focus states

| State | Proposed ASHAs (Target) | ASHA selected/ working | % of ASHA in place against proposed | Rural Population 2011 census | Current Density of ASHAs |
|-----------------|-------------------------|------------------------|-------------------------------------|------------------------------|--------------------------|
| Andhra Pradesh | 70700 | 64827 | 91.69 | 56311788 | 1/868 |
| Delhi* | 5216 | 4276 | 81.98 | | |
| Gujarat | 35237 | 33858 | 96.09 | 34670817 | 1/1024 |
| Haryana | 18000 | 17110 | 95.06 | 16531493 | 1/966 |
| Jammu & Kashmir | 12000 | 11214 | 93.45 | 9134820 | 1/814 |
| Karnataka | 39195 | 29916 | 76.33 | 37552529 | 1/1255 |
| Kerala | 33160 | 28242 | 85.17 | 17455506 | 1/618 |
| Maharashtra | 58945 | 58924 | 99.96 | 61545441 | 1/1044 |
| Punjab | 17360 | 16922 | 97.48 | 17316800 | 1/1023 |
| Tamil Nadu ** | 6850 | 6204 | 90.57 | | |
| West Bengal | 61008 | 44980 | 73.73 | 62213676 | 1/1383 |
| Total | 357671 | 316473 | 88.48 | 312732870 | 1/988 |

*Delhi has selected ASHA only in certain identified clusters, at the level of 1 for 2000 population

** ASHAs have been selected only in tribal areas.

Table 2.1 D: Status of ASHA selection and density in Union Territories

| State | Proposed ASHAs (Target) | ASHA selected/ working | % of ASHA in place against proposed | Rural Population 2011 census | Current Density of ASHAs |
|----------------------------|-------------------------|------------------------|-------------------------------------|------------------------------|--------------------------|
| Andaman and Nicobar Island | 412 | 407 | 98.79 | 244411 | 1/600 |
| Dadra and Nagar Haveli | 250 | 208 | 83.20 | 183024 | 1/879 |
| Lakshadweep | 110 | 110 | 100.00 | 14121 | 1/128 |
| Daman & Diu | 98 | 81 | 82.65 | 60331 | 1/744 |
| Total | 870 | 806 | 92.64 | 501887 | 1/622 |
| Total All India | 940114 | 847213 | 90.12 | 788336550 | 1/931 |

Section 2.2 : Status of Training

This section provides an overview of training across all states of India. Training of Module 5 is almost complete in most of states with over 85% ASHAs trained in Module 5, except in three states (Madhya Pradesh – 76%, Haryana – 65% and Nagaland – 69%).

Training of Module 6 & 7 has progressed across most states and different rounds of Module 6 & 7 are currently underway. Round 3 TOT of state trainers has been completed for five state trainers from Uttarakhand, 10 from Jharkhand, six from Punjab, one from Gujarat, three from Delhi and total 24 trainers from North Eastern States - three each from Arunachal Pradesh and Manipur, two from Meghalaya, four each from Mizoram and Sikkim, two from Nagaland, and six from Assam. W3

In the high focus states, Round 3 training of ASHAs is underway in most of the states except Rajasthan and Uttar Pradesh. Uttarakhand has completed training of ASHAs in Round 3. State has also conducted Refresher TOT of district trainers and six of the state trainers have completed Round 3 TOT but slow progress in ASHA training is observed in last quarter as refresher training of ASHAs is still underway and round 4 of Module 6 & 7 training of ASHAs is yet to start. This slow pace can be linked to the natural calamity faced by the state in June, 2013 which forced state to focus only on few areas and affected the routine activities like training across all districts in FY 2013-14. Slow pace of training also continued in Rajasthan and Uttar Pradesh¹ with Round 2 training completed only for 16% and 15% of ASHAs respectively owing to procurement related challenges.

Training of ASHAs in Round 3 of Module 6 & 7 is almost completed in all North Eastern states except Assam where Round 3 training is completed for only 44% ASHAs. All North Eastern states have completed training of state trainers in Round 3 TOT and training of district trainers and ASHAs are expected to begin soon after the budget for FY 2014-15 is released.

Among Non High Focus States, round 3 training of ASHAs is underway in all states. However states of Punjab and Tamil Nadu have reported no progress in training of ASHAs over last six months. Even in states where training rounds were conducted, very little progress was reported as noted in cases of Gujarat, Delhi, Karnataka, Kerala and Maharashtra. Only two states of Haryana and West Bengal showed modest levels of progress in ASHA training during this period.

Overall slow pace of training as evident from figures of ASHA training shared by states for last two quarters, is also partly due to very little or nil progress in training during the first quarter of FY 2014-15 on account of delay in the process of release of funds this year and failure of state departments to follow MoHFW's directives for continuation of the last year's approved activities. In anticipation of delay in the planning and fund release process in FY 2014 -15 because of the parliamentary elections, MoHFW also released 30% additional funds to all states to facilitate continuation of committed planned activities, yet most states showed reluctance in using funds for many planned activities during this period, which included training of ASHAs and trainers also. Hence we note that very few states conducted any trainings in first quarter of FY 2014-15. In addition, the two common challenges related to procurement of modules / equipment kits of ASHAs and high rate of attrition of state as well as district trainers, continue to prevail in most states.

¹Training figures only from 17 CCSP districts.

Table 2.2 A Training Status for High Focus states

| State | ASHAs Selected | Training Status - No. of ASHAs trained in | | |
|---------------------------|----------------|---|-------------------|---|
| | | Induction Module | Module 5 | Module 6&7 |
| Bihar | 83773 | | 75445 (90 %) | <ul style="list-style-type: none"> 19 state trainers trained in Round 1 and 15 trained in Round 2 3 State Training agencies / training sites and 14 District Training Agencies are functional, being run by NGOs. 803 District Trainers trained in Round 1, & 532 trained in Round 2. Module 5 Training of 4 days merged with 4 rounds of Module 6 & 7 training, making it 4 Rounds of 6 days each. No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 75445 (90%) ➤ Round 2 - 61275 (73%) ➤ Round 3 – 40266 (48%) |
| Chhattisgarh ² | 66179 | 10661 (16%) | 57779 (87 %) 1 | <ul style="list-style-type: none"> 41 State trainers and 3551 district trainers in position in the state No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Module 13 - 55630 (84%) ➤ Module 14 & 15 – 54100 (82%) ➤ Module 16 - 57701 (87%) ➤ Module 17 – 58152 (88%) - refresher round |
| Jharkhand | 39380 | 0 | 40964 (104%) | <ul style="list-style-type: none"> 13 State trainers trained in Round 1 and 14 in round 2 & 10 trained in round 3. 407 District Resource Persons trained in Module 6A; 417 trained in Module 6B and 474 trained in Module 7A. 804 Saahiya trainers trained in round 1 & 778 in round 2 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 37045 (94%) – named as Module 6 A ➤ Round 2 - 37246 (95%) - named as Module 6 B ➤ Round 3 - 34231 (87%) - named as Module 7 A Sahhiya Sathi (ASHA Facilitators) trained in first two rounds of Module 6 and 7, Round 3 Training is underway |

²Chhattisgarh's training structure has been different. Mitaniins have been trained in Module 1 to 18.

| State | ASHAs Selected | Training Status - No. of ASHAs trained in | | |
|------------------|----------------|---|--|--|
| | | Induction Module | Module 5 | Module 6&7 |
| Madhya Pradesh | 55541 | 2123 (4%) | 42098 (76%) (dropped from last update) | <ul style="list-style-type: none"> 41 state trainers trained in Round 1 870 district trainers trained in Round 1 & 809 in round 2 . No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 55706 (100%) ➤ Round 2 - 46283 (83%) ➤ Round 3 – 25550 (46%) |
| Odisha | 43363 | 0 | 43370 (100 %) | <ul style="list-style-type: none"> 26 state trainers trained in Round 1 and 23 in Round 2 312 District Trainers trained in Round 1 & 274 in round 2 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1- 42478 (98%) ➤ Round 2 – 41605 (96%) ➤ Round 3 – 39046 (90%) |
| Rajasthan | 48078 | 510 (1 %) | 42133 (88 %) | <ul style="list-style-type: none"> 18 state trainers trained in Round 1 & 20 in Round 2, 613 District Trainers trained in Round 1, No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 28970 (60%) ➤ Round 2 - 7860 (16%) |
| Uttar Pradesh | 128611 | 3705 (3%) | 121640 (95%) | <ul style="list-style-type: none"> State has a pool of 56 state trainers and 674 district trainers trained in Round 1 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 24012 (19%) ➤ Round 2 - 18710 (15%) |
| Uttarakhand | 10511 | 0 | 8978 (85%) | <ul style="list-style-type: none"> 6 state trainers trained in Round 1 and 5 in Round 2. Five trained in Round 3. 231 District trainers trained in Round 1 and 203 in Round 2 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 10313 (98%) ➤ Round 2 - 10064 (96%) ➤ Round 3 - 10209 (97%) Refresher Training of Trainers for Round 1 and 2 completed |
| Total EAG States | 475436 | 16999 (4%) | 432407 (91%) | <ul style="list-style-type: none"> No. of ASHAs Trained - <ul style="list-style-type: none"> ➤ Round 1 - 329599 (69%) ➤ Round 2 - 276104 (58%) ➤ Round 3 - 207003 (44%) |

Table 2.2 B Training Status for North East states

| State | ASHAs Selected/Working | Training Status - No. of ASHAs trained in | | |
|-------------------|------------------------|---|-----------------|--|
| | | Induction Module | Module 5 | Module 6&7 |
| Assam | 29694 | 0 | 28422 (96 %) | <ul style="list-style-type: none"> 17 State Trainers trained in round 1 & 14 trained in Round 2, and six trained in Round 3. 437 District trainers trained in Round 1 No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ Round 1 - 29560 (99.6%) ➤ Round 2 - 29257 (99%) ➤ Round 3 - 12934 (44%) All 2838 ASHA Facilitators trained in Round 1_ |
| Arunachal Pradesh | 3761 | | 3643 (97%) | <ul style="list-style-type: none"> 4 State Trainers trained in Round 1 and Round 2 3 State Trainers trained in Round 3 28 District Trainers trained in Round 1 & 22 in Round 2 No. of ASHAs Trained - <ul style="list-style-type: none"> ➤ Round 1 - 3632 (97%) ➤ Round 2 - 3424 (91%) ➤ Round 3 - 3125 (83%) ➤ Refresher Round - 66 (2%) All 347 ASHA Facilitators trained in Round 1 |
| Manipur | 3878 | | 3817 (98%) | <ul style="list-style-type: none"> 3 State trainers trained in in round 3 66 District trainers trained in Round 1 & 2 3804 (98%) ASHAs trained in Round 1, Round 2 & Round 3 ASHA Facilitators – All 194 AFs trained in Round 1. |
| Meghalaya | 6258 | | 5588 (89%) | <ul style="list-style-type: none"> 3 State trainers trained in Round 1 and 2 66 District trainers trained in Round 1 & 65 in round 2 2 State Trainers trained in Round 3 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 5891 (94%) ➤ Round 2 - 5873 (94%) ➤ Round 3 - 5710 (91%) All 313 AFs trained in Round 1 & 274 trained in Round 2 and Round 3. |

| State | ASHAs Select- ed/Working | Training Status - No. of ASHAs trained in | | |
|-----------------|-----------------------------|---|----------------|---|
| | | Induction Module | Module 5 | Module 6&7 |
| Mizoram | 987 | | 855 (87%) | <ul style="list-style-type: none"> • 3 State trainers – trained in Round 1 & 2 • 4 State Trainers trained in Round 3 • 28 District trainers trained in Round 1 & 2 • 987 (100%) ASHAs trained in Round 1, 2 & Round 3 |
| Nagaland | 1887 | 1296 (69%) | 1296 (69%) | <ul style="list-style-type: none"> • 3 State trainers trained in Round 1 & 2 • 2 State Trainers trained in Round 3 • 66 District trainers (who are also Block ASHA Coordinator) trained in Round 1 & 63 in round 2 • <u>No. of ASHAs Trained –</u> <ul style="list-style-type: none"> ➤ Round 1 – 1398 (74%) ➤ Round 2 – 1397 (74%) ➤ Round 3 – 1624 (86%) |
| Sikkim | 666 | | 666 (100%) | <ul style="list-style-type: none"> • 3 State trainers trained in Round 1, 2 & 4 trained in Round 3 • 20 District trainers trained in Round 1 & round 2 • 666 (100%) ASHAs trained in Round 1, 2 & Round 3 • All 70 AFs trained in three rounds of Module 6 & 7 |
| Tripura | 7367 | | 7367 (100%) | <ul style="list-style-type: none"> • 3 State trainers trained in Round 1 & 2 • 4 State trainers trained in Round 3 • 89 District trainers trained in Round 1 & 78 in round 2 • <u>No. of ASHAs Trained –</u> <ul style="list-style-type: none"> ➤ Round 1 – 7155 (97%) ➤ Round 2 – 7009 (95%) ➤ Round 3 – 7021 (95%) • ASHA Facilitator training in Round 1 is underway. |
| Total NE States | 54498 | 1296 (2%) | 51654 (95%) | <u>No. of ASHAs Trained –</u> <ul style="list-style-type: none"> ➤ Round 1 – 53093 (97%) ➤ Round 2 – 52417 (96%) ➤ Round 3 – 35871 (66%) |

Tab 2.2 C -Training Status for Non High Focus states

| State | ASHAs Selected / working | Training Status - No. of ASHAs trained in | | |
|----------------|--------------------------|---|--|--|
| | | Induction Module | Module 5 | Module 6&7 |
| Andhra Pradesh | 64827 | | 30 days training covering women's and children's health, given to all ASHAs in pre- NRHM phase of the programme. | <ul style="list-style-type: none"> 12 State trainers trained in Round 1 and 11 in Round 2 654 District Trainers trained in Round 1 No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Round 1 - 57643 (89%) ➤ Round 2 - 45449 (70%) |
| Delhi | 4276 | | 4505 (105%) named as Module 4 by state | <ul style="list-style-type: none"> State has adapted Module 6 and 7 to suit local context which is to be completed in two separate rounds of five days each. 56 state trainers trained, & 334 district trainers trained for conducting the adapted ASHA Training in Mod.6 & 7 3 state trainers trained in Round 3No. of ASHAs trained - <ul style="list-style-type: none"> ➤ Module 6 – 3380 (79%) ➤ Module 7 - 2326 (54%) |
| Gujarat | 33858 | | 28066 (83%) | <ul style="list-style-type: none"> 4 state trainers and in Round 1 and 3 in round 2. Five trainers from Deepak Charitable Foundation trained in Round 1 and 2 and one trainer trained in Round 3 TOT. 160 district trainers trained in Round 1 No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ Round 1 - 30685 (91%) ➤ Round 2 - 30190 (89%) ➤ Round 3 - 26711 (79%) ➤ Round 4 - 23702 (70%) |

| State | ASHAs Selected / working | Training Status - No. of ASHAs trained in | | |
|-------------------|--------------------------|---|------------------|---|
| | | Induction Module | Module 5 | Module 6&7 |
| Haryana | 17110 | 5237 (31%) | 11112 (65%) | <ul style="list-style-type: none"> 19 state trainers trained in round 1 & 18 in round 2. 434 district trainers trained in round 1 No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ Round 1 - 16114 (94%) ➤ Round 2 - 16637 (97%) |
| Jammu and Kashmir | 11214 | | 8300 (74%) | <ul style="list-style-type: none"> 14 State Trainers trained in Round 1 and 6 trained in round 2 225 District Trainers trained in Round 1 7248 (65%) ASHAs trained in Round 1, |
| Karnataka | 29916 | | 29916 (100%) | <ul style="list-style-type: none"> 15 State Trainers trained in Round 1 and 10 in Round 2 240 District Trainers trained in Round 1, 157 in round 2. 29813 (99.7%) ASHAs trained in Round 1 and 2 27873 (93%) ASHAs trained in Round 3 and 4. |
| Kerala | 28242 | 863 (3%) | 29045 (103 %) | <ul style="list-style-type: none"> State has developed a 4 days state specific module for ASHAs covering the issues covered in Module 6&7 26684 ASHAs (94%) ASHAs trained in state specific version of Module 6 and 7 |

| State | ASHAs Selected / working | Training Status - No. of ASHAs trained in | | |
|-------------------------------|--------------------------|---|-----------------|--|
| | | Induction Module | Module 5 | Module 6&7 |
| Maharashtra | 58924 | 4562 (8%) | 61724 (105%) | <ul style="list-style-type: none"> 15 state trainers trained in round 1 & 13 in round 2 District trainers trained - Round 1: 1476 & 1406: round 2 No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ 41359 (70%) trained in Round 1 ➤ 27653 (47%) trained in Round 2 ➤ 11052 (19%) trained in Round 3 1986 Block Facilitators trained in Round 1 and 692 trained in Round 2 (in tribal areas) |
| Punjab | 16922 | | 16403 (97%) | <ul style="list-style-type: none"> 5 State trainers trained in Round 1, 7 trained in Round 2 and six trained in Round 3 326 District Trainers trained in Round 1 & 311 in Round 2. 16243 (96%) ASHAs trained in Round 1 and 2. 10714 (63%) ASHAs trained in Round 3 |
| Tamil Nadu | 6204 | | 5513 (89%) | <ul style="list-style-type: none"> State has trained ASHAs in an adapted version of Module 6 and 7. 1657 (27%) trained in Round 1 & Round 2, 1571 (25%) trained in Round 3 1343 (22%) trained in Round 4 |
| West Bengal | 44980 | 5253 (12%) | 37577 (84%) | <ul style="list-style-type: none"> 17 State Trainers trained in Round 1 and 2. District trainers trained- Round: 1228 & Round 2: 1067 No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ 44109 (98%) trained in Round 1 ➤ 40877 (91%) trained in Round 2 ➤ 38690 (86%) trained in Round 3 |
| Total - Non High Focus States | 316473 | 15915 (5%) | 296988 (94%) | <ul style="list-style-type: none"> No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ 274935 (87%) trained in Round 1 ➤ 210845 (67%) trained in Round 2 ➤ 116611 (37%) trained in Round 3 ➤ 52918 (17%) trained in Round 4 |

Table 2.2 D - Training Status for UTs

| State | ASHAs Selected/ working | Training Status - No. of ASHAs trained in | | |
|----------------------------|----------------------------|---|---------------|---|
| | | Induction Module | Module 5 | Module 6&7 |
| Andaman and Nicobar Island | 407 | | 407 (100%) | State has trained 272 ASHAs in Modules 6 and 7 (two rounds training) |
| Dadra and Nager Haveli | 208 | | 87(42 %) | <ul style="list-style-type: none"> 68 ASHAs have been trained in Round 1 and 45 trained in Round 2. Additionally, orientation of 81 ASHAs on HBNC (through state specific mechanism) done for three days. |
| Lakshadweep | 110 | | | No information available |
| Daman and Diu | 81 | | 63 (78%) | No information available |
| Total – Uts | 806 | | 557(69%) | |

Table 2.2 E Training Status – All India Total

| | ASHAs Selected/ Working | Training Status - No. of ASHAs trained in | | |
|--|----------------------------|---|-----------------|--|
| | | Induction Module | Module 5 | Module 6 & 7 |
| | 847213 | 34210 (4%) | 781606 (92%) | <ul style="list-style-type: none"> No. of ASHAs Trained – <ul style="list-style-type: none"> ➤ 657967 (78%) trained in Round 1 ➤ 539683(64%) trained in Round 2. ➤ 359485 (42%) trained in Round 3. ➤ 52918 (6%) trained in Round 4. |

Section 2.3 Support Structure

Composition of Support Structures for ASHA and Community Processes

At the state level the programme is expected to be supported by a Community Processes Resource Centre (CPRC) led by a team leader, and a team of Programme Managers and consultants for ASHA Programme/VHSNC/ Communications and Documentation/Training and Regional/Zonal coordinators. In addition the state nodal officer with his/her small team will be located separately in SPMU, and will focus on programme management and issuing orders and guidelines. CPRC will focus on resource & technical support and training. State ASHA Mentoring Group, consisting of NGO representatives, academicians, training institutions and research organizations, is to provide policy guidance and programmatic oversight.

At the district level, the team of a District Nodal Officer supported by a District Community Mobiliser and data assistant is expected to manage the programme.

At the block level, a Block Nodal Officer and ASHA facilitators (one ASHA Facilitator for 10 to 20 ASHAs) are expected to provide support and supervision. The recently revised guidelines envisage that these support structures at all levels will support ASHA programme, VHSNC and all other community processes interventions

A four tier support structure with adequate capacity building is essential for effective implementation of Community Processes interventions and to provide adequate support to ASHAs and VHSNC. Over last three years states have made good progress in setting up support structures but most states have not been able to address the shortfall against the persistent vacancies.

Six out of eight high focus states have support structures at all four levels. States of Odisha and Uttar Pradesh have support structures at state and district, but none at block level. While state of Odisha is yet to receive approval for selection of Block Coordinators, state of UP received approval for selection of BCMs last year but is yet to start their recruitment. Also ASHA facilitator's selection in the state is yet to complete in the state of UP. Huge vacancies at all levels of support structures across states like – Bihar, Madhya Pradesh, Rajasthan and UP continue to be a challenge. Madhya Pradesh which lagged behind in completing the recruitment of approved posts since last two years has shown some progress in last quarter and has selected few DCMs and ASHA facilitators. However the shortfall of 30% DCMs, 18% BCMs and 14% AFs is yet to be met. On the other hand the shortfall of HR in Bihar has further increased in last quarter from 52% to 58% for DCMs, and from 40% to 42% for BCMs. While in Rajasthan high shortfall of 53% for BCMs and 38% PHC ASHA Supervisors (1 per PHC equivalent to ASHA Facilitators) remained unaddressed. At district level, states of Jharkhand, Odisha, Rajasthan and Uttar Pradesh have not been able to fill the vacancies of DCMs. While at state level, in Rajasthan and Jharkhand the support teams are functional with limited personnel, and need to be expanded for better programme management.

In North Eastern states, support structures at minimum three levels have been set up in all states except Sikkim and Mizoram. Sikkim has put in place the support structures at sub block level and has selected 71 AFs for 666 ASHAs. In states of Sikkim and Mizoram there is no dedicated staff at state level and the programme is mainly supported by NERRC state ASHA facilitator. ASHA facilitators are in place in all NE states except Nagaland which has instead selected BACs at block level who also mentor the ASHAs. State of Assam has support structures at all four levels, though few recruitment of BCMs were made in last quarter but shortfall still stands at 44%.

Among the Non High Focus states, except for Gujarat, Haryana, Karnataka, Maharashtra and Punjab none of the states have dedicated support structures beyond state level and programme is managed by existing staff at each level. Even in these states problems of huge vacancies are common. New recruitments of ASHA facilitators were reported in Gujarat and Haryana in last quarter yet a shortfall of 15% and 7% still exists respectively in these states. States of Karnataka and Maharashtra had a drop out of 212 and 175 ASHA facilitators respectively. At block level also few vacancies remained unfilled in states of Haryana, Karnataka and Maharashtra.

Following the training of trainers last year all states which have selected ASHA facilitators have either completed training of selected ASHA facilitators or are about to complete the training in Handbook for ASHA Facilitators except for Gujarat and Karnataka. Subsequently the number of states undertaking performance monitoring of ASHAs have increased from 15 to 21 during last six months.

Table 2.3 A: Status of ASHA support structure in High Focus States

| State Name | State Level | District Level | Block Level | Sector Level |
|--------------|---|---|--|---|
| Bihar | AMG constituted in July 2011, only 1 meeting held in Feb 2011. ARC established, registered as a separate society accountable to State Health Society. Six members within ARC and six Divisional Coordinators currently in position. | 16 out of 38 DCMs, 28 out of 38 DDAs, are in place. | 309 out of 534 BCMs are in place. | <ul style="list-style-type: none"> 3974 out of 4150 ASHA Facilitators (one per 2ASHA) are in place. All 3974 AFs Trained in Handbook for ASHA Facilitators. |
| Chhattisgarh | AMG proposed ARC is working under SHRC with a six member team | 35 District Coordinators in place in 27 districts (2/district in some outreach districts) | 292 Block Mobilisers in place against target of 292 | <ul style="list-style-type: none"> 3150 Mitandin trainers (AFs) - 1 per 20 ASHA, are in place against target of 3150, and trained. |
| Jharkhand | AMG was constituted in 2012 and reconstituted in 2013, total Six meetings held, last one in April 2014. VHSRC established as a separate cell within the SPMU with a team of three consultants | 22 out of 24 District Programme Coordinators in place | 840 Block Trainers & DRPs in place against target of 844 | <ul style="list-style-type: none"> 2175 Sahiyaa Saathi in place @ 1 per 20 Sahiyas, against target of 2184. 2076 trained in Handbook for ASHA facilitators |

| State Name | State Level | District Level | Block Level | Sector Level |
|----------------|--|---|--|---|
| Madhya Pradesh | AMG formed in Oct 2008, now merged with MGCA. 12 meetings held. Last meeting in June 2013. ARC team led by State Nodal officer with 10 team members | 35 DCM in place in 50 District MGCAs formed & involved in ASHA training monitoring | 259 BCMs out of targeted 313 are in place 313 Block MGCAs in place. | <ul style="list-style-type: none"> 3286 ASHA Facilitators in place against target of 3991 (1 AF for 10 ASHAs in tribal areas) 2440 ASHA facilitators trained in Facilitators Handbook |
| Orissa | AMG constituted in 2009, total 4 meetings held , last in 2012, CPRC in place with a team of 7 consultants | DCM in place in 27 out of 30 districts District AMGs constituted | Existing block PMU staff manages the programme | <ul style="list-style-type: none"> 1226 Community Facilitators (AFs) in place against target of 1226. Training of Community Facilitators in Handbook for ASHA Facilitators is complete |
| Rajasthan | AMG constituted, last meeting held in Sep 2011 Two consultants working in SPMU. SIHFW extending support for rolling out ASHA Training. | 25 DCMs in place against 34 districts, | 109/249 Block ASHA Coordinators in position presently. | <ul style="list-style-type: none"> 995 PHC ASHA Supervisors (1 per PHC) are in position against target of 1503. Training of ASHA Facilitators in Handbook for ASHA Facilitators has been done |
| Uttar Pradesh | AMG constituted in Aug 2008, last meeting in Dec 2013. Community Processes Division led by a Nodal officer works within SPMU, with a team of 4 Consultants. | 66/75 DCMs are in position 72 Districts have District AMGs | Existing staff (Block PMUs) | <ul style="list-style-type: none"> 1776 in position out of target of 6808 as ASHA Facilitators selected in 17 CCSP districts. 1514 AFs trained in Facilitators Handbook. |
| Uttarakhand | AMG constituted in 2009, total 20 meetings held, last meeting in June 2014. State has one Nodal Officer in SPMU, and two regional coordinators, who works closely with state ARC, which is outsourced to NGO – HIHT | District ARCs outsourced to NGOs. Presently NGOs running ARC in 11 districts. In 2 districts CMOs manage the ARC retaining the field staff of NGOs. | 91 BCMs placed against target of 101. (6 in urban areas) | <ul style="list-style-type: none"> 598 AFs in position against target of 606 (550 rural, 56 urban - 1 for 15-20 ASHAs) Training in Handbook for ASHA Facilitators completed. |

Table 2.3 B: Status of ASHA support structure in North East states

| NE States | State Level | District Level | Block Level | Sector Level |
|-------------------|---|--|--|--|
| Arunachal Pradesh | AMG constituted in Jan 2010, total meetings held – 8, last meeting held in Aug 2013, ARC in place with 3 members team | 16/17 DCMs and DDAs in all districts. | Existing BPMU staff | <ul style="list-style-type: none"> • 347/348 ASHA Facilitators in place. • Training on Handbook for ASHA Facilitators done. |
| Assam | AMG constituted and last meeting held in 22nd Nov 2011. ARC housed in SPMU (1 Program Executive in place) Recruitment process of State ASHA program Manager and SCM is on process. | DCM in place in all 27 districts | 84 Block Community Mobilizers in position against target of 149. | <ul style="list-style-type: none"> • 2838/2878 ASHA Facilitators in place (One for 10 ASHAs) • ASHA Facilitators trained in Handbook for ASHA Facilitators |
| Manipur | AMG constituted in Dec 2008, total 10 meetings held, last meeting held in March 2013, ARC formed, has 1 ASHA Programme Manager | DCMs in place in all 9 districts | Existing BPMU staff | <ul style="list-style-type: none"> • 194/194 ASHA Facilitators (One for 20 ASHAs) • All facilitators have been trained in Handbook for ASHA Facilitators |
| Meghalaya | AMG formed and last meeting held in Aug 2012, being re-constituted, ARC in place, within SPMU with 2 consultants | DCPC (District Community Process Coordinator) in place in 7/11 districts | Existing BPMU staff | <ul style="list-style-type: none"> • 312/334 ASHA Facilitators (one for 15-20 ASHAs) • ASHA Facilitators trained in Handbook for ASHA Facilitators |
| Mizoram | AMG formed and last meeting held in 28th June 2013 ARC not established Programme is supported by state facilitator from NERRC | All 9 Districts have District ASHA Coordinator | NA since No system of Block unit for program management /health | <ul style="list-style-type: none"> • 66/66 ASHA Facilitators in place, • ASHA Facilitators trained in Handbook for ASHA Facilitators |

| NE States | State Level | District Level | Block Level | Sector Level |
|-----------|---|---|---|---|
| Nagaland | AMG formed in Nov 2009, 5 meetings held, last meeting- Nov 2012 ARC functional under Directorate of Health services. | DCMs in place in all 11 districts | 66/76 Block ASHA Coordinators (BACs) in place | <ul style="list-style-type: none"> Block ASHA Coordinators play support role BACs trained in Handbook for ASHA Facilitators |
| Sikkim | AMG formed and last meeting held in Nov. 2011 ARC does not exist (designated State ASHA Nodal Officer in place) | Existing staff of DPMU | Existing Staff of BPMU | <ul style="list-style-type: none"> 70/76 ASHA Facilitators in place All trained in Handbook for ASHA Facilitators |
| Tripura | AMG formed and last meeting held on March 2013 ARC constituted (1 state ASHA Programme Manager) | District ASHA Coordinators in position in all 8 districts, (4 DCMs in original 4 districts and 4 Sub Divisional Coordinators acting as DCM) | 11 Sub divisional ASHA Coordinators in place against 11 required. | <ul style="list-style-type: none"> 387/400 ASHA Facilitators in place All trained in Handbook for ASHA Facilitators |

Table 2.3 C: Status of ASHA support structure in Non- High Focus states

| State | State Level | District Level | Block Level | Sector Level |
|----------------|---|---|---|--|
| Andhra Pradesh | AMG constituted Functions of ARC are managed by a small team based in SPMU and Directorate and Indian Institute of Health and Family Welfare. | Project Officer, District Training Team (P.O.DTT) and District Public Health Nursing Officer (DPHNO) involved | Existing staff of BPMU | ANM & Health Supervisors at PHC level involved in ASHA support |
| Delhi | AMG formed in July 2010, total meetings held – 5, last meeting held in Feb 2013 ARC in place; with one State level Nodal Officer, two State ASHA Coordinators, two Data Assistants and one Account Assistant | Existing Staff of DPMU but District Mentoring Group in place. | Total 1005 ASHA mentors (ANMs) in place against target of 1123 113 ASHA Units (One unit per 50,000 population.) in place. Each unit has Unit Mentoring Group composed of 04-5 members, which includes MOIC, PHN, NGO representatives and 5 ANMs as facilitators. | |

| State | State Level | District Level | Block Level | Sector Level |
|----------------|---|--|---|--|
| Gujarat | AMG Constituted in Aug 2011, total meetings held – 3, last meeting in Aug 2013 ARC established under the office of Rural Health Department under Commissionerate of Health Office. | No DCM in place, existing staff is supported by a Data Assistant in all districts 24 Districts have constituted AMG | Existing staff | 2922/3454 ASHA Facilitators (one for ten ASHAs) in position |
| Haryana | AMG not constituted ARC in place within the SPMU with 10 member team | DACs in place in 21/21 districts | 108 BACs in place against target of 115. | 575 ASHA Facilitators in place against target of 618. Training for AFs completed |
| Jammu& Kashmir | ARC and AMG not established 1 ASHA Nodal Officer and 1 state ASHA Coordinator in place | Existing staff | Existing staff | Existing staff |
| Karnataka | AMG constituted and last meeting held in June 2013. One ASHA Nodal Officer based in the Health Directorate Deputy Director for ASHA Training based within SIHFW | 30/30 District ASHA Mentors in position as District ASHA Coordinators | 158/176 Block ASHA Mobilisers in place. One District Trainer also called as ASHA Mentor supervises ASHAs of two blocks | 1588/2200 AFs in place |
| Kerala | AMG constituted in 2008, total meetings held – 5, last meetings in held May 2012 State ASHA Team with one Nodal Officer and consultant based within SPMU | Existing staff | Existing staff | Existing staff |
| Maharashtra | AMG constituted in Oct 2007, total meetings held – 16, last meeting held in July, 2013 One Nodal Officer-ASHA & one consultant work as ARC team based within SPMU | DCMs in position in all 33 districts District AMG formed in all 33 districts | 305/355 BCMs in place. Block AMG formed in 70 tribal blocks and in 281 Non-tribal blocks | 2227/2480 AFs in place- (928/984 -one for 10 ASHAs in tribal districts &1399/1496 -at PHC level in non- Tribal districts).Total 1925 trained in performance monitoring. |

| State | State Level | District Level | Block Level | Sector Level |
|-------------|--|---|--|---|
| Punjab | AMG not constituted ARC not established, team of two consultants working in SPMU | 15 DCMs in place out of 22 districts | Existing Staff (BEE- Block Extension Educator working as BCM in many places) | 852/898 ASHA Facilitators in position at cluster level and have been trained in Handbook for ASHA Facilitators. |
| TamilNadu | AMG not formed, but NGOs involved in ASHA support Institute of Public Health, Poonamallee is working as ARC | Existing staff (DPMU & Deputy Director of Health Services and District and Maternal and Child Health Officers (DMCHO) | Existing staff (Community Health Nurse) | Existing staff (Sector Health Nurse) |
| West Bengal | AMG formed in Sep 2010, total 4 meetings held, last meeting held in Dec 2011. ARC – with respect to ASHA training outsourced to CINI (Support structure at three levels, district, block and sector sanctioned in FY 2013-14, yet to be recruited) | Existing staff (Deputy CMHO, DPHNO), recruitment for DCMs in process | Existing staff, recruitment for BCMs in process | Existing staff (Health Supervisor posted at GP level) |

Table 2.3 D: Status of ASHA support structure in UTs

| Status of Support Structure for ASHA | | | | |
|--------------------------------------|---|----------------|----------------|----------------|
| UTs | State Level | District Level | Block Level | Sector Level |
| Andaman & Nicobar Island | AMG not established ARC doesn't exist and SPMU manages the programme | Existing staff | Existing staff | Existing staff |
| Dadra and Nagar Haveli | AMG and ARC not established SPMU is managing the ASHA Programme | Not Applicable | Not Applicable | Existing staff |
| Lakshadweep | AMG and ARC not established Medical officer is in-charge of Island is the nodal officer for the Programme | Not Applicable | Not Applicable | Existing staff |
| Daman and Diu | AMG and ARC not established. SPMU is managing the ASHA Programme | Not Applicable | Not Applicable | Not Applicable |

The Framework For implementation of the National Urban Health Mission lays out the institutional norms and requirements for ASHA and the Mahila Arogya Samitis. The MOHFW in January 2014 launched the Guidelines for ASHA and the MAS in the urban context. These guidelines provide the operational framework for implementation and provide guidance to programme managers on roles, selection, training, capacity building and cost norms for ASHAs and Mahila Aarogya Samitis in Urban Areas.

In May 2014, a Technical Advisory Group (TAG) was constituted by NHSRC to enable the development of an Induction training module for ASHA and for MAS members. The group finalized the content using existing ASHA modules in NRHM, state experiences in implementing urban health worker programmes, NGO modules for community health workers in urban areas and the experiences of members in implementing urban health programmes. The recommendations of the Technical Resource Group (TRG), which were reported in the ASHA Update issue of January 2014, also informed the modules.

The three roles of the ASHA as envisioned in the NRHM, viz the Facilitator, the Community care provider and the Activist are relevant in urban areas as well, particularly since NUHM is intended for urban slums. However the group felt that in order to address the specific challenges of urban areas certain additional inclusions in content and the corresponding skills were necessary.

A key learning from the ASHA program in NRHM was the significant exclusion of vulnerable and marginalized households. The module on Reaching the Unreached was developed for the ASHAs in rural areas almost six years after the programme was launched. Given that the problems of the marginalized are much higher in urban areas and these are the communities that need attention by ASHA and MAS, an additional skill included in the Induction Module is Vulnerability Mapping by ASHAs and MAS to enable them to identify and prioritize the needs of such families. Another departure from the NRHM ASHA modules are the role of the ASHA in common communicable diseases such as Dengue, Chikungunya, Swine flu and Non-Communicable Diseases, such as Hypertension and Diabetes. Other topics that have received additional emphasis in the Induction Module are building the skills of the ASHA in coordination and convergence functions of Municipal corporations and their role and contribution in public health, in navigating the urban public health facilities, and in financial protection.

The modules have been disseminated to the states, where ASHA selection processes are currently underway. Several states have experience with implementing urban community processes through link workers as part of the erstwhile RCH 2 programme. The state of Delhi has selected urban ASHA through the NRHM. Delhi's ASHA programme is entirely urban based. The ASHA update in January 2014, provided a summary of highlights from an evaluation of the programme.

PROCESS OF URBAN ASHA SELECTION IN CHHATISGARH

The process of urban ASHA (Mitanin, as they are known locally) selection in Chhattisgarh was undertaken through existing ASHA facilitators. The number of Mitans required was estimated based on the slum population obtained from the Municipality, other official and community sources. Existing ASHA facilitators from the adjoining rural areas of the city were identified. They were trained in a five day training programme on the process of mapping particularly identifying the marginalized and vulnerable groups among the urban poor and community mobilization in urban areas. ASHA Facilitators undertook, community mobilization to orient the community to the roles and responsibilities of the ASHA, mapping of slum clusters, conducted group meetings and one on one interactions to ensure coverage of all households in the slum clusters. They also undertook household listing. After two to three rounds of community meetings the ASHA was selected. Ward Parshads were also invited to community meetings where selection took place. It was mandatory to invite them, but in case they did not attend, the community still went ahead with the selection.

The facilitator also undertook the process of MAS formation with one MAS for every ASHA. One member was selected from a cluster of 10-20 households, comprising of total 10-20 members in each MAS. The MAS members also ratified the ASHA selection in their first meeting. The ASHA works as the convener of MAS.

The entire process took between seven to ten days, with additional incentives being paid to the ASHA Facilitator. Once the selection of about 30 ASHAs was completed in a particular town, a few of the ASHA who demonstrated leadership ability and interest in more intensive engagement with the programme, were selected as ASHA Facilitator and trained to support the process of ASHA selection in the remaining neighbouring clusters. This allowed the facilitators "deputed" from their rural localities to return to their places of work. This strategy expedited the pace of ASHA selection in the slums, and builds a sense of solidarity among the urban ASHA.

The Public Financial Management System (PFMS)² was launched in 2008-09 by the Government of India for effective fund management for all centrally sponsored schemes. PFMS is implemented by the Office of the Controller General of Accounts in partnership with the National Informatics Centre (NIC). Key objectives of PFMS are -

1. Establishment of an efficient fund management system - Efficient disbursement of funds from Central Ministries to States / Autonomous bodies etc and eventually to the beneficiaries of schemes.
2. Establishment of an effective expenditure information network – Maintaining a centralized database of all implementing agencies of various Schemes at all levels - Centre / State / District / Block / Panchayat/Village and capture component-wise fund utilization
3. Reforms in the area of public financial management – Moving from a-priori fund release process to 'just in time' fund release (payment release from centre after payment instructions are issued by the agency) to limit unutilised funds parked in banks and ensure better cash management.
4. Putting all relevant information in the public domain for public disclosure.

The scheme has established a common transaction based - on line fund management and payment system and Management Information System (MIS). The scope of PFMS has been expanded to also cover direct payment to beneficiaries under selected plan and non plan schemes. It has also been extended to State Government for effecting payments of plan funds received directly at the State treasury.

PFMS provides a computerised solution where all plan components can converge and allows managers to view overall performance of all programmes at district level. It supports fund management and e-payment through integration with Core Banking Solutions (CBS). It is implemented through a web based application and Ministries or Departments are required to register on this application in order to implement PFMS. PFMS is a transaction-based transparent Financial Management Information System which has one to one correlation with the banking transactions on a real time basis.

In addition to other programme components and Direct Bank transfers schemes such as the Janani Suraksha Yojana (JSY), MoHFW has recently initiated the process of including the payment of ASHA incentives under the purview of PFMS. This is expected to stream line the process of payment of incentives by ensuring transparency and timeliness of payments. Currently about 9,50,000 institutions are registered with PFMS portals including various nationalized, Gramin banks and some private banks which handle government business. This would allow programme managers at all levels to track ASHA payments as well as VHSNC untied funds with a view to identifying delays and taking prompt action.

Direct Bank Transfers (as in JSY) will soon be expanded to ASHA payments. This would require all ASHA accounts to be linked with the Mother Child Tracking System (MCTS). In cases where ASHA account is not linked to the MCTS there is a provision to directly upload the data of bank accounts on the PFMS web portal. Since the PFMS is bank neutral, it allows for instant checks and enables sending the files to banks. Thus

³PFMS was previously known as Central Plan Scheme Monitoring System (CPSMS).

validation of accounts before actual transaction or payment can be made. The architecture of PFMS also allows it to comply with other existing systems given that they are web enabled and that PFMS is integrated as a supplementary system and not as a substitute.

In this issue of the update, we report on the experience of Odisha in the payment of ASHA incentive through the PFMS.

PFMS PILOT IN ODISHA

Of the 33 States and UTs where the ASHA programme has been implemented, the state of Odisha was one of the first to implement payment of ASHA incentives through PFMS. Payment of incentives to ASHAs and to JSY beneficiaries was started as pilot in Salepur CHC of Cuttack district in April 2013. Subsequently it was expanded to three districts i.e. Puri, Sonepur and Bolangi and is currently operational in 27 districts with a plan to scale up across the states.

The process of implementing payment through PFMS was facilitated by several factors. Since 2009, the state had initiated a Fixed Day payment (the 10th of each month) for all incentives (except for disease control), to ensure that ASHA payments were made on time. This innovative approach enabled streamlining of ASHA payments, and is an important factor in the high levels of ASHA motivation that evaluations and reviews of the programme in the state demonstrate. NEFT transfers have been in place since then as well, (all banks, including post office banks, were connected through NEFT platform) facilitating the implementation of PFMS.

ASHAs submit their payment vouchers to ANMs for verification on ASHA Diwas, held on last Monday of each month. After compilation and verification vouchers are submitted to the Block Accounts Manager (BAM) during the sector meeting held during first week of the next month. Post verification the BAM enters the data into PFMS system for payment. At the block level, BAM plays the role of Data Entry Operator (DO) while Block Medical Officer is the first Data Approver (DA) (signatory) and second senior-most medical officer is the second DA (signatory) for PFMS.

The system provides both online and offline data entry options for ASHA payment with inbuilt validation measures. Once the data entry is complete the payment process needs to be approved by both signatories through one of the following mechanisms:

- A) Print Payment Advice (PPA) after approval a print payment advice is generated, printed and is signed by both signatories or
- B) Digital Signature- DA uses digital signature to confirm payment for instant money transfer to the beneficiaries' accounts. A single approval can initiate the payments process from different program accounts to various beneficiaries or
- C) Corporate Internet Banking (CInB)- payment can be directly made to the beneficiary after validation of beneficiary by the bank as well as by the approver before payment each time.

The entire process is completed before 10th of each month. Once the payment is made the payment details are printed and given to ASHA Saathi (ASHA facilitator). The ASHA can verify their payment details under each head from ASHA Saathi.

While the ASHA is considered an “honorary Volunteer” and paid via performance linked incentives, there have been serious efforts at both national and state levels, to enable increases in financial remuneration and non monetary incentives to the ASHAs. This is in recognition of the high levels of ASHA commitment, achievement and the potential to play a broader role in the community.

One significant initiative is the creation of career opportunities for the ASHA. First supported in Chhattisgarh, where ASHA had of their own volition enrolled in the open school system, to obtain further academic qualification, the state introduced a system of preferential admission for ASHA in ANM schools.. Other states have followed suit. The MoHFW in 2013 wrote to all states asking them to make similar provisions. In human resource constrained situations such as it exists in several parts of the country, this could well be a part of the solution. Currently the states of Assam, Chhattisgarh, Madhya Pradesh, Maharashtra, Odisha and Tripura allow enrolment of ASHA in ANM / nursing schools, while it is under consideration in Bihar, Delhi, Jharkhand, Arunachal Pradesh and Karnataka. In addition the states of Bihar, Chhattisgarh and Delhi, provide support to ASHAs for educational advancement.

The provision of social security to ASHAs in the form of medical and life insurance has also emerged as a state led mechanism to provide motivation for the ASHA. These have been started in the states of Assam, Chhattisgarh, Jharkhand, Odisha, Bihar, Delhi and Sikkim

- **Chhattisgarh** has initiated welfare scheme for mitanins as “Mitanin Kalyan Kosh” (MKK) under which life insurance cover of Rs.50,000 and a scholarship of Rs.1200 per annum is provided to Mitandin’s children studying in Classes 9-12. It also provides for a maternity benefit of Rs.15,000 under MKK to allow maternity leave of around 6 months for Mitanins. An emergency support fund has been set up under MKK for Mitanins and their families, which covers emergencies such as serious illnesses or disasters. Around 60,000 Mitanins are also enrolled in Swavalamban pension scheme which entitles them to a monthly pension of around Rs.1000 per month once she crosses age of 60.
- **Assam** has introduced a scheme known as “ASHA Kiron” under which benefits are provided to ASHA/next of her kin in case of hospitalization/death of the ASHA/ASHA Facilitator. The scheme entitles them for a reimbursement of Rs-25,000/- in a financial year in case of hospitalization in government or government aided institutions and a compensation of Rs.1,00,000/- for next to the kin in case of natural or accidental deaths of ASHAs/ASHA Supervisor.
- **Jharkhand** has “Sahiya Sahayata Kosh” in which State has a corpus fund of Rs. 10 per ASHA and ASHAs or their families are given monetary support in case of injury or death of ASHA.
- The States of Odisha, Bihar, Delhi have initiated enrollment of ASHAs in Swalamban Yojana while Sikkim has facilitated enrolment of 60% ASHAs in National Pension Scheme.

Financial Incentives: In addition to the performance based incentives linked with various activities, some states have also introduced fixed monthly honorarium for ASHAs. These states are – Sikkim (Rs. 3000 pm), Kerala (Rs.1000 pm), Rajasthan (Rs. 1600pm), Haryana (Rs. 1000 pm), Arunachal Pradesh (Rs. 3000 pm in Non

high priority districts and Rs. 4000 pm in High priority districts) and West Bengal (Rs. 1500 pm). States of Karnataka, Meghalaya, provide 100% while Chhattisgarh gives 50% and Tripura provides 33% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis

Many states have also distributed uniforms, umbrella, torch light, bag, and I Card to ASHAs. Few states have provided cycle to ASHAs, these include –Jharkhand, Assam, Odisha, Madhya Pradesh and two districts of Bihar. To facilitate communication with ASHAs, CUG Sim, mobile phones and radio have been provided to ASHAs, Eg- CUG SIM given in Madhya Pradesh, Mobile phones in Uttar Pradesh, Meghalaya and Nagaland and Radio in Nagaland and Assam. Most states also felicitate good performing ASHAs with awards during ASHA Samellans/meetings organized at district and block levels.

Various states are in the process of setting up rest rooms for ASHAs at public hospitals to facilitate their stay during their visit to the health facilities, these states are Bihar, Meghalaya, Jammu & Kashmir, Karnataka and Sikkim. Help Desks have also been set up at Chattisgarh, Jharkhand, Haryana and in few pilot areas of Manipur.

States have made substantial progress over last two years in setting up of Grievance redressal system for ASHAs by either setting up grievance redressal committee or instituting toll free numbers /help-lines to register complaints. Grievance Redressal Committees have been set up at district level in states of Bihar, Jharkhand, Maharashtra, Odisha, Uttarakhand, Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Arunachal Pradesh, Tripura, Manipur, Haryana and Sikkim. However limited functionality of the committees was reported from Jharkhand, Arunachal Pradesh and Manipur. States of Delhi, Jammu & Kashmir, Assam and Karnataka have started toll free numbers so that ASHAs can register complaints at no expenses whereas Rajasthan has a separate landline number at state level to receive complaints. Uttarakhand and Mizoram have also installed complaint box at all three levels-Block, District and State level where ASHAs can drop in their complaints while Mizoram has set up such drop box at every PHC level. In Chhattisgarh grievances are addressed through ASHA support structure and VHSNCs where VHSNC members try to resolve all grievances or forward it to Block VHSNC/ Jan Samwad. Out of these states, some states also maintain database of issues reported, resolved and are able to categorize complaints made by ASHAs. These states are Bihar, Jharkhand, Maharashtra, Odisha, Punjab, Jammu & Kashmir, Madhya Pradesh, Odisha, Uttarakhand, Uttar Pradesh, Arunachal Pradesh, Assam, Tripura, Manipur and Delhi.

While progress has been made in instituting mechanisms for grievance redressal, more needs to be done in terms of feedback and action. Another challenge that states face is in the issue of confidentiality especially in cases of demand for informal payments and denial of care.

SECTION 6

Expenditure Analysis of ASHA programme

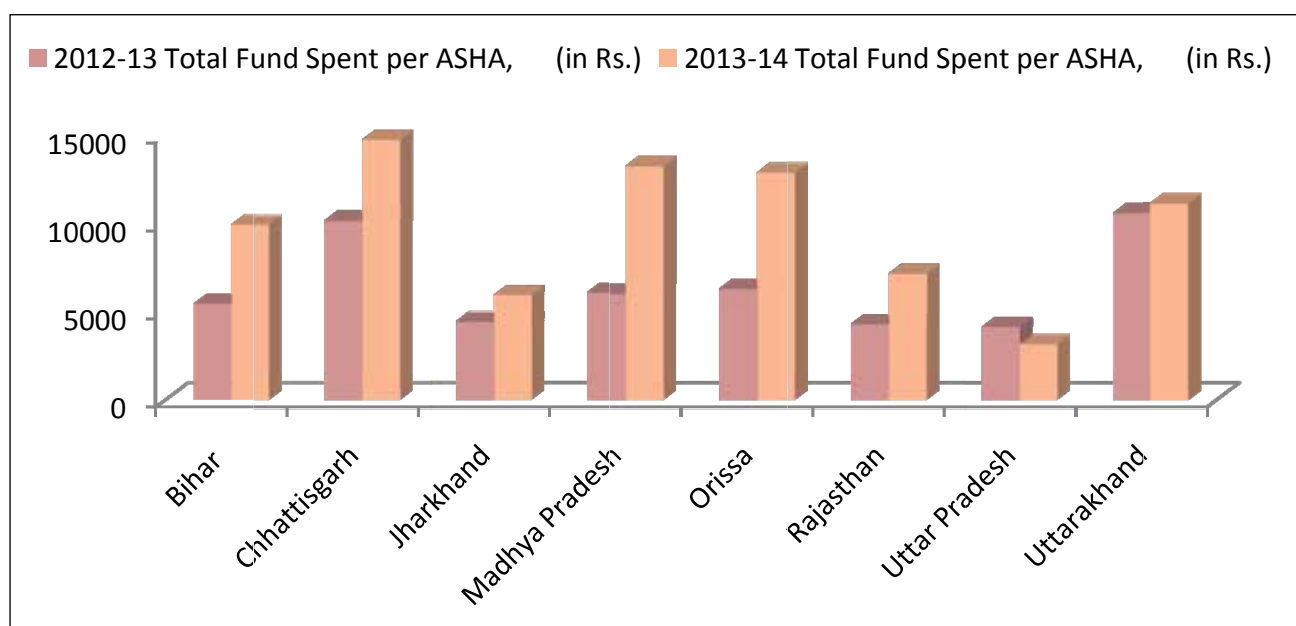
In this section we present an account of the pattern of the fund releases and expenditures on the ASHA programme across states.

The first part of this section presents a comparative graphical representation of the fund spent per ASHA during FY 2012-13 and FY 2013-14,

At the end of the section we present a fact sheet on year-wise fund releases and expenditures on ASHA programme over the entire period of 2005 to March 2014. The figures for the period of 2005-2009 have been lumped together, for making it possible to present the entire set of data together.

The graphs given below show an increasing trend in expenditure across all states except in Uttar Pradesh, Karnataka, Kerala and West Bengal, Arunachal Pradesh and Meghalaya.

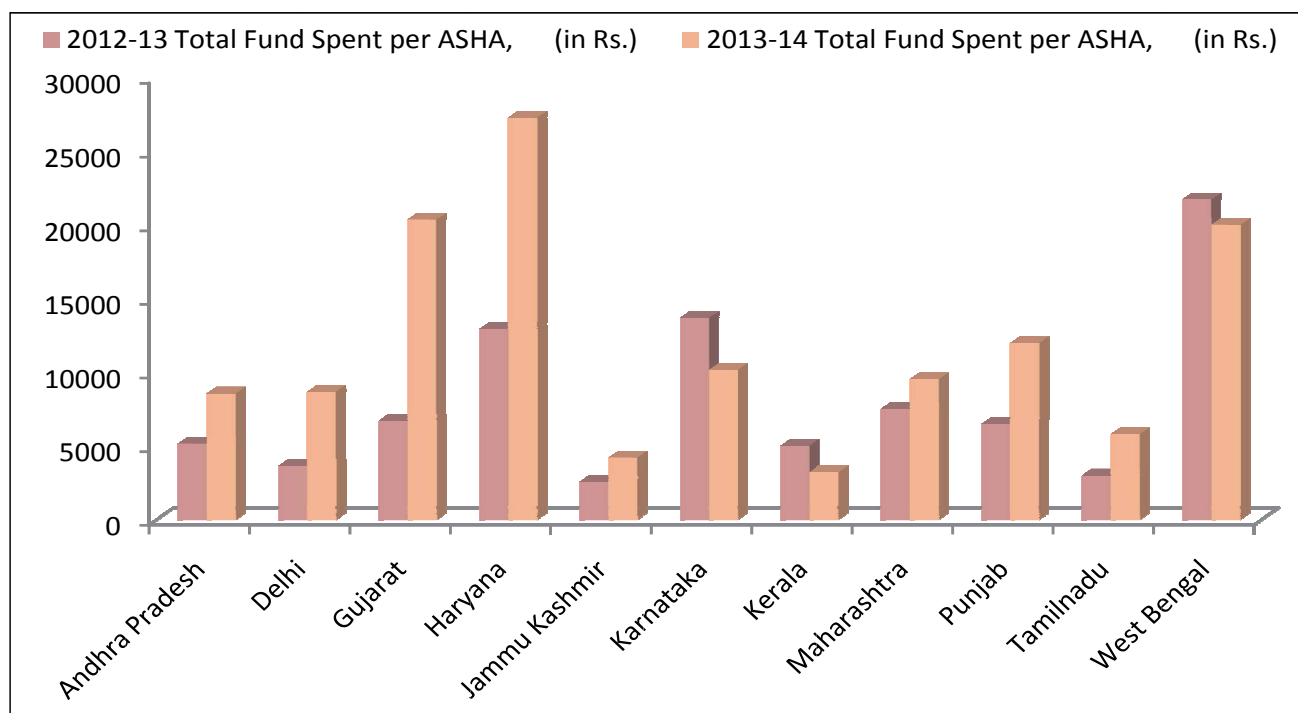
Only four high focus states of Jharkhand, Rajasthan, Uttar Pradesh; and five non high focus states of Andhra Pradesh, Delhi, Jammu & Kashmir, Kerala and Tamilnadu; and four NE states - Arunachal Pradesh, Manipur, Meghalaya and Tripura reported spending less than Rs. 10,000 per ASHA during FY 2013-14.



Graph 6.1 - Expenditure per ASHA during financial year 2012-13 and 2013-14 – EAG states

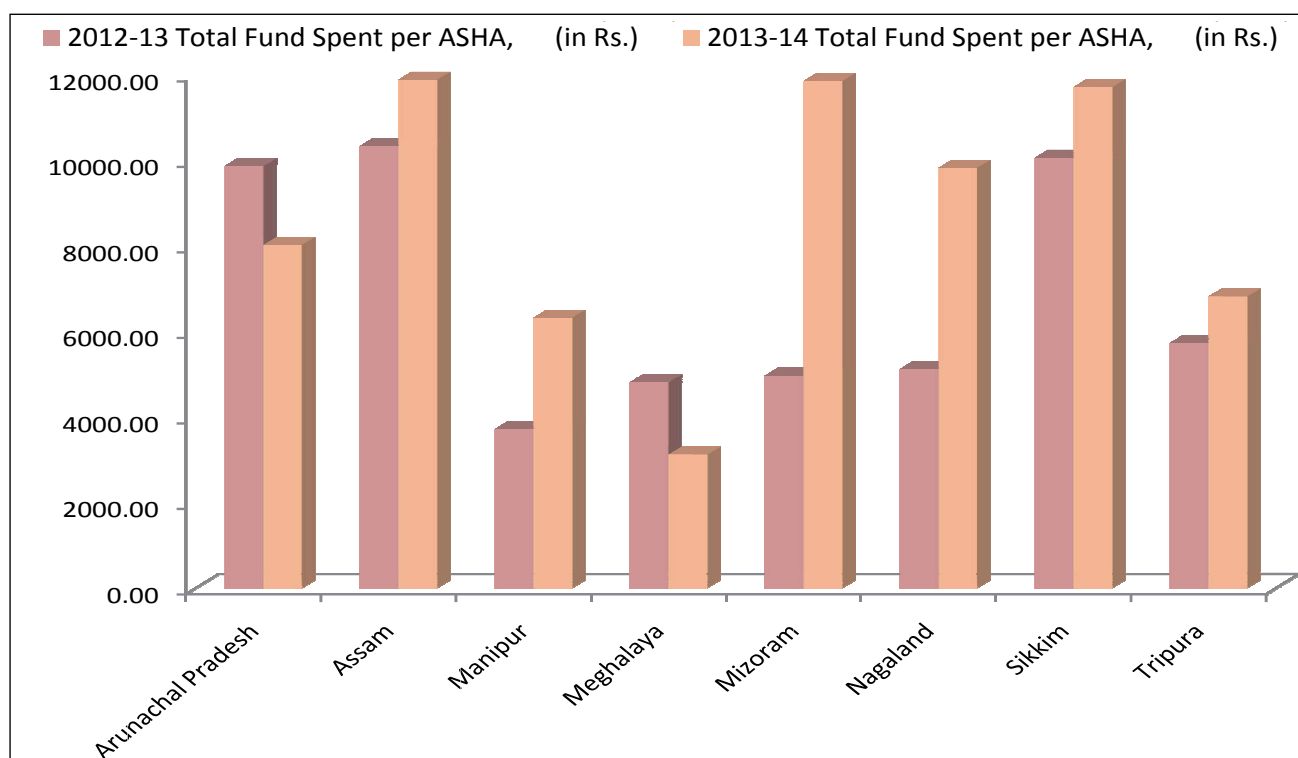
Increase in expenditure per ASHA is highest in Gujarat, which had about three-fold increase. Madhya Pradesh, Orissa, Haryana and Mizoram also had about two-fold increase in per ASHA expenditure, in FY 2013-14 compared to FY 2012-13.

Delhi, Mizoram, Andaman & Nicobar Islands and Dadar & Nagar Haveli (59%- 69%), followed by Bihar, Odisha and Madhya Pradesh, Haryana, Punjab, Tamil nadu and Nagaland with an increase of 45-55%. While the increase is the range of 33% -43% in Rajasthan, Chhattisgarh, Andhra Pradesh, Manipur and Daman & Diu, 20-30% in Jharkhand and Maharashtra; and 10-20% in Assam, Sikkim and Tripura. On the other hand a steep decline of 55% is seen in states of Kerala and Meghalaya, followed by a drop of 20%- 40% in UP, Karnataka and Andhra Pradesh and 9% in West Bengal.

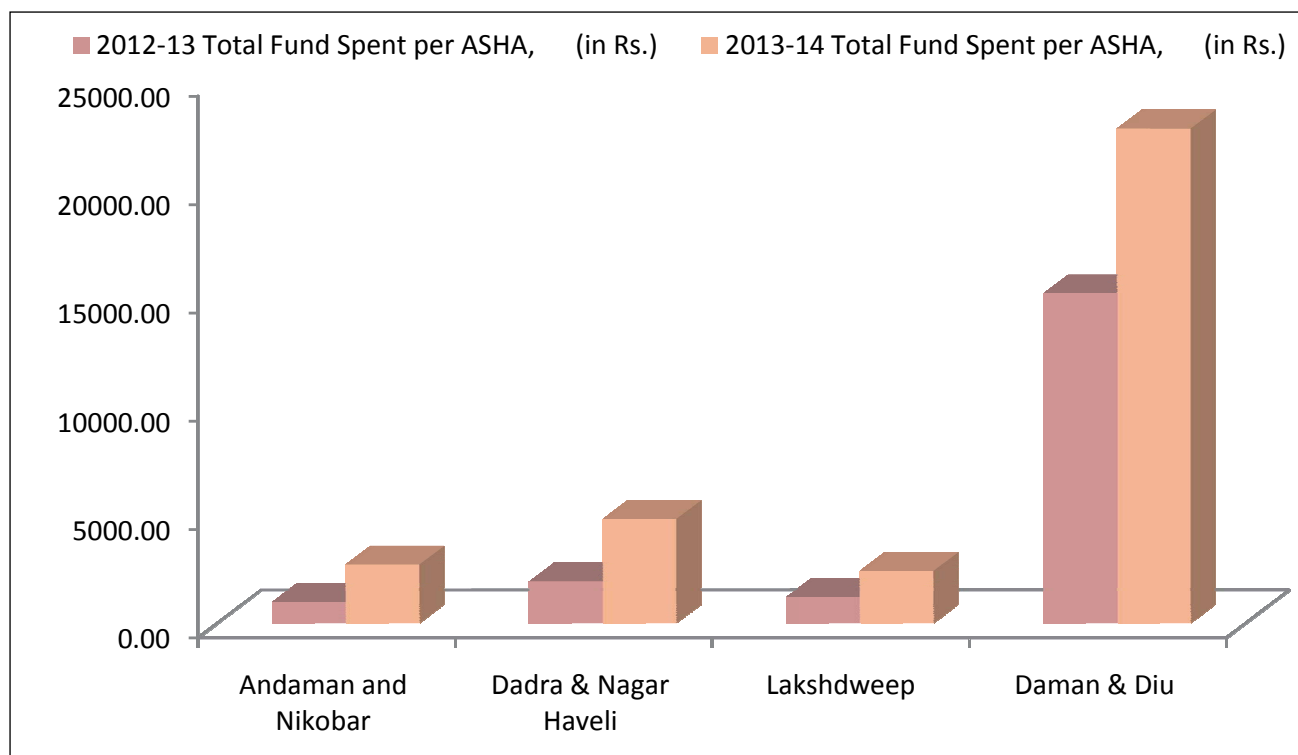


**Graph 6.2 - Expenditure per ASHA during financial year 2012-13 and 2013-14
– Non High Focus states**

Drop in expenditure per ASHA in Uttar Pradesh can be explained by the fact that state could not spend the budget allocated for ASHA training since the training module and kit for ASHAs could not be procured by the state. Unstable political situation in Andhra Pradesh affected the implementation of ASHA programme which in turn affected expenditures under ASHA programme. In Karnataka, high number of drop out of ASHAs and slow pace of training of ASHAs also impacted the expenditure.



Graph 6.3 - Expenditure per ASHA during financial year 2012-13 and 2013-14 – North East states



Graph 6.4 - Expenditure per ASHA during financial year 2012-13 and 2013-14 – Union Territories

Overall trend of expenditure on ASHA Programme -

The rate of expenditure against the fund released for ASHA programme show a steady increase in the group of North Eastern states, Non High Focus states and Union Territories during the period from FY 2009-10 to FY 2013-14. A drop in rate of expenditure is noticed in High focus states since the period FY 2011-12, from 76.6% to 62.4% in FY 2012-13 and further to 53.3% in FY 2013-14, which is driven by the low rate of expenditure reported from large states like Rajasthan, Jharkhand and Uttar Pradesh due to slow pace of training on account of issues of procurement of equipment and training modules. In case of Rajasthan the tedious tendering process followed at district level annually for every component of training such as – venue, food, accommodation, stationery etc pose the biggest hurdles in conducting training of ASHAs. During the FY 2013-14, drop in expenditure was also observed in Uttarakhand (which is otherwise a high spender) because of the disaster that struck state in June, 2013 and affected the overall implementation of planned health activities.

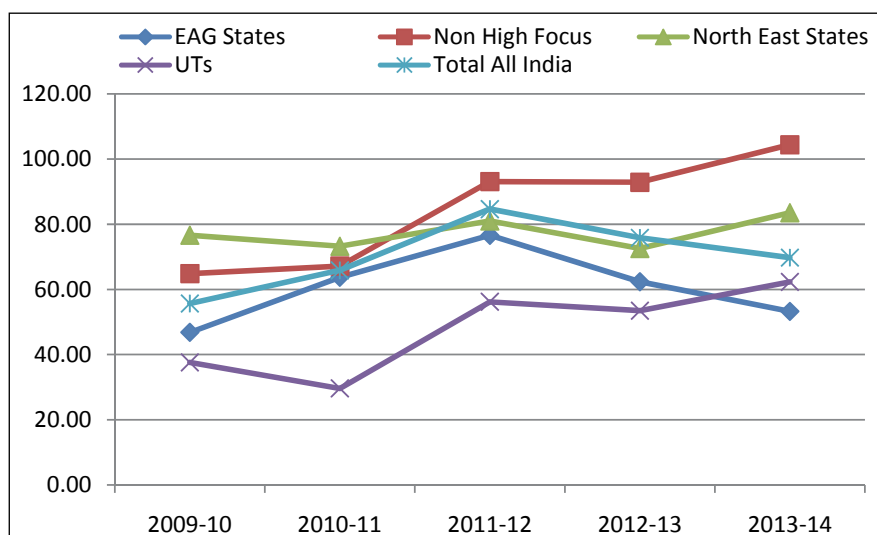


Table 6.1 - Funds released and Expenditure on ASHA Program - High Focus States - reported in Rs. Crores

| Sl. No. | Name of State | No of ASHAs (as on 31 March 2012) | 2005-09 | | | 2009-10 | | | 2010-11 | | | 2011-12 | | | 2012-13 | | | 2013-14 | | | | Total : 2005 - 2014 | | | |
|---------|----------------------|-----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------------|---------------------|----------------------------------|-------------------------------------|--|
| | | | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Total Fund released | Total Expenditure | % Expenditure over fund released | Total Fund Spent per ASHA, (in Rs.) | |
| 1 | 2 | 3 | 4 | 5 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | |
| 1 | Bihar | 83301 | 49.04 | 12.09 | 24.65 | 56.03 | 13.58 | 24.24 | 57.04 | 19.35 | 33.92 | 57.41 | 33.17 | 57.78 | 77.65 | 45.46 | 58.54 | 9963 | 434.69 | 206.64 | 47.54 | 24807 | | | |
| 2 | Chhattisgarh | 28000 | 18.11 | 26.7 | 147.43 | 17.7 | 12.21 | 68.98 | 25.83 | 19.95 | 77.24 | 23.68 | 25.31 | 106.88 | 27.47 | 28.54 | 103.90 | 14770 | 178.06 | 154.07 | 86.52 | 55024 | | | |
| 3 | Jharkhand | 40964 | 38.29 | 25.68 | 67.07 | 8.56 | 5.77 | 67.41 | 22.02 | 4.73 | 21.48 | 19.88 | 13.12 | 66.00 | 28.34 | 18.24 | 64.36 | 5926 | 165.06 | 91.82 | 55.62 | 22414 | | | |
| 4 | Madhya Pradesh | 52393 | 27.33 | 21.42 | 78.38 | 39.87 | 12.85 | 32.23 | 34.64 | 27.25 | 78.67 | 42.08 | 22.48 | 53.42 | 49.48 | 31.79 | 64.25 | 13306 | 265.04 | 185.50 | 69.99 | 35406 | | | |
| 5 | Orissa | 42597 | 28.58 | 14.18 | 49.62 | 27.9 | 18.95 | 67.92 | 35.78 | 27.04 | 75.57 | 28.76 | 28.76 | 100.00 | 37.24 | 26.99 | 72.48 | 12939 | 214.09 | 171.03 | 79.89 | 40152 | | | |
| 6 | Rajasthan | 50287 | 37.66 | 17.23 | 45.75 | 41.5 | 15.23 | 36.70 | 27.91 | 29.67 | 106.31 | 27.78 | 24.92 | 89.70 | 27.01 | 21.68 | 80.27 | 7179 | 262.29 | 144.83 | 55.22 | 28801 | | | |
| 7 | Uttar Pradesh | 136094 | 161.35 | 77.19 | 47.84 | 135 | 71.92 | 53.27 | 137.30 | 84.96 | 61.88 | 38.6 | 33.94 | 87.93 | 128.87 | 56.53 | 43.87 | 3191 | 793.24 | 367.97 | 46.39 | 27038 | | | |
| 8 | Uttarakhand | 11086 | 11.45 | 6.65 | 58.08 | 9.85 | 6.99 | 70.96 | 11.08 | 11.11 | 100.27 | 12.25 | 10.2 | 83.27 | 10.45 | 11.80 | 112.92 | 11178 | 70.37 | 59.14 | 84.05 | 53348 | | | |
| | Total for All States | 444722 | 371.81 | 201.14 | 54.10 | 336.41 | 157.5 | 46.82 | 351.60 | 224.06 | 63.73 | 250.44 | 191.9 | 76.63 | 386.51 | 241.03 | 62.36 | 8216 | 2382.84 | 1381.01 | 57.96 | 31053 | | | |

Data source - PIPs & ROPs. Expenditure data presented here is as reported by states to MOHFW, and may need further verification.

No. of ASHAs in CG is taken as equal to no. of Anganwadi centres, which is the basis of allocation of funds to state for ASHA program. Actual no. of ASHAs in state, with one ASHA for every habitation, was 60092 on 31 March 2012,

Table 6.2 - Funds released and Expenditure on ASHA Program - Non High Focus States - reported in Rs. Crores

| Sl. No. | Name of State | No of ASHAs (as on 31 March 2012) | 2005-09 | | | 2009-10 | | | 2010-11 | | | 2011-12 | | | 2012-13 | | | 2013-14 | | | | Total : 2005 - 2014 | | | |
|---------|----------------------|-----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------------|---------------------|----------------------------------|-------------------------------------|--|
| | | | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Total Fund released | Total Expenditure | % Expenditure over fund released | Total Fund Spent per ASHA, (in Rs.) | |
| 1 | 2 | 3 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | |
| 1 | Andhra Pradesh | 70700 | 0 | 29.79 | | 8.5 | 9.74 | 114.59 | 26.90 | 15.25 | 56.69 | 26.44 | 40.73 | 154.02 | 46.80 | 36.44 | 77.86 | 8559 | 154.51 | 192.46 | 124.56 | 27222 | | | |
| 2 | Delhi | 4121 | 14.72 | 2.62 | 17.80 | 19.04 | 1.74 | 9.14 | 0.00 | 2.91 | | 5.73 | 1.08 | 18.82 | 6.27 | 1.50 | 23.92 | 8677 | 50.46 | 13.42 | 26.60 | 32575 | | | |
| 3 | Gujarat | 29508 | 15.85 | 15.27 | 96.34 | 25.38 | 28.63 | 112.81 | 32.08 | 37.41 | 116.61 | 32.33 | 43.05 | 133.15 | 37.94 | 19.78 | 52.13 | 20368 | 197.55 | 204.24 | 103.39 | 69216 | | | |
| 4 | Haryana | 13683 | 0 | 1.58 | | 8.89 | 4.82 | 54.22 | 7.32 | 8.78 | 119.95 | 5.96 | 5.62 | 94.28 | 12.74 | 17.69 | 138.85 | 27273 | 69.91 | 75.81 | 108.44 | 55403 | | | |
| 5 | Jammu Kashmir | 9700 | 3.94 | 3.57 | 90.61 | 4.21 | 1.14 | 27.08 | 6.60 | 1.59 | 24.09 | 3.48 | 3.72 | 106.92 | 8.03 | 2.49 | 31.01 | 4199 | 31.63 | 16.58 | 52.44 | 17096 | | | |
| 6 | Karnataka | 33750 | 7.71 | 6.97 | 90.40 | 34.66 | 32.86 | 94.81 | 9.43 | 13.68 | 145.07 | 55.63 | 41.67 | 74.91 | 48.65 | 46.21 | 94.98 | 10167 | 201.83 | 175.70 | 87.06 | 52060 | | | |
| 7 | Kerala | 31868 | 0.57 | 23.5 | 4122.81 | 21.17 | 14.26 | 67.36 | 15.00 | 12.76 | 85.07 | 10.86 | 7.30 | 67.24 | 14.27 | 15.96 | 111.84 | 3217 | 74.49 | 84.03 | 112.81 | 26369 | | | |
| 8 | Maharashtra | 59316 | 19.7 | 6.47 | 32.84 | 71.77 | 22.08 | 30.76 | 54.86 | 39.43 | 71.87 | 38.03 | 44.16 | 116.13 | 38.12 | 44.58 | 116.95 | 9530 | 276.91 | 213.25 | 77.01 | 35951 | | | |
| 9 | Punjab | 16800 | 0 | 1.16 | | 4.49 | 4.08 | 90.87 | 14.75 | 9.18 | 62.24 | 7.40 | 7.31 | 98.79 | 19.75 | 10.89 | 55.14 | 11979 | 64.35 | 52.74 | 81.96 | 31395 | | | |
| 10 | Tamilnadu | 2650 | 0 | 20.28 | | | | | | 0.46 | | 1.78 | 0.06 | 3.21 | 5.52 | 0.79 | 14.31 | 5792 | 11.77 | 23.12 | 196.37 | 87254 | | | |
| 11 | West Bengal | 45564 | 5.17 | 6.66 | 128.82 | 5.72 | 12.86 | 224.83 | 97.49 | 36.19 | 37.12 | 74.24 | 49.10 | 66.14 | 79.89 | 99.03 | 123.96 | 20030 | 335.19 | 295.11 | 88.04 | 64768 | | | |
| | Total for All States | 317660 | 67.66 | 117.87 | 174.21 | 203.83 | 132.21 | 64.86 | 264.43 | 177.64 | 67.18 | 261.88 | 243.80 | 93.10 | 317.98 | 295.36 | 92.89 | 9932 | 1418.03 | 1282.39 | 90.43 | 40370 | | | |

Data source - PIPs & ROPs. Expenditure data presented here is as reported by states to MOHFW, and may need further verification.

Table 6.3 - Funds released and Expenditure on ASHA Program - North East States - reported in Rs. Crores

| Sl. No. | Name of State | No of ASHAs (as on 31 March 2012) | 2005-09 | | | 2009-10 | | | 2010-11 | | | 2011-12 | | | 2012-13 | | | 2012-14 | | | | Total: 2005 - 2014 | | | |
|---------|----------------------|-----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------|-------------|----------------------------------|---------------------|--------------------|----------------------------------|-------------------------------------|-------|
| | | | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Fund released | Expenditure | % Expenditure over fund released | Total Fund released | Total Expenditure | % Expenditure over fund released | Total Fund Spent per ASHA, (in Rs.) | |
| 1 | 2 | 3 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 1 | Arunachal Pradesh | 3740 | 5.06 | 2.59 | 51.19 | 3.86 | 2.48 | 64.25 | 3.86 | 2.31 | 59.84 | 3.28 | 2.81 | 85.66 | 3.58 | 3.69 | 103.07 | 5.17 | 3.00 | 58.03 | 8021.39 | 24.81 | 13.88 | 55.95 | 37114 |
| 2 | Assam | 29172 | 44.24 | 10.98 | 24.82 | 29.69 | 29.33 | 98.79 | 31.04 | 29.00 | 93.43 | 28.00 | 25.46 | 90.93 | 37.74 | 30.15 | 79.89 | 37.37 | 34.67 | 92.77 | 11884.68 | 208.08 | 124.92 | 60.04 | 42822 |
| 3 | Manipur | 3878 | 1.28 | 1.3 | 101.56 | 3.88 | 2.05 | 52.84 | 3.88 | 1.78 | 45.88 | 3.50 | 2.37 | 67.66 | 3.73 | 1.44 | 38.61 | 2.99 | 2.45 | 81.94 | 6317.69 | 19.26 | 8.94 | 46.41 | 23055 |
| 4 | Megha- laya | 6258 | 5.12 | 2.29 | 44.73 | 6.25 | 1 | 16.00 | 6.25 | 3.99 | 63.84 | 6.26 | 2.89 | 46.18 | 6.00 | 3.01 | 50.17 | 3.96 | 1.95 | 49.24 | 3116.01 | 33.84 | 13.18 | 38.95 | 21062 |
| 5 | Mizoram | 987 | 0.96 | 0.97 | 101.04 | 0.94 | 0.76 | 80.85 | 0.94 | 0.56 | 59.57 | 0.54 | 0.43 | 80.79 | 0.86 | 0.49 | 56.98 | 1.30 | 1.17 | 90.00 | 11854.10 | 5.54 | 3.22 | 58.07 | 32576 |
| 6 | Nagaland | 1700 | 1.58 | 1.42 | 89.87 | 1.7 | 1.04 | 61.18 | 1.70 | 1.39 | 81.76 | 1.70 | 1.42 | 83.52 | 0.82 | 0.87 | 106.10 | 2.50 | 1.67 | 66.80 | 9823.53 | 10.00 | 6.14 | 61.41 | 36122 |
| 7 | Sikkim | 666 | 0.37 | 0.31 | 83.78 | 0.64 | 0.38 | 59.38 | 0.65 | 0.48 | 73.85 | 0.67 | 0.68 | 101.72 | 0.73 | 0.67 | 91.78 | 1.11 | 0.78 | 70.27 | 11711.71 | 4.17 | 2.52 | 60.48 | 37855 |
| 8 | Tripura | 7367 | 7.95 | 5.44 | 68.43 | 5.26 | 2.97 | 56.46 | 7.37 | 1.29 | 17.50 | 5.71 | 4.16 | 72.88 | 7.91 | 4.22 | 53.35 | 6.32 | 5.02 | 79.43 | 6814.17 | 40.52 | 18.08 | 44.62 | 24543 |
| | Total for All States | 53768 | 66.56 | 25.3 | 38.01 | 52.22 | 40.02 | 76.64 | 55.69 | 40.80 | 73.26 | 49.65 | 40.22 | 81.01 | 61.37 | 44.54 | 72.58 | 60.72 | 50.71 | 83.51 | 9431.26 | 346.21 | 190.88 | 55.13 | 35502 |

Data source - PIPs & ROPs. Expenditure data presented here is as reported by states to MOHFW, and may need further verification.



Ministry of Health & Family Welfare
Government of India