

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1054
TO BE ANSWERED ON 08TH FEBRUARY, 2019**

ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

**1054. DR. SUNIL BALIRAM GAIKWAD:
SHRI ARJUN LAL MEENA:
SHRI BALABHADRA MAJHI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the total number of Accredited Social Health Activists (ASHAs) appointed under the National Rural Health Mission (NRHM) in the country along with the incentives/wages provided to them, State/UT-wise;
- (b) whether the Government has assessed the performance of ASHAs in reducing various health problems including infant mortality rate/maternal mortality rate in the country and if so, the details thereof;
- (c) the total funds allocated/released/ spent on ASHAs during each of the last three years, State/UT-wise;
- (d) whether the Government proposes to increase the honorarium to ASHA workers in the Tribal Sub-Plan (TSP) areas and if so, the details thereof;
and
- (e) the further steps taken/being taken by the Government for the welfare of the ASHAs?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): The state-wise details of ASHAs Selected under NRHM as on September 2018 is at Annexure-I. Under the National Health Mission, ASHAs are envisaged to be community health volunteers and are entitled to task/activity based incentives. List of various activities for which incentives are provided to ASHAs is placed as Annexure-II. Apart from incentives approved for ASHAs at national level, States have the flexibility to design ASHA incentives.

(b): Improvement in health indicators including Infant Mortality Rate and Maternal Mortality Ratio is dependent on a number of factors. However, Review Mission reports and evaluation of ASHA programme in select states demonstrate that ASHAs have been effective in mobilisation for immunisation and in increasing institutional deliveries. An ASHA evaluation, commissioned by the National ASHA Mentoring Group and coordinated by National Health System Resource Centre (NHSRC) was conducted in three rounds in 16 States as follows:

Round one (2010-11)	Assam, Bihar, Odisha, Rajasthan, Jharkhand, Andhra Pradesh, Kerala and West Bengal
Round two (2011-2012)	Madhya Pradesh, Uttar Pradesh and Uttarakhand
Round three (2013-14)	Delhi, Gujarat, Haryana, Punjab and Maharashtra

The key findings with regard to service provision by ASHAs to pregnant women, newborn and children is as under:

- About 71% of women who delivered in last six months and 61% who reported an episode of childhood illnesses received services from ASHAs.
- About 86% of service users opted for institutional deliveries, of which 67% quoted ASHA as the main motivator. In case of maternal complications, 60% respondents contacted ASHA.
- 99% of service users received immunization, of which in 84% cases, it was facilitated by ASHAs.
- About 50% of the respondents with a sick newborn sought advice from ASHAs for care. Importance of early initiation of breastfeeding for new born was also found to be very high i.e, 95%.
- In cases of diarrhoea and symptoms of ARI, 84% beneficiaries reported that ASHAs helped them.

(c): The details of approvals and expenditure on ASHAs under National Health Mission (NHM) for the last three years are at Annexure-III.

(d): There is no such proposal under consideration. However, Government of India has recently approved increase in the amount of routine and recurring incentives under National Health Mission for ASHAs that will enable ASHAs to get at least Rs 2000/- per month subject to ASHAs carrying out the activities.

(e): The Government has approved inclusion of ASHAs and ASHA facilitators that meet the eligibility criteria to be enrolled in social security schemes implemented by Government of India namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana. Further, States have the flexibility to design welfare schemes for ASHAs.

Details of ASHAs Selected under NRHM (as on September 2018)		
Sl. No.	States/UTs	ASHAs selected
1	Bihar	87841
2	Chhattisgarh	66713
3	Himachal Pradesh	32342
4	Jammu & Kashmir	11853
5	Jharkhand	40964
6	Madhya Pradesh	71656
7	Odisha	46839
8	Rajasthan	59175
9	Uttar Pradesh	154776
10	Uttarakhand	11086
11	Arunachal Pradesh	3838
12	Assam	30920
13	Manipur	4009
14	Meghalaya	6516
15	Mizoram	1091
16	Nagaland	1887
17	Sikkim	641
18	Tripura	7590
19	Andhra Pradesh	39009
20	Goa	0
21	Gujarat	39463
22	Haryana	17369
23	Karnataka	37500
24	Kerala	28115
25	Maharashtra	60675
26	Punjab	18879
27	Tamil Nadu	3905
28	Telangana	29257
29	West Bengal	54826
30	A & N Islands	412
31	Chandigarh	14
32	D & N Haveli	456
33	Daman & Diu	96
34	Delhi	0
35	Lakshadweep	110
36	Puducherry	0
Total		969823

Source: NHM-MIS report

Updated list of ASHA Incentives				
	Activities	Amount in Rs/case	Source of Fund and Linkages	Documented in
I	Maternal Health			
1	JSY financial package			MOHFW Order No. Z 14018/1/2012/-JSY
a.	For ensuring antenatal care for the woman	Rs.300 for Rural areas and Rs. 200 for Urban areas	Maternal Health-NRHM-RCH Flexi pool	JSY-section Ministry of Health and Family Welfare -6th. Febuary-2013
b.	For facilitating institutional delivery	Rs. 300 for Rural areas and Rs. 200 for Urban areas		
2	Reporting Death of women (15-49 years age group) by ASHA to PHC Medical Officer	Rs. 200 for reporting within 24 hours of occurrence of death by phone	HSC/ U-PHC- Un-tied Fund	MOHFW-OM-120151/148/2011/MCH; Maternal Health Division; 14th Febuary-2013
II	Child Health			
1	Undertaking Home Visit for the care of the New Born and Post Partum mother ¹ -Six Visits in Case of Institutional Delivery (Days 3 rd , 7 th , 14th, 21 st , 28 th & 42 nd) -Seven visits in case of Home Deliveries (Days 1 st , 3 rd , 7 th , 14th, 21 st , 28 th & 42 nd)	Rs. 250	Child Health-NHM-RCH Flexi pool	HBNC Guidelines – August-2014
2	Undertaking Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits-(recommended schedule- 3 rd , 6 th , 9 th , 12 th and 15 th months) - (Rs.50 x 5 visits) –in 1st phase the programme is proposed to implement only in 235 POSHAN Abhiyan and Aspirational districts	Rs. 50/visit with total Rs. 250/per child for making 05 visits		D.O. No. Z-28020/177/2017-CH 3 rd May-2018
3	For follow up visits to a child discharged from facility or Severe Acute Malnutrition (SAM) management centre	Rs. 150 only after MUAC is equal to nor-more than 125mm		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	Ensuring quarterly follow up of low birth weight babies and newborns discharged after treatment from Specialized New born Care Units ²	Rs. 50/ Quarter-from the 3 rd month until 1 year of age		Order on revised rate of ASHA incentives-D.O-Z.28020/187/2012-CH, MoHFW-Would be subsumed

¹This incentive is provided only on completion of 45days after birth of the child and should meet the following criteria-birth registration, weight-record in the MCP Card, immunization with BCG, first dose of OPV and DPT complete with due entries in the MCP card and both mother and new born are safe until 42nd day of delivery.

²This incentive will be subsumed with the HBYC incentive subsequently

				with HBYC incentive
5	Child Death Review for reporting child death of children under 5 years of age	Rs. 50		Operational Guidelines for Child Death Review- 2014
6	For mobilizing and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	Rs. 100/ ASHA/Bi-Annual		Operational Guidelines for National Deworming Day January-2016
7	Week-1-ASHA incentive for prophylactic distribution of ORS to families with under-five children	Rs. 1 per ORS packet for 100 under five children		OGs for Intensified Diarrhoea Control Fortnight – June-2015
8	Week-2- ASHA incentive for facilitating growth monitoring of all children in village; screening and referral of undernourished children to Health centre; IYCF counselling to under-five children household	Rs. 100 per ASHA for completing at least 80% of household		
9	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding-Quarterly mother meeting	Rs. 100/ASHA/Quarterly meeting		Operational Guidelines for Promotion of Breastfeeding-MAA -2016
III Immunization				
1	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool	Order on Revised Financial Norms under UIP-T.13011i01/2077-CC-May-2012
2	Complete immunization per child up-to two years age (all vaccination received between 1st and second year of age after completing full immunization after one year	Rs. 75 ³		Order no – T.13011/01/2012/-CC& V
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day ⁴	IPPI funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	DPT Booster at 5-6years of age	Rs.50		Order no –

³ Revised from Rs. 50 to Rs, 75

⁴ Revised from Rs 75/day to Rs 100/day

				T.13011/01/2012/- CC& V
IV	Family Planning			
1	Ensuring spacing of 2 years after marriage ⁵	Rs. 500	Family planning – NHM RCH Flexi Pool	Order No- D.O – N- 11012/11/2012 – FP, May-2012
2	Ensuring spacing of 3 years after birth of 1 st child ⁵	Rs. 500		
3	Ensuring a couple to opt for permanent limiting method after 2 children ⁶	Rs. 1000		
4	Counselling, motivating and follow up of the cases for Tubectomy	Rs. 200 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) Rs.300 in 146 MPV districts Rs. 150 in remaining states		Revised Compensation package for Family Planning- September DO-N 11026/11/2014-FP – 2014
5	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) and 400 in 146 MPV districts and Rs. 200 in remaining states		
6	Female Postpartum sterilization	Rs. 300 in 11 states with high fertility rates (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat) and		

⁵Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha ,Rajasthan, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Gujarat, Haryana, Karnataka, Maharashtra, Andhra Pradesh, Telangana, West Bengal & Daman and Diu

⁶Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha ,Rajasthan, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Gujarat, Haryana and Dadar& Nagar Haveli

		400 in 146 MPV districts		
7	Social marketing of contraceptives- as home delivery through ASHAs	Rs. 1 for a pack of 03 condoms, Rs. 1 for a cycle of OCP, Rs. 2 for a pack of ECPs		Guidelines on home delivery of contraceptives by ASHAs-Aug-2011-N 11012/3/2012-FP
8	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
9	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case		Order on revised rate of ASHA Incentives -2016

**Mission ParivarVikas- In selected 146 districts in seven states-
(57 in UP, 37 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh, Madhya Pradesh 25 and 2 in Assam)**

10	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	Rs. 100 per dose	Family planning- RCH- NHM Flexi Pool	D.O.No.N. 110023/2/2016-FP dated 10 th November 2016
11	Mission ParivarVikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conducted eligible couple survey- maximum four rounds	Rs. 150/ ASHA/round		
12	NayiPahel- an FP kit for newly weds- a FP kit would be given to the newly wed couple by ASHA (In initial phase ASHA may be given 2 kits/ ASHA)	Rs. 100/ASHA/NayiPahel kit distribution		
13	SaasBahuSammelan- mobilize SaasBahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting		
14	Updating of EC survey before each MPV campaign- Note-updating of EC survey register incentive is already part of routine and recurring incentive	Rs.150/ASHA/Quarterly round		

V Adolescent Health

1	Distributing sanitary napkins to adolescent girls	Rs. 1/ pack of 6 sanitary napkins	Menstrual hygiene Scheme- RCH - NHM Flexi pool	Operational guidelines on Scheme for Promotion of Menstrual Hygiene August-2010
2	Organizing monthly meeting with adolescent girls pertaining	Rs. 50/meeting	VHSNC Funds	

	to Menstrual Hygiene			
3	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Rs. 100/ Per PE	RKSK-NHM Flexi pool	Operational framework for RashtriyaKishorSwasthyaKaryakram – January-2014
4	Incentive for mobilizing adolescents for Adolescent Health day	Rs. 200/ Per AHD		
VI	Incentive for Routine Recurrent Activities			
1	Mobilizing and attending VHND or (outreach session/Urban Health and Nutrition Days)	Rs. 2000 ⁷	NHM-Flexi Pool	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
2	Convening and guiding monthly meeting of VHSNC/MAS			
3	Attending monthly meeting at Block PHC/5U-PHC			
4	a) Line listing of households done at beginning of the year and updated every six months b) Maintaining records as per the desired norms like –village health register c) Preparation of due list of children to be immunized updated on monthly basis d) Preparation of due list of ANC beneficiaries to be updated on monthly basis e) Preparation of list of eligible couples updated on monthly basis			Order No. F No7(84)/2018 NHM -I. September 2018
VII	Participatory Learning and Action- (In selected 10 states that have low RMNCH+A indicators – Assam, Bihar, Chhattisgarh, Jharkhand, MP, Meghalaya, Odisha, Rajasthan, Uttarakhand and UP)			
1	Conducting PLA meetings- 2 meetings per month- Note-Incentive is also applicable for AFs @Rs.100/- per meeting for 10 meetings in a month	Rs. 100/ASHA/per meeting for 02 meetings in a month		D.O. No. Z.15015/56/2015-NHM-1 (Part)- Dated 4 th January-2016
VIII	Revised National Tuberculosis Control Programme⁸			
	Honorarium and counselling charges for being a DOTS provider		RNTCP Funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
1	For Category I of TB patients (New cases of Tuberculosis)	Rs. 1000 for 42 contacts over six or seven months of treatment		
2	For Category II of TB patients	Rs. 1500 for 57 contacts over		

⁷ Increased from Rs 1000 to Rs 2000

⁸ Initially ASHAs were eligible to an incentive of Rs 250 for being DOTS provider to both new and previously treated TB cases. Incentive to ASHA for providing treatment and support Drug resistant TB patients have now been revised from Rs 2500 to Rs 5000 for completed course of treatment

	(previously treated TB cases)	eight to nine months of treatment including 24-36 injections in intensive phase		
3	For treatment and support to drug resistant TB patients	Rs. 5000 for completed course of treatment (Rs. 2000 should be given at the end on intensive phase and Rs. 3000 at the end of consolidation phase)		
4	For notification if suspect referred is diagnosed to be TB patient by MO/Lab ⁹	Rs.100		Revised National Tuberculosis Control Program-Guidelines for partnership- Year 2014
IX	National Leprosy Eradication Programme¹⁰			
1	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy - for 33 states (except Goa, Chandigarh & Puducherry).	Rs. 250 (for facilitating diagnosis of leprosy case)+ Rs. 400 (for follow up on completion of treatment)	NLEP Funds	Order on revised rate of ASHA incentives- D.O. No. P17018/14/13-NRHM-IV
2	Referral and ensuring compliance for complete treatment in multi-bacillary cases of Leprosy- for 33 states (except Goa, Chandigarh & Puducherry).	Rs. 250 (for facilitating diagnosis of leprosy case)+ Rs. 600 (for follow up on completion of treatment)		
X	National Vector Borne Disease Control Programme			
A)	Malaria¹¹			
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test	NVBDCP Funds for Malaria control	Order on revised rate of ASHA incentives- D.O. No. P17018/14/13-NRHM-IV
2	Providing complete treatment for RDT positive Pf cases	Rs. 75/- per positive cases		
3	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime			
4	For referring a case and ensuring complete treatment	Rs. 300 (not in their updated list)		

⁹Provision for Rs100 notification incentive for all care providers including ASHA/Urban ASHA /AWW/ unqualified practitioners etc if suspect referred is diagnosed to be TB patient by MO/Lab.

¹⁰Incentives under NLEP for facilitating diagnosis and follow up for completion of treatment for pauci bacillary cases was Rs 300 before and has now been revised to-Rs 250 and Rs 400 now. For facilitating diagnosis and follow up for completion of treatment for multi-bacillary cases were Rs 500 incentive was given to ASHA before and has now been revised to-Rs 250 and Rs 600.

¹¹ Incentive for slide preparation was Rs 5 and has been revised to Rs 15. Incentive for providing treatment for RDT positive Pf cases was Rs 20 before and has been revised to Rs 75. Incentive for providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen was Rs 50 before. Similarly incentive for referring a case of malaria and ensuring complete treatment was Rs 200/case and has been revised to Rs 300 now.

B) Lymphatic Filariasis				
1	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and endemic districts	Rs. 200	NVBDCP funds for control of Lymphatic Filariasis	Order on revised rate of ASHA incentives- D.O. No. P17018/14/13-NRHM-IV
2	For annual Mass Drug Administration for cases of Lymphatic Filariasis ¹²	Rs. 200/day for maximum three days to cover 50 houses and 250 persons		
C) Acute Encephalitis Syndrome/Japanese Encephalitis				
1	Referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs. 300 per case	NVBDCP funds	Order on revised rate of ASHA incentives- D.O. No. P17018/14/13-NRHM-IV
D) Kala Azar elimination				
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying ¹³	Rs. 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds	Minutes Mission Steering Group meeting- Febuary-2015
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case	NVBDCP funds	Minutes Mission Steering Group meeting- Febuary-2018
E) Dengue and Chikungunya				
1	Incentive for source reduction & IEC activities for prevention and control of Dengue and Chikungunya in 12 High endemic States (Andhra Pradesh, Assam, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana and West Bengal)	Rs. 200/- (1 Rupee /House for maximum 200 houses PM for 05 months- during peak transmission season). The incentive should not be exceed Rs. 1000/ASHA/Year	NVBDCP funds	Updated list of NVBDCP incentive shared by MoHFW- NVBDCP Division – Dated-16 th August-2018
F) National Iodine Deficiency Disorders Control Programme				
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDCP Funds	National Iodine Deficiency Disorders Control Programme – October-2006
XI Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening				
1	Maintaining data validation and collection of additional information- per completed form/family for NHPM –under Ayushman Bharat	Rs. 5/form/family	NHM funds	D.O.No.7 (30)/2018-NHM-I Dated 16 th April-2018
2	Filling up of CBAC forms of every individual –onetime	Rs. 10/per form/per individual as one time incentive	NPCDCS Funds	D.O.No.Z-1505/39/2017-

¹²Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

¹³ In order to ensure vector control, the role of the ASHA is to mobilize the family for IRS. She does not carry out the DDT spray. During the spray rounds her involvement would be for sensitizing the community to accept indoor spraying and cover 100% houses and help Kala Azar elimination. She may be incentivized of total Rs 200/- (Rs.100 for each round) for the two rounds of insecticide spray in the affected districts of Uttar Pradesh, Bihar, Jharkhand and West Bengal.

	activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30 years of age			NHM-I Dated 19 th July-2017
3	Follow up of patients diagnosed with Hypertension/Diabetes and three common cancer for ignition of treatment and ensuring compliance	Rs. 50/per case/Bi-Annual		
4	Delivery of new service packages under CPHC component	Rs.1000/ASHA/PM (linked with activities)	NHM funds	D.O.No.Z-1505/11/2017-NHM-I-Dated 30 th May-2018
XII	<i>Drinking water and sanitation</i>			
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation	Order No. Jt.D.O.No.W-11042/7/2007-CRSP-part- Ministry of Drinking Water and Sanitation - 18 th May-12
2	Motivating Households to take individual tap connections	Rs. 75 per household		Order No. - 11042/31/2012 - Water II Ministry of Drinking Water and Sanitation - Febuary-2013

Details of State Programme Implementation Plan (SPIP) Approval and Expenditure under National Health Mission from FY 2015-16 to FY 2017-18

Rs. In lakh

S. No	State	2015-16		2016-17		2017-18	
		SPIP	Exp	SPIP	Exp	SPIP	Exp
A. High Focus States							
1	Bihar	27470.29	20652.55	34126.38	18797.72	40002.01	22843.34
2	Chattisgarh	8131.82	9272.01	19360.58	20198.86	17959.24	20378.77
3	Himachal Pradesh	1823.89	1114.06	1576.11	2098.41	2473.43	2214.55
4	Jammu & Kashmir	2514.67	2234.03	3092.37	2642.17	3461.07	3071.61
5	Jharkhand	10786.03	9221.69	13181.28	9960.73	14618.00	11897.59
6	Madhya Pradesh	17539.77	19880.50	20696.23	21039.02	23957.05	22938.54
7	Orissa	9760.74	9628.15	10060.92	10608.44	13570.97	12942.01
8	Rajasthan	19572.25	10208.59	16056.60	14032.09	18567.73	11862.31
9	Uttar Pradesh	56119.09	36855.52	66936.67	45300.41	65316.27	62560.31
10	Uttarakhand	3253.01	4177.82	2694.08	3076.60	2973.27	2933.66
	Sub Total	156971.56	123244.92	187781.23	147754.46	202899.04	173642.70
B. NE States							
11	Arunachal Pradesh	1145.95	438.90	1117.08	460.48	1300.94	757.68
12	Assam	14697.67	12174.88	13819.03	12634.11	15342.65	13305.04
13	Manipur	989.11	485.48	1205.86	394.62	1182.33	576.77
14	Meghalaya	1634.45	821.33	1604.92	977.61	1987.80	1309.17
15	Mizoram	359.01	194.22	455.27	225.99	550.78	267.20
16	Nagaland	694.56	288.16	629.57	266.13	797.86	160.48
17	Sikkim	187.66	125.94	145.41	103.80	185.86	89.68
18	Tripura	1933.15	1697.18	2219.67	1604.24	2300.74	2198.09
	Sub Total	21641.57	16226.09	21196.81	16667.00	23648.96	18664.12
C. Non-High Focus States							
19	Andhra Pradesh	11220.44	13454.72	8918.19	9343.88	10002.89	12377.50
20	Goa	0.40	0.33	0.00	6.35	7.25	7.19
21	Gujarat	15725.02	15298.95	16242.49	15806.92	18724.93	17353.45
22	Haryana	5224.56	5242.37	6395.94	4872.49	7924.28	6160.36
23	Karnataka	11589.22	8388.82	12869.38	8935.80	10473.43	10685.33
24	Kerala	1758.20	1944.33	2382.74	2163.10	3007.68	2611.55
25	Maharashtra	17267.80	13005.11	23100.11	15270.82	22363.23	20093.21

26	Punjab	5667.17	5208.18	4763.89	5194.28	6386.70	5592.89
27	Tamil Nadu	421.62	567.30	682.76	884.32	1243.18	1137.91
28	Telangana	6780.42	3718.81	7089.84	5094.21	6123.45	14387.80
29	West Bengal	18047.39	14783.97	18147.63	16017.76	21483.34	17100.58
	Sub Total	93702.24	81612.89	100592.97	83589.92	107740.36	107507.79
D. Small States/UTs							
30	Andaman & Nicobar Islands	37.98	5.67	83.47	28.93	96.49	49.23
31	Chandigarh	10.12	3.15	17.03	26.19	13.85	5.68
32	Dadra & Nagar Haveli	128.18	70.93	119.97	74.76	114.64	65.58
33	Daman & Diu	46.37	32.83	48.46	28.76	74.43	44.12
34	Delhi	1367.20	994.29	1687.18	1194.05	2206.63	1627.44
35	Lakshadweep	29.91	7.88	31.38	21.45	25.70	19.00
36	Puducherry	0.66	2.16	54.90	0.40	28.69	0.20
	Sub Total	1620.42	1116.91	2042.39	1374.53	2560.43	1811.25
	Grand Total	273935.79	222200.80	311613.39	249385.90	336848.80	301625.86

Note

1. Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year. It is updated upto 31-03-2017, hence provisional.
2. The Above Figures are as per FMR reported by State/UTs.
3. SPIP stands for State Programme Implementation Plan

4. Activities of ASHA includes: a) Incentives to ASHAs b) Orientation/review of ASHA/ANM/AWW (as applicable) for Scheme for home delivery of contraceptives (HDC), c) Ensuring spacing at birth (ESB {wherever applicable}), d) Pregnancy Testing Kits (PTK), e) Immunization-ASHA Incentive, f) NIDDPC-ASHA Incentive, g) Community Processess h) ASHA (Urban), i) Training-ASHA, j) AWW and MPW, k) ASHA Honorarium, l) NVBDCP-Asha Incentives, m) ASHA Incentivization for sensitizing community, n) Lymphatic Filariasis-Honorarium to drug distributors including ASHA and supervisors involved in MDA, o) ASHA incentive for one time linelisting of Lymphoedema and Hydrocele cases in non-endemic distt., p) Kala Azar-Asha Incentives, q) NLEP-ASHA Involvement, r) NLEP-Incentive to ASHA, Training/Refresher training -ASHA (one day), s) Printing of HBNC Monitoring format for 6 & 7 module trained ASHA, t) Procurement of ASHA Drug Kit, u) ASHA Incentive for fever testing, v) ASHA Incentive for treatment, w) ASHA Refresher Training, x) Incentive for distribution of LLIN by ASHAs and Printing of ASHA Training Modules.