**Background Information Required for Approval of State PIPs for 2013-14**

**F.M.R. Code- B 1 : ASHA**

**ASHA- Annexure-I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of ASHA Required as per Rural population** | **Number of ASHA engaged (Atleast trained in 1st Module)** | **Shortfall** | **Target for 2013-14** |
|  |  |  |  |

**ASHA- Annexure-II**

**Status of ASHA Training**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Cumulative Achievement (Since inception -till date)** | **Proposed numbers to be trained in 13-14** |
| **Module 1** |  |  |
| **Module 2** |  |  |
| **Module 3** |  |  |
| **Module 4** |  |  |
| **Module 5** |  |  |
| **Module 6 & 7 Round One** |  |  |
| **Module 6 & 7 Round Two** |  |  |
| **Module 6 & 7 Round Three** |  |  |
| **Module 6 & 7 Round Four** |  |  |

**ASHA- Annexure-III**

**ASHA Drug Kits**

|  |  |
| --- | --- |
| **Number of ASHA Engaged (Trained in Module-I)** |  |
| **Number of ASHA with Drug Kits** |  |
| **Number of ASHA with HBNC Kits** |  |
| **No. of New Drug Kits Required** |  |
| **No. of Drug kits to be Replenished** |  |
| **No. of New HBNC Kits required** |  |
| **No. of HBNC Kits to be Replenished** |  |

|  |  |
| --- | --- |
| **Sr. No.** | **Name of Drug in Drug Kit** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Sr. No.** | **Name of Instrument/ drug/ communication material in HBNC Kit** |
|  |  |
|  |  |

**ASHA- Annexure-IV**

**Incentives for ASHAs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Incentive** | **Amount proposed per ASHA** | **Target Population** | **Total Amount Proposed** |
| 1 | Incentive under JSY |  |  |  |
| 2 | Incentive under Maternal Health |  |  |  |
| 3 | Incentive under Child Health |  |  |  |
| 4 | Incentive under immunization programme |  |  |  |
| 5 | Incentive under Family Planning |  |  |  |
| 6 | Incentive under DOTS Programme |  |  |  |
| 7 | Incentive under leprosy Programme |  |  |  |
| 8 | Incentive under Disease control Programmes |  |  |  |
| 9 | Any other (please specify) |  |  |  |

**ASHA- Annexure-V**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Human Resource** | **Required as per norms** | **Approved 2012-13** | | | **Proposed 2013-14** | | |
| **No. In position** | **Monthly Remuneration** | **Total Amount Approved** | **No.** | **Monthly Remuneration** | **Total Amount** |
| ASHA Coordinator at State Level |  |  |  |  |  |  |  |
| ASHA Coordinator at District Level |  |  |  |  |  |  |  |
| ASHA Coordinator at Block Level/ Block Community Mobilizer for ASHA |  |  |  |  |  |  |  |
| ASHA Facilitator |  |  |  |  |  |  |  |
| Any other please specify |  |  |  |  |  |  |  |