Minims were able to realise 85% of expected deliveries to mothers with 70% of them being in government facilities.

82% of newborns received designated home visits from Minims and 62% referred to health facilities after Minim identified signs of sickness.

87% of pregnant women received more than three home visits from Minims.

63% of children under 3 years age received home visits on nutrition and prevention of infections.

68620 cases of diarrhoea given ORS.

More than 12000 after other patients treated Minims using drug kits.

155 TB suspects per 100000 population screened per quarter and referred for sputum examination per quarter resulting in 2140 confirmed cases.

68400 cases of diarrhea given ORS on nutrition and prevention of infections.

10. Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

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The state of Odisha has invested in setting up mechanisms for the constitution, capacity building, handbooking and monitoring of MA's. The state is mapping all high risk communities and professional capacities of MA's are recorded. A set of ten indicators each with a weight of ten points has been developed. The MAS is ranked on a cumulative score of 100; the MAS could be graded in one of three categories:

- Green - 80 and above
- Yellow - 70-79
- Red - Less than 50

Early findings/reports reflect positive impact of intensive inputs provided by MAS. The linkage with the ASHA also gives the ANM local recognition and serves in an administrative capacity in verifying the ASHA's outreach services or in facility based services. She also serves as a mentor for the ASHA, both geographically and functionally. In Delhi, the ANMs provide support to ASHAs and strengthen their linkage with the health system, whether in content or process. ANMs also serve as a technical resource, in order to able to support the ASHA in her tasks, and serve in an administrative capacity in verifying the ASHA's functionally, correlating with the diary records, calculating the monthly incentive and facilitating redressal of ASHA's grievances. The linkage assessment and AHA is giving the MAS local recognition and credibility in the community.

This strategy has proved to be effective in providing regular support to ASHA programmes, expanding coverage, as ANMs are able to mobilize beneficiaries to access services provided by the ANM or the urban health centre. ANMs are also more fingered and the state of existence of data development software allows better capture of functionally linked to the database. The current arrangement is limited to maternal and child health tasks. As the work of the ANM and the ASHA expands to more complex tasks such as comprehensive primary health care, including non-communareable diseases, this model of monitoring and support will need to be reinforced by support from the Urban Primary health centre and the use of IT to keep ANM- ASHA team intact.

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