

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

**LOK SABHA
UNSTARRED QUESTION NO.4473
TO BE ANSWERED ON 19TH JULY, 2019**

ASHA WORKERS

4473. SHRI SUNIL KUMAR PINTU:

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

- (a) whether measures have been taken/ being taken to strengthen the system related to ASHA workers going on in the country particularly Sitamarhi, Sheohar, Muzaffarpur, Madhubani, Darbhanga etc. so as to benefit maximum number of women;
- (b) the details thereof; and
- (c) if not, the reasons therefor?

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

(a) to (c): Under the National Health Mission (NHM), 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 given at Annexure-I. However, States have the flexibility to design ASHA incentives.

The incentives to ASHAs for different tasks are regularly reviewed from time to time. Accordingly, 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 carrying out assigned tasks. Further, the Government has also approved enhancement of supervisory visit charges for ASHA facilitators from Rs. 250/-per visit to Rs. 300/- per visit.

Further, benefits of Life insurance, accident insurance and pension to eligible ASHAs and ASHA facilitators are extended by enrolling them under:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (premium of Rs. 330 contributed by GOI)
- Pradhan Mantri Suraksha Beema Yojana (premium of Rs. 12 contributed by GOI)

- Pradhan Mantri Shram Yogi MaanDhan (50% contribution of premium by GOI and 50% by beneficiaries).
- The government has also approved a cash award of Rs. 20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.
- To enhance competency and professional credibility of ASHAs by knowledge and skill assessment, ASHA Certification programme has been launched in 2014 which is being currently implemented in 23 States and 1 UT.
- 35 State training sites and 95 district training sites have been accredited by National institute of Open Schooling (NIOS).
- 179 state trainers and 468 district trainers have been certified by NIOS.
- About 6212 ASHAs and ASHA Facilitators have been certified.

As per the information given by the State of Bihar, ASHAs are getting 52 types of Performance Based Incentives under various Programs of NHM and one incentive for the activity under Jan Arogya Yojana from State fund. State is taking following initiatives to ensure timely payments to the ASHA including districts of Sitamarhi, Sheohar, Muzaffarpur, Madhubani and Darbhanga:

- Bihar has started payment to the ASHA through PFMS (Public Financial Management System) portal. Till date 99 % ASHAs are registered on PFMS and Aadhaar linked payment is being done through PFMS.
- A standardized Claim Format has been distributed to all selected ASHA in order to ease the payment.
- A decision has been taken by Govt. of Bihar to provide Rs. 4,00,000 (Four Lacs) to the nearest dependant of an ASHA in case of her death.

Annexure-I

Updated list of ASHA Incentives			
	Activities	Amount in Rs/case	Source of Fund and Fund Linkages
I	Maternal Health		
1	JSY financial package		
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
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
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 , 14 th , 21 st , 28 th & 42 nd) -Seven visits in case of Home Deliveries (Days 1 st , 3 rd , 7 th , 14 th , 21 st , 28 th & 42 nd)	Rs. 250	Child Health- NHM-RCH Flexi pool and should meet the following CG, first dose of OPV and DPT before until 42nd day of delivery.
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	

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	
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	
5	Child Death Review for reporting child death of children under 5 years of age	Rs. 50	
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	
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	
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	
III	Immunization		
1	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool
2	Complete immunization per child up-to two years age (all vaccination received between 1st and second	Rs. 75 ³	

² This incentive will be subsumed with the HBYC incentive subsequently

³ Revised from Rs. 50 to Rs, 75

	year of age after completing full immunization after one year		
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day ⁴	IPPI funds
4	DPT Booster at 5-6years of age	Rs.50	
IV	Family Planning		
1	Ensuring spacing of 2 years after marriage ⁵	Rs. 500	Family planning – NHM RCH Flexi Pool
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	
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	

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

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

		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 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	
8	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case	
9	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case	
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
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	Rs. 100/ASHA/NayiPahel kit distribution	

	phase ASHA may be given 2 kits/ ASHA)		
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
2	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting	VHSNC Funds
3	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Rs. 100/ Per PE	RKSK- NHM Flexi pool
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
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		

⁷ Increased from Rs 1000 to Rs 2000

	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		
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	
VIII	Revised National Tuberculosis Control Programme ⁸		
	Honorarium and counselling charges for being a DOTS provider		RNTCP Funds
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 (previously treated TB cases)	Rs. 1500 for 57 contacts over 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	

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

⁹ Provision 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.

IX	National Leprosy Eradication Programme ¹⁰		
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
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)	Malaria ¹¹		
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test	NVBDCP Funds for Malaria control
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)	
B)	Lymphatic Filariasis		
1	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and	Rs. 200	NVBDCP funds for control of Lymphatic

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.

	endemic districts		Filariasis
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
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
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case	NVBDCP funds
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
F)	National Iodine Deficiency Disorders Control Programme		
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDPC Funds
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 NHM – under Ayushman Bharat	Rs. 5/form/family	NHM funds
2	Filling up of CBAC forms of	Rs. 10/per form/per	NPCDCS

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.

	every individual –onetime activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30 years of age	individual as one time incentive	Funds
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
XII	Drinking water and sanitation		
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation
2	Motivating Households to take individual tap connections	Rs. 75 per household	