

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

**LOK SABHA
UNSTARRED QUESTION NO. 58
TO BE ANSWERED ON 21ST JUNE, 2019**

ASHAS AND ANGANWADI WORKERS

58. SHRI KODIKUNNIL SURESH:

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

- (a) whether the Government proposes to increase the honorarium of Accredited Social Health Activists (ASHAs) and Anganwadi workers in the country and if so, the details thereof;
- (b) whether the Government has decided in principle to provide a fixed salary and other benefits to the ASHA workers since the guidelines framed for the ASHA workers are incompatible with the functions assigned to them and if so, the details thereof;
- (c) whether the Government has further received complaints from ASHA workers concerning delay in payments by the health department official as incentives for various functions stand varied, if so, the details thereof; and
- (d) whether the Government is considering to fix a consolidated salary for the ASHA workers in the country, if so, the details thereof?

ANSWER

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

(a) to (d): 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 given at **Annexure**. Apart from incentives approved for ASHAs at national level, 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.

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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 Maan Dhan (50% contribution of premium by GOI and 50% by beneficiaries)

As payment to ASHA workers is dealt by the States/UTs, complaints received on payment related issues are forwarded to respective State Governments for examination and appropriate action.

Also, as per the information received from Ministry of Women and Child Development honorarium to Anganwadi Workers (AWWs)/ Anganwadi Helpers (AWHs) has been enhanced and provision of performance linked incentive to AWHs have been introduced under Anganwadi Services, as per details below:

- (i) The honorarium of Anganwadi Workers (AWWs) at main-Anganwadi Centres has been enhanced from the existing ₹ 3,000/- per month to ₹ 4,500 per month;
- (ii) The honorarium of Anganwadi Workers (AWWs) at mini-Anganwadi Centres has been enhanced from the existing ₹ 2,250/- per month to ₹ 3,500 per month;
- (iii) The honorarium of Anganwadi Helpers (AWHs) has been enhanced from the existing ₹ 1,500/- per month to ₹ 2,250/- per month; and
- (iv) Anganwadi Helpers (AWHs) are also eligible for performance linked incentive of ₹ 250/- per month for facilitating proper functioning of Anganwadi Centres and Anganwadi Workers (AWWs) are allowed performance linked incentive of ₹ 500/- per month for using Integrated Child Development Services-Common Application Software(ICDS-CAS) under POSHAN Abhiyaan.

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Annexure

| Updated list of ASHA Incentives | | | |
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| | 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 |
| 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 | |

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.

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| 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 year of age after completing full immunization after one year | Rs. 75 ³ | |

² This incentive will be subsumed with the HBYC incentive subsequently

³ Revised from Rs. 50 to Rs, 75

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| 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 Rs. 200 in remaining states | |

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

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| 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 phase ASHA may be given 2 kits/ ASHA) | Rs. 100/ASHA/NayiPahel kit distribution | |
| 13 | SaasBahuSammelan- | Rs. 100/ per meeting | |

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| | mobilize SaasBahu for the Sammelan- maximum four rounds | | |
| 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 c) Preparation of due list of children to be immunized updated on monthly basis | | |

⁷ Increased from Rs 1000 to Rs 2000

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| | 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 | |
| IX | National Leprosy Eradication Programme ¹⁰ | | |

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.

¹⁰ Incentives 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.

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| 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 endemic districts | Rs. 200 | NVBDCP funds for control of Lymphatic 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 | Rs. 300 per case | NVBDCP |

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.

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

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| | the nearest CHC/DH/Medical College | | 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 | NIDDCP 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 NHPM – under Ayushman Bharat | Rs. 5/form/family | NHM funds |
| 2 | Filling up of CBAC forms of every individual –onetime activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30 years of age | Rs. 10/per form/per individual as one time incentive | NPCDCS Funds |
| 3 | Follow up of patients diagnosed with Hypertension/Diabetes and | Rs. 50/per case/Bi-Annual | |

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.

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| | three common cancer for ignition of treatment and ensuring compliance | | |
| 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 | |