

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

**LOK SABHA
UNSTARRED QUESTION NO. 2465
TO BE ANSWERED ON 9TH MARCH, 2018**

ASHA WORKERS

**2465. SHRI D.S. RATHOD:
SHRI RABINDRA KUMAR JENA:
SHRI PARESH RAVAL:
SHRI VINOD LAKHAMASHI CHAVDA:
DR. P. VENUGOPAL:**

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

- (a) whether the 45th and 46th Indian Labour Conference (ILC) recommended that scheme workers such as ASHA (accredited Social Health Activists) should be recognised as workers, paid minimum wages and social security benefits and regularise their services;
- (b) if so, the details thereof and number of ASHA workers currently working under the National Health Mission, State/UT-wise;
- (c) the details of wages currently paid to ASHA workers alongwith the other benefits provided to them;
- (d) whether the Government has any data of the certified ASHA workers by NIOs in the country if so, the details thereof along with the amount granted/ utilised by NIOs during the last three years; and
- (e) whether ASHA workers are considered as volunteers and not full time health workers and if so, the details thereof?

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

(a): The 45th and 46th Indian Labour Conference (ILC) has recommended that scheme workers such as ASHAs should be recognised as workers and must be paid minimum wages and social security benefits including pensions.

(b): The recommendations/ Record of Discussion of 45th & 46th ILC are available at <https://www.labour.nic.in/lcandilasdivision/list-indian-labour-conferences>. 'Public Health and Hospitals' being a State subject, under the National Health Mission (NHM), technical and financial support is provided to States to strengthen their healthcare systems including for ASHAs. As per the Framework for Implementation of NRHM (now NHM), ASHAs are envisaged as voluntary Health Activists. The State/ UT wise number of ASHAs engaged under NHM is at Annexure-I

(c): As per the Framework for implementation of NRHM (now NHM), ASHAs would not be paid any honorarium and would be entitled for performance based compensation. The list of task/ activity of ASHAs and incentives approved at national level is at Annexure-II. States have also been given the flexibility to design ASHA incentives. Many States are also paying fixed monthly honorarium out of their State Budget. List of State specific ASHA incentives/ fixed honorarium are at Annexure-III.

(d): As per information available, total 2361 ASHA workers were registered for the first examination of ASHA workers conducted by NIOS on 31st of January, 2018 of which 2256 workers appeared and 105 were absent.

State-wise number of ASHA workers appeared in examination is as under:

Sl. No	Name of State	No. of ASHA workers
1	Assam	471
2	Karnataka	302
3	Arunachal Pradesh	22
4	Tripura	304
5	Sikkim	25
6	Maharashtra	279
7	Madhya Pradesh	120
8	Delhi	175
9	Jharkhand	558
Grand Total		2256

The details of Receipt and Expenses incurred by NIOS for ASHA Project for the last three years are as under:

Financial Year	Receipt (in Rs)	Expenses (In Rs)
2014-15	7,64,72,049	-
2015-16	-	28,74,455
2016-17	-	56,10,983

(e): As per the Framework for implementation of NRHM (now NHM), ASHAs would not be paid any honorarium and would be entitled for performance based compensation.

Annexure-I

Status of ASHAs Selected/In-Position under NHM				
S.No.	States/UTs	ASHAs Selected (Rural)	ASHA-In Position (Urban)	Total ASHAs
1	Bihar	86893	344	87237
2	Chhattisgarh	66713	3295	70008
3	Himachal Pradesh*	32342	24	32366
4	Jammu & Kashmir	11843	63	11906
5	Jharkhand	40964	216	41180
6	Madhya Pradesh	68698	3907	72605
7	Odisha	46678	1435	48113
8	Rajasthan	57010	4040	61050
9	Uttar Pradesh	162945	5557	168502
10	Uttarakhand	11086	561	11647
11	Arunchal Pradesh	3826	42	3868
12	Assam	30619	1336	31955
13	Manipur	4009	81	4090
14	Meghalaya	6516	178	6694
15	Mizoram	1091	79	1170
16	Nagaland	1887	38	1925
17	Sikkim	641	25	666
18	Tripura	7590	356	7946
19	Andhra Pradesh	39009	2502	41511
20	Goa	0	0	0
21	Gujarat	37967	3950	41917
22	Haryana	17355	2472	19827
23	Karnataka	34694	2454	37148
24	Kerala	28115	1820	29935
25	Maharashtra	59310	7675	66985
26	Punjab	18983	2362	21345
27	Tamil Nadu	3905	0	3905
28	Talengna	29257	3142	32399
29	West Bengal	53370	5444	58814
30	A & N Islands	407	0	407
31	Chandigarh	14	18	32
32	D & N Haveli	397	59	456
33	Daman & Diu	87	8	95
34	Delhi	0	5327	5327
35	Lakshadweep	105	0	105
36	Puducherry	0	0	0
Total		964326	58810	1023136
Note * Including Link worker				

Source: MIS Report

List of ASHA incentives Provided by States			
S. No.	Heads of Compensation	Amount in Rs/case	Source of Fund and Fund Linkages
	Maternal Health		
1.	JSY financial package		
	For ensuring antenatal care for the woman	300 for Rural areas 200 for Urban areas	Maternal Health- NRHM-RCH Flexi pool
	For facilitating institutional delivery	300 for Rural areas 200 for Urban areas	
2.	Reporting Death of women (15-49 years age group) by ASHA to U-PHC Medical Officer	200 for reporting within 24 hours of occurrence of death by phone	HSC/ U-PHC- Un-tied Fund
	Child Health		
	Undertaking six (in case of institutional deliveries)and seven(for home deliveries) home- visits for the care of the new born and post-partum mother ¹	250	Child Health- NHM-RCH Flexi pool
	For follow up visits to a child discharged from facility or community Severe Acute Malnutrition (SAM) management centre	150 only after MUAC is equal to nor-more than 125mm	
	Ensuring quarterly follow up of low birth weight babies and newborns discharged after treatment from Specialized New born Care Units	50	
	Child Death Review	50	
	For mobilizing and ensuring every eligible child (1-19	100	

¹This incentive is provided only on completion of 45days after bith 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 of delivery.

	years out-of-school and non-enrolled) is administered Albendazole.		
	ASHA incentive for prophylactic distribution of ORS	Re 1 per ORS packet	
	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding-Quarterly mother meeting	100/ASHA/ Quarterly meeting	
III	Immunization		
1.	Complete immunization for a child under one year	100.00	Routine Immunization Pool
2.	Full 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	50	
3.	Mobilizing children for OPV immunization under Pulse polio Programme	100/day ²	IPPI funds
IV	Family Planning		
1.	Ensuring spacing of 2 years after marriage	500	Family planning – NHM RCH Flexi Pool
2.	Ensuring spacing of 3 years after birth of 1 st child	500	
3.	Ensuring a couple to opt for permanent limiting method after 2 children	1000	
4.	Counselling, motivating and follow up of the cases for Tubectomy	200 in 11 states with high fertility rates ³ (UP, Bihar, MP, Rajasthan, Chhattisgrah, Jharkhand, Odisha, Utrakhand, Asam, Haryana and Gujarat)	

² Revised from Rs 75/day to Rs 100/day

³ Revised from Ra. 150 to Rs. 200

		150 in remaining states	
5.	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	300 in 11 states with high fertility rates ⁴ (UP, Bihar, MP, Rajasthan, Chhattisgrah, Jharkhand, Odisha, Utrakhand, Asam, Haryana and Gujarat) 200 in remaining states	
6.	Social marketing of contraceptives- as home delivery through ASHAs	1 for a pack of three condoms 1 for a cycle of OCP 2 for a pack of ECPs	
7.	Escorting or facilitating beneficiary to the health facility for the Post Partum IUCD insertion	150/case	
8.	Escorting or facilitating beneficiary to the health facility for the Post Abortion IUCD insertion	150/case	
Mission ParivarVikas- In selected 145 districts in six states- (57 in UP, 36 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh and 2 in Assam)			
9.	Injectable Contraceptive MPA - Incentive to ASHA	100 per dose	Family planning-RCH- NHM Flexi Pool
10.	Mission ParivarVikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct eligible couple survey-	150/ ASHA/round	
11.	NayiPahel- an FP kit for newly weds- be given 2 kits/ ASHA)	100/ASHA/NayiPahel kit distribution	
12.	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan	100/ per meeting	

⁴ Revised from Ra. 200 to Rs. 300

V	Adolescent Health		
1.	Distributing sanitary napkins to adolescent girls	Re 1/ pack of 6 sanitary napkins	Menstrual hygiene Scheme –RCH – NHM Flexi pool
2.	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	50/meeting	VHSNC Funds
3.	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Per PE Rs. 100	RKSK- NHM Flexi pool
4.	Incentive for mobilizing adolescents for Adolescent Health day	Per AHD Rs. 150	
VI	Revised National Tuberculosis Control Programme⁵		
	Honorarium and counselling charges for being a DOTS provider		RNTCP Funds
1.	For Category I of TB patients (New cases of Tuberculosis)	1000 for 42 contacts over six or seven months of treatment	
2.	For Category II of TB patients(previously treated TB cases)	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	5000 for completed course of treatment(2000 should be given at the end on intensive phase and 3000 at the end of consolidation phase	
4.	For notification if suspect referred is diagnosed to be TB patient by MO/Lab ⁶	Rs.100	

⁵ 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

⁶Provision 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.

VII	National Leprosy Eradication Programme⁷		
1.	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy	250(for facilitating diagnosis of leprosy case)+ 400(for follow up on completion of treatment)	NLEP Funds
2.	Referral and ensuring compliance for complete treatment in multi-bacillary cases of Leprosy	250(for facilitating diagnosis of leprosy case)+ 600((for follow up on completion of treatment)	
VIII	National Vector Borne Disease Control Programme		
A)	Malaria⁸		
1.	Preparing blood slides	15/slide	NVBDCP Funds for Malaria control
2.	Providing complete treatment for RDT positive Pf cases	75	
3.	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen		
4.	For referring a case and ensuring complete treatment	300	
B)	Lymphatic Filariasis		
1.	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and endemic districts	200	NVBDCP funds for control of Lymphatic Filariasis
2.	For annual Mass Drug Administration for cases of Lymphatic Filariasis ⁹	200/day for maximum three days to cover 50 houses and 250 persons	

⁷Incentives 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.

⁸ 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.

⁹Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

C)	Acute Encephalitis Syndrome/Japanese Encephalitis		
1.	Referral of AES/JE cases to the nearest CHC/DH/Medical College	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 ¹⁰ (New incentive)	Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds
E)	National Iodine Deficiency Disorders Control Programme		
1	ASHA incentive for salt testing	Rs. 25 a month for testing 50 salt samples	NIDDCP Funds
IX	Non-Communicable Diseases		
1	National Programme for Control of Blindness (NPCB),	Rs. 175 for each operated eye', for bringing the patient from community and follow up, up to post operation stage	NCD Flexipool
2	Universal Screening of NCDs	<ul style="list-style-type: none"> Rs. 10 per individual as a onetime incentive for enumeration of all individuals, filling Community Based Assessment Checklist (CBAC) for all individuals over 30 years of age and mobilising for NCD screening. 	NCD Flexipool
3		<ul style="list-style-type: none"> Rs. 50 per individual every six months for follow up with patients 	

¹⁰ 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.

		diagnosed with Hypertension / Diabetes and Cancers for initiation of treatment and ensuring compliance for a period of 6 months	
X	Incentive for Routine Recurrent Activities		
1	Mobilizing and attending VHND or(outreach session/Urban Health and Nutrition Days)	200 per session	NHM- Flexi Pool
2	Convening and guiding monthly meeting of VHSNC/MAS	150	
3.	Attending monthly meeting at Block PHC/5U-PHC	150	
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	500	
XI	<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
2	Motivating Households to take individual tap connections	Rs. 75 per household	Ministry of Drinking Water and Sanitation

Other State Specific Incentives for ASHAs

1. Chhattisgarh gives 50% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis
2. Haryana (Rs. 1000/month)
3. Kerala (Rs.1500/month, Rajasthan (Rs. 1600/month through ICDS),
4. Karnataka (Rs. 3500/month – recently introduced replacing the top up incentive)
5. Sikkim (Rs. 3000/month)
6. Meghalaya and Tripura provide 100% matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.
7. West Bengal (Rs. 2000/month).
8. Recently states of Gujarat, Telangana and Uttrakhand have also introduced incentives from state funds but modalities of payment are not available.