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

LOK SABHA UNSTARRED QUESTION NO. 1840 TO BE ANSWERED ON THE 16^{TH} DECEMBER, 2022

REMUNERATION/INCENTIVES TO ASHA WORKERS

1840: SHRI KESINENI SRINIVAS:

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

- (a) the number of ASHA Workers enrolled in the country, State/UT-wise;
- (b) the details of the remuneration/incentives given to ASHA workers in the country, State/ UT-wise including Andhra Pradesh since 2019;
- (c) whether Government maintains a record of maternity leaves granted to ASHA workers at the State and Central level and if so, the details thereof and if not, the reasons therefor;
- (d) whether Government plans to provide retirement benefits to the ASHA workers and if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the funds released and utilised under the National Health Mission to Andhra Pradesh since 2019?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND

FAMILY WELFARE (DR. BHARATI PRAVIN PAWAR)

- (a): As per NHM-MIS report (as on 30.06.2022), State-wise details of total number of ASHAs under National Health Mission (NHM), except Goa & Chandigarh, is placed at **Annexure-I**.
- (b) to (d): ASHAs are envisaged to be community health volunteer and only entitled to task/activity based incentives. ASHAs receive a fixed monthly incentive of Rs. 2000 per month in the country, including Andhra Pradesh, for routine and recurring activities and the details are placed at **Annexure-II.** Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes and details are placed at **Annexure-III.** States/UTs in their Programme Implementation Plans (PIPs) have also been given flexibility to provide a range of monetary incentives to the ASHAs and the details are placed at **Annexure-IV.**

After the launch of the Ayushman Bharat scheme with operationalization of Ayushman Bharat- Health and Wellness Centres (AB-HWCs), ASHAs are now additionally eligible for Team Based Incentives (TBIs) along with ANMs based on monitored performance indicators (up to Rs. 1000 per month).

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package providing coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In Addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of Rs. 3000 pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers.

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.

It is intimated that the Central Government has announced the "Pradhan Mantri Garib Kalyan Package, under which, Insurance Scheme has been introduced for all health workers, including ASHAs. This insurance scheme provided an insurance cover of Rs. 50.00 Lakhs incase of loss of life on account of COVID-19 related duty from March, 2020 to April, 2022.

(e): The details of the funds released and utilised under NHM to the State of Andhra Pradesh from the F.Y. 2019-20 to 2022-23 is given at **Annexure-V.**

Details of ASHAs under National Health Mission (NHM)

| S.No. | States/UTs | No. of ASHAs |
|-------|------------------------|--------------|
| 1 | Bihar | 92867 |
| 2 | Chhatisgarh | 72002 |
| 3 | Himachal Pradesh | 7964 |
| 4 | Jammu & Kashmir | 12686 |
| 5 | Jharkhand | 47223 |
| 6 | Madhya Pradesh | 83614 |
| 7 | Orissa | 48977 |
| 8 | Rajasthan | 53676 |
| 9 | Uttar Pradesh | 166824 |
| 10 | Uttarakhand | 12018 |
| 11 | Arunachal Pradesh | 4143 |
| 12 | Assam | 32670 |
| 13 | Manipur | 4009 |
| 14 | Meghalaya | 7311 |
| 15 | Mizoram | 1099 |
| 16 | Nagaland | 2038 |
| 17 | Sikkim | 676 |
| 18 | Tripura | 8118 |
| 19 | Andhra Pradesh | 43137 |
| 20 | Gujarat | 49549 |
| 21 | Haryana | 23954 |
| 22 | Karnataka | 41544 |
| 23 | Kerala | 30724 |
| 24 | Maharashtra | 69236 |
| 25 | Punjab | 21972 |
| 26 | Tamil Nadu | 5434 |
| 27 | Telangana | 32854 |
| 28 | West Bengal | 64904 |
| 29 | A&N Island | 422 |
| 30 | D&N Haveli/Daman & Diu | 700 |
| 31 | Delhi | 8942 |
| 32 | Ladakh | 608 |
| 33 | Lakshadweep | 110 |
| 34 | Puducherry | 317 |
| | Total | 1052322 |

Note: ASHAs exist in all States/UTs except Goa and Chandigarh
Source: NHM-MIS as on 30th June, 2022

Annexure-II
The details of incentives for routine and recurring activities given to ASHAs

| S. No. | Incentives | Incentives (from September, 2018) |
|-----------|--|--------------------------------------|
| 1 | Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days | Rs.200/session |
| 2 | Conveying and guiding monthly meeting of VHSNC/MAS | Rs. 150 |
| 3 | Attending monthly meeting at Block PHC/UPHC Rs. 150 | |
| 4 | a. Line listing of households done at beginning of the year and updated every six months | Rs. 300 |
| | b. Maintaining village health register and supporting universal registration of births and deaths to be updated on the monthly basis | Rs. 300 |
| | c. Preparation of due list of children to be immunized on monthly basis | Rs. 300 |
| | d. Preparation of list of ANC beneficiaries to be updated on monthly basis | Rs. 300 |
| | e. Preparation of list of eligible couple on monthly basis | Rs. 300 |
| | Total | Rs. 2000/- |

| | | Annexure-III | | |
|------|--|---|--|--|
| Deta | Details of performance-based incentives for a varied set of activities under various National Health Programmes | | | |
| | Activities | Amount in Rs/case | | |
| I | Maternal Health | | | |
| 1 | JSY financial package | | | |
| a. | For ensuring antenatal care for the woman | Rs.300/Rs.200 (Rural/Urban areas) | | |
| b. | For facilitating institutional delivery | Rs. 300/Rs.200 (Rural/Urban areas) | | |
| 2 | Reporting Death of women | Rs. 200 (reporting within 24 hours) | | |
| II | Child Health | | | |
| 1 | Home Visit-care of the New Born and Post-Partum mother etc. | Rs. 250 /- | | |
| 2 | Quarterly home visit to young infants (up to 15 months) under Home Base Care of Young Child (HBYC) programme | Rs 50/- per visit | | |
| 3 | Referral of SAM children to NRC and follow up of SAM children after discharge from NRC. | Rs. 100/- per child for referring SAM child with medical complication to NRCs Rs. 150/- per child for follow up visits of | | |
| | | SAM children discharged from NRC, ASHA incentive (Rs 50 per visit for 1st and 4th visit and Rs 25 per visit for 2nd and 3rd visit). Additional incentive of Rs. 50/- per SAM child for ASHA in case child is declared free of SAM status after completion of all follow ups. | | |
| 2 | Intensified Diarrhoea Control Fortnight | | | |
| a. | 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 | | |
| b. | Week-2- ASHA incentive for facilitating growth | Rs. 100 per ASHA for completing at | | |
| | monitoring of all children in village | least 80% of household | | |
| c. | MAA (Mother's Absolute Affection) Programme | Rs. 100/ASHA/ Quarterly meeting | | |
| III | Immunization | | | |
| 1 | Full immunization for a child under one year/ up-to two years age | Rs. 100 /Rs. 75 | | |
| 2 | Mobilizing children for OPV immunization / DPT Booster | Rs. 100 per day / Rs. 50 | | |
| IV | Family Planning | | | |
| 1 | Ensuring spacing of 2 years/3 years after birth of 1st child / permanent limiting method after 2 children after marriage | Rs. 500 / Rs. 500 / Rs. 1000 | | |
| 2 | Counselling, motivating and follow up of the cases for Tubectomy | Rs. 200 in 11 with high fertility rates states,Rs.300 in 146 MPV districts, Rs. 150/Rs200 in remaining states | | |
| 3 | Counselling, motivating and follow up of the cases for Vasectomy and NSV and Female Postpartum sterilization | Rs. 300 in 11 states with high fertility rates and Rs. 400 in 146 MPV districts and Rs. 200 in remaining states | | |

| Mis | ssion ParivarVikas- In selected 146 districts in six sta Jharkhand, 02 in Chhattisgarh a | | |
|------|--|---|--|
| 4 | Injectable Contraceptive MPA (Antara Program) and | Rs. 100 per dose | |
| | a non-hormonal weekly centchroman pill (Chhaya) - | | |
| | Incentive to ASHA | | |
| 5 | Mission ParivarVikas Campaigns Block level | Rs. 150/ ASHA/round | |
| | activities | | |
| 6 | NayiPahel - an FP kit for newly weds | Rs. 100/ASHA/NayiPahel kit | |
| | | distribution | |
| 7 | SaasBahuSammelan- mobilize SaasBahu for the | Rs. 100/ per meeting | |
| | Sammelan- maximum four rounds | D 150/4 0114/0 | |
| 8 | Updating of EC survey before each MPV campaign | Rs.150/ASHA/Quarterly round | |
| V | Adolescent Health | | |
| 1 | Sanitary napkins to adolescent girls | Rs. 1/ pack of 6 sanitary napkins | |
| 2 | Organizing monthly meeting with adolescent girls | Rs. 50/meeting | |
| | pertaining to Menstrual Hygiene | 7 100/19771/ | |
| 3 | Conducting PLA meetings- 2 meetings per month | Rs. 100/ASHA/per meeting | |
| VI | Revised National Tuberculosis Control Programme | | |
| 1 | For Category I/Category II of TB patients (New | Rs. 1000 for 42 contacts / Rs. 1500 for | |
| 2 | cases/ previously treated of Tuberculosis) | 57 contacts | |
| 2 | For treatment and support to drug resistant TB | Rs. 5000 for completed course of | |
| | patients | treatment | |
| 3 | For notification if suspect referred is diagnosed to be | Rs.100 | |
| 4 | TB patient by MO/Lab | D 50/ | |
| 4 | Provision of Incentive to ASHAs or Community | Rs. 50/- per patient | |
| | Volunteers for ensuring seeding of bank account | | |
| | details of notified TB patients in Ni-kshay portal | | |
| | within 15 days of treatment initiation for enabling DBT Payments under the National Tuberculosis | | |
| | Elimination Programme (NTEP). | | |
| 5 | Provision to incentive to ASHA / Community Health | Rs. 250/- per individual for successful | |
| 3 | Volunteer for supporting treatment adherence and | completion of TB Preventive Treatment. | |
| | completion of TB Preventive Treatment among | completion of 1B Treventive Treatment. | |
| | eligible individuals | | |
| VII | National Leprosy Eradication Programme | | |
| 1 | Treatment in pauci-bacillary cases /multi-bacillary | Rs. 250 (for diagnosis) + | |
| | cases of Leprosy - for 33 states (except Goa, | Rs. 400/Rs.600 (for follow up) | |
| | Chandigarh & Puducherry). | | |
| VIII | National Vector Borne Disease Control Programme | | |
| 1 | Malaria-Preparing Blood Slides/complete treatment | Rs. 15 per slide/ Rs. 200 per positive | |
| | for RDT or radical treatment of positive Pf cases | cases | |
| 2 | Lymphatic Filariasis-Listing of cases | Rs. 200 | |
| 3 | Acute Encephalitis Syndrome/Japanese Encephalitis | · | |
| | Referral of AES/JE cases to the nearest | Rs. 300 per case | |
| | CHC/DH/Medical College | • | |
| 4 | Kala Azar elimination | | |
| | Involvement of ASHAs during the spray rounds | Rs. 100/- per round / Rs. 500/per | |
| | (IRS) / for referring a suspected case | notified case | |
| | | | |

| | 1 | T= | |
|-----|---|---|--|
| | Provision of incentive to ASHAs for referring Post | Rs. 500/. per case | |
| | Kali-Azar Dermal Leishmaniasis (PKDL) case | (Rs. 200/- at the time of diagnosis and | |
| | detection and complete treatment in all 4 Kala-azar | Rs. 300/- after treatment completion) | |
| | endemic states. | | |
| 5 | Dengue and Chikungunya | | |
| | Incentive for source reduction & IEC activities for | Rs. 200/- (1 Rupee /House for maximum | |
| | prevention and control of Dengue and Chikungunya | 200 houses PM for 05 months- during | |
| | in 12 High endemic States. | peak season). | |
| 6 | National Iodine Deficiency Disorders Control Programme | | |
| | ASHA incentive for salt testing | Rs.25/ month (for 50 salt samples) | |
| IX | Incentives under (CPHC) and Universal NCDs Screening | | |
| 1 | Maintaining data validation and collection of | Rs. 5/form/family | |
| | additional information | - | |
| 2 | Filling up of CBAC forms of every individual | Rs. 10/per form/per individual | |
| 3 | Follow up of patients | Rs. 50/per case/Bi-Annual | |
| 4 | Delivery of new service packages under CPHC | Rs.1000/ASHA/PM | |
| X | Drinking water and sanitation | | |
| 1 | Motivating Households to construct toilet and | Rs. 75/ per household | |
| | promote the use of toilets and for individual tap | - | |
| | connections | | |
| XI | Certification | | |
| 1 | Provision of a cash award to ASHAs and ASHA | Rs. 5000/- for each certification | |
| | Facilitators who have successfully been certified in | | |
| | two independent certificates. | | |
| | RMNCHA+N | | |
| | Expanded package of new services from Non- | | |
| | | | |
| | Communicable Diseases to Palliative Care | | |
| XII | Communicable Diseases to Palliative Care Creation of ABHA IDs | | |
| XII | | Rs. 10/- for each ABHA account created | |
| XII | Creation of ABHA IDs | Rs. 10/- for each ABHA account created and seeded | |
| XII | Creation of ABHA IDs Provision of incentives for ASHAs for facilitating | | |

Annexure-IV

State-wise details of monetary incentives provided to the ASHAs

| SN | Name of States | State Specific Incentives for ASHAs from State Funds |
|----|-------------------|--|
| 1 | Andhra Pradesh | Provides balance amount to match the total incentive of Rs.10, 000/PM/ASHA |
| 2 | Arunachal Pradesh | 100% top-up, frequency of disbursement quarterly |
| 3 | Assam | Rs.1000/PM/ASHA from FY 2018-2019 |
| 4 | | Rs. 1000/PM/ASHA for defined indicators related to Immunization, Child Health, Maternal Health, and Family Planning, etc. (for achieving any four out of the six defined indicators) |
| 5 | Chhattisgarh | 75% of matching- amount of incentives over the above incentives earned by an ASHA as a top-up onan annual |
| 6 | Delhi | Rs.3000/PM/ASHA for functional ASHA (against the 12 core activities performed by ASHA) |
| 7 | Gujarat | Provides 50% top-up - frequency of disbursement quarterly |
| 8 | | Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additionallinked with performance of 05 Major RCH activities |
| 9 | Himachal Pradesh | Rs.2750/PM/ASHA |
| 10 | Kerala | Rs.6000/PM/ASHA |
| 11 | Karnataka | Rs.5000/PM/ASHA |
| 12 | | Rs. 1000/PM/ASHA recently declared by state FY 2021-22- modalities of payment still to be finalized |
| 13 | | 100% against 07 specified activities (JSY, HBNC, LBW & SNCU Follow-ups, Iron Sucrose follow-ups of an aemic PW, Early Registration of PW, Full Immunization and Complete Immunization) |
| 14 | Meghalaya | Rs.2000/PM/ASHA |
| 15 | Maharashtra | Rs.3500/PM/ASHA from FY 2021-22 |
| 16 | Odisha | Rs.1000 /PM/ASHA from state fund launched on April 1st, 2018 |
| 17 | Punjab | Rs. 2500/PM/ASHA |
| 18 | Rajasthan | Rs. 3564/PM/ASHA |
| 19 | Sikkim | Rs. 6000/PM/ASHA |
| 20 | | Provides 100% top-up against 08 specified activities and 33.33% top-up based on other activities. |
| 21 | Telangana | Provides balance amount to match the total incentive of Rs. 7500/month |
| 22 | | Rs.5000/year and Rs. 3000/PM/ASHA with 10% top-up |
| 23 | Uttar Pradesh | Rs.1500/PM/ASHA linked with proportion of routine incentives to be paid to the ASHAs in the month |
| 24 | West Bengal | Rs.4500/PM/ASHA |

Central Releases and Utilisation under NHM from the F.Y. 2019-20 to 2022-23- Andhra Pradesh

(Rs. in crore)

| F.Y. | Central Releases | Utilisation |
|---------|------------------|-------------|
| 2019-20 | 1111.07 | 1820.15 |
| 2020-21 | 1097.81 | 2385.48 |
| 2021-22 | 1199.37 | 2448.67 |
| 2022-23 | 793.30 | 708.28 |

Note:

- 1. The above releases relate to Central Govt. Grants & do not include State share contribution.
- 2. Release for the F.Y. 2022-23 is updated upto 28.11.2022 and is provisional.
- 3. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs. It is updated upto 30.09.2022 and is provisional.