

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

**LOK SABHA
UNSTARRED QUESTION NO. 3004
TO BE ANSWERED ON 6TH DECEMBER, 2019**

FREE INSURANCE COVER FOR ASHA WORKERS

3004. MS. RAMYA HARIDAS:

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

- (a) whether the Government has taken any decision to provide free insurance cover to ASHA workers, if so, the details thereof; and
- (b) whether the Government has taken any other decision to incentivise ASHA workers, if so, the details thereof?

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

(a): The benefit of Pradhan Mantri Jeevan Jyoti Beema Yojana and Pradhan Mantri Suraksha Beema Yojana (for which premium of Rs. 330 and Rs. 12 per annum respectively, is fully contributed by Government of India) are extended to eligible ASHAs and ASHA facilitators.

(b): Under the National Health Mission, ASHAs are envisaged to be community health volunteers and are entitled to task/activity based incentives. The incentives to ASHAs for different tasks are regularly reviewed from time to time. Accordingly, during financial year 2018-19, the Government of India has 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. A list of various activities for which performance- based incentives are provided to ASHAs, is **annexed**.

Apart from incentives approved for ASHAs at national level, States have the flexibility to design ASHA incentives. 15 States have introduced fixed monthly honorarium or top up incentives for ASHAs from State funds.

List of ASHA Incentives		
	Activities	Amount in Rs/case
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
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
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
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

¹ Incentive is provided only on completion of 45 days 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 of delivery.

² This incentive will be subsumed with the HBYC incentive subsequently

III	Immunization	
1	Full immunization for a child under one year	Rs. 100
2	Complete immunization per child up-to two years age (all vaccination received between 1st and 2 nd year of age after completing full immunization after 01year	Rs. 75 ³
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day ⁴
4	DPT Booster at 5-6years of age	Rs.50
IV	Family Planning	
1	Ensuring spacing of 2years after marriage ⁵	Rs. 500
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
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
6	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
7	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case
8	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case
Mission Parivar Vikas- In selected 146 districts in six states-(57 in UP, 37 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh and 2 in Assam)		
9	Injectable Contraceptive MPA (Antara Program) and a non-	Rs. 100 per dose

3 Revised from Rs. 50 to Rs, 75

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

⁵ Bihar, 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

⁶ Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha ,Rajasthan, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Gujarat, Haryana and Dadar & Nagar Haveli

	hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	
10	Mission Parivar Vikas 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
11	Nayi Pahel- 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/Nayi Pahel kit distribution
12	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting
13	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
2	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting
3	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Rs. 100/ Per PE
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. 200 per session
2	Convening and guiding monthly meeting of VHSNC/MAS	Rs. 150
3	Attending monthly meeting at Block PHC/5U-PHC	Rs. 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	Rs. 1500 ⁷
VI	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)	
I	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

⁷ Increased from Rs. 500 to Rs. 1500 from Oct-2018

VI II	Revised National Tuberculosis Control Programme⁸	
	Honorarium and counselling charges for being a DOTS provider	
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 Programme¹⁰	
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)
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	

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

9Provision 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.

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.

A)	Malaria¹¹	
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test
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
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
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
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case
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
F)	National Iodine Deficiency Disorders Control Programme	
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples
XI	Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening	

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

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.

1	Maintaining data validation and collection of additional information- per completed form/family for NHPM-Ayushman Bharat	Rs. 5/form/family
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
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 new packages of activities)
XI	Drinking water and sanitation	
I		
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household
2	Motivating Households to take individual tap connections	Rs. 75 per household