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

LOK SABHA
UNSTARRED QUESTION NO. 3418
TO BE ANSWERED ON 13TH MARCH, 2020

ASHA WORKERS

3418. SHRI SUBBARAYAN K.:
SHRI UTTAM KUMAR REDDY NALAMADA:

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

(a) the number of ASHA workers engaged in the country, State/UT-wise;

(b) the details of the tasks assigned to the ASHA workers and the average weekly working hours assigned for them;

(c) whether the ASHA workers get fixed and uniform pay in all States, if not, whether the Government proposes to make it uniform across all the States;

(d) whether the Government proposes to make services of ASHA workers permanent, if so, the details thereof and if not, the reasons therefor;

(e) the details of incentives being paid to the ASHA workers along with the average monthly payments made to them; and

(f) the other measures the Government plans to take to improve the financial security of ASHA workers?

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

(a): Statement showing State/UT-wise details of ASHAs engaged under National Health Mission (NHM), is given at Annexure-I

(b): Under the National Health Mission, ASHAs act as a critical link between Healthcare delivery system and community. The details of task assigned ASHAs under National Health Mission are given at Annexure-II.

(c): No as the States/UTs have flexibility to decide on type of incentive to be given to ASHAs as per their specific context/need in addition to routine and recurring incentives under National Health Mission.

(d): No. Under the National Health Mission, ASHA are envisaged to be community health volunteers.

(e): Under the National Health Mission, ASHA are entitled to task/activity based incentives. List of various activities for which incentives are provided to ASHA is given at Annexure-III.

(f): To improve the financial security of ASHAs, the Government of India has already taken several steps in addition to routine and recurring incentives, which inter-alia includes :

- 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 (PM-SYM) (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

Annexure-I

Statement showing State/UT-wise details of ASHAs workers engaged under National Health Mission (NHM)

S.N	States/UTs	ASHAs workers
1	Bihar	89437
2	Chhattisgarh	69515
3	Himachal Pradesh*	32376
4	Jammu & Kashmir	12356
5	Jharkhand	41312
6	Madhya Pradesh	77531
7	Odisha	46566
8	Rajasthan	64243
9	Uttar Pradesh	163407
10	Uttarakhand	12212
11	Arunchal Pradesh	3880
12	Assam	32256
13	Manipur	4009
14	Meghalaya	6697
15	Mizoram	1170
16	Nagaland	1992
17	Sikkim	656
18	Tripura	8044
19	Andhra Pradesh	42346
20	Goa	0
21	Gujarat	46287
22	Haryana	20115
23	Karnataka	43500
24	Kerala	30113
25	Maharashtra	70282
26	Punjab	21470
27	Tamil Nadu	3965
28	Talengna	32575
29	West Bengal	61545
30	A & N Islands	422
31	Chandigarh	18
32	D & N Haveli	542
33	Daman & Diu	134
34	Delhi	6035
35	Lakshadweep	110
36	Puducherry	206
Total		1047324

Source: NHM-MIS report as on Sept 2019.

Note- * Including Link workers

Annexure-II

The details task assigned to ASHA workers under National Health Mission

1. To create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely use of health services.

2. To counsel women and families on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

3. To mobilize the community and facilitate people's access to health and health related services available at the village/sub-centre/primary health centres, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.

4. To work with the Village Health, Sanitation and Nutrition Committee to develop a comprehensive village health plan, and promote convergent action by the committee on social determinants of health. In support with VHSNC, ASHAs will assist and mobilize the community for action against gender based violence.

5. To arrange escort/accompany pregnant women & children requiring treatment/ admission to the nearest pre- identified health facility i.e. Primary Health Centre/Community Health Centre/First Referral Unit (PHC/CHC/FRU).

6. To provide community level curative care for minor ailments such as diarrhoea, fevers, care for the normal and sick newborn, childhood illnesses and first aid. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme. She will also act as a depot holder for essential health products appropriate to local community needs. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India. These will be updated from time to time, States can add to the list as appropriate.

7. To act as a care provider can be enhanced based on state needs. States can explore the possibility of graded training to the ASHA to provide palliative care, screening for non communicable diseases, childhood disability, mental health, geriatric care and others.

8. To provide information on about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre. She will promote construction of household toilets under Total Sanitation Campaign.

———

Annexure-III

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 3rd, 7th, 14th, 21st, 28th & 42nd) -Seven visits in case of Home Deliveries (Days 1st, 3rd, 7th, 14th, 21st, 28th & 42nd)	Rs. 250
2	Undertaking Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits- (recommended schedule- 3rd, 6th, 9th, 12th and 15th 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 3rd 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] 1Incentive 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 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 2nd 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 1st 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-hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	Rs. 100 per dose
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	Rs. 100/ASHA/Nayi Pahel kit distribution

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

	ASHA may be given 2 kits/ ASHA)	
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]
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	

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

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

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]**	
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**	
A)	**Malaria[11]**	
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test

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.

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.

2	Providing complete treatment for RDT positive Pf cases	
3	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime	Rs. 75/- per positive cases
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	

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.

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)
XII	**Drinking water and sanitation**	
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