

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

**LOK SABHA
UNSTARRED QUESTION NO. 1118
TO BE ANSWERED ON THE 22nd JULY, 2022**

HONORARIUM TO ASHA WORKERS

1118. SHRI M.K.RAGHAVAN:

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

- (a) whether any survey has been conducted to understand the issues being faced by ASHA and Anganwadi workers while discharging duties and if so, the details thereof;
- (b) whether the Government has any data regarding the State/UT-wise honorarium being provided to ASHA and Anganwadi Workers, if so, the details thereof; and
- (c) whether the Government proposes to increase the honorarium being provided to these health workers and if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (c) The ASHA programme is vital to achieve the goals of community engagement with the health system and is one of the key components of the National Health Mission (NHM). Under NHM, the performance of various health programmes, including ASHA programme, is assessed, through review meetings, video conferences & field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Further, under NHM, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes. The key strategies and priority areas of CRM is to analyze challenges with respect to strengthening health systems, identify trends in progress of key indicators, evaluate the readiness of the state to take up implementation of new initiatives, and review the progress and coordination mechanisms with

various partners. ASHA programme is one of the key elements of the CRM. Since inception of NHM, 14 CRMs have been carried out on an annual basis.

An evaluation of ASHA programme was conducted by NHSRC to understand the characteristics of the ASHA, her beneficiaries and her support structures, her roles and to use findings and recommendations of the evaluation to provide feedback to programme managers, ASHAs and other key stakeholders and enable modifications to strengthen the ASHA programme. The evaluation was done in 16 states in three rounds as under:

Round one (2010-11)	Assam, Bihar, Odisha, Rajasthan, Jharkhand, Andhra Pradesh, Kerala and West Bengal
Round two (2011-2012)	Madhya Pradesh, Uttar Pradesh and Uttarakhand
Round three (2013-14)	Delhi, Gujarat, Haryana, Punjab and Maharashtra

The key findings of the evaluation report with regard to issues faced by ASHAs while discharging their duties are the need for better training, monetary support, replenishment of the drug kit and stability in senior leadership.

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 for routine and recurring activities and the details are placed at **Annexure-I**. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes and details are placed at **Annexure-II**. 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-III**.

After the launch of the Ayushman Bharat scheme with operationalisation 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).

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.

As regards Anganwadi workers, as per the information received from Ministry of Women and Child Development (MoWCD):

- Union Government issues guidelines to the State Governments/ UT Administrations to improve the functioning of Anganwadi workers and whenever any shortcomings are noticed during the course of visits of the States, they are addressed through letters and review meetings to remove the deficiencies and to improve the implementation of the Scheme. Recently, Development Monitoring and Evaluation Office (DMEO) under NITI Aayog conducted Sectoral Evaluation of Schemes of MoWCD including Anganwadi Services.
- Anganwadi Worker (AWW)/ Anganwadi Helper (AWH) are honorary workers and are paid a monthly honorarium as decided by the Government at the prescribed cost sharing ratio between Central and State Governments. Government of India on 01.10.2018 enhanced the honorarium of AWWs at main- Anganwadi Centres (AWCs) from ₹3,000/- to ₹ 4,500/- per month; AWWs at mini- Anganwadi Centres (AWCs) from ₹ 2,250/- to ₹ 3,500/- per month; AWHs from ₹ 1,500/- to ₹ 2,250/- per month.
- Also, performance linked incentive of ₹ 250/- per month is paid to AWHs and ₹500/- per month to AWWs. In addition, States/UTs also pay additional monetary incentives/ honorarium to these functionaries from their own resources.

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-II**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. / Young Child / follow up	Rs. 250 /Rs. 50 per visit / Rs.150 only after MUAC is equal to nor-more than 125mm
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 monitoring of all children in village	Rs. 100 per ASHA for completing at 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
Mission ParivarVikas- 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)		
4	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	Rs. 100 per dose
5	Mission ParivarVikas Campaigns Block level activities	Rs. 150/ ASHA/round
6	NayiPahel - an FP kit for newly weds	Rs. 100/ASHA/NayiPahel kit distribution
7	SaasBahuSammelan- mobilize SaasBahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting
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 pertaining to Menstrual Hygiene	Rs. 50/meeting
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 cases/ previously treated of Tuberculosis)	Rs. 1000 for 42 contacts / Rs. 1500 for 57 contacts
2	For treatment and support to drug resistant TB patients	Rs. 5000 for completed course of treatment
3	For notification if suspect referred is diagnosed to be TB patient by MO/Lab	Rs.100
VII	National Leprosy Eradication Programme	
1	Treatment in pauci-bacillary cases /multi-bacillary cases of Leprosy - for 33 states (except Goa, Chandigarh & Puducherry).	Rs. 250 (for diagnosis) + Rs. 400/Rs.600 (for follow up)
VIII	National Vector Borne Disease Control Programme	
1	Malaria–Preparing Blood Slides/complete treatment for RDT or radical treatment of positive Pf cases	Rs. 15 per slide/ Rs. 75 per positive cases
2	Lymphatic Filariasis-Listing of cases	Rs. 200
3	Acute Encephalitis Syndrome/Japanese Encephalitis	
	Referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs. 300 per case
4	Kala Azar elimination	
	Involvement of ASHAs during the spray rounds (IRS) / for referring a suspected case	Rs. 100/- per round / Rs. 500/per notified case
5	Dengue and Chikungunya	
	Incentive for source reduction & IEC activities for prevention and control of Dengue and Chikungunya in 12 High endemic States.	Rs. 200/- (1 Rupee /House for maximum 200 houses PM for 05 months- during 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 additional information	Rs. 5/form/family
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 promote the use of toilets and for individual tap connections	Rs. 75 per household

State-wise details of monetary incentives provided to the ASHAs

1. Andhra Pradesh provides balance amount to match the total incentive of Rs.10,000/month;
2. Arunachal Pradesh-provides 100% top up;
3. Bihar- Rs.1000/- per ASHA per month linked with functionality of five specified 06 activities (started in FY 2019-20);
4. Chhattisgarh-75% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis;
5. Delhi- Rs. 3000/- PM for functional ASHA (against the 12 core activities perform by ASHA);
6. Gujarat provides 50% top up;
7. Haryana- Rs. 4000/month from June-2018 and 50% top-up;
8. Himachal Pradesh- Rs. 2000/month;
9. Karnataka-Rs. 4000/month – recently introduced replacing the top up incentive;
10. Kerala-Rs.5000/month in FY 2020-21;
11. Odisha-Rs. 1000 /month from state fund launched on April 1st, 2018;
12. Rajasthan- Rs. 2700/month through ICDS;
13. Sikkim -Rs. 6000/month;
14. Telangana provides balance amount to match the total incentive of Rs. 6000/- pm;
15. Tripura provides 100% top up against 08 specified activities and 33% top-up based on other activities;
16. Uttarakhand- Rs.5000/year and Rs. 1000/month;
17. Uttar Pradesh- Rs.750/- per ASHA per month linked with functionality of five specified activities (started from March 2019); and
18. West Bengal-Rs. 3000/month.