GOVERNMENT OF INDIA MINISTRY OF WOMEN & CHILD DEVELOPMENT

LOK SABHA UNSTARRED QUESTION NO: 2084 TO BE ANSWERED ON 29.07.2022

REGULARISATION OF ANGANWADI WORKERS

2084. DR. UMESH G. JADHAV: SHRI B.Y. RAGHAVENDRA: SHRI L.S. TEJASVI SURYA: SHRI SHA.BRA.DR.JAI SIDDESHWAR SHIVACHARYA MAHASWAMIJI: SHRI S. MUNISWAMY: SHRI SANGANNA AMARAPPA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Government has any plan to enhance the financial benefits in terms of fixed monthly gratuity, incentives, post retirement benefits to Anganwadi and Asha workers;
- (b) if so, the action plan of the Government in this regard;
- (c) whether the Government is considering to regularise the services of Anganwadi workers in consultation with the State Governments keeping in view their contribution in serving the society during COVID-19 pandemic period; and
- (d) if so, the details thereof?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SMRITI ZUBIN IRANI)

(a) & (b) Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are paid monthly honorarium as decided by Government of India from time to time, which is uniform in all States/UTs. Presently, AWWs at main-AWCs are paid an honorarium of ₹4,500/- per month; AWWs at mini-AWCs ₹3,500/- per month and AWHs are paid ₹2,250/- per month at the prescribed cost sharing ratio between the Centre and State/UT. Also, performance linked incentive of ₹250/- per month paid to AWHs and ₹500/- per month paid to AWWs.

In addition, States/UTs are also paying additional monetary incentives/ honorarium to these functionaries from their own resources.

In order to motivate AWWs/AWHs and give recognition to good voluntary work, a Scheme of Award has been introduced. There is provision of award @Rs.50,000/- for selected AWWs and Rs.40,000/- for selected AWHs.

State Governments/UT Administrations have been requested to encourage eligible AWWs/AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme on voluntary basis in order to get assured monthly pension on attaining the age of 60 years.

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.**

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 following steps have been taken by the Government of India for the welfare of ASHA workers:

The ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides social security of life insurance, accident insurance, and pension for all eligible ASHAs through enrollment of following schemes:

- i. Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium of Rs. 330 contributed by GOI).
- ii. 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 of Rs. 12 contributed by GOI).
- iii. 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).

In addition, under the Pradhan Mantri Garib Kalyan Package (PMGKP), Insurance Scheme has been introduced for all health workers, including ASHAs. This insurance scheme provides an insurance cover of Rs.50.00 Lakhs in case of loss of life on account of COVID-19 related duty.

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.

(c) & (d) In a ruling of 07.12.2006 in Civil Appeal No.4953-4957 of 1998 - State of Karnataka & Ors. vs. Ameerbi & Ors., the Hon'ble Supreme Court has held that AWWs do not hold any civil post and Minimum Wages Act is also not applicable to them. Therefore, Anganwadi Workers and Anganwadi Helpers have been categorized as honorary workers.

Statements referred in Part (a) & (b) of the Lok Sabha Unstarred Q.No. 2084 for answer on 29.07.2022 regarding "Regularisation of Anganwadi Workers"

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
	 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/-

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

	Annexure-II				
Details of performance-based incentives for a varied set of activities under various National Health Programmes					
	Activities	Amount in Rs/case			
	Maternal Health	1			
1	JSY financial package				
	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				
	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				
	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			
	Immunization				
	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					
	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			
	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			
	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				
	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			
	Revised National Tuberculosis Control Programme				

1	For Category I/Category II of TB patients (New	Rs. 1000 for 42 contacts / Rs. 1500	
	cases/ previously treated of Tuberculosis)	for 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	
	TB patient by MO/Lab		
VII	National Leprosy Eradication Programme		
1	Treatment in pauci-bacillary cases /multi-bacillary	Rs. 250 (for	
	cases of Leprosy - for 33 states (except Goa,	diagnosis) + Rs.	
	Chandigarh & Puducherry).	400/Rs.600 (for follow up)	
VIII	National Vector Borne Disease Control Programme		
1		Rs. 15 per slide/ Rs. 75 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	
5	Dengue and Chikungunya		
	Incentive for source reduction & IEC activities for	Rs. 200/- (1 Rupee /House for	
	prevention and control of Dengue and Chikungunya	maximum 200 houses PM for 05	
	in 12 High endemic States.	months- during peak season).	
6	National Iodine Deficiency Disorders Control Program	nme	
	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		
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