

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

**LOK SABHA
UNSTARRED QUESTION NO. 892
TO BE ANSWERED ON 23RD JULY, 2021**

REMUNERATION TO ASHA WORKERS

**892. SHRI G.S. BASAVARAJ:
SHRIMATI BHAVANA PUNDALIKRAOGAWALI:
DR. KRISHNA PAL SINGH YADAV:**

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

- (a) the details of remuneration paid to ASHA workers under National Rural Health Mission and whether the Government will consider enhancing the remuneration to ASHA workers enabling them to lead a dignified life;
- (b) whether the Government proposes to recognize services of ASHA workers as full time employee, if so, the details thereof and if not, the reasons therefor;
- (c) whether any social security benefit is being given to ASHA workers, if so, the details thereof and if not, the reasons therefor;
- (d) whether additional honorarium is being paid to the ASHA workers for undertaking additional duties under COVID-19 management, if so, the details thereof;
- (e) the details of the steps taken to ensure timely payment of dues to the ASHA workers;
- (f) whether a number of ASHA workers have died during COVID-19 duty and if so, the details thereof, State/UT-wise; and
- (g) the number of insurance claims filed for the health workers, fighting with COVID-19 under Pradhan Mantri Garib Kalyan package along with further action taken thereon?

ANSWER

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

(a): Under the National Health Mission, ASHAs are envisaged to be community health volunteer and are entitled to task/activity based incentives.

In FY 2018-19 the Union Cabinet approved the revised amount of routine recurrent incentive for ASHAs from Rs. 1000/month to Rs. 2000/month.

Now, ASHAs receive a fixed monthly incentive of Rs. 2000 per month for undertaking routine and recurring activities. The details of incentives for routine and recurring activities

given to ASHAs is placed at Annexure-I. Additionally, she is provided performance-based incentives for a varied set of activities under various National Health Programmes. Details of performance-based incentives for a varied set of activities under various National Health Programmes is placed at Annexure- II. State governments also provide a range of monetary incentives to the ASHAs. State-wise details of incentives provided to the ASHAs is 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 incentives to ASHAs are regularly being reviewed and activities for which ASHAs would get incentives are expanded from time to time.

(b): Under the National Health Mission, ASHAs are envisaged to be community health volunteer and are entitled only to task/activity based incentives.

(c): 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 of Rs. 330 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 of Rs. 12 contributed by GOI).
- 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).

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.

States/UTs have been asked to ensure provision of safety tools like masks, gloves, soaps and sanitizers etc. for ASHAs.

Moreover, under the recently launched Pradhan Mantri Garib Kalyan Package in the year 2020, 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.

(d): In view of the significant contribution towards the COVID-19 pandemic related work by ASHAs, States were advised to pay an additional incentive of Rs.1000/- per month for those ASHAs engaged in COVID-19 related work using the resources of COVID-19 Health System Preparedness and Emergency Response Package upto September, 2021.

Moreover, under the recently launched Pradhan Mantri Garib Kalyan Package, 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.

Provisions are also made for continued full payment of the existing Routine and Recurring Incentive of Rs. 2000 per month to ASHAs to ensure delivery of essential health services during the pandemic along with additional COVID-19 incentives for ASHAs.

(e): Public Health and Hospitals being a State Subject, all the administrative and personnel matters of health human resource lie with the respective State/UT Governments. Under the National Health Mission (NHM), Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems including support for remuneration of health human resources including incentives for ASHA workers, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) subject to availability of resources. Hence, the responsibility for timely payment of incentive to ASHAs lies with the respective States/UTs. However, Ministry of Health and Family Welfare, Government of India, requests the States/UTs time and again, to ensure that incentives are paid to ASHAs without any delay.

(f): A statement showing, State/UT-wise, numbers of ASHAs died during COVID-19 activities as reported by the States/UTs (as on April, 2021) is placed at Annexure-IV.

(g): As on 18.07.2021, 1349 nos. of claims have been filed for the health workers including ASHAs fighting with COVID-19, out of which 944 nos. of claims were paid, 273 nos. of claims were withdrawn by States or found ineligible (not being in terms of eligibility criteria) and remaining 132 nos. of claims are under examination under Pradhan Mantri Garib Kalyan package.

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

S. No.	Incentives	Previous Incentives	Revised Incentives (September, 2018)
1	Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days	Rs.200/ session	Rs.200/ session
2	Conveying and guiding monthly meeting of VHSNC/MAS	Rs. 150	Rs. 150
3	Attending monthly meeting at Block PHC/UPHC	Rs. 150	Rs. 150
4	a. Line listing of households done at beginning of the year and updated every six months	Rs. 100	Rs. 300
	b. Maintaining village health register and supporting universal registration of births and deaths to be updated on the monthly basis	Rs. 100	Rs. 300
	c. Preparation of due list of children to be immunized on monthly basis	Rs. 100	Rs. 300
	d. Preparation of list of ANC beneficiaries to be updated on monthly basis	Rs. 100	Rs. 300
	e. Preparation of list of eligible couple on monthly basis	Rs. 100	Rs. 300
	Total	Rs. 1000/-	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	Source of Fund and Fund Linkages
I	Maternal Health		
	JSY financial package		
	For ensuring antenatal care for the woman	Rs.300 for Rural areas and Rs. 200 for Urban areas	Maternal Health- NRHM-RCH Flexi pool
	For facilitating institutional delivery	Rs. 300 for Rural areas and Rs. 200 for Urban areas	
	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	HSC/ U-PHC- Un-tied Fund
II	Child Health		
	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	Child Health- NHM-RCH Flexi pool
	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	
	Undertaking 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	
	Ensuring quarterly follow up of low-birth-weight babies and newborns discharged after treatment from	Rs. 50/ Quarter-from the 3 rd month until 1 year of age	

¹This incentive 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.

	Specialized New born Care Units ²		
	Child Death Review for reporting child death of children under 5 years of age	Rs. 50	
	For mobilizing and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	Rs. 100/ ASHA/Bi-Annual	
	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	
	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	
	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding- Quarterly mother meeting	Rs. 100/ASHA/Quarterly meeting	
III	Immunization		
	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool
	Complete immunization per child up-to two years age (all vaccination received between 1st and second year of age after completing full immunization after one year	Rs. 75 ³	
	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day ⁴	IPPI funds
	DPT Booster at 5-6years of age	Rs.50	

² This incentive will be subsumed with the HBYC incentive subsequently.

³ Revised from Rs. 50 to Rs, 75.

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

IV	Family Planning		
	Ensuring spacing of 2 years after marriage ⁵	Rs. 500	Family planning – NHM RCH Flexi Pool
	Ensuring spacing of 3 years after birth of 1 st child ⁵	Rs. 500	
	Ensuring a couple to opt for permanent limiting method after 2 children ⁶	Rs. 1000	
	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	
	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	
	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	

⁵Bihar, 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

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

		400 in 146 MPV districts	
	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	
	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case	
	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)			
	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly centchroman pill (Chhaya) - Incentive to ASHA	Rs. 100 per dose	Family planning-RCH-NHM Flexi Pool
	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	
	NayiPahel- 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/NayiPahel kit distribution	
	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan-maximum four rounds	Rs. 100/ per meeting	
	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		
	Distributing sanitary napkins to adolescent girls	Rs. 1/ pack of 6 sanitary napkins	Menstrual hygiene Scheme–RCH – NHM Flexi pool
	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting	VHSNC Funds
	Incentive for support to Peer Educator (for facilitating selection	Rs. 100/ Per PE	RKSK- NHM Flexi pool

	process of peer educators)		
	Incentive for mobilizing adolescents for Adolescent Health Day	Rs. 200/ Per AHD	
	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)		
	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	
VI	Revised National Tuberculosis Control Programme⁷		
	Honorarium and counselling charges for being a DOTS provider		RNTCP Funds
	For Category I of TB patients (New cases of Tuberculosis)	Rs. 1000 for 42 contacts over six or seven months of treatment	
	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	
	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	
	For notification if suspect referred is diagnosed to be TB patient by MO/Lab ⁸	Rs.100	

⁷ 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

⁸Provision 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.

VII	National Leprosy Eradication Programme⁹		
	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)	NLEP Funds
	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)	
VIII	National Vector Borne Disease Control Programme		
A)	Malaria¹⁰		
	Preparing blood slides or testing through RDT	Rs. 15/slide or test	NVBDCP Funds for Malaria control
	Providing complete treatment for RDT positive Pf cases	Rs. 75/- per positive cases	
	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime		
	For referring a case and ensuring complete treatment	Rs. 300 (not in their updated list)	
B)	Lymphatic Filariasis		
	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and	Rs. 200	NVBDCP funds for control of Lymphatic Filariasis

⁹Incentives 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.

¹⁰ 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.

	endemic districts		
	For annual Mass Drug Administration for cases of Lymphatic Filariasis ¹¹	Rs. 200/day for maximum three days to cover 50 houses and 250 persons	
C)	Acute Encephalitis Syndrome/Japanese Encephalitis		
	Referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs. 300 per case	NVBDCP funds
D)	Kala Azar elimination		
	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying ¹²	Rs. 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds
	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case	NVBDCP funds
	E) Dengue and Chikungunya		
	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	NVBDCP funds
F)	National Iodine Deficiency Disorders Control Programme		
	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDCP Funds
	IX. Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening		
	Maintaining data validation and collection of additional information-per completed form/family for NHPM –under Ayushman Bharat	Rs. 5/form/family	NHM funds
	Filling up of CBAC forms of every individual –onetime activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30	Rs. 10/per form/per individual as one time incentive	NPCDCS Funds

¹¹Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

¹² 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.

	years of age		
	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	
	Delivery of new service packages under CPHC component	Rs.1000/ASHA/PM (linked with activities)	NHM funds
X	Drinking water and sanitation		
	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation
	Motivating Households to take individual tap connections	Rs. 75 per household	

State-wise details of 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.

Annexure-IV

Statement showing, State/UT-wise, numbers of ASHAs died during COVID-19 activities as reported by the States/UTs (as on April, 2021)

Sr. No.	Name of State/UT	No. of ASHA deaths
1	Andaman and Nicobar Islands	0
2	Andhra Pradesh	5
3	Arunachal Pradesh	0
4	Assam	0
5	Bihar	7
6	Chhattisgarh	12
7	Dadar and Nagar Haveli	0
8	Daman and Diu	0
9	Delhi	1
10	Gujarat	15
11	Haryana	3
12	Himachal Pradesh	0
13	Jammu and Kashmir	3
14	Jharkhand	2
15	Karnataka	10
16	Kerala	4
17	Ladakh	0
18	Lakshadweep	0
19	Madhya Pradesh	16
20	Maharashtra	2
21	Manipur	0
22	Meghalaya	0
23	Mizoram	0
24	Nagaland	0
25	Odisha	6
26	Puducherry	0
27	Punjab	2
28	Rajasthan	7
29	Sikkim	0
30	Tamil Nadu	0
31	Telangana	5
32	Tripura	1
33	Uttar Pradesh	0
34	Uttarakhand	5
35	West Bengal	3
	Total	109