

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

**RAJYA SABHA**  
**UNSTARRED QUESTION NO. 260**  
**TO BE ANSWERED ON THE 19<sup>th</sup> JULY, 2022**

**PERMANENT EMPLOYMENT AND BETTER WORKING CONDITIONS FOR ASHA  
WORKERS**

**260: SHRI BINOY VISWAM:**

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

- (a) whether Government is considering making ASHA workers as permanent workers instead of honorarium volunteers given the nature of work;
- (b) the average number of working hours of ASHA workers on a weekly basis;
- (c) the average salary for the ASHA workers, State-wise;
- (d) the kind of safety equipments and incentives that were provided during the COVID-19 pandemic to ASHA workers;
- (e) the number of COVID-19 deaths reported amongst them;
- (f) the present social security benefits for ASHA workers; and
- (g) whether Government has received representation from ASHA Worker Unions to improve their working conditions, if so, the action taken thereon?

**ANSWER**

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

(a) & (b) ASHAs are envisaged to be community health volunteer and only entitled to task/activity based incentives. Information on average numbers of working hours on a weekly basis of ASHAs is not maintained centrally.

(c) to (g) 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).

States were requested to ensure that incentive for routine and recurrent activities was paid in full for all the ASHAs.

States/UTs were requested time to time to ensure that provision of safety tools like masks, gloves, soaps and sanitizers etc and supplying adequate PPE and ensuring her protection.

Government has received representations from ASHA workers/their unions demanding social security measures, viz. safety, insurance, risk allowance and fixed wages etc.

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.

Total 155 number of claims were paid to ASHA workers' families under the PMGKP scheme upto 18.07.2022 on account of COVID-19 deaths.

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.

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

<b>S. No.</b>	<b>Incentives</b>	<b>Incentives (from September, 2018)</b>
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
	<b>Total</b>	<b>Rs. 2000/-</b>

## Annexure-II

**Details of performance-based incentives for a varied set of activities under various National Health Programmes**

	Activities	Amount in Rs/case
<b>I</b>	<b>Maternal Health</b>	
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)
<b>II</b>	<b>Child Health</b>	
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	<b>Intensified Diarrhoea Control Fortnight</b>	
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
<b>III</b>	<b>Immunization</b>	
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
<b>IV</b>	<b>Family Planning</b>	
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
<b>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)</b>		
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
<b>V</b>	<b>Adolescent Health</b>	
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
<b>VI</b>	<b>Revised National Tuberculosis Control Programme</b>	
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
<b>VII</b>	<b>National Leprosy Eradication Programme</b>	
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)
<b>VIII</b>	<b>National Vector Borne Disease Control Programme</b>	
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)
<b>IX</b>	<b>Incentives under (CPHC) and Universal NCDs Screening</b>	
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
<b>X</b>	<b>Drinking water and sanitation</b>	
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.