

## **ASHA Incentives under National Health Mission**

ASHA Incentive for Routine and Recurrent Activities					
SN	Activities	Amount in Rs. /Case	Source of Fund & Fund Linkages	Documented in	
1	Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days	Rs.200/session	NHM- Flexi Pool	Order on revised rate of ASHA incentives- D. O. No. P17018/14/13- NRHM-1V	
2	Conveying and guiding monthly meetings of VHSNC/MAS	Rs. 150			
3	Attending monthly meetings 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		Order no. F No7 (84)/2018 NHM-1  Dated-28 <sup>th</sup> Sept 2018	
	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			
ASHA Incentives under National Health Program					
I	Maternal Health				
	JSY financial package			MoHFW Order No. Z 14018/1/2012/-JSY JSY -6th. Feb-2013	
1	a. For ensuring antenatal care for the woman	Rs.300 for Rural areas and Rs. 200 for Urban areas	Maternal Health- NRHM-RCH Flexi pool		
	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 <sup>1</sup>	Rs. 200 for reporting within 24 hours of occurrence of death by phone	HSC/ U-PHC- Un-tied Fund	MOHFW-OM-120151/148/2011/MCH; Maternal Health Division; 14th Feb-2013	
II	Child Health				
1	Home Visit for the newborn and post-Partum mother <sup>2</sup> -Six Visits in Case of Institutional Delivery (Days 3, 7, 14, 21, 28 & 42) -Seven visits in case of Home Deliveries (Days 1, 3, 7, 14, 21, 28 & 42)	Rs. 250	Child Health- NHM- RCH Flexi pool	HBNC Guidelines – August-2014	

<sup>1</sup> Under SUMAN Guidelines 2019, any person who first reports a **Maternal Death** in the community shall be entitled of incentive @Rs 1000/ including ASHAs, however the mode of reporting shall only be through 104 call centre and no other mode of reporting except specified by the State Govt shall be included and payable after the death to be certified by the designated block team.

<sup>2</sup> This incentive is provided only on completion of 45 days 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	Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits- (recommended schedule- 3, 6, 9, 12 and 15 months) -(Rs.50X5visits)	Rs. 50/visit with total Rs. 250/per child for making 05 visits		D.O. No. Z-28020/177/2017-CH 3 <sup>rd</sup> May-2018
3	Revision of ASHA incentive for referral of SAM children to NRC and follow up of SAM children after discharge from facility/NRC or Severe Acute Malnutrition (SAM) management centre	<ul style="list-style-type: none"> <li>- Rs. 100/- per referring SAM child with medical complication to NRCs</li> <li>- Rs. 150/- per follow up visits of SAM children discharged from NRC (Rs 50/visit for 1st and 4th visit and Rs 25 per visit for 2nd and 3rd visit)</li> <li>- Rs. 50/- per SAM child in case child is declared free of SAM status after completion of all follow ups</li> </ul>		Order on revised rate of ASHA incentives- D.O-V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022
4	Ensuring quarterly follow up of low-birth-weight babies and newborns discharged after treatment from Specialized newborn Care Units <sup>3</sup>	Rs. 50/ Quarter-from the 3 <sup>rd</sup> month until 1 year of age		D.O- Z.28020/187/2012-CH, MOHFW- would be subsumed with HBYC incentive
5	Child Death Review for reporting child death of children under 5 years of age	Rs. 50		Operational Guidelines for Child Death Review- 2014
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		Operational Guidelines for National Deworming Day Jan-2016
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		Operational Guidelines for Intensified
8	Week-2- ASHA incentive for facilitating growth monitoring of all children in village; screening and referral of	Rs. 100 per ASHA for completing at least 80% of household		Diarrhoea Control Fortnight – June-2015

<sup>3</sup> This incentive will be subsumed with the HBYC incentive subsequently

	undernourished children to Health centre; IYCF counselling to under-five children household			
9	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding-Quarterly mother meeting	Rs. 100/ASHA/ Quarterly meeting		Operational Guidelines for Promotion of Breastfeeding-MAA -2016
<b>III Immunization</b>				
1	Full immunization for a child under one year	Rs. 100	Routine Immunization Pool	Order on Revised Financial Norms under UIP-T.13011i01/2077-CC-May-2012
2	Complete immunization per child up-to two years age (all vaccination received between 1 <sup>st</sup> & 2 <sup>nd</sup> year of age after completing full immunization after one year	Rs. 75 <sup>4</sup>		Order no – T.13011/01/2012/-CC& V
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day <sup>5</sup>	IPPI funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
4	DPT Booster at 5-6years of age	Rs.50	Routine Immunization Pool	Order-T.13011/01/2012/-CC& V
<b>IV Family Planning</b>				
1	Ensuring spacing of 2 years after marriage <sup>6</sup>	Rs. 500	Family planning – NHM RCH Flexi Pool	Order No- D.O – N-11012/11/2012 – FP, May-2012
2	Ensuring spacing of 3 years after birth of 1 <sup>st</sup> child	Rs. 500		
3	Ensuring a couple to opt for permanent limiting method after 2 children <sup>7</sup>	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,		Revised Compensation package for Family

<sup>4</sup> Revised from Rs. 50 to Rs, 75

<sup>5</sup> Revised from Rs 75/day to Rs 100/day

<sup>6</sup> 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

<sup>7</sup> 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



		Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana, and Gujarat) Rs.300 in 146 MPV districts Rs. 150 in remaining states		Planning- September DO-N 11026/11/2014-FP – 2014
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		
7	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		Guidelines on home delivery of contraceptives by ASHAs-Aug-2011-N 11012/3/2012-FP
8	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case		Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
9	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case		Order on revised rate of ASHA Incentives -2016
<b>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)</b>				
10	Injectable Contraceptive MPA (Antara Program) and a non-hormonal weekly	Rs. 100 per dose	Family planning- RCH- NHM Flexi Pool	D.O.No.N. 110023/2/2016-FP

	centchroman pill (Chhaya) - Incentive to ASHA			
11	Mission Parivar Vikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct eligible couple survey- maximum four rounds	Rs. 150/ ASHA/round		
12	Nayi Pahel- an FP kit for newlyweds- a FP kit would be given to the newlywed couple by ASHA (In initial phase ASHA may be given 2 kits/ ASHA)	Rs. 100/ASHA/Nayi Pahel kit distribution		
13	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 100/ per meeting		
14	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	Menstrual hygiene Scheme–RCH – NHM Flexi pool	Operational guidelines on Scheme for
2	Organizing monthly meetings with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting	VHSNC Funds	Promotion of Menstrual Hygiene August-2010
3	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Rs. 100/ Per PE	RKSK- NHM Flexi pool	Operational framework for Rashtriya Kishor Swasthya Karyakram – Jan-2014
4	Incentive for mobilizing adolescents for Adolescent Health Day	Rs. 200/ Per AHD		
VI	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		D.O. No. Z.15015/56/2015- NHM-1 (Part)- Dated 4 <sup>th</sup> January- 2016
VII	National Tuberculosis Elimination Programme (NTEP) <sup>8</sup>			
	Honorarium and counselling charges for being a DOTS provider		NTEP Funds	Order on revised rate of ASHA

<sup>8</sup> 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		incentives-D.O. No. P17018/14/13-NRHM-IV
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 <sup>9</sup>	Rs.100		National Tuberculosis Elimination Program
5	Incentive to ASHA/Community Volunteers for ensuring seeding of bank account details of TB patients in Ni-kshay portal within 15 days of treatment initiation for enabling DBT Payments under NTEP	Rs. 50/per notified TB patient		D.O- V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022
6	Incentive to ASHA / Community Health Volunteer for supporting treatment adherence and completion of TB Preventive Treatment among eligible individuals	Rs. 250/- per individual for successful completion of TB Preventive Treatment		
VIII	National Leprosy Eradication Programme <sup>10</sup>			
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)	NLEP Funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
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)		
IX	National Vector Borne Disease Control Programme			

<sup>9</sup>Provision 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.

<sup>10</sup>Incentives 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.

A)	National Malaria Control Program <sup>11</sup>			
1	Preparing blood slides or testing through RDT	Rs. 15/slide or test	NVBDCP Funds for Malaria control	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV  D.O- V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022
2	Providing complete treatment for RDT positive Pf cases	Rs. 200/- per confirmed case of Malaria for ensuring complete treatment		
3	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime			
4	For referring a case and ensuring complete treatment	Rs. 300 (not in their updated list)		
B)	Lymphatic Filariasis			
1	For one timeline listing of lymphoedema and hydrocele cases in all areas of non-endemic and endemic districts	Rs. 200	NVBDCP funds for control of Lymphatic Filariasis	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
2	For annual Mass Drug Administration for cases of Lymphatic Filariasis <sup>12</sup>	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	NVBDCP funds	Order on revised rate of ASHA incentives-D.O. No. P17018/14/13-NRHM-IV
D)	Kala Azar elimination			
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying <sup>13</sup>	Rs. 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds	Minutes Mission Steering Group meeting- February-2015
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case		Minutes Mission Steering Group meeting- Feb-2018
3	Incentive to ASHAs for referring Post Kala-Azar Dermal Leishmaniasis (PKDL) case	Rs. 500/- per case (Rs. 200/- at the time of		D.O- V.11011/1/2022-

<sup>11</sup> 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.

<sup>12</sup> Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

<sup>13</sup> 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.

		diagnosis and Rs. 300/- after treatment completion) in all 4 Kala-azar endemic states		NHM-III Dated 26 <sup>th</sup> Oct 2022
<b>E)</b>	<b>Dengue and Chikungunya</b>			
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	NVBDCP funds	MoHFW- NVBDCP-Dated-16 <sup>th</sup> August-2018
<b>F)</b>	<b>National Iodine Deficiency Disorders Control Programme</b>			
1	ASHA incentive for salt testing	Rs.25 a month for testing 50 salt samples	NIDDCP Funds	National Iodine Deficiency Disorders Control Programme – October-2006
<b>X</b>	<b>Anaemia Mukht Bharat</b>			
1	ASHA incentive for mobilizing children 6-59 months, WRA and post-partum lactam women	Rs. 15/month/ASHA for covering at least 70% of the beneficiaries for IFA supplementation to two age groups: children 6-59 months & WRA.	RCH Flexi pool	Intensified National Iron Plus, Initiative (I-NIPI), OGs, 2018
<b>XI</b>	<b>Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening</b>			
1	Maintaining data validation and collection of additional information- per completed form/family for NHPM –under Ayushman Bharat	Rs. 5/form/family	NHM funds	D.O.No.7 (30)/2018-NHM-I Dated 16 <sup>th</sup> April-2018
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	NPCDCS Funds	D.O.No.Z-1505/39/2017-NHM-I Dated 19 <sup>th</sup> July-2017
3	Follow up of patients diagnosed with Hypertension/Diabetes and three common cancers for initiation 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 activities)	NHM funds	D.O.No.Z-1505/11/2017-NHM-I-Dated 30 <sup>th</sup> May-2018
<b>XII</b>	<b>Drinking water and sanitation</b>			

1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation	D.O.No.W-11042/7/2007-CRSP-part- Ministry of Drinking Water and Sanitation - 18 <sup>th</sup> May-12
2	Motivating Households to take individual tap connections	Rs. 75 per household		D.O. - 11042/31/2012 - Water II Ministry of Drinking Water and Sanitation – Feb-2013
XIII	ASHA Certification			
	Incentive award in cash for ASHAs and ASHA Facilitators who have certified in two independent certificates: 1- RMNCHA+N 2- Expanded Service Package from NCDs to Palliative Care	Rs. 5000/for each certification	NHM funds	D.O-V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022
XIV	Facilitating creation and seeding of ABHA ID in various IT Portals			
	Incentive for ASHAs for each ABHA account created and seeded in various IT portals of MoHFW	Rs. 10/-for each ABHA account created and seeded in various IT portals of MoHFW	NHM funds	D.O-V.11011/1/2022-NHM-III Dated 26 <sup>th</sup> Oct 2022

## **State-Specific Incentives for ASHA from State Funds**

S. No	State/UT	State specific fixed/top up incentive to ASHAs from State Fund
1	A & NI	Rs. 500 (As per the policy of Andaman & Nicobar Administration, an incentive of Rs. 500/- per month is being provided to every ASHA for the betterment of villagers as per the guidelines)
2	Andhra pradesh	Provides balance amount to match the total incentive of Rs.10, 000/PM/ASHA
3	Arunachal Pradesh	Rs. 2000 Per Month (100% top-up, frequency of disbursement quarterly)
4	Bihar	Additional performance based incentives of Rs. 1000/- (One Thousand) per month from the State Fund for Immunization ,Child Health, Maternal Health and Family planning, attending meetings etc. ASHA Facilitators also receives Rs. 1000/- per month from state fund if 50 % of ASHAs in their Coverage Areas.
5	Chhattisgarh	75% of matching amount of incentives from state fund over the incentives earned by ASHA.
6	Delhi	Core incentives is Rs. 3000/- per month for functional ASHA plus certain state specific activity incentives.
7	Gujarat	50% TOP UP/ per month over total GOI incentive and Rs. 2500/month fix Incentive
8	Haryana	Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additional linked with performance of 05 Major RCH activities
9	Himachal Pradesh	Rs. 4700/- (State incentive has been increased by Rs. 500/-, therefore, total incentive payable w.e.f. April, 2023 is Rs. 5200/-)
10	Jharkhand	Top up of Rs. 1000/- on performance based incentive of 14 key indicator
11	Karnataka	The State Govt is providing Rs.5000 per month as Monthly fixed honararium to ASHAs
12	Kerala	Rs. 6000 per month as ASHA Honorarium from state government fund
13	Maharashtra	Rs. 3500/month/ASHA
14	Manipur	Rs. 1000/- per ASHA/month.
15	Meghalaya	State Fixed Incentive - Rs. 2000/month and State Covid Incentive - Rs. 1000/- pm
16	Madhya Pradesh	100% against 07 specified activities (JSY, HBNC, LBW & SNCU Follow-ups, Iron Sucrose follow-ups of anaemic PW, Early Registration of PW, Full Immunization and Complete Immunization)
17	Odisha	1000/- per month as conditional assured incentive
18	Puducherry	Fixed amount of Rs.3000/ASHA
19	Punjab	2500 Per Month Per ASHA/ASHA Facilitator
20	Rajasthan	Rs. 1650/ASHA/Month from State Govt Fund
21	Sikkim	Monthly fixed honorarium of Rs 6000/- disburse from State Fund, recently Government of Sikkim announce hike in fixed honorarium from Rs 6000/- to Rs 10000/-
22	Tamil Nadu	NCD incentive - Rs.500
23	Telangana	Rs. 6750/month
24	Tripura	Top up @100 % on 8 specific work and 33.33% on NHM work from State exchequer and @ Rs.1000/ fixed for each ASHA and AF.
25	Uttar Pradesh	Rs. 1500 per month (State Budget Incentive linked with Incentive for Routine Activity)
26	Uttarakhand	Rs. 3000/month state incentive
27	West Bengal	Monthly Fixed Honorarium of Rs. 4500 for all functional rural ASHAs