The Operational guidelines for Prevention, Screening and Control of Common Non-Communicable Diseases as part of Comprehensive Primary Health Care envisages that the ASHAAs would play a critical role in the process. The guidelines define a set of tasks the ASHA would perform, as part of the primary health care team at Sub Centres strengthened as /Health and Wellness Centres.

2. In line with the role of ASHA under NHM as an honorary voluntary activist, she is compensated for a set of tasks that she performs at the community level through home visits and counselling, community meetings, and visits etc. With the launch of the population based NCD screening, the tasks that ASHAs are expected to perform would expand. In order to compensate ASHAs to undertake tasks to support population based NCD screening and management, particularly related to health promotion and prevention, the Ministry has tentatively designed ASHA incentives as under:

a) Rs. 10 per individual as a one-time incentive for enumeration of all individuals, filling CBAC for all individuals over 30 years of age and mobilizing them for screening on NCD screening
b) Rs. 50 per individual every six months for follow up with patients diagnosed with Hypertension / Diabetes and Cancers for initiation of treatment and ensuring compliance for a period of 6 months.

The incentive structure has been designed with an emphasis on primary and secondary prevention. The training of the ASHA is largely related to promotion of healthy lifestyles. The incentive structure and estimated budgetary requirement on an annual basis is enclosed as Annexure.

3. States/UTs may propose for the same in supplementary PIP. I look forward to feedback, if any, on the same.

Yours sincerely,

(Manoj Jhalani)

To
Additional Chief Secretary/Principal Secretary/Secretary (H&FW) – All States/UTs

Copy to:
1) Mission Directors, NHM –All States/UTs
2) JS(NCD), MoHFW
3) JS (Urban Health)
4) Advisor/ DDG (NCD)
5) ED, NHSRC