



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
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Dear

The Mission Steering Group (MSG) of the National Health Mission (NHM) in the first meeting on 6th December, 2013 has approved the following proposals:

- a) Proposal for revision of rate of existing ASHA incentives. The list is enclosed as *Annexure-I*.
- b) Proposal for grant of incentives for new activities to ASHAs. What is notable about some of the new activities is that they are activities which are routine in nature and hence would, coupled with existing routine activities such as Mobilizing and attending VHND (Rs.200/-), Convening and guiding VHSNC meeting (Rs.150/-) and attending the PHC Review meeting (Rs.150/-), enable each ASHA to earn incentives of about at least Rs.1000/- per month. The list of incentives is placed at *Annexure-II*.
- c) Proposal to enhance the cost norm from Rs.10,000 per ASHA to Rs.16000 per ASHA per year. The cost norm included training costs including refresher training, supervision/support costs, cost of Job Aids, Tools and Kits for ASHA and other non-monetary incentives.

2. While the Ministry has been constantly endeavouring to expand the activities and incentives for ASHA keeping in view the important role that ASHAs play – as a link between community and public health system, I urge states to ensure that the spirit behind these endeavours is not negated by delays in making payments to ASHA.

With regards,

All State Principal Secretary (Health & FW)

Mission Directors of all States

Yours sincerely,

(Anuradha Gupta)

Annexure -I

Revision of rates of existing ASHA incentives

S.No	Activity	Existing Norm (in Rs.)	Revised Norm (in Rs.)
A.	Immunization		
1.	Mobilizing children for OPV immunization under Pulse Polio Programme	75	100
B.	Revised National Tuberculosis Control Programme		
2.	Being DOTS Provider (only after completion of treatment or cure)		
	Honorarium /counselling charges to DOT provider for (a) New TB Case (Beneficiary: Any DOT providers other than salaried health workers)	250	Rs 1000/- 42 contacts for Cat I TB patients (new cases) over 6-7 months of treatment
	Previously Treated TB Case (Beneficiary: Any DOT providers other than salaried health workers)		Rs 1500/- 57 contacts for Cat II TB patients (previously treated cases) over 8-9 months of treatment including 24-36injections in intensive phase.
	Incentives to Community DOT Provider providing treatment and support to Drug Resistant TB patients	Rs.2500 for completed course of treatment (Rs.1000/- at the end of IP and Rs.1500/-at the end	Rs.5000 for completed course of treatment (Rs.2000/- at the end of IP and Rs.3000/-at the end of the CP)

S.No	Activity	Existing Norm (in Rs.) of the CP)	Revised Norm (in Rs.)
D.	National Leprosy Eradication Programme		
3.	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy	300 (inclusive of 100 for new case detection)	250 (for facilitating diagnosis of a leprosy case) + 400 (for follow up on completion of treatment)
4.	Referral and ensuring compliance for complete treatment in multi-bacillary cases of Leprosy	500 (inclusive of 100 for new case detection)	250 (for case detection) + 600 for follow up on completion of treatment)
E.	National Vector Borne Disease Control Programme		
	Malaria		
5.	Preparing Blood Slides	5 / slide	15 for preparation of blood slide or testing through RDT
6.	Providing complete treatment for RDT positive Pf cases	20	75
7.	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime	50	
8.	For referring a case and ensuring complete treatment to ASHAs/Volunteers	Rs.200/- per case	Rs.300/- per case for referring a case and ensuring complete treatment to

S.No	Activity	Existing Norm (in Rs.)	Revised Norm (in Rs.)
			ASHAs/Volunteer
9.	Lymphatic Filariasis (For Annual Mass Drug Administration)	Rs.100/- Per day for maximum of 3 days to cover 50 houses or 250 persons	Rs.200/- Per day for maximum of 3 days to cover 50 houses or 250 persons

Incentives for New activities

S.No	Activity	Proposed Norm
A.	Family Planning	(in Rs)
(i)	Escorting/ facilitating the client to the health facility the PPIUCD insertion	150
B.	Child Health	
(ii)	For follow up visits after child is discharged from facility or community based SAM management and till MUAC is equal to or more than 125mm.	150
(iii)	Ensuring monthly follow up of low birth weight babies and newborns discharged after treatment from Specialized New Born Care Units	50
C.	National Vector Borne Disease Control Programme	
(iv)	Lymphatic Filariasis - for One time Line listing of Lymphoedema and Hydrocele cases in non-endemic distt.	200/- one time for line listing of lymphoedema and hydrocele cases in all villages of endemic and non-endemic districts
(v)	Referral of AES/ JE cases to the nearest CHC / DH /Medical College	300 per case
D.	Others	
(vi)	(a) Line listing of households done at beginning of the year and updated after six months, (b) maintaining village health register	500 (100x5)

	<p>and supporting universal registration of births and deaths,</p> <p>(c) preparation of due list of children to be immunized updated on monthly basis,</p> <p>(d) preparation of list of ANC beneficiaries to be updated on monthly basis,</p> <p>(e) preparation of list of eligible couples updated on monthly basis</p>	
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