



State Program Management Unit DELHI STATE HEALTH MISSION

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Office Order

Sub: Dissemination of revised ASHA incentive Guidelines.

The ASHA Incentives have been revised with due approval of the competent authority. The revision includes enhancement of certain existing incentives and addition of certain new incentives. The revised guidelines are attached for implementation w.e.f 1st May, 2016. All ASHAs Nodal Officers and District ASHA Coordinators must ensure that the guidelines are disseminated right down to the ANM and ASHAs for effective implementation.

These guidelines are also being uploaded on ASHA portal for ready reference for the implementers of the ASHA Scheme, and the Regional directors, CCDMOs, Nodal Officers/District ASHA Coordinators/MOICs/ANMs/ASHAs can view them there also. ASHA Portal is being modified accordingly.

Dr. Monika Rana
SPO (DSHM) & Nodal Officer (ASHA)

CC:-

1. Regional Directors (Central , South, East , North & West zone)
2. Chief District Medical Officers, all districts.
3. Directors, Hospital Administration (North, East & South Delhi Municipal Corporation)
4. District ASHA Nodal Officers ,(GNCTD & MCD)
5. All District ASHA Coordinators.
6. All District Account Managers.
7. All health Centres (through their respective districts)
8. Deputy Director , Finance ,DSHM

Revised Guidelines for Implementation of Performance based ASHA Incentives (Applicable from ^{4th} May, 2016 onwards) :

- No Incentive shall be given in the absence of household survey; community needs assessment and line listing of the potential beneficiaries in her area.
- Monthly meeting must be conducted every month by the Medical Officer to review the work / problems faced by ASHAs.
- ASHA shall receive a Core Incentive for her performance on certain identified activities / Additional State Specific Incentives funded by State / Additional Incentives under different National Programs funded by GOI. The guidelines for disbursement of these incentives are given below. The incentives from specific National Programs shall be disbursed as per the specific guidelines provided by the concerned programs.
- Incentives shall be calculated based on the activities performed and duly verified by the ANM and the Medical Officer. Upon authorization by the MO IC, the incentives shall be directly credited into ASHAs Bank Account electronically.
- All activities undertaken by ASHA must be recorded simultaneously in the diary. Records of these activities shall be duly verified by the ANM / Medical Officer.

S.No.	1. Core Activities in the given month.	Score
1.	Complete Immunization up to Measles. (Less than one year of age)	1
2.	Complete Immunization (One to Two Years of age)	1
3.	Family Planning activity (Addition of a protected couple -- OCs / Cu T / Vasectomy / Tubectomy)	1
4.	New Pregnant Woman registered	1
5.	Pregnant woman registered in first Trimester	1
6.	Institutional deliveries Facilitated	1
7.	Home Based New Born Care visits made	1
8.	Participation in Health and Nutrition Day / Adolescent Group Meeting / Outreach session	1
9.	Attended the monthly review meeting / refresher training	1
10.	Follow up of Malnourished / Anemic Individual / High risk pregnant women	1
11.	Screening of Senior Citizen / Cataract Surgery Facilitation	1
12.	Entry of records in the Diary / Updation of Diary	1

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(Applicable from 1st May, 2016)

A 'yes' on these activities earns her a point against each activity and a 50% or more score makes her a **Functional ASHA**. Less than 50% score in the core activities makes her a **Non Functional ASHA**.

1. Core Incentive:

If the score is zero, ASHA is not entitled to any incentive.

From 1-49%, (1-5 points) ASHA gets an incentive of Rs. 500/- but is ranked as **Non-Functional**. ASHA is counseled / helped by the ANM / mentor group to improve her performance. If this persists for more than three months despite the help of the supervising MO / ANM / ASHA Facilitator, Mentor Group, then her name is recommended for deletion.

If the score is 50% or more (6 points or above) then the ASHA is eligible for Rs. 1500/- as Core incentive. This incentive will only be applicable once the baseline survey has been completed by ASHA. Therefore, it is advised that the new ASHAs must complete their baseline survey of all her allotted houses within two to three months.

2. Additional Incentives From State Funds

S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
2.1	First Trimester Registration	Per Pregnant mother registered in 1st Trimester	All pregnant women of her area especially the vulnerable / high risk ones.	50/-	ANM	At the end of the month after the first ANC check-up done	ASHA Scheme funds	Mandatory: - Registration of pregnant women within 12-14 weeks.
2.2	Complete Antenatal check-up	For each Pregnant woman registered who completes her Antenatal Check-up	All pregnant women of her area	100/-	ANM	Upon completion of four ANC Checkups as per the guidelines. Payment after delivery at the end of the month.	ASHA Scheme funds	Completion of all components of Ante Natal Care. 1) ANC Visits - Minimum three prescribed visits in 2 nd and 3 rd trimester. 2) Administration of 2 doses of Inj. TT / TT Booster 3) Investigations (Hb & Urine examination) 4) Provision of 100 tablets of FS/FA.
2.3	Institutional Delivery	Per delivery	All pregnant women of her area	200/-	ANM	Eligible for incentive after the postnatal visit of 48 hrs and	ASHA Scheme funds	Signed verification slip by the ANM in format enclosed as annexure -

(Applicable from 1st May, 2016)

						seven days. Payment at the end of the month.		1 (would be available on MIS portal) after conduct of home visit by ANM.
2.4	If ASHA accompanies the woman for Institutional delivery	Per delivery	Pregnant women of her area	150/-	ANM	Eligible for incentive only if she accompanies the woman for delivery and is not given the JSY incentive. Payment at the end of the month.	ASHA Scheme funds	If ASHA accompany the pregnant woman for institutional delivery, she will be paid additional amount of Rs. 150 /- ANM will verify in the verification slip available on MIS portal after verifying the same by conducting the home visit.
2.5	Immunization completion (till Measles before one year of age).	Per child	All eligible children of the area. per month	25/-	ANM	Upon completion of immunization. Payment at the end of the month.	ASHA Scheme funds	Complete immunization after birth (up to measles Inj. within 12 months) as per immunization schedule.
2.6	Community Mobilization -- Health & Nutrition days	Participation in H&N Day	Once a month	100/-	MO/MOIC/ANM	End of the month.	ASHA Scheme funds	Conduct of health & Nutrition day as per guidelines.
2.7	For helping in installation of Community / Household toilets	Each household / community toilet installed	Actual number installed.	Rs 500/- for each toilet installed	MO/MOIC/ANM	End of the month	ASHA Scheme funds	Installation of the toilet in a household / community where there was no toilet present at the time of household survey and verified by ANM at field.
2.8	For referring the pregnant women to nearest ICTC and PPCTC	Number of women referred and tested (per case)	All pregnant women of the area.	20/-	MO/MOIC/ANM	At the end of the month	ASHA Scheme.	Slip of ICTC Center (if located in PUHC hospital) / recorded in OPD register.

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(approximate from 3-5-2017 to 31-10-2017)

2.9	Helping the woman in getting IUCD insertion done.	Each woman accompanied for IUCD insertion.	All eligible women wanting IUCD insertion.	250/- at the time of insertion.	MO where the IUCD is inserted.	At the end of the month.	ASHA Scheme funds	Verified by ANM from PUHC record/ASHA diary/ Home visits. In case of private care provider, ANM must visit the beneficiary and see the relevant OPD slip before verifying.
2.10	Helping the woman in follow up after every six months after IUCD Insertion.	Each woman brought for follow up .	Six monthly follow-up of the women with IUCD.	150/- at every 6 monthly follow-up (checkup)	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	Verified by ANM from PUHC record/ASHA diary.
2.11	Helping the individual in getting Vasectomy / Tubectomy done.	Each man/ woman accompanied for Vasectomy / Tubectomy	Actual number of Vasectomy/ Tubectomy facilitated.	Rs.500/- for each male / female sterilization.	ANM by examining the sterilization certificate / beneficiary	At the end of the month.	ASHA Scheme funds	Home visit to be made by the ANM at which time the Discharge slip from hospital can also be seen as well the record in ASHA diary.
2.12	Reporting Maternal / Infant mortality.	Per case	Maternal deaths and infant deaths in the area.	100/-	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	Inform the ANM / MO on telephone within 24 hrs of the death and file a written report within week.
2.13	Tracking of malnourished children, individuals for severe anemia	Per case	Identified grade III/ IV Malnourished / severely anemic individuals of the area.	Rs. 50/- per visit.	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	Tracking / follow up , record of weight & Hb estimation of malnourished / anemic individual in ASHA diary . To be verified by ANM from centre record / ASHA Diary . ASHA shall be paid incentive for such tracking visits for up to two visits per

(Applicable from 1st May, 2016)

S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
2.14	Senior Citizen screening twice a year. Ensuring registration and screening health checkup of all senior citizens (60 yrs and above).	Per Senior Citizen screened. Screening can be repeated after six months.	Actual number of senior citizens in the area.	Rs. 50/- will be given upon registration and screening check up of a senior citizen	MO/MOIC/ANM	End of the month.	ASHA Scheme funds	It is expected that she shall facilitate the follow up if so required after the screening checkup.
2.15	For facilitating Cataract surgery	Per eye	All identified cataract cases.	200/-	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	The entry of detection and subsequent cataract surgery in a patient in the blindness register duly signed by ANM / Medical Officer.
2.16	Incentive for facilitating refraction and provision of spectacles	Per case	All individuals with refractory errors	50/- per case	MO/MOIC	After receipt of spectacles by the individual. At the end of the month.	ASHA Scheme funds	The relevant entry of providing spectacles in ASHA diary/PUHC record with detailed information of beneficiary duly signed by ANM / Medical Officer. ASHA shall identify the individuals with visual impairment / get the refraction done and help in obtaining

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Application from my (2016)

2.17	Ensuring safe delivery of High Risk women	Per case	For all high risk pregnant women identified & so designated by the Medical Officer	150/-	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	spectacles under NPCB program or any other source. Record of identification & follow up of high risk pregnancies till safe institutional delivery and duly verified by ANM. Entry of MCTS number, High Risk factor, Date of delivery and outcome in ASHA Portal is mandatory.
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3. Incentives from GOI (RCH and other Disease Control Programs)

S.N o.	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.1	Home Based New Born Care	Six visits in case of institutional delivery. Seven visits in case of home delivery	Per post natal mother and new born baby.	Rs. 250/-	MO/MOIC/ANM	45 th day of delivery	NUHM	Only ASHAs trained in Module 6 shall be eligible for this incentive. Payments to be made after completion of the home visits strictly in compliance with the HBNC guidelines after assessment & validation of the completed Home Visit Form by the supervising ANM. In case of incomplete forms / activities, no incentive should be paid.

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S.N	Activity	Unit for	Expected	Incenti	Verification of	Time of Payment	Funds from	Remarks
3.2	Survey and Line listing /Resurvey of households to ensure continuous updation of information of each household in her assigned area.	Completed household survey form / resurvey form dully filled by ASHA verified and signed by ANM	Around 400 households.	100/- per month	ANM Verification by ANM on receiving of filled household survey / resurvey forms (at least 60-70 household covered) and checking of updation of line lists in the diary.	At the end of the month upon handing over of complete, legible household survey forms / updation of line lists in the diary.	NUHM	ASHA must complete her initial household survey within 2 months to become eligible for the core incentive. Subsequently household survey is a continuous activity by which ASHA keeps her line lists updated. Any new health event in any of her households should be captured immediately and updated in her Diary. In addition , ASHA must ensure that all her households gets surveyed as per the household survey form atleast twice in a year at an interval of around 6 months. For this to happen , ASHA must undertake detailed survey of atleast 60-70 households every month. Also, all new households entering her area must be surveyed immediately and completing within three months to keep her line lists updated .

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Applicable from 1st May, 2016

o.	incentive	per 2000 population	ve	work by	At the end of month	NUHM	ASHAs are expected to record all births or death in her area every month. Even reporting that there was <u>no</u> birth or death in their area is an important task for completion of records. The ASHA must also support the process of registration of births and deaths in her area. IF the ASHA reports that there were no deaths or births in the ASHA's area during that period, and this is validated by the ANM the incentive should not be denied to her.
3.3	Line listing of birth and deaths in her area and facilitating universal registration of births and deaths	Updated information of any birth/death in her area	100/- per month	ANM Updation of information on any births / deaths in her area in specific pages of her diary to be verified by ANM.	At the end of month	NUHM	ASHAs are expected to record all births or death in her area every month. Even reporting that there was <u>no</u> birth or death in their area is an important task for completion of records. The ASHA must also support the process of registration of births and deaths in her area. IF the ASHA reports that there were no deaths or births in the ASHA's area during that period, and this is validated by the ANM the incentive should not be denied to her.
3.4	Preparation of due list of children to be immunized in the ASHA diary	Due list for immunization prepared by ASHA and verified and signed by the ANM.	100/- per month	ANM The due list must be checked, verified and signed by ANM.	At the end of month	NUHM	In addition to checking whether ASHA has made the list, ANM should also check whether all children to be immunized are recorded in the list with no exclusions. Incentive should be paid when the due list prepared by ASHAs is 100% complete as per verification by ANM.
3.5	Preparation of due ANC list of pregnant	Due list for ANC prepared by ASHA and	100/- per month	ANM The due list	At the end of month	NUHM	In addition to checking whether ASHA has made the list, ANM



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3.6	women in the ASHA diary	verified and signed by the ANM.	-----x---x---	100/- per month	ANM will verify additions of new eligible couples in her specific Diary pages and sign.	At the end of month	NUHM	should also check whether all pregnant women are listed for ANC services with no exclusions. Incentive should be paid when the due list prepared by ASHAs is 100% complete as per verification by ANM.
	Updation of eligible couples in the diary	Addition of eligible couples/ conversion of eligible unprotected couples to protected couples.			ANM will verify additions of new eligible couples/conversion of already listed unprotected couples to protected couples. Also if there are no new eligible couples in ASHA's area, it is important that she records this information for completion of records. This incentive can be given to ASHAs if they have recorded all eligible couples with no exclusions, updated the list and maintained records of couples who are using contraception methods (either taking from ASHAs or accessing on their own).			

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S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.7	Attending the monthly PUHC Review meeting.	Attending the monthly PUHC Review meeting.	Once a month	150/- per month	MO/ ANM	At the end of month	NUHM	The review meeting must be held as per the guidelines. (Guidelines for the Monthly review meeting Enclosed as annexure -3).
3.8	Under JSY Scheme. a) For Antenatal component.	Per case	--x--	Rs. 200/-	ANM	As prescribed under JSY Scheme.	JSY Scheme funds	As per guidelines of the JSY Scheme.
	b) For facilitating Institutional delivery.	Per case	-x--	Rs. 200/-	ANM	As prescribed under JSY Scheme.		
3.9	Reporting of Maternal Mortality of her area	Per case	--x--	Rs. 200/-	ANM / MO	At the end of the month	RCH Fund (MH)	As per guidelines of the Maternal Health scheme.
3.10	PPIUCD (Post Partum IUCD Insertion)	Per case		Rs. 150/-	ANM / MO	At the end of the month	(Family Planning)	As per guidelines of PPIUCD Program. In case of PPIUCD ASHA shall also be eligible for the IUCD incentive i.e she will get IUCD incentive of 250/- and an incentive of 150/- for PPIUCD.

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S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.1 1	Full Immunization upto measles (within 1 year of age)	Per Child		Rs. 100/-	ANM	At the end of the month.	(RCH)	Rs. 100/- per child for full immunization (upto measles) in first year of age. Receipt of all vaccination prescribed in 2 nd year of life (applicable to children completing full immunization up to measles before one year)
3.1 2	Full Immunization (Child up to 2 year age)	Per Child		Rs. 50/-	ANM	At the end of the month.	(RCH)	As per guidelines of Child Health Scheme.
3.1 3	Mobilization of children for outreach session	Per outreach session	Not more than 1 session per month	Rs. 150/-	MO/MOIC/ANM	At the end of the month.	(RCH)	As per program guidelines
3.1 4	Completion of DOTs therapy.	Per case	--x--	1000/- New cases 1500/- Retreatment cases 5000/- MDR Cases	DOTS Center In charge.	After completion of therapy	Revised National Tuberculosis Control Programme.	As per program guidelines
3.1 5	NLEP	Facilitating case diagnosis		250/-	MO	At the confirmation of diagnosis	NLEP	As per program guidelines

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	For follow up & Completing treatment MB	600/-	MO	At the confirmation of diagnosis	NLEP	As per program guidelines
	(Case detection	250/-				
	For follow up & Completing treatment (PB)	400		On completion of 12 month course		

Important:

- ASHA shall be eligible for any other incentive as introduced under the National / State Health Programs from time to time as per the guidelines given by the concerned programs.

The documentation requires at ASHA Level.

It was observed that ASHAs were being asked to submit many documents for some of the activities being carried out by them which were incentivised. In order to allow ASHA to utilize her time and resources more effectively, the paperwork and documentation should be minimal at level of ASHA. The following records must be maintained/ submitted by all ASHAs:

- ASHA Diary has to be dully filled:** The monthly activities with details of beneficiary, date of service provision, the line listing and due list for beneficiaries (ANC, Immunization, Eligible couples, disabled, visually impaired, patients on DOTS for T.B, Leprosy etc.) Special emphasis must be given on identification of the most vulnerable and marginalized households & individuals residing in her areas.
- Household Survey:** The household survey register provided for household survey must be duly filled and updated. Events such as pregnancy, child birth, immunization, detection of diseases/disability/deaths etc are to be updated on real time basis.
- HBNC Form:** - the forms have to be duly filled and handed over to ANM after completion of HBNC visit.
- First information report** to be submitted in the simple prescribed format for infant/maternal mortality.



(Applicable from 1st May, 2016)

5. **Regarding photocopy / requirement for incentive payment:** No photo copies of the documents are required for payment of incentive. The ANM must verify activity by contacting the involved beneficiaries/seeing the relevant OPD slip/discharge slip while conducting her field visits. As most of the activities are being conducted at health facilities/in the outreach sessions/health nutrition days, for example --ANC, Immunization, screening for senior citizen etc, no separate photocopies of OPD slips for these activities are required. They can be verified from the dispensary register if so required. Post delivery discharge slip mentioning PPIUCD insertion may suffice for PPIUCD insertion. No separate certificate is required from the hospital.

By and large there is no requirement for photocopies/additional documentation unless specifically stated under the concerned program guidelines. ASHA should not be denied her incentive if the activities have been done by her. Wherever required, the supervising ANM must verify the activity through her field visits/interaction with beneficiaries and inspection of the relevant papers to her satisfaction. Once the activity has been verified and entered on the portal by the ANM, the same must be examined and authorized for payment online by the concerned Medical Officer through his/her dedicated Login.



(Applicable from 1st May, 2016)

Annexure 3 : Definitions of functionality on each of the identified core activities :

These definitions shall be used for giving a 'Yes / No ' and a score of '1/0' for each activity. The Diary pages have also been modified accordingly so that the expected / achieved can be recorded accordingly :

S.No.	1. Core Activities in the given month.	Score	Criteria for being functional on the activity and eligible for score 1.
1	Complete Immunization upto Measles.(Less than one year of age)	1	Achievement of 90% or more of the expected.
2	Complete Immunization (One to Two Years of age)	1	Achievement of 90% or more of the expected .
3	Family Planning activity (Addition of a protected couple -- OCs / Cu T / Vasectomy / Tubectomy)	1	Addition of a protected couple through use of OCs / Cu-T/ Vasectomy / Tubectomy
4	New Pregnant Woman registered	1	Registration of all pregnant women in her area.
5	Pregnant woman registered in first Trimester	1	Atleast 50% of those registered are in their first trimester.
6	Institutional deliveries Facilitated	1	80% or above institutional deliveries out of the expected deliveries.
7	Home Based New Born Care visits made	1	100% of newborns delivered at home are visited within 24 hrs . 100% of newborns delivered in an institution are visited within 48hrs to seven days . In case of ASHAs trained in HBNC, 75% or more of the delivered women / newborns are visited as per the home based care schedule. Participation in one or more of these events.
8	Participation in Health and Nutrition Day / Adolescent Group Meeting / Outreach session	1	Attendance in either or both of these events.
9	Attended the monthly review meeting / refresher training	1	Attendance in either or both of these events.
10	Follow up of Malnourished / Anemic Individual / High risk pregnant women	1	Identification / accompanying the malnourished individual to the center/ NRC / IYCF for management and follow up.
11	Screening of Senior Citizen / Cataract Surgery Facilitation	1	Achievement on either or both of these activities
12	Entry of records in the Diary / Updation of Diary	1	Timely visits and service updation in her diary , especially the marginalized households and those having potential beneficiaries .
A 'yes' on these activities as per the definitions given against each earns her a point for each activity and a 50% or more score makes her a Functional ASHA . Less than 50% score in the core activities makes her a Non Functional ASHA .			