



Govt. of National Capital Territory of Delhi  
Health and Family Welfare Department  
Delhi State Health Mission  
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Civil lines, Delhi-110054



FileNo.F3-12/33/2014-SPMU/35887/2018

Date: 27-09-2018

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 state funded existing incentives and addition of a new maternity benefit .The revised incentives guidelines are attached.

In addition, Rs.2000/- per month for a maximum of six months has been approved to provide support to an ASHA during her pregnancy and perinatal period. This will be in addition to the performance based incentives. The revised guidelines shall be applicable w.e.f. Ist July 2018. All ASHA Nodal Officers and District ASHA Coordinators must ensure that the guidelines are disseminated right down to the Medical Officers and ANMs. A letter of appreciation and encouragement from the Hon'ble Chief Minister and Hon'ble Health Minister is also being sent for each ASHA.

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

ASHA Portal has been modified accordingly.

  
27/9/2018

Dr. Monika Rana

SPO (DSHM) & Nodal Officer (ASHA)

Copy to:

1. Chief District Medical Officers, all districts
2. Directors, Hospital Administration (NDMC, EDMC & SDMC)
3. District ASHA Nodal Officers (GNCTD & MCD- through their respective districts)
4. All District ASHA Coordinators
5. All District Account Managers
6. All Health Centres (through their respective districts)
7. Deputy Director, Finance (DSHM)
8. PA to Mission Director (DSHM)
9. PS to Secretary (H&FW)

**Revised Guidelines for Implementation of Performance based ASHA Incentives as per Cabinet Approval (1<sup>st</sup> July, 2018) :**

- Core Incentive shall not 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 core activities / Incentives funded by State for the identified activities . 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 Incharge , the incentives shall be directly credited into ASHAs Bank Account electronically through PFMS ( Public Fund Management System) .
- 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.

**An ASHA performing atleast a certain defined quantum of activities is called Functional ASHA and is eligible to receive the Core incentive . Performance Criteria for Functional ASHAs :**

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 up to Measles / Measles Rubella (MR). ( Less than one year of age)	1	Achievement of 100% immunization of the listed children. Handing over of the complete due list.
2.	Complete Immunization ( One to Two Years of age)	1	Achievement of 100% immunization of the listed children. Handing over of the complete due list.
3.	Complete line listing of all eligible couples in her allocated area . Family Planning activity (Addition of a protected couple -- OCs / ICUD/DMPA / Vasectomy / Tubectomy)	1	Completion of the eligible couple survey . Addition of a protected couple through use of OCs / Cu-T/ Vasectomy / Tubectomy / DMPA.
4.	New Pregnant Woman registered	1	Registration of all pregnant women in her area.

*[Handwritten Signature]*  
11/11/22

5.	Pregnant woman registered in first Trimester	1	Atleast 80% of those registered are in their first trimester.
6.	Institutional deliveries Facilitated	1	95% 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, 100% delivered women / newborns are visited as per the home based care schedule.
8.	Participation in Health and Nutrition Day / Adolescent Group Meeting / Outreach session	1	Participation in one or more 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 high risk pregnant women/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 .

If the criteria for functionality are met for above given activities , she gets a score of 1 for that activity. If not , then she gets a score of 0.

A 'score of 1 on six or more activities ie. a 50% or more score makes her a **Functional ASHA**. Less than 50% score in the core activities makes her a **Non Functional ASHA**.

In case the ASHA is falling short of target , ANM must examine and find the reason through field visit and help her to address the same. A child , a pregnant woman or any other beneficiary who has not been given the service as they have left the area or upon medical examination have been advised to postpone due service , shall not be included in the denominator while calculating the percent performance .

*M. S. D.*  
22/12/2018

**Incentive Description and disbursement guidelines :**

**1. Core Incentive:**

If the total score is zero, ASHA is not entitled to any Core 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 / MO / District ASHA Coordinator to improve her performance. If this persists for more than three months despite the help of the supervising MO / ANM / ASHA Coordinator, 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. 3000/- as Core incentive.

**2. Additional Incentives From State Funds**

S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification and entry on portal by	Time of Payment	Funds from	Remarks
2.1	First Trimester Registration	Per Pregnant woman registered in 1st Trimester	All pregnant women of her area especially the vulnerable / high risk ones.	100/-	ANM	At the end of the month after the first ANC check-up done	ASHA Scheme funds	<b>Mandatory:</b> - Registration of pregnant woman within 12-14 weeks.
2.2	Complete Antenatal check-up	For each Pregnant woman registered who receives complete Antenatal Care as per the guidelines	All pregnant women of her area	200/-	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 with timely updation on the RCH portal. 1) ANC Visits - four prescribed Antenatal visits as per guidelines. 2) Administration of 2 doses of Inj. TT / TT Booster

*DM*  
27/6/18

S.N	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification and entry on portal by	Time of Payment	Funds from	Remarks
2.3	Institutional Delivery	Per delivery	All pregnant women of her area	400/-	ANM	Eligible for incentive after the postnatal visit of 48 hrs and seven days.  Payment at the end of the month.	ASHA Scheme funds	ASHA shall facilitate Institutional delivery through due counselling and preparation for institutional birth.  No photocopies / documents are required for payment of incentive. No separate certificate is required from the hospital. The ANM must verify activity by contacting the involved beneficiaries /seeing the discharge slip while conducting her home visits. Once verified, the ANM shall update the delivery on the RCH portal.
								3) Investigations (Hb & Urine examination) 4) Provision of 180 tablets of FS/FA.  At every Antenatal visit, the ANM must enter the same on the RCH portal. Before payment of the incentive, ANM shall verify the complete ANC from the RCH portal.

*Prabha*  
25/9/2018

S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work	Time of Payment	Funds from	Remarks
2.4	If ASHA accompanies the woman for Institutional delivery	Per delivery	All pregnant women of her area	300/-	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 accompanies the pregnant woman for institutional delivery, she will be paid additional amount of Rs. 300 /- after verification by the ANM through her home visits.
2.5	Immunization completion (till Measles before one year of age).	Per child	All eligible children of the area for that month	50/-	ANM	Upon completion of immunization. Payment at the end of the month.	ASHA Scheme funds	Complete immunization after birth (up to Measles /MR Vaccination within 12 months) as per immunization schedule.
2.6	Community Mobilization -- Health & Nutrition days	Participation in H&N Day	Once a month	200/-	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 1000/- 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.

*Amber*  
23/11/2018

Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work	Time of Payment	Funds from	Remarks	
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. ANM.	Verification from the ANC Card , OPD register by the ANM.
2.9	Helping the woman in getting IUCD insertion done.	Each woman accompanied for IUCD insertion.	All eligible women wanting IUCD insertion.	500/-	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 every six months after IUCD Insertion.	Each woman brought for follow up .	Six monthly follow-up of the women with IUCD.	300/- 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.	Eachman/ woman accompanied for Vasectomy / Tubectomy	Actual number of Vasectomy/ Tubectomy facilitated.	Rs. 1000 /- 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.	200/-	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.

*Amal*  
22/9/18

Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work	Time of Payment	Funds from	Remarks
2.13 Tracking of malnourished children, individuals for severe anemia	Per case	Identified grade III/IV Malnourished / severely anemic individuals of the area.	Rs. 100/- 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 month . This is an enablement provided to the ANMs & Medical Officers in tracking individuals who are likely to be lost in follow up. The track record should be documented with improvement.
2.14 Senior Citizen screening twice a year. Ensuring registration & 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. 100 /- 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 of the senior citizen with the PUHC/ UHND / Hospital if so required after the screening checkup.

*D. Manoj*  
22/9/2018



S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work	Time of Payment	Funds from	Remarks
2.15	For facilitating Cataract surgery	Per eye	All identified cataract cases.	400/-	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	100/- per case	MO/ANM	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 spectacles under NPCB program or any other source.
2.17	Ensuring safe delivery of High Risk women	Per case	For all high risk pregnant women identified & so designated by the Medical Officer	300/-	MO/MOIC/ANM	At the end of the month.	ASHA Scheme funds	Record of identification & follow up of high risk pregnancies till safe institutional delivery. The record of the pregnancy tracking and the safe outcome must be documented in the Diary and duly verified by ANM. <b>Entry of RCH number, High Risk factor, Date of delivery and outcome must be available in ASHA Portal.</b>

*Prasad*  
22/11/2018

**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 <sup>th</sup> 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. <b>The details of the newborn must be available on RCH portal.</b>
3.2	Line listing Survey/Resurvey of households to ensure continuous updation of the 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 by examining the filled household survey /resurvey forms ( at least 60-70 household covered) and checking of	At the end of the month upon after confirmation of availability of complete, legible household survey forms / updation of line	NUHM	<b>ASHA must complete her initial household survey within 2 months to become eligible for the core incentive.</b> 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 at least twice in a year at an interval

*M. S. Reddy*  
22/11/2018

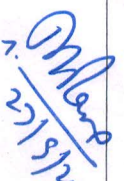
S.N o.	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.3	Line listing of birth and deaths in her area and facilitating universal registration of births and deaths	Updated information of any birth/death in her area	-----x-----x-----	100/- per month	ANM Update 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	of around six months. For this to happen, ASHA must undertake detailed survey of at least 60-70 households every month. Also, all the new households entering her area must be surveyed immediately to keep her line lists updated.
3.4	Preparation of due list of children to be immunized in the ASHA diary	Due list prepared by ASHA and verified and signed by the ANM.	-----x-----x-----	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.

*DM*  
27/12/18

S.No.	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.5	Preparation of due ANC list of pregnant women in the ASHA diary	Due list for ANC prepared by ASHA and verified and signed by the ANM.	-----x-----	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 pregnant women are listed for ANC services with no exclusions. Incentive should be paid when the due list prepared by ASHA is 100% complete as per verification by ANM.
3.6	Updation of eligible couples in the diary	Addition of eligible couples / conversion of eligible unprotected couples to protected couples.	-----x-----	100/- per month	ANM ANM will verify additions of new eligible couples in her specific Diary pages and sign.	At the end of month	NUHM	ANM will verify the 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.
3.7	Under JSY Scheme. a) For Antenatal component b) For facilitating Institutional delivery.	Per case  Per case	--x--  -x--	Rs. 200/-  Rs. 200/-	ANM  ANM	As prescribed under JSY Scheme.  As per the JSY Scheme.	JSY Scheme funds	As per guidelines of the JSY Scheme.

*Signature*  
27/12/2018

S.No	Activity	Unit for incentive	Expected per 2000 population	Incentive	Verification of work by	Time of Payment	Funds from	Remarks
3.8	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. Information to be provided to the ANM / MO I/C within 24 hrs ( telephonically , followed by written report in the prescribed form available at the health center
3.9	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.
3.10	PPIUCD (Post Partum IUCD Insertion)	Per case		Rs. 150/-	ANM / MO	At the end of the month	NUHM	As per guidelines of PPIUCD Scheme. In case of PPIUCD ASHA shall also be eligible for the IUCD incentive i.e she will get IUCD incentive of 500/- and an incentive of 150/- for PPIUCD.
3.11	PAIUCD (Post Abortion IUCD Insertion)	Per case		Rs. 150/-	ANM / MO	At the end of the month	NUHM	As per guidelines of PAIUCD Scheme.
3.12	Full Immunization upto measles / MR (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 / MR ) in first year of age.
3.13	Full Immunization (Child upto 2 year age)	Per Child		Rs. 50/-	ANM	At the end of the month.	(RCH)	Receipt of all vaccination prescribed in 2 <sup>nd</sup> year of life ( applicable to children completing full immunization up to measles / MR before one year)

  
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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
3.14	Mobilization of children for outreach session	Per outreach session	Not more than 1 session per month	Rs. 150/-	MO/MOIC/AN M	At the end of the month.	(RCH)	As per guidelines of Child Health Scheme.
3.15	Field salt testing under NIDDCCP Program	Testing of atleast 50 salt samples in the mth.	Testing of atleast 50 salt samples in the mth.	Rs. 25/-	MO/MOIC/AN M	At the end of the month.	NIDDCCP	As per guidelines of NIDDCCP Program
3.15	Completion of DOTS therapy.	Per case for completion of DOTS therapy.	--x--	1000/- for fresh cases 1500/- Retreatment cases 5000/- MDR Cases	DOTS Center In charge.	After completion of therapy.	Revised National Tuberculosis Control Programme.	As per program guidelines
3.16	NLEP	Facilitating case diagnosis For follow up & Completing treatment MB For follow up & Completing treatment (PB)	250/- 600/-	MO	At the confirmation of diagnosis On completion of 12 month course On completion of the treatment	NLEP	NLEP	As per program guidelines

*D. N. Singh*  
27/12/2018

**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 required at ASHA Level.**

In order to allow ASHA to utilize her time and resources more effectively, the paperwork and documentation should be minimal at level of ASHA. Only the following records must be maintained/ submitted by all ASHAs:

1. **ASHA Diary has to be duly 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 most vulnerable and marginalized households & individuals.
  2. **Household Survey:** The register provided for household survey must be maintained and updated, ensuring that each household is surveyed in detail at least once in six months as per format given. Events such as pregnancy, child birth, immunization, detection of diseases/disability/deaths etc are to be updated on real time basis. Survey of any new household in her area must be undertaken immediately.
  3. **HBNC Form:** - the forms have to be duly filled and handed over to ANM after completion of HBNC visit.
  4. **First information report** to be submitted in the simple prescribed format for infant/maternal mortality .
  5. **Regarding photocopy /requirement for incentive payment:** No photo copies /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 health facility register if so required. Verification from the Post delivery / post abortion discharge slip mentioning PFIUCD/ PAIUCD insertion shall suffice . 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.

  
State ASHA Nodal Officer