

GOVERNMENT OF NAGALAND
NATIONAL RURAL HEALTH MISSION
DEPARTMENT OF HEALTH AND FAMILY WELFARE
KOHIMA, NAGALAND

NRHM/NL/3/19/2011/ 3865

/ Kohima, 18th April 2013

OFFICE MEMORANDUM

Subject: Incentive for ASHA.

Accredited Social Health Activist (ASHA) is the mainstay of National Rural Health Mission (NRHM) to take the health services to the doorsteps in rural areas especially to mothers and children, who find it difficult to access health services.

ASHAs are honorary volunteers and they do not receive any salary or honorarium. They are compensated by various performance based incentives. The list of ASHA incentives under different programme sources with the amount is given below:

No.	Activity	Incentive	Eligibility	Source
1	Incentive under JSY	600	Facilitating ANC and Institutional Delivery (may not necessarily escort but should have compulsorily prepared Birth plan for PW atleast one month ahead of EDD)	RCH-MH
2	Home visits for providing Postnatal and New born Care for mother and new born	250	After completion of scheduled sets of 6/7 home visits and facilitating registration of PW under MCTS	ASHA
3	Incentive under immunization programme for routine immunisation	150	Mobilization of Children for immunization session	UIP
4	Complete Immunisation	100	After a Child completes All doses of immunization for BCG, DPT, OPV, Measles, and Hepatitis-B and Vitamin A Supplementation	UIP
5	Counseling and motivation of women for Tubectomy /DPL surgery and follow up visit of the cases	150	Should be a case of successful referral i.e. procedure actually done	RCH-FP
6	Counseling and motivation of men for Vasectomy/NSV operation and follow up visit	200	Should be a case of successful referral i.e. procedure actually done	RCH-FP
7	Motivation for IUCD insertion	20	Should be a case of successful referral i.e. procedure actually done	RCH-FP
8	Identification of Malaria cases – RD/Treatment and follow up:		On submission of samples and report	NVBDCP
	For every blood collection	5		
	RDT (Positive and complete Treatment)	20		
	Blood collection positive and complete treatment	50		
9	Identification of TB cases, and successful completion of DOTS	250	If ASHA is a notified DOTS provider and upon completion of treatment	RNTCP
10	Testing of 50 salt samples/ month	25	On submission of report	NIDDCP
11	RBSK	150	Yet to be notified	
12	Scheme of “utilizing services of ASHAs for delaying first child birth after marriage and have 3 year’s spacing between 1st and 2nd child”		On submission of reports of couples counseled and registered and their successful adherence to prescribed time period	ASHA

	1. Spacing of 2yrs after marriage: @ Rs.500/couple counseled	500		
	2. Spacing of 3 yrs after the birth of 1 st Child: @ Rs.500/couple Counseled.	500		
	3. Permanent limiting method after two children: @ Rs. 1000/couple counseled	1000		
13	VHND	150	Participation and taking active role in organizing the VHND with the VHSC.	Village Untied Fund
14	MDR	200	Reporting of deaths of women 15-49 years of age in the community to the block MO within 24 hours of occurrence of death by phone	Health Centre Untied Fund
15	Reporting of all deaths and births	25	Reporting of deaths and births and on submission of reports	From fund released to DHS
16	Detection, referral, confirmation and registration of Leprosy case		On submission of reports	NLEP
	1) For every successful completion of the MDT course by the patient	250		
	2) Completion of treatment with MDT to PB patient	150		
	3) Detection of Leprosy cases by ASHA (Per patient)	100		
17	Identification and Motivation for surgery of Cataract cases	150	For successful motivation and escorting of cataract patients for cataract operation	NPCB

All personnels concerned should facilitate the timely and proper payment of incentives to ASHAs.

Sd/-

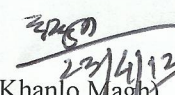
Shri Sentiyanger Imchen, IAS
Commissioner & Secretary to Govt. of Nagaland
Department of Health & Family Welfare

NRHM/NL/3/19/2011/

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Copy to:

1. Principal Director, DoHFW, for information please.
2. The Chief Medical Officer, Kiphire/ Longleng/ Peren/ Zunheboto/ Wokha/ Phek/ Mon/ Tuensang/ Kohima/ Dimapur/ Mokochung, with a request to disseminate/ circulate this information to all the health units in respective districts.
3. All District RCH Officers
4. Ms. Preeti Pant, Director, NRHM-III, MoHFW, GoI.
5. Dr. T. Sundararaman, Executive Director, NHSRC.
6. Dr. Rajani R.Ved, Advisor, Community Participation, NHSRC.
7. Dr. Garima Gupta, Consultant, Community Participation, NHSRC.
8. Dr. A. C. Baishya, Director, RRC-NE, Guwahati.
9. Regional Coordinators, Community Mobilisation, RRC-NE, Guwahati.
10. State Programme Officer, RNTCP/ NVBDCP/ NLEP/ RCH/ NIDDCP/ NPCB/ UIP
11. Guard file.
12. Office copy.


(Dr. Khanlo Magh)
Mission Director