



# **ASHA BENEFIT SCHEME Meghalaya**

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# Introduction

The ASHA programme is a critical component of the National Rural Health Mission (NRHM) launched in 2005 in the Country. It represents the selection and deployment of a woman community health worker, resident in the village and who would enable support to the health programme at the community. With the implementation of the 2<sup>nd</sup> Phase of NRHM Programme, the ASHA programme has become an inherent part and truly a backbone of the Health system.

The state of Meghalaya at present has 6258 ASHAs in place and in the state the ASHA in every village is/has been selected by the Members of the Village Council (Dorbar Shong) with adequate representation of members of the community , health department etc., and is also the Member Secretary of the Village Health Sanitation & Nutrition Committee.

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# Key Features

## The State ASHA Benefit Scheme:

- A Government of Meghalaya initiative.
  - Introduced in the year 2011-12.



# Rationale

- Across the 7 (seven) Districts of the State, most ASHAs are receiving Rs. 150/- to Rs. 1000/- per month as incentive for performing different activities & providing various services spelt out under various programmes. In West Garo Hills District, ASHAs are reportedly earning from Rs.1000 to 1800 a month as incentive from JSY as institutional Deliveries escorted by ASHA are high especially from areas like Dalu PHC & Lalmati village under Sellsella Block.
  - Currently the ASHAs incentives are mainly dependent on the Village Health & Sanitation Committee for conducting Village Health & Nutrition Day and on the JSY payment. With new intervention brought by different programmes the scope of monthly earning of an ASHA have increased.
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# Rationale cont .....

- As mentioned earlier almost all payments for ASHA are from JSY incentive , Immunization sessions (UIP) & VHND being the second most regular source of income.

However, the incentive earned by the ASHA particularly from programmes/Schemes like JSY, Family Planning, and other vertical Programmes will depend a lot on the number of beneficiaries she could get in a month from her village. Incentives from all the above mentioned sources are useful, but do not add up to a significant sum, per ASHA.

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# Objective



- Retain the ASHAs for long term in the system.
- Avoid turnover or dropouts.
- providing additional support by providing additional monetary benefit.
- Improve service delivery to the community and make her more effective as a community health worker.
- Motivate by providing constant support through supportive supervision.

# Support provided

- ASHA is an honorary volunteer and does not receive any salary or honorarium. Her work is tailored in such a way so as it does not interfere with her normal livelihood.
  - The ASHA is currently compensated for her time she dedicates for providing essential & basic services to the people in her community
  - **Under this scheme the ASHA will be paid a matching amount of incentive that she earned during a particular year from both NRHM programme & Vertical programme alike.**
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# Eligibility for payment

Eligibility criteria for payment incentive to the ASHA will depend upon the:

- ✓ fulfillment of criteria's laid down under different programme / schemes of NRHM & Vertical programmes alike.
- ✓ Cross verification/ validation to made by the ANM/ASHA Facilitator/ MO I/C.
- ✓ Voucher/ payment slip to be submitted to the PHC accountant for payment.

**Payment** : Payment of incentive to the ASHA under the ABS will be made annually (i.e. in the month of March every year before the end of the financial year)

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# **Outcome :**

- **Improved service delivery to the community.**
    - **Ownership of the programme.**
    - **Motivated and Empowered ASHAs**
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# IEC published in leading news paper of the State

## ASHA BENEFIT SCHEME



### COMPENSATION TO ASHA:

1. ASHA would be an honorary volunteer and would not receive any salary or honorarium. Her work would be so tailored that it does not interfere with her normal livelihood.
2. ASHA will get a compensation package as per the rate and fund linkage as seen on the table



Sr. No.	Heads of Compensation	Expected Compensation	Matching State Compensation	Source of Fund/Fund linkage
<b>1. Jansari Suraksha Yojana (JSY)</b>				
1.1	JSY - follow-ups of pregnancy & accompanying the pregnant mother for delivery to the nearest health institution.	Rs. 350/-	Rs. 350/-	Fund from JSY scheme.
<b>2. Village Health and Nutrition Days (VHND)</b>				
2.1	For organizing the Village Health and Nutrition Day (VHND) at the village.	Rs. 100/-	Rs. 100/-	From unted fund of Village Health Sanitation & Nutrition Committee (VHS&NC).
2.2	For organizing the Village Health Sanitation and Nutrition Committee Meeting (VHS&NC) at the village.	Rs. 150/-	Rs. 150/-	
<b>3. Immunization</b>				
3.1	Mobilization of beneficiaries to immunization sites	Rs. 150/- per session	Rs. 150/- per session	Fund from Routine Immunization Program under UIP.
3.2	On completion of Full Immunization	Rs. 100/- per beneficiary	Rs. 100/- per beneficiary	
3.3	Alternate Vaccine Delivery	Rs. 100/-	Rs. 100/-	
<b>4. Family Planning &amp; Sterilization</b>				
4.1	Motivation of women for Tubectomy sterilization	Rs. 150/-	Rs. 150/-	Sterilization Compensation under Family Planning Fund.
4.2	Motivation for Vasectomy sterilization or No Scalpel Vasectomy (NSV)	Rs. 200/-	Rs. 200/-	
4.3	For ensuring spacing of 2 years after marriage and on complete follow up of the same.	Rs. 500/-	Rs. 500/-	
4.4	For ensuring spacing of 3 years after birth of first child and on complete follow up of the same.	Rs. 500/-	Rs. 500/-	
4.5	For ensuring Permanent limiting method up to 2 children	Rs. 1000/-	Rs. 1000/-	
<b>5. Child Health</b>				
5.1	For conducting home visits for the care of the new born and post partum mother.	Rs. 250/-	Rs. 250/-	Fund under Child Health -HBNC.
5.2	For motivating mothers for 2 days nutritional care of their malnourished/LBW child at Nutritional Rehabilitation Centre (NRC)	Rs. 100/-	Rs. 100/-	Fund under Child Health- Nutritional Rehabilitation Centre (NRC)
<b>6. Maternal Health</b>				
6.1	For report maternal death within 24hours to the ANM I.C. Sub-Centre or MO IC -PHC.	Rs. 50/- per death reported	Rs. 50/- per death reported	Maternal Health-Maternal Death Review(MDR)
<b>7. Other National Disease Control Programs</b>				
7.1	Revised National Tuberculosis Control Programme (RNTCP)	Rs. 250/- (after completion of	Rs. 250/- (after completion of DOT	RNTCP

### \*\*Note:

This is only an indicative estimate regarding incentives which ASHA are entitled and may also be treated as the minimum incentives which an ASHA might obtain per month, based on this compensation package.

1. Other National Disease Control Programs				
7.1	Revised National Tuberculosis Control Programme (RNTCP)	Rs. 250/- (after completion of DOT treatment)	Rs. 250/- (after completion of DOT treatment)	RNTCP
7.2	National Leprosy Eradication Programme (NLEP)	Rs. 100/- for registration of leprosy case and Rs. 200/- for successful completion of Pauci bacilli Cases and Rs. 400/- for successful completion of Multi bacilli cases.	Rs. 100/- for registration of leprosy case and Rs. 200/- for successful completion of Pauci bacilli Cases and Rs. 400/- for successful completion of Multi bacilli cases.	From National Leprosy Eradication Programme (NLEP) fund.
7.3	National Blindness Control Programme (NPCB)	Rs. 175/- for identifying, escorting and caring after operation for each cataract cases	Rs. 175/- for identifying, escorting and caring after operation for each cataract cases	NPCB fund.
7.4	National Vector Borne Disease Control Programme (NVBDCP)	Rs. (5+50) for collections of blood slides and after completion of treatment)	Rs. (5+50) for collections of blood slides and after completion of treatment)	NVBDCP fund.
7.5	National Iodine Deficiency Disease Control Programme (NIDDCP)	Rs. 25/- per month for testing 50 salt sample per month.	Rs. 25/- per month for testing 50 salt sample per month.	NIDDCP fund.



Issued in Public Interest by:

**National Rural Health Mission, Meghalaya**

# Picture Gallery





**Thank you**

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