



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

वन्दना गुरनानी, भा.प्र.से.

**Vandana Gurnani, I.A.S.**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

Additional Secretary & Mission Director (NHM)

**D.O.No.V-18015/4/2020-NHM-II**

**20<sup>th</sup> April 2020**

*Dear Colleagues,*

I take this opportunity to acknowledge the tremendous efforts being made by the ASHAs across the country, under your leadership and guidance, in undertaking a range of community-based interventions related to containment of COVID-19 spread. These include: community awareness through home visits on key aspects related to COVID 19 transmission and prevention, contact tracing, facilitating access to testing etc.

ASHAs are now undertaking several of these activities in a larger set of population and are visiting many more households rather than just those usually mandated, i.e. households with pregnant women, mothers, newborns and children, eligible couples, and those with chronic communicable and non-communicable diseases such as individuals requiring treatment for TB/Leprosy, hypertension or diabetes. In addition, under the recently launched guidance for non-COVID-19 related Essential Services, ASHAs have been given the added responsibility of delivering medicines at home for chronic communicable and non-communicable diseases, undertaking home visits to elderly, ensuring that those on dialysis, or requiring blood transfusions, etc. are facilitated to access such services during the period of lockdown/restrictions.

As you are aware, the routine and recurring activities of ASHAs relate to updating due lists of pregnant women, immunization and eligible couples, updating Household listing and supporting universal birth and death registration, organizing VHSNC/MAS meetings, mobilizing mothers and children for VHND/UHND and attending PHC meetings for refresher trainings.

During the period of the lockdown/restriction, the routine and recurring activities have been continuing, albeit in a different form. Nonetheless, it is learnt that they have been working closely with sub center staff to organize immunizations in small batches, and have also closely worked with PRI members and other community members to undertake active surveillance in the community. Thus, it is requested that states should ensure that the incentive of Rs. 2000 to ASHAs for the routine and recurring activities is being paid in full. ASHAs should also continue to get other incentives for activities such as JSY, HBNC, etc., as per national/state norms during the course of this period as per the activities undertaken by them.

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In view of the additional workload on account of COVID related work, the Ministry had communicated vide the guidance note on operationalizing actions at outreach and community level and the role of FLWs, along with the letter dated 27.03.2020, that additional incentives of Rs. 1000 per month may be paid to ASHAs for undertaking COVID 19 related activities. It is clarified that under the "India COVID-19 Emergency Response and Health Systems Preparedness Package", these additional incentives may be paid to ASHAs for COVID related work, from the period of their engagement in this work between 01.01.2020 and 30.06.2020.

We also strongly urge that that in addition to these financial incentives, states ensure that ASHAs are supplied with adequate protective equipment so that their safety against the infection is ensured.

Please feel free to contact us in case of any clarification.

*with warm regards*

Yours Sincerely,

  
(Vandana Gurnani)

**Mission Directors - NHM of all States and UTs**