

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3759
ANSWERED ON:16.12.2011
DIFFICULTIES FACED BY ASHAS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of Accredited Social Health Activist (ASHAs) presently working in the country, State/UT-wise including Karnataka;
- (b) the States in which fixed monthly remuneration is being given to ASHAs alongwith the remuneration being given to them;
- (c) whether the Government has taken note of the low remuneration, promotion avenues and other difficulties faced by ASHAs;
- (d) if so, the details thereof;
- (e) whether any study has been conducted to evaluate the working of ASHAs and changes in IMR and MMR in States in which they are working;
- (f) if so, the details and outcome thereof; and
- (g) the remedial measures being taken/proposed to be taken to remove the difficulties faced by them alongwith their remuneration and promotion avenues?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

- (a): The State/UT wise number of Accredited Social Health Activists (ASHAs) presently engaged in the country including in Karnataka is Annexed.
- (b): ASHAs engaged are voluntary workers, hence no fixed monthly remuneration is paid to them under National Rural Health Mission(NRHM). They are paid performance linked incentives.
- (c)&(d): Issue of payment of fixed honorarium to ASHAs and their low remuneration was discussed in the meeting of Mission Steering Group(MSG) of NRHM held on 21.6.2011. The general consensus of the MSG was that it would not be desirable to provide fixed remuneration to the ASHAs. However enhancement of incentive amount as well as expansion of areas where incentive ` could be paid, could be considered so that the monthly honorarium available to ASHAs can go up substantially. The MSG also decided to involve ASHAs in motivational activities and payment of incentives for the same including home based new born care, distribution of contraceptives by ASHAs at the doorsteps of beneficiaries by charging nominal amount from the beneficiaries.
- (e) : A study `Evaluation of ASHA programme` was conducted in eight states by the National Health System Resource Centre (NHSRC).
- (f): The study does not attribute IMR/MMR changes to ASHAs work.
- (g): States have been asked to take following measures to improve working conditions of ASHAs, redress their grievances and to provide career advancement avenues to them.
 - (i) States to ensure rest rooms for ASHAs at district health Centres and other levels.
 - (ii) Priority may be given to eligible ASHAs in providing insurance under Rashtriya Swasthya Beema Yojana(RSBY).
 - (iii) Issue identity cards to ASHAs.
 - (iv) Periodical reviews should be done to ensure that there is no laxity in the payment of incentives to ASHAs.
 - (v) Organise ASHA sammelans and ASHA divas at least once in three months to evaluate performance of ASHAs and solve their issues.
 - (vi) Preferential treatment be given to ASHAs who have served 10 years or more while selecting candidates for appointment of ANMs. 10% of the seats should be earmarked in nursing schools/colleges for ASHAs, who have the required educational qualification and at

least 5 years of experience.