

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

UNSTARRED QUESTION NO:5921  
ANSWERED ON:11.05.2012  
ACCREDITED SOCIAL HEALTH ACTIVISTS  
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**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) whether the incentives given by the Government under Accredited Social Health Activist (ASHA) Programme have generated a bias in ASHA's work activities by shifting their attention from the community participation to health services system;
- (b) if so, whether the programme is being perceived as an extension of health service system instead of a scheme from community participation in healthcare as envisaged in the National Rural Health Mission; and
- (c) the steps taken by the Government to correct the situation and promote community participation under NRHM?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) & (b) The Mission envisages strengthening of healthcare delivery system as well as building up a strong community participation in States especially in rural areas through the involvement of ASHAs. Performance based monetary incentives are provided to ASHAs to motivate them for improving the service delivery mechanisms in States. The recent evolution study conducted by National Health System on ASHA programme shows nearly 58% of PRI members said about active participation of ASHAs in Village Health, Sanitation and Nutrition Committee (VHSNC), 70% PRI members reported that the ASHA was active in conducting community level meetings and 74% of PRI reported that all sections of the community benefits from the ASHA's activities. Thus, good healthcare delivery requires active community participation and therefore the two are essentially complementary.

(c) The Steps taken by the Government for the promotion of community participation include the following;

# Government had constituted Advisory Group on Community Action (AGCA) to facilitate community monitoring process and to advise on ways of developing community partnership and ownership for the Mission.

# Over 5 Lakhs Village Health, Sanitation and Nutrition Committees (VHSNC) have been set up at villages in the country to promote decentralized planning process with the participation of local elected representatives. States are asked to make these committees as subcommittee of Gram Panchayats.

# Rogi Kalia Samitis have been constituted at different facilities to ensure involvement of the communities in over-seeing the provisioning of health care and to redress the public grievances.

# NRHM provides for a rigorous monitoring mechanism through Annual Common Review Mission. The members of these review missions include representatives from Civil Society Organisations with mandate on overseeing the community involvement in the implementation of the Mission.

# Over 8 lakhs ASHAs have been selected and placed for the promotion of safe motherhood, institutional deliveries, awareness generation etc.

# States are asked to constitute District Level Vigilance and Monitoring Committees to monitor the progress implementation of NRHM.

# The Government also support the States through State Programme Implementation Plan for activities related to Community based monitoring.