

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

UNSTARRED QUESTION NO:1432
ANSWERED ON:18.07.2014
ASHAS AND ANMS
Mahajan Smt. Poonam

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the total number of Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) appointed under National Rural Health Mission (NRHM) in the country, State/UT-wise;
- (b) the details of their functions and wages/incentives provided to them;
- (c) whether the Government has received any demand from ASHAs and ANMs workers for regularisation of their posts;
- (d) if so, the details thereof and the response of the Government thereto; and
- (e) the steps taken/being taken by the Government for improvement of the functioning of the ASHAs and ANMs in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a): There are 8.95 Lakh ASHAs and 72616 ANMs engaged under the National Rural Health Mission (NRHM). The state/UT wise details are placed at Annexure I.

(b): The roles and responsibilities of ASHA as envisaged under NRHM are as below:

- (i) A facilitator or link worker – where there is low use of health services, the ASHA enables people to access health services
- (ii) A volunteer and activist- to enable access to health entitlements and reaching the marginalized.
- (iii) A community level care provider- important for her credibility, to respond to local health needs, particularly in underserved areas. ASHAs play an instrumental role in providing home based newborn care through regular home visits in the community.

ASHAs are given performance based incentives in line with their role as honorary volunteers. The list of incentives at national level is at Annexure II.

However, the States may propose and obtain approval for other incentives for ASHAs.

The ANMs are trained frontline health workers. Their role is to provide primary healthcare services at the village level. The services provided by them mainly include promotive and preventive services like; immunization, ANC registration and Check up, family planning counselling, treatment for minor ailments etc. They are given a monthly remuneration as per the norms existing in the state. Further, certain states also provide incentives to ANMs for activities like ensuring timely ANC, serving in difficult/tribal areas etc.

(c) & (d): In the recent past, requests have been received seeking fixed monthly honorarium for ASHAs. The issue has been examined on many occasions and it has been decided to continue with the existing system of performance based incentives in line with the role envisaged for ASHAs under the Mission as honorary volunteers. As regards regularisation of ANMs, under NRHM, the Union Government provides financial support to States /UTs to strengthen the health systems. This includes support for engagement of health workers like ANMs on contractual basis only. This is because NRHM was originally approved by the Cabinet for a period till March 2012 and subsequently has been extended for period till March, 2017 only.

(e): Government has taken various steps to improve functioning of ASHAs and ANMs. In order to motivate the ASHAs at the national level, new activities for ASHAs incentives have been introduced, while the rates of existing incentives have been also been enhanced. States have also been given the flexibility to design appropriate incentives for ASHAs.

A proposal for certification of ASHAs through National Institute of Open Schooling (NIOS) has also been approved. Public Health being a state subject, states have also been requested to,-

(i) identify ASHAs who aspire to obtain academic qualification for Class X or Class XII and to support their registration with the National Institute of Open School (NIOS),

(ii) give priority in admissions into ANM/GNM Training Schools to those ASHAs who are otherwise eligible,

(iii) put in place ASHA rest rooms and grievance redressal mechanisms for ASHAs.

With regard to ANMs, States have been requested to undertake their skill assessment and train them as per the identified gaps besides providing training on skills like IUCD insertion, SBA etc. States have also been supported and encouraged to set up skill labs to refine their clinical skills.