

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 3830
TO BE ANSWERED ON 24th MARCH, 2017**

ASHA PROGRAMME

**3830. DR. PRABHAS KUMAR SINGH:
SHRI RAM PRASAD SARMAH:**

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

- (a) whether National Accredited Social Health Activist (ASHA) monitoring group has been constituted for ASHA programme;
- (b) if so, the objectives thereof;
- (c) the names of the members of the said Committee along with the time since when they are members of the Committee;
- (d) the details of selection process, tenure and the expense incurred thereon and the outcome of the research conducted by such body;
- (e) the total number of ASHA workers selected in the country, the details thereof, State-wise including North Eastern region; and
- (f) whether the Government has taken such steps to ensure that every village should have at least one ASHA activist in remote and tribal dominated areas like North Eastern region, if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)**

(a) to (c): The Monitoring of ASHA programme is done through field visits and is part of Annual Common Review Mission of NHM. However the Ministry has set up a National ASHA Mentoring Group (NAMG) comprising of leading NGOs and well known experts on community health for supervision and support to the ASHA Programme. The objectives of NAMG is at Annexure-I. The names of the members along with the time since when they are members of NAMG is at Annexure-II.

(d): Under NAMG, except for the provision of state nodal officers who are Ex-officio members, with a tenure of two years each, there is no fixed tenure of the members. Consequently, a person after being nominated to the NAMG remains a member till the next reconstitution of NAMG. On reconstitution of NAMG she / he continue to be a member if her/his name has been retained in the reconstituted NAMG.

No honorarium is paid to the NAMG members. They provide their support and advice on voluntary basis. Only their travel and stay costs are borne, on 'actual basis' when they attend the NAMG meeting, or when they conduct a visit to a state to provide support to the state (which is part of their role as per the objectives of NAMG).

No research is conducted by NAMG. They provide their advice for giving direction to the ASHA programme, which includes guidance on the studies related to the programme. 'ASHA – Which Way Forward, Evaluation of ASHA Programme' is one such major study for which NAMG has provided their advice.

(e): The status of ASHAs selected under NRHM State-wise including North Eastern region is at Annexure-III.

(f): Public Health is a State subject. Under the National Health Mission (NHM), support is provided to States/UTs for strengthening their healthcare system including support for Accredited Social Health Activists (ASHAs) based on proposals received from State/UT governments. The Implementation of NHM including selection of ASHAs lie in the domain of the States. As per the guidelines, ASHAs are selected based on population norm of one ASHA per 1000 population, however in tribal, hilly and desert areas the norms can be relaxed to one ASHA per habitation, depending on the workload, geographic dispersion, and difficult terrain.

Objectives of National ASHA Mentoring Group:

1. Provide technical guidance and inputs for policy to the Ministry of Health and Family Welfare on overall implementation and development of the ASHA Programme.
2. Identify one or few a states and provide on-site Mentoring through periodic supportive supervision visits.
3. Meet on a bi-annual basis to share the major observations and provide assessment reports related to programme progress, challenges and innovations across different states.
4. Identify constrains; provide feedback and strategic recommendations to the Ministry of Health and Family Welfare and state officials for appropriate interventions.
5. Support in undertaking programme evaluation at regular intervals, to enable evidence based understanding of programme effectiveness and propose strategies for improved outcomes.
6. Facilitate scale up of ASHA trainings through-serving as training site, supporting in identification or selection of trainers, assisting in training curriculum design and providing inputs for/developing training material.
7. Identify the emerging priorities and support in planning future goals to enable long term sustenance of the programme.

Present List of NAMG members and date since they are member

| | Name of NAMG member | Date of becoming NAMG member |
|---|--|-------------------------------------|
| 1 | Ms. InduCapoor Director Centre for Health Education, Training and Nutrition Awareness (CHETNA), Supath-II B Blcok, 3rd Floor, OppVadaj Bus Terminal, Ashram road, Vadaj Ahemadabad-380013, Gujarat | 5 July 2005 |
| 2 | Dr.NupurBasu Advisor-CINI Training Child In Need Institute (CINI), Vollage& PO Daulatpur, Via Joka, Dist South 24 Pargana, West Bengal-700104 | 6 August 2009 |
| 3 | Dr. N F Mistry Director Foundation for Research in Community Health (FRCH), 84 A, RG Thadani Marg, Worli, Mumbai- 400018, Maharashtra | 6 August 2009 |
| 4 | Dr.AlokMukopadhyay CEO Voluntary Health Association of India (VHAI), B-40, Qutab Institutional Area, New Delhi- 10016 | 5 July 2005 |
| 5 | Dr.Abhay Bang Society for Education, Action and Research in Community Health (SEARCH), Shodhgram, P O & District- Gadchiroli (Maharashtra)- 442605 | 5 July 2005 |
| 6 | Dr.Prabir Chatterjee Executive Director State Health Resource Centre, BijliChowk, Kalibari, Raipur, Chhattisgarh | 17 May 2014 |
| 7 | Dr. H. Sudarshan Secretary Karuna Trust, 686, Karuna Trust 16th A main, 38th Cross Jayanagar, T Block Banglore- 560041 | 5 July 2005 |

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| 8 | Dr. M. R. Rajagopal Chairman Pallium India S-10, Vrindavan Gardens, Opposite Pattom Traffic Police Station, Pattom, Trivandrum 695004, Kerala | 13 December 2012 |
| 9 | Dr. Rakhal Gaitonde SOCHARA, C/o Balamandir Research Foundation, 31, Balamandir Compound, Prakasam Street, Chennai-600017 | 13 December 2012 |
| 10 | Dr. Prashant K Tripathy Ekjut, Plot 556B, Potka, Chkradharpur, West Singbhum- 833102 Jharkhand | 13 December 2012 |
| 11 | Ms. Sulakshana Nandi State Convenor Public Health Resource Network 28, New Panchsheel Nagar, Near Katora Talab, Civil Lines, Raipur, Chhattisgarh-492001 | 13 December 2012 |
| 12 | Dr. Raman Kataria Jan Swasthya Sahyog, I-4, Parijat Colony Nehru Nagar Bilaspur - 495 001 Chhattisgarh, Bilaspur, Chhattisgarh | 15 April 2014 |
| 13 | Dr. Amod Kumar (Kant) St. Stephen's Hospital St. Stephen's Hospital Marg Tis Hazari Delhi 110401 | 13 December 2012 |
| 14 | Dr. Vikram Patel Sangath, 841/1, Behind Electricity Dept., Alto Porvorim, Bardez, Goa - 403 521 | 13 December 2012 |
| 15 | Dr. Armida Fernandez Founder Trustee SNEHA, SNEHA Behind Bldg. No. 11, BMC Colony Shastri Nagar Santa Cruz (West) Mumbai - 400 054 | 15 April 2014 |

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|-----------------|--|-----------------|
| 16 | Dr.RajaniVed NHSRC, NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi-110067 | 6 August 2009 |
| 17 ¹ | Ms. SrabaniMajumder, State NGO Coordinator, Department of Health & Family Welfare SwasthyaBhawan, GN- 29, Sector- 5, Salt Lake City,Kolkata – 700091 (West Bengal) | 11 January 2017 |
| 18 | Dr. Rajesh Jha General Manager(CP) & Nodal Officer(ASHA) SPMU-NRHM, Om Kailash Tower 19-A, VidhanSabhaMarg, Lucknow – 226 001 (Uttar Pradesh) | 11 January 2017 |
| 19 | Ms. ChubalaPongen State Programme Manager-CP, O/o Mission Director (NHM) Department of Health & Family Welfare, Govt. of Nagaland, RuziezouKohima, Nagaland-797001 | 11 January 2017 |
| 20 | Dr.Rajkumar. N, ASHA Nodal Officer, Deputy Director (FW & MH) Directorate of Health and Family Welfare Services Govt of Karnataka, Karnataka. | 11 January 2017 |
| 21 | Dr. Monika Rana State Program Officer Delhi State Health Mission 6th Floor, B-Wing, VikasBhawan, Civil Lines, Near Metcalf House, New Delhi – 110054 | 11 January 2017 |

¹ The members listed at serial no. 17 to 21 are State Nodal Officers made Ex-officio members for a period of two years.

Annexure-III

| Status of ASHAs Selected, Trained under NRHM (as on September'16) | | |
|--|-------------------|-----------------------|
| S.No. | States/UTs | ASHAs Selected |
| 1 | Bihar | 85708 |
| 2 | Chhattisgarh | 66713 |
| 3 | Himachal Pradesh | 32066 |
| 4 | Jammu & Kashmir | 11843 |
| 5 | Jharkhand | 40964 |
| 6 | Madhya Pradesh | 66289 |
| 7 | Odisha | 44583 |
| 8 | Rajasthan | 53983 |
| 9 | Uttar Pradesh | 147343 |
| 10 | Uttarakhand | 11086 |
| 11 | Arunchal Pradesh | 3826 |
| 12 | Assam | 30619 |
| 13 | Manipur | 4009 |
| 14 | Meghalaya | 6460 |
| 15 | Mizoram | 964 |
| 16 | Nagaland | 1887 |
| 17 | Sikkim | 641 |
| 18 | Tripura | 7590 |
| 19 | Andhra Pradesh | 39009 |
| 20 | Goa | 0 |
| 21 | Gujarat | 37191 |
| 22 | Haryana | 16677 |
| 23 | Karnataka | 32506 |
| 24 | Kerala | 33953 |
| 25 | Maharashtra | 58698 |
| 26 | Punjab | 18773 |
| 27 | Tamil Nadu | 3905 |
| 28 | Talengna | 29257 |
| 29 | West Bengal | 52225 |
| 30 | A & N Islands | 407 |
| 31 | Chandigarh | 17 |
| 32 | D & N Haveli | 338 |
| 33 | Daman & Diu | 80 |
| 34 | Delhi | 0 |
| 35 | Lakshadweep | 102 |
| 36 | Puducherry | 0 |
| Total | | 939712 |