

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2933  
TO BE ANSWERED ON 3<sup>rd</sup> AUGUST, 2018**

**REMUNERATION TO ASHA WORKERS**

**2933. SHRI N.K. PREMACHANDRAN:**

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

- (a) whether the Government proposes to utilise the ASHA workers more efficiently and if so, the details thereof;
- (b) whether the remuneration and facilities given to the ASHA workers are not sufficient and if so, the action taken by the Government to increase their remuneration and facilities;
- (c) whether the Government proposes to give scientific and technical training to the ASHA workers so as to meet the requirement of the village people and if so, the details of the action taken in this regard;
- (d) whether the Government also proposes to introduce a system for updating and monitoring the various issues in health sector through IT network in all villages by the ASHA workers; and
- (e) if so, the details of the action taken thereon?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): To enhance the competency and professional credibility of ASHAs through knowledge and skill assessment, a Tripartite Memorandum of Understanding (MoU) was signed between Ministry of Health & Family Welfare, National Institute of Open Schooling (NIOS) and National Health Systems Resource Centre (NHSRC) in 2014 for implementation of Certification of ASHA and Accreditation of associated Agencies in ASHA training under National Health Mission. Under this initiative, NIOS certifies/ accredits the following components of the program:-

- Training curriculum
- State Training Sites / District Training Sites
- Trainers
- ASHAs and ASHA Facilitators

In addition, Ministry has also developed a mobile Application called the Mobile Academy which is a modular course intended to test basic knowledge of ASHAs related to their day to day activities.

(b): Under the National Health Mission, ASHAs are envisaged to be voluntary health Activists and are entitled to task/activity based incentives. The quantum of incentives earned by the ASHAs depends on activities undertaken and the population covered by her. The incentives to ASHAs finalized at the national level are regularly reviewed by the Government and activities for which ASHAs would get incentives are expanded from time to time. In 2013 ASHA incentives enhanced for many activities and new incentives for routine and recurring activities were introduced to ensure that ASHAs get at least Rs. 1000/- per month. Thereafter, the Mission Steering Group of NHM approved incentives for ASHAs at the rate of Rs.100 for notification if suspect referred is diagnosed to be TB patient by MO/Lab in 2014, Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds Indoor Residual Spray in 2015 and Rs. 150/case for escorting or facilitating beneficiary to the health facility for the Post Abortion IUCD insertion in 2017. Under the Framework for Implementation of NHM, States have also been give the flexibility to design ASHA incentives.

(c): Under NHM, support is being provided to States/ UTs for training of ASHAs. The detailed training strategy of ASHAs is at Annexure. In addition, as mentioned in answer to (a) above, NHM is supporting certification of ASHAs through NIOS.

(d) & (e): No system has been designed at national level for updating and monitoring of health issues through IT network by ASHAs.

**Strategy for training of ASHAs under National Healthy Mission (NHM)**

- The mechanisms for training ASHAs have been institutionalized across all the states and ASHA trainings are designed at multiple levels using a pool of accredited trainers at national, state and district/sub-district level.
- All newly selected ASHAs undergo an eight days training to orient her on role and responsibilities and build skills for community rapport building and leadership and develop an understanding of the health system and rights-based approach to health.
- Subsequently, all ASHAs undertake a Twenty Days Skill based Training for key competencies in women and children's health and nutrition. This training is completed in four rounds within the first eighteen months of joining.
- In addition, states are also supported to plan up to fifteen days of training annually, in which either new topics and skills are being added or existing skills of ASHAs are reinforced through refresher training in areas where the ASHAs need further inputs. <sup>1</sup>
- As part of efforts to roll out Comprehensive Primary Health Care, ASHAs are now being trained in new skills to enable Universal Screening, Prevention and Management of Common Non- Communicable Diseases-Hypertension, Diabetes, Cancer Cervix, Breast and Oral Cancers. <sup>2</sup>
- A strong network of programme management structures has been built at state, district and sub-district level for necessary handholding and supervision of ASHAs, facilitates her work and makes her more effective.

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<sup>1</sup> Guidelines for Community Processes, Ministry of Health and Family Welfare, 2013

<sup>2</sup> DO-7(67)/2016-NHM-I Dated 11<sup>th</sup> January 2017, Operational Guidelines for Prevention Screening and Management of Common Non-Communicable Diseases, Ministry of Health and Family Welfare, 2016