

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

**LOK SABHA
UNSTARRED QUESTION NO.4477
TO BE ANSWERED ON 19TH JULY, 2019**

ANAEMIA IN WOMEN

4477. SHRI KAUSHALENDRA KUMAR:

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

- (a) whether according to a recent report, around 68 per cent of women in the country are anaemic;
- (b) if so, the steps being taken to make the women aware of this;
- (c) the provision of facilities to be given by the ASHA workers to the women in the country especially of rural areas;
- (d) whether the Government proposes to increase the honorarium of the ASHA workers; and
- (e) if so, the details thereof?

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

(a): According to National Family Health Survey (NFHS)–IV (2015-16), the prevalence of anemia among women aged 15 to 49 years is 53.1%.

(b): Government of India, Ministry of Health and Family Welfare has launched the Anaemia Mukht Bharat (AMB) strategy in April 2018 to address the issue of anaemia through life cycle approach.

One of the important components of this strategy is year-round intensive IEC/BCC campaign. This is a comprehensive communication strategy focusing on awareness generation through use of mass media, print media and IPC strategies.

(c): The provision of facilities to be given by ASHA workers to women in the country especially in rural areas are as follows-

- An ASHA undertakes steps to create awareness and provide information to the community and women beneficiaries on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions.

- She counsels women and families on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract
- She works with the Village Health, Sanitation and Nutrition Committee to develop a comprehensive village health plan, and promote convergent action by the committee on social determinants of health.
- She arranges escort/accompany pregnant women & children requiring treatment/admission to the nearest pre- identified health facility.
- She promotes construction of household toilets under sanitation campaigns.
- ASHA is provided with a drug kit containing a set of drugs like Tab. Paracetamol , Tab. Iron Folic Acid (L), Zinc Tablets, ORS Packets etc. that enable her to provide basic level care.

(d) & (e):

- While the ASHA is considered an “honorary Volunteer” and paid via performance linked incentives, there have been serious efforts at both national and state levels, to enable increase in financial remuneration and non-monetary incentives to the ASHAs.
- Performance based Incentives for ASHAs vary across the states based on local context.
- The amount of routine and recurring incentives for ASHAs has been increased from Rs.1000/month to Rs. 2000/month
- Under ASHA benefit package, the supervisory visit incentive for ASHA facilitators has been increased from Rs. 250 per visit to Rs. 300 per visit.
- Certain states have also introduced fixed monthly honorarium for ASHAs from the state budget.
- Many States are also providing a range of non-monetary incentives.
- The provision of social security to ASHAs in the form of medical and life insurance has also been provided in many states.