

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

**LOK SABHA
STARRED QUESTION NO. 38
TO BE ANSWERED ON THE 21ST JULY, 2023**

ROLE OF ASHA WORKERS IN INSTITUTIONAL DELIVERIES

†*38. SHRI VISHNU DAYAL RAM:

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

(a) whether the Government has reviewed the contribution of Accredited Social Health Activists (ASHAs) in health awareness across rural areas including improvement in institutional deliveries, reduction in Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR); and

(b) if so, the details and the outcome thereof?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR MANSUKH MANDAVIYA)**

(a) & (b) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 38 FOR 21ST JULY, 2023**

The ASHA programme is vital to achieve the goals of community engagement with the health system and is one of the key components of the National Health Mission (NHM). Under NHM, the performance of various health programmes, including ASHA programme, is reviewed through meetings, video conferences & field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. The following review studies have been undertaken by the Government of India under the National Health Mission.

An evaluation of ASHA programme was conducted by National Health Systems Resource Centre (NHSRC) to understand the characteristics of the ASHA, her beneficiaries and her support structures, her roles and to use findings and recommendations of the evaluation to provide feedback to programme managers, ASHAs and other key stakeholders and enable modifications to strengthen the ASHA programme. The evaluation was done in 16 States in three rounds as under:

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| Round one (2010-11) | Assam, Bihar, Odisha, Rajasthan, Jharkhand, Andhra Pradesh, Kerala and West Bengal |
| Round two (2011-2012) | Madhya Pradesh, Uttar Pradesh and Uttarakhand |
| Round three (2013-14) | Delhi, Gujarat, Haryana, Punjab and Maharashtra |

The study highlights the tasks and functionality indicators related to counselling women on all aspects of pregnancy, accompanying women for delivery, visiting newborns for advice/care, common childhood illness – early and appropriate response and Village meeting or any collective meetings for health promotion etc. In some States, programme appears to be institutionally focused on facilitation for JSY and immunization. It has better linkages with the ICDS programme and this has provided more newborn care. The study gives the State-wise output on each task and functionality indicators. The detailed findings of the first round of the study can be accessed through the provided link.

The study **“Program Evaluation of Janani Suraksha Karyakram”** aimed to achieve several objectives related to maternal healthcare and the Janani Suraksha Yojana (JSY) scheme was conducted in the year 2010. The scheme was evaluated in the eight high-focus states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and Uttarakhand, which together account for 84.3% and 66% of India's maternal mortality and infant mortality respectively. The objective of the study was to assess the availability and quality of healthcare services for pregnant mothers before, during, and after delivery. Secondly, it evaluated the capacity of different health institutions, including their bed occupancy rates and trends in institutional deliveries. The study also examined the quality of services provided by Accredited Social Health Activists (ASHAs) and explored ways to improve the cash incentives for effective program performance. Additionally, the research investigated the fund flow mechanism for administering the JSY scheme, ensuring timely payments to beneficiaries, and the procedures for random verification of beneficiaries. Lastly, the impact of JSY services on maternal mortality rate and infant mortality rate was analyzed. The detailed report may be accessed at the link: [JSY Programme Evaluation.pdf \(nhsrcindia.org\)](#).

The study found that JSY scheme has led to a noticeable rise in institutional deliveries, evidenced by various sources such as population surveys like DLHS-III and UNICEF evaluation studies, HMIS secondary data, and phase I and II studies. It was seen that even if the ASHA did not directly convince the pregnant woman, her health education to the community and her pressure have an influence. A large number of women reported ASHA as the source of information on JSY and the reasons for opting for institutional delivery show the influence of ASHA. ASHA has also promoted antenatal care and makes post natal visits more than any other healthcare worker.
