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भारत सरकार

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

D. O. No. H-11016/1/2012-NRHM-II
Dated the 22nd August 2012

PSH
30/8
MD, NRHM
M. Ashraf
Dear Vini,

✓
MD/NRHM
DFW

A reference is invited to recommendation no. 79 on the **Committee of Empowerment of Women in 11th Report of 15th Lok Sabha on Working Condition of ASHA** wherein committee has recommended increasing educational qualification upto 10th standard for future selection of ASHAs. Though the committee has accepted the qualification of 8th standard, it has however advised the Ministry to follow 10th standard as a desirable qualification for selection of ASHA in the areas where sufficient number of candidates with qualification of 10th standard are available. In view of this recommendation of the Committee, it is requested to consider giving due preference in selection to those women as ASHAs who are qualified atleast upto 10th standard in areas where 10th standard pass women interested in becoming ASHAs are available in good number. However this condition should not be made applicable to existing ASHAs and should be applied only where new ASHAs are to be selected. It is also suggested that existing ASHAs should be encouraged to become matriculate and also 12th Pass so that they may become eligible to become an ANM. It is further informed that suitable directions may be issued to concerned districts and block officials to ensure that the selection of ASHA is conducted in a fair and transparent manner.

With regards,

Your Sincerely,

(Manoj Jhalani)

Mrs. Vini Mahajan (IAS)
Principal Secretary (Health & FW)
Department of Health & Family Welfare
Government of Punjab
R. No. 426, 4th Floor, Mini Secretariat
Sector 9, Chandigarh, Punjab-160009

Diary No. NRHM/PB/2012/11567
Dated 06/09/12

06-40

(Recommendation Para No. 79)

5. The Committee in their original report, *inter-alia*, emphasized the need to revise qualification and method of appointment of ASHAs and recommended as under;

The Committee note that ASHA primarily is a woman resident of the village (married, widowed, divorced) and preferably in the age group of 25 to 45 years and she is required to have formal education upto 8th Standard. The Committee also note that the final selection of ASHA is made by Gram Sabha out of three names shortlisted by Block Nodal officer and facilitators. The Committee feel that the educational qualification for the appointment of ASHAs i.e. 8th standard is not enough to render primary medical help for minor ailments. The Committee, therefore, recommend that the educational qualification for ASHAs may be increased to 10th Standard for future appointments and no relaxation should be made in the educational qualification by the State Government without the consent of the Central Government. The Committee also feel that to rule out favouritism and nepotism in the selection of ASHAs by gram sabhas, the process of selection may be monitored by block level and district level officers.

6. The Ministry of Health and Family Welfare in its action taken reply on the aforementioned recommendation had, *inter-alia*, stated as under:-

"States need flexibility in ASHA selection to ensure meeting the criteria of local selection, and representation of marginalized communities. Making 10th Standard as mandatory minimum educational qualification of ASHA without giving any flexibility to the State Government may result in poor coverage of ASHA in areas where they are needed the most i.e. amongst the marginalized communities. As per the recent evaluation conducted by the National Health Systems Resource Centre (NHSRC) the mandatory requirement of Class X in West Bengal has meant that in tribal blocks of West Bengal, no ASHA have been selected. In Kerala, in selected tribal blocks, because of the paucity of candidates that meet the educational qualification, ASHAs are not selected from the local community. So the minimum qualification should remain Class VIII pass. In many places, women with much higher educational qualification also are working as ASHAs. State Governments have been advised to enforce the Class VIII pass criteria in selection of ASHAs and not to relax any condition without prior approval of the Government of India.

As per the guidelines for selection of ASHA issued by the Ministry, District Health Society is required to oversee the process of selection of ASHAs. The Society has to designate a District Nodal Officer, preferably a senior health person, who is able to ensure that the Health Department is fully involved."

Comments of the Committee

7. Observing that the educational qualification for the appointment of ASHAs i.e. 8th standard is not enough to render primary medical help for minor ailments, the Committee, in their original report, had recommended that the educational qualification for ASHAs may be increased to 10th Standard for future appointments and no relaxation be made in the educational qualification by the State Governments without the consent of the Central Government. To rule out the possibility of favouritism and nepotism in the process of selection of ASHAs by Gram Sabhas, the Committee also recommended that the process of selection might be monitored by block level and district level officers.

The Ministry of Health and Family Welfare in their action taken reply have, *inter-alia*, stated that States need flexibility in ASHA selection to ensure meeting the criteria of local selection, and representation of marginalized communities. Making 10th Standard as mandatory minimum educational qualification of ASHA without giving any flexibility to the State Government may result in poor coverage of ASHA in areas where they are needed the most i.e. amongst the marginalized communities. In view of the fact that NRHM is a central scheme but implemented through the state Governments, the Committee find some justification in the reply of the Ministry that the States need some flexibility in the selection of ASHAs and making 10th standard mandatory qualification for ASHAs may result in poor coverage of the programme in the marginalized communities. However, the Committee feel that the 10th standard should be made a desirable qualification for selection of ASHAs in these areas and wherever sufficient number of candidates with qualification of 10th standard are available such candidates may be given preference for selection of ASHAs so that along with quantitative, qualitative results are achieved. The Ministry should issue necessary directions to the States in this regard.

As regards the monitoring of the selection process by the block level and district level officers, the Ministry have stated that as per the guidelines for selection of ASHA issued by the Ministry, District Health Society is required to oversee the process of selection of ASHAs and the Society has to designate a District Nodal Officer, preferably a senior health person, who is able to ensure that the Health Department is fully involved. While giving due credence to the guidelines issued for District Health Society to oversee the process of selection of ASHAs and to designate a District Nodal Officer, the Committee, however, emphasise the necessity for strict monitoring by the government functionary in regard to qualification so as to ensure that the selection of ASHAs is conducted in a fair and impartial manner.