**Regularisation of Contract Workers and Asha Volunteers in the National Health Mission**

**A Statement**

When health care professionals discuss rights violations, they refer to the rights of the recipients of health care. As a norm they address the rights of the community when they work with health rights. However, there are other large scale violations of rights in health care that are rarely acknowledged. I refer to the violation of the rights of the health providers.

Safety norms in times of disasters are directed at the community, not at the aid workers. They comply with the safety procedures and continue their work at the cost of their health and safety. In normal times, it is the patient's well-being that is the basis of safe practices in health care, but the health providers can be left less protected.

Similarly, it is the needs of the health program and the rules of the health system that decide the work of the health providers. The working conditions of the health providers do not catch the attention of the authorities as much as the condition of the patients or the community that they address.

Even the civil society is completely preoccupied in addressing the rights of the community and rightly so. However where would the community, the health program and the health system be without the health providers? It is the multi-layers of health providers that make health care possible. It is therefore important that we address the job security of the workers in the National Health Mission.

The most populous section of health providers are the foot soldiers. In India, these are the ayahs of hospitals, nurses, Auxilliary Nurse midwives, mid day meal workers, and the community health workers like the Anganwadi workers

and Ashas. Is it an exaggeration to state that like the doctors, health care cannot work without them as well? It is true that their domain of interventions is restricted, yet, would doctors visit each home in the village or clean the bed pans in the hospital?

Health services are hierarchical structures and it is not surprising that the foot soldiers are often dominated and neglected within them. The community that they work for too are generally the recipients of their services, not the champions of their rights. Therefore if the rights of this largest section of the health care providers are not addressed with vigour and empathy by the researchers, the activists, the teachers and the practitioners of the health care movement also, then they are truly alone.

Safety, payments, social security and under defined roles are the major concerns. The Ashas are the one category of workers who are not even acknowledged as having any rights, being designated as volunteers. Research shows that payment and social security are their primary concerns. This is an issue that calls for the attention of not only the health care movement but also the women's rights movement, because by no coincidence at all, most of these overlooked workers are women.

The following statement has been prepared in consultation with Ashas volunteers and National Health Mission workers who are all on contract since the past ten years.

To

1. PMO Office, Government of India
2. J.P. Nadda, Union Minister of Health and Family Welfare, Government of India
3. Ministry of Health and Family Welfare, Government of India.
4. Prakash Javdekar, Minister for Human Resources Development, Government of India
5. C.K. Mishra, Secretary, Health and Family Welfare, Government of India

A stable work force gives a firm foundation to the health care of the nation. The entire work force of the National Health Mission is contractual/voluntary. Critical changes are required to sustain their morale and performance. Employing lakhs of people as non-permanent staff for a decade in a government program, is a gross violation of the workers' rights.

CONTRACT WORKERS

According to the press release of MOHFW (July 22, 2014) the contracted workers include Medical Officers, Specialists, Ayush Doctors, Staff Nurses, ANMs, Paramedics, District Program Managers and District Account Managers. In addition, ASHA Facilitators are also on contract.

States like Haryana, Andhra Pradesh, Rajasthan Jammu and Kashmir, Union territory of Delhi and Haryana are proposing to regularize the employment of contracted NHM workers.

https://lnkd.in/fDBXsXs

We support this move.

**By 2017, adequate funding should be allotted by MoHFW and suitable guidelines should be issued from the MoHFW to all the states and union territories for the following** :

1. All the states and union territories should regularize all NHM contract workers.
2. Similar pay and benefits should be given for all the contracted workers within NHM in all the states.
3. All NHM contracted workers should receive social security under Employees' State Insurance Act, 1948 (ESI Act), Employees' Provident Funds Act, 1952, Workmen's Compensation Act, 1923 (WC Act), Maternity Benefit Act, 1961 (M.B. Act)and Payment of Gratuity Act, 1972 (P.G. Act)
4. All salaries should be linked to the inflation rate. Norms for increments should be devised.
5. There should be representation of NHM workers in all policy related bodies set up for regularization.

ASHAs

The Accredited Social Health Activist (ASHAs) form the largest section of NHM. These are village women working for their own villages. ASHAs have not been

included in any of the state plans for regularisation. **This is because the Ashas are not recognised as workers but designated as volunteers. The following changes should be incorporated within the NHM and guidelines and funding should be released to the states by the MoHFW for the Ashas by 2017.**

1. The recommendations of the 45th SESSION OF THE INDIAN LABOUR CONFERENCE (NEW DELHI), May 2013 should be implemented.
   These are:

1.1 Ashas should be seen as unorganised workers.

**Therefore Ashas should be called as Community Health Workers, not as volunteers.**

1.2 The Ashas should be paid according to the Minimum Wages Act, 1948

**Ashas are getting inadequate and delayed incentives. Therefore there should be immediate implementation.**

1.3. The Central Government has legislated the Unorganised Workers Social Security Act, 2008 wherein Central Government has been given the responsibility of providing the following social security cover to the unorganized workers: a) Life and Disability Insurance b) Health and Maternity Benefit c) Old Age Pension.

**These benefits should be implemented for Ashas**.

2. The recommendations of the MoHFW Report of The Task Force on Comprehensive Primary Health Care Rollout 2014 are:

2.1 Recognise ASHAs as an institution that would be required in perpetuity.

2.2 Clear job descriptions, career progression and long term HR strategies for ASHAs are essential.

**Therefore the Asha Program should be designed in accordance with the recommendations. Further it should be incorporated as a National Health Program.**

3. The Parliament Committee on Empowerment of women 2010-11 had recommended a clear definition of the responsibilities of Ashas, not overlapping the work of ANMs and Anganwadi workers.

**Therefore a clear list of basic Asha responsibilities should be defined centrally and implemented by the states. displayed in all Primary Health Centres.**

4. In view of several research and evaluation reports, the Ashas are completing their Asha responsibilities during their wage earning hours. They face financial loss and pressure from their families and communities.

**Therefore regarding Asha payments**:

a. Ashas should receive a fixed monthly amount regularly for the centrally defined basic tasks.

b. Ashas should be paid incentives for extra tasks.

c. Ashas should not be given any unpaid tasks.

d. Ashas should be reimbursed for all out of pocket expenses at the Primary Health Centres. Some of the major expenses are for mobile phones, travel and for photocopying the forms they are asked to get filled.

5. There should be a representation of two Ashas in all Asha monitoring committees. There should also be representation of Ashas in any bodies set up for deliberations for regularisation in the Asha program.

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An independent e-resource and advocacy e-centre

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Notes:

1. With acknowledgements for the valuable inputs of Ashas, Asha associations, NHM workers and NHM workers associations.
2. For research reports please refer to http://www.ashavani.org