

medical care was given to her and baby. The patient was discharged with her healthy baby on 07.10.2011.

Enhancement in allowances for ASHA workers

1158. SHRI RAMA CHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of ASHA Karmis working under NRHM in the country, State-wise, and the benefits they are getting for discharging their duties; and

(b) whether in view of the rise in inflation, Government is considering to enhance the allowances and benefit of ASHA workers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) The State-wise number of ASHAs is given in Statement-I (*See* below). While there are no ASHAs in Goa, Puducherry and Chandigarh, in Himachal Pradesh and Daman and Diu, link workers have been engaged in to perform the roles and responsibilities of ASHAs. The details of incentives against the delivery of each activity finalized at the national level are given in Statement-II (*See* below). There are also State specific incentives for ASHAs for range of services.

(b) The incentives to ASHAs finalized at the national level are regularly reviewed by the Government. A proposal to enhance the rate of incentives to ASHA for certain activities under NRHM and for parity of rate of incentives to ASHA for facilitating institutional deliveries under Janani Suraksha Yojana in rural and urban areas was recently discussed and a view would be taken on the issue based on a comprehensive proposal along with justification for enhancement in the rates of incentives.

Statement-I

State-wise number of ASHAs selected

Sl. No.	States/UTs	Number selected
1	2	3
High Focus Non-NE States		
1.	Bihar	83872

1	2	3
2.	Chhattisgarh	60092
3.	Jammu and Kashmir	9700
4.	Jharkhand	40964
5.	Madhya Pradesh	52393
6.	Odisha	43530
7.	Rajasthan	51265
8.	Uttar Pradesh	136094
9.	Uttarakhand	11086
High Focus NE States		
10.	Arunachal Pradesh	3862
11.	Assam	29172
12.	Manipur	3878
13.	Meghalaya	6258
14.	Mizoram	987
15.	Nagaland	1700
16.	Sikkim	666
17.	Tripura	7367
Non-High Focus States		
18.	Andhra Pradesh	70700
19.	Gujarat	29508
20.	Haryana	13730
21.	Karnataka	33750
22.	Kerala	31868
23.	Maharashtra	59316

1	2	3
24.	Punjab	16800
25.	Tamil Nadu	3905
26.	West Bengal	46818
Union Territories		
27.	Andaman and Nicobar Islands	407
28.	Dadra and Nagar Haveli	208
29.	Delhi	4121
30.	Lakshadweep	83
TOTAL:		854100

Statement-II

Details of services delivered by ASHA along with incentives to ASHAs under National Rural Health Mission

Sl. No.	Heads of compensation	Amount/case
1	2	3
I. Maternal Health		
JSY financial package		
1.	Promoting institutional delivery in any Government facility for both urban and rural families, and ensured ANC care for the woman	Rs. 200 – across all the States
2.	Making transport arrangements and for escorting pregnant women/family members to the institutional	Rs. 250 – only for the North-East and High Focus States and notified tribal areas of Non-High Focus States

1	2	3
3.	As Transactional cost if ASHA escorts the pregnant women and stays with her in the hospital	Rs. 150 – only for the North-East and High Focus States and notified tribal areas of Non-High Focus States
II. Child Health		
	Undertaking six (in case of institutional deliveries) and seven (for home deliveries) home-visits for the care of the newborn and post-partum mother	Rs. 250
III. Immunization		
1.	Social mobilization of children for immunization during VHND	Rs. 150/session
2.	Complete immunization for a child under one year	Rs. 100
3.	Full immunization per child upto two years age (all vaccination received between First and second year age after completing full immunization after one year	Rs. 50
4.	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 75/day
IV. Family Planning		
1.	Ensuring spacing of 2 years after marriage	Rs. 500
2.	Ensuring spacing of 3 years after birth of First child	Rs. 500
3.	Ensuring a couple to opt for permanent limiting method after 2 children	Rs. 1000
4.	Counseling, motivating and follow up of the cases for Tubectomy	Rs. 150

1	2	3
5.	Counseling, motivating and follow up of the cases for Vasectomy/NSV	Rs. 200
6.	Social marketing of contraceptives-as home delivery through ASHAs	Re. 1 for a pack of three condoms Re. 1 for a cycle of OCP Rs. 2 for a pack of ECPs
V. Adolescent Health		
1.	Distributing sanitary napkins to adolescent girls	Re. 1/pack of 6 sanitary napkins
2.	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting
VI. Nirmal Gram Panchayat Programme		
	Motivating households to construct and use a toilet	Rs. 75/Toilet constructed
VII. Village Health Sanitation and Nutrition Committee		
	Facilitating monthly meetings of VHSNC followed by meeting with women and	150/meeting
VIII. Revised National Tuberculosis Control Programme		
	Acting as a DOTS Provider (only after completion of treatment or cure)	250
IX. National Leprosy Eradication Programme		
1.	Referral and ensuring compliance for complete treatment in pauci-bacillary	300
2.	Referral and ensuring compliance for complete treatment in multi-bacillary	500

1	2	3
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X. National Vector Borne Disease Control Programme

1.	Preparing blood slides	5/slide
2.	Providing complete treatment for RDT positive cases	20
3.	Providing complete radical treatment to positive Plasmodium falciparum and Plasmodium vivax case detected by blood slide, as per drug regimen	50

Procedure for allocating medical seats

1159. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is allocating medical seats only on merit;
- (b) if so, the details thereof, State-wise, during the last three years including Andhra Pradesh; and
- (c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) In so far as the Central Government is concerned admission to 15% of open seats in MBBS/BDS and 50% of open seats in PG (MD/MS/MDS), which are available to students on all India basis irrespective of the State or University from which they come from, is granted purely on merit on the basis of all India entrance examination conducted by Central Board of Secondary Education and All India Institute of Medical Sciences respectively. The States of Jammu and Kashmir and Andhra Pradesh do not participate in the all India quota Scheme which has been framed and approved by Hon'ble Supreme Court of India.

Ministry of Health and Family Welfare is also maintaining a central Pool of MBBS/BDS seats by seeking voluntary contribution of seats from donor States/UTs/ Medical Institutions and in-turn allocating these seats to those States/UTs which are not have medical colleges of their own and to some Government Departments. The