

National Human Rights Commission

[PRP&P Division: Research Unit-II]

Meeting of the Core Group on Women

Theme: Empowering ASHAs: Securing the Right to Work with Dignity

Minutes of Meeting

1. The National Human Rights Commission (NHRC) organized a Meeting of the Core Group on Women on the theme ***“Empowering ASHAs: Securing the Right to Work with Dignity”*** on 19th February 2025 at Manav Adhikar Bhavan. The meeting was chaired by Shri Justice V Ramasubramanian, Hon’ble Chairperson, NHRC and was attended by Hon’ble Member, Justice (Dr.) Bidyut Ranjan Sarangi, Secretary General, Shri Bharat Lal, Shri R Prasad Meena, Director General (Investigation), Registrar (Law) Shri Joginder Singh, Director Lt Col Virender Singh, senior officers of the Commission, representatives from the Ministry of Women and Child Development, Ministry of Health and Family Welfare, UN Women, members of the Core Group on Women, domain experts and special invitees. The list of attendees is annexed.



2. The meeting commenced with a welcome address from Lt Col Virender Singh, who welcomed all the participants and emphasised the importance of the theme for the meeting. He also detailed the efforts of the NHRC in ensuring the protection and promotion of the rights of women through the medium of meetings, conferences, seminars, advisories, and research studies.

3. **Shri Bharat Lal, Secretary General, NHRC**, focusing on the challenges and rights of ASHA workers stated that ASHA workers play a critical role in primary healthcare, recognized by World Health Organization (WHO), with health promotion as a key objective. However, they face challenges such as low wages, heavy workloads, and inadequate resources. The NHRC, as a human rights custodian, aims to address these issues through three key themes: evolving challenges faced by ASHAs, the government's role in the protection of their rights, and ensuring dignity at work.

4. Shri Bharat Lal proposed a keynote addressing the significance of ASHA workers in the healthcare system and the necessity of empowering them with better policies and support structures. He emphasized that ASHA workers are the backbone of primary healthcare, contributing immensely to community well-being. He called for substantial improvements in their working conditions, including fair wages, access to essential healthcare resources, and recognition of their contributions. The keynote further highlighted that the government must implement policy reforms, enhance job security, and provide career growth opportunities.



5. **Justice Shri V. Ramasubramanian, Hon'ble Chairperson, NHRC** commenced his keynote address by formally welcoming the dignitaries and with a reflection on a societal paradox: the inverse relationship between contribution and recompense. He illustrated this point with personal narratives culled from his professional experience. Specifically, he recounted his involvement between 1981 and 1985 in monitoring a Non-Governmental Organization (NGO) whose operational model bore a resemblance to the contemporary Accredited Social Health Activist (ASHA) Scheme. This NGO employed village-level workers responsible for the primary healthcare of children within their respective communities.



6. Drawing a parallel between this experience and the present discourse, he highlighted the existing chasm between formal education and practical skills, a void that the ASHA Scheme is designed, and indeed obligated, to address. He emphasized the critical imperative of amplifying the voices of those dedicated to the care of others, such as the ASHA workers. Concurrently, he articulated his concern regarding the employment status of these vital

healthcare providers. He noted the ambiguity surrounding the prospect of permanent employment, observing that individuals who migrate to urban centres for occupational opportunities rarely return to their rural origins.

7. The Hon'ble Chairperson then issued a call to action, urging all participants to contribute actionable and concrete suggestions that the National Human Rights Commission (NHRC) could subsequently relay to the government. These recommendations, he stated, should be directed towards the amelioration of the living standards and working conditions of ASHA workers. He concluded by reaffirming the NHRC's unwavering commitment to ensuring the visibility and promoting the welfare of this essential workforce.

8. **Shri Saurabh Jain, Joint Secretary, National Health Systems Resource Centre (NHSRC)**, underscored the pivotal role of ASHA workers in transforming public health outcomes across India. He highlighted their contributions in reducing maternal and infant mortality rates, expanding immunization coverage, promoting family planning, and improving village sanitation. Their efforts have been instrumental in advancing India's progress towards the Sustainable Development Goals (SDGs) for 2030. Shri Jain elaborated on the government's initiatives to empower ASHA workers, noting their evolving role beyond Reproductive and Child Health (RCH) to include non-communicable diseases, mental health, and elderly care. To enhance efficiency, ASHA workers are receiving training in healthcare packages and digital tools for data entry, enabling better field monitoring.

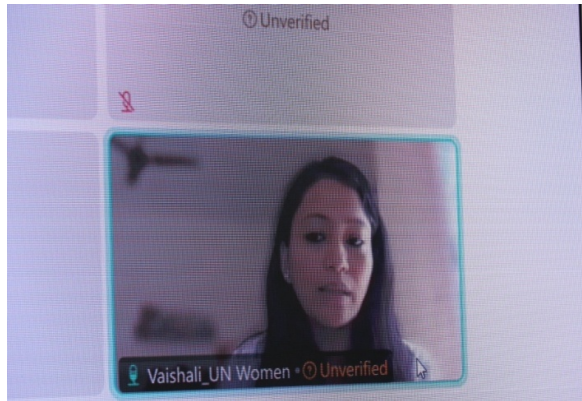
9. Regarding remuneration, ASHA workers receive a fixed monthly incentive of ₹2,000 along with performance-based incentives, which vary by state. The government has also introduced digital training programs, especially for workers over 45, to improve technological adaptation. Additionally, ASHA workers receive benefits such as a ₹20,000 award after ten years of service, health coverage under Ayushman Bharat, and social security schemes, including life insurance. Shri Jain reaffirmed the government's commitment to supporting ASHA workers and strengthening their contributions to public health.

10. **Ms. Pallavi Agarwal, Joint Secretary, Ministry of Women & Child Development**, provided an overview of the Ministry's implementation of Mission Saksham Anganwadi and POSHAN 2.0. She emphasized the important role of ASHA workers, who are frontline workers who have significantly contributed to lowering mortality rates and addressing the health needs of children and expectant mothers. She also highlighted the monthly Village Health, Sanitation, and Nutrition Day organized at Anganwadi centres, which is coordinated by the Ministry of Health. On this day, ASHA workers, along with ANMs, Anganwadi workers, and helpers, conduct health and nutrition programs focused on improving health and preventing malnutrition among children and women.

11. Ms. Agarwal also discussed the Community-based Management of Acute Malnutrition (CMAM) protocol, where ASHA workers assist Anganwadi workers in identifying children with Severe Acute Malnutrition (SAM), screening them, and referring them to Nutrition

Rehabilitation Centres for recovery. Lastly, she clarified that the funding for ASHA workers is managed by the Ministry of Health and Family Welfare, government of India.

12. **Ms. Vaishali Barua, National Coordinator, UN Women**, highlighted the critical role of the care economy, particularly in relation to ASHA workers. She emphasized their contributions as frontline providers during COVID-19 and UN Women's support through PPE distribution, training, and community engagement. However, she pointed out persistent challenges, including the absence of fixed salaries, social security, and occupational protection, calling for urgent policy reforms.



13. Ms. Barua noted that ASHA and Anganwadi workers significantly contribute to India's healthcare system, yet their labour remains undervalued and unrecognized. Despite being essential to economic growth, they are not formally acknowledged as part of the workforce, preventing them from accessing rightful benefits. She stressed that ASHA workers play a crucial role in last-mile healthcare delivery, particularly in marginalized communities, but are still treated as volunteers rather than employees. Performance-based incentives do not reflect the extensive non-incentivized work ASHAs perform, such as household health surveys, maternal counselling, and emergency responses. She added that over time, ASHAs' responsibilities have expanded beyond their original scope, which has not been accompanied by proportional wage increases, leading to overburdening and burnout.

14. She also brought up the fact that ASHAs frequently travel alone in remote areas, exposing them to risks such as sexual harassment and violence. Many report no access to clean toilets or night-stay facilities when visiting district government offices or conducting outreach programs. Ms. Barua stated that no structured pathways exist for ASHAs to transition into nursing, midwifery, or community health administration and existing training programmes are irregular and underfunded, leaving ASHAs without necessary skill enhancement for career mobility.

15. She also referenced UN Women's Asia-Pacific research on ASHA workers and suggested adopting global best practices, including standardized wages, occupational safety, and social security. Encouraging private sector partnerships through tax incentives and cooperative models like SEWA could empower ASHA workers in wage negotiations and working conditions. Finally, she reiterated the need to ensure that ASHAs receive health

insurance, maternity benefits, PPE, transport, as well as greater investment in care infrastructure, career progression, and training.

16. **Dr. Saibha Hussain, Professor and Director, Sarojini Naidu Center for Women's Studies, Jamia Islamia University**, began by highlighting a concerning paradox in society—those who contribute the most often, receive the least in return. She specifically addressed the critical role of ASHA workers, who provide essential healthcare services in rural areas yet receive minimal compensation and support. She shared key observations from her interactions with ASHA workers, emphasizing three major concerns: inadequate monetary compensation, lack of safety on the field as they often travel through isolated areas, and the absence of secure transportation during and after working hours. Additionally, ASHA workers dedicate extensive time to health-related initiatives such as Health and Nutrition Days, yet they lack a unified funding system.

17. She stressed the importance of effective coordination between various government departments, caregivers, and healthcare workers to ensure their well-being. Awareness and sensitivity among beneficiaries, families, and society at large are crucial for their upliftment.

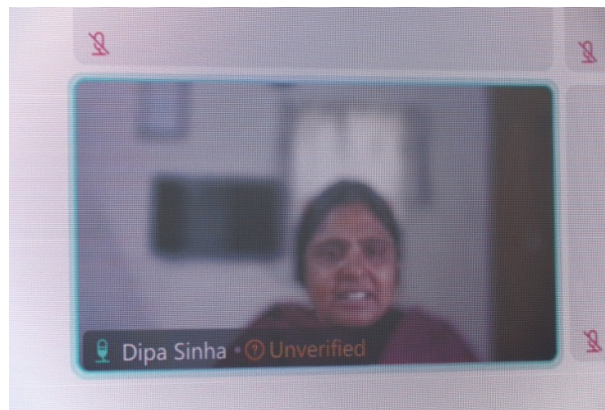
18. **Dr. Sadhana Rout, Special Monitor, NHRC**, commenced her address by acknowledging the ASHA model in India as one of the most widely recognized and celebrated community health programs on a global scale. Her discourse centred on the necessity of specific interventions designed to psychologically empower ASHA workers. Dr. Rout posited that their role should be viewed as extending beyond the provision of healthcare services to encompass a focus on their behavioural awareness, thereby equipping them for more effective fieldwork.



19. She advocated for a transition from a compliance-based approach, which relies heavily on statistical data, to an outcome-based approach. This shift, she argued, would afford ASHA workers the autonomy and space to serve as a genuine motivational force within their communities. Dr. Rout emphasized the importance of digitally empowering ASHA workers and critically evaluating whether they possess adequate opportunities and skills for personal and professional development. She stressed the need to strengthen the talent dividend, particularly through the strategic utilization of digital tools and artificial intelligence (AI).

20. Furthermore, Dr. Rout referenced the DISHA pilot project on frontline community health workers, suggesting that its model be examined for potential nationwide scalability and implementation. She implied that the insights and successes gleaned from this pilot project could inform broader strategies for enhancing the effectiveness and well-being of ASHA workers across the country.

21. **Dr. Dipa Sinha, Visiting Professor, Azim Premji University** initiated her address by recognizing the crucial function of ASHA workers as a vital link between communities and the healthcare system. Dr. Sinha asserted that enhanced recognition of the ASHA workers' role would consequently lead to an improvement in the quality of their service delivery. She proposed a shift from the current incentive-based payment model to a more structured and stable system of remuneration, suggesting the implementation of a fixed component linked to output-based performance measures. She further observed the existing convergence and, at times, duplication of efforts between Aanganwadi workers and ASHA workers, an issue that she emphasized requires immediate attention. Dr. Sinha called for the streamlining and restructuring of their respective service frameworks to eliminate redundancies and optimize efficiency. She also highlighted the need to alleviate the workload burden currently placed on ASHAs. Regarding the cadre of village-level workers provided by the government, she suggested that enhanced training could significantly improve their efficacy.



22. Dr. Sinha then addressed the broader context of employment in India, noting the challenge of generating non-agricultural job opportunities, particularly for women. She argued that greater recognition and importance should be accorded to the work of ASHA workers, especially as a means of challenging and transforming pre-existing cultural norms. Finally, she underscored the critical need for supportive supervision to enable ASHA workers to respond more effectively to the challenges they encounter in the field. In this regard, she emphasized the importance of filling existing vacancies for support supervisor positions.

23. **Dr. Shweta Khandelwal, Senior Advisor, Jhpiego**, emphasized the need to give greater importance to ASHA workers, who serve as the backbone of healthcare services, especially in remote areas. She put forward the suggestion of developing a yearly calendar outlining activities and training sessions to ensure better coordination with fieldwork. Without proper scheduling, ASHA workers often find themselves overwhelmed by training sessions, leaving

little time for their essential field duties. She also stressed on the need for a convergence model for better implementation of duties. She also recommended capacity building to improve ASHA workers' data entry skills, as many currently lack proficiency and often depend on their children for assistance. Enhancing their digital capabilities would ease their workload and improve efficiency.

24. **Ms. Ruth Manorama**, President, The National Alliance of Women (NAWO), highlighted a recent conference on the *Care Economy as a Driver of Inclusive Growth*. She also referenced a study conducted in 2022-23, which estimated the number of frontline workers, including ASHA workers, at 6.6 million. These workers play a crucial role in delivering healthcare services directly to people's doorsteps. However, the COVID-19 pandemic underscored the urgent need for social security measures for ASHA workers. She also brought up the protest by ASHAs in Karnataka, wherein they demanded a minimum pay of ₹12,000 per month. While the state administration agreed to ₹10,000 per month, the need for better financial support remains pressing in most states. She made several recommendations including ensuring fair and adequate minimum wages for ASHA workers, recognizing ASHAs as formal workers instead of volunteers, and establishing a grievance redressal mechanism to address their concerns and seek guidance for their work.

25. **Ms. Surekha, Secretary, ASHA Workers' and Facilitators' Federation of India (AWFFI)**, shed light on the ground realities faced by ASHA workers, particularly the harassment and exploitation they endure in their line of work. She recounted incidents where ASHA workers faced harassment not just from authorities but also from beneficiaries. She pointed out that transportation challenges further exacerbate their struggles, making their duties even more arduous, especially during critical periods like the COVID-19 pandemic and immunization drives. Incentive disparities and an unbalanced work distribution policy add to their burdens, with ASHA workers often being assigned tasks beyond their designated healthcare duties.

26. A major concern she raised was the lack of honorarium and the expectation that ASHA workers function as voluntary workers while being obligated to work beyond official hours. Additionally, there has been no salary revision since 2012, leading to stagnation in their earnings. The inconsistency in incentive structures and delayed payments increase their financial strain. Moreover, she emphasized the mental and economic stress resulting from excessive workloads and the lack of coordination between different stakeholders in the healthcare sector. She urged authorities to move beyond mere policy discussions and translate commitments into meaningful actions that ensure ASHA workers receive the respect, support, and financial security they deserve.



27. **Ms. Sunita, ASHA, Haryana**, spoke about her personal experience as an ASHA. She brought up the sexual harassment that ASHAs continue to face, and how they are often pressured to not register complaints against the offenders. She stated that because the payment of ASHAs is controlled by the Auxiliary Nurse Midwives (ANMs), the latter often exploits the former by overburdening them and not allowing them to speak up. Ms. Sunita also discussed how ASHAs’ incentives are almost always deducted and never reach their accounts on time, leading to financial uncertainty, and how ASHAs often shell out money from their own pockets to buy medicines for people, or to go to work in their designated areas.

28. **Justice (Dr.) Bidyut Ranjan Sarangi, Hon’ble Member, NHRC**, addressed the meeting, reflecting on the historical evolution of community health workers. He pointed out that before the introduction of the ASHA system in rural areas, there were individuals known as “Dhai,” who assisted pregnant women and children, but were not compensated for their work. Justice (Dr.) Sarangi noted that while ASHA workers are officially referred to as “Accredited Social Health Activists,” this term fails to fully reflect the immense effort and labour they put into their roles.



29. He explained that, for many people in villages, ASHA workers are the only bridge to medical care, as they are the ones who transport patients to doctors and ensure that proper

treatment is administered. Despite their multifaceted responsibilities, ASHA workers face numerous challenges, including irregular pay, lack of security, and inadequate regulation of their work. He called for recommendations to improve their working conditions, ensuring that they are better recognized and cared for.

30. Justice (Dr.) Sarangi praised the tremendous work done by ASHA workers, especially their commitment to serving their communities. He highlighted the dedication of ASHA workers, who often rush to assist patients early in the morning, leaving behind their own families to provide care. Despite these efforts, Justice(Dr.) Sarangi pointed out that ASHA workers often face disrespect and mistreatment, and their right to life and dignity is jeopardized by the lack of proper recognition and protection.

31. He concluded by urging that the government take immediate action to provide ASHA workers with the benefits and support they deserve, ensuring that they can live a decent and dignified life. He called on the National Human Rights Commission (NHRC) to make recommendations that would address these concerns, recognizing the critical role ASHA workers play in the healthcare system and society. Justice Sarangi expressed hope that through this interaction, concrete steps would be taken to improve the situation for ASHA workers.

32. **Shri Justice V. Ramasubramanian**, in his concluding remarks, expressed the need for greater engagement of state governments in the matter of ASHAs' rights. He also expressed the need for greater convergence between the centre and the states over the matter of wages for ASHAs so as to ensure that they are compensated adequately.



33. The meeting ended with a formal vote of thanks by **Lt Col Virender Singh**, who expressed gratitude to all the dignitaries and participants for providing insights on a subject that deserves attention. He stated that NHRC recognizes the importance of the issues faced by ASHAs, and it is with the collective collaboration of all stakeholders that their right to work with dignity and can be protected.

List of participants

National Human Rights Commission

1. Shri Justice V. Ramasubramanian, Hon'ble Chairperson
2. Justice (Dr.) Bidyut Ranjan Sarangi, Hon'ble Member
3. Shri Bharat Lal, Secretary General
4. Shri R Prasad Meena, Director General (Inv),
5. Shri Joginder Singh, Registrar (Law)
6. Lt Col Virender Singh, Director
7. Shri Sanjay Kumar, Deputy Secretary
8. Dr. Kanaklata Yadav, Consultant (Research)
9. Ms. Madhura Naniwadekar, Junior Research Consultant
10. Ms. Swarna Singh, Junior Research Consultant
11. Ms. Ahana Ray, Junior Research Consultant
12. Ms. Lakshmi Kumari, Junior Research Consultant
13. Shri Raghwendra Singh, Junior Research Consultant
14. Ms. Avani Verma, Junior Research Consultant
15. Ms. Manisha Majumdar, Junior Research Consultant

Core Group on Women

1. Dr. Sabiha Hussain, Professor and Director, Sarojini Naidu Centre for Women's Studies, Jamia Millia Islamia
2. Dr. Shweta Khandelwal, Senior Advisor, Jhpiego
3. Ms. Ruth Manorama

Special Invitees

1. Dr. Sadhana Rout, Special Monitor, NHRC
2. Dr. Dipa Sinha, Visiting Faculty, Azim Premji University
3. Ms. Surekha, Secretary, Asha Workers' and Facilitators' Federation of India (AWFFI)
4. Ms. Sunita, ASHA, Haryana