

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2673
TO BE ANSWERED ON 12.08.2025**

STATUS OF COMMUNITY HEALTH WORKERS

2673. DR. ASHOK KUMAR MITTAL:

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

- (a) whether the morale among ASHAs is declining due to poor incentives and high workloads, if so, the measures being taken to stabilize this workforce;
- (b) the manner in which Government plans to train, compensate, and retain local health workers in remote and tribal regions;
- (c) whether there is a review mechanism in place to assess daily attendance and service delivery by community health workers, if so, the details thereof and if not, the reasons therefor; and
- (d) the robust surveillance agents at community level, to ensure early disease detection and prevention?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (d): The primary responsibility of strengthening public healthcare system, including support for ASHA workers and their administration lies with the respective State/UT Governments. Under NHM, the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

ASHAs are envisaged to be community health volunteers and are entitled to task/activity based incentives. ASHAs receive a fixed monthly incentive of ₹ 3500/- per month for routine and recurring activities, which has recently been revised from ₹ 2000/- per month, in the 9th meeting of Mission Steering Group (MSG) held on 4th March, 2025.

ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes, some of which are recently revised in the 9th meeting of Mission Steering Group (MSG). The details of these ASHA incentives are available on the following Uniform Resources Locator (URL):

<https://nhm.gov.in/New-update-2024-25/ASHA/ASHA-Incentives-July-2025.pdf>

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) along with ANMs based on monitored performance indicators (up to ₹1000 per month).

The training of ASHAs and community health workers is critical in enhancing their credibility in the community and effectiveness to achieve the desired healthcare outcomes through building knowledge and skills. Training helps workforce to effectively deliver their multiple role as a facilitator, community level health care provider, and health activist.

ASHAs are now part of Ayushman Arogya Mandir Team delivering comprehensive primary health care, hence training on expanded new packages has been initiated. A cascade model of the training has been adopted for capacity building of ASHAs & other health workers, wherein national trainers train the State trainers, who further train the district/block level trainers or ASHAs. Further, trainings are also organized and conducted by States/UTs through its own funds.

MoHFW has taken the following steps to ensure early disease detection and prevention:

- Ayushman Arogya Mandirs serve as the platform for comprehensive primary healthcare, including preventive and promotive services. ASHAs are entrusted with conducting population-based screening for non-communicable diseases (NCDs), home visits, and community mobilization, which contribute significantly to early detection of illnesses and timely referrals.
- ASHAs play critical role by maintaining health records, identifying symptomatic individuals (e.g., for TB, fever, respiratory symptoms), facilitating diagnostic linkage, and ensuring follow-up. Their involvement ensures timely identification of potential outbreaks and supports public health interventions.
- Community engagement platforms such as Village Health, Sanitation and Nutrition Committees (VHSNCs) and outreach activities (e.g., VHSNDs and campaigns) further enhance community awareness, surveillance, and reporting mechanisms.
- Integrated Disease Surveillance Programme (IDSP) at National Centre for Diseases Control (NCDC) is mandated with surveillance & response to more than 33 outbreak prone communicable diseases. IDSP is implemented in all 36 States/UTs.
