

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 284
TO BE ANSWERED ON 22nd JULY, 2025**

STATUS OF ASHA WORKERS IN THE COUNTRY

284: DR. JOHN BRITTAS:

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

- (a) whether ASHA workers continue to be categorised merely as "woman volunteers" under the Ministry's guidelines, despite their responsibilities having increased manifold over the years;
- (b) whether Government is aware that Kerala is currently paying the highest monthly honorarium @ ₹7,000/- plus incentives to ASHA workers, and that it demanded the Central Government multiple times to increase central share and to reclassify them as "health workers" instead of "volunteers", ensuring fair remuneration and social security benefits, considering their contributions to public health systems;
- (c) if so, the response of Government thereto; and
- (d) if not, the reasons therefor?

**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 lies with the respective State/UT Governments. 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 volunteer 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.

Additionally, 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). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, ASHA rest room etc.

The Government has also approved a recognition amount of ₹50,000/- recently revised from ₹20,000/- in the 9th meeting of Mission Steering Group (MSG) held on 4th March, 2025 and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as an acknowledgement of their contribution.

In the year 2018, the ASHA Benefit Package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit ₹ 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; ₹1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

Also, ASHAs along with their family members are provided with health care annual coverage of ₹ 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

The incentive structure for the Accredited Social Health Activists (ASHAs) have been revised regularly with the timely addition of incentives to align with the programmatic requirements and priorities.
