

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

**RAJYA SABHA
STARRED QUESTION NO. *181
TO BE ANSWERED ON THE 10th MARCH, 2026**

ACCREDITED SOCIAL HEALTH ACTIVIST

181 SHRI AJIT KUMAR BHUYAN:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Accredited Social Health Activist (ASHA) workers are working under the directions of the Ministry of Health and Family Welfare;
- (b) if so, the details thereof;
- (c) whether the workers receive performance-based incentives rather than a fixed salary, although they receive a base monthly payment;
- (d) if so, the details thereof;
- (e) the amount of incentive they are getting in a month; and
- (f) how many times their salary/incentives have been increased since implementation of the program, the year-wise details thereof?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

- (a) to (f) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA
STARRED QUESTION NO. *181 FOR 10th MARCH, 2026**

(a) to (f): ASHAs are envisaged to be community health volunteers and are entitled to task/activity based incentives. ASHAs receive a fixed incentive per month for routine and recurring activities.

The primary responsibility of strengthening public healthcare system, including support for Accredited Social Health Activist (ASHA) lies with the respective State/UT Governments. Under National Health Mission (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.

Additionally, ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes. Over the years these ASHA incentives have been revised under NHM and their details are at **Annexure.**

ASHAs also receive incentives over and above provided under NHM from their respective State Budget to supplement the amount received under NHM.

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, CUG Sim, ASHA Diary etc.

ASHAs are covered under Pradhan Mantri Jeevan Jyoti Beema Yojana

(PMJJBY) with a benefit of Rs. 2.00 Lakh in case of death of the insured, Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability and Rs. 1.00 lakh for partial disability; and Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of Rs. 3,000/- pm after age of 60 years. Also, ASHAs along with their family members are provided with health care annual coverage of Rs 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

The Government has also approved a recognition amount of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as an acknowledgement of their contribution.

Under National Health Programmes, financial remuneration provided to community health workers is revised from time to time in accordance with evolving programmatic needs. Such revisions take into account expansion of service delivery responsibilities, introduction of new health interventions, changes in disease burden, and the increased role of frontline workers in implementation, outreach, and community-level service delivery. These revisions are undertaken to ensure effective programme implementation while recognising the critical contribution of community health workers.

Annexure

ASHA Incentive for Routine and Recurrent Activities		
SN	Activities	Incentive
1	Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days	Rs.200/session
2	Conveying and guiding monthly meetings of VHSNC /MAS	Rs. 150
3	Attending monthly meetings at Block PHC/UPHC	Rs. 150
4	a.Line listing of households done at beginning of the year and updated every six months	Rs. 300
	b.Main taining village health register and supporting universal registration of births and deaths to be updated on the monthly basis	Rs. 300
	c. Preparation of due list of children to be immunized on monthly basis	Rs. 300
	d. Preparation of list of ANC beneficiaries to be updated on monthly basis	Rs. 300
	e. Preparation of list of eligible couple on monthly basis	Rs. 300
ASHA Incentives under National Health Program		
I	Maternal Health	
	JSY financial package	
1	a. For ensuring antenatal care for the woman	Rs.300 for Rural areas and Rs. 200 for Urban areas
	b. For facilitating institutional delivery	Rs. 300 for Rural areas and Rs. 200 for Urban areas
2	Reporting Death of women (15-49 years age group) by ASHA to PHC Medical Officer	Rs. 200 for reporting within 24 hours of occurrence of death by phone
3	Mobilization of HRPs under E-PMSMA	Rs 300 per ASHA to mobilize high risk pregnant woman to facility for follow up @Rs 100/-per visit for maximum up to 3 visits
4	Healthy Outcome for HRPs under E-PMSMA	Rs 500 after ensuring survival of

		baby and mother duo after 45 days of Delivery.
5	Identification of HRPs and their healthy Outcome during Post Natal Period under Optimization of PNC	Rs 250 after ensuring survival of baby and mother duo after 45 days of delivery
II Child Health		
1	Home Visit for the newborn and post-Partum mother ⁽²⁾ -Six Visits in Case of Institutional Delivery (Days 3, 7, 14, 21, 28 & 42) -Seven visits in case of Home Deliveries (Days 1, 3, 7, 14, 21, 28 & 42)	Rs. 250
2	Home Visits of Young Child for Strengthening of Health & Nutrition of young child through Home Visits-(recommended schedule- 3, 6, 9, 12 and 15 months) -(Rs.50X5visits)	Rs. 50/visit with total Rs. 250/per child for making 05 visits
3	Ensuring quarterly follow up of low-birth-weight babies and newborns discharged after treatment from Specialized newborn Care Units.	Rs. 50/ Quarter-from the 3 rd month until 1 year of age
4	Child Death Review for reporting child death of children under 5 years of age	Rs. 50
5	Week-1 & 2-ASHA incentive for prophylactic distribution of ORS to families with under-five children	Rs. 1 per ORS packet for 100 under five children or Rs. 100 per ASHA
III Immunization		
1	Full immunization for a child under one year	Rs. 100
2	Complete immunization per child up-to two years age (all vaccination received between 1st & 2nd year of age after completing full immunization after one year	Rs. 75
3	Mobilizing children for OPV immunization under Pulse polio Programme	Rs. 100/day
4	DPT Booster at 5-6 years of age	Rs. 50
5	Mobilisation of children for Routine Immunization	Rs 150/session
IV Family Planning		
1	Ensuring spacing of 2 years after marriage	Rs. 500
2	Ensuring spacing of 3 years after birth of 1st child	Rs. 500
3	Ensuring a couple to opt for permanent limiting method after 2 children	Rs. 1000

4	Counselling, motivating and follow up of the cases for Tubectomy	<p>(i)High focus states (OD, UK, HR, GJ) - Rs.200/per Case (ii)Mission Parivar Vikas (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland and Tripura) – Rs.300/per Case. (iii) Other High focus states (SK, LD, J&K, HP)- Rs. 150/Case (iv)Non-High Focus States- Rs. 150/per Case</p>
5	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	<p>(i) High focus states (OD, UK, HR, GJ) - Rs.300/Case (ii) Mission Parivar Vikas (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland and Tripura) – Rs.400/Case. (iii)Other High focus states (SK, LD, J&K, HP)- Rs. 200/Case (iv)Non-High Focus States- Rs. 200/Case.</p>
6	Female Postpartum sterilization	<p>(i)High focus states (OD, UK, HR, GJ) - Rs.300/Case (ii)Mission Parivar Vikas (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland and Tripura) – Rs.400/Case</p>
7	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 150/per case
8	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 150/case

9	Injectable Contraceptive MPA (Antara Program) - Incentive to ASHA	Rs 100/dose for each dose
Mission Parivar Vikas- MPV Extended in all districts of the seven high focus states (UP, Bihar, Jharkhand, MP, Chhattisgarh, Rajasthan and Assam) as well as six North-Eastern states of the country.		
10	Injectable Contraceptive MPA (Antara Program) - Incentive to ASHA	Rs 100/dose (1 st , 2 nd and 3 rd doses) Rs. 200 only for Fourth Dose
11	Mission Parivar Vikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct eligible couple survey- maximum four rounds	Rs. 150/ ASHA/round
12	Nayi Pahal- an FP kit for newlyweds- a FP kit would be given to the newlywed couple by ASHA	Rs. 200/ASHA/Nayi Pahal kit distribution
13	Saas Bahu Sammelan- mobilize Saas Bahu for the Sammelan- maximum four rounds	Rs. 200/ Sammelan
14	Escorting or facilitating beneficiary to the health facility for the PPIUCD insertion	Rs. 300/per case
15	Escorting or facilitating beneficiary to the health facility for the PAIUCD insertion	Rs. 300/case
V	Adolescent Health	
1	Distributing sanitary napkins to adolescent girls	Rs. 1/ pack of 6 sanitary napkins
2	Organizing monthly meetings with adolescent girls pertaining to Menstrual Hygiene	Rs. 50/meeting
3	Incentive for support to Peer Educator (for facilitating	Rs. 100/ Per PE

	selection process of peer educators)	
4	Incentive for mobilizing adolescents for Adolescent Health Day	Rs. 200/ Per AHD
VI	Participatory Learning and Action- (In selected 10 states that have low RMNCH+A indicators – Assam, Bihar, Chhattisgarh, Jharkhand, MP, Meghalaya, Odisha, Rajasthan, Uttarakhand and UP)	
1	Conducting PLA meetings- 2 meetings per month- Note-Incentive is also applicable for AFs @Rs.100/- per meeting for 10 meetings in a month	Rs. 100/ASHA/per meeting for 02 meetings in a month
VII	Nutrition	
1	Referral of SAM children to NRC and follow up of SAM children after discharge from NRC	Rs 300 per SAM child/ASHA. Break-up as below: Rs 100 for referral and Rs 200 follow up
2	For mobilising and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	Rs. 100/ ASHA/Bi-Annual
3	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding- Quarterly mother meeting	Rs. 100/ASHA/ Quarterly meeting
4	Anaemia Mukd Bharat	
4a	ASHA incentive for mobilizing children and ensuring compliance of IFA for 6-59 months children	Rs 100/month/ASHA
4b	ASHA incentive for mobilizing and ensuring compliance of IFA for WRA	Rs 50/month/ASHA
VIII	Comprehensive Abortion Care	
1.	ASHA transportation incentive for accompanying women for availing safe and legal abortion services:	Rs.200/- transportation incentive for abortion by Surgical Methods of abortion at a public health facility Rs. 400/- transportation incentive for abortion by Medical Methods of Abortion at a public health facility

IX National Tuberculosis Elimination Programme		
1	Honorarium to treatment supporter to be disbursed upon completion or cure of TB patient for Drug Susceptibility TB patients	Rs 1000
2	For treatment and support to drug resistant TB patients	Rs. 5000 (Rs. 2000 for IP and Rs. 3000 for CP) for Drug Resistant TB patients (including shorter regimen, MDR and XDR TB patients)
3	Incentives to informant for notification	Rs. 500 for referral of presumptive TB patient to public health facility and diagnosis as TB
4	Incentive to ASHA/Community Volunteers for ensuring seeding of bank account details of TB patients in Ni-kshay portal within 15 days of treatment initiation for enabling DBT Payments under NTEP	Rs 50/notified TB patient for seeding of bank account details on the Nikshay portal
5	Incentive to ASHA / Community Health Volunteer for supporting treatment adherence and completion of TB Preventive Treatment among eligible individuals	Rs. 250/- per individual for successful completion of TB Preventive Treatment
6	Mobilization of beneficiary through ASHA or other mobilizers for additional adult BCG beneficiaries	Rs 150 per session, Two mobilizers will be present at each session site (ASHA/AWW/link worker). Each mobilizer may be paid Rs 75 with a maximum limit of Rs 150 per session site
7	ASHA incentive for due list preparation (For monthly updating of due list of beneficiaries for adult BCG Vaccination)	Rs 300/month ×3 months (if mop-up is required). This amount may be paid to the ASHA. If no ASHA is identified or available, the same may be paid to the link worker/AWW, subject to a total ceiling of Rs 300
8	ASHA incentive for house-to-house survey, before the campaign.	Rs 300 once for the campaign. This amount may be paid to the ASHA. If no ASHA is identified

		or available, the same may be paid to the link worker/AWW, subject to a total ceiling of Rs 300
X	National Leprosy Eradication Programme	
1	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy	Rs. 250 per case (for early detection) Rs. 200 per case (for late detection, any visible disability) Rs. 400 per case, for Paucibacillary Case (PB) case treatment completion
2	Referral and ensuring compliance for complete treatment in multi-bacillary cases of Leprosy- for 33 states	Rs. 250 per case (for early detection) Rs. 200 per case (for late detection, any visible disability) Rs. 600 per case (for Multibacillary Case (MB) case treatment completion
3	ASHA Incentives for Leprosy Case Detection Campaign (LCDC)	Search Activity incentives for ASHA- Rs. 75 per day for 14 days , a total amount of Rs. 1050 for 14 days. ASHA incentives are given two times in a year if LCDC campaign is done twice in a year in few States/UTs.
XI	National Vector Borne Disease Control Programme	
A)	National Malaria Control Program	
1	Preparing blood slides or testing through RDT	Rs. 15/slide or RDT
2	Providing complete treatment for RDT positive Pf cases and Pv cases	Rs 200/ confirmed case for ensuring complete treatment.
3	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regime	

B)	Lymphatic Filariasis	
1	For one time linelisting of lymphoedema and hydrocele cases in all areas of non-endemic of endemic and non-endemic States	Rs 200.
2	For annual Mass Drug Administration for cases of Lymphatic Filariasis	Rs 3000/- for 15 days for a population of a village (approx. 1000 population or 250 houses)
C)	Acute Encephalitis Syndrome/Japanese Encephalitis	
1	Referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs 300/ case
D)	Kala Azar elimination	
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying	Rs. 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds
2	ASHA Incentive for referring a suspected case and ensuring complete treatment.	Rs. 500/per notified case
3	Incentive to ASHAs for referring Post Kala-Azar Dermal Leishmaniasis (PKDL) case	Rs. 500/- per case (Rs. 200/- at the time of diagnosis and Rs. 300/- after treatment completion)
E)	Dengue and Chikungunya	
1	Incentive for source reduction & IEC activities for prevention and control of Dengue and Chikungunya in all States	Incentive @ Rs. 200/- (1 Rupee per house for maximum 200 houses per month). The time period for involvement of ASHAs may be throughout the year. However, total amount should not be exceeding from Rs. 2400/- per ASHA/year.
F)	National Iodine Deficiency Disorders Control Programme	
1	ASHA incentive for salt testing	Rs. 25 a month for testing 50 salt samples
XII	Incentives under Comprehensive Primary Health Care (CPHC) and Universal NCDs Screening	
1	Filling up of CBAC forms of every individual –onetime	Rs. 10/- per form/ per individual

	activity for enumeration of all individuals, filling CBAC for all individuals 30 or > 30 years of age	as one time incentive
2	Follow up of patients diagnosed with Hypertension/Diabetes and three common cancers for initiation of treatment and ensuring compliance	Rs. 50/- per case/ Bi-
3	Delivery of new service packages under CPHC component	Rs. 1000/ASHA/PM (linked with activities)
XIII Drinking water and sanitation		
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household
2	Motivating Households to take individual tap connections	Rs. 75 per household
XIV ASHA Certification		
	Incentive award in cash for ASHAs and ASHA Facilitators who have certified in two independent certificates: 1- RMNCHA+N 2- Expanded Service Package from NCDs to Palliative Care	Rs. 5000 for all ASHAs and ASHA Facilitators who successfully receive certification by NIOS in two independent certificates: A. RMNCHA+N B. Expanded package of new services from Non-Communicable Diseases to Palliative Care Total incentive: Rs 5000*2 (two independent certificates)= Rs 10,000/-(Introduced in 2022)
