

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

**LOK SABHA
STARRED QUESTION NO. *215
TO BE ANSWERED ON THE 13TH FEBRUARY, 2026**

INCREASE IN HONORARIUM FOR ASHA WORKERS

***215. SHRI RAJABHAU PARAG PRAKASH WAJE:**

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

- (a) whether the Government is aware that ASHA workers and ASHA Block Facilitators (BFs) under the National Health Mission have not received a fair increase in their honorarium despite working tirelessly, including during COVID-19, if so, the details thereof;
- (b) whether it is true that many ASHA workers face delays or non-payment of their monthly incentives due to report-based payment systems, if so, the details thereof;
- (c) whether any steps are being taken by the Government to grant them Government employee status, social security and pension benefits, if so, the details thereof;
- (d) whether the Government proposes to clear pending dues for work done under schemes like Aarogya Lavinivani since October 2021; and
- (e) if so, the details thereof and the timeline fixed to ensure regular, timely and increased payments to ASHA workers and BFs and fulfil their longstanding demands?

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

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 215* FOR 13TH FEBRUARY, 2026**

(a) to (e): The primary responsibility of strengthening public healthcare system, including support for ASHA and ASHA Facilitator 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 incentive per month for routine and recurring activities. ASHA Facilitators receive Rs. 300/- per visit and undertake about 20 supervisory visits per month under NHM.

Additionally, ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes. The details of these ASHA incentives under NHM are available on the following Uniform Resources Locator (URL):

<https://nhm.gov.in/New-Update-2025-26/ASHA-incentive/ASHA%20Incentives.pdf>

ASHAs also receive honorarium 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, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, etc.

ASHAs and ASHA Facilitators 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. 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.
