

Commentary

Over-Reliance on frontline health workers in India

Somya Mullapudi^{1*}, Uday Kumar Reddy Singham², Sirshendu Chaudhuri³

¹Public Health Practitioner, Independent Researcher, Hyderabad, India

²Kurnool Medical College, Kurnool, Andhra Pradesh, India

³Indian Institute of Public Health, Hyderabad, India

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*Correspondence:

Dr. Somya Mullapudi,

E-mail: somyamullapudi@gmail.com

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ABSTRACT

The roles of the frontline health workers (auxiliary nurse midwives (ANMs) and Accredited Social Health Activists (ASHAs)) in Indian public health system has been invaluable. Originally aimed at delivering the maternal and child health services, their roles have been changing with the changing public health needs of the country. They primarily provide preventive, promotive and some administrative roles encompassing various health programs including communicable and non-communicable diseases. The health workers also document their activities and outcomes in both the register-based and mobile application-based formats. These reports are critical in monitoring and evaluating the programs and as a support to a careful decision making. However, the capacity of these health workers' in balancing their abilities and workload is unfortunately one of the most often ignored aspect within the primary health care delivery. Additionally, their challenges are worsened with inadequate services of the essential training and supervision programs that are required for strengthening of skills and adequate execution of duties and responsibilities. Thus, to enhance efficient public health delivery, India must consider additional human resource allocation and task shifting options at the earliest.

Keywords: Community health workers, Health workforce, Health services accessibility

INTRODUCTION

The public health system in India has witnessed major changes over the last few decades in response to the ever-increasing healthcare demands and disease burden. NHPs have been frequently revised to align them with the changing health care needs and priorities and sustainable development goals (SDGs) for 2030, alongside the introduction of novel digital health initiatives under the Ayushman Bharat Digital Mission. The basic unit of public healthcare transitioned from sub-centres to Health and Wellness Centres and, since 2023, to Ayushman Arogya Mandirs.¹⁻³

Ever since the launch of the National Health Mission (NHM) in 2005, the frontline workers such as Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) have played a pivotal role in

delivering the maternal and child health services. According to the revised Indian Public Health Standards (IPHS) guidelines (2022), one ANM is allotted per sub-centre for a population ranging between five to eight thousand. The public health transition has placed greater responsibilities on frontline health workers without significant redistribution of their roles. Their initial role of maternal and child health care has been diversified to all national programs that include- communicable diseases (Malaria, leprosy, tuberculosis, infectious disease outbreaks); with the ANMs being responsible for supervisory postnatal care visits, while ASHAs requiring to conduct at least six postnatal home visits.⁴ The various roles include- creating awareness, counselling for various conditions like birth preparedness, breastfeeding and complementary feeding, immunization, contraception etc.; mobilize community to access healthcare services, physically accompanying the pregnant women and

children during delivery or any other major treatments; conduct active screening for major NCDs like diabetes and hypertension. Apart from the preventive and promotive services, the ANMs provide primary medical care for common illnesses such as diarrhoea, fevers, first aid for minor injuries and neonatal sepsis. Their role also extends to the gram panchayats, where they contribute to the Village Health and Sanitation Committee by promoting construction of household toilets under the Total Sanitation Campaign. The health workers like ANM and ASHA are also expected to play a pivotal role in cancer screening. ASHAs, ANMs and Anganwadi Workers (AWWs) coordinate immunization, nutrition support and sanitation programs while also assisting in outpatient care during emergencies. Under the Integrated Child Development Services (ICDS) program, they provide nutritional supplementation, treat diseases and refer high-risk cases.⁴ As a final step, they need to extensively document their work, by both manual means and digital record-keeping.⁵ For example, the ANMs in

the state of Andhra Pradesh are expected to maintain at least twenty-eight registers and twenty-three mobile apps under different programs (Table 1). In the same state, ANMs recruited through the secretariat at the local administration ('Sachivalayam'), are often directed to works that are unrelated to health. For example, distribution of pensions under various social schemes or surveys (Like household geotagging) that are not directly related to health services. Thus, ANMs are also foresee having a challenge in prioritization between the works assigned by the medical officer and those assigned by the local administration. A recent notable addition is to secure a national quality assurance standards (NQAS) accreditation by the sub-centres to ensure quality services through these facilities. Such a huge workload on the frontline health workers is expected to divert their focus away from a precise core healthcare delivery. Despite the value of these responsibilities, many workers have not received adequate training, in turn directly affecting the delivery of critical services.⁶

Table 1: List of registers and mobile applications maintained by frontline health workers, Andhra Pradesh, 2024.

List of registers			
S. no.	Name of Registers	Type of information	Frequency
Maternal & child health including family planning			
1	Eligible couple register and Children register (ECCR register)	Census	Monthly
2	Iron & folic acid supplementation	supplement	Twice weekly (Monday & Thursday)
3	Antenatal care coverage (ANC register)	ANC data	Daily
4	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMSA)	ANC data	Monthly
5	Pradhan Mantri Matru Vandana Yojana (PMMVY)	ANC data	Case based
6	High risk pregnant women (HR PW)	high risk ANC	Daily
7	Estimated date of delivery register (EDD register)	ANC data	Case based
8	Universal Immunisation Program (UIP)	Immunisation	Biweekly
9	Health initiatives - 0 to 5 yrs child	Census	Biweekly
10	Vitamin A supplementation	supplement	Twice weekly (On vaccination days)
11	SAANS	URTI screening	Program based
12	School Health (Adolescent Health Clinics)	screening & Education	Weekly
13	Intrauterine devices (IUD)	sterilization temporary	Cased based
14	Oral contraceptive pills (OCP) register	sterilization temporary	Case based
Non-communicable diseases& communicable diseases			
15	Minor ailments register	census	Daily
16	Family physician programme	Mobile medical unit at sub-centres	Fortnightly
17	National Programme for Control of blindness and Visual impairment register (Blind register)	census	Case based

Continued.

List of registers			
18	Indian sickle cell disease registry (ISCDR)	Screening sickle cell anaemia	Program based
19	Communicable and non-communicable disease (NCD CD register)	screening of diseases	Case based
20	Malaria Form (MF 2) & (MF7)	malaria Screening and malaria positive register	Daily
21	NLEP register	Leprosyscreening	Program based
22	ABCG (Adult BCG vaccine)	screening and consents	Program based
General administrative duties			
23	Tour diary	administration	Daily
24	Birth registration	birth census	Case based
25	Death registration	death census	Case based
26	Aarogyasri	Payments ANC services	Daily
	Aarogyasri feedback	Feedback (Home-based survey)	Case-based
27	Aarogyasri (Dr. N.T.R. Vidya seva)	Registration of new beneficiary Discharge Feedback Card Distribution status EKYC Not done status	Case-based
28	Ayushman Bharat Health Account (ABHA) registration	Issue ABHA cards after registration	Case-based
Mobile app			
Maternal & child health including family planning			
Sl	Name of the application	Type of information	Frequency
1	Anemia Mukth Bharat	Anaemia screening	Monthly
2	ANC	ANC services	Daily
3	ANC check ups	ANC follow up	Daily
4	RCH tracking	RCH services	Daily
5	High-risk pregnant woman app	High risk cases follow up	Case-based
6	ANMOL	MCH services including immunization and family planning services	Daily
7	PNC	PNC services	Daily
8	Uwin	Immunisation	Biweekly
9	SAANS (Social Awareness and Action to Neutralize Pneumonia Successfully)	Screening for pneumonia in children	Program-based
10	School screening (RBSK)	Screening	Weekly
11	4 D screening	Screening of childhood diseases	Case based
Non-communicable diseases & communicable diseases			
12	Integrated Health initiated platform (IHIP)	SDP data	Daily
13	TB	TB follow up	cased based
14	NLEP	leprosy screening	program based
15	HbsAg	Hepatitis screening	Case based
16	Vector control and hygiene app (Friday dry day programmes)	Vector borne disease	Weekly
17	TB win	Adult TB vaccination	Biweekly
18	NPNCD (National Programme for non-communicable diseases)	Screening of NCDs	Daily
19	Sickle cell app	Screening for sickle cell anaemia	Program-based
20	eJSY	Online JSY redressals	Case based
21	Aarogyasri feedback	Feedback (Home-based survey)	Case-based
22	Arogya Suraksha (Currently discontinued)	Population-based survey	Once a time
23	CSSM	Monthly subcenter reports	Monthly

The significant contribution of these health workers in the Indian public health system is often unuttered. A national-level study highlighted that maternal engagement with frontline health workers had significantly improved maternal and child health outcomes, particularly in the low-income groups.⁷ A time and motion study in South India revealed that additional program responsibilities have not been matched by a revision of ANMs' roles, leading to inefficiencies and administrative overload.⁸ A training assessment in Jharkhand found gaps in ANMs' knowledge of family planning services, highlighting the need for structured skill-based learning.^{8,9} Similarly, case studies in Pune and Mangalore reported that frontline workers are increasingly engaged in data collection rather than direct healthcare services, necessitating skill-based training programs.¹⁰

CONCLUSION

Thus, the village health workers', particularly the ANMs' roles and responsibilities are largely increasing with the growing number of programs, as these programs are largely implemented by them. The ANMs are getting overburdened, with various program implementation relying heavily on their efforts. It must be remembered that the data generated at the village and sub-centre level from the various programs are unquestionably important for policy decisions and resource allocation. A critical exploration to options in task shifting is thereby suggested at the earliest to promote a timely efficient public health delivery system in the country.

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