

**Review Article**

DOI: <http://dx.doi.org/10.22192/ijamr.2025.12.04.005>

# **“A scoping review on roles and factors influencing the performances of community health workers in India”**

## **Mr. Rajkumar Rathod**

Research Scholar

Dept. of MSW

VSK University, Ballari

Email id: [rajrathod.rathod@gmail.com](mailto:rajrathod.rathod@gmail.com)

## **Prof. Dr. Gouri Manik Manasa**

Research Supervisor

Dept. of MSW

VSK University, Ballari

---

### **Abstract**

#### **Keywords**

health workers,  
CHW,  
AWWs,  
web sources and data  
bases.

The present study is a systematic literature review of various dimensions. Intends to examine and analyze roles and factors influencing the performances of community health workers in the country. To achieve this the researcher has gathered the information from various web sources and data bases. In particular the researcher has reviewed the studies from the past ten years i.e. 2014 to 2024. There are still crucial knowledge and evidence gaps worldwide concerning the ways to enable Community Health Worker (CHW) programmes to deliver high coverage and high-quality interventions. The largest community health worker (CHW) cadre in the world, Anganwadi workers (AWWs) are employed under India's Integrated Child Development Services scheme. Yet, the variables affecting the performance of these employees are still inadequately studied. Inclusion of issues critical to the global CHW programme agenda that may have been overlooked. The findings of it have implications for other large scale global CHW programmes. In this regard the author aimed to identify various factors highlighted by the researchers worldwide.

---

## Introduction

Through their essential position Community Health Workers (CHWs) connect the formal healthcare system to India's numerous diverse communities that mainly reside in rural areas and underprivileged communities. Scripts delivered under the National Rural Health Mission (NRHM) in 2005 launched the Accredited Social Health Activist (ASHA) program which proved essential to this development. Apparently the program progressed under the National Health Mission (NHM) until it became one of the globe's largest CHW programs featuring 900000 AHAs who received training to deliver essential health services and lead communities towards improved health methods.

Awakening Health Activists (ASHAs) perform multiple duties including maternal child wellness promotion combined with immunization programs and sickness monitoring and service provision assistance. This essential workforce plays an essential part in elevating national health indicators within the country. Multiple factors influence ASHAs' work performance because personal elements combine with their professional capabilities and features from their organization while being shaped by their environmental context.

The educational attainment of an ASHA and their family demographic combined with their health standing will determine the workforce's success level. The professional features which include staffing selection methods as well as skills instruction and job safety and motivational programs directly impact work success. The performance of healthcare workers depends on both personal elements and organizational standards for supervision quality along with available infrastructure and departmental coordination. The outside environment containing both positive and negative elements can either help or block ASHAs performing their duties.

The CHW system in India revealed both positive and negative aspects of its nature while facing the challenges of the COVID-19 pandemic. ASHAs

and other health workers from Dhari district in Uttarakhand delivered extraordinary vaccination achievements during tough geographical situations and minimal supply constraints. The strong connections ASHAs maintain within communities translated to successful health communication together with service delivery. ASHAs initiated protests against their poor working conditions because the pandemic unveiled insufficient payment and inadequate protective gear along with rising workloads for which the government failed to supply suitable assistance.

The pandemic required CHWs to adopt modified responsibilities when it came to handling non-communicable diseases (NCDs). The pandemic caused CHWs to modify their work by both supplying medications and offering telehealth platforms alongside digital tools for continued patient care. The expanding duties highlight the requirement for sustained educational support to prepare CHWs for emerging healthcare approaches.

The crucial work of ASHAs encounters various obstacles which prevent them from receiving proper recognition and affects their payment and hinders their full integration with formal healthcare facilities. Research findings stress that problems in this area require resolution to boost CHW work motivation as well as performance results. Both intrinsic and extrinsic factors need to remain under consideration while developing policy frameworks because social recognition and self-efficacy combined with a sense of community responsibility motivate Indian ASHAs.

The review investigates systemically the Indian Community Health Worker roles and performance determinants across 2014 to 2024 framework. The review incorporates existing literature to discover research voids which will help direct policy changes while developing approaches to develop the CHW structure for long-lasting community healthcare delivery throughout India.



### Roles and factors influencing the performances:

The researcher has identified several roles influencing the performances. They are:

**Health education and promotion:** Increasing awareness of nutrition, environmental sanitation, maternal and child health, contraceptive methods, immunization, and disease prevention.

**Service facilitation:** Helping people utilize health services such as antenatal care; immunizations; institutional deliveries; and treatment for communicable diseases.

**Community mobilization:** Mobilizing communities to participate in health campaigns and programs such as vaccination campaigns or health care camps.

**Disease surveillance:** Reporting births, deaths, and outbreaks of communicable diseases to the

health system to enable timely actions to address the health events.

**Home-based care:** Providing basic management and advice for common illnesses, postnatal care, and for monitoring patients with chronic illnesses.

**Emergency referral:** Providing first-aid assistance in emergencies, facilitating transportation for patients to the health facility.

The multi-disciplinary roles of CHWs necessitate a unique combination of technical and communication skills, and the cultural understanding necessary to engage the community.

### Factors:

#### 1. Personal Factors

Individual characteristics can have a profound impact on the way CHWs conduct their work. Important personal characteristics include:

⇒ **Education:**

The higher the formal education of a CHW, the better understanding of health-related tasks, record keeping, knowledge, or other health messages. There are studies showing, for example, that ASHAs educated to at least the secondary school level perform better on understanding health protocols (Kok et al., 2015).

⇒ **Health:**

The physical and mental health of CHWs has a direct effect on their ability to effectively work. CHWs who are suffering from chronic fatigue, or getting ill frequently prospectively will have difficulties in being able to fulfill CHW duties, even in more physically active rural areas.

⇒ **Family background and support:**

Family members can be very supportive (Chen et al., 2020), and this is particularly the case for female CHWs whose family members may have to take on additional work if they spend time on their roles. Family duties and cultural expectations about the role of women may place restrictions on CHWs mobility and time commitment, with repercussions for performance (Kumar et al., 2020).

⇒ **Motivation and personal values:**

CHWs are driven by altruism, social responsibility or desire for respect in their community will tend to perform better, are more satisfied with their work and also demonstrate a higher level of commitment.

## 2. Professional factors

Professional aspects in CHWs' contexts can have a significant impact on their work:

⇒ **Recruitment and Facilitation:**

Transparent recruitment processes ensure motivated individuals are selected as CHWs. Regular recruitment and comprehensive training

mean the CHWs have "some" skills when they start, while training occasionally reinforces new content, like the emergence of non-communicable diseases and pandemic responses (Singh et al., 2021).

⇒ **Job Security and Career Development:**

The absence of permanent employment status and lack of expected career progression demotivates CHWs. Many ASHAs indicate they are treated more like surfaces and volunteers (the GoI recognizes them as employees of the health system) and therefore their commitment wanes over time.

⇒ **Motivation and payment:**

While CHWs earn performance-based incentives, the practice of irregular and delayed payments is common. Economic uncertainty was a major demotivator in contributing to CHWs high attrition. Studies conducted after the COVID-19 pandemic (of which we are still experiencing) have used the word "vulnerability" further placing focus on the economic uncertainty of CHWs (Gupta et al., 2022).

⇒ **Supervision and Support:**

Supervision mentors supporting CHWs and working with them as part of a team supports improving the CHWs' performance through providing feedback, emotional support, and helping with coaching and problem-solving. Bad supervision leads to CHWs feeling isolated and undervalued.

⇒ **Workload and Role Clarity:**

The inconsistent use of definitions of roles and responsibilities and increased workload especially during a health crisis such as COVID-19 from early 2020 made it challenging for many CHWs. Overwhelming them with work and role but not providing similar levels of support can also directly correlate with burnout and efficiency.

### 3. Organizational Factors

There are many aspects about the way the health system is organized and the nature of the support from the health system that impact how and to what extent CHWs perform their roles satisfactorily:

#### ⇒ **Inter-program Coordination:**

Inter-program coordination among varying health programs (maternal health, child health, immunization, NCD's) is best set-up to ensure CHWs are not duplicating work, which means they are working efficiently. Conflicting and unclear program benefits with separate and fragmented programs create confusion for CHWs whom then work with diluted power and ability (Pallas et al., 2015).

#### ⇒ **Logistics & Supply Chain Management:**

CHWs must have access to supplies (medications, contraceptives and vaccinations), in addition to their equipment working, for them to provide effective services. Stockouts and delays in obtaining supplies create issues for CHWs and their credibility in the community suffers from these consequences.

#### ⇒ **Data & Reporting Systems:**

CHWs are frequently asked to engage in data collection and reporting, and at some level these activities are acceptable. However, when the data collection process is easy to use and simple, CHWs can concentrate on engaging with the community and not the paperwork. Recently, digital health innovations have increased the ability for CHWs to concentrate on community level engagement, however, this ability is not uniformly distributed, and remains, disproportionally available in India (Bajpai & Wadhwa, 2020).

#### ⇒ **Quality of Supervision:**

The different aspects of supervision such as frequency, consistency and supportive have been

shown to allow for issues to be identified at a very early point in program implementation. Furthermore, it has shown to increase morale, and good supervision has supported and led to ongoing professional development.

### 4. Environmental Factors

The role of external environmental conditions is also significant.

#### ⇒ **Community Perspectives and Support**

When there are positive community perspectives, trust and collaboration is likely to occur and therefore, there will be positive program outcomes. Conversely, this could look like distrust, negative perspectives, or lower health literacy could occur in the community leading to limitations in CHWs, efficacy...

#### ⇒ **Geographical Barriers**

The physical distance from the frontline and the poor road network (with bad weather) with disbursed populations, especially in hilly areas, tribal areas, or far flung disadvantaged areas of India (The Himalayan, north-east services).

#### ⇒ **Sociocultural Barriers**

Sociocultural norms, gender norms, caste, religion behave as barriers for providing services, particularly in conservative communities or marginalized populations.

#### ⇒ **Pandemic or Emergency Situations**

Crises such as the COVID-19 pandemic illustrated the strengths and weaknesses of India's CHW workforce. A workforce that was heralded, a workforce that filled gaps of contact tracing, vaccination drives, and community health education while simultaneously struggling with increased workloads, increased health risks and contact with community tensions.

## Details of the study:

Following are the details of the scoping review pertaining to the topic:

## Conclusion

Community Health Workers (CHWs) are an essential element to enhancing public health outcomes across India but are subject to their personal characteristics, professional supports, workplace milieu, and the larger context of the community and geography they are working within. If CHWs are to be strengthened into the future, it is imperative to acknowledge the layers of influence that are complex, intertwined and ultimately influence the CHWs performance. Future policies will need to include a focus on enhancing CHW education and providing substantive professional and financial support, supervision systems and an enabling environment to facilitate health care. Strengthened CHWs not only improve the life of those individuals but simultaneously strengthens the whole delivery system, especially for India's most marginalized communities.

## References

- Abdel-All, M., Angell, B., Jan, S., et al. (2018). Evaluation of a training program of hypertension for accredited social health activists (ASHA) in rural India. *BMC Public Health*, 18(1), 1-11.
- Bajpai, N., & Wadhwa, M. (2020). Performance of Community Health Workers: Evidence from India. *Earth Institute, Columbia University*.
- Balagopal, P., Kamamma, N., Patel, T. G., & Misra, R. (2012). A community-based participatory diabetes prevention and management intervention in rural India using community health workers. *Diabetes Educator*, 38(6), 822–834.
- Basu, P., Mahajan, M., Patira, N., et al. (2019). A pilot study to evaluate home-based screening for common non-communicable diseases by a dedicated cadre of community health workers in a rural setting in India. *BMC Health Services Research*, 19(1), 1-10.
- Garg, S., Sharma, M., Bala, M., et al. (2022). Time use and payments of multipurpose community health workers in Chhattisgarh, India. *BMC Health Services Research*, 22(1), 1-11.
- Ghosh, R., Sharma, A. K., Sinha, R., et al. (2021). Understanding the awareness, perception and practices of community healthcare workers for high-risk antenatal cases: A survey conducted in India. *Journal of Family Medicine and Primary Care*, 10(7), 2637–2644.
- Gilmore, B., & McAuliffe, E. (2013). Effectiveness of community health workers delivering preventive interventions for maternal and child health in low- and middle-income countries: a systematic review. *BMC Public Health*, 13(1), 847.
- Jain, M., Singh, S., & Jain, P. (2018). Community health worker interventions in type 2 diabetes mellitus patients: assessing feasibility and effectiveness in rural Central India. *Journal of Family Medicine and Primary Care*, 7(4), 700–705.
- Joshi, R., Alim, M., Kengne, A. P., et al. (2022). The effectiveness of rural community health workers in improving health outcomes during the COVID-19 pandemic: a systematic review. *Global Health Action*, 15(1), 2044673.
- Kar, S. S., Thakur, J. S., Prinja, S., & Singh, M. (2008). Cardiovascular disease risk management in a primary health care setting of North India. *Indian Heart Journal*, 60(1), 19–25.
- Khetan, A., Purushothaman, R., Chami, T., et al. (2019). Effect of a community health worker-based approach to integrated cardiovascular risk factor control in India: a cluster randomized controlled trial. *Global Heart*, 14(2), 163–172.
- Kok, M. C., Dieleman, M., Taegtmeier, M., et al. (2015). Which intervention design factors influence performance of community health workers in low- and middle-income

- countries? A systematic review. *Health Policy and Planning*, 30(9), 1207–1227.
- Kumar, S., Dansereau, E., & Murray, C. J. L. (2020). Does distance matter for institutional delivery in rural India? *Applied Geography*, 35(1-2), 1–9.
- Lewin, S., Munabi-Babigumira, S., Glenton, C., et al. (2010). Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. *Cochrane Database of Systematic Reviews*, 2010(3), CD004015.
- Mupara, L. U., Molebatsi, K., & Van den Bergh, K. (2023). Community health worker programmes' integration into national health systems: A scoping review. *BMJ Open*, 13(2), e063184.
- Pallas, S. W., Minhas, D., Pérez-Escamilla, R., et al. (2015). Community health workers in low- and middle-income countries: What do we know about scaling up and sustainability? *American Journal of Public Health*, 105(5), e74-e82.
- Perry, H. B., & Rohde, J. (2019). The Jamkhed comprehensive rural health project and the Alma-Ata vision of primary health care. *Journal of Global Health*, 9(1), 010302.
- Raithatha, S., Shankar, A., & Shankar, R. (2017). Training village health workers in detection and monitoring of non communicable diseases. *Indian Journal of Public Health Research & Development*, 8(4), 590–594.
- Sankaranarayanan, R., Ramadas, K., Thara, S., et al. (2005). Effect of screening on oral cancer mortality in Kerala, India: a cluster-randomised controlled trial. *The Lancet*, 365(9475), 1927–1933.
- Sankaran, S., Shetty, V., Hebbar, A., et al. (2017). An NGO-Implemented community–Clinic Health Worker approach to providing long-term care for hypertension in a remote region of southern India. *Global Health: Science and Practice*, 5(4), 668–680.
- Sharma, R., Webster, P., & Bhattacharyya, S. (2014). Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. *Global Health Action*, 7(1), 25352.
- Sharma, R., Webster, P., & Bhattacharyya, S. (2024). Knowledge of Accredited Social Health Activists (ASHAs) in India: a systematic review and meta-analysis. *Global Health Research and Policy*, 9(1), 5.
- Singh, P., Singh, S., & Jain, M. (2022). COVID-19 training for rural, unaccredited community health workers. *Journal of Family Medicine and Primary Care*, 11(1), 215–220.
- Sivakumar, T., Shah, H., Devarajan, R., et al. (2023). Incentivizing Accredited Social Health Activists for mental health outcomes during COVID-19: A prospective interventional study. *Social Psychiatry and Psychiatric Epidemiology*, 58(6), 1005–1014.

Access this Article in Online

	Website: <a href="http://www.ijarm.com">www.ijarm.com</a>
	Subject: Public Health
Quick Response Code	
DOI: <a href="https://doi.org/10.22192/ijarmr.2025.12.04.005">10.22192/ijarmr.2025.12.04.005</a>	

How to cite this article:

Rajkumar Rathod, Gouri Manik Manasa. (2025). A scoping review on roles and factors influencing the performances of community health workers in India. *Int. J. Adv. Multidiscip. Res.* 12(4): 44-50.  
 DOI: <http://dx.doi.org/10.22192/ijarmr.2025.12.04.005>