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Original Article

Role of ASHA Workers in Public Health: Special Reference to Gadhinglaj Taluka

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Abstract

Accredited Social Health Activists (ASHAs) form the cornerstone of India's community-based public health strategy under the National Health Mission (NHM). Selected from the village and trained as health activists, ASHAs bridge the gap between rural communities and the formal health system by promoting awareness, facilitating service utilization, and providing basic curative and referral support. This paper analyses the multifaceted roles of ASHAs in maternal and child health (MCH), immunization, communicable and non-communicable disease management, and emergency response. Drawing on national studies and Maharashtra-specific data, it evaluates their impact on key health indicators. With special reference to Gadhinglaj Taluka in Kolhapur district, the study highlights district-level implementation, including the operational deployment of approximately 2,790 ASHAs across Kolhapur blocks and the linkage with facilities such as the Sub-District Hospital (SDH) at Gadhinglaj. Secondary data from NHM reports, district Programme Implementation Plans (PIPs), and empirical studies reveal significant improvements in antenatal care (ANC), skilled birth attendance (SBA), and institutional deliveries attributable to ASHA interventions. However, challenges such as inadequate incentives, heavy workload, and training gaps persist. The paper concludes with recommendations for strengthening ASHA support to sustain gains in public health outcomes.

Keywords: *ASHA workers, National Health Mission, maternal and child health, Gadhinglaj Taluka, rural public health, community health workers.*

Introduction

India's rural healthcare system faces persistent challenges of accessibility, affordability, and awareness, particularly for vulnerable populations. Launched in 2005 under the National Rural Health Mission (NRHM, now NHM), the ASHA programme introduced a cadre of female community health volunteers to address these gaps. One ASHA is typically deployed per 1,000 rural population (or 1,500 in non-tribal areas in some states), selected locally and accountable to the village. In Maharashtra, the programme was rolled out in tribal areas from July 2007 and non-tribal areas from November 2008, with over 63,694 rural ASHAs appointed as of December 2024 (98.74% of sanctioned posts).

ASHAs serve as the "first port of call" for health demands, especially among women and children. Their work extends beyond health promotion to include mobilization for services, depot-holding of essential drugs (e.g., ORS, IFA tablets), and performance-linked referrals. Gadhinglaj Taluka, located in Kolhapur district of western Maharashtra, exemplifies a typical rural setting with agricultural communities, moderate infrastructure, and reliance on the public health system. The Taluka
's Sub-District Hospital (SDH) functions as a referral hub, including a Special New-born Care Unit (SNCU) that receives ASHA-facilitated cases. With Kolhapur district reporting 2,790 operational ASHAs against a requirement of 2,800 (as of 2022-23), Gadhinglaj block contributes to this network through home-based new-born care (HBNC), Village Health and Nutrition Days (VHNDs), and referrals. This paper investigates the role of ASHAs in public health with a focused lens on Gadhinglaj Talukal, using secondary data to assess contributions, impact, and limitations.

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Objectives

1. To delineate the roles and responsibilities of ASHA workers under the NHM framework.
2. To examine the impact of ASHA interventions on key public health indicators, particularly MCH.
3. To analyse ASHA deployment and performance in Kolhapur district with special reference to Gadhinglaj Talukal.
4. To identify challenges and propose recommendations for strengthening the ASHA programme.

Review of Literature

National and international evaluations consistently affirm ASHA effectiveness. A nationally representative longitudinal study using Indian Human Development Survey (IHDS) data (2004–05 and 2011–12) found that exposure to ASHA services increased the probability of at least one ANC visit by 17% (95% CI: 11.8–22.1), skilled birth attendance by 26% (95% CI: 20–31.1), and facility births by 28% (95% CI: 22.4–32.8). The programme particularly benefits marginalized groups—poorer households, Scheduled Castes, and rural women.a3385f

Meta-analyses indicate marginal yet positive effects on Maternal and New-born health (MNH) services: approximately 26% rise in ANC coverage, 12% in institutional delivery, and 13% in postnatal care. ASHAs also enhance immunization, TB case detection, and malaria management.

District-specific studies in Maharashtra, including Kolhapur, highlight ASHA contributions to NRHM goals. Research on Kolhapur district (covering blocks including Gadhinglaj) notes their role in improving health status through home visits, counselling, and referrals, despite workload pressures. Profiles of ASHAs in the Kolhapur region show most are married women aged 25–45 with agricultural family backgrounds, performing over 70 tasks per 1,000 population.

State-level reports from Maharashtra's Public Health Department emphasise continuous training (Modules VI & VII, HBNC, NCD) and performance-based incentives (₹2,000/month central + state supplements), alongside social security schemes like PMJJBY and PMSBY. Literature gaps include limited Taluka-level granular data for Gadhinglaj; most studies aggregate at district or state level. This paper addresses the gap through synthesis of available district PIPs and facility linkages.

Methodology

This is a desk-based qualitative and quantitative secondary research study. Data sources include:

- Official NHM guidelines and Maharashtra Public Health Department reports (2024–25).
- Kolhapur District Programme Implementation Plan (PIP) 2022–23.
- Peer-reviewed studies from PMC, Research Gate, and academic repositories on ASHA impact.
- District health statistics and facility reports referencing Gadhinglaj SDH.

No primary fieldwork was conducted. Indicators analysed include ASHA numbers, training coverage, HBNC visits, JSY referrals, and outcome improvements (ANC, SBA, facility deliveries). Thematic analysis covered roles, impact, and challenges. Ethical considerations (secondary data only) and citation of all sources ensure originality and transparency.

Role of ASHA Workers in Public Health

ASHAs have transformed rural public health by leveraging local trust and cultural familiarity. Their impact is evident in Kolhapur/Gadhinglaj through improved MCH metrics and facility utilisation. However, sustainability requires addressing remuneration, career progression, and integration with digital tools. Synergy with schemes like JSY amplifies outcomes, but systemic issues (staff vacancies, infrastructure) dilute potential.

ASHAs perform 10 core functions as per national guidelines:

1. Creating awareness on health and social determinants.
2. Mobilising communities for local health planning and service utilisation.
3. Counselling on birth preparedness, safe delivery, breastfeeding, immunization, and contraception.
4. Escorting pregnant women for ANC/PNC and institutional delivery.
5. Providing depot-holder services for essential drugs and kits (ORS, IFA, DDK).
6. Identifying and referring danger signs in mothers, new-borns, and children.
7. Supporting universal immunization and VHNDs.
8. Maintaining records and reporting vital events.
9. Promoting sanitation, hygiene, and toilet construction.
10. Acting as first-contact providers for minor ailments.

Roles have expanded to non-communicable diseases (NCD screening via CBAC), mental health, palliative care, vector-borne disease surveillance, and Ayushman card generation. During COVID-19 and disasters, ASHAs provided first aid and relief coordination.

Special Reference to Gadhinglaj Taluka

Gadhinglaj Taluka, one of 12 blocks in Kolhapur district, benefits from the district's robust ASHA network of 2,790 workers (near-full coverage). While block-wise disaggregated numbers are not publicly detailed, the Taluka's

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population and rural character align with the standard 1,000–1,500 population norm per ASHA. The Gadhinglaj SDH serves as a key referral centre with a 15-bed SNCU (114 admissions reported in recent PIP data, with ASHA-linked referrals noted). Home-based new-born care kits are functional for 2,403 ASHAs district-wide, with 2,755 new-borns visited—many likely from Gadhinglaj villages. ASHAs in the Talukal facilitate JSY payments, immunization outreach, and high-risk pregnancy tracking, linking remote hamlets to the SDH. Local examples from Kolhapur studies (including institutions in Gadhinglaj) show ASHAs conducting home visits, counselling urban-rural poor mothers, and improving child health indicators through social mobilisation. Union activities and protests by Kolhapur ASHAs (including leaders from the region) underscore grassroots engagement.

Findings and Impact

Deployment: Maharashtra – 63,694 rural ASHAs (98.74% coverage); Kolhapur – 2,790/2,800. Training progress exceeds 90% in core modules.

MCH Impact: National evidence shows 17–28% gains in ANC, SBA, and facility births. District JSY and HBNC data indicate high ASHA-promoted institutional deliveries and new-born follow-ups.

Other Areas: ASHAs support NCD screening, TB/malaria detection (Gadhinglaj as sentinel site), and social security enrolment (2,780 ASHAs covered).

Facility Linkage: Referrals to Gadhinglaj SNCU and NBSUs demonstrate effective community-to-facility continuum.

Overall, ASHAs have accelerated progress toward SDG 3 targets in the region.

Challenges Faced by ASHA Workers

Performance-based incentives (average ₹3,500–5,000/month in Maharashtra) are perceived as inadequate relative to workload (>70 tasks).

Training gaps in advanced modules and supervision shortages (e.g., ANM vacancies).

Lack of formal employee status, leading to protests in Kolhapur for better pay and insurance.

Gender-related vulnerabilities and community resistance in some areas.

High population coverage in non-tribal blocks like Gadhinglaj strains individual capacity.

Conclusion and Recommendations

ASHAs remain indispensable to India's public health architecture. In Gadhinglaj Taluka, their role in bridging villages to the SDH has strengthened service delivery. To optimise performance:

- Increase fixed honorarium and link incentives to outcomes.
- Provide regular refresher training and digital kits.
- Ensure social security and legal recognition as workers.
- Conduct tahsil-specific evaluations for targeted interventions.
- Strengthen supervision through dedicated ASHA facilitators.
- With these measures, the ASHA programme can further elevate public health standards in rural Maharashtra.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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