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CONTRIBUTION OF ANGANWADI WORKERS AND ASHA WORKERS TO COMMUNITY HEALTHCARE SERVICES IN CHHATRAPATI SAMBHAJINAGAR DISTRICT, MAHARASHTRA : *A Conceptual Review Based on Secondary Sources*

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ABSTRACT

Anganwadi Workers (AWWs) and Accredited Social Health Activists (ASHAs) are important community-level functionaries within India's nutrition, maternal and child health, and public healthcare systems. They connect households with public services, communicate health information, support preventive activities, and help eligible people navigate service pathways. This conceptual review examines the complementary roles of Anganwadi Workers and ASHA Workers, with Chhatrapati Sambhajinagar district of Maharashtra as the proposed local context. Drawing on official programme guidance and secondary sources, the paper discusses nutrition support, early childhood care, growth monitoring, maternal and newborn health, immunisation mobilisation, referral support, inter-worker coordination, and operational challenges. It also identifies areas for improving service delivery, including practical refresher training, timely and transparent remuneration, adequate supplies, clear role allocation, supportive supervision, and simpler digital reporting. The paper is conceptual rather than an empirical district survey: no primary interviews, questionnaire responses, or verified district-level outcome dataset were supplied for this review. Accordingly, it does not estimate local impact or make causal claims. It provides a framework for a future field study that can assess workers' experiences and service outcomes using transparent sampling, ethical procedures, and verifiable district records.

Keywords: Anganwadi Workers; ASHA Workers; community healthcare; maternal and child health; nutrition; coordination; Chhatrapati Sambhajinagar.

1. INTRODUCTION

The effectiveness of a public health system depends not only on hospitals and clinical professionals but also on whether people can understand, reach, and use available services. Families may need information about pregnancy care, immunisation, nutrition, newborn care, sanitation, and the appropriate time to seek medical attention. Community-level workers can help bridge the distance between formal services and

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everyday household life by communicating in familiar language, identifying service needs, and facilitating contact with public institutions.

In India, Anganwadi services operate within the framework now associated with Mission Saksham Anganwadi and Poshan 2.0. The programme includes supplementary nutrition, early childhood care and education, and related nutrition activities for eligible groups. Anganwadi Workers contribute through centre-based services, beneficiary contact, growth monitoring, nutrition counselling, preschool activities, record maintenance, and coordination with health personnel (Ministry of Women and Child Development [MWCD], 2022).

ASHAs were developed as community-based health facilitators under the National Rural Health Mission and continue within the National Health Mission framework. Their responsibilities include health awareness, community mobilisation, encouraging timely use of health services, support for maternal and child health activities, and facilitating access to public facilities. Official community-process guidance describes ASHAs as performing complementary functions as healthcare facilitators, service providers within the permitted scope, and health activists (Ministry of Health and Family Welfare [MoHFW], 2014).

The two cadres therefore have related but distinct responsibilities. Anganwadi Workers focus strongly on nutrition and early childhood development, while ASHAs focus on linking individuals and families with health services and promoting preventive care. Coordination can be especially important where the needs of pregnant women, infants, young children, and families overlap. Chhatrapati Sambhajinagar district offers a relevant setting for examining how local settlement patterns, service access, resources, and institutional arrangements shape their work. These local conditions must be investigated using evidence rather than assumed to be uniform across the district.

2. STATEMENT OF THE RESEARCH PROBLEM

Anganwadi Workers and ASHA Workers are often assessed through programme activities and service outputs. However, an adequate understanding of community healthcare also requires attention to the practical processes behind those outputs: communication with households, continuity of follow-up, referrals, coordination between workers, availability of supplies, administrative demands, and the support workers receive. Where responsibilities overlap without clear coordination, some tasks may be duplicated while other needs may be missed.

The central problem addressed in this paper is how Anganwadi Workers and ASHA Workers contribute to community healthcare services and what organisational and operational conditions may strengthen or constrain that contribution in Chhatrapati Sambhajinagar district. Since this paper is based on secondary information, it establishes a conceptual framework for local investigation; it does not claim to measure actual district-level performance.

3. OBJECTIVES OF THE STUDY

6. To describe the principal healthcare-related responsibilities of Anganwadi Workers.
7. To explain how ASHA Workers facilitate community access to public health services.
8. To discuss the contribution of both cadres to maternal, newborn, and child health, nutrition awareness, and preventive healthcare.

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9. To identify areas of coordination among Anganwadi Workers, ASHAs, Auxiliary Nurse Midwives (ANMs), supervisors, and health facilities.
10. To examine operational challenges that may affect the quality and continuity of community-level services.
11. To suggest practical measures for improving training, resources, coordination, remuneration processes, and support systems.

4. RESEARCH QUESTIONS

12. What are the main healthcare-related activities undertaken by Anganwadi Workers?
13. How do ASHA Workers help individuals and families access public health services?
14. How do the two cadres contribute to maternal and child health, nutrition, immunisation mobilisation, and preventive care?
15. Where do their responsibilities intersect, and how can coordination be improved?
16. What institutional, logistical, administrative, and community-level challenges should be examined in a district-level study?

5. RESEARCH METHODOLOGY

The paper adopts a descriptive and analytical conceptual-review approach based on secondary sources. The source base includes official programme guidance on Mission Saksham Anganwadi and Poshan 2.0 and the National Health Mission's ASHA/community-process guidance. The material is organised thematically around programme roles, areas of convergence, operational constraints, and possible improvements.

Study area: Chhatrapati Sambhajinagar district, Maharashtra, India. Nature of study: conceptual review and policy-oriented discussion. Method of analysis: thematic comparison of the responsibilities and service pathways of the two cadres.

Limitations: No original questionnaire data, interviews, administrative dataset, or verified district-specific outcome statistics were provided for this paper. It therefore reports no sample size, percentages, statistical tests, or measured impact. Any future empirical version should specify the sampling frame, sample selection, data-collection period, questionnaire or interview schedule, operational definitions, analysis method, and sources of district-level figures.

Ethical considerations for future fieldwork include voluntary informed consent, protection of respondents' identities, collection of only necessary personal information, accurate reporting, and ensuring that participation does not interfere with service delivery.

6. CONTRIBUTION OF ANGANWADI WORKERS TO COMMUNITY HEALTHCARE

6.1 Nutrition support and counselling

Anganwadi Workers help implement nutrition-related services for eligible children, pregnant women, and lactating mothers. Their work may include communicating information about balanced diets, breastfeeding,

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complementary feeding, locally available nutritious foods, hygiene, and nutrition during pregnancy and lactation. Under Poshan 2.0, supplementary nutrition and early childhood care and education form important programme components (MWCD, 2022). The practical value of counselling depends on whether messages are understandable, culturally appropriate, and consistent with current programme guidance.

6.2 Growth monitoring and follow-up

Growth monitoring can help identify children who may require further assessment or support. Workers may record prescribed measurements, maintain beneficiary records, communicate concerns to caregivers, and coordinate with health personnel. Measurement quality depends on suitable equipment and correct procedures. Recording a concern is only an initial step; effective follow-up, counselling, and referral are also necessary.

6.3 Early childhood care and preschool activities

Anganwadi centres provide a community setting for early learning and developmental stimulation. Age-appropriate play, communication, and preschool activities can support children's cognitive, social, emotional, and physical development. These activities are linked with health because children's development is influenced by nutrition, care, safety, and the home environment.

6.4 Communication with families and health personnel

Regular contact with families can help workers explain services, understand barriers to attendance, and identify households that may need additional guidance. Coordination with ASHAs, ANMs, and other functionaries can support outreach sessions, beneficiary follow-up, and referrals. Clear responsibility for each follow-up action can reduce duplication and prevent families from being overlooked.

7. CONTRIBUTION OF ASHA WORKERS TO COMMUNITY HEALTHCARE

7.1 Maternal healthcare

ASHAs can encourage early pregnancy registration, antenatal check-ups, awareness of recommended care, birth preparedness, and timely contact with qualified health professionals. They may help families understand where services are available and address practical barriers to attendance. Clinical assessment, diagnosis, and treatment remain the responsibility of appropriately qualified health professionals.

7.2 Institutional delivery and referral support

ASHAs may help families understand delivery options, identify the appropriate health facility, and seek timely care when labour or complications arise. Their support may include communication, guidance on service pathways, and helping families consider transport or other access barriers. Emergency symptoms require prompt professional assessment; community-level support must not delay urgent referral.

7.3 Newborn and postnatal care

Home visits and counselling, as prescribed by official guidance, can reinforce information about newborn feeding, warmth, hygiene, follow-up, and warning signs. ASHAs may encourage families to obtain urgent

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medical care when a mother or newborn shows concerning symptoms. The exact schedule and scope of activities should follow current programme guidance and local protocols.

7.4 Immunisation and preventive health

ASHAs can mobilise families to attend immunisation sessions and other approved public health activities. They can share basic information about prevention, encourage timely service use, and help households navigate available programmes. Communication should be accurate, respectful, confidential, and appropriate to the needs of different families.

7.5 Community engagement

Because ASHAs work within communities, they may be well placed to understand concerns that discourage service use, including lack of information, transport difficulties, household restrictions, or uncertainty about where to seek help. Their contribution is strengthened when they have clear role definitions, accessible supervisors, adequate field support, and respectful working relationships with health facilities (MoHFW, 2014).

8. COMPARATIVE ROLE OF ANGANWADI WORKERS AND ASHA WORKERS

Dimension	Anganwadi Workers	ASHA Workers
Programme focus	Nutrition, early childhood care, preschool education, and related beneficiary services.	Community health awareness, mobilisation, and linkage with public health services.
Common activities	Supplementary nutrition facilitation, growth monitoring, counselling, preschool activities, records.	Health education, household contact, maternal/newborn care support, immunisation mobilisation, referrals.
Main groups served	Eligible young children, pregnant women, lactating mothers, and other programme beneficiaries.	Households and community members, with emphasis shaped by current public health priorities.
Typical service pathway	Anganwadi-centre services combined with beneficiary contact and outreach.	Home visits, community mobilisation, and facilitation of access to health facilities.
Coordination partners	ASHAs, ANMs, supervisors, local institutions, and programme staff.	Anganwadi Workers, ANMs, health facilities, supervisors, and community groups.

9. CHALLENGES THAT REQUIRE LOCAL INVESTIGATION

9.1 Workload and competing duties

Both cadres may need to balance direct work with families, meetings, reporting, outreach, and campaign-related activities. A local study should document the time required for each task and distinguish formally

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assigned responsibilities from additional duties. Work planning should protect time for counselling and follow-up.

9.2 Infrastructure and supplies

Anganwadi services may require safe and suitable premises, water and sanitation, growth-monitoring equipment, teaching materials, and reliable nutrition supplies. ASHAs may require approved field materials, communication support, and clear referral contacts. Availability should be verified through records and field observation rather than presumed.

9.3 Training and supervision

Initial training may need to be supplemented when guidance, technology, or health priorities change. Practical refresher sessions, demonstrations, supportive supervision, and opportunities to discuss difficult situations may improve confidence and consistency. Training should be understandable and tied to tasks that workers are authorised to perform.

9.4 Remuneration and recognition

Uncertainty about entitlements, delayed payments, or the cost of travel and communication may create financial pressure. A district-level study should collect evidence about payment timeliness, clarity of incentive rules, workload, and workers' perceptions of recognition. Recommendations should be based on documented findings and current government rules.

9.5 Digital reporting and administrative burden

Digital reporting can support monitoring and record management, but difficulties may arise where devices, connectivity, technical assistance, or digital skills are limited. A useful assessment should examine whether reporting requirements are duplicated and how much time they take away from direct work with beneficiaries.

9.6 Differences in local access

Urban, peri-urban, rural, and more remote settlements may have different service-access conditions. Migration, distance, transport, crowded housing, and continuity of contact are possible topics for investigation. These factors should be measured locally and not treated as uniform characteristics of every community in the district.

10. OPPORTUNITIES FOR BETTER COORDINATION

The two cadres can support a more continuous service pathway when responsibilities are clear and communication is regular. Practical steps may include joint planning for outreach sessions, agreed referral and follow-up procedures, consistent health messages, updated lists of service contacts, and periodic meetings with ANMs and supervisors. Information should be shared only when necessary for service delivery and in ways that protect confidentiality.

Coordination should not mean that one cadre is expected to perform the formal duties of another. Instead, each worker should understand what she is authorised and trained to do, when to refer a concern, and who

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is responsible for follow-up. Supervisors can help resolve gaps, reduce duplicate reporting, and ensure that field-level problems reach the relevant department.

11. SUGGESTIONS FOR IMPROVEMENT

- Organise regular coordination meetings among Anganwadi Workers, ASHAs, ANMs, and supervisors, with written follow-up responsibilities.
- Provide periodic, practical refresher training on nutrition, maternal and child health, communication, referral pathways, confidentiality, and approved digital tools.
- Ensure essential supplies and functioning equipment are available, maintained, and replenished through a transparent process.
- Review paper and digital reporting requirements to identify duplication and reduce avoidable administrative burden.
- Provide clear information about honorarium, incentives, payment schedules, and grievance-redressal channels; resolve documented payment problems promptly.
- Maintain updated information on local health facilities, service hours, referral contacts, and emergency pathways.
- Use respectful, two-way community communication and adapt health education to local language and circumstances.
- Conduct a district-level field study using a transparent sampling plan and validated questionnaire, and publish findings with appropriate limitations.

12. CONCLUSION

Anganwadi Workers and ASHA Workers perform complementary functions in connecting households with nutrition services, early childhood development support, maternal and newborn care, immunisation activities, preventive health information, and public health facilities. Anganwadi Workers contribute particularly through nutrition-related services, growth monitoring, preschool activities, and counselling. ASHAs help families understand and access health services, mobilise communities, and facilitate referrals within the limits of their programme roles.

The effectiveness of both cadres depends not only on individual effort but also on reliable supplies, practical training, timely and transparent remuneration, manageable workloads, supportive supervision, clear role allocation, and trust within communities. In Chhatrapati Sambhajinagar district, these issues should be examined using verified local records and field evidence. Because this paper is a conceptual review, it does not establish the actual magnitude of workers' contribution or claim causal effects. Its principal value is to organise key themes and provide a basis for a carefully designed empirical study.

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REFERENCES

1. Ministry of Health and Family Welfare, Government of India. (2014). ASHA: Guidelines for Community Processes. National Health Mission. https://nhm.gov.in/images/pdf/communitisation/asha/Orders-Guidelines/Guidelines_for_Community_Processes_2014_English.pdf
2. Ministry of Women and Child Development, Government of India. (2022). Mission Saksham Anganwadi and Poshan 2.0: Scheme Guidelines. Government of India. https://spniwcd.wcd.gov.in/mission-saksham-anganwadi-and-poshan-2-0/documents
3. Ministry of Women and Child Development, Government of India. (n.d.). Mission Saksham Anganwadi and Poshan 2.0. https://wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0
4. National Health Mission, Ministry of Health and Family Welfare, Government of India. (n.d.). ASHA programme and community processes. https://nhm.gov.in/
5. Government of Maharashtra, Public Health Department. (n.d.). Public health programme information. Government of Maharashtra. (Consult the current official Maharashtra Public Health Department website for relevant state-level circulars and programme details.)