



Community Health Nursing in India: Challenges and Opportunities

Prashant Kumar Hiremath

Department of Community Health Nursing, Dr. D.Y. Patil College of Nursing, Pune, Maharashtra, India

Abstract

Background: Community health nursing (CHN) is a key component of India's primary healthcare system, emphasizing preventive, promotive, and community-based services. Demographic and epidemiological changes and health system reforms reported in the literature have expanded the scope of CHN, while multiple workforce and organizational challenges remain.

Aim: This review examines the concept, evolution, roles, challenges, and opportunities of CHN in India in alignment with national health programs and the Sustainable Development Goals.

Methods: A narrative review of literature was reported using published articles from Indian and international nursing journals, government reports, policy documents, and publications from the World Health Organization and the Ministry of Health and Family Welfare. Relevant literature was identified through electronic databases and manual searches, and key findings were synthesized thematically.

Results: The review highlights the significant contribution of community health nurses in maternal and child health services, national health programs, disease prevention, and health promotion. Major challenges identified include shortage of trained nurses, high workload, inadequate infrastructure, socio-cultural barriers, and limited professional autonomy. Opportunities include policy initiatives such as Ayushman Bharat, capacity-building programs, technological advancements, and increased emphasis on evidence-based practice.

Conclusion: CHN plays a crucial role in improving population health and reducing health inequities in India. Addressing existing challenges through supportive policies, strengthened education, workforce development, and integration of technology can enhance the effectiveness of CHN. Strengthening CHN is essential for achieving equitable, accessible, and sustainable healthcare outcomes.

Keywords: Community health nursing, national health programs, nursing workforce, primary health care

INTRODUCTION

Community health nursing (CHN) is a specialized field of nursing that combines principles of public health with professional nursing practice to promote, protect, and improve the health of populations. It emphasizes preventive, promotive, and rehabilitative care, with a focus on individuals, families,

and communities as a whole rather than solely on individual patients. CHN addresses health needs within the natural living environment of people and plays a crucial role in achieving universal health coverage through accessible, equitable, and affordable healthcare services.

In India, CHN forms the backbone of the primary healthcare system and significantly contributes to the delivery of essential health services, particularly in rural and underserved areas. Community health nurses function at various levels of the healthcare system, including sub-centers, primary health centers (PHCs), community health centers, schools, anganwadis, and households. Their roles encompass maternal and child health services, immunization, nutrition support, communicable and non-communicable disease prevention, school health services, adolescent health programs, and health

Date of Submission: 18-01-2026

Date of Revision: 01-02-2026

Date of Acceptance: 14-02-2026

Access this article online

Website: <https://innovationaljournals.com/index.php/ijns>

ISSN No: 2581-463X

DOI: 10.31690/ijns.2026.v011i01.002

Address for correspondence:

Prashant Kumar Hiremath, Department of Community Health Nursing, Dr. D.Y. Patil College of Nursing, Pune, Maharashtra, India.

E-mail: prashanthiremath1008@gmail.com

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution Noncommercial Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms

education. Through these activities, community health nurses contribute to early disease detection, risk reduction, and health promotion across the life span.

The evolution of CHN in India has been closely linked with national health policies, health committees, and major public health initiatives. Programs such as the National Health Mission, Ayushman Bharat, and the establishment of Health and Wellness Centers have expanded the scope and responsibilities of community health nurses, positioning them as key frontline healthcare providers. The introduction of Community Health Officers (CHOs) and enhanced roles for nurses reflects the growing recognition of nursing leadership in primary healthcare delivery.

Despite its relevance, CHN in India faces multiple challenges, including workforce shortages, inadequate infrastructure, limited professional autonomy, high workload, and socio-cultural barriers. At the same time, emerging policy initiatives, technological advancements, capacity-building programs, and increased emphasis on preventive healthcare present significant opportunities for strengthening CHN practice. Therefore, this review aims to explore the challenges and opportunities of CHN in India, highlighting its evolving role, contribution to national health goals, and potential for improving population health outcomes.

Importance of CHN in the Indian healthcare system

CHN plays a central role in India's primary healthcare system, particularly in rural and underserved areas where access to healthcare facilities is limited. Community health nurses serve as the first point of contact for the community and contribute significantly to the implementation of national health programs under initiatives such as the National Health Mission and Ayushman Bharat. Their involvement in health promotion, early disease detection, and continuity of care has contributed to improvements in maternal and child health indicators and the control of communicable and non-communicable diseases [Table 1].^[1]

Rationale and need for the review

Despite its significance, CHN in India faces challenges such as workforce shortages, inadequate infrastructure, role overload, and limited professional growth opportunities. At the same time, health system reforms, policy support, and technological advancements offer opportunities to strengthen community-based nursing services. A concise review of existing literature is therefore needed to highlight the current status, challenges, and opportunities in CHN, which can guide nursing practice, education, and policy development.^[2]

CHN in India has undergone significant changes in response to evolving population health needs, epidemiological transitions, and health system restructuring. However, literature on CHN remains fragmented, with limited synthesis focusing on both service delivery realities and emerging roles of nurses at the community level. A focused review is required to consolidate available evidence, document contemporary practices, and examine gaps between policy intent and ground-level

Table 1: Role of community health nurses in national health programs

National health program	Key roles of community health nurses
Maternal and Child Health	Antenatal/postnatal care, nutrition counseling, growth monitoring
National Health Mission	Primary care delivery, health promotion, referral services
NPCDCS	Screening, lifestyle modification counseling, and follow-up
National Tuberculosis Elimination Program	Case detection, treatment support, and patient counseling
Immunization Programs	Vaccine delivery, cold-chain maintenance, and mobilization
School and Adolescent Health Programs	Health education, screening, and counseling

implementation. Such a review can provide a comprehensive understanding of current trends and inform strategic planning for strengthening CHN services. The findings may support improvements in nursing education, workforce planning, and policy initiatives aimed at enhancing community-oriented healthcare in India.^[3]

CONCEPT AND SCOPE OF CHN

Definition of CHN

CHN is a specialized branch of nursing that integrates nursing practice with public health principles to promote, protect, and maintain the health of individuals, families, and communities. It emphasizes preventive, promotive, and rehabilitative care delivered within the community setting, addressing health needs in relation to social, cultural, and environmental factors. In India, CHN forms a core component of primary healthcare services, particularly for rural and underserved populations.^[4]

Goals and principles of CHN

The main goal of CHN is to improve population health by preventing disease, promoting healthy lifestyles, and reducing health inequalities. CHN aims to enhance the quality of life through accessible and equitable healthcare services. Its practice is guided by principles such as community-centered care, emphasis on prevention and health promotion, holistic approach, community participation, intersectoral coordination, continuity of care, and evidence-based practice. Ethical values such as equity, accountability, and respect for cultural diversity are integral to CHN.^[5]

Scope and roles of community health nurses in India

The scope of CHN in India includes preventive, promotive, curative, and rehabilitative services provided in settings such as sub-centers, PHCs, schools, and homes. Community health nurses are involved in maternal and child health services, immunization, family planning, nutrition education, communicable and non-communicable disease prevention, and health education. They play a key role in implementing national health programs under the National Health Mission and contribute to disease surveillance, early detection, referral

services, and community empowerment. With the expansion of Health and Wellness Centers, community health nurses have an enhanced role in delivering comprehensive primary healthcare services.^[6]

EVOLUTION OF CHN IN INDIA

Historical development of CHN

CHN in India evolved alongside the development of the public health system. During the pre-independence period, healthcare services were mainly curative and hospital-based, with minimal community outreach. After independence, the need to address high maternal and infant mortality and communicable diseases led to the adoption of a primary healthcare approach. The introduction of auxiliary nurse midwives (ANMs) marked a major step in expanding nursing services to the community level. Over time, the role of community health nurses broadened to include disease prevention, health education, family welfare, and community participation.^[7]

Major health committees and policy milestones

The growth of CHN in India has been significantly influenced by recommendations made by various health committees, which laid the foundation for primary healthcare and community-based services.

Bhore committee (1946)

The Bhore Committee laid the cornerstone for India's modern public health system. It emphasized the integration of preventive and curative services at all levels of healthcare and recommended the development of PHCs to provide comprehensive healthcare to the community. The committee recognized the importance of trained nursing personnel in delivering community-based services and advocated for strengthening nursing education and public health nursing services.

Mudaliar committee (1962)

The Mudaliar Committee focused on strengthening existing health infrastructure rather than expanding services rapidly. It highlighted the need to improve the quality of healthcare delivery and stressed the significance of well-trained health workers, including nurses, at the primary level. The committee emphasized supervision, better working conditions, and adequate staffing, which indirectly strengthened the role of community health nurses in delivering effective primary healthcare.

Shrivastava committee (1975)

The Shrivastava Committee marked a significant shift toward community participation and preventive healthcare. It recommended the development of a cadre of community health workers to provide basic healthcare services and health education at the village level. The committee strongly emphasized preventive, promotive, and rehabilitative care, expanding the role of nurses in community health activities, health education, and public health program implementation.^[8]

Transition from curative to preventive and promotive care

India's healthcare system has gradually shifted from a curative-oriented model to one emphasizing preventive and promotive care. Community health nurses have played a central role in this transition through health promotion, disease prevention, early detection, and implementation of national health programs. Recent initiatives such as the National Health Mission and Health and Wellness Centers have further strengthened the preventive and promotive role of CHN, reinforcing its contribution in primary healthcare delivery.^[9]

Community health nurses also play a key role in linking communities with health systems by facilitating referrals, ensuring continuity of care, and supporting adherence to treatment and follow-up services. Policy initiatives such as the National Health Mission and the establishment of Health and Wellness Centers have further institutionalized preventive and promotive healthcare, enabling community health nurses to deliver comprehensive primary care services across the life course. This evolving focus underscores the strategic role of CHN in improving population health outcomes and advancing universal health coverage in India.^[10]

CHN WORKFORCE IN INDIA

Categories of CHN personnel

The CHN workforce in India includes various cadres working at different levels of primary healthcare. ANMs provide essential maternal and child health services, immunization, and family welfare at sub-centers. Accredited Social Health Activists act as community link workers, facilitating access to health services and promoting health awareness. CHOs, positioned at Health and Wellness Centers, deliver comprehensive primary healthcare, including screening and management of common conditions. Public Health Nurses play supervisory, administrative, and programmatic roles in planning, implementation, and evaluation of community health services.^[11]

Educational preparation and training

CHN personnel receive training through structured nursing and health education programs. ANMs undergo diploma-level training, while CHOs are trained through certificate or bridge programs based on their nursing or allied health background. Public health nurses usually possess graduate or postgraduate nursing qualifications with specialization in CHN. Periodic in-service training and continuing education are essential to enhance skills and adapt to evolving healthcare needs.^[12]

Role of nursing councils and regulatory bodies

Nursing councils and regulatory bodies, including the Indian Nursing Council and State Nursing Councils, play a vital role in regulating nursing education, maintaining professional standards, and ensuring quality training. These bodies are responsible for curriculum development, accreditation of institutions, licensing, and professional ethics, thereby strengthening the CHN workforce in India.^[13]

ROLE OF COMMUNITY HEALTH NURSES

CHN AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)

CHN plays a significant role in achieving the SDGs, particularly SDG 3: Good Health and Well-being. Community health nurses contribute through disease prevention, maternal and child health services, and promotion of healthy lifestyles. Their community-based approach helps reduce health inequities by improving access to healthcare for vulnerable and underserved populations. CHN interventions address social determinants of health at the grassroots level. Health education and behavior change communication empower individuals and families to take responsibility for their health. Community participation strengthens ownership of health programs and thus CHN supports sustainable and inclusive health development.^[14]

Opportunities for strengthening CHN

Several opportunities exist to strengthen CHN in India through supportive policies, capacity building, technology, and research. National initiatives such as Ayushman Bharat and the establishment of Health and Wellness Centers have expanded the scope of primary healthcare, enabling community health nurses to deliver comprehensive preventive, promotive, and basic curative services. Increased government emphasis on preventive healthcare provides a favorable environment for role expansion and greater professional recognition. Capacity building through skill-based training programs, continuing nursing education, and the introduction of advanced nursing roles, including nurse practitioners, can enhance clinical competence and leadership in community settings. The integration of technology, such as digital health records, telehealth services, and mobile health applications, offers opportunities to improve service delivery, monitoring, and health education outreach. In addition, greater involvement of nurses in community-based research, adoption of evidence-based interventions, and dissemination of nursing research through publications can strengthen professional practice and contribute to informed health policy and planning.^[15]

IMPLICATIONS FOR NURSING PRACTICE, EDUCATION, AND POLICY

The findings of this review highlight important implications for CHN practice, education, and policy. Strengthening community-based nursing practice requires adequate staffing, supportive supervision, and clearly defined roles. Continuous skill enhancement and use of evidence-based interventions can improve service quality. Nursing education should emphasize community-oriented training, leadership development, and use of digital health technologies. Curriculum revisions are needed to align education with primary healthcare priorities. At the policy level, stronger regulatory support, improved remuneration, and career progression pathways are essential. Policies recognizing advanced nursing roles can enhance the effectiveness of community health services.^[16]

Exposure to digital health platforms, data-driven decision-making, and quality improvement methodologies can further enhance professional competence. At the policy level, inclusive workforce planning, supportive regulatory frameworks, and standardized role definitions are essential to ensure optimal utilization of community health nurses. Long-term investment in nursing leadership development, recognition of nurse-led innovations, and alignment of nursing policies with national health goals can contribute to a resilient and sustainable CHN system in India.

INTEGRATION OF PUBLIC HEALTH SERVICES AND INTERSECTORAL COLLABORATION

Effective integration of public health and nursing services is essential for coordinated and comprehensive community-based care. Community health nurses act as a vital link between public health programs and individual health needs, supporting preventive and promotive services. Strengthening intersectoral collaboration with sectors such as education, nutrition, sanitation, and social welfare helps address social determinants of health. Coordinated planning and shared responsibilities improve service delivery, community participation, and overall health outcomes.^[17]

CONCLUSION

CHN plays a vital role in strengthening India's primary healthcare system through preventive, promotive, and community-based services. This review highlights the evolving role of community health nurses, along with key workforce, systemic, socio-cultural, and professional challenges. Addressing these challenges is essential to improve service quality and health outcomes. Strengthening education, capacity building, and supportive work environments can enhance nursing performance. Policy initiatives and technological innovations offer opportunities for role expansion. A coordinated effort involving education, practice, and policy is necessary. Strengthening CHN is crucial for achieving equitable and sustainable healthcare in India.

REFERENCES

1. Kalne PS, Kalne PS, Mehendale AM. Acknowledging the role of community health workers in providing essential healthcare services in rural India-a review. *Cureus* 2022;14:e29372.
2. Ravaghi H, Guisset AL, Elfeky S, Nasir N, Khani S, Ahmadnezhad E, *et al.* A scoping review of community health needs and assets assessment: Concepts, rationale, tools and uses. *BMC Health Serv Res* 2023;23:44.
3. Arteaga SS, Loria CM, Crawford PB, Fawcett SB, Fishbein HA, Gregoriou M, *et al.* The healthy communities study: Its rationale, aims, and approach. *Am J Prev Med* 2015;49:615-23.
4. Jaskiewicz W, Tulenko K. Increasing community health worker productivity and effectiveness: A review of the influence of the work environment. *Hum Resour Health* 2012;10:38.
5. Schofield R, Ganann R, Brooks S, McGugan J, Dalla Bona K, Betker C, *et al.* Community health nursing vision for 2020: Shaping the future. *West J Nurs Res* 2011;33:1047-68.
6. Saprii L, Richards E, Kokho P, Theobald S. Community health workers in rural India: Analysing the opportunities and challenges accredited

- social health activists (ASHAs) face in realising their multiple roles. *Hum Resour Health* 2015;13:95.
7. Lee BS, Han YR, Yang SJ. Historical review of modern public health nursing. *J Agric Med Community Health* 2018;43:114-24.
 8. Heath JK, Davis JE, Dine CJ, Padmore JS. Faculty development for milestones and clinical competency committees. *J Grad Med Educ* 2021;13:127-31.
 9. Asmri MA, Almalki MJ, Fitzgerald G, Clark M. The public health care system and primary care services in Saudi Arabia: A system in transition. *East Mediterr Health J* 2020;26:468-76.
 10. Wendimagegn NF, Bezuidenhout MC. Integrating promotive, preventive, and curative health care services at hospitals and health centers in Addis Ababa, Ethiopia. *J Multidiscip Healthc* 2019;12:243-55.
 11. Ku L, Frogner BK, Steinmetz E, Pittman P. Community health centers employ diverse staffing patterns, which can provide productivity lessons for medical practices. *Health Aff (Millwood)* 2015;34:95-103.
 12. Liu L, Zhou R, Yuan S, Sun Z, Lu X, Li J, *et al.* Simulation training for ceramic crown preparation in the dental setting using a virtual educational system. *Eur J Dent Educ* 2020;24:199-206.
 13. Mainey L, Richardson S, Essex R, Dillard-Wright J. Nursing advocacy and activism: A critical analysis of regulatory documents. *Nurs Ethics* 2025;32:980-93.
 14. Upvall MJ, Luzincourt G. Global citizens, healthy communities: Integrating the sustainable development goals into the nursing curriculum. *Nurs Outlook* 2019;67:649-57.
 15. Kub JE, Kulbok PA, Miner S, Merrill JA. Increasing the capacity of public health nursing to strengthen the public health infrastructure and to promote and protect the health of communities and populations. *Nurs Outlook* 2017;65:661-4.
 16. Annesley SH. The implications of health policy for nursing. *Br J Nurs* 2019;28:496-502.
 17. Shahzad M, Upshur R, Donnelly P, Bharmal A, Wei X, Feng P, *et al.* A population-based approach to integrated healthcare delivery: A scoping review of clinical care and public health collaboration. *BMC Public Health* 2019;19:708.

How to cite this article: Hiremath PK. Community Health Nursing in India: Challenges and Opportunities. *Indian J Nurs Sci* 2026;11(1):6-10.