UNDERSTANDING THE KNOWLEDGE OF CHOs TO MEET THE OBJECTIVE OF CPHC

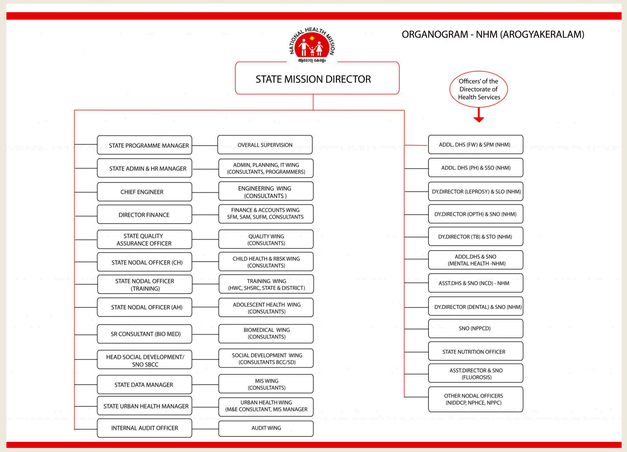
Mentor- Dr. Sanjay Gupta
Presented By- Dr. Simran Randhawa (MBA-HM28), 1844

INTRODUCTION- NHM was launched nationwide on 1st May 2013 by the Government of India which consists of two submissions: National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM).The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages. The AB-HWCs at the SHC level would be equipped and staffed by an appropriately trained Primary Health Care team lead by a Community Health Officer (CHO). The HWCs have been renamed as Ayushman Arogya Mandir (AAM).
MISSION: To improve the availability of and access to quality health care by people, with special focus on slum and vulnerable sections of the Society.
VISION- "Attainment of Universal Access to Equitable, Affordable & Quality health care services, accountable & responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health."

OBJECTIVE

- To analyse the general efficacy of the CHO post across sub-centres in Rajasthan.
- To examine the overall functional issues faced by the CHOs.
- To determine the factors involved in influencing the general effectiveness of CHOs.

ORGANIZATION STRUCTURE



FINDINGS

- 73.9% CHOs said 'Yes' to having all 122 essential medicines whereas 10.2% agreed to having 50 or less, 6.8% agreed to having 80, 3.4% each agreed to having 60-70 and 100 medicines respectively. (See **fig. a**)
- Lack of resources is the major problem faced by CHOs (55.7%) which include essential medicines, diagnostic equipment, lack of infrastructure to name a few. (See **fig. b**)
- 78.4% CHOs do not have access to funds provided by JAS or the funds provided are not monitored.
- Most common health issue observed at SHCs was NCDs (55.7%) whereas maternal and child was 23.9% and communicable diseases was 15.9% while 4.5% constitutes general wellness and seasonal diseases. (See **fig. c**)
- Only 30.7% CHOs had completed their 12-day Expanded Package of Service Program but had been working for almost 2 years.
- Despite these challenges, most CHOs are actively engaged in community outreach programs, 64.8% CHOs conduct 10 wellness sessions per month. (See **fig. d**)

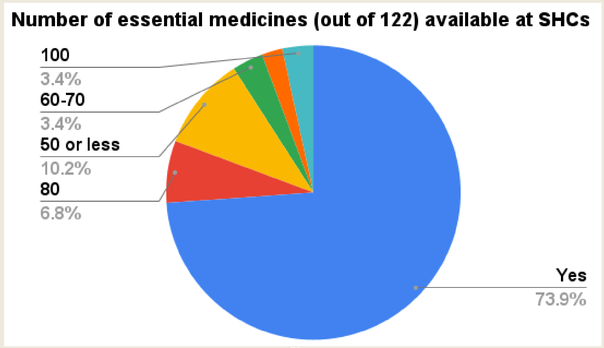


fig. a

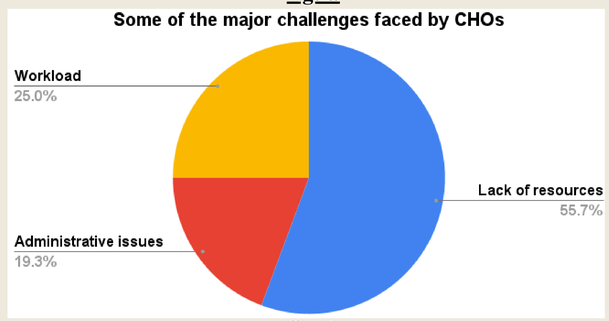


fig. b

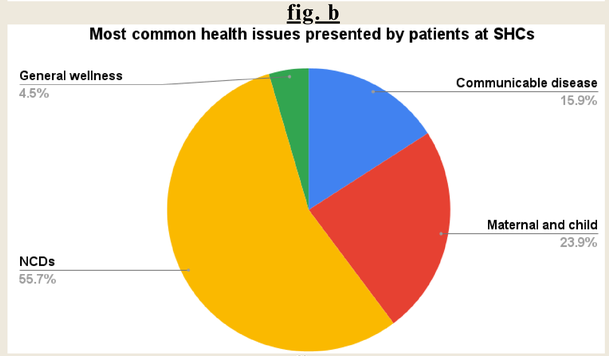


fig. c

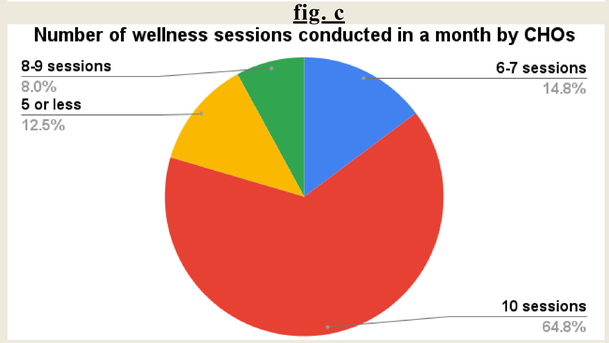


fig. d

METHODOLOGY

- **Research Design and Sampling:** A cross-sectional research was conducted using a convenience sample
- **Sample size:** 88 CHOs (Females- 49(55.7%) and Males -39(44.3%))
- **Data collection method:** CHOs were examined through a questionnaire.

SWOT ANALYSIS

STRENGTHS
- Strong government support and funding
- Effective community health programs

WEAKNESS
- Lack of proper infrastructre
- Limited financial and human resources

OPPORTUNITIES
- Adopting telemedicine
- Training programs for healthcare workers

THREATS
- Potential strain on health resources from pandemics
- Resistance to change among the population

LEARNINGS DURING INTERNSHIP

- Effective communication with higher authorities.
- Understanding the NHM structure and hierarchy.
- Data analysis and reporting.

CHALLENGES FACED DURING INTERNSHIP

- Lack of inter-departmental coordination.
- Extreme weather conditions.

SUGGESTIONS

- Optimizing resource allocation.
- Developing robust logistics and supply chain systems.
- Expanding the use of digital health technologies.
- Increasing public health awareness.
- Proper training protocol should be followed.
- Funds provided by JAS to be monitored.