Exploring the role of Community Health Officers in the functionality of AAM Sub-Centres across Rajasthan

About the Organisation

The National Health Mission (NHM) is an endeavour launched by the Indian Government in 2013, which aimed at providing accessible and affordable healthcare to the population, particularly in rural areas. It encompasses within it two sub-missions: the NRHM and the NUHM (National Rural Health Mission and National Urban Health Mission respectively). It strives to strengthen healthcare infrastructure, enhance service delivery, and improve health outcomes across various demographics using a multi-tiered healthcare system, integrating services at the national, state, and local levels. Key components include maternal & child health programs, immunization, disease control measures, and strengthening of healthcare facilities.

Vision Statement

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Organization Mission

The outcome in the 12th plan of the NHM are in correspondence to that of the 11th Plan, which are also a part of the long-term vision of the organisation. Most of the targets, process and outcomes are state specific, based on local epidemiological patterns as well as the financing available. Some overall achievement indicators include the following;

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention/Reduction of anaemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure

Organizational structure

national health mission

state level
state health mission | state health society

district level
district health mission | district health society

block level
block health mission | block health society

village level
village health sanitation nutrition committee

Objectives of the internship project

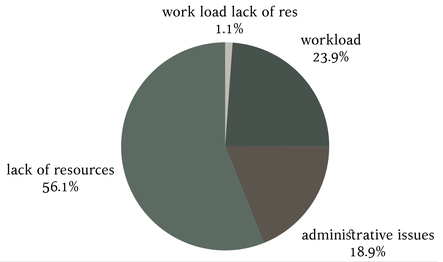
- This project was designed to understand the role of CHOs in the functionality of AAM Sub-centres
- This study was also designed to determine common factors involved in influencing the general effectiveness of CHOs at sub-centres throughout Rajasthan.

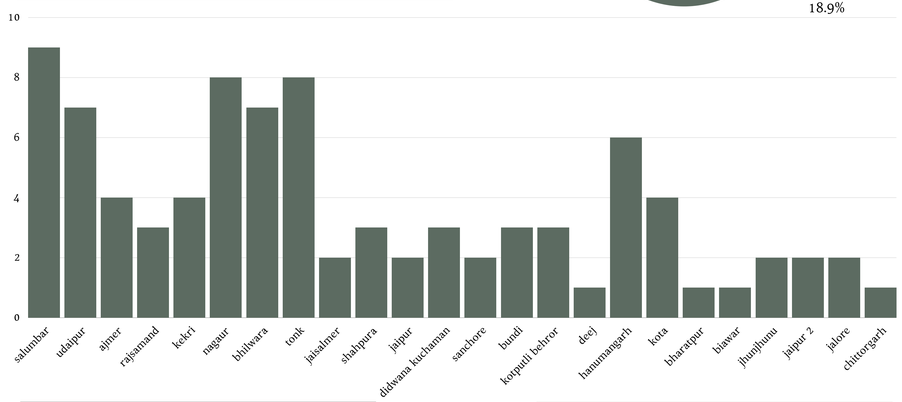
- **A survey research design was taken into use for this study, alongside a convenience sample from two batches of CHOs present at SIHFW for training programs, belonging to various districts across Rajasthan who have completed their CHO training program. The research undertook a total sample size of 88 CHOs.**

Results & Findings

The results collected from the convenience sample of 88 CHOs from all across Rajasthan, display the following recurring themes were found impacting their level of efficiency. The pie chart below illustrates and sums up the most common challenges as reported by the sample which was surveyed.

- 54.5% of the sample corresponds to a lack of resources, suggesting that a significant challenge for CHOs is having access to the necessary resources to fulfil their duties.
- 23.9% of the sample answered workload, indicating that CHOs may be stretched thin due to the demands of their jobs.
- 18.2% of surveyed CHOs reported administrative issues as a challenge.
- A smaller percentage (1.1%) of CHOs indicated workload and lack of resources as overlapping challenges.





Practical exposure vs. Theoretical understanding differences

Each offers a distinct yet complementary perspective on public health, contributing uniquely to a comprehensive education that addresses real-world health challenges. Differences experienced include;

- Practical exposure provides an understanding of community and cultural contexts that cannot be fully grasped in a classroom.
- Practical experience allowed for the real-world application of theoretical concepts, validating or challenging them with real-world contexts and challenges.
- Classroom theories focus on developing academic skills like understanding ideas and critical thinking through hypothetical scenarios, while internships enhance practical skills such as problem-solving and applying academic knowledge in the field

Strengths	*Weaknesses*
• comprehensive integration of multiple health programs, • specialised focus on NCDs given rising prevalence, • active community involvement with outreach programs, • providing comprehensive primary healthcare even at block levels	• lack of inter-departmental communication • infrastructure disparities, • shortage of doctors/Human Resource • underutilization of funds,
Opportunities	***Threats***
• tele-medicine/consultation, • involvement of public-private partnerships, • digitalisation of workload, • strengthening the role of frontline workers such as CHOs and ASHAs by increasing opportunities through specialised training and capacity building.	• inefficient monitoring of resources allocated and work done, • uneven distribution of resources, • limited supervision and roadmaps of functioning for frontline workers such as CHOs, ASHAs and ANM, • inaccuracies/discrepancies within actual data figures/information.

Usefulness of the internship

- Developed skills and knowledge beyond academics through practical experience.
- Bridged the gap between theory and practice with practical exposure
- Opportunity to work alongside experienced professionals from various specialized fields
- Gained insight into healthcare intricacies and complexities.
- Improved collaborative and communicative skills

Learnings from the internship

- Enhanced knowledge of government-funded health policies
- Better understanding of primary healthcare delivery and center operations
- Observed and learned how training programs for frontline workers like CHOs are conducted.
- Gained practical experience in conducting survey studies

Challenges

- Bureaucracy causing delays in the work processes
- CHOs reluctant to share true opinions due to fear of higher authorities during survey study.
- Lack of previous data analysing the efficiency of newly implemented programs
- Poor use of technology and digital data management.

Suggestions

- Digitalize and integrate technology for data storage.
- Develop strategies to improve inter-departmental communication and administrative efficiency.
- Properly monitor programs, resources, facilities, and funds to ensure present and future sustainability.