THE SIGNIFICANCE OF CHO'S EFFECTIVE LEADERSHIP AND MENTORSHIP IN FRONTLINE WORKER'S PERFORMANCE

Dissertation Submitted To

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Dr. Niharika Parsai

Under the Supervision and Guidance of

Dr. Varsha Tanu

(Associate Professor)

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled the significance of CHO's effective leadership and mentorship in frontline worker's performance is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student – Dr. Niharika Parsai

Date – 1/6/23

CERTIFICATE

This is to certify that **Dr. Niharika parsai** in partial fulfilment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed her/his internship at (National Health Mission, Madhya Pradesh) during March 31- May 31, 2023.

Place:

Date:

Preceptor/Head of the Organization

Name of the organization

CERTIFICATE

This is to certify that dissertation titled. **the significance of CHO's effective leadership and mentorship in frontline worker's performance** is a record of the research work undertaken by **Dr. Niharika parsai** in partial fulfilment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR University, Jaipur

Date

School Dean
IIHMR University, Jaipur

Date

ABSTRACT

The NHM focuses on delivering top-notch healthcare to all societal groups, especially at-risk populations including women, children, and the elderly. It strives to improve preventative healthcare, the healthcare system, and the ability of medical professionals across the country. Building health and wellness facilities is crucial to improving both individual and societal health. These facilities are crucial for offering comprehensive healthcare services with a focus on maintaining a healthy lifestyle as well as preventing and treating disease. They offer early illness detection and treatment, preventative care, and health education in addition to tests and immunizations. The primary points of contact for people seeking medical treatment are health and wellness facilities, which prioritize patient-centered care while offering prompt, appropriate service.

The effective running of health and wellness clinics depends on collaboration between Community Health Officers (CHOs) and Accredited Social Health Activists (ASHAs). The roles and duties of ASHAs and CHOs are combined to provide comprehensive healthcare locally. They work together to enhance primary healthcare, promote preventative care, and make sure that those who are less fortunate receive the necessary treatment. Providers of basic healthcare services in the community, referred to as CHOs, are crucial.

The guidance and mentorship provided by Chief Health Officers (CHOs) significantly increases the efficacy of frontline healthcare staff. Their support directly affects the caliber of care given and the patients' overall welfare. This highlights how important it is to locate elders the best care and recognize the value of CHOs' assistance.

Objectives of Research-

1. To find out the supportive relationship between CHO’s and ground level workers.
2. To assess how accessible CHO is to ASHA and other health staff.
3. To assess the roles and responsibilities of CHO’s towards ASHA’s and MPW.
4. To Share few relevant best practices from field.

Methodology

A mixed-methods approach is used in the methodology for the research of the importance of CHO's successful leadership and mentoring on frontline employees' performance. To fully comprehend the study issue, the research design combines qualitative and quantitative data gathering techniques. Within a certain company or sector, frontline employees and CHOs make up the target population. Frontline employees are the subject of in-depth interviews and focus groups that examine their opinions and experiences of CHO's leadership and mentoring in order to collect qualitative data. Quantitative information is gathered through surveys that measure things like work happiness, engagement levels, impressions of CHO's leadership, and performance metrics. The study's objective is to offer insightful information about the

importance of CHO's strong mentoring and leadership, educating organisations and leaders on how to boost frontline employees' performance.

Results

According to the report, Hoshangabad has the most healthcare facilities, which suggests a superior healthcare infrastructure. Frontline employees' performance is positively impacted by the excellent leadership and direction offered by CHOs, which raises the availability and calibre of services. Seoni Malwa falls short of Babai's degree of CHO support, which is quite strong. Hoshangabad receives less visitors than Babai, which has the greatest attendance and health visits. Hoshangabad, Seoni Malwa, and Babai have "Excellent" service ratings, while Babai has a "Good" rating. Overall, the study emphasises the importance of CHO's leadership and mentoring in improving the performance of frontline staff members and healthcare services.

Discussion

The collaboration between ASHA employees and CHOs in the Hoshangabad area, as well as the healthcare services offered, are the main subjects of the research. A range of data gathering methods, including as interviews, surveys, questionnaires, and field excursions, were used to acquire the information. Some of the important factors that were considered included CHO engagement and guidance for ASHA personnel, subcenter/HWC conditions, attendance and health visits, service quality, feedback, and reporting intervals. The findings provided insight into the district's current healthcare status.
Some important implications can be drawn thanks to the information. A large variety of services are offered, and overall, service availability is quite good throughout the three blocks. Hoshangabad received the highest scores for the CHO's involvement and support of ASHA staff among the blocks.

In conclusion, the study sheds light on variances in service accessibility, CHO participation, attendance, service quality, feedback, and reporting, as well as the healthcare system in the Hoshangabad region. These results help us comprehend the healthcare condition in the district better.

Conclusion

In conclusion , the study emphasises the critical impact of CHO's successful leadership and mentorship in enhancing frontline staff performance. The findings highlight the need of strong leadership and direction from CHOs in improving the capacities and efficacy of ASHA workers and other frontline healthcare practitioners.

The research highlights many crucial elements that contribute to good CHO leadership and mentoring. Clear communication, frequent training and skill development, supportive

supervision, and building a good and empowering work atmosphere are examples of these. When CHOs exhibit these characteristics and coach frontline employees, it improves their knowledge, skills, motivation, and overall performance.

The research highlights the favourable effects connected with CHO's good leadership and mentoring. Increased work satisfaction, higher effectiveness in providing healthcare services, increased community participation, and improved health outcomes for the population served are among the consequences. Effective leadership and mentoring also contribute to the healthcare system's overall resilience and sustainability.

ACKNOWLEDGEMENT

I would first want to express my sincere gratitude to IIHMR University and the National Health Mission, Bhopal, Madhya Pradesh, for giving me the chance to complete my internship. They put their faith and confidence in me, and I am appreciative since it allowed me to get useful real-world experience related to my subject of study.

I would like to thank president of IIHMR university Jaipur Mr.Dr.P.R. Sodani for giving me this opportunity.

I want to sincerely thank my mentor, Dr. Varsha Tanu, for all of her help throughout my internship and for serving as a mentor to me. My comprehension of the field and the development of my talents have been greatly influenced by her knowledge, patience, and desire to impart it.

I would like to express my heartfelt thanks to my supervisor, Mr. Sirish Tiwari for his guidance, mentorship, and continuous support throughout my internship. his expertise, patience, and willingness to share knowledge have been instrumental in shaping my understanding of the industry and refining my skills.

I am truly grateful for the valuable feedback and constructive criticism my mentors provided, which helped me grow both personally and professionally.

I also want to express my gratitude to the academic division at my institution for its assistance and support during the internship process. I was able to apply myself successfully during my internship because to the theoretical information and practical skills I gained during my education.

I'd want to close by expressing my sincere appreciation to my family and friends for their unflagging support, compassion, and inspiration. Their confidence in my skills and never-ending encouragement were key factors in my achievement throughout my internship.

I would want to conclude by saying how appreciative I am to everyone who helped me finish my internship report. Without a doubt, the knowledge I've received and the lessons I've learnt throughout my internship will influence my future endeavours.

Sincerely ,

Dr. Niharika Parsai

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ABBREVIATIONS

S.no	Abbreviation	Full form
1.	CHO	Community health officers
2.	ASHA	Accredited social health activist
3.	HWC's	Health and wellness centres
4.	NHM	National health mission
5.	NRHM	National rural health mission
6.	NUHM	National urban health mission
7.	ANM	Auxiliary nurse midwife
8.	MPW	Multipurpose worker
9.	CHW	Community health workers
10.	PC	Primary care
11.	SC's	Subcentres
12.	PHC	Primary healthcare centre
13.	CHC	Community health centre
14.	DH	District hospital
15.	ANC	Antenatal care
16.	PNC	Postnatal care
17.	IFA	Iron folic acid
18.	TT	Tetanus toxoid

Introduction

The Government of India's National Health Mission (NHM) is a prominent initiative with the goal of improving healthcare services in both urban and rural regions. The National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), both of which were introduced in 2013, are sub-missions of the NHM .The NHM's main goal is to make high-quality healthcare available to all segments of society, especially the most vulnerable ones, such women, children, and the elderly. It focuses on boosting preventative healthcare, the healthcare infrastructure, and the nationwide capacity of healthcare practitioners.

Fitness and good health The improvement of community and individual preventative care and general health depends on centres. These facilities are essential to provide comprehensive healthcare services that have an emphasis on encouraging healthy lifestyles and disease prevention in addition to the diagnosis and treatment of ailments. Facilities for health and wellness seek to satisfy people's needs for full health, which encompasses their social, emotional, and physical well-being. The services provided by these institutions include screenings, immunisations, early sickness detection and treatment, preventative care, and health education. They serve as the initial points of contact for persons searching for medical care, ensuring that they receive quick, appropriate care while promoting a patient-centered approach. Without ASHAs and chief health officers (CHOs), health and wellness centres (HWCs) cannot function and cannot accomplish their objectives. ASHAs and CHOs collaborate to deliver complete healthcare services locally as part of India's National Health Mission (NHM). In HWCs, ASHAs and CHOs work closely together to combine their various areas of expertise and tasks in order to offer complete healthcare services. Together, they make certain that the most defenceless people of society receive treatment. To improve community

health and wellbeing, they work together to strengthen primary healthcare, promote primary healthcare, and promote preventative care. Community health officers (CHOs), who are medical professionals, are crucial to the provision of fundamental healthcare services at the local level.

The efficient guidance and mentorship given by Chief Health Officers (CHOs) considerably enhances the performance of frontline healthcare workers. The value of their aid and counsel cannot be overstated because it directly affects the calibre of treatment delivered and the general wellness of patients. "Finding the Best Care for Seniors: The Importance"

1.2 - National health mission Bhopal Madhya Pradesh

Purpose of Research-

Understanding and highlighting the influence that CHO's leadership and mentoring may have on the performance and results of frontline healthcare workers is the goal of study on the importance of CHO's effective leadership and mentorship in frontline employees' performance.

- Examine the various leadership philosophies used by CHOs and how they affect the productivity of front-line employees. The efficacy of transformational, participatory, or servant leadership in empowering and inspiring frontline employees may be examined in this study.
- Mentoring and guidance: To examine whether the CHO has identifies the gap areas by assessing the performance of frontline workers. The precise mentoring strategies used by CHOs and their efficacy in boosting frontline workers' abilities, knowledge, and job happiness may be the subject of this study.
- Performance results: Whether CHO has set priorities service areas in his field based on the performance. this research may look at factors including patient satisfaction, quality of care, adherence to protocols, and efficiency in service delivery.
- Identify best practises and ideas- For strengthening CHO's mentoring and leadership in healthcare settings. In order to maximise CHO's effectiveness as frontline worker leaders and mentors, this research may offer evidence-based ideas and interventions.

Aim of study- To assess Role of CHO's mentoring to the Staff of HWC in their Quality-of-Service Delivery.

Objectives of Research-

1. To find out the supportive relationship between CHO's and ground level workers.

2. To assess how accessible CHO is to ASHA and other health staff.

3. To assess the roles and responsibilities of CHO's towards ASHA's and MPW.

4. To Share few relevant best practices from field.

2.1- visit at Powerkheda subcentre

By pursuing these research aims, a deeper understanding of the significance of CHO's effective leadership and mentorship in frontline workers' performance can be gained. The research outcomes can inform strategies, interventions, and policies that promote effective leadership and mentorship practices, ultimately leading to improved healthcare delivery and outcomes for both frontline workers and patients.

This goal is to comprehend and analyse the nature of the connection between CHOs and workers on the ground, including ASHA and MPW. It may entail researching their interactions, partnerships, communication methods, and general working relationship dynamics. This goal is to assess the accessibility of CHOs for ASHA and other health professional members. Its goal is to establish if CHOs are easily accessible and available for consultation, as well as to give ASHA and other health personnel with the appropriate assistance, guidance, and resources when needed. This goal focuses on accumulating and disseminating successful and effective practises seen in the field. It seeks to find and highlight examples of tactics, approaches, or interventions that have been successful in

creating a healthy connection between CHOs and front-line workers such as ASHA and MPW.

LITERATURE REVIEW

The successful leadership and mentorship approaches used in primary healthcare settings throughout the world are examined in this literature review from a global perspective. It emphasises concepts and effective methods that have been applied to raise frontline workers' performance through effective mentorship and direction. The paper discusses the key components of these models, such as mentorship frameworks, support networks, and leadership development programmes, as well as potential applications for them in various healthcare contexts.

The full impact of the excellent leadership and mentoring provided by CHO on front line staff performance is discussed in these academic evaluations. In order to strengthen the performance of front line workers in healthcare settings, they provide a detailed overview of main findings, knowledge gaps and practical implications which will help guide further research and development of evidence based programmes.

The way CHO mentors affect the performance of frontline workers is being assessed in this literature review. The report looks at studies that show the impact of mentoring schemes, such as better transfer of knowledge, improved skills development, increased employment satisfaction and career advancement. The examination also relates to the characteristics of effective mentor relationships, including communication, trust and continuous support, as well as how they have had an impact on frontline employees' performance.

The evaluation aims at analysing the characteristics of effective mentor partnerships and their traits. It recognises that in order to support the excellent results achieved by front line workers, effective communication, trust and constant assistance are essential components. The review stresses the value of building good and supportive relationships between mentees in order to develop their performance development by drawing attention to these characteristics.

S.No	Author (year)	Review	Study location	Salient features
1.	Shrikant desai Ravin k.Bisnoi (2020)	Community health officers : the concept of mid-level health care providers	AIIMS Hrishikesh, Uttarakhand	The transition to a mid-level health care provider will alleviate the overworked physicians and specialists because there is a dearth of both, at least in rural health settings. Only primary and preventive healthcare is covered by a mid-level health care provider's restricted licence, which allows them to give mid-level medical treatment to those who meet the necessary requirements as laid forth in regulations with a preponderant doctor presence. CHO is a new, emerging job that will encourage community public access to health care. As a midlevel healthcare provider, CHO will lessen the workload of other healthcare workers and help to realise the goal of "health for all." The purpose of this review was to provide fresh perspective on CHO

				and its worldwide philosophy.
2.	Andrea L. Hartzler(2018)	Roles and functions of community health workers in primary care	Washington	The demand for and expense of health care has increased, which has expedited the need for resource-saving strategies that enhance primary care service access and delivery. Community health workers in primary care (CHW-PCs) are professionals with training who offer patient-facing support and services but who have little to no formal medical education. People-centred CHW-PCs do tasks that enhance team-based care, address socioeconomic determinants of health, and advance patient participation, access to treatment, and results.1Despite being underutilised, community health professionals have the potential to improve

				primary care access and quality.
3.	Susan m swider 2002	Outcome Effectiveness of Community Health Workers	Chicago	Despite their being little agreement over the job and its efficacy, community health workers (CHWs) are touted as a way to boost community involvement in health promotion initiatives. The databased literature on CHW efficacy is reviewed in this article, and preliminary evidence suggests that CHWs may be beneficial in boosting access to care, particularly for marginalised groups. Fewer research have been conducted that have produced conflicting findings about effects in the areas of better health status outcomes, altered behaviour, and greater health awareness. Although CHWs as an intervention show some potential, the position may be doomed by unreasonably

				high expectations, a lack of focus, and a lack of proof. Additional study is necessary, with a focus on target populations that have been properly selected, documentation of CHW activities, and improved study design.
4.	Sheri L Johnson Veronica L Gunn (2015)	Community Health Workers as a Component of the Health Care Team	Milwaukee USA	Every community must examine its particular circumstances to look for elements including resources and capacities, health concerns, social and political viewpoints, and conflicting goals when reforming the delivery of primary care to promote the wellness of a community. Access to care and results can be improved by adding community health workers to the healthcare team and developing a patient-centred medical home. Community health workers can act as vital bridges between health systems and communities.

				They promote access to high-quality, culturally-sensitive medical treatment while putting an emphasis on primary and preventive care.
5.	Elaine Christie August 2018	Role of community health workers	Canada	connecting communities and health and social service institutions through cultural mediation; offering health education and information that is culturally appropriate; ensuring that individuals receive the services they require; informal counselling and social assistance; • advocating for the needs of individuals and communities; offering direct services such basic first aid and health screening checks; • increasing the ability of individuals and communities. According to the APHA, community health workers are liaisons that assist reduce health inequalities, enhance access to treatment, improve quality of care, and minimise healthcare costs. CHWs, also known as lay health educators, are nonclinical, nonmedical counsellors and patient educators. They are comparable to patient navigators (PNs), who address health inequities in a variety of chronic conditions.

METHODOLOGY

Research Methodology-

- **Research Design:**

To acquire a thorough understanding of the importance of CHO's successful leadership and mentorship in frontline employees' performance, the research was carried out through a qualitative as well as quantitative design .

Qualitative study- The investigation of the experiences, viewpoints, and views of frontline staff In "The Significance of CHO's Effective Leadership and Mentorship in Frontline Workers Performance," a qualitative research strategy is acceptable. Understanding and interpreting people's experiences, perceptions, and meanings in their natural environments is the main goal of qualitative research. It enables a thorough investigation of the complicated dynamics and individualised elements relating to the effectiveness of CHO's leadership and mentoring.

It gives in-depth insights on the experiences, viewpoints, and difficulties that frontline employees have in respect to CHO's leadership and mentoring . It enables a detailed comprehension of the contextual elements that affect frontline employees' performance as well as the effects of good mentoring and leadership on their level of job satisfaction, motivation, and care quality in general. Which includes-

- Individual Interviews: Conducting one-on-one interviews with frontline staff members and CHOs can give them a forum to express their thoughts on leadership and mentoring. With this strategy, it is possible to go deeper into particular subjects and elicit more information from participants.

2.2 interview of CHO at Panjrakalan center

2.3 interview of ASHA at ARI subcentre

Focus Group Discussions: Setting up focus groups with teams of front-line employees may promote lively debate and produce insightful results. It can reveal commonalities, discrepancies, and group dynamics that are connected to leadership and mentoring in frontline worker performance.

- Observations-Direct observations of how frontline employees interact with CHOs and their working environment can shed light on their daily struggles and the effects of leadership and mentoring on their performance. Field notes and musings used to augment observations.

2.4 inspection of inventory at Panjrakalan subcentre

- Document Analysis: Examining organisational policies, procedures, and documents pertaining to CHO's leadership and mentoring programmes can add to the findings from interviews and observations and give more context.

Quantitative study- A structured questionnaire was prepared to collect information from Front line workers in order to perform a quantitative study on "The Significance of CHO's Effective Leadership and Mentorship in Frontline Workers Performance."

- Identified the main factors of interest, including the leadership style of CHO, its mentoring procedures, and the performance measures of its front-line staff (such as job satisfaction and productivity).

- **Research Hypothesis-**

A research hypothesis is a claim that suggests a potential difference or link between variables in a study. Based on current ideas, observations, or previous study, it is an informed estimate or forecast regarding the nature of that link or difference. The research hypothesis directs the investigation and provides a framework for testing and making judgements.
There is alternate hypothesis which implies in this research as "The Significance of CHO's Effective Leadership and Mentorship in Frontline Workers Performance" makes the case that there is a strong connection between frontline workers' performance and CHO's effective leadership and mentoring. It implies that the performance of frontline employees is influenced by the quality of CHO's leadership and mentoring.

The performance of frontline employees is significantly positively correlated with the effective mentoring and leadership provided by CHO. According to this theory, frontline employees will perform better when CHOs demonstrate strong leadership and offer mentorship to them. According to this theory, frontline employees will perform better when CHOs demonstrate strong leadership and offer mentorship to them
The alternative theory contends that these variables are meaningfully related and shows the direction of the relationship (positive correlation). The goal of the research would then be to gather information and analyse it to see if there is enough proof to refute the alternative theory.

- **Research question-**

The purpose of this study is to find out the significance of CHO's effective leadership and mentoring in frontline workers performance.

This Aims to investigates how CHO's management style affects the performance outcomes of front-line staff, with an emphasis on output and care quality. The purpose of this research topic is to investigate the link between the leadership style of CHO and the capacity of frontline staff to provide high-quality care and sustain productivity levels.
To address this research question, the study could involve collecting data from frontline workers in healthcare settings through surveys, interviews, or observations.
A study might gather information on frontline employees' productivity (e.g., number of patients served, tasks done) and quality of care indicators (e.g., patient satisfaction, adherence to clinical guidelines) to answer this research question. The leadership shown by CHOs, which may include transformational leadership, transactional leadership, servant leadership, or other pertinent leadership philosophies, should also be studied.

- **Study setting** –

The "The Significance of CHO's Effective Leadership and Mentorship in Frontline Workers Performance" study's context is generally a healthcare facility where frontline staff members

and Community Health Officers (CHOs) are actively involved in providing healthcare services.

A relevant research setting for investigating the impact of CHO's successful leadership and mentorship in frontline employees' performance was chosen, and this included subcentres that had been converted to HWCs. Subcentres are an essential component of the healthcare system and serves as the main community contact for healthcare services, especially in rural regions.

The subcentres were taken because –

- Proximity to community: Subcentres are often located in or close to the communities they serve. As a result, there may be close communication between CHOs, frontline employees, and the community, allowing for a thorough knowledge of the dynamics and effects of leadership and mentoring on frontline employee performance.

- Availability of frontline workers-A dedicated team of frontline workers, including accredited social health activists (ASHAs), auxiliary nurse midwives (ANMs), and other healthcare professionals, is available in subcentres. These frontline staff members frequently collaborate closely with CHOs and are immediately impacted by their mentoring and leadership styles.

- Focus on Primary Healthcare: The primary healthcare services that subcentre's offer are in accordance with the goal of the research, which is to determine how CHO's leadership and mentoring affect frontline worker performance in the context of primary healthcare delivery.

- Accessibility for Data Collection: Conducting research at subcentres makes it possible to easily access data and to conduct in-person observations, interviews, questionnaires, and focus groups with CHOs and frontline staff.

- Representativeness: Because subcentres act as a miniature version of the wider healthcare system, conclusions drawn from them may be generalised to other primary healthcare settings and subcentres in other geographic areas.

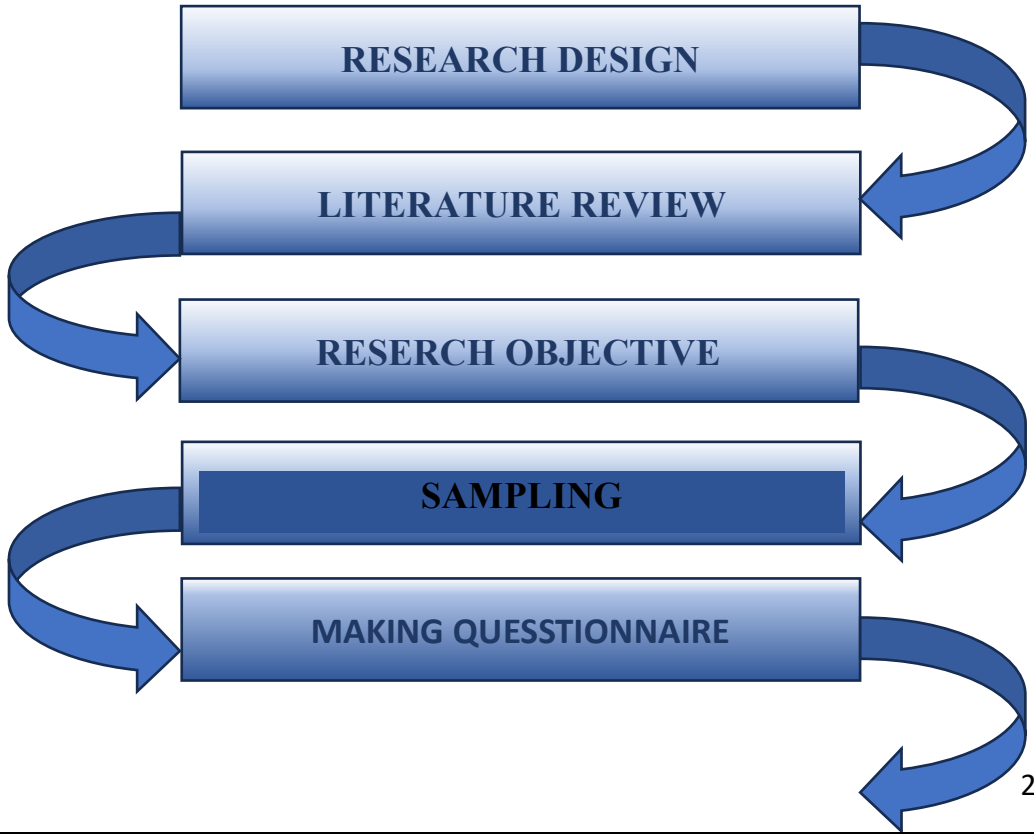
♦ **Study population-**

To capture a diversity of experiences, viewpoints, and functions within the research population, it is crucial to include a varied sample of frontline workers. This might entail choosing frontline staff from various healthcare settings or subcentres while taking into account differences in their experience levels, specialisations, and demographic traits. So, the study population that was taken for carrying out the research was –

- Community health officers (CHOs): As the supervisors and guides for frontline staff, CHOs would play a significant role in the study population. In healthcare environments, they are crucial in guiding, supporting, and supervising the front-line staff.

- Frontline Workers: This category would include a range of healthcare workers and professionals who work closely with patients and deliver healthcare services under the direction or guidance of CHOs. Auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), staff nurses, lab technicians, or other healthcare professionals working in primary healthcare facilities or community health settings are examples of frontline workers

♦ **Research procedure** –



- **Sample size-**
    - Inclusion Criteria– CHO'S and ASHA's working in the different subcentres (health and wellness centres) of Hoshangabad district.
    - Exclusion Criteria – Local population of the villages where subcentres are located.
    - Sample Size – 20 CHO's and 20 ASHA's of 20 Blocks of Hoshangabad district.
    - Duration of the time of study – Two months April – May (2023)
- **Sampling technique** –

The sampling technique that was used to carry out the research was stratified random sampling technique as Stratified sample may be used as the research focuses on the importance of CHO's leadership and mentoring. Based on elements like the kind of healthcare institution (e.g., primary health centres, community health centres, subcentres), geographic area, or experience level, the population of frontline employees can be classified into pertinent strata. A random sample approach can be employed within each stratum to choose participants, guaranteeing representation from various strata.

- **Study instruments –**
    - Questionnaires: questionnaires were created to get quantifiable information on the performance results of frontline employees, as well as their opinions about the leadership style and mentorship practises of CHO.

- Interviews- To gain a thorough understanding of frontline employees' experiences, perspectives, and the contribution of CHO's leadership and mentoring to their performance, qualitative approaches like focus groups or interviews are used. To learn more about their experiences and collect qualitative data, chosen frontline employees participated in semi-structured interviews or focus groups.
- Observation or shadowing- Direct observation of the activities, interactions, and performance of frontline employees during shadowing or observations. This entailed following frontline employees during their shifts to acquire a thorough grasp of their responsibilities, difficulties, and the impact of CHO's leadership and mentoring on their performance.

♦ Operational definitions –

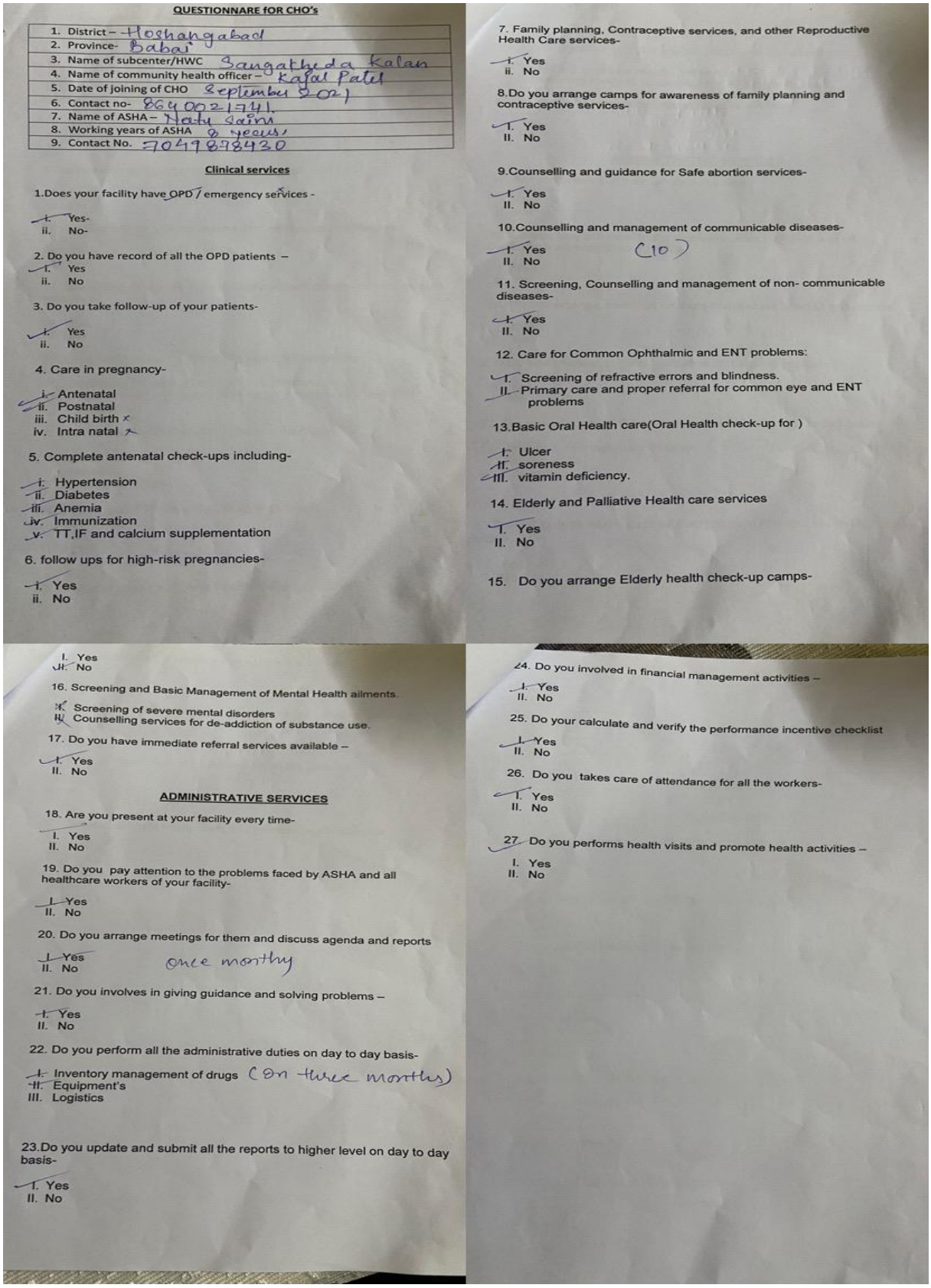
1. CHO's - (community health officers) Community Health Officer (CHO) also called Mid-Level Health Provider (MLHP) and non-physician practitioner, are trained health care providers who have a defined scope of practice. In India, only Nursing and AYUSH Practitioner are eligible for this cadre.
2. ASHA – (Accredited social health activist) ASHAs are women trained to act as health educators and health promoters in their communities. Health activist(s) in the community who create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.
3. Effective leadership- Effective leadership is the capacity of a CHO (Community Health Officer) to give direct instructions, assistance, and encouragement to frontline staff in a way that enhances their performance results. Setting clear goals, giving criticism, inspiring and motivating front-line staff, encouraging cooperation and collaboration, and fostering professional development are examples of leadership behaviours.
4. Mentorship - By providing frontline employees with continual professional development, coaching, and role modelling to improve their skills, knowledge, and job performance, a CHO may assist and mentor them. Meetings or contacts with

frontline staff on a regular basis, giving of constructive criticism, exchanging knowledge and experiences, helping with problem-solving, and promoting learning opportunities.

5. Frontline workers- Frontline workers are those in the medical field who provide direct patient care or community health services. Depending on the precise context and extent of the research, they operate in a variety of healthcare environments, including hospitals, clinics, primary health centres, community health centres, or field settings.
6. Frontline workers performance- Frontline workers' performance refers to the extent to which they meet or exceed expectations and demonstrate competence in their roles, resulting in high-quality service delivery and positive health outcomes for patients.
7. HWC-(health and wellness centres)- These centres would deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

2.5 visit and inspection at Gajanpur subcentre

The questionnaire for Community Health Officers (CHO) was developed to cover a range of their clinical and administrative responsibilities. It probes the facility's services, patient files, follow-up practises, family planning, management of communicable and non-communicable diseases, oral health care, elderly and palliative care, mental health care, referral services, and administrative responsibilities. The questionnaire's objective is to assess the CHO's performance in many areas of healthcare delivery.



QUESTIONNARE FOR CHO's

1. District –	Hoshangabad
2. Province-	Babai
3. Name of subcenter/HWC	Sangathera Kalan
4. Name of community health officer –	Kajal Patel
5. Date of joining of CHO	September 2021
6. Contact no-	8640021741.
7. Name of ASHA –	Naty Jain
8. Working years of ASHA	8 years
9. Contact No.	7049878430

Clinical services

1.Does your facility have OPD / emergency services -

i. Yes-
ii. No-

2. Do you have record of all the OPD patients –
i. Yes
ii. No

3. Do you take follow-up of your patients-

i. Yes
ii. No

4. Care in pregnancy-

i. Antenatal
ii. Postnatal
iii. Child birth
iv. Intra natal

5. Complete antenatal check-ups including-

i. Hypertension
ii. Diabetes
iii. Anemia
iv. Immunization
v. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-

I. Yes
ii. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-

I. Yes
ii. No

8.Do you arrange camps for awareness of family planning and contraceptive services-

I. Yes
II. No

9.Counselling and guidance for Safe abortion services-

I. Yes
II. No

10.Counselling and management of communicable diseases-

I. Yes (10)
II. No

11. Screening, Counselling and management of non- communicable diseases-

I. Yes
II. No

12. Care for Common Ophthalmic and ENT problems:

I. Screening of refractive errors and blindness.
II. Primary care and proper referral for common eye and ENT problems

13.Basic Oral Health care(Oral Health check-up for)

I. Ulcer
II. soreness
III. vitamin deficiency.

14. Elderly and Palliative Health care services

I. Yes
II. No

15. Do you arrange Elderly health check-up camps-

I. Yes
II. No

16. Screening and Basic Management of Mental Health ailments.

I. Screening of severe mental disorders
II. Counselling services for de-addiction of substance use.

17. Do you have immediate referral services available –

I. Yes
II. No

ADMINISTRATIVE SERVICES

18. Are you present at your facility every time-

I. Yes
II. No

19. Do you pay attention to the problems faced by ASHA and all healthcare workers of your facility-

I. Yes
II. No

20. Do you arrange meetings for them and discuss agenda and reports

I. Yes
II. No (once monthy)

21. Do you involves in giving guidance and solving problems –

I. Yes
II. No

22. Do you perform all the administrative duties on day to day basis-

I. Inventory management of drugs (On three monthly)
II. Equipment's
III. Logistics

23.Do you update and submit all the reports to higher level on day to day basis-

I. Yes
II. No

24. Do you involved in financial management activities –

I. Yes
II. No

25. Do your calculate and verify the performance incentive checklist

I. Yes
II. No

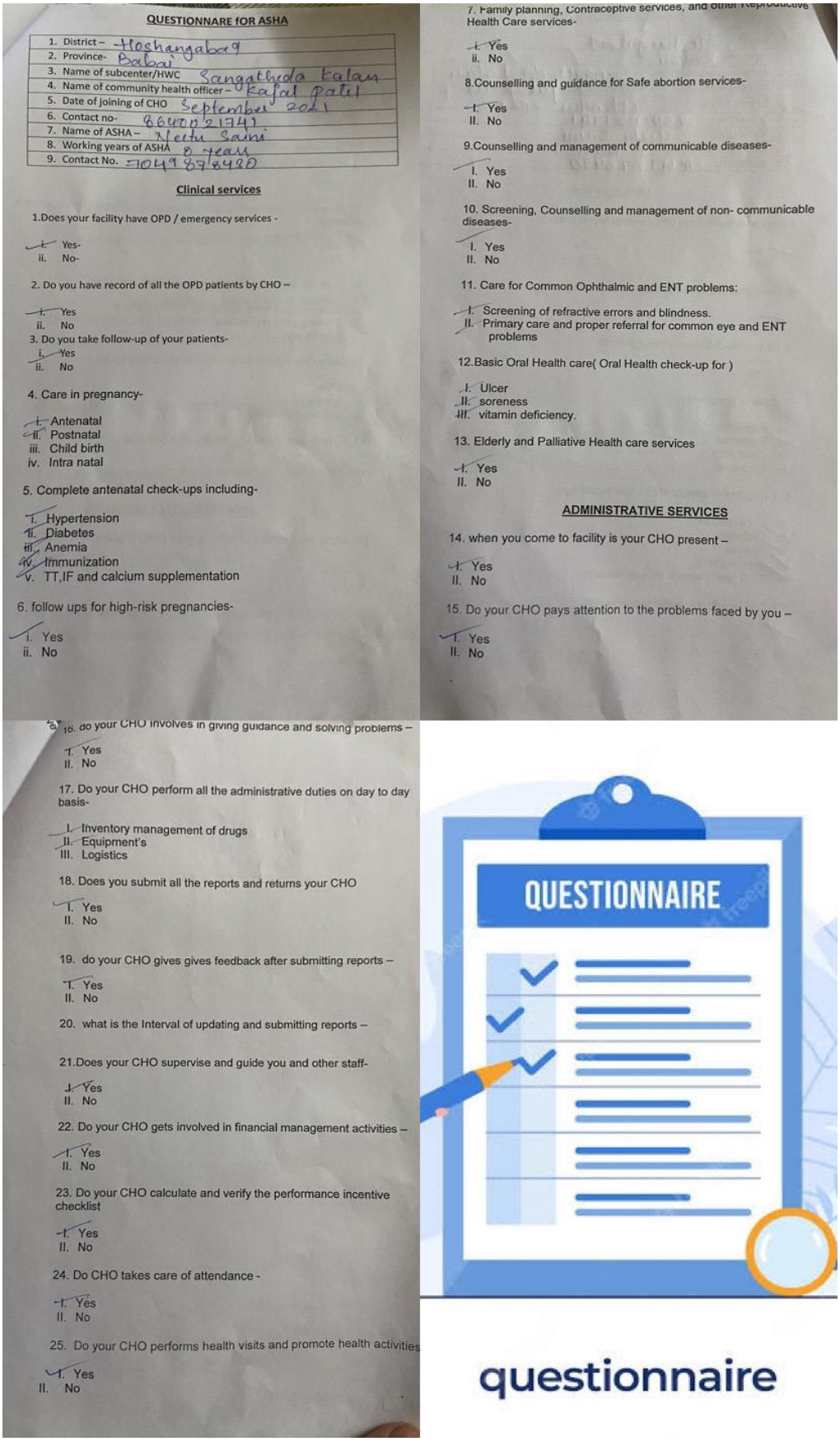
26. Do you takes care of attendance for all the workers-

I. Yes
II. No

27. Do you performs health visits and promote health activities –

I. Yes
II. No

2.6 questionnaire CHO



QUESTIONNARE FOR ASHA

1. District –	Hoshangabad
2. Province-	Babai
3. Name of subcenter/HWC	Sanggathada Kalan
4. Name of community health officer –	Kajal Patel
5. Date of joining of CHO	September 2021
6. Contact no-	8640092174
7. Name of ASHA –	Neetu Saini
8. Working years of ASHA	8 years
9. Contact No.	7049878420

Clinical services

1.Does your facility have OPD / emergency services -

i. Yes-
ii. No-

2. Do you have record of all the OPD patients by CHO –

i. Yes
ii. No

3. Do you take follow-up of your patients-

i. Yes
ii. No

4. Care in pregnancy-

i. Antenatal
ii. Postnatal
iii. Child birth
iv. Intra natal

5. Complete antenatal check-ups including-

i. Hypertension
ii. Diabetes
iii. Anemia
iv. Immunization
v. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-

i. Yes
ii. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-

i. Yes
ii. No

8.Counselling and guidance for Safe abortion services-

I. Yes
II. No

9.Counselling and management of communicable diseases-

I. Yes
II. No

10. Screening, Counselling and management of non- communicable diseases-

I. Yes
II. No

11. Care for Common Ophthalmic and ENT problems:

I. Screening of refractive errors and blindness.
II. Primary care and proper referral for common eye and ENT problems

12.Basic Oral Health care(Oral Health check-up for)

I. Ulcer
II. soreness
III. vitamin deficiency.

13. Elderly and Palliative Health care services

I. Yes
II. No

ADMINISTRATIVE SERVICES

14. when you come to facility is your CHO present –

I. Yes
II. No

15. Do your CHO pays attention to the problems faced by you –

I. Yes
II. No

16. do your CHO involves in giving guidance and solving problems –

I. Yes
II. No

17. Do your CHO perform all the administrative duties on day to day basis-

I. Inventory management of drugs
II. Equipment's
III. Logistics

18. Does you submit all the reports and returns your CHO

I. Yes
II. No

19. do your CHO gives gives feedback after submitting reports –

I. Yes
II. No

20. what is the Interval of updating and submitting reports –

21.Does your CHO supervise and guide you and other staff-

I. Yes
II. No

22. Do your CHO gets involved in financial management activities –

I. Yes
II. No

23. Do your CHO calculate and verify the performance incentive checklist

I. Yes
II. No

24. Do CHO takes care of attendance -

I. Yes
II. No

25. Do your CHO performs health visits and promote health activities

I. Yes
II. No

questionnaire

2.7 questionnaire ASHA

Clinical and administrative responsibilities are the focus of this survey for Accredited Social Health Activists. ASHA's interaction with the Community Health Officer (CHO) is also discussed, along with the facility's services, patient records, follow-up processes, prenatal care, family planning, treatment of infectious and noncommunicable diseases, oral health care, senior care, and palliative care. The questionnaire includes questions on the involvement of CHO in resolving problems, administrative tasks, report submissions, feedback, supervision, finances management, attendance and promotion of healthy lifestyle choices. A questionnaire aims at assessing the expertise and levels of support provided to CHRA by ASHA.

Results

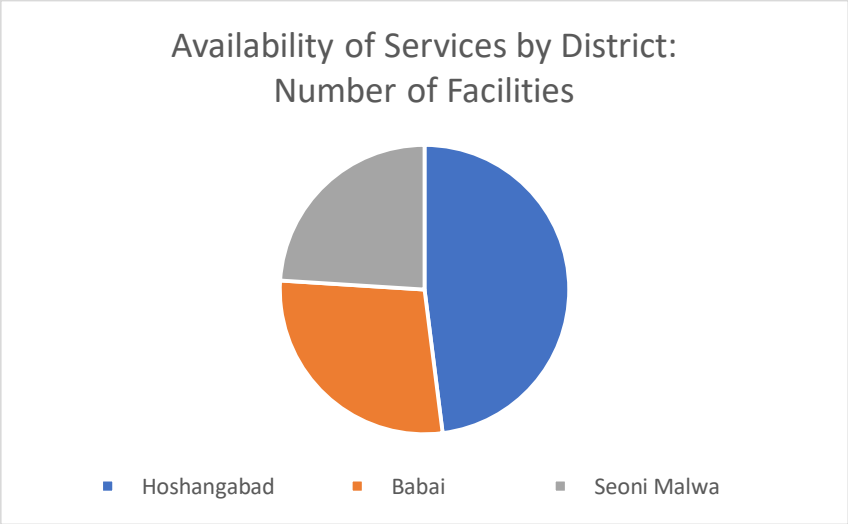
Interviews, surveys, questionnaires and field visits have been used to obtain information on the state of subcentres for HWC in a number of Hoshangabad district blocks as well as interaction between ASHA and CHO. These data serve to give a clear overview of the present situation. The use of such data collection techniques may help to obtain direct information from relevant parties and provide a more comprehensive overview of the situation on the ground.. Interviews can provide a first-hand account of experience, problems and attitudes among the important stakeholders like CHOs, ASHSA's personnel or other healthcare professionals. These interviews can provide information on infrastructure, resources and operational capacity of the sub centres and HWCs which are already in place. This study has been conducted by questionnaire in order to obtain quantitative information about the ideas and opinions of a higher sample size.

This survey helped to collect information on a couple of factors concerning the effectiveness of subcentres and health centres, as well as service availability and degree of satisfaction for ASH personnel and Community healthcare workers.

Among the conclusions were:

1.Availaibility of service by district –

We can take the following conclusions based on information on the amount of facilities in various districts:



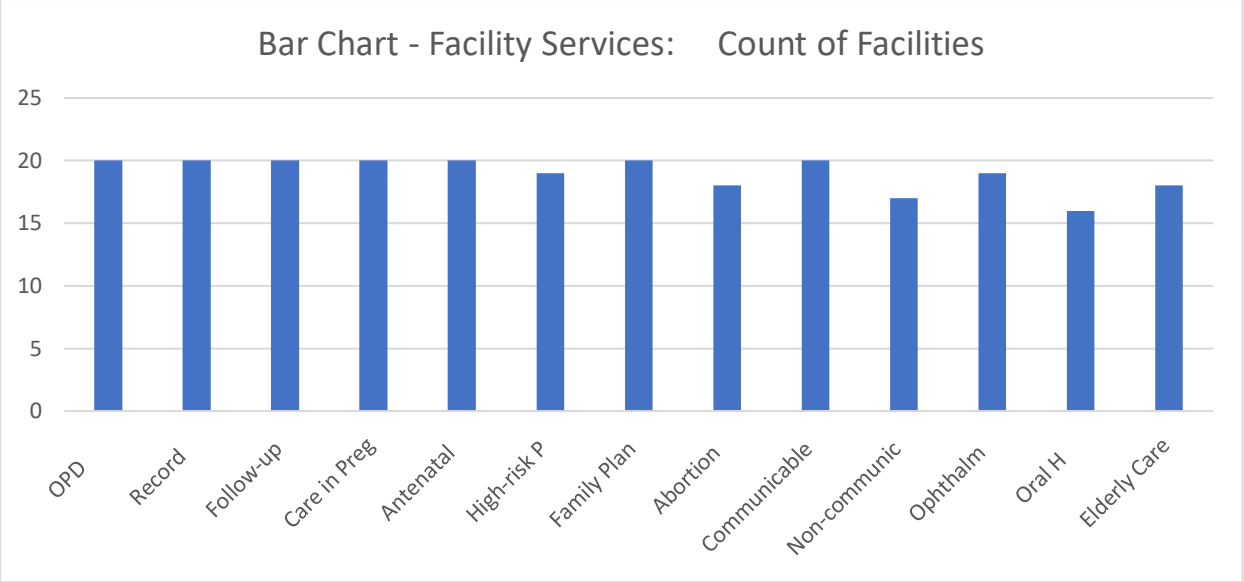
Hoshangabad: With a total of 12, this district has the most facilities. This shows that Hoshangabad is well-equipped to provide healthcare to its citizens. The presence of a greater number of institutions may suggest improved access to healthcare services and infrastructure.

Babai: The district of Babai has seven amenities, which is fewer than in Hoshangabad but still a respectable amount. While it has fewer facilities than Hoshangabad, it shows that Babai has a fair level of healthcare services for its people.

Seoni Malwa: With a total of six amenities, this district has the fewest of the three mentioned. While the number is smaller than in Hoshangabad and Babai, this does not necessarily imply that healthcare services are poor. The availability and distribution of facilities should be assessed in relation to the district's population size and unique healthcare demands.

For concluding it can be said that from all the 20 facilities that were taken from 3 different blocks , Hoshangabad has the most facilities, indicating a possibly superior healthcare infrastructure than the other two districts. Babai has a somewhat smaller number of facilities than Seoni Malwa. It is crucial to highlight, however, that the number of institutions does not offer an accurate picture of the quality or accessibility of healthcare services. Factors such as facility capacity, service availability, and facility geographical distribution all play an important part in determining total healthcare services in an area.

2.Facility service -



We can analyse the distribution and availability of various services using the supplied graphic, which provides the count of facilities for distinct services. The analysis is broken out as follows:

- Outpatient Department (OPD): Outpatient services are provided by 20 establishments. Patients seeking non-emergency medical care are usually directed to the outpatient department (OPD).

- Record: this suggests that all the 20 institutions maintains the records of the OPD as well as ANC patients in their respective registers .

- Follow-up: Like OPD, there are 20 institutions that provide follow-up care. Following initial consultations or treatments, follow-up sessions are usually planned to assess progress or make required revisions.

- Pregnancy Care: Pregnant women are cared for at 20 institutions. This service is likely to involve prenatal check-ups, education, and pregnancy monitoring.

- Antenatal care- it is provided at 20 institutions and focuses primarily on the health of the mother and baby throughout pregnancy.

- High-risk Pregnancy: There are 19 facilities that provide specialised treatment for high-risk pregnancies. This suggests that there may be specialised centres or hospitals to manage difficult problems.

- Family Planning: All 20 sites provide family planning services. Contraception counselling, birth control techniques, and reproductive health education are common examples of these services.

- Communicable illnesses: Twenty facilities provide care for infectious infections that can transmit from person to person. This will very certainly include approaches for diagnosis, treatment, and prevention. in infectious disease The bulk of tuberculosis diagnosis and treatment has been finished.

- Noncommunicable illnesses: There are 17 facilities that provide care for noncommunicable illnesses, which are often chronic ailments that are not caused by infectious organisms. Heart disease, diabetes, and cancer are a few examples.

- Ophthalmology: There are 19 facilities that provide eye care (Ophthalmology). This might involve eye exams, diagnosis, and treatment for a variety of eye problems.

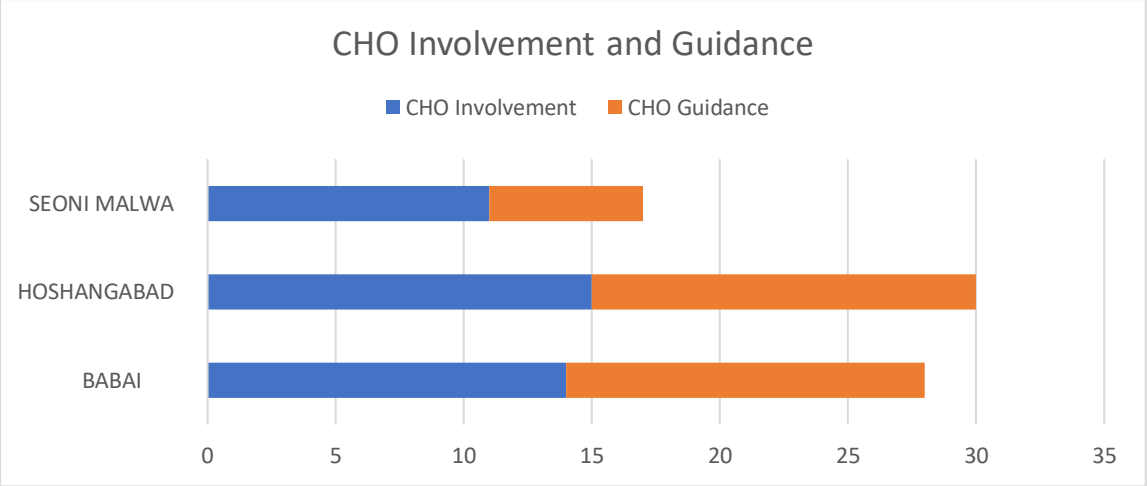
- Oral Health: There are 16 establishments that offer oral health services. This may involve dental examinations, treatments, and education on oral health.

- Elder Care: There are 18 establishments that provide care exclusively for the elderly. Geriatric evaluations, chronic illness management, and support services may be included.

Overall, our research reveals that the bulk of services are offered consistently throughout the 20 sites cited. There are minor differences, such as a little discrepancy in numbers for high-risk pregnancy, abortion, ophthalmology, dental health, and geriatric care. These variances may be caused by causes such as geographical disparities, resource distribution, or a specialised need for certain services.

3.CHO involvement and guidance-

This chart indicates the involvement and guidance provided by CHO's to ASHA



Based on the facts supplied, the following explanations for CHO engagement and direction towards ASHA in the three blocks may be made:

Hoshangabad: Of the three blocks, Hoshangabad has the greatest marks for both engagement and direction. The participation score of 15 indicates that the CHOs in Hoshangabad are extremely engaged and actively interested in assisting ASHA personnel. This demonstrates a good relationship and collaboration between Hoshangabad CHOs and ASHA workers. The advice score of 15 emphasises that ASHA workers get considerable help, guidance, and direction from CHOs in their tasks and responsibilities. This degree of engagement and direction indicates a strong system of collaboration and mentoring between CHOs and ASHA workers in Hoshangabad.

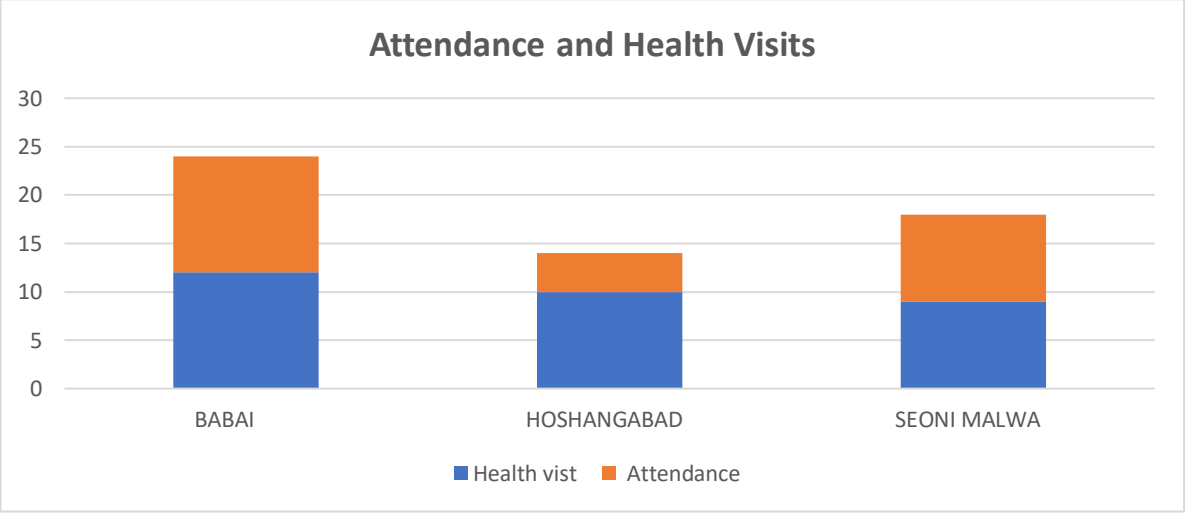
Babai earned 14 for both engagement and direction, suggesting a reasonably high level of CHO support for ASHA employees. This shows that CHOs in Babai are actively involved in helping and collaborating with ASHA personnel. The advice score of 14 indicates that CHOs give significant guidance and direction to ASHA personnel in their activities. Overall, Babai has a high degree of CHO engagement and support for ASHA personnel, however it is

significantly lower than Hoshangabad.

Seoni Malwa has a lower participation score of 11 and a lower guiding score of 6 than Hoshangabad and Babai. This suggests that CHO engagement and support for ASHA personnel in Seoni Malwa is rather low. The lower involvement score indicates that CHOs are less engaged and actively involved in aiding ASHA employees. The guiding score of 6 also suggests that ASHA workers in Seoni Malwa may get less comprehensive instruction and direction from CHOs than those in the other two blocks.

4. Attendance and health visits –

Based on the interviews and the survey taken through questionnaire this chart depicts that Babai has the highest score of Attendance taken by CHO's(this was observed by chiacking the attendance registers present on the centres) -



Babai has the greatest attendance, which suggests that more people are present or using the healthcare services offered in that block, according to the statistics. This may be due to a number of things, including the active participation and ongoing presence of ASHA employees in the centres.

Hoshangabad, in comparison, has a lower attendance rate, indicating that fewer people are using the healthcare facilities there. The explanation offered by ASHA and CHO, according to which ASHA employees are not frequently present at the centres, is consistent with the

lower attendance figures. The community's general attendance and use of healthcare services may suffer if ASHA personnel are not regularly present at the centres.

The data also shows that compared to Babai and Seoni Malwa, Hoshangabad has a much lower number of medical visits. This may be due to ASHA staff members' diminished availability and frequent presence, who are essential in promoting health visits and community involvement.

According to the justification given by ASHA and CHO, ASHA employees are more actively involved in fieldwork than they are in regular attendance at the centres. Home visits, community outreach, health education, and other tasks that are given to ASHA employees may be a part of this fieldwork.

It's vital to understand that Hoshangabad access to and overall efficacy of healthcare services may be impacted by the sporadic presence of ASHA employees. It may be possible to enhance attendance and boost the number of health visits in Hoshangabad by guaranteeing the continuous and regular presence of ASHA employees at the centres.

5. OPD/emergency services /patient records-

According to the information given, it appears that Babai, Hoshangabad, and Seoni Malwa offer all of the aforementioned services, including OPD/Emergency Services, Records of All OPD Patients, Full Antenatal Check-ups, Care for High-Risk Pregnancies, Counselling and Guidance for Safe Abortion, and Screening and Management of Non-Communicable Diseases.

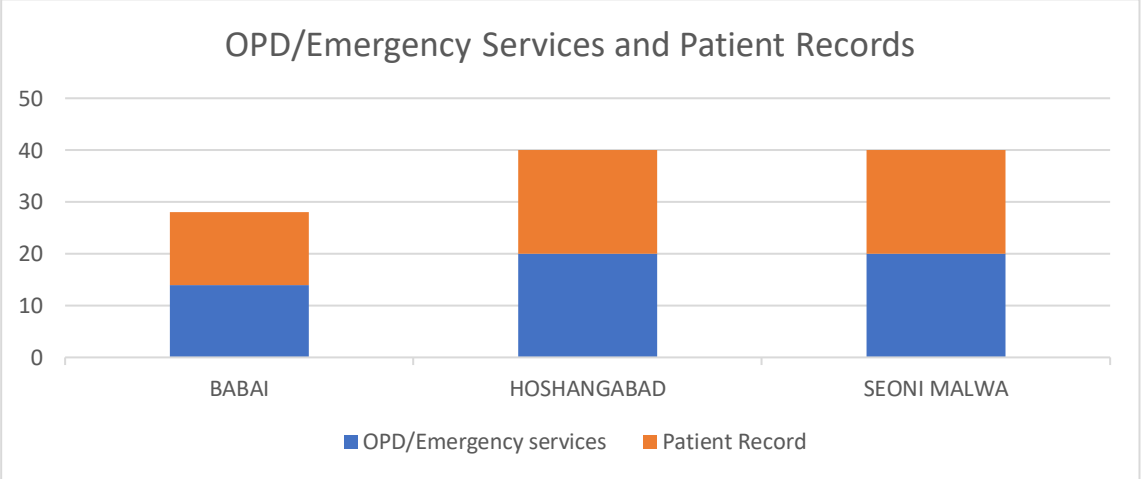
This indicates that a wide variety of healthcare services are available to the people who live in these three blocks. People can access medical care for sudden diseases or crises thanks to OPD/Emergency Services. Records of All OPD Patients show that accurate tracking and documenting of patients' medical histories and treatments are kept.

Full Antenatal Check-ups signify that pregnant women in these blocks receive comprehensive prenatal care to monitor their health and the well-being of their babies. Care for High-Risk

Pregnancies suggests that specialized care is available for expectant mothers with specific medical conditions or circumstances that require additional attention.

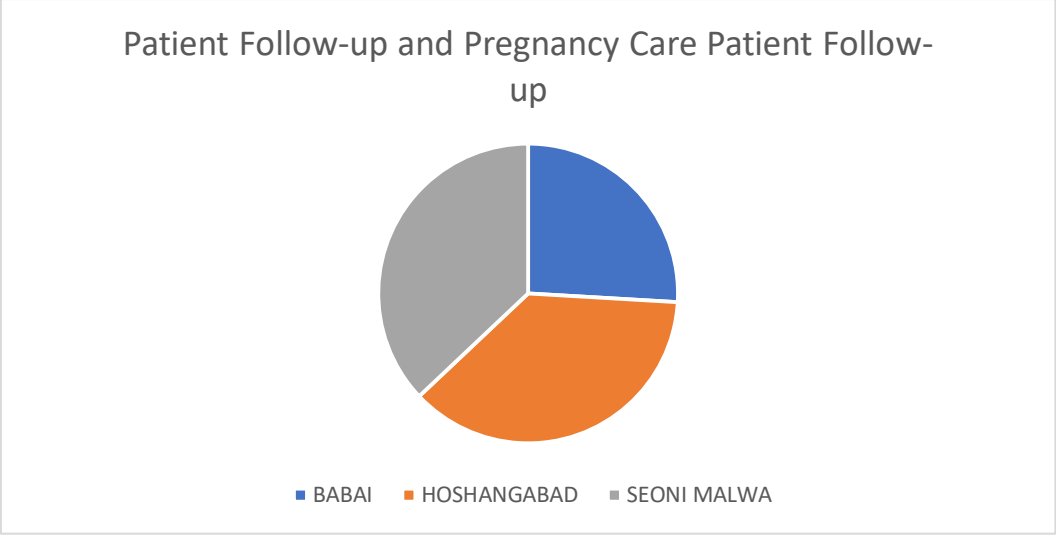
Counselling and Guidance for Safe Abortion signifies that individuals in need of abortion services can receive proper counselling and guidance in a safe and supportive environment. Screening and Management of Non-Communicable Diseases indicate that residents can access services for early detection, prevention, and management of diseases such as diabetes, hypertension, or heart disease.

Babai, Hoshangabad, and Seoni Malwa have sophisticated healthcare systems, which is shown in the provision of a wide variety of services. It's crucial to keep in mind that these services might differ in terms of their level of excellence, accessibility, and particulars. To evaluate the entire scope and efficiency of healthcare services in these blocks, further data and context are required.



6. Patients follow up and pregnancy care –

In terms of service quality, Babai is scored as "Good," whereas Hoshangabad and Seoni Malwa are both ranked as "Excellent."



Babai- The "Good" grade indicates that the service quality in Babai is acceptable and meets a fair standard. While it is not ranked as exceptional, it suggests that the healthcare services in Babai are typically effective and fulfil the community's basic needs. This rating is given in relation to various factors and parameters .

Hoshangabad and Seoni Malwa - Excellent:
Both Hoshangabad and Seoni Malwa have a "Excellent" rating, indicating a better degree of service quality than Babai. It implies that the healthcare services offered in these blocks are excellent, exceeding expectations and maybe achieving or exceeding particular criteria or norms. This ranking suggests that Hoshangabad and Seoni Malwa people receive comprehensive and high-quality healthcare services.

Furthermore, infrastructure, personnel, accessibility, patient happiness, and clinical results all have an impact on total service quality.

Discussion

The study sheds light on the status of healthcare services in the Hoshangabad area, as well as the coordination between ASHA workers and CHOs. Information has been acquired to examine many areas of the healthcare system using various data gathering methods such as interviews, surveys, questionnaires, and field visits.

The research looks at a variety of aspects of the healthcare system, such as service availability, CHO engagement and direction to ASHA workers, subcentre/HWC conditions, attendance and health visits, service quality, feedback, and reporting intervals. These data points contribute to a more complete picture of the district's present condition of healthcare.

Several inferences may be derived from the facts presented:

- Service Availability: According to the research, all three blocks have a variety of services available, including OPD/emergency services, prenatal care, high-risk pregnancy care, safe abortion counselling, and noncommunicable disease screening and treatment. This indicates a rather high degree of service supply across the blocks.

- CHO Involvement and Guidance: Hoshangabad has the greatest grades for both CHO involvement and ASHA worker guidance. Babai likewise shows a reasonably high level of engagement and mentoring, but Seoni Malwa falls behind. This demonstrates varied degrees of collaboration and assistance among CHOs and ASHA workers throughout the blocks..

- Attendance and health visits: Babai has the greatest attendance, followed by Seoni Malwa, with a lesser attendance in Hoshangabad. In addition, Hoshangabad has much less health visits than the other two blocks. This shows that healthcare use and accessibility varied between the blocks.

- Hoshangabad and Seoni Malwa are both rated "Excellent" in terms of overall service quality, whereas Babai is rated "Good." It is vital to highlight that the criteria and standards for this evaluation are not established, and the decision is based on subjective factors.

- Feedback and Reporting: Babai and Hoshangabad both have a feedback rating of 10, indicating that they have received favourable feedback, however Seoni Malwa has a lesser rating of 3. Babai receives reports monthly, Hoshangabad receives them daily, and Seoni Malwa receives them weekly. This shows that feedback mechanisms and reporting systems vary in frequency and efficacy.

Limitations of the study

While the study provides useful information about healthcare services and collaboration between ASHA workers and CHOs in the Hoshangabad area, it is vital to acknowledge the study's shortcomings. Some potential constraints are as follows:

- Convenience Sampling: Convenience sampling is used in this study, which entails selecting individuals based on their accessibility or availability. This strategy may induce biases and restrict the sample's representativeness. The findings may not completely depict the population's variety and variances.

- The study may have a limited sample size, which may impair the generalizability of the results. A bigger sample size would result in more robust and representative results.

- The research does not give clear criteria or standards for measuring service quality, CHO engagement, and other issues. This might make it difficult to establish direct comparisons or appropriately judge performance levels.

- Subjectivity in Data Collection: The study collects data using interviews, surveys, questionnaires, and field trips. Subjective interpretations and biases may be present in these procedures, influencing the quality and dependability of the data acquired.

- The study appears to focus on a certain time period or a cross-sectional view of the healthcare system. Longitudinal data gathered throughout time would give a more thorough knowledge of patterns and changes in the healthcare scene.

- The research has a limited scope because it focuses largely on ASHA workers, CHOs, and certain areas of healthcare services. It may overlook other significant aspects or players who may have an impact on the whole healthcare delivery system.

- External Factors: The study does not take into consideration external factors including socioeconomic conditions, infrastructure, and policy changes that may have an influence on healthcare services. These variables can have a substantial impact on how the study's findings are interpreted.

The study's findings may be limited to the Hoshangabad area and may not be relevant to other districts or locations with diverse settings and healthcare systems.

Conclusion

In conclusion , the study emphasises the critical impact of CHO's successful leadership and mentorship in enhancing frontline staff performance. The findings highlight the need of strong leadership and direction from CHOs in improving the capacities and efficacy of ASHA workers and other frontline healthcare practitioners.

The research highlights many crucial elements that contribute to good CHO leadership and mentoring. Clear communication, frequent training and skill development, supportive supervision, and building a good and empowering work atmosphere are examples of these. When CHOs exhibit these characteristics and coach frontline employees, it improves their knowledge, skills, motivation, and overall performance.

The research highlights the favourable effects connected with CHO's good leadership and mentoring. Increased work satisfaction, higher effectiveness in providing healthcare services, increased community participation, and improved health outcomes for the population served are among the consequences. Effective leadership and mentoring also contribute to the healthcare system's overall resilience and sustainability.

Based on the study's findings, it is clear that investing in the development of CHO's leadership and mentorship abilities is critical for optimising frontline worker performance. This may be accomplished through targeted training programmes, continuous assistance, and the creation of forums for information sharing and cooperation among CHOs and frontline workers.

Healthcare organisations and governments should prioritise the development and improvement of CHO leadership and mentorship skills. They may do so by creating a supportive atmosphere that empowers frontline staff and allows them to provide high-quality healthcare services to the community. As a result, the general health of the healthcare system and the well-being of the people served wil be improved.

ANNEXURE

ANNEXURE -1-

QUESTIONNARE FOR CHO's

1. District –
2. Province-
3. Name of subcenter/HWC
4. Name of community health officer –
5. Date of joining of CHO
6. Contact no-
7. Name of ASHA –
8. Working years of ASHA
9. Contact No.

Clinical services

1.Does your facility have OPD / emergency services -

i. Yes-
ii. No-

2. Do you have record of all the OPD patients –

i. Yes
ii. No

3. Do you take follow-up of your patients-

i. Yes
ii. No

4. Care in pregnancy-

i. Antenatal
ii. Postnatal
iii. Child birth
iv. Intra natal

5. Complete antenatal check-ups including-

i. Hypertension
ii. Diabetes
iii. Anemia
iv. Immunization
v. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-

i. Yes
ii. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-

i. Yes
ii. No

8.Do you arrange camps for awareness of family planning and contraceptive services-

I. Yes
II. No

9.Counselling and guidance for Safe abortion services-

I. Yes
II. No

10.Counselling and management of communicable diseases-

I. Yes
II. No

11. Screening, Counselling and management of non- communicable diseases-

I. Yes
II. No

12. Care for Common Ophthalmic and ENT problems:

I. Screening of refractive errors and blindness.
II. Primary care and proper referral for common eye and ENT problems

13.Basic Oral Health care(Oral Health check-up for)

I. Ulcer
II. soreness
III. vitamin deficiency.

14. Elderly and Palliative Health care services

I. Yes
II. No

15. Do you arrange Elderly health check-up camps-

I. Yes

II. No

16. Screening and Basic Management of Mental Health ailments.

I. Screening of severe mental disorders
II. Counselling services for de-addiction of substance use.

17. Do you have immediate referral services available –

I. Yes
II. No

ADMINISTRATIVE SERVICES

18. Are you present at your facility every time-

I. Yes
II. No

19. Do you pay attention to the problems faced by ASHA and all healthcare workers of your facility-

I. Yes
II. No

20. Do you arrange meetings for them and discuss agenda and reports

I. Yes
II. No

21. Do you involves in giving guidance and solving problems –

I. Yes
II. No

22. Do you perform all the administrative duties on day to day basis-

I. Inventory management of drugs
II. Equipment's
III. Logistics

23.Do you update and submit all the reports to higher level on day to day basis-

I. Yes
II. No

24. Do you involved in financial management activities –

I. Yes
II. No

25. Do your calculate and verify the performance incentive checklist

I. Yes
II. No

26. Do you takes care of attendance for all the workers-

I. Yes
II. No

27. Do you performs health visits and promote health activities –

I. Yes
II. No

ANNEXURE-2

QUESTIONNARE fOR ASHA

10. District –
11. Province-
12. Name of subcenter/HWC
13. Name of community health officer –
14. Date of joining of CHO
15. Contact no-
16. Name of ASHA –
17. Working years of ASHA
18. Contact No.

Clinical services

1.Does your facility have OPD / emergency services -

iii. Yes-
iv. No-

2. Do you have record of all the OPD patients by CHO –

iii. Yes
iv. No

3. Do you take follow-up of your patients-

iii. Yes
iv. No

4. Care in pregnancy-

v. Antenatal
vi. Postnatal

vii. Child birth
viii. Intra natal

5. Complete antenatal check-ups including-

vi. Hypertension
vii. Diabetes
viii. Anemia
ix. Immunization
x. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-

iii. Yes
iv. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-

iii. Yes
iv. No

8.Counselling and guidance for Safe abortion services-

III. Yes
IV. No

9.Counselling and management of communicable diseases-

III. Yes
IV. No

10. Screening, Counselling and management of non- communicable diseases-

III. Yes
IV. No

11. Care for Common Ophthalmic and ENT problems:

III. Screening of refractive errors and blindness.
IV. Primary care and proper referral for common eye and ENT problems

12.Basic Oral Health care(Oral Health check-up for)

IV. Ulcer
V. soreness
VI. vitamin deficiency.

13. Elderly and Palliative Health care services

III. Yes
IV. No

ADMINISTRATIVE SERVICES

14. when you come to facility is your CHO present –

III. Yes
IV. No

15. Do your CHO pays attention to the problems faced by you –

III. Yes
IV. No

16. do your CHO involves in giving guidance and solving problems –

III. Yes
IV. No

17. Do your CHO perform all the administrative duties on day to day basis-

IV. Inventory management of drugs
V. Equipment's
VI. Logistics

18. Does you submit all the reports and returns your CHO

I. Yes
II. No

19. do your CHO gives gives feedback after submitting reports –

I. Yes
II. No

20. what is the Interval of updating and submitting reports –

21.Does your CHO supervise and guide you and other staff-

I. Yes
II. No

22. Do your CHO gets involved in financial management activities –

I. Yes
II. No

23. Do your CHO calculate and verify the performance incentive checklist

I. Yes
II. No

24. Do CHO takes care of attendance -

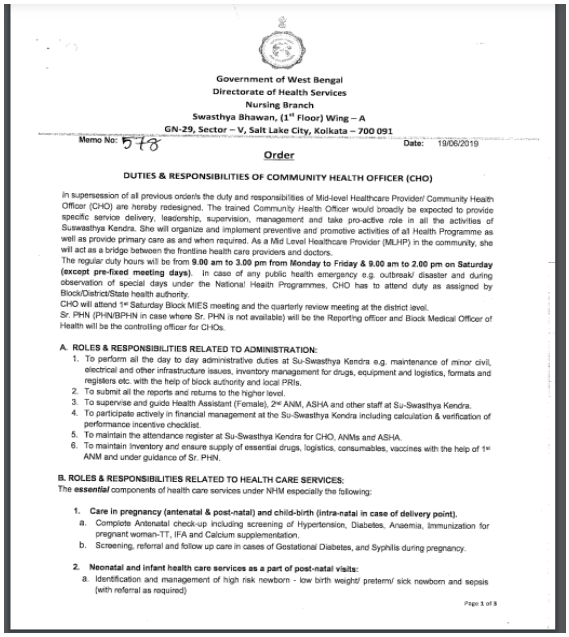
I. Yes
II. No

25. Do your CHO performs health visits and promote health activities –

III. Yes
IV. No

References

For reference the guidelines was referred which are proposed by government-



Government of West Bengal
Directorate of Health Services
Nursing Branch
Swasthya Bhawan, (1st Floor) Wing – A
GN-29, Sector – V, Salt Lake City, Kolkata – 700 091

Memo No: 573 Date: 19/06/2019

Order

DUTIES & RESPONSIBILITIES OF COMMUNITY HEALTH OFFICER (CHO)

In supersession of all previous orders the duty and responsibilities of Mid-level Healthcare Provider/ Community Health Officer (CHO) are hereby redesigned. The trained Community Health Officer would broadly be expected to provide specific service delivery, leadership, supervision, management and take pro-active role in all the activities of Suswasthya Kendra. She will organize and implement preventive and promotive activities of all Health Programme as well as provide primary care as and when required. As a Mid Level Healthcare Provider (MLHP) in the community, she will act as a bridge between the frontline health care providers and doctors.
The regular duty hours will be from **9.00 am to 3.00 pm from Monday to Friday & 9.00 am to 2.00 pm on Saturday (except pre-fixed meeting days)**. In case of any public health emergency e.g. outbreak/ disaster and during observation of special days under the National Health Programmes, CHO has to attend duty as assigned by Block/District/State health authority.
CHO will attend 1st Saturday Block MIES meeting and the quarterly review meeting at the district level.
Sr. PHN (PHN/BPHN in case where Sr. PHN is not available) will be the Reporting officer and Block Medical Officer of Health will be the controlling officer for CHOs.

A. ROLES & RESPONSIBILITIES RELATED TO ADMINISTRATION:

1. To perform all the day to day administrative duties at Su-Swasthya Kendra e.g. maintenance of minor civil, electrical and other infrastructure issues, inventory management for drugs, equipment and logistics, formats and registers etc. with the help of block authority and local PRIs.
2. To submit all the reports and returns to the higher level.
3. To supervise and guide Health Assistant (Female), 2nd ANM, ASHA and other staff at Su-Swasthya Kendra.
4. To participate actively in financial management at the Su-Swasthya Kendra including calculation & verification of performance incentive checklist.
5. To maintain the attendance register at Su-Swasthya Kendra for CHO, ANMs and ASHA.
6. To maintain inventory and ensure supply of essential drugs, logistics, consumables, vaccines with the help of 1st ANM and under guidance of Sr. PHN.

B. ROLES & RESPONSIBILITIES RELATED TO HEALTH CARE SERVICES:
The ***essential*** components of health care services under NHM especially the following:

1. **Care in pregnancy (antenatal & post-natal) and child-birth (intra-natal in case of delivery point).**
   a. Complete Antenatal check-up including screening of Hypertension, Diabetes, Anaemia, Immunization for pregnant woman-TT, IFA and Calcium supplementation.
   b. Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy.
2. **Neonatal and infant health care services as a part of post-natal visits:**
   a. Identification and management of high risk newborn - low birth weight/ preterm/ sick newborn and sepsis (with referral as required)

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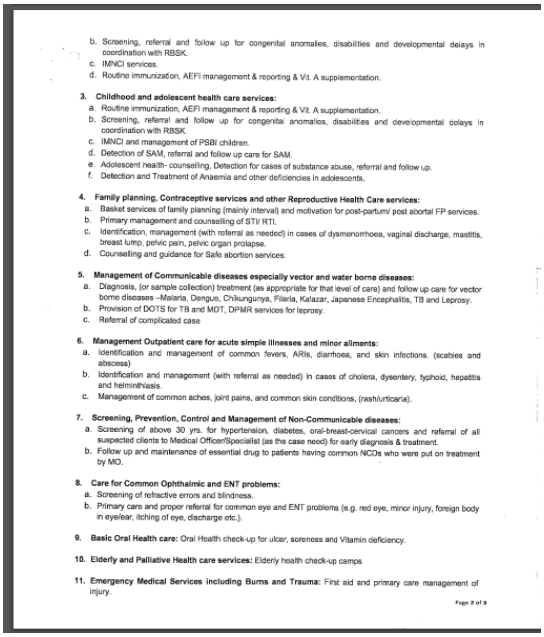

b. Screening, referral and follow up for congenital anomalies, disabilities and developmental delays in coordination with RBSK.
c. IMNCI services.
d. Routine immunization, AEFI management & reporting & Vit. A supplementation.

3. **Childhood and adolescent health care services:**
   a. Routine immunization, AEFI management & reporting & Vit. A supplementation.
   b. Screening, referral and follow up for congenital anomalies, disabilities and developmental delays in coordination with RBSK.
   c. IMNCI and management of PSBI children.
   d. Detection of SAM, referral and follow up care for SAM.
   e. Adolescent health- counselling, Detection for cases of substance abuse, referral and follow up.
   f. Detection and Treatment of Anaemia and other deficiencies in adolescents.
4. **Family planning, Contraceptive services and other Reproductive Health Care services:**
   a. Basket services of family planning (mainly interval) and motivation for post-partum/ post abortal FP services.
   b. Primary management and counselling of STI/ RTI.
   c. Identification, management (with referral as needed) in cases of dysmenorrhoea, vaginal discharge, mastitis, breast lump, pelvic pain, pelvic organ prolapse.
   d. Counseling and guidance for Safe abortion services.
5. **Management of Communicable diseases especially vector and water borne diseases:**
   a. Diagnosis, (or sample collection) treatment (as appropriate for that level of care) and follow up care for vector borne diseases –Malaria, Dengue, Chikungunya, Filaria, Kalazar, Japanese Encephalitis, TB and Leprosy.
   b. Provision of DOTS for TB and MDT, DPMR services for leprosy.
   c. Referral of complicated case
6. **Management Outpatient care for acute simple illnesses and minor ailments:**
   a. Identification and management of common fevers, ARIs, diarrhoea, and skin infections. (scabies and abscess)
   b. Identification and management (with referral as needed) in cases of cholera, dysentery, typhoid, hepatitis and helminthiasis.
   c. Management of common aches, joint pains, and common skin conditions, (rash/urticaria).
7. **Screening, Prevention, Control and Management of Non-Communicable diseases:**
   a. Screening of above 30 yrs. for hypertension, diabetes, oral-breast-cervical cancers and referral of all suspected clients to Medical Officer/Specialist (as the case need) for early diagnosis & treatment.
   b. Follow up and maintenance of essential drug to patients having common NCDs who were put on treatment by MO.
8. **Care for Common Ophthalmic and ENT problems:**
   a. Screening of refractive errors and blindness.
   b. Primary care and proper referral for common eye and ENT problems (e.g. red eye, minor injury, foreign body in eye/ear, itching of eye, discharge etc.).
9. **Basic Oral Health care:** Oral Health check-up for ulcer, soreness and Vitamin deficiency.
10. **Elderly and Palliative Health care services:** Elderly health check-up camps
11. **Emergency Medical Services including Burns and Trauma:** First aid and primary care management of injury.

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1. https://www.researchgate.net/publication/340228040_Community_health_officer_the_concept_of_mid-level_health_care_providers
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3. https://pubmed.ncbi.nlm.nih.gov/26318954/
4. https://pubmed.ncbi.nlm.nih.gov/26318954/
5. https://www.reliasmedia.com/articles/142926-roles-and-functions-of-community-health-workers
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7. https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2012/community-health-centres.pdf

8. https://www.nhmmp.gov.in/WebContent/HR/Rule_Book_CHO.pdf

9. https://ab-hwc.nhp.gov.in/document/6