KNOWLEDGE ATTITUDE AND PRACTICES OF COMMUNITY HEALTH OFFICERS

-By Niyati Saxena

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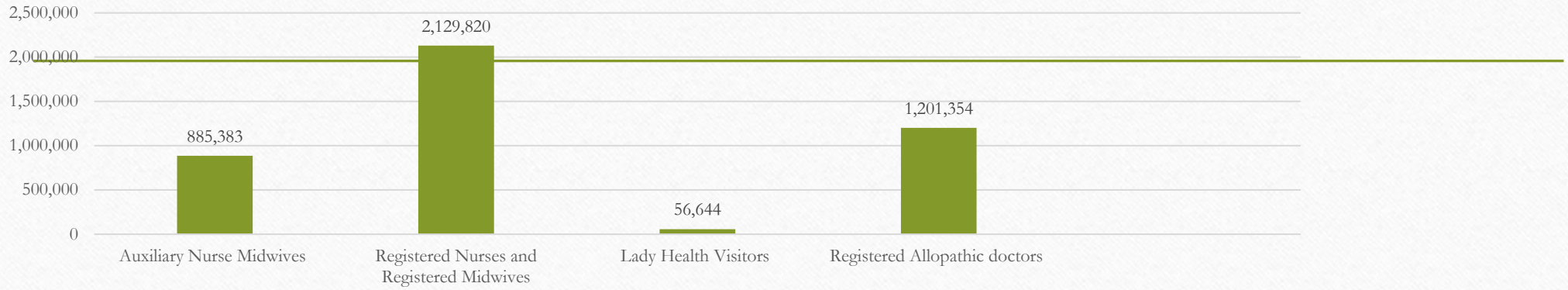
Roll no. 056

Introduction

Global view

- In Africa, the entire health system relies on the services delivered by MLWs. Some countries focus on the training part to implement priority health programs.
- The obsolete and monotonous curricula adopted for training MLWs have produced ill-equipped graduates, which resulted in poor teamwork and low focus on individual, technical and hospital-oriented care.
- There is a dire need to introduce procedures and systems for incorporating core management functions in management and planning of the health system like regulation of roles, career acceleration, professional development, and accreditation for MLP.

National view



- Nurse patient ratio in the Country at present is 1.7 nurses per 1000 population.
- Doctor-population ratio of 1:1404 as per current population approximately 1.35 billion against the WHO recommended ratio of 1:1000.

Functions of CHOs

- Clinical functions: To diagnose and detect the disease, refer to the most appropriate health facility, counsel the patients, provide teleconsultation facility and facilitate follow-up care.
- Public health functions: Supervise the population-based survey and make plans to arrange services, keep a close eye on disease patterns and undertake health promotion and prevention activities at the community level.
- Managerial functions: Recording, reporting, and monitoring of the services delivered at HWC, responsible for the administrative functions of HWC, and supportive supervision of the HWC team

Regional view

- Less than 50% of AWWs are receiving any kind of training on anemia. Most of them were able to identify symptoms but merely 6% of the AWWs and 1% of the ASHAs can identify all four symptoms of anemia.
- Only 62% of AWWs are doing so, this depicts the lack of monitoring even if the device is available.
- The knowledge of breastfeeding among frontline workers was high, but then too the rate of children breastfed within the 1 hour of birth was just 43%.
- 73% of AWWs about the age at which a child should be started feeding complimentary food, but 58% of mothers of children aged 6-11 months were aware of this.

Diverse services delivered by CHOs

Research Objective

1. To assess the knowledge, attitudes, and practices of Community Health Officers.
2. To find out the gaps in KAP and explore different options to fill those gaps.

- Research Questions

1. What is the current status of KAP of CHOs?
2. What are the shortcomings in the KAP of CHOs?
3. What could be the different way of techniques to inculcate appropriate KAP among CHOs?

Methodology

- Study location- All HWCs of Bhopal, Madhya Pradesh
- Study duration- 3 months
- Study tool- Google forms
- Study design- Interventional
- Sample size- A sample size of 79 CHOs is appropriate according to the study duration and the length of the questionnaire.

Findings

- CHOs possess low knowledge of Communicable disease and COVID-19 with 47.59% and 49.72% results respectively.
- As per the calculation of measures of central tendency, BAMS graduates posted in HWCs account for the highest mean, median, and mode i.e, 26.92, 28, and 30 respectively as compared to the other two graduates. It depicts the highest performance of BAMS graduates.
- A good attitude is highly observed in the male CHOs (87.88%) having 6 months to <1 year (92%) of experience aged 35 to <40 years (92.31%).
- CHOs possess the lowest knowledge of practices with a 39.66% result.

Recommendations

- Some interesting teaching and learning methods need to be adopted for making them understand the causes, symptoms, effects, and prescriptions to be given, etc. like learning with simulator mannequins, Mind mapping, and practical workshops, etc.
- Other than the bridge program, CHOs should be encouraged to undertake other courses that can be developed by National Health Mission, MP, and its developing partners to enhance their knowledge. On the completion of such courses, some cash reward should be given to motivate them.
- On-the-job training should be provided for enhancing COVID-19 related knowledge.
- A program can be initiated to make CHOs follow the right practices in which for every 10 HWCs, one CHO will be posted as “Aachran Sansthapak” who will be responsible for the best practices followed in his/her area.
- Quarterly assessments should be made in regards to practices. HWC with the highest score should be provided cash rewards so that all the HWCs can get encouraged to follow best practices.
- A surprise visit to HWC can be organized by NHM authorities to view whether the right practices are being followed or not.

Conclusions

CHOs work as a pillar of establishing HWCs and delivering CHPC to the marginalized community. They carry a big responsibility on their shoulders, hand side it is very crucial to maintain a good KAP for properly running of HWC. As per the study conducted in the Bhopal district, CHOs lack knowledge of communicable disease and COVID-19 which is essential in this scenario. A gap in the practices has also been found, they scored lowest in the practice section. To improve the surprise visits can be planned, quarterly assessments can work, and the post of “Aachran Sansthapak can be established. Apart from this, there is a dire need to incorporate interesting teaching as well as learning methods like learning with simulator mannequins, mind mapping, and practical workshops, etc, so that it does not get monotonous and they can retain knowledge for a longer period.

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