Interpersonal Challenges Faced by Community Health Officers at Health and Wellness Centres in Delivery of Comprehensive Primary Health Care at Tribal Setting of Gujarat: A Mixed Methods Study

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Abstract:

Introduction: Multi skilling and expansion of the team members involved in operationalizing Sub-Health Centres (SHCs) to Sub-health Centres-Health and Wellness Centres (SHC-HWCs) in India tends to be a challenge. New roles are being assigned to Community Health Officer (CHO) in an exponential manner. **Objective:** To identify the team-based interpersonal challenges encountered by Community Health Officers (CHOs)in terms of human relations in professional forefront and extract probable solutions from them for overcoming these challenges **Method:** It was a sequential type of mixed method study done in two-step process, quantitative survey of the defined indicators at SHC-HWCs followed by group discussion among CHOs for qualitative data. Quantitative survey was aimed at finding utilization of services. (triangulation of both the data) whereas qualitative survey was aimed at finding out interpersonal challenges faced for adequate service delivery. Authors targeted to collect data from all the SHC-HWCs (N=53) in Dahod block for quantitative and qualitative survey. **Results:** The service utilization related to Maternal health and child health; childhood and adolescent health were found in range of 90-95%, followed by community participation (70%). The qualitative analysis of data revealed that CHOs were overburdened by their superiors and perceived lack of co-operation, dedication, and accountability from fellow team members. **Conclusion:** Utilization of certain services like non-communicable diseases (NCD), palliative care, mental health was found to be suboptimal. Significant lack of motivation and coordination were possibly some of the contributors.

Keywords : Adolescent, Child, Health facilities, Motivation, Non-communicable diseases, Social responsibility

Introduction:

The National Health Mission (NHM), the country's flagship health systems strengthening programme, particularly for primary and secondary health care envisages "attainment of universal access to equitable, affordable and quality health care which is accountable and responsive to the needs of people."[1] Investments of NHM during earlier phases were targeted to strengthen Reproductive and Child Health (RCH) services and to contain the increasing burden of communicable diseases. While such a focus on selective primary health care interventions

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enabled improvement in key indicators related to RCH and selected communicable diseases, the range of services delivered at the primary care level did not consider increasing disease burden and rising costs of care on account of chronic diseases. India is witnessing an epidemiological and demographic transition, where non-communicable diseases such as cardiovascular diseases, diabetes, cancer, respiratory, and other chronic diseases account for over 60% of total mortality.[2]The provision of Comprehensive Primary Health Care (CPHC) reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care.[1]

Government of India launched Ayushman Bharat as its flagship program in February 2018. A target of operationalization of 1,50,000 Ayushman Bharat Health and Wellness centres (AB-HWCs) by transforming existing SHC (Sub Health Centres) and PHCs (Primary Healthcare Centres) into AB-HWCs to provide comprehensive primary healthcare closer to home with the principle being "time to care" to be no more than 30 minutes.[1]

Strengthening the primary health care team at the SHC and PHC level (by posting a Community Health Officer/ Mid-Level Health Provider), multiskilling and capacity building, expanded services and health and wellness promotion were operationalized at the State level.[1] There is also a rapid growth in health care facilities at government sector, thus reducing the out-of-pocket expenditure (OOPE) from 69.4% of total health expenditure found in 2004-05 to 48.8% OOPE out of total health expenditure in the year 2017-18.[3] The Government is committed towards providing Universal Health Coverage in order to reduce financial burden and a gate-keeping mechanism for reducing the burden of tertiary care hospitals through public health facilities.[1] Until now, the SHCs and PHCs were meeting only 20% of the health care needs and were providing limited services pertaining to RCH (reproductive and child health) care and some communicable diseases.[4] These SHCs and PHCs are equipped with an appointment of a newly trained cadre, viz. Community Health Officers (CHOs), earlier termed as Mid-level Health Providers. These CHOs are in leadership position of the SHC-HWCs and will undertake all the major activities and initiatives started by the Ministry of Health and Family Welfare (MoHFW).[1]

With previous experience of improvement of RCH indicators with introduction of ASHAs; similar strategy is being taken for improvement in other healthcare parameters by addition of CHOs. The program is underway but the issues arising are not known yet. The CHOs being a new, young cadre, with new packages to be rolled in, the challenges that might be anticipated are not yet studied for this particular cadre in carrying out their day-to-day activities. The objective of this study is to identify the challenges encountered by CHOs in terms of human relations in professional forefront and extract solutions from CHOs for overcoming these challenges.

Method:

It was a sequential type of mixed method study done in two-step process; quantitative survey of the defined indicators at SHC-HWCs followed by group discussion among CHOs for qualitative data. There were 51 SHC-HWCs functioning in Dahod block during the time of study. All SHC-HWCs (N=51) were selected for the purpose of the study.[5]

Step 1: Quantitative survey: The quantitative survey was undertaken in 44 out of 51 SHC-HWCs in Dahod block of Dahod district in the month of August-September 2021. The data could not be extracted from 7 (13.72%) SHC-HWCs as CHOs were not available at these SHC-HWCs at the time of survey. A comprehensive tool of indicators was prepared after discussion with the research team and by referring various National guidelines which included the basic indicators for service delivery in pregnancy and childbirth, neonatal and infant health, childhood and

adolescent health care including immunization, family planning, contraceptive services and other reproductive care services, communicable services, non-communicable diseases, screening and basic management of mental health ailments, care for common ophthalmic and Ear, Nose and Throat (ENT) problems, elderly and palliative care services and emergency medical services. A comprehensive list of indicators was defined and expected targets were set against each indicator as per the State specific guidelines. Each indicator had a maximum score of 100 and minimum score of zero. Each SHC-HWC performance in this scale, i.e the score of MCH indicator was 100 and the performance of X HWC of Dahod was 80. Hence the performance of this particular HWC, while delivering MCH indicator was 80%. Similarly, the other indicators like neonatal, childhood and adolescent health was calculated for this particular HWC "X". The data for these indicators were extracted from the registers available at the SHC-HWCs and refined further for the purpose of the study. Feasibility of the tool was assessed and pilot testing and modification of the tool was done accordingly to meet the study purpose. Data was collected by trained investigators on hard copy and entered in Excel sheet and performance score of each indicator was measured against predefined target and converted into percentages. All the indicators surveyed were plotted on a web-diagram.

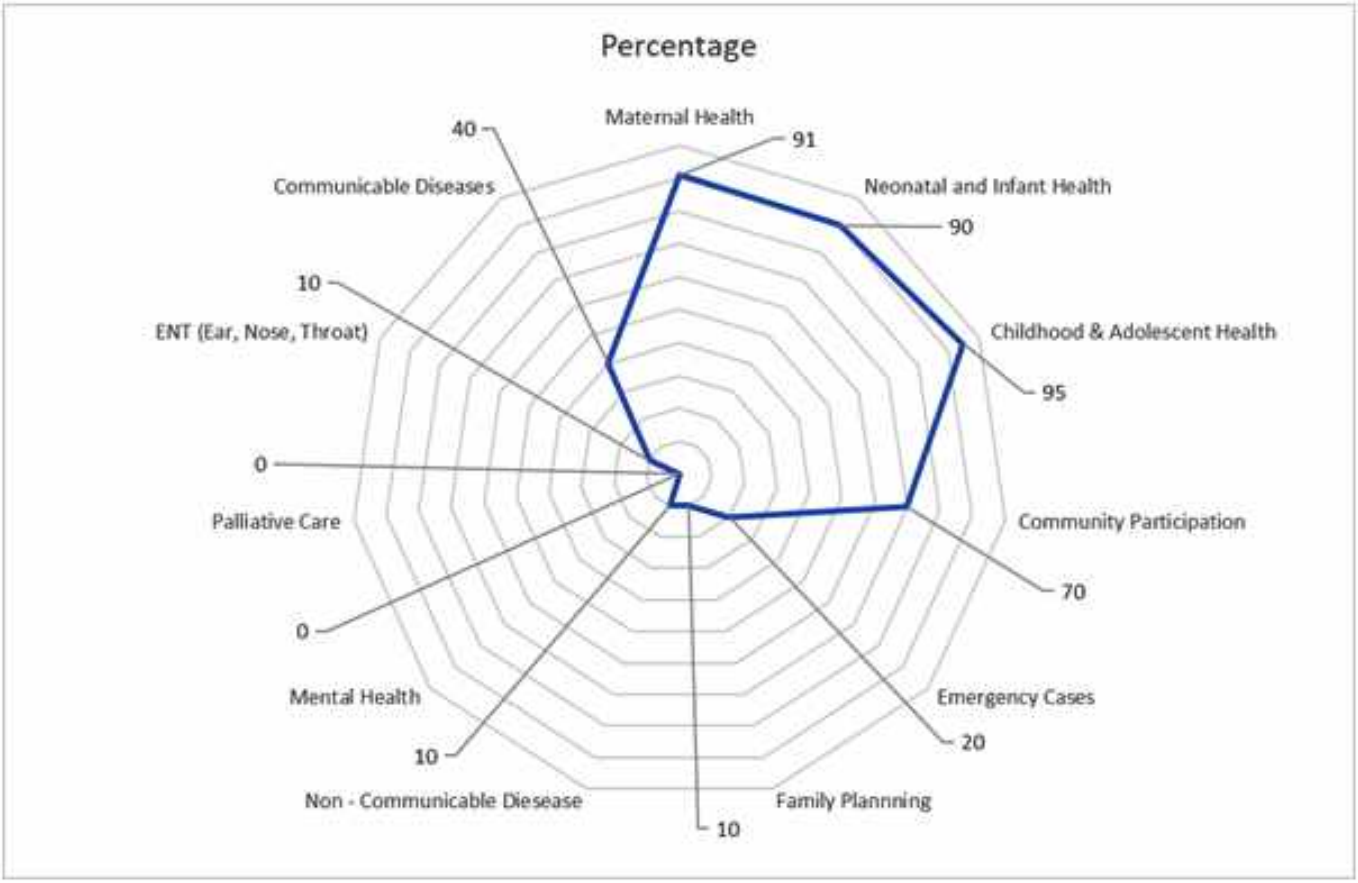
Step 2: Qualitative data collection: The CHOs from all the 51 SHC-HWCs were invited for this activity and some were unable to come due to various reasons. The total number of CHOs participated were 46 (90%). They were asked to free list the problems regarding the challenges and prospective solutions for increasing the service delivery under each healthcare packages which were shown in the web-diagram. (Figure 1) Each CHO was provided a chit paper, asked to form pairs and discuss the problems as well as the prospective solution. After the discussion, the CHOs were asked to draw a stakeholder's matrix and mention the challenges they faced during their routine work within their team members and their inter-personal relationship. The chits were then collected and analyzed by public health professionals trained in qualitative research by free listing approach manually.[6] The findings were shared with the State Nodal Officer and team. No names or any kind of identifiers were mentioned in the responses to maintain anonymity of the CHOs. Institutional Ethics Clearance was obtained from Bhaikaka University (IEC/BU/2022/Ex. 06/25/2022).

Results:

Quantitative: As per the survey data obtained from 44 out of 51 SHC-HWCs in Dahod block, the calculation of each indicator was done against set target defined as per the National and State specific targets and actual value was obtained in percentage (achieved versus target). The indicators of each service packages were clubbed together and average percentage was calculated for 44 SHC-HWCs. It was found that the utilization of services related to Maternal health; Neonatal and infant health; childhood and adolescent health were in range of 90%, followed by activities related to community participation which scored 70%. The other service utilization viz. family planning, contraceptive services and reproductive care services, non-communicable diseases, screening and basic management of mental health ailments, care for common ophthalmic and ENT problems, elderly and palliative care services and emergency medical services could not achieve the target and remained at or below 20%.(Figure 1)

Qualitative: As seen in Table 1 and Table2, CHOs experienced lack of co-operation from Multipurpose Health Workers, ASHAs and Anganwadi workers in service delivery and perceived that these health workers lack dedication and accountability. They reported of being overburdened by their superiors with multiple tasks, unachievable targets and were seldom offered guidance and support. They also reported mockery at workplace by their peers but the

Figure 1: Web diagram showing the performance on cPHC indicators



instances were seldom. The CHOs suggested solutions with respect to team dynamics, management, and field activities. Provision of team support and working together as a team (23.9%), to conduct weekly meetings (13.4%) were among the major responses received under the team dynamics. It was also mentioned that the superiors should provide guidance and motivation to the CHOs. They reported that, as being a new cadre, support and handholding was needed from the district officials as well as the medical officer of their respective PHC-HWCs for establishing them as the leaders of the SHC-HWCs. About 16.7% CHOs emphasized on conducting IEC (Information, Education and Communication) activities at the community level to increase the service delivery. Around 15.2% and 13.4% CHOs mentioned FGD (focus group discussions) followed by brainstorming for possible solutions with key stakeholders in the community and regular campaigns for poor performing activities will give positive result respectively. They mentioned that regular VHSNC (Village health sanitation and nutrition committee) meetings with active participation with community members and health care level workers will show the expected results.

Discussion:

It was found that the progress on indicators on maternal health, neonatal and infant health, childhood, and adolescent health were almost universal. Progress on indicators related to NCDs was far from satisfactory. Perceived lack of dedication among team members and lack of mutual co-operation were reported as major hurdles in delivery of CPHC services by the CHOs. It is also to be emphasized that overburdening the CHOs with multiple assignment other than laid guidelines can decrease the work efficacy. Similar results were reported in a study conducted on Anganwadi workers. They offered suggestions related to team

Table1: Stakeholder matrix with CHOs representing perceived barriers in delivery of cPHC services (N=46)

Multipurpose workers	**Salience(%)**	**Superiors** (District/ Block team members)	**Salience(%)**
Lack of cooperation with the CHOs in conducting field activities and reporting	22(47.82)	Overburdening with other tasks instead of regular activities	12(26.08)
Lack of dedication towards their work	16(34.78)	Lack of support and guidance	8(17.39)
Less accountable	7(15.21)	Transfer of the CHOs frequently	5 (10.86)
Frequent deputation and transfers of trained MPHWs	6 (13.04)	Pressurizing the staff for completion of tasks and reaching the target	3 (6.5)
Lack of communication	2 (4.2)	Lack of interest	2 (4.4)
Lack of knowledge	2 (4.3)	Lack of knowledge	1(2.18)
Absenteeism	1 (2.17)		
Lack of respect for fellow colleagues	1 (2.18)		
ASHAs and Anganwadi Workers	**Salience (%)**	**Colleagues**	**Salience(%)**
Lack of dedication towards their work	18 (39.13)	No respect of the post	2 (4.4)
Lack of support to the CHOs	14 (30.43)	Not supportive	2 (4.4)
Lack of accountability	7 (1.52)	Lack of motivation	1 (2.18)
Lack of motivation for starting new initiatives	2 (4.4)	Troublemakers	1 (2.18)
Old age	1 (2.18)		

Table 2: Solutions Offered by CHOs to Increase the Service Delivery For Various Service Delivery Packages (N=46)

Category	**Solutions**	**Salience (%)**
Team dynamics	To work in a team with each other's support	11(23.91)
	To start team huddle meetings	6 (13.04)
	To create an environment of motivation for all the team members through guidance from superiors.	3 (6.52)
Management	Capacity building of the team members with continuous and effective refreshers' training	4(8.69)
	Preparing of the micro plan of the activities in a team and work as per the decided plan	4(8.69)
	To follow the rules of change management and incorporate it in their day-to-day activities	3(6.52)
	Timely indentation of required materials, medicines, and logistics.	3 (6.52)
	To develop collaborative leadership skills	3(6.52)
Field activities	IEC activities at the community level	16(34.78)
	Focused group discussions with the stakeholders and community members	7 (15.21)
	Regular campaigns for poor performing activities.	6 (13.04)
	Regular VHSNC meetings at the community level with active participation with the health care workers and the community members	5 (10.86)

dynamics, change management, and field activities. Authors found complete registration of pregnancies and institutional deliveries to be 100% which is near to NFHS-5 i.e., 97.7% and 94.3% respectively. The full immunization coverage rate for children up to 23 months of age was found to be 94.7% in comparison to 85% as per NFHS-5.[7] It was found that only a limited set of services viz, maternal and child health & some services in communicable diseases were provided in full-fledged manner by the SHC-HWC as shown in the web-design (Figure1) which has also been mentioned by Ved et al.[8]

The other important indicators pertaining to services for non-communicable diseases, mental illness, palliative care, and emergency care were to be worked upon and to the best of our knowledge, any studies supporting the current our findings were not found. As the component of above-mentioned packages are newly introduced in the Comprehensive Primary Health Care and roll-out of these expanded service packages is still in initial phase which may be the major reasons for low performance. Henceforth, more innovative and context specific evidence-based approaches are to be instilled in developing these areas.

Another study revealed similar findings that strengthening the team dynamics was a key solution mentioned by the CHOs for increasing the service delivery.[9] It was also mentioned that conducting IEC activities at the field level, focused group discussion with the stakeholders and community members, regular campaigns for poor performing activities and VHSNCs activities will help in increasing the indicators which has taken a back seat as also mentioned by Nath et al.[10]

Strengths and limitations of the study:

The strength of current study was that the challenges and solutions mentioned were according to the CHOs' perspective rather than policy makers' perspective. However, the responses obtained would have been more dynamic if other cadres like multipurpose workers, medical officers etc. were part of the study. Data of various indicators were collected from registers available at the SHC-HWCs rather than from the community which was beyond the scope of the study which might have led to variations in the survey results.

Conclusion and Recommendation:

The study suggested that utilization of services related to Maternal health; Neonatal and infant health; childhood and adolescent health were in range of 90%, whereas the other indicators ranged from 10 -70%. The qualitative findings highlighted the concerns of health workers in terms of poor dedication and accountability to their existing job profiles. Interpersonal issues were the crux of poor delivery of the various CPHC indicators which was directly observed as decreased utilization of certain service packages for the beneficiaries.

With inclusion of new service packages under the Comprehensive Primary Healthcare in decades old system of RCH care as well as upgradation of the subcenters into SHC-HWCs with newly trained young cadres with leadership role; achieving Universal Health Coverage can be a difficult task.

It is recommended that regular capacity building sessions on "leadership and change management" should be made a part of their professional development. An integrated approach for continuum of care and addressing community health care is required which can be attained by cooperation, teamwork, mutual respect among the team members. Further such studies can be conducted to explore the perspective of various team members for improving the service delivery of CPHC.

Declaration:

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Conflict of Interest: Nil

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