International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Community Health Officers: A Critical Analysis of Their Role in Comprehensive Primary Healthcare in India

Poojashree Rajaram

MPH Scholar, Department of Community and Family Medicine, All India Institute of Medical Sciences, Rishikesh

Abstract
The National Health Policy of 2017 marked a significant shift in India's healthcare approach by advocating for the allocation of two-thirds of the health budget to primary healthcare. This policy underpinned the establishment of Health and Wellness Centres (HWCs) as a foundation for delivering comprehensive primary healthcare (CPHC) services. The Ayushman Bharat Programme, launched in February 2018, aimed to create 150,000 HWCs through the transformation of existing health facilities. Central to this initiative is the role of Community Health Officers (CHOs), who serve as vital links between healthcare services and underserved populations, particularly in rural areas. This article examines the evolving role of CHOs, their contributions to public health, and the challenges faced in enhancing healthcare accessibility and effectiveness.

Keywords: Community Health Officer, Health and Wellness Centres, Comprehensive Primary Healthcare Services

Introduction

The National Health Policy of 2017 advocated for allocating two-thirds of the health budget to primary healthcare and suggested bolstering the delivery of primary healthcare by creating "Health and Wellness Centres" as the foundation for providing comprehensive primary healthcare. The Government of India launched the Ayushman Bharat Programme in February 2018 one of the two components would be the creation of 1,50,000 Health and Wellness Centres (HWCs) through the transformation of current Sub sub-health centers and Primary Health Centres to deliver comprehensive primary healthcare (CPHC) services closer to home with the principle being "time to care" to be no more than 30 minutes [1].
A paradigm shift from a vertical programmatic approach in public health by the National Health Mission brought new insight at the community level which exists with the vision to provide effective health care in rural populations. The Community Health Officers are pivotal in a community setting brought by the National Health Mission for improving the healthcare availability and accessibility to the rural population in the country [2]. For the provision of an essential package of 12 healthcare services, including reproductive, adolescent, maternal, neonatal, and child health, communicable, non-communicable diseases (NCDs), ophthalmic and ENT, oral health, mental health, elderly and palliative, and basic emergency services a new cadre of Mid Level Health Provider - a key addition to the primary health team

is introduced at the HWCs, whose main focus is primary and secondary prevention as well as health promotion at the community level.

Qualifications

Mid-Level Health Providers would be a Community Health Officer (CHO) - a BSc. in Community Health or a Nurse (GNM or B.SC) or an Ayurveda practitioner, trained and certified through IGNOU/other State Public Health/Medical Universities for a set of competencies in delivering public health and primary health care services [2, 10].

Objectives

CHO cadre augments the capacity of the Health and Wellness Centre to offer an expanded range of preventive and promotive health services closer to the community, thus improving access and coverage with a commensurate reduction in out-of-pocket expenditure and consequently improving the clinical management, care coordination, and ensuring continuity of care through regular follow up, dispensing of medicines, early identification of complications, and undertaking basic diagnostic tests [11]. This will improve the utilization of health services at the primary care level, and reduce fragmentation of care, and workload at secondary and tertiary care facilities These objectives of CHO help to bridge the gap between healthcare facilities and the population seeking health care [2, 3].

- Ensure all households in the service areas are listed, and empanelled and a database is maintained- in digital format or paper format as required.
- Provide clinical care as specified in the care pathways and standard treatment guidelines for the range of services expected of the Health and Wellness Centre.
- Clinical care provision would include coordinating case management for chronic illnesses based on the diagnosis and treatment plan made by the Medical Officer who will initiate treatment for chronic diseases, and dispense drugs as per standing orders by the medical officer.
- Coordinate and lead local response to disease outbreaks, emergencies and disaster situations and support the medical team or joint investigation teams for disease outbreaks.
- Support the team of MPWs and ASHAs on their tasks, including on-the-job mentoring, support and supervision and undertaking the monitoring, management, reporting, and administrative functions of the HWC
- Coordinate with community platforms such as the Village Health Sanitation and Nutrition Committee, Mahila Arogya Samiti, and Self-Help Groups and work closely with the Panchayat Raj or Urban Local Body to address social determinants of health and promote behavior change for improved health outcomes.
- Address issues of social and environmental determinants of health with extension workers of other departments
- Guide and actively engaged in community health promotion including behaviour change communication

Roles and Responsibilities

CHO is an evolving concept in the healthcare sector and their roles and responsibilities are purely population-oriented in public health [4,5,6,7].

A. Clinical functions for ambulatory care and management
- Early detection, screening, and first-level month management
- Undertake referrals to enable a continuum of care
- Provide follow-up care
- Provide counselling support
- Facilitate Teleconsultation

B. Public health functions
- Ensure collection of population-based data and planning for organizing services at HWCs
- Community-level action for health promotion and prevention
- Disease surveillance

C. Administrative Functions
- Recording, reporting, and monitoring of service delivery
- Undertake administrative functions of HWCs
- Supportive Supervision of HWC Team

D. Health care services
- Maternal health care: Prenatal care like an antenatal checkup, screening for high risk, immunization and supplementation, childbirth, postnatal care, and if required referral to a higher center.
- Neonate and infant health care: Management of high-risk newborns, screening of congenital anomalies, IMNCI services, immunization.
- Childhood and adolescent health care: Adolescent health counseling, identification of drug abuse, detection of any deficiency, nutritional supplement, and referral services.
- Reproductive health care: Family planning, prevention and management of STI, identification of gynaecological problems, and referral services.
- Communicable diseases: Diagnosis and treatment of vector or waterborne diseases, provision of DOTs and DPMR (disability prevention and medical rehabilitation) services for leprosy along with referral services.
- Illness and minor ailments: Identification and management of fever, respiratory infection, diarrhoea, cholera, skin rashes, pain, typhoid, etc.
- Non-communicable diseases: Screening, prevention, control, and management along with following up and maintenance of treatment modalities.
- Eye and ENT: Screening along with primary care of ophthalmic and ENT problems and referral services for any emergency.
- Oral health: Regular check-ups and screening of oral health.
- Geriatric and palliative care: Health camp organization routine check-up.
- Emergency services: Burn, injury, trauma along with first aid management.
- Mental health care: Screening and counseling along with referral services.

E. Training program for community health officers
- Certificate program of community health: 6 months duration
- Training program on new health policy:5to 7 days every year
- Digitalize application training program:3 days
- Regular training from the ECHO platform

F. Supervision Services

- Supervision of national health program, ASHA, home visits, health promotion activities in the community

Remuneration

The remuneration consists of the fixed component as well as incentive components that are linked to key outcomes. Such performance-based payments essentially ensure continuity of care, track referrals, and facilitate teamwork [8,9].

Challenges Faced

Moreover, the integration of CHOs into the existing healthcare framework remains a significant hurdle. While they are intended to function as a link between the community and the formal healthcare system, there are often gaps in communication and coordination. This disconnect can result in fragmented provision of care, limiting their effectiveness. Strengthening these linkages is essential for enhancing the overall efficacy of community health initiatives [10].

Expanding the scope of work

One of the critical aspects of enhancing the role of community health officers (CHOs) lies in the need for comprehensive training programs that focus not only on clinical skills but also on communication, leadership, and community engagement. Such training should be context-specific, considering the unique challenges faced by CHOs in different regions [11].

Additionally to address the comprehensive service delivery package requires reorganization of work processes, including addressing the continuum of care across facility levels; moving from episodic mother and childcare services to chronic care services; instituting screening and early treatment programs; ensuring high-quality basic clinical services; at the same time, CHOs need to focus on health promotion, improve health literacy in the communities and leverage communication technology for better reporting. CHOs require support and supervision to develop competencies in navigating complex relationships within the community and the health system to provide effective care in communities [12, 13].

Regular capacity-building sessions on “leadership and change management” should be made a part of their professional development. An integrated approach to the continuum of care and addressing community health care is required which can be attained through cooperation, teamwork, and mutual respect among the team members [14,15].

Conclusion

In conclusion, community health officers are indispensable agents of change within the healthcare landscape. Their unique position enables them to address the diverse health needs of communities, particularly those that are marginalized or underserved. However, to maximize their potential, it is essential to invest in their training, support, and integration within the healthcare system. By doing so, we can enhance the quality of health services and promote health equity across populations. As we move forward, it is crucial for stakeholders, including policymakers, healthcare providers, and community leaders, to recognize and empower CHOs as key players in the pursuit of improved public health outcomes. The ongoing commitment to empowering CHOs will not only benefit individual communities but also contribute to the broader goal of achieving universal health coverage in India. As the country continues to

navigate complex health challenges, the role of CHOs will be increasingly critical in building a resilient and equitable healthcare system.

Reference

1. Das N, Gandhi B, Dongre A. 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. Healthline. 2023; 14 (2): 143-149
2. Nagarajan S, Paul VK, Yadav N, Gupta S. The National Rural Health Mission in India: Its impact on maternal, neonatal, and infant mortality. Semin Fetal Neonatal Med. 2015;20(5):315-20.
3. National Health Mission. Operational Guidelines for Comprehensive Primary Health Care [PDF]. Accessed January 2022. Available from: https://www.nhm.gov.in/New_Updates_2018/NHM_Components/Health_System_Stregthening/Comprehensive_primary_health_care/letter/Operational_Guidelines_For_CPHC.pdf
4. Desai S, Bishnoi RK, Punjot P. Community health officer: the concept of mid-level health care providers. Int J Community Med Public Health [Internet]. 2020 Mar. 26 [cited 2024 Apr. 12];7(4):1610-7. Available from: https://www.ijcmph.com/index.php/ijcmph/article/view/5861
5. Abduljawad, A. and Al Assaf, A.F., Sultan Qaboos Univm Med. J., 2011, 11(2) 201.
6. Buykx, P., Humphreys, J., Wakerman, J. and Pashen, D., Aust. J. Rural Health, 2010, 18(3), 102-109
7. National Health Systems Resource Centre. Ayushman Bharat: comprehensive primary health care through health and wellness centres operational guidelines. 2019;96.
8. Roles of Community Health Workers -RHI hub Toolkit, 4th October 2019.Available at www.wbhealth.gov.in/uploprogram
9. Committed to advancing the agenda of Universal Health Coverage through affordable and accessible healthcare for all. Press Information Bureau Government of India Ministry of Health and Family Welfare. 2017; 2-3.
10. Saprii L, Richards E, Kokho P, Theobald S. Community health workers in rural India: Analysing the opportunities and challenges Social Health Activists (ASHAs) face in realising their multiple roles. Hum Resour Health
11. Lassi ZS, Cometto G, Huicho L, BhuttaZA. Quality of care provided by mid-level health workers: systematic review and meta-analysis. Bull World Heal Organ. 2013; 91:824-33.
12. Bhan N, Madhira P, Muralidharan A, Kulkarni B, Murthy G, Basu S, et al. Health needs, access to healthcare, and perceptions of ageing in an urbanizing community in India: A qualitative study. BMC Geriatr. 2017;17(1):1-11.
13. Witmer A, Seifer SD, Finocchio L, Leslie J, Neil EH. Community health workers: integral members of the health care workforce. Am J Public Health. 1995;85(81):1055-8
14. Ministry of Health and Family Welfare, Government of India. *Operational Guidelines for Comprehensive Primary Health Care*. New Delhi: National Health Mission; [cited 2024 Dec 5]. Available from: https://www.nhm.gov.in/New_Updates_2018/NHM_Components/Health_System_Stregthening/Comprehensive_primary_health_care/letter/Operational_Guidelines_For_CPHC.pdf
15. Kotwani, Priya & Pandya, Apurva Kumar & Saha, Somen. (2021). Community Health Officers: key players in the delivery of comprehensive primary healthcare under the Ayushman Bharat Programme. Current Science. 120. 607-608.