

Community Health Officer (CHO): An Overview

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ABSTRACT

A new group of healthcare professionals who are not doctors are called community health officers (CHOs). As a part of Comprehensive Primary Health Care, CHOs will be vital in providing an increased range of essential services. They are expected to direct the primary care staff at the Sub Centre, Health and Wellness Center, offer ambulatory care and clinical management to the neighborhood, and act as a crucial coordination link to guarantee the continuum of care.

KEYWORDS: Community Health Officer

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Health Care System

National Rural Health Mission (NHM) was launched in the year 2005 to strengthen the Rural Public Health System and has since met many hopes and expectations. The Mission seeks to provide effective health care to the rural populace throughout the country with a special focus on the States and Union Territories (UTs), which have weak public health indicators and/or weak infrastructure. Towards this end, the Indian Public Health Standards (IPHS) for Sub-centers, Primary Health Centers (PHCs), Community Health Centers (CHCs), Sub-District and District Hospitals were published in January/February 2007 and have been used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs. IPHS are a set of uniform standards envisaged to improve the quality of health care delivery in the country. The IPHS documents have been revised keeping in view the changing protocols of the existing programmes and the introduction of new programmes, especially for Non-Communicable Diseases. Flexibility is allowed to suit the diverse needs of the States and regions. These IPHS guidelines will act as the main driver for continuous improvement in quality and

service as the benchmark for assessing the functional status of health facilities. States and UTs should adopt these IPHS guidelines for strengthening the Public Health Care Institutions and put in their best efforts to achieve high quality of health care across the country.

Rural Health Care System in India

The health care infrastructure in rural areas has been developed as a three-tier system as follows.

- 1. Sub Centre:** Most peripheral contact points between Primary Health Care System & Community manned with one HW(F)/ANM & one HW(M)
- 2. Primary Health Centre (PHC):** A Referral Unit for 6 Sub Centers 4-6 bedded manned with a Medical Officer In-charge and 14 subordinate paramedical staff
- 3. Community Health Centre (CHC):** A 30 bedded Hospital/Referral Unit for 4 PHCs with Specialized services

COMMUNITY HEALTH OFFICER (CHO)

The Community Health Officers (CHOs) are a new cadre of non-physician health workers. Chris will

play a critical role in the provision of an expanded range of essential packages of services as a part of Comprehensive Primary Health Care. They are expected to lead the primary care team at Sub Centre-Health and Wellness Centre, provide clinical management & ambulatory care to the community and serve as an important coordination link to ensure the continuum of care

Need for a Community Health Officer

Community health officers are health care workers with training less than that of a physician but greater than that of more ordinary nurses and other medical assistants. India is the second-most populous nation in the world and also a developing country. As per WHO, by 2024 the projected population would be 1,447,560,463. With this growing population, India is in great demand for doctors and nurses. At present India has a shortage of an estimated 600,000 doctors¹⁴ despite more than 529 government and private medical colleges having an annual intake of 70,978 students.¹⁵ According to the Indian nursing council, New Delhi, there were 1.79 million registered nurses/midwives in India (as of 2014). Recommended WHO ratio for the nurse to population is about 1:500 and as per NHP 2016 data, on average, India's nurse-to population ratio is 1:475, including registered nurses and midwives and lady health visitors. But still, there is a shortage of around 13,000 nurses as per rural health statistics 2016 data, because the Government of India has a norm of one nurse per PHC and seven per CHC that leads to a shortage of nurses in the rural health system.

States are deploying individuals with professional backgrounds such as 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 at HWCs. You are one amongst them. You have been appointed at HWCs with the vision to:

- Improve access to healthcare in rural/remote areas for the marginalized and vulnerable families.
- Reduce OOPE (Out Pocket Expenditure) being incurred by families on healthcare.
- Increase the utilization of public health services at the primary care level.
- Reduce fragmentation of care.
- Reduce the workload of secondary and tertiary care facilities.

CHO achieve these objectives by:

- Improving the capacity of the HWC (Health and Wellness Centers) to offer an expanded range of

services closer to the community, thus improving access and coverage with a commensurate reduction in OOPE.

- Improving 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.
- Strengthening public health activities related to preventive and promotive health and the measurement of health outcomes for the population served by the HWC.

Roles and responsibilities of the CHO

As a CHO you will be the first point of care or source of information for the health-related issues for the community by the virtue of the proximity of HWCs to its catchment population. Therefore, you need to understand the population in your service area and identify its common health needs. To achieve this, you will need to win over the trust and confidence of the people from the area you serve. You are broadly expected to perform the following three functions • Clinical functions to provide ambulatory (out-patient) care and management.

- Public health functions for health promotion, prevention and disease surveillance.
- Managerial functions for the efficient functioning of the Health and Wellness Centers.

The specific roles and responsibilities of CHOs for each of these functions are as follows:

A. Clinical functions for ambulatory care and management

Cho will provide clinical care as specified in the care pathways and standard treatment guidelines for the range of services expected at the HWC. Your si training in Certificate Programme in Community Health has already covered in detail the clinical functions that you are expected to undertake at HWCs.

- Early detection, screening and first-level month management
- Undertake referral to enable a continuum of care
- Provide follow up care
- Provide counselling support
- Facilitate Teleconsultation

B. Public health functions for health promotion, prevention and disease surveillance

CHO will undertake the following activities as part of your public health functions:

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

C. Managerial Functions for the efficient functioning of HWCs:

As a team leader of the HWC Team, you will also be responsible for undertaking managerial and administrative functions of the HWC such as inventory management, upkeep and maintenance, and management of untied funds. Details of the activities to be undertaken for each of these tasks are as follows:

1. Recording, reporting and monitoring of service delivery
2. Undertake administrative functions of HWCs
3. 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 require referral to a higher centre.
- **Neonate and infant health care:** Management of high-risk newborns, screening of congenital anomalies, IMNCI services, immunization.
- **Childhood and adolescent health care:** Adolescent health counselling, 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 gynecological 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, diarrhea, 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 of any emergency.
- **Oral health:** Regular checkup and screening of oral health.

- **Geriatric and palliative care:** Health camp organization routine checkup.
- **Emergency services:** Burn, injury, trauma along with first aid management.
- **Mental health care:** Screening and counselling along with referral services.

E. Administrative and supervision services

- **Administrative services:** Guidance to other co-health workers and maintain inventory, report submission. • **Supervision:** Supervision of national health program, ASHA, home visits, health promotion activities. • **Care pathway:** Provide specific care according to standard treatment guidelines.
- **Case coordinator and manager:** Provide communication to higher authority regarding a specific case, coordinate in care and manage of care.
- **Disaster and outbreak of disease:** Local response to disease outbreak and early management of disaster. • **Fund management:** Support the team for entitling the fund for various projects and programs.
- **Data management:** Record population data with various health indicators and communicate it.
- **Environmental role:** Education to the community, speak about safe water, sanitation, disposal of waste, pollution control and identify environmental hazards and control.

Other skills

- Communication skills,
- Interpersonal relationship skills,
- Transcultural competence, assessment skills,
- Training capability,
- Professionalism,
- Advocacy,
- Education
- Facilitation.

As a CHO, will need to work in close coordination with:

- Team of ASHAs and MPWs at your HWCs.
- Service providers of your linked PHC.
- Block Medical Officer In charge.
- Service providers at secondary care facilities for referral support, RBSK Teams, VHSNCs, AWWs, School teachers for the delivery of CPHC.

For effective care coordination, you need to understand the broad roles and responsibilities of MPs and ASHAs. There is some overlap in the roles and responsibilities of CHO and MPs at the HWCs in the delivery of CPHC services. However, based on the local context and population coverage you and MPs will need to plan each other's work distribution through mutual discussion and in consultation with your Medical Officer. The work distribution involving common functions for both should be so planned that specified essential services can be provided both at the HWC and community level

Qualifications: GNM/BSC (N)

Salary: 35000/- Month

Training program for community health officers

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

CONCLUSION

Since we have a shortage of doctors and specialists, the shift in role to mid-level health care provider will relieve the overburdened doctors and specialists, at least in rural health settings, mid-level health care provider has a limited license only in primary and preventive healthcare to practice medicine at mid-level to such persons, who qualify such criteria as may be specified by regulations which will have an

overwhelming representation of doctors. This initiative by the government of India will help to provide easy and affordable health care services to the population which also play an important role in universal health coverage in India

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