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Challenges of Community Health Officers Working in Health and Wellness Centers, Sonitpur, Assam: A Qualitative Study

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ABSTRACT

Background: To effectively deliver comprehensive primary health care services, the new cadre of Community Health Officers (CHOs) is provisioned at the Health and Wellness Centers (HWCs), whose main focus is primary and secondary prevention as well as health promotion at the community level.

Aim: To explore the challenges of Community Health Officers working in Health and Wellness Centers, Sonitpur, Assam.

Methodology: The study used a qualitative approach and phenomenological research design. A total of 20 Community Health Officers were selected for the study by using Convenience sampling technique. A socio demographic proforma and a semi structured interview guide were used to collect data from the Community Health Officers.

Results: The findings of the study showed that maximum numbers of CHOs belonged to the age group of 20-30 years and they were married female. Maximum of the CHOs were B. Sc. Nursing qualified and having work experiences of 1-5 years. The study emerged with 3 main themes along with their sub themes. The themes were (1) Geographical challenges (2) Organizational challenges, (3) Community ignorance.

Conclusion: The study concluded that majority of the Community Health Officers were overburdened due to diversified task. A majority of them reported a negative impact on their family and personal time due to their increased work and also some CHOs have encounted various obstacles related to lack of community participation. This research results indicate a requirement for further studies to investigate CHOs challenges and develop evidence based solutions to mitigate the challenges they encounter.

Keywords: Challenges, Community Health Officers, Health and Wellness Centers.

INTRODUCTION

India, as a developing nation, grapples with a dual burden of diseases and inadequate community-based healthcare provision. Consequently, the country requires better-trained healthcare personnel and improved facilities to deliver essential healthcare services. The health outcomes of a community are intrinsically dependent on the availability of adequate manpower; therefore, India needs a well-trained and well-equipped human resource to achieve universal health coverage. Healthcare in India is predominantly focused on providing primary care at the community's grassroots levels.

Community Health Officers (CHOs) are health workers with training durations shorter than that of physicians but exceeding that of regular nurses and other medical professionals. CHOs provide autonomous services to the community in areas such as disease prevention, health promotion, and the diagnosis, planning, management, and treatment of minor illnesses and impairments. Their expanding roles and responsibilities play a significant part in addressing the healthcare workforce shortage and enhancing universal access to basic healthcare services, especially in low- and middle-income nations.

The concept of the Community Health Officer is evolving within the healthcare industry, emphasizing a comprehensive focus on public well-being. CHOs are tasked with planning health programs and initiatives aligned with community health promotion and prevention needs. They are also responsible for administration, supervision, managerial roles, leadership, and specific service delivery. Moreover, they are expected to actively participate in all community-level initiatives. CHOs are instrumental in bridging the gap between populations seeking healthcare and available medical facilities.

Health and Wellness Centers emphasize preventive and promotive care by expanding their service range to twelve packages, including care during pregnancy and childbirth, neonatal and infant health services, childhood and adolescent healthcare, family planning and reproductive health services, management of communicable diseases, general outpatient care, non-communicable disease management, ophthalmic and ENT care, oral health, elderly and palliative care, emergency services, and basic mental health management.

STATEMENT OF THE PROBLEM

Challenges of Community Health Officers working in Health and Wellness Centers, Sonitpur, Assam: a qualitative study.

OBJECTIVE OF THE STUDY

To explore the challenges of Community Health Officers working in Health and Wellness Centers.

MATERIAL AND METHODOLOGY

The study used a qualitative approach and phenomenological research design. A total of 20 Community Health Officers were selected for the study by using Convenience sampling technique. A socio demographic proforma and a semi structured interview guide were used to collect data from the Community Health Officers.

RESULTS

SECTION I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF RESPONDENTS ACCORDING TO THE SELECTED SOCIO-DEMOGRAPHIC VARIABLES:

Table 1.1: Frequency and percentage distribution of respondents on the basis of age

n= 20

Age (Years)	Frequency (f)	Percentage (%)
20-30	14	70
31-40	6	30
Total	**20**	**100**

Table 1.1 shows that majority i.e. 70% respondents belong to the age group of 20-30 years followed by 30% belong to 31-40 years of age group.

Table 1.2: Frequency and percentage distribution of respondents on the basis of gender

n= 20

Gender	Frequency (f)	Percentage (%)
Male	3	15
Female	17	85
Total	**20**	**100**

Table 1.2 shows that Majority i.e. 85% of community health officers were female followed by 15% male were found as participants.

Table 1.3: Frequency and percentage distribution of respondents on the basis of educational qualification

n = 20

Educational Qualification	Frequency (f)	Percentage (%)
GNM	4	20
B. Sc. Nursing	8	40
Post Basic B. Sc. Nursing	3	15
Rural Health Practitioner	5	25
Total	**20**	**100**

Table 1.3 shows that 40% of respondents were belong to B. Sc. Nursing qualified participants followed by 25% from Rural Health Practitioner, 20% from GNM and 15% from Post Basic B. Sc. Nursing background.

Table 1.4: Frequency and percentage distribution of respondents on the basis of years of experience

n=20

Years of experiences	Frequency (f)	Percentage (%)
1-5 years	14	70
6-10 years	2	10
11-15 years	4	20
Total	**20**	**100**

Table 1.4 shows that 70% of respondents having 1- 5 years work experiences followed by 20% having 11-15 year and 10% having 6-10 year work experiences.

Table 1.5: Frequency and percentage distribution of respondents on the basis of distance from HWC for field work

n = 20

Distance from HWC for field work	Frequency (f)	Percentage (%)
Less than 5 km	7	35
5-10 km	9	45
11-15 km	2	10
16-20 km	2	10

Total	**20**	**100**

Table 1.5 shows that 45% of community health officers have a maximum distance of 5-10 km from their HWC for field work followed by 35% have a distance of less than 5 km, 10% have a distance of 11-15 km and 10% have a distance of 16-20 km for their field work area.

Table 1.6: Frequency and percentage distribution of respondents on the basis of number of supporting staff in HWC

n = 20

Number of supporting staff in HWC	**Frequency (f)**	**Percentage (%)**
Less than 3	5	25
3 – 5	11	55
More than 5	4	20
Total	**20**	**100**

Table 1.6 shows that 55% of respondents get adequate staff support from 3 to 5 staffs followed by 20% gets more than 5 staffs and 25% get inadequate support from staff.

Table 1.7: Frequency and percentage distribution of respondents on the basis of marital status

n = 20

Marital status	**Frequency (f)**	**Percentage (%)**
Unmarried	9	45
Married	11	55
Total	**20**	**100**

Table 1.7 shows that 55% of respondents were married followed by 45% were unmarried.

Table 1.8: Frequency and distribution of respondents on the basis of presence of language barrier

n= 20

Presence of language barrier	**Frequency (f)**	**Percentage (%)**
Present	7	35
Absent	13	65
Total	**20**	**100**

Table 1.8 shows that 65% of respondents do not have any language barrier followed by 35% have some language problem.

SECTION II: THIS SECTION DEALS WITH THE THEMATIC DESCRIPTION OF CHALLENGES OF COMMUNITY HEALTH OFFICERS.

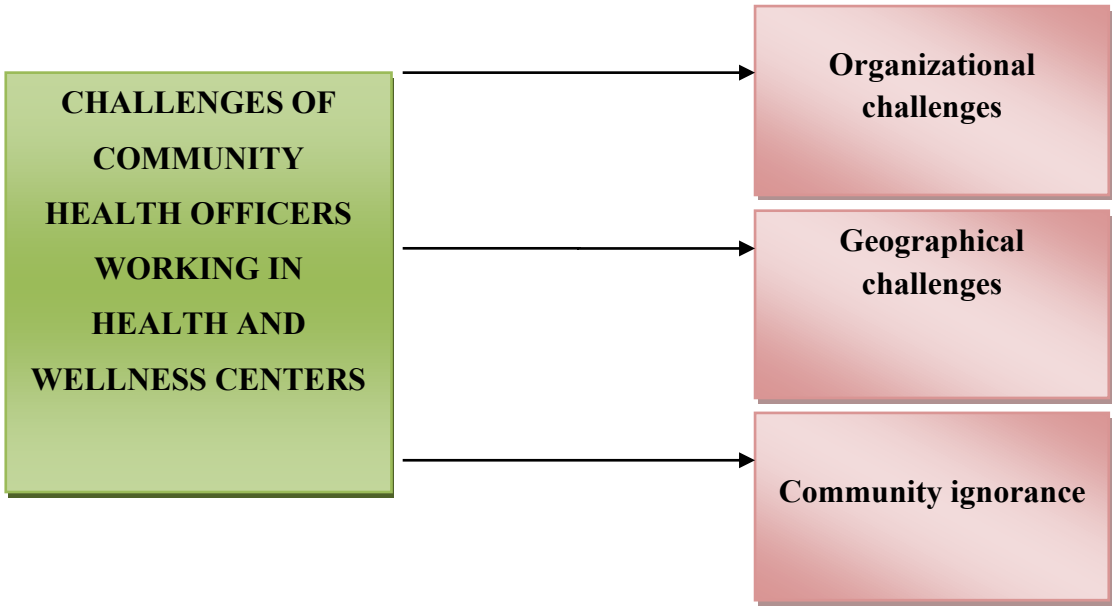

Fig 1.1: Major themes on challenges of Community Health Officers working in Health and Wellness Centers

1. Organizational Challenges

Community Health Officers (CHOs) typically perform various tasks to ensure the smooth operation of healthcare services in Health and Wellness Centers (HWCs). The participants expressed concerns about different tasks such as documentation, record-keeping, portal entry, budgeting, and financial management. During their work, participants encountered various difficulties and challenges related to their work patterns and the overlap of tasks.

Some subthemes related to this theme are –

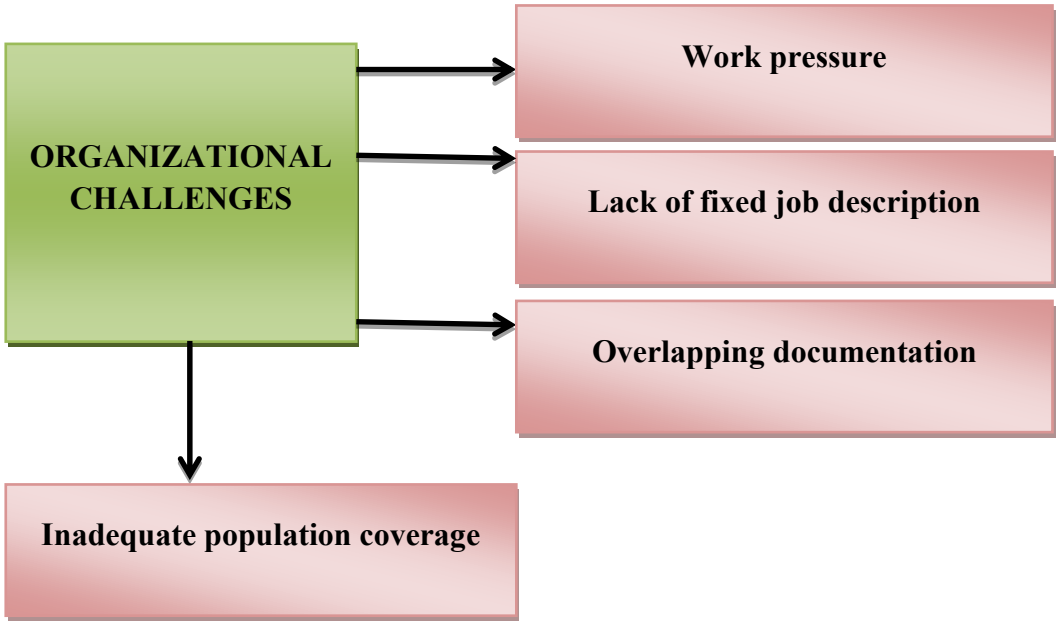

Fig 2.1: Responses of community health officers about organizational challenges

1.1. Work pressure

Community Health Officers (CHOs) often experience work pressure due to factors such as high patient volumes, limited resources and expectations from higher authorities. Work pressure is characterized as a state of tension that arises from the need to complete tasks within a specific timeframe. Certain circumstances at work can exacerbate the challenges faced by CHOs.

Several respondents (n=9) articulated their feelings of work pressure in Health and Wellness Centers. Some verbatim responses include:

"As I have to conduct various programs in different locations, maintain multiple registers and make home visits, handling all these responsibilities alone is extremely challenging for me; I find it overwhelming." (R1)

"The targets set by management are unrealistic. I am constantly stressed about meeting numbers rather than focusing on client needs, which makes me feel burdened." (R3)

"I need to conduct teleconsultations whenever a patient arrives in OPD, and this process is one of the most challenging aspects of my role. While performing teleconsultations, we document everything and are required to complete as many as possible daily. Sometimes the doctor does not respond promptly or there are network issues, which can disappoint patients. Managing teleconsultations, documentation, and OPD simultaneously feels like an excessive workload." (R15)

"I am expected to see 30 clients in a day, with only 15 minutes per session, along with teleconsultation and online portal entry. It's impossible to provide quality care under that kind of pressure." (R18)

"There are various types of work and documentation required for each role, such as ASHA, ANM and MPW. Additionally, community engagement programs are equally important. This has left us all feeling overburdened." (R4) (R11)

"As a CHO, I strive to provide quality care to the community but often find myself working merely to meet the expectations of higher authorities, who focus on quantity rather than quality services." (R6)(R19)

"I have to juggle multiple tasks simultaneously, which makes me feel overwhelmed and as though I am failing to provide adequate care to the community." (R20)

1.2. Lack of fixed job description

The absence of a clear job description can result in confusion, dissatisfaction and decreased productivity. Participants noted that they had to perform multiple tasks simultaneously, hindering their ability to execute their assigned duties effectively. Some CHOs (n=8) reported challenges due to the diverse nature of tasks they handle.

Responses from the participants include:

"I am burdened with cumbersome tasks like ABHA ID creation and vaccination card distribution, which are not part of a CHO's job description and could be performed by other trained individuals." (R2)

"I feel as though I am being pulled in too many directions. No one seems to know what I am supposed to be doing." (R5)

"I do not have a fixed line of work. Sometimes I am assigned to conduct health melas, while other times I am tasked with preparing Ayushman Cards and other activities." (R8)

"I am constantly assigned new tasks without consideration for my existing workload. I have to manage data entry and create various IDs such as ABHA IDs, mother IDs, and newborn IDs." (R6)(R11)

"I lack a fixed job description and am struggling to keep up with the ever-changing demands of management. I am uncertain about what is more important: the work I was hired to do or the latest tasks

assigned to me." (R16)

"I feel like I have become a data entry operator instead of a CHO. While we should provide quality care to the community, I find myself preoccupied with data entry tasks." (R9) (R10)

1.3. Overlapping documentation

Some participants (n=10) reported that they must maintain extensive written documentation, including various registers to keep records of numerous events, in addition to online portal entries for all documented data. This duplication of effort leads to an increased workload for CHOs.

Their feelings are expressed as follows:

"I have to maintain several registers to keep records of various events, such as antenatal registers, NCD registers, family planning registers, and under-5 registers, among others. After maintaining the written records, I must also enter all the data online, which is indeed a challenging task." (R1)

"I am caught in a never-ending cycle of paperwork and digital entries. My hands are tied with both paper and online tasks while my clients need my attention." (R3)

"I am required to upload specific records online daily and others at the end of each month. So, uploading all details and documents online, along with maintaining registers, is demanding." (R4) (R7)

"I find myself doing the same work twice - once on paper and once online. Documentation is taking over my role; I am a CHO, not a clerk." (R6)

"I feel that the tasks executed by us are primarily documentation-based and are overlapping, as we need to complete this documentation in both online and offline formats." (R11)(R18)

"I struggle to keep up with the demands of both online and offline documentation. This dual documentation is a waste of time and resources." (R6)

"Both online and offline data entry processes are quite challenging for me. Ensuring consistency and accuracy between the two requires additional time and effort." (R14)

"While documentation is an integral part of our job, dual documentation is ineffective. Why can't we choose one system: either online or offline?" (R19)

1.4. Inadequate population coverage

A model Health and Wellness Center (HWC) ideally serves a maximum of 5,000 individuals. However, in reality, some HWCs cater to populations two to three times larger than this standard, resulting in inadequate care for the community. A few participants (n=2) noted that they serve more individuals than expected.

Their verbatim responses indicate:

"My HWC covers 18,000 people; due to this overpopulation, there has been an increase in both OPD footfall and NCD screening. Consequently, I am unable to provide the necessary care to community members and have struggled to meet monthly targets." (R3)

"While the ideal population coverage for an HWC is between 3,000 and 5,000, I handle a population of 15,500. For this size of population, at least four ANMs and three CHOs are needed; however, I only have two ANMs. This makes it exceptionally challenging to provide quality services in such an overcrowded area with insufficient manpower." (R14)

2. Geographical challenges

Majority of the participants faced significant geographical challenges in delivering health care services, particularly in rural and remote areas. The vast distances, rugged terrain and lack of infrastructure often hinder their ability to reach patients, conduct regular visits and provide timely intervention.

Most respondents (n=9) reported facing different geographical challenges which lead to delayed care and reduced access to health services.

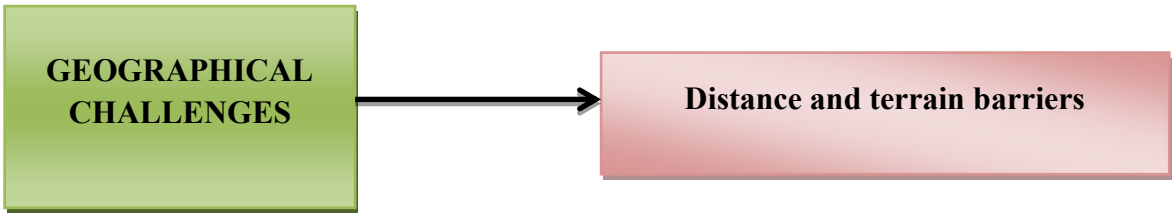

Fig 2.2: Responses of community health officers about geographical challenges

2.1. Distance and terrain barriers

CHOs often work in areas with challenging terrain like hills, river making travel and reaching remote villages difficult and time consuming. The vast distance between villages and healthcare facilities, coupled with inadequate transportation, mean that CHOs may need to travel long distance to reach patients, leading in services delivery.

Some verbatim responses related to this subtheme include:

"I would say that distance is a significant challenge in my line of work because I often have to travel a long distance to reach the remote villages as I am having 10 villages under my center and travelling long distances make me exhausting impacting my productivity." (R2)

"I have to travel 5 to 6 km from HWC to some villages and sometimes I have to carry medicines and equipments for the people live in that areas. So it is very difficult for me." (R3)(R6)

"The road of my villages is so bad that even motorcycles cannot reach some areas. We have to rely on walking." (R11)(R17)

"The lack of proper roads and infrastructure makes it difficult for me to reach patients in need." (R9)

"One significant challenge for me to travelling through hilly areas and it increases the risk of accidents especially during rainy season. (R5)(R13) "

"As a CHO, the challenge that I ace is river crossing because to reach some of the areas under my centers I had to cross river and during flood it makes me difficult to reach such areas." (R19)

3. Community ignorance

Many participants faced challenges while working within the community, encountering various obstacles related to a lack of community participation due to cultural barriers and ignorance. Community ignorance and diminished participation often stem from a lack of awareness, understanding and knowledge about healthcare services among community members. Building trust and engagement to promote health initiatives presents significant challenges for CHOs.

Most respondents (n=8) reported facing considerable challenges due to the lack of community participation in HWCs, which can lead to a disconnection between the services offered and the actual needs of the population.

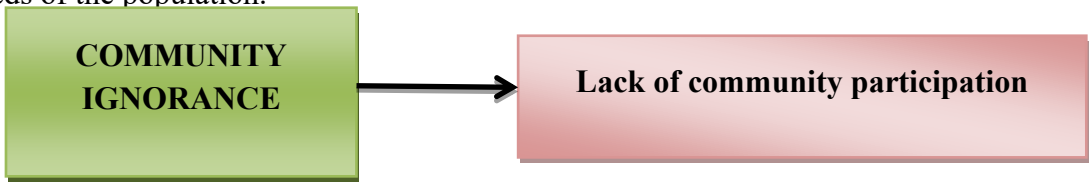

Fig 2.3: Responses of community health officers about community ignorance

3.1. Lack of community participation

Some participants stated that they often do not receive a positive response from the community, as there is little interest in participating in wellness activities such as Yoga Day, Antenatal Check-up Week and NCD Screening Day. Community members also hold certain misconceptions regarding health services. Due to the lack of community involvement, participants found it challenging to effectively implement health programs and address health issues.

Some verbatim responses related to this subtheme include:

"One of the significant challenges I have encountered is convincing women to use contraceptives, especially Antara Injection and Copper T, given their numerous misconceptions. It is truly challenging to raise awareness among community members about these contraceptives." (R2)

"Because of certain cultural taboos, some individuals are hesitant to access healthcare; for example, during menstruation, I cannot provide care to a particular girl or woman due to the societal taboo of considering menstruating women as unhygienic or unclean." (R5) (R17)

"Community participation is the backbone of our work, but it is lacking. Due to insufficient knowledge and awareness, community members are not showing up for programs organized by the HWC." (R8)

"In my community, people are hesitant to participate in NCD screening programs because they believe cancer screening is unnecessary or even harmful." (R9)(R13)

"Most people in the community are unaware and disinterested in the health services provided by the HWC. As a result, it is complicated to communicate specific topics, leading to low participation in health programs when organized." (R15)

"The community holds a widespread belief that medical treatment and services should only be sought for severe diseases with visible symptoms, rather than prioritizing preventive care. Consequently, people hesitate to regularly receive healthcare services from the HWC." (R20)

CONCLUSION

The present study aims at exploring the challenges of 20 numbers of Community Health Officers in the Health and Wellness Centers of Sonitpur district, Assam. The study use qualitative approach and phenomenological research design. The data were collected in a systematic way by using semi structured interview guide and data were analyzed with the help of thematic analysis. The findings of the study showed that maximum numbers of CHOs belonged to the age group of 20-30 years and majority of them were married female. Maximum of the CHOs were B. Sc. Nursing qualified and having work experiences of 1-5 years. The present study concluded that Community Health Officers faced significant challenges while working in community. The themes of the study were – 1) Organizational challenges, 2) Geographical challenges 3) Community ignorance. The CHOs were expressed that they were overburdened with their duties that are entrusted upon them over and above those of patient care like data entry, online portal registration and never ending deadlines and work pressure from higher authorities with minimum resources and also difficult to reach areas significantly hinder CHO's work. This research results indicate a requirement for further studies to investigate CHOs experiences and develop evidence based solutions to mitigate the challenges they encounter. By addressing these gaps policymaker can strengthen primary health care systems, provide sufficient human resources and improve health outcomes, particularly in underserved communities.

RECOMMENDATIONS:

From the findings of the present study, it would be worth to recommended the following –

1. A similar study can be conducted on a larger population for generalization of the findings.
2. Same research study can be carried out in other districts and states to explore the experiences of Community Health Officers.

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