Mid-Level Health Providers- Their Perceptions and Background Knowledge Pertaining to Comprehensive Primary Health Care and Health and Wellness Center

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Abstract

Introduction: To achieve universal health coverage, concept of Health and Wellness Center (HWC) was given under Ayushman Bharat. For providing health care services through HWC, cadre of Mid-Level Health Provider (MLHP) is introduced who would be leading primary health care team at HWC. **Objective:** This study was undertaken with objective to assess the factors favoring to join this course and baseline knowledge of Comprehensive Primary Health Care (CPHC) and Health and Wellness Center (HWC) among course candidates. **Method:** It was a cross sectional study conducted among candidates of certificate course in community health at PSC (Program Study Center) of Medical College at South Gujarat through self-administered semi-structured Performa. **Results:** Career changing opportunity was considered as a major factor to pursue Certificate Course in Community Health (CCCH) course and obtaining MLHP position at HWC. Accessibility of HWC and role in advocacy generation were perceived major needs for it in community. Preventive, Promotive and Curative functions were mentioned as functions of HWC and geographical accessibility with delivery of functions in effective manner were perceived as chief characters of ideal HWC. Along with these, they mentioned cleanliness of center, community involvement and client satisfaction as its other characters. **Conclusion and Recommendations:** Baseline knowledge of the candidates pertaining to need, functions and ideal HWC was found almost satisfactory but it needed reinforcement and clarity. These results should be used for proper planning of curriculum and implementation of CCCH course to fulfill gaps in knowledge. We recommend that similar exercise should be carried out at all PSCs for effective implementation of course curriculum.

Key words: Certificate Course in Community Health, Health and Wellness Center, Mid-Level Health Provider

Introduction:

Universal Health Coverage (UHC) represents equity in access to quality health services to people in need without subjecting those to financial hardships.^[1] To achieve the vision of UHC, Government of India launched a flagship scheme- Ayushman Bharat which was based on recommendation by National Health Policy 2017.

Ayushman Bharat aims towards continuum of care across primary, secondary and tertiary levels by two main components namely Health and Wellness Centers (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). HWCs are identified as focal point for comprehensive primary health care (CPHC) as envisaged under Ayushman Bharat. Existing Sub

centers and PHCs will be transformed to HWC. It was announced in February 2018 by Government of India that 1, 50,000 of such HWCs would be created across the country.^[2]

Mid Level Health Providers (MLHP) cadre was created to ensure effective delivery of CPHC through HWCs. They will be leader of health care team at HWC with Multi Purpose Health Workers (MPHWs) and ASHAs.

Basic qualification required for MLHP is B.Sc.in Community Health or a Nurse (GNM (General Nursing and Midwifery) or B.Sc.) or Bachelor in Ayurvedic Medical science (BAMS). They will undergo 6 months Certificate Course in Community Health under state government recognized universities. They will be

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trained for a set of primary health care competencies through an accredited program which gives them exposure of both theories as well field level practical work based knowledge along with on job capacity building.^[3]

The concept of HWC and inclusion of MLHP cadre is revolutionary step by bringing focus on better primary health care of community by behavior modification to reduce risk of developing chronic morbidity and mortality along with reduction in burden on secondary and tertiary levels of health care.

There are total 50 PSCs in Gujarat which certify approximately two thousand MLHP per batch. This is a six month duration course hence by taking baseline data of these course candidates, the course content structure can be designed and modified in such manner which would be beneficial for effective teaching in six months. This study was an initial step in that direction which can be taken up on larger scale later on.

Objectives:

1. To understand factors favoring decision to join CCCH course and program study center.
2. To explore the perceptions of CCCH candidates towards need, functions and characteristics of idea health and wellness center.
3. To understand their knowledge about job responsibilities of Mid Level Health Provider.
4. To know their expectations from CCCH course.

Method:

Study type: Cross sectional study

Study area: Program Study center of CCCH course at Medical College of South Gujarat.

Study participants: Candidates of CCCH who had taken admission at mentioned Program study center

Study process: Above mentioned Program Study Center (PSC) is a designated center by Indian Institute of Public Health, Gandhinagar (deemed university) and total forty seats are allotted to this center (maximum forty candidates per PSC is allowed in state) per batch. Their admission process is coordinated centrally by State Institute of Health and Family Welfare. All the seats were filled for January 2020 batch at concerned PSC and all the forty candidates reported on day. This study was approved by institutional ethics committee and informed written consent was obtained from the candidates. All

the forty candidates had given consent to take part in the study and filled the Performa.

Study Tool: Semi structured Performa was made which explored basic demographic information of candidates, their factors favoring for pursuing course, needs, functioning and characteristics of ideal HWC, their expectations from course and preferred teaching methods. Performa was made in vernacular language for their better understanding and response.

Performa was administered at the start of the course so that actual background knowledge of candidates could be checked. On day one this self-administered Performa was given to the candidates. Since it was first day of their course, rapport building was done with them by the faculties of department. Candidates were explained the aim of conducting this study along with assurance to maintain confidentiality of the data. Their verbal informed consent was obtained after which validated semi-structured Performa was given. Each question was explained to the candidates before they filled the Performa to maintain uniformity in understanding by all.

Data analysis:

Data entry and analysis was done using MS excel. Descriptive statistics is reported in the form of frequency and percentage in tables and figures.

Results:

Total 40 candidates of CCCH participated in the study. 85% were females and 15% were male candidates. Candidates' mean age was 26(SD=2.5) years. Their educational qualifications were GNM (85%), B Sc Nursing (12.5%) and BAMS (2.5%). Mean work experience was approximately 3 years before they joined this course.

On inquiring about source of information about CCCH course and their admission process to participants, majority (85%) enlisted friends followed by internet and social media (15%), family and relatives (10%) and newspaper/news (10%). On inquiring in depth, friends shared advertisement of admission to participants.

Out of 40 candidates enrolled for CCCH course at PSC (table 1), career changing opportunity or better career opportunity in terms of government job profile, substantial monetary benefit, status in community was the major driving force (85%) to pursue the course. Improving community's health status by active

Table 1: Distribution of driving factors for pursuing CCCH course

Sr.No.	Driving factors	Number	%
1.	Better opportunity (career changing opportunity)	34	85
	1.Educational opportunity and change in job profile	15	37.5
	2.Substantial Monetary benefit	7	17.5
	3.Government Job	5	12.5
	4.CHO posting and status	8	20
2.	Community Related Work	18	45
	1.Generating awareness and removing misconception from community	9	22.5
	2.Improving health status of community	9	22.5
3.	Public health related work	8	20
	1.Effective health care delivery	5	12.5
	2.Updated knowledge of national health programmes	2	5
	3.To reduce maternal and child mortality rate	1	2.5
4.	Social/ Family	6	15
	1.Future job opportunity near to home	3	7.5
	2.No night duty / family time	2	5
	3.Prefer living in village	1	2.5
5.	No answer	2	5
	Total responses	69	
	Total candidates	40	100

(multiple responses permitted)

involvement in community related and public health related work were other driving forces for pursuing the course. 15% candidates reported Social or Family reasons as deciding force to join course.

Reputation of institute as per feedback of previous candidates and geographical proximity to residence were two main determinants reported by candidates to select specific study center. (Table 2)

Candidates were inquired about their perception about need of HWC in community. Approximately one out of three responses was regarding geographical accessibility while advocacy and awareness of health services in community was responded by 32.5% candidates. 15% of candidates responded affordability (free of cost treatment) as a need for

HWC. Few of them (7.5%) felt timely appropriate treatment as need of HWC. (Table 3)

Table 4 describes candidates' knowledge about functions of HWC; almost half of responses were indicating preventive services in terms of awareness in community, MCH and geriatric related preventive services as functions of HWC. Model health care delivery point for imparting basic health care in community was perceived as function of HWC by one fourth of candidates. Integrated care center for services was also reported as function of HWC.

Table 5 reveals perceptions of enrolled CCCH candidates about characteristics of ideal Health and Wellness center. Appropriate scientific information about primary prevention of disease (30%) was

Table 2: Distribution of determinants to select study center

Sr. No.	Determinant(s)	Number (n=40)	%
1	Institute reputation	29	72.5
	1.Better teaching	15	37.5
	2.Regular classes taken by quality teachers	4	10
	3.Got chance to study in medical college	3	7.5
	4.Center is good and known	6	15
2	Geographical proximity to residence	28	70
3	No other option as per choice available due to merit	1	2.5
	Total responses	58	
	Total candidates	40	100

(multiple responses permitted)

Table 3: Distribution of perception of need of Health and Wellness center amongst CCCH candidates

Sr No.	Perceived Need	Number (n=40)	%
1.	Accessibility	15	37.5
	a.Geographical accessibility (Primary health care near to home)	14	34
	b.Gender accessibility (females r not allowed to go out of village)	1	2.5
2.	Advocacy / Awareness	13	32.5
	1.To create awareness about government services / new diseases	13	32.5
3.	Primary prevention of Communicable and Non communicable diseases	9	22.5
4.	Affordability	6	15
	Free of cost treatment	6	15
5.	Availability	7	17.5
	a.Primary health care delivery point at village level	4	10
	b.Timely appropriate treatment available	3	7.5
6.	Miscellaneous	12	30
	a.To reduce maternal and child mortality rate	4	10
	b.For betterment of community health	4	10
	c.Integrated center / Focal center / Nodal center	3	7.5
	d.Timely referral (referral point)	1	2.5
7.	No answer	1	2.5
	Total Responses	61	
	Total candidates	40	

(multiple responses permitted)

Table 4: Distribution of knowledge of functions of health and wellness center (HWC)

Sr. No.	Knowledge domain	Number (n=40)	%
1.	Preventive	19	47.5
	1.Prevention of diseases (MCH, geriatric etc.)	8	20
	2.Creates awareness in community	11	27.5
	3.Prevention of maternal and child mortality	2	5
2.	Model Health care delivery point	10	25
	1.Basic health care is provided	5	12.5
	2.Providing better health services	5	12.5
3.	Curative for minor ailments	10	25
	1.OPD services	7	17.5
	2.Treatment of patients in villages near to home	3	7.5
4.	Integrated care center for government health programmes/ Focal center / Nodal center	5	12.5
5.	Miscellaneous	3	7.5
	a.Operational effectiveness in terms of population	1	2.5
	1.Covers population of 4 to 5 thousand	1	
	b.Integration with other non pharmacological measures like Yoga	1	2.5
	c.Referral point to higher center	1	2.5
6.	Don't know	2	5
7.	No answer	6	15
	Total responses	57	
	Total Candidates	40	

(multiple responses permitted)

perceived as integral character of ideal health and wellness center followed by free of cost treatment (30%) availability, diagnosis and treatment of minor ailments (25%) and geographical accessibility and infrastructure as per guidelines (17%). Candidates mentioned about cleanliness of center, community involvement in functioning of center, regularity of services, client satisfaction, adequate human resource and referral linkages also as characteristics of ideal HWC. 3 (7.5%) candidates couldn't mention a single perceived characteristic for ideal HWC.

CCCH course is prerequisite to get appointment as Community Health Officer (CHO) at Health and

wellness center. An attempt was made to understand their knowledge about various job responsibilities of CHO. Majority of candidates responded Community health promotion (72.5%) mainly through Behavior change communication (BCC) as primary responsibility followed by clinical care and screening (65%) which included national health programmes related activities. 40% of candidates considered support, supervision, management and record keeping as one of the responsibilities. 2 (5%) candidates responded local outbreak prevention and control was one of the characters of ideal HWC. (Table 6)

Table 5: Distribution of perception of characteristics of ideal Health and Wellness Center (HWC) amongst CCCH candidates

Sr. No.	Characteristic of ideal HWC	No.	%
1.	Primary prevention of diseases	13	30
	1.Disease related information (HE and IEC) is provided	13	30
2.	Affordability	12	30
	1.Health services are available free of cost	12	30
3.	EDPT (Curative) secondary prevention	10	25
	1.Disease diagnosis and treatment of minor ailments provided timely	10	25
4.	Geographical proximity / infrastructure	7	17.5
	1.Located centrally amongst catchment area/ Infrastructure as per guideline	7	17.5
5.	Hygienic	5	12.5
	1.Clean center	5	12.5
6.	Community involvement	4	10
	1.Respect given to community/Cooperative staff	3	7.5
	2.Addressing problems of community	1	2.5
7.	Regularity of services	3	7.5
	1.Regular OPD conducted	2	5
	2.Yoga sessions conducted regularly	1	2.5
8.	Miscellaneous	4	10
	1.Client satisfaction	1	2.5
	2.HR should be available and knowledgeable as per guidelines	2	5
	3.Referral linkages are there	1	2.5
9.	No Answer	3	7.5
	Total Responses	61	
	Total candidates	40	100

(multiple responses permitted)

Expectations of candidates from CCCH and preferred method of teaching and expected future changes in their life after completion of course:

Majority of candidates responded to acquire scientific knowledge of public health, improvement of communication skill and building up confidence as expectations from CCCH. Few of them responded about learning skills of community involvement for public health related interventions at the end of CCCH

course.

In continuation, candidates were inquired about their preference of teaching methodologies to fulfill their expectations effectively. As medium of education and evaluation is vernacular language, majority of candidates suggested modules should be translated in vernacular language for better understanding. They suggested interactive and interesting teaching instead of didactic teaching method. Field exposure with

Table 6: Distribution of knowledge about Job responsibilities of CHO

Sr. No.	Job Responsibility	Number	%
1.	Community Health Promotion	29	72.5
	1.Behavior change communication (BCC)	27	67.5
	2.Creating awareness regarding exercise, healthy diet, Yoga	1	2.5
	3.Maintaining cleanliness in community	1	2.5
2.	Clinical Care Provision and Screening	26	65
	1.OPD services including NCD screening	16	40
	2.Providing satisfactory health services to community	4	10
	3.NHP related activities	5	12.5
	4.Referral services	1	2.5
3.	Support, Supervision and Management	16	40
	1.Community visits (ANC, PNC)	6	15
	2.Management of place of work, Administration, On job training of staff working under CHO	5	12.5
	3.Record maintenance	4	10
	4.Regular data entry in Techo (Reporting of data in appropriate software's)	1	2.5
4.	Local outbreak prevention and control	2	5
5.	Don't know	2	5
6.	No answer	1	2.5
	Total Responses	86	
	Total Number of candidates	40	

(multiple responses permitted)

proper planning was also suggested method of teaching by candidates.

Discussion:

The study was conducted with candidates who recently joined CCCH course. The objective of study were to assess factors for pursuing course, selection of center and as well as understanding of functions of CHO and characteristics of ideal HWC. The baseline assessment would be useful for course.

Major source of information regarding CCCH course was friends. CCCH course is in demand due to job security and nature of job. Better opportunity in terms of career changing opportunity and tag of government job were major deciding factors to join

course. Government of Gujarat is allocating position of Community Health Officer (CHO) based on state wide merit list which includes fixed salary with performance based incentive. It is envisaged that CHO will play pivotal role in preventive, promotive and curative management in community. Currently there are more than 50 program study centers (PSCs) with approximate uptake of 2000 candidates as identified by Government of Gujarat. Central admission process as per merit list basis was adopted by state. Institute reputation and geographical proximity were major determinants perceived by candidates to select PSC to pursue course.

The National Health Policy recommended

strengthening the delivery of Primary health care, through establishment of HWC as a platform to deliver Comprehensive Primary Health Care (CPHC).^[4] Recently joined candidates perceived geographical accessibility, for effective delivery of advocacy and health education and as a platform for primary prevention with affordable cost as needs of HWC. Most of the responses were as per needs perceived by National Health Policy, 2017. Understanding about actual needs of HWC before joining as CHO amongst candidates helps them to perform effectively.

HWC concept has defined extended range of services and deliverables to community.^[2] Majority of candidates perceived preventive care as major function followed by curative services and model delivery point. Few of them perceived it as an integrated care center for community. HWC is envisaged as a center for integrated care in community.^[3] This concept needs to be effectively emphasized amongst candidates during their course tenure to produce expert CHOs.

Introducing the concept of ideal HWC is essential for future CHOs.^[5] Primary prevention, affordability, early diagnosis and prompt treatment or referral, geographical proximity were major characteristics mentioned by candidates. Few of candidates mentioned cleanliness, community involvement, regularity of services and client satisfaction as desirable characteristics of ideal HWC. The vision of ideal HWC was present amongst candidates who need reinforcement and completion during their course period through theory sessions and practical sessions. The job responsibilities of CHO are clearly defined in objective manner.^[2] On inquiring about candidates' awareness about it, majority reported community health promotion, screening and clinical care provision, supervision and monitoring as major job responsibilities. Their perceptions mostly covered whole sphere of job responsibilities of CHO. It needs to be reinforced during course.

Authors made an attempt to understand candidates' expectations and preferred method of teaching during course execution. Majority of candidates responded to receive scientific knowledge of public health and skill building of interventions including communication skill as expectation from course. Teaching in vernacular language for better

understanding was main demand from candidates. They mentioned mixed approach of theoretical teaching with involvement of candidates and practical exposure to HWC as preferred method of teaching.

Conclusion and Recommendations:

The candidates of CCCH course were interviewed before initiation of actual teaching to know their reasons to join course and understanding about HWC primarily. Majority of candidates envisaged CCCH course and CHO posting as career changing opportunity and PSC reputation and geographical proximity to home played major role in PSC selection. The perceptions of need, functions and ideal HWC were explored and it was found that majority of candidates were having almost satisfactory knowledge regarding concept of HWC. It needs to be further addressed during CCCH course implementation. It is recommended that baseline evaluation of various concepts is a fruitful exercise to be carried out at all PSC for effective implementation of course.

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Conflict of Interest: Nil

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