Meeting Proceedings

A meeting was held at Nirman Bhawan, MoHFW on the 15th February, 2013 under the Chairperson of Ms. Anuradha Gupta (AS & MD, NRHM). The meeting was called by Dr. Lima Tulayaden (Director of NGO/PPP, NRHM), MoHFW and started at 11:00 hr.

The agenda of the meeting was to discuss about the Community Health Officer Proposal as a Mid-level care provider at the Health Sub-center (HSC), developed by NHSRC on request of MoHFW and to seek inputs and feedbacks from senior policy makers and members from other agencies. The objective of CHO proposal at HSC was to select, train and deploy a mid-level care provider in sub-center competent to provide public health services and primary health care at village level for the first health worker—the ANM.

The meeting was attended by senior government officials and head of other agencies. The lists of participant’s were Dr. Manoj Jhalani (JS for Policy/Planning), Dr. Vishwas Mehta (JS for HRH), Dr. Lima Tulayaden (Director, NGO/PPP-NRHM), Smt R. Josephine Little Flower (Nursing Advisor, MoHFW), Shri T. Dileep Kumar, Chairperson of INC, Dr. T. Sundararaman (ED, NHSRC), Dr. A.C Baishya (Director, NE-RRC) and Dr. Suchitra Lisam (Sr. Consultant, HRH-NHSRC) respectively.

The meeting started with a note from JS (HRH) appraising the Chairperson about the background status regarding the development of the curriculum for the three and half years course on Bachelor of Sciences (Community Health) which was chart sheeted to MCI for constitution of committee and sub-committees having representatives from relevant stakeholders to develop the course curriculum. The final curriculum was submitted to the MoHFW for approval and initiation of the proposed course in beginning of 12th year plan. The graduates of the proposed B. Sc (CH), when it gets introduced would be absorbed as the Community Health Officer to be deployed solely at the Health Sub-Center (HSC) by the State Government as a strategy towards strengthening of the HSCs in the 12th Five Years Plan period. The proposed CHO would therefore possess the public health and clinical care competencies and work towards improving the health of rural populations.

AS & MD had emphasized that the proposed B.Sc (CH) course may be run by the existing good nursing schools (ANM/GNM/B. Sc nursing colleges) instead of setting up Rural Health Schools at the District Hospitals (DH) for better utilization of existing nursing facilities and DHs can become the training/clinical sites. In addition to proposed BRHC course, there is the newly proposed B. Sc (Community Health) of 3 and half years conducted by University affiliated institutes and could gradually merges with BRHC, when introduced. The different categories for selection of CHO would be from the AYUSH graduates, dental graduates, degree holders in B. Sc (Nursing), pharmacy; physiotherapy, GNM after completion of 6 months to 1 year bridge course to achieve a post graduate diploma /certification in Public Health was discussed at length. It was agreed that since the lateral entry will come from varied education background, the bridge course may be tailor-made to suit the needs of particular degree/diploma holder. The degree holder may undergo a 3-6 months course for AYUSH/dental graduates. ED (NHSRC) suggested that bridge course should be a distance
education combined with 1-2 months of campus/field attendance. Nursing Advisor (MoHFW) appraised that nursing institutes runs a 40 weeks bridge course in other fields.

Chairperson of INC suggested that Ayush graduate may undergo only 3 months course for orienting them about public health competencies and prescription of essential allopathic drugs (as permitted). **AS & MD highlighted that even the bridge courses may be run by existing nursing schools after appropriate up gradation and course may be developed by same sub-committee who developed the BRHC course** for uniformity in curriculum, teaching methods/skills etc.

Director (NE-RRC) had appraised that deployment of Rural Health Practitioners (RHPs) at HSC had worked in Assam as a strategy towards strengthening HSCs, backed by Assam Rural Health Regulatory Act lest the crisis faced in Chhattisgarh could be avoided.

Director (NGO-NRHM) stated that since nearly 50,000 HSCs are to be established during the 12th year plan, the strategy to allow lateral entry needs to be prioritized as filling up requirements posts would be in huge numbers considering the potential annual output of B. Sc (CH). Director (NE-RRC) highlighted that CHO’s post at PHCs has been in existence since 1986 though states were unable to create these rural posts.

**ED (NHSRC) had emphasized that 10+2 education pass either from science or humanities stream may be considered as minimum eligibility criteria** to pursue the B. Sc (CH); and while JS (HRH) opined that humanities stream may not be the appropriate stream for entry, ED (NHSRC) appraised that 10+2 pass candidates with humanity background would have analytical skills and understanding of human/community behaviors and could relate better working for the community also considering that social determinants has become crucial for improved public health. Majority of participants endorsed that assured government service at HSCs should be provided at the time of admission to the B. Sc (CH) course based on the actual state/district level requirements of posts. It was agreed that 10+2 candidates should be eligible to pursue the degree course. The payments of CHO at the time of joining should be less that current payment of newly appointed M.O at PHC but higher than LHV/ANM at entry level and M.O should be overseeing the CHO activities.

**AS & MD suggested that instead of having 30% to 50% seat reservations for women for the course, preferences and priority should be given to eligible women candidates**, in particular hailing from underserved /remote /tribal areas. ASHAs and AWWs with adequate experiences should be given preference. **ED (NHSRC) greatly emphasized the need to have a common board similar to National Board of Examination (NBE) which will conduct state specific service entry examinations** to ensure standardization and uniformity in terms of selection and recruitment as CHO applying from different education streams/background into a new professional entry.

Nursing Advisor (MoHFW) mentioned that nursing degree holder may be competent to work as CHO; however their deployment at HSC might deter those qualified nursing graduates from joining as CHO. The same may hold true for Ayush/dental graduates. It was appraised that B.Sc (CH) or BRHC course would be oriented to core public health and clinical competencies including
competencies in laboratory skills and prescription/use of sets of designated or notified drugs as decided by the concerned State governments. A set of qualifications for lateral entry needs to be finalized. There shall be career paths with scope for getting faster promotions if they could complete higher qualification i.e. MPH and getting absorbed into regular services.

**Director (NGO-NRHM)** reiterated that the specific and overlapping roles and responsibilities of CHO and ANM needs to be well defined and clear-cut and ANM should be complementing the RCH services to be provided by CHO and not the other way round as reflected in the draft policy note.

**Nursing Advisor (MoHFW)** emphasized that the career progression of CHO needs to be reexamined and modified as the being promoted to Assistant Block Programme Manager (ABPM) after years of service may not work in the interest of CHOs.

Lastly, **JS (HRH) and Director (NGO,NRHM)** highlighted that draft paper had been shared with the states for their inputs and feedbacks from their respective division and a combined states’ inputs may be put up for further discussions and modification, if required. **Director (NGO, NRHN)** stated that based on key discussions points and participants’ inputs, the draft note may be revised by NHSRC.