

Ministry of Health and Family Welfare Government of India

## 9<sup>th</sup> NATIONAL SUMMIT ON GOOD, REPLICABLE PRACTICES, AND INNOVATIONS IN PUBLIC HEALTHCARE SYSTEMS IN INDIA

**CHHATTISGARH** 





# Strengthening AAMs through Comprehensive Capacity Building of Community Health Officers(CHOs)

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# Strengthening AAMs through Comprehensive Capacity Building of CHOs

#### **PROBLEM STATEMENT:**

- ✓ Competence of AAM team especially CHOs: critical to ensure comprehensive primary health care.
- ✓ Inadequate training of CHO: an identified challenge in delivering expanded packages of services.
- ✓ Need for on-the-job capacity building of CHOs: to effectively manage broader range of medical conditions with ever-evolving challenges.
- ✓ Provision of 12 Expanded Packages of Services: essential to achieve Universal Health Coverage

Training Design and Methodology for implementing training of CHOs



**Development** of training module (expert consultation. **Standardise** video and Hindi Training module

(6 Days)

for CHO Traning curriculum and strategy Development of Training materials with help of Subject Matter Expert Training Materials Training Module Standardised Cascade mode of in Hindi video lectures training – ToT at Training of Trainers (ToT) at AIIMs, followed by State Level district level training District Level CHO Training 1st Round 2nd Round 3rd Round **AIIMS Training** (6 Days) (5 Days) (4 Days) (5days)

Pre And Post Test Scores

Clinical skills at HWCs

**Expert Consultations** 

Assessment

of Training

6 days (online) followed by physical training 1<sup>st</sup> round (6 days), 2<sup>nd</sup> round (5 days), 3<sup>rd</sup> Online Training round (4 days) and AIIMS training (5 days) *Assessment of training – pre* and post-test scores & clinical skill assessment Annual Refresher training

## TRAINING MODEL DESCRIPTION (1/2)

#### ✓ Development of a standardized training module –

Training content covering clinical management and follow-up care for the 12 expanded packages of services.

Modules developed in consultation with various experts, field experiences, and NHSRC training modules.

## ✓ Development of standardized lecture videos for training -

Initially developed in English and later translated to Hindi - follows a syndromic approach to ensure comprehensive and structured guidance

#### ✓ Training Master Trainers -

Master Trainers undergo ToT at state level under AIIMS, Raipur guidance. It includes - recorded video lectures, training modules, and live classes. Master Trainers: MOs & RMAs.

## TRAINING MODEL DESCRIPTION (2/2)

#### ✓ Training Plan -

- Blended approach combining offline & online modes. Initially two-hour online classes (6 days)
   after OPD hours. Extended to district level via offline mode in a phased manner.
- Training content structured into three rounds lasting six, five, and four days.
- District-level sessions: recorded video lectures, training modules, case presentations, & problem-solving discussions.
- One batch 30-35 participants.
- Additionally, high-performing CHOs received specialized five-day training at AIIMS, Raipur.

#### ✓ Training evaluations -

Training outcomes evaluated through pre and post-test assessments of CHOs. The test, designed in MCQ format was based on practical case scenarios.

#### ✓ Implementation -

Residential training.. The sessions provided a platform to clarify complex concepts, share experiences, and address doubts and challenges while fostering a supportive learning environment.

## Training at AIIMS, Raipur





## **Trainings at District HQs**





## **INTERVENTIONS: Training Design**

Stage	Objective	Duration	Mode	Topics	
Round 1	Establishing Baseline Proficiency	6 Days	Offline-class room	Fever, ARI/ pneumonia, Chronic Pain, RTI/STI, Common Skin Diseases, Eye and ENT, Hypertension, Diabetes,	
Round 2	Targeted Skill Development	5 days	Offline – Class room	Fever, Diarrhea, Common Skin Diseases, RTI/STI, Complications in Pregnancy, Eye and ENT problems, Diabetes, Hypertension, Mental Illness.	
Round 3	Mastery and Proficiency Refinement	4 Days	Offline – Class room	Fever, Diarrhea, ARI/pneumonia, Skin Diseases, Complications in Pregnancy, Chronic Pain, RTI/STI, Hypertension, Diabetes, Emergency Management	
AIIMS Train	AIIMS Training			Topics	
Training for excellence 5 days Offline mode		Complication in pregnancy, Infection in newborn, Sickle Cell Disease, Fever with complications, Pain management, cough/cold/Pneumonia/Asthma, Skin diseases, Poisoning, snake bite and Scorpio sting, dog bite, Emergency care, Mental illness, RTI/STI, Eye and ENT care, Hypertension, Diabetes,			

## **RESULTS / OUTCOME:**

Training Location	No. of batches	CHOs trained	Mean Pre-test score (out of 50)	Mean Post- test score (out of 50)
District level-1 <sup>st</sup> Round (06 Days)	56	1586	22	31
District level- 2 <sup>nd</sup> Round (05 Days)	73	2400	25	32
District level-3 <sup>rd</sup> Round (04 Days)	50	1498	30	35
AIIMS, Raipur (05 Days)	09	315	33	38
Total	188	5799	27	34

Training Location	No of batches	CHOs trained	Pre-test score (out of 50)	Post-test score (out of 50)
AIIMS, Raipur	12	474	24	37
District level	37	1127	21	35
Total	49	1601	23	36

#### RESULT / OUTCOME (1/2)

#### **Comprehensive Primary Health care services delivered at AAM**

Clinical Services delivered at AAM	Mean (CI)		
Average monthly OPD	349 (341-373)		
Monthly NCD patients receiving follow-up care	124 (92 -129)		
Disease conditions wise monthly footfall of patients			
a. Reproductive and Child Health			
Ante-natal care	15 (14-19)		
Postnatal care	8 (6-10)		
Deliveries	2 (2-4)		
Newborn illness	1 (0.20-1)		
Sub-total (a)	26 (25 -28)		
b. Communicable Diseases			
Diarrhea	13 (10-15)		
ARI/Pneumonia	1 (0.6-1)		
Tuberculosis follow up	2 (1-3)		
Reproductive tract infection	3 (1-4)		
Skin infection	18 (15-21)		
Ear infection	5 (6-7)		
Eye infection	12 (9-15)		
Malaria	1 (0-1)		
Sub-total (b)	55 (51-66)		
c. Non-Communicable diseases			
Hypertension cases	79 (76-86)		
Diabetes cases	39 (37-44)		
Sickle cell cases	2 (1-2)		
Epilepsy cases	1 (0.7-1)		
Suspected Cancer cases	3 (3-5)		
Sub-total (c)	124 (92 -129)		
d. Emergency care/Injuries	11 (9-13)		
e. Other acute ailments			
Fever	39 (37-43)		
Cold and cough	43 (42-50)		
Aches and pains	51 (48-57)		
Sub-total (d)	133 (129-141)		
Total (a+b+c+d+e)	349 (336-382)		

## COST IMPLICATION / SCALABILITY

- The training activity and its budget approved under the Health Systems Strengthening (HSS) pool of NHM PIP thus no additional cost.
- Allocated budget per CHO: ₹8,000.
- SHRC, Chhattisgarh, conducts these trainings at government venues, optimizing costs and establishing a low-cost training model.
- Savings generated are utilized for refresher training rounds for CHOs.
- As an ongoing activity, both budget & training cycle repeat annually.

#### Certificate distribution on successful completion of training course





## LESSONS LEARNT/ WAY FORWARD

- Development of Standardized Training Materials
  - A structured training module and lecture videos have developed.
  - To enhance engagement and acceptability, the module is designed in Hindi.
  - Cost-effective method to train a large number of participants.
- Video training: an effective alternative to classroom training, especially in resource-limited settings with a shortage of master trainers and administrative capacity.

• A one-time investment - this innovation is simple yet scalable, offering significant potential for wider implementation.

THANK