

User Persona 1: CHO (Community Health Officer)

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NAME: ABC

BIO:

Completed BSc Nursing, a former teacher. I taught for a very short time, then I joined as CHO in July 2023. I like to paint and watch movies.

GOAL:

I want to contribute to providing care to patients in the periphery regions where healthcare facilities have been unavailable.

DEMOGRAPHICS:

Age: 25
Gender: Female
Location: Latakhat
Demography: Rural

LANGUAGE AND LITERACY:

Assamese: Reads, Speaks, Writes
English: Reads, Speaks, Writes
Hindi: Reads, Speaks, Writes

A DAY IN MY LIFE:

I refer to Weekly Timetable and check details of OPD & home visit for that day. I reach SHC, begin OPD at 10 AM, During OPD, I shortlist OPD patients who would require tele-consultation and later, separately conducts E-Sanjeevani OPD for them. In second half, I conduct home visits (on some days of the week). I monitor ASHA, MPW, ANM and attend block meetings at times.

DIGITAL ACCESS:

- Smartphones
- Laptop
- Tablet

CHALLENGES / PAIN POINTS:

- People do not come for NCD screening even after repeated calling. Year is about to end. I fear I will not be able to achieve NCD and other targets and my performance would be affected. I come to SHC every day and give my best, but this is not in my hand.
- Teleconsultation, at times, takes as long as 30 minutes per patient. I am unable to focus on other patients in my OPD. I face a trade-off between quality service delivery and completing my OPD.
- I am overburdened due to Manpower shortage. I need to maintain multiple registers for same kind of data, for example, 3 OPD registers. Same data then needs to be entered on many portals on the same day. If government provides a human resource for data entry, this will really reduce our workload.
- I have referred the beneficiary timely. But I never get timely information of whether consultation/treatment is done at the referral site. Currently, I struggle to find out this out, need to call multiple times and ask them to come to centre. This becomes time consuming.
- 108 emergency service should also be made available at SHC level. Currently, a lot of time is wasted in emergency cases like delivery.
- I face language barrier, as people here understand but can't speak Assamese.

FUNCTIONS:

- Communication (WhatsApp, Gmail)
- Digital Payment
- Reporting of service delivery data

SKILLS:

- Inter-personal skills
- Counselling skills

PREFER:

- Prefer to write
- Open to new digital solutions, provided I am given training

FRUSTRATION:

- People do not maintain birth spacing, do not use contraceptives, women are getting pregnant 6-7 times.
- I fail to understand whether it is a loophole from our end.
- ANC visits, immunization of many beneficiaries remains due because of migration.

MOTIVATION:

- Recognition from officials for sending reports timely
- When referral consultation gets done timely
- I feel excited when my daily targets are completed and that too with quality service delivery. I feel low when I am unable to do it.

User Persona 2: CHO (Community Health Officer)

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NAME: LMN

BIO:

An RHP (Rural health Practitioner) turned CHO, with over 12 years of practice in rural demography. Considers RHPs as senior CHOs and not just capable of basic management of diseases but treatment as well.

GOAL:

I seek perfection in what I have been doing, I am dedicated to delivering quality healthcare services.

DEMOGRAPHICS:

Age: 34
Gender: Male
Location: Balabari
Demography: Rural

LANGUAGE AND LITERACY:

Assamese: Reads, Speaks, Writes
English: Reads, Speaks, Writes
Hindi: Reads, Speaks, Writes
Bengali: Speaks, Reads

A DAY IN MY LIFE:

I leave for SHC at 9 AM. Then, I check staff attendance, set up apparatus on my table and take out OPD register and call patients one by one and examine them. Patients include ANC and I conduct delivery as well. OPD lasts till around 2:30 PM. Then, I collect information from ASHA regarding various services like EDD for HRP. Lastly, I do data entry in multiple portals using my phone.

DIGITAL ACCESS:

- Smartphones
- Laptop
- Tablet

CHALLENGES / PAIN POINTS:

- More population under my SHC (12,000). As a result, my targets are way too high, while for some SHCs, population is as less as 1500. I am overburdened due to Manpower available in proportion to the population.
- ASHA, as the pillar needs to be trained & guided. I am doing this form my end. If ASHA learns and performs, it will become easy for us.
- ASHA are unable to bring patients for various screenings. Hence, I am unable to achieve targets. I could perform better.
- Although in principle, there is a CPHC team of 2 ANM, 1 MPW, 6 ASHA, on ground, CHO has to get involved more or less everything. When I ask my team to contribute more, they do not take responsibility.
- Duplication of work. If CBAC needs to be recorded digitally, why fill it offline? Some ASHA can't even write their names, can't fill CBAC properly and undertake population enumeration, I don't know how they would do it digitally.
- In January, we were asked to conduct NCD screening. In June, we received CBAC. In December, we were given Family Folders. How is government expecting us to achieve targets, by being so unsystematic? Because CBAC form filling started after a certain number of opportunistic NCD screening, beneficiaries are getting screened multiple times.
- If government provides a data entry operator, this will really reduce my workload and I would focus on service delivery.
- Many conservative pregnant women try hard to avoid institutional delivery and question our integrity.

FUNCTIONS:

- Communication (WhatsApp)
- Digital Payment
- Reporting of service delivery data

SKILLS:

- Counselling skills
- Eq. To doctor

PREFER:

- Prefer to take notes on paper
- Open to new digital solutions

FRUSTRATION:

- Number of doctors in State Teleconsultation Hub reduced to 3-4. I keep trying for over 30 minutes for one single call.
- I, an RHP, as a person qualified to provide treatment for all CPHC services, am not allowed to do it and asked to do only basic management. Why?

MOTIVATION:

- Recent incident wherein I conducted delivery in which fetal heart rate was missing, weight was 890 grams, the child seemed to be dead. But after delivery child was blinking his eye. I just saved a baby whose chances of dying was almost certain.

User Persona 3: CHO (Community Health Officer)

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NAME: KNT

BIO:

I have over 7 years of experience in clinical domain. I have worked for 2 years in district hospital and later worked in a Pharmaceutical company as a Clinical Research Associate, before joining as CHO in Karnataka. I am also the Union Leader of around 200 CHOs of Kolar district. I consider myself an extrovert.

GOAL:

I have left my high paying job to do rural service in my own district.

DEMOGRAPHICS:

Age: 39
Gender: Male
Location: Margenahalli
Demography: Rural

LANGUAGE AND LITERACY:

Kannada: Reads, Speaks, Writes
Telegu: Reads, Speaks
Hindi & Tamil: Speaks
English: Reads, Speaks, Writes

A DAY IN MY LIFE:

I reach SHC in the morning for OPD. Sometimes I attend meetings at PHC. I remain busy during OPD, I get relatively free in the afternoon and then I go on filed for various kinds of camps. I also update several portals by the evening.

DIGITAL ACCESS:

- Smartphones
- Laptop
- PC

FUNCTIONS:

- Communication (WhatsApp, Gmail, Facebook, Youube, Twitter)
- Digital Payment
- Reporting of data

SKILLS:

- Communication
- Leadership
- MS Office

PREFER:

- Prefer to type notes on WhatsApp
- Open to new solution

CHALLENGES / PAIN POINTS:

- Many times, I have to go to PHC to submit sputum / blood smear sample. Who will do the OPD if I do all this?
- I conduct teleconsultation with Specialist, but we do not have medicine. Ultimately, patient has to go to PHC to collect medicine
- I am overburdened due to Manpower shortage. I need to maintain multiple registers for same kind of data, for example OPD register.
- Duplication of work, as same data then needs to be entered on many portals on the same day. It's a difficult task, verifying CBAC, conducting NCD screening, recording in register, and then entering in portals. ASHA, HIO, ANM should help me in this task.
- 6000 posts of ANM and HIO are vacant, but no recruitment is happening. CHOs are overburdened.
- I face financial burden as I face issues in utilizing the Untied Funds. It goes into MO's account.
- Articles are not available in adequate quantity for palliative care patients who require dressing. Further, there is no one to help me in cleaning the instrument. I do it by myself.
- I came here to serve elderly rural people. Central government advise gave us opportunity, but State Government is not allowing us to give extended services. For example, we are not allowed to provide injections and we need to refer to PHC. As a result, beneficiaries get annoyed saying that they can get Paracetamol from any shop, why has CHO opened the health entre if he cannot provide injections.

FRUSTRATION:

- Government of India has recommended that CHO, being a critical resource should be regularised. State government has also been given proposal by central government. Still, after 6 years, CHOs have not been made permanent staff yet.

MOTIVATION:

- Providing elderly care/palliative care to 60-70 years old people without having to go at PHC makes me feel very good
- When referral consultation gets done timely

User Persona 4: CHO (Community Health Officer)

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NAME: ZYL

BIO:

It's been 3 years since I joined as CHO in Kolar district. Prior to this, I worked as a lecturer in a nursing college. I am an open and straightforward person.

GOAL:

I enjoy serving the community and working at the community level. My favourite subject has also been Community Development

DEMOGRAPHICS:

Age: 35
Gender: Female
Location: Manigatta
Demography: Rural

LANGUAGE AND LITERACY:

Kannada: Reads, Speaks, Writes
Hindi: Reads, Speaks, Writes
Tamil: Speaks
English: Reads, Speaks, Writes

A DAY IN MY LIFE:

I refer to our Weekly Schedule in the morning and reach SHC for OPD (9 AM -1 PM). On average, I attend 20-25 patients in OPD. Depending upon day, I conduct various screening sessions like NCD, ANC, immunization. I don't go on field daily. Wednesday is fixed for outreach activities. I also update multiple portals before evening. On Saturday, we have weekly review meeting at PHC Annihalli.

DIGITAL ACCESS:

- Smartphones
- Laptop
- Tablet (don't prefer)

FUNCTIONS:

- Communication (WhatsApp)
- Digital Payment
- Reporting of data of service delivery

CHALLENGES / PAIN POINTS:

- If HIO is free, he should come along with me. I do entry in registers/portals and check vitals during ANC, immunization camps in field.
- Many times, I have to do cleaning of SHC. Simultaneously, I can't attend OPD and engage in other tasks.
- Overall, I am overburdened due to manpower shortage. There is no ANM in our SHC. All my tasks get affected including OPD, screening and several other tasks.
- Many times, I have to go to PHC to submit sputum / blood smear sample. My other tasks like OPD get affected.
- Duplication of work, as same data then needs to be entered on many portals on the same day.

SKILLS:

- Communication
- Leadership
- Lack MS Office Skill

FRUSTRATION:

- Manpower shortage (absence of ANM) has increased my work
- Ups and downs come in every job. I have no specific frustration
- Duplication of work when I am already overburdened

MOTIVATION:

- I get chance to serve ANC and other cases and they do not need to visit PHC. I am able to help them.

PREFER:

- Writing on paper
- Open to new solution with training



NAME: IJK

BIO:

I have completed 3 years as CHO in my SHC. Prior to this, I worked as HICC Nurse for two years and Labour Room In-charge (Staff Nurse) for 5 years. I enjoy interacting with people. I like to read in my free time.

GOAL:

I have been interested in public service and want to pursue this. At the same time, I desired a comfortable job with 9-5 timing in the vicinity of my home.

DEMOGRAPHICS:

Age: 35
Gender: Female
Location:
Thoradevandhalli

LANGUAGE AND LITERACY:

Kannada: Reads, Speaks, Writes
English: Reads, Speaks, Writes
Hindi: reads, writes
Telegu: Speaks
Tamil: Speaks
Malayalam: Speaks

A DAY IN MY LIFE:

I refer to weekly time-table and reach SHC to start my OPD. Depending on day, I conduct screening session apart from regular OPD. On Wednesday, we conduct home visits. On Saturday, I attend weekly review meeting at PHC. On Friday, we have Yoga session. So, my daily task are based on the weekly time-table. Our office timings are 9 AM - 5 PM.

DIGITAL ACCESS:

- Smartphones
- Laptop / PC
- Tablet

CHALLENGES / PAIN POINTS:

- I have to play the role of every staff. Sometimes, I clean the centre in the morning.
- Many times, I have to go to PHC to submit sputum / blood smear sample. My OPD schedule and other work get affected due to this.
- Sometimes, coordination problem arise between CPHC team, (ASHA, MPW, ANM and I). This hinders our effort for good work.
- Weak referral mechanism: I struggle to find out if referred beneficiary has actually visited the referral site. I sometimes have to go on field to find out whether people visited the referral site.
- I am responsible for maintaining NQAS records, which comprise of 60+ registers. So many registers that it becomes overwhelming.
- Duplication of work, as same data then needs to be entered on many portals on the same day.
- Manpower shortage due which I am always overburdened with work.

FUNCTIONS:

- Comm. & Social media (WhatsApp, Facebook, Instagram, Snapchat)
- Digital Payment
- Reporting of data

SKILLS:

- Counselling,
- communication

FRUSTRATION:

- At times, for same interventions, training does not comprise of everything that we are expected to do under that programme. There are surprises once we adopt and begin that intervention.

MOTIVATION:

- I sometimes feel proud as a CHO.
- There is no problem as far as quality of service delivery is concerned. This keeps me going.

PREFER:

- Prefer to type notes
- Open to new solution



User Persona 6: CHO (Community Health Officer)



NAME: XYZ

BIO:

Completed BSc Nursing. I was a teacher before joining here. I have completed 2.5 years as CHO. I enjoy interacting with people. I want to grow in my career and become a staff nurse.

DEMOGRAPHICS:

Age: 26
Gender: Female
SHC: Baronda Bazaar
Demography: Rural

LANGUAGE AND LITERACY:

English: Read, Speak, Write
Hindi: Read, Speak, Write
Chhattisgarhi: Read, Speak, Write

A DAY IN MY LIFE:

I reach SHC, begin OPD at 10 AM. I focus more on NCD related activities and sometimes I assist RHO female in delivery. I attend meetings weekly & monthly at PHC & CHC and support in adhoc requirements upon supervisor's or RMA's request. In the afternoon, I prepare daily reports of service delivery at SHC and do entry in multiple portals using my phone. I assist RHOs in outreach activities.

DIGITAL ACCESS:

- Smartphone
- Laptop
- Tablet

CHALLENGES / PAIN POINTS:

- People do not come for NCD screening even after repeated calling.
- I should have visibility of Mitatin and RHO's work, which I currently do not have.
- CHO should be given a simple dashboard for tracking and monitoring of service delivery.
- Number of apps should be reduced.
- I face a trade-off between quality service delivery and timely data reporting. Government should provide a data entry operator.
- I need to maintain multiple registers for same kind of data. Same data then needs to be entered on many portals on the same day.
- I am responsible for maintaining NQAS records, which comprise of 60+ registers. So many registers that it becomes overwhelming.
- I refer the beneficiary timely, but I am unable to do timely treatment compliance of that beneficiary. I struggle to even find out if the referred beneficiary has actually visited the referral site or not.
- Sometimes, it takes as long as 30 minutes to calculate a single field in the reporting portals.
- Beneficiaries have high expectations form SHC that I am unable to meet due to resource limitation and lacking qualification to provide comprehensive clinical treatment

FUNCTIONS:

- Communication
- Capturing photos
- Digital Payment
- Updating portals

SKILLS:

- Inter-personal skills
- Counselling skills

PREFERENCE:

- Prefer registers
- Open to digital solutions provided no duplication of data entry

FRUSTRATION:

- We have not received incentives for the last 8 months.
- Beneficiary argue when medicine is unavailable
- RHOs don't accompany many times in outreach visits.
- I am unable to meet my targets most of the times, as beneficiary prefer to get treatment at private facilities instead of PHC/CHC

MOTIVATION:

- Recognition from officials for sending reports timely and achieving targets
- Adequate infrastructure developed at SHC level in comparision with the past



BIO:

I have 12 years of experience, out of which I have spent 9 years in sub-health centers.

NAME: XYZ

DEMOGRAPHICS:

Age: 45
SHC: Baronda Bazaar
Demography: Rural

LANGUAGE AND LITERACY:

English: Read, Speak, Write
Hindi: Read, Speak, Write
Chhattisgarhi: Read, Speak, Write

A DAY IN MY LIFE:

I refer to my weekly timetable and outreach activity for that day. I help RHO Male in creating due list for VHSND, and do ANC check-up, vaccination etc. I also support RHO Male in HMIS reporting and attend various meetings at PHC and CHC. I do field visits along with Mitandin. I do epidemic related service delivery, and also support CHO in OPD at SHC as well as outreach activities.

DIGITAL ACCESS:

- Smartphone- Yes
- Tablet- Yes
- Laptop- Yes

CHALLENGES / PAIN POINTS:

- We have to manually create report to be attached as evidence with monthly HMIS report and Maasik Prativedan report.
- Beneficiaries do not bring their MCP cards, due to which entry remains due.
- I am unable to accompany Mitandin for HBNC visits. Many visits have to be done telephonically.
- There is dependency on Mitandin to get the information of treatment given at referral site. Delay happens in follow-up and compliance
- Less proportion of PW gets registered within first trimester.
- I sometimes forget to update registers.
- Less population under my SHC. As a result, the pre-defined targets seem too high.
- RHO Male is dependent on me for doing data entry, as I receive all OTPs for login to the portals.
- Not receiving incentives for 8 months due to shortage of funds
- I am also responsible for maintaining NQAS records

FUNCTIONS:

- Communication
- Digital Payment

SKILLS:

- Inter-personal skills
- Counselling skills

PREFERENCE:

- Prefer to write in register
- I expect RHO Male to do any entry

FRUSTRATION:

- If we are using APPs, then why so much of manual reporting.
- People do not come to VHSND even after multiple follow-ups due to which ANC/vaccination gets due



NAME: XYZ

BIO:

I have clinical experience of 15 years. I have completed 5 years as RMA. Earlier, I was a contractual staff, now I am working as a regular staff at PHC.

DEMOGRAPHICS:

Age: 41
Gender: Male
PHC: Pateva
Demography: Rural

LANGUAGE AND LITERACY:

English: Read, Speak, Write
Hindi: Read, Speak, Write
Chhattisgarhi: Read, Speak, Write

A DAY IN MY LIFE:

I start my OPD at 10 AM with fellow RMA, as well as IPD by visiting the patients in the ward, and managing referrals. I attend BMO meeting at CHC on Monday. I visit VHSND on Tuesday and haat bazaar on Wednesday. I monitor SHC performance (achievement vs target) under all national health programs in cluster meeting on Thursday. If unavailable, I assign my OPD work to staff nurse/pharmacist. I support MO in overall hospital management and administration of SHCs.

DIGITAL ACCESS:

- Smartphone- Yes
- Laptop- Yes
- Tablet- Yes

FUNCTIONS:

- Communication
- Digital Payment
- Data reporting on portals

SKILLS:

- Management of 12 CPHC services

CHALLENGES / PAIN POINTS:

- People referred from SHC do not come to PHC for confirmation of NCD.
- I need a dashboard showcasing SHC wise & disease-wise data of patients so that I can observe and take action on the same day. Currently, by the time I get information, situation becomes critical.
- I need to see patient history but patient forgets to bring prescription/referral slip. It requires more time to understand patient history. Sometimes lab investigations need to be repeated due to this issue.
- EDD, vaccination details and ANC details are missing in MCP card
- I cannot get information of whether consultation/ treatment is done at the referral site.
- We are open to use HIMS software for OPD at HWC, provided we don't have to write OPD prescription along with using HIMS. Otherwise, it will take time in doing examination as well as doing entry.
- As I am overburdened with OPD and other admin work, I have to ask staff nurse and PADA to do data entry on my behalf.

PREFERENCE:

- Prefer registers
- Open to digital solutions provided less data entry

FRUSTRATION:

- Shortage of staff
- Excessive workload as MO is unavailable
- I am not able to give proper time to my PHC due to adhoc work.

MOTIVATION:

- SDM once told that he will come for his wife's delivery at my PHC
- Sarpanch visits along with officials to show them our PHC



NAME: XYZ

BIO:

I am a 5th Pass and have been working as a Mitantin since 2003, serving 108 households with a population of 652 people. Initially, I did not receive any financial assistance from the government over the last decade, the government has started providing incentives for my work.

DEMOGRAPHICS:

Age: 52
 Gender: Female
 SHC: Khatti
 Demography: Rural

LANGUAGE AND LITERACY:

Hindi: Read, Speak, Write
 Chhattisgarhi: Read, Speak, Write

A DAY IN MY LIFE:

Every day, I prioritize my home visits, giving preference to pregnant women, children specially newborn baby, and eligible couples, and then addressing other programmatic services. On average, I conduct three home visits per day. Each month, I assist the Mitantin Trainer during home visits, Para meetings, and VHSNC meetings. My responsibilities also include mobilizing community members for these meetings, as well as for VHSND and visits to health facilities. Additionally, I work to create awareness among the community about various government schemes and assist in their enrollment.

DIGITAL ACCESS:

- Smartphone - No
- Laptop - No
- Tablet - No

FUNCTIONS:

- NA

SKILLS:

- Inter-personal communication skills
- Counselling skills
- Good Motivator
- Social Mobilizer & mass Communication

CHALLENGES / PAIN POINTS:

- High pressure to meet targets set by the District Collector for Ayushman Card, Ration Card, Aadhaar Card, and Shram Card.
- Difficulty in mobilizing community members for Para Meetings and VHSNC Meetings, often requiring a wait of 1-2 hours before starting due to delays in attendance.
- Delays in ultrasound appointments, sometimes scheduled 15 days later, resulting in cases where pregnant women deliver before the appointment.
- Instances where the ultrasound machine at the District Hospital (DH) is non-functional, necessitating visits to private facilities for ultrasound services.
- Challenges in tracing seasonal migrants, leading to incomplete follow-ups

PREFER:

- Prefer to write on Mitantin register
- Open to new digital solutions, provided I am given training

FRUSTRATION:

- Frustration arises from providing care to pregnant women every month for nine months, only to see them go to private hospitals for delivery.
- Beneficiaries often do not listen to guidance, resulting in deterioration of their condition, causing significant frustration

MOTIVATION:

- Receiving recognition from from MT, BC, SPS, DC
- Receiving timely incentives motivates and encourages continued effort and dedication.
- Being recognized and appreciated by community members in the village.
- The opportunity to implement social schemes and make a positive impact in the community provides a sense of fulfillment and motivation.