

## CHAPTER VIII

### 8.1) DISCUSSION

The outcome result showed that overall performance of Terai AHWs were significantly higher than hill AHW. It was because of transportation and communication facility. It may be due to availability to contact with senior persons more easily whenever they needed to consult to solve any practical problems. But in contrast to the hill area, if they need to take advice from a senior person, they had to walk for many hours or spend more time to ask for a simple problem, then they feel uneasy and finally they keep it as usual.

It was found that the Terai AHWs work performance on history taking, physical examination, measurement of blood pressure, and intramuscular injection were significantly different from the hill AHW. It indicated that the Terai was more competitive than the hill AHW.

The detail study of the score of AHW performance found that above 60% cut off point were the satisfactory of their work. On the other hand, those who got below 60% cut off point need refresher training. In history taking, 47 (67.1%) out of 70 AHW of hill area and 32 (45.7%) out of 70

Terai AHW were below 60% cut off point. So it seemed that they were needed to give refresher training.

In physical examination, 45 (64.3% ) out of 70 in hill area and 32 (45.7%) out of 70 in terai AHWs were below the cut off point 60%. They were needed to give refresher training.

In blood Pressure measurement 22 (31.43%) out of 70 from the hill and 5 (7.14%) out of 70 from terai were below the cut off point 60%. They were needed to give refresher training.

Regarding intramuscular injection, 5 (7.1%) out of 70 from the hill and 3 (5.7%) out of 70 from terai were above 60% cut off point. It seemed that both groups performance were not much difference.

Relating to the job of the CMA, 53 (75.7%) out of 70 from hill area and 34 (48.6%) out of 70 from terai were under the 60% cut off point. So they were needed to give refresher training. Most of the hill area health posts had no residential quarter for staff. So they were not giving emergency care out of the office time.

The logistic regression analysis displayed that duration of work, percentage of AHW graduation, refresher training, supervision were the associated factors for the level of performance. It showed that the AHW who received refresher training and supervision will have more

opportunities to attain a higher level of performance than those who had not. So all the AHW should be given supervision periodically to make them confident in their work.

The literature review revealed various concerning with health workers performance. The investigator was able to find out performance difference between hill and terai AHW working in health posts. Supervision and refresher training were revealed significance results from this study. The study was able to draw the conclusion based on different types of results from Chi Square, T. test, logistic regression analysis.

The performance of the hilly AHWs were not as good as terai AHWs. It might be because of Transportation, communication difficulty, and lack of supervision. Naturally the human beings like modern amenity. The developed hills had inadequate modern facilities. So the people wanted to skip by any means to go to the hill for supervision. As a result, the work performance of the hill area would be low in comparison to terai. Most of the terai area, health posts had available transportation and communication facility, so the senior person wanted to go for supervision at any time. As the result, the terai AHW's were always alert to do their responsible work.

## 8.2 Recommendation : has been made following

Recommendation to the related health agencies for the better work performance of AHWs.

### 1 Supervision

The poor supervision has been found a main cause of failure of AHWs work performance. It has indicated the fundamental role of supervision and commonality of problems in that area.

a) In national program, supervision is often held by health post in-charge. It has been experienced that the health post in-charge with the clinical duties in the health post is likely to give low priority to the supervision of AHWs. The duty of a health post in-charge whose main emphasis is on clinical tasks. The supervisors are busy in his own work and therefore may have little time for supervision.

b) First, the supervision of AHW's who live in remote places and who cannot easily get health facilities had been often neglected because of unavailability of transport. Supervisors, who do not enjoy their supervisory role may not be particularly concerned when assigned to difficult areas and the visits they make may actually undermine the AHWs thus becoming empty rituals. Some how it was found in our study as well. Therefore, only trained and interested

supervisors should be assigned for respective areas

Second, supervision is too often seen as a method of control, or inspection, rather than as a supportive measure.

Therefore, it is recommended that the arrangement of periodical supervision from the health post in-charge and district health officer should be made and AHW should be encouraged to work at ease. The job description of health post in-charge should be more on preventive side rather than curative. So that, periodically (twice a year) supervision and monitoring of the AHWs can be made.

## 2) Refresher training

1) For refresher training: Training as a pragmatic education, can only be judged according to how well it brings about specific useful attitudes, skills and knowledge. The curriculum should be designed to make the AHW competent in specific tasks and their application in actual practice. For a given health problem, the training usually takes two to three days. Firstly the problem should be introduced by discussing its pertinent features i.e. physical examination, blood pressure measurement, history taking and job of CMA. Then the problem solving process should be introduced and applied - by way of illustration to a non health problem.

In addition to this, the individual tasks should be introduced, and once competence in the individual tasks has

been achieved, the tasks structure should be introduced by means of a protocol. A great deal of time should be devoted to the instruction in use of the protocol-instruction including role playing session that allow the AHW to go through the problem -solving process with a "mock" patient. Finally the, AHWs works with a health professional in a clinical setting, should applied according to the protocol to real patients and being " checked out" by the professional. During this latter phase importance should be given to reinforce the AHW's strengths -as well as to correct his deficiencies.

Therefore it is recommended that the refresher training should be arranged from the central level at least once a year for the betterment of AHW's work performance. The feed back of the refresher training should be taken immediately after completion of the training. So that the proper evaluation of the refresher training can be made.

Recommendation for IOM

### 3) CMA CURRICULUM

The curriculum has four elements: i.e. a) co-operation, b) continuous, c) comprehensive, and d) concrete. According to the data collected from CMA's it shows that the curriculum needs to be applied the continuous elements. It means that the preparation of a program should not be a one-

shot operation. In planning the provision should be made for its continuous revision.

The data analysis of the CMA curriculum shows that the following deficient areas need to be revised:

a) Pharmacy (42%) b) Systemic disease (40%) c) Pharmacology (39%) d) Emergency care (35%). e) First aid (35%) f) Physical examination (35%) g) Anatomy and physiology (34%) h) Health post laboratory technique (31%) i) History taking (30%) j) Microbiology (28%) The above mentioned subjects are not adequate for both groups. The total subjects are 25. There are 10 subjects that need to be modified. Therefore, a detailed study of the curriculum and necessary modifications are recommended.

## CONCLUSION

This study has concentrated on the relative importance of various variables required for better performance of AHW working in hill and terai health posts. This study contributes to predictive validity for better performance of AHW and helps for curriculum of CMA modification. The result of the analysis of total group indicates that the refresher training and supervision had significance relationship with predictive variables.

By arranging 60% cut off point on history taking, blood pressure examination, and job of CMA had p-value 0.010, 0.000, 0.000 respectively. It indicates the significance difference between hill and terai AHW.

The study revealed the correlation between read literature and read literature frequently; read literature and radio listening; building and equipment; equipment and transportation; inadequate drugs and equipment had significant correlation.

Regarding CMA's course curriculum, some subjects such as health and health services in Nepal, socio culture of health and disease, health post administration, community



health diagnosis, and school health shows that it were not taught during AHW training program. The contents of CMAs curriculum are not adequate, such as anatomy and physiology, pharmacy, pharmacology, health post laboratory technique, microbiology, history taking, physical examination, systemic disease and first aid emergency care. So it seems that the curriculum need to be revised.

In this study, the work performance of AHWS were better in terai AHW than hill. It was identified that the health post of hill had been less supervision than those of terai. Therefore a provision of periodical supervision and refresher training programme would helpful for the betterment of AHWS performance those working in hill areas.