Team Mentoring to Improve Performance of Primary Health Care Teams: The SATHI Pilot

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Background

Multidisciplinary teams of health workers working together is associated with comprehensive and integrated primary health care (PHC) services.[1] Responding to a wide range of community health needs requires a diverse skill mix among PHC workers. Exemplar PHC delivery models from countries like Brazil, Thailand and Costa Rica incorporate multidisciplinary teams which work as a unit to provide PHC services. Further, global health agencies like the World Health Organization (WHO) emphasize the importance of health worker teams to deliver services.[2]

Health policy in India emphasizes team-based approaches to delivering primary health care services. In the Ayushman Bharat Health and Wellness Centre initiative, India's flagship comprehensive primary healthcare program, Health Sub- Centers known as Sub-centre- Ayushman Arogya Mandir's (SC-AAM) deliver twelve PHC service packages. AAM guidelines emphasize team-based approaches to deliver services.[3] PHC teams at SC-AAMs are composed of a Community Health Officer, who is a nurse or an AYUSH doctor, multi-purpose health workers (male and female), and ASHA community health workers.

Despite the importance given to team-based approaches in delivering PHC services, in practice this has been difficult to achieve. Verticalization of the health system has diminished the idea and ability of PHC workers to operate as a unit, and of taking joint responsibility for the health of their communities.[4]

Health worker training programs have also hindered PHC workers to think of themselves as a team or unit because they are not trained together but rather according to their particular cadre specific or programme. Moreover, training programs focus mostly on building clinical skills with no attention given to strengthening the team's ability to work more cohesively.

SATHI pilot intervention

The objective of the SATHI pilot was to strengthen team processes and functions at SC-AAMs, leading to improved service delivery outcomes. The SATHI program was piloted in Bhavnagar district,

Figure 1: Map of Bhavnagar

Gujarat (Figure 1). The 12-month long SATHI pilot (September 2024 – September 2025) was designed and implemented as part of the India Primary Health Care Support Initiative (IPSI, https://jhu-ipsi.com). The institutions involved in designing and implementing SATHI were the Indian Institute of Public Health, Gandhinagar (IIPHG), Bhavnagar Government Nursing College, the Bhavnagar Chief District Health Office, State Health System Resource Center, Gujarat, All India Institute of Medical Sciences, Delhi (AIIMS-D), and the Johns Hopkins Bloomberg School of Public Health (JHBSPH).

Conceptual framework of SATHI

SATHI employs a team mentoring approach to strengthen competencies critical for team functioning such as leadership, accountability, communication, conflict resolution etc. In SATHI, the mentors comprise AYUSH Medical Officers and nursing college faculty from Bhavnagar Government Nursing College. The mentees comprise the SC-AAM-level team of

Community CHO, Multipurpose worker male and female (MPW-M, MPW-F) and Accredited Social Health Activists (ASHAs). The intervention has been implemented in 20 SC-AAM facilities in Bhavnagar.

Identifying team competencies

An exercise to identify team competencies was undertaken prior to the design of the SATHI Pilot. Team competencies are the knowledge, skills, and attitudes that SC-AAM teams needed to possess to perform effectively as a team. A day long workshop was conducted in Bhavnagar district involving participants from the nursing college, district health department, district medical college, IIPHG, AIIMS-D, AIIMS Bhubaneswar, JHBSPH, and other public health experts. A step wise approach was followed where participants agreed on what the SC-AAM team's functions were, prioritized these functions, and identified the competencies needed to achieve these functions. The identified competencies informed the modules used for mentoring SC-AAM teams in the SATHI pilot.

Figure 2 shows the specific team competencies and the pathways through which the SATHI pilot contributes to strengthening these competencies and influencing team behavior and performance. SC-AAM teams were mentored on these competencies over a 12-month period. Strengthening the SC-AAM team's competencies should lead to changes in the team members' behavior such that it (a) enhances the ability of the team to self-manage,

Figure 2 Conceptual framework of SATHI

and (b) improves the quality of team processes i.e. the quality of team member interactions and their satisfaction with team relationships[5]. A change in behavioral outcomes should contribute towards enhanced team performance.
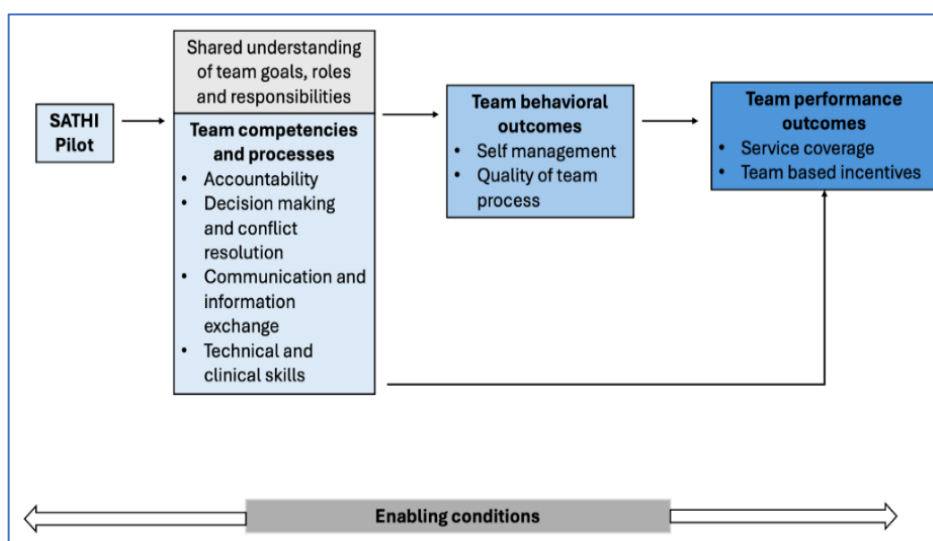
Development of modules

Through a collaborative process and keeping in mind the conceptual framework, 12 modules were designed. Modules were designed around the team competencies identified such as communicating within and outside the teams, problem solving, leadership within the team, conflict resolution and shared responsibility. To address the issue of stress faced in the workplace by the SC-AAM teams, a module of well-being and self-help was added. Each of these modules incorporated adult learning principles such as experiential learning, and reflective practice. Each module was pilot tested and also peer reviewed by experts. Pedagogies such as use of case studies, flip charts, activity sheets and posters were used during the mentoring session. Along with each module, basic clinical

Figure 3 Sathi mentoring in progress

skills were imparted to the team. Clinical skills such as use of masks and gloves, measuring of blood pressure and blood glucose monitoring, clinical breast examination and examining oral cavity etc were a part of the modules.

SATHI In Action

Mentoring approach: In the SATHI pilot a pair of mentors (nurse faculty from the nursing college and an AYUSH Medical Officer from within the district health department) were responsible for mentoring two SC-AAMs. Each month there were three interactions with the SC-AAM teams – two in-person and one virtual. The mentors visit their assigned SC-AAMs in-person twice a month (during first and third week) and follow the mentoring activities mentioned in the modules. In the last week, along with all the mentors, the teams from the SC-AAM meet virtually over a video call where a local expert would lead the virtual session in that month's module. WhatsApp was used as well to keep a channel of communication open between the mentors and their mentees. Pre-decided WhatsApp nudges were given to encourage responses linked to the modules. Refer figure 3 for the operational design.
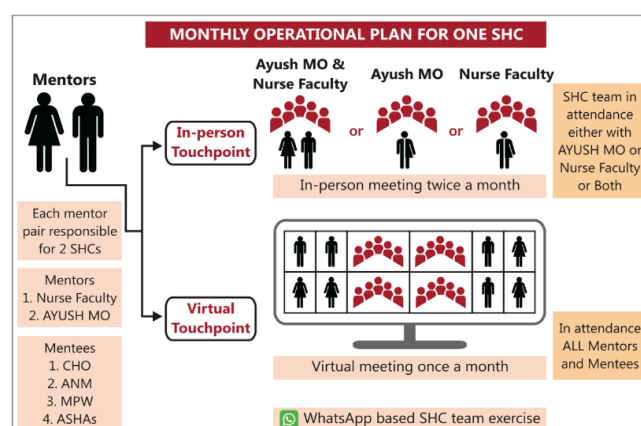

Figure 4: Operational design of Sathi

Phase-wise training of mentors: We conducted quarterly trainings for mentors and this turned out to be a very useful for two main reasons. First, mentors were trained on 2-3 modules in each training session but spent a longer time understanding the essence behind the module. This helped them in their mentoring sessions. Secondly, it gave us a chance to routinely meet the mentors and understand feedback from the previous quarter which would help in development of future modules.

Pre-scheduled check-in group calls with the mentors were organized prior to and after each touch point. Using Kobo collect, an online tool, attendance of mentees and time spent at each facility was recorded and analysed.

Figure 5: Training of mentors (May 2025)

Use of WhatsApp: Each SC-AAM team had a WhatsApp group that included their mentors. WhatsApp was used as a way of sharing information within the team to coordinate mentoring sessions, but also for post-session activities. After every in-person touchpoint, team members were asked to reflect individually on WhatsApp on some aspect of the session. Some examples are – "Share one thing that you would like to communicate more effectively with your team members", "Share how you can improve the work of colleagues in your team".

Monitoring SATHI: During every in-person touch point supervision visits were made to observe some of the mentoring session. Further, online tools were used to monitor attendance. By the end of each mentoring day, the implementers had a clear picture of how many core team member (CHO, MPW-M and MPW-F) and ASHAs had attended. Reasons for absenteeism was also noted and those who were routinely absent were highlighted to the district administration's health department for follow up.
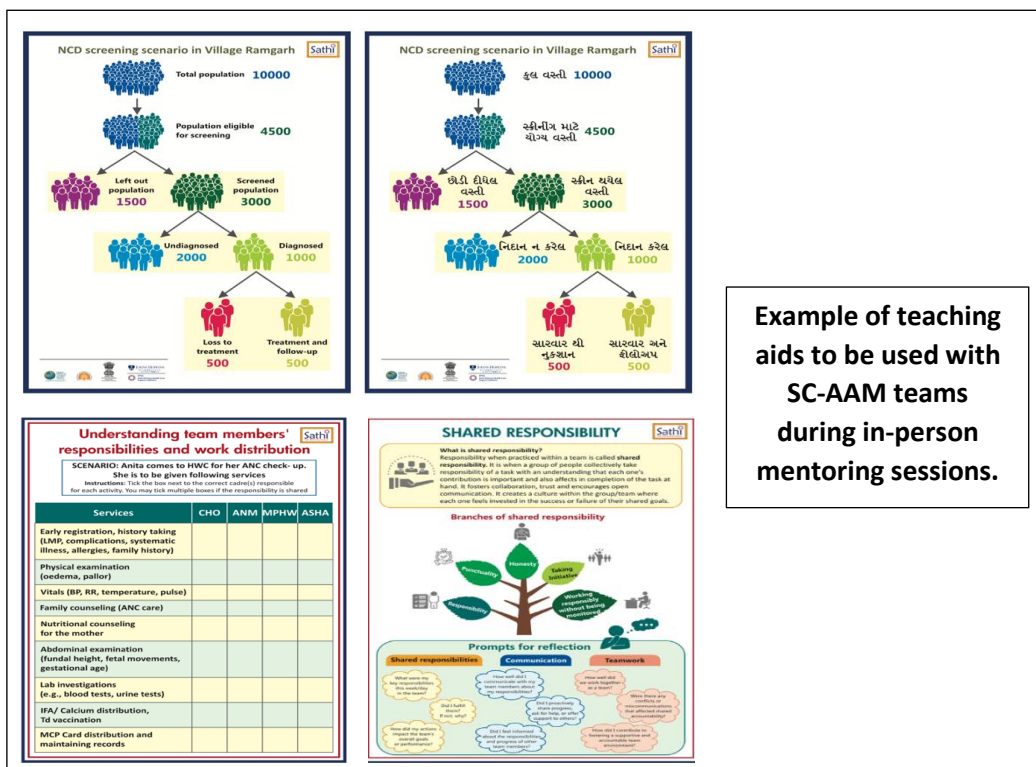
Example of teaching aids to be used with SC-AAM teams during in-person mentoring sessions.

Learnings from Sathi

1. Attendance of in-person touch points was variable. Attendance usually dipped during festival season. Overall, around 70% of the touch points were attended by all core team (CHO, MPHW male and female) members.

2. Feedback from the mentors and the mentees added richness to the intervention. Feedback was taken from mentors and mentees right after the in-person touch point. Incorporating feedback in real time helped the mentors to engage with the SC-AAM teams better. Module content was tweaked based on feedback received from mentors and mentees.

3. Anecdotal feedback from mentors and the mentees suggests that the SATHI intervention helped to improve communication within the SC-AAM teams. SC-AAM teams also began sharing their work with each other, coordinating better, and this led to fewer conflicts.

Next Steps

Evaluation - An evaluation plan of the SATHI pilot will be conducted in October 2025 and the evaluation results will be disseminated by end of 2025.

Scale up - The SATHI pilot will conclude in September 2025. Currently, at the request of the district health office, the possibility of scaling this up to the entire district is being worked out.

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