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Scaling-up Mentoring of Primary Health Care Teams in Gujarat

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Background

A key characteristic of comprehensive and effective primary health care (PHC) is the service delivery by multidisciplinary teams functioning as a unit. India's health policy emphasizes team-based approaches to delivering PHC services. Recently, the Union Minister for Health and Family Welfare launched the *Integrated Training for Primary Healthcare Teams*, to strengthen competencies of PHC teams[1]. However, team-based PHC service delivery has been difficult to achieve due to verticalization of the health system and limited cohesion within PHC teams.

SATHI Team Mentoring Pilot

The SATHI pilot was designed to create a team mentoring platform for health workers at PHC facilities. The pilot was designed and implemented by the India Primary Health Care Support Initiative (IPSI, https://jhu-ipsi.com) across 20 Sub-Centre Ayushman Arogya Mandir (SC-AAM) in Bhavnagar, Gujarat (Figure 1). The pilot was co-created by the Indian Institute of Public Health, Gandhinagar (IIPHG), Bhavnagar Government Nursing College, the Bhavnagar Chief District Health Office, State Health System Resource Center, Gujarat (SHSRC-Gujarat), All India Institute of Medical Sciences, Delhi (AIIMS-D), and the Johns Hopkins Bloomberg School of Public Health (JHBSPH).

This 12-month-long pilot (September 2024 - September 2025) employed a team mentoring approach to strengthen competencies critical for team functioning [2].

FIGURE 1: MAP OF BHAVNAGAR

Mentor pairs (a nurse faculty from the Government Nursing College, Bhavnagar and an AYUSH Medical Officer from the District Health Office in Bhavnagar) mentored SC-AAMs teams comprising of Community Health Officer (CHO), Multipurpose Worker-Female (also identified as ANM), Multipurpose Worker-Male (MPW), and ASHAs. Each month, mentoring sessions included two in-person visits by the coach pair and one virtual session, delivering 12 structured modules over the pilot period (Box 1).

SATHI mentoring sessions: Key features

1. Curriculum based on adult learning principles such as reflective and experiential learning.
2. The entire SC-AAM team mentored together.
3. Hybrid mentoring model with in-person and virtual touchpoints.
4. Phase-wise training of the mentors.
5. Use of WhatsApp, as a platform, for post-session reflection activities.

BOX 1 SATHI MENTORING SESSIONS - KEY FEATURES

Scale-up of the SATHI Pilot

Recognising the value of team mentoring and the need for regular mentoring of SC-AAM beyond routine trainings - and a strong buy-in from the pilot district, the Government of Gujarat, in October 2025, approved a statewide scale-up of the SATHI (Skill Augmentation and Team Building for Health Improvement) mentoring initiative under the National Health Mission (NHM)[3]. This marks a significant step towards strengthening Comprehensive Primary Healthcare (CPHC) delivery across the state by strengthening SC-AAM teams. This novel initiative is one of the first large-scale, statewide efforts in India to include structured team mentoring within the health system.

In the scale-up phase, SATHI focuses on strengthening the AAM team's competencies to perform key clinical examinations required for implementing various national and state health programs. At the same time, it also lends focus on important team competencies for better team functioning. Clinical expertise paired with soft skills

synergistically improves quality of service delivery. Further, by mentoring SC-AAMs team as a group facilitates the teams to work as a unit.

The figure below compares the design and implementation of the pilot with that of the scale-up (Figure 2).

	SATHI PILOT	SATHI SCALE-UP
Touchpoint frequency	Mentoring sessions held twice a month per SC-AAM	Mentoring sessions are held twice a month per SC-AAM
Mentors	Each SC-AAM is mentored by a mentor pair	Each SC-AAM is mentored by one mentor or a pair of mentors
	Mentors pair - AYUSH MO and Nurse faculty	Mentors- PHC- MO, AYUSH MO, FHS, and MPHS
Duration	12- month-long intervention	6-month mentoring program
Curriculum	Focus on team competencies along with clinical skills	More focused on clinical skill mentoring and then team competencies
Training of Mentors	Phase-wise training	Cascade training approach
Incentives	Incentives to the Mentors and the ASHAs (based on state norms)	No additional incentive

FIGURE 2 IMPLEMENTATION AND DESIGN - PILOT AND SCALE-UP

Scale-up model

Governance: The scale-up is being led by the office of the National Health Mission (NHM), Gujarat. State Health System Resource Centre (SHSRC), Gujarat, is the technical lead for module development and operational design of the scale-up. The State Institute of Health & Family Welfare (SIHFW), Gujarat is responsible for implementing the cascade training model to ensure quality and consistency across the various tiers of the training. IIPH-Gandhinagar, also involved in the pilot, provides hands-on support, technical and training assistance, and monitoring support where necessary. Johns Hopkins Bloomberg School of Public Health (JHBSPH) is involved in providing overall technical and training support to the scale-up initiative.

Finance[4]: The state's ownership towards the intervention is reflected in the financing of the scale-up. Funds for operationalizing the scale-up are provided by NHM Gujarat. These funds are then channelled to the SIHFW, Gujarat, for state-level training, Regional Program Management Units (RPMUs) for regional-level training, and the District Health Society (DHS) for district-level training.

Mentors: Personnel trained to be mentors are health functionaries at the level of Primary Health Centres (PHC). They can include Medical Officer (MO), AYUSH Medical Officer (MO), Female Health Supervisor (FHS), and Multi-purpose Health Supervisor (MPHS).

Mentees: Mentees comprise all cadres at SC-AAMs. They include CHOs, ANMs, MPWs, and ASHAs. Additionally, the ASHA facilitators at the PHC will also participate in these mentoring sessions at a fixed SC-AAMs.

Training of SATHI coaches: The training of mentors follows a structured cascade approach with three stages. (Figure 3)

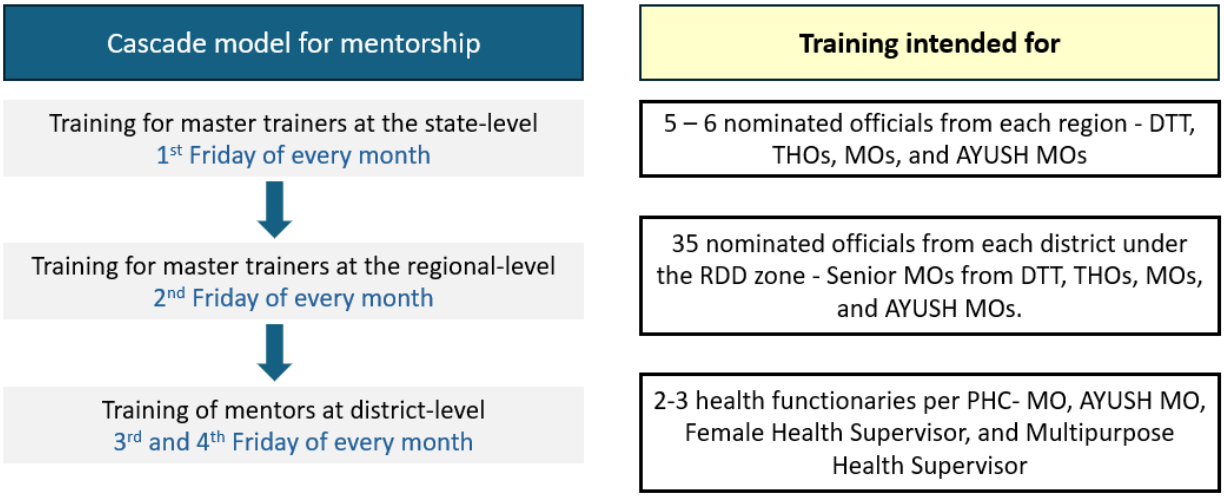

FIGURE 3 SATHI SCALE-UP: TRAINING MODEL

- Stage 1 - Training of master trainers at the state level. A total of 40 state trainers, who are nominated officials (5-6 per region), including members from the District Training Teams (DTT), Taluka Health officers (THO), Medical Officers (MO) and AYUSH MOs, are trained on one module per training cycle.
- Stage 2 - Training of trainers at the regional level. The state trainers train 210 regional trainers across 6 regions. The regional trainers comprise senior MOs from DTTs, THOs, MOs, and AYUSH MOs.
- Stage 3 - Training of mentors at the district level. Regional trainers further train nominated PHC-level health functionaries across 34 districts. These 4497 PHC staff comprise MOs, Female Health Supervisor (FHS), Multipurpose Health Supervisors (MPHS), and Community Health Officer (CHO). Once trained, these mentors visit their designated SC-AAMs to conduct hands-on mentoring sessions.

Through this, it is envisioned that 71,274 SC-AAMs staff, across 10,183 SC-AAMs, will be mentored to build stronger primary health care teams and strengthen their functioning.

Roles and responsibilities: The following table summarizes the different roles and responsibilities across the state, region, and district (Table 1).

	State - level	Regional – level	District - level
Planning, implementation, and supervision	Nominated officials from SHSRC, SIHFW, and IIPHG	Nominated official from the regional office	DTT Medical Officer with the Chief District Health Officer (CDHO)
Approval /Review	Director, SIHFW	Regional Deputy Director (RDD)	District Health Officer
Reporting platform	TeCHO+[5]	TeCHO+	TeCHO+
Financed by	SIHFW	Respective RPMU	Respective DHS

TABLE 1 ROLES AND RESPONSIBILITIES - TRAINING IMPLEMENTATION

Mentoring curriculum: The mentoring curriculum is structured across six modules, each comprising two parts - A and B. The module content, drawn from the pilot, has been adapted by experts from IIPHG and SHSRC Gujarat. These

[5]TeCHO+ is a comprehensive mobile and web-based application designed to serve as a job-aid tool for enhancing the coverage and quality of health services. It caters to various levels of healthcare administration, ranging from community-level to state-level administrators. The application includes an Android-based version for ASHAs, MPWs, and CHOs, as well as a web-based portal for service providers at the PHC/block/district level and administrators at the PHC/block/district/state level.

modules integrate clinical and soft skills, covering 54 clinical skills across 25 health programs, along with 10 soft skills to improve team-based functioning.

The soft skills form the basis of the foundational competencies towards teamwork, communication, shared responsibility, conflict resolution, leadership, problem-solving, and self-care and wellbeing. The clinical skills cover a broad range of primary healthcare domains, including maternal and antenatal care, newborn and child health, NCD management, nutrition, diagnostic procedures, emergency and first-aid interventions, sensory and geriatric assessments, and infection prevention and biomedical waste management.

Operational design: The scale-up follows a hub-and-spoke model, with trained PHC mentors mentoring their respective SC-AAM teams (Figure 4). Each PHC is responsible for mentoring a minimum of six SC-AAMs.

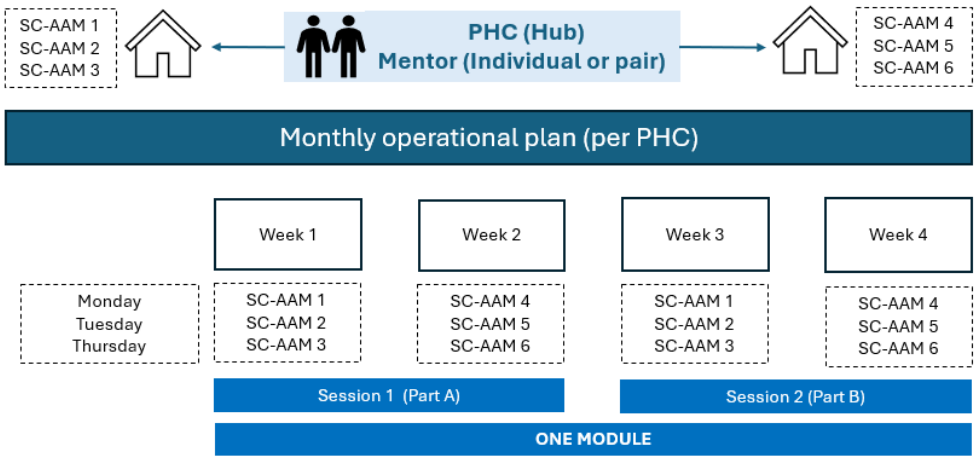

FIGURE 1 SATHI SCALE-UP OPERATIONAL MODEL

Similar to the pilot, each mentor visits their assigned facilities twice a month for in-person sessions. Each module is delivered in two parts (Part A and Part B), with one part covered per session. Accordingly, two SATHI sessions are conducted each month at every SC-AAM, at an interval of two weeks, with each session covering one part of the module. These sessions are facilitated by the respective PHC teams.

Each SATHI mentoring session may be conducted by one or more trained mentors, at the discretion of the district. PHCs with more than six SC-AAMs accommodate the SATHI mentoring sessions within this schedule by training additional mentors as required. Each module is completed within one month across all SC-AAMs. A total of six modules is delivered over six months.

Microplanning and monitoring mechanism: For implementation, a PHC-wise micro plan is prepared and shared for review at the district and taluka levels. The plan is developed by the PHC Medical Officer and reviewed by designated administrative authorities at both levels. Based on this plan, mentors conduct real-time session reporting through the online dashboard TeCHO+, with review and approval at the PHC level, followed by verification at the taluka and district levels.

The SATHI monitoring mechanism has been integrated into TeCHO+ to enable real-time monitoring of both the quality and progress of the initiative. In addition, cross-district monitoring visits by Master Trainers and Regional Trainers within the same regions have been planned to ensure quality, maintain uniformity, and support effective implementation of the initiative.

Learnings: Taking SATHI from pilot to scale-up

1. The rapid adoption and scale-up of the pilot by the state government has highlighted the importance of ensuring administrative buy-in early in the design and implementation of pilots.
2. Co-developing the intervention with the government helps ensure that it is aligned with existing health system structures and resources, and can be implemented on a scale.
3. Designing the pilot with due consideration to the capacities of the health system supports sustainability.
4. When pilot programs are scaled up by government, the model that is taken to scale can significantly differ from the pilot. It is important for both the government representatives and the pilot implementers to discuss and agree on what are the important aspects of the pilot that should be scaled.

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