

Training needs in Comprehensive Primary Health Care for health care providers in three districts of India

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The Government of India launched the Ayushman Bharat (AB) scheme with a strategic focus on Comprehensive Primary Health Care (CPHC). The delivery of high-quality primary health care services requires health facility staff to possess specific primary care and public health competencies. To identify current and future training needs we undertook a training needs assessment among primary healthcare providers in the states of Gujarat, Meghalaya and Odisha.

Background

Training Need Assessment (TNA) was conducted in three districts across three states which were collaboratively chosen by the Government of India and stakeholders at the state and district level for implementing the IPSI (Indian Primary Health Care Support Initiative) project. The districts—Kalahandi in Odisha, West Garo (WG) Hills in Meghalaya, and Bhavnagar in Gujarat were strategically selected as priority areas to strengthen CPHC implementation and ensure demographic diversity.

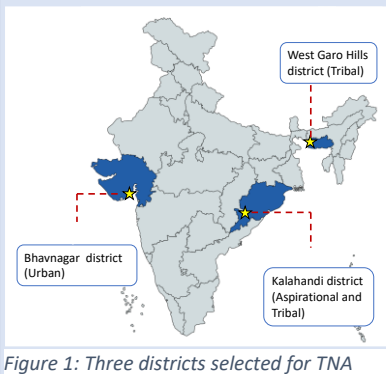


Figure 1: Three districts selected for TNA

Kalahandi in Odisha is predominantly rural, with 92% of its population living in rural areas and about 29% belonging to Scheduled Tribes. In contrast, the West Garo Hills in Meghalaya is primarily tribal, with Scheduled Tribes comprising 74% of the population. The third district, Bhavnagar in Gujarat has a different demographic pattern, with 41% urban and 59% rural population¹.

By identifying the training needs of primary healthcare workers in these districts, this exercise aimed to set the foundation for trainings to improve healthcare delivery and health outcomes for communities.

¹Source: Government of India, Office of the Registrar General & Census Commissioner. Census Of India 2011.

Methodological Approach: A total of 96 individuals across three states were interviewed - district officials (DO) involved in CPHC delivery, district managers and supervisors (at sub-district level), service providers (SP) at HWCs such as Community Health Officers (CHO) and Medical Officers (MO). The four training domains identified for the needs assessment were - CPHC delivery, data for decision-making, community engagement, and team-based care. The domains are focus areas of the IPSI project and were identified through consultations with the Ministry of Health and Family Welfare, state partners and subject experts.

Key areas of felt need for training

- In the CPHC domain, the highest needs in all states were identified for 'concepts and guidelines' related to CPHC, monitoring and evaluation of population health status, and measuring the quality of health services.
- Under the domain of Data Use for Decision Making, a common need across cadres was training in assessing data quality and understanding and analysing Health Management Information System (HMIS) data.
- Team based care was recognized as highly relevant in all the study sites.

Following consultations that underscored the need for CPHC orientation, related training sessions were organized across the three IPSI districts. These workshops provided a comprehensive understanding of the importance of CPHC in India, empowering participants to devise practical strategies for implementing CPHC in their respective areas of work. Capacity building in other domains is also being planned, with opportunities being explored to align and integrate these initiatives within the existing district training calendar.

Key Findings

Domain: Comprehensive primary health care

District →	WG Hills		Kalahandi		Bhavnagar	
Level of participants →	SP	DO	SP	DO	SP	DO
Concept and guidelines under CPHC	High	Medium	Medium	Medium	Medium	Medium
Monitor & evaluate population health	High	High	Medium	Medium	Medium	Medium
Quality of health services	High	Medium	Medium	Medium	Medium	Medium
Rational use of medicines & diagnostics	High	Medium	Medium	Medium	Medium	Medium
Budgeting	High	Medium	Medium	Medium	Medium	Medium
*CPHC service packages	Medium	Medium	Medium	Medium	Medium	Medium
*Management of supply chain	Medium	Medium	Medium	Medium	Medium	Medium
Intersectoral Co-ordination	Medium	Medium	Medium	Medium	Medium	Medium
Telemedicine services	Medium	Medium	Medium	Medium	Medium	Medium
Understanding wider determinants	Medium	Medium	Medium	Medium	Medium	Medium

*While assessing the needs in Meghalaya, management of supply chain and additional CPHC packages emerged as additional needs. Hence these topics were incorporated and enquired in the state of Odisha and Gujarat.

Domain: Data for decision making

District →	WG Hills		Kalahandi		Bhavnagar	
Level of participants →	SP	DO	SP	DO	SP	DO
Understanding analysis of HMIS	High	Medium	Medium	Medium	Medium	Medium
Using other health data sources	Medium	Medium	Medium	Medium	Medium	Medium
Assessing Quality of data	Medium	Medium	Medium	Medium	Medium	Medium
Communicating data findings	Medium	Medium	Medium	Medium	Medium	Medium

Domain: Community engagement domain

District →	WG Hills		Kalahandi		Bhavnagar	
Level of participants →	SP	DO	SP	DO	SP	DO
Planning HP activities	Medium	Medium	Medium	Medium	Medium	Medium
Plan wellness activities	Medium	Medium	Medium	Medium	Medium	Medium
CE platform Linkages	Medium	Medium	Medium	Medium	Medium	Medium
Analysis by family surveys	Medium	Medium	Medium	Medium	Medium	Medium

Domain: Team based care domain

District →	WG Hills		Kalahandi		Bhavnagar	
Level of participants →	SP	DO	SP	DO	SP	DO
Leadership	Medium	Medium	Medium	Medium	Medium	High
Mentoring junior team members	Medium	Medium	Medium	Medium	Medium	High
Managing conflict at workplace	Medium	Medium	Medium	Medium	Medium	High
Supportive supervision	Medium	Medium	Medium	Medium	Medium	Medium

Legend: Color coding		
Need	Rating	Color code
Low	Less than 1	Medium
Medium	1- 1.5	Medium
High	1.6- 2	Medium
Very high	More than 2	High

Notes:

(1) Each training area is rated on a scale of 1-5 for importance and current performance.

(2) WG Hills: West Garo Hills; SP: Service Provider; DO: District Official; CE: Community Engagement

Policy Recommendations

Holistic integration in CPHC implementation with emphasis on stakeholder training in CPHC concepts

There is limited understanding of CPHC among primary health care workers and managers. Effective engagement with all stakeholders, including decision-makers and service providers, underscores the need for a uniform understanding of CPHC's concept and their roles within it. Diverse stakeholders in district health systems need to be sensitized to strengthen CPHC implementation. Organizing workshops on CPHC concepts covering key stakeholders of the district is crucial.

Routine data utilization for decision making

Local-level data plays a crucial role in decision-making, generated extensively by district personnel and service providers through routine reporting mechanisms. However, there is limited utilization for monitoring and planning. A systematic orientation of actors in the health system is essential to understand, interpret, and link data for local decision-making. Emphasizing the use of high-quality data for decision-making is vital, shifting the focus from mere collection to practical application in daily tasks and activity planning.

Expanding public health training to integrate soft skills and foster teamwork among primary health care staff

Training in public health must extend beyond clinical and technical skills to include diverse competencies so that public health practitioners are equipped to tackle diverse challenges effectively. Teamwork and clear role delineation are essential, highlighting the need for developing soft skills to deliver quality healthcare services.

Leveraging the potential of community platforms through engagement

Strategic efforts are needed to engage with communities so as to improve the uptake of services and achieve healthy outcomes. Health workers require orientation how to effectively engage with communities.

Integration of CPHC trainings in routine Programme Implementation Plans (PIPs) calendars

Integrate key CPHC topics into existing district PIP training programs as sub sessions or separate sessions, identify trainers from the district pool, and ensure sustainability through local language training. Plan an effective roll out through adequate budgeting within the PIPs.

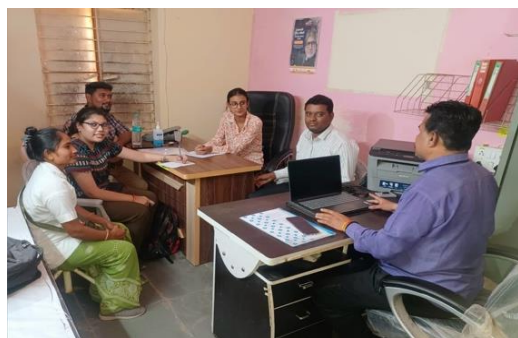


Figure 2: Visit for TNA to HWC, Bhavnagar, Gujarat



Figure 3: Visit for TNA at HWC, West Garo Hills, Meghalaya

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