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What competencies do primary health care teams need?

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Team-based models of delivering primary health care services are widely recognized as necessary for providing people with comprehensive and continuous health care. While health policy guidelines in India identify roles and responsibilities of each team member at Sub-Health Centers (now known as Ayushman Arogya Mandir; previously Health and Wellness Centers), there is a need to obtain a grounded understanding of team functions and corresponding team competencies (i.e. key knowledge, skills, abilities, and attitudes) that teams should possess to deliver health services effectively. This note discusses the findings from an exercise aimed at identifying competencies for primary health care teams at sub-health centers.

Background

Delivering primary health care services by multi-disciplinary teams is well recognized as necessary for providing continuous and comprehensive primary health care. For example, in Costa Rica's EBAIS model multidisciplinary teams comprising of a doctor, nurse, technical assistant, medical clerk, and pharmacist, and community health workers provide health services at EBAIS clinics and directly in the community[i]. Health policy documents in India also emphasize the importance of team-based approaches for delivering primary health care services, listing "culture of a team-based approach to delivery of quality health care encompassing preventive, promotive, curative, rehabilitative and palliative care" as a key principle of implementing AAM[ii]. Health workers at Sub-Health Centers (SHC) and Primary Healthcare Centers are recognized in policy documents and guidelines as "primary health care teams." While health policy guidelines in India identify roles and responsibilities of each team member, there is a need to obtain a grounded understanding of team functions and corresponding team competencies to inform capacity building efforts.

Competencies are "key knowledge, skills, abilities, and attitudes that the health workforce should possess to effectively deliver essential public health functions".[iii] For the SHC team to effectively perform its functions, it is imperative to understand the set of competencies that the team needs to possess collectively. Such an understanding can inform capacity-building efforts and workforce policies.

Fig 1. Map of Gujarat state with Bhavnagar district highlighted

Primary health care teams at SHCs in Bhavnagar, Gujarat

In Bhavnagar district of Gujarat, where this study was conducted, primary health care services are delivered through 264 SHCs (see Figure 1 and Table 1). The SHC team comprises a community health officer (CHO), multi-purpose workers (MPW) male and female, and accredited social health activists (ASHAs). Together, the team is responsible for delivering a comprehensive set of twelve service packages comprising preventive, promotive, curative and rehabilitative care to a defined catchment population.

Table 1: Status of human resources in Bhavnagar, Gujarat as of September 2024.

Total number of SHC	264
% facilities with CHO in place	87.5%
% facilities with at least 2 MPW (male/female) in place	MPHW – 100% FHW – 100%
% facilities with required ASHA available as per population norms	96.4%
% facilities with CHO trained on all expanded service packages	66%

Source: District Health Department, Bhavnagar (Gujarat)

Methods

We conducted a literature review of primary health care team competencies. Based on Indian policy documents, particularly Indian Public Health Standards 2022 and operational guidelines for AAM service packages, a compiled list of SHC team functions was developed. Team functions were defined as those that required cross-cadre collaboration between at least two SHC team members. A two-day consultation was held in Bhavnagar in April 2024 with participants comprising public health, nursing and medical school faculty members, public health experts and district health authority officials.

Through group work, participants refined the list of functions that the SHC team is expected to perform in the district. Subsequently, participants identified knowledge, skills and attitude that the team would need to perform each team function effectively. The results from the consultation were clustered thematically into competencies, that were presented to the participants on day two for feedback and prioritization. In May 2024, consultations were held with four SHC teams in Bhavnagar, that had the full complement of staff present. Team members were asked about their perception of teams and teamwork. Additionally, the list of team functions and corresponding team competencies was validated by repeating the exercise with the SHC team members. Based on this, the team functions and competencies were subsequently revised.

Key Findings

SHC team members expressed differing views on team constitution and team leadership. The CHOs identified themselves as leaders of the SHC team, though other team members did not recognize the CHO's leadership. Our findings support emerging evidence pointing to a lack of team cohesion among SHC team members that hinder delivery of team-based primary health care.[iv]

Team functions: When asked about team functions, the team members prioritized cadre-based and vertical program-specific tasks as their main functions, as opposed to cross-cutting essential public health functions that the SHC team is collectively responsible for. For example, SHC team members felt that all tasks pertaining to the non-communicable disease (NCD) package were the responsibility of the CHO as opposed to articulating how they each play a role in the care cascade for NCDs from enumerating the at-risk population to managing diagnosed NCDs among patients. Identified SHC team functions were classified as those performed at the community and/or facility levels. The identified team functions are:

- coordination with individuals internal and external to the SHC team
- health education and promotion
- community mobilization, service delivery
- patient management and follow up
- collective planning of activities
- paper and digital data entry and record keeping
- use of data in planning activities
- facility management.

Team competencies: Corresponding to these team functions, six team competencies were identified. These are shown in the figure below. (Figure 2)

Among the identified competencies, there was greater perceived need among the SHC teams for competencies pertaining to shared leadership, problem solving, conflict management and team values. This largely stemmed from the need to strengthen cohesion among the SHC team members. Within the category of technical knowledge and skills, it was felt that despite numerous clinical training opportunities for each cadre, self-confidence in clinical competencies was lacking. As an example, SHC team members reported that when a new vaccination is introduced, videos and training materials on rendering the vaccine are provided. However, they expressed that such training materials should be supplemented by hands on practice and supervision to strengthen self-confidence in their abilities.

Repsondents felt that strengthening competencies in communication could enhance cohesion within the SHC team, for example, by clarifying roles and responsibilities of each team member. However, it was also felt that communication with community members was learnt on the job, though additional capacity building efforts towards this competency would promote self-confidence during outreach.

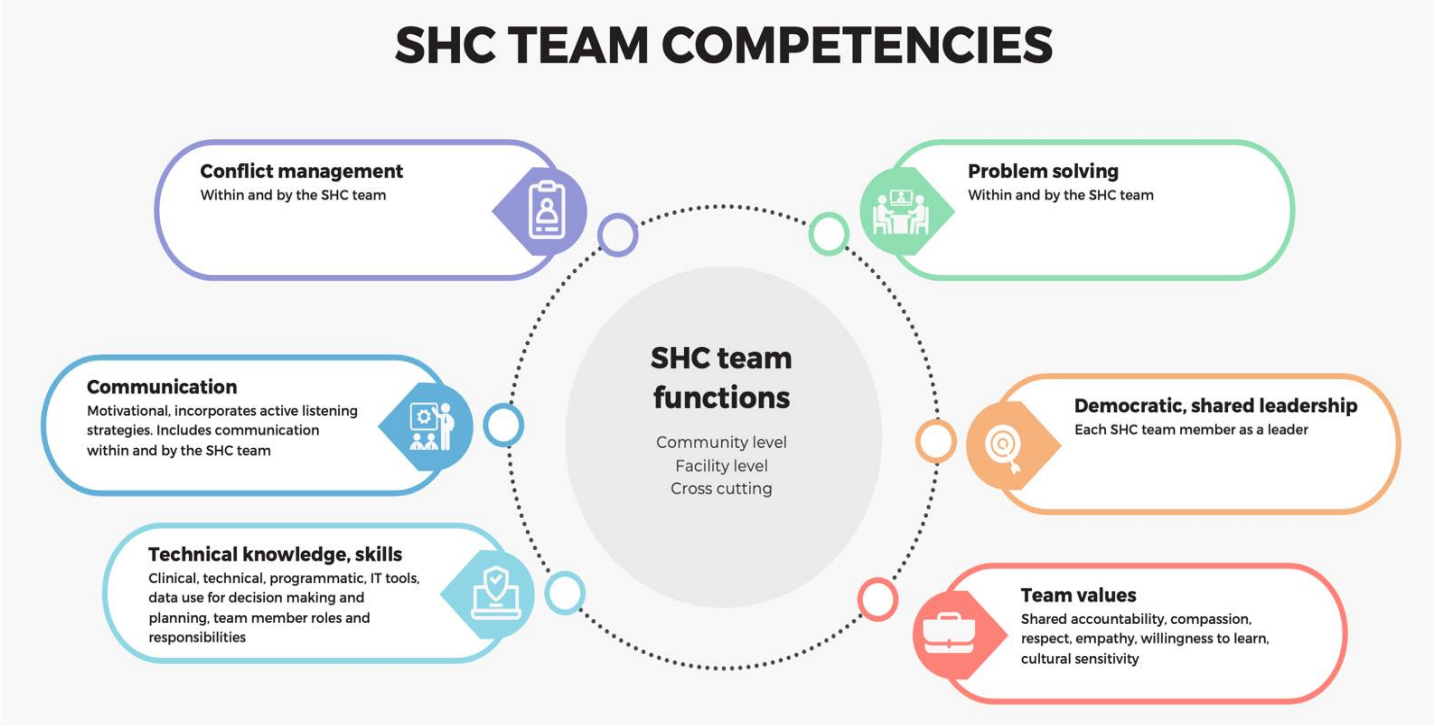

Fig. 2 Sub-health centre team competencies identified in the study

Conclusion

This study identified six competencies that the SHC team should possess collectively to effectively perform its functions. While technical knowledge and skills and communication emerged as important team competencies, those pertaining to problem solving, conflict management, shared leadership and team values were emphasized as the need of the hour to simultaneously facilitate SHC team cohesion. Most CPHC training programs are aimed at individual cadres and rendered in classroom settings. There is a need to reorient capacity building initiatives to be competency based and focused on teams. The ideas presented in this note are now being implemented by the IPSI project in the form of the SATHI Program in Bhavnagar district.

Policy Recommendations

Create a shared understanding of "a team". Health workers at SHCs have varying perceptions of team constitution and leadership. There is a need to facilitate a shared understanding of teams among the SHC team members. There is also a need to identify models of shared leadership, suited to the context of SHCs and their environment.

Re-orient health system to support a team-based approach. SHC team members identify themselves strongly with cadre-specific teams. Specifying roles and responsibilities is important, but not adequate to create functional primary health care teams. To create a team identity requires reorienting multiple aspects of the health system that support a team-based approach, e.g., provider payment systems, supportive supervision, capacity building aligned with team competencies, and governance.

Implement competency-based capacity building efforts for the whole team that would help team members build confidence in their own combined professional abilities. This is best done through team-based capacity building initiatives that target identified competencies, make explicit connections to the team's daily tasks and are rendered within their professional setting, i.e., the SHC and its catchment area. Examples of such initiatives could include team mentoring or coaching programs that extend ongoing support to teams.

Focus capacity building efforts on enhancing competencies relevant to team functions: (1) technical knowledge and skills (2) communication (3) problem solving (4) conflict management (5) democratic, shared leadership and (6) team values.

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