

Strengthening Comprehensive Primary Health Care (CPHC) Understanding Among District and Health Facility Managers

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Background

The Ministry of Health and Family Welfare's 'Ayushman Bharat' program aims to strengthen Comprehensive Primary Health Care (CPHC) through Health and Wellness Centers (HWCs, now known as Ayushman Arogya Mandir or AAM). The AB-HWC program seeks to transition from a selective approach to a comprehensive model of delivering primary healthcare services. Given the complexity and scale of CPHC, it is essential to strengthen knowledge of primary healthcare and public health among healthcare staff, especially those at AAMs. CPHC is still perceived as a vertical program and current training courses are typically focused on clinical packages or specific national health programs. Hence, regular capacity building efforts for primary healthcare workers do not increase their understanding of CPHC.

The India Primary Healthcare Support Initiative (IPSI) developed a training program to improve understanding of CPHC among district and health facility program managers. This capacity-building program - the 'District Comprehensive Primary Health Care Strengthening' initiative - was developed in consultations with the Ministry of Health, joint learning visits and workshops with IPSI state partners in Meghalaya, Gujarat, and Odisha, and other experts. These activities helped identify areas requiring capacity building of district health system and facility managers in the domains of: CPHC, data for decision-making, community engagement, and team-based care.

India Primary Healthcare Support Initiative

The India Primary Healthcare Support Initiative (IPSI) is a consortium of schools of public health and government agencies, that aims to support Government initiatives to deliver CPHC in select districts across five states. The project is led by Johns Hopkins Bloomberg School of Public Health and is a consortium of the following institutions: All India Institute of Medical Sciences-New Delhi and Bhubaneswar, Indian Institute of Public Health-Gandhinagar and Shillong, State Health Resource Center-Gujarat, and JHPIEGO (Figure 1).

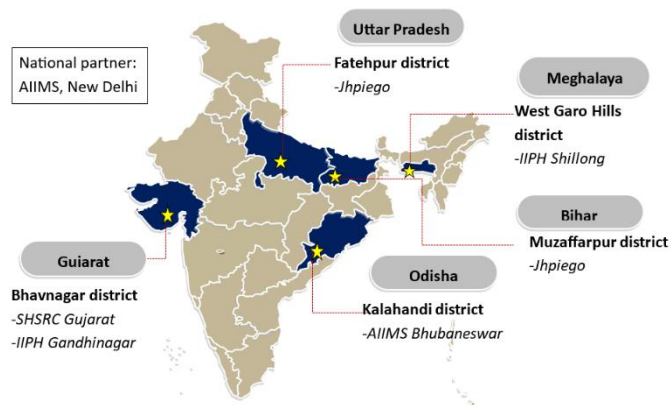


FIGURE 1: IPSI GEOGRAPHIES AND PARTNERS

This note describes the development of the District Comprehensive Primary Health Care Strengthening initiative and the experience of implementing it in five districts of India. We planned this as an orientation activity in the form of a workshop targeting program managers and service providers actively involved in the implementation of CPHC across various levels of the public health system.

Methods

1. Pre-workshop preparation

1.1. Designing and Planning

As part of the IPSI project, a training needs assessment and landscaping exercise was conducted in three districts: Kalahandi (Odisha), West Garo Hills (Meghalaya) and Bhavnagar (Gujarat). The findings from this exercise have been published earlier and are available on the IPSI website.¹ Although each district had its unique context, a common need emerged for orienting both service providers and district officials/program managers on CPHC. Consultations were held with district and state representatives which revealed that there was limited familiarity with CPHC principles

and approach. Some other key aspects of the workshop, including its content, duration, participants, and logistics, were also discussed during these consultations. The workshop was designed to bridge the gap between understanding and practice of CPHC by offering a structured platform to learn about the core elements of CPHC. Our approach was to build on existing directives by the Ministry of Health, India. Hence, the workshop draws its foundational principles from operational guidelines on CPHC by NHSRC.²

1.2. Decision on content

The training program included five sessions; details are shown in Table 1.

Workshop Contents

Session: Introduction to the concept of primary health care and CPHC

- Orientation to the concept of CPHC in the Indian context and components of the primary health care approach
- Contemplation of the CPHC concept through an exercise that demonstrates its components via a *spider diagram*.

Session: Health Service Delivery-Human Resources for CPHC

- Collaborative teamwork and roles & responsibilities of different team members.
- Exploration of various components of team-based care by participants through case scenarios using the *problem tree approach*.

Session: Community engagement for CPHC

- Discussion on the concept of community engagement and intersectoral coordination in CPHC.
- Examine the role and scope of community involvement via group work using *practice-based discussions*.

Session: Supporting systems for CPHC (using data for decision-making and digitization)

- Understanding data and digital platforms as supporting systems for effective decision-making.
- Applying data-driven decision-making in professional contexts through *real-world case scenarios*.

Session: Essential Public Health Functions in CPHC

- Discussion on Essential Public Health Functions and its components for primary health care through a case scenario

TABLE 1: SESSION PLAN

1.3. Pedagogy

The workshop used a mix of teaching methods for active participation and engagement:

- Icebreaker activities to help participants connect and form groups based on common interests.
- Didactic sessions to introduce key concepts and objectives, setting the stage for the group work.
- Group exercises, including case studies and problem-solving tasks, to reflect on the content and share experiences in smaller, more engaging settings.
- Q&A or wrap-up sessions to clarify doubts, summarize key points, and guide future learning.

1. India Primary Health Care Support Initiative (IPSI). Training needs in Comprehensive Primary Health Care for health care providers in three districts of India. Published under the Primary Healthcare Matters series: IPSI; 2024. Available from: https://jhu-ipsi.com/wp-content/uploads/2024/07/IPSI-Practice-Note-3-Training-Needs-Assessment-for-CPHC_June-2024.pdf

2. National Health Systems Resource Centre (NHSRC). Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centers Operational Guidelines. New Delhi: Ministry of Health and Family Welfare, Government of India; 2018.

2. Participants and Duration

The workshop was conducted across five IPSI intervention districts: Kalahandi, Odisha (August 2023); West Garo Hills, Meghalaya (September 2023 and August 2024); Bhavnagar, Gujarat (October 2023); Fatehpur, Uttar Pradesh (September 2024) and Muzaffarpur, Bihar (October 2024). A one-day in-person workshop at the district level was carried out in all five districts considering the resource constraints related to travel and time of participants. The workshop spanned approximately 8-9 hours at each site and involved training of approximately 206 participants. The initial workshops in each state targeted stakeholders engaged in CPHC delivery, as participants, who could be potential Trainers of Trainers (ToTs) for future similar trainings.

The participants comprised district and block officials, including nodal officers overseeing various health programs. At the district level, this included the nodal officers and managers responsible for national health programs such as non-communicable diseases, quality assurance, CPHC, etc. At the block level, participants included block medical officers and program managers. Additionally, service providers such as medical officers (MOs), community health officers (CHOs), staff nurses (SNs), and auxiliary nursing midwives (ANMs) were also involved.

3. Workshop implementation and key learnings

3.1. Interactive group exercise using a spider diagram to assess CPHC implementation

Group work was emphasized in all sessions focusing on real-world case scenarios and examples. A key highlight of the workshop was the interactive group activity in the CPHC session, where participants evaluated the implementation status of CPHC and its components using a spider diagram (Figure 2). In this exercise, each group analyzed the status of their district, block, or health facility based on key inputs outlined in the CPHC guidelines. Participants assessed each key input using specific indicators given in the exercise, to determine the extent of achievement, on a scale where 1 represented initiation, 3 represented implementation, and 5 represented maintenance, with 2 and 4 serving as intermediary ratings. They assigned responses based on the status of each input in their respective district, block, or facility and plotted them on the spider diagram, which visually illustrated the interconnectedness and significance of various inputs. Through this exercise, participants were able to determine the overall CPHC performance of their health facility or block/ district, analyze and interpret the status of key inputs, and identify gaps with measures for improvement.

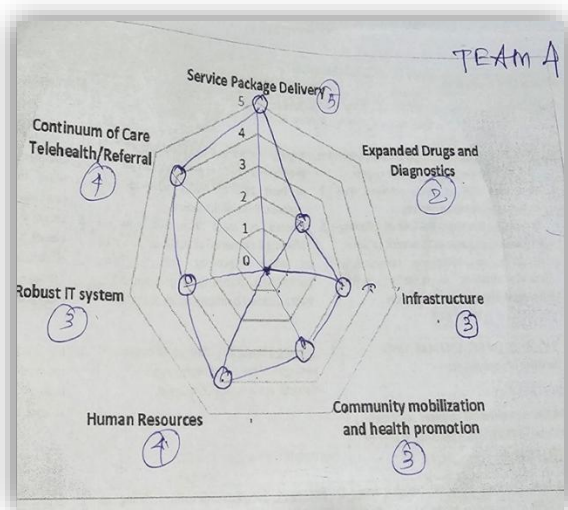


FIGURE 2: SPIDER DIAGRAM CREATED DURING ONE OF THE WORKSHOPS DEPICTING KEY INPUTS FOR CPHC SESSION GROUP EXERCISE

The discussion further explored reasons for low performance (where applicable) and possible strategies to achieve target outcomes. By the end of the session, participants gained valuable insights into ongoing initiatives for operationalizing AAMs and implementing the CPHC program, providing a holistic understanding of its progress.

3.2. Team-based learning:

Training programs are usually targeted at specific cadres, but CPHC implementation requires a more horizontal approach. Hence, the district health system

and facility managers needed to be trained together to understand each other's roles and accountability within the program. For this reason, the workshop adopted a team-based learning approach, or an inter-professional education strategy³, requiring primary healthcare team members to come together and develop a common understanding of one another's roles in CPHC. Workshop activities were designed with a group focus, specifically examining how participants defined their roles in service delivery and implementation to reinforce a team-based approach to CPHC.

Policy Recommendations

- A holistic approach to CPHC: Because existing programs and services at the primary health care level have usually followed a vertical approach, it is important to emphasize not only vertical but also horizontal integration. Framing CPHC within the broader health systems, not only improves stakeholder understanding of CPHC but also helps to understand where individual programs and services fit within the broader CPHC approach.
- Team approach: Inter-professional education, which trains primary health care teams to achieve a common goal, is a precursor to inter-professional collaborative practice⁴, i.e. team members working together for effective and quality services. This approach of learning together as teams is a recommended strategy for capacity building, where multi-disciplinary teams are involved in primary healthcare service delivery.
- Scalable model: The workshop participants were selected so that these initial batches could serve as future trainers, helping to create a local resource pool. Further trainings have been held in Gujarat and Meghalaya, where these identified trainers are now leading sessions with support from IPSI state partners. This approach not only ensures the sustainability of the initiative but also helps bridge language barriers, which is especially important for training frontline workers.
- Facilitator manual: A facilitator manual has been developed and is accessible online via the IPSI website (<https://jhu-ipsi.com/cphc-workshops-training-module/>).

It has been prepared to guide the planning and delivery of the workshop. It includes detailed session plans along with instructions for group activities. The workshop content is also available online on the IPSI website. To conduct similar future workshops; the sequence, number of modules to be covered and duration can be adjusted based on the specific needs of the target audience.



3. Mohammed CA, Anand R, Saleena Ummer V. Interprofessional Education (IPE): A framework for introducing teamwork and collaboration in health professions curriculum. Med J Armed Forces India. 2021 Feb;77(Suppl 1):S16-S21. doi: 10.1016/j.mjafi.2021.01.012.

4. van Diggele C, Roberts C, Burgess A, et al. Interprofessional education: tips for design and implementation. BMC Med Educ. 2020;20(Suppl 2):455. doi:10.1186/s12909-020-02286-z