



# **Coaching Primary Health Teams**

## **Strengthening Primary Health Care Team Functioning in West Garo Hills, Meghalaya**

As part of IPSI, the Coaching Primary Health Teams (CPHT) is currently being implemented in West Garo Hills, Meghalaya by the Indian Institute of Public Health Shillong (IIPH-S) and Johns Hopkins University (JHU) with support from the district health administration.

This team-based coaching intervention is aimed at strengthening primary care teams at 27 Sub-Health Centre (SHC-AAM), across four blocks – Dalu, Selsella, Tikrikilla, Rongram. The teams comprise of Mid-Level Health Providers (MLHP), Auxiliary Nurse Midwives (ANM), Surveillance Workers (MPW), Grade IV workers, and Accredited Social Health Activists (ASHA). Through regular coach-led sessions, focussed on strengthening communication, clarity on roles and responsibilities, skills on data use, and strengthened team collaboration, the program seeks to improve primary health care team performance effectiveness.

### **Rationale**

While public health initiatives have traditionally emphasized cadre-specific technical skills, the coaching program focuses on strengthening team processes through a coaching model that enhances the team's knowledge and skills, motivation and ability to strategize to deliver people-centred comprehensive primary health care.

### **Key features**

- The intervention is informed by global literature on coaching teams<sup>1, 2</sup>. This framework moves beyond traditional team-building methods that focus only on interpersonal dynamics. Instead, it identifies a few conditions - essentials and enablers for improving team performance.
- At the core of this intervention, the coaches start with developing a deep understanding of their teams. This forms the basis of how the coaches develop a tailored coaching strategy for each team.
- The coaches, during each in person meeting with their SHC AAM teams, reflect on specific aspects of team functioning. Each coach documents their observations in a reflection journal. This forms the ongoing basis of what each team needs to strengthen their functioning.
- Coaches have been selected from within the existing public health system to ensure sustainability.
- Coaches will be trained in phases on 8 modules which are developed keeping adult learning principles at the centre.

<sup>1</sup> Hackman, J. Richard, and Ruth Wageman. 2005. A theory of team coaching. *Academy of Management Review* 30, no. 2: 269-287.

<sup>2</sup> Ruth Wageman, (2001) How Leaders Foster Self-Managing Team Effectiveness: Design Choices Versus Hands-on Coaching. *Organization Science* 12(5):559-577. <https://doi.org/10.1287/orsc.12.5.559.10094>

- This first of its kind, hybrid model of team coaching uses in-person and virtual modes to coach primary care teams.
- In addition, each in-person session integrates one clinical skill relevant to the team's work.

## Implementation approach

### 1. Who

- Each coach pair comprises of an PHC and AYUSH Medical Officer and a supervisory cadre (ANM supervisor, Block Educators, Lady Health Visitors).
- The SHC AMM team comprises of the CHOs, ANMs, MPWs/SWs, Grade-IV workers, and ASHAs.

### 2. Coaching sessions

- The intervention consists of 8 modules which are delivered in a hybrid mode.
- Each module content is covered through 2 in-person sessions and 1 expert-led virtual session.
- Each coach pair is assigned to two SHC-AAM teams.

### 3. Monitoring and feedback

Regular monitoring and feedback mechanisms, to assess implementation fidelity and mentor engagement, are in place. These mechanisms include a combination of using KOOBO<sup>3</sup> forms where mentors feed-in session relevant details, observation visits by IPSI and IIPH-S teams, pre- and post-session calls with mentors.

### 4. Frequent stakeholder engagement

with district administration ensures their buy-in, support and alignment.

## Core areas of team function as focused on

- Effective team communication - internal and external
- Shared responsibility
- Team collaboration
- Team's purpose
- Team performance
- Planning together as a team



*A coaching session in progress in West Garo Hills, Meghalaya*

## What next?

Implementation is currently underway, till June 2026. A baseline and endline assessment of the intervention is being done to understand effects and impact.

<sup>3</sup> Kobo Toolbox is an open source software used to collect, analyze, and manage data for surveys, monitoring, evaluation, and research.

The India Primary Healthcare Support Initiative (IPSI) aims to strengthen the quality and coverage of primary health care services in India. IPSI works in five states - Gujarat, Odisha, Meghalaya, Uttar Pradesh, and Bihar. IPSI is a consortium of institutions – AIIMS-Delhi, AIIMS- Bhubaneshwar, Indian Institute of Public Health-Shillong, Indian Institute of Public Health-Gandhinagar, State Health Systems Resource Center-Gujarat, and Johns Hopkins University, USA. IPSI is supported by the Gates Foundation. Find us on – [www.jhu-ipsi.com](http://www.jhu-ipsi.com), LinkedIn, X,