Summary of the Training Needs Assessment of Public Health Functions and Capacities for the State of Madhya Pradesh (MP)

Introduction

In late 2015, the Government of MP, through MP TAST, DFID office in MP, commissioned work, which included scoping of services, SWOT analysis and a road-map for implementation of Public Health (PH) Cadre in the state. After an agreement in principle, a consultation was held with key stakeholders including Principal Secretary - Health, Commissioner Health and the Mission Director - NHM, in November 2015. At the conclusion of the Consultation, the Health department requested for a Training Needs Analysis that would serve as an input for creating a road map for the PH cadre.

The Training Needs Assessment was completed between 1st and 6th August 2016 (Appendix A). This report is a summary of the methodology used and results obtained from the needs assessment produced by the Training Needs Assessment project team from the UK Faculty of Public Health (FPH) and Indian Institute of Public Health, Delhi (IIPHD).

As a result of this work we were able to identify training needs for staff, as well as recommendations for the Health department to consider when developing the PH cadre in the state.

Methodology

Semi-structured interviews were completed with targeted healthcare staff at varying levels of the state health system (District, CHC and PHC level), across three districts (Appendix B). The districts covered were Bhopal, Vidisha and Raisen. Gandhi Medical College in Bhopal was also visited as part of this work.

The aim of the questionnaires was to elicit:

A. What public health functions were being performed at each level and by what staff?
B. What training such staff had received to support their capacity to deliver these public health functions?
C. Test run the public health competency framework.

Results

A total of 27 questionnaires were completed. Of these the majority were completed in Community Health Centres (CHCs) (13) followed by District Hospitals (DH) (8). The range of healthcare staff included in the interviews includes Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs), Medical Specialists, staff nurses and post graduate students of Preventive and Social Medicine (PSM).

Functions

Clinical functions dominated the roles of medical officers (MOs) at all levels of the public system, e.g managing OPDs, carrying out surgeries, post mortem and medico legal cases. Public health functions e.g. epidemic control, participation in national screening programmes like cervical screening and

management responsibilities were also listed by some respondents. For those in charge at Block level, liaising with politicians and the media also formed an important part of their role. Majority reported receiving some training for these functions, and state their MBBS and/or MD degrees with subsequent clinical experience as the basis of their knowledge and skills. Workshops related to national programmes were occasionally mentioned.

The functions reported by ANMs and staff nurses included many important public health functions e.g. giving advice on family planning, health promotion, immunisation, community education e.g. on infectious diseases like Malaria and Dengue. These staff, especially the ANMs, reported receiving training on immunisation, cold chain handling, family planning and how to speak with and motivate individuals and families. For the staff nurses, training was mainly for clinical issues e.g. ante natal and post natal checks, and resuscitation training.

The PG students reported a range of PH related activities as part of their last job which included field visits, immunisation and cold chain handling. No formal training had been completed to carry out these functions.

There was a fair understanding of what Public Health role was – majority respondents stated that it was thinking at a population level, prevention of infectious and non-communicable diseases, epidemic management, awareness campaigns, educating the public, giving advice and advocacy. PG students of PSM were able to articulate the public health functions well, which is to be expected.

Training provided

Training provision is inconsistent across the system, with no organised or coordinated approach towards training for relevant staff. Training aimed specifically for public health functions was lacking, but training for routine clinical roles was also not systematic. There seemed to be better provision of training related to national programmes, and to the ANMs with regards to their work related to maternal and child care.

For most of the other professions at each level, learning seems to be based on their medical/nursing training, guidance from the senior staff and experience gained on the job.

Training Needed

Much of the training needs reported related to the everyday clinical roles and responsibilities. The need for having a systematic approach to training, whereby training needs are identified in discussion with the individuals and training is provided periodically was raised.

Training gaps were identified across all public health functions being performed at each operational level. This highlights the need for a formal public health cadre, and a set of integrated public health competencies within job descriptions for such a cadre. At the senior level, e.g. Block Medical Officer in Charge (MOIC), a need for a range of functions like finance and management training was identified, whereas at the clinical and grass roots level training gaps related to more operational issues e.g. immunisation, motivation of patients.

A significant gap was identified for appropriate personnel for public health roles at senior strategic level who have had some formal public health qualification. These individuals should then undertake further training to complete their public health competencies to match their public health functions. These functions need to be formalised into job descriptions as part of the public health cadre.

Some of the key training needs identified related to:

1. Staff line management and how to be an effective manager
2. Resource management/partnership working
3. PH Report writing and dissemination
4. Outbreak Control
5. Financial management and administration
6. Media training
7. Training on working more effectively with politicians
8. More periodic training on immunisation
9. Motivating patients

Conclusions

The needs analysis helped identify function and training needs at different levels of the healthcare system. It also highlighted the impact of not having a PH cadre whereby currently the public health approach in MP is not systematic. A range of PH functions are being delivered, mainly at the grass root level, but strategic approach and senior leadership is missing. The clinicians view their main role and priority as treating patients and carrying out clinical work, but agreed there was a need to develop the public health capacity within the workforce parallel to the clinical workforce.

The respondents were overall very motivated and keen on maintaining their knowledge and skills up to date, along with being given appropriate and ample opportunities to utilise these skills. A systematic approach to continuous professional development was sought.

Besides training and a suitable competency framework, in order t o ensure that a well-trained, well-positioned public health cadre in the state health system performs and delivers effectively, it is important that barriers e.g. wider infrastructure issues are recognised and addressed. We identified some key features of the current system that need to be managed in order to achieve meaningful system change, outside of our focus on training:

1. Adequate allocation of health resources and manpower at all levels in the State, including matching appropriate skills to roles.
2. Improved living conditions in the rural setting to encourage an effective workforce in areas of greatest need - the right incentives should be present for staff providing a service at significant personal risk and discomfort compared to more central staff.

The findings from this Training Needs Assessment should be considered to inform a strategy for developing the public health cadre in MP.

Recommendations:

I. Identify self-motivated permanent staff in the Health Department and place them at the District level for at least 3 years. The candidate should have worked in the government for at least 5-10 years and have good understanding of the system.
II. The appointed candidates should be offered an opportunity to develop in the role through trainings (short-term/ long-term as appropriate).
III. The District Public Health Officer shall co-ordinate PH activities in the district, including public health programmes. The Job Responsibility for this role should be clearly identified and may include planning, overseeing programme implementation, monitoring and evaluation, and reporting and documentation.
IV. Consider the findings from this report, with regards to the training gaps, when developing

future Training sessions for the workforce.

Our Thanks

We, as representatives of the UK Faculty of Public Health, are thankful for this opportunity to influence and shape the implementation of the public health cadre for the Government of Madhya Pradesh. We are especially grateful to Mrs Gauri Singh, Principal Secretary for granting us the permission and Drs KK Thussu, Director Health Services and Dr Upendra Dubey, Deputy Director for their help in organising the visits and arrangements for logistics within the State. We are grateful to all the senior officers in the State Government who took out time to meet us and helped organise the visits. We would also like to thank all the MOs, staff nurses and ANMs who took out the time from their busy schedules to share their views with us.

Team Members:

- Dr Sushma Acquilla (SA), Project Director, International Faculty Advisor, FPH UK
- Ms Gurpreet Kaur Rai (GR), Specialist Registrar, FPH UK
- Dr Himanshu Negandhi (HN), Consultant, IIPHD, India

Abbreviations

CHC	Community Health Centre
PHC	Primary Health Centre
DH	District Hospital
ANM	Auxiliary Nurse Midwife
PSM	Preventive and Social Medicine
MO/MOIC	Medical Officer/Medical Officer In-charge
PH	Public Health

Appendix A: Timetable for MP Needs Assessment 01/08/16 – 08/08/16

	31/07/16 SUN	01/08/16 MON	02/08/16 TUE	03/08/16 WED	04/08/16 THU	05/08/16 FRI	06/08/16 SAT	07/08/16 SUN	08/08/16 MON
AM	-	PHC Misrodh interviews	CHC Bairasiya interviews	DH Vidisha interviews	CHC Gandhinagar interviews	De-brief and Project round up	Document building	-	SA meeting with Mission Director
PM	Flight Arrivals	Meeting with Director Health Services and Deputy Director, MP Government	JP Hospital interviews	CHC Ranchi interviews	Gandhinagar Medical College interviews	Document building	Flight departures (GR +HN)	-	-

Appendix B: Tool used to conduct the semi-structured interviews

Introduction:

1. Provide a brief overview of the competency framework, what it is and how it would be used.
2. Obtain and approval from interviewee to be recorded and for information to be used to support the development of the competency framework.
3. Inform interviewee of confidentiality plans for data (that their name and work place would not be used in developing the competency framework.)

Questions:

1. What is your current position?

(Looking for a job title)

2. For how long have you worked in your current position?
    - If the person has worked for less than one year in the current position…. If worked for more than one year move to question 3.
    - What position did you hold in your last job in this organisation? For how long did you work in that post?

3. What functions are you required to carry out in order to meet the responsibilities of your job on an average working day?

Functions carried out on average day	**Are you trained to do this function? If yes, what training?**	**What training would you need to carry out this function effectively?**

4. In the future, what will someone who holds this post might be required to do?

Future Functions	**What training would they need to carry out this function effectively?**

5. What technical knowledge do you need to carry out the function in your post?

(The interviewer may need to expand on what is means by technical knowledge, as they respondent may provide information on the skills needed to carry out the functions)

6. What skills do you require to do your job?

7. What bit of your job can be delegated to others?

8. What is your understanding of public health vs clinical work?

9. What specific values or attitudes are helpful for doing public health work? Can you explain this value or attitude and give examples of how you use it to carry out what you do?

10. Do you have a job description? Can you share it with me?

Thank you