Summary of the Training Needs Assessment of Public Health Functions and Capacities for the Department of Health and Family Welfare, Government of Odisha

Introduction

An international MoU was signed off between the Department of Health and Family Welfare (DOHFW), Government of Odisha and the UK Faculty of Public Health in 2015 to establish a framework of co-operation with the aim to achieve the following outputs:

PO1	Public health functions and capacities at different levels of government mapped and agreed
PO2	Public Health training institutions in Odisha agree and adopt a competency based curriculum for public health, adapted to India's needs
PO3	Leadership training programme based on local needs assessment developed and operational
PO4	Public Health electronic training platform established, with capacity to track PH training and careers and facilitate and support continuing professional development
PO5	Programme management unit established and jointly managed with Government of Odisha

The Training Needs Assessment was completed during the dates of 15-20th February 2016. 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.

Methodology

The project team completed 29 semi-structured interviews with targeted healthcare staff which were engaged with public health functions at varying levels of the state health system. The main focus of questioning was related to:

A. What public health functions were being performed at each level (PHC, CHC, Block CHC, District) and by which staff
B. What training such staff had received to support their capacity to deliver these public health functions

As a result of this work we were able to identify training needs where reported public health functions were not mapped to appropriate training.

Timetable

	15/02/2016 MON	16/02/2016 TUE	17/02/2016 WED	18/02/2016 THU	19/02/2016 FRI	20/02/2016 SAT	21/02/2016 SUN
AM	Flight arrivals	Meet with DPH and IAS Mission Director for Health	DGH staff interviews	CHC/PHC staff interviews	CHC staff interviews	Meet with IAS Mission Director for Health and HR Lead for Health	Flight departures
PM	Project Briefing and Timetabling	Meet with Kalinga School of Public Health	CHC staff interviews	CHC/PHC staff interviews	Medical School SPM Department: Staff/Students interviews	Project roundup and document building	

Results

Functions

Peripheral non-medical staff (incl. Paramedics, MPHW, LHV, ASHA, AYUSH) largely had clinical functions. However, they also have important public health functions in terms of health promotion/community education and incident identification/notification - they are the 'eyes and ears' at ground level.

Clinical functions also dominated the roles of medical officers (MOs), not in-charge, at PHC and CHC levels. Some managerial and training functions were identified as these MOs have supervision over junior staff (e.g. Male/Female workers, AYUSH and ASHA workers). Some essential public health functions in terms of outbreak/incident reporting and management were considered part of all/most medical officers as they are often required to implement basic control measures before seeking prompt senior support when they correctly identify a public health outbreak/incident in their area.

However, for MOICs at CHC level, there was an increasing dominance of public health issues, especially for MOICs at the block level, where delivery of public health functions took some prominence.

District Level ADMOs in Public Health also shared these functions but at a higher level of responsibility, with an emphasis on leadership and strategy. They are ultimately responsible for coordinating wider public health activity across their district via MOICs. They also had a greater function in providing expert advice and support for CHCs during incidents/outbreaks as well as a greater role in coordinating the surveillance function across the district level for long term public health planning.

Training provided

Training provision in public health skills is inconsistent across the system, with no formal regular training approach for staff in key public health positions (e.g. MOICs). Clinical training, especially for national programmes, seemed to have a clearer focus and better coverage. Also, where present, public health related training and qualifications did not necessarily match with job functions, leading to unused public health capacity across the system as well as undue (and sometimes unwanted) pressure on senior staff to manage public heath activities without sufficient training.

Training Needed

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.

Although some aspects of public health training often accompanied more senior postings where such skills are vital (e.g. ADMO PH), this is not consistent and so there is a need to identify appropriate personnel for public health roles from the outset (e.g. Block MOICs who have had some preceding public health training). These individuals would then require further training to complete their public health competencies to match their public health functions which need to be formalised into their job descriptions as part of the public health cadre. Some of the key training needs identified related to:

1. **Leadership training**
2. **'Train the trainer' training**
3. **Financial management (including social welfare payments)**
4. **Staff line management and how to be an effective manager**
5. **Resource management/partnership working**
6. **National/state public health programmes management**
7. **Surveillance (including data analysis)**
8. **Outbreak /Incident management (with support from ADMO PH) for outbreaks**
9. **Health promotion/Social mobilisation**
10. **Project management/IT and computer programmes**
11. **PH Report writing and dissemination**

Conclusions

During our interviews we met several motivated clinicians and practitioners, who generally expressed very positive attitudes about their state training and were keen to participate in continuing professional development. It is important that as well as the right knowledge and skills, we are able to promote such attitudes towards training in our public health cadre, and we can do this by making their training a valuable and recognised requirement for their effective functioning in public health roles.

It must be noted however, that even if we incorporate a well-trained, well-positioned public health cadre into the state health system, issues of wider infrastructure can still pose key barriers to effective public health delivery. 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/manpower at all levels in the State**
2. **Improved access to diagnostics – public health labs**
3. **Improved data capture/surveillance at all levels - no public health system can be deemed successful without the means to measure success.**
4. **Improved living conditions in the rural setting (far-flung health centres are scantily manned by doctors) 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 will form an important component of our strategy for developing the public health cadre in Odisha, helping to refine the training we deliver to meet specific training needs.

We will be performing a series of workshops to train future leaders in public health on how best to train and develop their workforce for public health action, as part of our upcoming Train the Trainer programme. We will also be delivering key leadership and management training which is an important component of public health training in the UK. While we will not be able to deliver specific training on every element of training need identified in the Training Needs Assessment, we will hopefully provide local leaders and trainers in public health with the capacity to support and train up the public health cadre of Odisha.

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 Odisha.

We believe that the partnership created on paper as a result of the International MoU between our Faculty and the Government of Odisha has now been strengthened as a result of face to face team-working between our parties during the Training Needs Assessment. We hope that the work we have done and continue to do will contribute to our collective aim to progress the public health agenda in Odisha

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Abbreviations

CHC	Community Health Centre
PHC	Primary Health Centre
ANM	Auxiliary Nurse Midwife
LHV	Lady Health Visitor
MHWM	Multi-purpose Health Worker Male
MHWF	Multi-purpose Health Worker Female
SPM	Social and Preventive Medicine
MOIC	Medical Officer In-charge
PH	Public Health

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