SHORT ARTICLE - PUBLIC HEALTH

PERFORMANCE OF REGIONAL TRAINING INSTITUTES IN CAPACITY BUILDING OF HEALTH CARE PROVIDERS OF TAMIL NADU, 2021-2024

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ABSTRACT

INTRODUCTION: Training plays a key role in any field. It improves skills & knowledge of workers. It helps to improve the productivity of workers. Health care workers need to be continually trained to provide quality health care to public. The objective of this study is to assess the training performance of Regional Training Institutes (RTI) under the Directorate of Public Health and Preventive Medicine (DPH&PM) in Tamil Nadu from April 2021-March 2024.

METHODS: We did a descriptive study and collected data from all 8 Regional Training institutes under DPH&PM. We collected data such as name of training, category of health care worker to be trained, training target, number of workers trained, number of workers yet to be trained in excel sheets for the period of April 2021 – March 2024, last 3 financial years.

RESULTS:: In April 2021 – March 2022, Training gap was more in HFWTC, Egmore (61%), less in RTI, Thiruvarankulam (1%) and IVCZ, Hosur (1%). In April 2022 – March 2023, training gap was more in HFWTC, Egmore (21%) & HFWTC, Madurai (21%), less in RTI, Thiruvarankulam (1%). In April 2023 – March 2024, Training gap was more in HFWTC, Gandhigram (40%), no training gap in HMDI, Salem & IVCZ, Hosur.

CONCLUSION: This study assessed the training performance of Regional Training Institutes under DPH&PM. Training gaps were present in all institutes & necessary action should be taken to address these training gaps. Further studies should be planned at field level to assess the knowledge attitude and practice among health care workers & qualitative study should be planned to know about the specific reasons for training gaps including financial resources among these training institutes.

KEYWORDS: Training in Public Health, Regional Training Institutes, Training Performance.

INTRODUCTION

Training plays a key role in any field. It improves skills & knowledge of workers. It helps to improve the productivity of workers. Health care workers need to be continually trained to provide quality health care to public. Training is essential for field level workers. Field level workers are increasingly being recognized to play a significant role in extending services to 'hard to reach' groups.¹ Evidence supports the significant contribution of field level health care workers in delivering essential health interventions, particularly for maternal and child health.² Systematic reviews studying the factors influencing the performance of field workers have highlighted training & supervision as one of the most neglected intervention related factor.³ Education & training in respect of Public Health is meagre in India.⁴

Directorate of Public Health and Preventive Medicine is responsible for providing primary level of health care to public & implementation of national health programs. There are various category of health care workers working in Tamil Nadu under Directorate of Public Health and Preventive Medicine, from Village Health Nurses (VHN) at grass root level to district health authority. It is the sole

responsibility of Directorate of Public Health and Preventive Medicine to train these diverse categories of health care workers. To cater this purpose, there are 7 Regional Training Institutes functioning in Tamil Nadu under the control of Directorate of Public Health and Preventive Medicine & one autonomous training institute in Gandhigram.

The purpose of the study is to assess the training performance of Regional Training Institutes of Public Health. So far, no study has been conducted to assess training performance of these Regional Training Institutes of public health in Tamil Nadu.

METHODS

We did a descriptive study. There are 7 Regional Training Institutes & one autonomous training institute in Gandhigram which trains health care workers in 46 Health



Please Scan this QR Code to View this Article Online Article ID: 2024:04:03:13 Corresponding Author:Vasumathi S e-mail: vasu5491@gmail.com Unit Districts. For our study purpose, we have collected data from all the following 8 training institutes. 1) Health and Family Welfare Training Centre (HFWTC), Egmore, 2) Health and Family Welfare Training Centre (HFWTC), Madurai, 3) Institute of Public Health, Poonamallee, 4) Health Manpower Development Institute (HMDI), Viluppuram, 5) Health Manpower Development Institute (HMDI), Salem, 6) Regional Training Institute of Public Health, Thiruvarankulam, 7) Health and Family Welfare Training Centre (HFWTC), Gandhigram, 8) Institute of Vector Control & Zoonosis (IVCZ), Hosur.

Data collected from individual training institutes such as name of training, category of health care worker trained, training target, number of workers trained, number of workers yet to be trained in excel sheets for the period of April 2021 – March 2024, the last 3 financial years with the help of Statistical Assistant & System Manager in the training division of Directorate of Public Health and Preventive Medicine.

RESULTS

From April 2021 to March 2024, Institute of Public Health, Poonamallee has conducted 34 batches for 23 category of trainings and completed the trainings for 79.2% of the HCWs (4,334/5,474) with a gap of 20.8% (1,140). Health Manpower Development Institute (HMDI), Villupuram has conducted 29 batches for 18 category of trainings and completed the trainings for 92.7% of the HCWs (2,279/2,459) with a gap of 7.3% (180). Health Manpower Development Institute (HMDI), Salem has conducted 35 batches for 23 category of trainings and completed the trainings for 96% of the HCWs (2,418/2,520) with a gap of 4% (102).

Regional Training Institute of Public Health, Thiruvarankulam, has conducted 16 batches for 14 category of trainings and completed the trainings for 96.5% of the HCWs (3,221/3,338) with a gap of 3.5% (95). Health and Family Welfare Training Centre (HFWTC), Egmore, has conducted 51 batches for 33 category of trainings and completed the trainings for 75% of the HCWs (4,688/6,247) with a gap of 25% (1,761)

Health and Family Welfare Training Centre (HFWTC), Madurai, has conducted 35 batches for 32 category of trainings and completed the trainings for 90.8% of the HCWs (5,220/5,751) with a gap of 9.2% (531). Gandhigram Institute of Rural Health & Family Welfare, has conducted 31 batches for 18 category of trainings and completed the trainings for 73.8% of the HCWs (1,821/2,468) with a gap of 26.2% (647). Institute of Vector Control and Zoonosis

(IVCZ), Hosur has conducted 11 batches for 8 category of trainings and completed the trainings for 99.1% of the HCWs (1,843/1,860) with a gap of 0.9% (17).

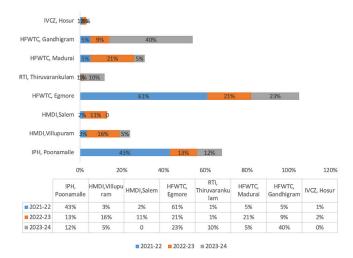


Figure 1: Training gap in the 8 Regional Training Institutes (RTIs), in Public Health, Tamil Nadu, April 2021 to March 2024

DISCUSSION

In 2021-22, training gap was more in HFWTC, Egmore (61%) followed by IPH, Poonamallee (43%). In 2022-23, training gap was more in HFWTC, Egmore (21%) & HFWTC, Madurai (21%). In 2023-24, training gap was more in HFWTC, Gandhigram (40%) followed by HFWTC, Egmore (23%). Major gap noted in 2021-22, the reasons might be because of COVID-19 and many health care workers didn't turn up for training, delay in fund flows, difficulties in finding the resource persons for training.

Other common reasons quoted were many health care providers especially medical officers were on their medical & maternity leave & workers won't turn up because of deficient manpower in their respective HUDs. Previous studies related to human resources in health care in India states that despite having highest number of medical colleges, India has been lagging behind in producing sufficient qualified persons in meeting requirement of the health care services sector in the country to ensure Universal Health Care. So, the medical education & training system of the country has to be tailored/molded in the lines of growing population & its emergent health care needs.⁵

CONCLUSION

This study assessed the training performance of Regional Training Institutes of Public Health. Training gaps were present in all institutes & necessary action should be taken to address these training gaps. Further studies should be planned at field level to assess the knowledge factor including

attitude and practice among health care workers & qualitative study should be planned to know about the specific reasons for training gaps including financial resources among these training institutes.

DECLARATION OF INTEREST

The authors declare no conflict of interest

ACKNOWLEDGEMENT

We would like to express our gratitude to Mr. Jayaprakash, Statistical Assistant & Mr. Rajkumar, System Manager in training department.

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