



Are doctors necessary for primary health care? Measuring Competence of Different Primary Health Care Providers in India.

**Krishna D. RAO; Neha KUMRA; Aarushi BHATNAGAR;
T SUNDARARAMAN; Garima GUPTA; Kamlesh JAIN.**

kd.rao@phfi.org

Public Health Foundation of India

The shortage of allopathic doctors in rural India is a critical issue for increasing access to health services and to achieve the MDGs. Many rural Indians have to rely on unqualified providers because of this scarcity. To overcome this shortage, several states in India have been experimenting with alternatives to allopathic doctors at primary health centers. These include allopathic physicians with 3 years training, doctors of Indian systems of medicine (AYUSH) and, by default, paramedical staff (pharmacists and nurses). These alternative cadres are cheaper to produce than allopathic doctors and have a greater willingness to serve in rural areas. Yet, little is known about how competent these different cadres of providers are in performing the duties expected of an allopathic doctor in primary care settings. In this paper we measure the technical competence of these different providers using clinical vignettes which attempt to simulate a patient-provider interaction. Six cases were developed which represent the range of conditions seen at primary health centers: malaria, diarrhea, pneumonia, pre-eclampsia, tuberculosis and diabetes. Primary health centers in the state of Chhattisgarh in central India were stratified into four groups representing those run by allopathic doctors, three-year allopathic physicians, AYUSH doctors and paramedical staff. 40 PHCs were randomly selected in each group and surveyed in 2009. Preliminary results indicate that allopathic doctors scored the best, followed by three-year allopathic physicians, AYUSH doctors and paramedical staff. Differences were statistically significant only for paramedical staff. These findings suggest that allopathic physicians with three years of training and AYUSH doctors provide comparable technical quality with allopathic physicians. In areas where allopathic doctors are not available, the use of these alternative cadres provides an equally competent but lower cost alternative.