INDIAN INSTITUTE of PUBLIC HEALTH GANDHINAGAR
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State Health System Resource Centre Gujarat

सत्यमेव जयते
Health & Family Welfare Department
Government of Gujarat

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

IPSI
India Primary Health Care Support Initiative

Sathi
Team Mentoring Program

Team Mentoring Program

A GUIDE FOR MENTORS
&
MODULES 1 AND 2

Contents

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List of Abbreviations

ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda Unani Siddha Homeopathy
CHO	Community Health Officer
CHW	Community Health Worker
JHU	Johns Hopkins University
IIPH G	Indian Institute of Public Health (Gandhinagar)
IPSI	India Primary Health Care Support Initiative
IT	Information Technology
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti
MO	Medical Officer
MPW	Multi-Purpose Worker
PBL	Problem Based Learning
SOP	Standard Operating Procedures
SHC	Sub-Health Centre
VHND	Village Health and Nutrition Day

Overview

About this guidebook

This guide has been developed for you, the mentors, who will be providing support and guidance to the Sub-Health Centre (SHC) teams through IPSI's mentoring program. The objectives of this guide are to:

1. Provide guidance on the mentoring approach.
2. Share information on the IPSI team mentoring program.
3. Assist in preparing for the touchpoints with mentee teams.

The guide is divided into three sections as below (*Figure 1*):

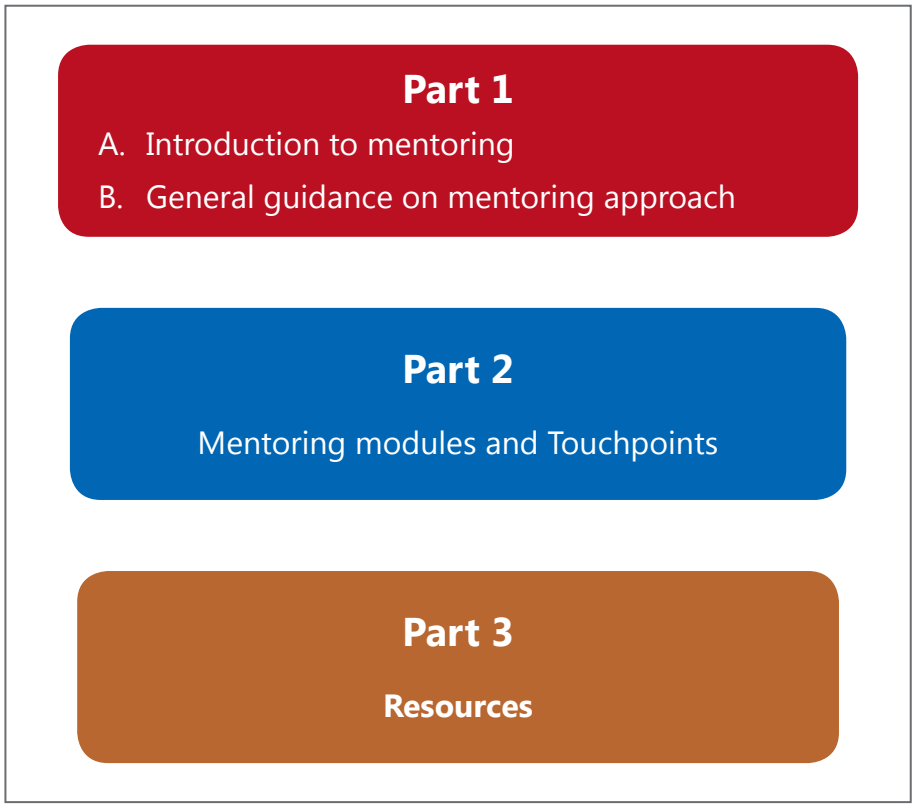


Figure 1- Sections of this Facilitator Guidebook

Part – 1

A. Introduction to mentoring: this section defines mentoring and distinguishes it from training, teaching, supervision, and coaching. It also includes an overview of the IPSI mentoring program, its objectives, and the role of/ expectation from each key stakeholder, including you – the mentors.

B. General guidance on mentoring approach: this section provides some general guidance to consider and adopt throughout the mentoring process. This guidance is not specific to any module in the mentoring program but instead it relates to a general code of conduct.

Part – 2

Mentoring modules and touchpoints: this section describes the overall structure of the mentoring program and breaks down each module and its touchpoints. The description of each module includes:

a. Learning objective(s)
b. Total duration
c. Details of each touchpoint
d. Materials and other information required to prepare for each touchpoint
e. Activity for each touchpoint

Part -3

Resources: this section includes additional resources for you. These include IPSI's process and protocols for mentor support and training, additional suggested exercises and technical references and resources such as clinical guidelines and Standard Operating Procedures (SOPs).

Part 1

Introduction to Mentoring

A. IPSI Mentoring Program

The IPSI mentoring program is a team-based mentoring program aimed at strengthening the team of healthcare providers at the Sub-Health Centre (SHC).

At the level of the Sub Health Center (HWC-SHC), this team comprises of:

- Community Health Officer (CHO)
- Auxiliary Nurse Midwife (ANM)
- Multi-Purpose Worker (MPW)
- Accredited Social Health Activist (ASHA)

Program Team and participants

Mentors

As mentors, you have the experience to undertake mentoring. The mentoring process offers an opportunity for you to share your own wisdom and experience with your mentees and can provide a sense of self-satisfaction and professional and personal growth for both you and the mentees.

Mentors are - AYUSH Medical Officers (MO) and Nursing college staff

Mentees

The mentee is the individual or group of individuals being mentored. Through the mentoring process, mentees obtain relevant knowledge and practical skills as well as the opportunity to apply these learnings in their workplace environment. This can help the mentees gain confidence in performing their tasks independently. It also helps them identify their own learning goals and make progress to achieve the same, with the mentor's support.

The mentoring programme team structure is as follows -

Mentees are - Sub-health centre teams comprising of

- CHO
- ANM
- MPW
- ASHA

Goal

The overall goal of the mentoring program is as follows (*Figure 2*):

Figure 2- SHC Mentoring Goals

The specific objectives of this program are

1. To pilot a SHC team mentoring program using modules to improve:
   a. Shared understanding among SHC team members of team goals and team member roles and responsibilities.
   b. Team competencies and processes are directed at:
      i. "Soft skills", i.e., accountability, decision making and conflict resolution, and communication and information exchange; and
      ii. Select "hard skills", i.e., technical/clinical knowledge and skills.
   c. Recognize strengths of the team members and utilize them for team performance
2. To evaluate the impact of SHC team mentoring on team dynamics and team performance.

IPSI mentoring model and its rationale

The IPSI mentoring program is based on a conceptual model as depicted in Figure 3. [1]

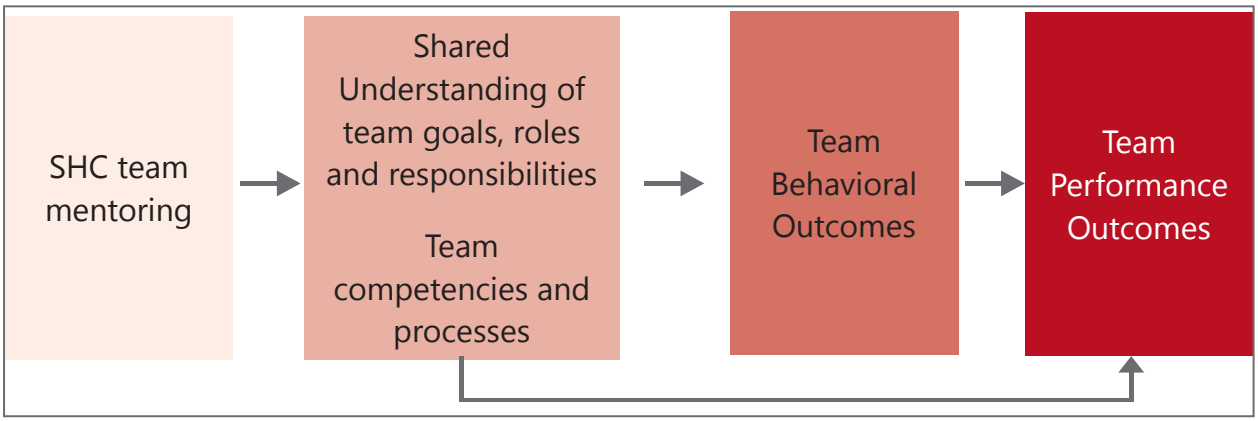


Figure 3- Conceptual model

It is anticipated that SHC team mentoring will further lead to enhanced shared understanding of team goals, roles and responsibilities. This includes team competencies and processes such as:

- Accountability
- Decision making and conflict resolution
- Communication and information exchange
- Technical and clinical skills.

This leads to behavioral outcomes such as increased team motivation and improved team functions. This in turn, should impact team effectiveness in the form of improved quality of SHC team functions and positive perceptions among the team members themselves and among patients.

[1] *Song H, Chien AT, Fisher J, Martin J, Peters AS, Hacker K, Rosenthal MB, Singer SJ. Development and validation of the primary care team dynamics survey. Health Serv Res. 2015 Jun;50(3):897-921. doi: 10.1111/1475-6773.12257. Epub 2014 Nov 25. PMID: 25423886; PMCID: PMC4450936.*

B. Introduction to Mentoring

Mentoring is defined as "the process through which an experienced and empathetic person who is proficient in their content area (mentor) teaches another individual (mentee) or group of individuals (mentees) in person and/ or virtually to ensure competent workplace performance and provide ongoing professional development."[2] Mentoring differs from supervision or training (*see Figure 4*).[3]

Mentoring	Supervision	Training
◆ Non-hierarchical relationship, shared power dynamics. Professional and personal development activity for both mentor and mentee. ◆ Goals are set based on mutual agreement. Aimed at enhancing competence (knowledge, skills and their application).	◆ Hierarchical, managerial relationship. ◆ Aimed at evaluating performance against set criteria, determined by supervisor/ guidelines.	◆ Unidirectional instruction/ guidance provided. ◆ Aimed at imparting a particular skill or knowledge.
	Example: Medical Officer (MO) supervises the work of the Community Health Officer (CHO). Similarly, ASHA supervisors supervise the work done by ASHAs in their cluster. This process of being -supervised against fixed goals by someone in a managerial role is called **Supervision.**	**Example:** To teach health workers how to deliver a new vaccine, an expert teaches them the procedure. This unidirectional approach of teaching a new skill/ knowledge is called **Training**

Figure 4- Difference between Mentoring, Supervision, and Training

[2] *USAID (2018). Mentoring for human capacity development: Implementation principles and guidance. Available at: https://pdf.usaid.gov/pdf_docs/PA00SSPN.pdf. Accessed on: 14th May 2024.*

[3] *Garumma Tolu Feyissa, Dina Balabanova & Mirkuzie Woldie (2019). How Effective are Mentoring Programs for Improving Health Worker Competence and Institutional Performance in Africa? A Systematic Review of Quantitative Evidence, Journal of Multidisciplinary Healthcare, , 989-1005, DOI: 10.2147/JMDH.S228951*

Formal Mentoring

Mentoring relationships can be formal or informal.[4] A formal mentoring relationship is intentional, based on mutual agreement between the mentor and mentee that incorporates established goals for the relationship. Our mentoring program is developed following the rules of a formal mentoring relationship.

The duration of this mentoring relationship can vary; it comprises four developmental stages, each of which varies in length, as depicted below (*Figure 5*).

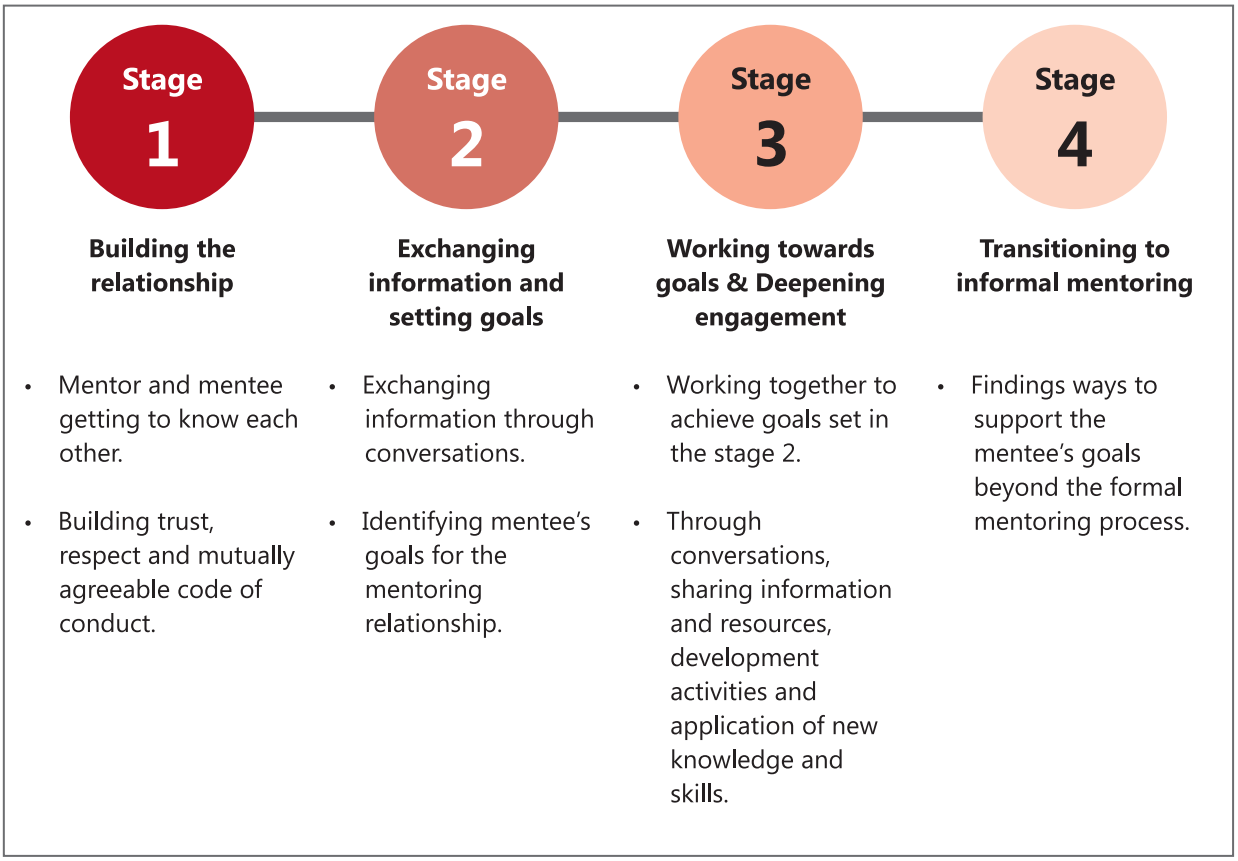


Figure 5- Mentoring relationship - Development stages

[4] *Center for Health Leadership and Practice, Public Health Institute, Oakland, CA. Mentoring Guide: A guide for mentors. Available at: https://www.rackham.umich.edu/downloads/more-mentoring-guide-for-mentors.pdf. Accessed on 22nd May 2024.*

B.1. Characteristics of a good mentor

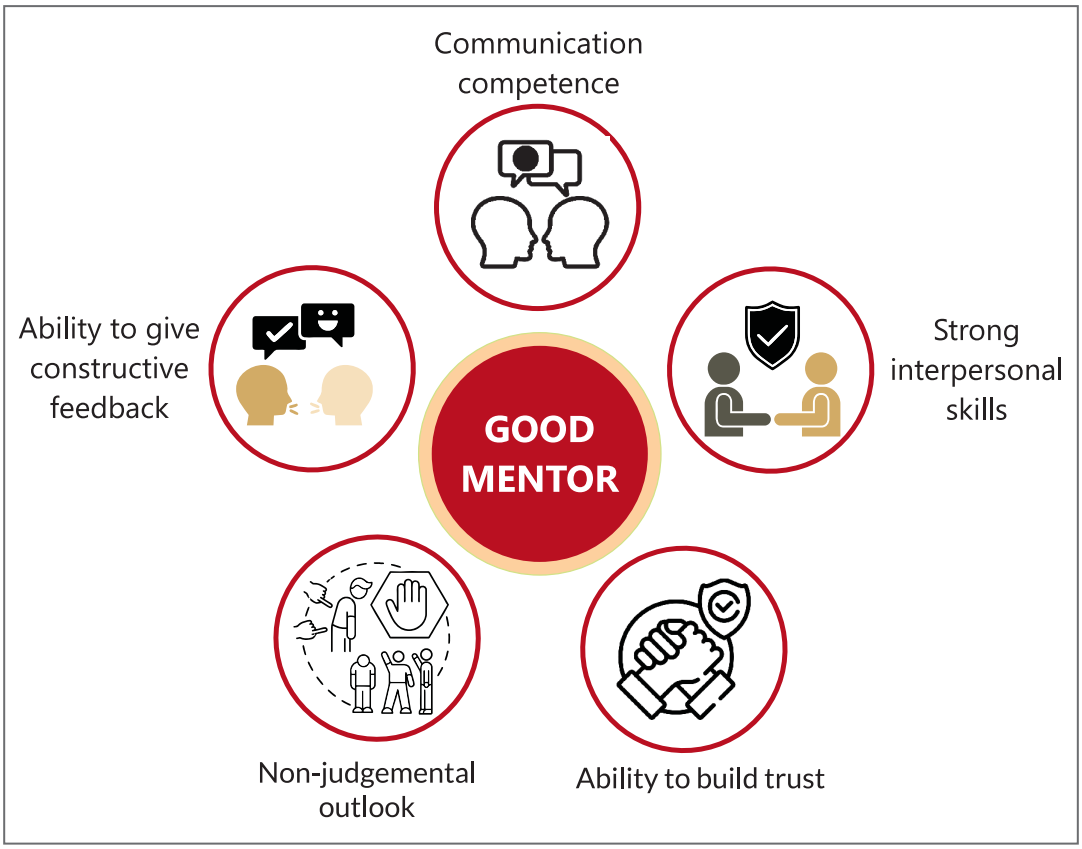


Figure 6- Characteristics of a good mentor

As a good mentor, you should possess the following competencies (*Figure 6*)

1. Communication competence: This requires use of multiple skills such as listening actively, observing non-verbal signs, understanding and adapting tone, voice, volume, pace and language according to your mentees. A few ways to exhibit this is by:
   - Show interest in what your mentees are saying and reflect/ repeat back important aspects of what he or she has said to show that you've understood.
   - Use body language such as making eye contact while speaking/ being spoken to. This shows that you're paying attention to what your mentee/(s) is saying.
   - Reserve discussing your own experiences or giving advice until after your mentee has had a chance to thoroughly explain their issue, question, or concern.

2. Strong interpersonal skills: You must be able to forge strong connections with your mentees.

3. Building trust: It is critical to understand that a core foundation of a strong mentor-mentee relationship is trust. Trust is built over time. You will increase trust by keeping your conversations and other communications with your mentee(s) confidential, being regular at your scheduled meetings and calls, consistently showing interest and support, and by being honest with them.

4. Non-judgemental outlook: A mentor must have the ability to listen to their mentee and withhold judgment. By providing a safe space to communicate and discuss problems, a mentor can help their mentee in various ways that benefit both of them now and in the future.

5. Ability to give constructive feedback: Effectively giving feedback means being able to deliver feedback in a way that is constructive and is received positively.

Here's an example of how to give feedback effectively:

"I noticed that you didn't speak up during the meeting. Would you like to share the reason behind it? Next time, try raising your hand or saying something when you have something to contribute."

C. Operational plan for Team Mentoring Program

- Duration: 12 months.
- Content is divided into modules, spreads across 12 months.
- Each module is further divided into touchpoints.
- A schedule of systematic contacts between the mentor pair and mentee team will be prepared. Each contact is called a "touchpoint".
- The overall intervention will be delivered in a hybrid modality, with in-person and virtual touchpoints as well as group messaging activities through WhatsApp.

Figure 7 below outlines the operational plan to be followed per intervention SHC.

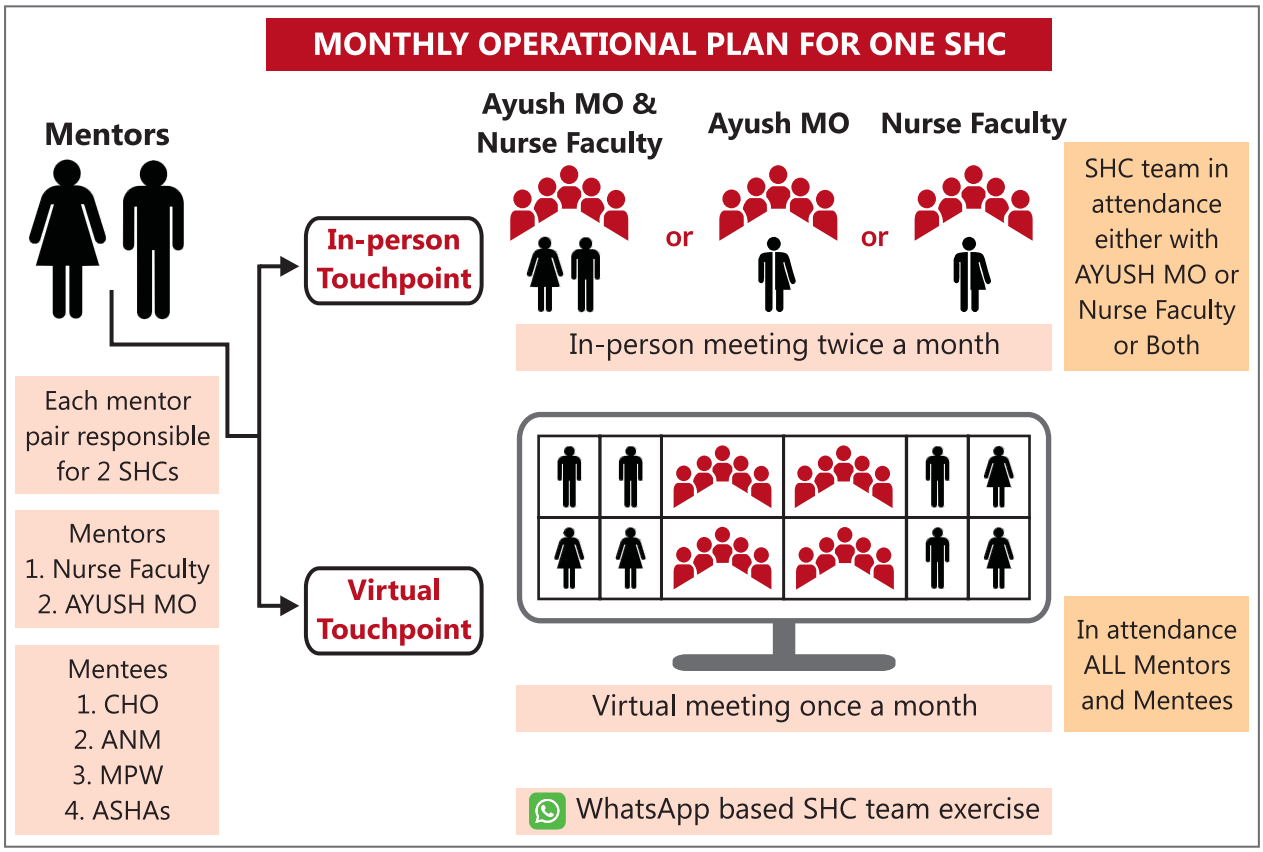


Figure 7- Monthly Operational Plan for one SHC

C.1. Roles and responsibilities

1. As a mentor, your role will be to provide the following to your mentees:

- Guidance
- Advice
- Feedback and support

2. Planning and coordinating the sessions according to the different modalities–in-person, virtual, and on via WhatsApp.
3. Feedback on modules and touchpoints post implementation.
4. Data collection as part of the pilot.

C.2. What should the Mentors and Mentees expect

At the end of this mentoring program the mentors and the mentees should expect the following, as depicted in figures 8, 9, 10 and 11-

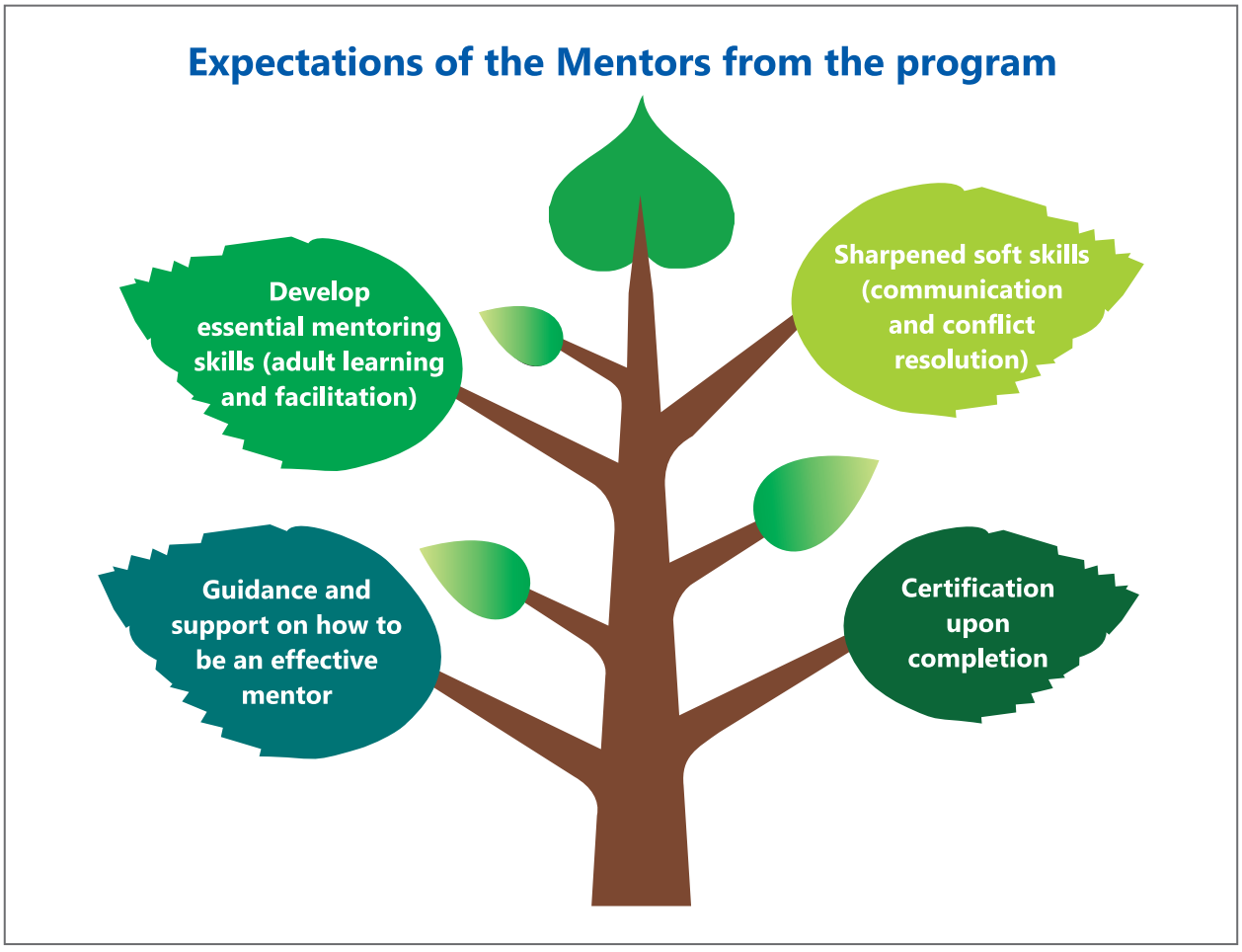


Figure 8- Expectations of the Mentors

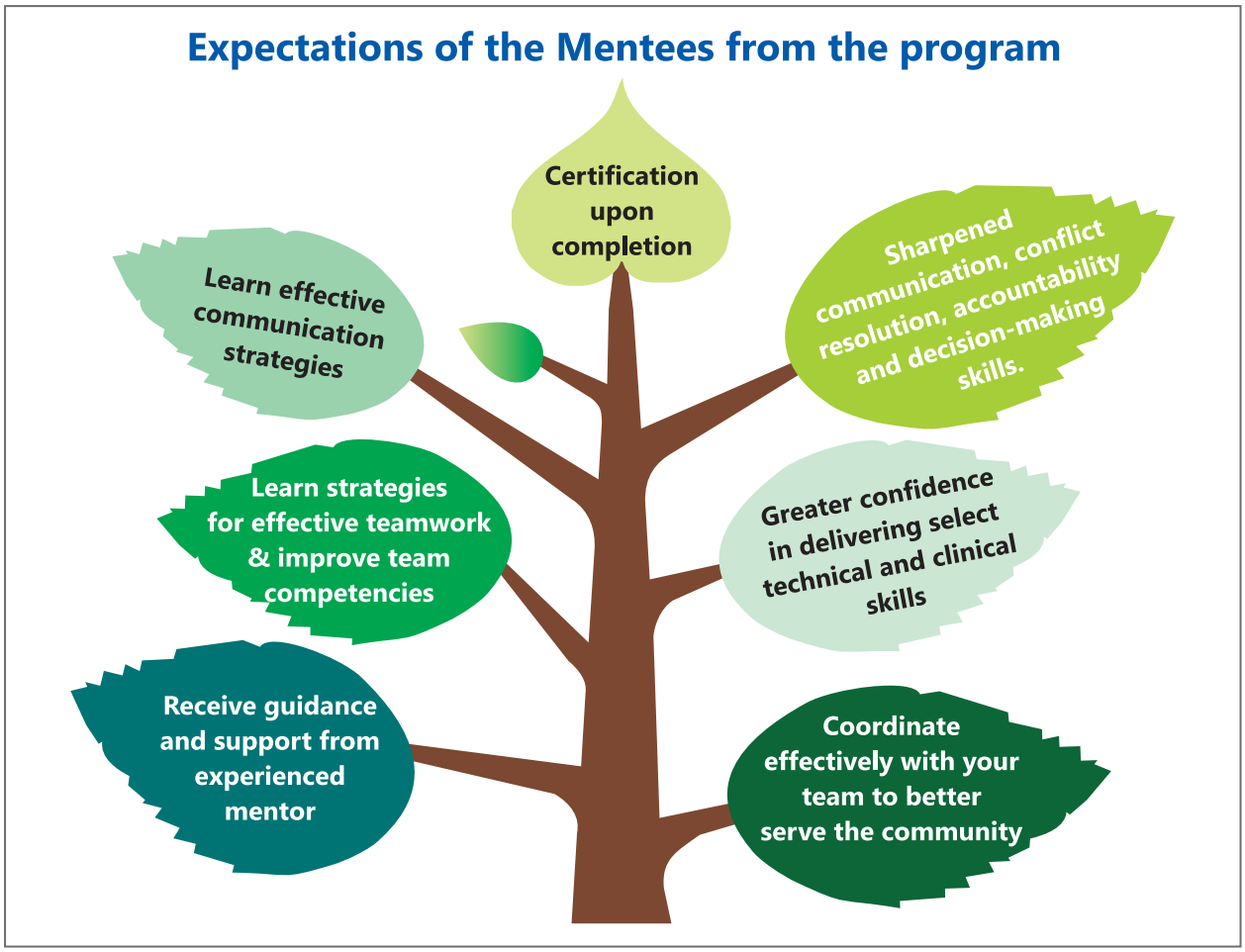


Figure 9- Expectations of the Mentees

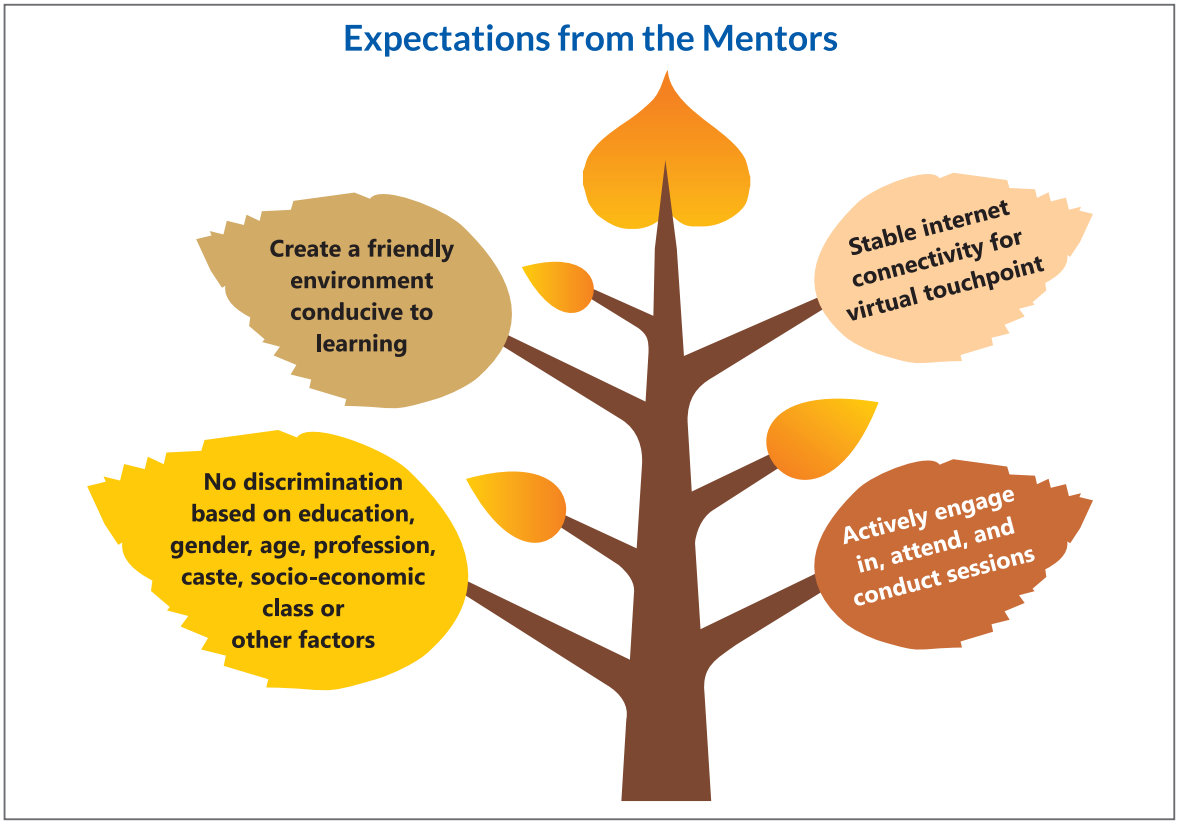


Figure 10- Expectations from the Mentors

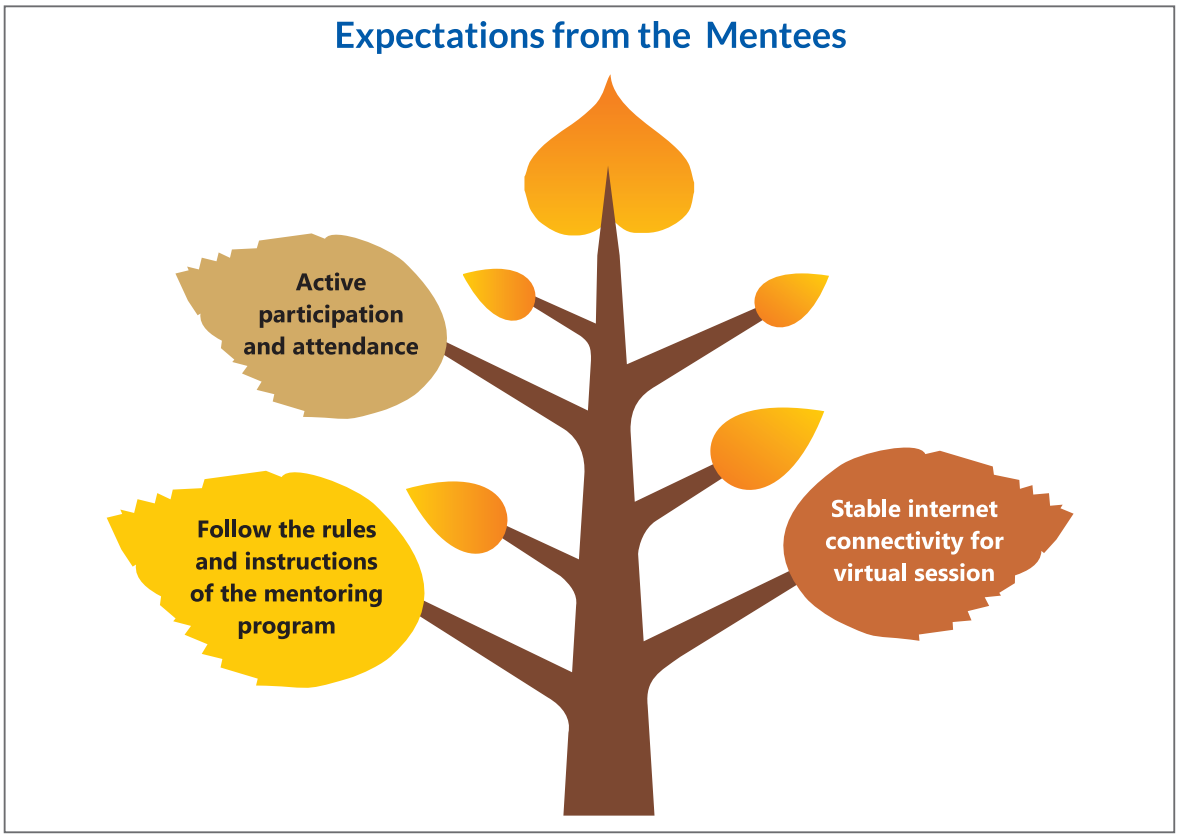


Figure 11- Expectations from the Mentees

C.3. Support to Mentors

During the duration of mentoring program, constant support will be provided to the mentors by their mentor supervisors.

Who is your mentor supervisor?

- District Quality manager
- IIPH-G faculty
- JHU-IPSI senior representative

What is the role of your mentor supervisor?

- All content related queries being faced during the touchpoints.
- Any mentee team related issue (absenteeism, non-compliance etc)
- For any other feedback.

The mentors are required to:

- Attend weekly call with mentor supervisors. The call will be scheduled one day after the touch point.
- Communicate over WhatsApp group with mentor supervisors as required.

Who is the mentor coordinator?

IIPH-G District Mentor Coordinator

What is the role of the mentor coordinator?

- Ensure day to day logistics for the mentoring program.
- Your point of contact for any transport related issue
  - Your transport will be provided, attendance will be ensured by them, monitoring the sessions, facilitating the weekly calls, compiling WhatsApp responses.
- Liaison between you, district authority and the SHC.

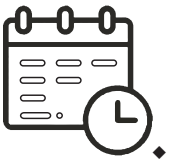
At the end of sessions:

- WhatsApp compiled sheet to be handed over to District coordinator. **(Refer annex 1)**
- Details for each completed touchpoint needs to be communicated over WhatsApp in a prescribed structured format. **(Refer annex 2)**

D. Guidance on Mentoring

Mentoring process can broadly be divided into three phases – Preparation, Conduct, and Post-session. We discuss below specific guidance for the first the three phases of this Mentoring Programme – Preparing for the touchpoint, During the touchpoint and after the touchpoint.

Preparing for the Touchpoint



- **Prior to initiating the mentoring program:** Meet your mentor partner. Mutually discuss and understand each other's role.
- **Planning visits and virtual sessions:** Ensure punctuality for your touchpoints. Along with your mentor partner, plan visits well in advance to your sub-health centres. Share this plan with the sub-health centre teams to ensure full attendance during these planned sessions.
- **Plan and anticipate:** Go through the module wise structure and touchpoints in the mentoring program.
- Think of, anticipate, and discuss challenges that may arise during the touchpoints or the mentoring process, for example, engaging each member of the sub-health centre team, building trust with a mentee that's older.

Example:

- There may be mentee team members who hesitate to speak up or ask questions during sessions. Encourage mentees to actively ask questions during the discussions – As a mentor it is important for you to iterate that. For example, you may say "No question is a stupid question" to make mentees comfortable in asking question.
- Resentment between SHC team members may surface during discussions. You are not expected to take sides. You may have a separate conversation with this person to resolve the issue.
- Existing power dynamics within the team may affect degree of involvement of the members.
- Consider potential solutions to those challenges.
- Be prepared to deal with frustrations, emotional reactions and a range of feelings that may be expressed by the SHC team members; be respectful and considerate of these feelings.
- Materials required during sessions
- Compile all the WhatsApp responses from previous session in advance using the prescribed sheet

During the touchpoint

- **Establish rapport and build trust:** A mentor-mentee dynamic hinges on rapport and trust. As a mentor it is your responsibility to establish trust. You can do this through the following ways:

  - Make the mentees feel comfortable; address them by using their name and with respect.
  - Assure them that you are not conducting an evaluation of their performance but are only there to support and guide them in their work.
  - Encourage them to ask questions about what you do and your goals and experiences.
  - Maintain confidentiality around the issues discussed during the touchpoints.
  - When providing feedback on an exercise, do not find faults; instead ask questions of the mentees as to why certain things happened enabling them to analyse their own performance.

- **Set and follow ground rules for communication:** During in-person touchpoints, sit in a circle to minimize physical and hierarchical barriers to communication. Set ground rules for communication during virtual and in-person touchpoints. Role model these ground rules and encourage all to follow them. These ground rules can include:

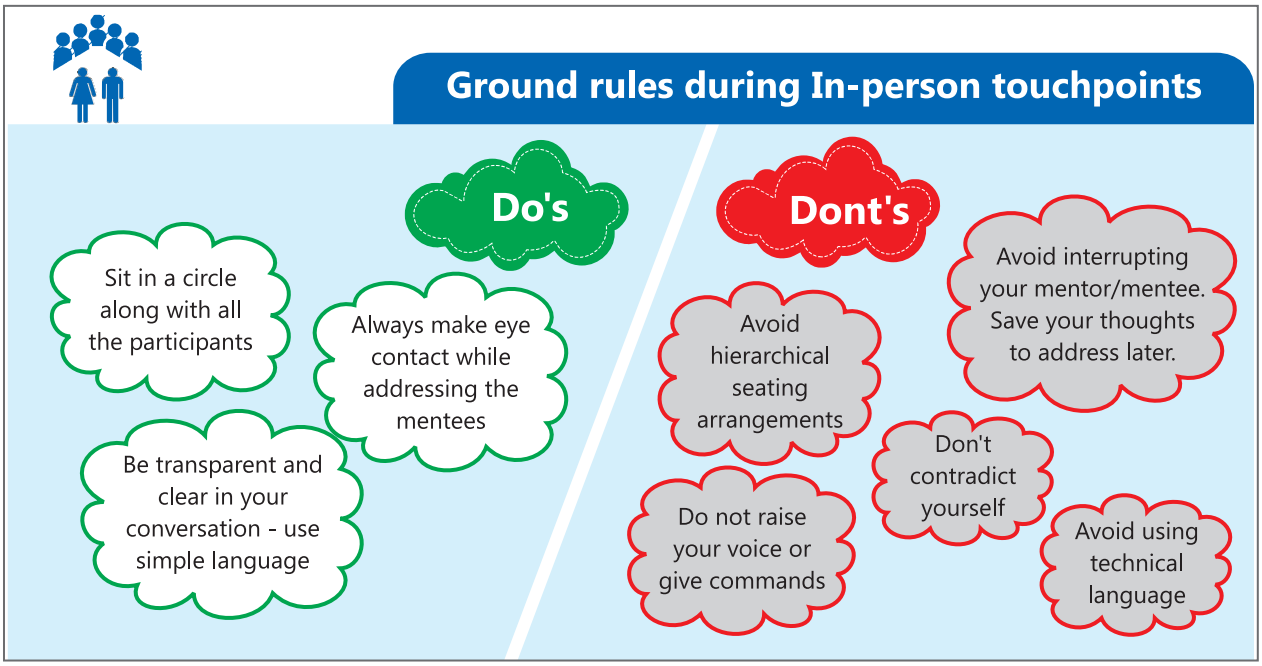
  - Giving everyone an equal chance to speak.
  - Actively listening while someone in the team is speaking and asking questions to deepen understanding. Don't fidget or check your phone. Avoid interruptions when someone is speaking so that the mentee knows they have your full attention
  - Addressing each other respectfully, practicing basic etiquette ("please" and "thank you")
  - Being empathetic and non-judgmental.

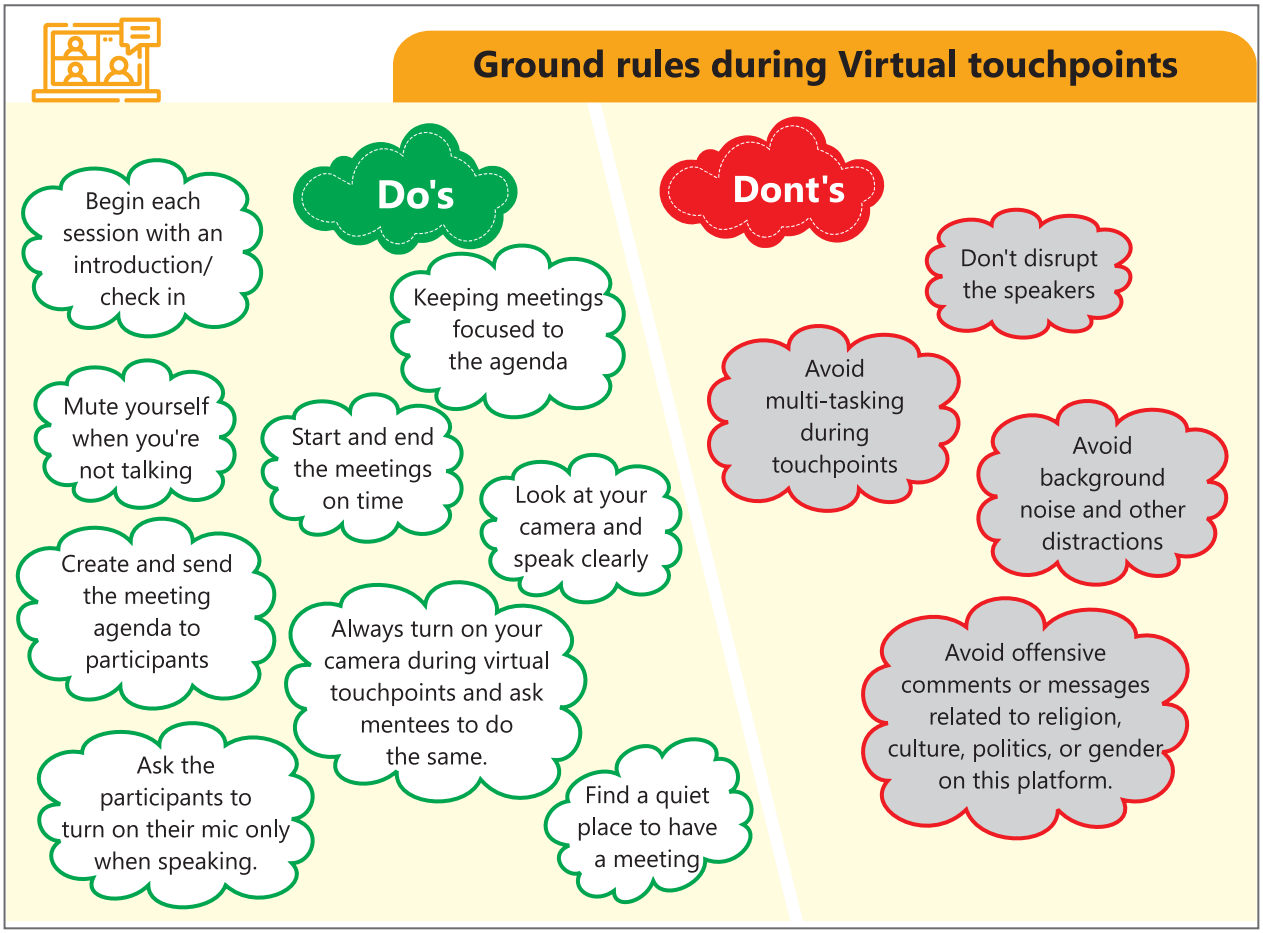
Example:

If a SHC team member raises issues where they may feel disadvantaged - such as personal or friction with the community/ other team members, do not dismiss them. You may try and acknowledge these issues by using language such as "I understand how you feel", "I am sorry you're facing these issues".

  - Being aware of non-verbal communication and body language. Positive non-verbal communication cues like facing each other and maintaining eye contact can provide mentees the confidence to communicate openly and honestly about their concerns and promote trust and rapport.

We discuss in Figure 12, a few ground rules to be followed during In-Person, Virtual and WhatsApp Communication.





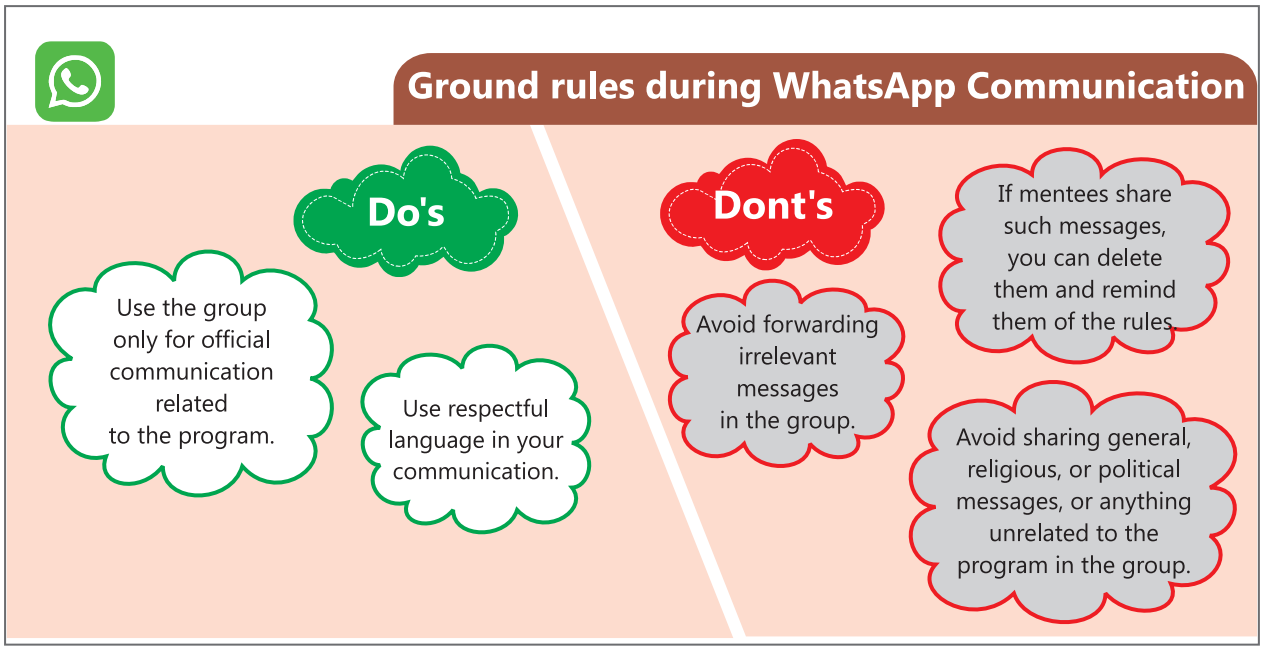
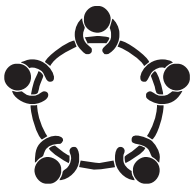


Figure 12- Ground Rules for Communication

These ground rules also apply to communicating with your mentor partner, mentor supervisors, community members and colleagues.

- **Facilitate discussions and decision making:** During the touchpoints, use the following tips to facilitate discussion and decision making among the mentee teams. These tips are geared towards supporting self-directed learning among the mentees. They include:
    - Asking open ended questions that require more than a yes/no response. For example, after a discussion or exercise, ask "what did you learn from this discussion?" as opposed to "did you understand this discussion?".
    - Using stories and examples from your own experience to facilitate discussion.
    - Not speaking to fill the silence. After posing a question, give mentees time to think, reflect and speak.
    - Facilitating cross-learning among mentee team members to enable a practice of learning from each other.
    - Refraining from giving advice or imposing an opinion or view on others unless you are well aware of the context and situation.



- **Discussions in groups**
    - Your role while facilitating discussions in groups is to ensure that the discussion are being conducted in an efficient manner
    - During discussions you are bound to be neutral, that is, to treat all participants and their ideas and opinions with the same respect.
    - To ensure equitable seating, ensure that all the mentees sit in a circle along with you.

- Clearly state the objective of the session.
- During the discussion, ensure that all the participant's ideas have a chance to be heard.
- Ensure the discussion stays on track.

Example:

Whenever someone raises a point that is off track but within your purview as a mentor, you can acknowledge it and tell the person that you will address it later, either in a different session or through another channel. This way, you can avoid getting sidetracked and maintain the flow of the discussion.

- Help the group plan for follow-up - Ensure that next-steps, who is responsible for doing what, and due dates for follow up are clearly established before the meeting ends.

- **Find the mentoring teaching moments:** Connect any new knowledge and skills to lived experiences of the mentees to help them deepen their understanding. The exercises in the mentoring content are suggested activities that can be used to initiate discussions around an idea. Feel free to use daily situations and challenges that the SHC team faces, if deemed appropriate for a topic. Situational learning can be particularly effective in helping mentees address the challenges they face in their day-to-day work.

- **Be encouraging and motivating:** Acknowledge contributions from the mentees, celebrate their progress and performance even though they might be small steps.

- **Focus on the objectives:** During the mentoring program and the touchpoints, emphasize the objectives and focus on them. At the end of a touchpoint, summarize (or ask the mentees to summarize) some of the key discussion points pertaining to the objectives.

- **Be mindful of systems issues that hinder the mentoring process:** Mentees function within a larger health system environment. Health system challenges such as lack of drugs and diagnostics, delayed salaries and conflicting policies can demotivate mentees. Help mentees identify solutions they can control and implement and those that they (or you) can advocate for.

- **Culture and context:** Mentees and their experiences engaging with the health system can differ from yours, as well as vary within the team. While facilitating discussions, it is critical for you as a mentor to identify how culture and context can influence different opinions and experiences, and thus you are expected to engage with empathy.

- **Dealing with uncomfortable situation and scenarios**
  - Be prepared for emotional responses during a workshop. It is important to acknowledge the emotion instead of dismissing or suppressing it. For example: If someone cries, say that it is OK to cry and ask what they would like to do. Some people may want to leave the room, let them do so, and ask them to return when they feel ready. Some people may want to stay, let them do so. Go on with your workshop but do talk to the person alone afterwards about how they are feeling. Be supportive.

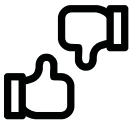
  - There may be instances where there could be silences or no response from the mentees during a session. To fill in these silences, initiate discussion and give examples. You can start with an anecdote or story that is relevant to the topic of discussion. You may plan these conversation starters ahead of time.

After the Touchpoint

Reflect: After each touchpoint, reflect on it individually and with your mentor partner. Attempt to answer the following:

- What went right in the touchpoint?
- What seemed to motivate/ excite the SHC team the most? How do I(/we) leverage it in subsequent touchpoints?
- What could have been improved in the touchpoint? How do I(/we) incorporate this improvement in the subsequent touchpoints?
- How can I coordinate better with my mentor partner?
- What do I(/we) need to get back to the SHC team on? Do I(/we) need to advocate to the district/supervisor for anything on their behalf?

Provide feedback



Provide feedback on the touchpoints and mentoring intervention to your mentor supervisor every week through the established communication structure (cross reference).

Part 2

Mentoring Modules: 1 & 2

Module 1: Understanding Teamwork

Month 1

Month 1 has the following

Touchpoint 1: In-person by both mentors

Touchpoint 2: In-person by Nurse faculty only

At the end of this module, mentees will be able to

- Reflect on what teamwork means to them
- Articulate characteristics of a "good" team
- Understand the stages of team building
- Discuss the processes of moving through the stages of team building
- Reflect on team goals

MONTH 1		
	Time	**Activities**
TOUCHPOINT 1 To be taken by: AYUSH MO and Nurse faculty Modality: In-person Duration: 2 Hours		
Introduction	30 mins	Team Introduction
Ice-Breaker Game	20 mins	Exercise – Scavenger hunt
Guided Tour	30 mins	Guided walk in and around the facility by mentors and mentees
Team Discussion	20 mins	Discussion on teams and homework for WhatsApp
WhatsApp Group work 1	10 mins	Group Activity
Meal/Tea-time	10 mins	
TOUCHPOINT 2 To be taken by: Nurse faculty Modality: In-person Duration: 1-1.5 Hours		
Introduction	30 mins	Recap and Reflection of Touchpoint 1
Understanding Team and Teamwork	30 mins	Mentor led discussions
WhatsApp Group work 2	10 mins	Reflective practice

Touchpoint 1: In-person

(Both mentors to be present for the first in-person session of Module 1 at the SHC)

Duration: 2 hours

Objectives of the session

For the mentor:

1. Learn names and roles of all the staff at the SHC
2. Know layout of the facility and adjoining village
3. Learn the weekly routine of the staff and activities carried out at the SHC and in the community
4. Understand expectations of mentees
5. Appreciate challenges faced while working at SHC

For the mentee:

1. Get to know their mentors
2. Introduction to the 12-month mentoring program and its structure
3. Understand expectations of the mentors
4. Sharing challenges or anything they would like to highlight about their facility and roles
5. Select a name for their SHC team

Items to be given

1. Mentee kits to be handed over
2. Mentoring schedule to be put up at the facility

Summary of activities to be done in 2 hours.

1. Introduction of the team mentoring program
2. Introduction of each of the SHC staff members (mentees) and SHC staff to explain their roles and daily tasks
3. Introduction of the two mentors
4. Tour of the SHC and nearby village

5. Setting expectations from the mentoring pilot and establishing WhatsApp groups (explaining what the teams will achieve at the end of the 1yr mentoring programme, certificate of participation for the completion)
6. Share a meal/ snack together with the team over informal conversation for icebreaking
7. Scavenger hunt exercise.

Preparation for this session

1. Carry all mentee kits with you
2. Carry some small snack to be shared with the mentees
3. Carry the mentoring schedule to be put up at the facility

• • •

Session

A. Introduction (30 Mins)

Instructions

1. Mentors and mentees will first introduce themselves to the mentees.
2. Each SHC staff member will explain their roles and their daily tasks.
3. Mentors will then introduce the team mentoring program.
   a. Explain module themes
   b. Different touch points
   c. Duration for each touchpoint
   d. Role of mentors
   e. Certification at the end of the programme
   f. How the mentoring programme will benefit the team and improve their work
   g. Expectations from mentees (time, internet connectivity, group activity etc.)
4. The SHC team will select a name for themselves.
5. Mentee feedback on the mentoring program if any.

Activities

1. For introductions, each mentee will tell their name, their role in the SHC along with the name of their favourite movie and favourite actor/ actress. Similarly, the mentors will also introduce themselves.
2. Discussion moderated by mentor
3. Using visual aids mentors lay out the 3-month modules; (to be put up at the facility. The name selected by the group can be written on this.)
4. Mentors facilitate discussion on mentoring program on points in #3.
5. Handover the kits for each of the mentees.

B. Ice Breaker Game (20 Mins)

EXERCISE: Scavenger Hunt

Adult Learning Principle used: Team Building

Instructions

First- give the mentees the following activity to perform.

1. You all are one team. Please move in and around this facility and collect the following items.
2. Please collect items starting from the alphabets: EKTA. This means, as a team you should have all collected at least 6 items which start from the alphabets – EKTA
3. You all must do this collectively. You have 15 minutes to do this activity.
4. When you come back, please explain your choices and the process you followed.

Note: The mentors observe the following:

- Did the mentors follow instructions carefully
- Who was organically leading in the group
- Who was disinterested/ disruptive (if any)
- Did they accomplish the task.

C. Guided Tour (30 Mins)

Adult learning principle used: Experiential learning

Instructions

Guided walk around the facility by mentors and mentees:

1. The mentees take the mentors around the facility, show all the aspects of the SHC and including the diagnostic and wellness facilities available.
2. Mentors and mentees take a walk around the adjoining village to understand the layout, meet village elders, meet school teachers/ anganwadi worker at the anganwadi center if time permits. It is not compulsory to walk around the village, but it will help the mentor understand the context.

D. Discussions on Teams and Homework for Whatsapp (20 Mins)

Instructions

Ask the mentees in a group

1. Ask the mentees- 'Do you all feel like a team'?
2. What makes a team? (understand from each member what their understanding of teams is)
3. What are the characteristics of a good team? (probe: respect, team values, team working communication, team outcomes)
4. What are some ways we can show respect to each other?

   Note: Make the effort to include all the staff members in this discussion. Share examples to initiate conversations.

E. WhatsApp Group Work # 1 (10 Mins)

Adult learning principle used: Reflective practice

Instructions

1. The mentors now set up a WhatsApp group of all the SHC team members and themselves.
2. WhatsApp etiquette and housekeeping rules on what communication is to be sent on the group and will be made clear.
3. No comments and messages which are offensive and involve any religious, cultural or political beliefs or in any way comment on people's gender to be made on this platform. This group is only for the purpose of team mentoring and for reflecting on modules as and when the mentors suggest. The responses will be monitored to inform ongoing and upcoming learning activities.
4. Exercise to be done prior to next touch point
5. Mentors to send an alert/ reminder to teams

Each team member reflects on the discussion during the touch point and in the WhatsApp group responds to

"In 2 sentences, share what would you do to improve teamwork at your SHC."

F. Meal/ Tea-Time (10 Mins)

Instructions

Share meal/snack/tea with mentor and mentee and have light informal conversations. Mentor to bring some food to share.

Touchpoint 2: In person by Nurse Faculty

Duration: 1-1.5 hour

Objectives of the session

1. Reflections from last in-person meeting
2. Reinforce understanding of teams

Summary of activities to be done in 2hrs.

1. Recap of touchpoint 1 by mentors.
2. Reflections from mentees from touchpoint 1
3. Discussion of WhatsApp responses using sheet provided.
4. Discussion on understanding of teams
5. WhatsApp group work

Preparation for this session

1. Compile all the WhatsApp responses from previous session in advance of reaching the facility using the sheet given.

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Session

A. Introduction (30 Mins)

Instructions

1. Recap of touchpoint 1 by mentors.
2. Reflections from mentees from touchpoint 1
3. Discussion of WhatsApp responses using sheet provided.
4. Each team member shares what they did in the last week and highlight one positive experience they had in their work.

B. Understanding of Teams (30 Mins)

Adult learning Principle used: Experiential Learning

Instructions

Discussion to be led by mentor:

1. Pros and cons of functioning as a team (probes: can take care of higher OPD load, more home visits, share knowledge, miscommunication among team, hierarchy)
2. Sharing past experiences of both positive and negative team experiences. Ask each person the reason for their responses.
3. Sit in a circle. Each team members share one thing they like about the person sitting to their right and explain with an example. Keep it contextualized to professional setting.
4. Reinforce some of the key discussion points around teams.

C. WhatsApp Group Work # 2 (10 Mins)

Instructions

Prior to next touchpoint: Each team member reflects on the discussion during the touchpoint and in the WhatsApp, group responds to:

"In 2 sentences, share how you can be a better team member."

Reinforce WhatsApp communication guideline.

Module 1: Understanding Teamwork

Month 2

Month 2 has the following

Touchpoint 1: **In-person by AYUSH Medical Officer**

Touchpoint 2: **In-person by Nurse faculty**

Touchpoint 3: **Virtual session to be attended by all**

MONTH 2		
	Time	**Activities**
TOUCHPOINT 1 To be taken by: AYUSH MO Modality: In-person Duration: 1.5-2 Hours		
Recap	15 mins	Recap of and reflection from touchpoint 1
Stock taking	20 mins	Stock taking from previous week
Team building	30 mins	Stages of Team building
Technical/ Clinical skills	30 mins	Listing and prioritizing technical/ clinical skills required
WhatsApp Group Work-3	10 mins	Reflective practice
TOUCHPOINT 2 To be taken by: Nurse faculty Modality: In-person Duration: 1 Hour		
Recap	15 mins	Recap of and Reflections from Touchpoint 1
Team Tracker	45 mins	Introduce Dynamic team trackers
Team member roles	30 mins	Understanding team member roles
WhatsApp Group work 4	10 mins	Reflective practice
Instructions for next session		
TOUCHPOINT 3 To be taken by: All mentors and mentees Modality: Virtual Duration: 1 Hour		
Introduction	5 mins	Introducing the session and speakers
Presentation by District Official	40 mins	SC-HSC team roles and responsibilities
Question and Answer session	15 mins	

Touchpoint 1: In person by AYUSH Medical Officer

Duration: 1.5 -2 hours

Objectives of the session

Understand the different stages of team building

Summary of the activities to be done

1. Recap of touchpoint 2 by mentor
2. Reflections from mentees from touchpoint 2
3. Discussion of WhatsApp responses using sheet provided.
4. Introduction to different stages of team building: 'Forming, Storming, Norming, Performing'
5. Discussion: Contextualizing the stages of team building. What do the stages of team building look like for their own SHC teams?
6. Stock taking from previous week
7. WhatsApp group work

Preparation for this session

1. Compile all the WhatsApp sessions in advance of reaching the facility using sheet provided
2. Carry the poster for stages of team development.

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Session

A. Recap (15 Mins)

Adult learning principle: Reflective practice

Instructions

1. Recap of previous touchpoint by mentors.
2. Reflections from mentees from previous touchpoint
3. Discussion of WhatsApp responses using sheet provided.

B. Stock Taking (20 Mins)

Adult learning principle: Experiential learning

Instructions

Stock taking from previous week

1. Discuss what went well and where the members were stuck.
2. How did they resolve their issues

C. Stages of Team Building (30 Mins)

Adult learning practice: Didactic learning and experiential learning

Instructions

1. Introduction to conceptual framework for stages of team building: 'Forming, Storming, Norming, Performing'.
2. Poster to be used to explain these concepts and put up in the facility.
3. Discussion questions:

- Which stage of team building do you think your team is at.
- Why do you think so?

Activity

Details in the poster shared with the team.

D. Listing and Prioritizing Technical/ Clinical Skills Required (30 Mins)

Instructions

1. The purpose of this session is to identify the felt needs of the mentee team w.r.t. the clinical and technical skills they would like to enhance.
2. Over the next 30 mins, the team should come up with 5 technical/ clinical skills they want to learn as a team. These could be skills related to patient care, facility management, reporting, IT skills, community engagement, data analysis and use and/or anything else related to their daily work.
3. Aim is to incorporate as many of these skills as possible in future touchpoints.

Examples:

Patient care (screening, giving immunization, weighing a baby etc.), facility management (indenting, managing budgets and untied funds etc.), reporting (in portals, on apps, in registers, family folders etc.), IT skills (using a smartphone, opening an app etc.), community engagement (talking to resistant families, dealing with local politicians etc.), data analysis and use (calculating total catchment population and sub-populations, estimating drugs and supplies for next month, estimating supplies for VHND, planning the monthly schedule based on population needs etc.), and/or anything else related to their roles and responsibilities.

E. WhatsApp Group Work # 3 (10 Mins)

Adult learning practice: Reflective practice

Instructions

Prior to next touch point: Each team member reflects during the touchpoint and in the WhatsApp group responds to:

"In 2 sentences, share what stage of team building you think your team is at, and why."

Reinforce WhatsApp communication guideline.

Touchpoint 2: In person by Nurse Faculty

Duration: 1 – 1.5 hour

Objectives of the session

1. Introduction of dynamic team tracker
2. Understanding each other's roles in the team using a role play technique

Summary of the activities to be done

1. Recap of touchpoint 2 by mentor.
2. Reflections from mentees from previous touchpoint 1
3. Discussion of WhatsApp responses using sheet provided.
4. Introducing dynamic team tracker

Preparation for this session

1. Compile all the WhatsApp sessions in advance of reaching the facility
2. Ask the mentee team and district health department on existing training material on identified technical skills. Review these materials prior to scheduling the hands-on skills session to align with existing district SOPs.

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Session

A. Recap (15 Mins)

Instructions

1. Recap of touchpoint 1 by mentors.
2. Reflections from mentees on touchpoint 1
3. Discussion of WhatsApp responses using sheet provided.

B. Introduction to Dynamic Tool Tracker (45 Mins)

Adult Learning method: Reflective practice

Instructions

- **Dynamic team tracker:** (Allows teams to track what stage of team building they are in, note down what each stage looks like for them and processes they will adopt to move from one stage to the next. Perhaps using chart paper and sticky notes)
- **Reflections through group activities on where the teams are:** current state vs desired state

Current State: Where They Are Now- For example - the team may currently be in the **Forming** stage, where they are getting to know each other, understanding the purpose of the team, and figuring out how they fit into the team dynamics.

Desired State: Where They Need to Get To: The team should aim to move through the **Storming** stage into the **Norming** stage. Ultimately, they should reach the **Performing** stage, where they work collaboratively and efficiently towards their goals.

Activity: Group exercise

- On a chart paper, draw out a timeline with forming, storming, norming, and performing written out from left to right.
- Discuss with the teams to understand where they think they are at currently and why.
- Then discuss to reach to the next level, what they need to do as a team to move ahead. Use sticky notes for each team member to write down what they feel and stick it at the relevant part of the timeline. (Probes: terms of reference for each member, goals for the team, mutually agreed upon team guidelines).

C. Understanding Team Member Roles (30 Mins)

Adult learning principle: Reflective practice and experiential learning

Role play instructions to the SHC team on what they are meant to do in the role play.

Instructions

- **Exercise:** The team does a role play where each person in the team plays the role of another team members. For example, the CHO will play the role of an ASHA, the ANM will play the role of MPW and so on. The role play will be for 10-15 minutes where the mentors will act like patients in the SHC and the team has to behave like the 'ideal/ best/ gold standard of an SHC team'.
- **Discuss** with the team how they felt enacting another team members part? (Mentor to facilitate group discussion and learnings)

D. WhatsApp Group Work #4 (10 Mins)

Adult learning principle: Reflective practice

Instructions

Prior to next touch point: Each team member reflects on the discussion during the touchpoint and in the WhatsApp group responds to:

"In 2 sentences, share how you can improve the work of colleagues in your team? (or the person whose role you played)

E. Instructions for Touchpoint 3 (Virtual)

Instructions

For the next session, which will be a virtual session, explain to your SHC teams on how to attend it.

- All ASHAs to come to their respective SHCs to attend the virtual zoom call.
- CHO to ensure working internet and connect to the zoom call 5 minutes before the scheduled time.
- Mentors to send out two reminders to all the teams to join the zoom call.
- IIPH-G coordinator to send the zoom link in advance.

Touchpoint 3 – Virtual

(To be attended by everyone – All the mentors and the mentees)

Duration – 1 hour

Objectives of the session

To understand roles and responsibilities of each of the SHC team members

Preparation for this session

1. Ensure all SHC have the zoom link to join the meeting
2. Ensure all ASHAs are present at the health centre to attend the zoom meeting

Summary of the activities to be done

1. Session to be organized by IIPH Gandhinagar
2. All SHC team mentees and all mentors to attend one session
3. Session to be conducted by Bhavnagar District Health Official

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Session

A. Introduction (5 Mins)

Instructions

To be done by IIPH Gandhinagar

- Introduction to session
- Introduction of speakers

B. Presentation by District Official (45 Mins)

Adult learning principle: Didactic teaching

Instructions

Areas to be covered in the online presentation:

1. Roles and responsibilities of each of the SC-SHC team members as per guidelines.
2. Listing out team roles such as patient care (service coverage, quality of care, knowing their population)
3. Other responsibilities such as talking to community leaders etc.
4. Facility specific roles - facility management (indenting, cleanliness)

Activities

Power point presentation to be made by District Quality Assurance Officer/ District CPHC officer. To be coordinated and arranged by IIPH Gandhinagar.

C. Question and Answer Session (15 Mins)

To be moderated by IIPH Gandhinagar

Module 2: Communicating Effectively within Teams

Month 3 has the following

Touchpoint 1 – In-person by AYUSH MO

Touchpoint 2 – In-person by Nurse Faculty only

Touchpoint 3 – Virtual by AYUSH MO and Nurse Faculty

At the end of this module, mentees will be able to:

- Understand the importance of communication within teams
- Identify dos and don'ts of effective communication strategies
- Understand importance of active listening
- Apply knowledge of communication strategies to develop ground rules for team communication

MONTH 3		
	Time	**Activities**
TOUCHPOINT 1 To be taken by: AYUSH MO Modality: In-person Duration: 2 Hours		
Recap of key messages from module 1	15 mins	
Characteristics of effective communicators	15 mins	Group discussion facilitated by mentor
Importance of communication	15 mins	Group discussion facilitated by mentor
Effective communication strategies	30 mins	Experiential learning group exercise
Wrap up and WhatsApp group work #5	5 mins	Reflective practice
Clinical hands-on skill session: Measuring body temperature and blood pressure	40 mins	Hands on Clinical Session
TOUCHPOINT 2 To be taken by: Nurse Faculty Modality: In-person Duration: 2 Hours		
Recap of touchpoint 1	15 mins	
Introduction to active listening and self-assessment – facilitated by mentor	30 mins	Discussion facilitated by mentor
Team activity: Develop tool 2 – ground rules for communication	45 mins	Experiential learning group exercise facilitated by mentor
Discussion and revision of team tracker	15 mins	Group discussion facilitated by mentor
Wrap up and WhatsApp group work #6	15 mins	Reflective practice
TOUCHPOINT 3 To be taken by: AYUSH MO and Nurse Faculty Modality: Virtual Duration: 1 Hour		
Introduction	5 mins	
Guest lecture	30 mins	Power point presentation
Discussion	25 mins	Discussion moderated by IIPH-G

Touchpoint 1: In-person

(In-person by AYUSH MO)

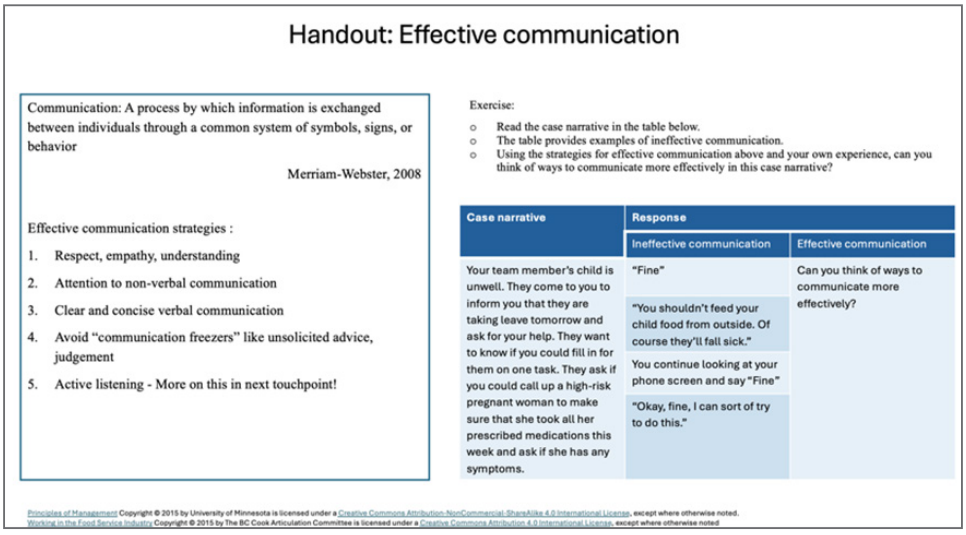
Duration: 2 hours

Objectives of the session

1. To understand the importance of communication within teams
2. To identify dos and don'ts of effective communication strategies

Items to be given

1. Compile all WhatsApp responses prior to the session using the template provided and carry with you
2. Carry 2-3 copies of touchpoint handouts (*Figure 13*) to give to the mentees.



Handout: Effective communication

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior

Merriam-Webster, 2008

Effective communication strategies :

1. Respect, empathy, understanding
2. Attention to non-verbal communication
3. Clear and concise verbal communication
4. Avoid "communication freezers" like unsolicited advice, judgement
5. Active listening - More on this in next touchpoint!

Exercise:

- Read the case narrative in the table below.
- The table provides examples of ineffective communication.
- Using the strategies for effective communication above and your own experience, can you think of ways to communicate more effectively in this case narrative?

Case narrative	Response	
	Ineffective communication	Effective communication
Your team member's child is unwell. They come to you to inform you that they are taking leave tomorrow and ask for your help. They want to know if you could fill in for them on one task. They ask if you could call up a high-risk pregnant woman to make sure that she took all her prescribed medications this week and ask if she has any symptoms.	"Fine"	Can you think of ways to communicate more effectively?
	"You shouldn't feed your child food from outside. Of course they'll fall sick."	
	You continue looking at your phone screen and say "Fine"	
	"Okay, fine, I can sort of try to do this."	

Figure 13- Handout for Effective Communication

Summary of activities to be done in 2 hours.

1. Recap key messages from module 1, mentee reflections on module 1
2. Group discussion on WhatsApp responses using template provided
3. Group discussion on characteristics of effective communicators
4. Discussion on importance of communication
5. Exercise on dos and don'ts of effective communication strategies
6. WhatsApp group work
7. Clinical hands-on skill session

Session

A. Recap (15 Mins)

Adult learning principles used: Adults need to be actively involved in the learning process

Instructions

1. Mentors to recap key messages from module 1
2. Invite reflections, questions from mentees on module 1
3. Discussion of WhatsApp responses using template provided

B. Characteristics of Effective Communicators (15 Mins)

Adult Learning Principle used: Adults need to know why they are learning.

EXERCISE: Group Discussion Facilitated by the Mentor

Instructions

1. This group discussion is aimed at understanding mentee perspectives on importance of communicating within their team and characteristics of effective communicators.
2. There are 2 prompts/ questions that are listed to initiate discussion; mentor will pose these questions one-by-one to the mentees. Feel free to use additional prompts, as appropriate.

Prompts for Discussion

- Imagine you go to your team member to seek advice on how to fill out a form or register correctly. How do you want your team member to communicate to you?
- Imagine you go to your team member to discuss some challenges you faced with households that are not willing to get their children vaccinated. How do you want your team member to respond to you?

C. Importance of Communication (15 Mins)

Adult learning principle used

- Adults' previous experience must be respected and built upon.
- Adults need to be actively involved in the learning process

EXERCISE: Group discussion facilitated by mentor

Instructions

1. Start the group discussion by sharing the definition of communication with the mentees: "a process by which information is exchanged between individuals through a common system of symbols, signs or behavior". (Merriam-Webster, 2008)
2. Ask the mentees the following questions one-by-one:
   - Based on this definition and your experience what comprises communication? (probe: attitude, behavior, words, expressions etc.)
   - Do you think listening is part of communication? Why or why not?
   - Do you think communication within this team is important? Why or why not?
   - Why do you think the team needs to communicate?

D. Effective Communication Strategies (30 Mins)

Adult learning principles used

- Adults are motivated to learn by the need to solve problems.
- Adults need learning approaches that match their background and diversity.

Activity

Experiential learning group exercise to practice effective communication strategies. The group exercise uses a handout and is facilitated by the mentor

Instructions

1. Give the handout (refer to Figure 13) to the mentees (**Annexure A**).
2. Using the handout, discuss effective communication strategies and if the mentees perceive these strategies as important:
   - Respect, empathy, understanding
   - Attention to non-verbal communication
   - Clear, concise verbal communication
   - Avoid "communication freezers" like unsolicited advice and judgement
   - Active listening – to be covered in next touchpoint.
3. Read the exercise instructions on the handout.
4. Read and explain the case narrative.
5. Read and explain the examples of ineffective communication.

6. Ask the mentees to provide example of effective communication using the strategies discussed.
7. Refer to the answer key (Annexure B) for a potential response that utilizes effective communication strategies.
8. Post-exercise discussion: Pose the following discussion questions, for discussion:
   - Are there other strategies for effective communication that you have used?
   - Do you think these strategies for effective communication are used within this team? Why or why not?
   - How do you feel about your own communication skills?

E. Wrap Up And WhatsApp Group Work – 5 (5 Mins)

Adult learning principle used

- Adults' previous experience must be respected and built upon.
- Adults need to be actively involved in the learning process.

Activity

Reflective practice: group chat will allow learners to intentionally think about and analyze their experiences working in teams and how that compares and is similar to topic covered in previous session.

Instructions

Please wrap up this session by:

1. Informing the mentees about the date/time of the next touchpoint and in brief, the plan for it.
2. Informing the mentees about the WhatsApp group work that is due before the next in person touch point. Each mentee reflects on the discussion during the touch point and in the WhatsApp group responds to:

"In 2 sentences, share one thing you want to do to communicate more effectively with your team members."

F. Clinical Hands-On Skill Session: Measuring Body Temperature And Blood Pressure (40 Mins)

Adult learning principle used

Adults need to be actively involved in the learning process.

Activity

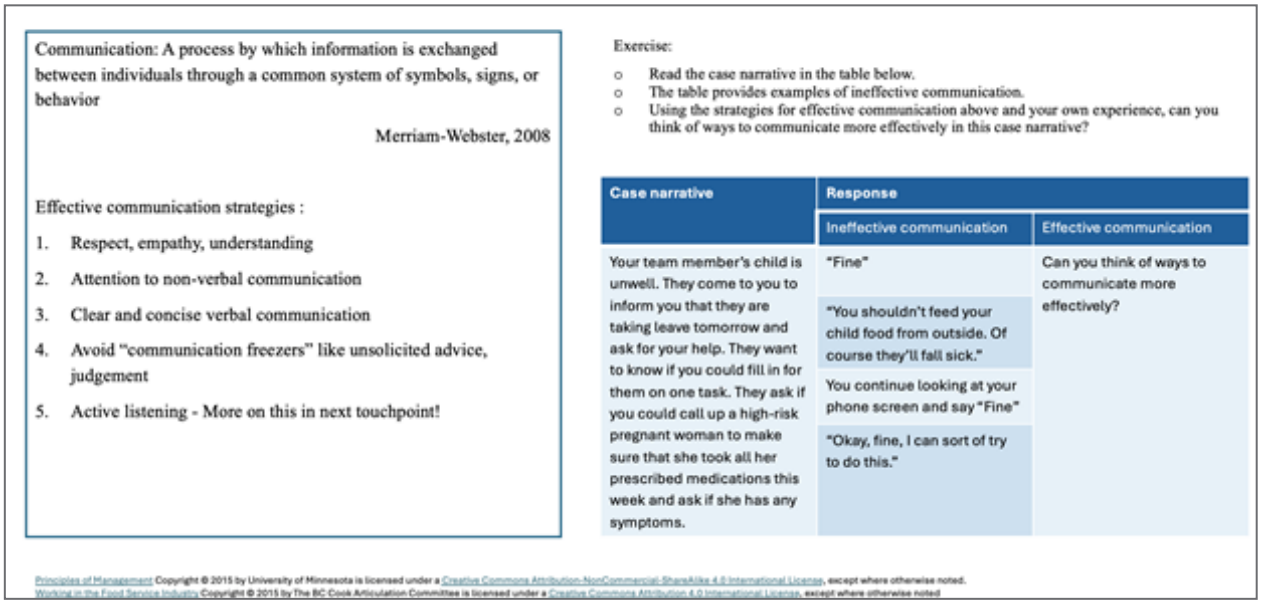
Hands on clinical skill session

Instructions

1. Divide the mentees into pairs
2. Within pairs, ask the mentees to measure each other's body temperature. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed.
3. Mix up the pairs.
4. Within the new pairs, ask the mentees to measure each other's blood pressure. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed.

Annexure A

Handout: Effective Communication



Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior

Merriam-Webster, 2008

Effective communication strategies :

1. Respect, empathy, understanding
2. Attention to non-verbal communication
3. Clear and concise verbal communication
4. Avoid "communication freezers" like unsolicited advice, judgement
5. Active listening - More on this in next touchpoint!

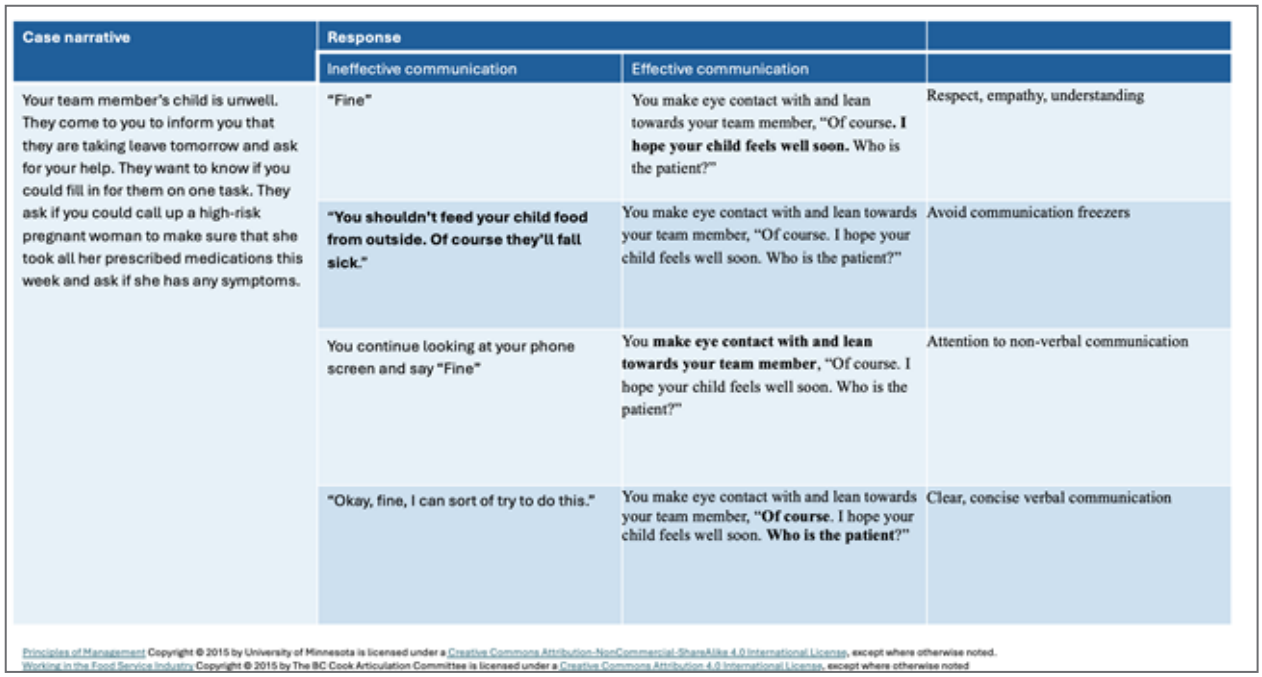
Exercise:

- Read the case narrative in the table below.
- The table provides examples of ineffective communication.
- Using the strategies for effective communication above and your own experience, can you think of ways to communicate more effectively in this case narrative?

Case narrative	Response	
	Ineffective communication	Effective communication
Your team member's child is unwell. They come to you to inform you that they are taking leave tomorrow and ask for your help. They want to know if you could fill in for them on one task. They ask if you could call up a high-risk pregnant woman to make sure that she took all her prescribed medications this week and ask if she has any symptoms.	"Fine"	Can you think of ways to communicate more effectively?
	"You shouldn't feed your child food from outside. Of course they'll fall sick."	
	You continue looking at your phone screen and say "Fine"	
	"Okay, fine, I can sort of try to do this."	

Annexure B

Answer Key: Effective Communication



Case narrative	Response		
	Ineffective communication	Effective communication	
Your team member's child is unwell. They come to you to inform you that they are taking leave tomorrow and ask for your help. They want to know if you could fill in for them on one task. They ask if you could call up a high-risk pregnant woman to make sure that she took all her prescribed medications this week and ask if she has any symptoms.	"Fine"	You make eye contact with and lean towards your team member, "Of course. **I hope your child feels well soon.** Who is the patient?"	Respect, empathy, understanding
	"You shouldn't feed your child food from outside. Of course they'll fall sick."	You make eye contact with and lean towards your team member, "Of course. I hope your child feels well soon. Who is the patient?"	Avoid communication freezers
	You continue looking at your phone screen and say "Fine"	You **make eye contact with and lean towards your team member**, "Of course. I hope your child feels well soon. Who is the patient?"	Attention to non-verbal communication
	"Okay, fine, I can sort of try to do this."	You make eye contact with and lean towards your team member, "**Of course**. I hope your child feels well soon. **Who is the patient**?"	Clear, concise verbal communication

Touchpoint 2: Active Listening

In person: Nurse Faculty

Duration: 2 hours

Objectives of the session

1. To understand importance of active listening
2. To assess own listening style
3. To apply knowledge of communication strategies to develop ground rules for team communication

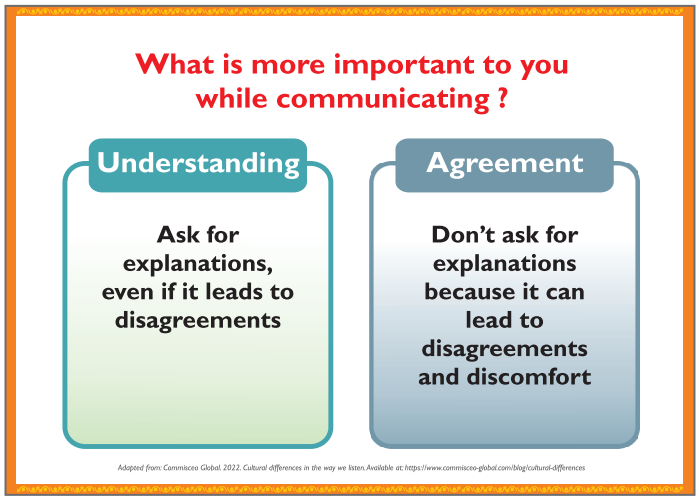
Summary of activities to be done in 2 hours.

1. Recap key messages from touchpoint 1, mentee reflections on touchpoint 1
2. Group discussion on WhatsApp responses using template provided
3. Introduction to active listening
4. Team activity: Developing tool 2 – ground rules for communication
5. Discussion and modifications to team tracker
6. WhatsApp group work

Items required for this session

1. Compile all WhatsApp responses prior to the session using the template provided
2. Carry flipchart on active listening
3. Carry chart paper and pens/markers for group activity

Flipchart for Active Communication



Session

A. Recap (15 Mins)

Adult learning principle used

- Adults need to be actively involved in the learning process.

Instructions

1. Mentors to recap key messages from touchpoint 1
2. Invite reflections, questions from mentees on touchpoint 1
3. Mentors to guide discussion of WhatsApp responses using template provided

B. Introduction to Active Listening (30 Mins)

Adult learning principle used

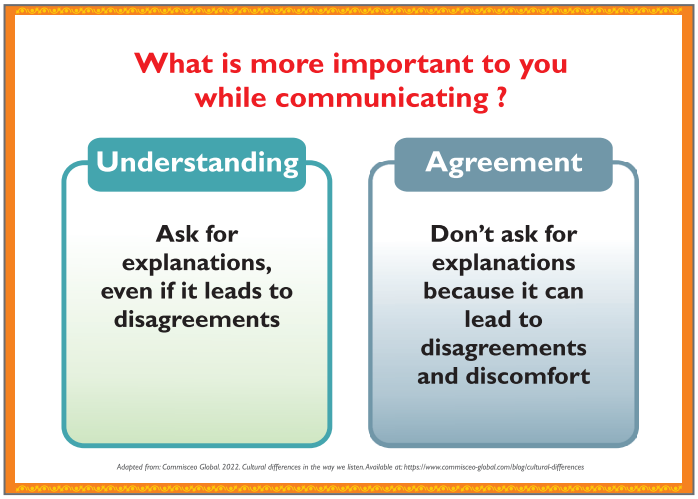
- Adults need to be actively involved in the learning process.
- Adults need learning approaches that match their background and diversity.

Activity

1. Discussion on active listening, facilitated by mentor.
2. Self-assessment of listening style, using a poster. Facilitated by mentor.

Instructions

1. Mentors to introduce active listening using information below:
    - Definition of active listening: 'hearing' the other person, attuning to their feelings and views, demonstrating unbiased acceptance and validation of their experience. (Nelson-Jones, 2014)
    - Active listening is a key strategy in effective communication.
2. Using the flipchart (Annexure C), ask each mentee to reflect on their listening style, using the visual cues. The visual cues present a question. For each question, two extreme response options are presented. Each mentee should respond with a preferred response option.



3. Active listening is characterized by some of the response options taken together.
4. After getting responses on each question, summarize key features of active listening[1,2]:
   a. Pay attention to words being said
   b. Pay attention to non-verbal cues
   c. Reflect and repeat: rephrase what they said in your own words and check with them if you understand them correctly
   d. Encourage them to provide details, ask questions to clarify
   e. Ask open ended questions: what, how, why
   f. Avoid questions with yes/no responses
   g. Verbal, non-verbal affirmations: focus on them, no distractions
   h. Don't provide your opinion or solutions, unless asked
5. Pose the following discussion questions, one by one, to the mentees, prior to closing the discussion on active listening.
   - Do you think active listening is important while communicating within this team?
   - What are some of the situations in which you have used active listening, while communicating with your team members?
   - What are some of the challenges one could face in trying to do active listening?

[1] *Sara Viezzer (2023). Active listening: definition, skills and benefits. Simply psychology. Available at: https://www.simplypsychology.org/active-listening-definition-skills-benefits.html*

[2] *Amy Gallo (2024). What is active listening? Harvard Business Review. Available at: https://hbr.org/2024/01/what-is-active-listening*

C. Team Activity: Develop Tool 2: Ground Rules For Communication (45 Mins – 30 Mins For Exercise, 15 Mins For Presentation)

Adult learning principle

- Adults need to know why they are learning.
- Adults are motivated to learn by the need to solve problems.

Activity

Experiential learning group exercise facilitated by mentor

Instructions

1. In this team activity, provide the team with a chart paper and pens/ markers.
2. Based on the discussions and learnings thus far, the team must develop ground rules for how they will communicate with each other. This is a list of rules that each mentee will commit to follow when communicating with their team member, at the health facility or outside it.
3. The teams will have 30 minutes to do this activity.
4. During the team activity, observe how the team members are communicating with each other, and how they reach consensus on what to include as a ground rule.
5. Refrain from intervening in the team's discussion during the activity.
6. At the end of the activity, the team will present the ground rules to the mentor. This is an opportunity for the mentor to bring up and discuss any observations on how the team was communicating during the exercise.
7. The team should put up the chart paper with the ground rules up on the wall in the health facility, as a reminder.
8. The mentor should refer to these ground rules during all future touchpoints.

D. Discussion And Revision Of Team Tracker (15 Mins)

Adult learning principle:

- Adults need to be actively involved in the learning process.
- Adults need learning approaches that match their background and diversity.

Activity

Group discussion facilitated by mentor

Instructions

1. The mentor may use the following questions during/ after the mentees have presented their ground rules for communication. Ask the questions one-by-one. Feel free to use additional questions, as appropriate.
   - What are the main communication strategies your team has incorporated? Why?
   - Are there any communication strategies that your team did not include? Why?
   - What are the situations in which these communication strategies/ rules can help your team? (e.g., when conflicts arise, we can use these rules to discuss a solution respectfully even though we might be feeling angry; to better coordinate care for a patient; to correct a team member's mistake without being disrespectful etc.)
   - How do you think these communication strategies/ rules can help build empathy and respect within this team?
   - How do you think these communication strategies/ rules can help this team in its work?
2. Look at the team tracker developed last month. Do you think adopting these ground rules for team communication changes anything in the team tracker? – If no, why? If yes, how, and please make the change in the tracker.

E. Wrap Up and WhatsApp Group Work – 6 (15 Mins)

Adult learning principle

- Adults' previous experience must be respected and built upon.
- Adults need to be actively involved in the learning process.

Activity

Reflective practice: group chat will allow learners to intentionally think about and analyze their experiences from working in teams and how that compares and is similar to topic covered in previous session.

Instructions

Please wrap up this session by

1. Informing the mentees about the date/time of the next touchpoint and in brief, the plan for it.
2. Informing the mentees about the WhatsApp group work that is due before the next in person touch point. Each mentee reflects on the discussion during the touch point and in the WhatsApp group responds to:

"In 2 sentences, share how you plan to incorporate active listening when communicating with your team members."

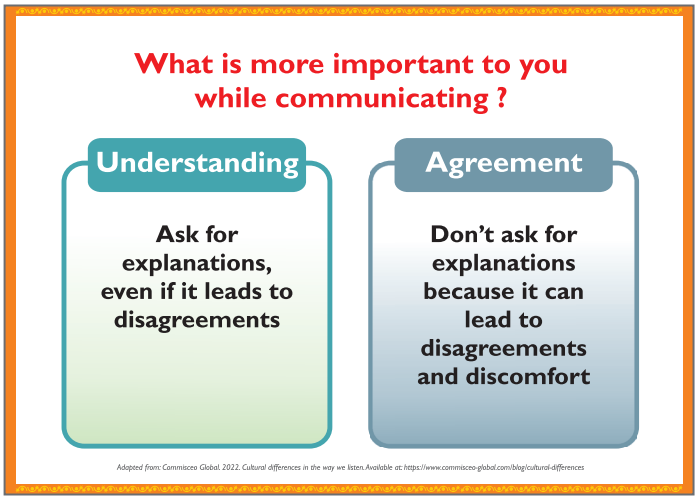
Annexure C

Flipchart for active listening[3]

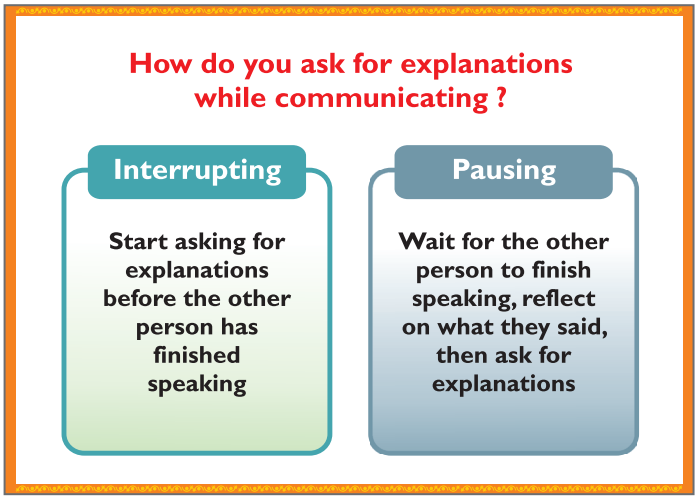
Instructions

- I want to ask you a few questions about how you communicate with your team members.
- Each page of this flipchart, contains one visual cue for a question.
- For each question, I will give you two options to choose from. These are 2 extreme response options to the questions.
- Each of you should pick which extreme response you tend to prefer, while communicating.
- There are no right or wrong answers!

What is more important to you while communicating?

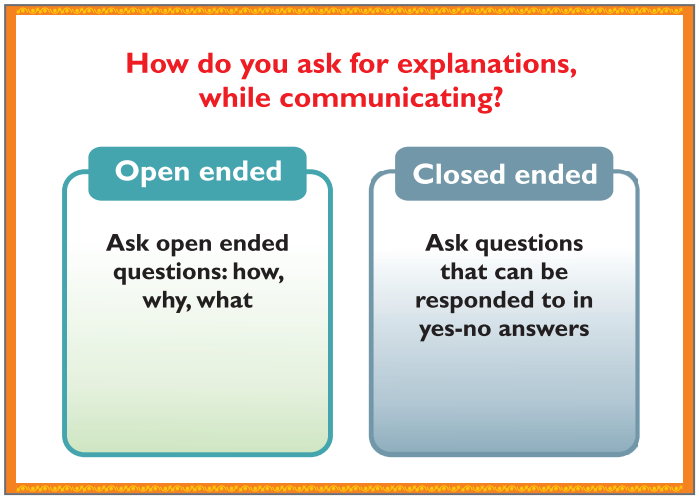


How do you ask for explanations while communicating?

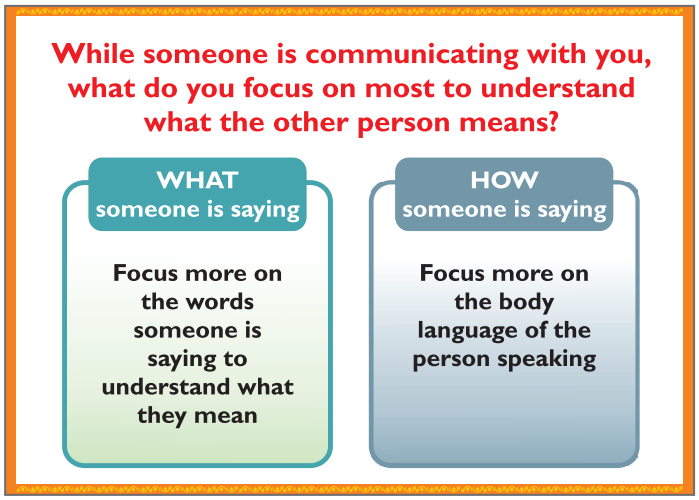


[3] *Adapted from: Commisceo Global. 2022. Cultural differences in the way we listen. Available at: https://www.commisceo-global.com/blog/cultural-differences*

How do you ask for explanations, while communicating?



While someone is communicating with you, what do you focus on most to understand what the other person means?



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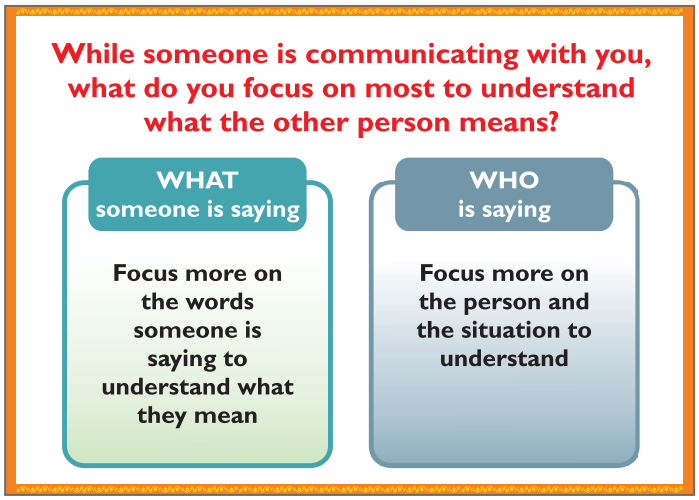

Touchpoint 3 – Using Untied Funds

Virtual - AYUSH MO and Nurse Faculty

Duration: 1 hour

Objectives of the session

To understand purpose and optimal use of untied funds

Summary of the activities to be done in 1 hour

1. Introduction to the session and its importance
2. Guest lecture on untied funds by a district expert
3. Wrap up and discussion

Items required for this session

Slides for session

Preparation for this session

1. Ensure all SHCs have the Zoom link to join the meeting
2. Ensure all ASHAs are present at the health center to attend the Zoom meeting

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Session

A. Introduction (5 Mins)

Instructions

1. Introduction to the topic and the guest speaker by IIPH-G

B. Guest Lecture (30 Mins)

Adult learning principle

Adults' previous experience must be respected and built upon.

Activity

Power point presentation by guest speaker

Instructions

Topics to be covered

1. Types of untied funds available to SHC teams
2. Purpose of untied funds
3. How to optimally utilize untied funds
4. Procedures involved

C. Discussion (25 Mins)

Activity

Discussion moderated by IIPH-G

Instructions

Q&A and discussion

Part 3

Resource for Mentors

Annexure 1

Template for compiling WhatsApp group work messages

Instructions: This template is to be used by mentors to compile WhatsApp group work messages. The mentors will compile these messages at the end of each WhatsApp group work. Mentors will then use this completed template to discuss responses with each mentee team during the following touchpoint. It is recommended that mentors carry a copy of this completed template, to discuss the responses with the mentees. Please hand these over to the mentoring coordinator after the discussion is over.

Module number_____

Touchpoint number_____

Question for WhatsApp group work: _____

Date of discussion with mentees: _____

Responses received on WhatsApp group work (please copy and paste the list of responses):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.

Main takeaways based on responses received (maximum 5). These takeaways could be common thoughts expressed by the mentees on the topic, challenges identified by them as it relates to their work, actions identified by them that they plan to adopt etc.

1.
2.
3.

Annexure 2

Details of touchpoint after every visit

Name of facility	Touchpoint details (1 or 2)	Time of Reaching	Time of leaving	Mentees absent (mention designation)

Activity Resource Guide

1. Icebreakers and Energizers

Icebreaker options

- **Line Up:** Participants are asked to line up in order based on certain criteria (e.g., birth month, height) without talking. They must use non-verbal communication to organize themselves, enhancing collaboration and problem-solving skills.
- **Introducing yourself in an easy way:** Typically, one introduces themselves through their name, background, location, etc. However, the facilitator can make it fun by asking for three adjectives to describe themselves.
- **Storytelling activity:** Divide the team into 2 groups . Assign each group four photos (can be the same set of four photos or different). Let them brainstorm for five minutes in their groups. The groups will create their narrative that uses those photos to create a story. After five minutes of discussion among themselves, one person describes the story to everyone.

Energizer options

- **One word at a time:** Participants stand in a circle and tell a story, with each person only contributing one word. (This can be modelled in pairs before inviting the whole group).
- **What is this object?** There are many ways this can be done. You can use an unfamiliar object (e.g., something random from your house) or a familiar object (like a dupatta) and have participants go around the room stating a potential use of the object. Encourage creativity! For example, with a dupatta, you could brainstorm either different ways to wear it (e.g., on your head, as a belt) OR describe different ways you could use it (e.g., to sling a broken arm, as a small blanket) No repeat answers!
- **Making rain:** Ask participants to form circle. Tell participants to follow the motions* performed by the facilitator. Tell them that each person will follow that motion as you go around a circle clockwise. Remind participants to begin the new motion after the person to their right has begun. For example, the pattern should be like the "wave" at a cricket game. The trainer should continue the motion until every person in the circle is doing it. Once this happens, the trainer should initiate the next motion. Continuous motion will produce a sound like a thunderstorm. Repeat the cycle a few times to produce the sound. Once the trainer has decided the energizer should end, she should just place her hands at her sides. This motion should travel around the circle, just as the other motions did and allow the "thunderstorm" to fade away.

* The motions are
  - Put palms together and rub hands together back and forth
  - Click fingers
  - Use hands to slap the top of thighs/ upper arms
  - Stomp feet
- I am a Tree: Participants form a circle. Facilitator stands in the middle and says, "I am the tree" and poses as a tree. Someone from the outer circle volunteers to come into the circle and state their relationship to the tree, also striking a pose. Then, facilitator leaves and a second person comes in to state their relationship to the new object.
  - Example:
    - Person A: "I am the tree" (stands with arms branched out)
    - Person B enters circle: "I am the sun that is shining on the tree" (stands with arms in a circle over their head)
    - Person A exits circle
    - Person C enters circle: "And I am the flower that is being warmed by the sun." (frames their face)
    - Person B exits circle
    - Person D enters circle: "I am a bumblebee that is drinking the nectar from the flower" (walks around in circles buzzing)

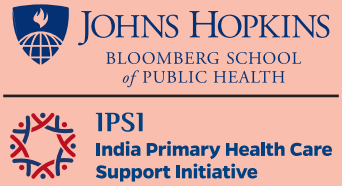
Recap options

- **Ball toss:** Explain that you will throw the ball to someone within the circle. When that person catches the ball, he or she should mention a key message or concept heard during a previous session. Once he or she has made a statement, he or she should toss the ball to another person within the circle.

2. Learning Activities

- **Role-playing:** Role-playing allows SHC team to practice and refine their communication and problem-solving skills in a safe environment. They can act out scenarios they might encounter in the field, such as conducting health assessments or counselling patients.
- **Case studies:** Using real or hypothetical case studies, SHC team can analyse and discuss complex health issues and potential solutions. This method encourages critical thinking and problem-solving.
- **Group discussions:** Facilitate group discussions where SHC team can share their experiences, ask questions, and learn from each other. This promotes peer learning and collaboration.

- **Storytelling:** Encourage SHC team to share personal stories and experiences related to their work. Storytelling can be a powerful way to convey important messages and lessons.
- **Games and simulations:** Interactive games and simulations can make learning fun while reinforcing key concepts. For example, a card game could be designed to teach about disease prevention and treatment.
- **Field visits:** Organize field visits to healthcare facilities or communities where CHWs can observe best practices in action and learn from experienced practitioners.
- **Problem-solving exercises:** Present SHC team with real-world problems and challenges they might face in their work. Encourage them to brainstorm solutions and work together to find answers.
- **Visual aids and multimedia:** Use visual aids, videos, and other multimedia resources to complement traditional teaching methods. Visual materials can help convey complex information more effectively.
- **Small-group activities:** Break SHC team into small groups for activities like case discussions, group projects, or role-playing exercises. Small groups foster interaction and active participation.
- **Peer teaching:** Assign SHC team to teach specific topics or skills to their peers. Teaching others is a powerful way to reinforce one's own understanding of a subject.
- **Reflective journaling:** Encourage CHWs to keep reflective journals where they can record their thoughts, experiences, and observations. This can help them process their learning and identify areas for improvement.
- **Problem-based learning (PBL):** PBL involves presenting SHC team with real-world problems and guiding them through the process of researching and solving these problems. It promotes independent learning and problem-solving skills.
- **Participatory workshops:** Conduct workshops that involve SHC team in the planning, organization, and facilitation of training sessions. This empowers them to take ownership of their learning.
- **Community involvement:** Engage the community in the training process by involving them in discussions, demonstrations, and health education sessions led by SHC team . This helps build trust and reinforces the SHC team's role in the community.
- **Continuous feedback and evaluation:** Regularly assess SHC team's progress and understanding through quizzes, group discussions, and practical assessments. Provide constructive feedback to guide their learning.
- **Rivers of Life (similar to journey mapping):** This method helps to assess and communicate personal experiences and facilitate group dialogue to generate reflections on experiences, enablers, influences, barriers and challenges.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