Government of Meghalaya
Health and Family Welfare Department

Coaching
Primary Health Teams

Facilitator Guidebook for Coaches

Modules 6, 7, & 8

INDIAN INSTITUTE of PUBLIC HEALTH
SHILLONG
ESTABLISHED BY GOVT. OF MEGHALAYA AND PHFI

JOHNS HOPKINS
BLOOMBERG SCHOOL of PUBLIC HEALTH

India Primary Health Care Support Initiative

Coaching
Primary Health Teams

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Content

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List of Abbreviations

ANC	Ante Natal Check-up
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi workers
AYUSH	Ayurveda Unani Siddha Homeopathy
CHO	Community Health Officer
FHS	Female Health Supervisor
HWC	Health & Wellness centre
HWC	Sub-Health Centre
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti
MLHP	Mid-Level Health Provider
MO	Medical Officer
MPW	Multi-Purpose Worker
NCD	Non-Communicable Diseases
PHC	Primary Health Centre
VHC	Village Health Council
VHND	Village Health and Nutrition Day

Module 6

Team Performance

Module 6: Team performance

Module 6 has the following

Touchpoint 1 – In person by both the coaches

Touchpoint 2 – In person by both the coaches

Touchpoint 3- Virtual Session (To be attended by all)

Module objectives

At the end of the module, HWC team (MLHP, ANM, ASHA) will be able to:

1. Understand team performance
2. Assess your own team's performance
3. Identify performance gaps

Module 6		
Month 6		
	Time	**Activities**
TOUCHPOINT 1 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hrs 15 mins**		
Recap and Reflection exercise discussion	15 mins	Recapping the previous module and discussing reflection responses
Individual vs team performance	40 mins	Individual activity
Understanding numerators, denominators, and proportions	30 mins	Individual activity
Reflection exercise	10 mins	Reflective practice
Clinical skill session	30 mins	Sputum collection
TOUCHPOINT 2 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hrs 10 mins**		
Recap and Reflection exercise discussion	15 mins	Recapping the previous touchpoint and discussing reflection responses
Understanding team performance indicators – ANC review	30 mins	Group activity
Identifying gaps in team performance	50 mins	Group activity
Reflection exercise	5 mins	Individual activity
Clinical skill session	30 mins	Measuring blood glucose
TOUCHPOINT 3 **Who: Expert-led session** **Modality: Virtual** **Duration: 1 hour**		

Touchpoint 1
In-person by both the coaches

Duration: 2 hours 15 mins

Objectives

At the end of the module, HWC team (MLHP, ANM, ASHA) will be able to:
Understand team performance

Summary of activities to be done

1. Recap and reflection activity
2. Individual vs team performance
3. Understanding numerator, denominator, and proportions
4. Reflection question
5. Clinical skill session

Preparation for the session

1. Post-its
2. Chart paper, markers
3. Immunization scenario - Activity sheet
4. Handout 2: Data sheet format (empty sheet)

Coaches to observe

1. Do you feel that this team is performing well in achieving its targets/ task performance?
2. How does the team assess its performance?
3. Where does the team feel it performs well, and what conditions or practices are enabling this?

Session

A. Recap and reflection exercise discussion (15 mins)

1. Recap of previous touchpoint by the coaches.
2. Reflections from the HWC team on the previous touchpoints.
3. Discuss and clarify any questions that team members have from the previous touchpoint.
4. Discussion on reflection responses.

   Instruction for the Coaches:

   1. Ask each team member to say aloud their responses.
   2. Facilitate a discussion on these responses

B. Individual vs Team performance (40 minutes)

Step 1: Open the session with the following example:

In a football match,

English

- The number of goals scored by a player captures his individual performance.
- Similarly, the number of goals saved by the goalkeeper highlights his individual performance.
- However, when the team wins (or loses), it reflects the team's performance.
- Similarly, the total number of goals scored by the team reflects the team's performance.

Garo

- Footbal kalo saksa ni baita goal chipa uara uni saksani performance/saksani name kalaniko ko mesoka.
- Ua apsan dake, baita goal goalkeeper chamchanga uaban uani saksani performance/saksani nam.e kalaniko ko mesoka.
- Indioba, jensalo team che.a (ba ama cha.a), uara team gimikni performance/ name kalaniko mesoka.
- Ua apsan dake, baita goal chipa uara team gimikni performance/kalaniko ko mesoka.

Coach to ask their team –

English

A. Which major tasks in your work require you to work individually? (For example: Filling CBAC form, measuring blood pressure, conducting ANC check-ups).

B. Which tasks do you do as a team? For examples organising Mamta sessions, undertaking the NCD screening, ABHA ID generation, etc.

Garo

A. Na.songni kamo maidakgipa nangchomotgipa kamko saksan kana nang.a? (Jekai: CBAC form gapatns, BP check kana, ANC check-up ko ong.atna)

B. Mai kamko na.song team dake ka.a? (Jekai: Mamta session ko ong.atna, NCD screening ko rana, ABHA ID ko tarina)

Step 2: Coaches will ask their teams to reflect on their individual performance. Hand out 2 sticky notes to each team member.

A. On one sticky note, ask each HWC team member to answer the following:

1. "What is one activity in your work that you, as an individual, performed well?" For example – As an ASHA, what is one task that you performed well? As an ANM, what is one task that you performed well? etc.

   Na.songni kam ka.anio mingsa activity jekon na.a saksan ka.a ba name daka uara maia? (Garo)

2. How do you know you performed it well? For example – Incentives, targets achieved, feedback from direct supervisor, outcomes are good etc.

   Once everyone has written their responses, coaches will arrange all the sticky notes in front of everyone. Based on the responses, the coach will then –

   - Summarise the examples provided.
   - For each example, ask the respondent – "What is helping you perform well?" Use the following probes:

English

1. What support are you receiving that makes this easier
2. Support from the facility, block or district
3. Skills and knowledge to perform the task well

Garo

1. Maidakgipa dakchakaniko man.e na uako altu.e chena ba am.na am.a?
2. Sub-centre ni, block ba district-niko dakchakaniko man.a
3. Changa sapani aro bida dong.e nae kamko kana man.aha

B. On the second sticky note, ask each team member to answer the following:

1. "In your job at the HWC, give an example of a time where your HWC TEAM performed well".
2. How did the team know that it performed well? (example: for team performance, responses might look like team-based incentives, targets achieved, feedback from supervisors, etc.)

   Once everyone has written their responses, coaches will arrange all the sticky notes in front of everyone. Based on the responses, the coach will then

   - Summarise the examples provided.
   - For each example, ask the respondents what is helping the team perform. Use the following probes –

Garo

1. Clarity in roles and responsibility
2. How is teamwork contributing to this performance?
3. What motivates the team in this area?
4. Support from facility, block, or district

English

1. Name srange an.tangtangni dakna nanggipa kamrangko ma.sie ra.ani.
2. Maidake apsan team gimik kam ka.aniara kam ka.anio dakchakani ong.a?
3. Maidakgipa didiani ia teamko kam kana dakchaka?
4. Sub-centre ni, block ba district-niko dakchakaniko man.a

Discussion: Ask the team members the following questions to encourage discussion:

English

a. Which do you think is more important: individual performance or team performance?

Garo

a. Nang.na badia gamchatbata: saksan kam ka.anima team gimik kam ka.ani?

C. Understanding numerator, denominator, and proportions (40 minutes)

Note for the coaches: This activity explains the concept of numerator, denominator, and proportion (percentages). We will be using these concepts throughout this module.

Coaches to start with the following example:

English

Consider that in school exams, your child scored 35 out of 50 in the maths exam. This means that out of the maximum possible 50 marks, the child has obtained 35 marks. Here, 35 is the numerator, and 50 is the denominator. This is a fraction. The number above the (-) is what you have achieved (numerator), the number below is what the target is (denominator). Multiplying this fraction by 100 gives 70% (35/50 × 100).

Garo

Chanchipe skul ni porika-o, nang.ni bi.sa maths subjecto 50 marks niko 35 ko man. aha.

Uni miksongara batbegipa 50 marks ko man.a man.chim, ia bi.sa 35 marks ko man. aha. Iano 35-ara numerator aro 50-de denominator. Ian fraction ong.a.

Je number an line ni kosako dong.a ua number an nang.ni man.gipa ong.a jekon achieved ba numerator ine agana. Je number an line ka.mao dong.a ua numberko target ba denominator ba man.a nanggipa number ine agana. Ia fraction-ko 100 chi chandimgenchim ong.ode uara 70% ong.gen (35/100x100).

Now,

1. Divide the HWC teams into 2 groups. Hand out one scenario to each. (Coaches to ensure that the groups have a mix of core team and other cadres)
2. Present the scenario and explain the activity to both groups:

   English

   There are two villages, A and B, as given in the handout (Figure 1).

   In both scenarios, each circle represents a child, eligible for vaccination. Each red circle represents a child who is fully vaccinated.

   Garo

   Iano na.songna lekka on.gipao songgni dong.a, song A aro B (Figure 1).

   Minggni on, circile ba saldulaniko nikgen uara bi.sarangko miksong.a jean biji suna nanggiparang. Gitchakgipa de bi.sa jean biji gimiko su.manaha uko miksonga.

3. Ask the teams to count and write the following, in the space provided:

   English

   Step 1: The target population: The total number of children eligible for vaccination.

   Step 2: The achieved number: The total number of fully vaccinated children

   Step 3: The percentage: Write the "achieved" number over the "target" number as a fraction and then multiply by 100

   Garo

   Step 1: Target population ba biji su.na nanggipa bi.sarang: Chu.gimik bi.sarang jean biji sun.a man.gen.

   Step 2: Biji su.mangimin bi.sarang: Chugimik bi.sarang jean biji su.manaha.

   Step 3: Percentage: Biji su.mangimin bi.sarangni numberko se.e jatchio line sale line ni kamao biji su.na nanggipa gimikni bi.sarangni numberko sebo aro uko 100 chi chandimbo.

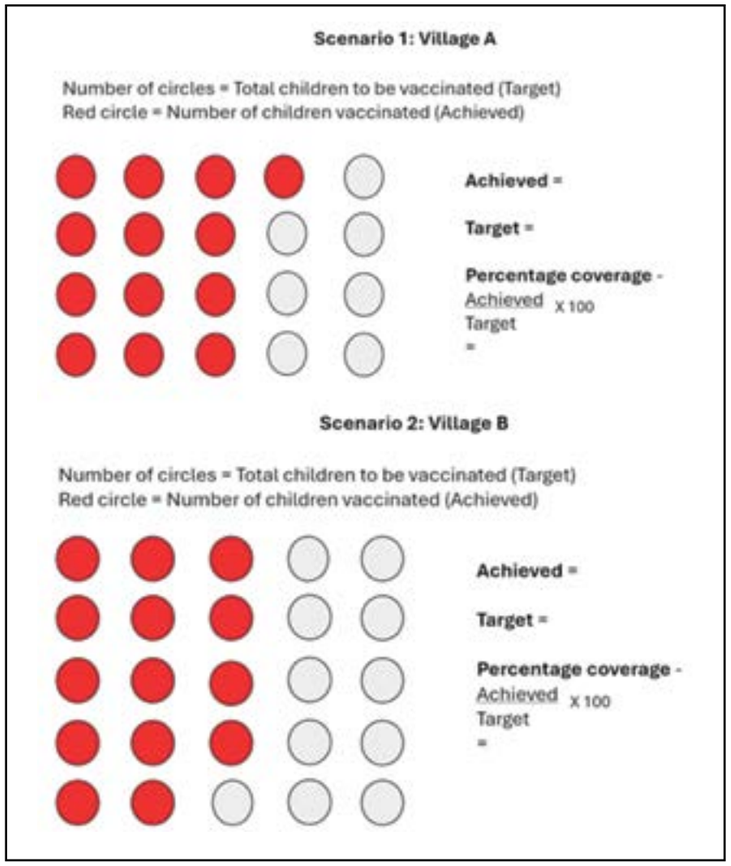

Figure 1: Immunization scenario activity sheet

4. Once the teams have calculated, ask the groups to summarise their scenario, one by one, based on:

English

a. What is the number of target children eligible for vaccination? [Hint: Scenario A - 20; Scenario B - 25]

b. How many children were fully vaccinated? [Hint: Scenario A - 13; Scenario B - 14]

c. What is the percentage of eligible children who are fully vaccinated? [Hint: Scenario A – 65%; Scenario B – 56%]

Garo

a. Baita sak bi.sarang biji sun.a nanggiparang dong.a? [Hint: Scenario A - 20; Scenario B - 25]

b. Baita sak bi.sarang bijiko bon.e su.aha? [Hint: Scenario A-13; Scenario B - 14]

c. Bon.e biji su.gimin bi.sarangni percentage-ara baita? [Hint: Scenario A – 65%; Scenario B – 56%]

5. Ask both teams to compare their fractions. [Hint: For Team A is 13/20; Team B is 14/25]

6. Coaches to explain the following terms, using the fractions from both scenarios-

English

a. **Denominator:** This is the bottom part of a fraction; it is the total number of parts or the target.

Example: In scenario A, the denominator is 20, whereas in scenario B, it is 25.

b. **Numerator:** This is the top part of a fraction; it is the number of parts selected from the total or what we achieve.

Example: In scenario A, the numerator is 13, whereas in scenario B, it is 14.

c. **Fraction:** When you divide the numerator by the denominator, you obtain a fraction.

Example: In scenario A, the fraction is 13/20, whereas in scenario B, it is 14/25

d. **Percentage:** On multiplying the fraction by 100, you get a percentage. A percentage can range from 0 to 100.

Example: In scenario A, the percentage is 65%, whereas in scenario B, it is 56%.

Garo

a. **Denominator:** Ia fraction-ni kama.o donggipade; chugimik number ba target ong.a.

Jekai: Dakbewal ba song A, denominator de 20 indiba dakbewal ba Song B ode 25

b. **Numerator:** Concept of numerator/Numerator ko ma.sie ra.ani: Fraction-o kosako donggipa; ia number-ara jean chu.gimikoniko baita man.a uko miksong.a.
Jekai: Song A ode numerator 13, indiba Song B ode 14.

c. **Fraction:** Jensalo numerator ko denominator chi su.ala, unon na.a fraction ko man.a.
Jekai: Song A, fraction ara 13/20 indiba Song B ode 14/25

d. **Percentage:** Fraction-ko 100 chi chandimode, na.a percentage ko man.a. Percentage-ara 0-oni 100-ona ong.na man.a.
Jekai: Song A-ni percentage-de 65% indiba Song B-nide 56%.

Additional examples: If needed, use the following examples to explain the concept of numerator, denominator, and percentage. (Use the Handouts to explain the examples visually).

English

a. A pregnant woman should receive 4 ANCs. In this case, 4 is the denominator. If she receives none, the numerator becomes 0; she has received 0% of the target ANC check-ups (0 divided by 4, multiplied by 100). If she receives 1 ANC, the numerator becomes 1; she has received 25% of the target (1 divided by 4, multiplied by 100) and so on.

b. In a village of 3000 people over age 30 (Denominator), 1500 have been screened (Numerator). Here, 50% of the target population has been screened for various NCDs.

Garo

a. An.o donggipa ma.gipa 4 ANC ko man.a nang.a. Ia case-o, 4-de denominator. Ua changsaba check up ka.jaode numerator-de 0 ongaigen jean percentage-ba 0 onggen. (0-ko 4-chi su.ale 100 chi chantaitaigen). Ua chngsa ANC checkup ka.ode, numerator de 1 ong.gen aro percentage-de 25% ong.gen (1-ko 4-chi su.ale 100 chi chantaitaia).

b. Gesa songo sak 3000 manderang jean bilsi 3000-na (denominator) bata uamang dong.a, sak 1500 kode check ka.aha (numerator). Iano 50% kode dingtang dingtang NCD na nimanaha.

Discussion:

Coaches to discuss with their HWC team using the following probes -

(Note: Encourage the ASHAs to respond)

- Understanding immunisation coverage as a team performance measure.

English

- Which village vaccinated more children?
  (Hint: Village B vaccinated more children with 14, compared to Village A which vaccinated 13 children.)
- Which one had a higher target?
  (Hint: Village B had a higher target with 25 compared to Village A which had a lower target of 20.)
- Was immunisation performance better in Village A or Village B? Why?
  (Hint: In Village A, immunization performance was better at 65% compared to 56% in Village B. Even though Village B has 14 vaccinated children while Village A has 13, Village A actually has higher coverage. This is because Village A has a coverage - 65% while compared to Village B's 56%. This is because their de-nominators (the Target population) are different.)
- Which target is difficult to achieve?
  (Hint: Village B, as the target population is higher than Village A's target popu-lation.)

Garo

- Badia song.ni bisarang bangbate biji su.aha?
  (Jekai: Song B sak 14 na bate biji su.aha songipin A baksa tosusaode maina Song A de sak 13 kosan biji su.kuenga.)
- Badia songo biji su.nagipa mange bangbatenga?
  (Jekai: Song B jean sak 25 donga song A jean sak 20 san uko to.atode.)
- Immunisation-ara Song A nambatengaa song B? Maina?
  (Jekai: Song A-ode immunization 65% ong.a jean nambatenga song B 56% ko to.susatode. Song B sak14 aro song A-o sak 13 bi.sarangko biji su.mangenchi-moba, Song A an nambate dakenga. Uara maini gimina, maina percentage ko niatgenchimode Song A de 65% indiba song B de 56% san ong.aia. Uara maini a.sel, maina denominator ba biji su.na nangipa bi.sarangni number-ra dingtan-ga.)
- Maidakgipa target ko chu.sokna nengbata?
  (Song B-ara target population ba biji suna nanggiparang Song A na bate bangbata.)

D. Wrap-up and reflection exercise (10 minutes)

English

How is this data and information useful to assess performance on immunization?

Garo

Maidake ia ui.e ra.aniara immunization-ni bidingo baita name kam ka.a ka.ja uko nina dakchaka?

E. Leave Handout 2 (empty data sheet format) at the facility.

- It has 12 indicators across 3 service areas. (Figure 2)
- Ask the team to fill in targets and achievements for the latest month (or the most recent month with complete data)
- Explain the indicators.
- If required, guide them where to find the data (apps/registers).

Facility .....

Data Sheet Format – Team Performance

ANC service delivery				
New ANC registration				
Sr No	Facility	PW target	New ANC registration	Percentage
1				
No. of PW registered within 1st trimester				
Sr No	Facility	New ANC registration	No. of PW registered within 1st trimester	Percentage
2				
4 ANC against PW target				
Sr No	Facility	PW target	4 ANC	Percentage
3				
Institutional delivery against total delivery				
Sr No	Facility	Target	Achieved	Percentage
4				
NCD service delivery				
Screened for Hypertension				
Sr No	Facility	Target	Achieved	Percentage
5				
Under treatment for Hypertension				
Sr No	Facility	Target	Achieved	Percentage
6				
Follow-up adherence for Hypertension				
Sr No	Facility	Target	Achieved	Percentage
7				
Immunization service delivery				
Full immunization against annual infant target				
Sr No	Facility	Target	Achieved	Percentage
8				
Number of refusal cases				
Sr No	Facility	Target	Achieved	
9				
Hib first dose coverage				
Sr No	Facility	Target	Achieved	Percentage
10				
Children >10 years who received TT/dT/Td				
Sr No	Facility	Target	Achieved	Percentage
11				

Figure 2: Team performance - Empty sheet

F. Clinical Skill: Sputum collection

Duration: 30 mins

1. Divide the HWC team into pairs

2. Within pairs, ask the HWC team to collect the sputum of your partner. Coaches to provide feedback and clarify any doubts. Coaches to demonstrate correct technique, if needed.

Material required: Gloves, sterile specimen container, cotton, tissue, water, BMW bins, liquid handwash, water

Steps
Label the container with the patient's name and the date of specimen collection.
Introduce yourself and explain the procedure to the patient.
Determine the patient's last food or fluid intake, as coughing can trigger the gag reflex or vomiting.
Ask the patient to rinse his/her mouth with water to minimise contamination.
Position the patient comfortably, ideally in a seated position, to facilitate coughing.
Wash your hands with soap and water.
Air-dry hands
Wear gloves and a mask.
Instruct the patient to take three slow, deep breaths and then cough deeply.
Encourage the patient to cough up sputum from the lower airways, not just from the throat.
Collect at least 5 mL (one teaspoon) of sputum directly in the specimen container.
Ensure the specimen is sputum, not saliva or other secretions.
Secure the specimen container lid tightly.
Offer tissue paper to the patient.
Offer water to clean the mouth.
Wipe any sputum present on the outside of the container with spirit.
Discard cotton and tissue paper in the yellow bin.
Remove gloves and mask.
Discard gloves in the red bin and mask in the yellow bin.
Wash your hands with soap and water.

Touchpoint 2
In-person by both the coaches

Duration- 2 hours 10 mins

Objectives

1. Assess your own team's performance
2. Identify performance gaps

Summary of activities to be done

1. Recap and reflection activity
2. Understanding team performance indicators – ANC review
3. Identifying gaps in team performance
4. Reflection question
5. Clinical skill session

Preparation for the session

1. Chart paper and markers
2. Handout 1
3. Hand out 2 – Dummy data
4. Compiled data sheet

Coaches to observe

1. Does the team receive adequate feedback from supervisors and others on its performance?
2. What type of feedback on performance will be most helpful for the team?
3. How frequently does the team use administrative or other data to assess its performance?
   a. What types of indicators does the team use to understand its performance?
   b. Does the team have the ability to understand data on performance indicators?
4. Are there any barriers faced by teams in accessing data on their performance?

Session

A. Recap and reflection exercise discussion (15 mins)

1. Recap of previous touchpoint by the coaches.
2. Reflections from the HWC team on the previous touchpoints.
3. Discuss and clarify any questions that team members have from the previous touchpoint.
4. Discussion on reflection responses. Instruction for the Coaches**:**
   a. Ask each team member to say aloud their responses.
   b. Facilitate a discussion on these responses.

B. Understanding team performance indicators – ANC review (30 min)

Instructions:
This exercise uses a hypothetical case study to understand and interpret various indicators reflecting facility X's team performance in ANC service delivery.

1. Divide the team into 2 or 3 groups and distribute Handout 1 (Figure 3) to each group.
2. Explain to the team –
   - Handout 1 (Page1) shows team performance for Facility X for ANC service delivery.
3. Highlight to the teams that facility X's performance in ANC services is dependent on many different indicators.
4. Begin the exercise by explaining the meaning of 5-6 indicators listed in the handout. Explain what the words "target" and "achieved" mean.
5. For each, explain to the teams what the target and achieved numbers are. (Hint: Considering new ANC registration in Facility X. Here, 64 is what they achieved, and 64 is what they were supposed to achieve - that's the target.)
6. As a coach, use the following three indicators (Handout 1, Page 2). For each one, ask the team members the following questions and encourage everyone to participate.

Facility X - Team performance- ANC service delivery

New ANC registration				
Sr No	Facility	PW target	New ANC registration	Percentage
1	X	64	64	100
No. of PW registered within 1st trimester				
Sr No	Facility	New ANC registration	No. of PW registered within 1st trimester	Percentage
2	X	70	18	25.7
TD1 and TD booster coverage to ANC reg				
Sr No	Facility	New ANC registration	TD1 & TD booster	Percentage
3	X	70	70	100
TD2 & TD booster coverage against PW target				
Sr No	Facility	PW target	TD2 & TD booster coverage	Percentage
4	X	64	60	93.75
100 IFA tablet consumption against ANC registration				
Sr No	Facility	New ANC registration	100 IFA tablets	Percentage
5	X	70	38	54.3
PW given 360 calcium tablets against ANC registration				
Sr No	Facility	New ANC registration	PW given 360 calcium tablets	Percentage
6	X	70	38	54.3
4 ANC against PW target				
Sr No	Facility	PW target	4 ANC	Percentage
7	X	64	48	75
PW with hypertension detected against ANC registration				
Sr No	Facility	New ANC registration	PW with hypertension detected	Percentage
8	X	70	4	5.7
PW having Hb level <7 (tested cases) against ANC registration				
Sr No	Facility	New ANC registration	PW having Hb level <7 (tested cases)	Percentage
9	X	70	6	8.6
Number of PW treated for severe anemia				
Sr No	Facility	PW having Hb level <7	Number of PW treated for severe anemia	Percentage
10	X	6	3	50
Number of PW tested for blood sugar using OGTT (Oral Glucose Tolerance Test)				
Sr No	Facility	New ANC registration	Number of PW tested for Blood sugar using OGTT	Percentage
11	X	70	24	34.3
Home delivery by SBA against total home delivery				
Sr No	Facility	Home delivery by SBA	Total home delivery	Percentage
12	X	4	22	18.2
Home delivery by non-SBA against total home delivery				
Sr No	Facility	Home delivery by non-SBA	Total home delivery	Percentage
13	X	18	22	81.8
Institutional delivery against total delivery				
Sr No	Facility	Total delivery	Institutional delivery	Percentage
14	X	22	18	42.1

Figure 3: Handout 1 - Facility X

Example: Antenatal Care (ANC)

Number of Pregnant Women registered within the 1st trimester				
Sr No	**Facility**	**New ANC registration**	**No. of PW registered within the 1st trimester**	**Percentage**
1	X	70	18	25.7
4 ANC against Pregnant Women target				
Sr No	**Facility**	**PW target**	**4 ANC**	**Percentage**
2	X	64	48	75
New ANC registration				
Sr No	**Facility**	**PW target**	**New ANC registration**	**Percentage**
3	X	64	64	100

For Indicator 1 on Number of pregnant women registered within the 1st trimester, ask the following:

English

a. What are the indicator values?
(Hint: Ask the teams to think in terms of target v/s achieved numbers and the percentage)

b. What does this value mean?

c. Is facility X's performance good on this indicator?
(Explain the importance of assessing performance by comparing achieved vs target, that is, numerator vs denominator and corresponding percentage)

d. Based on these three indicators, how is the overall ANC performance of facility X?
(Hint: For facility X, performance on new ANC registration is high (100%); performance on 4 ANC is good (75%) but performance on early registration is very low (25%). So clearly, early registration is a major gap within ANC service delivery]

Garo

a. Indicator values-ara maia?
(Jekai: Team gimikko target aro achieved aro percentage-ni gimin chanchina aganbo.)

b. Ua value ra maiko miksonga?

c. Je facility ni report ko on.achim uara name perform ka.ama indicator ora? (Performance-ko nisusaniko name dokbadale achieved aro target baksana percentage ni gamchatako agane on.bo)

Go through indicators 2 and then 3 with the same questions.

d. Ia minggittam indicators-o pangchake maidake facility X-ra chu.gimik ANC ni performance ka.a?
(Facillity X, gital gipa ANC registration ode bilongen nama jean (100%); 4 ANC performance ba namaia (75%) indiba sengnang registration de bilongen komia (25%). Daode, senggnang registration ka.ani bidingon ANC service-ko on.aniode komibatenga)

C. Activity: Identifying gaps in team performance (50 mins)

Instruction for the coaches:

- In this exercise, teams will identify gaps in their HWC's performance within a service delivery area, as identified by them.
- For this activity, ask the facility to bring out the filled Handout 2 sheet.
- In case the teams have been unable to fill the sheet, you may use the sheet with dummy data (Handout 2 – Dummy Data) [Figure 4].

Service delivery area	Indicator
ANC	New ANC registration
	Number of pregnant women registered in the 1st trimester
	4 ANC against pregnant women target
	Institutional delivery against total delivery
NCD	Screened for Hypertension
	Under treatment for Hypertension
	Follow-up adherence for Hypertension
Immunization	Full immunization against annual infant target
	Number of refusal cases
	MR first dose coverage
	Children >10 years who received TT10/ TD20

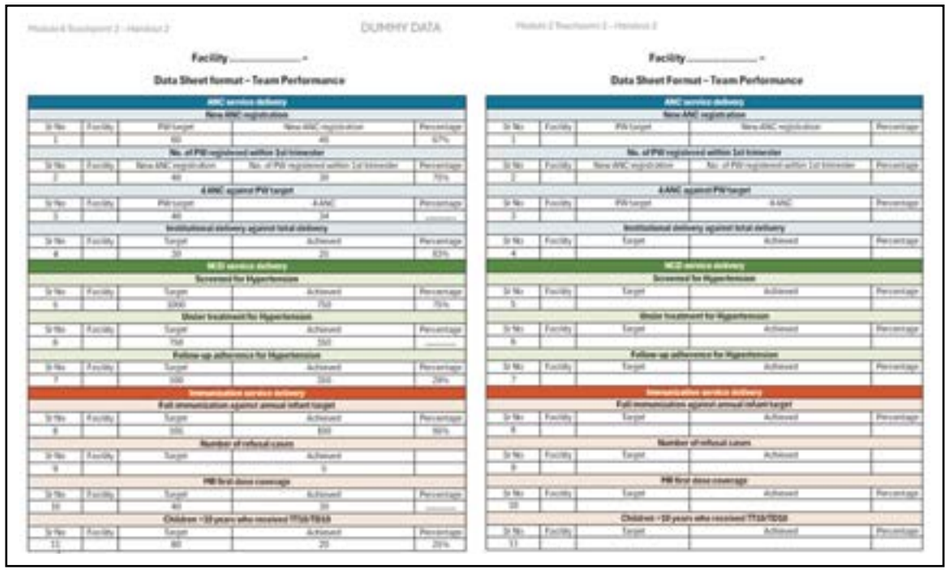

Figure 4: Team performance - Empty sheet and dummy data

Step 1: Analyse your HWCs' performance

Explain the following to the teams:

1. The sheet shows your facility's values for each of these indicators under ANC, NCD, and immunisation.
2. Ask the groups to calculate percentages for indicators number 3, 6, and 10. (Teams can use their phones to calculate.)
3. Use the concepts of target v/s achieved, and percentages to analyse your performance.
4. Based on the analysis, identify the weakest service delivery area for your HWC.
5. Ask the teams to describe their process and explain why they chose that specific area.

Step 2: Identify gaps in the performance

Instruction for coaches: If you have used the dummy data sheet for Step 1, ask the team to reflect on their own performance and identify a weak service delivery area before starting Step 2.

1. Divide the teams into 2 smaller groups. Ensure each group has a mix of core team and ASHAs.
2. Ask each team to write their chosen service delivery area at the top of a chart paper. (As in the figure 5)

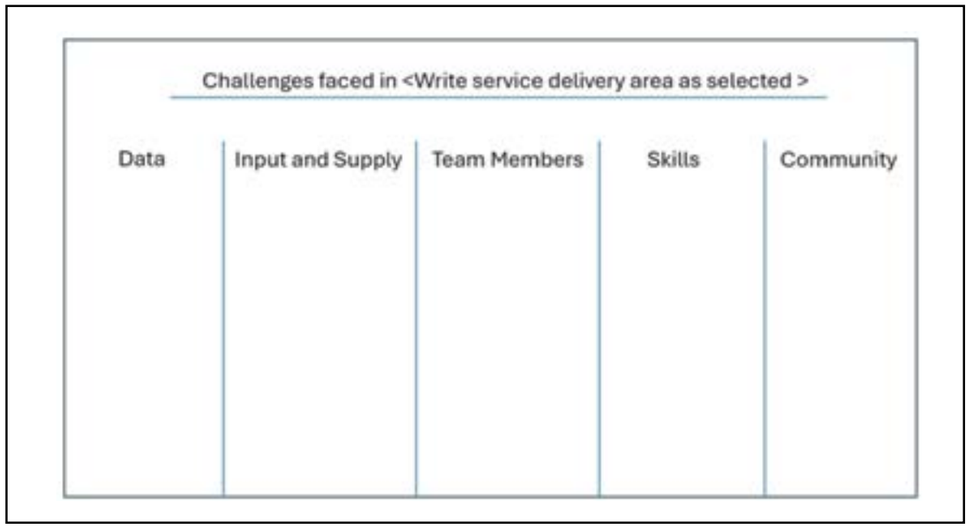

Figure 5: Chart design

3. Ask the team to discuss and list 2-3 gaps and challenges, reflecting on why this service delivery is not performing well.

4. Use the following probes:

English

a. **Data:** What challenges do you face with portals and apps? (E.g., server is down, forgot password, no internet, portal data difficult to understand, etc.)

b. **Input and supply:** What challenges do you face regarding the availability of inputs, equipment, supplies, etc. (E.g., drugs not available, diagnostics not available, etc.)

c. **Team members:** Does your facility have enough staff? (E.g., fewer than the required ASHAs available, fewer than the required MPWs available, too many medical leaves, frequent transfers, etc.)

d. **Skills:** What challenges do you face with respect to the training of team members? (E.g., new team member, training quality not good, etc)

e. **Community:** What challenges do you face with community mobilisation (E.g., lack of awareness for early registration, preference for home births, preference for private sector, etc)

Garo

a. **Data:** Portal aro app ni bidingo maia neng.nikanirangko man.a? (Jekai: Server nam.e kam kaja, password-ko guala, internet dong.ja ba portalni datako ma.sina neng.a).

b. **Kam ka.na bostu nang.giparang:** Na.song kam ka.miting-o bosturangni bidingo maia neng.nikaniko cha.grongronga? (Jekai:sam dongja, sabisi-ko masija ba maia rok uko nam.e talja).

c. **Kam karimskarang:** Na.songni centre-o mande kam ka.na chu.ongama? (Jekai: chu.onga gita ASHA-rang dong.ja, chu.onga gita MPW-rang dong.ja, nang.ana bate chutti ra.a ba chang.antian transfer ong.a).

d. **Chang.a sapani-rang:** Training on.ani biding-o maidakgipa neng.nikanirangko cha.grongronga? (Jekai: Gital ka.rimska, training on.a namja)

e. **Songsal:** Song.ni manderangko rimchomongani somaio maia neng.nikanirangko mana? (Jekai: Senggnang registration ka.ani gimin ma.siani komi.a, nokosa bi.sa an.pakna namnikbata ba private hospitalrangosa sana namnikbata.)

5. Wrap up this discussion by asking teams to summarise the gaps identified and how they relate to their facility's performance on the chosen service delivery area. Emphasise the use of routine data to identify gaps in performance.

NOTE FOR THE COACHES:

Observe what are some of the challenges the team faces in their work and write it down in your reflection journal.

D. Reflection question: (5 mins)

English

Suggest one way in which you think your team should incorporate data in their work to improve team performance.

Garo

Mingsa cholko on.bo jeon na.song team kam ka.anio data ko on.e nambate kamko ka.angna gita man.gen.

E. Clinical Skill: Measuring blood sugar using Glucometer

Duration: 30 mins

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

Material required: Glucometer, lancet, strips, gloves, cotton, BMW bins, liquid handwash, water

S.No.	Steps
1	Gather articles
2	Explain the procedure to the patient.
3	Wash hands with soap and water.
4	Don disposable gloves
5	Ask the patient to sit comfortably
6	Remove test strips from the container and recap container immediately.
7	Turn monitor on and check whether the code number on strip matches with the code number on the monitor screen.
8	Take the lancet without contaminating it. Select appropriate puncture site.
9	Massage side of finger for adults (heel for children) toward puncture site and wipe with alcohol swab.
10	Hold lancet perpendicular to skin and prick site with lancet.
11	Wipe away the 1st drop of blood from the site.
12	Lightly squeeze or milk the puncture site until a hanging drop of blood has formed.
13	Gently touch the drop of blood to pad on the test strip without smearing it.
14	Insert strip into glucometer according to directions for that specific device. Some devices acquire that the drop of blood is applied to a test strip that has already been inserted in the monitor.
15	Apply pressure to puncture site using a dry cotton ball.
16	Read blood glucose results displayed on the monitor and inform the patient about results.
17	Turn off the glucometer.
18	Dispose supplies appropriately and discard lancet in sharp's container.
19	Remove gloves and discard. Wash hands.
20	Document the reading in relevant record/card
21	Inform the person about the reading and its interpretation
22	If the test reading is beyond normal limits, refer the person to a medical officer

Touchpoint 3: Virtual

To be attended by everyone – all the HWC team members and the coaches

Duration – 1 hour

Objectives of the session

How to fill and use the data from family folder

Summary of the activities to be done

1. This session will be organised by IIPH Shillong
2. All HWC team members and the coaches will attend the Zoom meeting
3. An expert with knowledge of problem-solving will be invited to take the session

Preparation for the session

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

Module 7

Team Planning

Module 7: Team Planning

Module 7 has the following:

Touchpoint 1 – In person by both the coaches

Touchpoint 2 – In person by both the coaches

Touchpoint 3- Virtual session (To be attended by all)

Module objectives:

1. Learn tools for understanding underlying causes of performance challenges.
2. Reflecting on how the teams have been planning till now
3. Learning and using a team planning tool

Module 7		
Month 7		
	Time	**Activities**
TOUCHPOINT 1 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hours**		
Recap and Reflection exercise discussion	15 mins	Recapping the previous module and discussing reflection responses
Understanding performance of our own HWC	20 mins	Reflection activity
Understanding root cause of a problem	45 mins	Group activity
Reflection exercise	10 mins	Individual activity
Clinical session	30 mins	Hepatitis B & C testing
TOUCHPOINT 2 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hours 10 mins**		
Recap and Reflection exercise discussion	15 mins	Recapping the previous touchpoint and discussing reflection responses
Reflection of how teams have planned previously	30 mins	Group reflection activity
Use of a team planning tool	45 mins	Group activity
Reflection exercise	10 mins	Individual activity
Clinical Session	30 mins	Thick and thin smear slide
TOUCHPOINT 3 **Who: Expert-led session** **Modality: Virtual** **Duration: 1 hour**		

Touchpoint 1
In-person by both the coaches

Duration: 2 hours 10 minutes

Objectives

1. Identify factors influencing team performance on key activities.
2. Learn and apply a problem-solving tool

Summary of activities to be done

1. Recap of previous session and reflection activity
2. Understanding performance of our own HWC
3. Fish bone analysis
4. Reflection
5. Clinical skill session

Preparation for the session

1. Handout 1
2. Fish bone diagram
3. Chart paper
4. Pens

Coaches to observe

1. How does the team go about trying to resolve issues or challenges related to completing tasks or achieving targets?
2. Does the team meet as a group to discuss strategies to handle challenges in accomplishing targets or tasks? Do all of them meet or only a few of them?

Session

A. Recap and reflection exercise discussion (15 mins)

1. Recap the previous touch point with the teams
2. Ask the teams to share their reflections from the previous session and clarify any questions
3. Discuss the reflection response
   i. Ask each member to share their response
   ii. Facilitate a discussion around it

B. Understanding performance of our own HWC (20 mins)

Objective: Make the purpose of your work HWC together clear

Coaches bring back their reflection from team's purpose activities from the previous modules (Use section 1 in your reflection journal for the same)

Instructions for the coach:

1. Divide the team in groups of 5 people each. You might have 3-4 teams. Ensure a core team member or a coach is present in each team.
2. Each team to be given a copy of handout #1 (Figure 6) which was used in the previous touchpoint.
3. Coaches spend 10 minutes recapping the performance of the HWC and highlighting the gaps using handout #1.
4. Summarise – the coach then summarises
   a. Important of understanding and tracking data from their SHCs routinely.
   b. Importance of discussing data and understanding performance
   c. Importance of using data to identify performance gaps

Facility X - Team performance- ANC service delivery

Figure 6: Handout 1- Facility X performance

C. Understanding the root cause of a problem (45 mins)

Coaches to begin by sharing the example in the box below:

English

A woman comes to the clinic complaining of tiredness and fatigue. You suspect that her Hb levels are low. There are 2 ways to handle this case.

Option 1 – Give her relief from her symptoms for the moment by giving her IV Dextrose Saline.

Option 2 – Assessing her Hb levels and prescribing appropriate iron supplementation as per need.

Garo

Me.chikma saksa clinic-ona an.tangni nenga.aniko aro bilgrianiko a.ganeaha. Na.a uko an.chi ko.mia ine chanchichipaha. Ia case ko handle kanara minggni chol dong.a.

Option 1 – Una IV ko on.e bini neng.nikanirangko champengna.

Option 2 – Gnigipara-An.chi test ka.e una nang.a gita iron samko ra.na onata.

English

Your team runs out of glucose strips and has a NCD screening camp in 2 days.

Option 1 - Buy just enough glucose strips from the JAS funds so the NCD screening camp can be held 2 days later

Option 2- Indent regularly so the district/ PHC sends glucose strips well in time before stocks run out at the HWC

Garo

Salgni ni gisepo na.songo NCD screening camp dong.a indiba glucose strips bon. changa.

Option 1 - JAS fund chi nang.a gita glucose strip ko bre.a jedakode NCD screening salgni ni jaman ong.ata.

Option 2- Gniggipa-Somoi gita indent ka.a jedakode District ba PHC somoi gita glucose strip on.a gita.

Ming. gni-on, maia mancha-ni a.sel gimin neng.nikako man.nenga uko ma.sina gita ong.a.

In both examples, the main idea is to get to the root cause of a problem and not solve the symptom alone.

Coaches to explain that to address a root cause, first the root cause(s) must be identified. For that, a set of simple tools can be used. One such tool is called the fish bone, which will be used in the next exercise. Use of such tools is also a skill required for teams to get NQAS certified.

Instructions for coaches to prepare for fish bone activity

1. Make 2 or 3 groups of the HWC team. Give them each a chart paper and pen.
2. The groups identify a problem or challenge facing their HWC. Then a problem statement is to be written down on the chart paper.
3. From the previous touchpoint, (Module 6, TP, 2), the team will select one problem statement for this activity.

English

Example of problem statements are given below:

a. Low ANC screening in pregnant women
b. Low immunization coverage in the catchment area
c. Low NCD screening for population over 30yrs of age

Garo

Jekai: Sawa aro bano neng.nikaniko man.enga uko ka.mao on.angaha:

a. An.o donggipa ma.giparangna ANC check up ka.a ko.mia.
b. Gesa songo immunisation komia
c. Bilsi 30 na batgipa manderangni gisepo NCD screening ko.mia

4. On a chart paper, draw an outline of a fish like shown in figure 7 below with 4 different parts.

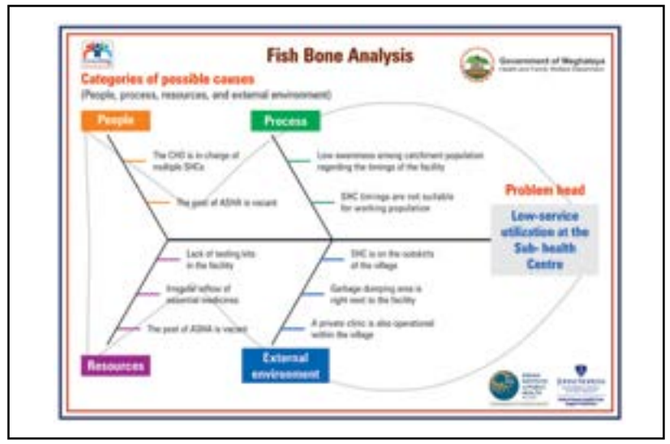

Figure 7: Fish Bone diagram

5. Make 4 separate sections and mark them
   a. People
   b. Process
   c. Resources
   d. External environment

Undertaking the fish bone activity:

Once the diagram is complete, then undertake the following steps.

1. Introduce the four cause categories that often contribute to problems:

English

- **People:** Who is involved? E.g., who all are involved in planning and implementing ANC services? (Hint: who all do you work with who are impacted by this?)
- **Process:** How is the work done? E.g. what steps are taken when planning and implementing ANC services? (Hint: Steps in your workflow)
- **Resources:** What materials or tools are used? E.g. what inputs are needed to plan and implement ANC services? (Hint: equipment, registers, tables, chairs etc)
- **Environment:** Which external factors affect this? (E.g. what factors in the community or villages or health system affect planning and implementation of ANC services?)

Garo

- **Manderang:** Sawa bak ra.a? Jekai: Sawarang ANC ko dakna plan ka.anio aro dangdike on.anio bak ra.a? (Jekai: Na.song sa.ming kam ka.a aro sawarangko ia kam-ara impact ka.a?)
- **Daka rikanirang:** Maidake kamko ka.a? Jekai: Jensalo ANC na planning ka.a aro kamko ka.a maidakgipa ja.ku deaniko daka? (Jekai: Kam ka.anio dingtang dingtang ragatna nang.gipa kamrang).
- **Bosturang:** Maia bosturangko jakkala? Jekai: ANC service ko on.na maidakgipa bosturangko nang.a? (Jekai: dingtang dingtang bpsturang, lekkarang, table, choki, etc)
- Songdongni chanchi.ani ba wilwilao dongipa daka rikani: nang.ni wilwilao donggipa maidakgipa maidakgipa neng.nikarangko baridapata? (Jekai: Song. ni manderang ba sana bananiko on.giparang ANC service ko ragatanio neng. nikaniko on.engama?)

2. Highlight / circle the causes (people, process, resources, environment) they think will have the biggest impact.
3. Within the selected causes, which of the sub-points should the team focus on. The team can vote amongst themselves for this to come to an agreement.
4. The teams may use the following nudges to have their discussion:
   a. How many times does this happen?
   b. Does this impact other activities?
   c. Can the team members resolve this or does it require the help of a higher up? Help the teams work through the fish bone analysis

   Identify the important root causes that emerge as part of this exercise
5. Explain to the teams that this is one of the problem solving tools they can use in their work.

D. Reflection exercise (10 minutes)

Ask all the HWC team members to think about

English

"One problem in their work that they would like to solve using this fish bone tool that they have learnt".

Garo

"Na.songni kam-ni mingsa neng.nikani jekon na.song ia fish bone tool-ko jakkale champengna gita ska".

D. **Clinical Skills:** Hepatitis B & C testing

Duration: 30 mins

Instruction to the coaches

Demonstrate the test using RDK.

Ask few of HWC teams to return demonstrate the test.

Mentor to provide feedback, clarify doubts.

Materials required: Hep B&C RDK, lancet, gloves, cotton, BMW bins, liquid hand wash, water

General instruction: Before using the Rapid diagnostic kit

- Ensure that the kit wrapper is not torn or damaged
- Check the expiry date of the kit
- Store the kits as per the instruction written on the wrapper

S.No	Steps
1	Gather articles
2	Explain the procedure to the patient.
3	Wash hands with soap and water.
4	Don disposable gloves
5	Ask the patient to sit comfortably
6	Ensure the kit is within its expiration date and stored properly.
7	Remove the test device from its packaging, place it on a clean, flat, and dry surface.
8	Label the device with the patient's identification.
9	Take the lancet without contaminating it. Select appropriate puncture site.
10	Apply the sample to the designated area on the test device (If required, add the specified amount of buffer solution)
11	Wait for the specified time (usually 15-20 minutes) and observe for the appearance of lines or other indicators. (Do not interpret results after the recommended time has passed, as this can lead to inaccurate readings.)
12	Interpret the results based on the kit's instructions.
13	Dispose off supplies appropriately and discard lancet in sharp's container.
14	Discard the RDK strip
15	Remove gloves and discard. Wash hands.
16	Document the reading in relevant record/card
17	Inform the person about the reading and its interpretation
18	If the test reading is beyond normal limits, refer the person to a medical officer

	• **Positive Result:** Typically indicated by the appearance of one or more coloured lines or other specific indicators.
	• **Negative Result:** Typically indicated by the absence of certain lines or indicators.
	• **Invalid Result:** May be indicated by the absence of a control line or other inconsistencies.
	• **Follow-up Testing:**
	  • If the result is positive, further testing may be necessary to confirm the diagnosis and determine the stage of infection.
	  • If the result is invalid, repeat the test with a new device or consult with a healthcare professional.

Touchpoint 2
In-person by both the coaches

Duration- 2 Hours 10 Mins

Objectives

1. Reflecting on how the teams have been planning activities and tasks till now
2. Understand the use of team planning checklist

Summary of activities to be done

1. Recap of previous touchpoint
2. Reflection session on how the teams usually plan
3. Introduction of a planning checklist

Preparation for the session

1. Previous fish bone exercise
2. Chart paper
3. Pens
4. Sicky notes
5. Poster on planning

Coaches to observe

1. What kind of things (e.g. meeting frequently) can this team do to improve the way it resolves challenges in achieving target achievement?
2. Where did the team require support in the problem-solving process? E.g. identifying problems, identifying and categorizing root causes, prioritizing root causes to address etc.
3. Has anything changed from your observations in Modules 2 and 3.

Session

A. Recap and reflection exercise discussion (15 mins)

1. Recap the previous touch point with the teams
2. Ask the teams to share their reflections from the previous session and clarify any questions
3. Discuss the reflection response
   a. Ask each member to share their response.
   b. Facilitate a discussion around it.

B. Reflection on how teams have planned previously? (30 minutes)

Instructions for the coach

1. Divide the HWC team into 2-3 groups and give a chart paper to each group.
2. These groups should be the same from previous touchpoint on fish bone analysis
3. The teams to place their fish bone from last touch point in the centre.
4. Ask the team to think " If you had to plan to solve for this problem highlighted in the fish bone, how would you go about it"
5. Team members to think about it and discuss it within their teams.
6. Coaches to help the teams in this discussion
7. Team members can start writing on the empty chart paper if they had to solve the problem, how would they go about it.
8. Probes: Before implementation, during implementation, and after implementation

C. Use of team planning tool (45 mins)

Instructions for the Coaches:

1. Give each team a chart paper and pen
2. Generic example to be shared with the team on how they plan –example - how do you prepare for your VHND?/ How do you prepare for your child's school?
3. Ask the teams to use the same problem identified for fish bone analysis.
4. The coach then discusses the team planning tool (Figure 8) and shares a few copies with each group. Note: Some activities have been done already like root cause analysis. Leave this hand out with the teams.

Note for the coaches

English

Emphasize the importance of meeting as a team, reviewing performance on key indicators and identifying the gaps and root causes.

The tool below can be used by the teams in the future to solve for problems identified.

Garo

Team baksa gronge, an.tangtangni kamrangko nipiltaitaie maia mancha aro maini a.sel ong.engachim ko gamchate rana nang.chomota.

Ka.mao on.gimin tool ko team an.tangtangni nengnikanirangko talatna gita jamano jakkalna gita man.gen

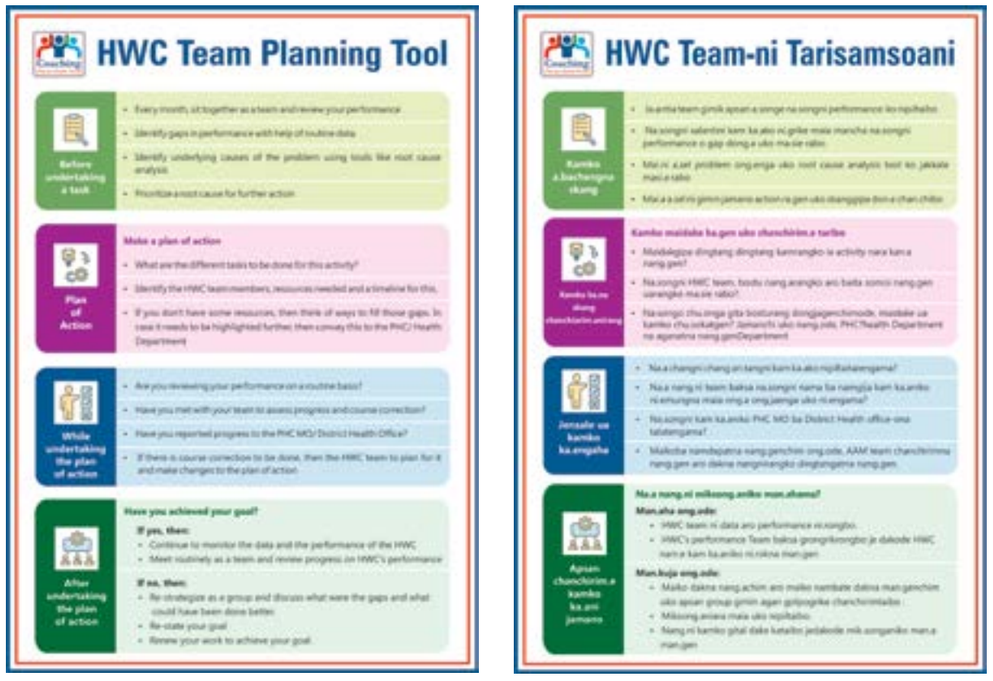

Figure 8: Team planning tool

D. Reflection session (10 mins)

English

Ask each team member to think of going forward, they will differently plan their tasks

Garo

Team ni sakprakprakon uamang mikkangchi remikkangna chanchina aganbo, uamang dingtang dake an.tangtangni kamko kana chanchinaba gnang.

E. Clinical Skills:

Thick and thin smear slide preparation for Malaria

Duration: 20 mins

Instruction to the coaches

- Divide HWC teams into pairs
- Within pairs, ask HWC teams to prepare Malaria slide for your partner.
- Coach to provide feedback, clarify any doubts.
- Coach to demonstrate correct technique, if needed.

Materials required: Gloves, lancet, cotton, slides, BMW bins, liquid handwash, water

S.No	Steps
1	Ask the patient to sit comfortably
2	Introduce yourself and explain the procedure to the patient
3	Wash hands with soap and water .Wear clean gloves
4	Select the second or third finger of the left hand
5	Clean the puncture site with 70% alcohol and allow to dry
6	Discard the swab in yellow bin
7	Prick the ball of the finger (not too close to the nail bed)
8	Discard the lancet in puncture proof box
9	Do not squeeze the finger, let the blood come automatically
10	Hold the slide by its edges
11	For better controlled blood drop size , touch the finger touches on slide from below
12	Place three blood drops at one edge of the slide for thick smear
13	Place a small blood drop (2 mm in diameter) on the slide for thin smear
14	With corner of another slide join the three drops and spread them to make a circle of about 1 cm in 3-6 circular movements
15	Bring edge of the slide to the second drop and wait until the blood spreads along the whole edge
16	Hold the slide at 45° and push it forward with a brisk movement
17	Keep the slide on a flat surface and allow the thick film to dry. Protect it from flies, dust and excessive heat
18	Write slide number on the thin film and date of collection on the thick film with a soft lead pencil (do not use a ball point pen for labelling)
19	Remove gloves and discard them in red bin
20	Wash hands with soap and water
21	Slide used for spreading the blood drops may be used for next patient
22	When the thick film is completely dry, put it in the slide box
23	Fill up the MF2 form for details of the patient. Never wrap the slide in MF2 form
24	Dispatch the slide to the laboratory as soon as possible
	◆ **Thick smear is used for detecting the presence of parasite.**
	◆ Thin smear is used to detect the species of parasite causing infection

Touchpoint 3: Virtual

To be attended by everyone – all the HWC team members and the coaches

Duration – 1 hour

Mode: Online

Objectives of the session

Mental health awareness and screening tools as per HWC package.

Summary of the activities to be done

1. This session will be organized by IIPH Shillong.
2. All HWC team members and the coaches will attend the zoom meeting.
3. Expert with knowledge on problem solving will be invited to take the session.

Preparation for the session

1. Ensure all HWC have the zoom link to join the meeting in advance
2. Ensure all ASHAs are present at the health center to attend the zoom meeting

...

Module 8

Communication and wrap-up

Module 8: Communication and wrap-up

Module 8 has the following

Touchpoint 1 – In person by both the coaches

Touchpoint 2 – In person by both the coaches

Touchpoint 3 – Virtual session (to be attended by all)

Module objectives

1. Understand the importance of and skills for effective communication within teams
2. Recap previous modules

Module 8		
Month 8		
	Time	**Activities**
TOUCHPOINT 1 Who: Both the coaches Modality: In-person Duration: 2 hours 15 mins		
Recap and Reflection exercise discussion	15 mins	Recapping the previous module and discussing reflection responses
Reflection on one's own form of communication	30 mins	Reflection activity
Importance of effective and ineffective communication	30 mins	Coach led group activity
Role play exercise	20 mins	Team based activity
Reflection exercise	10 mins	Individual Activity
Clinical skill session	30 mins	Abdominal examination during ANC
TOUCHPOINT 2 Who: Both coaches Modality: In-person Duration: 2 hours		
Recap and Reflection exercise discussion	15 mins	Recapping the previous touchpoint and discussing reflection responses
Coach sharing reflection and feedback	30 mins	Overall feedback session
Feedback from HWC teams	20 mins	Reflection activity
Clinical skills	30 mins	Examination of oral cavity
Closing session	25 mins	Wrap-up
TOUCHPOINT 3 Who: Expert-led session Modality: Virtual Duration: 1 hour		

Touchpoint 1
In-person by both the coaches

Duration: 2 hours

Objectives of the session

Appreciate the importance of effective communication and information sharing among team members to improve team performance

Summary of activities

1. Recap and Reflection exercise discussion
2. Reflection on one's own form of communication
3. Importance of effective and ineffective communication
4. Role play exercise
5. Reflection exercise
6. Clinical skill session

Preparation for the session

1. Post its
2. Pens
3. Handout for effective communication

Session

A. Recap and reflection exercise discussion (15 min)

1. Recap of previous touchpoint by the coaches.
2. Reflections from the HWC team on the previous touchpoints.
3. Discuss and clarify any questions that team members have from the previous touchpoint.
4. Discussion on reflection responses. Instruction for the Coaches:
   i. Ask each team member to say aloud their responses.
   ii. Facilitate a discussion on these responses

B. Reflection on how the team members communicate with each other (30 mins)

Exercise: Coach guided group discussion

Instructions

1. This group discussion is aimed at understanding HWC team's perspectives on how they communicating within their team and how this influences team performance
2. There are 2 prompts/ questions that are listed to initiate discussion; the coach will pose these questions one-by-one to the team members. Feel free to use additional prompts, as appropriate.

Step 1: Prompt for reflection

English

- Think about a time when a team member spoke to you well about your work - what was about the way this was said that made you feel good. On a piece of paper, put down 3-4 points on how you want the other team member to talk with you. Example, politeness, clarity etc.

Garo

- Nangbaksa apsan karimska-ni nang.ni gimin name aganani gimin chanchi. ate nibo. Ua maidakgipa bewalo agano na.a ku.siniko man.a. Lekka bichit-o minggittam mingbri dake na.a maidakgipa bewalo nang.ni karimskarang nang. ni gimin golpoako namnika. Jekai: Name, ka.sae, masichake, srange.

- Do not write your name or cadre on the paper, keep it anonymous.

Step 2: Shuffle and redistribute the papers

Once the team members have written down these points, shuffle/ mix up the papers and ask every member to pick up a piece of paper.

Step 3: Read out aloud, and coach leads a discussion

Team members then begin reading aloud each other's reflections. This process is to remain anonymous, and the coaches have a discussion basis this.

Prompts for discussion:

- What did you learn from this exercise about good communication?
- How does communication within the team affect the performance of the team?
- What are the common features we look for while communicating with team members?
- Why is this important?
- How does it help the team in its work?
- The coach discusses the effective communication strategies in the handout.

C. Importance of effective and ineffective communication (30 mins)

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

Instructions:

1. Share the effective communication handout (Figure 9) with the teams.
2. Use the handout to discuss effective communication strategies and if the teams perceive these strategies as important. Ask the teams to provide examples of effective communication using the strategies discussed:

   English

   i. Respect, empathy and understanding
   ii. Attention to non-verbal communication
   iii. Clear, concise verbal communication
   iv. Avoid "Communication Freezers" like unsolicited advice and judgment
   v. Active Listening (already covered previously)

Garo

i. Mande ra.a, ui.ani aro masichakani
ii. Gisikn nang.e uni be.en bi.mang maiko mesokenga uko ma.sie ra.ani
iii. Srange ui.ate agangrikani
iv. (Agangrikmiting somoio don.tongatani katta ba gipino in.tekani katta ba ja.jaani kattarangko gelbo)
v. Gisik gnange kna.ani-iani gimin mijao matchotangaha

3. Read the exercise and instructions on the handout (Figure 9)
4. Read and explain the case narrative
5. Read and explain the examples of ineffective communication
6. Refer to the answer key for potential responses that utilize effective communication strategies
7. Post-exercise discussion: Post the following discussion question.

   English

   i. What communication strategies have you found helpful in your work? (broader than just personal experience)
   ii. Do you think these strategies for effective communication are used within this team? Why or why not?
   iii. How do you feel about your own communication skills?

   Garo

   i. Maidakgipa agangrikani bakko na.ara nang.ni kam ka.anio jakkaltonikbata? (Na.a an.tangni experience na bate dalbate
   ii. (Na.a chanchi.ama indakgipa strategy-ara jean name agangrikani uko ia team-ni ninga.o jakkalama? Maina jakkala ba maina jakkalja?)
   iii. Na.a nang.ni a.gangrikna changa sapani gimin maiko chanchia?

Handout : Effective Comunication

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."	

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

Figure 9: Effective communication handout

D. Exercise: Role play (20 mins)

Scene:

- This is a scene in the facility. Repeatedly, Sengrak is coming with the symptoms of a persistent cough. He keeps asking for cough syrups and his condition isn't improving.
- The ASHA has also noticed his condition deteriorating in the village and mentions this to the MLHP.
- The next time when Sengrak comes to the facility, the MLHP tries to convince him to give his sputum sample for testing. He refuses as he fears what it might result in. There are myths such as by giving him sputum there might be black magic done on him etc.
- The MLHP and the ANM both try and convince Sengrak to agree to this testing. They explain what the test is, what it can detect and how with treatment he can get better. They also communicate with him about the misconceptions he has regarding black magic.
- After much explanation, Sengrak is ultimately able to understand and is convinced. He undertakes the testing.

Dialogue:

1. Sengrak walks in to the OPD and meets the MLHP. He is continuously coughing. He asks for a cough syrup. The MLHP asks him how long he has had the cough but he doesn't answer.
2. ASHA enters the facility and sees Sengrak coughing. She tells him its been many weeks he has had that cough. She says, I have seen you in the village too, your wife also mentioned you have been coughing constantly.
3. MLHP tried to explain to Sengrak that he should get tested to rule out any diseases. He immediately refuses and says that testing might give him more diseases. I have heard that by giving the sputum, black magic can be done on me. I am very fearful.
4. MLHP patiently explains to him how sputum testing is done and what it is used to test. She explains that TB is a contagious and life-threatening diseases, but once detected early, and with early treatment, the diseases can be cured.
5. MLHP explains that the sputum testing will cannot and will not be used for any sort of black magic as this is a Government Health Centre.
6. The ANM sitting close by also engages with the Sengrak and asks him if he has any other fears. He asks, if I get TB, then what will happen to my family? Will you put me away in a hospital? ANM explains that TB requires a long treatment plan which is mostly oral medication which can be taken at home. However, if he continues to delay the treatment, then hospitalization may be needed.
7. Sengrak understands the ANM and the MLHP argument. He then agrees to get tested by giving his sputum.

Garo

Dakmesokani

- Ia dakmesokani-ara facility-ni ong.a. Sengrak ru.ute gusu.e changni chang rebasimsimengachim. Reba changantian ua gusu samko bi.ronga indiba bini gusuara namchipja.engachim.
- ASHA Sengrak ni saa batroro.aniko songo nikronge uko MLHP-na a.ganaha.
- Jensalo, changgipino Sengrak centre ona rebaon, MLHP uni stu ko rarikna molmole niaha. Indiba ua kenemungna jegalaha. Maina ua stu ko on.angenchimode uko saoba sam kalakgen ine masisretani dong.achim.
- MLHP aro ANM sakgnian Sengrak-ko test kana gita molmolna jotton ka.aha. Uamang test ni gimin agan talate on.aha, maiko ua test niko man.gen aro sana bananichi ua maidake be.en-ni an.sengpilaniko man.gen uko agane on.aha.
- Adita agan talate on.ani jamano, Sengrak ma.sie ra.ani jamano ua test ka.aha.

Dialogue:

1. Sengrak OPD ona nape MLHP-ko gronga. Ua don.tongija gusuengachim. Ua gusu sam-ko biaha. Jensalo MLHP uko baita ru.ute gusuengachim uko sing.aha indiba ua aganjaha.
2. ASHA centre ona napon sengrak ni gusuako nikaha. Ua Sengrak na aganaha na.a ru.utaha de gusua. Unbaksana ua agandapaha, nang.ko ang.a songoba nikronga, nang.ni jikgipa ba agana na.a gususimaianade.
3. MLHP Sengrak-na sabisi ko namatna ua test kana nangtelgen ine talate on.aha. Ua rangsanan je.chakaha aro test ka.ode bangbate sabisi man.gen ine aganchakaha. Aro ang.a knaronga ku.chi on.ode ang.ko sam kalanaba dong.a.
4. MLHP una maidake ku.chi ko test ka.a aro maina ka.achim uno name agan talate onangaha. TB ara batrikrikgipa aro siaona sokatna man.gipa sabisi ong.a ine talataha indiba jensalo ia saako sengnang rim.a man.a unode sengnang sana bananiko dake namatna man.a ine agane on.aha.
5. MLHP una an.chi test ka.anide mamung saloba sam kalakna ragipga ong.ja maina iade Govt. hospital sa ine talate on.aha.
6. ANM jean Sengrak ni sepango a.songengachim, uko maiba dingtang kenani dong.ama dong.ja uko sing.aha. Unon Sengrak sing.aha, ang.a TB manode ang. ni nokdangna mai ong.gen? Na.song ang.ko chele hospital dongatgenma? TB ko ru.ute sana nang.a jean mongsongbate noko sa ring.ani ong.a ine talate on.aha. Indiba, na.a sana bananiko dakgija dong.aiode hospital dongkam.na nang.naba gnang ineba aganaha.
7. Sengrak ANM aro MLHP ni a.gangrikako masi.aha. Uni jamano ua an.tangni ku.chiko test kana on.aha.

Roles:

1. Sengrak (patient with cough)
2. ASHA
3. ANM
4. MLHP

Instructions:

1. Explain the roles clearly to these 4 members who will participate in the role play
2. Summarise the key takeaways of effective communication from here.
3. Ask the team to point out where in the role did they notice MLHP and ANM effectively communicating and how

E. Reflection exercise (10 mins)

Ask all team members to think of one way they would like to improve on their own communication style.

This is to be discussed next time during the touchpoint.

F. **Clinical Skills:** Abdominal examination during antenatal period

Duration: 30 mins

- Demonstrate each step of abdominal examination
- Ask the mentees to return demonstrate the steps
- While doing the procedure, be respectful to the antenatal woman.
- Pay attention to the privacy and dignity of the woman.

Material required: Examination table with footstep and curtain, inch tape, foetal doppler, liquid handwash, water

S.No.	Steps
1	Explain the procedure to the woman and instruct the woman to empty her bladder.
2	Instruct the woman to lie in supine position and ensure privacy
3	Perform Medical Handwashing. (Warm your hands)
4	Identify the fundus of the uterus; (Place the ulnar border of non-dominant hand just below the xiphisternum and move hand downwards until the resistance is felt. The point of resistance is identified as fundus of uterus
5	Place four fingers of your dominant hand (Palm facing upwards) over the woman's umbilicus. Turn your four fingers (palm facing downwards) towards the fundus of the uterus
6	Calculate the fundal height in weeks. (Each finger breadth is a week. Till umbilicus, it is 24 weeks)
7	Fundal palpation: Place the palm of both hands around the fundus and palpate towards fundus to determine fetal part
8	Lateral palpation: Support one side of the abdomen with one hand to stabilize the fetus and place other hand on the opposite side of the abdomen and palpate from the fundus to symphysis pubis laterally to identify the fetal part
9	Palpate the other side of the abdomen in same manner
10	**Pelvic grip 1:** Face the women's feet, place the palm of both hands on either side of lower pole of uterus and press downwards and backwards to identify part which is felt (Occiput or brow)
11	**Pelvic grip 2:** Instruct the woman to flex her knees and you place a palm on the fundus to steady the fetus
12	Grasp the lower part of the abdomen with over stretched thumb and index finger of dominant hand and move it to and fro to determine engagement.
13	Place the palm of your non- dominant hand over the fundus and the stethoscope/ fetal doppler on the abdomen based on fetal position. (on the back of fetus)
14	Count fetal heart rate for one full minute using stethoscope (NA for fetal Doppler)
15	Document the abdominal examination findings in MCP card
16	Inform the woman/her family about the findings and its interpretation
17	If the findings are beyond normal limits, refer the woman to a medical officer

Touchpoint 2
In-person by both the coaches

Duration: 2 hours

Objectives of the session

1. Sharing feedback with HWC team
2. Taking feedback on coaching from HWC teams

Summary of the activities to be done

1. Recap and Reflection exercise discussion
2. Use of planning tool using problem statement
3. Coach sharing reflection and feedback
4. Clinical skills
5. Closing

Preparation for the session

Filled out reflection journal by the coaches

Coaches to observe

1. What has been a big positive change in this team since Module 1?
2. What change has been more difficult to bring, why?
3. Going ahead, what is that one area of support the team needs the most to perform their work well?
4. What are some systemic issues that remain unresolved?

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Session

A. Recap and reflection exercise discussion (15 min)

1. Recap of previous touchpoint by the coaches.
2. Reflections from the HWC team on the previous touchpoints.
3. Discuss and clarify any questions that team members have from the previous touchpoint.
4. Discussion on reflection responses.
5. Instruction for the Coaches:
    i. Ask each team member to say aloud their responses.
    ii. Facilitate a discussion on these responses

B. Sharing reflections and feedback with the team (30 mins)

Instructions

1. Coaches speak to the teams about reaching the end of the coaching intervention.
2. This doesn't mean the relationship built between the coaches and the teams will end; the relationship will only grow stronger
3. Use the filled our reflection journal to discuss this section. Carry the reflection journal with you.
4. Coaches share how the teams have progressed over the last 8 months as a part of this intervention.
    i. Team's understanding of their team's purpose
    ii. Team's ability to share responsibility
    iii. Team's ability to know and recognize various activities they perform together as a team?
    iv. Does the team take responsibility towards completing all team activities?
    v. What processes help the team to work together? e.g., regular and frequent meetings at the HWC, participation in meetings, topics of discussion during meetings, coordination over WhatsApp etc.)
    vi. How well does the team plan for a task? (coordination, planning, using data and using its resources)
    vii. How team members share and meet new challenges in their routine work, e.g., seek help from a supervisor, seek data, meet to discuss and problem solve, learn from other HWC teams, change the way they work etc.

C. Feedback from HWC teams (20 mins)

The coaches ask the HWC to think for 5 minutes on how they felt being a part of this coaching intervention.

Probes

English

a) Did they think they learnt anything from it
b) Do they think other HWCs in Meghalaya should be also coached the way they have been coached
c) What value did they find in these coaching sessions
d) Anything else

Garo

a) Uamang ianiko maikoba skia man.rikaha ine chanchiama
b) Uamang Meghalayani HWCs-ba dao maidake uamang coaching manengachim uandake bi.songba man.a nang.a ine chanchiama
c) Maidakgipa gamchataniko uamang ia coaching-niko maan.rika
d) Una agreba maiaba dong.ama

D. Closing session (20 mins)

Close the session by thanking every member for their time for being a part of this exercise

1. Ask the team members to share any final reflections they might have.
2. End the session by having a cup of tea and a snack with your team.

E. **Clinical Skills:** Examination of oral cavity

Duration: 30 mins

1. **Divide the mentees into pairs**
2. **Within pairs, ask the mentees to examine the oral cavity of their partner. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed.**

Material required: Tongue depressor, torch, gloves, BMW bins

S.No.	Steps
1	Ask the patient to sit comfortably
2	Explain the procedure
3	Wash hands with soap and water
4	Ensure proper lighting for examination
5	Ask the patient to remove dentures if any
	Lips
6	Inspect the lips for pigmentation, ulcer, swelling, crust, dryness
7	Evert the lips to examine the labial mucosa, which should be smooth, soft, and wet
8	Gently palpate the lips for any lumps, swellings, or areas of tenderness
	Gums
9	Observe the colour, contour, and texture of the gums
10	Note any signs of inflammation, bleeding, or swelling. Healthy gums are pink and regular
11	Check for any signs of gingivitis, such as redness, swelling, or bleeding
	Tongue
12	Ask the patient to protrude the tongue and observe the dorsal surface (top) for colour, texture, and any lesions
13	Instruct the patient to touch the roof of the mouth with the tip of their tongue to examine the ventral surface (underside)
14	Check the sides of the tongue for any abnormalities
15	Assess the tongue's movement and any signs of swelling or lesions
16	Gently palpate the tongue for any lumps, swellings, or areas of tenderness
	Hard & soft palate
17	Inspect the hard palate (roof of the mouth) for colour, texture, and any lesions
18	Examine the soft palate (the fleshy part at the back of the mouth) and uvula (the fleshy part hanging down from the soft palate)
	Cheek
19	Examine the inner cheek lining (buccal mucosa) for colour, texture, and any lesions
20	Note any signs of leukoedema (a benign condition characterized by a diffuse greyish-white opalescence
21	Check for linea alba buccalis (a horizontal white or grey line along the buccal mucosa. Inner part should be smooth, moist ,shiny and pink in colour
22	Gently palpate the cheeks for any lumps, swellings, or areas of tenderness
	Floor of mouth
23	Inspect the floor of the mouth for any lesions, swelling, or nodules
24	In normal cases there should be no pooling of saliva
25	Palpate the floor of the mouth for any lumps, swellings, or areas of tenderness
	Teeth
26	Examine the teeth for any signs of decay, fractures, or missing teeth
27	Check for any signs of gum disease, such as gingivitis or periodontitis
28	Note the alignment of the teeth and any signs of bite problems
29	Document the reading in relevant record/card
30	Inform the person about the findings and its interpretation
31	If the findings are beyond normal limits, refer the person to a medical officer
32	Explain the next course of action in case of any abnormal finding
33	Remove gloves and discard them in red bin
34	Wash your hand with soap and water

Touchpoint 3: Virtual

To be attended by everyone – all the HWC team members and the coaches

Duration: 1 hour

Mode: Online

Objectives of the session

Importance of NCD screening (with focus on cervical and breast)

Summary of the activities to be done

1. This session will be organized by IIPH Shillong.
2. All HWC team members and the coaches will attend the zoom meeting.
3. Expert with knowledge on problem solving will be invited to take the session.

Preparation for the session

1. Ensure all HWC 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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