Government of Meghalaya
Health and Family Welfare Department

Coaching
Primary Health Teams

Facilitator Guidebook for Coaches

INDIAN INSTITUTE of PUBLIC HEALTH
SHILLONG
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India Primary Health Care Support Initiative

Facilitator Guidebook for Coaches

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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
FHS	Female Health Supervisor
JHU	Johns Hopkins University
HWC	Health & Wellness centre
IIPH S	Indian Institute of Public Health (Shillong)
IPSI	India Primary Health Care Support Initiative
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti
MLHP	Mid Level Health Provider
MO	Medical Officer
MPW	Multi-Purpose Worker
PBL	Problem Based Learning
PHC	Primary Health Centre
SOP	Standard Operating Procedures
HWC	Sub-Health Centre
VHC	Village Health Council
VHND	Village Health and Nutrition Day

Overview

About this guidebook

This facilitator guide has been developed for you, the coaches, who will be providing support and guidance to the HWC teams through IPSI's 'Coaching Primary Health Teams' program.

The objectives of this guide are to:

1. Provide guidance on the coaching approach.
2. Share information on the IPSI 'Coaching Primary Health Teams' program.
3. Assist in preparing for the coaching touchpoints with HWC team.

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

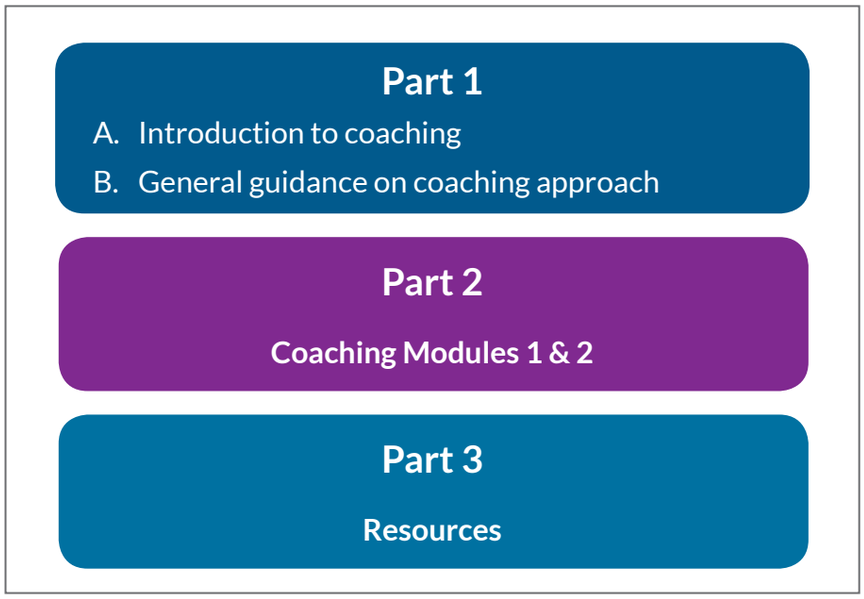


Figure 1: Sections of this facilitator guidebook

Part – 1

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

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

Part -2

Coaching modules and touchpoints: This section describes the overall structure of the coaching 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 coach support and training, additional suggested exercises and technical references and resources:

Annexure 1: Guidance on Kobo tool

Annexure 2: Reflection journal for the coaches.

Annexure 3: HWC roles & responsibility

Annexure 4: Activity Resource Guide

Part 1

Introduction to the Coaching Program

A IPSI Coaching Program

The IPSI coaching program is a team-based coaching program aimed at strengthening the team of healthcare providers at the Sub-Health Centre (HWC). At the level of the HWC (SHC-HWC), this team comprises of:

- Mid-Level Health Provider (MLHP)
- Auxiliary Nurse Midwife (ANM)
- Multi-Purpose Worker (MPW)
- Accredited Social Health Activist (ASHA)
- Any other healthcare worker relevant in context of Meghalaya, e.g., Malaria Surveillance Worker (SW)

A.1. Program team and participants

Coaches

As senior cadres within the health system, you have the experience to undertake coaching. The coaching process offers an opportunity for you to share your own wisdom and experience with your HWC team and can provide a sense of self-satisfaction and professional and personal growth for both you and the HWC team. The coaches in this program are derived from various supervisory cadres including PHC Medical Officers (MO), CHO, FHS, block supervisors etc.

HWC team

The HWC team is the group of individuals being coached. Via the coaching process, the HWC team obtains relevant knowledge and hands-on practical skills as well as the opportunity to apply these learnings in their workplace environment. This can help the HWC team gain confidence in performing their tasks independently. With the coach's support, the HWC team gains a shared understanding of its team goals, identifies and addresses systems constraints that restrict the team's effectiveness and work towards developing strong processes that bring all team members together, enabling it to manage its own performance and adapt to changes at the workplace.

A.2. Goals and Objectives

The overall goal of the coaching program is strengthening HWC team performance effectiveness by:

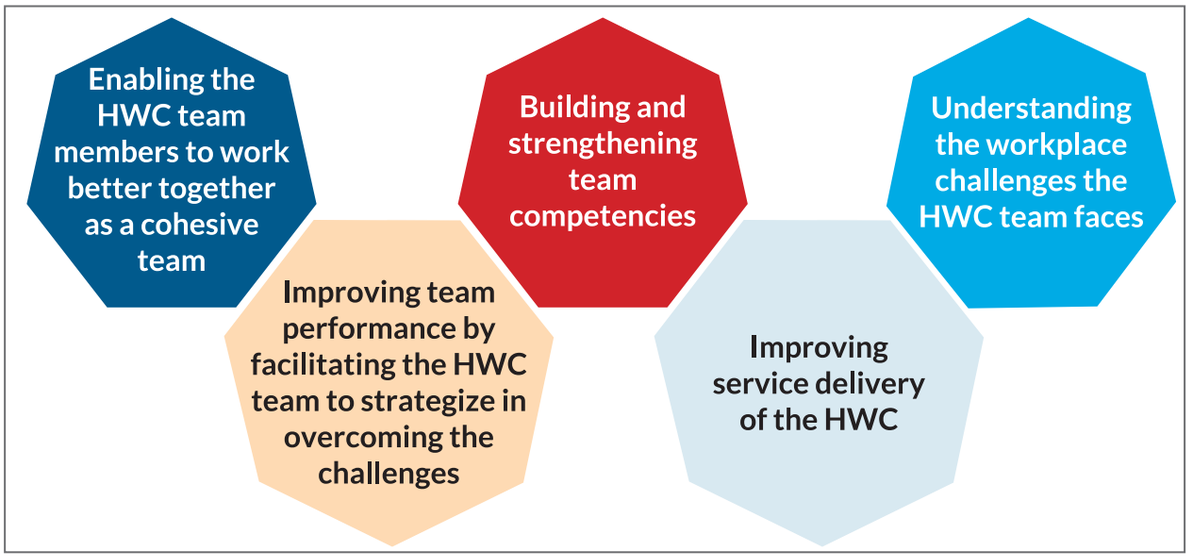


Figure 2: HWC coaching goals

The specific objectives of this program are:

(1) To demonstrate a model of HWC team coaching using modules to improve:
   a. Shared understanding among HWC team members of team goals and team member roles and responsibilities.
   b. Team competencies and processes directed at:
      a. "Soft skills", i.e., accountability, decision making and conflict resolution, communication and information exchange.
      b. Selected "hard skills", i.e., technical/clinical knowledge and skills.
      c. Recognize strengths of the team members and utilize them for team performance

(2) To strengthen HWC team processes (effort, strategy, knowledge and skills)

(3) To identify and minimize the impact of team design and organizational constraints on team effectiveness

(4) To evaluate the impact of HWC team Coaching on team dynamics and team performance

A.3. IPSI coaching model and its rationale

The IPSI coaching program is based on a conceptual model (Hackman & Wageman) as depicted in Figure 3.

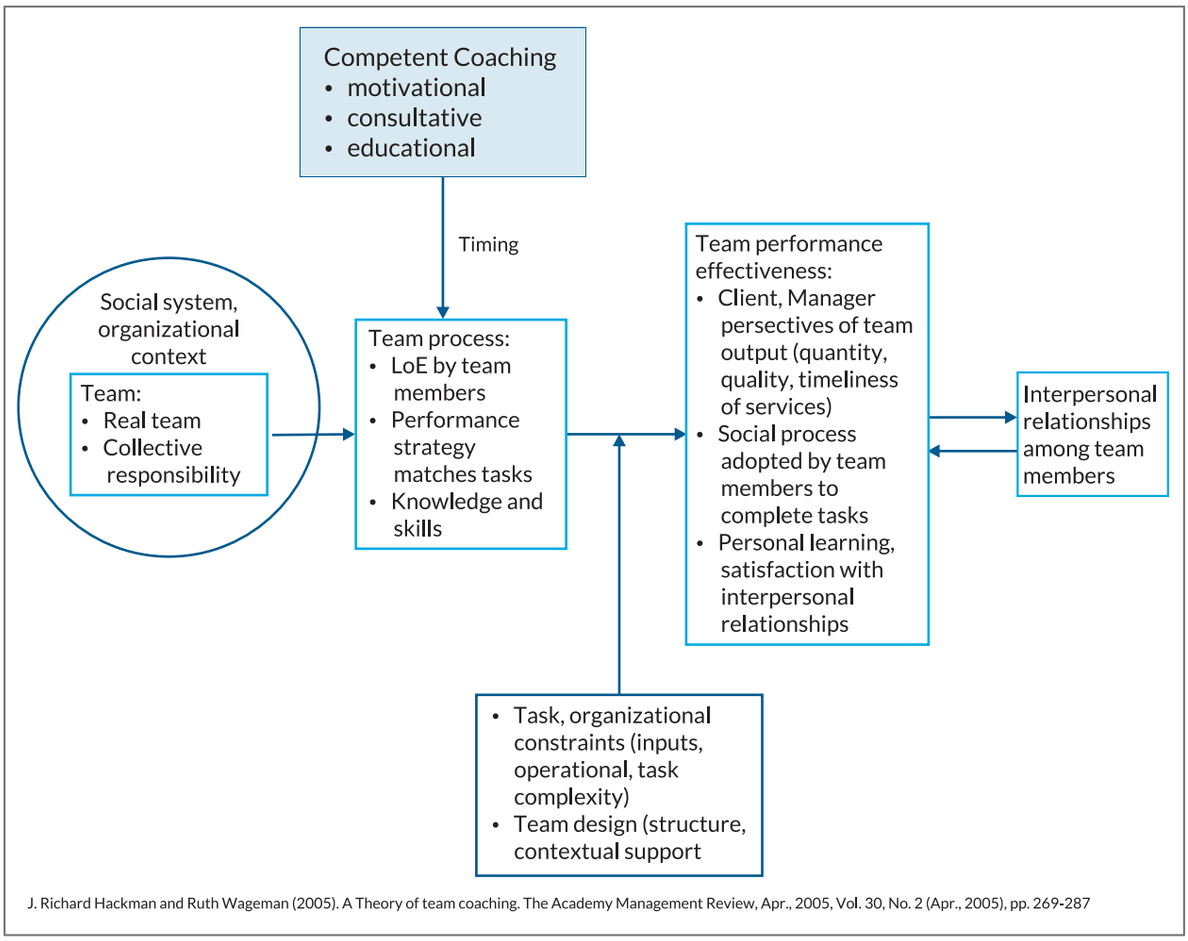


Figure 3: Conceptual model

This model focusses intervention on team process, while placing less emphasis on interpersonal relationships.

- Coaching is effective when it is **motivational** at the start. Coach should take role of motivator to develop a team spirit and build collective confidence in their ability to handle the challenges.
- As the coach builds a rapport, it should take a **consultative course** where the coach facilitates consultation amongst the team to strategize their actions and to address the challenges being faced.
- Coaching period should end with an **educational phase** where coach should facilitate in reflecting upon the gains (or setbacks) during this period and draw learning for the future. Sequence of the modules in this coaching programme is designed based on this concept.

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

- Understanding teams
- Understanding teamwork
- Communicating effectively–within team
- Communicating externally as a team
- Accountability
- Decision making and conflict resolution
- Problem Solving
- Measure of team performance
- Estimating team performance
- Taking stock & wrap-up.

This leads to improvement in:

- Team self-management on collective responsibility, monitoring and managing own performance.
- Behavioural outcomes such as increased team motivation and improved team functions.
- Quality of team process - quality of interactions, satisfaction with team relationships,
- Team effectiveness in the form of improved quality of HWC team functions and positive perceptions among the team members themselves and among patients.
- This will be visible in improved service coverage of NCD screening.

B. Introduction to Coaching

B.1. Coaching

Coaching is defined as a typically short-term , performance-driven, focusing on specific skills, performance improvement and achieving defined goals or challenges in the workplace. It is more structured and formal, often with a set timeline and measurable outcomes. It is generally focused on achieving specific objectives.

Coaching relationships is intentional, based on mutual agreement between the coach and HWC team that incorporates established goals for the relationship. Our coaching program is developed following the rules of a formal coaching relationship. The duration of this coaching relationship can vary; it comprises four developmental stages, each of which varies in length.

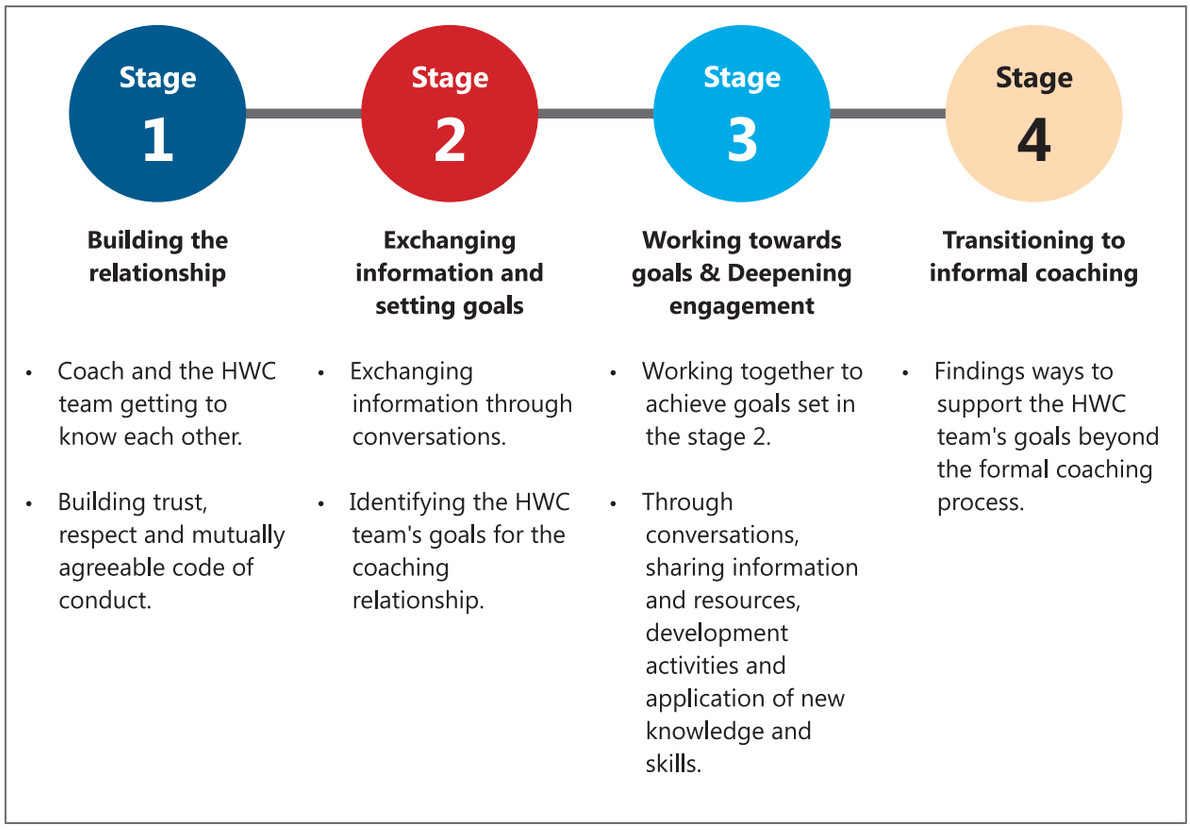


Figure 4: Coaching relationship - development stages

B.2. Facilitation styles

Coaching differs from mentoring, supervision or training (Figure 5).

Coaching

- It is short-term and performance-driven
- It focuses on specific skills with a set timeline
- Its impact can be assessed using measurable outcomes

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: A senior nurse mentoring a newly qualified nurse. An experienced professional guiding and supporting less experienced colleagues to enhance their skills, knowledge, and career development is called **Mentoring.** This can involve sharing knowledge, providing feedback, and creating opportunities for professional growth.	**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 5: Difference between coaching, mentoring, supervision, and training

B.3. Role of the coach

As a coach, your role is to facilitate the HWC team member's learning and development by asking questions, providing feedback, and helping them identify solutions. The coach guides the individual through a process of self-discovery, action planning and empowers them for strategic planning. The coach guides them in identifying and addressing system constraints. The coach plays a major role in supporting the HWC team in identifying a shared team goals and strengthening team processes that enable the team to work better together. The coach also facilitates to identify suitable strategies for workplace challenges.

B.4. Characteristics of a good coach

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

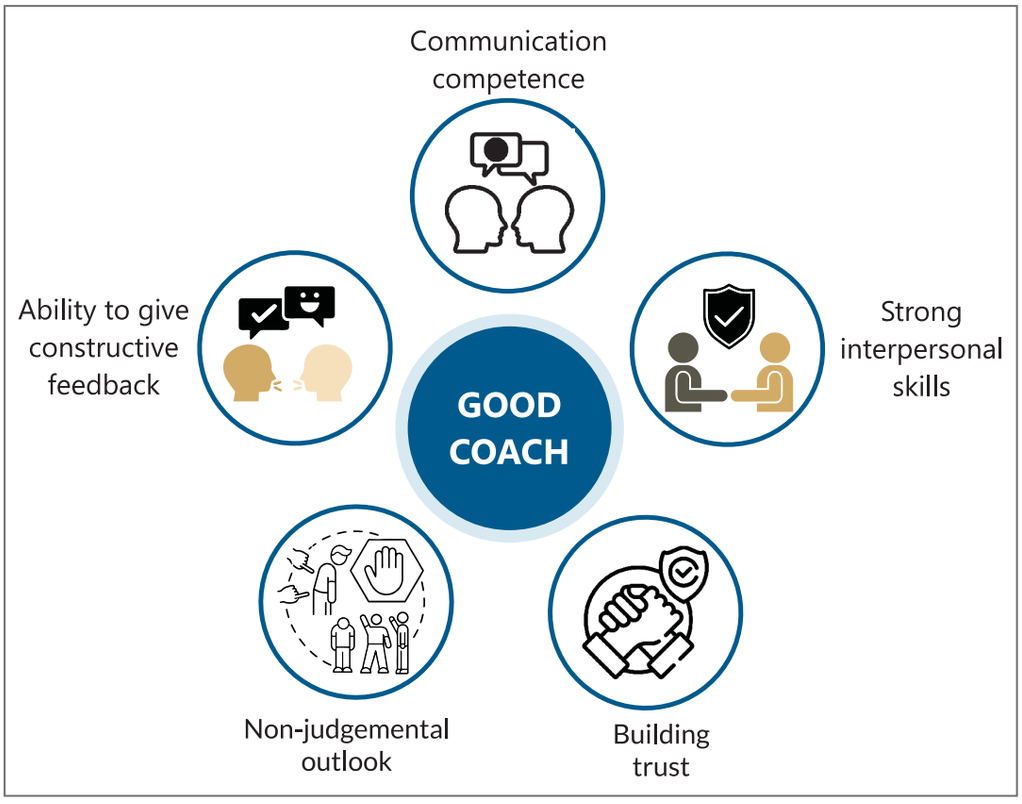


Figure 6: Characteristics of a good coach

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 HWC team. A few ways to exhibit this is by: Showing interest in what your HWC team are saying and reflect/ repeat back important aspects of what he or she has said to show that you've understood. Using body language such as making eye contact while speaking/ being spoken to. This shows that you're paying attention to what your HWC team is saying. Avoid discussing your own experiences or giving advice until after your HWC team 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 HWC team. Coaches should listen with empathy, avoid taking feedback personally, and focus on understanding team perspectives. The goal is to build trust, promote learning, and avoid situations where discussions lead to friction or reinforce hierarchies.
3. **Building trust:** It is critical to understand that a core foundation of a strong coach HWC team relationship is trust. Trust is built over time. You will increase trust by keeping your conversations and other communications with your HWC team (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 coach must have the ability to listen to their HWC team and withhold judgment. By providing a safe space to communicate and discuss problems, a coach can help their HWC team in various ways that benefit both of them now and in the future. coach should not act with bias while coaching their teams.
5. **Ability to give constructive feedback:** Effectively giving feedback by incorporating observation and reflection. It 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." Ability to assess what your team needs and extend support wherever possible.

C. Operational plan for Team Coaching Program

- Duration: 10 months.
- The coaches will be paired up
- Each coach pair will coach 2 HWC teams
- On the coaching day, both the HWCs will be visited by the coaches. One in the morning and other in the evening.
- Content is divided into modules, spreads across 10 months.
- Each module is further divided into touchpoints: 2 in-person and 1 virtual touchpoint.
- A schedule of systematic contacts between the Coach and HWC team will be prepared. Each contact is called a "touchpoint".
- Each in-person touchpoint will also include a clinical skill for the team members.
- The overall intervention will be delivered in a hybrid modality, with in-person and virtual touchpoints.

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

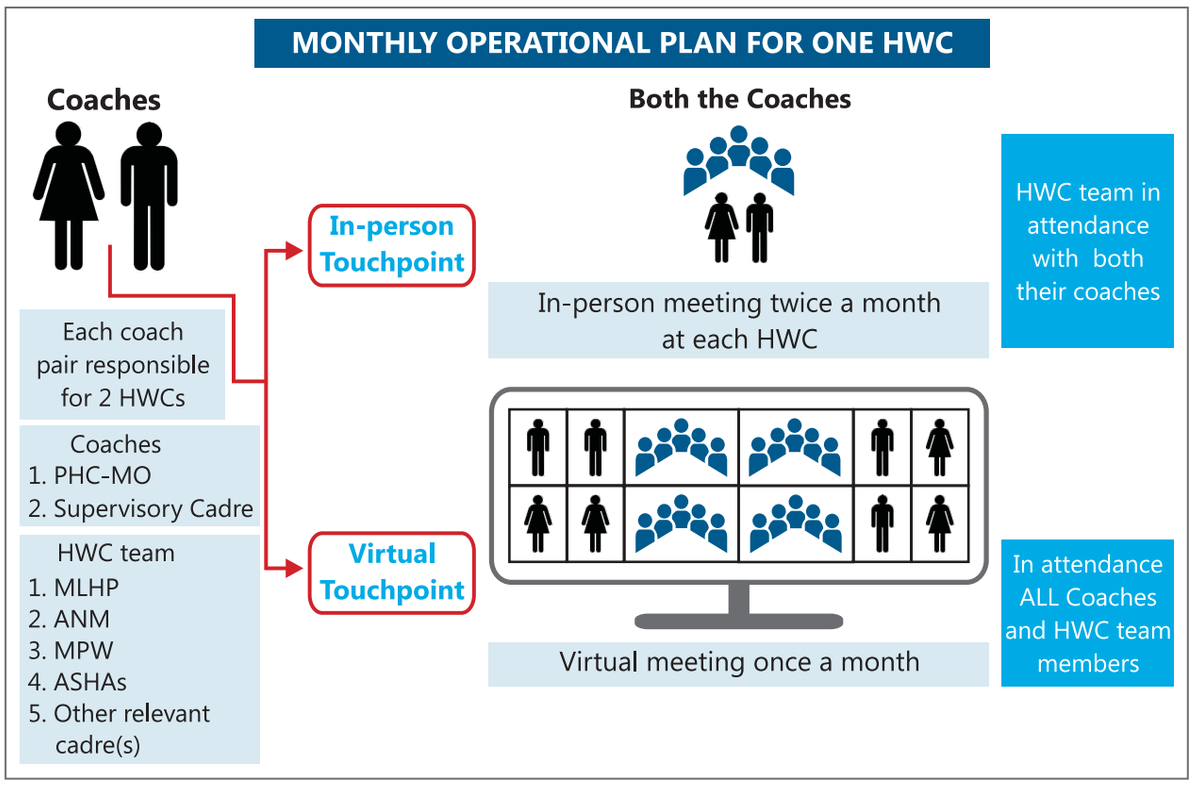


Figure 7: Monthly operational plan for one HWC

C.1. Roles and responsibilities

1. As a Coach, your role will be to provide the following to your HWC team:
   - Guidance
   - Advice
   - Feedback and support
   - Impart the modules as you are trained on them
   - Train on the clinical skills
2. Planning and coordinating the sessions according to the different modalities–in person, virtual, and via WhatsApp with your HWC teams.
3. Coordinating sessions with your fellow coach who is paired with you and assigned to your HWC
4. Routinely assess the progress of your HWC team using the reflection journal. Meeting with you second coach to compile feedback and future steps for your team's progress.
5. Feedback on modules and touchpoints post implementation.
6. Conduct a coaching session and not a supervisory visit. Coach should encourage the HWC team to share the challenges and difficulties they are facing in imparting their duties. Coach should listen to their issues in a neutral way without being judgemental. S/he should develop trust amongst the HWC team that their challenges will not be considered as their inability to perform and in turn will not be reprimanded.

C.2. What should the coaches and HWC team expect

At the end of this coaching program the coaches and the HWC team should expect the following, as depicted in figures 8, 9, 10 and 11

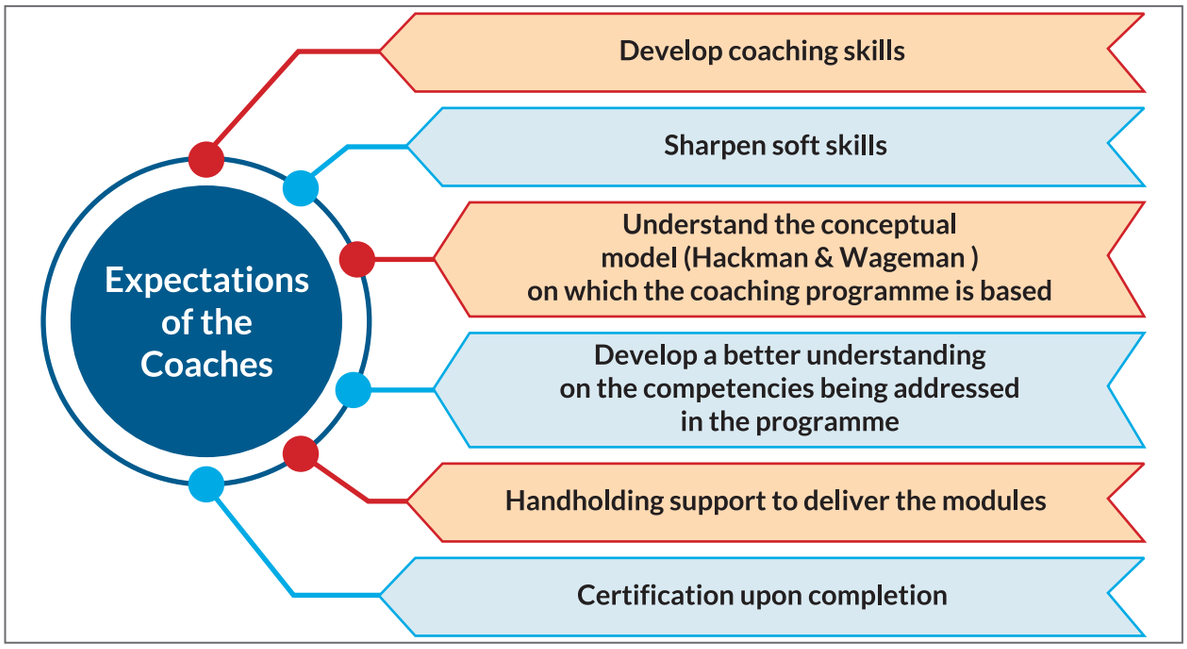


Figure 8: Expectations of the coaches

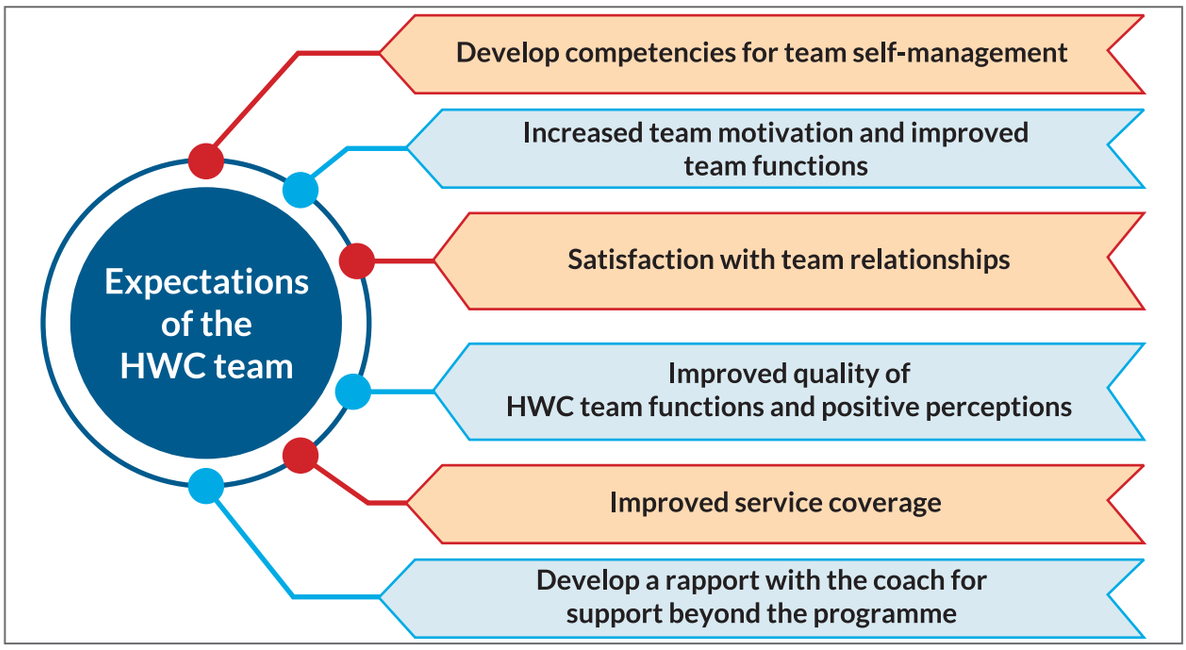


Figure 9: Expectations of the HWC teams

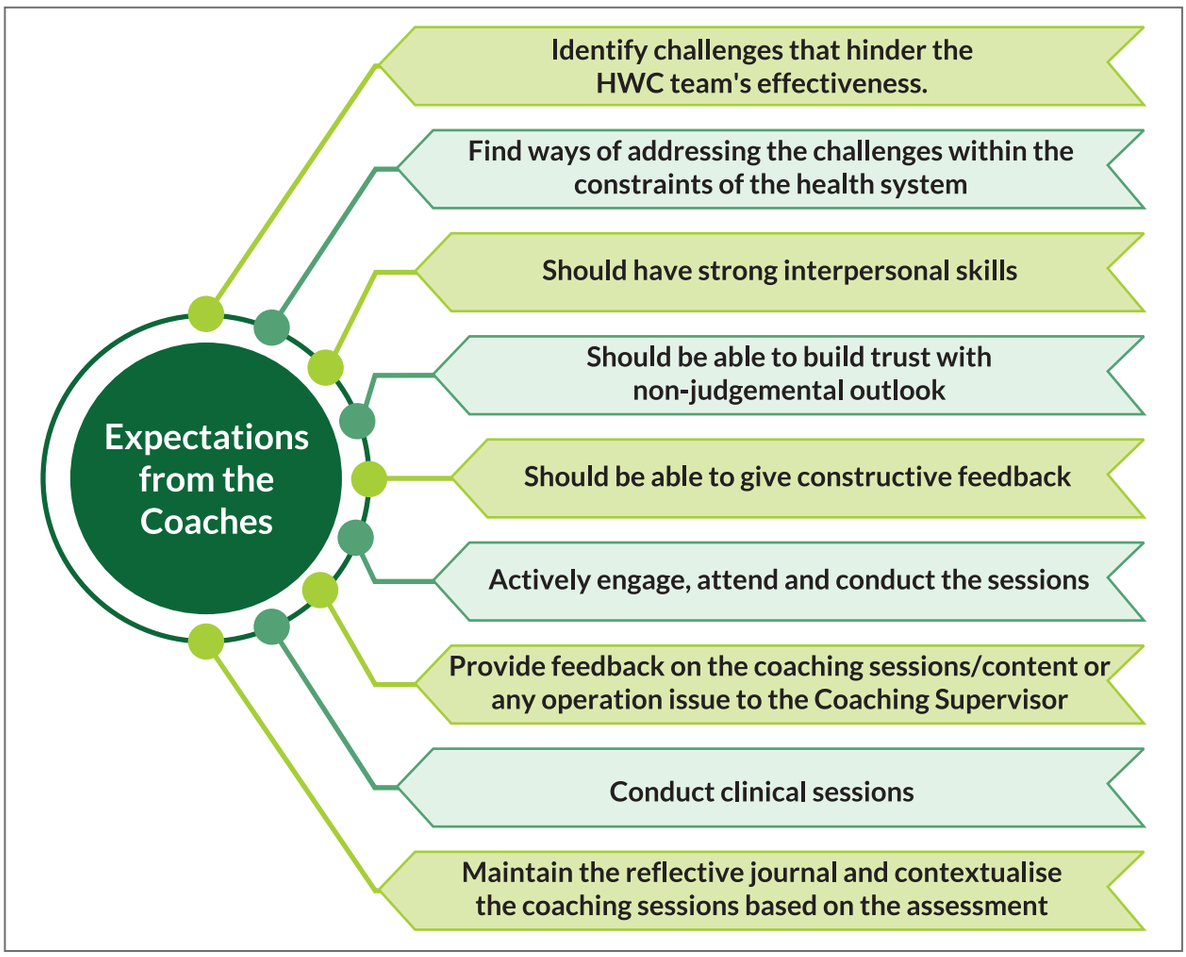


Figure 10: Expectations from the coaches

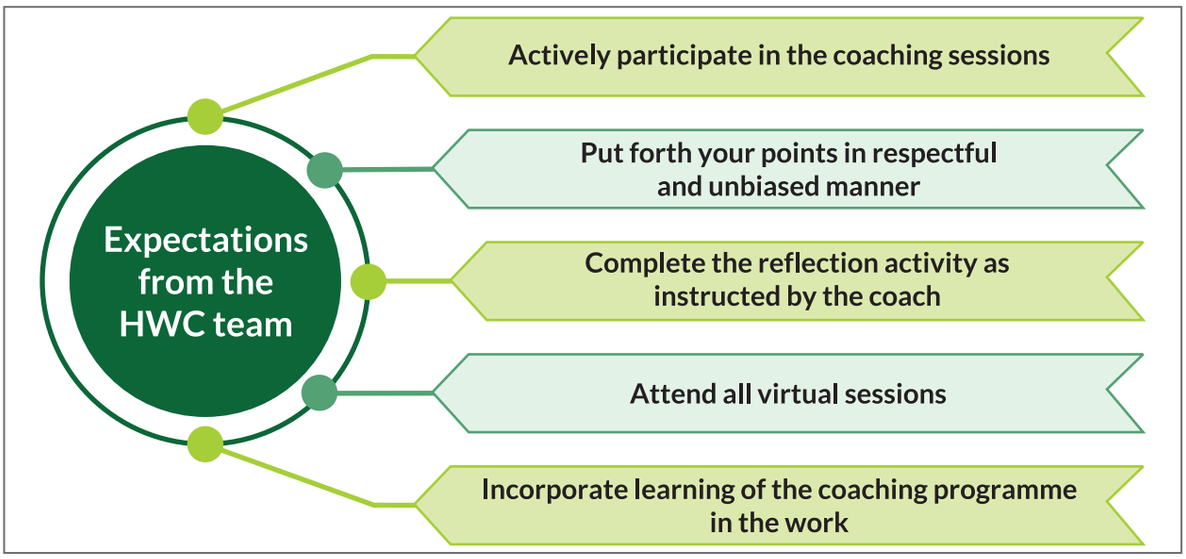


Figure 11: Expectations from the HWC teams

C.3. Support to HWC team

During the duration of coaching program, constant support will be provided to the coaches by their coach supervisors.

a. Who is your coach supervisor?
   - District Quality manager
   - IIPH-S faculty
   - JHU-IPSI senior representative

b. What is the role of your coach supervisor?
   - Address all content related queries being faced during the touchpoints
   - Resolve any HWC team related issue (absenteeism, non-compliance etc)
   - For any other feedback

c. Who is the coordinator for this coaching program?
   IIPHS coaching program coordinator

d. What is the role of the coach coordinator?
   - Ensure day to day logistics for the coaching program
   - Point of contact for the coaches for any transport related issue
   - Transport for the coaches will be provided, attendance will be ensured by them, monitoring the sessions, facilitating the weekly calls, support the coaches in filling the reflective journal
   - Liaison between coaches, district authority and the HWC

D. Guidance on Coaching

Coaching process can broadly be divided into three phases – preparation, conduct, and post-session. We will discuss below specific guidance for the three phases of this coaching program.

D.1. Preparing for the touchpoint

Prior to initiating the coaching program: As the coaches will go as pairs, it's important to connect and discuss the upcoming touchpoint with your coach partner to revise the content and understand each other's role.

D.2. Planning visits and virtual sessions

Ensure punctuality for your touchpoints. Along with your coach partner, plan visits well in advance to your HWCs. Share this plan with the HWC teams to ensure full attendance during these planned sessions.

Plan and anticipate: Go through the module wise structure and touchpoints in the coaching program. Think of, anticipate, and discuss challenges that may arise during the touchpoints or the coaching process, for example, engaging each member of the sub-health centre team, building trust with a HWC team member that's older.

Example:

- There may be HWC team members who hesitate to speak up or ask questions during sessions. Encourage HWC team to actively ask questions during the discussions – as a coach it is important for you to iterate that. For example, you may say "No question is a stupid question" to make HWC team comfortable in asking question.
- Resentment between HWC 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 HWC team members; be respectful and considerate of these feelings.
- Be prepared with materials required during sessions.

D.3. During the touchpoint

- **Establish rapport and build trust:** A coach-HWC team dynamic hinges on rapport and trust. As a coach it is your responsibility to establish trust. You can do this through the following ways:
    - Make the HWC team feel comfortable
    - Address them by using their name and with respect.
    - Encourage each HWC team member to participate in the reflection exercise.

    - 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 touch points.
    - When providing feedback on an exercise, do not find faults; instead ask questions of the HWC team 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 HWC team knows they have your full attention.

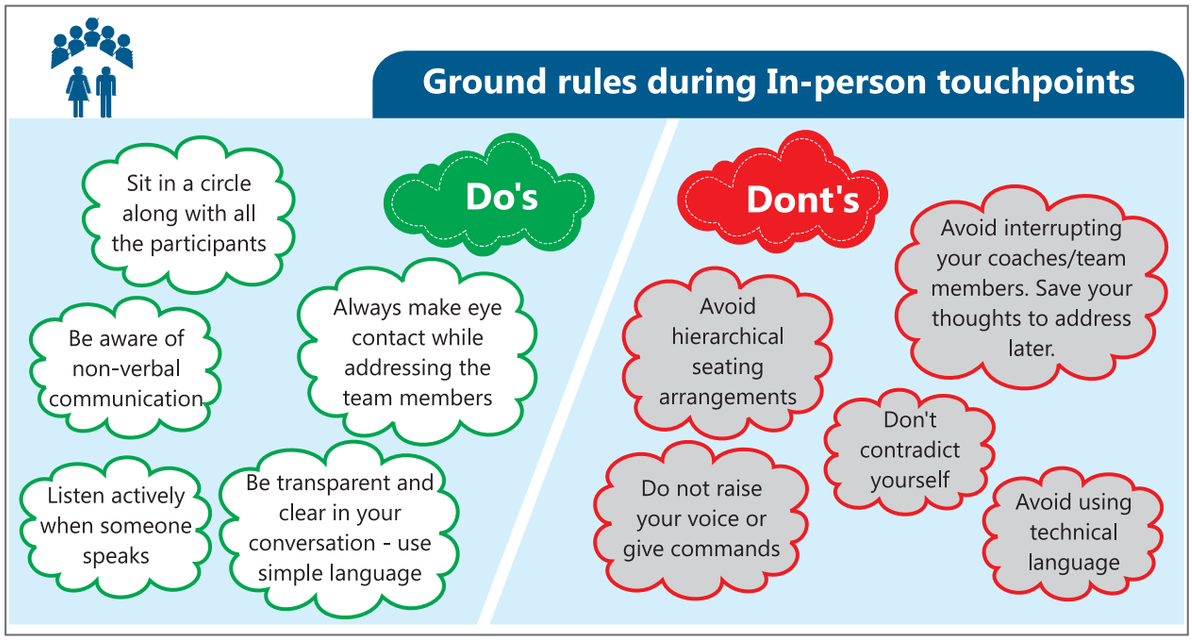
    - Addressing each other respectfully, practicing basic etiquette ("please" and "thank you").
    - Being empathetic and non-judgmental.

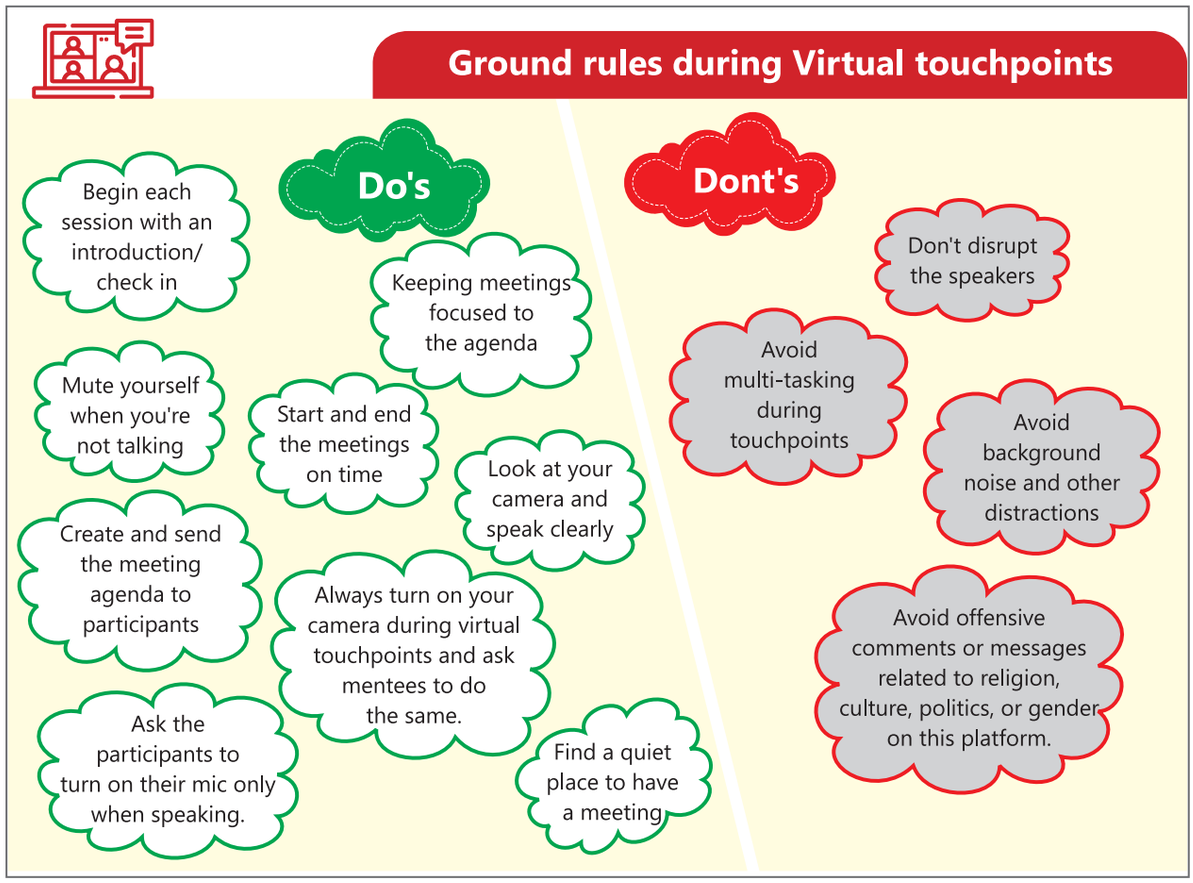
Example:

- If a HWC 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 HWC team members 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.





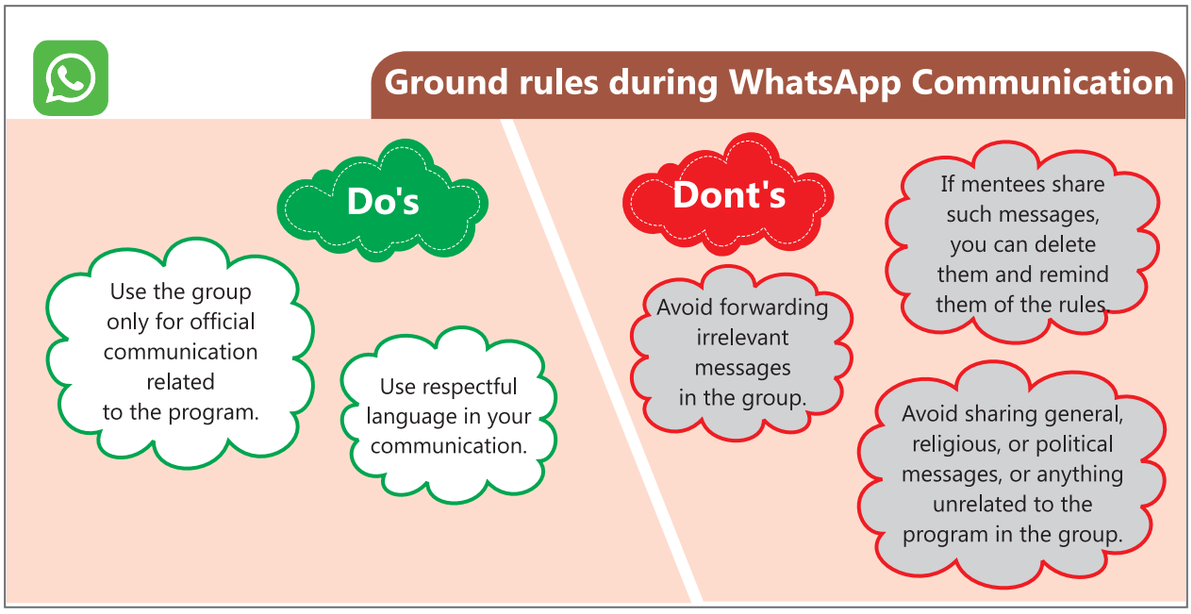


Figure 12: Ground rules for communication

These ground rules also apply to communicating with your coach partner, coach 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 HWC teams. These tips are geared towards supporting self-directed learning among the HWC team. 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 HWC team time to think, reflect and speak.
  - Facilitating cross-learning among HWC team members to enable a practice of learning from each other.
  - Emphasize more upon reflective sessions and experiential learning
  - Highlight and include possible friction from team endowment/ work challenges activities

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

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

- Focus on the objectives: During the coaching program and the touch-points, emphasize the objectives and focus on them. At the end of a touch-point, summarize (or ask the HWC team to summarize) some of the key discussion points pertaining to the objectives.

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

Culture and context

- HWC team 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 coach 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 HWC team during a session. To fill in these silences, initiate discussion and give examples which are impersonal in nature. You can start with an anecdote or story that is relevant to the topic of discussion but not indicating to anyone in personally. You may plan these conversation starters ahead of time

D.4. After the touchpoint

Exchange notes with your coach partner to update him/her on the conducted touch point- what went well, what needs improvement, your feedback on the HWC team members participation and engagement. Based on your experience during the touchpoint, pen down your reflections in the reflection journal

Reflect: After each touchpoint, reflect on it individually and with your coach partner separately when you return to the PHC Attempt to answer the following:

- What went right in the touchpoint?
- What seemed to motivate/ excite the HWC 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 coach partner?
- What do I(/we) need to get back to the HWC 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 coaching intervention to your coach supervisor after every in-person touchpoint through the established communication structure.

At the end of sessions:

- Enter the HWC team member attendance and time spent at the facility in the Kobo tool (Annexure 1)
- Fill out question/topic of the month as per the reflection journal for each HWC team

Part 2

Modules 1 & 2

Module 1

Understanding your team

Module 1: Understanding your team

Module 1 has the following

Touchpoint 1 – In person by both the coaches

Touchpoint 2 – In person by both the coaches

Touchpoint 3 – Virtual session

Module objectives:

1. Communicate the objectives and structure of the coaching programme to the HWC team
2. Explore the team's understanding of their purpose
3. To examine the range of activities, both individual and interdependent, that HWC team members undertake

Module 1		
Month 1		
	Time	**Activities**
TOUCHPOINT 1 Who: Both the coaches Modality: In-person Duration: 2 Hours		
Introduction to the coaching program	20 mins	Team Introduction and reflective session
Ice-Breaker Game	30 mins	Exercise – Scavenger hunt followed by a coach-led discussion
Understanding the team's purpose	35 mins	Group activity using chart paper and post-its
Clinical skills	15 min	Handwashing
Setting up WhatsApp group and reflection exercise	10 mins	Individual activity
Meal/Tea-time	10 min	Group Activity
TOUCHPOINT 2 Who: Both the coaches Modality: In-person Duration: 1 Hours 45 mins		
Recap and stock taking	15 mins	Reflective session
Understanding the teams' work	40 mins	Understanding activities within the HWC team
Understanding work distribution in the team	30 mins	Group activity followed by a coach-led discussion
Clinical skills	15 mins	Preparation of 0.5% chlorine solution
Reflection exercise	5 mins	Individual activity
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

1. Communicate the objectives and structure of the coaching programme to the HWC team
2. Explore the team's understanding of their purpose.

Summary of activities

1. Introduction of the team coaching program (explaining what the teams will achieve at the end of the 10-month coaching programme, certificate of participation for completion)
2. Introduction of the HWC team and coaches
3. Ice-breaking activity: Scavenger hunt
4. Understanding team goals
5. Clinical skills session
6. Establishing WhatsApp groups
7. Reflection exercise
8. Group activity: sharing a meal

Preparation for the session

1. Carry chart paper, markers and post-its
2. Carry some small snacks to be shared with the HWC team
3. Carry the T.E.A.M handout

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Session

A. Introduction (20 Mins) – introduction to the coaching program

Instructions

1. The coaches and the HWC team will introduce themselves to each other. The coaches will first introduce themselves: they will share their name, years of professional experience, hobbies they have, favourite food, favourite movie, favourite actor/ actress.
2. Each HWC staff member will then introduce themself; they will share their name, years of professional experience, explain their roles and responsibilities at the HWC, their hobbies, favourite food, favourite movie and favourite actor/ actress.
3. The coaches will then introduce the coaching program to the team.
    a. Explain module themes which will be covered over 10 months.
        - Communicating within teams and externally
        - Sharing responsibility
        - Problem solving
        - Data use for HWC
        - Resolving differences in the workplace
    b. Different touch points and their modalities
    c. Approximate duration for each touchpoint
    d. Role of the coaches in this programme
    e. Certificate of participation at the end of the programme for the HWC teams
    f. How the coaching programme is expected to benefit the team and improve their work
    g. Expectations from HWC team including time commitment, attendance for in person and virtual touchpoints, and participation in group activities.

B. Ice Breaker Game - Scavenger Hunt (30 Mins)

Objective for coaches- assess how teams communicate with each other

Coaches to Observe:

- Did the HWC team understand the purpose of the exercise?
- Who was organically leading in the group?
- Who was disinterested/ disruptive (if any)?
- What was the process that the team followed during the activity (for example: was there any structure to their method such as dividing work, planning before starting the activity)
- Who do they consider a part of their "team"

Instructions

To the HWC team:

- You all are one team. Please move in and around this facility and collect the items for the scavenger hunt.
  - Coaches to ensure that everyone on the team is participating including ML-HPs and ANMs.
- Please collect items starting from each letter of the word: TEAM.
  - Coaches to hold the handout to show the letters clearly to the team members.
- As a team, you will collect a minimum of 6 items starting from each alphabet of the word –T.E.A.M (i.e., 6 items from the letter "T", 6 items from the letter "E" and so on. However, there is no upper limit to how many items can be collected.
- You all must do this collectively, with everyone participating. You have 15 minutes to do this activity.
- When you come back, please explain your choices and the process you followed.

Figure13: Scavenger hunt handout

Post activity discussion (Coaches to facilitate)

Ask the teams the following and try and elicit responses from each team member.

(Garo)

1. Iako daka rikani miksong.anira maia?
2. Maidakgipa dakna nang.anirangko dake ia miksonganiko chu.sokgipa ong.atna man.gen? (Daka rikani aro miksong.ani dingtanggrikaniko agan.chakbo. Na.aon. gimin talatgimin-niko ra.e agan.chakna man.gen.)
3. Na.a maidake daka rikanikko dakna chanchienga aro sawa maiko dakgen?
4. Ia dakanirangko ka.mitingo na.a maiba neng.nikaniko cha.grongama?

(English)

1. What was the purpose of this activity?
2. What were the activities you needed to perform to achieve the purpose? (If needed, differentiate between activities and purpose)
3. How did you plan the activity and who did what?
4. Did you face any challenges while doing this activity?

Coaches to end this team activity by discussing the idea of "teams". Use the following probes to guide your discussion.

1. What do you consider a team? / How would you define a team? / What does the word "team" mean to you?
2. Who is a part of your HWC team?

   [**Note to the coaches:** Make sure you ask this to each person in the team and allow them to respond individually as opposed to collectively. At this stage, clarify to the HWC team that though teams can be defined in various ways, e.g., they may include community members and AWW, this coaching program will involve only the HWC team, i.e., MLHP, ANM, ASHA, vaccinator (if available), surveillance/ malaria worker (if available).]
3. What do you understand about working in a team?

C. Understanding team's purpose (35 min)

Materials required: Post-its, chart paper, markers

Objective for the coaches – To understand the HWC team members' perceptions of the team's purpose/ goal.

Coaches to Observe:

- Are there similarities in what the different team members consider as 'team's purpose'? Once the post-its are clustered, do the team members seem to have the same purpose?
- Do different cadres think of team purpose very differently?

Instructions for coaches:

1. On the post-its, ask each team member to write the purpose of your HWC team.

   (Coaches to emphasize on the word team's purpose. This is not to be confused with day-to-day activities or each cadre's work. For better clarity provide the football example in the box below:

(Garo)

Miksong.ani ine agangenchimode na.a maiko man.a jotton ka.enga uko agana indiba Daka rikani ine a.ganenchimode nang.ni dakna nang.ni kam je.an nang.ni miskonganiko man.a gita dakchaka uko agana.

Jekai :

1. Robol kalrimskarangni miskonganide kalanio che.ani ong.a uni gimin robol kalgiparangni dakna nangniara apsan jilma kale, skie ra.e, maidake sawa badia biapo kalgen uko apsan kalrimskarang nam.e agangrike chanchie saksa sakgipin baksa bakrime aro baita goal chipa uarangkoan miksonga.
2. HWC-ni miksong.anira songsal-ni namgnina kam ka.ani, uni gimin HWC-de song.ni bi.sa gimik jean bilsi -5 na bate komigipa bi.sarang ko biji su.ani onggen, dakna nangipa kam de bilsi-5na bate komigipa bi.sarangko segate ra.ani, baita ming biji su.anirang donga aro VHND-ko singsandiani ong.gen.

(English)

A purpose is what you want to achieve, while an activity is a specific action you take to achieve that purpose.

Example 1: A football team's purpose is to win the football match, the activities required for it can be training together as a team, training on individual skills, developing game strategy, scoring goals, etc.

Example 2: As part of its purpose to ensure the community's well-being, an HWC may want to achieve 100% immunization coverage for under-5 children, the activities required for it can include beneficiary line listing, taking stock of vaccines, mobilizing for VHND etc.

2. Ask each team member to pass their post-it to the person on their left. One by one, ask everyone to read out loud the post-it they have.
3. As each team member reads out their post it, ask them one by one, to come up to the chart paper and stick the post-it in a way that similar responses are clustered together. You may have to direct them to stick the post it on specific parts of the chart paper to achieve appropriate clustering.
4. If needed, clarify the difference between team's purpose, and activities, . If the team members want to make changes to the team's purpose, allow them to do so and rewrite the goals on the post-its.
5. Wrap up the exercise with a summary, highlighting differences or similarities in how the team members think about their team purpose. For example, "Many of your team members think that malaria control is one of the purpose of your HWC", "Many of you think improving ANC coverage is one of the team's purpose", "Most of you think providing all needed services to the community members is this team's purpose but one of you thinks providing institutional delivery is the team's purpose"
6. Conclude with the following statement and use the following probe-

   "All these different responses point towards a larger purpose?

(Garo)

Songsal-ni an.seng baljokanian HWC-o kam kagipa gimikni miksong.ani ong.ama? Sana bana nian Hopitalo kam karimskarangni a.sol miksongani ong.ama?

(English)

Probe: Is protecting the community's health the main purpose of the team? Is delivering health services the main purpose of the team?

7. **Save the chart paper with the post-its for the next touch point.**

D. Setting up WhatsApp group and Reflection work (10 Mins)

Instructions for setting up a WhatsApp group

1. The coaches now set up a WhatsApp group of all the HWC team members and themselves.
2. WhatsApp etiquette and housekeeping rules on what communication is to be sent in the group 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 coaching and for coordination purposes.
4. Coaches to send an alert/ reminder to teams.

Reflection exercise:

The purpose of these reflection exercises is to encourage team members to pause, think, and share their perspectives through simple questions/ probes.

As part of this exercise, each HWC team member will reflect individually on the following question:

(Garo)

Maina apsan karimskarangni apsan miksonge kamko nangrime ka.ani-ara gamchata?

(English)

"Why is it important to have a shared understanding of a common team purpose?"

Instruction for the Coaches:

1. Share this question in the WhatsApp group as a reminder for the team members.
2. In the next touchpoint, ask each team member to say aloud their responses.
3. Facilitate a discussion on these responses in the next touchpoint.

E. Meal/ Tea-Time (10 Mins)

Instructions: Share a meal/snack/tea with the coaches and HWC team and have light, informal conversations. Coaches to bring some food to share

F. Clinical skill: Handwashing Technique

Duration: 15 mins

Materials required: liquid handwash, water, handwashing poster

- Show the poster on Handwashing and explain each step
- Demonstrate each step of handwashing
- Ask the HWC teams to re-demonstrate the steps

Take the HWC teams to the handwashing area to observe if it is functional. If not, ask them to work as a team to fill the gap (availability of liquid handwash, running water, elbow tap, handwashing poster above the washbasin)

S.No	Steps
1	Take out jewellery/bangle/watch, etc, before handwashing.
2	Wet hands with water.
3	Apply liquid or bar soap to a cupped hand.
4	Lather well.
	All 6 steps are to be followed for the hand-washing procedure.
5	Rub palm to palm.
6	Rub the back of the left hand over the right palm and vice versa.
7	Rub the backs of fingers on the opposing palm with fingers interlocked.
8	Rub around the right thumb with the left palm and vice versa.
9	Rub fingertips on the palm of both hands.
10	Rub both wrists in a rotating manner.
11	Rinse hands well.
12	Dry hands with a procedure (air drying).

Touchpoint 2: In-person by both the Coaches

Duration: 1 hours 45 minutes

Objectives of the session

To develop a common understanding of activities that HWC team members undertake and the challenges they face in executing activities.

Summary of the activities

1. Recap of and reflections from the previous touchpoint
2. Discussion on reflection responses.
3. Discussion on HWC team activities and understanding areas of challenge
4. Understanding team members' roles, responsibilities, and work distribution
5. Clinical skills sessions
6. Reflection exercise

Preparation for this session

1. Carry chart paper from touch point 1, marker pens and post-its
2. Carry ANC activity handout (one for each team member +1)
3. Pens and markers

Session

A. Recap and stock taking (15 mins)

Instructions

1. Recap of previous touchpoint by coaches.
2. Reflections from the HWC team on the previous touchpoint
3. Discussion and clarification of any questions from HWC team members on the previous touchpoint content.
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. Understanding our team's work (40 mins)

Objective for the coaches: Understanding the activities that your team has and the challenges they face.

Coaches to observe

- What are the different types of challenges the team faces while doing its activities? Note the challenges in terms of:
  - Material resources
  - Human resources
  - Support from superiors or system
  - Motivation to perform
  - Information on performance
- Does the team identify any knowledge, skill or competency gaps that hinder its activities?

1. Using the chart paper from Touchpoint 1, set aside all the responses that point to ANC service delivery. Stick all the post-its corresponding to the ANC service delivery on the flipside of this chart paper.
2. Ask the team to discuss among themselves and list down the different activities the team does to provide Antenatal care.

   [Note for the coaches: If the total number of team members is less than or equal to 10, ask everyone to do this activity together. If the total number of team members is more than 10, make smaller clusters of 6-7 people. Ensure clusters have a mix of ASHAs + MLHP/ANM/MPW/Other cadres. Each cluster works among themselves and then writes their responses on the common chart paper. Repetition of activities is okay.]
3. Use the following probes to help the team think of all the activities they perform to provide ANC services. The team, however, does not need to classify their activities under these probes while listing them on the chart paper -

(Garo)

a. ANC baksa nangrime maidakgipa daka rikaniko songsal ka.enga?
   - Daka rikanirang jekai (VHCs/JAS/MAS) baksa apsan jekai ANC ni gimin singsandiani, masie ra.ani, jik-se jean ANC o bak ran.a nang.a ua gimiko sandie aro LMP, nokantia chi re.e an.o dongiparangko sandie, aro VHND-ni somoio ANC check up ka.anirangko didie on.engama.

b. Maidakgipa ANC baksa nangrimgipa daka rikanirangko HWC-ora man.a?
   - ANC check-up aro singsandianirang jekai biji suani, sam on.ani, an.o dongipara ma.giparangko skie agane on.ani, MCP card-ko rakiani, biming segate ra.ani aro an.chi chu.ongijagipa ba sabisi dongipa an.o dongipa ma.giparangko name nirok sandiani.

c. Maidakgipa ANC baksa nangrimgipa daka rikanirangko nirokaniko HWC-ora man.a?
   - Name chanchi nangrime aro je bostu dong.a uko niroke, jekai samrangko rabaa, bosturangko simsake don.a, VHNDs ko ong.ata aro dingtang dingtang program, ANC ko nirok sandia, reportrangko name simsake tarie don.a.

d. Aro gipin dakna nanggnirang-jekai: Songreanirang, saksasa sakgipin baksa agan sandirikani, golporimani, skie agane on.anirang.

(English)

a. What are some ANC-related activities undertaken at the community level?
   - Includes activities like engaging with community groups (VHCs, JAS/MAS), mobilizing women for ANC services, identifying and listing eligible couples

and LMP beneficiaries, conducting household visits, tracking pregnancies, and supporting ANC check-ups during VHNDs.

b. What are some ANC-related activities undertaken at the facility?
   - Includes services such as ANC registration and check-ups, administering vaccines and supplements, carrying out investigations, counselling pregnant women, maintaining MCP cards and registers, and ensuring proper follow-up for high-risk pregnancies.

c. What are some ANC-related activities for facility management activities?
   - Involves planning and managing resources, including indenting medicines and supplies, maintaining equipment, organizing VHNDs and outreach activities, tracking ANC service coverage, compiling and reporting data, etc.

d. Any other activities – example: transportation, coordination, meetings, trainings, etc.

[**NOTE for the coaches –** Encourage and guide teams to make this as exhaustive for ANC. Exact classification under the categories is not the key (there may be some overlap – for example data reporting can be part of service delivery and facility management both. The focus of this exercise is for the team to enlist as many activities as possible.]

Discussion: The coaches will now facilitate a discussion using the following probes.

1. How does the team plan the activities related to ANC services? (E.g., do they hold meetings as a team, do they message each other to coordinate?)
2. What are some of the challenges that the team faces in doing these activities? Use the following probes:
   a. Material resources like lack of equipment, drugs, infrastructure like running water and electricity
   b. Human resources like enough team members, skill set of team members
   c. Support from superiors, lack of guidance and supervision
   d. Incentives to perform; recognition of good work
   e. Information on performance lack of data or feedback,

C. Understanding work distribution (30 mins)

Objective of the activity:

1. To help team members clearly understand and assign responsibilities among different cadres in the HWC team.
2. To encourage participation by mapping out each cadre's role in various real-world healthcare scenarios.

Materials needed:

Work distribution activity handout (1 for each team member + 1), pens, and markers

Coaches to observe

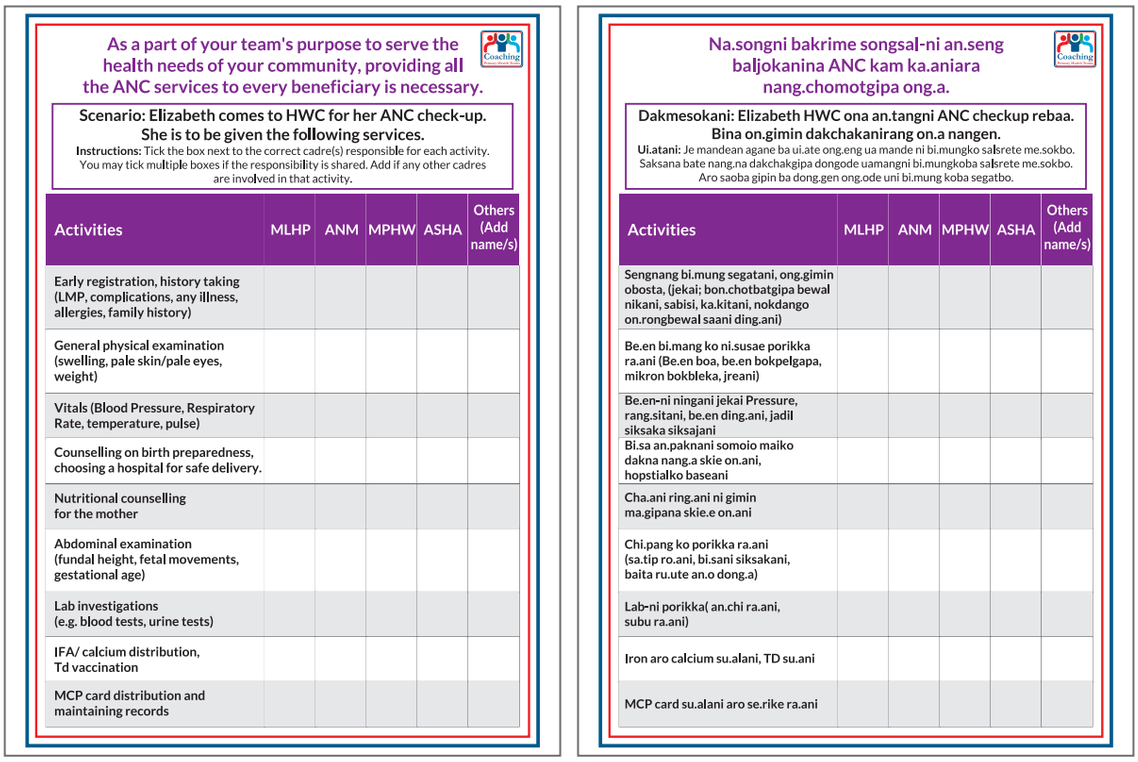
- Do the team members have a common understanding of their own and each other's roles and responsibilities?
- Does the team identify any knowledge or skill gap?

Explain the purpose of the activity:

"The goal of this activity is to have a common understanding of the activities that different team members are responsible for. It will help us understand how responsibility is shared within teams."

Steps for conducting the activity:

Use the printed sheet for this activity shown below. Distribute one copy of the sheet to each HWC team member; they will need to complete the hand out individually.



As a part of your team's purpose to serve the health needs of your community, providing all the ANC services to every beneficiary is necessary.

Scenario: Elizabeth comes to HWC for her ANC check-up. She is to be given the following services.

Instructions: Tick the box next to the correct cadre(s) responsible for each activity. You may tick multiple boxes if the responsibility is shared. Add if any other cadres are involved in that activity.

Activities	MLHP	ANM	MPHW	ASHA	Others (Add name/s)
Early registration, history taking (LMP, complications, any illness, allergies, family history)					
General physical examination (swelling, pale skin/pale eyes, weight)					
Vitals (Blood Pressure, Respiratory Rate, temperature, pulse)					
Counselling on birth preparedness, choosing a hospital for safe delivery.					
Nutritional counselling for the mother					
Abdominal examination (fundal height, fetal movements, gestational age)					
Lab investigations (e.g. blood tests, urine tests)					
IFA/ calcium distribution, Td vaccination					
MCP card distribution and maintaining records					

Na.songni bakrime songsal-ni an.seng baljokanina ANC kam ka.aniara nang.chomotgipa ong.a.

Dakmesokani: Elizabeth HWC ona an.tangni ANC checkup rebaa. Bina on.gimin dakchakanirang on.a nangen.

Ui.atani: Je mandean agane ba ui.ate ong.eng ua mande ni bi.mungko salsrete me.sokbo. Saksana bate nang.na dakchakgipa dongode uamangni bi.mungkoba salsrete me.sokbo. Aro saoba gipin ba dong.gen ong.ode uni bi.mung koba segatbo.

Activities	MLHP	ANM	MPHW	ASHA	Others (Add name/s)
Sengnang bi.mung segatani, ong.gimin obosta, (jekai; bon.chotbatgipa bewal nikani, sabisi, ka.kitani, nokdango on.rongbewal saani ding.ani)					
Be.en bi.mang ko ni.susae porikka ra.ani (Be.en boa, be.en bokpelgapa, mikron bokbleka, jreani)					
Be.en-ni ningani jekai Pressure, rang.sitani, be.en ding.ani, jadil siksaka siksajani					
Bi.sa an.paknani somoio maiko dakna nang.a skie on.ani, hopstialko baseani					
Cha.ani ring.ani ni gimin ma.gipana skie.e on.ani					
Chi.pang ko porikka ra.ani (sa.tip ro.ani, bi.sani siksakani, baita ru.ute an.o dong.a)					
Lab-ni porikka(an.chi ra.ani, subu ra.ani)					
Iron aro calcium su.alani, TD su.ani					
MCP card su.alani aro se.rike ra.ani					

Figure 14: Work distribution activity handout (English & Garo)

Step 1: Present the scenario

Read out the scenario to the group and ensure everyone understands it.

Ask participants to consider the scenario and think about which cadre holds responsibility for different actions.

Step 2: Explain the columns

Show the columns on the sheet and explain what each one means. The first column lists a set of activities related to ANC. The other columns represent different cadres in your HWC team. Under the columns 'Others', ask the team members to specify other cadres in their team, such as Grade IV worker, ASHA facilitator, ANM supervisor etc)

Step 3: Assigning roles

Read each activity in the first column aloud one by one and ask everyone to put a tick mark (√) under the cadre they think provides that service. Clarify doubts as you go.

Specify the following

- They can tick any cadre, not just their own as long as they think the cadre is responsible for that activity.
- More than one cadre can be ticked for the same activity.

Make sure to read out the activities one by one, allowing the team members to tick the cadre columns as the activity is read out.

Step 4: The coaches collect all the sheets and compile them into one fresh sheet.

For each activity, place one single tick against all the cadres mentioned across all the responses – not the number of ticks. For example, if two people have ticked against ASHA for the "early registration" activity, just put one tick against that activity under ASHA; there is no need to write "2". The final sheet should show the range of cadres who are responsible for providing each service, based on everyone's responses.

Step 5: Group discussion

After everyone has put the tick marks, facilitate a group discussion to reflect on how the responsibilities were assigned. Use the following probing questions to ensure clarity:

(Garo)

1. Je daka rikanirango dingtang dingtang manderang-ni jak dong.a uko mesokbo. Saksan kam ka.ani maidake uarang baksa bak nang.a.
2. Apsan ka.rimskarang baita saksa sakgipini kam ka.ani gimin ma.sigrika?
3. Maidake dingtang dingtang dakna nanggni rangko karimskarangni gisepo bak ka.a?
4. Dakna nanggni kamrangko apsan nangrime su.ala ong.ode, maidake sawa uko agane on.a?
5. Jensalo sakprakna kam su.ala uno maidakgipa champenganirangko man.a?
    a. Jensalo kamko dakna nangaha uno maidakgipa champenganirangko karimskarangni ma.siani aro changa sapanio neng.nikaniko man.a?
    b. Daka rikaniko chu.sokatna gita mande chu.onga gita dong.ama?

(English)

1. Point out activities that multiple people have responsibility for. Highlight how interlinked their individual activities are.
2. How do all team members know what each person's role is?

3. How are activities generally assigned within the team?
4. If an activity is a shared responsibility, how is it decided who will perform it?
5. What are some challenges in assigning individual team member roles?
    a. What are some of the challenges in the team's knowledge and skills to perform this activity?
    b. Does the team have adequate members involved in this activity to achieve it/ do it well?

Step 6: Refining roles

Where there are disagreements or uncertainties, clarify the roles and responsibilities of each cadre in such scenarios using the resource provided in Annexure 3

Step 7: Concluding the activity:

Summarize the key takeaways from the exercise and ask the team for their reflections

Highlight the importance of understanding each other's responsibilities to improve teamwork and accountability:

(Garo)

Jensalo an.ching saksa sakgipinko ma.sichaka aro an.tangtang maiko mancha dakna nang.a uko ma.siode, karimskarang baksa kam ka.na altua aro chu.sokgipaba ong.na ama.

(English)

"When we all understand each other's and our own roles clearly, it becomes easier to work with multiple people and achieve team goals"

D. Reflection activity (5 mins)

Instructions

Before the next touch point ask the each team member to individually reflect on -

Can you name one area of work where clear roles and responsibilities would help the team work better?

Instruction for the coaches:

1. Share this question in the WhatsApp group as a reminder for the team members.
2. In the next touchpoint, ask each team member to say aloud their responses.
3. Facilitate a discussion on these responses in the next touchpoint.

E. Clinical skills: Preparation of 0.5 % Chlorine solution

Duration: 15 min

Demonstrate each step of preparing the chlorine solution

Ask the HWC teams to return and demonstrate the steps

Material required: Bucket, measuring mug, water, spoon, stirrer, bleaching powder, utility gloves

S.No	Steps
1.	Wear a plastic apron and utility gloves.
2.	Measure 1 litre of tap water and pour it into a plastic tub.
3.	Take 3 teaspoons of bleaching powder (15 g) in a plastic cup and make a thick paste using a little water from one litre. Leave it for some time to settle.
4.	Mix the solution without sediment into the remaining water to make a 0.5% bleaching solution.

Touchpoint 3: Virtual

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

Duration – 1 hour

Objectives of the session

- To understand the purpose and mission of the health and wellness centre teams

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. An expert will be invited to take the session.

Preparation for the session

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

Module 2

Understanding teamwork

Module 2: Understanding teamwork

Module 2 has the following:

Touchpoint 1 – In person by both the coaches

Touchpoint 2 – In person by both the coaches

Touchpoint 3- Virtual Session

Module objectives:

- Understand the ways through which the HWC team plans their work
- Understand types of challenges the team faces and the existing supportive context within which the teams function.

Module 2		
Month 2		
	Time	**Activities**
TOUCHPOINT 1 Who: **Both the coaches** Modality: **In-person** Duration: **2 Hours**		
Recap and Reflection exercise discussion	25 mins	Recapping the previous module and discussing reflection responses
Understanding how your team plans	30 mins	Team activity followed by coach-led discussion
Understand how your team responds to challenges	30 mins	Reflection-based group activity
Clinical skills	30 min	Coach-led skill building session
Reflection exercise	5 mins	Individual activity
TOUCHPOINT 2 Who: **Both the coaches** Modality: **In-person** Duration: **2 Hours**		
Recap and Reflection exercise discussion	20 mins	Recapping the previous touchpoint and discussing reflection responses
Understanding the context HWC teams work in	60 mins	Group activity followed by coach-led discussion
Clinical skills	30 mins	Coach-led skill building session
Reflection exercise	10 mins	Individual activity
TOUCHPOINT 3 Who: Expert-led session Modality: **Virtual** Duration: **1 Hour**		

Touchpoint 1: In-person by both the coaches

Duration: 2 hours

Objectives

For the HWC teams

- Understand the existing ways through which the HWC team plans their work and responds to challenges

Summary of activities to be done

1. Recap key messages from module 1, HWC team member reflections on module 1
2. Group discussion on reflection exercise from the previous touchpoint.
3. Team activity and discussion to understand how the HWC team plans
4. Reflection-based group activity to understand how the HWC team responds to challenges
5. Reflection exercise
6. Clinical hands-on skill session on donning and doffing of masks and gloves

Preparation for the session

1. Carry chart papers, markers, post-its

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Session

A. Recap and reflection exercise discussion (25 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. Understanding how your team works together -Team planning activity (30 mins)

Objective: To help the HWC team reflect on their planning approach during a real-world campaign

Coaches to observe:

- How does HWC plan its activities? (Who are involved, What is the frequency of these planning meetings)
- Does the team access and use data for planning, implementation, and review, and does it evaluate its performance to improve its work? How?
- Does the team have a process to review its work/performance at the end? Does it assess its performance and consider ways to improve its work?

Team activity:

Materials required – chart papers, markers, post-its

Scenario – Ask the teams to recall the Intensified NCD screening program rolled out earlier this year. Ask your team to re-create their HWC's planning journey for the program.

STEP 1: Write down the overall goal of the program at the top of the chart

STEP 2: Divide the chart into three sections – Before, During, and After the intensified NCD screening program. (Preferably use Garo words for the same)

Step 3: Ask the teams to list down all the activities they undertook under each section. Encourage them to use the local language while writing.

Use the following probes to guide the activity –

(Garo)

1. Maidakgipa kamrangko program a.bachengna skang daka (jekai; golpo ka.ani, songsalna ui.atani, ski.e a.gane on.ani, maiko miksongenga uko agane ui.e ra.ani, MO/ district ba baksa agngrikani)?
2. Maidakgipa mingsongipa kam rangko ia program ko a.bachengna skang daksoaha (jekai; agan.e ski.e on.ani, mesoke, dake on.ani, ba sachiba masibatgipa Dr. ba hospitalchi watata)?
3. Kam cholon- ko nipiltae nina gita program matchote maidakgipa jaku deani-rangko dakaha (jekai; Se.e agane ra.ani)?

(English)

1. What planning activities were carried before the program began (e.g., team meetings, community mobilization, training, discussion of targets, meetings with MO/district)?
2. What implementation actions were carried out during the program (e.g., screening, counselling, referrals)?
3. What were the steps taken to review your work/performance at the end of the program (e.g., reporting, reviewing coverage)?

Post activity discussion:

Ask the teams to reflect on and discuss the following-

a. What was the goal of the activity?

b. **Before:** How did the team plan for the Intensified NCD screening program?

   i. What were the activities taken in preparation?

   ii. How did the team decide who will do what?

   iii. What kind of data was used to develop the plan? Who provided that data? How was the data used to plan the screening drive?

   iv. How did you take stock of the resources you will need?

c. **During implementation:** What happened during the campaign?

   i. How did the team coordinate during the screening week?

   ii. Did you use data during the implementation and how?

iii. Did your plan change during the implementation and why? How did the team know how to respond?

d. **At the end of the program:**

i. According to the team, did you achieve the goal?

ii. How did you review your work at the end of your campaign?

iii. Are there things the team could have done to perform even better? Did the team discuss these during or after the screening drive?

C. Understanding how your team responds to challenges (30 mins)

Coaches to observe:

- What process does the HWC team follow to respond to their challenges? Base your observations on the following:
  - Did they meet as a team to discuss the challenge?
- Is the team equipped to deal with these challenges - What is lacking and what is in place?

Ask the team to reflect on and discuss a challenge they faced during the NCD screening week. (identifying the challenge)

Ask the teams how they responded to this challenge. Use the following probes to elicit responses – (Through reflection, understand if and how a strategy was developed, and the process)

(Garo)

a. Sawa neng.nikanirangko cha.grongaha? (Aganchakanide saksana bate kam ka.giparangba ong.na manaigen.)

b. Iara gital neng.nikani ma? Ma skango saoba iako ch.grongaha?

c. Maina ia neng.nikanirangra ong.kata?

d. Maidake ia neng.nikaniko champenga? Maidake kam ka.giparang maiko dakna nang.a uko chanchi.e manchi.e ra.a ba maiko dakgen ine masia?

e. Kam ka.giparang neng.nikaniko ma.sija ong.ode maini a.sel? Maia kam ka.giparangko champenga?

f. Kam ka.giparang an.tangtangni neng.nikaniko an.tangtangni dal.batgiparang baksa agane ski.e ra.ama?

(English)

a. Who among you faced this challenge? (Answers could include one or multiple cadres)
b. Was this a new challenge? Had anyone in the team faced it before?
c. Why did this challenge arise?
d. How did the team respond to the challenge? How did the team decide what to do or know what to do?
e. If the team could not address the challenge, why? What held the team back?
f. Did the team get in touch with their supervisor to discuss the challenge?

Wrap up by summarizing the discussion.

Save the chart paper with the NCD screening activity details for the next touchpoint.

D. Reflection Activity (5 mins)

Before the next touch point:

Ask each team member to individually reflect on:

(Garo)

NCD intensified screening campaign-niko mingsa ski.e ra.aniko ma.siatbo/mesoke on.bo jedakode mikkangchi nambate kam kana man.a gita am.gen.

(English)

“Identify one learning from the NCD intensified screening campaign that can help the team to do better next time.”

Instructions for the coaches:

Share this question in the WhatsApp group as a reminder for the team members.

E. **Clinical Skills:** Donning, doffing of mask and gloves

Duration: 30 mins

Demonstrate each step of donning, doffing of mask gloves

Ask the mentees to return demonstrate the steps

Material required : Liquid handwash, water, mask, gloves, BMW bin

S.No	Steps
	Wearing mask
1.	Perform medical handwashing.
2.	Take a clean mask from the box.
3.	Peel the wrapper and take the mask in your hands by holding its strings.
4.	Identify the metal strip and place it over the bridge of the nose.
5.	Cover the nose and mouth completely with the mask by pulling the lower part of the mask.
6.	Tie the top string above the ears at the top of the head.
7.	Tie the bottom strings at the back of the neck so that the bottom part of the mask fits properly around the chin.
8.	Grasp and press the metal strip around bridge of the nose.
	Removing mask
1.	Untie the bottom strings first and then the top strings.
2.	Remove the mask by holding the strings.
3.	Discard the mask in red colour coded container by holding the strings.
	Wearing gloves
4.	Perform medical handwashing.
5.	Take the sterile gloves and open the outer cover by peeling the sides away.
6.	Place it on a clean, dry and flat surface.
7.	Identify the right and left glove.
8.	Open the wrapper and place the cuff end of the gloves towards you.
9.	Use the thumb and first two fingers of non-dominant hand to pick up the first glove making sure to touch only the inner surface.

10.	Insert the fingers of the dominant hand into the glove, keeping the folded cuff at the wrist level.
11.	Slide the fingers of the gloved hand underneath the cuff of the second glove.
12.	Insert the non-dominant hand into the second glove.
13.	Pull the cuff of the gloves completely.
14.	Adjust the gloved fingers until the gloves fit comfortably.
15.	Unfold the cuff of the first glove completely.
16.	Interlock hands to ensure correct fitting of the gloves.
	Removing Gloves
17.	Grasp the outer surface of the first glove with the other hand and pull it inside out partially.
18.	Hold the cuff of the second glove with the partially ungloved hand and remove the glove inside out.
19.	Remove the gloves completely by holding the inner surface of the glove.
20.	Discard the gloves in the red bin.

Touchpoint 2: In-person by both the coaches

Duration- 2 Hours

Objectives

Understand types of challenges the team faces and the existing supportive context within which the teams function.

Summary of activities to be done

1. Recap key messages from previous touchpoint
2. Group discussion on reflection exercise responses from previous touchpoint.
3. Group activity to understand the context HWC teams work in
4. Reflection exercise
5. Clinical hands-on skill session on Biomedical waste management

Preparation for the session

1. Remind teams to bring out the activities chart from Module 1, touchpoint 2
2. Types of challenges handout
3. Set of flashcards
4. Carry chart papers, markers, and post-its

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Session

A. Recap and discussion on reflection responses (20 mins)

1. Recap of previous touchpoints by coaches.
2. Reflections from the HWC team on the previous touchpoint
3. Discuss and clarify questions the 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. Understanding the context your HWC team works in (60 mins)

Objective for the coach: To reflect on and understand the conditions HWCs function in.

Step 1: Use the chart from Touch Point 1. The chart paper should already have the goal of NCD screening campaign.

On the back of the chart paper, divide it into 4 quadrants (As in the fig below). Label the first quadrant “The people we work with”, the second quadrant “The way we work”, the third quadrant “Material resources we work with” and the fourth quadrant “Support from the health system”. In each quadrant, have the team list down “Challenges” and “Enablers”. Feel free to write these in the local language that the HWC team members are most comfortable with.

The people we work with		The way we work together	
Challenges	Enablers	Challenges	Enablers
Material resources we work with		**Support from the health system**	
Challenges	Enablers	Challenges	Enablers

Figure 15: Chart design sample

Now using the handout below, explain to the team different types of challenges and enablers.

(Garo)

Challlenges/Neng.nikanirangara name dakna nanggipa kamrangko champenga.ani ong.a. Enablers ine agnaode je mandean ba je daka rikanian kam kana nanggiparngko altue aro nambate kana gita dakchaka.

(English)

Challenges are factors that make it difficult for the team to perform these activities well. Enablers are factors that make it easy for the team to perform these activities well.

Types of challenges and enablers-

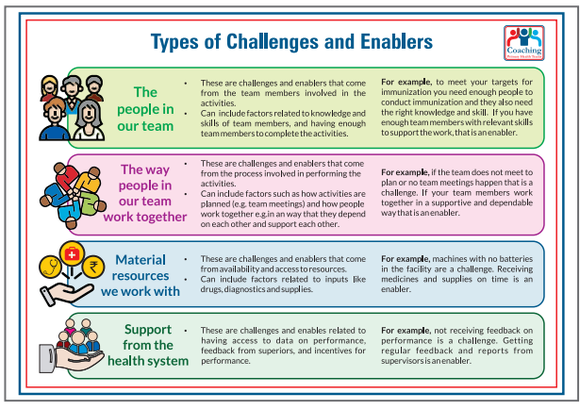


Figure 16: Types of enablers & challenges (English & Garo)

Ask the team members to list out all the challenges and enablers under each category. If needed, help the team to re-classify the challenges and enablers. The key in this exercise is to understand the factors that help or hinder the HWC team in its work, not necessarily its accurate classification.

Once the team is done completing the exercise, facilitate a discussion using the following probes:

Part A: This part discusses 'The people in our team' and 'The way people in our team work together'

Coaches to observe

- Does the team feel its team size is appropriate to perform its activities well?
- Does the team feel it has all the knowledge and skills it needs to perform its activities well. Make note of any gaps the team identifies.
- Do team members collaborate and support each other to get work done?

1. What makes these activities challenging for the team?
2. How does the team generally address these challenges? How does it know how to address these challenges (e.g., are there SoPs/ guidance from the district/ block/ state?)
3. Does the team feel it has adequate team members to do all these activities well? If not, why?
4. What are some of the knowledge and skill gaps in performing these activities well?
5. What makes working together easier or harder in the team?

Part B: Discussion on 'Material resources we work with' and 'Support from the health system'

Coaches to observe:

- Does the team have access to all the resources needed for activities? Also note any missing, delayed or non-functional resources that impact work.
- Does the team have access to data it needs to do its work well? Does the team use the data?
- Is regular guidance, feedback and training available when needed?
- Does the team receive recognition for its work? Do the team members feel motivated to do their work well?

6. Does the team have all the data/ information it needs to do the activities well? How does the team use it?
7. What does the team do when there is shortage of inputs/ issues with infrastructure?
8. Does the team receive feedback on how well it is doing? From who? How often? What does the team do with this feedback?
9. Does the team feel it receives recognition for its work? If yes, what was the form of recognition?

Post activity discussion:

Wrap up the discussion by summarizing the key points. Acknowledge the challenges within which the teams work. Discuss with them how the coaching program can help address some of the challenges (e.g. gaps related to clinical skills, and processes) relevant to the teams work. Discuss aspects that the coaching program cannot directly help them with (e.g. providing inputs or infrastructure).

C. Reflection activity (10 mins)

Before the next touch point ask each team member to individually reflect on

(Garo)

Maidakgipa kamrangchi kam karimskarang neng.nikanirangko/champenganirangko mikkangpae kam ka.a?

(English)

“What are some of the ways in which the team tries to address the challenges it faces in its work?”

Instructions for the coaches:

Share this question in the WhatsApp group as a reminder for the team members.

D. Clinical skill session - Bio medical waste management

Duration: 30 mins

- Show the BMW poster, explain which biomedical waste should go in which bin
- Ask the HWC team members to demonstrate the disposal of the dummy waste in the bins

Material required: Foot-operated BMW bins (red, yellow, blue), puncture-proof container, black bin, liquid handwash, water, soiled cotton/gauze, used AD syringe with needle, soiled gloves, vial, glass slide

S.No	Steps
1	Gather the articles
2	Wash your hands with soap and water.
3	Wear clean gloves
4	Understand which types of waste belong in each colour-coded bin (yellow for infectious, red for recyclable, blue for sharps, black for general).
5	Pick up the dummy waste and put it in the relevant BMW bin.
6	Prevent mixing of infectious waste with general waste.
7	Ensure waste storage areas are secure, clean, and well-maintained
8	Maintain accurate records of waste generation, treatment, and disposal.
9	Remove gloves and discard them in the red bin.
10	Wash hands

Touchpoint 3: Virtual

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

Duration – 1 hour

Objectives of the session

To understand the importance of team work for HWC teams.

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

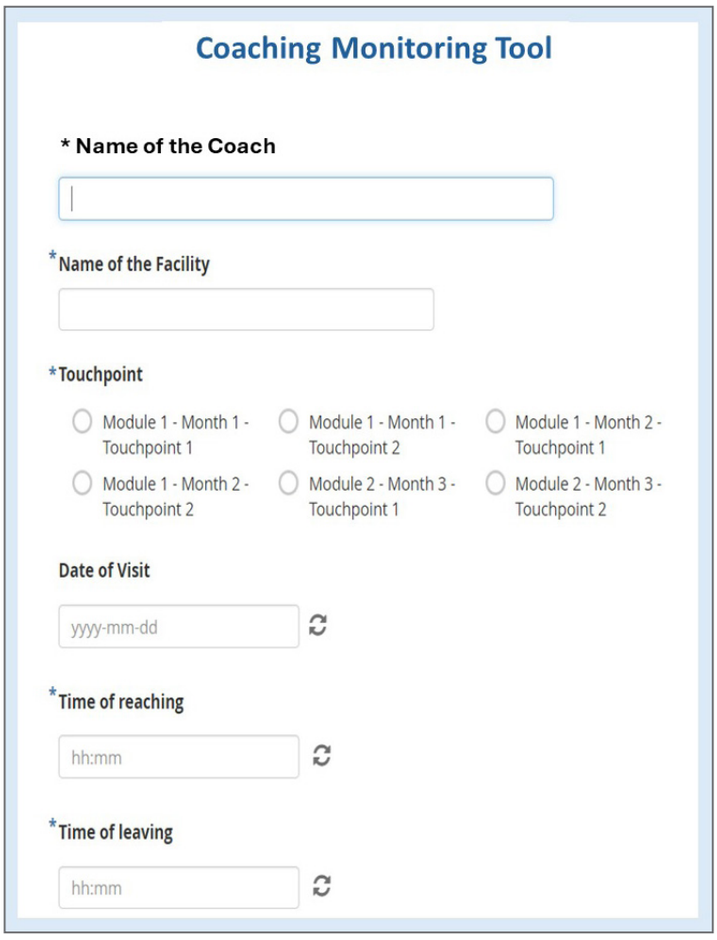
1. Ensure all HWC have the zoom link to join the meeting
2. Ensure all ASHAs are present at the health center to attend the zoom meeting

Part 3

Resources for Coaching

Annexure 1: Kobo tool

This is a mobile application which will be accessible to all the coaches. It will have fields like HWC reaching and leaving time, team attendance, and participation. This will be analysed by the programme managers to do any mid-course correction, if required.



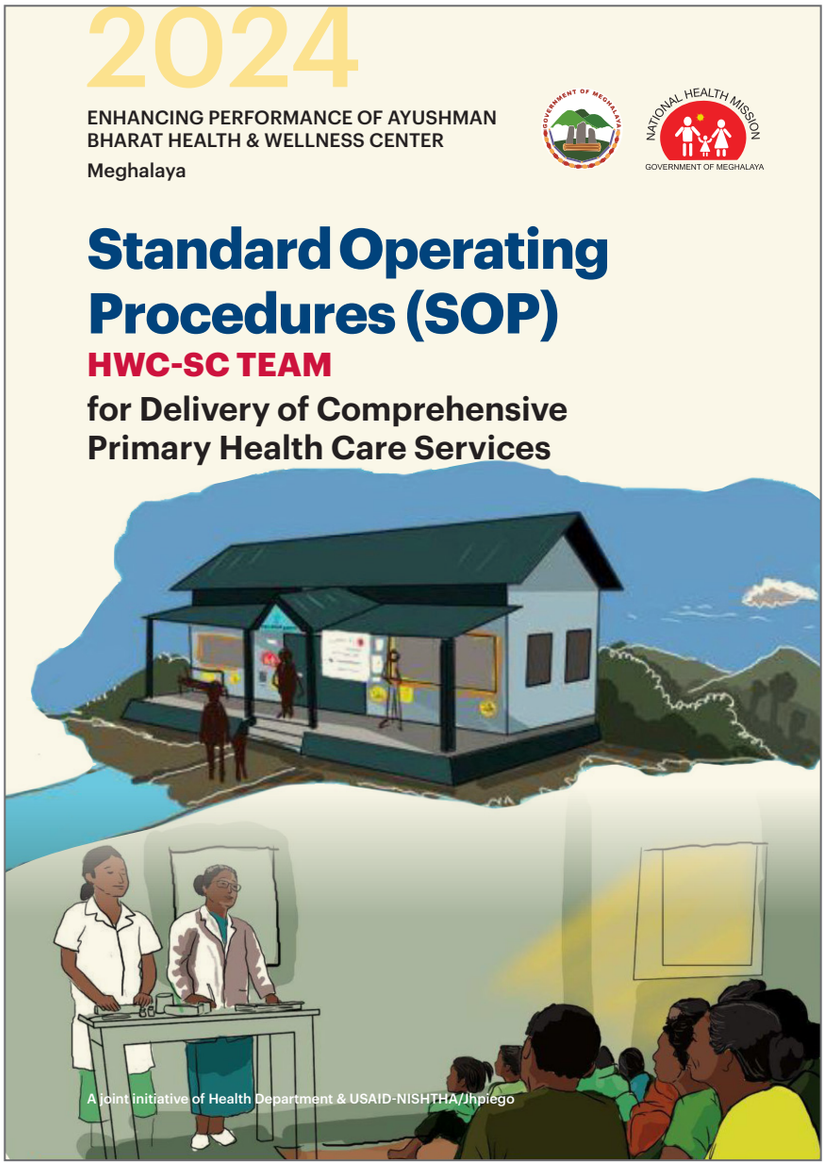
Annexure 2: Reflection Journal

This reflection journal, a tool for the coaches, is meant to act as a guide to help you understand your HWC team better and think of different ways to support them in their work. The journal is to be completed after every touchpoint per HWC team. Not all parts of the journal need to be/ can be updated every month. Each coach will maintain their own journal. It is to be used while meeting with your fellow coach, when planning for or reflecting on a touchpoint.

- Its objective is to understand the HWC team, including its structure, goals, knowledge and skills, environment and norms of working together.
- It will help to systematically identify key gaps that hinder the HWC team from working together effectively and that can be addressed by the coaches.
- It will empower the coaches to be able to customise the coaching approach for their respective HWC teams.

Using the journal, coaches will be able to track the effect of coaching on the HWC team over time. It will also provide feedback to the IPSI team for strengthening the coaching intervention.

Annexure 3: HWC teams-Roles & Responsibility



Annexure 4 : 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:
  - Place your 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 f lower" (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 HWC 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, HWC 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 HWC team can share their experiences, ask questions, and learn from each other. This promotes peer learning and collaboration. 73 Facilitator's Guidebook

Storytelling: Encourage HWC 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 HWC 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 HWC 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 HWC 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 HWC 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 HWC 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 HWC team . This helps build trust and reinforces the HWC team's role in the community.

Continuous feedback and evaluation: Regularly assess HWC 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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