Government of Meghalaya
Health and Family Welfare Department

Coaching
Primary Health Teams

Facilitator Guidebook for Coaches

Module 3, 4, & 5

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

Facilitator Guidebook for Coaches

Module 3, 4, & 5

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List of Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi workers
AYUSH	Ayurveda Unani Siddha Homeopathy
CBAC	Community Based Assessment Checklist
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 3

Shared responsibility

Module 3: Shared responsibility

Module 3 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:

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

1. Recognise individual work responsibilities within the team
2. Identify strategies and solutions for how each team member can support the team in their work

Module 3		
Month 3		
	Time	**Activities**
TOUCHPOINT 1 Who: Both the coaches Modality: In-person Duration: 2 hours 30 mins		
Recap of previous module	10 mins	Recap and reflection from previous module
Who is in your team	30 min	Group activity and discussion facilitated by the coach
Cadre-wise roles and responsibilities	30 mins	Coach led discussions
Interdependency and accountability within teams	20 min	Role play
Concept of shared responsibility	20min	Coach led discussions
Reflection exercise	10 min	Reflective practice
Clinical hands-on skill session	30 mins	Measuring pulse, temperature and respiratory rate
TOUCHPOINT 2 Who: Both coaches Modality: In-person Duration: 2 hours 10 mins		
Recap of previous touch point	10 mins	Recap and reflection from previous module
Journey Mapping: The "Zero Dose" Child	40 min	Discussion facilitated by coach
Guiding principles / ground rules to practice shared responsibility	30 min	Group activity
Wrap up and reflection	20 mins	Reflective practice
Clinical hands-on skill session	30 mins	Weight, Height and waist circumference recording
TOUCHPOINT 3 To be taken by IPSI team Modality: Virtual Duration: 1 hour		

Touchpoint 1: In-person by both the coaches

Duration: 2 hours 30 mins

Objectives of the session

Recognise individual work responsibilities within the team.

Summary of activities

1. Recap of previous module.
2. Who is in your team.
3. Cadre-wise roles and responsibilities.
4. Interdependency and accountability within teams.
5. Concept of shared responsibility.
6. Reflection exercise.
7. Clinical hands-on skill session.

Preparation for the session

1. Chart papers, pens and post-its.
2. Handout with cadres written out.
3. Role-play handout (4 per facility).
4. Shared responsibility poster (1 per facility).

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Session

A. Recap and reflection exercise discussion (10 min)

1. Recap of previous module 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. Who is in your team (30 min)

Coaches to observe

Do the team members have a shared understanding of who all are part of their team? (Write the names of all the cadres mentioned)- *Reflection journal Page 6*

Step 1: On the chart paper draw 2 concentric circles, with HWC written on the inner circle and others written on the outer circle. (Figure 1)

Figure 1: Who is in your team-activity image

Step 2: Ask the HWC team to sit around the chart paper. Distribute 8 chits to each team member with MLHP, ANM, ASHA, AWW, JAS member, ASHA facilitator, Nokma, and surveillance worker written on them. Cut out the handout given to you for this and distribute it to members.

Step 3: Give the following instructions to the team:

- The inner circle is the HWC core team.

(Garo)

- HWC team-ara 12 packages-ni ning.ao dongipa kamko chu.sokatna nangipa manderang ong.a. HWC Team-an rama jalang dongijagipa ba sepango hospital dongijagipa biapo donggipa manderangni an.seng baljokanina kam ka.giparang ong.a.
- Una agre gipin manderangde team gipin ong.a jean gamchata indiba 12 packages kamko ka.dilna nangchomotgipa manderang ong.ja.

(English)

- The HWC core team is the one responsible for delivering the services of the 12 packages. The core team has the responsibility of the population's health in the catchment area.
- The outer circle is the extended team who are important but not directly responsible for the implementation of the 12 packages.

Step 4: Start calling out the 8 cadres (MLHP, ANM, ASHA, AWW, JAS member, ASHA facilitator, panchayat member, surveillance worker) one by one and the team members are meant to put the chit (cadre) in the inner and outer circle as they deem fit from their own point of view.

Step 5: Initiate a discussion around it -why do they see the cadres inside the inner circle as the core team. Discuss how others in the outer circles are an extended team, but not the core team.

Read the following statement and ask the participants if they agree to it.

Garo

Team-ara mande jinma jerangan apsan mansonganina ba miksonganina kamko ka.a, je cholon bewal-an saksa sakgipino pangchakgrika, apsan nangrime ka.a aro kamko su.algrike ka.a.

English

Team is a group of individuals who are working together to achieve a common goal, characterized by interdependence, collaboration, and shared responsibility.

Step 6: Ask the team members to write this statement on a chart paper and stick it in a visible site as a reminder for each of them.

C. Cadre-wise roles and responsibilities (30 min)

Coaches to observe

1. Do the team members know and recognize the various activities they perform together?- *Reflection journal Page 18*
2. Do the team members have a clear understanding of who does what in the team?- *Reflection journal Page 20*

Materials required – chart papers, markers, post-its /pieces of paper, cardboard boxes or bowls.

Step 1: Distribute 4-5 post-its/ paper chits to each team member. Ask them to write down their task, one on each piece.

Step 2: Collect all the post-its from the team and shuffle them. Redistribute equal number of these post-its amongst the team (everyone get 4-5 chits which are not their own).

Step 3: Take a chart paper and label and divide it into 4 parts (MLHP, ANM, ASHA, Grade 4).

Step 4: Ask each member to look at the post-its and put them in the section they believe is responsible for that task.

Step 5: Go through each role, reviewing the tasks put down for it. Encourage the team members to ask questions, provide input, and resolve disagreements about who is responsible.

Step 6: Rearrange the post-its as the discussion proceeds.

Step 7: When the team reaches an agreement, the final chart paper to be retained in the HWC as a reminder.

D. Interdependency and accountability within teams- Role play (20 min)

Coaches to observe

1. Do the team members have a clear understanding of who does what in the team?- *Reflection journal Page 20*
2. Do all team members take responsibility towards completing all team activities?- *Reflection journal Page 20*

Instructions: Ask the mentees to role-play the following scenario. Select 4 people from the team and give them their roles to play out. Give them a few minutes to read the script and take them aside to explain their roles.

Characters: ANM, ASHA, Sofia, PHC-MO

Ms. Sofia, a 28-year-old woman in her 30th week of pregnancy, visits a Village Health and Nutrition Day (VHND) session. ANM diagnosed her as case of severe anemia (hemoglobin 5 g/dL).

Below is a dialogue exchange between the characters:

ANM to ASHA: Sofia had severe anaemia . She is in third trimester. I had requested you to bring her to the HWC for further investigations and treatment. Why didn't you bring her?

ASHA: I had brought her while you were away to another village. But the MLHP said that the Hb apparatus is out of order so he just gave IFA tablets without the test.

Sofia (meekly): I feel very weak and tired all the time. I requested MLHP to write a note for the doctor in the PHC. But he said don't worry, take this medicine and you will be fine in few days.

ANM: Ok, let me take her to the PHC . Come Sofia, we will consult the medical officer, let me call him and ask his availability.

ANM calls the PHC medical officer: Sir are you in hospital? I want to bring an antenatal case with severe anaemia.

PHC MO: Today I am at the district headquarter for District Review Meeting, then I have three days training at the state level. After that I am busy with a MP visit. Call me later.

ANM to Sofia: Look , I tried my best to help you.

After few days ASHA meets ANM: I have to share the unfortunate news of Sofia's death.

ANM: Oh my god, what happened?

ASHA: When she had labour pains, her family took her to the District Hospital. I accompanied them. After delivery , Sofia had profuse bleeding. Her Haemoglobin had dropped further. The doctors tried everything, even blood transfusion, but could not save her.

ANM and ASHA look at each other sadly and say May be that was God's wish!

Discussion Questions

(Garo)

- HWC team-ara maidakgipa nangchomotgipa kamko kana nang.achim jedakode Sofia-ni janggi galaniko champengna gita man.genchim?
- Healthcare team-ko nambate apsan ong.e kam kadilna aro namdape agan talate on.a gita maiko dako namgen?
- Na.a HWC team meamber ong.ode, maidake indakgipa obostako jak-o ra.genchim?
- Na.a maiba apsan dakgipa obostako cha.gronga dong.ama ba nang.ni kam-oniko kna dong.ama? Maia ong.a? Ua somoi-oni maiaba dingtangani dongama?
- Maiba nama obosta nang.ni chagrong gimin jeon saksa sakgipino pangchakani aro su.ale dakanio gamchatgipa kam ong.a.

(English)

- What key actions could have been taken by the healthcare team at HWC X that would have averted Sofia's death?
- What strategies can be implemented to improve communication and coordination among healthcare providers in a HWC setting?
- If you were one of the members of HWC X, how would you handle the situation differently?
- Can you think of a similar experience you have seen or heard of in your work? What happened? Has anything changed since?
- Share a positive experience where interdependency and shared responsibility played a major role.

E. Concept of 'shared responsibility' (20 min)

Materials needed: chart paper, pen

- Ask each person to share an example of "shared responsibility" in their work.
- Read out the box below and explain it.

Garo

Kam karimskarang jensalo kam kana nang.ako ba dakna nang.anirangko apsan nangrime ka.a ukon su.algrike dakna ba kana nang.ani ine a.gana. Uara jensalo apsan group ni manderang ku.cholsan ong.e mingsa kamko ka.a jeon gimikan melie sakantini ka.gipa kam-an gamchata aro sakprakni kaman kam-ko ra.onaba man.a ine bebe ra.e ka.a. Uara saksa sakgipin baksa melie nangrime, ka.donge aro pangchake radoe saksa sakgipin baksa golpo melie kamko ka.ani ong.a. Apsan suale kam ka.grikanira group ba team-o saksa sakgipin-ni kam-o chu.sokatna ba ra.onaba uamangni kam ka.anio dakchakani ong.a.

English

Responsibility when practiced within a team is called shared responsibility. It is when a group of people collectively take responsibility of a task with an understanding that each one's contribution is important and also affects in completion of the task at hand. It fosters collaboration, trust and encourages open communication. It creates a culture within the group/team where each one feels invested in the success or failure of their shared goals

Conclude the discussion by explaining the handout (Figure 2). Leave the handout at the facility.

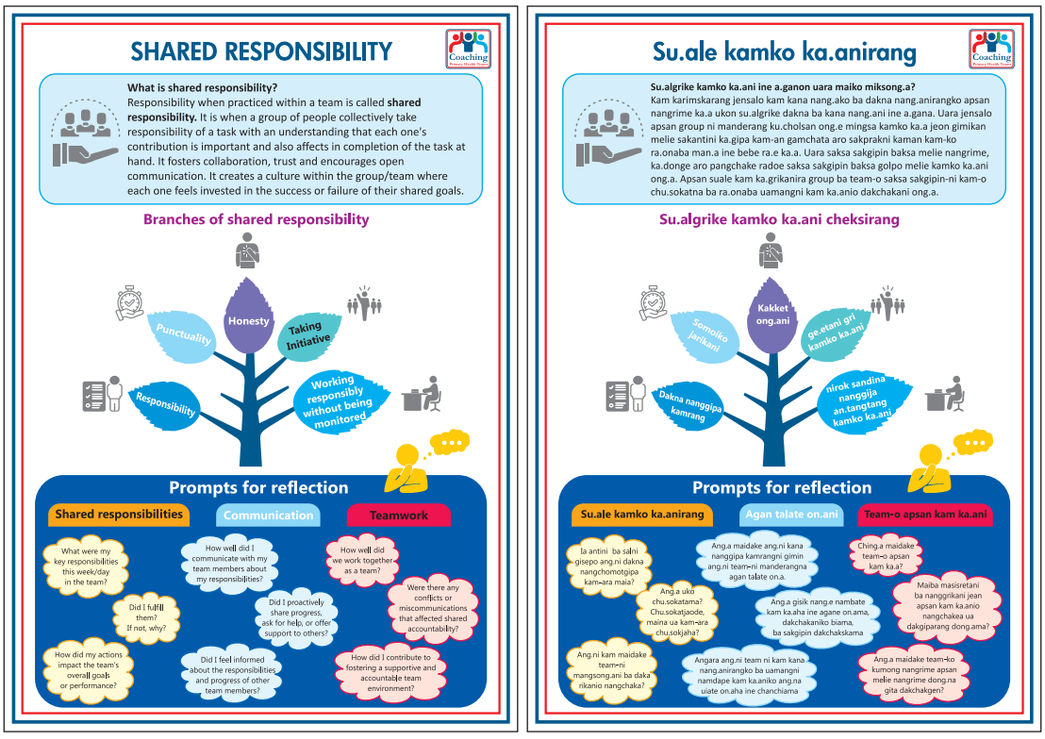

Figure 2: Shared responsibility poster

F. Reflection activity (10 mins)

Instructions

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

Banga bangija kam rangko list tarina man.genma jean nang.ni dakna nangchotgipa ong.ja indiba nang.ni teamko dakchakanisan ongaigen. (*Garo*)

Can you list down few tasks which are not your primary ones, but you support other team members in. (*English*)

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.

G. Clinical Skill: Measuring Pulse, Temperature & Respiratory rate

Duration: 30 mins

1. Divide the team members into pairs.
2. Within pairs, ask the them to measure each other's pulse, temperature and respiratory rate.
3. Coach to provide feedback, clarify any doubts.
4. Coach to demonstrate correct technique, if needed.
5. Mix up the pairs and allow them to practice.

Material required: Wrist watch with seconds hand, digital thermometer, liquid handwash, water

S.No	Steps
	Measuring Pulse
1	Wash hands with soap and water.
2	Explain the procedure to the person.
3	Ensure that you have a watch/clock with seconds hand.
4	Use index and middle finger to locate the radial artery and count accurately for one full minute.
5	Record the finding in the relevant record/card.
6	Inform the person about the reading and its interpretation.
7	If the reading is beyond normal limits, refer the person to a medical officer.
Role of HWC team members: All must know	
	Measuring Temperature
1	Turn on the thermometer.
2	Place the tip of the thermometer in the correct location.
3	Wait for the thermometer to beep or for the recommended amount of time.
4	Remove the thermometer and read the temperature.
5	Clean the thermometer with alcohol and cotton.
6	Inform the person about the reading and its interpretation.
7	If the reading is beyond normal limits, refer the person to a medical officer.
Role of HWC team members: All must know	

Different ways to take a temperature

- Oral: Place tip of the thermometer under the tongue. Wait 30 minutes after eating or drinking.
- Axillary: Place tip of the thermometer in the armpit. Place the forearm across the chest so the upper arm rests against the side.

Measuring Respiratory rate	
1	Explain the procedure to the person.
2	Ensure that you have a watch/clock with seconds hand.
3	Ensure the patient's comfort and confidentiality.
4	Ask the patient sit or lie down comfortably, with the head of the bed elevated.
5	Inconspicuously observe the patient's chest or abdomen rise and fall.
6	Count Respirations: ◆ If breathing is regular, count breaths for 30 seconds and multiply by two. ◆ If breathing is irregular, count the number of breaths for a full minute.
7	Observe if the breathing pattern is regular or irregular and if it appears laboured or unlaboured.
8	Record the respiratory rate, regularity, and effort.
9	Inform the person about the reading and its interpretation.
10	Refer if the respiratory rate is outside the normal range or if there are signs of labored breathing.
11	Wash hands with soap and water.

Role of HWC team members: All must know

Normal Ranges:

- **Adults:** 12-20 breaths per minute.
- **Adolescents (12-17 years):** 12-20 breaths per minute.
- **Children (6-12 years):** 18-30 breaths per minute.
- **Preschoolers (3-5 years):** 22-34 breaths per minute.
- **Toddlers (1-3 years):** 24-40 breaths per minute.
- **Infants (1-12 months):** 30-60 breaths per minute.
- **Newborns:** 30-60 breaths per minute.

Touchpoint 2: In-person by both the Coaches

Duration: 2 hours 10 mins

Objectives of the session

Identify strategies and solutions for how each team member can support the team in their work.

Summary of the activities

1. Recap of previous touch point.
2. Journey Mapping: The "Zero Dose" Child.
3. Guiding principles/ground rules to practice shared responsibility.
4. Wrap up and reflection with poster.
5. Clinical hands-on skill session.

Preparation for this session

1. Carry chart papers, post-its, marker pen.
2. 'Ways to strengthen team boanding' handout (1 per facility).

Session

A. Recap and reflection exercise discussion (10 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:
   a. Ask each team member to say aloud their responses.
   b. Facilitate a discussion on these responses.

B. Journey mapping: the "zero dose" child (40 min)

Coach to give the following background to the teams.

Step 1: Background: In a village, a team of healthcare workers—comprising of an ASHA, an ANM, and a district medical officer—was responsible for ensuring that all children received their essential vaccinations. However, due to miscommunication and systemic issues, a one-year-old child, Isabel, who was born in the PHC, was left unvaccinated, resulting in her becoming a "zero dose" child, meaning she had not received any vaccines by her first birthday.

Step 2: Let's look at various levels where the child was missed by the team. At each level, let's discuss probable reasons for missing out on the child what could have been done to avoid the situation.

1. At the PHC
2. During home visit
3. VHSND
4. JAS and VHC meetings
5. Intensive immunization drive (Mission Indradhanush)

Step 3: Let the team members discuss each level for 5-7 minutes. At the end of the discussion, the coach should summarise the reasons for missing out at these different stages and the suggested preventive actions.

Step 4: Coach to reiterate that missing out the child at every level was preventable, if there are any guiding principles/ ground rules agreed by the team. The idea is not to blame anyone for this but to understand why this happened and how it can be avoided.

C. Guiding principles / ground rules to practice shared responsibility (30 min)

Step 1: Ask the team members to refer the discussions done in the previous scenario of Isabel's zero dose journey.

Step 2: If the team wants to prevent such situations, there should be some ground rules/guiding principles that will guide the team constantly.

Step 3: Ask them to come up with their set of ground rules/guiding principles.

Step 4: Give the team 10 - 15 minutes to discuss among themselves and write down ground rules/guiding principles on a chart paper. If the team is too large, it can be divided in two groups.

Instructions: This is a coach-led discussion. Coach can give the following probes for the discussion (examples of ground rules).

(Garo)

- Mande ra.ani aro ka.dongani
- Agan golpogrikani aro donugija aganani
- Ku.chake ra.ani aro bak ra.ani
- Saksa sakgipini chanchia dingtanggrikaniko masichakgrikani
- Tombimonganio sakantini bak ko ra.e dakdila

(English)

- respect and trust
- communication and transparency
- accountability and participation
- respecting differences of opinion
- individual conduct during meetings

Step 5: At the end the Coach will summarise the ground rules/guiding principles and ask the team members to hang the chart in the HWC.

D. Wrap up and reflection (20 min)

Instructions

Before the next touch point, ask each team member to individually reflect on – Nang.ni chanchianio maidake team ni apsan nangrime dong.aniko namdapatna man.gen (*Garo*)

"Express your views on how team bonding can be strengthened" (*English*)

Instruction for the Coaches:

1. In the next touchpoint, ask each team member to say aloud their responses.
2. Facilitate a discussion on these responses in the next touchpoint.
3. Share the poster below and leave it at the facility.

Ways to strengthen team bonding

- Show the handout (Figure 3) to the team and suggest that they can refer it for the reflection exercise.
- Leave the handout at the HWC.

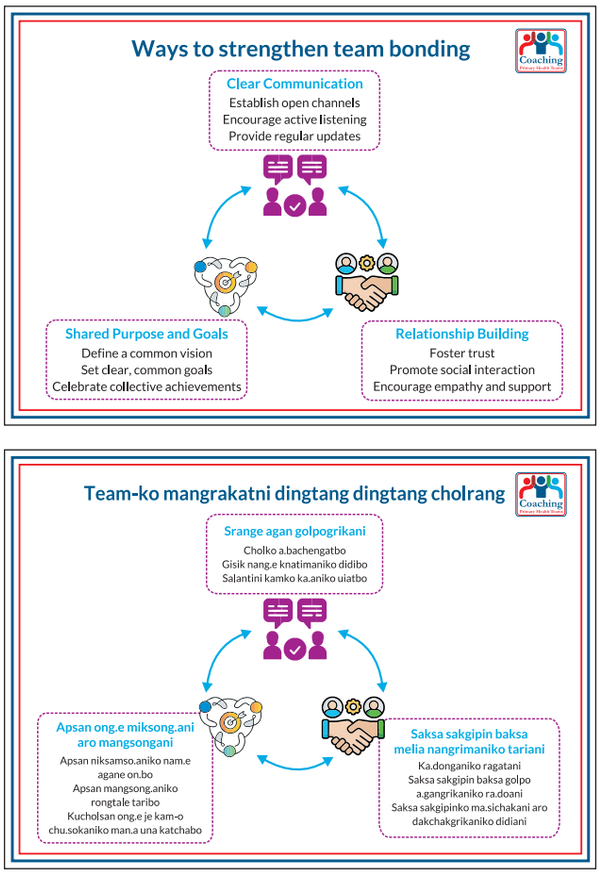

Figure 3: Ways to strengthen team bonding – Handout

E. Measuring Weight , Height & Waist circumference

Duration: 30 min

Material required: Adult weighing scale, Stadiometer or inch tape and scale

S.No	Steps
	Weight Recording
1	Keep the weighing scale on a hard, flat surface and check for zero error before taking the weight
2	Ask the person to stand straight on the weighing scale, looking ahead and holding her head upright
3	Read the scale from the top
4	Record the weight to the nearest 100 g
5	Record the findings on the relevant record/ card
6	Inform the person about the reading and its interpretation
7	If the reading is beyond normal limits, refer the person to a medical officer
Role of HWC team member/s: All must know	
	Height Recording
1	Keep the stadiometer (height measuring scale) on the floor against wall. Identify how much is each division.
2	Ask the person to stand straight on the stadiometer, looking ahead and holding the head upright.
3	Tell the person to place the legs together, bringing the ankles and knees together
4	Read the scale.
5	Record the height to the nearest 0.1 cm/mm (depending upon the stadiometer used).
6	Inform the person about the reading and its interpretation
7	If the reading is beyond normal limits, refer the person to a medical officer
Role of HWC team member/s: All must know	

Waist circumference	
1	Ask the person to stand straight and looking forward, arms on the sides and stomach relaxed. Both feet should be placed a bit apart with bodyweight equally distributed.
2	Ask the person remove clothing from the waist. If the person is not willing to expose the skin, measurement can be taken over the thinnest layer of clothes.
3	Place the measuring tape firmly in a horizontal line at the level of the umbilicus. Ensure that the tape is parallel to the floor and not twisted or folded.
4	Position the tape firmly but comfortably , without squeezing the skin. It should be just loose enough to place one finger between the tape and the body.
5	Ask the person to breath normally and to breath out gently when the measurement is taken.
6	Note the measurement at the end of normal exhalation.
7	Record the final measurement in cm to the nearest 0.5 cm. Eg 87.7cm should be recorded as 87.5 cm and 87.9cm should be recorded as 88 cm
Role of HWC team member/s: All must know	

Touchpoint 3: Virtual

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

Duration – 1 hour

Objectives of the session

Understand role of shared accountability in improving quality of services for their population.

Summary of the activities to be done

1. This session will be organised by IIPH Shillong.
2. All HWC team coaches and HWC staff will attend the Zoom meeting.
3. A local expert with knowledge on AAM teams and their responsibilities will take this session.

Preparation for the session

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

Module 4

Team collaboration

Module 4: Team collaboration

Module 4 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. Recognize and appreciate the value of working as a team
2. Identify ways to effectively collaborate as a team

Module 4		
Month 4		
	Time	**Activities**
TOUCHPOINT 1 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hrs 10 mins**		
Recap of key messages from previous module	15 mins	Recap and Reflection from previous module
Team reflection on how they work together	45 mins	Group discussion facilitated by the coach
Team activity on collaboration of the team to complete a task	30 mins	Role play and use of chart paper
Reflection exercise	10 mins	Reflective practice
Clinical hands-on skill session:	30 mins	Measuring blood pressure
TOUCHPOINT 2 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hrs 15 mins**		
Recap of touchpoint 1	15 mins	
Identify skills and training needed to complete selected task	30 mins	Discussion facilitated by the coach Fill in table
Skill session on 'Active Listening'	30 mins	
Wrap up and reflection	10 mins	Reflective practice
Clinical hands-on skill session:	30 mins	Urine pregnancy test
TOUCHPOINT 3 **Who: Expert-led session** **Modality: Virtual** **Duration: 1 hour**		

Touchpoint 1: In-person by both the coaches

Duration: 2 hours 10 mins

Objectives

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

Recognize and appreciate the value of working as a team

Summary of activities to be done

1. Team reflection on how the team works/ collaborates
2. Team activity on collaboration of the team to complete a task
3. Understanding how we can collaborate as a team
4. Reflection session
5. Clinical session

Preparation for the session

1. Chart papers, sticky notes and coloured pens
2. Copy of the performance dashboard for your facility

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Session

A. Recap and reflection exercise discussion (15 mins)

1. Recap of previous module 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. Team reflection on how they work together (45 mins)

Step 1: Ask the team to identify an activity that requires the team to work together. Use the following probe.

> NCD screening, ANC, immunisation can be a few examples they can select from.

Step 2: Ask the teams to list out all the steps needed to be undertaken to complete this activity.

Note:

- If the teams are too large, then two groups to be made.
- Use chart paper and pens to list out the steps needed to be undertaken.

Example of steps in NCD screening:

Garo

1. Nokdangni gimin lekkao se.gate ra.ani
2. Bilsi 30 batgipaCBAC lekao sengnang NCD screening gimin segatani
3. Bilsi 30-na batgiparangko NCD screening ko kana
4. Pressure batgipa, sugar bilongipa ba ta.makku cha.aniko ba nang.ana bate masi.e ra.ani
5. Jekon PHC MO-o checkup kana nanga uamangna Referral lekka ko on.a nang.a
6. Jensalo sabisi-ko masi.aha, unon samrangko aro sana bananiko sub-centre-o on.a

English

1. Filling up family folders for the catchment
2. CBAC folder (Community-Based Assessment Checklist) for early detection of NCDs for all those over 30 years of age to assess risk
3. NCD screening for all those over 30 years of age
4. Identification of those who have elevated levels of HTN, DM/ possible risk such as tobacco consumption or obesity.
5. Referral slips to be given to those who need a diagnosis from PHC MO.
6. Once the diagnosis is confirmed, dispensing medicines and treatment at the SHC level

Step 3: At each step, list out the team members required to complete it. There can be more than one member listed in each step.

Step 4: In the example chosen, ask the teams to imagine a hypothetical situation where any one cadre is removed from the HWC team. Ask the team to reflect on how the step will be done without that member/ cadre. Repeat this for another member of the team as an example.

Discuss:

- What will happen in the scenario when one cadre is completely removed from the HWC? How will the HWC continue its work.
- Ask each cadre to talk about their roles and responsibilities at the HWC.

Example removing one team member:

Garo

NCD screening-ni somoio ASHA-rangko ra.ongkatora, maidakgipa obosta ong. gen?

Agan chanchirima– ASHA-rang dongjagenchimode, nokdangni gimin segate rana nanggipa lekka-o gapatna manjawachim. Iara MLHP jensalo bilsi 30

English

If we remove the ASHAs from this task for doing NCD screening, what would the scenario look like?

Discussion – Without the ASHAs, doing the basic step of family folders will not be possible. This will result in the MLHP not being able to do their screening of all those over 30yrs of age.

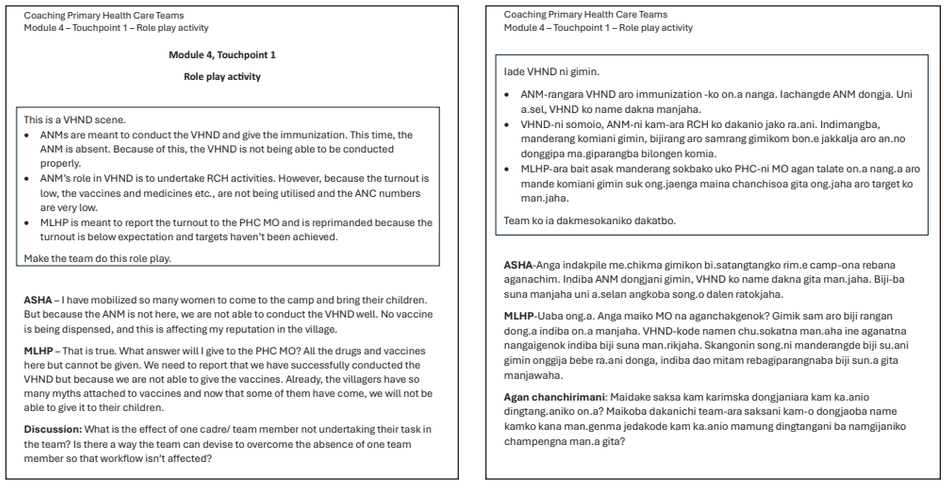
C. Team activity on collaboration of the team to complete a task (30 mins)

Step 1: In the above selected activity, the coaches lead the following discussion.

a. Pick 3 members from the team and take them aside

b. Ask them to read the script (figure 4) and instruct them that they need to enact this role play

c. After 10 mins of preparation, bring them back to the entire team and begin the role play



Coaching Primary Health Care Teams
Module 4 – Touchpoint 1 – Role play activity

Module 4, Touchpoint 1

Role play activity

This is a VHND scene.

- ANMs are meant to conduct the VHND and give the immunization. This time, the ANM is absent. Because of this, the VHND is not being able to be conducted properly.
- ANM's role in VHND is to undertake RCH activities. However, because the turnout is low, the vaccines and medicines etc., are not being utilised and the ANC numbers are very low.
- MLHP is meant to report the turnout to the PHC MO and is reprimanded because the turnout is below expectation and targets haven't been achieved.

Make the team do this role play.

ASHA – I have mobilized so many women to come to the camp and bring their children. But because the ANM is not here, we are not able to conduct the VHND well. No vaccine is being dispensed, and this is affecting my reputation in the village.

MLHP – That is true. What answer will I give to the PHC MO? All the drugs and vaccines here but cannot be given. We need to report that we have successfully conducted the VHND but because we are not able to give the vaccines. Already, the villagers have so many myths attached to vaccines and now that some of them have come, we will not be able to give it to their children.

Discussion: What is the effect of one cadre/ team member not undertaking their task in the team? Is there a way the team can devise to overcome the absence of one team member so that workflow isn't affected?

Coaching Primary Health Care Teams
Module 4 – Touchpoint 1 – Role play activity

Iade VHND ni gimin.

- ANM-rangara VHND aro immunization -ko on.a nanga. Iachangde ANM dongja. Uni a.sel, VHND ko name dakna manjaha.
- VHND-ni somoio, ANM-ni kam-ara RCH ko dakanio jako ra.ani. Indimangba, manderang komiani gimin, bijirang aro samrang gimikom bon.e jakkalja aro an.no donggipa ma.giparangba bilongen komia.
- MLHP-ara bait asak manderang sokbako uko PHC-ni MO agan talate on.a nang.a aro mande komiani gimin suk ong.jaenga maina chanchisoa gita ong.jaha aro target ko man.jaha.

Team ko ia dakmesokaniko dakatbo.

ASHA-Anga indakpile me.chikma gimikon bi.satangtangko rim.e camp-ona rebana aganachim. Indiba ANM dongjani gimin, VHND ko name dakna gita man.jaha. Biji-ba suna manjaha uni a.selan angkoba song.o dalen ratokjaha.

MLHP-Uaba ong.a. Anga maiko MO na aganchakgenok? Gimik sam aro biji rangan dong.a indiba on.a manjaha. VHND-kode namen chu.sokatna man.aha ine aganatna nangaigenok indiba biji suna man.rikjaha. Skangonin song.ni manderangde biji su.ani gimin onggija bebe ra.ani donga, indiba dao mitam rebagiparangnaba biji sun.a gita manjawaha.

Agan chanchirimani: Maidake saksa kam karimska dongjaniara kam ka.anio dingtang.aniko on.a? Maikoba dakanichi team-ara saksani kam-o dongjaoba name kamko kana man.genma jedakode kam ka.anio mamung dingtangani ba namgijaniko champengna man.a gita?

Figure 4: Role play handout

Role play: (10 mins)

This is a VHND scene.

ANMs are meant to conduct the VHND and give the immunization. This time, the ANM is absent. Because of this, the VHND is not being able to be conducted properly.

ANM's role in VHND is to undertake the RCH activities. However, because the turnout is low, the vaccines and medicines etc, are not being utilised and the ANC numbers are very low.

MLHP is meant to report the turnout to the PHC MO and is reprimanded because the turnout is below expectation and targets haven't been achieved.

Make the team do this role play.

ASHA: I have mobilized so many women to come to the camp and bring their children. But because the ANM is not here, we are not able to conduct the VHND well. No vaccine is being dispensed and this is affecting my reputation in the village.

MLHP: That is true. What answer will I give to the PHC MO? All the drugs and vaccines here but cannot be given. We need to report that we have successfully conducted the VHND but because we are not able to give the vaccines. Already, the villagers have so many myths attached to vaccines and now that some of them have come, we will not be able to give it to their children.

Discussion: What is the effect of one cadre/ team member not undertaking their task in the team? Is there a way the team can devise to overcome the absence of one team member so that work flow isn't affected?

Step 2: Using a chart paper and coloured pens, the team reflect and lists out what they have learnt from this experience of working together to achieve a task. They can use their creativity to draw it out as well in a pictorial form in case writing in words is difficult.

D. Understanding how we can collaborate as a team

Coaches to observe

What processes do the teams feel they can use to collaborate better together?
- *Reflection journal Page 28*

Step 1: All coaches are to be given a copy of the dashboard for the performance of the HWC they are coaching. Use the data from last quarter. The IIPHS team will give a printout to each coach on how the facility has performed.

Step 2: All coaches to read and understand the performance of their HWCs, which they are coaching.

Step 3: Coaches to undertake a discussion on how the teams have been performing on coverage, quality and service delivery as per the printout of the dashboard.

Step 4: Using a chart paper and coloured pens, the team lists out the challenges they have faced while collaborating in the past.

Step 5: What strategies and processes can they employ to work together better? Use the following probes to guide this.

The coaches then conclude this discussion by reiterating the importance of collaborating in a team, and the chart paper written out by the team members can be put up on the wall.

(Garo)

Meeting kajringe, Gamchatgipa katta ma.chongni gimin chanchirimani, Whatsapp jakkalani, masianiko agangrikani, bida ko su.alani, nang.ani somoio saksa sakgipina dakchakani, mande ragrike agan golpogrikani. Ia agan chanchirim. anira team-o dongipa sakantini ong.na nang.a aro chart paper o segatnaba nanggen.

(English)

Frequent team meeting, important topics of discussion, use of WhatsApp, sharing information, sharing knowledge, seeking help from each other when needed, communicating respectfully, etc.). This discussion should be driven by the team and listed on a chart paper.

E. Reflection session (10 mins)

Team-ni mande sakprakni mingprak kam ka.ani strategy-ko uamang maidake skie ra.a aro maiko team-ni apsan kam ka.aniko namdapatgen uko nipiltaina. (*Garo*)

Reflect on 1 strategy each team member would like to learn and use to improve team collaboration. (*English*)

F. **Clinical Skills:** Measuring Blood Pressure

Duration: 30 mins

1. Explain parts of the BP apparatus (Figure 5)
2. Divide the mentees into pairs. Within pairs, ask the mentees to measure each other's blood pressure. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed.
3. Mix up the pairs.
4. Within the new pairs, ask the mentees to measure each other's blood pressure. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed

Material required: BP instrument, liquid handwash, water

S.No	Steps
	Measuring Blood Pressure using digital machine
1	Explain the procedure to the client
2	Position the client in sitting or lateral position with arm extended and BP apparatus placed at the level of heart, hand rested properly back supported, leg uncrossed and supported at ground.
3	Place the centre of the bladder of the cuff approximately two inches above the antecubital fossa. wrap the cuff around the arm smoothly and secure it firmly letting just two fingers between the cuff and arm.
4	Ensure tubing are placed at anterior surface
5	Ensure cuff tubing is attached to digital BP apparatus.
6	Switch on the button
7	Wait until cuff is inflated and deflated automatically
8	Observe the displayed Blood pressure
9	Remove the cuff from the hand
10	Document the reading in relevant record/card
11	Inform the person about the reading and its interpretation
12	If the reading is beyond normal limits, refer the person to a medical officer

Figure 5: Digital BP apparatus

Touchpoint 2: In-person by both the coaches

Duration- 2 hours 15 mins

Objectives

Identify ways to effectively collaborate together

Summary of activities to be done

1. Identify skills and training needed to complete the selected task
2. Skill session on 'Active Listening' to collaborate as a team
3. Reflection session
4. Clinical Skills

Preparation for the session

1. Chart paper and coloured pens
2. Carry flip chart for active listening excercie

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. Identify skills and training needed to complete selected task (30 mins)

Coaches to observe

1. Do the team members have a good mix of skills and knowledge to perform their activities well?- *Reflection journal Page 22*
2. In the reflection journal, list the gaps in knowledge and skills identified.

Instructions:

1. Revisit the activity selected from the previous touch point. Keeping that at the centre (NCD screening/ ANC/immunisation), cadre-wise start listing out all the skills that are needed to complete that activity.
2. Do this on a chart paper.

Example: Antenatal Care (ANC)

Kam ka.ani bak. Sub activity	Kam kagipa Mandeni da-kna nanggipa Cadre responsible	Ia kamko kana changa sapani Skills required for this task	Ia somoio uamangni changa sapani Skills they have right now	Uamango dongijagi-pa changa sapani Skills they don't have
Listing of all pregnant women	ASHA			
Arranging VHND camp	Grade 4, ASHA. ANM			
Bringing all the supplies	Grade 4 and ANM			
Making ANC card	ASHA			
Filling ANC card	ANM/ ANM			
Counselling women to come for 4 ANC check up	ASHA and ANM			
Undertaking ANC check up	ANM/ MLHP			

3. Coach to lead the discussion on:
   a. Importance of collaboration as team to undertake and complete activities
   b. Importance of sharing tasks, filling gaps in the areas identified where skills are lacking.
   c. Training across cadres to ensure team collaborates to complete tasks.

C. Skill session on 'Active Listening' to collaborate as a team

Step 1: Active listening (30 mins)

1. Coaches to introduce active listening using the information below:
   a. Definition of active listening: 'hearing' the other person, attuning to their feelings and views, demonstrating unbiased acceptance and validation of their experience. (Nelson-Jones, 2014)
   b. Active listening is a key strategy in effective communication.

2. Using the flipchart (Figure 6 & Annexure 1), ask each mentee to reflect on their listening style, using the visual cues. The visual cues present a question. For each question, two extreme response options are presented. Each mentee should respond with a preferred response option.

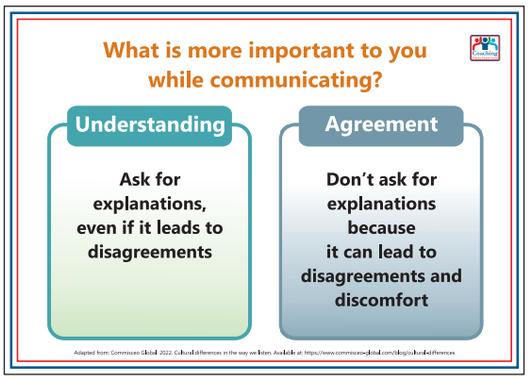


Figure 6: Active listening flipchart

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

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

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

Step 2: How do we communicate together as a team (15 mins)

Propose to the team the idea of 30-minute team huddle/meeting in a fixed frequency – once every month. These huddles should be a platform for team check-in.

Checklist for the team huddle:

- Share what you did since the last meeting
- Challenges you might be facing individually or as a team.

Activity:

1. Ask the teams to sit in a circular manner which the coach sits separately and observes.
2. Ask the team to pick up a priority for their HWC. It could be NCD screening, immunization day/ convincing those families who are not coming forward to immunize their children.
3. Observe how the teams approach the problem and work towards a solution.
4. Observe who in the team leads and those who remain quiet. Give this feedback to the team at the end discuss with the teams what their current mode of communication is within themselves.

D. Reflective session (10 mins)

(Garo)

Da.alo na.song maidake name gisik nange knatimna nang.a uko ski.e ra.aha.

Na.a iako team-o kam kamitingo maidake jakkalgen.

(English)

Today you have learnt a skill on 'active listening'.

How will you use it while undertaking your tasks as a team?

E. Clinical skill: Urine pregnancy test

Duration: 30 mins

Demonstrate each step of conducting urine pregnancy test

Ask the mentees to return demonstrate the steps

Material required: pregnancy test kit, disposable dropper, clean container to collect urine, urine of a pregnant woman

S.No	Steps
1	Keep the necessary items ready
2	Check expiry date and read instructions of the pregnancy kit
3	Take sample of urine
4	Remove the pregnancy test card and place it on a flat surface
5	Use the dropper to extract urine from the container
6	Put 2–3 drops in the well-marked 'S' and wait for 5 mins
7	If one red band appears in result window R, the pregnancy test is negative
8	If 2 parallel red bands appear in result window R, the pregnancy detection test is positive
9	Inform the mother of the results; if positive, give the mother an MCP card

Touchpoint 3: Virtual

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

Duration – 1 hour

Objectives of the session

Understand the importance and value of effective team collaboration. How can teams build a stronger collaboration?

Summary of the activities to be done

1. This session will be organised by IIPH Shillong
2. All HWC team coaches and HWC staff will attend the Zoom meeting
3. A local expert with knowledge on AAM teams and their responsibilities will take this 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 5

Team purpose

Module 5: Team purpose

Module 5 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:

Understand and reflect on the purpose of your team

Module 5		
Month 5		
	Time	**Activities**
TOUCHPOINT 1 **Who: Both the coaches** **Modality: In-person** **Duration: 2 hours 15 mins**		
Recap and Reflection exercise discussion	20 mins	Recapping the previous module and discussing reflection responses
9 Whys	40 mins	Coach-led activity
Fishbowl activity	40 mins	Team led role-play 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: 1 hour 55 minutes**		
Recap and Reflection exercise discussion	20 mins	Recapping the previous touchpoint and discussing reflection responses
Reflection and discussion on 'team purpose and success'	60 mins	Envisioning exercise followed by coach-led discussion
Clinical skills	30 mins	Coach-led skill building session
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

Understand and reflect on the purpose of your team

Summary of activities to be done

1. Recap key messages from the previous module.
2. Group discussion on reflection exercise from the previous touchpoint.
3. 9 Whys activity.
4. Fishbowl activity.
5. Reflection exercise.
6. Clinical hands-on skill session on.

Preparation for the session

Carry chart papers, markers, post-its

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Session

A. Recap and reflection exercise discussion (20 mins)

1. Recap of previous module 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. 9 Whys (40 minutes)

Objective: Make the purpose of your work HWC together clear

Coaches to observe

1. Do the team members have a clear understanding of the team's purpose? - *Reflection journal Page 8*
2. Is there any disagreement or confusion among team members about what the team's purpose is, due to different roles or challenges?- *Reflection journal Page 26*

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. Split the HWC team into two groups
2. Randomly assign ANC or NCD service delivery to each group

If there are two coaches, one coach can facilitate this session for each group

Instructions for the groups:

1. On a post-it, ask each team member to write their name, cadre, and one task they perform related to the assigned group (ANC or NCD). For example, an ASHA worker in the NCD group can write filling CBAC form, ANM in the ANC group can write ANC check-up etc.
2. Divide the chart paper into two parts – NCD and ANC (Figure 7)

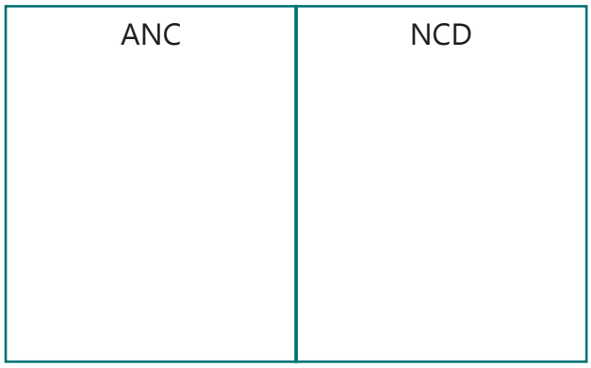

Figure 7: Activity chart paper

3. Ask everyone to come forward, one by one, and stick their post its under their section
4. The coach will now pick 3 post-its each from the ANC and NCD sections. (**Coach to note:** Pick them randomly and try to cover each cadre)
5. Invite the selected participants, one at a time and ask them a series of reflective questions similar to 'why is this work important to you?'.

List of potential probing questions:

Garo

1. Ia kam-ara nangnara maina gamchata?
2. Ia kamko ka.ora maia onggen?
3. Iako kamra maiko man.a dakchakgen?

English

1. Why is this work important to you?
2. What will happen if this is done?
3. What will this achieve?

6. Continue asking probing questions until they reach the deeper, fundamental purpose behind the work they do.

Example: If the task mentioned is conducting ANC check-up

Garo

Rake sing.atbo- Ia kam-ara nangnara maina gamchata? ⟶ Iara an.no dongipa ma.gipani be.en ding.a dingijaniko, rangsitaniko, pressureko jarikna gita dakchaka. Ia kam-ara nangnara maina gamchata? ⟶ Kena nanggnigiparangko sengnang masisoa Ia kam-ara nangnara maina gamchata? ⟶ Sengnang masisoaniara sengnang sana bananiko on.a Ia kam-ara nangnara maina gamchata? ⟶ Iara ma.gipa aro bi.sani si.aniko champengsoa. Ia kamko ka.ora maia onggen? ⟶ Iako dakanichi ching.ara ching.ni beneficiary rangna an.seng baljokaniko on.a gita man.a

English

Ask out loud- Why is this work important to you? ⟶ it helps track vital signs among pregnant women ⟶ Why is this work important to you? ⟶ we can identify any risks early on ⟶ Why is this work important to you? ⟶ Early detection results in timely treatment ⟶ Why is this work important to you? ⟶ We are able to avoid and reduce maternal and infant mortality ⟶ What will happen if this is done? ⟶ We can ensure good health and well-being of our beneficiaries

Note for the Coach: Rephrase or modify the probing questions based on the responses you receive. The core purpose of any HWC team is around ensuring good health and well-being of their population.

7. Once the participant arrives at this fundamental purpose, ask them to write it down on a post it and stick it to the bottom of the chart paper.
8. Repeat the same process for all six selected post-its.
9. Wrap-up: Highlight to your HWC teams that although team members perform different tasks across cadres and service areas (eg: ANC and NCD here), all their work converges towards one shared purpose – ensuring good health and wellbeing of their community.

Post-activity discussion:

As a coach, and based on the responses, discuss the following:

Team-ni miksonge kam ka.aniara song.ni nokni manderangni janggi tangako dingtangatna man.gen ine chanchi.ama. Oe ong.a ine chanchia ong.ode, maidake? *(Garo)*

Do you think your team's purpose has an impact on the lives of your community. If so, how? *(English)*

C. Understanding who benefits from our work – Fishbowl activity (40 mins)

Coaches to observe

1. HWC's perception of shared value they create as a team- *Reflection journal Page 16*
2. HWC's perception of the impact of their work on their community.- *Reflection journal Page 16*

Instructions for the coaches

1. Explain to your teams –

   Da.alo, an.ching sawa an.chingni HWC team ni kam ka.anichi namgnirangko man.a aro maidake na.songni team ara ua namgnirangkora on.enga *(Garo)*

   "Today, we're going to explore who benefits from the work you do at the HWC and how important your team is in creating those benefits". *(English)*
2. Select 4 team members to sit in the inner circle (choose randomly across different cadres)
3. Tell the inner circle that they will act like one household, with each person representing a different household member. For example the different characters they may act as are:
   - A pregnant woman
   - A beneficiary with Hypertension
   - Someone recently recovered from malaria
   - A caregiver of a young child
4. The remaining participants sit in an outer circle

5. The members in the inner circle will respond as a household. Ask them, one by one, to share:

(Garo)

a. Na.a maidakgipa dakchakanirangko HWC-niko man.a? Sawa HWC ni ning.a kam kagiparng ua dakchakanikora on.a?

b. Dakchakaniko man.ani jaman, nang.na maia dingtang.ani ong.a?

c. Na.a maiko chanchia ia team dong.jagenchimode maia ong.genchim?

(English)

a. What services did you receive from the HWC? Who within the HWC team provided those services (one or more cadres)?

b. After receiving the service, what changed for you?

c. What do you think would have happened if the team was not there?

6. Members in the outer circle will observe the responses shared by the "household".

7. After the inner circle completes their sharing, use the following questions to guide a group discussion:

Garo

a. Maia gamchataniko HWC team-ara nokdang-na on.a? (Jekai saa-ko namatani, dakchakniko on.ani, ka.dongani)

b. Nokdangni manderangara name janggi tangani ni bidingo maidakgipa dingtanganiko man.a? Kam kagipa saksa dongjaoba, mai dingtanggrikaniko man.a?

Jekai

ia da.alni somoi-o, ANM dongja unora maidake nokdango maia dingtanganiko nika, SW dongjagenchimode, maidakgipa dingtanganiko man.gen?

c. Na.a maiko chanchia, HWC team dongjagenchimode, ia nokdangra maia onggenchim? Coach-na note: Chanchirimengon, kam ka.ani gimin ongja indiba ua kamko maia miksong.anio ka.enga ukosa agan chanchirimbo, sakantini on.gilani jean team-ni on.gilanina gamchatani ong.a

d. Ia nokdang-ara HWC-ni giminra song.ni manderangna maidake ba maiko agane on.gen?

English

a. What value usefulness does the HWC team bring to this household? (in terms of improvement in health, access to services, trust)
b. What change did the household experience in terms of quality of life? Even if one cadre was missing, how will the household's experience change in the above scenario?

Example

In the current scenario, if the ANM is missing how will it impact this household; if the surveillance worker (SW) was missing, how will it impact this household?

c. What do you think would happen to this household if the HWC team was not present? Note for coaches: Coaches to move the discussion from tasks to purpose, individual contribution to value of team contribution.
d. What will this household say about the HWC to others in the village?

Wrap-up: Emphasize that the HWC creates significant value as a team. While each cadre performs important tasks individually, together those tasks create greater value for their community.

D. Reflection Activity (5 mins)

Before the next touch point:

Ask each team member to individually reflect on

Ang.a maidake saksan ba group-o team-ni miksonganina on.gilaniko on.a man. gen? *(Garo)*

"How can I individually and in a group contribute towards my team's purpose?" *(English)*

Instructions for the Coaches:

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

E. **Clinical Skills:** Urine Testing for albumin & sugar

Duration: 30 mins

Materials required: Urine specimen bottle, urine sample, dipstick, clean gloves, BMW bin, liquid handwash, water

S.No	Steps
1	Keep all the necessary items ready: urine specimen collection bottles/ containers and urine dipsticks
2	Check the expiry date on the kit and carefully read the instructions before use.
3	Wash hands with soap and water
4	Wear clean gloves
5	Remove one strip from the bottle and screw the cap tightly
6	Completely immerse the reagent area of the strip in the urine and remove it immediately
7	Remove the strip of the urine and tap at the edge of container to remove excess urine
8	For glucose: compare the blue reagent area against the colour chart area on the bottle and record the finding (time as per manufacturer's instruction)
9	For urine albumin: compare the yellow reagent area against the colour chart area on the bottle and record the finding (time as per manufacturer's instruction)
10	Dispose of strip and urine as per BMW protocol
11	Document the reading in relevant record/card
12	Inform the person about the reading and its interpretation

Touchpoint 2: In-person by both the coaches

Duration- 2 Hours

Objectives

Identify and agree to the team's purpose

Summary of activities to be done

1. Recap key messages from previous touchpoint
2. Group discussion on reflection exercise responses from previous touchpoint.
3. Reflection and discussion on 'team purpose and success'
4. Reflection exercise and discussion on 'team purpose and goals'
5. Clinical hands-on skill session on Biomedical waste management

Preparation for the session

Chart paper and markers

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Session

A. Recap and reflection exercise discussion (25 mins)

1. Recap of previous touchpoint 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:
   a. Ask each team member to say aloud their responses.
   b. Facilitate a discussion on these responses.

B. What does success look like with our purpose? (40 minutes)

Coaches to observe

1. Are the teams able to connect the overall purpose into actionable steps within their team and for the benefit of their beneficiaries?- *Reflection journal Page 16*

Instructions for the coach

1. Divide your HWC teams into smaller groups of 5-8.
2. Ask the teams to reflect on the following and then using a chartpaper write down - Now that we are clear with our purpose, what can we do as a team to achieve it'

Step 1: Based on their purpose, ask each team to write three team specific goals that will help them move closer to their purpose. Use the following example to highlight the distinction between purpose and goals.

Example (Garo)

HWC ni miksong.aniara songsalni an.seng baljokanina kamko ka.ani-an ong.a. Iani bidingo, bi.songni mangsonganiko namdapatna sengnang sabisi-ko masiani jekon salanti ni.e, VHCs, JAS baksa song.sulni bakrimaniko bilakatna.

Example (English)

An HWC's purpose is to ensure good health and wellbeing of their community. Towards this, their goal can be to improve early identification of diseases through regular screening, strengthen community engagement with VHCs, JAS etc.

Step 2: What can we do as a team to achieve it?

As the teams to use the following prompts to structure their responses-

a. Maidake an.chingni HWC-ra apsan kam ka.gen?
   i. Saksa sakgipin baksa su.algrike kamko ka.ani
   ii. Saksa sakgipin baksa nangrime kam ka.ani:
      1. Tarigimin niamrang
      2. An.ching saksa sakgipin baksa maidake agangrika (jekai: team ni mandena ui.ata/ma.siata, saksa sakgipinko apsan gronggrika)
      3. An.ching maidake kam kana tarisamsoa?
b. Song.ni nokni manderang baksa
   i. Maiko dake song.ni manderangna an.chingni kam ka.anio namdapate on.a man.gen?
   ii. An.ching maidake song.sal baksa baksa golpo a.ganggrikgen:
      1. Sabisi man.o maia neng.nikanirangko man.a aro masisretanirangko/ ui.sretanirangko agan.e on.bo
      2. Sabisini gimin nangchomotgipa ui.e ra.anirangko aro song.ni manderangni ui.a ma.sianirangko namdapatbo

a. How should our HWC work together?
   i. Sharing responsibilities among ourselves,
   ii. Collaborating with each other, including:
      1. Norms that we have developed
      2. How should we communicate with each other (e.g. updating our team members, meeting together as a team)
      3. How should we plan our work together?

b. With the community
   i. What can we do to ensure more people in the community benefit from our services?
   ii. How can we communicate with the community to:
      1. Address health-related concerns and misunderstandings/ misinformation
      2. Improve the community's awareness and understanding of key health issues

Step 3: Ask the groups to present their vision one by one.

Wrap-up: Coaches to facilitate a discussion around the responses. Summarize the importance of team effort in achieving the team's purpose.

C. Reflection activity (5 mins)

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

Ang.a je kamko ka.oba maidake song.ni manderangko apsan ong.e dong.atna man. gen? (*Garo*)

"How can I keep the community central to everything I do?" (*English*)

Instructions for the Coaches:

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

E. **Clinical Skills:** Measuring Haemoglobin using digital device

Duration: 30 mins

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

Material required: Hbmeter, 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 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 the digital haemoglobinometer 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 Hb results displayed on the monitor and inform the patient about results.
17	Turn off the device
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

From targets to purpose – How and why to fill family folders and CBAC form.

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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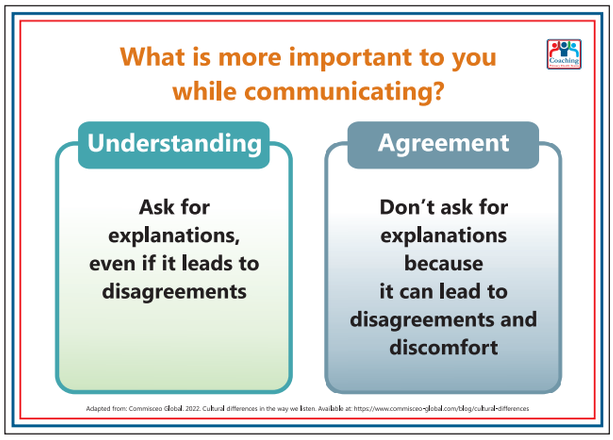
Annexure 1

Flipchart for active listening[3]

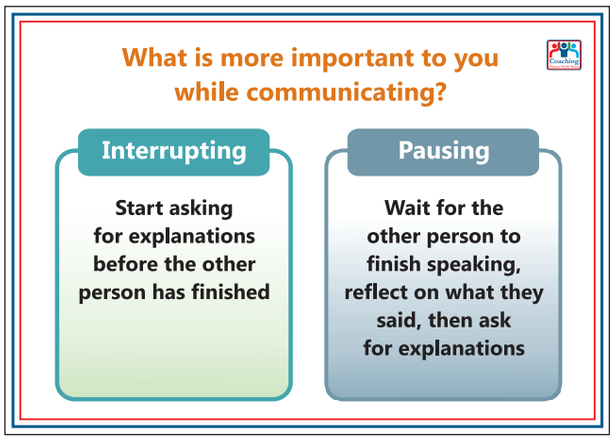
Instructions

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

What is more important to you while communicating?

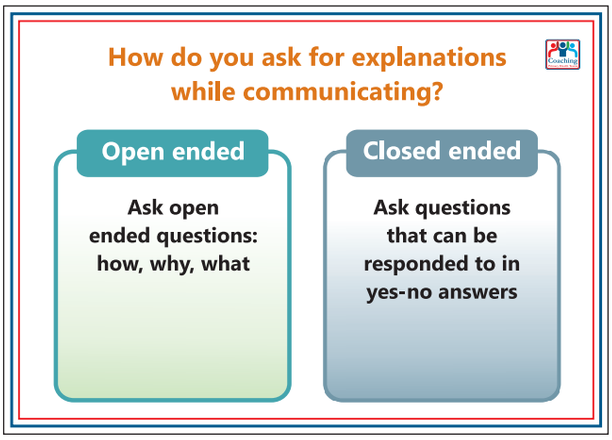


How do you ask for explanations while communicating?

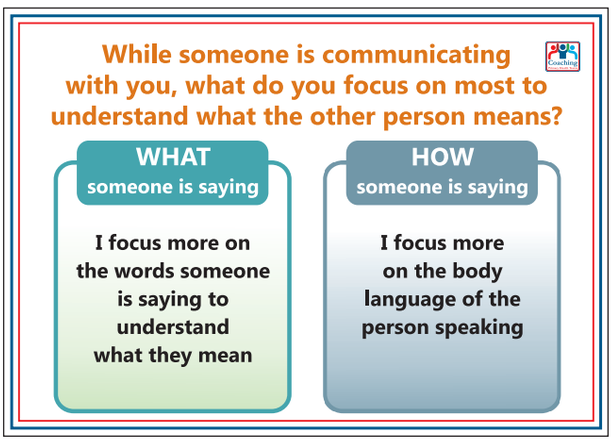


[3] *Adapted from: Commisceo Global. 2022. Cultural differences in the way we listen. Available at: https://www.commisceo-global.com/blog/cultural-differences*

How do you ask for explanations while communicating?



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



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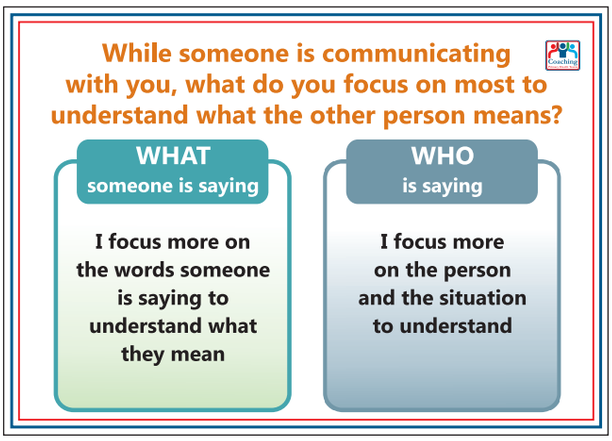

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