
Guide for coaches providing hand-holding support to ASHA facilitators

Prepared to optimise the post-training enabling support to be provided by coaches under the supportive supervision pilot in Vaishali, Bihar

Shuchi Srinivasan, Arpana Kullu, and Bhagwati Pandey

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Oxford Policy Management Limited
Registered in England: 3122495

Level 3, Clarendon House
52 Cornmarket Street
Oxford, OX1 3HJ
United Kingdom

Tel: +44 (0) 1865 207 300
Fax: +44 (0) 1865 207 301
Email: admin@opml.co.uk
Website: www.opml.co.uk
Twitter: [@OPMglobal](https://twitter.com/OPMglobal)
Facebook: [@OPMglobal](https://www.facebook.com/OPMglobal)
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List of abbreviations

AF	ASHA Facilitator
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BAM	Block Account Manager
BCM	Block Community Mobiliser
BHM	Block Health Manager
CHS	Community Health Systems
CHW	Community Health Worker
HBNC	Home based Newborn Care
ICDS	Integrated Child Development Services
MOIC	Medical Officer in Charge
PHC	Public Health Centre
VHSND	Village Health, Sanitation, Nutrition Day

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Purpose

Overview

Accredited Social Health Activists (ASHAs) have become an important part of the healthcare delivery system and there is a need to provide them with a conducive ecosystem within which they can perform optimally. In this context, the Government of Bihar has selected ASHA Facilitators (AFs) from within the cadre of ASHAs, who will act as mentors, guides, and counsellors to other ASHAs. It is imperative that AFs understand the challenges and opportunities faced by ASHAs, and that they are in a good position to provide enabling support and on-the-job training to improve ASHAs' motivation and performance. An AF is expected to provide support to supervise and build the capacity of ASHAs, and to monitor the progress of each individual ASHA in her designated area of work.

This guide offers an additional follow-up route for supporting AFs to gain the skills they need to fulfil their role: extended post-training enabling support that will be provided to AFs by external coaches. These external coaches have been engaged to provide support that will sustain the supportive supervision soft skills gained and used by AFs in their everyday work. These coaches were identified on the basis of their work experience and domain knowledge about the ASHA programme, the health system, and the community health system context. Broadly, this guide will support these coaches to carry out their role within the pilot programme on supportive supervision.

Aim of this guide

The training on supportive supervision that is provided to AFs follows a participant-centric learning approach. This involves the active sharing of experiences and inquiry-based training and teaching processes, whereby training participants talk about their field-level work and deliberate on it together. The training aims to foster AFs' understanding of, and the development of, essential skills in being a supportive supervisor for the ASHAs, and to provide a more effective supportive supervision ecosystem to enhance ASHAs' performance. This guide aims to fortify these gains from training via enabling coaches' enabling support to AFs.

This is an internal document that is to be used by coaches undertaking enabling visits to coach and mentor AFs upon their completion of the supportive supervision training.

This guide attempts to standardise the role assumed by the different coaches to effectively deliver and reiterate the content of the skills training. This guide also attempts to ensure that the pathways for providing feedback to AFs are uniform across the different coaches, and to align the messaging of the enabling support with the training material AFs will already have encountered.

Through ongoing coaching and mentoring visits, the coaches will focus on building four core skills for AFs in regard to supportive supervision. This will be done by facilitating AFs to recognise their strengths and weaknesses and by supporting AFs to make plans and to perform their supervisory role. The four core skills that will be targeted are: communication,

problem-solving, team building and time management. All these skills are discussed in detail in the training module. The coaching and mentoring visits will allow the trainee AFs to use these in their everyday work. These skills will be strengthened across different meeting platforms: cluster meetings, block meetings, Village Health, Sanitation and Nutrition Days (VHSNDs), and home visits.

We outline below the basic principles to be adopted by coaches when undertaking their visits to AFs. This guide then provides a section on each of the four skills. Within the sections on each of the skills, the guide discusses the various aspects coaches should focus on while building specific skills, and the way feedback should be provided. The focus of each visit will be on observing the AFs in their everyday work, as they engage with the ASHA they are supervising and on identifying avenues for providing AFs with constructive feedback (along with examples) after AF–ASHA interactions.

Principles to be adopted when providing coaching and mentoring support to AFs

1. Most critically, the ***coach will support the AF in clarifying her goals and achieving her objectives***. He/she will act as a sounding board for and will provide support to, refining the AF's supportive supervision skills and unlocking the AF's potential.
2. In most cases, visits ***will not be dedicated to dealing with just one skill, rather visits will potentially cover a combination of skills*** and the instruction and prompts will vary in response to the cases that emerge in each meeting. However, the core principles of the role of coach and the nature of communication should not be compromised.
3. The focus must be on ***inculcating supportive supervision attributes within self to support the AF***. The broader intent of this ongoing enabling support is to institutionalise supportive supervision and to build system capacities so that the trained AFs can serve as coaches for future batches of supervisors. This can be done by AFs and Block Community Managers (BCMs) modelling the behaviours of coaches.
4. The coach must always ***avoid sharing any opinions on the system and context***. Rather, his/her task will be to support the AF to find innovative ways within the resources available to her. The coach must also encourage the AF to discuss solutions for different possible issues with relevant stakeholders.
5. The coach must be ***aware of, and empathise with, the context of the community*** and the resource-constrained setting in which ASHAs, AFs, and work. Coaches need to account for shortages of resources and infrastructure, since all decision-making, problem-solving, and performance occurs in this environment. Therefore, coaches must recognise specific systemic and resource limitations, and not have unrealistic expectations regarding AFs' performance.
6. The coach should ***encourage the AF to undertake and inculcate a non-linear, community health systems approach to resolving the issues that are identified***. This essentially means that communication linkages with block-level supervisors

should be strengthened by setting up effective mechanisms for grievance redressal mechanisms.

7. The coach must ***observe and practise a gender-sensitive approach across their entire engagement during coaching and mentoring, wherever applicable.***

Gender dynamics strongly influence the interpersonal interactions between supervisors and community health workers (CHWs) and are likely to influence the performance of health workers too. Gender-sensitive approaches should acknowledge the role of gender norms and inequities and should aim to develop actions that adjust for them. For example, coaches must recognise that AFs and ASHAs both experience a dual burden of tasks and household chores. Further, often the gendered nature of communication in communities can affect the ability of ASHAs or AFs to be vocal. Challenges related to movement and safety can affect performance too. These aspects must be acknowledged and documented, and concerns should be raised when necessary.

Outreach plan

The delivery of the coaching and mentoring support to AFs will be routinely carried out across multiple AF–ASHA interaction platforms. In this way, the coaches will internally prepare, and curate support based on the needs of each ASHA. This will be done across the different visits. This section outlines the outreach plan for operationalising the coaching support.

1. **Platforms for coach and AF interactions.** Coaches will accompany AFs at the following AF–ASHA/AF–BCM interaction platforms:
 - VHSNDs/Aarogya Diwas
 - cluster meetings
 - home visits and
 - review meeting at block level (dedicated review meetings with AFs and BCMs).
 - self-reflection workshop- *Antardrishti* (insight)
2. **Frequency and duration of coach and AF interactions.** The frequency and duration of visits will be contingent on the coaches' observations regarding the support that is needed to strengthen the AFs' ability to fulfil their role. This can be assessed based on interactions during the training, across various meeting platforms, and so some extent with the block-level supervisors. However, it is advisable that each coach visits every AF within the identified catchment area at least once over a span of two months.

Activity	Estimated time (excluding travel time)
VHSND	Throughout the session from start to end (as per the VHSND-Government of Bihar guideline)
Home visit	Two to three hours with three to four families, as prioritised by ASHAs

Activity	Estimated time (excluding travel time)
	The time spent in each home should be rationalised by the AF/ASHA; this will depend on the purpose of the visit to the specific beneficiary
Cluster meeting	Two to three hours
Block-level review meeting	Two to three hours

3. **Delivering coaching and mentoring support:** There are two possible ways to provide enabling and mentoring support to AFs: either direct observation of AFs while they are performing their tasks, involving interacting with ASHAs or BCMs; or when AFs have assembled in one place for the block-level review meetings.

The coaches can target reaching out to all AFs through a mix of individual observations and group observation of the block meetings. Coaches must target two individual activities per AF per month. Coach can accompany AFs during their fieldwork for a maximum eight to 10 days in a month. Other time should be spent on analysing AFs' self-assessments, peer assessments, and supportive supervision checklists, to curate support. 100% coverage should be achieved at the block review meeting.

4. **Coordination with district and state authorities:** Coaches should coordinate with block and district authorities in order to be aware of any recent guidelines or instructions for the AF cadre. This engagement will also affect their coaching strategy and the content of their coach–AF interactions. If there are issues at the field level, or if any support is required by the AFs or ASHAs, the coach can also act as a channel of communication.
5. **Contingency plan:** In the event that the coach cannot be present physically to mentor all AFs, the AF should also have a route to contact the coach telephonically, and vice versa. This will require significant rapport-building to establish trust and a positive relationship.
6. **Recognising how to intervene:** The principles of coaching already provide a deep understanding of the nature of the support to be offered. However, with respect to the outreach, the coach must target spending the initial two months of project implementation time on understanding the actual pattern of outreach and delivery of the facility activities. The coach should also aim to understand the strengths and weaknesses of each AF during the interactions. Based on their observations and insights, the coach can begin developing a short-term and long-term coaching plan to **support the AF cadre optimally.**
7. **Checklists:** The AF training covers the details of the self-assessment, peer assessment, and supportive supervision checklist. The outreach plan will operationalise this, as follows:
 - The self-assessment checklist is to be used only by AFs and will build on the AFs' own self-reflection. The frequency of usage of this self-assessment will depend on the total duration of the pilot project. This can be done quarterly.

- Peer assessment checklists will be used by ASHAs during cluster meetings to identify good practices and aid cross-learning. The AF can divide the ASHAs into pairs in order to share good practices or challenges. Upon completion of the discussion amongst the ASHAs discussing their work, challenges they faced, and the strategies they adopted to overcome these, the AF should facilitate discussion thereafter. AFs should facilitate this process with support from the coach during cluster meetings. This checklist should be implemented at least twice over a period of six months.
 - Supportive supervision checklists should be completed by all AFs. The identified coaches will collect these checklists in the last week of the month at the review meeting with all AFs. Coaches will assess the checklists internally in the same month to strategise their support to AFs in the following month, and to follow up progress in the subsequent months.
8. **Self – Reflection Workshop- Antardrishti (insight):** The self-reflection workshops attempt to offer a platform to AFs to understand their work and roles that they perform as a supportive supervisor using reflexivity or the examination of one's own beliefs, judgments, and practices during the research process and how these may have influenced everyday work. The broader objectives of such workshops are:
- To provide a platform for AFs to reflect on their work and make meaning of their associated aspirations.
 - Share experiences of accompanied supervisory visits.
 - Create an environment of peer learning and encourage team building
 - Explore motivators and de-motivators that affect their performance

The workshop will be undertaken twice in the 6-month intervention and will target 6-7 AFs in each session. The workshop will last for 45-60 minutes and will be typically undertaken after a block meeting. The workshop would be organized after two months of coaching and mentoring activities in the identified block or after each AF has interacted with the external coach at least once on either of the three coaching mentoring sites that is Home Visit/ Cluster Meeting/ Block level Meeting. The content of the workshop while focused on self-reflection will also draw on the four skills discussed during the training and via the coaching mentoring components.

This would also ensure that the reflection workshop is designed based on the needs identified in the preceding interactions. This would be planned in a way that it is within the schedule of the AFs with minimum impact on the routine schedule of their functioning. Insights from the self-assessment tool would be used to build the conversations in the workshop and engage more deeply. Specifically, the workshops would support towards exploring motivators and future aspirations of AFs that may affect their work which in turn have impact on ASHAs.

1 Communication

Overview

Communication involves a wide range of skills, from the ability to question and to offer constructive feedback, to being able to listen attentively. These skills are not restricted to verbal communication alone but also extend to non-verbal communication and cues. Communication forms the basis of most CHW–supervisor relationships. Communication is also critical for an ASHA's success, because it is an essential element of her everyday performance and engagement with beneficiaries.

Communication is a skill AFs will need to practice across their work, when talking to their peers and their subordinates, and when supporting ASHAs in their dealings with their peers and beneficiaries. AFs' competence in communication can be observed by:

- looking at whether AFs enquire about ASHAs' work in a non-judgemental, concerned manner (questioning);
- providing feedback regarding ASHAs' strengths and weaknesses, where strengths are praised and weaknesses are discussed as areas of improvement (constructive feedback); and
- patiently listening to the concerns and challenges voiced by ASHAs, and not prematurely asking them to stop, and ensuring their arguments receive a patient hearing (listening skills).

Assessment

The assessment of the above-mentioned sub-skills within the overall communication skill will take place across all activities that the external coach will observe during field visits at cluster meetings, VHSNDs, and home visits. AFs' communication skills will be assessed in the following ways:

- Observing whether the AF is **RESPECTFUL** when communicating with the ASHA, and ensuring they are gender sensitive as regards the ASHA's needs (in terms of language and terminologies used).
- Providing **FEEDBACK** after supportive supervision visits, to convey strengths.
- Where areas of improvement are identified during visits, the coach can provide **CONSTRUCTIVE FEEDBACK**. It is necessary to be respectful in providing this feedback. The AF is likely to model such behaviours when dealing with her supervisees.
- Observing during the visit whether the AF enquires about the ASHA's concerns by questioning in a **NON-JUDGEMENTAL WAY** (i.e. not reprimanding or humiliating the ASHA). *Is the ASHA able to complete the tasks/work to be done?*

If not, why not? Observe whether the ASHA was asked for the reasons and given the opportunity (in terms of time and enabling environment) to explain.

- In a case where home deliveries, high dropouts etc. are reported in one of the ASHA's areas, the AF can take it up with the ASHA concerned to identify the reasons for this. The coach should check that the ASHA is not blamed to start with, and that a non-punitive route is pursued to address the situation.
 1. During the interaction with the block-level officials the AF can communicate issues/raise concerns. Are these concerns raised in the form of a complaint, or are these concerns voiced with the intent of positing solutions?
 2. The coach should observe whether the AF uses clear communication at both levels of interaction: either between the AF and the ASHA or between the AF and the Block Community Mobiliser (BCM)/Medical Officer In-Charge (MOIC) /Block Health Manager(BHM). Where this is not the case, the coach should support the AF to improve their communication.
 3. Clear communication means that what the AF intends to say has been communicated.

The role of a coach

- Closely observing the above-mentioned points during the accompanied field visits.
- Discussing the strengths and weaknesses of the AF during her supervisory interaction upon the conclusion of the visit. The coach should have about 30 minutes of discussion about the details of the AF's interaction, to validate the observations made. This is an important step in ascertaining what the AF thinks about the interaction.
- After the discussion, demonstrating and using examples, taking cues from the observed activity and conveying where and how the AF can improve her communication skill. This is likely to vary from case to case.
- Following up on current supervisory practices and modelling more supportive behaviours.

Guidance for coaches

- The coach must enquire using open-ended questions.
- The coach must reiterate that the visit is not a test or an assessment.
- Lacunae in the system and beneficiary-level non-acceptance of issues must be acknowledged, and **the AF must avoid using language which places blame on individual AFs.**
- After the supportive supervision visit, the coach must highlight to the AF that feedback must be given to the ASHA on her strengths in an appreciative manner, and by highlighting the scope for improving her performance.
- If there are issues of non-compliance in reporting or repeated issues of ASHAs failing to complete a task:
 1. the coach must encourage the AF to give the ASHA an opportunity to present an explanation for this; and

2. if after hearing all perspectives, and undertaking necessary due-diligence, the AF identifies that the reason for non-performance/ gaps in service delivery / any mistake to be linked to challenges or shortcomings of the ASHA, this must be conveyed and addressed with empathy.
- The AF must be encouraged to raise concerns, as well as good practices, with the block officials at meeting platforms, constructively.
 - The coach must encourage the AF to seek help if they feel there is a case that requires intervention or support, and to inculcate the practice of seeking help from their immediate supervisors, such as the BCM, BHM, or MOIC.

2 Problem-solving

Overview

To develop the skills of AFs or BCMs as supportive supervisors, it is crucial to develop their ability to foresee the barriers and challenges in their work environment, and to devise avenues to address these. This requires acute systems knowledge, a temperament which focuses on solutions, and a high level of resourcefulness to identify remedies to everyday work challenges. ***Problem-solving relies heavily on strategising. Strong communication skills are also a pre-requisite for problem-solving. Supervisors must be attentive to the problems of their supervisees and must be able to voice the challenges at relevant forums like cluster or block-level meetings.***

Assessment

Problem-solving must necessarily rely on and be assessed through a five-step approach:

1. **Recognition of the problem:** It is likely that ASHAs and AFs will discuss many kinds of problems prevailing at the community, facility or personal level. For example, the problem is that the ASHA is unable to complete home visits as per Home Based Newborn Care guidelines.
2. **Recognition of the reason for the problem:** The AF should not focus on identifying a problem in service delivery, and when discussing this, they should not lay blame on the supervisee but rather should recognise the contextual barriers which could affect the supervisee's performance. The supervisor must play an active role in observing the situation and understanding the challenges. There could be many different reasons for the problem: the ASHA may not have sufficient time to cover all targeted beneficiaries; they may lack the technical skills needed to perform their tasks; the beneficiaries may be reluctant to receive their services; or the ASHA may not have the required equipment to undertake the task. Based on the reason, which could be due to lack of knowledge, absence of support, gaps in drug or equipment supply, etc, the supervisor must plan the next course of action. This could include addressing knowledge skills gaps, lack of resources, time use challenges, or community dynamics.
3. **Probe categorisation:** In resource-constrained settings like Bihar, problems often exist at various levels. In the case of Bihar, this includes individual-level issues, like non-acceptance of vaccines by beneficiaries; ASHA-level, issues like difficulty in completing forms and reporting; and issues relating to non-availability of ambulances to transport beneficiaries etc. The supervisor must categorise problems by looking at the seriousness of the problems. This categorisation can help in understanding whether the problem can be resolved by the AF herself, or if the AF needs to escalate the challenge and receive support from block-level staff (BCM, BHM, MOIC). In the latter case, the problem needs to be communicated to block officials.
4. **Problem-solving through escalation:** Solutions that can be implemented immediately should be implemented first. If the challenge requires the insights and support of block-

level staff, the AF must raise the problem with block officials at block-level meetings or during individual meetings with the BCM. Coaches should note that this escalation may not always be possible. However, the coach must encourage the AF to raise these issues whenever she gets an opportunity to do so.

5. **Effectiveness of problem-solving:** Peer discussion at cluster meeting platforms can inform the system about the improved problem-solving ability of AFs/supervisors. This can be further assessed through the use of the peer assessment template.

The role of the coach

- The coach should identify problems during accompanied field visits with AFs/ASHAs. These problems can be voiced by the ASHA or by the supervisor or by the coach herself/himself.
- The coach should listen to problems discussed during any meeting platforms at cluster level or block level.
- The coach should observe how the AF deals with the problem. If it cannot be immediately addressed, the coach should probe her on how she hopes to address it.
- The resolution of the problem may be simple, or it may require dedicated thinking, which may demand greater time and effort by the AF. The coach should be receptive to this and should offer support in thinking through various alternatives.
- The coach should always appreciate the efforts of the AF to practise problem-solving and decision-making within a resource-constrained environment.
- The coach should offer feedback to the AF in private on how the problem solution was framed and what can be strengthened in future practice.

Guidance for coaches

- The coach will need to observe closely, identify, discuss, and then validate problems/challenges with the AFs during fieldwork or discussions in various meetings.
- The coach should encourage AFs to investigate the problem and the related impact of the problem.
- The AF should be able to articulate the problem and be able to develop an implementation plan for resolving the problem through having a clear understanding of the- what, how, who, and when of the solution.
- The coach must be careful when talking to ASHAs and AFs about problems at the individual level or in catchment area. The coach should be very careful as regards balancing listening to a problem and developing AFs' behaviour in terms of exploring possible solutions within the team.
- The coach should encourage finding creative solutions as an active task. Issues like non-acceptance of vaccines can often be resolved with individual-level initiatives and by leveraging social networks.
- Not every problem demands attention and resolution from either the block or district level. This is a key aspect which must be reiterated and internalised by the supervisors, who should aim to be more responsible and accountable for their work.

- The coach can categorise and prioritise problems using the table below. This table can be upgraded after collecting problems and categorising them throughout the period during which coaching and mentoring support is provided.

Problem category	Number of AFs
Beneficiary-related	
Facility-related (staff behaviour, supply side etc.)	
ASHA capacity-related	
Any other	

3 Team building

Overview

Team building is a critical skill that can facilitate greater ownership amongst the various supervisees. Supervisors need to inculcate a spirit of working in a team amongst ASHAs themselves, and with Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs). While the three cadres constitute the frontline team delivering primary healthcare, the ASHA, AF, and BCM also form a team that works towards strengthening the community processes to deliver primary and promotive services, often liaising with AWWs and ANMs for service delivery. This provides a basis for strengthening and inculcating communication and cross-learning.

Team building is also in line with the larger objectives of the Health and Integrated Child Development Services departments' convergence objectives. Team building relies on communication and problem-solving and must necessarily focus on strategies for working together collectively towards a greater goal. The role of the supervisor is to inculcate this feeling and to identify ways to encourage the thinking and functioning of ASHAs as part of a health team, and to instil the value of togetherness.

Assessment

The coach will lend support to the AF and assess her performance on the following platforms:

- **Cluster meetings:** AFs must practise the skill of team-building during cluster meetings. She should lead the meeting with 50–60% of the ASHAs under her line management in every meeting.
 1. The AF should organise this meeting twice a month and should include 50% of ASHAs in each meeting.
 2. The AF should share the agenda of the meeting and note the proceedings of the day.
 3. The AF should create a comfortable environment, with time dedicated to icebreaking.
 4. The AF should be able to communicate the larger purpose of ASHAs' engagement, highlighting the critical role of ASHAs within the health system.
 5. The AF should use the platform to share their field findings (including positive ones) and to strengthen CHWs.
 6. The AF should offer avenues for discussion of self-assessment, and AF's experience of this.
- **ASHA Divas:** These are congregations of ASHAs that are held once a month.
 1. The AF should create a comfortable environment, with time dedicated to icebreaking.

2. The AF should share the agenda of the meeting and note the proceedings of the day.
3. The AF should encourage a healthy competitive environment by encouraging ASHAs to share their experiences and positive behaviours.
4. The AF should apply the learnings received at Primary Health Centre (PHC) level meeting in the cluster meeting platform and encourage all ASHAs to share information about their work, including good practices and the challenges faced during their work.
5. The AF should orient ASHAs on self-assessment practices and encourage peer assessment formats. The latter can be done by identifying four ASHAs each month to receive peer support and to share their experience in the next monthly meeting.

- **VHSNDs**

4. The AF should offer support to ASHAs in mobilising the community, by also accompanying her supervisee to visit beneficiaries, identifying the 'difficult' beneficiaries who often do not attend VHSND to avail health services.
5. The AF should also support the ASHAs in reaching difficult beneficiaries and encouraging them to attend the VHSND in order to receive the necessary health products and services.
6. The AF should look at the due list and understand the gap in the total beneficiaries expected and the total services received.
7. The AF should support the ASHAs by counselling a few families on health and nutrition.
8. The AF should share her feedback with the ASHAs once all beneficiaries have left the VHSND site.
9. The AF should always start with positive observations and then discuss areas for performance strengthening.

The role of the coach

- The coach should support developing the agenda for meetings in advance; the agenda must include the district's priorities.
- The coach should encourage AFs to recognise the strengths and weaknesses of each ASHA and identify ways to build everyone's capacities.
- The coach should ensure the meeting platforms are used to empower AFs as leaders/supervisors of ASHAs.
- The coach should encourage the pursuit of all avenues for cross-learning and sharing best practices. These can offer routes for strategising for a greater exchange of information amongst ASHAs by sharing positive experiences and collective problem-solving.
- The coach should boost AFs' ability and confidence for encouraging peer learning by using checklists of peer support.
- The coach should share his/her constructive feedback with AFs in private.

Guidance for coaches

- The coach should closely observe the list of tasks across different platforms.
- The coach should provide constructive feedback on AFs' strengths and weaknesses.
- The coach should also keep a two-way channel of communication going and look for opportunities to learn from the AFs' experience.
- To support AFs in encouraging cross-learning, the coach should identify potential anecdotes regarding good practices and challenges faced by ASHAs and should highlight the same to support AFs to conduct the sessions.
- The coach should encourage the AFs to elicit greater engagement by ASHAs and identify fewer active members and should ask the AFs to encourage them to speak.

4 Time management

Overview

Given the large number of ASHAs reporting to each AF, task prioritisation is a critical managerial skill for AFs' effective performance. This is critical to ensure AFs give all supervisees the necessary time and attention. ***Time management is also a skill that can be shared with ASHAs and that will be especially key for ASHAs to be able to manoeuvre their varied mandates and deliverables. The time management skill includes the prioritisation of activities, with an exclusive focus on field engagement.*** AFs' time management is an essential skill for the following areas:

- **Preparation of supervisory plans** to ascertain how ASHAs are mapping their time across the various outreach activities.
- **Allocating time and accommodating unplanned tasks or activities**, where time sensitive deliverables are to be identified and prioritized.

Assessment

Time management is an essential skill for AFs. It can be practised as follows:

- **Planning and preparation:** this can be done through the preparation of supervisory plans that map the time to be allocated across different routine supervisory activities.
- **Identifying high-priority tasks:** AFs must focus on allocating time towards accommodating and prioritising planned/unplanned tasks or activities that are time-sensitive in nature.
- **Deprioritising other tasks:** AFs must readjust for planned activities when other time-sensitive tasks are added. For example, there might be a mandate from the state requiring the AF to collect signatures within the community to declare the village 'open defecation-free'. Whilst this task is time-sensitive it may clash with her actual work. Hence, the coach must encourage the AF to re-align and readjust the core tasks, but not to deprioritise some tasks in light of what gets added.
- **Structure all due deliverables:** All tasks must be categorised across three categories: urgent, medium-term, and long-term.
- **Communicate the task priorities:** The monthly plans should be written and communicated to ASHAs, specifying the specific reasons for prioritising certain tasks over others.

The role of the coach

- The coach will provide enabling support to all AFs in the preparation of monthly advance plans during monthly review meetings at PHC.
- The coach should check with the AF whether she is facing any challenge in task prioritisation and should support her decision-making.

- The coach must reiterate the criticality of time management and encourage the AF to share her tips on managing time with ASHAs.
- Coaches should encourage the AF to visit ASHAs in their catchment. The AF can prioritise visiting/engaging with ASHAs on the following basis:
 1. as per urgent requirements or tasks assigned by block or district;
 2. ASHAs that have not been able to complete the expected tasks assigned by the block for more than three months;
 3. ASHAs that have not been able to complete the expected tasks assigned by the block for the last three months;
 4. ASHAs that are completing their task as per expectations but that need support from the AF or the block;
 5. meeting with all ASHAs to give them direction as a supervisor and inculcating knowledge by being a teacher and a mentor.
- The coach should support the AF to recognise the difference between time spent on travel and the time spent delivering actual work. Coaches must assist AFs to also plan activities whilst incorporating travel time.
- The coach should provide constructive feedback on mechanisms for managing time better.
- Coaches can also assess any improvements in time management skills through self-assessment checklists.

Guidance for coaches

- The coach should understand the catchment area, the health systems functioning, and the roles assigned to the AFs, to help them in planning. There are likely to be some geographical areas (ASHA catchment area) which are closer to the AF's village and others that are far away. This might also affect the AF's planned visits, keeping proximity in mind. However, as a coach, you must advise the AF to rationalise her efforts and to conduct visits as per the requirements of the ASHAs.
- The coach should recognise the limitations regarding field engagement and try to help the AF to maximise her interaction with ASHAs within the given constraints. Often this might be difficult due to individual or systemic challenges; however, the aim should be to balance demands and learn to manage time effectively.