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# Trainers' Guide on Supportive Supervision

**for ASHA Facilitators** 



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# **Acknowledgements**

Oxford Policy Management would like to thank the ASHA Resource Centre, State Health Society, Government of Bihar, the Bill and Melinda Gates Foundation and the Bihar Technical Support Programme, CARE India for their support in developing the Trainers' Guide on Supportive Supervision for ASHA Facilitators.

The Trainers' Guide is aligned with the state guidelines and national guidelines outlined in the Handbook for ASHA Facilitators. The guide is primarily intended for ASHA Facilitators and block-level supervisors/managers of ASHAs. The focus is on ensuring that the users of the manual understand the principles of supportive supervision and acquire the critical skills that are needed for providing such supervision.

This Guide will be used to train identified participants on Supportive Supervision.

# **List of abbreviations**

| AF   | ASHA Facilitator                                   |
|------|--|
| ANM  | Auxiliary Nurse Midwife                            |
| ASH  | A Accredited Social Health Activist                |
| AWC  | Anganwadi Centre                                   |
| AWW  | Anganwadi Worker                                   |
| ВСМ  | Block Community Mobiliser                          |
| МОІС | Medical Officer In-Charge                          |
| ВНМ  | Block Health Manager                               |
| ВРМ  | Block Program Management Unit                      |
| DCM  | District Community Mobiliser                       |
| NHM  | National Health Mission                            |
| PRI  | Panchayati Raj Institutions                        |
| VHSI | NC Village Health Sanitation & Nutrition Committee |
| VHSI | ND Village Health, Sanitation & Nutrition Day      |

## **Purpose and overview**

The Accredited Social Health Activists (ASHA) Programme under the National Health Mission (NHM) has been running for more than a decade. Initially, the programme was focused on mobilising women to opt for institutional deliveries, and on ensuring safe deliveries. Over time, ASHAs' activities in support of the health system have been extended: they now include facilitating outreach services at the community level. ASHA are not only key frontline community-level health workers working to ensure safe deliveries, they also carry out exemplary work to increase the coverage of immunisation, address the social determinants of health, identify cases of communicable diseases (like malaria and kala azar) and positively impact health behaviours. Thus, over time the reliance of the health system on ASHAs for many health-related tasks has increased.

Given that ASHAs have become an important part of the healthcare delivery system 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 from within the cadre of ASHAs who will act as mentors, guides, and counsellors to other ASHAs. It is expected that ASHA Facilitators will understand the challenges and opportunities facing ASHAs, and will be in a good position to provide hand-holding support and on-the-job training to improve their motivation and performance. An ASHA Facilitator is also expected to provide support, supervise, build the capacity of ASHAs, and monitor the progress of each individual ASHA in her designated area of work. Evidence from studies across the globe have revealed he importance of a support structure in ensuring positive performance and sustainability of community health worker programmes.

The formative study by Oxford Policy Management (OPM) in Bihar carried out in 2019 as part of health systems work under the FLW Grant indicated that supervision is often delivered in ways that are punitive rather than supportive. The emphasis is often on monitoring, rather than on providing supportive supervision. The supervisors and managers have limited awareness of the concept of supportive supervision, including how good/supportive relationships between supervisors and supervisees can have a positive impact on the health system. These findings are in line with numerous studies from a range of countries and programmes that show that supervision often has low coverage; is not a focus of administrators; and is irregular, unsupportive, and demotivating. Studies also show that there is often a lack of adequate training for supervisors, and a lack of problem-solving or feedback mechanisms for providers.

In this context, this training manual has been designed to train the support structures of

the ASHA Programme, especially to train ASHA supervisors and block-level managers who interact directly with the ASHAs. This training manual provides reference material on supportive supervision, the roles of supervisors/ASHA Facilitators, and the skills required of supportive supervisors. This material that can be used by ASHA Facilitators, and block- and district-level programme managers. This resource material has been designed keeping in mind the current context of ASHAs and ASHA Facilitators, along with their stated roles as envisaged under the NHM.

<sup>1</sup>Source: MoHF&W, Government of India (2014) 'Handbook for ASHA Facilitators'.

### Who is this training manual for?

This training resource material is primarily intended for ASHA Facilitators and block-level supervisors/managers of ASHAs. Parts of it will be useful for actors at the district level. The focus is on ensuring users understand the principles of supportive supervision and acquire the skills that are needed for providing such supervision.

### **Learning through participation**

The training on supportive supervision set out in this manual 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. Thus, the participants are envisaged to actively engage and learn simultaneously, and to re-learn and revisit their work using the lenses provided through the training. Participants will be actively encouraged to share field experiences and sessions will be guided by facilitators to reflect, develop skills and knowledge on supportive supervision. The process will enhance skill development, ability to convert knowledge into practice and critical reflection and behaviour change in practices associated with supportive supervision.

### Aim of the training

The training set out in this manual is aimed at ASHA facilitators and invites them to assess their own roles and responsibilities as part of the support structure of the ASHA Programme/community health programme, to stimulate insights on how to establish an effective supportive supervision system. It is also aimed at fostering their understanding of, and the development of essential skills in, being a supportive supervisor for the ASHAs, and thereby to provide a more effective supportive supervision ecosystem to enhance their performance.



### Training sessions and objectives

#### Section no.

### Sessions, objectives, competencies

1

### An overview of the ASHA Programme and the responsibilities of key programme staff

### **Objectives**

- Identify key roles and responsibilities of each staff position in the ASHA Programme.
- Gain clarity on the roles of ASHA Facilitators, ASHAs, and BCMs.



- Learn how the different positions are supported and supervised.
- Develop an organogram that shows the lines of support and reporting, along with individual roles and responsibilities.
- Understand the importance of each position.
- Gain clarity on the roles and responsibilities of Auxiliary Nurse Midwives (ANMs), ASHAs, ASHA Facilitators, and Anganwadi Workers (AWWs) in regard to outreach activities.

### 2

### Understanding supportive supervision for community health workers



### **Objectives**

- Understand what supportive supervision is, and its significance.
- · Learn about the attributes of a supportive supervisor.
- Set up an effective supportive supervision system.

#### 3

#### Key skills for supportive supervision



### **Objectives**

- Learn about the key features of the key skills required for supportive supervision.
- Be able to identify obstacles to applying the skills learnt.
- Be able to demonstrate the use of skills for supportive supervision.

#### 4

### Reporting and documentation - purpose and processes

#### **Objectives**



Understand the importance of reporting and documentation.



- Discuss the checklist/reporting format or register that is currently used by ASHAs and ASHA Facilitators.
- Understand the current reporting mechanisms.
- Learn about the checklist on supportive supervision, self-assessment and peer assessment, review meeting minutes format.
- Learn about making a supervisory plan and making an action plan following a supervisory

### **Getting started**

### Introduction of the participants and trainers

As this training is aimed at helping trainees to learn about and understand the essential soft skills required for supportive supervision, it is imperative to ensure it is conducted in an interactive way. For the training to be interactive and to follow a two-way process, it is essential that participants are comfortable and not hesitant about speaking. Therefore, to set the tone of the training workshop, every facilitator should begin with an introduction. To break the ice the participants can be paired up with the person sitting next to them. They should then be given five minutes to learn a bit about each other. Thereafter, every participant should be asked to introduce their partner in about three to four minutes, stating the following:

- · Their name.
- The name of the village or town they come from, and any interesting fact or something they like about the place.
- · What they like to do in their free time.
- · How long they have worked as an ASHA Facilitator.
- One thing they like about working as an ASHA Facilitator, or a particular activity they like to carry out in their role.

### Why are we here today?

At the outset, the facilitator should welcome everyone and explain that the training has been designed:

- to strengthen ASHA Facilitators as supportive supervisors of ASHAs, and to help them support ASHAs by reaching out to block and district administrations in order to resolve community concerns; and
- to develop BCMs as an important member of block programme management unit at the block level, who manage outreach activities and support supervisors (ASHA Facilitator) in dealing with community challenges.

To achieve these two objectives, we will be discussing the roles and responsibilities of supervisors and managers, and the necessary skills required to effectively support ASHAs to improve their performance.



### Agenda of the training

Introduction





- Understanding the ASHA Programme and the current role of ASHA Facilitators within programme support structures for the ASHAs within the health system, and the community role of ASHAs in relation to ANMs, AWWs, and ASHA Facilitators
- · BCMs: important pillars within the supportive supervisory structure
- · Summarising the discussion points of the day

DAY

· Recap of Day 1

- · What is supportive supervision? And understanding its significance
- Attributes of a supportive supervisor
- Setting up an effective supportive supervision system Summarising the discussion points of the day and of the previous day

DAY 3

- · Recap of Day 2 Communication skills
- · Group facilitation skills and team-building
- Summarising the discussion points of the previous two days and of Day 3

DAY

- · Recap of Day 3 Problem-solving skills
- · Coaching and mentoring
- · Review meetings and sharing feedback
- · Summarising the discussion points of the previous three days and of Day 4

Recap of Day 4
 The importance

· The importance of reporting and documentation: learning about data as a tool for supportive supervision



- · The reporting flow of information
- Checklist on supportive supervision, self-assessment, peer assessment, review meeting minutes formats
- Supervisory plan and follow-up actions
- Summarising the discussion points of the last four days and of Day 5
- Feedback

### **Setting some ground rules**

The facilitators and participants should set some ground rules, through an open discussion. These can be written out on a chart and displayed throughout the training. Rules could include the following:

Discussion of the checklist/reporting format and the register currently used by ASHAs



Respect each other.



Listen patiently to anyone who is speaking.



Listening with an open mind is important, in order to learn new ideas.



Every participant and every opinion is important, hence everyone will be given an opportunity to speak.



Disagreements need to be expressed respectfully and resolved amicably.



No interruption when anyone is talking.



It is important to ensure a timely presence at all sessions throughout the training.



The use of electronic devices and distracting material shall be avoided



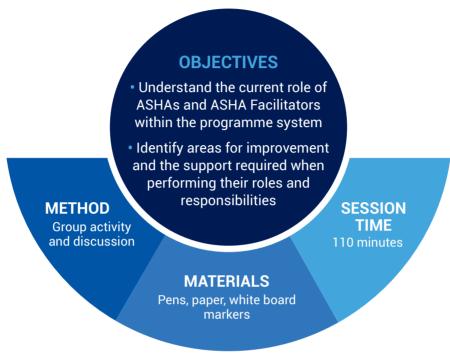
Feel free to as questions if anything is unclear.

# **Section 1**



An overview of the ASHA Programme and the responsibilities of key programme staff

# Session 1.1 (a): Understanding the ASHA Programme, and the current role of ASHAs and ASHA Facilitators within the programme.





- 1 The first session aims to build a rapport among the participants, and to set the tone of the training. This activity should help build an understanding of the context and the current situation.
- 2 The facilitator will divide the participants into pairs and ensure all participants participate actively.
- 3 Each pair will be given pen and chart paper.
- 4 They will be given 15 minutes to discuss the following themes:
  - a) The activities that are undertaken by ASHAs, and areas where they need improvement or support.
  - b) The activities expected to be carried out by ASHA Facilitators, and areas where they themselves need improvement or support.
- 5 Each pair will then share their views on the above themes, one by one.
- 6 The two trainers should note the responses provided by the participants on the board in two columns: one for the roles of ASHAs and the other for activities undertaken by ASHA Facilitators.
- 7 The facilitator will summarise the discussion by listing activities under the various roles of an ASHA, as set out in the notes in the following section.
- 8 Then the activities that are undertaken by the ASHA Facilitators will be highlighted with regard to the activities carried out by the ASHAs.
- 9 The trainer should summarise the roles of ASHA Facilitators a supervisor, mentor, and trainer, and the link to the health system by drawing from the discussion. The key points for reference
- 10 The participation of BCMs and District Community Mobilisers (DCMs) during the discussion should also be encouraged.



### A. Discussion on the roles of an ASHA:

The trainer will share a brief video entitled 'Tara Hamari ASHA'<sup>2</sup> on the various roles of an ASHA at the beginning of the discussion, and will then facilitate an interactive session covering the points given below.

The role of an ASHA is to be a link worker, service provider and an activist. ASHAs provide health education and referrals for a wide range of services, and provide support and assistance to communities and individuals in accessing preventive health measures and facilitating curative health and social benefit schemes. They function as a bridge between healthcare service providers, and communities that may have difficulty in accessing services. The three roles of an ASHA are interrelated to each other.

For example, when an ASHA mobilises people for immunisation day, she might face resistance and non-acceptance from some people, and she will need to convince them, by highlighting the benefits of vaccination etc. Thus, her roles as a link worker, activist, and service provider are interconnected, and so an understanding of the purpose of each role is important. Examples of what activities are included in each role are given in the table below.

The facilitator will elaborate on each role an ASHA performs, along with the activities and responsibilities involved.

| Roles of ASHA    | Examples of activities taken up by ASHA   |
|------------------|---|
| Link             | <ul> <li>Escorting pregnant women to public health institutions for safe delivery.</li> <li>Mobilising children for immunisation and connecting deprived communities to health services.</li> <li>Helping community members to access services and providing relevant information.</li> </ul>   |
| Service provider | <ul> <li>Providing community-level basic curative care for minor ailments, such as diarrhoea and fevers.</li> <li>Providing care for neonates and sick newborns, as well as addressing childhood illnesses.</li> <li>Identification of malnourished children and referral.</li> <li>Being a service provider for the Directly Observed Treatment Short Course (DOTS).</li> <li>Identification of suspected cases of malaria, kala azar, and leprosy, and referral for treatment.</li> <li>Acting as a depot holder for essential health products appropriate to local community's needs.</li> </ul>   |
| Activist         | <ul> <li>Mobilising people to participate in initiatives for local health: for example, example cleanliness and sanitation drives etc.</li> <li>Representing community health needs and concerns to the health authorities.</li> <li>Spreading awareness in the community on determinants of health, such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services, and the need for timely use of health services.</li> <li>Helping the community to realise its health rights and entitlements under various schemes.</li> <li>Demand generation for healthcare services.</li> </ul> |

<sup>&</sup>lt;sup>2</sup>Source: MoHF&W; Government of India (2014) 'Guidelines for Community Processes'.

### A. Discussion on the roles of an ASHA Facilitator.

#### Who is an ASHA Facilitator?

ASHA Facilitators are the main vehicle for providing monitoring, supportive supervision, and onsite assistance for ASHAs. One ASHA Facilitator is expected to support approximately 20 ASHAs. Thus, a block has about five ASHA Facilitators (assuming 100 ASHAs per block). The ASHA Facilitator serves as the link between the ASHAs and the support structure at the block level for the community-level work.

An ASHA Facilitator ensures achievement of the outcomes of the ASHA Programme primarily through providing supportive supervision and on-the-job training to the ASHAs in their village. The ASHA Facilitator should provide supportive supervision to the ASHAs through undertaking the activities described below.

### What are the roles performed by an ASHA Facilitator?

| Roles of ASHA Facilitators                       | Examples of activities undertaken by ASHA Facilitators  |
|--|---|
| Link between the<br>ASHAs and the BCM<br>and DCM | <ul> <li>Facilitating the process of ASHA selection and removal.</li> <li>Communicating issues faced by ASHAs to block/ district level.</li> <li>Disseminating information from block and district to ASHAs reporting to them.</li> <li>Liaising with the health system on behalf of ASHAs.</li> </ul>  |
| Supervisor                                       | <ul> <li>Accompanying ASHAs on village visits to conduct household visits; supporting ASHAs in conducting Village Health, Sanitation, and Nutrition Committee (VHSNC) meetings, and in conducting community health/women's group meetings on Village Health, Sanitation and Nutrition Day (VHSND).</li> <li>Conducting cluster meetings.</li> <li>Attending block Primary Health Centre (PHC) meetings and mobilising ASHAs in this regard.</li> <li>Assessing and monitoring the performance of ASHAs monthly.</li> <li>Compiling monthly reports.</li> <li>Resolving problems faced by ASHAs – as much possible at their level.</li> <li>Ensuring that drugs and equipment are available with ASHAs.</li> </ul> |
| Trainer and mentor                               | <ul> <li>Providing field-level training on technical skills like weighing of baby, identification of danger signs etc.</li> <li>On-the-job hand-holding support for weak ASHAs.</li> <li>Helping ASHAs with reporting and documentation.</li> <li>Supporting trainers in training ASHAs.</li> </ul>   |

Source: Government of India; MoHF&W 'Handbook for ASHA Facilitators'.

# Session 1.1 (b): Understanding the role of ASHA Facilitators in supporting ASHAs and addressing their challenges



## **Group discussion**

The previous session gave the background and established the context of ASHAs' work and identified the areas requiring improvement. It also helped in determining the role of ASHA Facilitators and BCMs, and understanding what they can do to address them. Following the above discussion, where areas of improvement were identified and the roles that an ASHA Facilitator should or currently does undertake were reviewed, the next discussion is about how they can provide support. The group will discuss the barriers and challenges that occur in the field in regard to performing those roles, and what can be done to minimise these barriers/challenges.

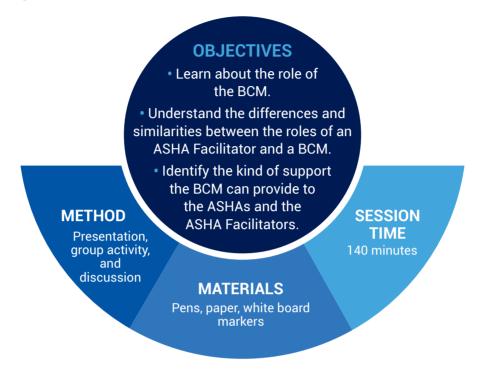
The trainer will discuss the activities performed by ASHA Facilitators that were listed in previous discussion and then question the barriers to undertaking these activities.

End the session by asking the participants to summarise what they have learnt so far. The trainer can then fill any gaps, wherever necessary.

**KEY MESSAGES** 

- ASHA Facilitator is a crucial link between the ASHA and the Block level supervisor
- ASHA Facilitators and BCMs are key in providing support and enhancing the performance of ASHAs.
- ASHA Facilitators are the first point of contact for ASHAs for support relating to technical knowledge, mobilisation skills, and reporting.

# Session 1.2: BCMs: Important pillars within the supportive supervisory structure



A BCM plays a pivotal role in supporting, supervising, and monitoring the ASHAs and the ASHA Facilitator at the block level.

The session can begin with an interactive activity where the group tries to get a grounding on the current understanding of 'Who is a BCM and what is their role in practice?'

This will form the basis for building an understanding of the role of BCMs, as differentiated from ASHA Facilitators and DCMs. This discussion will also help in identifying the kind of issues BCMs can be reached out to for support.



- 1 The facilitator will provide a piece of coloured paper to each participant and ask them to write down at least two roles performed by BCMs.
- 2 Give participants 10 minutes to write down their ideas, and then allow them to paste these pieces of paper on a board where everyone can see their response.
- 3 Allow everyone in the room to look at the responses for 10 minutes and then request BCMs to select roles and responsibilities from the board which he or she is bound to perform as per the government guidelines.
- 4 During the discussion, the roles and responsibilities as per the government guidelines can be displayed on the wall.
- 5 Lastly, the trainer will discuss the expected roles of the BCM during the pilot on supportive supervision in the selected block.



### I. Roles and responsibilities

The block ASHA and Community Processes Team support programme operationalisation at the block level. Key roles with regards to the ASHA Programme are as follows<sup>3</sup>:

- Conducting block-level monthly review meetings in coordination with block Medical Officers In-Charge (MOICs) and Block Health Managers (BHMs), to facilitate:
  - i. regular on-the-job trainings, and updating information and sharing new guidelines;
  - ii. reviewing and assessing the performance of ASHAs, along with problem-solving and feedback sessions;
  - iii. replenishing ASHA drugs/equipment kits;
  - iv. verifying records and releases of payments; and
  - v. reviewing and assessing the functionality of VHSNCs in terms of regular meetings, fund utilisation etc.
- Supporting the DCM in the formation and improved functioning of VHSNCs and assisting in developing processes for community monitoring in all villages in the blocks.
- Sharing data relating to ASHAs' work to the DCM for planning and facilitating training of ASHA Facilitators and ASHAs.
- Providing supportive supervision and continuous monitoring through monthly meetings of the ASHA Facilitators
  at block headquarters and through field visits to assess the functionality of, and to handhold, ASHA Facilitators
  and ASHAs.
- Undertaking monthly block-level compilation of performance reports in the formats submitted by ASHA
   Facilitators, to assess the functionality of ASHAs in regard to key tasks. Further, identifying poorly performing
   ASHAs, assessing causes of poor performance, and devising strategies for improvement.
- Coordinating with district-level functionaries, Block Programme Management Unit (BPMU) and block MOICs to
  ensure efficient implementation of community processes and also establishing smooth working relationships
  with block-level functionaries of other government departments, such as Women and Child Development, Water
  and Sanitation, and Rural Development, to avoid/resolve issues related to field-level lack of coordination or
  conflicts, if present.
- It is also essential that the BCM functions as part of the NHM BPMU in coordinating and contributing to the planning and implementation of the programme.

<sup>&</sup>lt;sup>3</sup>Source: MoHF&W; Government of India (2014) 'Guidelines for Community Processes'.

### II. Important traits for ASHA Facilitators and BCMs



### **Group discussion**

The purpose of these case studies is to identify the differences and similarities between the roles of ASHA Facilitators and BCMs, and how and when can they be leveraged. Since the functions of ASHA Facilitators and BCMs are interlinked and overlap, these case studies aim to provide clarity on this subject to the participants, and also to introduce some important traits that are essential for a supervisor.

Copies of the case studies will be shared with the participants, to aid discussing each of the four traits:

- a) building a coalition.
- b) applying a systems approach to problems-solving.
- c) team building; and
- d) communication.

The participants will be asked to read the case study within their group and will be given 15 minutes to discuss it. The group will be required to answer the question given at the end of each case study. The group members should note down their responses to their question and share it with the entire group at the end of the 15 minutes.

CASE STUDY 1

A campaign for ABC vaccine to be distributed in schools has to be implemented in 15 days. An ASHA Facilitator in one of the block-level meetings before the campaign reports that the ASHAs are facing a lot of resistance from the community. Some community members have also threatened and abused a couple of ASHAs. One of the ASHA is therefore thinking of quitting. The ASHA Facilitator has stated that the reason for the resistance is that the parents believe that the vaccine will harm their children.

- What was the essential role that the ASHA Facilitator fulfilled?
- 2 Is there anything else the ASHA Facilitator could do in this scenario to help the ASHAs? If yes, please elaborate.
- 3 What would be the role of the BCM in this situation?

# Trainer notes

- 1) The ASHA Facilitator fulfilled the role of a link and a supportive supervisor by communicating the issues being faced by the ASHAs to the block level. This ensures a two-way communication between the ASHA Facilitator and the block-level officials, ensuring a sense of working as a team.
- 2) The ASHA Facilitator can additionally reassure the ASHAs that they will be supported by the ASHA Facilitator, BCM, and DCM in their work. She can also speak to the ASHA who wants to quit and enquire about her reasons for leaving and then accordingly offer a resolution of the problem. Further, as the reason for people's resistance is a misunderstanding the ASHA Facilitator can offer to organise a meeting in which the panchayat members or any other prominent community members can speak, and she could also invite the MOIC to talk about the safety and importance of the vaccine. People can be informed about any adverse events following immunisation, to inform them on why they happen and how they can be managed.
- 3) The BCM's role would be to ensure through a field visit or a planned community meeting to identified areas-wider dissemination of information on the importance of the immunisation. Additionally, they would meet the ASHAs to build their confidence that they will be supported in case of any issues. If mobilisation and advocacy needs more time then the BCM should propose or negotiate a rescheduling wherever possible.

**CASE STUDY 2** 

A 45-year-old ASHA has been working for 10 years and has received education up to Standard 8 level. She is well recognised for being actively involved in the processes of village-level planning and implementing drives relating to health, nutrition, and women's empowerment through self-help groups. However, with mandatory reporting and community-level surveys becoming an important task she has started to face difficulties in regard to documentation. Additionally, all ASHAs are mandated to take online tests to supplement the trainings given to them. This has also led to demotivating this particular ASHA. What can be done to help this ASHA, to ensure that a good worker is not lost?

- Identify issues that the ASHA Facilitator can help the ASHA with.
- **2** What would be the role of the ASHA Facilitator in regard to ensuring that the ASHA is supported in her work?
- **3** What would be the role of the BCM in this situation?



- a) The ASHA Facilitator needs to identify what the difficulty is in reporting. Is it that the format is unclear or is the ASHA unable to find the time to do it? Identification of the issue is essential. Then, the ASHA Facilitator should offer a resolution accordingly. For example, if the ASHA is unable to understand the format this would require follow-up and training.
- b) The ASHA can also be offered help from other peers whoever she is comfortable with. She can be assured that, with practice, the job can be done and it will become easier.
- c) Given that she is a good worker, the ASHA Facilitator should ensure that the ASHA is supported in practising for the test, and hence can negotiate more time for her to take the test later with preparation.
- d) The BCM can highlight the issue to the District Programme Manager and conduct frequent hand-holding support. The methodology for checking knowledge levels could be through on-the-job field visits, and not only online. Also, the state and district can take a call on not making the ability to pass the test the prime criterion for measuring performance.

**CASE STUDY 3** 

A monitoring activity has been ordered by the Chief Medical Officer to measure the performance of the ASHAs in the district. The officer is under pressure from the state — which is transferred to the DCM and BCM — to give three names of ASHAs that have performed poorly in the last month. There is no specific criterion given by the state for this, and the districts have been instructed that they can decide in consultation with the BCMs and ASHA Facilitators and send the relevant names to the state.

- 1 Is there anything that the BCM and ASHA Facilitators can do in this regard?
- 2 If yes, what can be done by the ASHA Facilitators and BCM? Please elaborate.

# Trainer notes

- 1 The ASHA Facilitators and the BCMs are essential when it comes to insights from the field on the functioning of the ASHAs. Performance measurement and identification of non-performing ASHAs is one of their important functions.
- 2 There are often situations where, due to field realities being complex, labelling an ASHA as non-performing would require critical assessment. For instance, when the population under the ASHA is very small or there are lacunae in the system of payment or supplies. In such situations ASHA Facilitators and BCMs can negotiate to have more objective criterion for any removal of an ASHA. This will ensure that no ASHA who is performing well is removed.
- 3 The ASHA facilitator must communicate the fact that the task of negotiating with the higher authorities is sometimes difficult. However, one must try and build communication channels as much as possible. Therefore, communicating field-level insights regularly is an essential part of building linkages and better support structures.
- 4 The principle that can be followed is that the ASHAs should be supported: if anyone is not able to perform then the reasons for poor performance need to be addressed.

CASE STUDY 4

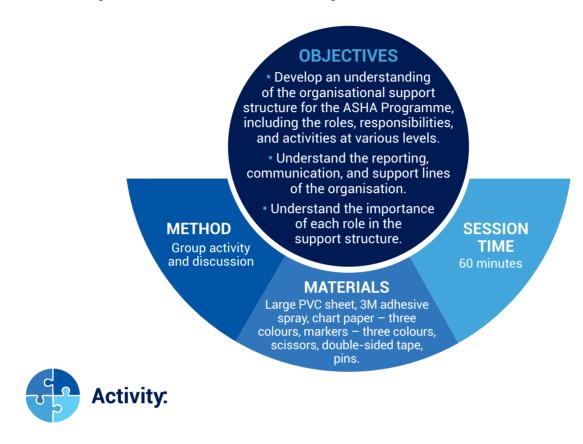
Seema, a 43-year-old woman from a lower caste, has been selected as an ASHA for a new village as there were a number of home deliveries in the area. It was brought to the attention of the panchayat and health staff that the people prefer to have a home delivery carried out by the village Dai (traditional birth attendant) who has been conducting deliveries for a long time. A few of the households in the village who are from an upper caste do not approve of Seema as the ASHA and do not cooperate with her. Given the hierarchies in the village Seema finds it difficult to approach them. She has shared this issue in one of the cluster meetings.

• What do you think is the kind of support the ASHA Facilitator and BCM can provide to Seema?

# Trainer notes

- It must be acknowledged that there are socio-cultural realities in the communities, and the purpose of selecting women from marginalised communities is to ensure that the health services reach the most vulnerable.
   However, bringing about transformations in social practices takes time and needs to be approached with sensitivity.
- 2) To approach this issue, the ASHA Facilitator and BCM would need to encourage and support the ASHA by building her confidence to continue her work.
- 3) Support should be provided by accompanying the ASHA in visiting and meeting Panchayati Raj Institution (PRI) members and holding community meetings highlighting the work the ASHA does, and the significance of it. Community-level meetings should provide her with platform to speak and to demonstrate her work.
- 4) The supervisors can facilitate community level meetings if needed by sometimes ensuring other frontline workers are brought together in collaboration and support the ASHA, to work as a team. Also, families with whom the ASHA has worked earlier can also be good examples and can share stories of their experience with the ASHA.

# Session 1.3: Support structures for ASHA Programme within the health system and the community.



 $Developing \ the \ organisational \ chart, with \ roles, \ responsibilities, \ activities, \ and \ support \ and \ communication \ lines.$ 

#### **Preparation:**

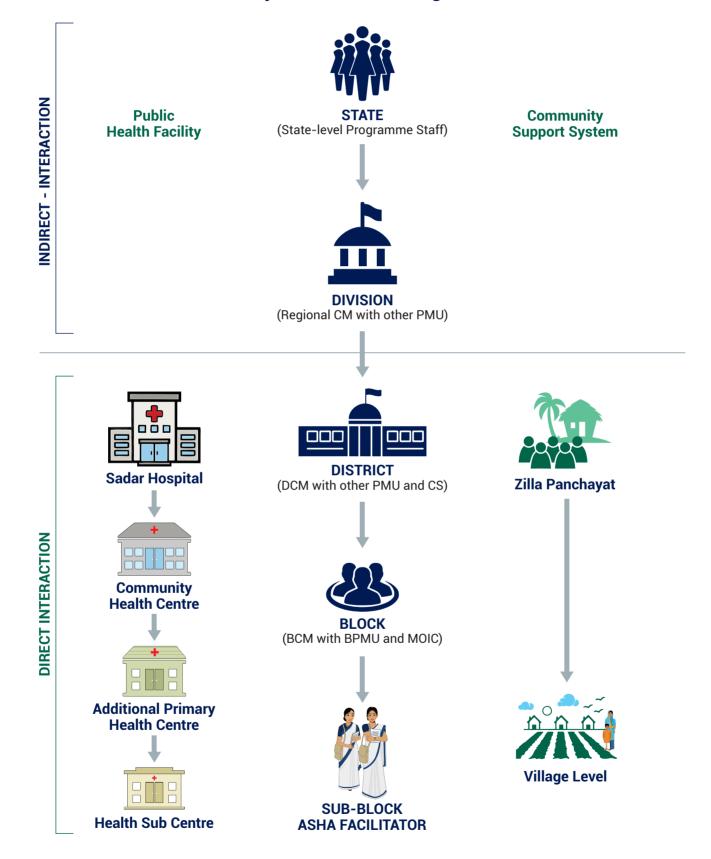
- Round cut-outs with titles of positions in the ASHA Programme.
- Large square-shaped cuts-out in different colour, recording the roles and responsibilities of each position.
- Large circle-shaped cut-out in a different colour with activities or functions for each position.
- Cut-out lines and arrows painted red for organisational chart lines and reporting levels.
- For the activity, pin up the large sheet and spray it with adhesive.
- The cut-outs can be pasted or shifted as per the suggestions of participants.

#### Process:

- Build the organisation chart starting with the ASHA and then placing the immediate supervisors, followed by block, district and state levels. First paste the position, followed by adding the cut-outs of roles and responsibilities.
- Next, ask the participants who is directly responsible for the ASHAs and who supports them in their work.
   Accordingly, using the lines and arrow cut-outs, build the ASHA Facilitator position, with the roles, responsibilities, and activities.
- Similarly, build each level, discussing with and taking suggestions from the participants.
- · Ask volunteers from among the participants to present each level; others can add if any points have been missed.
- Next, lead a discussion on the importance of each position in the programme.
- Summarise by saying that without a system with role clarity and responsibility, there would be chaotic or random activity within the organisation, then show the organisational chart that is given below.

### Diagram showing support structure (for facilitators' reference)

### **Community Health Worker Programme Staff**





### What are the support structures at different levels?

- The session will be facilitated by a DCM and BCM to make participants clear about the existing support structure under the ASHA Programme.
- The session is aimed at defining the structures available to the ASHAs. The trainer (DCM, BCM) will initiate the session with a presentation defining the support structure for the community health worker programme.
- The trainer will need to use the diagram given below to define the support structures at the village to state levels.
- The programme managers designated for the ASHA Program indicated in the centre of the diagram above form the core of the support structure for the ASHAs.
- The core team includes the ASHA Resource Centre at the state level, the regional Program Management Unit at
  the divisional level, the DCM at the district level (along with the District Program Management Unit), the BCM at
  the block level (along with the BPMU), the ASHA Facilitators at the sub-block level, and the ASHAs at the
  community level.
- The regional and state-level programme officers are indirectly associated with the ASHAs and ASHA Facilitators.
- The programme officers below the district level interact directly with the ASHAs and the ASHA Facilitators.
- The ASHAs also interact directly with the health facility service providers. This can be when escorting beneficiaries, during training by health staff for campaigns, in review meetings, during monitoring visits etc.
- The ASHAs also work directly with the public health facilities and service providers, including doctors and ANMs
  etc. when they take beneficiaries to hospital or attend meetings/trainings etc. Hence, they also form an important
  part of the support structure.
- The other arena of interaction for an ASHA is within the community. There are community leaders like PRIs,
   Ward Members etc., and influential members in the community (like teachers, AWWs etc), who can also support
   ASHAs in their work.

### What are the functions of the support structures at the different levels?

- The main role of the support structure is:
  - to facilitate ASHAs' work and to make them more effective as community health workers;
  - to help ASHAs to resolve the issues faced at the village, facility, or programme level;
  - to provide training to equip ASHAs with the technical knowledge required in their role;
  - to ensure timely disbursement of incentives.
  - to monitor programmes and the functioning of ASHAs;
  - to engage in periodic assessment and take-up initiatives for programme improvement;
  - to replenish drug kits; and
  - to provide equipment to ASHAs for them to do their job.

# What are the platforms available at different levels to address the issues faced by ASHAs and ASHA Facilitators?

- At the programme level/PHC level:
  - monthly cluster meetings;
  - ASHA Diwas; and
  - Primary Health Centre-level review meeting.
- · At the health facility level:
  - Health Sub-Centre meetings with ANMs; and
  - while escorting the beneficiaries
- At the village level:
  - Aam/-Gram Sabha;
  - Self-help group meetings;
  - Village Health, Sanitation, and Nutrition Days (VHSNDs); and
  - VHSNC meetings.

### How can the ASHAs utilise the support structure?

- · Raising community concerns at review meetings.
- · Communicating community-level needs.
- Overcoming field-level challenges which require innovative solutions, such as the non-availability of ambulance services
- Voicing issues related to availing health benefits and entitlements.
- Highlighting local-level bottlenecks related to cumbersome administrative procedures.



The discussion of each structure should be open to all of the participants as it provides a perspective to the ASHA Facilitators and BCMs on how their work contributes towards course correction within the ASHA Programme itself. This will also help them to understand how they are positioned within the whole structure, and what kinds of issues can be resolved at which level. The list of issues is not exhaustive and the facilitator will need to encourage the sharing of the field experiences of the participants, and discuss with them how issues can be resolved and at what level they can be taken up. Also, it should be remembered that there might be issues for which there will not be a ready solution, which can also be discussed, including stating that the larger systemic issues need to be taken up at appropriate platforms, and persistence will be necessary in such cases.

### Working with the health systems

It is essential for ASHA Facilitators and BCMs to know when, where, and how the health system can support the ASHAs by means of ASHA Facilitators; as they are the linkage between the ASHAs and the system.

### How can the health system support ASHAs?

- By providing adequate training and the means for performing the roles expected of and assigned to the ASHAs.
- By recognising the contribution made by ASHAs and providing for monetary and non-monetary compensation.
- By provide resolution of field-level challenges.
- By instilling confidence in them, and giving them ownership so that they can undertake health promotion activities in their community.

### Partnering with communities



The ASHAs primarily work in the community, hence communities can be useful allies in ASHAs' and ASHA Facilitators' work. The community level will comprise key stakeholders like PRIs, platforms (like village-level committees and Gram Sabha), and other frontline workers from other programmes. These can be useful for the ASHA in their work in the community.

### How can ASHAs leverage the community for support?

- By modelling positive health behaviours of beneficiaries for advocacy (for example, during community meetings lived experiences of women who have immunised their children can be shared with those who are hesitant)
- By sharing experiences when accessing care.
- By utilising platforms like Gram Sabha, self-help groups, VHSNC meetings etc., for advocacy.
- By carrying out local-level health actions related to social determinants of health, like water, sanitation, and hygiene.

### Session 1.4: Roles of ASHAs in relation to ANMs and AWWs





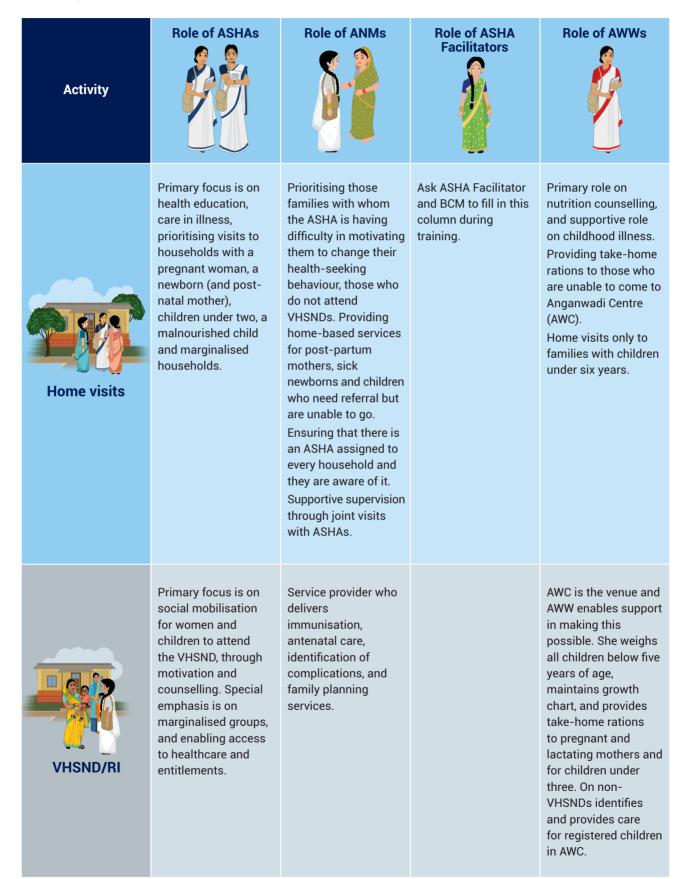
ANMs and AWWs are important community-level workers with whom ASHAs work as a team. ANMs are health service providers, and AWWs and ASHAs support each other in community mobilisation and in generating health awareness. The three frontline workers are essential for providing services related to health and nutrition. It is important to understand that they will work most efficiently if they work well together. ASHAs' immediate field-level support is provided by the ASHA Facilitator and the ANMs. They help each other to:

- · improve the efficiency of service delivery.
- · ensure better time management.
- · ensure complete coverage of beneficiaries; and
- · reduce drop-outs and non-compliance.



- The trainer will show a 53-second video (https://www.youtube.com/watch?v=aT71n90Yxrl) on the work done by the three frontline workers.
- Then the participants will be asked to list the roles of the ASHA, ANM, and AWW.
- The trainer will note these down on chart paper and then discuss the role of the ASHA Facilitator and BCM within each activity, to understand the working arrangements of the frontline workers.
- It is essential to understand the role of ASHA Facilitators in reference to all of the frontline workers, and that the VHSND is one of the important activities where monitoring and mentoring is done. The role of the ASHA Facilitator under each outreach activity will be documented after the group discussion.

### **Activity-wise roles of ASHAs, ANMs, AWWs, and ASHA Facilitators:**



| Activity            | Role of ASHAs   | Role of ANMs  | Role of ASHA Facilitators | Role of AWWs  |
|---------------------|---|---|---------------------------|---|
| VHSNC               | Convener of meetings. Preparation of village health plans. Providing leadership and guidance for convergent action by all public services.  | Support ASHAs in convening meetings and in village health planning.   |                           | Supports ASHA in convening the meetings and in village health planning.   |
| Escort services     | Voluntary function. To be done by ASHAs on the basis of requirements and feasibility; however, to be compensated for travel and provided with day wages.                            |   |                           |   |
| Records maintenance | Maintains a drug kit<br>stock card, a diary to<br>record her work, and<br>a register to assist<br>her in organising and<br>prioritising her work,<br>and for those who<br>need her. | Primary responsibility<br>for maintaining a<br>tracking register and<br>record of service<br>delivery for the<br>services she delivers. |                           | Primary responsibility for maintaining a tracking register to record service delivery for pregnant and lactating mothers and children. Weighs and maintains growth charts for children under five years of age. |

Source: Government of India (2014) 'Guidelines for Community Processes'.



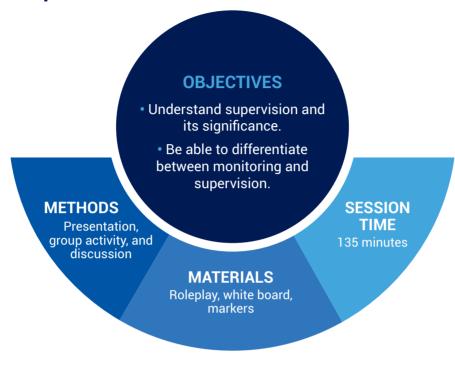
- The ASHA Facilitator is required to know and be clear on the roles of the ANM, ASHA, and AWW to ensure that during her visit she is clear as to her own role as a supervisor at the VHSND.
- The frontline workers work as a team and the ASHA Facilitator plays a supporting role regarding ensuring that the ASHA fulfils her role in mobilising children and pregnant women.
- The ASHA Facilitator, along with the ANM, checks that the due list is established properly, and no beneficiary is left out.
- The ASHA Facilitator must ensure that all three frontline workers work as a team.

# **Section 2**



Understanding supportive supervision for community health workers

Session 2.1: Understanding the features and significance of supportive supervision





### **Group discussion**

The facilitator will ask the following two questions:

- Question 1: What do you understand by the terms supervision and monitoring?
- Question 2: How can supervision be supportive?

Then the trainer will summarise, using the notes given in the next section.



### What is supervision?

**Supervision literally means 'to see from above'**. It is defined as 'to provide guidance, direction, and support to achieve a set goal'. Supervision also means ensuring that those being supervised receive all possible help in accomplishing their assigned work.

One needs to differentiate between monitoring and supervision, as both are important functions of a supervisor but they differ in both approach and purpose.

Monitoring provides managers with the information needed to analyse the current situation, identify problems and find solutions, discover trends and patterns, keep programme activities on schedule, measure progress towards objectives and formulate/revise future goals and objectives, and make decisions about human, financial, and material resources.

Supervisors are responsible for monitoring staff and the tasks under them, and a programme manager is responsible for monitoring all aspects of a programme. Monitoring can be carried out through field visits, a review of services and records, and through the (health) management information system.

### What is supportive supervision?

Supportive supervision is an approach to supervision that emphasises mentoring, joint problem-solving, and two-way communication between the supervisor and those being supervised. It promotes high-quality programme implementation and staff retention by strengthening relationships within a system. It emphasises the identification and resolution of problems, optimising the allocation of resources, promoting high standards, productive team work, and strengthened communication<sup>4</sup>.

Supportive supervision in practice is aimed at improving the quality of service delivery by ensuring good performance and supervisee satisfaction. It is not only about ensuring that the assigned task is done: it extends to building cordial relationships and trust between the supervisor and the supervisee. This cordial relationship helps in building the capacity of the supervisee, guiding, and supporting skills and knowledge, and facilitating problem resolution.

It is important to understand the difference between supervision and monitoring as they are often used interchangeably. Supervision is done with a focus on enhancing performance while monitoring is concerned with aspects of the programme that can be counted.

|          | Monitoring   | Supervision  |
|----------|--|--|
| Purpose  | Refers to fact-finding and identifying faults      | Entails giving oversight to subordinates   |
| Intent   | Checking for errors and identifying responsibility | Taking ownership of people and helping in resolution and ensuring better performance |
| Approach | Checking for the functionality of workers          | People-centric and helps workers to be introspective and to grow simultaneously      |
| Nature   | May or may not be punitive                         | Is never punitive  |
| Feature  | One-time timelines; may be relatively fluid        | A continuous and ongoing process   |

### The importance of supportive supervision

Supportive supervision can be resource-intensive: it can require more human resources, transportation, and telecommunication. The impacts of supportive supervision are measurable through better programme outcomes and improvement in quality of service delivery over a period, as compared with traditional support. The positive outcome can be attributed to some of the following characteristics.

### Supportive supervision plays a significant role in:

- identifying issues and resolving them in a timely manner to ensure creative solutions that are appropriate to the situation;
- building trust between the supervisor and the subordinates;
- helping programmes and staff to grow over time, building on their own past achievements;
- · reinforcing communication between supervisors and supervisees and health workers;
- · helping build sustainable programmes through skills and knowledge transfer;
- · setting up and implementing standards;
- · helping identify innovative strategies and best practices to be documented and disseminated; and
- promoting job satisfaction.

These unique attributes of supportive supervision help to ensure the following outcomes in a healthcare setting, among others:

- · better performance of workers;
- improved quality of services
- · improved retention of staff;
- · building teams on the frontlines through better coordination and communication; and
- improved uptake of services.

<sup>4</sup>NASTAD (2016) Toolkit for Supportive Supervision



- 1 A roleplay will be enacted to identify the current style of supervision or the relationship between the supervisor and supervisee at outreach activities conducted in the village.
- 2 The facilitator will call for volunteers to adopt the following roles:

| ASHA                        | 1 |
|-----------------------------|---|
| ANM                         | 1 |
| Anganwadi Helper            | 1 |
| ASHA Facilitator            | 1 |
| Beneficiaries during VHSNDs | 3 |

- 3 Out of all the ASHA Facilitators, two ASHA Facilitators will be selected to enact the roleplay. One will play the role of an ASHA and another will play the role of the supervisor.
- 4 The facilitator will ask them to roleplay how they currently work in the field.
- **5** The supervision site will be the VHSND platform.
- **6** The observer of the training should comment on this roleplay mainly regarding what went right and what went wrong.
- 7 Two roleplays will be conducted covering the same situation (the first roleplay will be where the ASHA supervisor supervises in the traditional way, while the second roleplay will be where the ASHA Facilitator supervises in a supportive way.)

**Situation:** You (ASHA Facilitator) visit an AWC on VHSND and you see that the ANM is present at the centre but only two pregnant women and two women with children for vaccination are present at the VHSND site. The ASHA tells you (ASHA Facilitator) that the AWW is at her house and she is busy with some household work. The ANM is telling the ASHA to measure the blood pressure of the beneficiaries and to manage children, who are crying. There is no discussion about mobilisation. The Anganwadi Helper is cooking for the children.

**Roleplay 1:** Supervisor makes insulting remarks towards the ASHA, such as 'You are of no use, you do not know anything, you should leave your work and sit at home. You should have made sure that you bring beneficiaries here.'

### **Discussion point**

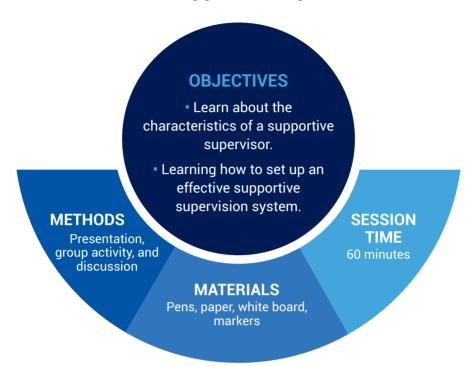
- 1 What have you observed in this roleplay? (Other questions can help the facilitator to probe the participants, but the facilitator should allow the participants to share their views as openly and broadly as they can with the group.)
- 2 What kind of supervision was this?
- 3 What skills did the supervisor lack, if any?
- 4 What should be the suggested ways to look at the issues as a supportive supervisor?
- 5 What other option(s) should the ASHA have explored?

Roleplay 2: ASHA Facilitator enquires if the beneficiaries were informed earlier. Asks the reasons for not being present for vaccination. Appreciates the ASHA's work and supports the ASHA on planning of mobilisation. Discusses the beneficiaries who have not come and are due for vaccination and considers how they can be reached out to. Suggests that a home visit can be made together, or perhaps someone from the VHSNC can play a role and can enhance people's awareness of the health situation. May reach out to the AWW to help her plan for the VHSND. Encourages the ASHA to view the work in a positive way and acknowledges that community mobilisation can be challenging.



The above two roleplays will be used to demonstrate supportive supervision and help the participants to understand the difference between a punitive and a supportive approach to supervision.

| Punitive   | Supportive/participatory  |
|--|---|
| Like being an inspector. Seen as 'checking up' on workers or fault-finding.  | More like a teacher, coach, mentor – supportive and firm when required.   |
| It is often a negative experience for the health worker, who then learns to hide things from the supervisor. Looked upon as a visit from a policeman from head Office. | Looked upon as a positive experience and as a visit from a supportive senior colleague.                           |
| Making decisions on their own and enforcing decisions as per their own standards.  | Decision-making is participatory and standards are used as guidelines. Adjustments are done as per the situation. |
| Always controlling.  | Delegation takes place.   |
| Focus is on the final product and not on the processes.  | Focus is mainly on the processes and teamwork.  |
| Fear and punishments are used to get work done.  | Positive reinforcement is used to get work done.  |
| Does not listen to subordinates.   | Listens to subordinates all the time and encourages discussion.   |
| Does not provide support on a day-to-day basis.  | Provides support all the time and encourages solutions.   |
| Little or no follow-up.  | Follows up regularly.   |



Session 2.2: Attributes of a supportive supervisor

Now that we understand what supervision is and what its features are, and its significance, we will now discuss the characteristics of a supportive supervisor. As ASHA Facilitators are the immediate supervisors of ASHAs, we will also discuss the attributes of a supervisor with regard to them. Then we will discuss the pre-requisites for supervision.

### Characteristics of a supportive supervisor

- Is kind and respectful. As shown through conduct and behaviour such as warmly greeting the ASHA.
- Is non-judgemental and impartial.
- Praises what is done well, to boost the worker's self-esteem and to ensure they have trust in the ASHA Facilitator.
- Explains what can be improved clearly, without making the worker feel bad about herself, asking what the worker thinks would help the situation.
- If there are any weaknesses, identifies the cause (e.g. insufficient training, insufficient resources, lack of drugs, less understanding of the task, being discouraged due to a lack of progress or a lack of encouragement, being worried about personal problems), and assists in resolving them.
- Gives feedback and suggestions for improvement in a respectful way, to encourage individual growth. Also ensures that workers respond positively and try to improve their performance.
- Acknowledges accomplishments and shares with the team. Gives constructive suggestions to improve work (to ensure motivation).

## A supportive supervisor is one who also:

- · guides and motivates, by acting as a teacher;
- · coaches and mentors;
- encourages and is far-sighted in regard to building a team as a leader; and
- is a keen observer and a listener who acknowledge strengths and weaknesses.

These attributes are important for a supervisor to be able to recognise the focus areas of improvement and what is not working, and then to aid in identifying strategies to improve or accelerate progress, and to support and facilitate ongoing improvement. The figure below depicts some of the key attributes a strong supervisor should display.



Source: NASTAD (2016) 'Toolkit for Supportive Supervision'.



After the facilitator has shared the concepts relating to what is supportive supervision and the attributes of a supportive supervisor, a group discussion can be facilitated. The two questions for discussion are:

- What does supportive supervision mean in terms of ASHA Facilitators and the ASHAs?
- · How is supportive supervision helpful for ASHAs?

The facilitator can note the discussion points on the board and later summarise using the notes given below.



What does supportive supervision mean in terms of ASHA Facilitators and the ASHAs?

### ASHA Facilitators are key to supportive supervision, having the following roles/functions:

- A mentor, guide, and counsellor to the ASHAs.
- Providing support to, supervising, and building the capacity of the ASHAs, and monitoring the progress of each ASHA in their given area.
- The ASHA Facilitators are chosen from among the ASHAs, and thus:
  - understand the value of the community-level work with regards to health;
  - are aware of the roles and responsibilities of an ASHA;
  - are aware of the expectations of the healthcare providers in regard to mobilisation; and
  - know the possible challenges of working at the community and health system level.
- Can share their experiences of impacting people's health through local initiatives.
- Are knowledgeable about navigating the public health system.
- Negotiate with communities to improve health behaviour.
- Are empathetic, and mentor and train ASHAs to ensure better performance.

## For ASHAs, supportive supervision can have the following benefits:

- ASHA Facilitators can translate the knowledge of ASHAs into practice.
- ASHAs can gain through drawing on the experiences of the ASHA Facilitators.
- ASHAs gain confidence that the person supervising them is not someone who is unaware of their work and the related challenges.
- An empathetic and understanding environment helps ASHAs to voice their concerns.
- It enables ASHAs to achieve the desired outcomes.
- ASHA Facilitators provide guidance and on-the-job mentoring to improve ASHAs' capacity and performance.
- It strengthens the ability of the ASHAs to work effectively with the VHSNC, AWW, and other local leaders and village groups.
- It helps ASHAs to reach the marginalised and to secure their health rights and entitlements.
- It builds solidarity among the ASHAs and encourages team-building.



# Activity 2.1: Understanding supportive supervision – the three hats

## a. What are the three hats? (Teacher, friend, and police officer)

- The activity will be conducted in two parts, as a continuous activity. The first part of the activity will be used to provide the background for the second one.
- The first part will build a base for creating the attributes of supportive supervision by visualising a teacher, a friend, and a police officer.
- The trainer will display a chart with three columns and will ask the participants to think of words or sentences that
  describe the qualities and skills that are characteristic of the three characters: i.e. a teacher, a friend, and a police
  officer.
- The trainer will facilitate and guide the process to ensure that the emphasis is on words like 'support' and 'encouragement', and will enlist the responses of the chart for each of the characters.
- Then there will be a discussion with the participants about their own experiences of being supervised by others, and about their thoughts on how they will act as they begin the work of being supervisors themselves. The examples shared by the participants will help to substantiate the qualities of the three hats that are listed by the participants. Or the trainer could urge the participants to act by wearing each hat, which will encourage the group to reflect on the different behavioural aspects of the different personalities.



# **Trainer notes**

- This activity is aimed at explaining supportive supervision as a concept by looking at the characteristic features of the three characters chosen from everyday life.
- While discussing the various qualities of each of the characters the emphasis will be on 'support and
  encouragement' and 'not neglecting performance'. Introduce the idea of the supervisor as 'friend', 'teacher', and
  'police officer'.
- ASHA Facilitators need to be a friend and supporter to the ASHAs, listening to their work-related concerns, helping to find solutions, assisting them with parts of their work that they may not understand, and paying attention to their well-being. This implies two extremes of characters that the ASHA Facilitator will need to perform, depending on the situation. Assertion may be required in issues like adhering to certain protocols, such as regularly conducting immunisation days, and when faced with issues of not being able to facilitate services due to delays in the availability of drugs or an ambulance during a crisis situation.
- They will also sometimes need to show some characteristics of a police officer, to verify that the ASHAs are doing
  their work and to confront issues of poor quality, if necessary. And, as a teacher, the ASHA Facilitators will need to
  guide, train, and support ASHAs in their capacity building, through providing feedback and constructive criticism
  in order to ensure ASHAs are equipped to perform the assigned tasks.

- While it is important to discuss the positive qualities, the negative qualities/ characteristics of these three characters may come up. In such a scenario the trainer will also need to highlight these as well, and talk about the implications of the same as regards supportive supervision. For example, authoritarian and oppressive attributes may lead to a weakening of the relationship between the ASHA Facilitator and the ASHAs, and thus they might not feel comfortable in voicing their concerns.
- To summarise, using coloured paper, place the words 'best friend' and 'police officer' on the wall at some distance
  apart (as if there was a line connecting them) to help visualise this idea of a continuum, as shown in the figure
  below.



**KEY MESSAGES** 

- Supportive supervision involves direct personal supervisory contact on a regular basis to guide, support, and assist ASHAs to become a more competent and satisfied in their work.
- Supportive supervision means building relationships that promote support and encouragement, and that help ASHAs to achieve better performance.



# Activity 2.1: When and how does one wear each hat? The balancing act

- The earlier discussion about the qualities and characteristics required for supportive supervision will serve as a foundation and will help in understanding when and how to use them appropriately.
- Break the participants into three groups, with a facilitator working with each group. Use the following questions for discussion:
  - Share a situation when you needed to act like...

Group 1: a friend
Group 2: a teacher
Group 3: a police officer

- Was the way you acted helpful/unhelpful? Why?
- Do you think ASHAs will perform better if they feel supported and how can the supervisor ensure that the ASHA is well-supported?
- When the groups have finished discussing, have each group briefly present a summary of their discussion. Give
  the participants coloured sticky notes to place on the wall somewhere between 'best friend' and 'police officer',
  to represent how they hope to be as supervisors.
- Indicate where they would like to place more emphasis: On friendliness? On control and discipline? Somewhere in between? Collect comments on a flipchart and refer to them during discussion.



**KEY MESSAGES** 

#### The three hats:

## Friend - supporter

 Building trusting relationship so that the ASHA can share concerns by enquiring and validating the issues raised by the ASHAs.

Building the skills in, and mentoring on, improved techniques through motivation,

## Teacher

encouragement, and feedbacks.

# Police officer

• Ensuring compliance with the assigned tasks.

The ASHA Facilitator will need to strike a balance between the three characters, depending on the context and situation.

It is important to ensure support and guidance while providing supportive supervision, to help ASHAs to optimise their performance.

# Trainer notes

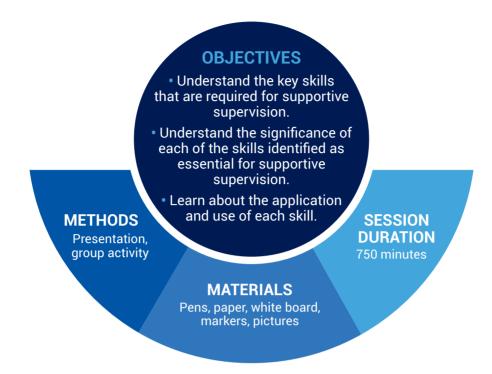
The second activity will be helpful in strengthening the concepts of supportive supervision by sharing experiences. It is important in the second session to communicate that the three characters are representative of the roles that the ASHA Facilitators, as supervisors, will need to adopt, depending on the context and situation. The key to performing this balancing role will be to ensure optimisation of the performance of the ASHAs through providing support and encouragement. However, sometimes, when the ASHA Facilitator needs to monitor tasks, ensure timely reporting, and adherence to protocols they will need to be assertive, such as in relation to attending VHSNDs, ensuring home visits, ensuring timely submission of reports etc. The examples shared by the participants will mainly be used for building better understanding on how the balancing of three hats can be applied in field situation. However, the table below provides some examples of the three hats, for reference.

| The three hats | Situation   |
|----------------|---|
| Friend         | An ASHA Facilitator recognises that an ASHA is good at her work but is unable to complete her reports. The ASHA Facilitator would need to enquire into and validate the ASHA's problem and see if she is finding it difficult to write, or unable to understand the format etc.   |
| Teacher        | During household visits the ASHA Facilitator accompanies the ASHA and realises that the ASHA does not know what the danger signs during pregnancy are and what to ask the beneficiary. The ASHA Facilitator needs to train on the job by demonstrating skills of counselling beneficiaries without any blame and humiliation.     |
| Police Officer | The ASHA is not present at the VHSND at all, despite reminders. Upon enquiring, the ASHA Facilitator finds out that she delegates the task to the AWW. In this situation, the ASHA Facilitator might need to be more assertive and communicate that mobilisation for the VHSNDs is an important task the ASHA needs to undertake. |

# **Section 3**



Key skills for supportive supervision



# Introduction to the skills that are essential for supportive supervision

We have discussed what is meant by supportive supervision and what are the characteristics of a good supportive supervisor. Next, we will talk about the key skills and how we apply them in our work as ASHA Facilitators. We have also learnt about the pre-requisites for setting up an effective supportive supervision system. Now we will discuss the key skills a supervisor needs to be a supportive supervisor. We will also be discussing how to practise these skills and where. We will also discuss the obstacles and field-level challenges to using them.

The trainer can begin with a discussion and ask the participants what they think the required skills are for a supportive supervisor. The trainer will write these on the board and take up each skill one by one. Skills that are similar can be merged.

The trainer should note that there will be technical skills in terms of technical know-how about thematic areas, including maternal and child health, communicable diseases, non-communicable diseases etc. Thus, it will be important to clarify that here we will be dealing with the soft skills, which are also an important component. The health and other related technical skills – like beneficiary calculations, calculation of expected date of delivery, identifying danger signs, weight measurement etc. – are already covered in ASHA modules on Maternal and Child Healthcare.

## Skills covered in this session

As was made clear in the previous session, these supportive supervision soft skills are useful in performing the roles expected from the ASHA Facilitators, as well as other supervisors. Various activities will be taken for the training on supportive supervision soft skilla for this section, which will help the trainees to learn the key features by doing.

The sharing of field experiences by ASHA Facilitators will be important in order to identify barriers, and how to overcome them.

Four essential soft skills along with their applications will be covered in this session are given below:











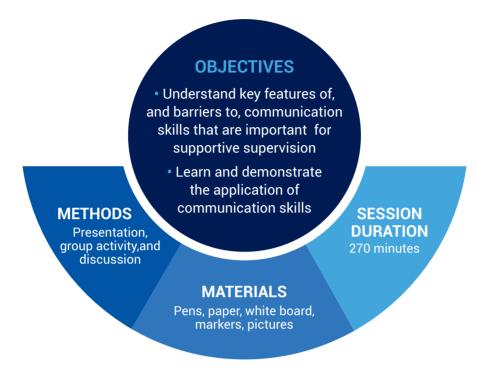








# Session 3.1: Communication skills



This is a warm-up session, to introduce the theme of communication to the participants. It will also help the facilitators to gauge the participants' perspectives and skills around communication, and the application to their work.



- The trainer asks the group to form a line or a circle.
- Starting with the first person in the line, or anyone in the circle, whisper a message in that person's ear (just enough for only that person to hear).
- The facilitator could whisper: 'Asha tells her supervisor that Raju's wife is pregnant for the third time, but does not
  come to the AWC for check-ups. She does not want to tell anyone that she is pregnant. She already has two
  daughters.'
- Ask that person to repeat what she just heard into the ear of the person next to or behind her/him, and repeat the process until the message is passed to the last person.
- Ask the last person to state what was said and check if it was the same message that was given to the first person.
- The trainer then asks the group to describe their observations and reactions to the exercise, as follows:
  - Ask the group to take their seats and think about why these big differences were visible to all.
  - Why is it important to know that what is said is not always the same as what is heard?
  - Why is listening very important for good communication to take place?
  - What did they learn through this exercise that they could apply to their jobs as supervisors?
- Write all of the ideas on a flip chart.
- Then summarise the importance of communication.

# Trainer notes

- The purpose of the game is to understand the meaning and channels of communication.
- Communication can be understood as the act of transmitting information, thoughts, opinions, and feelings through speech, signs, and actions from a source to a receiver.
- For a supervisor there is a need to communicate effectively, otherwise the message, no matter how good, will not be heard or understood.
- In communication, listening is equally important as if not more than sending the message. Making sure that what we think we heard is indeed what the other person said is an essential part of effective communication.
- Also, it is important to talk about how listening and communication applies to all types of relationships: between co-workers, seniors and other stakeholders with whom we interact during the course of our work.
- In the whisper game the source of information was the trainer, and this was then transferred to the participants.
- Communication involves listening to people, understanding them, and making them feel comfortable.
- Effective communication is perhaps the most important aspect of an ASHA Facilitator's relationship with their programme colleagues and superiors.
- For an ASHA Facilitator to gain the ASHAs' trust and make them feel comfortable, the ASHA Facilitator has to create an environment where the ASHA does not feel hesitant about sharing the details of their work or needs.
- An ASHA Facilitator is also an important communication link between the ASHA and the supervisors at the block and district levels, and vice versa.
- The traits of good communication skills are:<sup>5</sup>
  - being friendly;
  - treating people with respect;
  - speaking clearly;
  - listening carefully; and
  - being non-judgemental.

# What is/what should be the purpose of communication within ASHA Facilitators' work?

Communication plays a very important role in the process of providing supportive supervision at each step. The purpose is to share information, ideas, experiences, knowledge, and feelings through the transmission of symbolic messages.

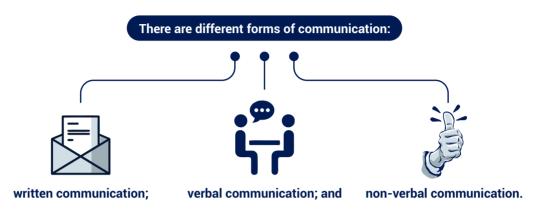
### For example:

- problem sharing by an ASHA in a one-to-one meeting with an ASHA Facilitator and/or BCM, or between the ASHA Facilitator and BCM;
- giving constructive feedback;
- · recognising good performing ASHAs;
- · counselling during home visits;
- sharing issues or solutions after group discussion in cluster meetings or meetings of ASHA Facilitators; and
- meeting with PRIs and other prominent community-level people, like teachers, religious heads etc.

<sup>&</sup>lt;sup>5</sup>Source: UNICEF and the Department of Women and Child Development (no date) Aapas mei Baatcheet ki Shamtaein Viksit Karna – Prashikshan Module.



# **Group discussion – Forms of communication**



Written communication refers to communication through the written medium.

Verbal communication refers to oral communication through words. Language, tone, and content are central in verbal communication.

Non-verbal communication refers to communication through a person's attitude, eye contact, posture, expression, and emotional response, without speaking.

The trainer can ask the participants to give examples of each form of communication and then summarise these.



# **Trainer notes**

- For effective communication it is essential to discuss the ways in which we communicate, and how we can use them appropriately for our work.
- In the context of ASHA Facilitators, the trainer needs to explain the application of verbal and non-verbal communication using examples shared by the participants.
- ASHA Facilitators function as communication links between the ASHAs and the higher authorities. Thus, it is
  imperative to know what information ASHA Facilitators are receiving from higher authorities, and what needs to
  be communicated to the ASHAs, who are responsible for delivering services to the community.
- Written communications are often shared with ASHA Facilitators in the form of orders, instructions, and guidelines. ASHA Facilitators share these with the ASHAs. When sharing the information it is important for ASHA Facilitators to communicate in a way that is understandable for the ASHAs.
- Similarly, when an action is needed from the block/district the ASHA Facilitator needs to communicate this
  effectively.
- When speaking to other people it is essential to check their understanding, by cross-checking what they have understood from the discussion.
- Often, non-verbal communication plays greater role in communicating our attitude than verbal communication.

  One can easily differentiate between a higher tone of voice, a lower tone of voice, and a normal tone of voice.

- People usually use a higher tone when they get aggressive or angry. In the same way, a low level of confidence
  can be indicated by someone using a low voice tone. Body language can show whether one is being supportive
  or not.
- During one-to-one interaction between ASHA Facilitators and ASHAs, the following body language might help to encourage the ASHAs:
  - ensuring eye contact with the ASHAs during interactions;
  - sitting at the same level as the ASHAs;
  - leaning towards the ASHAs, rather than away from them;
  - sitting next to the ASHAs; and
  - matching the ASHAs' facial expressions.

KEY MESSAGES

- Communication is key to all supervisory activities. It features in every aspect of a supervisor's work, from conducting cluster meetings, to making home visits etc.
- Communication is a two-way process: both receiver and sender are important.
- · Communication mainly occurs in three forms: written, verbal, and non-verbal.
- Communication skills are needed in counselling, conducting review meetings, giving feedback, encouraging good performing ASHAs etc.

# 3.1.1): Identifying barriers to communication



# **Group discussion**

Once the features of communication have been understood the next session involves a discussion of the barriers to communication. Identifying barriers to communication, and how they can be addressed, is essential in order to be able to communicate effectively.

To initiate the discussion, the trainer should ask the participants to share their experiences relating to the various barriers they face during their work at the community, individual, and health systems levels (this includes both health facilities and at the programme level).

The trainer should then note the responses and summarise them in the sender-message-receiver format, as shown below:





- Explain the model and emphasise the importance of a two-way dialogue, which is essential for building a clear communication channel between the supervisor and the supervisee.
- One-way communication: ASHA Facilitator conveys the message, but there is no response or answer from the ASHA. There is no active participation in such a process.
- Two-way communication: The ASHA Facilitator gives a suggestion or feedback and the ASHA is encouraged, is
  asked about her doubts, and is asked to clarify the issues or problems she faces. There is active participation in
  such a process.
- When the receiver understands the message conveyed by the sender completely this is said to constitute effective communication.
- Barriers can occur at the level of the sender, the receiver, and the medium itself. The probable barriers are listed below.

### Sender

- · Position of the ASHA Facilitator/ ASHA.
- Time constraints: when an Asha Facilitator is assigned multiple responsibilities in addition to monitoring and supervising ASHAs
- No confidence.
- · Too much information.

## Receiver

- Reluctance of, and non-acceptability by, the receiver.
- · Attitude: complacent and inactive listening.

## Message and medium

- Language used to communicate is not understood by either the receiver or the sender.
- Difficult terminologies: use of technical and difficult words.
- Accuracy: incomplete knowledge.
- · Clarity: unclear and complicated messages.
- Lack of Accuracy; health-related myths and beliefs; incomplete information leads to miscommunication.
- Attitudes: rude and insulting behaviour.

## Other

- Lack of self-confidence.
- Embarrassment when talking to male members of the community.
- Acceptance of females as counsellors in the community.
- · Accessibility of the decision maker.
- · Different perceptions, views, opinions, and feelings.
- · Not speaking clearly.
- Prejudice.
- · Conversation is not focused.
- Cultural differences.



# **Activity 1: Barriers to effective communication**

**Methodology:** Participatory discussion and presentation.

Time: 4 minutes.

Handout 1: Barriers to effective communication.Handout 2: Ways to improve communication.

#### Preparation:

- · Print-out the handouts
- Make a PowerPoint presentation or create flip charts with the content.

#### Procedure:

- · Display the prepared flip charts.
- Conduct a participatory discussion of the barriers to communication.
- For each barrier, ask the participants to give a situation or example from the field, and note these on the flip chart.
- Barriers that could be discussed include:
  - time constraints;
  - language issues;
  - difficult terminology or a complicated message;
  - emotions;
  - pre-conceived ideas and previous knowledge.
- Next, break up the participants into two groups and give them Handout 1: Barriers to effective communication.



- Unclear messages with difficult terminology and no clear line of direction for action will be difficult for the supervisee to understand.
- Too many facts communicated in a short duration can be difficult to retain.
- Barriers can be overcome by practice and through regular interaction.
- When an ASHA Facilitator is introducing newer topics like non-communicable diseases, comprehensive
  primary care etc. to the ASHAs for the first time, it will be helpful to start from the basics. Technical subjects
  need regular training and simple notes, for reference, can also be distributed amongst ASHAs for reference
  later on.
- Often, due to a lack of time and multiple tasks, ASHA Facilitators may not be able to give adequate time for one-to-one engagement with all the ASHAs. In such situations, ASHA Facilitators should prioritise immediate matters or the ASHAs who are weak and need more support first



# **Roleplay: poor communication**

The trainers will perform a short roleplay. The participants will identify examples of bad non-verbal communication skills and will be asked to share their thoughts with the group at the end.

One trainer will play the ASHA, while the other trainer plays the ASHA Facilitator (or BCM and ASHA Facilitator). Things that should happen during the roleplay include the following:

- The ASHA Facilitator/BCM asks the ASHA Facilitator/ASHA to wait a while because he/she is busy and is running late
- The BCM/ASHA Facilitator forgets the name of the person they are speaking to.
- The BCM/ASHA Facilitator sits behind the desk in a good chair or stool (or sits comfortably), while the other person has a small old chair and is at the other side of the desk, or there are barriers.
- The BCM/ASHA Facilitator gets a call on their mobile phone and takes it.
- The BCM leaves the room or steps away, which allows the ASHA to look at reports and documents at the desk or near to them.
- The BCM/ASHA Facilitator clicks their pen on and off while speaking.
- The BCM/ASHA Facilitator is inattentive: they make no eye contact and they constantly write or doodle during the interaction.
- The BCM/ASHA Facilitator uses inappropriate body language: crossing arms, pointing their finger etc.

At the end of the roleplay, ask the participants what was bad about the way the BCM/ASHA Facilitator conducted the meeting. If the above examples are not mentioned by the participants, you must point them out.



# **Trainer notes**

Often, non-verbal communication happens through gestures, language, tone etc., during an interaction. The speaker might not always be aware of this. One must make a conscious effort to watch out for such things when communicating.

#### Handout 1

The following are possible barriers to effective communication:

- different assumptions;
- · different points of view;
- · emotions;
- · language misunderstandings;
- · use of difficult words;
- lack of attention;
- · poor clarity of speech;
- · conflicting body language;
- · sending discouraging feedback;
- lack of trust;
- · too much information.

Source: Training Manual On Interpersonal Communication For Frontline Activators, (2009)

### Handout 2: Ways to improve communication

- Be sincerely interested in the other person.
- Listen well. Check your own understanding of what the other person said.
- Try to see things from the other person's point of view.
- Use appropriate words.
- Speak clearly.
- · Encourage questions.
- Know exactly what you want to communicate.
- Think: 'How is it possible for someone to misunderstand my message?'
- · Ask yourself: 'Am I giving too much information or not enough?'
- Use encouraging non-verbal communication
- · Check people's understanding.

Source: Training Manual On Interpersonal Communication For Frontline Activators, (2009)

## Handout 3: Supervisory communication skills

A good supervisor will demonstrate the following communication skills:

- · holds regular meetings to ensure that there is regular communication happening;
- maintains regular contact with the community health worker;
- creates a welcoming environment for the free flow of two-way communication;
- · demonstrates an accessible and approachable personality;
- listens actively and shows an interest in what others have to say; and
- praises often, when appropriate.

As indicated earlier, communication is a two-way process. On the one hand, there is the act of conveying the message, and on the other hand there is the act of listening. If there is reluctance, non-acceptance, or any other barriers that are present at the receiving end then effective communication may not take place. The trainer should draw attention to the 'whisper game' and indicate how the receiver was an important element in that game.

In the context of the ASHA Facilitators' and BCMs' work as supervisors, listening is an essential skill. For example, when a supervisor or an ASHA Facilitator is accompanying an ASHA it is important to listen to the beneficiary and to the ASHA. Similarly, the BCM must listen to the ASHA Facilitator, the ASHAs, and the community. Being non-judgemental and encouraging people to talk, and observing the messages given to by the ASHA, is critical in order to address any issues and to acknowledge good practices displayed by ASHAs.

Active listening refers to the ability to hear well and to recall accurately all the verbal information presented.

- · Listening involves more than hearing words.
- Listening involves attempting to grasp the emotions in the spoken words.
- Listening is the active process of paying attention to what the client is saying and what they are not saying.
- These are some behaviours and responses that block good communication and active listening. Some examples are:
  - interrupting before someone finishes speaking;
  - expressing indifference or doing something else while the person is talking;

- jumping in to tell someone what to do or lecturing before you have understood the issue;
- moralising and criticising without understanding the circumstances;
- crossing your arms; and
- rushing or acting as if you are in a hurry.

### **Handout: Active listening**

Tips for active listening:

- · listen attentively;
- · make eye contact while talking;
- · observe tone of voice, gestures, body language, and inflections;
- be sincerely interested while the other person is talking;
- · restate what the person said in the event of any doubt;
- · ask clarifying questions;
- · be sensitive to beliefs;
- be aware of your own feelings and strong opinions;
- if you feel you really must state your views, state them only after you have heard the other person; and
- have an open mind and not be too adamant.

# 3.1.2): Application of communication skills

After identifying any barriers to communication, the next logical step is to learn how to address them. In this session we will discuss the effective application of communication skills in the context of supportive supervision. This mainly includes:

- a) questioning skills;
- b) providing feedback; and
- c) counselling skills.

# **Questioning skills**



- The trainer should indicate that these are the key words used for questioning. The discussion about the types of question and their importance can then be taken up with the group.
- The facilitator notes set out the key points to be discussed in this session.

# Trainer notes

- What? Why? When? Where? Who? How? These are a useful starting point for thinking about the sorts of questions you would want to ask.
- There are essentially two types of questions: closed-ended questions; and open-ended questions.
- Closed-ended questions are those that can be answered with a 'yes' or 'no', or with a very specific piece of information.
- In open-ended questions people can respond and talk more comprehensively and freely, and the listener can learn about how the other person sees things.

Examples of closed-ended questions:

- Do you know how to measure the mid-upper arm circumference?
- Is it time for your visit?
- Will you be working in ABC village next week?
- Should I accompany you to your next meeting?

What is the other person likely to answer? Assuming that they are reasonably cooperative, they will most probably answer'yes' or 'no', or give you a specific piece of information, because these are all closed questions.

Closed questions are useful when you want:

- a 'yes' or 'no' answer;
- very specific information;
- to establish agreement;
- to check something before going any further.

A closed ended question does not help when an in depth understanding of the person and their experiences is required. If you start a conversation with a series of closed questions, you could be setting expectations that you will do all the thinking and talking. If you want an individual to talk more widely, use open-ended questions:

- What happened?
- What's going on here right now?
- When are you thinking about visiting Sumitra's home? How do you feel?

Open questions can be answered in many ways. They encourage people to clarify their thinking. Examples of how one can clarify things are given below;

- 'When you say " ... ", 'what do you mean?'
- 'You say he's got something against you. What would be an example of that?'
- 'You said you were having difficulty in weighing babies so if you could tell me in detail...'

Sometimes a person may not open up: they may answer with 'don't know' or 'nothing'. In such a case you can use words such as 'tell me' or 'explain', or describe the situation, to move the conversation in a particular direction while still giving the learners room to say what is on their mind.



# **Activity 3: Learning questioning skills**

The trainer should read out the following questions. The participants should identify a more supportive, empathetic, and encouraging way of asking the question.

- 1 Why haven't you visited the woman who delivered at home within 24 hours? Do you want me to make a complaint about you?
- 2 Don't you know how to weigh the baby?
- 3 Were you able to visit the woman with low haemoglobin in your village?
- 4 I have told you so many times: why can't you fill this simple register?
- **5** What are the issues you are facing in doing home visits?
- 6 How can I help you in supporting you in your work?
- 7 Do you want any help from me? Do let me know.

## **Providing feedback**

Feedback refers to the process of communicating performance of the supervisee by the supervisor or peers. It essentially helps in improving the quality of work by identifying areas of improvement. While identification is an important part communicating the same with a positive intent of improvement is important. This not only ensures growth of the supervisee but also helps in building cordial relationship<sup>6</sup>.

There are mainly two ways of giving feedback.

- 1. Negative and punitive feedback refers to fault-finding; penalising can have the following results
  - The supervisee may feel Its hurt, depressed, or angry, leading to straining the trust & relationship between the supervisee and the supervisor resulting in contentious work environment.
  - The supervisee may not acknowledge the weaknesses and make excuses for their performance,
  - The feedback wouldn't result in identifying challenges and solutions.
  - It decreases confidence and self-esteem, making the employee less willing to take initiative or request support
  - The supervisee may not interact and be able to freely discuss issues with the supervisor
- 2. Positive and Constructive Feedback refers to a respectful and supportive way of giving feedback which is intended to improve performance. This section thus intends to discuss positive and constructive way of giving feedback. Constructive feedback helps in recognising both good and poor performance and results in-
  - Improved performance
  - High level of motivation to deliver
  - Inculcate feeling of being part of a team by shared learning
  - Promotes health competition amongst peers to achieve health goals
  - Facilitates joint problem identification and resolution
  - Strengthens supervisor-supervisee relationship with mutual respect.

<sup>&</sup>lt;sup>6</sup>Source: United Nations Children's Fund (2019), 'IPC for Immunization Package', UNICEF, New York

#### Features of constructive feedback include:

- No biases amongst supervisees
- Emphasis is on the issue and not the person or the external environment alone
- Is based on keen observation and supported with facts mostly
- Is respectful and honest intended to aid improvement in work performance.
- Clarifies problems and their various causes;
- Motivates the person receiving the feedback to identify weaknesses and helps in strengthening skills;
- Promotes joint problem-solving;
- Improves relationships

## Steps in giving constructive feedback<sup>7</sup>,8

## Step 1. Choosing the time and place chosen for feedback:

- ASHA Facilitators interact with ASHA at various platforms. If feedback is to be given for improving skills it is important that it is not done in front of beneficiaries. If the Asha Facilitator wants to appreciate the ASHA for handling a situation or case well it is encouraging and motivating if it is done at a sector/ cluster level meeting.
- Immediate feedback is useful to take timely actions. When the Asha Facilitator is accompanying the ASHA for household visits or during immunisation day it is a good practice to give feedback immediately which helps in reflection right away. A delay in feedback may not be helpful as recollection of the event may not happen. Asha Facilitator can choose a private space to give feedback and in a language which is cordial. The supervisor should avoid times when the person is busy, tired, or upset.

## Step 2. Use of language and tone that conveys problem resolution.

- Setting a positive tone and using positive language can help in conveying intent. The supervisor can help the supervisee to analyse areas of improvement and also communicate that they will be supporting in every way possible.
- Use a neutral statement like 'Let us take a look at' or I would like to discuss the...' For example: 'Meena, we need to ensure that parents trust us with the health of their children, and I am afraid that we cannot do that unless we treat them with care and respect.' Or, 'Meera, it is important to use our immunisation support materials so that we can ensure caregivers understand our messages about the vaccines their children are getting.'

## Step 3. Description of the issue specifically with facts.

- Give specific feedback in terms of the scope of improvement and recognition of good practices. The focus should be on the behaviour or action, not on the person.
- Avoid use of statements that may make the supervisee feel that they are being solely blamed or insulted. Instead of saying 'You did a poor job of explaining side effects', say 'The explanation about potential side effects and what to do about them was incomplete.' Avoid labelling people. For example: 'You are always careless.'

# Step 4. Ask the frontline worker to respond.

- Invite a response: 'What do you think?' 'What is your view of this situation?' 'How do you see things?'
- Listen attentively (paraphrase, reflect, and use verbal and non-verbal encouragement). Use appropriate body language, and clarify.

<sup>&</sup>lt;sup>7</sup>NASTAD (2016) 'Toolkit for Supportive Supervision'. <sup>8</sup>United Nations Children's Fund (2019), 'IPC for Immunization Package', UNICEF, New York

Step 5. Focus the discussion on solutions (the constructive part of constructive feedback) and offer your help. Occasionally, community health workers will not respond to constructive feedback and will refuse to cooperate, or are intentionally negligent in the performance of their work. In such cases, being assertive and reprimanding might be an appropriate action for addressing a frontline worker who is unwilling to make the effort to improve, playing the role of a police officer.

#### **Handout**

#### Points to remember:

- · Be specific rather than general.
- Don't say: 'Your performance is below what I expect'. Say: 'Your monthly report is not complete'.
- Don't say: 'Good'. Say: 'The way you helped that pregnant woman with her referral was very good'.
- You should include both positive and negative observations. Where possible, negative feedback should be sandwiched between positive comments.
- Feedback should be focused on behaviour rather than on a person what the person does rather than what we imagine the person is.
- Feedback should take into account the needs of the receiver of the feedback. Feedback is about behaviour somebody can do something about. Share information, rather than giving advice.
- Feedback should be well timed and as immediate as possible, and appropriate. It should be given as soon after the event as possible.
- Give no more information than the receiver can handle. Do not guess or assume a motive.
- Check that the feedback is well understood, and if it is not, convey that asking questions is always welcome.

# **Counselling skills**

This session is aimed at learning the skill of counselling. Among other activities, counselling beneficiaries on health and healthy behaviours is one of the most important roles of the ASHA. When accompanying ASHAs on visits, ASHA Facilitators may need to demonstrate counselling during advocacy and mobilisation of beneficiaries. These skills will evolve with training and practice over a period of time.

- The facilitator can begin by asking the participants what they understand by the word counselling?
- Write their responses on a flip chart.
- Discuss in brief their ideas on what it is they understand by the words counselling and interpersonal communication, and deliberate on the significance, key aspects, and application using the facilitator notes below.



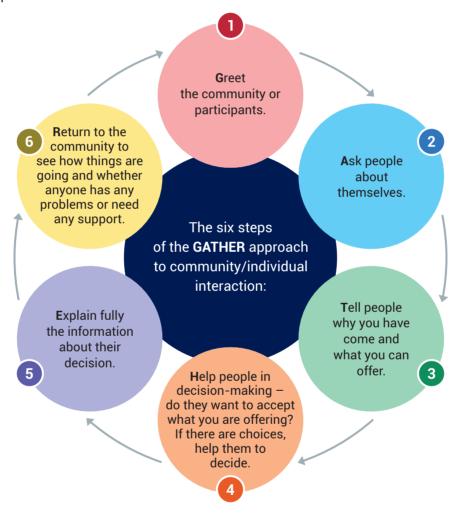
Counselling involves helping people make decisions and giving them the confidence to put their decisions into practice. It is useful in aiding social behaviour change. We can correlate counselling with the context of ASHA Facilitators in their interaction with ASHAs. ASHA Facilitators have a very important role in building the capacities of the ASHAs regarding informing and counselling mothers and families on improving their homecare behaviour. While ASHA Facilitator is a mentor and trainer to ASHAs in counselling beneficiaries, she also needs to counsel ASHAs in various aspects of her work. For example, when ASHAs are faced with adversities at the community level, or when a new initiative is introduced like use of digital tools etc one-on-one counselling can motivate ASHAs to embrace opportunities.

Tools for effective counselling include the following:

- Interpersonal communication skills (the exchange of information between two or more people): Interpersonal communication is defined as the process by which people exchange information, feelings, and meaning through verbal and non-verbal messages; it involves face-to-face communication.
- Technical information refers to information on health, healthy behaviours, preventive and promotive healthcare services, immunisation etc.).

In this training we mainly deal with interpersonal communication skills. Technical information related to ASHAs' work is covered in other modules of the ASHA training.

A simple way to practise interpersonal communication is to following the 'GATHER' approach. This method will help ASHA Facilitators during their interaction with the ASHAs. The six principles of the GATHER approach should be presented on a flip chart:



Source: (2009 ) Training Manual on Interpersonal Communication Tanzania for Frontline Activators.

- Greet (establish a rapport with the participants):
  - Begin with a greeting at the beginning of a meeting or during a household visit, in a culturally appropriate manner.
  - Introduce yourself and the purpose of the visit/meeting.
  - Keep the conversations pleasant and conversational. Ask for permission to take notes after ensuring a good rapport has been built.

### Asking (the questioning skill):

- After the introduction, it is a good idea to enquire about the health and the development of the area/community.
- Do not jump into issues directly because this is not what the recipient may be thinking about at that moment.
- After they have opened up enough, the specifics of the issue can be shared.
- By asking, we are trying to identify the problem or the community's needs. Therefore, it is important to ask whether the community is interested in the issue being discussed or not.
- **Tell:** Telling means elaborating on the subject being discussed. If there is some concern or doubt in the mind of the beneficiary, discuss this at length. Do your homework thoroughly. Be prepared to answer potential questions and tackle fears and myths related to the subject.
  - · Frame your answer keeping in view:
    - what they already know about the subject;
    - what they may want to know; and
    - what specific fears or myths they have about the subject.
  - Do not pretend to know everything. If you are not confident about some piece of information, say clearly that you will return and reply to all their queries after a consultation.

## Helping, facilitating, and encouraging:

- In order for the community to change their behaviour or their attitudes (in regard to the information that you are giving them, or the subject concerned e.g. breastfeeding practices, institutional delivery), they need, in addition to factual information, support and encouragement from within their social environment: for example, from their peers, other family members, and the wider community.
- This means helping them to overcome their personal fears or beliefs. Influential people in the community, such
  as religious leaders, local clerics, health workers, and spouses, can play an active role in convincing mothers
  and caregivers to change their behaviour, and to address any socio-cultural beliefs and practices that may,
  for example, discourage exclusive breastfeeding.

## • Explain:

- To increase the relevance to the beneficiary of the subject being discussed, you should refer to examples and confirm if these have been understood or not.
- Use educational/information materials. Choose materials that are appropriate to the issue at hand.
- Visual materials are better for explaining things, and have a higher retention value.
- Use local relevant examples, simple analogies, language, folklore etc to explain in detail. After explaining ssk the said things from the community: it will reveal how much they have understood. Repeat your visit.
- Repeated visits win trust. Repeatedly meet the community and maintain records of what they say and what they ask for.
- · Always try to help the community so that they see you as a trustworthy and helpful partner.
- · Find out the real cause of issues that are being discussed.

# Return and Repeat Visits.

- Return to the village and see how things are going.
- · Follow up on change in health behaviours
- · Subsequent visits would also ensure the presence and help in building trust with the community.



# Roleplay: Learning counselling skills

- The roleplay will be in two parts.
- Instruct the participants to prepare a roleplay based on the situation (see below). Allot them five minutes for preparation and 10 minutes to present for Part 1 and 15 minutes to present for Part 2.
- Tell the rest of the participants to observe the roleplay and take special note of the facilitator's role.
- During the roleplay, all of the participants should take observation notes, keeping in mind each step of the GATHER approach.
- · Encourage the participants to ask questions at the end of the roleplay.

Part 1: Roshni is an ASHA who makes a home visit. In this visit she talks about family planning methods for ensuring spacing between two children, and she explains the importance of using contraceptive methods (Antara or Non-Scalpel Vasectomy). The beneficiary's child is 45 days old. Since this is the target of Antara and a vasectomy, the ASHA insists that the beneficiary should choose these methods only. The ASHA Facilitator has accompanied the ASHA in this visit.

**Part 2:** After the home visit, the ASHA Facilitator discusses the visit with the ASHA, with reference to each step of the GATHER approach, including the constructive feedback tips which were learnt in this training session.



## After the roleplay:

- Give the participants time to share their observations on the role of the ASHA Facilitator.
- If some important points were missed, add then after the participants have finished.
- Link 'ask' to questioning skills (open- and closed-ended).
- Connect 'help' and 'tell' to listing skills and two-way communication.

# While talking, keep some things in mind:

- Interact with the community. Get information about their life from them.
- While talking to the beneficiary, look at them.
- Give the correct information for the community or person you are meeting.
- Do not give unrelated information: for example, if talking about contraception don't talk about institutional delivery or vaccination.
- Help the community/ beneficiaries understand the issue. Use relevant examples to help them to understand the issues.
- Help the community in the process of developing and implementing plans. Don't do things for them which they should do themselves: inspire and encourage them.



Session 3.2: Group supervision and group dynamics

Group supervision (like cluster meetings or the Health Sub Centre meeting platform) involves a group of community health workers coming together with a supervisor and conducting regular supervisory activities, such as: data collection and interpretation, problem-solving, and continuing education.

The advantages of this method are as follows:

- It involves a team approach, which is effective for many contexts. This relieves the 'solitude of working' and helps ASHAs feel like they are part of a bigger process and are working towards common goals. (Team-building will be taken up in detail in the following session.)
- It facilitates peer learning and the building of peer support processes during group approaches, and it adds huge value to performance. This peer support may be a better source of solutions for overcoming cultural and behavioural barriers to health than the supervisors themselves.

However, the group approach has some limitations. It is difficult to identify falsification of data and observations from a home visit. Thus, the same importance should be given to one-to-one supervision, using the platform of home visits, VHSNDs, other activities.

Also, given that individuals are all different, some may be more vocal than others: some may hesitate to speak in a group. More experienced and more competent members will have different needs than new or relatively less competent ones. The more competent and experienced members can be used to provide additional support to others over time, taking on roles such as data audit/support, trouble-shooting, and conducting observational assessments or case evaluations in the community (after their skills are developed and a feeling of being a team has been developed).

This session is aimed at learning how to conduct a meeting and how to handle group dynamics. Among the tasks assigned to the ASHA Facilitator and BCM, conducting review meetings on a monthly basis is imperative for supportive supervision. These meetings provide a regular update on the implementation of programmes and the performance of the ASHAs in a snapshot. Since visiting every ASHA individually is not possible, these meetings are helpful in the dissemination of information, monitoring, planning for upcoming activities, providing feedback, voicing field-level issues etc. Some useful tips for conducting these meetings are given below. The format in which the record of the meeting is to be maintained is provided in Annex 1.



# **Roleplay: Learning counselling skills**

- Divide the participants into two groups.
- One participant in each group will play the role of the BCM and the rest will play the role of ASHAs/ASHA
   Facilitators
- The groups will present a BCM conducting a standard meeting with ASHAs/ASHA Facilitators. Each group will be given 20 minutes to prepare.
- While one group is performing, the other group of participants should actively observe the roleplay, so that they can later share their views on it.
- After completion of the roleplay, both groups will be given the chance to share their observations on what best
  practices were adopted during meeting and what the possibilities are for improvements, to make these meetings
  more effective.
- A volunteer will be asked to write down the information on the board or flip chart, in regard to two important aspects.
- One is what would have been the best preparation on the convener's side and what would have been the best preparation on the participants' side.
- The second is what best practices the convener should adopt during the meeting, and what best practices the participants can adopt during the meeting.
- Notes for reference are given below.



The roleplay is intended to explain that meeting platforms are important for:

- · disseminating information;
- conveying priorities;
- providing training on any new topics;
- · sharing good practices; and
- the overall performance of the cluster/block/district.

The trainer will need to appropriately contextualise things for the ASHA Facilitators, to convey that to facilitate a group meeting they need to be cognisant of the following:

- Maintain a good relationship. This can be done by appreciating good work and acknowledging others..
- Prepare an agenda in advance and help to ensure meaningful discussion of the prescribed topics.
- Listen carefully. Let someone finish their sentence when they are speaking. Confirm by asking again in case more clarification is needed.
- Suggestions should not be imposed or forced.
- · Give a chance to silent participants to speak: call silent participants by name, and ask them to speak.
- Let the group express their views without frequent interruptions.

- Try to ensure that one or two people do not dominate the discussion.
- Only one person should speak at a time. Give every person a chance to speak.
- Use examples to make clear your thoughts. Examples must be related to the topics.
- Give feedback: express concrete and honest reactions based on observation of members' behaviour.
- Keep a record of what is to be done; keep a list, and make sure that the work is done within the specified time.
- Take feedback in a positive way to evaluate the meeting and use the feedback to improve your skills.
- Use previous reports to review progress; come to the meeting with previous reports.
- The peer-to-peer learning process which inevitably emerges during group approaches also has a huge value add
  to have shared learning. Over time, community health service providers will become true experts in delivering
  services and many will encounter and overcome problems for themselves, using local knowledge. As said earlier,
  this peer support may be a better source of solutions for overcoming cultural and behavioural barriers to health
  than the supervisors themselves.

Key points on opening, conducting, and closing a meeting are listed below.

| Opening meeting   | Conducting meeting   | Closing meeting  |
|---|--|--|
| <ul> <li>Always start on time.</li> <li>Welcome attendees and thank them for their time.</li> <li>Introduce yourself and participants. If there are any new members then take some time for introductions.</li> <li>Objective of the meeting: state the subject /issues of the meeting.</li> <li>Review the agenda at the beginning of each meeting.</li> </ul> | <ul> <li>Where needed, present the appropriate data and information that may have a bearing on the issues being discussed.</li> <li>Allow participation and give adequate time for clarifications and worthwhile learning experiences.</li> <li>Keep a note of the key decisions made and key actions contemplated, and summarise them at the end, for everyone's better knowledge.</li> </ul> | <ul> <li>Always end meetings on time and attempt to end on a positive note.</li> <li>At the end of a meeting, review actions and assignments.</li> <li>Set the time for the next meeting.</li> <li>Share the salient points of the meetings.</li> <li>Keep note of any unresolved issues that need to be taken up with higher administrators.</li> <li>Ensure all the decisions and minutes are documented.</li> </ul> |

# **Handling group dynamics**



# Activity 3: Characters in a group<sup>9</sup>



- · Put pictures of different animals in a basket.
- Ask participants to take a picture from the basket.
- The participants should describe the qualities and the nature of the animal they have picked up.
- The facilitator should explain that this exercise is supposed to offer insights into understanding that a group is made up of different kinds of individuals.
- Every participant in the group will present a different character. When participants describe certain negative characteristics of animals the facilitator of the session will need to describe how diversity exists.



- This exercise aims to provide insights into understanding group dynamics. Every participant in the group will
  present a different character.
- This exercise is meant to help participants to appreciate the different personalities and abilities of each person in the group.
- Some engage in unhelpful behaviour, and some are very supportive. Supervisors need to inculcate the ability to
  recognise all kinds of people. During group engagement like a meeting or training the supervisor can set ground
  rules to discourage negative behaviours like repeated absenteeism, untimely submission of monthly reports etc.
- How do you deal with unhelpful behaviour? People play different roles in different groups. Emphasis should be
  placed on helpful behaviour, like actively listening to everyone, raising a hand when wanting to speak etc.
  The ASHA Facilitator or supervisor needs to encourage such behaviour in a group, and should discourage and
  address unhelpful behaviours like pessimistic attitudes, irregular attendance etc. Such unhelpful behaviours
  can be dealt with in accordance with their severity: the same method may not be applicable to all situations.

<sup>&</sup>lt;sup>9</sup>Source: Mutisya, N. et al. (no date) 'Supportive Supervision Training Manual for Community Health Extension Workers'.

# Session 3.3: Team-building



- Each participant will be given two sticks.
- Every participant will be asked to break one stick and to note the time taken, and the ease of/difficulty, in breaking the stick.
- After this, the trainer will ask one of the participants to collect the second stick from all the participants and tie them in a bundle.
- Every participant will then be given a chance to break the bundle. The participants will be asked to note the difficulty and the time taken to break the bundle.



# **Activity:** the power of teamwork

The facilitator will show a film clip entitled 'Power of teamwork', and will facilitate an open discussion with the participants about the different aspects of team-building. The steps shared by the participants should be written down.

After the game and the video clip the trainer will ask the participants to identify:

- · how individual work and teamwork differ from each other.
- · how teamwork is useful in overcoming obstacles.
- how teamwork can be helpful for supporting ASHAs.

So we can start with the video on teamwork and then we can ask the participants about what they know about teamwork and how this can be added to their current work patterns.

# Trainer notes

- After the preliminary discussion, the facilitator will discuss what a team is all about and the difference between working alone and working in a team. The facilitator will observe if the following points have been covered by the participants, or if some other aspects were identified.
- Defining Team- A team comprises a group of people working towards a common goal.
- The basic differences between working individually and working as a team are summarised below:

| Working individually                    | Working as a team                        |
|---|--|
| One opinion                             | Multiple thoughts and ideas              |
| Solely responsible                      | Responsibility is shared                 |
| No support                              | Support each other                       |
| Takes longer to achieve the goals       | More work gets done faster               |
| No progress if the individual is absent | One absence does not stop the whole team |
|   | Share responsibility                     |

- Team-building is the process of building and strengthening the team as a cohesive unit. A team is built and develops over time through hard work, dedication, and cooperation.
- The team members are bound together in the pursuit of the goal of ensuring better health, by ensuring the provision and availability of, and access to, healthcare.
- In the context of ASHA Facilitators, teams comprise ASHA Facilitators, ASHAs, BCMs/DCMs/BHMs/MOICs. They
  also work as a team with the ANM in her catchment area, with AWWs, as well as with the Gram Panchayat
  functionaries.
- The PRI members at the local level, other frontline workers, and self-help group members in the village can also
  provide support as a team in delivering health services, addressing bottlenecks, and spreading awareness on
  health and health related issues in the community.

The trainer should be cognisant of the theme of 'team spirit'. Remind the participants of this throughout the training, in the sessions on active listening, communication, group facilitation, and problem-solving

# Important points for team-building

It is essential for the ASHA supervisors to know how to build a team. The ASHA Facilitators and BCMs can provide a base for team-building within the ASHAs programme. As supervisors they need to inculcate the spirit of working in team amongst ASHAs and with ANMs and AWWs. This session is designed to help the participants to think of ways to encourage thinking and functioning as part of a health team, and to instill the value of togetherness.

The trainer will show a video clip from the movie Lagaan (Cricket Match) (20 minutes). After the video, the trainer will facilitate a discussion on the clip.

Discussion points: Video clip – Lagaan

As discussed earlier, an ASHA Facilitator is a part of the health team. This team is bound together by the common purpose of providing health services to people and ensuring health awareness in regard to preventive health behaviours. While the activities of mobilisation, health awareness, and demand generation are carried out by the ASHAs, the ASHA Facilitator, as a supervisor, plays an important role in building a team of ASHAs, who report to her, and at the same time linking the ASHAs to the service providers and programme staff above the cluster level. Thus, to be a supportive supervisor the ASHA Facilitator needs to:

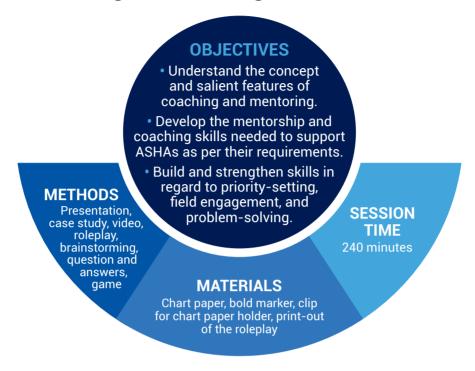
- identify the strengths of every member of the team and encourage them to build the team;
- facilitate coordination among the members of the team and their support for each other.
- · inculcate the forming of a bond towards the achievement of a common goal; and
- encourage the team members to share their achievements and failures, and to stand by each other.



Points to be considered by ASHA Facilitators and BCMs as team leaders are enumerated below. The trainer should contextualise these points with respect to ASHA Facilitators' work. The discussion should include the following points of discussion:

- The team leader (ASHA Facilitator/BCM) should understand the strengths and weaknesses of his/her team members. The BCM should understand the strengths of the ASHA Facilitators group, and the ASHA Facilitator should understand the strengths of the group of ASHAs working with her.
- Team members must meet and discusses important issues regularly, to build harmony among their peer group. ASHA Facilitators should organise meetings with all team members/ASHAs at least once a month.
- Encourage team members to share their field achievements and challenges.
- Listen to and acknowledge others' (ASHAs'/ASHA Facilitators') ideas and suggestions.
- · The team should understand their shared responsibilities and support each other in doing their work.
- The seam should have clarity on the set goals/targets to achieve in a specific time period.
- Decisions should be taken unanimously within the team.
- Differences in opinion should be raised positively, with the aim of settling differences and working in the interest of the community or the health system.
- You should brainstorm on any subject with the team members to use the ideas of all the individuals working together as part of the team.
- The process of team-building can lead to:
  - greater transparency in communication;
  - better relationships;
  - resolving problems more easily as a team; and
  - greater team power because of combining the strengths of different individuals.

# Session 3.4: Coaching and mentoring





# **Activity: Clip from Taare Zameen Pe**

The trainer will play a clip from the movie Taare Zameen Pe (about 10 minutes), after which he/she will discuss the key aspects of coaching and mentoring with the participants and will ask the following questions:

- · What did the participants observe in the clip regarding the character of the teacher?
- · What did the teacher do to help the student?

Discussion points – the essential role of an ASHA Facilitator as a mentor is:

- to be cognisant of, and have a keen eye to identify, the issues faced by the ASHAs;
- to acknowledge and validate that the issues faced by the ASHAs are significant;
- to recognise the potential and help the learner realise the potential;
- to help the learner to develop their potential, and to encourage them;
- to remember that patience and perseverance are key when dealing with people; and
- · to find allies whose help can be sought to resolve any issue.

After the discussion of the video clip, the trainer will discuss the coaching and mentoring skills in detail, which are key to supportive supervision. To do so, they will use the notes given below.



### **Definitions**

Coaching is defined as 'the job or activity of providing training for people or helping to prepare them for something'.

Mentoring is defined as a professional relationship in which an experienced person (the mentor) assists another (the mentored) in developing specific skills and knowledge that will enhance the less-experienced person's professional and personal growth.

While the two activities appear similar, as both of them involves training provided by the supervisor, they are differentiated as follows:

| Coaching   | Mentoring   |
|--|---|
| Is about results.  | I based on developing a relationship.   |
| The focus is on the role and the skills needed.          | The focus is on the person and their growth, along with achieving the assigned tasks. |
| Facilitates learning by the individual towards a result. | Facilitates individual growth by building self-<br>esteem and confidence.             |



After the differences between coaching and mentoring have been described, the facilitator will need to explain what is meant by coaching and mentoring in terms of the activities involved in each.



The facilitator will explain that understanding of the skills of coaching and mentoring will be developed through the course of the next six months through guidance from external coaches. This will be discussed at length in the next session.

The activities that the ASHA Facilitators will undertake include review meetings at the block and cluster level, and accompanying home visits and VHSNDs, which will be used as the platforms for providing handholding of ASHAs. These activities are listed below, along with their objectives, for ASHA Facilitators to make an informed decision as to the kind of support that is needed by the ASHAs.

| S. No. | Coaching  | Mentoring  |
|--------|---|--|
| 1      | Immunisation day  | Mobilisation, ensuring coverage, ensuring no drop-outs.  |
| II     | Village visit   | Advocacy/Information Education Communication activity for mobilisation/population enumeration or screening.  |
| Ш      | Home visit  | Counselling, dissemination of information, early detection in the case of any health issues.   |
| IV     | a. When a health need/ issue arises   | Early detection of possible risks, attending to<br>the needs of any health services, improving<br>health service utilisation behaviours, prevention<br>of diseases by spreading awareness about<br>positive health behaviours. |
|        | b. When an upcoming health campaign needs to be undertaken  | Mobilisation/advocacy.   |
| V      | VHSNC meeting   | Village-level planning to ensure people-centric health needs assessments and local-level initiatives.  |
| VI     | Cluster meeting (meeting between ASHAs convened by the ASHA Facilitator)                                      | Providing a platform for training, the compilation of reports, experience sharing, and raising issues with the ASHA Facilitator.   |
| VII    | Monthly block-level review meeting (meeting convened by the block officials with ASHAs and ASHA Facilitators) | Providing a platform for reviewing work, on-<br>the-job/ refresher training/the dissemination<br>of materials/the discussion of issues/challenges<br>at health system and community levels.                                    |

The essentials for the coaching and mentoring activities listed above are as follows:

- Technical knowledge related to health and healthcare services.
- The identification of structures and functions to raise issues faced at the field level.
- Learning from peers to address similar field situations.
- Creative thinking to find resolutions and address bottlenecks.
- Using meeting platforms to share experiences for peer learnings.
- Skills associated with coaching and mentoring for BCMs and ASHA Facilitators:
  - priority-setting.
  - field engagement; and
  - problem-solving.

# **Priority-setting**

- a) Assessing each of your responsibilities, in terms of their priority, is key to being a good time manager. This refers to the task of setting the work in the order of importance.
- b) Given the multiple tasks that a supervisor and ASHA Facilitator needs to perform in the designated 20 days each month, it is of utmost importance to allocate time and to plan.
- c) Some of the ways to prioritise tasks include prioritisation on the basis of turnaround time (with low effort, simpler tasks done first), or on the basis of urgency, or a combination of both.
- d) As every ASHA Facilitator has 20 ASHAs, and needs to visit all of them, among other work allocated to her, it is very important to prioritise what needs to be done, and when.
- e) In addition, sometimes there are last-minute agendas or sudden initiatives etc which can require changes and alterations in plans that have been set. Priority-setting needs to account for this.
- f) Stress management. Effective time management involves managing stress positively. You should include small breaks throughout the day, or reward yourself in small ways as you accomplish tasks, to keep yourself motivated to perform well.

## Field engagement

- a. The ASHA Facilitator is a field-level supervisor who works directly with the ASHAs. Thus, it is essential for them to be immersed in the field and the context.
- b. Some useful tips for engagement are as follows:
  - Introduce yourself and explain the purpose and objectives of the visit.
  - Discuss and build consensus about the process and the schedule.
  - Be engaged and motivate. Listen attentively, observe, and provide encouragement.
  - Proceed with supportive supervision.
  - Use the indicated tools and engage the appropriate staff to collect information. Supervisors can collect information using one or a combination of the following methods/tools:
    - · listening to health workers and talking with beneficiaries;
    - · reviewing records;
    - · using a checklist;
    - reviewing recommendations from past visits;
    - · conducting a rapid community survey.

#### **Problem-solving strategies**



## **Activity: Thirsty crow video (4 minutes)**

The trainer will play a video showing the story of a 'thirsty crow' (https://youtu.be/Ny2RsejZIJg) and will discuss with the participants what they think about the story.

Discussion points: thirsty crow

As a supervisor, one of the crucial tasks of an ASHA Facilitator is solving the problems faced by the ASHAs in the field. As seen in the video the key themes for the discussion include:

- identifying the problem and the root cause of the problem;
- · thinking of a resolution and alternatives which may require creative thinking;
- · recognising the pre-requisites for the resolution; and
- following it through to ensure the problem is resolved.





#### **Problem-solving strategies**

#### Problem identification

Using the questioning skills learnt in the previous session, first identify the problem and its impact, then ask 'why' to understand the reason. Once you are sure the answer is justified, continue to ask 'why' to reach the root cause of the problem. This will allow you to identify a solution to prevent the problem from recurring.

#### Problem resolution

The identification of the problem needs to be followed up by resolving the issue. This requires experience and the ability to come up with a solution. ASHA Facilitators have the responsibility for resolving the issues faced by ASHAs.

#### Focus on problem-solving and not individuals

The solution will depend on the issues being faced. These will vary from community-level issues like caste discrimination, non-compliance with immunisation practices, and traditional practices (like isolation of women after birth etc.), to systems-level issues, like rude and poor behaviour by the nurses and doctors at the health centre towards ASHAs, non-payment of incentives etc.

What needs to be understood as advisers is that there might be some situations where an ASHA Facilitator or BCM can help resolve issues completely, some where they can do so only partially, and others where they may find no solutions at all. There are limitations in the authority and ability to take systemic decisions of ASHA Facilitators and BCMs. However, it is important to note that ASHA Facilitators and BCMs play an important role as links and facilitators in raising the issues when a solution is not within their capacity.

Important skills for problem-solving include negotiation, coordination, and creative thinking.

#### **Handout**

Tips for effective problem-solving:

- · Deeply investigate the impact (long-term and short-term) of the problem.
- Tackle one problem at a time.
- Be specific in explaining the problem. If possible, back it up with facts and not judgement alone.
- Do not blame others or blame the system. It may sometimes be necessary to seek causes in other sources.
- Prioritise causes, emphasising those that can be more easily addressed.
- Implement solutions and monitor regularly.
- · Successful solutions involve a common awareness of what needs to be done and by whom.
- · Solutions that can be implemented immediately should be implemented first.
- Develop an implementation plan that details what, how, who, and when.

Source: NASTAD (2016); Supportive Supervision: An Overview

#### What will we be doing in the next six months after this training?

We will apply and practise the skills that we have learnt in these five days, in the future, with the support of the mentors at the training here. This will be an extension of the training we are taking part in here.

#### So we will use the next six months to:

- · identify obstacles to supportive supervision;
- learn about the ways we can supervise, by being supportive and addressing various field situations;
- · effectively use the skills learnt in the training;
- use meetings as platforms to support ASHAs and ASHA Facilitators;
- · strengthen home visits and field visits (VHSNDs, community meetings etc); and
- clarify doubts in our day-to-day work relating to supportive supervision.

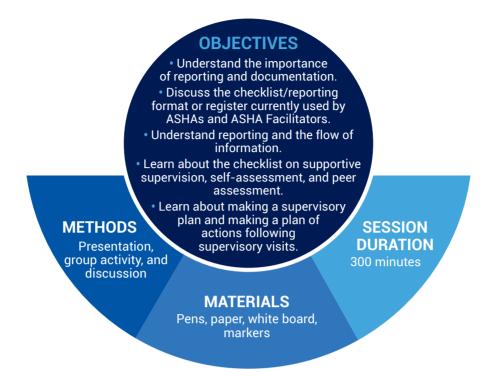
#### How will this be done?

- There will be a supervisory plan, which will take the monthly plans of ASHA Facilitators as a base.
- There will be coaches who will accompany ASHA Facilitators on field visits, to help in the application and use of the skills learnt in the training.
- The coaches will mainly play a supportive role for facilitating and strengthening based on the activities undertaken by the ASHA Facilitators, through accompanying field visits and sharing observations at cluster and block-level monthly meetings.
- The existing support structure and review meetings will be used for sharing experiences and peer learning.
- The ASHA Facilitators and BCMs will also be able to reach out to the coach and mentor if any clarification is needed or there are any doubts.

# **Section 4**



Reporting and documentation – purpose and processes



#### 4.1 Understanding documentation and reporting

Documentation and reporting are important tools for supervisors and managers to assess progress and to identify implementation requirements. Documentation mainly relates to maintaining records of useful information for reference. <sup>10</sup> It covers the following:

- The profiles of ASHAs knowing your ASHA: This ensures that there is a ready reference to the context of each ASHA, in terms of socio-demographic details, duration of working as an ASHA, training status etc.
- Monthly compilation of activities carried out by ASHAs updating yourself on the work done by ASHAs: This is useful in terms of understanding the activities that are carried out every month, which is useful for performance measurement and incentive payments.
- Performance assessment: This is one of the core tasks to be undertaken by the ASHA Facilitator each month, based on reports and supervision. This helps in identifying activities where ASHAs require support.
- Data provide information about the services provided and the progress achieved. Data support further planning of the budget and activities required for the health system.

The information described above is a very useful tool for supportive supervision. To get the most out of this information, one needs to remember that the formats and reports that are collected have a clear purpose.

## 4.2 Reporting flow



## **Group discussion**

- The trainer will discuss the current reporting flow being practised by the ASHA Facilitators, and the challenges associated with it
- The reporting flow will be noted by the trainer on the board. Based on this group discussion, the reporting flow will be documented for future reference. The information provided below is intended to give the facilitator a greater understanding of the subject.

<sup>10</sup> Source: Government of India (n.d) 'Handbook for ASHA Facilitators'.

# Trainer notes

The reports and documents flow through the core supportive supervision structure institutionalised for the ASHA Programme under the NHM. The ASHA compiles reports of her activities and gives them to the ASHA Facilitator. The ASHA Facilitator then compiles this information for the ASHAs reporting to her, and gives it to the BCM, and then to the district level. The BCM is responsible for ensuring that the financial report reaches the accounts personnel in a timely manner.



## 4.3 Discuss the checklist/reporting format or register currently used by ASHAs, ASHA Facilitators, and PHCs



## **Group discussion**

- 1) Divide the participants into three groups and assign a separate discussion topic to each group.
- 2) Group-wise, the discussion topics will be as follows:
  - First group: discuss the work of ASHAs, and the reporting formats and checklists/registers required to be maintained at their level.
  - Second group: discuss the work of ASHA Facilitators, and the reporting formats, checklists/registers to be maintained at their level.
  - Third group: discuss the reports required at the PHC level, and the activities organised at the PHC level.
- 3) 40 minutes will be given to all three groups.
- 4) The groups will be told to summarise their discussion on the chart paper, separately.
- 5) After finishing their discussion and noting down the findings on the chart paper, the groups will present their discussion points to all participants present in the training room.

# Trainer notes

Discussion points after completion of all the group work:

- 1) How can we club together the reporting formats, or how can we club together the reporting of health indicators, to lessen the pressure of so many reporting formats?
- 2) Setting the flow of reporting: fixing responsibilities as per the guidelines given by the state.

Documentation – a person who is responsible for taking notes will write up the final responses to the questions/topics, along with the roles of all three levels and the reporting required at each level.



Based on previous group work, the facilitator will then discuss the various reports the ASHAs/ASHA Facilitators are required to make. The frequency and duration of the reports can be of different. The facilitator will record the responses of the participants in the format given below.

| Name of<br>Report | Who will collect<br>from ASHA?<br>(ASHA<br>Facilitator/ANM) | When is the<br>report due for<br>submission?<br>(monthly/<br>quarterly/yearly) | Who will<br>verify the<br>reports? | Reports are<br>shared at which<br>level?<br>(meeting platform<br>/hand-to-hand/<br>outreach activity) | Who will<br>collect at<br>block level? | Report<br>verification<br>authority<br>at block level? |
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The chart should be kept safe for future reference.

#### 4.4 Documentation to be used in the pilot.

As discussed throughout the training, an important component of supportive supervision is the development of the ASHA Facilitators themselves as supportive supervisors and the ASHAs to be able to perform to the best of their ability with support of their ASHA Facilitator. An assessment of their strengths, weaknesses, and focus areas for improvement needs to be identified. This can be done through self- and peer assessment, leading to introspection.

#### a) Self-assessment tool

This is a tool to learn about oneself. This process helps in evaluating one's own work. It is useful in self-realisation and identifies:

- strengths;
- weaknesses;
- · character traits; and
- preferences.

Once an individual has some knowledge about themselves it is easier for them to seek support to overcome their weaknesses. If an ASHA Facilitator realises that she is unable to do 20 days of field visits owing to multiple tasks, she can seek help from the BCM and plan better; if she is still unable to meet her target then she can communicate the issue and find a solution to it.

During the pilot on supportive supervision we will practise this skill of self-assessment with ASHA Facilitators. This exercise is meant to promote personal development and thus it is essential that the participants understand the essence of it, in order to realise the full potential of self-assessment.

#### **Objectives**

· To help ASHA Facilitators to identify their strength and areas where they need support.

#### Instruction for usage and verification of the checklists:

- The responses of the ASHA Facilitators can be verified by observing the checklist and the coach can understand the capability of ASHA Facilitators as regards filling in this form.
- The learnings during the visits and the implications of using this checklist will be shared in the review/block meeting, while ensuring anonymity.
- The format for the self-assessment tool is given below. This format would act as a tool to support ASHA Facilitators to introspect and identify strengths and weaknesses.
- The OPM coach will provide hand-holding support to the ASHA Facilitators regarding practising self-assessment at the level of ASHA Facilitator.

## **Self-Assessment template for ASHA Facilitators**

Name of the ASHA Facilitator\_\_\_\_\_\_ Name of the Village of ASHA Facilitator\_\_\_\_\_

| Questions  | Details (how to fill)  | Responses |
|--|--|-----------|
| 1. What were the tasks I planned to do in the last month?  | As per your plan fill in the activities that you had planned to do which could be.     Field Visits to supervise ASHAs for VHSND, Home Visits etc.     Meetings- Cluster meetings     Submission of Reports- Vouchers, Performance Monitoring Reports etc      The duration to be considered is for a month  |           |
| 2. Which were the activities that I was able to do to the best of my abilities?  And what skill did you find useful in accomplishing the task? | <ul> <li>Indicate activities which the AF was able to complete and do well.</li> <li>For example, during a visit you were able to mentor an ASHA on how to weigh a baby, facilitate refilling of the drug kit for ASHA, conducted cluster meeting, updated all reports on time etc.</li> <li>For the second part of the question identify what skill was useful in doing that task; for example: Communication Skills, Problem Solving, Time Management, Team building etc.</li> </ul> |           |
| 3. Which were the activities I wasn't able to do satisfactorily and why?   | <ul> <li>This would include activities which the AF indicates needs improvement.</li> <li>For example, if the cluster meeting was not conducted then that could be indicated here, if field visits for 5 ASHAs were planned and only two could be done</li> </ul>  |           |
| 4. What support do you need to be able to perform that activity?   | <ul> <li>Support for training</li> <li>Training of certain new initiatives</li> <li>Support from BHM, BCM &amp; MOIC</li> <li>Support from PRI members, community members etc</li> <li>In case no support is needed that should also be indicated</li> </ul>   |           |

#### b) Peer assessment tool for ASHAs

Peer learning is another method of assessing and evaluating the performance of an individual. It is a process of collaborative learning wherein peers or people working together evaluate each other through feedback on the quality of their work, often with ideas and strategies for improvement. It is useful in:

- inculcating the value of cross learning.
- obtaining feedback from peers and identifying different ways of addressing similar challenges.
- cases where collective effort is required, which can be better mobilised as a group.

#### **Objectives**

- The purpose of this activity is to share good practices and aid cross learning.
- · This assessment can be taken up during the cluster meetings.

#### Instructions for usage and verification:

- The focus of this exercise is to inculcate improvement at an individual level through support from peers, highlight
  issues that can be jointly worked on.
- The peer assessment checklist will be discussed at the cluster meeting to be led by ASHA Facilitators.
- The AF shall divide the ASHAs into pairs and the discussions can be facilitated thereafter. A theme can be taken up by each pair and based on their experience they can discuss on how they overcome a challenge and later discuss with the larger group during the cluster meeting
- Initially the format will be made available to the AFs and the external OPM coach shall support the AF through the process and collect the filled formats to be analysed and share insights with them
- The format for the peer assessment along with detailed instructions how to fill is given below.

| Questions  | How to fill  | Responses |
|--|--|-----------|
| Identify an activity     where you faced a     challenge in the last     one month | <ul> <li>Escorting a pregnant woman for delivery</li> <li>Mobilisation of Children for<br/>Immunization</li> <li>Community Meeting</li> <li>Any Other</li> </ul>   |           |
| 2. Details of the activity – to identify the challenge and how was it overcome     | <ul> <li>If there were systemic issues like difficulty in ambulance, lack of drugs etc.</li> <li>Local issues like conflict between workers etc</li> <li>Beneficiary level issues like non acceptance of vaccines, stigma, myths etc.</li> </ul> |           |
| 3. Was there any other way in which the challenges could have been overcome.       | Fill in if you think there was any other way the same challenge has been addressed in another occasion and indicate how was it done.   |           |

#### c) Supportive supervision template

User. To be used by the ASHA Facilitator and BCM.

**Objective:** The objective of using this template is to supervise a person, not the programme.

**Instructions for usage and verification:** ASHA Facilitators and BCMs must meet once a month to review and share their own findings about specific ASHAs/ASHA Facilitators, respectively. The ASHA Facilitator will compile findings to share with the BCM as feedback and raise any request for support/any issue with him/her. This request for support can be of various types, such as:

- asking for orientation or refresher training for the ASHA;
- accompanying a visit to a family/community member to resolve any counselling issues;
- resolving administrative issues like pending incentives of ASHAs or pending payments to the community, grievances redressal etc.;
- redressal of general grievances at the block/district level; or
- redressal of any supply gaps etc.
- The supportive supervision checklist shall support the AF during their visit in identifying the strengths and area for improvement for the ASHAs they are visiting.
- The format for the peer assessment along with detailed instructions how to fill is given below.
- Role of OPM coach: He/she will collect supportive supervision checklists at the start of the month to assess and plan for the month

## **Supportive Supervision Checklist**

| Name of the ASHA Facilitator | Name of the Village of ASHA Facilitator |
|------------------------------|---|
|                              |   |

| Questions  | How to fill   | Responses |  |  |  |
|--|---|-----------|--|--|--|
| 1. Activity Observed   | <ul><li> Home Visit</li><li> VHSND</li><li> Community Meeting</li><li> Any Other Activity</li></ul>   |           |  |  |  |
| 2. What strengths of the ASHA were identified during supervision visits?                               | <ul> <li>Knowledge of the health subject</li> <li>Inter-personal skill</li> <li>Community mobilisation</li> <li>Aware of the community and active</li> <li>Supportive to other CHWs</li> <li>Any Other</li> </ul> |           |  |  |  |
| 3. What areas of improvement were identified to support the ASHA?                                      | <ul> <li>Knowledge of the health subject</li> <li>Inter-personal skill</li> <li>Community mobilisation</li> <li>Supportive to other CHWs</li> <li>Any Other</li> </ul>  |           |  |  |  |
| 4. What strategy or next step is needed and was suggested to work on improving the ASHA's performance? | Based on the area of improvement can be detailed here   |           |  |  |  |
| 5. In what areas does the<br>ASHA and ASHA<br>Facilitator need support<br>from the block or district?  | In case there is support from the block or<br>district is required then it may be<br>indicated here   |           |  |  |  |
| Actionable Points for AF   |   |           |  |  |  |
| Feedback for ASHA     i. Strength  |   |           |  |  |  |
| ii. Area of Improvement  |   |           |  |  |  |
| Communication to BCM (   | 2. Communication to BCM (if needed)   |           |  |  |  |
|  |   |           |  |  |  |

#### 4.5 Making supervisory plans

- This session will help the participants in planning their field visits and acting on their findings. The session will help the participants in making decisions in terms of managing field-level situations and their day-to-day responsibilities.
- The participants will also be encouraged to share good practices that they find useful and that in their monthly
  planning; especially with regards undertaking activities wherein they are required to function as mentors of the
  ASHAs.
- The significance of supervisory plans and visits will be discussed in the context of supervisory visits and field engagement.



## **Group discussion**

- Divide the participants into four groups and provide chart paper and pens to each group. Ask them to make their 20-day plan for the next month and a plan of action after completing 20 days of supportive supervision. Once they complete the activities ask them to present their work in front of all of the participants.
- The groups will present their work one by one, and the participants will have the opportunity to add value to other groups' work. The BCMs and DCMs can also add their priorities.
- This session will be facilitated by OPM and the government, together, to make the plans more feasible and meaningful.
- The following templates will be used by each group, while making the work plans. The facilitator will provide both templates to each group.

#### A. Monthly advance visit plan for ASHA Facilitators

| Date  | Village | ASHA name | Purpose of visit | Name of supervisor<br>accompanying the<br>ASHA (if required) |
|-------|---------|-----------|------------------|--|
| Day 1 |         |           |                  |  |
| Day 2 |         |           |                  |  |
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## B. Making a plan of action at month end after completion of all supervision visits

| Categories of support required by ASHA | No. of ASHAs who come under each category | Responsible person at block/district | Any other information |
|--|---|--------------------------------------|-----------------------|
| Training                               |   |                                      |                       |
| Orientation                            |   |                                      |                       |
| Supply of products                     |   |                                      |                       |
| Administrative                         |   |                                      |                       |
| Any other                              |   |                                      |                       |



## **Group discussion**

- Facilitator will discuss with the participants how they plan their field visits to support ASHAs in doing their work:
  - What are the important considerations when planning a field visit?
  - What is the process involved?
  - How do they manage the timing for the visit, alongside other activities?
- After discussion with the participants and helping them to brainstorm the different steps required before, during, and after a field visit, the facilitator should highlight all of the important points.



After the groups' presentations, the facilitator will discuss the points to be kept in mind before visiting any site, using the information set out below.

#### Tips for preparing a supervisory plan



Call the ASHA in advance to plan an accompanied field visit or participation in any activity at outreach level.



Make her comfortable by showing that she will be receiving support from her supervisor in doing her work.



Make your list of activities that you will be doing in advance before visiting/the outreach activity, and note how you will support the ASHA in performing her tasks during or after the visit.



You need to ensure punctuality. Respect the ASHA's time as well as the community's time.



Keep relevant documents like a supportive supervision checklist or related report findings for the area.



Share your positive findings and strengths first with the ASHA and then you can add value by providing constructive feedback.



Follow up on the issues identified, after the visit.



## **Annexes**

#### **ANNEX 1**

| Record of meeting (as per th | e ASHAs' reading materials, E           | Book no. 5 – National Rural Hea                  | th Mission)     |  |
|------------------------------|---|--|-----------------|--|
| Date:                        |   |  |                 |  |
| Time:                        |   |  |                 |  |
| Venue:                       |   |  |                 |  |
| Objective of meeting:        |   |  |                 |  |
| Members present:             |   |  |                 |  |
| Name                         | Design                                  | nation S   | ignature        |  |
| Name                         | Design                                  | nation S   | ignature        |  |
| Name                         |   | nation S   | Signature       |  |
| Name                         |   | nation S   | ignature        |  |
| Members absent:              |   |  |                 |  |
|                              |   |  |                 |  |
|                              |   |  |                 |  |
| Tollow apaction.             |   |  |                 |  |
| Action                       | Who will be responsible for the action? | Who will help the identified responsible person? | Completion date |  |
|                              |   |  |                 |  |
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#### **ANNEX 2**

#### Points to remember for the trainers

 $Providing \ feedback: Responding \ to \ questions \ and \ summarising \ key \ messages \ in \ role plays \ and \ group \ discussions$ 

#### Responding to questions:

- Answer questions briefly and, where appropriate, turn the question to the rest of the learners for input. This works particularly well for feedback on roleplays or handling difficult situations.
- Refer participants to written materials for references and/or further clarification.
- If the question will be answered in a future session, let participants know when it will come up.
- After a question has been discussed, ask the participant if the question was answered. If time is constrained, you may need to follow up with the participant during a break if they need more information or discussion.
- Incorporate core principles in your answers where possible. Core principles are most useful for responding
  to questions that include trusting supervisor-supervisee relationships, team-building, and creative problemsolving.
- There may be participants who express helplessness or frustration about structural or systemic issues that are beyond their control, such as constraints on the resources available, poor management of incentive systems etc.
   Hence it is good to be prepared and not be defensive.
- Acknowledge the challenging systems within which participants are working. Encourage them to engage their supervisors and managers and refer them to health supervisors whenever required.
- Some questions may be beyond the scope of the training. This needs to be clearly communicated.
- Remind the learners that the training is focused on supportive supervision specifically within the ASHA Programme and as a part of whole health system.
- Remind the participants that addressing the issues faced by ASHAs requires a multi- pronged, multisectoral approach at times, and that the participants have an important contribution to make. It is not their responsibility to solve all the problems but they must make sincere efforts.
- Encourage the participants to seek out additional information and make connections with their peers to make allies and to ensure a community of practice and learning.
- Some questions may indicate participants' desire to ascertain whether the issues and concerns raised are genuine.
- The ownership of the providing services is that of the system, and ASHAs and ASHA Facilitators act as facilitators
  to ensure the same. Hence in resource constraint settings there would be instances where access to services
  would be difficult.

#### **Roleplays**

- Roleplays are an essential component of this training and represent opportunities for trainees to practise their skills. These skills are practised in groups of three, who take turns to play the role of the provider, supervisor, and observer.
- The observers should observe the interactions and provide constructive feedback on the roleplay.
- Feedback should be given in a structured manner, based on the instructions for roleplays that the facilitator should provide.
- Facilitators should circulate and provide constructive suggestions where needed. Invite one group to demonstrate their roleplay in front of the entire group after determining whether they are comfortable or not.
- Ask the participants to remain constructive when providing feedback and assure the people who are demonstrating the roleplay that this is not a judgement on their performance.
- Note: when having participants do roleplays in front of the group, choose as the provider those most likely to demonstrate a comprehensive response according to the steps taught, as this will be seen as an example of how it should be done.
- · When providing feedback on roleplays
  - 1. be sure to emphasise the positive feedback and point out what was done well;
  - 2. areas that need adjustment can be referred to as 'opportunities for improvement';
  - 3. directly correct anything that may be harmful to individuals, such as individual-blaming;
  - 4. comment first on one to two areas that worked well (remember to include verbal and non-verbal communication; link to guiding principles if possible);
  - $5.\ ask\,those\,doing\,the\,roleplay\,what\,areas\,were\,difficult; provide\,suggestions\,for\,improvement;$
  - 6. invite others in the group to provide suggestions as to how the difficult area could be handled; and
  - 7. thank the presenters.

#### **Group discussions**

- Discussions should be conducted in an interactive manner, ensuring everyone gets an opportunity to speak.
- Sharing of experiences helps in applying the information and skills learnt in the training.
- Dominant voices, opposing opinions, or conflicts should be managed in a cordial and orderly manner.
- Any sensitive matter should be discussed with empathy and support.

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