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Community Level Interventions
For Improving Maternal, Neonatal
And Child Health: A Training Tool Kit

SUPPORTIVE
COMMUNITY MONITORING

Community Level Interventions for Improving Maternal, Neonatal and Child Health: Supportive Community Monitoring is the last module of the tool kit in a series of seven on enhancing community engagement for improving outreach, shaping demand and strengthening accountability to improve maternal, neonatal and child health outcomes in Karnataka.

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Community Level Interventions For Improving Maternal, Neonatal And Child Health: A Training Tool Kit

SUPPORTIVE COMMUNITY MONITORING



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OF MANITOBA





PREFACE

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The Community Level Interventions Training Tool Kit is a series of seven modules:

- Module 1: Design, Planning and Implementation of the Sukshema Project
- Module 2: Core Concepts of Maternal, Neonatal and Child Health
- Module 3: Sukshema’s Community Level Interventions
- Module 4: Communication and Collaborative Skills for Front Line Health Workers
- Module 5: Improving the Enumeration and Tracking Process
- Module 6: Home Base Maternal and Newborn Care
- Module 7: Supportive Community Monitoring**

Module 7: Supportive Community Monitoring (SCM) aims to develop the capacity of the members of the Village Health and Sanitation Nutrition Committee (VHSNC). These members are tasked with providing support to the front line health workers (FLWs) in their village, monitor service access and delivery, as well as participate and share responsibility to improve the Maternal Neonatal and Child Health (MNCH) outcomes and general health status of their village. The module is intended to help the VHSNC Members understand the concept of supportive community monitoring as opposed to authoritative supervision. It aims to help VHSNC representatives engage the community in planning and monitoring health service delivery to enhance the availability, accessibility, quality and use of the public health system. Through the formation of a smaller group of active Supportive Community Monitoring (SCM) Members who are trained to carry out specific roles and responsibilities, this can be achieved. These SCM Members will be trained to use a SCM Tool that allows them to conduct a regular joint reflection process, leading to community monitoring and evaluation of health delivery systems on the ground.

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ACRONYMS

ANC	Ante Natal Care
ARI	Acute Respiratory Infection
ARS	Arogya Raksha Samitis
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BP	Blood Pressure
BPL	Below Poverty Line
CBO	Community Based Organization
CDL	Community Demand List (CDL1) Tool
CMR	Child mortality rate
DOH	Department of Health
EDD	Expected Date of Delivery
FLW	Frontline Health Worker
FP	Family Planning
GoK	Government of Karnataka
HBMNC	Home Based Maternal Newborn Care
IEC	Information, Education, Communication
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
IPC	Inter Personal Communication
JHA	Junior Female Health Assistant
JSY	Janani Suraksha Yojana
JHA	Junior Female Health Assistant
KHPT	Karnataka Health Promotion Trust
MDG	UN Millennium Development Goals
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
NGO	Non-Government Organization
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PNC	Post-natal Care
PRI	Panchayat Raj Institution
RP	Resource Person
SBA	Skilled Birth Attendant
SC	Sub Centre
SC/ ST	Scheduled Caste/ Scheduled Tribe
SCM	Supportive Community Monitoring
SCMT	Supportive Community Monitoring Team/Tool
SHG	Self-help group
TBA	Trained / Traditional Birth Attendant
TT	Tetanus Toxoid
VHW	Village Health Worker
VHSNC	Village Health and Sanitation Nutrition Committee



GETTING STARTED

The Doorway to Successful Training in **Part 11 of Module 1** should always be used to start a training workshop: initially if covering all modules at one time, or as a refresher if modules are scheduled over a period of time. The Doorway to Successful Training contains a detailed plan of sessions that sets the stage for the workshop activities and logistics, covering welcome, introductions, objectives, hopes and fears, and ground rules.

SESSION 1: SHARING KNOWLEDGE AND PURPOSE

Objective

- To help the Village Health and Sanitation and Nutrition Committee (VHSNC) Members understand that training needs to be transferred to others and they must be prepared to speak up and share their knowledge.

Methodology

Storytelling and discussion

Duration
30 minutes

Training Materials

Copy of story of the three dolls

Tips for facilitators

During the course of the discussion, do not enforce the need to have a doll worth Rs. 15 on everybody. Be open to listening to their choices.

Process

- Tell the participants the following story of 'The Three Dolls',

A family of three, Mallappa (Father), Mahadevi (Mother) and Suchithra (daughter) who lived in a village went to the neighbouring village to attend a fair. First they visited the temple and then went to the fair to get something to eat. The daughter saw some dolls on sale and pestered her parents to buy her one. The father went to the shop selling dolls and asked 'How much?' for a doll. The salesman showed him three similar dolls and quoted prices of Rs. 5, Rs. 10 and Rs. 15. The father then asked the salesman, "Why are you quoting different prices for the dolls that are so similar to each other?" The salesman replied, "Sir, the dolls may look similar, but they have different personalities". So the father asked him, "Please explain the personality of the dolls to me". The salesman took a thin string and



put it through one ear of the Rs. 5 doll and it came out the other ear. He then put a thin string through the ear of the Rs. 10 doll and it did not come out at all. He then put the string through the ear of the Rs. 15 doll and it came out of the doll's mouth. The father decided to buy the doll worth Rs 15.

- Ask the participants why they think the father bought the Rs. 15 doll.
- Note their responses on a flip chart.
- Ask them which doll they would prefer and why.
- Allow several participants to share their choices and reasons.
- Note their responses on a flip chart.
- Highlight any responses that focus on the different types of people who make up any community. For example, some people hear things, but it goes in one ear and immediately out the other; they don't really listen. Others listen to everything, but never say anything out loud to others. Still others listen carefully and then speak up, which makes for an interesting personality.
- Ask the participants if there were dolls for sale, how much would they be worth? The answers might be Rs.15.
- Consolidate the session:
 - Participants need to open up, talk and participate freely in the training.
 - Learning from this training needs to be transferred to others.
 - When they return to their respective villages, they should tell their colleagues and friends about what they learnt from the other VHSNC Members.

SESSION 2: CRITICAL MNCH ISSUES

Objectives

To help participants understand the:

- Seriousness of the MNCH situation in India as a whole and in Karnataka State.
- Deep causes of high MMR and IMR.

Methodology

Storytelling and discussion

Duration
1 hour

Training Materials

Chart paper, marker pens and pre-prepared information chart with details about the IMR and MMR, reasons for deaths and other important aspects of the MNCH continuum of care.

Tips for facilitators

The main focus of this session is to help the VHSNC Members think deeply about MNCH issues. Most of them associate high MMR and IMR with medical reasons and overlook the social causes that manifest in the form of negative attitudes/ myths and harmful cultural practices.

Process

- Tell the participants the following story of Kythamaranahalli:

Doddegowda and his wife Gowdashyani lived in Kythamaranahalli village. Doddegowda was the village head for his and 10 other neighbouring villages. His was the last word in all these villages. His only worry was that he did not have any children even after 8 years of marriage. He had taken vows to please several gods and finally he was blessed with a son whom he named Ramegowda. Years went by and Ramegowda grew up to be a fine young man. His parents got ready to find a suitable partner for him so he could marry. When he was 16

years old and studying in the 10th standard his parents decided to marry him to a younger cousin of his, Ramakka. She came from a good family, which meant that the alliance was immediately sealed.

This news of the planned marriage reached the local ASHA. She requested Doddegowda and Gowdashyani to postpone/stop the marriage since the girl was very young. However, she was angrily rebuffed by Doddegowda. The ASHA, along with the Anganwadi teacher and other officials, did not want to give up, so they continued to make attempts to convince the parents not to marry the young children. Their pleas fall on deaf ears.

As planned Doddegowda celebrated the marriage of his son and with god's blessings Ramakka became pregnant within 3 months. The ASHA visited their house as soon as she heard about Ramakka's pregnancy to enquire about her wellbeing and give her information. Ramegowda's father, Doddegowda did not think the ASHA had the knowledge to guide his daughter-in-law. So he didn't listen to her and sent her on her way. This happened again during her second visit. After that the ASHA did not visit their house again.

Meanwhile, the Ramakka's parents visited them to take their daughter home for the delivery as is the usual practice. When they arrived Ramegowda's parents told the in-laws that Ramakka is like a daughter to them and that they would like to have her there when she delivers her first child. They mention that there are no amenities in the parent's village. So Doddegowda told the in-laws to go home and he promised to have the delivery done at the village hospital. So the in-laws left Ramakka with her husband's family. Ramegowda is unable to speak in front of his parents, so he sat there as a mute spectator. As the date of delivery drew near there was a discussion regarding the pregnant woman delivering her child at the hospital. Then talk veered to the fact that all the 12 deliveries in the past were conducted by the family mid-wife at their own home and that the mid-wife had proved to be lucky to the family. So Doddegowda and Gowdashyani decided that this delivery would also happen at their home with the assistance of the mid-wife Rangamma.

Ramakka wanted to have a hospital delivery. But what could she do? As her opinionated in-laws wouldn't listen to her parents, she decided to simply trust god and stay silent. Ramakka's pains begin and when the pain became unbearable the family sent for Rangamma, the mid wife. A ghee lamp was lit in front of the family deity and Rangamma assured everyone

that everything was fine. But soon she told everyone that the baby's head was facing the wrong way and this was the first time she had seen this happen. She said she was not capable of helping Ramakka and to take her to the doctor to at least save the life of the mother. After a lot of searching the family located some transport and managed to take the pregnant woman to the hospital. It was 4pm when they finally reached the hospital. The doctor had just left the hospital to catch a bus home. The resident nurse there advised the family to take the pregnant woman to the Taluk hospital. By the time they reached the Taluk hospital it was 7.30 in the evening. The doctor there said that only one life could be saved, either the mother or the child, and the family decided to save the life of the mother.

- Divide the participants into four groups. Ask them to discuss the following questions:
 - What are the 4 major incidents in the story?
 - Have similar incidents taken place in your village?
 - Who plays the main roles in the story?
 - Why did the death happen?
 - Could it have been stopped?
 - At what different times could the baby's death been avoided?
 - Who are the individuals who could have stopped

this death?

- Who took the decision of whether the mother's life should be saved or that of the child? Why?
- What did the mother feel at that juncture?
- Did anyone at that point of time try to understand her feelings?
- What might have been her decision?
- If that child could talk what would it have said?
- Allow 20 minutes for discussion, then ask a representative from each group to take 5 minutes to share the main points of their discussion.
- Encourage other groups to share any other key information.
- Continue with the next 3 groups in the same manner.
- Use the pre prepared chart to highlight the current situation of maternal and child health in India as a whole and in Karnataka State.
- Consolidate the following points:
 - The MMR and IMR in India and in Karnataka State are very high.
 - The reasons behind the high MMR and IMR are linked to negative effects of social practices such as child marriage and gender inequity.



SESSION 3: UNDERSTANDING THE IMPORTANCE OF THE SCM TEAM

Objective

- To help participants understand the need and relevance of the Supportive Community Monitoring SCM Team

Methodology

Storytelling and discussion

Duration

1 hour

Training Materials

Chart paper and marker pens

Tips for facilitators

This session is a critical one as VHSNC Members may have questions about their roles and responsibilities. Even if they are not a member of the smaller SCM Team, all VHSNC Members need to understand their role is significant in improving the delivery and access of the MNCH continuum of care services. If there is any confusion, reassure them that the following sessions will provide clarity about the SCM Team and SCM Tool.

Process

- Tell the participants that in Session 2 they heard a story about the causes of maternal and infant deaths and the seriousness of the issue. Now they need to explore the possible solutions to address the causes.

- Tell them the following story:

A farmer in a village reared a cow and took it to his field every day for grazing. A few months later the cow delivered a calf and so the farmer kept the cow tied in the cowshed and brought grass for it from the field so it could get enough rest. A few days later the farmer wanted to begin taking the cow out to the field so that it could freely graze as much as it needed. When he tried to do so, the cow would take a few steps forward and then come running back to the cowshed. No amount of goading by the farmer and his family members changed the behaviour of the cow.

- Ask the participants why the cow wasn't ready to go to the field.
- Note their responses on a flip chart.

- Continue with the story:

One day when the farmer returned after working in the town, he was pleasantly surprised to see his cow grazing in the field with its calf.

- Ask the participants what might have made the cow decide to return to the field.
- How do they think the calf found its way to the field?
- Note their responses on a flip chart.

- Continue with the story:

The farmer's 8 year old daughter saw that her father was unhappy with the situation so she had devised a plan. She had seen her father milk the cow and leave the milk at the doorstep. So that morning, the girl dipped her little finger in the milk and held it near the calf's mouth. The calf began to suckle at her fingers. The girl continued to do this for a couple of days and the calf became used to this. On the third morning she dipped her fingers in the milk, and started walking to the field, stretching out her fingers to the calf. It soon followed her to the field.

- Ask the participants who the farmer represents in this story.
- Note their responses on a flip chart.
- Highlight any answers that focus on the role of provision of health service, such as a doctor, JHA or the ASHA.

- Tell the participants that in the story the farmer represents the health department, the cow represents the community, the calf represents the VHSNC, the daughter is the SCM Team, the little finger represents the SCM Tool and the field represents the MNCH continuum of care services.
- Discuss these roles in detail with all the participants.
 - What services are extended by the health department to the community?
 - Are community members accessing all these services?
- Tell the participants that even though the health department (the farmer) extends a range of services through the ASHA and JHA, and despite repeated requests by doctors to come to the hospital for a check-up, undergo a HIV test, or take iron tablets, we do not access the services (like the cow).
- Ask the participants to tell you what they know about the VHSNC and its role.

- Note their responses on a flip chart.
- Tell the participants that as VHSNC Members they should come together to discuss any issues at the village level.
- Tell the participants that the SCM Team is a small team within the VHSNC that is assigned to provide support and to monitor the delivery and access of MNCH continuum of care services at the village level. Just like the girl's fingers in the story, the SCM Team has access to a tool to carry out this responsibility in an effective way.
- Consolidate the session:
 - The SCM Team is necessary and relevant.
 - In order to streamline the activities, this smaller team, comprising of 6 members, will be formed within the VHSNC that will take the lead in using the SCM Tool every month.

- club member to stand up and continue to clap with 4 fingers. Then ask a person interested in mother and child health to stand up and continue to clap with 5 fingers. Finally ask the President of the VHSNC to stand up and clap with both hands.
- When all 6 members are now standing up, explain that this 6 member group is called the Supportive Community Monitoring Team (SCM Team). This team will try to strengthen and motivate the remaining VHSNC Members to assess, support and monitor the MNCH service delivery system in the village.
- Ask the SCM Team to brainstorm the roles and responsibilities for its members.
- Note their responses on a flip chart.
- When all points have been noted, share the list below for discussion.
- Tell the participants that in addition to the points listed, the SCM Team will be conducting a monthly assessment and self-reflection exercise using the SCM Tool to understand the status of MNCH service delivery in their village.

- at the hospital by linking the beneficiaries.
- 3. Convey health related information to the community.
- 4. Ensure that the beneficiaries come forward to access the services offered.

Role and responsibilities of the Youth Club Member:

1. Donate blood to pregnant women delivering a child when required.
2. Accompany or send critical patients to the hospital.
3. Help the people understand the importance of maintaining cleanliness in the village.
4. Support actions to prevent child marriages such as informing higher authorities about potential offenders.

Role and responsibilities of the person interested in mother and child health:

1. Inform the community about the advantages of nutritious food.
2. Inform the community about the advantages of health and cleanliness.
3. Support the prevention of child marriage.
4. Keep track of the health status of pregnant women and nursing mothers.
5. Help resolve conflicts and problems within the community around health issues.

Role and responsibilities of the VHSNC President:

1. Ensure that the services due to the community are extended to them.
2. Ensure that cleanliness is maintained in the village.
3. Take preventive steps to stop the spread of contagious diseases.
4. Organize and preside over the monthly VHSNC meetings.
5. Ensure that the VHSNC untied funds are utilized for the benefit of mothers and children.

- Consolidate the session:
 - Participants are aware of the role and responsibilities of the SCM Team.
 - Participants are motivated to work together to improve the MNCH continuum of care services.

SESSION 4: MODALITIES, ROLE AND RESPONSIBILITIES OF THE SCM TEAM

Objective

- To clarify the modalities, role and responsibilities of the SCM Team

Methodology

Rain claps game and discussion



Duration

1 hour

Tips for facilitators

This session is critical in order to help the members understand the vision and purpose of the SCM Team. If they have questions related to how they would carry out their responsibilities, assure them that the next session will clarify that.

Process

- Tell the participants to play the 'rain claps' game.
- Tell each participant to clap with one finger (strike with one finger – index finger of one hand on the palm of other hand).
- Then ask them to use 2, 3, 4 and 5 fingers, and finally use the entire hand to clap.
- Ask the group to explain the difference between clapping with one finger and clapping with the entire hand.
- Note their responses on a flip chart.
- Now ask an ASHA to stand up and to continue to clap with one finger. Next, ask a self-help group (SHG) member to stand up and to continue to clap with 2 fingers. Then ask an SC/ST woman to stand up and to continue to clap with three fingers. Next ask a youth



LIST OF ROLES AND RESPONSIBILITIES OF THE SCM TEAM MEMBERS

Role and responsibilities of the ASHA worker:

1. Extend MNCH services, such as TT injections, iron tablets and vaccines for babies in the community.
2. Provide information regarding critical symptoms during house visits and follow-up with each of the MNCH continuum of care cases, i.e., ANC, Delivery and PNC.
3. Organize the monthly meeting of the VHSNC.

Role and responsibilities of the SHG Member:

1. Create awareness about MNCH services with any pregnant woman, recently delivered and nursing mother living in the same lane or road as the member.
2. Utilize a portion of the VHSNC's untied fund towards improving MNCH services.
3. Take preventive measures against child marriages.
4. Raise a voice against discriminative, ignorant and repressive practices prevalent in the village.

Role and responsibilities of the SC/ST Member:

1. Ensure that the children living in the same lane or road as the member are all vaccinated.
2. Ensure that all child deliveries are conducted

SESSION 5: UNDERSTANDING THE SCM TOOL

Objectives

- To introduce and explain in detail the SCM Tool to all the participants.
- To ensure participants have practical experience in using the SCM Tool and in analyzing its findings.

Methodology

Reading, discussion, group work



Duration
2 hours

Training Materials

Copies of the SCM Tool (Annexure 1), chart paper and markers

Tips for facilitators

Give the participants examples of villages where members of the SCMT have played a very active role in promoting MNCH services. For example ensuring that families listen to the instructions given by an ASHA or that poor pregnant women are taken to institutions for delivery using money from the untied funds to support their transportation costs. The groups may take a while to grasp how to fill in the tool and then how to use it. Be patient and explain again until everyone has thoroughly understood it.



STAGE 1 – IN-DEPTH STUDY OF THE SCM TOOL

Process

- Distribute copies of the SCM Tool to each of the participants (Annexure 1).
- Read and review all the information.
- Ask the participants to share their views about the SCM Tool.
- Note their responses on a flip chart.
- Highlight and discuss the following points:
 - It helps to provide space for VHSNC Members to understand, assess and monitor health situations.
 - It helps to evolve local and joint solutions for MNCH issues and to support efforts of FLWs.
 - It helps to enhance accountability and sustainability of health activities at village level.
- Tell them that the SCM Tool will support them as a team to assess the status of MNCH service delivery and access in their villages.

STAGE 2 – USING THE SCM TOOL

Process

- Divide the participants into four groups. Give them one section of the SCM Tool.
- Ask them to read and discuss their section and answer the following questions:
 - What is the main focus?
 - What are the main points?
 - How will the SCM Team Members gather the required information?
 - How will this information help the SCM Team Members?
- Allow 20 minutes for discussion, then ask a representative from each group to take 5 minutes to share their answers.
- Ask the other groups to share any other key information about that section.

- Continue with the next 3 groups in the same manner.
- Now ask the groups to enact an interaction with individuals as instructed in the SCM Tool. For example:
 - Group 1 needs to carry out discussions with the ASHA in the village and fill in the Tool.
 - Group 2 needs to conduct discussions with AWWs in the village and fill in the Tool.
 - Group 3 needs to have a discussion with the VHSNC Members and fill in the Tool.
 - Group 4 needs to carry out general enquiries and fill in the Tool.
- Make sure that everyone has read and understood the scoring process and the consolidation table and that everyone know how to fill that section in.
- Assist each of the 4 groups to analyze the outcome of the interactions.
- Assist them in scoring the status of the village.
- Tell them that when they do this exercise every month, they will be able to see whether the village is making progress on the tool's indicators, or not. This will help them to know what kind of corrective measure is needed and when to take action.
- Consolidate the session:
 - The SMC Tool is a mirror of the MNCH status of the village. After using the SMC Tool each month, the data can be analyzed to either highlight progress or to note when progress is not being made and additional activities need to be implemented.
 - The SCM Tool is not intended to supervise or identify gaps in service delivery of individual FLWs, but to help the SCM Team and VHSNC Members to understand their village and the issues around MNCH and offer support to the FLWs in carrying out their responsibilities.
 - The SCM Tool is not a stand alone exercise, but a means to carry out a supportive monitoring role focused on MNCH in the village on a regular basis.



SESSION 6: SELECTION OF A SCM TEAM CONVENER

Objective

- To help the participants understand the importance of choosing an effective convener to steer the SCM Team

Methodology

Storytelling and discussion

Duration
45 minutes

Training Materials

Chart paper and markers

Tips for facilitators

Ensure that the participants from each village work together during this session so that they can engage in discussions together and create a common ownership of the intervention.

Process

- Ask the participants to sit with their own SCM Team Members from their own village.
- Share the following story:

Two friends owned a boat. One day they went out fishing and caught a lot of fish. They moored the boat near the dock and took all their catch to the market, sold it, and earned lots of money. Overjoyed by the windfall they decided to go back to fish again to see if they could catch even more fish. When they finally returned to the place where the boat was moored, it was early in the morning, and the sun was just rising. They began to pull in the fish nets from the water, but unfortunately there was not a single fish in the net.

- Ask the participants why the friends could not catch a lot of fish the second time.
- Note their responses on a flip chart.



SESSION 7: RESPONSIBILITIES OF THE SCM TEAM MEMBERS

Objective

- To ensure that SCM Team Members are clear about their responsibilities and are committed to fulfilling them

Methodology

Group discussion

Duration
30 minutes

Training Materials

Chart paper and markers

Tips for facilitators

Make sure that the SCM Team Members are not too ambitious about planning activities. They need to be realistic and practical.



Process

- Ask the participants to sit with their own SCM Team Members from their own village. Give them chart paper and markers.
- Ask each team to discuss what kind of activities they should conduct.
- Allow 20 minutes for discussion and then ask the SCM Team Convener to display their activities in front of the training room and share them.
- In plenary, check which of the activities are feasible or realistic, or not.
- Have each group decide on a list of possible activities in a given timeframe.
- Tell the participants that the main responsibilities of the SCM Team Members are:
 - Conducting the monthly VHSNC and SCM Team meetings
 - Filling the SCM Tool every month and analyzing it to keep track of the village's progress on MNCH issues.
 - Following-up on the necessary measures to put into place based on the gaps identified with the SCM Tool.
 - Taking proactive steps to safeguard the health of the villagers.
 - Participating in the proceedings of the 'Arogya Mantapa'.
 - Being involved in all the health related activities that are implemented by the GoK Department of Health.
 - Offering all needed support to the FLWs.
 - Intervening when families refuse to admit a pregnant woman for institutional delivery.
- Consolidate the session:
 - A SCM Team's role is more supportive in nature.
 - It must not take on roles and responsibilities that duplicate those of the FLWs.



SESSION 8: ELECTING SCM TEAM REPRESENTATIVES AND DEVELOPING AN ACTION PLAN

Objective

- To help the SCM Team Members elect competent representatives and develop a 1 year realistic action plan.

Methodology

Discussion, voting, group work



Duration

1 hour and 15 minutes

Training Materials

Card sheet, chart paper and markers

Tips for facilitators

Ensure that everyone is involved in the selection process and that everyone knows the importance of identifying the right individuals for the SCM Team positions without any bias.



Process

- Ask the participants to sit with their own SCM Team Members from their own village.
- Tell them to democratically select two of their group members to be SCM Team Representatives: one male and one female, but the ASHA is not allowed to be a representative.
- When all groups have elected their new SCM Team Representatives, introduce them in plenary.
- Allow 40 minutes for each team to develop a one year action plan using the format below.
- Ask for both of the newly elected SCM Team Representatives from each group to take 5 minutes to share their action plans.
- Ask the other groups to give comments and suggestions.
- Continue on with the other groups in the same manor.

S.No	Activity	Responsibility and support	Timeline

- Consolidate the session:
 - When choosing a SCM Representative, priority should be given to creative individuals and those with leadership traits.
 - Action plans must be based on facts and with a realistic timeline.



SESSION 9: QUIZ AND TRAINING EVALUATION AND FEEDBACK



Objectives

- To assess what affect the module had on the participants’ attitudes, knowledge and practice levels.
- To obtain feedback from the participants on the usefulness of the training and suggestions for enhancing future effectiveness.

Methodology

Quiz and reflection

Duration

30 minutes

Training Materials

Quiz (Annexure 2), training evaluation and feedback form

Tips for facilitators

The training evaluation and feedback form will assess what affect the module had on the participants’ attitudes, knowledge and practice levels and obtain feedback on the usefulness of the training and suggestions for enhancing future effectiveness.

Process

- Ask the participants to sit with their own SCM Team Members from their own village.
- Tell them that you will read out a question and if any one of the SCM Team Members from any group knows the answer they should shout it out. If correct, that team gets a point.
- The team with the most points wins the quiz.
- Ask the winning team to all stand up and be congratulated!
- Distribute the training evaluation and feedback form. Go over all the areas that the participants will need to think about while filling it in.
- Allow 20 minutes to complete it.
- Collect the training evaluation and feedback forms from the participants.
- Before the closing ceremony begins, ask the participants to share their feelings about the training: encourage anyone who is keen to orally share two positive aspects and two areas that need improvement.
- At the closing ceremony thank all the participants for their enthusiastic participation, congratulate them and wish them the best as they go back to their own field areas and begin to initiate the intervention on ground.
- Thank everyone else who contributed to the training program. This might have included administrative staff, venue owners, facilitators, guest speakers and the organizers.

TRAINING EVALUATION AND FEEDBACK FORM:

KARNATAKA HEALTH PROMOTION TRUST
Training Evaluation and Feedback Form

Name: _____ Designation: _____ Place of training: _____
Training dates: _____ Name of the PHC: _____

S.No.	Subject	Excellent	Good	Poor
1	Training content and sessions			
2	Training methodology and activities used			
3	Training skills of the facilitators			
4	Logistics at the training (Food, stay and comfort)			
5	Relevance and usefulness of training			

List the three aspects of the training that you found most useful.
1.
2.
3.

Name any session during the training that you did not understand properly/ or that was not communicated well.
1.
2.
3.

What are the three most important lessons that you can take back to your work place from this training?
1.
2.
3.

Please list suggestions for improved facilitation in future trainings.
1.
2.
3.

ANNEXURE 1 - SCM Tool

Project Sukshema

Department of Health, Government of Karnataka

National Rural Health Mission



COMMUNITY SUPPORT MONITORING TOOL

Name of the village		Village code	
Name of sub-center		Sub-center code	
Name of the Primary Health Center		PHC code	
Taluk		District	

NAMES OF THE MEMBERS OF THE SUPPORTIVE COMMUNITY MONITORING COMMITTEE

1	2	3
4	5	

STEPS TO FIND OUT THE PERCENTAGE (%) FOR EACH INDICATOR

- For every indicator there will be a target and achievement, for the month.
- Target indicates the number of women to be given service for each ASHA area.
- Achievement indicates the number given service for each ASHA area.
- Look up for the target and achievement in the abstract for ASHAs in ETT abstract.
- Each ASHA tells her Achievement and Target for her area.
- Add up the target and achievement for all ASHAs under that VHSNC.
- For example, there are four ASHAS under one VHSNC. Then target for that VHSNC= Targets of ASHA 1 + ASHA 2 + ASHA3 + ASHA4 . similarly Achievement for that VHSNC= Achievements of A1 + A2+ A3 + A4.
- Divide the achievement by target, and multiply quotient by 100. (A/Tx100). This gives the % for each indicator.
- If the achievement is 75% and above mark a 'happy face', if less than 75% mark 'sad face'
- There are certain indicators for which the answer could be 'yes' or 'no'. In such cases mark 'happy face' for 'yes' and 'sad face' for 'no'.
- In the last section of the tool "Significant Issues" if the answer is 'no' mark 'happy face' and if it is 'yes' mark 'sad face'

PROCESS GUIDELINES FOR THE SUPPORTIVE COMMUNITY MONITORING TOOL

1. Constitution of the Committee - There will be 5 members nominated from the VHSNC

- Chairperson of the VHSNC – Member of the Gram Panchayath of that village, who will preside over all meetings
- ASHA – Member Secretary
- Woman representative of the SC/ST community
- Member of the Self Help Group
- Member of Youth Group

2. There are four sections in this tool

- Mother and child health
- Anganwadi Services
- VHSNC
- Other significant issues of the village

3. Process

























- The Committee will monitor the issues in two groups of 3 and 2 members each. One group will meet up with the ASHAs of the village and discuss about the ANC and PNC services rendered by them.
- The other group will discuss with anganwadi workers about the services provided by them such as nutrition, health education, mothers meeting, village health and nutrition days.

- Based on the discussions the tool will be filled by each group respectively and the consolidation done.
- The challenges or problems that emerge from the discussion are classified under 3 categories – a. Family based b. Social practices c. Systemic inadequacies
- Each group, based on the problems or challenges and the reasons identified, will work out strategies and action to be taken to address them.
- All 5 members of the SCMC will present their discussion and feedback to the VHSNC, and also discuss with the members on the village health issues and the support given to the front line health workers.
- The VHSNC will also discuss other significant issues such as child marriage, death of child/mother or community member etc.
- The outputs of the discussion of the two groups and the VHSNC are consolidated to arrive at the health status of the village for the particular month.

The decisions taken and recommendations in the VHSNC are presented at 3 levels –, at Sub-center level, Panchayath and PHC and also for follow-up action.



Sl.No	SERVICE RELATED TO PREGNANT WOMEN, JUST DELIVERED MOTHERS AND NEO-NATAL CHILDREN (This is to be filled based on consolidation of the target and achievement abstract of ASHAs of the village. If the achievement is above 75% of the target then mark the 'happy face', and if less mark the 'unhappy face' for each indicator as explained in the previous session.		
-------	--	--	--

1		% of pregnant women registered	 
2		% of pregnant women received TT	 
3		% of pregnant women received IFA	 
4		% of pregnant women received ANC services	 
5		% of institutional deliveries	 
6		% of PNC visits (completed)	 
7		% of children immunizations (% of children immunized 0-11 months)	 
8		% of married women practicing family planning	 

Please count the total number of happy and unhappy faces and fill in each box




















PROBLEMS / CHALLENGES/ REASONS

DECISIONS TAKEN BASED ON THE DISCUSSIONS WITH ASHAS

Sl. No	DETAILS OF THE ANGANAWADI SERVICES Please fill in this page of the tool based on the discussions with Anganwadi workers of the village Source : Anganwadi Registers and Abstract of the ASHAs. Please mark the 'happy face' if the answer is 'yes' or % is above 75%		Grade
--------	--	--	-------

1		% of mothers' monthly meetings	 
2		Is the Village Health and Nutrition day observed in the month?	 
3		% of pregnant and delivered mothers received nutritious food	 
4		% of children under 3 yrs weighed	 
5		% of malnourished children under 3 yrs who received nutritious food	 

Please count the total number of happy and unhappy faces and fill in each box

















PROBLEMS / CHALLENGES/ REASONS







DECISIONS TAKEN BASED ON THE DISCUSSIONS WITH ASHAS

Sl.
No

INFORMATION ON VHSNCs PERFORMANCE

Please fill in this page based on the discussions with VHSNC members
Please mark the 'happy face' if the answer is 'yes' or else 'unhappy face', or % is above 75%
The number of ASHAs and AWWs together should be added and % collected

1		Testing and purification of the safe drinking water sources	 
2		% of ASHAs and AWWs functioning in the village?	 
3		% of ANM visits to the village	 
4		Have the immunization programs been organized regularly?	 

5		Have the pregnant women and delivered mothers been given any support by VHSNC (nutritional, monetary for medicine or vehicle support) or has the VHSNCs supported FLHWs?	 
6		Is the fogging done regularly to control mosquito	 

Please count the total number of happy and unhappy faces and fill in each box














PROBLEMS / CHALLENGES/ REASONS







DECISIONS TAKEN BASED ON THE DISCUSSIONS WITH ASHAS

Sl.
No

SIGNIFICANT INFORMATION

Please fill in this page based on the discussions with VHSNC members
Please mark the 'happy face' if the answer is 'yes' or else 'unhappy face'.

1		Has there been any child marriage in the village?	 
2		Has any child less than 1 yr / recently delivered mother fallen sick and hospitalized seriously?	 
3		Has there been any death of a child below one year?	 

4		Has there been death of a recently delivered mother reported in the village?	 
5		Has there been any death in the community reported, for any other reasons?	 

Please count the total number of happy and unhappy faces and fill in each box





PROBLEMS / CHALLENGES/ REASONS

DECISIONS TAKEN BASED ON THE DISCUSSIONS WITH ASHAS

ANALYSIS OF ALL THE SERVICES IN THE VILLAGE

ASHA Services rendered to mother and child





AWWs services

































































VHSNCs performance













































































Sl. No	MONTHLY CONSOLIDATIONS	
There are 24 questions in the tool. Add up the number of 'happy faces' and the number of 'sad faces' for all the 3 services.		
1	If the number of 'happy faces' exceeds 18, then mark 'happy face' for that month,	
2	'Happy faces' are between 12-18, then mark the 'poker face'	
3	'Happy faces' less than 12 then mark 'sad face'	
Consolidated village health status for the month		  



















Consolidation for the year

	Section	January	February	March	April	May	June
1	ASHA Services	  	  	  	  	  	  
2	ANGANAVADI Services	  	  	  	  	  	  
3	VHSNC Performance	  	  	  	  	  	  

	Section	July	August	September	October	November	December
1	ASHA Services	  	  	  	  	  	  
2	ANGANAVADI Services	  	  	  	  	  	  
3	VHSNC Performance	  	  	  	  	  	  

Consolidation for the year

	Section	January	February	March	April	May	June
	Health status of VHSNC	  	  	  	  	  	  

	Section	July	August	September	October	November	December
	Health status of VHSNC	  	  	  	  	  	  

ANNEXURE 2 - Quiz questions for Session 9

1. How many members make up the SCM Team?
2. From which committee have the SCM Team Members been chosen?
3. Who are the 6 SCM Team Members?
4. Who is the secretary of VHSNC?
5. Who selects the ASHA?
6. What do we mean by maternal mortality?
7. What do we mean by child mortality?
8. Who is the president of the VHSNC?
9. What do we mean by a happy face?
10. How much funds does the NRHM transfer to the VHSNC?
11. How many fatal diseases attack children? Which are they?
12. Which is the legally marriageable age specified by the government?
13. In SCM Tool specify the one criterion that if it is classified as a weepy face then the entire village is classified as a weepy face village?
14. Who are all responsible for health care?
15. In the Kyathamaranahalli story what character dies?
16. How much does the doll cost which listens through its ears and speaks through its mouth?
17. What does “Our village healthy village” mean?
18. What does “NRHM” mean?
19. Which is more, 1 kg of iron or 1 kg of cotton?
20. Our district should be rid of -----and -----deaths
21. Describe the SCM Tool.
22. What is the color of the new born smiling teeth?
23. What do you mean by ASHA?
24. What is the total number of checkups for a pregnant woman?
25. What are the symptoms that indicate that a pregnant woman is in a serious condition?
26. How many times does an ASHA visit a woman who has delivered a baby? Give the days on which she visits?
27. What is the frequency of VHSNC meetings?
28. In how many districts is VHSNC present?
29. How many members make up the VHSNC?
30. Which are the tablets that a pregnant woman must take? How many?



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