27.3.97

Target Free Approach Orientation

A Facilitators' Guide

State Innovations in Family Planning Services Project Agency, Lucknow

Directorate of Family Welfare, Government of Uttar Pradesh

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Acknowledgements

This document was developed by Dr. Saramma Thomas Mathai, Consultant and Mr.John.M. Pile, Country Director, AVSC International in collaboration with Dr. P.L.Joshi, Regional Director, Ministry of Health and Family Welfare, Government of India.

The material was pre-tested by the following while conducting an orientation in the use of the guide at the divisional level:

(to be completed)

Introduction to the Facilitator's Guide

In April 1996 the Government of India (GOI) inaugurated the Target Free Approach to Family Welfare and introduced the Reproductive and Child Health Programme. Under this new approach centrally determined targets are no longer the driving force behind the programme. Rather, the demand of the community for quality services will guide the programme.

This guide has been developed to assist the facilitators to orient health functionaries at the district and block levels of Uttar Pradesh to the Target Free Approach (TFA) . The guide is a part of a package which includes the *Target Free Approach Manual for Health Workers (F) and Health Assistants (F),* Government of Uttar Pradesh [Hindi], *Target Free Approach Manual for Medical Officers (MO),* Government of Uttar Pradesh [Hindi] and *Manual on Decentralised Participatory Planning in Family Welfare Programme* [GOI: English]. Following the steps outlined in the guide facilitators can ensure that standard information is being provided to health providers throughout the state.

The guide follows the agenda for the district and block level orientations. It consists of 17 sessions. Each session consists of *importance of the topic covered, objectives of the session, method of orientation, materials for orientation and guidelines for facilitators*. The *guidelines for facilitators* include a description of activities to be carried out during the sessions and evaluation methods.

A set of *review questions* and *references* are included at the end of each session.

A complete set of *orientation materials for each session* is provided at the end of session.

Note to facilitators

The facilitators should work as a **team** for the effective management of the sessions. All the team members should be **present for all the sessions** and not just for the sessions they are responsible for. While one of the members is presenting, the others should help with the charts or transparencies where applicable. The other team members should also complement and supplement during the presentations.

Throughout the guide reference is made to transparencies. If an overhead projector is not available, the information to appear on the transparencies can be displayed on flip charts.

District Level TFA Orientation

Day 1

10:00-10.10	Session 1	Welcoming	Welcome participants, present goal of Target Free Approach (TFA)
10.10-10.30	Session 2	Pre-test	Describe pre-test, distribute and complete
10.30- 11.30	Session 3	Introduction to Target Free Approach: Why the change	Why the shift to TFA, focus of the TFA
11.30- 12.30	Session 4	New Focus of the FW Programme	RCH and its components, emphasis on clients, pre-requisites for TFA
12.30-1.00	Session 4 (contd)	Focus Group Discussions	6-7 small groups to identify what problems there will be in shifting to TFA
1.00-1.30	Lunch		
1.30-2.20	Session 4 (contd)	Presentation and Discussion	Each group to present highlights of their discussions for 5 minutes. 15 minutes for discussion by whole group
2.20-3.20	Session 5	Improving Quality of Care	What does quality mean to you? Components of quality of care
3.20-4.20	Session 6	Expected Outcomes of Target Free Family Welfare Programme	Coverage of specific population groups with all relevant services, individual worksheets to identify what is possible and presentation by few individuals, discussion on improving coverage
4.20-5.20	Session 7	Training	Training to improve quality of care, identification of training needs
5.20-5.30	Session 8	End of the Day Review	Review of the day's sessions

District Level TFA Orientation

Day 2

9:30-10.30	Session 9	Information, Education and Communication (IEC)	Definition of IEC, IEC and quality of care
10.30-11.30	Session 10	Preparation of Subcentre Action plan and PHC Action plan and Alternate Strategic Initiatives to meet the demands of the population	Classification of activities to be carried out, estimation of needs, felt need, alternate strategies
11.30-12.30	Session 11	Monitoring and Evaluation	Definition of monitoring and evaluation, monitoring and quality of care, instruments for monitoring, subcentre evaluation indicators
12.30-1.30	Session 12	Introduction to Forms at Block Level: Forms filled by HW(F)	Explain form 2, do an exercise with the group to fill form 2 and 4
1.30-2.00	Lunch		
2.00-2.30	Session 12 (contd)	Introduction to Forms to be filled by other functionaries at the block level	Explain in detail forms for supervision
2.30-4.00	Session 12 (contd)	Introduction to Forms to be filled by the district level officers	Explain forms to be filled by MOs, Nurse mid-wives, CHC/PPC/FRU staff, Supervisors of HAs(F&M), BEE and MOs, Nurse-midwives and FRU staff
4.00-4.30	Session 13	Post-test	Session 17 in the facilitators' guide. Describe post-test, distribute and complete
4.30-5.00	Session 14	Wrap-up	Section 18 in the facilitators' guide.Feed-back on the orientation programme

Block Level TFA Orientation

Day 2

9:30-10.30	Session 9	Information, Education and Communication (IEC)	Definition of IEC, IEC and quality of care
10.30-11.30	Session 10	Preparation of Subcentre Action plan and Alternate Strategic Initiatives to meet the demands of the population	Classification of activities to be carried out, estimation of needs, felt need, alternate strategies
11.30-12.30	Session 11	Monitoring and Evaluation	Definition of monitoring and evaluation, monitoring and quality of care, instruments for monitoring, subcentre evaluation indicators
12.30-1.30	Session 12	Introduction to Form 2 and 4	Explain form 2, do an exercise with the group to fill form 2 and 4
1.30-2.00	Lunch		
2.00-2.30	Session 12 (contd)	Introduction to Forms to be filled by other functionaries	Explain in detail forms for supervision
2.30-3.45	Session 13	Practice Sessions in filling forms	Divide into 6-7 small groups with each group consisting of HAs(F&M) and HWs(F&M). All groups to do exercise 1. Assemble after an hour to discuss problems and to clarify doubts
3.45-5.00	Session 13 (contd)	Practice Session (contd)	Divide into 4 groups: HWs(F) (2groups), HWs(M), HA(F), HA(M) &BEE (1 group). Individual exercises: category -specific
5.00-5.15	Session 14	End of the Day Review	Reviews the day's sessions Same as session 8.

Block Level TFA Orientation

Day 1

10:00-10.10	Session 1	Welcoming	Welcome participants, present goal of Target Free Approach (TFA)
10.10-10.30	Session 2	Pre-test	Describe pre-test, distribute and complete
10.30- 11.30	Session 3	Introduction to Target Free Approach: Why the change	Why the shift to TFA, focus of the TFA
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5.20-5.30	Session 8	End of the Day Review	Review of the day's sessions

Block Level TFA Orientation

Day 3

9:30-10.30	Session 13 (contd)	Practice Session (contd)	Groups continue with their exercises
10.30-11.30	Session 13 (contd)	Discussion on the exercises and problems	Groups assemble, discuss exercises 2- 11
11.30-12.30	Session 15	Orientation of Village Level Functionaries	Discuss TFA and RCH with village level functionaries
12.30-1.30	Session 15 (contd)	Organisation of a Community Planning Session	Demonstrate through a role play how to conduct a planning session, return demonstration by a HW(F)
1.30-2.00	Lunch		
2.00-2.30	Session 16	Post-test	Describe post-test, distribute and complete
2.30-300	Session 17	Wrap-up	Feed-back on the orientation programme

Session 1: Goal of Target Free Approach Orientation

Objectives:

At the end of the session, the participants should be able to:

◊ Explain the purpose of the orienation.

Orientation methods:

Presentation

Orientation materials:

Transparency on : 1.1 Goals of Target Free Approach Orientation

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time : 10 minutes

⇒ Welcome participants.

⇒ Present the objectives of the session to the group (Transparency 1.1).

Evaluation of the session:

None.

Transparency

Transparency 1.1

Goal of Target Free Approach Orientation

◊ to create awareness among the health service providers at the district and block levels about the shift of focus from centrally determined targets to locally determined needs in consultation with the community

◊ to impress upon health service providers to the importance of quality of care services provided at the community level and to provide guidance on decentralized planning at the level of the Subcentre

◊ to improve the quality of care and monitor the improvements in the quality of care

Session 2: Pretest questionnaire

Objective:

The objective of the pre-test is:

◊ to collect baseline information on current awareness/knowledge of TFA and RCH

Methods:

Self-administered test.

Materials:

Pretest Questionnaire

Analysis sheets

Guidelines to facilitators:

Total time allotted for this activity is 20 minutes.

Discuss each question and explain how the answers should be written. Particular attention should be given to the Question 4 (True/False) and Question 6 (Expected Outcomes of TFA).

At the end of day one, the facilitators should tabulate the close ended questions in the pretest and record the information on the summary analysis sheets.

A suggested format for analysis is given at the end of the session on page 18.

RCH/TFA Orientations at Block/District Level
Pre- Test Questionnaire

Designation:_____

1. Have you heard the following "terms" in the past year? (√ "Yes" or "No")

Target Free Approach (TFA)	☐ Yes	☐ No
Decentralized Planning	☐ Yes	☐ No
Reproductive and Child Health Services (RCH)	☐ Yes	☐ No
Felt Need	☐ Yes	☐ No
Community Participation	☐ Yes	☐ No
Supportive Supervision	☐ Yes	☐ No
Client-centered services	☐ Yes	☐ No

2. What have you heard about the following? (open ended question)

Target Free Approach (TFA)?

Decentralized Planning?

Reproductive and Child Health Services (RCH)?

Felt Need?

Community Participation?

Supportive Supervision?

Client-centred services?

3. Which of the following are components of RCH? (√ all that apply)

☐ Family Planning ☐ Prevention of RTI/STD and AIDS

☐ CSSM ☐ Client approach to providing FW & Health Care services

4. Some of the following statements are true, others are incorrect. √ "true" or "false". For example:

√ True ☐ False The Target Free Approach is a client centered approach.

Under the Target Free Approach:

☐ True ☐ False CMO will estimate service demand for your center.

☐ True ☐ False The Eligible Couple Register will be abolished.

☐ True ☐ False Only male health workers will be responsible for motivating vasectomy and condom acceptors.

☐ True ☐ False The Quality of services is more important than the level of coverage.

5. Which of the following steps improve quality of care? (√ all that apply)

☐ counselling

☐ talking only about the benefits of contraceptives

☐ follow-up

☐ technical competence of providers

☐ advising a woman about contraceptives in front of others

6. There are 14 expected outcomes of TFA. For example, under antenatal care, universal TT vaccination of pregnant women is an expected outcome. List one outcomes for each of the following areas:

   Delivery care:

   Child health:

   Family Planning:

   RTIs/STDs:

7. Under the TFA Approach who calculates/determines need for FP at community level? (√ all that apply)

   ☐ Subcentre ANM

   ☐ PHC MO

   ☐ CMO

   ☐ All the above

8. Which of the following will be used to monitor the quality of care provided by the worker? (√ all that apply)

   ☐ Facility checklist.

   ☐ Monthly activity report.

   ☐ Observation on skills and practices.

   ☐ Number of acceptors of services.

   ☐ Knowledge and opinion of community.

Analysis of Pre- Test Responses

Instructions for analysis

- Only the close ended questions are included in the analysis.
- Analysis should be done separately for each category of worker
- Follow the instructions for scoring that are given below with each question. The responses should be tallied by hand on a blank questionnaire as shown below:

  For example, if the correct response is FP, then all the correct answers should be tallied as shown below.

  FP - ~~1111~~ ~~1111~~

Designation:_____

1. Have you heard the following "terms" in the past year? (√ "Yes" or "No")

Tally only the 'yes' responses.

Target Free Approach (TFA)	☐ Yes	☐ No
Decentralized Planning	☐ Yes	☐ No
Reproductive and Child Health Services (RCH)	☐ Yes	☐ No
Felt Need	☐ Yes	☐ No
Community Participation	☐ Yes	☐ No
Supportive Supervision	☐ Yes	☐ No
Client-centered services	☐ Yes	☐ No

2. What have you heard about the following? (open ended question)

(To be analysed separately)

Target Free Approach (TFA)?

Decentralized Planning?

Reproductive and Child Health Services (RCH)?

Felt Need?

Community Participation?

Supportive Supervision?

Client-centered services?

3. Which of the following are components of RCH? (√ all that apply)

Mark correct if all are ticked

√ Family Planning √ Prevention of RTI/STD and AIDS

√ CSSM √ Client approach to providing FW & Health Care services

4. Some of the following statements are true, others are incorrect. √ "true" or "false". For example:

√ True ☐ False The Target Free Approach is a client centered approach.

Under the Target Free Approach:

Tally only the answers that are marked <u>correct</u>

☐ True √ False CMO will estimate service demand for your centre.

☐ True √ False The Eligible Couple Register will be abolished.

☐ True √ False <u>Only</u> male health workers will be responsible for motivating vasectomy and condom acceptors.

√ True ☐ False The Quality of services is more important than the level of coverage.

5. Which of the following steps improve quality of care?

Tally only the answers that are marked <u>correct</u>

√ counselling

☐ talking only about the benefits of contraceptives

√ follow-up

√ technical competence of providers

☐ advising a woman about contraceptives in front of others

6. There are 14 expected outcome of TFA. For example, under antenatal care, universal TT vaccination of pregnant women is an expected outcome. List one outcomes for each of the following areas:

(To be analysed separately)

Delivery care:

Child health:

Family Planning:

RTIs/STDs:

7. Under the TFA Approach who calculates/determines need for FP at community level? (√ all that apply)

Tally only the answer that is marked <u>correct</u>

√ Subcentre ANM

☐ PHC MO

☐ CMO

☐ All the above

8. Which of the following will be used to monitor the quality of care provided by the worker? (√ all that apply)

Tally only the answers that are marked <u>correct</u>

√ Facility checklist.

√ Monthly activity report.

√ Observation on skills and practices.

☐ Number of acceptors of services.

√ Knowledge and opinion of community.

Session 3: Introduction to Target Free Approach: Why the Change

Importance of the session:

This session lays the foundation for orienting health functionaries to the Target Free Approach (TFA). The health service providers, particularly the Health Workers (Female) [HW(F)], understanding the principles of TFA is key to improving the quality of services at the community level and thereby improving the health and survival and decrease in fertility of the community.

Objectives:

At the end of the session, the participants should be able to:

◊ List the principles of Target Free Approach (TFA)

◊ Explain the difference and similarity between the TFA and the earlier approach to FP

Orientation methods:

Discussion and presentation

Orientation materials:

Transparencies on :
- 3.1 Birth Rate and CPR for U.P.
- 3.2 Problems with Target Centred Approach
- 3.3 Principles of TFA, Decentralised planning, Community Participation

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time : 60 minutes for discussion

⇒ Present the objectives of the session to the group.

⇒ Present the Birth Rate and Couple Protection Rate of Uttar Pradesh (U.P.) for the last five years (Transparency 3.1) which shows that inspite of the couple protection rate increasing over the years, the birth rate has not decreased. Ask the participants views on why the birth rate has not come down in U.P. List the answers on the flip chart. Summarise the points. Present Transparency 3.2 and compare with the answers on the flip chart.

Tell the group about the initiatives taken by the government over the years to overcome this problem. Examples inlude dropping incentives for IUD acceptors, dropping centrally decided targets for Kerala and Tamil Nadu and encouraging states to start incentives for quality services.

⇒ Now ask the group what their concept of TFA is. List the answers on the flip chart. List the key themes under TFA using Transparency 3.3. Explain the terms TFA, decentralised planning and community participation.

Tell the group that although under TFA no targets are given by the government, it is expected that the workers will cover the needy population with specific services. The difference under TFA is that :

> the population coverage with services is not limited to specific services/FP methods which are the targets (for example: the focus is on coverage with all FP methods and not with a specific method such as sterilisation)

Ask the group to tell you who decides the service requirements at the sub-centre level. It is important to ensure that the group understands that the HWs at the sub centre level determines the need for the population in the geographical area covered by them. **Tell them the sub-centre action plan is the foundation for all the action plans** at the Primary Health Centre (PHC), District level and State level and therefore it is important to ensure that the foundation is strong.

Ask the group to tell you how they would ensure community participation. Stress the importance of community participation not only in identifying felt needs, but also in helping to make sure that good quality services are available at the community level .

⇒ Tell the group that monitoring and evaluation are two important activities under TFA. Ask the group how their supervisors evaluate their work. **Tell them under TFA, the health workers have to achieve a certain level of coverage with services based on the felt need of the area, but their work will be assessed using achievement of indicators of quality.** Use the example of antenatal registration where the estimated norm is 100 % registration of pregnant mothers (which is to be achieved over a period of time). The work of the HW(F) will be assessed using the quality indicator which is percentage registered before 16 weeks and not by the achievement in percentage registered. Tell them that coverage of the population is important for eradicating certain diseases, for example: for polio to be eradicated all the children in the community have

to be immunised. Also tell them the monthly evaluation of PHCs by districts and quarterly assessment of districts by state will be done under TFA..

⇒ Tell the group that there will be minimum changes in the records maintained by the HWs(F). Stress the importance of Eligible Couple Register (ECR) under the TFA.

***Evaluation of the session*:**

Use these review questions to evaluate the session. Explain the points that are not clear.

Review questions:

- What is TFA?
- What is decentralised planning?
- Who plans services under TFA?
- What is community participation?
- How are workers evaluated under TFA?
- Is ECR important under TFA?

***Reference material*:**

GOUP; Target Free Approach Manual for HWs(F) and HAs(F). Section 1

GOUP: Target Free Approach Manual for MOs.

Transparencies

Comments - Transparency

1 CBR is increasing but BR is ↓

	CPR	BR
1994	37-4	35·6 %
1990	33·8	35·4 %
	3·6 %	00·2

GOI conducted the survey.
NFHS CPR is 22%.

Why - because Awareness ↑

Transparency 3.1

Crude Birth Rate and Couple Protection Rate of UP for the years 1990 -1996 - UP.

As on march.

YEAR	CPR	CBR
1990	33.8%	35.6%
1991	34.5%	35.7%
1992	34.5%	36.3%
1993	36.3%	36.2%
1994	37.4%	35.4%
1995	40.6%	-
1996	40.7%	-

Source CBR & SRS.

Problems with target centred approach

- The number of couples protected with contraceptives has increased but the birth rate has not decreased
- As per National Family Health Survey, the number of couples protected with contraceptives is much lower than those reported by the state government
- Poor quality services
- The achievements in FP coverage is disproportionately large in the last three months of the financial year

Source: Section 1 of TFA manual, GOUP

Transparency 3.3

TFA

- No targets
- Coverage of specific population with services
- Quality of services important

Decentralised Planning

- Area specific planning

Situation till now:

State
↓
District
↓
PHC
↓
SC

Under TFA

SC
↓
PHC
↓
District
↓
State

Community Participation

Involvement of the community in :

- **planning services**
- **identifying felt needs**
- **assisting in meeting unmet needs**
- **monitoring and**
- **evaluating the health system**

Session 4: New Focus of the Family Welfare Programme

Importance of the session:

This session introduces the themes of *i*) an integrated approach to family welfare services, *ii*) client centred services and *iii*) male participation. The focus is on a change of attitude by health service provider - providing holistic care to a client rather than just meeting the immediate need of the client, listening to the client and to providing good quality of services.

Objectives:

At the end of the session, the participants should be able to:

- ◊ List the components of Reproductive and Child Health
- ◊ List the changes in focus about clients
- ◊ List the importance of male participation
- ◊ List the services provided under TFA
- ◊ List the activities to be carried out at subcentres and PHCs
- ◊ List the points to be ensured while conducting outreach clinics
- ◊ List the pre-requisites for TFA
- ◊ Identify problems implementing TFA in their village, block or district

Orientation methods:

Discussion, presentation and Focus Group Discussions

Orientation materials:

Transparencies on:

4.1 Components of RCH
4.2 Focus on Clients
4.3 Services Provided under TFA
4.4 Activities to be carried out under TFA
4.5 Activities to be ensured in outreach clinics
4.6 Pre-requisites for TFA

Guidelines for Focus Group Discussions
Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes and 80 minutes for group work and presentation

⇒ Present the objectives of the session.

⇒ Present the transparency on components of RCH (Transparency 4.1). Emphasise the point that the only new service is Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs). Explain how these services are inter-related. For example: the best intervention to prevent maternal mortality is preventing a pregnancy through the use of a contraceptive. Contraceptive use ensures spacing of births which has a positive impact on mothers' and child's health. RTIs/STDs cause infertility and during pregnancy can cause abortions, still births or congenital abnormalities. Treatment of RTIs/STDs can prevent these problems. Similarly through better CSSM interventions, survival of children motivates couples to limit their families. **Emphasise that all the services are client centred.**

⇒ Use the example of a client who has come to the sub-centre for FP services and was convinced to accept a Cu-T. The woman came back a week later for removal of Cu-T because she was having pain in the lower abdomen. Ask the group to tell you whether the client's needs were ever considered or was she forced to take what the worker thought was the best for her. Ask them whether they think the situation described above could have been avoided and how. Stress the importance of focusing on the client's needs and how such an approach will ensure that the client is satisfied with the provider as well as with the method. The likelihood of discontinuation is less as the client is totally involved in the decision making. Emphasise the terms : client centred and demand driven using the transparency 4.2.

⇒ Ask the group whether they see a role for males in reproductive health. Ask them what do they see as the male involvement. Specifically ask the HWs(M) how they can contribute to increasing male involvement. Emphasise use of contraception and prevention and treatment of RTIs/STDs including HIV. Emphasise the importance of male involvement using the example of a two wheeler- one wheel representing a man and the other a woman and how both wheels are required to run the vehicle.

⇒ Now present the transparency showing services under TFA (Transparency 4.3). The objective is to make them understand that under TFA all the services are the same except services for RTIs/STDs. Go over each of the services in the list and find out whether they are providing these services. If not, find out the reason for the same. Though most of the services listed are related to HWs(F), it is important to ensure that the HWs(M) are also asked to identify the services they provide.

⇒ Present the transparency showing all the activities to be carried out at the subcentres (Transparency 4.4). Find out if it is possible to carry out all the activities. If not, find out the reason.

⇒ Discuss what is the current practice for holding outreach clinics under the Universal Immunization Programme (UIP). Ask them to list the arrangements they make. Show the transparency and summarise the important points (Transparency 4.5). Emphasise that this opportunity must be used to update records.

⇒ Present the transparency on pre-requisites for TFA (Transparency 4.6). Ask the group whether the points mentioned have been implemented in their districts. Emphasise the importance of sub-centre action plan which is based on the importance of the need of the population.

⇒ Break the group into 6-7 smaller groups. **It is preferable to have a separate group for HWs(F) so that they are not inhibited by the presence of their supervisors.** Conduct a focus group discussion using the guidelines given. Assemble the group after 30 minutes. Each group should summarise the findings and present it to the whole group (5 minutes for each group). Hold discussions on the findings for 15 minutes.

Evaluation of the session:

Use the review questions to evaluate the session. Explain the points that are not clear.

Review questions

- What are the components of RCH?
- What is the change in focus on clients under TFA?
- Why is male participation important in RCH?
- List the services to be provided under maternal care.
- List the activities to be carried under prophylactic services.
- List the activities to be carried out at the subcentre level.
- What arrangements should be made for conducting an outreach clinic?

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F). Section 2,3 and 4

GOUP: Target Free Approach Manual for MOs

Guidelines for focus group discussions

The objective of this session is to find out from the health workers :

- ◊ Whether under the TFA they perceive any difference in their working
- ◊ What they perceive are the barriers to implementing the TFA.

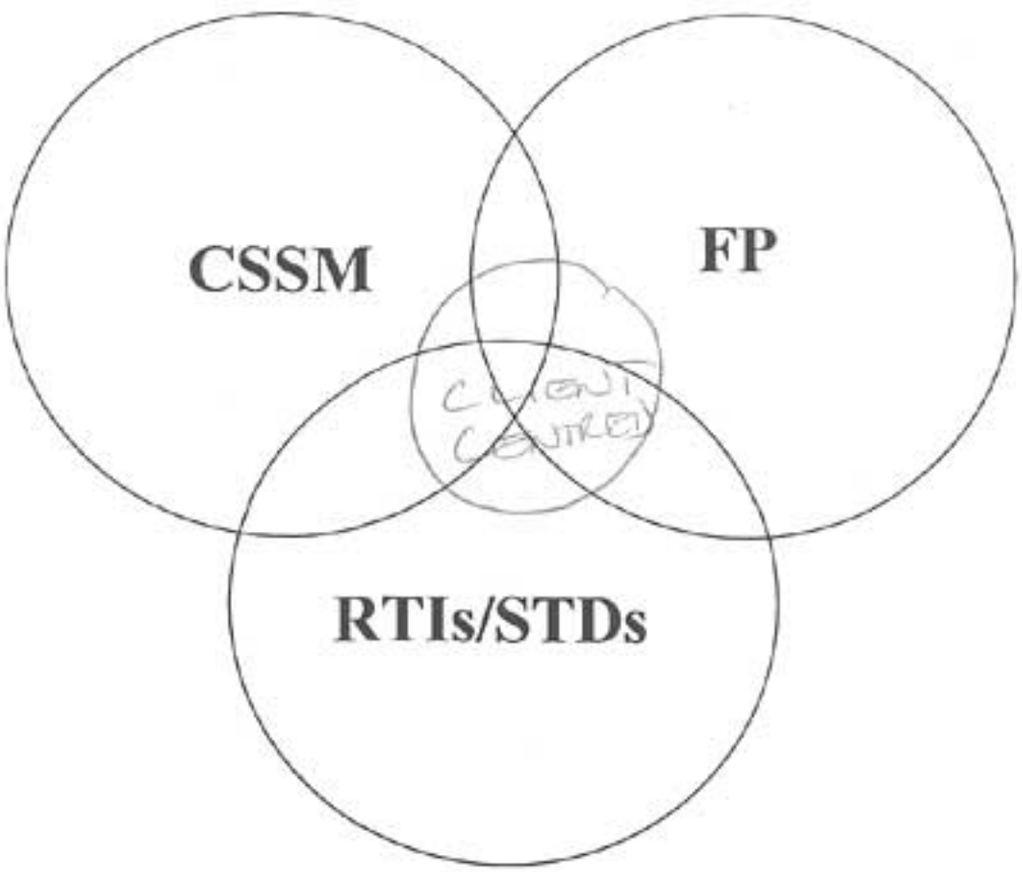
It will be ideal to make the group sit in a circle so that everyone is encouraged to participate. It is important to ensure that everyone participates. Facilitators must ensure that no single person monopolises the situation.

- Now that we have discussed TFA, what do you think is different from what you are doing now?
- Do you think it is possible for you to plan the services in the area?
- Do you think it is possible to involve the community in planning services?
- What changes need to take place to effectively implement quality of services?

Transparencies

Transparency 4.1

Components of Reproductive and Child Health Services



Transparency 4.2

Till now
Worker centred

Example:

A woman goes to the subcentre and is given a method which the worker thinks the woman should use and not the method the method the woman wants

Under TFA
Client centred and demand driven

Example:

A woman goes to a subcentre. The worker tells her about all the methods and she choses a method she wants.

Transparency 4.3

List of services under TFA

Mother care services	Being done	Not being done (reasons for the same)
Antenatal care:		
Registration		
3 ANC check up		
Treatment of Anaemia		
Tetanus Toxoid		
Detection and referral high risk		
Natal care:		
Institutional deliveries		
Deliveries by trained persons		
Detection and referral high risk		
Dais training		
Provision Dai Kits		
Post Natal Care		
Growth Monitoring		
Detection/referral high risk newborns		
Neo-natal Resuscitation		
Immunization services against communicable diseases in children:		
TB		
Polio		
Diphtheria		
Whooping Cough		
Tetanus toxoid		
Measles		
Prophylactic Services against Anemia and Vitamin A deficiency to:		
Pregnant mothers		

Nursing mothers
IUD acceptors
Children below 5-years age

Curative Services

Diarrhoea with ORS
Respiratory infection with contrimoxazole

Contraceptive Services

Vasectomy
Female sterilization
IUD insertion
Oral Pills
Nirodh
Natural methods, indigenous methods

MTP Services

Early identification of women needing abortions
Provision of services by trained staff at registered centres

Emergency Obstetric Care Services

assessing high risk cases
referral to PPCs
referral to FRUs

Nutrition Counselling Services

linkages with ICDs for provision of supplementary feeding

RTIs/STD Services

Counselling and Referral of suspected cases

Transparency 4.4

Activities to be carried out under TFA

At subcentre level: Activities to be carried out during MCH sessions

For children

- **immunisation of children**
- **administration of Vitamin A for prohylaxis and therapy**
- **diagnosis of anaemia in children and distribution of IFA tablets**

For pregnant women

- **antenatal check up**
- **tetanus Toxoid Immunisation**
- **distribution of IFA for prophylaxis and therapy**
- **deworming of pregnant women who show clinical signs of anaemia in high prevalence areas of hook worm infestation**

Provide

- **prepared ORS solution to a child with diarrhoea and give ORS packets for use at home**
- **co-trimaxazole tablet to a child with pnuemonia**
- **oral pills and condoms**

Counselling

- **on infant feeding**
- **on home management of diarrhoea and ARI**
- **on birth spacing as a health promotion measure**
- **recognition of danger signs for seeking immediate medical help**
- **on reproductive health**

Gather information by talking to mothers

- **on new births or pregnancies in the village**
- **on cases of measles, diarrhoea and pnuemonia**
- **on cases of polio and neonatal tetanus deaths**

Transparency 4.5

Activities to be ensured while conducting an outreach clinic

The heath worker:

- ◊ reaches the FIXED PLACE on the FIXED DAY at the FIXED TIME as per subcentre work plan
- ◊ carries vaccines in cold chain and has enough syringes and needles to that she can use syringe and one needle for every beneficiary after ensuring proper sterilization
- ◊ has sufficient quantities of Vitamin A, IFA tablets, ORS packets and Cotrimoxazole tablets for giving to children who may need them
- ◊ has the mother and child cards and registers with her
- ◊ carries educational aids for interpersonal/group communication
- ◊ updates mother and child cards and registers during the session

Transparency 4.6

Pre-requisites for TFA

◊ Contraceptive targets for health and nonhealth staff abolished.

◊ Male health workers made responsible for motivation for vasectomy and condom.

◊ Motivator certificate and motivator fee withdrawn.

◊ PHC Plan proposed on basis of assessment of need of population for FW Services by HW(F)(ANM)/HVM and others.

Performance of the MO in charge, PHC and ANM judged on basis of their quantitative and qualitative achievement with respect to the needs assessed.

Session 5 : Improving Quality of Care

Importance of the session:

This session is one of the important sessions as it attempts to highlight the importance of quality of care which is a theme that runs across the sessions. It is important to make the health service providers understand that quality of care is what you want for yourself and that quality of care is the motivating factor for clients to use services.

Objectives:

At the end of the session, the participants should be able to:

- ◊ Explain quality of care
- ◊ List the steps in improving the quality of care
- ◊ Explain how they can improve the quality of care at their worksites.

Orientation methods:

Discussion, presentation

Orientation materials:

Transparencies on:

5.1 Components of Quality of Care
5.2 Quality of care starts even before the client comes to a clinic
5.3 Quality of Care is what you want for yourself or your family

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒ Present the objectives of the session.

⇒ Ask the group what they understand by quality of care. List the answers on the flip chart. Summarise the findings.

⇒ Present the transparency on components of quality of care (Transparency 5.1). Discuss the first four points which are related to the provider. Ask the group to think of a time when they went to a doctor for care and what was it that made them go back to the doctor for more care or what was it that made them go to another doctor for care. Emphasise the importance of behaviour with the client, listening to the clients and explaining and technical competence. Use the example of immunisation and emphasise the point about infection prevention and how it helps to improve coverage. When Universal Immunization Programme (UIP) started strict sterilisation procedures were not being followed. But with insistence on sterilised needles and syringes, the number of children with abscesses has decreased. Ask the group whether they find any difficulty in implementing these and if so what difficulties/problems do they have/envisage.

⇒ Present the points which relate to the treatment of clients in the clinics. This includes the above points and points 5-9. Emphasise the importance of counselling especially in case of FP clients and the need for privacy. Again ask the group to think of their own experiences in FP clinics. "How were you treated?" "Would you like to have been treated in a different way?" Ask what are the difficulties they envisage in providing counselling and care. The role of counselling, including explaining benefits and disadvantages of methods, in continuation of methods should be emphasised. Emphasise the importance of follow-up. Ask them whether it is important and why do they think so. Again, ask them to relate some positive experiences they have had with clients who have been followed-up. Ask whether they think follow-up is going to be difficult. If so, find out why. Now. ask them their experiences with referral services. Has it been positive? What problems did they face while referring cases?

Discuss the points related to IEC which are points 9 and 10. Use the example of immunisation. With intensive education of the community, on pulse polio days, parents bring their children for immunisation. The awareness created about the importance of immunisation has helped in improving the coverage of immunisation.

Emphasise the importance of being sensitive to the needs of the women. Re-emphasise the importance of ensuring male involvement in RCH services particularly in FP and RTIs/STDs.

⇒ State that the quality of care has three phases- the first phase starts before the client enters the clinic, the second phase when she/he enters a clinic for services and the third

phase is after she/he leaves the clinic. Use the transparency to explain this (Transparency 5.2). Use the example of an pregnant mother. A HW(F) meets a woman in the village during her home visits. She asks the woman whether she has any problems, gives her advice and encourages her to come to the clinic for antenatal care. The woman is so pleased with the attention and advice she got that she decides to go to the clinic. In the clinic, she is again impressed with the behaviour of the staff and is pleased with the care she received. She goes back for check up again as advised by the HW. The HW follows-up the mother during her home visits and ensures that all arrangements are made at home for her delivery. Using this example, explain how quality of services can help the workers to meet their coverage requirements without really chasing the clients.

⇒ Now present the transparency on quality of care is the type of treatment you want for yourself or your family or a close friend. This means it includes not only the technical competence of the provider, but also the behaviour of the provider, privacy offered during care and information shared.

⇒ Ask the group to tell you how they can improve quality of services at their respective worksites. Specifically ask them whether some policy decisions are required to bring about changes.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review questions

- What are the components of quality of care which are provider dependent?
- What are the components of quality of care which have to be ensured in a clinic?
- Is quality of care only limited to the services provided in a clinic?
- What does quality of care mean to you?

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F) . Section 5

GOUP: Target Free Approach Manual for MOs

Transparencies

Transparency 5.1

Components of quality of care

- Gentle and caring behaviour of the service provider
- Technically competent service providers who undergo regular inservice training to upgrade their skills
- Provision of services based on the needs of the client/community
- Universal precautions practised for prevention of sepsis and transmission of diseases
- Maintenance of confidentiality and privacy while providing care
- Adequate follow-up provided for continued use of the services offered by the PHC/SC
- Maintenance of contact with referral facilities so that the clients when referred get best care
- Information shared with general public about the side effects of contraception and how to address them
- Gender sensitive services provided and male participation ensured
- Provision of comprehensive health education to the general public

Transparency 5.2

"Quality of care starts before a client enters the clinic."

First phase: Before entering a clinic

Second phase: In the clinic

Third phase: After leaving the clinic

Transparency 5.3

"Quality of care is what you want for yourself or your family."

Session 6: Expected Outcome of Target Free Family Welfare Programme

Importance of the session:

This session underlines the importance of coverage of services among the total population. The emphasis here is that the responsibility of the worker is to cover the whole population and not just limited numbers. If only a limited population is covered, the health of the community can not improve. If everyone is not protected from a certain infectious disease, it is difficult to eradicate the disease.

Objectives:

At the end of the session, the participants should be able to:

◊ List the expected outcomes under each major service area

◊ Identify what is possible to achieve in the current working situation

◊ Identify what help/changes would be required to achieve the expected outcome

Orientation methods:

Discussion, presentation, individual worksheet

Orientation materials:

Transparencies on: 6.1 List of expected outcome

Individual worksheets

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒ Present the objectives of the session.

⇒ Present transparency 6.1 Distribute individual worksheets. Explain the worksheets. If not possible to provide individual worksheets, put the information on a chart and ask a member of the group to fill the chart in consultation with the rest of the group. **Emphasise that the outcomes are in relation to the total numbers in a specific**

group (for example: all the pregnant mothers in the village) and are not limited to the numbers the worker has contacted. The objective of this exercise is to make the worker understand the importance of covering the whole population and to identify problems in doing so. Request a representative of a category of worker to present her/his worksheet. Discuss the findings and record them on a flip chart. If the workers have reported that they provide antenatal check-ups three times to all the pregnant mothers or if they report that they provide appropriate measures for underweight babies, question them to find out whether it is really all the pregnant mothers in the areas they are referring to or to only the ones they have contacted. Similarly, in the case of outcomes related to RTIs/STDs if reported as being done, find out whether they really provide these services. Look for similar examples which are known to be difficult to achieve.

⇒ Now ask the group to identify suggestions for improving the coverage. Give suggestions about involving the anganwadi workers, dais and the community workers and getting their help in improving coverage. Ask them to identify specific areas and the specific functionaries who can provide assistance.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

List one expected outcome under the following services under the TFA:

- antenatal care,
- delivery care,
- child care,
- family planning and
- RTIs/STDs

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F) . Section 6

GOUP: Target Free Approach Manual for MOs

Transparencies/Individual worksheet

Transparency 6.1

List of expected outcomes

◊ Universal antenatal registration and minimum 3 antenatal check-ups

◊ Universal TT vaccination of pregnant women

◊ Increase proportion of institutional deliveries

◊ Increase proportion of deliveries by trained persons

◊ Provision quality obstetrical care for complication pregnancy, abortion and deliveries at TIC or FUR level

◊ Universal registration births and neonatal deaths

◊ Visit all mothers after 15 days of delivery or DE

◊ Appropriate measures for underweight babies

◊ Promotion of breastfeeding

◊ Universal immunization of infants

◊ Universal availability of ORS in all villages

◊ Treatment of acute respiratory infections

List of expected outcomes (continued)

- ◊ Increased acceptance contraceptives by couple with wife less than 30 years of age
- ◊ Increased acceptance contraceptives by couples having 2 or less children
- ◊ Increase in proportion spacing methods in contraceptive method mix
- ◊ Availability oral pills and condoms in all villages
- ◊ Counselling RTI & STD at subcentre level
- ◊ Referral RTI/STD cases from subcentre and diagnosis and treatment at CHC and District level

◊ **Individual worksheet**

The objective of this exercise is to make the worker understand the importance of covering the whole population and to identify problems in doing so.

List of outcomes	Possible		Not possible
	Being done	Not being done. Give reasons	Give reasons
◊ **Universal antenatal registration and minimum 3 antenatal check-ups**			
◊ **Universal TT vaccination of pregnant women**			
◊ **Increase proportion of institutional deliveries**			
◊ **Increase proportion of deliveries by trained persons**			
◊ **Provision quality obstetrical care for complication pregnancy, abortion and deliveries at CHC or FRU level**			
◊ **Universal registration births and neonatal deaths**			
◊ **Visit all mothers after 15 days of delivery or EDD**			

- ◊ Appropriate measures for underweight babies
- ◊ Promotion of breastfeeding
- ◊ Universal immunization of infants
- ◊ Universal availability of ORS in all villages
- ◊ Treatment of acute respiratory infections
- ◊ Increased acceptance contraceptives by couple with wife less than 30 years of age
- ◊ Increased acceptance contraceptives by couples having 2 or less children
- ◊ Increase in proportion spacing methods in contraceptive method mix
- ◊ Availability oral pills and condoms in all villages
- ◊ Counselling RTI & STD at subcentre level
- ◊ Referral RTI/STD cases from subcentre and diagnosis and treatment at

RTI/STD cases from subcentre and diagnosis and treatment at CHC and District level

RTI/STD cases from subcentre and diagnosis and treatment at CHC and District level

Session 7 : Training

Importance of the session:

This session underlines the importance of training to improve technical competence of workers which will contribute to improving the quality of services.

Objectives:

At the end of the session, the participants should be able to:

◊ Explain the importance of training in improving quality of care

◊ Identify their training needs

◊ Identify problems in implementation of standards taught in the training.

Orientation methods:

Discussion, presentation

Orientation materials:

Transparencies on : 7.1 Role of training in improving quality of care
7.2 List of services and training needs

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒ Present the objectives of the session.

⇒Find out from the participants whether they have undergone any in-service training. Ask them whether the training was useful and if so in what way has the training been useful. Now ask the participants whether their training has contributed to improving the quality of services that they provide. Discuss the importance of training in improving technical competence of the worker and quality of care using transparency 7.1.

⇒Present transparency 7.2 and discuss the training needs under each of the major service areas. Training needs of each major service area should be identified by asking specific questions and should be filled in the right hand column. Where relevant, male workers should be asked to identify areas where they need more training. Continue the discussion by asking the participants how they would like to develop their skills in the areas identified by

them. (This exercise will be useful for identifying block level training needs which then can become part of in-service training plan for the district training plan).

⇒Ask the participants whether they have faced any problems in implementing the standards taught during training which they have attended so far. Ask for suggestions to improve the situation.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

- Why is training important in improving quality of services?

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F).Section 11

GOUP: Target Free Approach Manual for MOs

Transparencies

Chart 7.1-

Training and quality of care

Skill based training in IUD insertion

Technical competence improved and improved standards of care

⇓

Few side effects/ complications

⇓

Impact on fertility/mortality

⇓

Satisfied client

Counselling, proper selection of cases through screening and correct technique of insertion

⇓

Few expulsions

⇓

Decrease in births

⇓

More clients motivated and better coverage

Chart 7.2

Training needs

Service areas	Training needs
1. Antenatal care: **Early registration of pregnancies** **Antenatal care - three times** **Detection and treatment of Anaemia** **Immunisation with tetanus toxoid** **Timely detection and referral of high risk pregnant mothers**	(to be filled during the orientation)
2. Delivery care: **Detection and referral of high risk labour cases**	
3. Postnatal care: **Detection of problems in the mother and referral** **Taking birthweight** **Detection of high risk newborn and referral** **Neonatal resuscitation**	
4. Immunisation **Provision of immunisations** **Maintenance of cold chain**	
5. Prophylactic services **Vitamin A** **IFA**	

6. Curative services **Management of diarrhoea and referral of cases** **Management of ARI and referral of cases**	
7. Contraceptive services **Screening, counselling and provision of contraceptives** **-Condoms** **-Oral contraceptives** **-IUD** **Counselling for sterilisations**	
8. MTP **Identification of cases and referral**	
9. Emergency obstetric care **Assessment of expected high risk** **Referral of cases**	
10. Nutrition counselling	
11. RTIs/STDs **Early detection and referral** **Counselling**	

Session 8: End of the Day Review

Importance of the session:

A review at the end of the day is important to get a feed-back not only on the sessions but also on the method of conducting the sessions. This will help the facilitator to change the method of orientation if need be for the next day. The review also provides an opportunity to identify other problems and take corrective action.

Objectives:

◊ To identify problems in the methods of orientation and to take action if required

◊ To identify logistical problems and to take corrective action if required

◊ To share information about the next day's proceedings

Guidelines to the facilitators:

⇒ Ask the group about their impressions about the sessions. Do they find the sessions useful and interesting? Do they have difficulty in understanding? Find out the important lessons they learned. Find out about problems other than those related to orientation such as logistical problems. Ask the group's opinion for taking remedial measures. Share the next day's plans with them.

Session 9 : Information, Education and Communication (IEC)

Importance of the session:

One of the major reasons for poor utilisation of services is lack of information about the services and their benefits. Information about services and their benefits should improve the demand for services and thereby coverage of services. Through IEC clients will be able to make a choice of a contraceptive fully aware of the advantages and disadvantages which usually lead to long term use of the method.

Objectives:

At the end of the session, the participants should be able to:

◊ Define IEC

◊ Explain the role of IEC especially Inter-personal communication

◊ Explain the importance of IEC in improving quality of care

◊ List the topics which requires IEC inputs.

Orientation methods:

Discussion

Orientation materials:

Transparencies on: 9.1 RCH services where IEC is required to create more demand
9.2 IEC and TFA
9.3 IEC and quality of care
9.4 IEC topics in TFA

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒Present the objectives of the session.

⇒Ask the participants what they understand by IEC. Ask them to give examples. Ask whether they use any IEC methods in their day to day work and if so find out what method they have used and whether it was useful. Find out which is the method of IEC the participants prefer: mass media or interpersonal communication and the reasons for the

same. Use the example of pulse immunisation camps where IEC has played a major role in creating awareness and demand for services.

⇒Use transparency 9.1 showing some of the RCH service areas where more demand needs to be created. Ask the participants to identify what method of IEC they would use to improve the demand. Ask the HWs(M) to identify areas in their work where they feel IEC can contribute. Ask specifically how the demand can be improved in areas which are remote.

⇒Find out if the participants feel that there is a role for IEC in TFA. If so, ask the participants to explain how IEC will contribute in TFA. Use transparency 9.2 showing the key aspects of TFA and ask how IEC plays a role in each of the areas. Ask the Block Health Education Instructor to comment on what communication methods and material are available in the block that the health workers can use.

⇒ Ask the participants whether IEC can contribute to improving quality and if so, how. Emphasise the points using transparency 9.3

⇒Using transparency 9.4, list the topics which are important under TFA.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

- Why is IEC important in improving quality of services?
- How does IEC promote the following:

-Decentralised planning

-Community participation

-Client centred approach

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F) Section 12

GOUP: Target Free Approach Manual for MOs

Transparencies

Transparency 9.1

RCH service areas where IEC is required

Service area	Type of IEC
Antenatal care	
Delivery by trained personnel	
Taking birthweight of newborn	
RTIs/STDs	

Transparencies 9.2

IEC and TFA

Decentralised planning

Community participation

Quality of care

Client centred approach

Transparency 9.3

IEC and Quality of Care

Quality of care starts even before a client enters a health facility.

Through IEC, information about the need to seek care is given.
For example: In case of a client with STD:

Information received through a folk play (mass media) organised by HW(M) about STDs which has motivated the client to seek care and go to a trained person for care.

↓

Client goes to the clinic where he is counselled and given treatment. The doctor ensures that absolute privacy is maintained. He is also advised about prevention of transmission of the disease to his wife/partner and when to return for follow-up. The client is also provided information on HIV infection (interpersonal communication)

↓

Client goes back for a follow-up to the clinic with his wife and the doctor certifies him okay.
The client is happy with the services he has received and he motivates others with similar problems to go to the clinic.

Lessons learned:

IEC created awareness about STDs, it motivated him to take treatment and to take preventive measures to prevent further transmission of the disease. A satisfied client becomes a channel of communication.

Transparency 9.4

Topics suggested for IEC under TFA

- **Reproductive health of adolescent girls**
- **Family life education for adolescent girls**
- **Women's education**
- **Higher age at marriage**
- **Early antenatal registration and care**
- **Nutrition during pregnancy and lactation**
- **Institutional delivery**
- **Low birth weight**
- **Breast feeding**
- **Birth Interval and birth spacing**
- **Contraceptive methods**
- **Medical termination of pregnancy**
- **RTIs/STDs**
- **Vaccine preventable disease**
- **Protected water supply**
- **Diarrhoea and ARI management**
- **Childhood disability**
- **Rational drug use**

Session 10 : Preparation of Subcentre and Primary Health Centre (PHC)Action Plan and Alternate Strategic Initiatives to meet the demands of the population

Importance of the session:

The subcentre action plan is the foundation stone of all the action plans. Therefore, it is important that all functionaries understand the principles of developing this action plan. This session also deals with operational strategies to meet the demands in reproductive and child health services.

Objectives:

At the end of the session, the participants should be able to:

◊ Classify activities to be carried out at the subcentre

◊ List the people who need to be consulted while making the sub-subcentre action plan

◊ Define estimated need (requirement of the area) and felt need

◊ Define strategies to increase coverage

◊ Define strategies to reduce unmet need

◊ Define strategies to ensure quality of care

Orientation methods:

Discussion

Orientation materials:

Transparencies on : 10.1 Classification of tasks
10.2 List of activities (from Form I)
10.3 Norms of service needs by type of activity
10.4 Calculation of estimated demand
10.5 Felt need and estimated need
10.6 List of people to be consulted
10.7 Data base requirements of PHC
10.8 Strategic alternatives to meet the demands in RCH

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒ Present the objectives of the session.

⇒Emphasise the importance of sub-subcentre action plan as it is the foundation stone for the PHC, district and state plans. Use an illustration of a house to make the point strong.

⇒Explain that for assurance of quality the RCH tasks have been classified into three types. Present transparency 10.1 to explain the three types of tasks. Explain the classification of activities using the example given below: Registration of a pregnant mother is a **specific task** while registering a pregnant mother before 16 weeks is a **quality task** as it involves providing care from early pregnancy. A **surveillance task** related to the above tasks is reporting on maternal mortality. Now present transparency 10.2 showing list of activities and ask the participants to tell which activities can be classified as specific tasks, quality tasks and surveillance tasks. Then compare with transparency 10.3 which shows activities and norms (Form 1).

⇒Now present transparency 10.4 and explain the calculation for estimating demand with regard to pregnancies. If the birth rate of the area is known, use that as the example. Tell that **birth rate means number of live births in a population of 1,000.** Therefore, if the population is 2000 and the birth rate is 30, the total number of births will be 60. Explain that in a population about 10% of the pregnancies end up in abortions or still births and therefore it is important to add 10% of births (6 in this case) to total number of births (60 in this case) to get the approximate number of total pregnancies. Explain that percent refers to a proportion of 100. Therefore while calculating numbers using percentages, the denominator will be 100. Explain that Form 2 which is the sub-subcentre action plan includes methods for estimating demand for other activities.

⇒Ask the participants to explain what they understand by estimated need. Ask them to give an example. Ask them to explain felt need and ask for an example. Clarify/correct where definitions are not accurate. Give the following example to further clarify felt need. If in the subcentre headquarter village, 60% of the women attend antenatal clinics, then the felt need of the area is 60%. Tell them that in general, the felt need of the subcentre headquarter village is higher than the rest of the villages and should be used as the norm for coverage in other villages.

Tell them that the felt need is usually lower than the estimated demand, but as the quality of services improve the difference between the felt need and the estimated demand will decrease. Present transparency 10.5 on felt need and estimated need and emphasise that as the quality of services improve, the felt need and the estimated need will be the same, Use the example of immunisation. In 1985 when UIP started the coverage with measles immunisation was less than 10%. But with better quality services and IEC, the coverage has increased to more than 40 %.

Ask the participants how they would estimate the felt need. Explain how the felt need can be assessed by a survey when the needs of the population as identified by the community itself can be estimated. Tell them it is important to know the felt need as the SC will have to ensure that adequate supplies and medicines are stocked to meet the needs of the proportion of the community who want to use the services.

⇒Present the list of people who should be consulted in developing the subcentre action plan (transparency 10.6). Briefly discuss whether the participants envisage any problems in consulting the people in the list. Emphasise the need to involve communities for achieving community participation as well as to make the plan as decentralised as possible.

⇒ Present transparency 10.7 showing data base required for planning at PHC level and ask the participants to identify data that is currently available. If not available, ask whether it is possible to collect the information.

⇒ Ask the participants, 'Now that you have made the subcentre action plan, how do you intend to cover the estimated demands in the absence of targets?. Record the answers on the flip chart. Present transparency 10.8 showing alternative strategic initiatives to meet the RCH demands and compare the answers. Discuss that under TFA, the focus is on coverage with different types of services in specific population groups. Tell them that this means as shown in transparency 10.3, a subcentre's performance is assessed on coverage with different services The focus is not coverage with a specific service/ method as was the case in the past. For example: A family planning service was assessed based on the number of sterilisations done. Now the difference is that the assessment is based on coverage in the population with all the methods.

Similarly, explain unmet need. Unmet need is the need of the population/group that wants to avail of a certain service, but for some reason have not used the service. For example, the unmet need for spacing methods in UP is 17% which means 17% do not want a child in the next two years, but are not using spacing methods. Similarly, the unmet need for sterilisations in UP is 13%. The group with unmet needs is a very important group as they have felt the need for services and therefore is easy to motivate. Compare the group with unmet needs to a fish biting the bait. Tell them that the unmet needs in a remote area will be much more compared to other areas.

Ask the participants how quality of care can increase the coverage of services. Ask them to give examples from their work situations. Use the examples given by the participants and emphasise the fact that good quality of services does contribute to improved coverage and decrease unmet need.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

- Define the following and give examples of each:

  -specific task
  -quality task
  -surveillance task

- Define the following:

  -felt need
  -unmet need

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F).Sections 7,8 and 10.

GOUP: Target Free Approach Manual for MOs

Transparencies

Transparency 10.1

Classification of tasks

- **Specific task**

- **Quality task**

- **Surveillance task**

Transparency 10.2

List of activities

Activity	Type
1. ANCs Registered(total)	
2. Early Registration(less than 16 weeks)	
3. ANCs received TT 2 doses	
4. ANCs received IFA Therapy	
5. ANCs completed 3 visits	
6. ANCs Clinics conducted	
7. ANCs examined	
8 ANCs referred	
9a. Institutional Deliveries	
9b. Deliveries by trained person	
10. PNCs completed 3 visits	
11 MTPs referred	
12. Birth Weight recorded	
13. BW below 2.5 kg.	
14. High risk newborns referred	
15. No. Imm sessions conducted	
16. Immunizations:	
a. BCG	
b. DPT(3)	
c. Polio(3)	
d. Measles	
17. Children fully immunized	
18. Children 9m-3yr given Vit A (5 doses)	
19. Adverse imm. events referred	
20a. Joint sessions with AWW	
20b. Joint sessions with Dai	
20c. Joint sessions with women's groups	
21a. Total Eligible Couples listed	
b. Enlisting acceptors of Pmt. methods	
c. Enlisting acceptors of Spacing methods	
22a. Cases reported	
i. Polio	
ii. Measles	
iii. NN Tetanus	
iv. ARI U5 treated	
v. ARI U5 referred	
vi. Diarr. U5 treated	
vii. Diarr. U5 referred	
22b. RTI/STD referred	
22c. Gyn Prob referred	
22d. Infertility cases referred	
23. Vital events recorded	
a. Live births	
b. Neonatal deaths (U28d)	
c. Infant deaths (under 1y)	
d. Child (1-5) deaths	
e. Maternal deaths	
f. Marriages	
g. Marriages of girls below 18 years	

Transparency 10.3

Form 1 - Norms of Service Needs by Type of Activity

Activity	Type	Suggested Norm
1. ANCs Registered(total)	Task	Pop * BR* 1.1
2. Early Registration(less than 16 weeks)	Qual	60% of ANC Reg
3. ANCs received TT 2 doses	Task	100% of ANC Reg
4. ANCs received IFA Therapy	Qual	50% of ANC Reg
5. ANCs completed 3 visits	Qual	90% of ANC Reg
6. ANCs Clinics conducted	Task	1/1000 pop/month
7. ANCs examined	Task	3* ANCs registered
8 ANCs referred	Qual	15% of ANC Reg
9a. Institutional Deliveries	Qual	33% of Exp. Delivery
9b. Deliveries by trained person	Qual	95% of Exp. Delivery
10. PNCs completed 3 visits	Task	100% Exp. Delivery
11 MTPs referred	Task	**********
12. Birth Weight recorded	Task	95% of Exp. Births
13. BW below 2.5 kg.	Qual	**********
14. High risk newborns referred	Task	10% of live births
15. No. Imm sessions conducted	Task	1/1000 pop/month
16. Immunizations:		
a. BCG	Task	100% of live births
b. DPT(3)	Task	100% of live births
c. Polio(3)	Task	100% of live births
d. Measles	Task	100% of live births
17. Children fully immunized	Qual	No. of live births
18. Children 9m-3yr given Vit A (5 doses)	Task	100% children
19. Adverse imm. events referred	Task	**********
20a. Joint sessions with AWW	Task	100% of AWW/pm
20b. Joint sessions with Dai	Task	100% of Dai/pm
20c. Joint sessions with women's groups	Task	100% of women group/pm
21a. Total Eligible Couples listed	Task	**********
b. Enlisting acceptors of Pmt. methods	Task	**********
c. Enlisting acceptors of Spacing methods	Task	**********
22a. Cases reported	Surveillance	
i. Polio		
ii. Measles		
iii. NN Tetanus		
iv. ARI U5 treated		
v. ARI U5 referred		
vi. Diarr. U5 treated		
vii. Diarr. U5 referred		
22b. RTI/STD referred		
22c. Gyn Prob referred		
22d. Infertility cases referred		
23. Vital events recorded	Surveillance	
a. Live births		
b. Neonatal deaths (U28d)		
c. Infant deaths (under 1y)		
d. Child (1-5) deaths		
e. Maternal deaths		
f. Marriages		
g. Marriages of girls below 18 years		

Transparency 10.4

Estimation of norms

Birth rate means number of live births in a population of 1,000.

If the population is 2000 and the birth rate is 30, the number of births will be 60.

10% of the pregnancies end up in abortions or still births

To get the total number of pregnancies, add 10% of births to the total number of births.

10% of births is calculated as follows:

60x10/100= 6

Transparency 10.5

Felt need and estimated need

Example of Measles immunisation coverage

Felt need		**Estimated need**
1985		**1995**
<10%	***Through better quality services, IEC***	**>40%**

Transparency 10.6

List of people to be consulted for developing the sub-subcentre action plan

- **Personnel in PHC**
- **Private medical practitioners in the area**
- **Practitioners of Indigenous system of medicine in the area**
- **Ex-service men residing in the area**
- **Grass root level workers including primary school teachers**
- **Pradhans of Gram panchayats**
- **Anganwadi workers**

Transparency 10.7

Data base requirements of PHC

Data base requirements	Currently available	Not available,but can collect
General General information about block: -Geographical location -No. of sectors(villages in the case of subcentres) -Religion/literacy -SC/ST population		
Demographic Total population, age, sex structure Birth/death rate		
Programme Performance Family Welfare programme sectorwise (villagewise in case of subcentres) in 1995-96 and every year thereafter MCH, ANC,PNC,Deliveries sectorwise (villagewise in case of subcentres) for the year 1995-96 and every year thereafter Line listing of polio and		

neonatal tetanus deaths Investigation of cases of neonatal tetanus. polio and measles Data on performance of other health programs Information on eligible couples Sectorwise (villagewise) demographic profile of FP acceptors for last three years		
Infrastructure - Health Private practitioners - qualified Private hospitals/ nursing homes with bed strength No. of subcentres No. of PHCs No. of block PHC/CHC/PPC and referral hospital Vehicle available/status Cold Chain available/status		

Supplies of drugs and other equipment Personnel - in position vacant		
Infrastructure Roads and other means of transport Population of villages Electricity connection at PHC/SC Drinking water in all villages Education/adult education facilities Ration shops Panchayat Post office NGOs Banks ICDS Accessibility to subcentre Sector maps showing important infrastructural facilities		

Session 11 : Monitoring and Evaluation

Importance of the session:

An assessment of the functioning of the PHC functionaries is important in improving the quality of services which is the main focus under TFA. Monitoring helps to regularly monitor the quality of services and take remedial action when required while evaluation helps in assessing the impact of quality of services. It is important for the functionaries to understand why they are being assessed and why they are being assessed.

Objectives:

At the end of the session, the participants should be able to:

◊ Explain the value of monitoring in improving quality of services

◊ List the instruments that will be used for monitoring the quality of services provided by a specific group of functionaries

◊ Define accessibility, quality and impact indicators.

Orientation methods:

Discussion

Orientation materials:

Transparencies on: 11.1 Definition of monitoring
11.2 Definition of evaluation
11.3 List of type of instruments
11.4 List of instruments functionarywise
11.5 Method of supervision and periodicity of supervision
11.6 Accessibility indicator, quality indicator, impact indicator
11.7 Evaluation indicators

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Time: 60 minutes

⇒Present the objectives of the session.

⇒Ask the participants to define monitoring. Present the definition of monitoring using transparency 11.1 and compare it with the answers given by the participants. Similarly, ask

the participants to define evaluation. Present the definition of evaluation using transparency 11.2 and compare it with the answers given by the participants. Ask the participants whether they think monitoring has any role in improving quality of services and if they respond positively, ask how monitoring contributes to improving quality of services. Emphasise the point that monitoring will help to take corrective action in improving quality of care.

⇒Present transparency 11.3 showing the various type of instruments to be used for monitoring. Tell them that the monthly activity report form is to be filled by the worker and the rest of the forms are to be filled by the supervisor. Present transparency 11.4 showing specific instruments to be used by different category of functionaries. Mention that all the forms will be discussed in detail in another session.

Present transparency 11.5 showing the method and periodicity of supervision and grading of performance.

⇒ Present transparency 11.6 and explain the meaning of accessibility indicator, quality indicator and impact indicator. **Accessibility indicators help to assess whether services are within the reach of the community.** Use example of a HW(F) who has 300 pregnant mothers in her area and another HW who only has 100 pregnant mothers in her area. Explain that because the latter has fewer pregnant mothers, it is easier for her to contact them. **Quality indicators help to assess the quality of services provided.** Use the example of providing antenatal care any time during the pregnancy compared to starting to provide antenatal care before 12 weeks. A pregnant should receive care form early pregnancy because problems such as abortions occur in the first trimester of pregnancy. Mothers have to be instructed that they should not take any medicines during this period as it can affect the growth of the various organs/parts of the baby. **Impact indicators assess the effect of a certain service.** Use the example of tetanus toxoid. The impact of this service is reduction in deaths due to neonatal tetanus. Now show transparency 11.7 and explain the various indicators. Tell them that the data required for calculating these indicators will be available from the monthly format and from the technical assessments.

⇒Emphasise the fact that the records to be maintained by the HWs will be the same as before. **Stress the importance of updating the ECR once in a year.**

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

- How is the monitoring of quality of care provided by the functionaries done?
- Which are the forms to be filled by the HWs?
- Which are the forms to be filled by the HAs?
- Define the following and give examples of each:

  - Accessibility indicator
  - Quality indicator
  - Surveillance indicator

- Will the existing records be changed under TFA?
- How often should the ECR be updated?

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F). Section 9.

GOUP: Target Free Approach Manual for MOs

Transparencies

Transparency 11.1 -

Monitoring

Monitoring is keeping a close watch on an activity at regular intervals. The purpose of monitoring is to see that the coverage of services is improving, quality of services is being maintained and that corrective action is being taken where required.

Evaluation

Evaluation is to see whether what one had set out to do has been achieved. Did one succeed or did one fail. Evaluation tells whether the system is working or not.

Chart 11.3

Instruments for monitoring quality of care provided by the health functionaries

a. Monthly activity report

b. Technical Assessment Checklist

i. Observation on skills and practices

ii. Facility checklist

iii. Knowledge and opinion of the community

Chart 11.4

Monitoring reports - functionary-wise

Functionary	To be filled by functionary	To be filled by the supervisor
Health Worker (F) (HW(F) (ANM) 23 activities listed in Form 1 are to be carried out by the HW(F)	Monthly activity report -Form 4	i. Assessment of ANM's records (Form 4.1) ii.Observation on skills and practice- Form 4.2 iii. Facility checklist - Form 4.3 iv. Knowledge and opinion of the community - Form 4.4
Health Assistant (F) (HA(F) First level supervisor Supervises HW(F) and gives on the job training	Monthly activity report- Form 5 Consolidated monthly report for all the HWs(F) under the supervision of a HA(F)- Form 5.1	i.Technical assessment checklist for assessing skills of HA(F) - Form 5.2 ii. Technical assessment checklist for use by the supervising official while the HA(F) supervises a HW(F) -Form 5.3 iii. Knowledge and opinion of the community-Form 5.4
Health Worker (M) (HW(M)	Monthly activity report - Form 6	i.Observation of skills and practices -Form 6.1 ii. Knowledge and opinion of the community -Form 6.2
Health Assistant (M) (HA(M) First level supervisor Supervises HW(M) and gives on the job training	Monthly activity report - Form 7 Consolidate monthly report for all the HWs(M) - Form 7.1	i.Technical assessment checklist for assessing skills of HA(M) - Form 7.2 ii. Technical assessment for use by supervising official while HA(M) supervises a worker -Form 7.3 iii.Knowledge and opinion of the community - Form 7.4

Performance of Nurse-midwife/Staff nurse/PHN Second level supervisor	Monthly activity report - Form 8	i. Observation on skills and practices - Form 8.1 ii. Clinical skills assessment - Form 8.2 iii. Higher level clinical skill assessment - Form 8.3 iii. Opinion of selected community members- Form 8.4
Block Health Education Instructor (HEI) (called BEE in other states) Second level supervisor	Monthly activity report- Form 9	i.Observation on skills and practices of BEE - Form 9.1 ii.Knowledge and opinion of the community - Form 9.2
Medical Officer (MO) PHC 25 activities to be carried out by MO	Monthly activity report by MO PHC - Form10	i.Observation on skills and practices - Form 10.1 ii. Facility checklist - Form 10.2 iii.Knowledge and opinion of community - Form 10.3

Transparency 11.5

Method and periodicity of Supervision

Technical assessment - every quarter by supervisors

- HA(F) to supervise the work of HWs(F) every month

Checklists about observations on skills and practices to be filled up by actually observing the functionary on the job

Facility checklist to be filled after actual inspection of the stock and stores

Checklist about knowledge and opinion of the community is to be filled in the following way:

- Select one worker/doctor for interviews
- Select randomly one of the villages in her/his area
- Start with the household with the most recent birth
- Interview 10 eligible couples with the youngest child less than 2 years

Additional target groups may be interviewed in the case of MOs.

Grading the performance of a worker

Excellent- > 60%

Good - 50-60%

Fair - 40-50%

Poor - < 40%

Supervision by District Health Officer

All PHCs to be supervised by drawing a sample of two HWs(F), two HAs(M) and MO PHC per PHC - once in a year

Supervision by State Directorate of Health and Family Welfare

Two HWs(F), two HWs(M) and MO PHC of 10% of PHCs in a district in 10% of districts to be supervised - once in a year

Transparency 11.6

Accessibility indicators

Quality indicators

Impact indicators

Transparency 11.7

Indicators of Evaluation of Subcentres

Item	Accessibility indicators	Quality indicators	Impact indicators
1.Antenatal care	No.of ECs/HW(F) % ANC sessions held as planned %SCs with ANMs %ANMs without requisite skills %SCs with working equipment for ANC %SCs with IFA,TT	% ANC registered before 12 weeks %with 5 ANC visits % ANC receiving all services % High risk referred % High risk followed-up	% maternal deaths among causes of death among ECs Maternal mortality ratio Prevalence of maternal morbidity Mean birth weight % low birth weight
2.Intranatal care	% ANM/TBA without requisite skills % SCs with DDKs % SCs with infant weighing machines	% deliveries by ANMs/TBAs % Birthweights recorded % HR referred % HR followed-up	Prevalence of obstetric morbidity Neonatal mortality rate
3.Postnatal care	% SCs with no ANMs/TBAs % TBA/ANM without requisite skills	%PNC with 3 PNC visits % PNC receiving counselling %PNC with complications referred %complicated cases followed up	Prevalence of postnatal maternal morbidity Prevalence of neonatal morbidity % children breastfed within 6 hours of delivery
4.Immunisation	No.of infants/ANM %Immun: sessions held as planned %SCs with no ANMs %SCs with working equip: necessary for immunisation %SCs with vaccine supplies	%children 12-23 months fully immunised % drop outs from immunisation	% deaths because of Vaccine Preventable Diseases

5.Family Planning	%ECs per ANM %SCs with no ANM % ANMs without requisite skills %SCs with equipment for FP % SCs with FP supplies	% of ECs offered choice % of acceptors screened for contraindications % of acceptors followed up % of acceptors with complications % of cases referred % of referred cases followed up	Couple protection rate Prevalence of terminal methods Prevalence of spacing methods % Abortion related morbidity
6.Surveillance of diseases	% of ANMs with requisite skills %SCs with ORS packets % SCs with medicines	%ECs screened for RTIs/STDs % ECs counselled for prevention of RTIs/STDs % Acute Diarrhoeas/Dehydration cases given ORS %ARI treated %children 12-23 months fully immunised % cases referred % referral cases followed up	Prevalence of RTIs/STDs Prevalence of Acute diarrhoea/dehydration cases Prevalence of ARI Prevalence of Vaccine preventable diseases % of Acute diarrhoea/dehydration mortality % ARI related mortality

Session 12 : Introduction to the forms

Importance of the session:

It is important that all the functionaries understand the importance of the forms and how it helps them in their work.

Objectives:

At the end of the session, the participants should be able to:

◊ Explain methods of estimating demand in Form 2

◊ Explain filling up of monthly activity forms

◊ Explain how to do technical assessments (only for supervisors)

Orientation methods:

Presentation

Orientation materials:

Transparencies:
- 12.1 Form 2 Subcentre action plan
- 12.2 Form 4 ANM's activity report for the month
- 12.3 Form 4 Source of information
- 12.4 Form 4.1 Assessment of ANMs' records
- 12.5 Form 4.2 Observation of skills and practice
- 12.6 Form 4.3 Facility checklist
- 12.7 Form 4.4 Knowledge and opinion of the community
- 12.8 Sample of a time table for HAs' visits
- 12.9 Form 5 Monthly reporting format for Health Assistant (Female)
- 12.10 Form 5.1 Consolidated Monthly Reporting Format

Overhead projector, transparencies, flip charts, markers
Copies of Form 2 for the whole group
Copies of Forms 2 a and 2 b for HWs(F)
Copies of Forms 4.1-4.4, 5 and 5.1 for HAs(F)
Copies of Forms 6 for HWs(M)
Copies of Forms 6.1 -6.2 and 7.0 to 7.1 for HAs(M)
Copies of Form 9 for BEEs

Guidelines to the facilitators:

Time: 90 minutes for presentation

⇒Present the objectives of the session.

⇒Present Form 2 using chart 12.1. Explain coverage norms. Tell them that these norms have been chosen based on various factors and is a **must to achieve** in the long run for any impact.

> Tell them, `For example, where the norm is 100%, the rationale is that **all** in the particular group need the service. This is clear from the services where 100% coverage has been suggested : antenatal registration, referral of high risk, full protection with tetanus toxoid, three antenatal check-ups for every pregnant mother, referral of high risk newborn, immunisation of infants, treatment of cases of diarrhoea and ARI and FP'.
>
> `In situations where the coverage levels are low and taking into consideration the realities in the field, an essential minimum coverage is mentioned such as early antenatal registration, institutional deliveries, deliveries by trained personnel and recording birth weights. The ideal would be 100%'.
>
> `Some of the coverage norms are based on findings from studies in the hospital and community. For example: the coverage norm suggested for detection and treatment of anaemia and referral of high risk newborn'.

Now explain how to estimate the demand for services.

Write the following figures on the flip chart: Population in a village is 2000. The birth rate for the district is 32. Ask some one in the group to estimate the number of pregnancies. Ask the person who has given the correct answer (which is 70) to explain step by step, how the estimate was made. Give another example: Population is 3000. Birth rate is 40. Ask another person to estimate the number of pregnancies. Again ask the person who has given the correct answer (132) to explain the method of estimation. Ask if anyone has not understood and explain once again if any participant has not understood. Tell the group that the figures estimated are the demand for antenatal registration.

Explain the next column which is the felt need of the population, This figure is obtained from a survey or from the data on clinic use. The felt need of the population is divided by 12 to give the felt need for a month. As quality of services improve, the gap between the estimated need and the felt need will decrease.

Use the example of the 70 pregnancies to estimate the demand in other service areas. Give a brief explanation about the estimate and coverage. Ask one of the participants to calculate the need. Whichever participant answers correct, ask her/him to explain the steps. The correct answers are given below in the relevant sections.

Move to the next row in the chart which explains how to estimate the workload for early registration in pregnancy. Explain that the coverage norm is 60% and therefore one needs to calculate 60% of the total pregnancies. The correct answer is 42.

Point to the next row in the chart which deals with coverage of high risk pregnant mothers. Explain that based on studies, it has been estimated that the percentage of high risk pregnancies is 15. All the high risks have to be referred. The correct answer is 10.

Move to the next row in the chart which estimates pregnant mothers who are anaemic who need treatment. Explain that studies on pregnant mothers have shown that 50% of the pregnant mothers are anaemic and need treatment. These pregnant mothers need more iron tablets than the iron tablets routinely provided to pregnant mothers. The correct answer is 35.

Tell the participants that the next row estimates the number of mothers to be protected with tetanus toxoid which is the same as number of pregnant mothers as all have to be protected with tetanus toxoid.

Point out that the number of mothers who are to receive three check ups is the same as the total number of pregnant mothers as all have to have three check ups.

Explain that in the next few rows the **estimates are based on total live births** which is 64 as the estimates relate to deliveries, care of the newborn, infant care and child care.

Explain that as per general trend, about 33% of the deliveries are expected to take place in institutions. The correct answer is 21.

Tell the participants that the expected norm is that 95% of the deliveries will be conducted by a trained personnel such as trained dais, HWs(F), HAs(F), Nurses and Doctors. The correct answer is 60.

Similarly, the expectations are that 95% of the birthweights will be recorded. The correct answer is 60.

Point to the column for high risk newborns. Explain that based on studies it is estimated that 10% of the newborns will be high risk and all have to be referred. The number of high risk newborns will be 6 and the same number will have to be referred as the norm is 100%.

Ask what is the norm for immunisation of infants. (Most will answer 100% which is correct). The load for immunisation will be 64.

Ask the participants what is the schedule for giving Vitamin A. Correct the answers if any one gives wrong answers.(Vitamin A is to be given at six monthly intervals

from 9 months to 3 years). Point to the chart and explain that a total of five doses are to be given to a child below 3 years. Therefore, the number of doses per child, ie. 5 is to be multiplied by 64 which is the number of children born. The correct answer is 320.

Explain that several studies have shown that on an average a child below five years gets diarrhoea at least three times in a year. Tell that all the children with diarrhoea will have to be treated. To estimate the number of children who will be requiring these services, multiply 64 which is the number of children born with 5 which is the number of years till the age of five and then multiply with 3 (episodes of diarrhoea). The correct answer is 960.

Now explain how to estimate the number of children with Acute Respiratory Infection (ARI). Tell the participants it has been seen that on an average a child suffers from 2 episodes of ARI all of whom will have to be treated. Ask the participants that if 64 is the number of births, then what will be the number of children below 5 years. Put the response on the flip chart. If the response is correct, multiply with 2 (no. of episodes) which will be 64x5x2= 640. Tell the participants that 10% of the ARI cases progress to pnuemonia (the number will be 64) for whom co-trimaxazole will have to be provided.

Point to the chart and explain that for calculating the need for FP, the couples have been divided into three groups according to the number of children born. Ask whether it is possible to get these figures from the ECR.

Tell that the group with more than 3 children are further divided into those who have already accepted a permanent method, those who are wanting to limit their family, those who are using a spacing method and those who are wanting to use a spacing method. Ask which of these data are available in the ECR and find out how to get the rest of the information.

Point to the chart and tell that the couples with 2 children have also been divided into four: those who have accepted a permanent method, those who are wanting to accept a permanent method, those who are using a spacing method and those who are wanting to use a spacing method. Again find out what is available in the ECR and how the rest of the information will be found out.

Now discuss the classification of couples with less than two children. Tell them that this group has further been divided into two: those who are using a spacing method and those who intend to use a spacing method.

Section 'd' gives the total number of couples protected with sterilisations, Cu-T, OC and condoms.

The rest of the form is self explanatory.

Please refer the participants to the relevant page of the manual and tell them that first village wise action plan will be made (Form 2a) which then will be combined to give total sub-centre action plan which is Form 2 b. Tell them in 2b, it is preferable to use the felt need figures of the subcentre village as the figures will be higher compared to other villages and therefore should be the coverage to aim for.

⇒ Now present the chart 12.2 which is Form 4 which is the monthly reporting form for the HW(F). Explain the columns. Tell them that annual service need is obtained from the subcentre action plan from the estimated need column. The monthly service need is estimated by dividing the annual needs by 12 months. Similarly, explain that monthly performance refers to the month of reporting while the cumulative refers to performance since the beginning of the financial year which begins on April 1. Explain that for calculating % achieved cumulative figure must be multiplied by annual need and multiplied by 100. Tell them that this figure helps the HW to assess how much more work is required to meet the annual need for services in her area.

Ask where the figures can be obtained from. If the answers included only ECR, add the CSSM register and clinic register. Now present chart 12.3 and ask the group to identify where information can be obtained from. Put chart 12.2 and ask the group to fill the columns with you using the example used for Filling Form 2.(Estimated births 64)

⇒Now present chart 12.4 which is Form 4.1 which is for assessing the records of the HW(F). Explain the forms and how the scoring is done. Explain that in the cloumn titled name of the headhousehold should be written. The records should be first checked in the subcentre and then the facts should be verified in the community.

Using chart 12.5 which is Form 4.2 explain how a technical assessment is to be done. Explain that the HW has to be observed while she is providing the service. It may not be possible to observe all services being provided. Tell the HA (F) that it is best to observe them during a MCH clinic. **Tell the supervisors that the opportunity should be used to upgrade the skills of the HWs(F) where deficient.** Emphasise the importance of this activity as the major emphasis under is improvement of quality of services. Tell them this is called **supportive supervision** which is the opposite of traditional supervision which has been more of `policing'.

Using chart 12.6, explain how to do a facility check list. Using chart 12.7, explain how to gather the knowledge and opinion of the community by referring to chart 10.5 (which explained in detail how to gather the information).

⇒Explain to the HA(F) that they need to make an advance tour programme (time table) so that they can decide where they should go in a particular month and what specific activity should be observed in the subcentre. For example, if in subcentre A, antenatal clinic was observed, then the next visit plan should be made to observe a FP session. Present the sample in chart 12.8.

⇒Present chart 12.9 which is Form 5 and explain that the expected visits for specific purposes are to be calculated based on a 10% sample of the total covered by each HW(F).

⇒ Present chart 12.10 which is Form 5.1 and explain that the columns are to be filled in by adding the information in Form 4 of each HW(F).

⇒ Ask the participants to open their manuals and explain each of the forms.

Evaluation of the session

Use the review questions to evaluate the session. Explain the points that are not clear.

Review Questions

- If the population is 5000 and the birth rate is 30:

  -What is the expected number of pregnancies?

  -How many pregnant mothers will be given tetanus toxoid?

  -How many pregnant mothers should be given three antenatal checks?

- If the number of births is 200:

  -What is the number of doses of Vitamin A required?

  - What is the number of ORS packets required?

  -What is the likely number with ARI

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F) . Forms

GOUP: Target Free Approach Manual for MOs

Transparencies

Transparency 12.1

Form-2

Subcentre Action Plan

A. General

PHC:_____ Subcentres:_____

Population of subcentre:_____ Name of HW(F)(ANM):_____

B.Services

SNO	Services	Method of estimating demand of the area of subcentre		Felt need of the population of the subcentre	
		Coverage norm 1996-97	Methodology	Annual	Month
1	2	3	4	5	6
1	Antenatal registration	100%	Population x BR/1000 Add 10% for pregnancy wastage 2000x32/1000=64 64+6=70		
2	Early AN registration	60%	70x60/100=		
3	Detection and referral of HR	100%	70x15/100=		
4	Detection and treatment of anaemia	50%	70x50/100=		
5	T.T to AN mother	100%	70x100/100=		
6	3 AN visits	100%	70x100/100=		
7	Institutional delivery	33%	64x33/100=		
8	Skilled attention at delivery	95%	64x95/100=		
9	Birthweight taken	95%	64x95/100=		
10	Detection & referral of HR	100%	64x10/100=		

11	Infant immunisation	100%	64x100/100=		
12	Vitamin A for children 9 m to 3 yrs	100%	64x5=		
13	Diarrhoea cases treated with ORS	100%	64x5x3=		
14	ARI/pnuemonia (upto five years)	100%	64x5x2= 10% of cases will be the number of pnuemonia cases		
15	FP acceptance	100%	a.No: with >3 children -no: sterilised -no: wanting sterilisation -no: using spacing method -Cu-T -OC -Condoms -no:wanting a spacing method -Cu-T -OC -Condoms b.No: with 2 children -no: sterilised -no: wanting sterilisation -no: using spacing method -Cu-T -OC -Condoms -no:wanting a spacing method -Cu-T -OC -Condoms		

			c. No: with <2 children **-no: using spacing method** **-Cu-T** **-OC** **-Condoms** **-no:wanting a spacing method** **-Cu-T** **-OC** **-Condoms** **d. No: of couples protected:** **-sterilisations** **-Cu-T** **-OC** **-Condoms**		

FORM - 4

ANM's Activity Reports for the Month_____

SC_____ PHC_____ Subcentre Population_____

No. of ECs_____ Current Users of FP_____

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. ANC Registration (total)					
2. Early Registration (less than 16weeks)					
3a. ANCs received TT1					
3b. ANCs received TT2/Booster					
4. ANCs received complete					
a. IFA Prophylaxis					
b. IFA Therapy					
5. ANCs examined					
6. ANCs completed 3 visits					
7. ANC clinics conducted					
8. High risk ANCs referred					
9a.Institutional Delivery					
9b.Delivery by trained person					
9c.Delivery by untrained Dai/ Others					
10.Birth Weight Recorded					
11.BW below 2.5 Kg.					
12.High risk newborns referred					
13.No. of PNCs completed 3 visits					
14.MTPs referred					
15.No. Imm sessions conducted					
16.No. of Children Immunized					
a. BCG					
b(i). DPT1					
b(ii). DPT2					
b(iii).DPT3					
c(i). OPV1					
c(ii). OPV2					
c(iii).OPV3					
d. Measles					
17.Children fully immunized					
18a.Children given Vit A doses					
18b.Children completed 5 doses of Vit. A					
19.Adverse events foll.Imm.					
20a.Joint Sessions with AWW					
20b.Joint sessions with Dai					
20c.Joint sessions with women's groups					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
21a. Users of pmt.methods					
(i) Vasectomy					
(ii) Tubectomy					
21b. Acceptors of spacing methods					
(i) IUD					
(ii) OP Users					
(iii) Condom Users					
(iv) Traditional/Indigenous method					
(v) Natural methods					
22. No. IUDs discontinued					
23. No. FP users followed-up					
24. Complications due to contraception					
25. Sterilization Failures	****				
26a. No. of cases of:					
Polio					
Measles					
NN Tetanus	***				
ARI U5 treated					
ARI U5 referred	***				
Diarr. U5 treated	***				
Diarr. U5 referred	***				
26b.No.of cases of Reproductive problems	***				
RTI/STD referred	***				
Other Gyn Prob. referred	***				
Infertility cases referred					
27. Vital Events Recorded:					
Live Births	***				
Neonatal deaths (28d)	***				
Infant deaths (under 1)	***				
Child (1-5) deaths	***				
Maternal deaths	***				
Marriages					
Marriages of girls below 18 years	***				

Transparency 12.3

Source of information for the data for activities listed

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. ANC Registration (total)					
2. Early Registration (less than 16weeks)					
3a. ANCs received TT1					
3b. ANCs received TT2/Booster					
4. ANCs received complete					
a. IFA Prophylaxis					
b. IFA Therapy					
5. ANCs examined					
6. ANCs completed 3 visits					
7. ANC clinics conducted					
8. High risk ANCs referred					
9a.Institutional Delivery					
9b.Delivery by trained person					
9c.Delivery by untrained Dai/ Others					
10.Birth Weight Recorded					
11.BW below 2.5 Kg.					
12.High risk newborns referred					
13.No. of PNCs completed 3 visits					
14.MTPs referred					
15.No. Imm sessions conducted					
16.No. of Children Immunized					
a. BCG					
b(i). DPT1					
b(ii). DPT2					
b(iii).DPT3					
c(i). OPV1					
c(ii). OPV2					
c(iii).OPV3					
d. Measles					
17.Children fully immunized					
18a.Children given Vit A doses					
18b.Children completed 5 doses of Vit. A					
19.Adverse events foll.Imm.					
20a.Joint Sessions with AWW					
20b.Joint sessions with Dai					
20c.Joint sessions with women's groups					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
21a. Users of pmt.methods					
(i) Vasectomy					
(ii) Tubectomy					
21b. Acceptors of spacing methods					
(i) IUD					
(ii) OP Users					
(iii) Condom Users					
(iv) Traditional/Indigenous method					
(v) Natural methods					
22. No. IUDs discontinued					
23. No. FP users followed-up					
24. Complications due to contraception					
25. Sterilization Failures	****				
26a. No. of cases of:					
Polio					
Measles					
NN Tetanus	***				
ARI U5 treated					
ARI U5 referred	***				
Diarr. U5 treated	***				
Diarr. U5 referred	***				
26b. No.of cases of Reproductive	***				
problems	***				
RTI/STD referred	***				
Other Gyn Prob. referred	***				
Infertility cases referred					
27. Vital Events Recorded:					
Live Births	***				
Neonatal deaths (28d)	***				
Infant deaths (under 1)	***				
Child (1-5) deaths	***				
Maternal deaths	***				
Marriages					
Marriages of girls below 18 years	***				

FORM - 4.1

Technical Assessment Check-list
Assessment of ANMs records

Month _____

PHC_____

Village_____

Sub-centre_____

ANM_____

HH	Name	Item1	Item2	Item3	Item4	Item5	Item6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Score							

Total score

Items: (1) No. of living children,
(2) Contraceptive status of EC,
(3) Immunization status of the youngest child,
(4) Did she receive TT/IFA during pregnancy
(5) Whether the child was weighed at birth
(6) Who did the delivery

Scoring system : ANM recorded the item correctly +1
ANM recorded the item wrongly / not recorded 0

Technical Assessment Check-list for ANM
Observations on Skills, Practices and Facilities

PHC _____ Month _____
Sub-centre _____ Name of ANM _____

	Yes/No	Comment
Overall Quality Aspects		
1. Washes hands before and after examination/treatment		
2. Uses principles of sterilization		
3. Respects the client seeking services		
For New ANC:		
1. Outcome of Previous preg recorded		
2. Asked about BOH/associate diseases		
3. Recorded LMP and EDD		
For any ANC:		
4. Did abdominal palpation		
5. Recorded BP correctly		
6. Recorded Hb Correctly		
7. Height and weight checked and informed the client		
8. Foetal heart sound heard		
9. Iron and folic acid tablets given		
10. TT given		
11. MCH card issued		
12. Did breast examination		
13. Advised on nutrition and rest		
14. Advised on place of delivery and preparation		
15. Reminded about next visit		
16. Checked for high risk and informed / referred for Child Immunization		
17. Uses single needle, single syringe		
18. Throws away opened measles vial		
19. Imm card filled		
20. Advised mother about next visit		
21. Cold chain maintained		
Postnatal Visit:		
22. Asked mother about:		
Fever		
Foul smelling discharge		
Bleeding		
23. Checked for		
Involution of uterus		
Cord healing		
Recorded baby weight		
24. Mother advised about:		
Proper breast feeding		
Keeping baby warm		
Contraception		
25. Counsels on contraception		
Contraception (for any method) :		
26. Uses screening criteria and rules out contra indications		
27. Informs woman about side effects and action		
Treatment of ARI / Diarrhoea		
28. Can count respiratory rate		
29. Advise about feeding and fluid		
30. Advises about danger signs		

FORM - 4.5

FACILITY CHECK-LIST FOR SUB-CENTRE

PHC _____ Month_____ Sub-Centre_____

Selected Equipments and Supplies	Available		Quantity/Quality
	Y	N	
A. Facilities			
Accommodation			
Water			
Electricity			
B. Furniture and Equipment			
Examination Table			
Benches for clients			
Cupboard for drugs			
Foot stool			
Vessels for water storage			
Waste disposal containers			
Brooms and Mops for cleaning			
Steam sterilizer			
Delivery Kit			
Torch light			
Stove			
Weighing scale			
BP apparatus			
Vaccine carrier			
C. Supplies and Drugs			
Thermometer			
Gloves			
Syringes and Needles			
Slides for blood test			
ORS Packets			
DDKs			
Uristix			
Kerosene			
Co-trimoxazole			
Vit A solution			
IFA tablets (big and small) and syrup			
IUDs			
OPs			
Condoms			
Antiseptic solution			
Chloroquine tablets			
Paracetomol tablets			
Metronidazole tablets			
D. IEC material			
Posters			
Models			

FORM - 4.4

Technical Assessment Checklist for ANM
Knowledge and Opinion of EC/Community

PHC _____ Month _____

Sub-centre _____ Village _____ ANM _____

	Households									
	1	2	3	4	5	6	7	8	9	10
Were you visited by the ANM during the last month										
Is the ANM available when needed										
Does she treat you with respect when you go to her										
Did you have any problem in the last pregnancy										
If yes, were you given timely advise										
Was your delivery conducted by a trained person										
Was your baby weighed after birth										
Were you visited at home after delivery										
Did you get information about proper breast feeding practices										
Do you know the danger signs of ARI										
Do you know what fluids are to be given to your child during diarrhoea										
Do you know against what diseases immunization is given dto your child										
Do you know at what age Measles vaccine is given										
What is your desired family size How many children do you have										
Are you aware of contraceptive methods										
Are you aware of side effects of contraceptive methods										
Are you aware of the ideal gap between two children										
Have you had an abortion										
If yes, were you given advise and treatment										
Did you have RTI/Gynaea problem										
If yes, did you seek the services of ANM										

Transparency 12. 8

Sample of a tour programme

Week 1	Week 2	Week 3	Week 4
Monday Subcentre-1(MCH clinic)	Subcentre 4 (MCH clinic)	Subcentre 2 (MCH clinic)	Subcentre5 (MCH clinic)
Tuesday Subcentre-2(FP activity)	Subcentre 6 (MCH clinic)	(to be filled)	(to be filled)
Wed.day Subcentre-3(Field visit)	(to be filled)	(to be filled)	(to be filled)
Thursday	(to be filled)	(to be filled)	(to be filled)
Friday	(to be filled)	(to be filled)	(to be filled)
Saturday	(to be filled)	(to be filled)	(to be filled)

FORM - 5.0

Monthly Reporting Format for Health Assistant (Female) (LHV)

Name of the HA (F) : No. of ANMs under the HA (F) :

Month Year

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. All ANMs living in head quarters					
2. Supervisory visits with ANMs (4 per ANM per month)					
3. Antenatal clinicsattended/ supervised (1 per month per subcentre)					
4. Total villages visited for supervision and verification (app. 4 per ANM per month)					
5. Anganwadi centres visited (5 per ANM per month)					
6. Resistanct eligible couples motivated (10% of ECs of each ANM)					
7. Houses visited for verification of ANC registration (10% of ANCs registered by each ANM)					
8. Postnatal mothers visited (10% of deliveries in each subcentre)					
9. Deliveries performed/supervised in institution (1 per month)					
10. Deliveries performed/supervised at home (1 per month)					
11. High risk antenatals identified (15% of ANCs in each subcentre)					
12. IUDs Inserted					
13. Supervisory checklists completed					
14. Registers verified					
15. Subcentre records verified					
16. Meetings with village elders					
17. Advance tour programme submitted					
18. Sector meetings conducted					
19. Adolescent girls meetings organised					
20. Helped in formation of women's groups					
21. Dai follow up done					
22. Follow up training for ANMs					
23. Counselling sessions conducted					

FORM - 5.1

Consolidated Monthly Reporting Format of all Female Health Workers under the Female Health Supervisor

No. of subcentres : Name of the supervisor :

Month : PHC

Year :

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. ANC Registration (total)					
2. Early Registration (less than 16weeks)					
3a. ANCs received TT1					
3b. ANCs received TT2/Booster					
4. ANCs received complete					
a. IFA Prophylaxis					
b. IFA Therapy					
5. ANCs examined					
6. ANCs completed 3 visits					
7. ANC clinics conducted					
8. High risk ANCs referred					
9a.Institutional Delivery					
9b.Delivery by trained person					
9c.Delivery by untrained Dai/ Others					
10.Birth Weight Recorded					
11.BW below 2.5 Kg.					
12.High risk newborns referred					
13.No. of PNCs completed 3 visits					
14.MTPs referred					
15.No. Imm sessions conducted					
16.No. of Children Immunized					
a. BCG					
b(i). DPT1					
b(ii). DPT2					
b(iii).DPT3					
c(i). OPV1					
c(ii). OPV2					
c(iii).OPV3					
d. Measles					
17.Children fully immunized					
18a.Children given Vit A doses					
18b.Children completed 5 doses of Vit. A					
19.Adverse events foll.Imm.					
20a.Joint Sessions with AWW					
20b.Joint sessions with Dai					
20c.Joint sessions with women's groups					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
21a. Users of pmt.methods					
(i) Vasectomy					
(ii) Tubectomy					
21b. Acceptors of spacing methods					
(i) IUD					
(ii) OP Users					
(iii) Condom Users					
(iv) Traditional/Indigenous method					
(v) Natural methods					
22. No. IUDs discontinued					
23. No. FP users followed-up					
24. Complications due to contraception					
25. Sterilization Failures	****				
26a. No. of cases of:					
Polio					
Measles					
NN Tetanus	***				
ARI U5 treated					
ARI U5 referred	***				
Diarr. U5 treated	***				
Diarr. U5 referred	***				
26b. No.of cases of Reproductive	***				
problems	***				
RTI/STD referred	***				
Other Gyn Prob. referred	***				
Infertility cases referred					
27. Vital Events Recorded:					
Live Births	***				
Neonatal deaths (28d)	***				
Infant deaths (under 1)	***				
Child (1-5) deaths	***				
Maternal deaths	***				
Marriages					
Marriages of girls below 18 years	***				

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Exercise 1 Split up into F & M.

— will jointly do this exercise.

Session 13 : Practice sessions

Importance of the session:

Competence in filling forms accurately is essential in successful planning, monitoring and supervision of the activities under TFA. Every functionary must acquire competence in filling the subcentre action plan as it forms the basis of the PHC action plan.

Objectives:

At the end of the session, the participants should be able to:

◊ Demonstrate competence in filling Form 2 - Subcentre action plan

◊ Demonstrate competence in filling monthly activity forms

◊ Demonstrate competence in filling technical assessment forms (only for supervisors)

Orientation methods:

Presentation

Orientation materials:

Charts on:

12.1 Form 2 Subcentre action plan
12.2 Form 4 ANM's activity report for the month
12.3 Form 4 Source of information
12.4 Form 4.1 Assessment of ANMs' records
12.5 Form 4.2 Observation of skills and practice
12.6 Form 4.3 Facility checklist
12.7 Form 4.4 Knowledge and opinion of the community
12.8 Sample of a time table for HAs' visits
12.9 Form 5 Monthly reporting format for Health Assistant (Female)
12.10 Form 5.1 Consolidated Monthly Reporting Format

Overhead projector, transparencies, flip charts, markers
Copies of Form 2 for the whole group
Copies of Forms2 a and 2 b for HWs(F)
Copies of Forms 4.1-4.4, 5 and 5.1 for HAs(F)
Copies of Forms 6 for HWs(M)
Copies of Forms 6.1 -6.2 and 7.0 to 7.1 for HAs(M)
Copies of Form 9 for BEEs
Sample registers (filled) : ECR, CSSM, clinic (5 of each if possible)

Guidelines to the facilitators:

Time: 210 minutes for exercises and 60 minutes for discussion on exercises

⇒Present the objectives of the session.

⇒ **Group exercise**

Divide the group into four: each group consisting of MOs, HAs (F&M), HWs(F&M). Write on the flip chart exercise 1 given under exercises.

After an hour, the groups should be assembled and the difficulties in filling in the form should be discussed. Points should be clarified.

⇒**Individual exercise**

Divide the group into three: one group with HWs(F) and HWs(M)
second group with HAs(F) and HAs(M)
third group with BEEs and MOs

Distribute: Exercise 2 and Forms 2 a and b and 4 to the HWs(F)
Exercise 3 and Form 6 to HWs(M)

For exercise 2, it is preferable to use the birth rate figures for the district as per the PERFORM survey. The population figures should be taken from any recent survey or if not available, use the figures from Census 1991.

Distribute:Exercises 4 - 7 and forms 4.1. 4.2, 5 and 5.1 to the HAs(F)
Exercises 8-10 and forms 6.1, 7 and 7.2 to the HAs(M)

Distribute: Exercise 11 and form 9 to the BEE

Distribute: Exercises 12 and 13 to MOs and Forms 3 and 10

Assemble the group and get a feedback from each group on problems in filling the forms. Clarify doubts if any.

Please note: For district level orientation, explain the forms to be filled by the MOs, Supervisors of HA(F), HA(M) and BEE. Nurse-midwife and FRU/CHC/PPC staff and their supervisors.

Evaluation of the session

- Feed back after Exercise 1
- Feedback from worker specific exercises
- In case of HWs(F), review exercise 2 and clarify the points not clear.

Review exercises (see later)

Reference material:

GOUP: Target Free Approach Manual for HWs(F) and HAs(F). Forms

GOUP: Target Free Approach Manual for MOs

Exercises

This exercise will be done

by HWF & HWM

Area . eligible couple 342 estimated need

UMN = 85 | 342 estimated need
exep + 61 | − 61
Area need or felt need: 146 | 281 — Services to be uncovered being provided

felt need = unmet need + already the exceptions

Exercise 1

Population= 3000 Birth rate= 32

Eligible couple= 600

	>3 children	2 children	<2 children
EC	342	120	138
Accepted - sterilization	45	15	13
Spacing- condoms	10	4	9
-OC	3	1	4
- IUD	3	1	4
Unmet need- steriliz	37	0	0
Unmet need -spacing	48	6	22
condoms	30	4	15
OC	9	1	4
IUD	9	1	4

* % of births according to parity (NFHS)
** based on NFHS (10% cases sterilisation cases)
*** based on NFHS (3% condoms, 1% OC, 1% IUD)
*** based on NFHS (unmet need for sterilisation-14%, spacing-17%)
**** calculation based on current prevalence

Please note: It is preferable to use the birthrate of the district as per PERFORM survey. For population figures, use the figures from any recent survey or the figures from Census 1991.

Exercise 2 (use form 2 a and form 2b)

Village	Population	Birth rate
Village 1	1000	34
Village 2	2000	36
Village 3	1500	32
Village 4	2000	38

FP estimate to be done only for one village
Village 2 Population - 2000 EC- 400

	>3 children	2 children	<2 children
EC	228	80	92
Accepted - sterilization	32	8	0
Spacing- condoms	7	2	3
-OC	2	1	1
- IUD	7	2	3
Unmet need- steriliz	24	9	0
Unmet need -spacing	31	12	15
condoms	20	6	9
OC	6	3	3
IUD	5	3	3

* % of births according to parity (NFHS)
** based on NFHS (10% cases sterilisation cases)
*** based on NFHS (3% condoms, 1% OC, 1% IUD)
*** based on NFHS (unmet need for sterilisation-14%, spacing-17%)
**** calculation based on current prevalence

Using information in Form 2 b, fill Form 4

Exercise 3

Population- 5,000
No: of malaria cases-1000
No: of TB cases- 100
No: of leprosy case-30
No: of GE cases -300

The rest of the figures should be filled up based on the experience of the worker

Exercise 4

Provide a sample of registers to each HA(F) and ask each to fill form 4.1

Exercise 5

Give one of the following topics to each HA(F)

1. HW(F) examining a pregnant woman

2.HW(F) providing postnatal care

3. HW(F) in immunisation clinic

4. HW(F) providing FP service

5.HW(F) with a child with suspected pnuemonia

Ask each of the HA(F) to fill in the relevant sections of Form 4.1

Exercise 6

Ask the HA(F) to fill in the form based on her expérience.

Exercise 7

Fill up form 2 with the figures used during discussions on form 2 and the figures from exercise 1 for filling up Form 5.1

Exercise 8

Exercise 9

Exercise 10

Exercise 11

Exercise 12

Session 14: End of the day Review

Use the format used in session 8

Session 15: Orientation of Village Level Functionaries and Village Leaders to TFA

Importance of the session:

Community participation and decentralised planning are themes of TFA. It is important to orient the village level functionaries and village leaders in the TFA to ensure their cooperation in all aspects of health care: from planning, implementing and evaluating.

Objectives:

At the end of the session, the participants should be able to:

- ◊ List the focus of the TFA
- ◊ List the major areas of services under RCH
- ◊ Identify areas of cooperation to implement the TFA
- ◊ Identify the problems in implementing TFA in their district or block

Orientation methods:

Discussion, role play

Orientation materials:

Transparencies on:

- 3.1 Birth rate and CPR for UP
- 3.2 Problems with Target Centred Approach
- 3.3 Principles of TFA, Decentralised planning, Community Participation
- 4.1 Components of RCH
- 4.3 List of services under TFA

Overhead projector, transparencies, flip charts, markers

Guidelines to the facilitators:

Organising the session: Arrangements should be made in advance to invite anganwadi workers, village health workers, village leaders, dais, school teachers and other village level functionaries.

Time: 60 minutes for discussion and 60 minutes for role play

⇒Present the objectives of the session.

⇒Present the Birth Rate and Couple Protection Rarte of Uttar Pradesh (U.P.) for the last five years (Transparency 3.1) which shows that inspite of the couple protection rate increasing over the years, the birth rate has not decreased. Ask the participants views on why the birth rate has not come down in U.P. List the answers on the flip chart. Summarise the points. Present Transparency 3.2 and compare with the answers on the flip chart. Discuss any additional point brought out by the village level functionaries.

⇒Tell the group about the initiatives taken by the government over the years to overcome this problem such as dropping incentives for the workers and now dropping the targets. Tell them that the focus is now on improving coverage of all services and not just FP services.

⇒Tell the group that **although under TFA no targets are given by the government, it is expected that the workers will cover the needy population with specific services**. For example, the HW(F) (ANM) has to ensure that she registers all pregnant mothers, all pregnant mothers are checked at least three times in the clinic, all are provided with two doses of tetanus toxoid and all get iron and folic acid tablets. In addition, she has to ensure that high risk pregnancies are identified and referred in time. Tell them that with such services it is hoped that there will be fewer maternal deaths and fewer babies born with low birth weight. Point out that under TFA the aim is to provide the complete package of services to pregnant mothers and not just tetanus toxoid as was the case till recently.

⇒Tell the group that under TFA the planning is done at the subcentre level. The HW plans for her area according to the need of the area. Tell them that the village level functionaries have a major role to play in this as they can help the HW to identify needs of the community. They can help the HW to reach services where it is difficult for the HW. For example, it may not be always possible for the HW to get the birthweights done as she gets information about the deliveries much later. By taking the help of dais, the HW can get information about deliveries and should be able to get birthweights taken as early as possible. Similarly, the dai should be able to take help of the HW incase of problems. Ask the group specifically how the Anganwadi worker, the school teacher, village leader and the community health guide can help in reaching services to needy groups and how they can benefit from their association with subcentre activities. Give the example of a school teacher who is interested in getting rid of some of the common health problems in the school. He takes the assistance of the HW(M) for a school health check up and education of the school children. Tell the group that when the HW(M) had a problem with the stagnant water in the village where the school is located, he took the help of the teacher to convince the community to take action.

⇒Present the transparency on components of RCH (Transparency 4.1). Emphasise the point that the only new service is Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs). Explain how these services are inter-related. For example: the best intervention to prevent maternal mortality is preventing a pregnancy through the

use of a contraceptive. Contraceptive use ensures spacing of births which has a positive impact on mothers' and child's health. RTIs/STDs cause infertility and during pregnancy can cause abortions, still births or congenital abnormalities. Treatment of RTIs/STDs can prevent these problems. Similarly through better CSSM interventions, survival of children motivates couples to limit their families. **Emphasise that all the services are client centred.**

⇒Ask the group whether they see a role for males in reproductive health. Ask them what do they see as the male involvement. Specifically ask the males how they can contribute to increasing male involvement. Emphasise use of contraception and prevention and treatment of RTIs/STDs including HIV. Emphasise the importance of male involvement using the example of a two wheeler- one wheel representing a man and the other a woman and how both wheels are required to run the vehicle.

⇒Now present the transparency showing services under TFA (Transparency 4.3). The objective is to make them understand that under TFA all the services are the same except services for RTIs/STDs. Tell the participants that by their involvement in the subcentre activities, they can also help in monitoring the quality of services.

Ask the group to tell you how they would ensure community participation. Stress the importance of community participation not only in identifying felt needs, but also in helping to make sure that good quality services are available at the community level.

⇒Now demonstrate a role play. Ask for volunteers from each category of village level workers and from village leaders. Ask for a volunteer from the HWs(M) group. Instruct them about the role play (see the details of the role play).Tell them that you(the facilitator) is going to be the HW (F) (if a female facilitator is present, she should do this role play). Tell the members of the group that the session that is going to be demonstrated is a community planning session and what each person's role is going to be.

Now go back to the group of participants and tell them that you are going to demonstrate a role play on organising a community planning session. Introduce the roles of each of the members of the role playing team. Ask the group to watch the role play carefully and to give a feedback at the end of the session.

After the demonstration is over, hold a discussion on what the participants saw and ask them to list the important points to remember while conducting a community planning session. Find out what they learned from the role play.

Ask one of the HW(F) and HW(M) to volunteer to demonstrate another role play. After the role play, ask the group to comment on the role play.

⇒End the session by emphasising the fact that as important people in the community, they all have a major role to play in the activities of the subcentre which will contribute to better health of the community particularly that of the mothers and children.

***Evaluation of the session*:**

Use these review questions and the feedback from the role plays to evaluate the session. Explain the points that are not clear.

Review questions:

1. What is the most important message under TFA?

2. Is there a role for the village level functionaries and leaders in TFA?

3. Do the village functionaries have a role in monitoring?

4. Is male participation important?

***Reference material*:**

GOUP: Target Free Approach Manual for HWs(F) and HAs(F) . Sections 1 and 2.

GOUP: Target Free Approach Manual for MOs

Role play to demonstrate organising a community planning session

Objective: To demonstrate how to organise a community planning session

Preparation for the role play: The facilitators should decide in advance who is going to play what role and instruct the volunteers accordingly. The role play should not take more than 20 minutes.

Description:

A HW(F) and HW(M) are in a panchayat ghar for a meeting with community leaders and village level functionaries. The workers have invited the local pradhan, the dai, the AWW, the school teachers, the village auyrvedic doctor and the village health worker. They have also invited the members of the mahila swasthya sang and the women members of the panchayat.

The workers greet each of the members as they come in. All the participants sit on the floor forming a circle. The HWs welcome the members. The HW(F) starts the discussion by asking the group whether they had heard about the government's new initiatives: the TFA and RCH programmes. Some members had heard about the initiatives. A brief description is given about TFA and RCH. The HWs discuss the decentralised planning and the subcentre action plan. They tell the group the purpose of the meeting is to seek their assistance in the development of the subcentre action plan. Each of the members are asked to list what they think is the health need of the population. One of the participants lists diarrhoea among children as a problem. The HW(F) notes the information in her diary. The HW(M) asks about the drinking water situation and finds out that the source of drinking water is an open well. She and the HW(M) promises to visit the locality and educate the mothers about what to do in cases of diarrhoea and to chlorinate the well. A woman member mentioned the death of a mother due to illegal abortion. The HW(F) questions the member further and finds out that the very few women use any FP method, but do not want any children. The HWs note this information in their diary and plans a visit to the area. After identifying the needs from the group, the HW(F) shares some information about the low coverage with some services. She specifically mentions the problem about antenatal registration and check ups. She also mentions that she does not get immediate information about births. She requests the help of the dai and AWW. The HW(F) also mentions that very few mothers bring their children to immunisation clinics. Now the group discusses what to do about the problems, identifies who can help and promises to report immediately problems in the community. The HW(F) adds the felt needs of the community in the subcentre action plan. The HWs also invite the members to join them for a survey they are planning to determine the health needs of the community. The workers thank the members for their participation and plans a meeting the next month to follow up on decisions taken.

Feedback: Ask the rest of the group to comment.

Session 16: Post-test questionnaire

Objectives:

Objectives of the post-test are:

◊ to measure changes in knowledge and skill levels in decentralised planning as a result of the orientation

◊ to collect information on perceived barriers/constraints in implementation to help design solutions

Method:

Self-administered test

Materials:

Post-test questionnaire

Analysis sheets

Guidelines to facilitators:

Total time allotted for this activity is 20 minutes.

Discuss each question and explain how the answers should be written. Particular attention should be paid to Question 2 (True or False) and Question 4 (Expected Outcomes of TFA).

At the end of the day, the facilitators should tabulate the close ended questions and record the information on the Summary analysis sheets.

RCH/TFA Orientations at District/Block Level
Post - Test Questionnaire

Designation:_____

1. List the components of RCH.

2. Some of the following statements are true, others are incorrect. √ "true" or "false". For example:

√ True ☐ False The Target Free Approach is a client centered approach.

Under the Target Free Approach:

☐ True ☐ False The CMO will estimate service demand for your center.

☐ True ☐ False The Eligible Couple Register will be abolished.

☐ True ☐ False Only male health workers will be responsible for motivating vasectomy and condom acceptors.

☐ True ☐ False The Quality of services is more important than the level of coverage.

3. Which of the following steps improve quality of care?

   ☐ counseling

   ☐ talking only about the benefits of contraceptives

   ☐ follow-up

   ☐ technical competence of providers

   ☐ advising a woman about contraceptives in front of others

4. There are 14 expected outcome of TFA. For example, under antenatal care, universal TT vaccination of pregnant women is an expected outcome. List one outcomes for each of the following areas:

   Delivery care:

   Child health:

   Family Planning:

   RTIs/STDs:

5. Under the TFA Approach who calculates/determines need for FP at community level?

   ☐ Subcentre ANM

   ☐ PHC MO

   ☐ CMO

   ☐ All the above

6. Which of the following will be used to monitor the quality of care provided by the worker?

   ☐ Facility checklist.

   ☐ Monthly activity report.

   ☐ Observation on skills and practices.

   ☐ Number of acceptors of services.

   ☐ Knowledge and opinion of community.

7. How is TFA different from the way you provided services before? (You may "√" more than one.)

   ☐ Decentralized planning

   ☐ Quality of care

   ☐ Client-centered approach

8. What will be your biggest obstacle to implementing the Target Free Approach?

Analysis of Post- Test Responses

Instructions for analysis

- Only the close ended questions are included in the analysis.
- Analysis should be done separately for different categories of workers
- Follow the instructions for scoring that are given below with each question. The responses should be tallied by hand on a blank questionnaire as shown below:

  For example, if the correct response is FP, then all the correct answers should be tallied as shown below.

  FP - ~~IIII IIII~~

Designation:_____

1. List the components of RCH.

Give score only if all the three components are listed

The correct answer is FP, CSSM and RTIs/STDs

2. Some of the following statements are true, others are incorrect. √ "true" or "false". For example:

   √ True ☐ False The Target Free Approach is a client centered approach.

   Under the Target Free Approach:

   Tally only the answers that are marked correct

   ☐ True √ False CMO will estimate service demand for your centre.

   ☐ True √ False The Eligible Couple Register will be abolished.

   ☐ True √ False Only male health workers will be responsible for motivating vasectomy and condom acceptors.

   √ True ☐ False The Quality of services is more important than the level of coverage.

3. Which of the following steps improve quality of care?

Tally only the answers that are marked <u>correct</u>

√ counselling

☐ talking only about the benefits of contraceptives

√ follow-up

√ technical competence of providers

☐ advising a woman about contraceptives in front of others

4. There are 14 expected outcome of TFA. For example, under antenatal care, universal TT vaccination of pregnant women is an expected outcome. List one outcomes for each of the following areas:

(To be analysed separately)

Delivery care:

Child health:

Family Planning:

RTIs/STDs:

5. Under the TFA Approach who calculates/determines need for FP at community level? (√ all that apply)

Tally only the answer that is marked <u>correct</u>

√ Subcentre ANM

☐ PHC MO

☐ CMO

☐ All the above

6. Which of the following will be used to monitor the quality of care provided by the worker? (√ all that apply)

Tally only the answers that are marked <u>correct</u>

√ Facility checklist.

√ Monthly activity report.

√ Observation on skills and practices.

☐ Number of acceptors of services.

√ Knowledge and opinion of community.

7. How is TFA different from the way you provided services before? (You may "√" more than one.)

Give score only if all three have been marked

√ Decentralized planning

√ Quality of care

√ Client-centered approach

8. What will be your biggest obstacle to implementing the Target Free Approach?

(to be analysed separately)

Session 17: Wrap-up Session

Importance of the session:

A review at the end of the programme is importan to get a feed-back not only on the sessions but also on the method of conducting the sessions. This will help the facilitator to change the method of orientation in the future workshops.

Objectives:

◊ To get a feed-back on the orientation programme

Guidelines to the facilitators:

⇒ Ask the group about their impressions about the sessions. Did they find the sessions useful and interesting? Did they have difficulty in understanding? Find out the important lessons they learned. Find out about problems other than those related to orientation such as logistical problems.

Thank the participants for their active participation.

Correction en page

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pg 40

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