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Manoj Jhalani, IAS
Joint Secretary & CVO
Telefax : 23063687
E-mail : manoj.jhalani@nic.in

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi-110011

D.O No. Z.15015/56/2015-NHM-I (Part)
Dated 4th January 2016

Dear Mission Director,

Action

I am writing to you with regard to the use of Participatory Learning and Appraisal (PLA) method in community action. PLA is a method that has demonstrated positive outcomes for a range of community related interventions particularly on reducing morbidity and mortality from conditions related to maternal, newborn, and child health and nutrition. A note on PLA with a training design and strategy is attached. It is suggested that ASHA facilitators be trained in the PLA method and mentor ASHA in using the method. We request you to review the note and assess the feasibility of implementing this training for ASHA facilitators in your state. The costs and incentives can be budgeted in the PIP subject to the overall ceiling of Rs. 16,000 per ASHA.

10/GM(CP) 1. Take action on it
21/1/16 AS

2. Please let me know if you require any clarifications.

With regards,

Yours sincerely,

(Manoj Jhalani)

GM(CP)
14/01/16

Encl: as above

Mission Director, National Health Mission, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Meghalaya, Odisha, Rajasthan, Uttarakhand, Uttar Pradesh

Raman

TRAINING DESIGN AND STRATEGY - TRAINING ASHA FACILITATORS FOR IMPROVED RMNCH OUTCOMES USING PARTICIPATORY LEARNING AND ACTION

1. Background

This proposal describes plans to train ASHA facilitators for improved Reproductive, Maternal, Newborn and Child Health (RMNCH) outcomes through Participatory Learning and Action.

1.1 What is Participatory Learning and Action?

The PLA approach is a capacity building process in which women's group members invite non-group members, adolescent girls, pregnant women, mothers, and men, frontline service providers to learn about, plan, carry out and evaluate activities to improve health in a participatory and sustained basis. The PLA approach directly addresses women's empowerment, an important underlying determinant of health and nutrition outcomes.

A PLA cycle has four phases. In the first phase, a facilitator supports groups in identifying RMNCH problems in their area, discuss the causes and consequences of these problems, and prioritise the ones that they want to address. In the second phase, groups identify locally feasible strategies to address their prioritised problems. In the third phase, they implement their strategies. In the fourth phase, the groups evaluate their strategies. The groups also meet with the broader community twice during the meeting cycle to share their prioritised problems, strategies, and gain support for the implementation of their strategies.

1.2 Ekjut and the evidence for PLA

Ekjut's work on empowering communities through Participatory Learning and Action meetings has been shown to reduce newborn and maternal mortality. Work conducted in Jharkhand and Odisha in 2005-2008 demonstrated a 45% reduction in newborn mortality. The most marginalised benefitted the most, with a 73% reduction in newborn mortality compared with a 33 % reducation among the less marginalised. This is the result of the approach being equity-focused, attracting the most vulnerable groups. The findings were published in The Lancet[1] and received endorsement by the World Health Organisation (WHO) in 2014. WHO now recommends community mobilisation through Participatory Learning and Action (PLA) as an intervention to improve maternal and newborn health.[2]

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1. Tripathy PK, Nair N, Barnett S, et al. Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. *Lancet* 2010; **375**: 1182-1192.

[2] World Health Organization. WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health. Geneva: World Health Organization, 2014. http://www.who.int/maternal_child_adolescent/documents/community-mobilization-maternal-newborn/en/

The intervention was piloted in Jharkhand by NHM Jharkhand with a separate training module for ASHAs (2012-2013), with the objective of saving newborn lives. In Odisha, the approach was scaled up under the "Shakti Varta" programme to address under nutrition. In States like Bihar, West Bengal and Madhya Pradesh, PLA work has been taken up by various development agencies.

1.3 State involvement in PLA

The PLA approach was discussed with State nodal offices in 2014, and all participants expressed interest in PLA. Given that several States had not yet completed training in modules 6 and 7, there was concern about adding new content to the training at that time. However, now that several states have completed or are in the process of completing these trainings, the opportunity has arisen to introduce PLA. This will strengthen the ASHA facilitators' and ASHAs' ability to improve the shape social norms, improve the uptake of services, address inequities, and increase problem-solving skills.

2. Design

PLA involves three rounds of training of a total of 14 days, spread six months apart each, as follows:

- PLA Round 1 (5 days)
- PLA Round 2 (5 days)
- PLA Round 3 (4 days)

In PLA round 1, the facilitators will be trained in:

- Understanding issues of inequity within the community
- Learning skills to facilitate six meetings, covering the first two phases of the PLA cycle
- Acquiring competencies to prioritise RMNCH issues within their communities
- Together, understanding underlying causes of RMNCH problems, and cause and effect relationships
- Collectively identifying feasible, context-specific strategies to address prioritised RMNCH issues

In PLA round 2, the facilitators will be trained in:

- Supporting the implementation of strategies selected by groups
- Problem-solving skills
- Supporting groups to discuss specific RMNCH topics building on, and following the contents of modules 6 and 7

In PLA round 3, the facilitators will be trained in:

- Supporting groups to discuss additional RMNCH topics building on, and following the contents of modules 6 and 7, along with gender-based violence

- Supporting groups in evaluating their activities
- Identifying future thematic areas of focus for their group activities

3. Geographic focus

The intervention will focus on States that have low RMNCH indicators - 1. Assam; 2.Bihar; 3. Chhattisgarh; 4. Jharkhand; 5. Madhya Pradesh; 6. Meghalaya; 7. Odisha; 8. Rajasthan; 9. Uttarakhand; 10. Uttar Pradesh.

4. Outcomes

We expect that the intervention will lead to improved RMNCH outcomes, and specifically in maternal and newborn survival. We estimate that the intervention will **save 81,824 newborn lives across the 10 States**, assuming a baseline neonatal mortality rate of 35 per 1000 livebirths and a crude birth rate of 25.

5. Training strategy

The proposed steps of the training strategy are as follows:

1. Ekjut will train National Trainers
2. National Trainers will train State and ASHA trainers with additional support from Ekjut
3. State and ASHA trainers will train ASHA facilitators to conduct the PLA meetings
4. ASHA facilitators will provide on the job training to ASHAs while conducting meetings themselves.
5. All BCMs will be trained along with ASHA trainers for effective supervision
6. All DCMs will be given a two-day orientation on PLA

The estimated training load is described below.

States	State trainers	ASHA trainers	Block Community Mobilisers	ASHA Facilitators	State-specific training load
UP	59	2622	825	6808	**7633**
Bihar	16	126	534	4964	**5498**
MP	25	300	313	3991	**4304**
Rajasthan	25	640	249	2066	**2315**
Chhattisgarh	46	3551	292	3551	**3843**
Odisha	11	166	N/A*	1672	**1672**
Jharkhand	12	474	844	2184	**3028**
Assam	7	447	149	2878	**3027**
Meghalaya	2	65	N/A*	334	**334**
Uttarakhand	5	156	101	606	**707**
TOTAL	**208**	**8547**	**3307**	**29054**	**32361**

* In these states, the nodal officers at the block level will be trained, according to local requirements.

5. Supportive mechanisms

- ASHA facilitators will conduct 10 meetings in the presence of the local ASHAs. Remaining ASHAs from neighbouring areas will be invited to this, and then they themselves will conduct meetings in their own villages.
- In the next month, she will support ASHAs who observed the meetings in the previous month to conduct their own meetings.
- ASHAs who have observed meetings in other villages can conduct meetings on same topic in their respective villages in the same month.
- Over a period of two months, she will have supported all ASHAs conducting meetings in her supervision area.
- ASHA facilitators will use monthly cluster meetings as a forum to introduce and plan for PLA meetings.
- An indicator on the performance of ASHAs can be created and included in existing performance indicators.

6. Incentives

- ASHA facilitators may be given Rs1000 monthly, or Rs.100 per meeting (for 10 meetings).
- ASHAs may be given Rs100 per PLA meeting.
- The ANM or BCM are suggested to attend PLA meetings.
- Verification of incentives for ASHAs and ASHA facilitators will be done by BCMs.
- Payment will begin for facilitators and ASHAs after the first meeting after the first round of training.

Appendix: Detailed description of the Participatory Learning and Action cycle

Phase 1: Identify, discuss and prioritise problems

- The facilitator introduces RMNCH issues by showing pictures to illustrate the links between women's health and nutrition, early conception, low birth weight, childhood illnesses and poor growth and development
- Groups discuss common women's, maternal, neonatal and child health problems presented through picture cards
- Groups prioritise the problems that are most prominent in their area
- The facilitator shares information on causes and consequences for these problems through participatory methods and gives key, simple messages about the practices emphasised in the ASHA module 6 and 7 on the skills that saves lives. This is

accompanied by practical demonstrations and activities.

Phase 2: Identify and prioritise strategies

Groups discuss strategies to address prioritised problems. Strategies must be feasible in a local context. The facilitators' role is to guide groups in selecting realistic strategies and support groups in allocating responsibilities for their implementation and follow-up. This phase ends with a community meeting to share identified problems and strategies with the community.

Phase 3: Implement strategies

Groups implement their strategies and periodically review progress, with support from facilitators. Groups (and communities) take action towards addressing the priority issues and would reflect in positive change in practices, collective action and increased demand/uptake for services.

Phase 4: Evaluate progress

Groups evaluate progress and success in the implementation of their strategies. Groups and communities will be aware of their success and gaps in addressing priority issues and its impact in terms of changes in practices, improved knowledge and awareness on RMNCH issues and possible solutions, role of the collective, key stakeholders and service providers and will have a roadmap taking it forward with role clarity.

Annexure 1: Estimated Training load

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