BRIDGE

BOOSTING ROUTINE IMMUNIZATION DEMAND GENERATION

AN ANALYTICAL REPORT FROM CLASSROOM TO THE FIELD.

THE BRIDGE TRAINING JOURNEY

eNVisions Institute of Development

CONTENTS

Abbreviations used in the Report 3
Glossary of Terms 4
Executive Summary 5
Background 6
BRIDGE Training Toolkit 8
The Trainers Pool 9
Approach and Methodology 10
Findings 11
Gender Analysis 11
Professional Background 12
Trainers' Competency 16
Trainers' Job Profile and Trainers' Assessment 18
Quality of FLW Training in States 18
The BRIDGE Story through Pictures 20
Participant Quotes 23
Challenges related to planning 25
Challenges related to implementation 26
Recommendations 27
Annexure 1 29
Annexure II- Trainers Grading Sheet 30
Annexure III- Pre-Post Test 31
Annexure IV- State-wise Data on all parameters 32
Annexure V- Nomination Letter(s) for nlts from FWTRC, goi 33
Annexure VI-Classroom assessment of Learning 35
Annexure VII-Field Assessment Report 44
Annexure VIII- Sector Assessment Report 57

ABBREVIATIONS USED IN THE REPORT

3A	Triple A (ASHA,AWW,ANM)
AEFI	Adverse Event Following Immunisation
AWW	Anganwadi Worker
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BCM	Block Community Mobiliser
BEE	Block Extension Educator
BPM	Block Program Manager
BRIDGE	Boosting Routine Immunisation Demand Generation
CSA	Civil Strife Areas
CDPO	Child Development Program Officer
DAC	District Advisory Committee
DCM	District Community Mobiliser
DIO	District Immunisation Officer
DHEIO	District Health Education and Information Officer
DPM	District Program Manager
FHI360	Family Health Initiative
FWTRC	Family Welfare Training and Research Center
GoI	Government of India
HEO	Health Education Officer
IPC	Interpersonal Communication
ICDS	Integrated Child Development Department
MT	Master Trainer
MoHFW	Ministry of Health and Family Welfare
MODTT	Medical Officer District Training Team
MO	Medical Officer
MOIC	Medical Officer in Charge
NGO	Non-governmental Organisation
NLT	National Lead Trainer
PHN	Public Health Nurse
RI	Routine Immunisation
SBCC	Social and Behaviour Change Communication
SMC	Social Mobilisation Coordinator
SMS	Short Messaging Service
ToMT	Training of Master Trainer
UNICEF	United Nations Children's Fund
UHC	Urban Health Coordinator
WHO	World Health Organisation
UHS	Urban Health Supervisor
SIHFW	State Institute of Health and Family Welfare
HP	High Proficiency
DP	Developing Proficiency
P	Proficient

GLOSSARY OF TERMS

ASHA:	ASHA are local women trained to act as health educators and promoters in their communities. The MoHFW describes them as: ...health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations. She will act as a depot holder for essential provisions being made available to all habitations like oral rehydration therapy (ORS), iron folic acid tablet(IFA), chloroquine, disposable delivery kits (DDK), oral pills & condoms, etc.
Anganwadi center	An Anganwadi center is part of a government program for maternal and child care in India at the village level. It caters to children in the 0-6 age group. The integrated child development services (ICDS) program was started in 1975 to combat child hunger and malnutrition. An Anganwadi centre provides basic health care facilities in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may also be used as depots for oral rehydration salts, basic medicines, contraceptives and child care.
ANM	Auxiliary nurse midwife, commonly known as ANM, is a village-level female health worker in India who is known as the first contact person between the community and the health services. ANMs are expected to be multi-purpose health workers. ANM-related work includes maternal and child health along with family planning services, health and nutrition education, efforts for maintaining environmental sanitation, immunisation for the control of communicable diseases, treatment of minor injuries, and first aid in emergencies and disasters. In remote areas, such as hilly and tribal areas where transport facility is likely to be poor, ANMs are required to conduct home deliveries for women.
AWW	The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based front line worker of the ICDS programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children.
Sub center	The sub-centre is a small village-level institution that provides primary health care to the community. The sub-centre works under the primary health centre (PHC). Each PHC usually has around six such sub-centres. The sub-center his staffed by two ANMs.
Primary health center (PHC)	Primary health centre is the cornerstone of rural health services- a first port of call in rural areas for the sick and those who directly report or referred from sub-centres for curative, preventive and promotive health care. A typical primary health centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 sub-centres and refer out cases to Community Health Centers (CHC) (30 bedded hospital) and higher order public hospitals located at sub-district and district level.

EXECUTIVE SUMMARY

Boosting Routine Immunization Demand Generation (BRIDGE) on IPC Skills for Front-line Workers was launched by Ministry of Health and Family Welfare (MoHFW) in June 2017. The programme envisaged to develop a state level pool of master trainers and these state level master trainers were to facilitate field training for the FLWs in their respective states.

Entire process from development of Nation Lead Trainers cadre, state level Training of Master trainers (ToMT), FLW training and their quality assessment has been analysed. Data on 3687 master trainers for 22 states has been collected and analysed.

The data shows that each state has not nominated a trainer to the National Lead Trainers which was required as per the Operation Guidelines for BRIDGE released by MoHFW.

Also, the women participation is 31% which has a scope for improvement. Women participation is much lower (23.5%) among state master trainers: states like MP, Punjab, Bihar, Jharkhand, UP, Rajasthan and Uttarakhand are lower than the national average.

Maximum number of state trainers come with a communication (33.85%) background, followed by medical (29.02%), Supervisor (18.33%). Small numbers come with Paramedical (9.60%), Administration (2.60%), Training (1.63%) and Medical-Training (0.68%).

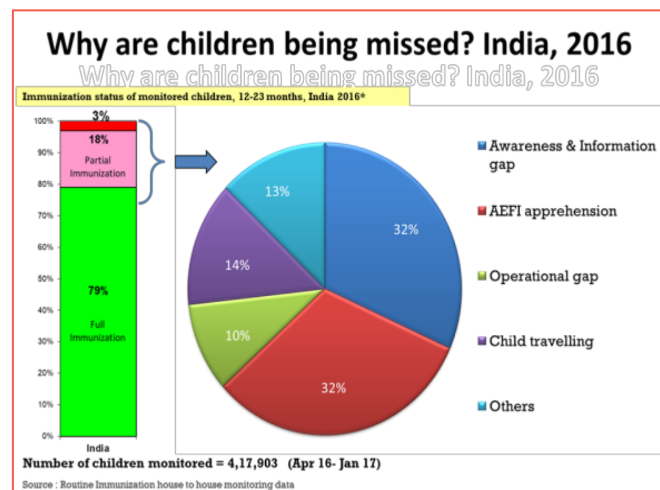
However, the proportion of High Proficiency trainers is highest (36%) among Medical-Training background master trainers. Two categories 'High Proficiency and Proficient' together touch 76% among trainers with Medical-Training background.

Data received through SMS on post training acquisition of knowledge is positively correlated with number of 'High Proficiency and Proficient' trainers in a state. The graph below shows the percentage change in knowledge pre and post workshop at an all India level

BACKGROUND

Frontline functionaries within the health system, primarily the ANM and ASHA, supported by the AWW from the ICDS programme – jointly known as the 3As – are recognized to form the most critical resource to achieve the Routine Immunization (RI) goal of reduced vaccine hesitancy and increased coverage. They are an essential bridge between the health delivery system and the community. In RI, the ANM plays the dual role of being a vaccinator and as primary counsellor to caregivers. The ASHA serves as the first point of contact for the community seeking information and knowledge related to RI, especially in rural areas. The AWW ensures all mothers (including pregnant women) and children in the village visiting the anganwadi centre receive the specified services related to health and nutrition, including RI counselling. All 3As also collaborate for the monthly Village Health and Nutrition Day (VHND) in which RI is a key service.

[1]The 3As, thus, have huge potential and the need for strengthened skills in contributing to reducing vaccine hesitancy, major reasons of which have been awareness gap and apprehension of AEFI as indicated in the chart. (Reproduced from MoHFW BRIDGE Operational Guidelines.) Awareness and information gaps with AEFI apprehension together contributing to about 64% point towards inadequate communication which is not persuasive enough.



The supply side of RI is strengthened through improved infrastructure, new vaccines, and regular technical training. The demand side, however, is largely based on the quality of interaction between FLWs and the community.

Trainings for frontline workers (FLWs) in the past have focused mostly on technical knowledge or studying frequently asked questions. However, to achieve sustained behaviour change in communities and among caregivers, FLWs must have basic

[1] The figure gives data for 2016-17. Data for 2018 is available on why children are missing vaccinations and this is given in Annexure 1

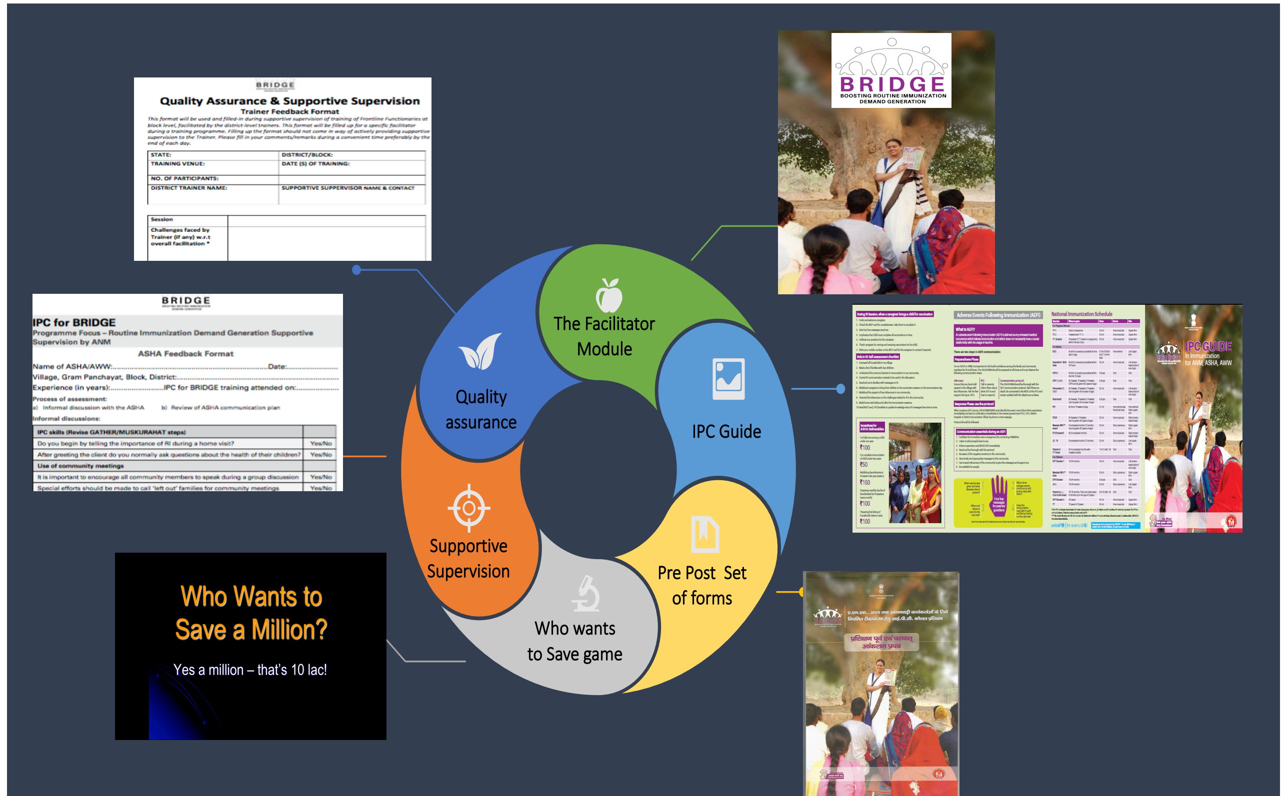
understanding of how to engage communities in issues regarding child health and immunization, deliver key messages and test understanding, self-assess results of their efforts, and engage with influencers.

The Boosting Routine Immunization Demand Generation (BRIDGE) IPC module is a special one-day course designed to develop capacities of FLWs to leverage SBCC for RI. The suggested training content is mostly based on the Tarang Training module endorsed by the MOHFW and developed by UNICEF on SBCC. BRIDGE will focus on improving inter-personal communication (IPC) skills of FLWs to improve RI demand generation and expansion.

Boosting Routine Immunization Demand Generation (BRIDGE) IPC Skills training in Routine Immunization for Frontline Workers (ANM / ASHA / AWW) was launched by the Ministry of Health and Family Welfare with technical assistance from UNICEF on 22nd – 23rd June 2017.

BRIDGE TRAINING TOOLKIT

The BRIDGE Training Toolkit developed by UNICEF comprises of the following:



- *Operational Guidelines*
- *Facilitator Module for ANM, ASHA, AWW*
- *IPC Guide*
- *Pre and Post Assessment Format*
- *Village SBCC Plan: identification of barriers and influencers*
- *FLW Training Quality Assurance Format*
- *ASHA's supportive supervision tool (to be used by ANM)*
- *Field observation format*
- *Reporting format to provide summary of field visits*
- *Post-training knowledge retention checking tool (web based)*

THE TRAINERS POOL

The Operational Guidelines for BRIDGE state that there will be only one level of Training of Master Trainers, ToMT at the state level to prepare a cadre of Master Trainers, MT, to train the frontline workers, FLWs, at the Block level.

UNICEF developed a dedicated cadre of National Lead Trainers, NLTs or Lead Trainers, to work across states and conduct the State ToTs. Master Trainers selected by respective state governments attended the State ToTs

National Lead Trainers: National Lead Trainers (NLT) were selected and trained by UNICEF. NLTs were sourced from UNICEF consultants, UNICEF partner, and State Governments and formed the NLT pool of 62 as under. Women constituted 31% of NLTs.

Category of Lead Trainer	UNICEF (Women)	UNICEF (Men)	Partner (Women)	Partner (Men)	Total
UNICEF SBCC Lead Trainers Pool	5	22	11	16	54
	19%	81%	41%	59%	
State Government Officials*	Women (3), Men (5)				8
Total NLTs	Women (31%), Men (69%)				62

* State Officials from Uttar Pradesh (1), Gujarat (2), Mizoram (1), Tripura (1), Family Welfare Research & Training Centre, GoI (3)

This report presents analytical findings from the Training of Master Trainer (ToMT) held in various states across the country.

APPROACH AND METHODOLOGY

Between August 2017 and December 2017 and subsequently from August 2018 to August 2019, 6,287[2] state-level Master Trainers were trained by UNICEF's National Lead Trainer Cadre in states as based on the guidelines laid down for the BRIDGE IPC Skills Training. These state that a ToMT will be organised at the State level in smaller states and Regional level in larger states, for two days and Master Trainers will be assessed.

A sample of about 50% of State Master Trainer has been selected for this analysis. This sample has been collected to cover High Burden States, Civil Strife and Tribal States, and Learning Lab states. Region-wise these states are selected to cover all five regions, viz, East, North-East, North, West and South. Randomly selected representative sample has been taken from the following states for this analysis.

State Master Trainer: Sample Size (3687)					
High Burden States		**CSA & Tribal States**		**Learning Lab States**	
Bihar	613	Arunachal Pradesh	22	Gujarat	43
MP	196	Assam	33	Haryana	164
Rajasthan	188	Jharkhand	25	Himachal Pradesh	106
UP	617	Manipur	26	Kerala	72
		Meghalaya	21	Maharashtra	741
		Mizoram	27	Punjab	165
		Nagaland	22	Tamil Nadu	53
		Odisha	314	Uttarakhand	65
		Telangana	150		
		Tripura	24		
	1614		**664**		**1409**

Region-wise Sample		
East	952	26%
NE	175	5%
North	1305	35%
West	980	27%
South	275	7%
India	**3687**	**100%**

Analysis from the sample data includes the following:

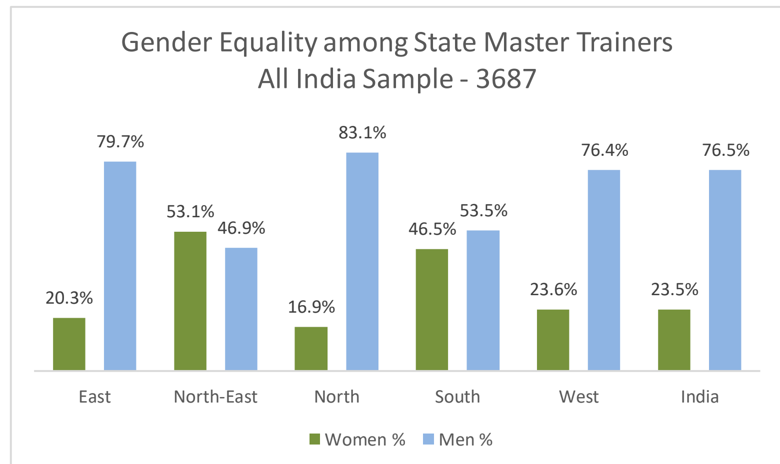
1. *Master Trainers' Gender Analysis*
2. *Master Trainers' Professional Background*
3. *Master Trainers' Competency*
4. *Quality of FLW training in States*

[2] Of these 3840 have been directly trained by EID by end August 2019

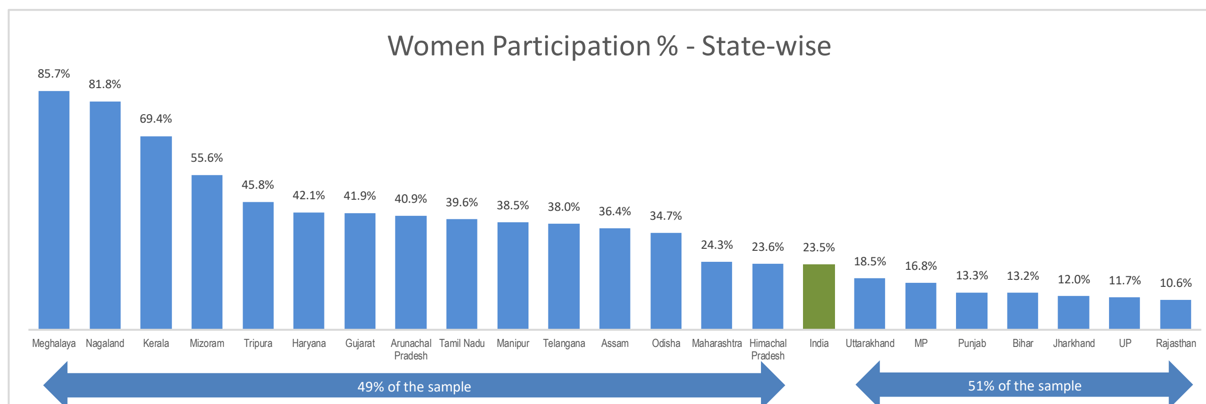
FINDINGS
GENDER ANALYSIS

The Operational Guidelines for BRIDGE issued by Ministry of Health and Family Welfare do not mention the gender equality parameter. However, since all front-line workers (FLW) are women, presence of a woman state master trainer is expected to facilitate faster unfreezing of participants thereby contributing to a positive learning environment.

It has been found that 23.5% of state master trainers in India are women. North-Eastern region contributes to the highest proportion (53.1%) of women state master trainers followed by Southern region at second position (46.5%). Western region at 23.6% is slightly better than the Indian average of 23.5%. Both Eastern and Northern regions are below the India average – North being lowest at 17% women state master trainers.



State-wise chart for women's participation is given below. Proportion of women master trainers is less than India's average in seven states, viz, Uttarakhand, Madhya Pradesh, Punjab, Bihar, Jharkhand, Uttar Pradesh and Rajasthan – together these states account for 51% of the sample.



Barring North-Eastern states and Kerala, Haryana has the highest proportion of women trainers at 42.1%.

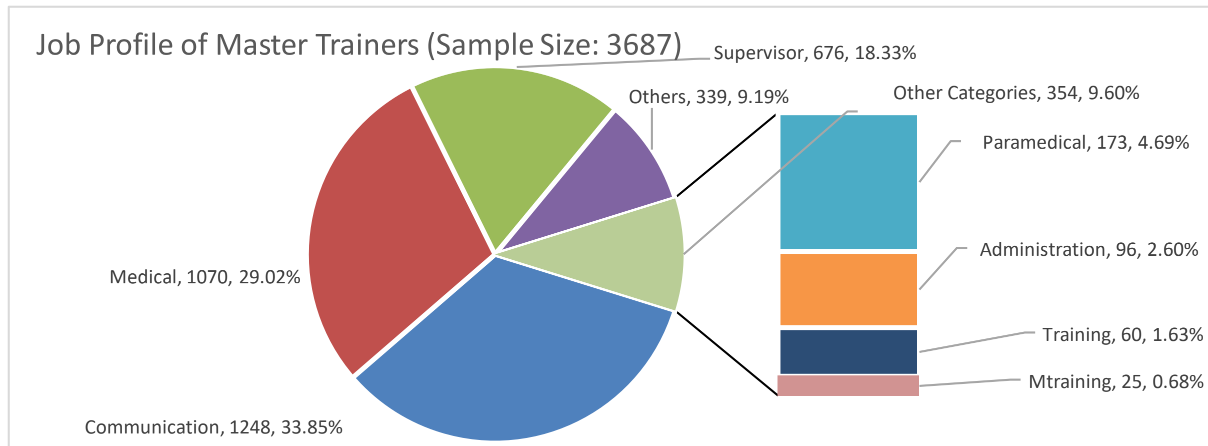
PROFESSIONAL BACKGROUND

The BRIDGE Operational Guidelines have provided an indicative list of probable trainers who could be developed as State Master Trainers for the district level FLW BRIDGE training. This list included the following.

- *Existing SBCC trainers developed by UNICEF or other partners like WHO, FHI360, etc.*
- *New trainers from*
    - *ASHA Trainers & ASHA Supervisors*
    - *Government health institutions*
    - *Health Education Officers*
    - *NGO Partners*
- *Anganwadi Training Center trainers / ICDS supervisors (including them will help in ICDS systems strengthening and will improve field-level convergence)*
- *DIO*
- *Dist. ASHA Coordinator*

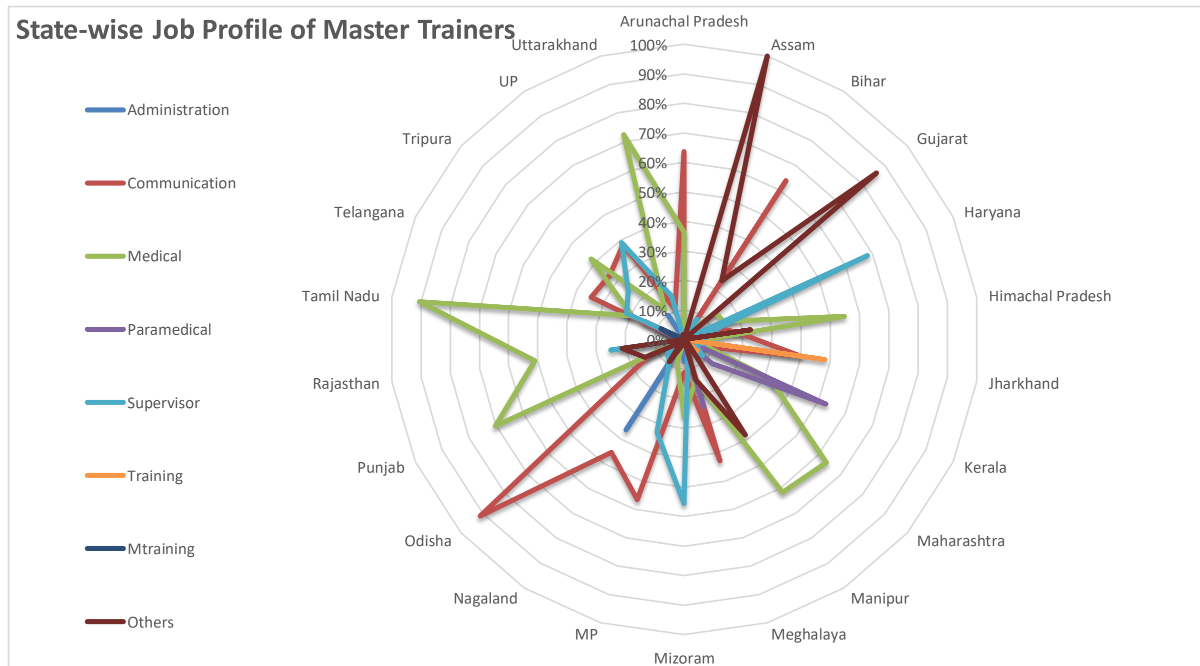
This report has categorized the suggested list of prospective state master trainers into 'Training background' (those from existing trainers pool, ASHA Trainers, Anganwadi Trainers, etc.), 'Communication background' (those who are HEOs, DCMs, BCMs, BCC Consultant, SMC, BEE, DHEIOs, etc.), 'Medical Background' (MOs, MOICs, etc.), 'Supervisor background' (those performing supervisory roles like CDPO, ASHA Coordinator, DPM, BPM, ICDS Supervisor, LHV, etc.) and 'Administrative background' (Cold Chain Officer, Data Assistant, FW Assistant, Urban Coordinator, UHC, etc..

In view of a large number of participants coming from paramedical background (PHN, ANM, UHS, etc.) a category 'Paramedical' has been added. Another category 'MTraining' has been added to account for master trainers with medical background working in training (like MODTT, SIHFW Faculty, etc.)



Analysis of Job Profile of 3,687 Master Trainers across India suggests that most came from communication background (33.85%), followed by medical background (29.02%). Supervisors (like DPM, BPM, DACs, etc.) constitute the third largest profile (18.33%). Participants with formal training background constituted about 2% of the sample – 1.63% with Training background, and another 0.68 with Medical-Training background.

State-wise the profile of Master Trainer varies from state to state. Jharkhand has selected maximum number of Master Trainers with training background like officers of the District Training Team, Principals of ANM Training Centres etc(48%). Maharashtra is the state with second highest proportion (6%) of Master Trainers with training background. Tamil Nadu (2%) has third highest proportion of State Master Trainers with training background. Medical-Training participants are highest from Telangana (9%), Tamil Nadu (2%) and Maharashtra (1%). Detailed data follows.



	Administration	Communication	Medical	Paramedical	Supervisor	Training	Mtraining	Others
Arunachal Pradesh	0%	64%	36%	0%	0%	0%	0%	0%
Assam	0%	0%	0%	0%	0%	0%	0%	100%
Bihar	1%	64%	3%	0%	8%	1%	0%	23%
Gujarat	0%	0%	14%	0%	0%	0%	0%	86%
Haryana	2%	10%	15%	4%	68%	0%	0%	0%
Himachal Pradesh	0%	18%	55%	0%	5%	0%	0%	23%
Jharkhand	0%	40%	4%	0%	8%	48%	0%	0%
Kerala	6%	6%	32%	53%	4%	0%	0%	0%
Maharashtra	1%	6%	64%	12%	8%	6%	1%	1%
Manipur	0%	0%	62%	0%	0%	0%	0%	38%
Meghalaya	0%	43%	14%	24%	5%	0%	0%	14%
Mizoram	7%	11%	26%	0%	56%	0%	0%	0%
MP	1%	57%	8%	0%	33%	0%	0%	2%
Nagaland	36%	45%	0%	0%	9%	0%	0%	9%
Odisha	0%	91%	0%	0%	7%	0%	0%	1%
Punjab	1%	13%	70%	1%	1%	0%	0%	15%
Rajasthan	1%	1%	51%	1%	25%	0%	0%	21%
Tamil Nadu	2%	2%	91%	2%	0%	2%	2%	0%
Telangana	0%	35%	19%	15%	21%	0%	9%	1%
Tripura	0%	33%	42%	0%	25%	0%	0%	0%
UP	10%	38%	12%	1%	39%	0%	0%	0%
Uttarakhand	0%	11%	72%	0%	15%	0%	0%	2%
India	**3%**	**34%**	**29%**	**5%**	**18%**	**2%**	**1%**	**9%**

	Administration	Communication	Medical	Paramedical	Supervisor	Training	Others
Arunachal Pradesh	0%	64%	36%	0%	0%	0%	0%
Assam	0%	0%	0%	0%	0%	0%	100%
Bihar	4%	66%	0%	0%	8%	1%	21%
Gujarat	0%	0%	0%	0%	0%	0%	100%
Haryana	1%	10%	14%	6%	23%	46%	0%
Himachal Pradesh	0%	17%	25%	0%	5%	0%	53%
Jharkhand	0%	40%	4%	0%	8%	48%	0%
Kerala	4%	6%	32%	50%	8%	0%	0%
Maharashtra	3%	6%	56%	13%	7%	11%	4%
Manipur	4%	0%	58%	35%	0%	4%	0%
Meghalaya	0%	52%	19%	24%	5%	0%	0%
Mizoram	22%	15%	11%	0%	30%	22%	0%
MP	5%	58%	4%	0%	33%	0%	1%
Nagaland	0%	48%	0%	5%	48%	0%	0%
Odisha	0%	92%	0%	2%	5%	1%	0%
Punjab	1%	13%	73%	12%	2%	0%	0%
Rajasthan	1%	2%	49%	10%	28%	9%	1%
Telangana	0%	36%	28%	15%	22%	0%	0%
Tripura	0%	33%	42%	0%	25%	0%	0%
UP	0%	38%	12%	10%	40%	0%	0%
Uttarakhand	0%	11%	72%	1%	15%	0%	0%
India	2%	35%	25%	8%	16%	6%	8%

TRAINERS' COMPETENCY

The Operational Guidelines for BRIDGE IPS Skills training recommended, "*In the TOT, mock sessions for the FLW training will be added*."

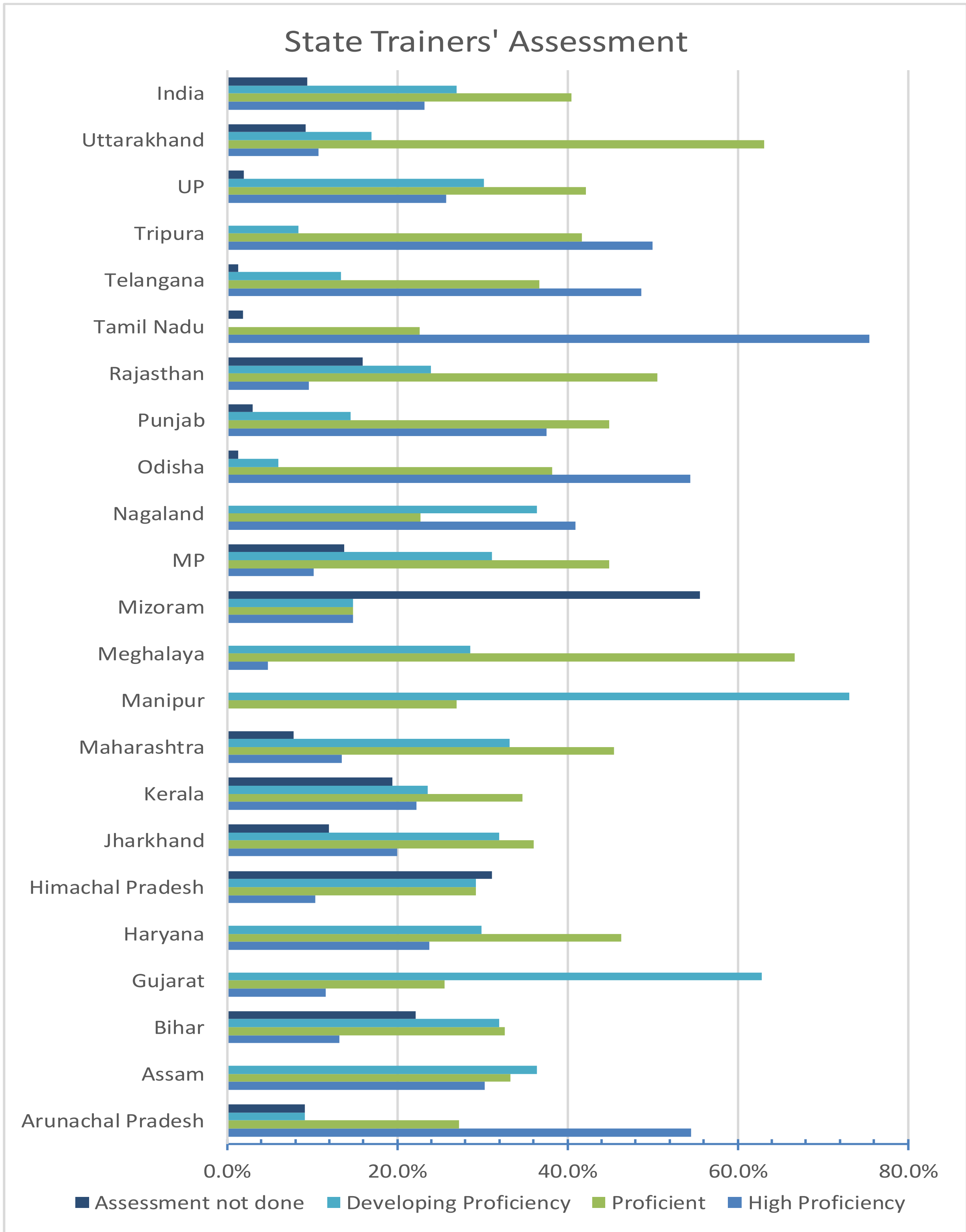
Accordingly, State Master Trainers' were assessed for their facilitation skills through a mock session on a topic selected from the BRIDGE facilitators manual.

Day two of the ToT was focused on practicing the sessions of the module. Each of the participant was expected to conduct a mock session based on the Facilitator module that has been demonstrated on Day 1.

Through these mock sessions, the trainers were expected to demonstrate their facilitation skills, understanding of the session content and methodology used for the session.

Grading of Trainers: The participants were given an assessment sheet (Annexure 2) with 10 parameters to assess their performance. Assessment was made at two levels: the participant did self-assessment and the national lead trainer also assessed the state master trainer using the same grading criteria. Weighted average of the two ratings was calculated to arrive at an overall Index. This index was used to categorize participants in three categories: Developing Proficiency (<60%), Proficient (60%-75%) and Highly Proficient (>75%)

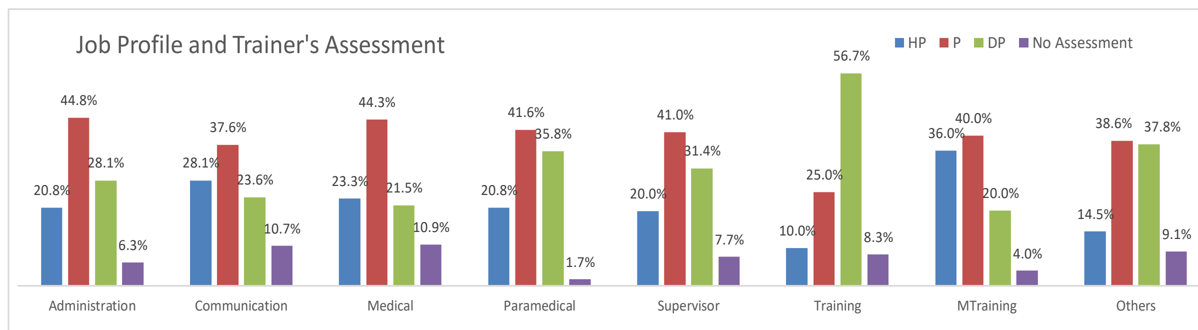
23.2% of state master trainers have been placed in High Proficiency category, 40.4% in Proficient and 26.9% in Developing Proficiency category. 9.4% of master trainer did not do a mock session, hence they have not been rated.



State-wise data is given in the accompanying chart.

TRAINERS' JOB PROFILE AND TRAINERS' ASSESSMENT

Trainers' job profile and their assessment category has been plotted in the chart given below to see relationship, if any.



It is observed that maximum high proficiency trainers (36%) come from Medical-Training background followed by Communication background (28.1%). State trainers with medical background have contributed to third highest (23.3%) trainers in high proficiency category.

QUALITY OF FLW TRAINING IN STATES

Answers to the pre-post test (Annexure II) given to the FLWs in each training are evaluated to assess in-classroom acquisition of knowledge and skills on the following:

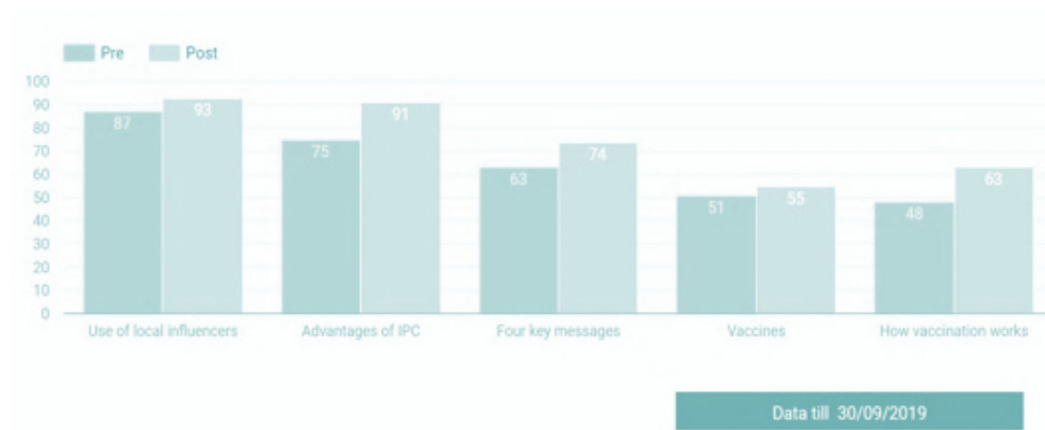
- *Vaccines and National Immunization Schedule*
- *How vaccination works*
- *Four key messages*
- *Advantages of IPC*
- *Use of local influencers*

Data for this pre-post test is sent by the state master trainers through an SMS.

The table below shows the SMS data received at the all India level.

Feedback Received (SMS)				
No of Traning Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
10057	32419	120109	74316	346997
Data till 30/09/2019				

The all India SMS data shows the following and an increased knowledge level on all parameters tested



This SMS data has been received from following states:

State	Training Batches	% Change in Pre-Post
Assam	55	8.52%
Bihar	1181	18.92%
Gujarat	1083	43.33%
Haryana	293	16.10%
Himachal Pradesh	28	37.16%
Jharkhand	542	21.76%
Maharashtra	305	8.27%
Meghalaya	65	10.37%
Mizoram	90	10.61%
MP	95	16.86%
Nagaland	85	28.84%
Odisha	630	22.27%
Punjab	89	16.82%
Rajasthan	291	27.40%
UP	4333	26.99%

Out of these states, eleven states have more than 50% trainers in High Proficiency and Proficient category. In these states % Change in Pre-Post is positively correlated with the trainers' competency level. That means more skilled trainers are more likely to facilitate effective trainings.

Under trainers' job profile analysis, it has been established that those with **Medical-Training background**, and with **Communication background** are better trainers than other.

State	HP+P more than 50%	% Change in Pre-Post	Correlation Coeff
Assam	63.64%	8.52%	0.043867
Haryana	70.12%	16.10%	
Jharkhand	56.00%	21.76%	
Maharasht	58.97%	8.27%	
Meghalaya	71.43%	10.37%	
MP	55.10%	16.86%	
Nagaland	63.64%	28.84%	
Odisha	92.68%	22.27%	
Punjab	82.42%	16.82%	
Rajasthan	60.11%	27.40%	
UP	67.91%	26.99%	

THE BRIDGE STORY THROUGH PICTURES

Women Power: A lady National Lead Trainer facilitating an all males group of Master Trainers

While the Chief of Field Office, UNICEF-MP and the C4D specialist UNICEF-MP spend time understanding the BRIDGE ToT in Panchmarhi, Madhya Pradesh

A National Lead Trainer plays the "Who will Win" Game with the Immunisation Brand Ambassador

Manjunath Shet and Amitabh Banchan discuss the BRIDGE training

An aerial view of the Opening Game which establishes the Concept of BRIDGE – the connect between community and RI services

PARTICIPANT QUOTES

"Our perception was this training is not profitable for us but after attending this training we realized that it is very related and helpful to our work. We have understood that how our communication is important for desired change. It was an excellent opportunity to refresh the knowledge and to equip our experience with the skills. Now we can train our FLWs excellently". **MODTT Nagpur**

Dr. Vandana Patil, Thane: "WHO WILL SAVE A MILLION CHILDREN is the most interesting process to increase knowledge through game. I have also learned how to use the influencers to aware the people. I have also understood how to mobilize the community, like how to gather people and how to provide knowledge. The videos explained what the role of FLWs is and how to communicate with the people."

Dr Deshmukh, Aurangabad: "We have got good training skills from this training. The mock session is very important to improve skills of trainers and develop confidence. IPC is a very good concept and will definitely improve the work of the FLWs."

Dr. Sushma, Amravati, Maharashtra: "This training is very interesting and will definitely help us to work with the community. We have learned to overcome the challenges and save every single child. The most difficult part of this work is the fear of the people. The process we have learned will help us to deal with this kind of situation."

Jayashree, JSMCHO, Chennai:" We have been doing successfully the Trainings, but these IPC skills will definitely help us in honing our skills, thereby helping the FLWs to improve their focus and IPC skills in taking the RI Communication effectively into the community".

Dr. M Santha, MD, Consultant, Chennai: "The audio visual clips, in the colloquial language, will help in making the FLWs understand the difference in good and bad IPC skills. Also, the Planning for Communication, using the influencers helps in easier understanding of their tasks"

Dr Maheshwari, DTTMO, Salem : "I have attended many IPC trainings before and this was the only training I found interesting."

Dr.Dalbeer Kaur, Punjab: Such a wonderful training I have attended in my life for the first time.

Mr.Hardeep Singh, Punjab: "Mock sessions are the best idea to improve the training skills of trainees."

Dr. Amandeep Singh, Punjab: "From this training I found that communication is a very powerful process to achieve the goal".

CHALLENGES RELATED TO PLANNING

- *In several ToT venues the training logistics were not in place and the venue did not have sufficient space for group work. NLTs had to take on the additional responsibility of getting logistics arranged for their session.*
- *In Thane, Maharashtra, the Training hall was untidy with pigeon droppings and had not been cleaned. Participants were expected to sit in such training hall and attend sessions. When the venue was changed to the nearby complex, again there was no water in the toilets and participants were expected to be here for the full day without being able to use the washrooms.*

- *Several training halls had fixed furniture or were too cramped making it difficult to conduct activities.*
- *In Himachal Pradesh, a batch of 54 Master Trainers were accommodated in a hall which had arrangement for only 35 persons.*

- *In Punjab training halls, participants complained that the light was too low and the Hotel venue could not increase the brightness beyond a certain point*
- *In several trainings, participants informed that they did not have prior information for the training and so travelled late.*
- *Training materials in regional languages in the initial Phase of training of North East (where English dubbing of the films was required) was not present.*
- *In several states where initial planning of National Lead trainers was for two or three trainers, several ToMTs were planned parallelly and this required EID to train NLTs on-the-job. This is especially true for language specific states like Kerala, Tamil Nadu, Maharashtra.*

CHALLENGES RELATED TO IMPLEMENTATION

- *Monsoons in Maharashtra and Kerala led to several inconveniences like cancellations of ToTs , cancellation of flights and closure of airports and trainees not being able to reach in time. Late arrival affected training delivery and session time as this is a timed training for 16 hours.*
- *The residential training methodology must be made mandatory for all participants to ensure timely arrival and departure thus keeping the 16 hour training time for effective delivery of training.*
- *Food quantity was not sufficient for the participants in Pune . It must be mentioned here though that the Training was not affected and participants' cooperation and understanding was appreciable.*
- *Other functions and meetings required participants for some meeting or another. This is especially true when the TOTs are held at the state headquarters. when the (for example, a VC for THOs organised by Chief Secretary Maharashtra made 3 participants of the first batch of Nagpur miss their training, similarly in Aurangabad a DC meeting was organised and some participant had to leave the training half way, in Rajasthan similar incidents happened.) When this happened, the participants did not attend the mock sessions, could not get graded and an integral part of the BRIDGE Course was left incomplete.*

Training hall fixed furniture, Nagpur and activities being conducted in cramped Thane, Maharashtra

RECOMMENDATIONS

Lead Trainer:

- *One lead trainer was to come from state SIHFW / state training department. Barring few states (UP, Gujarat, Mizoram, and Tripura) it has not been followed. Inclusion of lead trainers from FWTRC (Annexure IV) has been possible by the sustained efforts of UNICEF, Partner. Being an important step towards systems strengthening and sustainability, at least one person from each state and two from geographically larger states must be included in the national lead trainers team.*
- *When a state requires simultaneous batches to be managed, a larger team of National Lead trainers needs to be prepared.*
- *Lead Trainers require an intensive training in facilitation skills for the BRIDGE Toolkit.*
- *The Mock session and Grading concept is new for many lead trainers and therefore requires to be demonstrated and thoroughly practiced.*

State Master Trainer:

- *Except UP, the number of FLW training batches as per SMS is very low. It is possible that in some states FLW trainings are being organized but SMS is not sent. The SMS data needs to be sent regularly.*

Logistics:

- *State TOTs must make the residential training mandatory for all participants even if they are locals.*
- *States like Goa, Jharkhand(Phase1), UP have organised the ToT very well. The planning process followed in these states and responsibilities and role of state nodal person should be well documented and shared as a best-case practice*

Recommendations

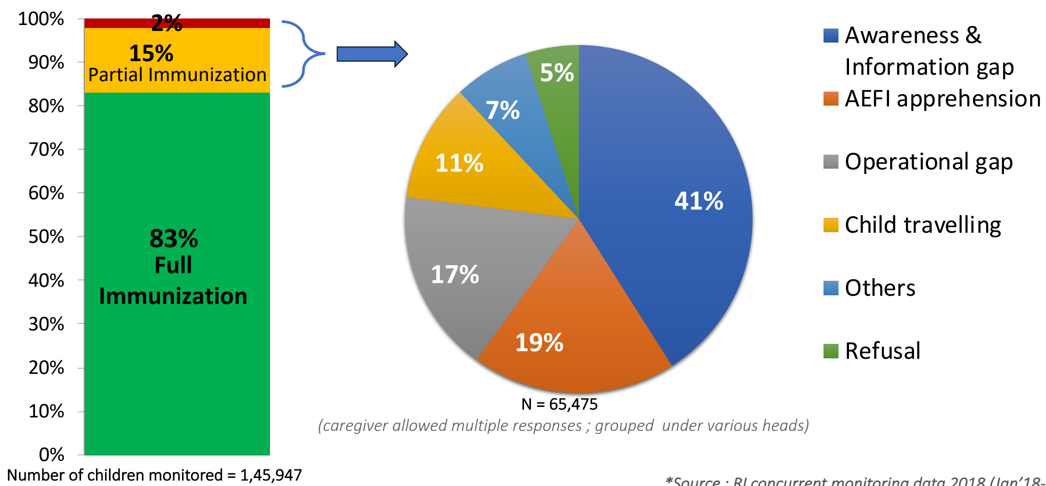
FLW Training:

- *A follow up mechanism at the state level with the local point person is required. This has been suggested as an appointment for a state nodal. Data in terms of training completion, quality of training and adherence to SOPs is therefore not recorded. These are important aspects for the sustainability of the BRIDGE Course.*
- *SMS data of pre-post has been shared with states where it is received. The SMS data gives the general trends in the knowledge parameters and once shared further action must be initiated with the concerned Master Trainers. Though the data has been shared, no action has been reported so far.*

- *Inclusion of more women trainers should be focussed upon. Haryana (42.1% women participation) from an otherwise low gender ratio area serves to be a good example to emulate.*
- *Proportion of trainers with medical-training background has been low. In view of their high competency level more participants with this background should be included.*

Annexes: state wise analysis.

ANNEXURE 1



ANNEXURE II - TRAINERS GRADING SHEET

Trainer's Self Assessment Format

Name:

Following format will be used as a self-assessment format after doing a mock session. The process will be as under:

A. **Trainer marks herself/himself on the format:** Mark yourself (minimum 0.5, maximum 3) on the following criteria and then discuss with your lead trainer and take feedback.

B. **Format is discussed with the Lead Trainer:** Lead trainer (LT) provides additional feedback on both – strengths and areas of improvements – to the trainer. This feedback MUST include specific examples from the mock session. LTs to avoid giving general advice / comments.

	Unsatisfactory, **requires improvement** – असंतोषजनक, **सुधार की आवश्यकता है।** Satisfactory, **can be better** – संतोषजनक, **और अच्छा हो सकता है।** Good – अच्छा है।	Unsatis-factory		Satis-factory		Good	
	Training Skills – ट्रेनिंग की क्षमताएं	0.5	1	1.5	2	2.5	3
1	Able to listen when others speak. (In situations when multiple participants speak can you keep track of voices coming from different corners and respond to relevant ones, build sequence to allow everyone to contribute) दूसरों को सुन पाने की क्षमता विशेष रूप से जब कई प्रतिभागी एक-साथ बोलें।						
2	Allowing a two way dialogue, pausing to let others speak दोतरफा बात-चीत करना, स्वयं ठहर कर दूसरों को बोलने का अवसर देना।						
3	Paraphrases what was said, and provides others an opportunity to speak. प्रतिभागियों द्वारा कही गयी उपयोगी बातों को अपने शब्दों में दोहरा कर विषय से जोड़ना।						
4	Able to ask open-ended questions. (It helps in creating opportunities for other to speak) खुले प्रश्न पूछ कर दूसरों को बोलने का अवसर देना।						
5	Maintains eye contact with all while speaking to a large group. (Sometimes eye contact is one sided, or excessively focused upon one person) बड़े समूह से बात करते हुए सभी के साथ आँख मिलाना – कभी कभी आँखों का संपर्क एक ही दिशा में या व्यक्ति विशेष से जियादा होता है।						
6	Displays confidence while answering participants' questions (It is related to both knowledge of the content and facilitation skills) प्रतिभागियों के प्रश्नों के उत्तर देते हुए आत्मविश्वास दिखाना – इस के लिए विषय का ज्ञान और Facilitation सुगमता कौशल दोनों की आवश्यकता होती है।						
7	Able to use training aids/communication materials with ease (Effective use of board, games, presentation, exercises, presentations, etc.) ट्रेनिंग के उपकरण जैसे बोर्ड, कम्प्युटर, खेल इत्यादि का आराम से और भली भाँति प्रयोग कर पाते हैं।						
8	Shows interest in the programme (About the overall interest in the training and specially its subsequent roll-out) कार्यक्रम में रुचि, विशेष रूप से ट्रेनिंग के बाद आनेवाली जिम्मेदारियों के प्रति।						
9	Prepared for the session (notes, handouts, reading manual) in advance अपने सत्र की तैयारी पहले से की। नोट्स बनाए, handout का अध्ययन किया, इत्यादि।						
10	Delivered content fully, have theoretical knowledge of the content अपने सत्र की संपूर्ण विषय वस्तु को प्रस्तुत किया और उसका सैद्धांतिक ज्ञान है।						

ANNEXURE III - PRE-POST TEST

ए.एन.एम., आशा तथा आंगनवाड़ी कार्यकर्ताओं के लिये आई.पी.सी. कौशल प्रशिक्षण

प्रशिक्षण पूर्व आंकलन प्रपत्र

कृपया प्रत्येक वाक्य के आगे (✓) चिन्ह लगाएँ (हाँ, नहीं, या नहीं जानते)

	वाक्य	हाँ	नहीं	नहीं जानते
1	रोटावायरस टीके की दूसरी खुराक बच्चे को तब दी जाती है जब वह दस माह का हो जाए			
2	वैक्सीन शरीर में हानिकारक संक्रमणों को पहचानने में सहायता करती है			
3	माता–पिता को वैक्सीन का नाम तथा उसके फायदों के बारे में बताया जाना महत्वपूर्ण नहीं है			
4	आई.पी.सी. टीकाकरण सम्बन्धी ग़लत फहमियों तथा भ्रांतियों के बारे में बताने में सहायता करता है			
5	पूर्णतया टीकाकृत बच्चों के स्थानीय उदाहरण टीकाकरण से छूटे हुए/बीच में छूट जाने वाले बच्चों के माता–पिता को पूर्ण टीकाकरण कराने के लिए प्रोत्साहित कर सकते हैं			

ANNEXURE IV - STATE-WISE DATA ON ALL PARAMETERS

	Gender		State Trainers Job Profile								Trainers' Competency				SMS Data on FLW Training	
States	Women	Men	Administration	Communication	Medical	Paramedical	Supervisor	Training	MTraining	Others	HP	P	DP	NA	Batches	% Change
Arunachal Pradesh	40.9%	59.1%	0.0%	63.6%	36.4%	0.0%	0.0%	0.0%	0.0%	0.0%	54.5%	27.3%	9.1%	9.1%		
Assam	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	30.3%	33.3%	36.4%	0.0%	55	8.5%
Bihar	13.2%	86.8%	1.1%	63.8%	2.6%	0.2%	8.2%	0.7%	0.0%	23.5%	13.2%	32.6%	32.0%	22.2%	1181	18.9%
Gujarat	41.9%	58.1%	0.0%	0.0%	14.0%	0.0%	0.0%	0.0%	0.0%	86.0%	11.6%	25.6%	62.8%	0.0%	1083	43.3%
Haryana	42.1%	57.9%	2.4%	10.4%	14.6%	4.3%	68.3%	0.0%	0.0%	0.0%	23.8%	46.3%	29.9%	0.0%	293	16.1%
Himachal Pradesh	23.6%	76.4%	0.0%	17.9%	54.7%	0.0%	4.7%	0.0%	0.0%	22.6%	10.4%	29.2%	29.2%	31.1%	28	37.2%
Jharkhand	12.0%	88.0%	0.0%	40.0%	4.0%	0.0%	8.0%	48.0%	0.0%	0.0%	20.0%	36.0%	32.0%	12.0%	542	21.8%
Kerala	69.4%	30.6%	5.6%	5.6%	31.9%	52.8%	4.2%	0.0%	0.0%	0.0%	22.2%	34.7%	23.6%	19.4%		
Maharashtra	24.3%	75.7%	0.7%	6.2%	63.7%	12.4%	8.4%	5.8%	1.5%	1.3%	13.5%	45.5%	33.2%	7.8%	305	8.3%
Manipur	38.5%	61.5%	0.0%	0.0%	61.5%	0.0%	0.0%	0.0%	0.0%	38.5%	0.0%	26.9%	73.1%	0.0%		
Meghalaya	85.7%	14.3%	0.0%	42.9%	14.3%	23.8%	4.8%	0.0%	0.0%	14.3%	4.8%	66.7%	28.6%	0.0%	65	10.4%
Mizoram	55.6%	44.4%	7.4%	11.1%	25.9%	0.0%	55.6%	0.0%	0.0%	0.0%	14.8%	14.8%	14.8%	55.6%	90	10.6%
MP	16.8%	83.2%	0.5%	56.6%	8.2%	0.0%	32.7%	0.0%	0.0%	2.0%	10.2%	44.9%	31.1%	13.8%	95	16.9%
Nagaland	81.8%	18.2%	36.4%	45.5%	0.0%	0.0%	9.1%	0.0%	0.0%	9.1%	40.9%	22.7%	36.4%	0.0%	85	28.8%
Odisha	34.7%	65.3%	0.0%	91.4%	0.0%	0.0%	7.3%	0.0%	0.0%	1.3%	54.5%	38.2%	6.1%	1.3%	630	22.3%
Punjab	13.3%	86.7%	1.2%	12.7%	70.3%	0.6%	0.6%	0.0%	0.0%	14.5%	37.6%	44.8%	14.5%	3.0%	89	16.8%
Rajasthan	10.6%	89.4%	0.5%	1.1%	51.1%	1.1%	25.0%	0.0%	0.0%	21.3%	9.6%	50.5%	23.9%	16.0%	291	27.4%
Tamil Nadu	39.6%	60.4%	1.9%	1.9%	90.6%	1.9%	0.0%	1.9%	1.9%	0.0%	75.5%	22.6%	0.0%	1.9%		
Telangana	38.0%	62.0%	0.0%	34.7%	19.3%	14.7%	21.3%	0.0%	8.7%	1.3%	48.7%	36.7%	13.3%	1.3%		
Tripura	45.8%	54.2%	0.0%	33.3%	41.7%	0.0%	25.0%	0.0%	0.0%	0.0%	50.0%	41.7%	8.3%	0.0%		
UP	11.7%	88.3%	9.9%	38.2%	12.0%	0.6%	39.1%	0.0%	0.0%	0.2%	25.8%	42.1%	30.1%	1.9%	4333	27.0%
Uttarakhand	18.5%	81.5%	0.0%	10.8%	72.3%	0.0%	15.4%	0.0%	0.0%	1.5%	10.8%	63.1%	16.9%	9.2%		
India	23.4%	76.6%	2.6%	33.8%	29.0%	4.7%	18.3%	1.6%	0.7%	9.2%	23.2%	40.4%	26.9%	9.4%		

ANNEXURE V - NOMINATION LETTER(S) FOR NLTS FROM FWTRC, GOI

Dr Deepak Raut Wed, Oct 9, 7:45 PM (6 days ago)

to Varsha, Harsha, suparna, me

Dear Ms. Varsha, Permission granted, plz send a formal letter after confirmation of dates with Dr Khera.

Dr Deepak Raut Sep 17, 2019, 5:37 PM

to Rosy, Varsha, Harsha, Jhimly, me

Dear Ms. Varsha,
Ms. Rosy Joseph, Sr. PHNO is deputed for the BRIDGE ToT for routine Immunization in the state of Kerala for the first two batches.
FWTRC, Mumbai will no bear any cost of honorarium, TA & DA, which needs to be borne by ENVISION.
Kindly issue the formal letter with copy to her.

Best Wishes

--
Best Regards

Prof. Deepak Raut, MBBS, MD, FIPHA
Director
Family Welfare Training & Research Centre,
(Ministry of Health &FW, Govt. of India)
332, S.V.P. Road, Khetwadi, Girgaon,
Mumbai - 400 004, Maharashtra, India,
Tel-Fax (Direct): +91 22 23862736, Phone : +91 22 23881724/23893165, Ext 711
E-mail: director.fwtrc@nic.in drdeepakraut@gmail.com drdeepakraut@yahoo.com deepak.raut09@gov.in
(M) +91 9404834100/ +91 9911367336
Web-page: http://www.fwtrc.gov.in/

सत्यमेव जयते
भारत सरकार
GOVERNMENT OF INDIA

परिवार कल्याण प्रशिक्षण तथा अनुसंधान केंद्र
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

FAMILY WELFARE TRAINING & RESEARCH CENTRE

(MINISTRY OF HEALTH AND FAMILY WELFARE)

No. FW/O.O/2019-20/ 509 — Date: 08/07/2019

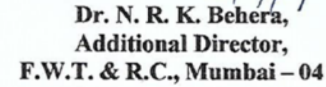
OFFICE ORDER

On partial modification of previous Office Order No. FW/O.O/2019-20/502 dated 04/07/2019; the Competent Authority of Family Welfare Training & Research Centre deputes Mr. Sanjay Bhonge, Social Worker, F.W.T. & R.C., Mumbai to attend "State Level BRIDGE IPC Skills Trainings" organized by UNICEF, Mumbai on the following revised dates and locations.

Sr. No.	Date	Location
1.	15th to 20th July 2019	Aurangabad
2.	29th July to 03rd August 2019	Kolhapur

TA/DA will be borne by the training partner Envisions Institute of Development, New Delhi.

Hindi Version follows.



Dr. N. R. K. Behera,
Additional Director,
F.W.T. & R.C., Mumbai – 04

To,
Mr. Sanjay Bhonge,
Social Worker,
FWTRC, Mumbai – 04

Copy to:

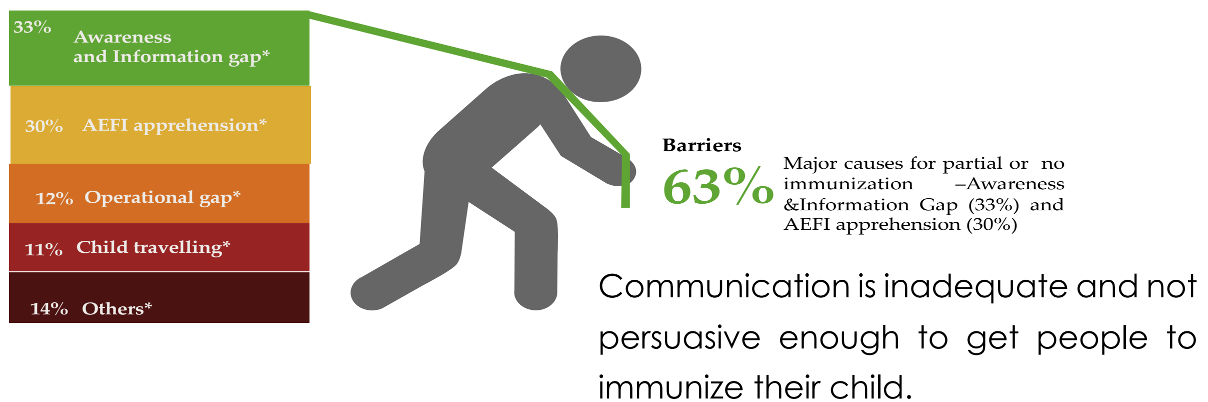
1. For PF
2. Spare

Dr. N. R. K. Behera,
Additional Director,
F.W.T. & R.C., Mumbai – 04

ANNEXURE VI: CLASSROOM ASSESSMENT OF LEARNING (SAMPLE REPORT: HARYANA)

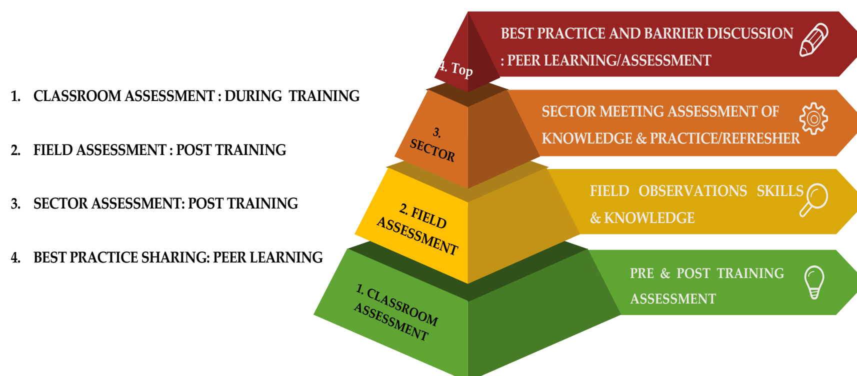
BRIDGE FLW Tring: Haryana: Month wise Pre-post data analysis for 2019

The BRIDGE training has been introduced as an interpersonal communication training to support uptake of immunisation services provided by the Government of India.
The barriers to immunisation were



Communication is inadequate and not persuasive enough to get people to immunize their child.

This report is based on the first level of assessment which is the Classroom level.
This assessment evaluates the participants learning.
District Immunisation Officers should take note of the status of training in their district and apply the suggested follow up actions based on the assessment.

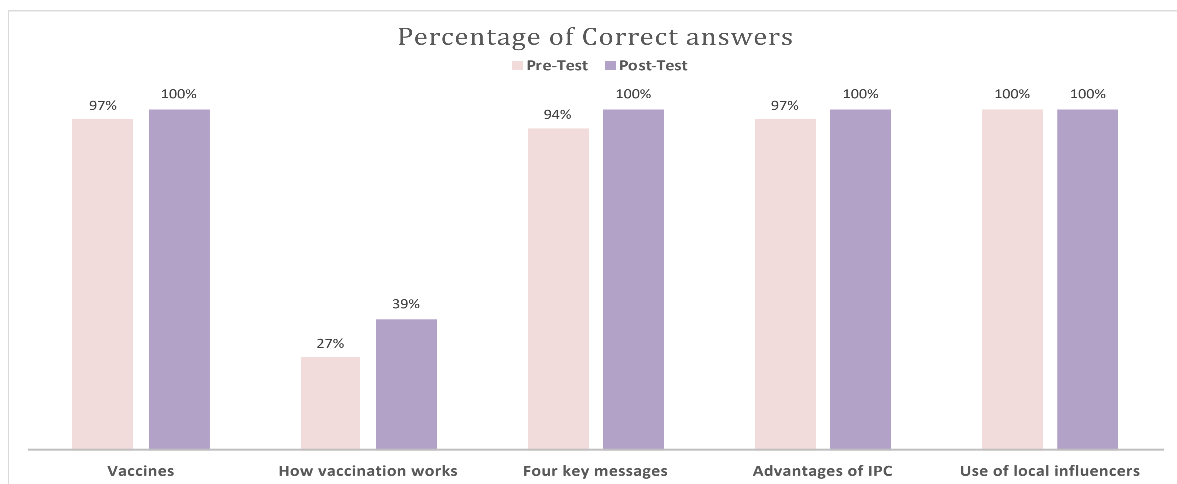


JUNE 2019:

1. It is clear from the data that FLWs participated in the training had good understanding with respect to four out of five parameters even before attending the training but their understanding on how vaccines work was much below the expectation.
2. You may like to advise concern MOICs to discuss this with FLWs during sector meetings and make them understand so that they are more confidant in communication.

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Fatehabad	7	189	0	0	189
Yamuna Nagar	3	85	0	0	85
Total	**10**	**274**	**0**	**0**	**274**

Total No of Groups	70
Total No of Trainings Held	10
Total No of ANM Participated	274
Total No of ASHA Participated	0
Total No of AWW Participated	0
Total No of Participants	274

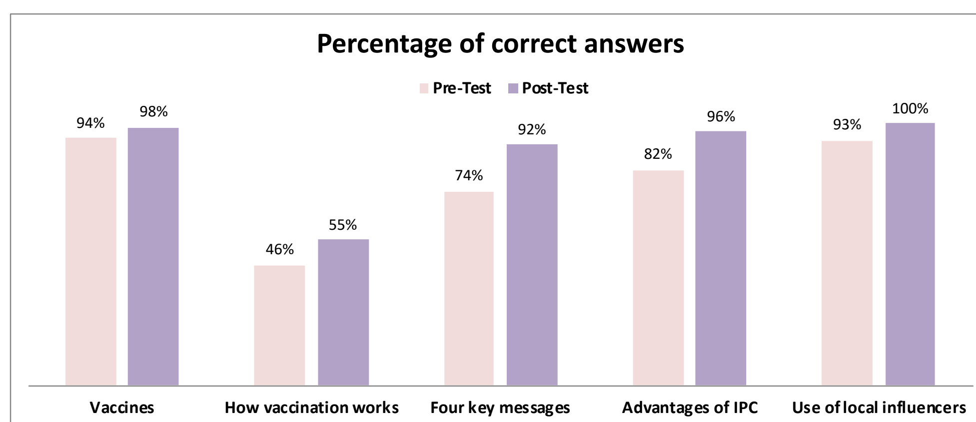


JULY 2019:

1. Over all training was satisfactory and it has enhanced the knowledge of FLWs on all the parameters.
2. However, their knowledge as to how the vaccines work is still at 55%, which means there is good scope for improvement and the DIO must make efforts to enhance this knowledge. Efforts may be made during the cluster meetings to reinforce the knowledge of how vaccination works.
3. The film on how vaccination works can be shared with the FLWs which they can watch and ask questions if required.
4. ASHA Trainers and LHVs may be given the responsibility of checking on this knowledge

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Ambala	6	40	211	0	251
Karnal	44	308	502	612	1422
Panchkula	1	27	0	0	27
Sirsa	12	118	243	0	361
Sonipat	69	191	1213	848	2252
Yamuna Nagar	13	31	168	201	400
Total	**145**	**715**	**2337**	**1661**	**4713**

Total No of Group	**1007**
Total No of Trainings Held	**145**
Total No of ANM Participated	**715**
Total No of ASHA Participated	**2337**
Total No of AWW Participated	**1661**
Total No of Participants	**4713**

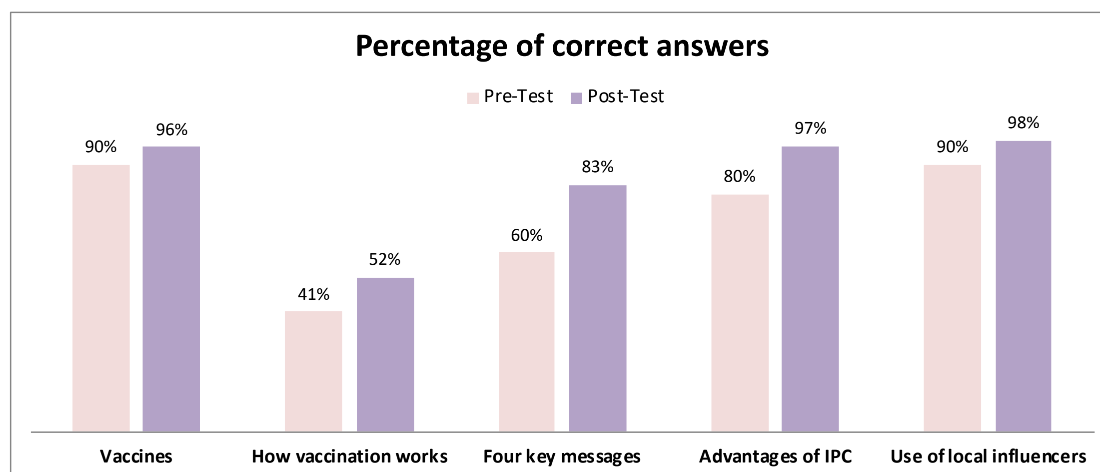


AUGUST 2019:

1. Knowledge and understanding of FLWs has appreciably improved post training.
2. There is still a good scope of improvement on two parameters i.e. how the vaccines work and four key messages which are at 52% and 83% respectively.
3. DIO must make efforts to enhance this knowledge. Efforts may be made during the cluster meetings to reinforce the knowledge of how vaccination works and practice of four key messages during RI sessions.
4. The film on how vaccination works can be shared with the FLWs which they can watch and ask questions if required.
5. ASHA Trainers and LHVs may be given the responsibility of checking on this knowledge and practice of four key messages

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Ambala	18	0	341	341	682
Fatehabad	4	0	145	0	145
Gurgaon	33	0	495	563	1058
Jind	5	66	52	38	156
Sirsa	6	55	136	0	191
Sonipat	6	0	66	122	188
Yamuna Nagar	21	0	279	375	654
Total	**93**	**121**	**1514**	**1439**	**3074**

Total No of Group	643
Total No of Trainings Held	93
Total No of ANM Participated	121
Total No of ASHA Participated	1514
Total No of AWW Participated	1439
Total No of Participants	3074

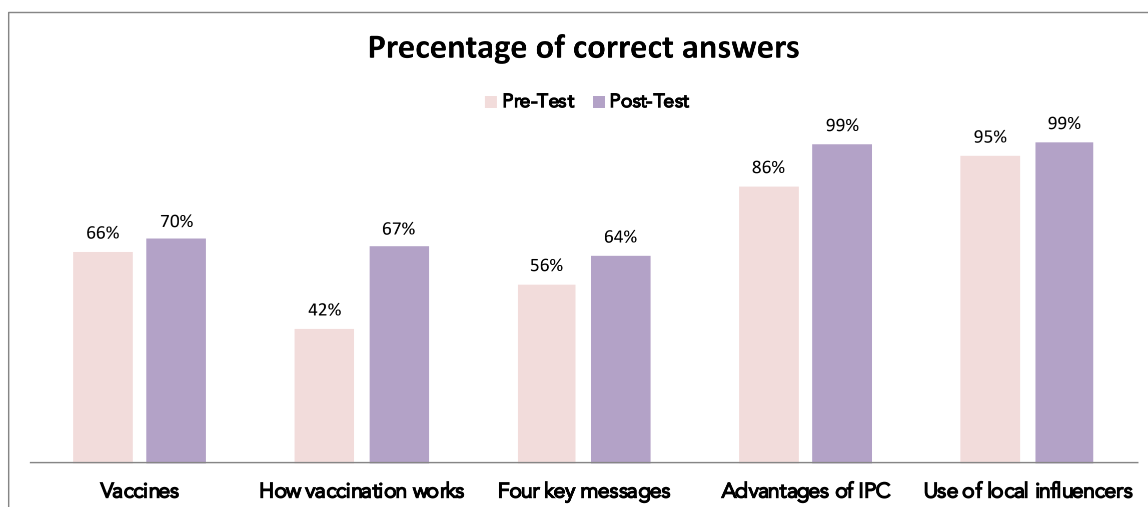


SEPTEMBER 2019:

1. Advantage of IPC and Use of Local Influencers is good knowledge/skills with the participants.
2. However, parameters of knowledge about vaccination, how vaccines work, four key messages requires further working on by the facilitators.
3. District may like to check on the Trainer skill and knowledge of these parameters on how sessions are conducted.
4. Corrective actions needs to be initiated urgently as three of the

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Ambala	6	0	0	225	225
Fatehabad	7	0	224	0	224
Gurgaon	4	0	68	80	148
Hisar	1	33	0	0	33
Jind	23	34	327	398	759
Sirsa	3	20	69	0	89
Yamuna Nagar	1	0	10	11	21
Total	**45**	**87**	**698**	**714**	**1499**

Total No of Group	315
Total No of Trainings Held	45
Total No of ANM Participat	87
Total No of ASHA Participa	698
Total No of AWW Participat	714
Total No of Participants	1499

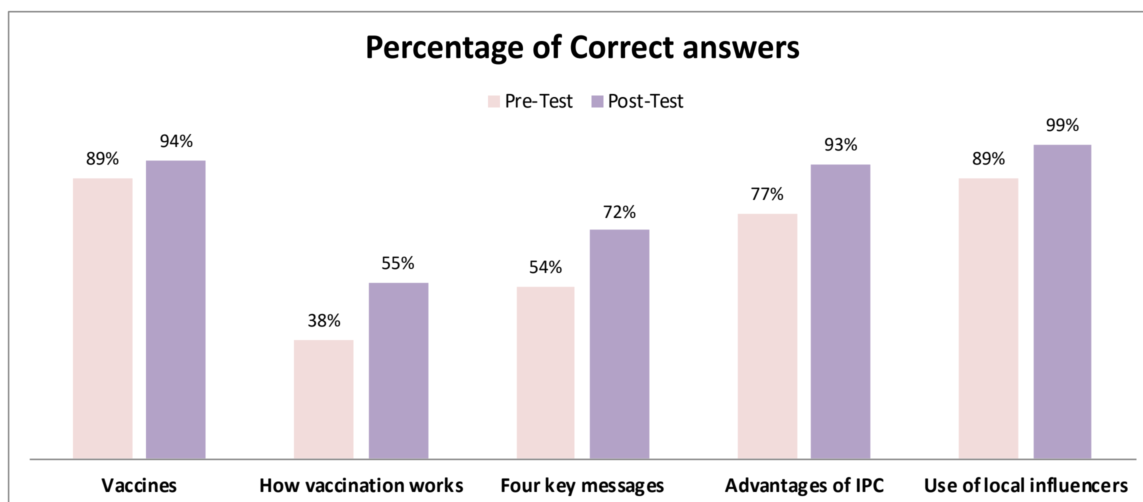


OCTOBER 2019:

1. This training has impacted the understanding of FLWs and they have improved their knowledge but they are still at 55% on how vaccines work and 72% on four key messages which is low compared to their own understanding on remaining three parameters.
2. These parameters needs to be explained

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Ambala	6	40	191	0	231
Gurgaon	7	0	123	87	210
Hisar	8	200	0	0	200
Jind	13	15	217	283	515
Mahendragarh	7	41	159	0	200
Panchkula	5	0	136	39	175
Rohtak	8	0	142	105	247
Total	**54**	**296**	**968**	**514**	**1778**

Total No of Group	315
Total No of Trainings Held	45
Total No of ANM Participated	87
Total No of ASHA Participated	698
Total No of AWW Participated	714
Total No of Participants	1499

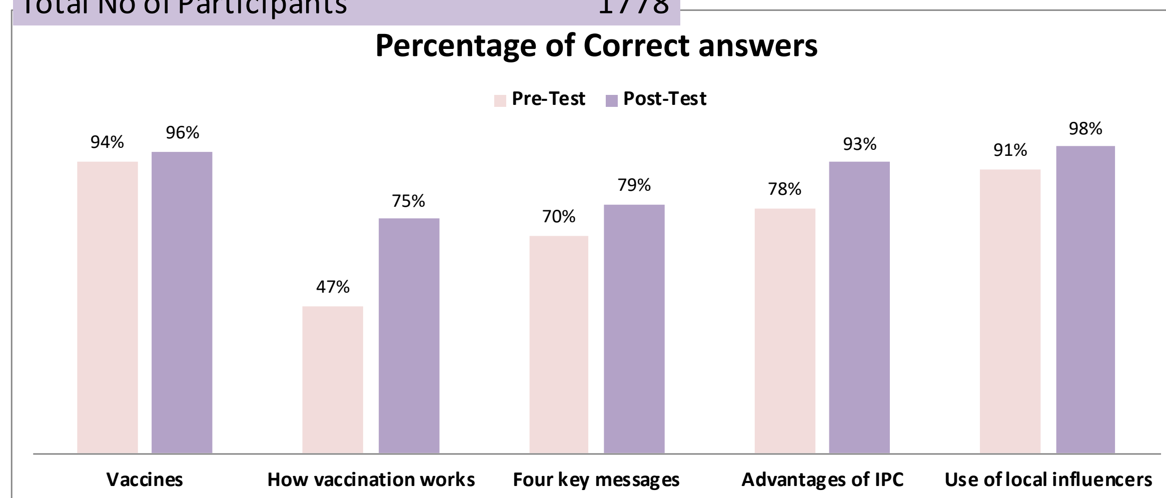


NOVEMBER 2019:

1. New vaccines and use of local influencers show a good knowledge gain among the FLWs
2. Advantages of IPC shows good improvement but still needs to be followed up during the sector meeting
3. Topics on *"How vaccination works"* and *"Four key messages"* need to be followed up on as both these parameters show low uptake among the FLWs.
4. The topics should be discussed during the sector meetings
5. The facilitators for these sessions should be made aware that there is a problem in the uptake of these sessions and perhaps a telephonic refresher for the facilitators on these parameters should be considered.

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Fatehabad	12	0	0	380	380
Gurgaon	3	31	43	28	102
Jind	13	115	151	165	431
Panchkula	3	100	0	0	100
Rohtak	4	0	62	70	132
Sirsa	1	1	41	0	42
Total	**36**	**247**	**297**	**643**	**1187**

Total No of Group	355
Total No of Trainings Held	54
Total No of ANM Participated	296
Total No of ASHA Participated	968
Total No of AWW Participated	514
Total No of Participants	1778

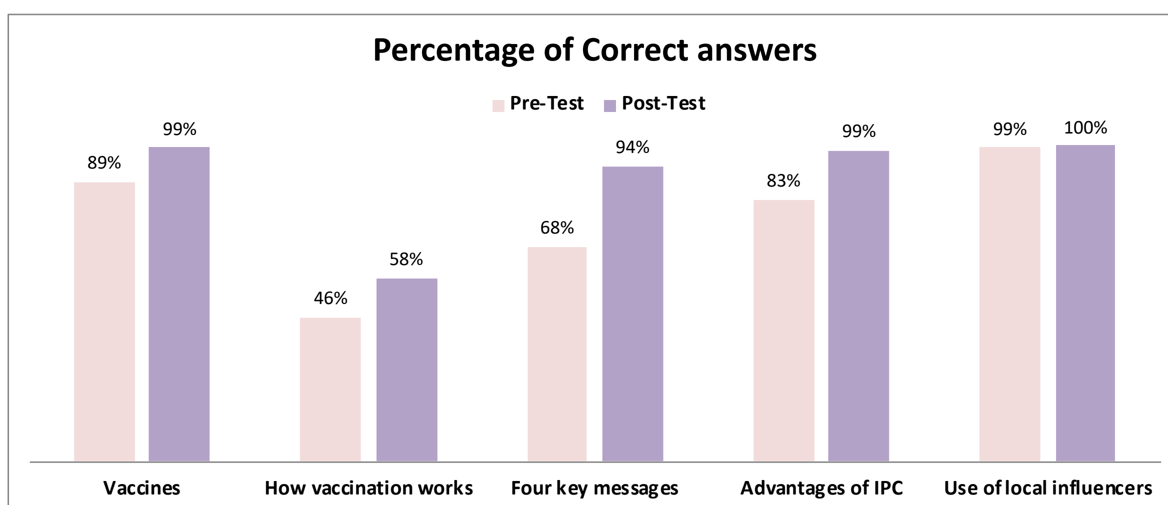


DECEMBER 2019:

1. The pre-test shows that the knowledge about use of local influencers and IPC was already at a good level with the FLWs.
2. Knowledge on key messages during RI sessions has increased substantially.
3. Understanding of how vaccines work requires more inputs. This is crucial as explaining this to parents of the child will gain trust from parents and also remove the fear of vaccinations.
4. The film on vaccination should be shared with the FLWs and they should be asked to explain the film during the sector meetings. MOIC can be reassured of knowledge gain and practice in this manner.
5. In case there is any further information required on this the MOIC can get in touch with the UNICEF officer in the state or send a message to info@envisions.co.in

District	No of Training Held	No of ANM	No of ASHA	No of AWW	Total No of Participants
Fatehabad	8	0	0	260	260
Jind	12	22	171	190	383
Total	**20**	**22**	**171**	**450**	**643**

Total No of Group	140
Total No of Trainings Held	20
Total No of ANM Participated	22
Total No of ASHA Participated	171
Total No of AWW Participated	450
Total No of Participants	643



NOTE:

1. By far Bridge trainings in the state were effective and helped FLWs in improving their knowledge and understanding on various aspects of RI communication.
2. However, FLWs knowledge regarding how the vaccines work has not been as good as other parameters. MOICs may be advised to discuss this with them in sector meeting and clarify their doubts, if any.
3. In the months of September, October and November FLWs score on four key messages was also low.
4. Five parameter included in BRIDGE training are most essential ones, and if followed meticulously, the quality of communication of our FLWs will definitely improve .

ANNEXURE VII: FIELD ASSESSMENT REPORT (SAMPLE REPORT: MAHARASHTRA)

BRIDGE FIELD ASSESSMENT

Maharashtra

eNVisions
Institute of Development

Table of Content

Abbreviations used 47

Observation Visit Plan 48

Selection of Sites for Observation 48

Sample Size 48

District Wise Comments/Observations 49

Good Practices/FLWs' Voices/Success Stories: 53

FLWs On-Field Assessment Analysis: 56

Abbreviations used

AEFI	Adverse Event Following Immunization
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BRIDGE	Boosting Routine Immunization Demand Generation
CHC	Community Health Center
FLW	Frontline Worker (ANM, ASHA, Anganwadi worker–AAA or 3As)
IPC	Inter-personal communication
LODOR	Left out, Dropout and Resistant families in immunization
MCP	Mother & Child Protection Card
MR	Measles & Rubella vaccine
PCMC	Pimpri Chinchwad Municipal Corporation (Pune District)
PHC	Primary Health Center
PHN	Public Health Nurse
RI	Routine Immunization
THO	Taluka(District)Health Officer
UHC	Urban Health Center

Observation Visit Plan

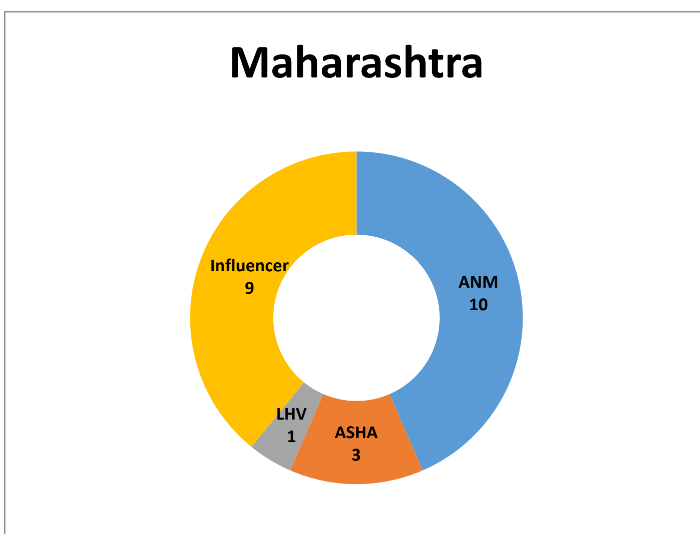
State	District	Date	Assessor
Maharashtra	Nagpur	20-21 January 2020	Damodar Khobragade
	Pune	27 February 2020	Nisar Ahmad & Varsha Chanda

Selection of Sites for Observation

The criterion for selection of the districts is where FLW trainings have been done at least three months prior to the field observation visits.

Sample Size

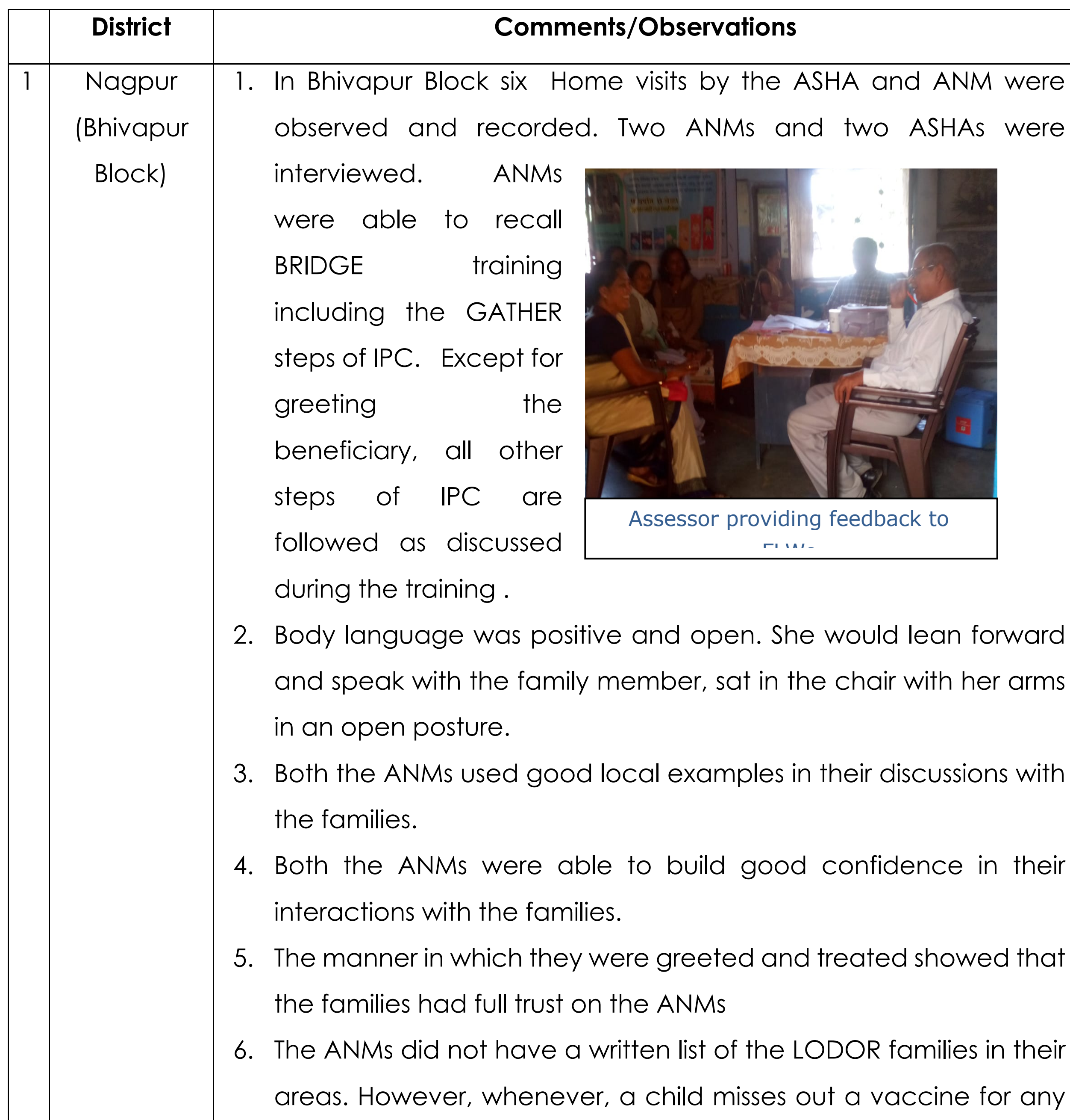
Fourteen FLWs and nine influencers were observed and/or interviewed. Additionally, BRIDGE IPC training was also discussed with respective Medical Officers and District Level Master Trainers. ASHAs, ANMs and LHVs were trained in these areas under the community health center where the observation visit was carried out.



This report captures the findings from the field observations.

Medical officers and Trainer's comments have been incorporated under district-wise observations and also under the last section on 'Good Practices'.

District Wise Comments/Observations

	District	Comments/Observations
1	Nagpur (Bhivapur Block)	1. In Bhivapur Block six Home visits by the ASHA and ANM were observed and recorded. Two ANMs and two ASHAs were interviewed. ANMs were able to recall BRIDGE training including the GATHER steps of IPC. Except for greeting the beneficiary, all other steps of IPC are followed as discussed during the training .  Assessor providing feedback to 2. Body language was positive and open. She would lean forward and speak with the family member, sat in the chair with her arms in an open posture. 3. Both the ANMs used good local examples in their discussions with the families. 4. Both the ANMs were able to build good confidence in their interactions with the families. 5. The manner in which they were greeted and treated showed that the families had full trust on the ANMs 6. The ANMs did not have a written list of the LODOR families in their areas. However, whenever, a child misses out a vaccine for any

		reason, they ensure to cover this child in the next vaccination session. As far village communication plan is concerned, all FLWs plan their immunization activities based on the updated "due list". 7. Both ASHAs are very well known in their areas. Beneficiaries have a confidence on the advice given by ASHAs. Beneficiaries share all health related issues/problems of children with them. A mother also shares her health problems with ASHAs. ASHAs generally do not formally greet the family members but as soon as they enter the house, they are welcomed by the beneficiaries. ASHAs could not state the steps of GATHER as taught (academically recall was poor), however the practice reflected all the steps of GATHER. 8. Recall of key messages for immunization was good. What was required in using a proper sequencing of the messages was not followed. 9. All of them have said that they did not encounter any barrier in their vaccination work. And there are no LODOR families. 10. Interactions with the influencers /family members showed that most of the members were supportive of RI. Beneficiaries were from educated background and aware of the benefits of vaccination. 11. An old woman who had not attended any formal education came forward and said that she not only supported vaccination but made sure that she spoke about it to other members in her community. She said she also advocated for institutional delivery 12. The FLWs had an updated due list. 13. Communication plan was not available with any of the FLWs.
2	Nagpur (Kalmeshwar Block)	Visited Kalmeshwar Block in Nagpur district with Dr. Wagh and Mr. Shrikhande, Health Assistant. Dr. Ms. Deepa Kulkarni, THO, had already planned our visits to Mohpa PHC, Telkamptee & Dhapewada sub centers where immunization sessions were planned. One LHV, two

		ASHAs and two ANMs were interviewed. Following observations were made while interviewing LHV:- Immunization session was in progress. A total of 14 children were listed in the due list. 7 children were already vaccinated and 7 were yet to come. They were the children of Sarodi community living on the outskirt of the village. One mother was waiting after vaccinating her child as asked by the LHV. The LHV was explaining to the mother why she was asked to wait for 30 minutes post vaccinating the child. In this time, the LHV gave messages on a. Post vaccination care (she asked the mother what she will do if the baby is crying), checking for temperature, putting an ice pack in case there is a redness or swelling at the site of injection. b. Breastfeeding c. Handwashing What was appreciable in her IPC was the balance in Q&A, taking feedback to check that the mother has followed correctly the messages which were given. **Barriers:** When asked about barriers, the LHV spoke about the nomadic community who are now settled on the outskirts of the village and were reluctant to vaccinate their children. She gave a summary of how the health team did a regular follow up, used a local doctor as an influencer, used two people from the community as influencers and carried out a regular communication with the families which convinced them to bring in their children for regular vaccination. **Village communication plan,** she also depends upon the "due list" and covers any left out child in the next session. Does not have a village communication plan as explained in the BRIDGE.

		She was advised to educate the members of nomadic community. Take help of influential leaders of that community and ensure complete immunization of all eligible children. *As a good practice, she informed that when a mother goes out to her parent's place for delivery, she advises the mother to carry her MCP card and vaccinate the child when due. Also, she follows up with the mother on due date of vaccination and tells mother to send photo of MCP card with entries of vaccination given to the child.* Both the ANMs partially remembered the BRIDGE learning and have no LODOR families. They didn't encounter any barrier except for initial resistance from Sarodi community. No list of barrier specific families. Due list is the only tool they use to cover all children for vaccination. Both the ASHAs remembered the BRIDGE learning. One ASHA had the list of LODOR families while other ASHA claimed that there are no LODOR families in her area and hence no concerned list is prepared. As far village communication plan, one of them told us that, every 3 moth they take the review of left out families/children and conduct a focused vaccination session for such children.
3	Pune Sambaji Nagar, Pimpri PCMC	**Sai Umbrella UHC, Sambaji Nagar, Pimpri PCMC** 1. Due to large no. of beneficiaries waiting for their turn the list of influencers was not seen, however the staff was very clear about use of influencers and could recount instances of their effective use. 2. In view of RI session requiring ANM's presence, It was not possible to meet the influencers, however, a particular case narrated by them when a factory manager was used to influencer their migrant workers shows that the ANM is able to identify the influencers correctly and is able to involve them in positive communication with the community within their area of influence. 3. Could not see the communication plan due to their preoccupation with RI day.

4. *Staff was given a suggestion to replace RI cards issued by private clinics (Reference Card on the table in Picture 1) with the department's MCP card due to its IEC value on comprehensive child care including feeding and growth monitoring.*

Picture 1: Sister Jamdare administering polio drops to a child, others maintaining records

Yamuna Nagar Hospital, Pimpri, PCMC

1. Due to large no. of beneficiaries waiting for their turn the list was not seen. However, Sister Asware did share the cases of LODOR families in her area and the process adopted by her to convince them.

   a. *A suggestion was given to Dr Bhoir to start a token system allotting numbers on arrival of parents to make the whole process systematic. She was advised to use one-sided used paper slips as token as a no-cost solution.*

2. Sister Asware shared the example of few resistant families among immigrant population from Karnataka. She said that in those cases she involved her senior ANM and then even Dr. Bhoir was taken to talk with them. It did change the behaviour of some of them. For more resistant families the religious leader from Karnataka community was involved in the conversation which met with success.
3. Meeting influencers was not possible in view of the on-going RI session. However, Dr Bhoir confirmed the process shared by Sister Asware.
4. Communication plan was not available even though the ANMs could explain the entire issue specific communication process.

Good Practices/FLWs' Voices/Success Stories:

Nagpur

1. Once in Bavara area in Dhapawada a measles vaccine was given to a child. It caused swelling and unease to the child. The leader of the group got furious and restricted us to enter the area. However, after some time again ASHA visited the area with ANM and had a conversation following steps of GATHER with that leader. ASHA & ANM told him the benefits of the vaccination. So he got convinced and finally convinced community members also.

2. Resistance to MR by multiple community members continuous communication using IPC skills particularly with father of the child was helpful to administrate MR vaccine to child.

Pune

Sai Umbrella UHC, Sambaji Nagar, Pimpri PCMC

1. The facilities were maintained very well. The entire area as well as the vaccination room was very neat and clean. This can be seen in Picture 1. One ANM talking to the parents and other two paying full attention to the conversation shows the high level of team-work among them.

Picture 1: Sister Khan in conversation with a couple before their child's vaccination

2. They had arranged chairs for the beneficiary to sit. This made them more receptive and comfortable during the IPC (Evident from the faces of parents in Picture 2).

3. After getting the four key messages, the mother with child moved to the vaccination table. The vaccination table was arranged exactly as explained during the RI planning session in BRIDGE IPC skills training.

Picture 2: Finding opportunity to give FP message to a couple during RI Session

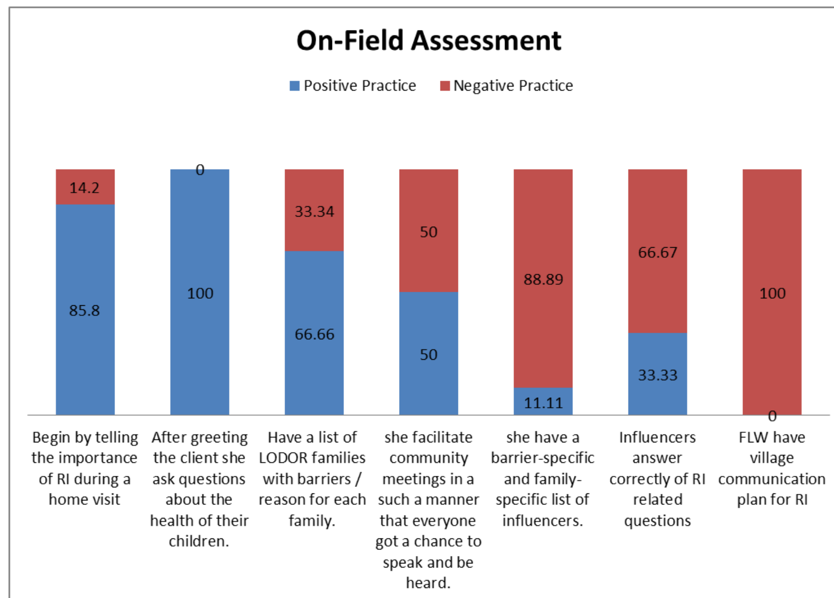
4. IPC with couples was excellent and sister Khan was outstanding. She was the one giving key messages to couples/mothers. She was doing it before the actual vaccination – this made her get the full and unobstructed attention of beneficiaries.
5. In view of their good rapport building the ANMs could add-on to the services. For instance, while talking to an eligible couple, Sister Khan could introduce massage on family planning (Picture 2)

Yamuna Nagar Hospital, Pimpri, PCMC

Both ANMs were managing the session very well. Some good practices adopted by the team were:

1. ASHA was talking to parents and making their sitting arrangement. A very large number of parents (about 50) were present. The main vaccination hall had limited capacity (about 25) to sit. So others were made to sit in the approach area outside the vaccination hall. ASHA was coordinating between IPC with mothers.
2. The PHN was periodically coming and doing IPC with mothers.
3. Dr. Bhoir, the RI in-charge was constantly standing near the vaccination table and overseeing the arrangements. Intermittently, she also talked to those mothers who were becoming impatient. She made them very comfortable and despite long waiting time no one actually complained.

FLWs On-Field Assessment Analysis: (Data in %)



Graph shows that 85.80% FLWs are greeting well and 100% FLWs ask the question about the health of the children after greeting. 66.66% FLWs have the list of LODOR families with barriers/reasons for each family, 50% FLWs were found to facilitate community meetings in a such a manner that everyone got a chance to speak and be heard and 11.11% FLWs have a barrier specific and family specific list of influencers. However, FLWs state that they have influencers for their support but none of them were able to share the list of influencers with us. Graph shows that 33.33% influencers answered correctly of RI related questions. No one has the village communication plan for RI.

Recommendation to the State Immunization Consultant/Officer:

1. Check on list of specific Influencers.

2. RI communication Plan is not being prepared and will lead to a breakdown in roper communication for the FLW. Communication plans with all the components must be prepared properly to make the work of the FLW more efficient.

ANNEXURE VIII: SECTOR ASSESSMENT REPORT

BRIDGE – Post Training Recall

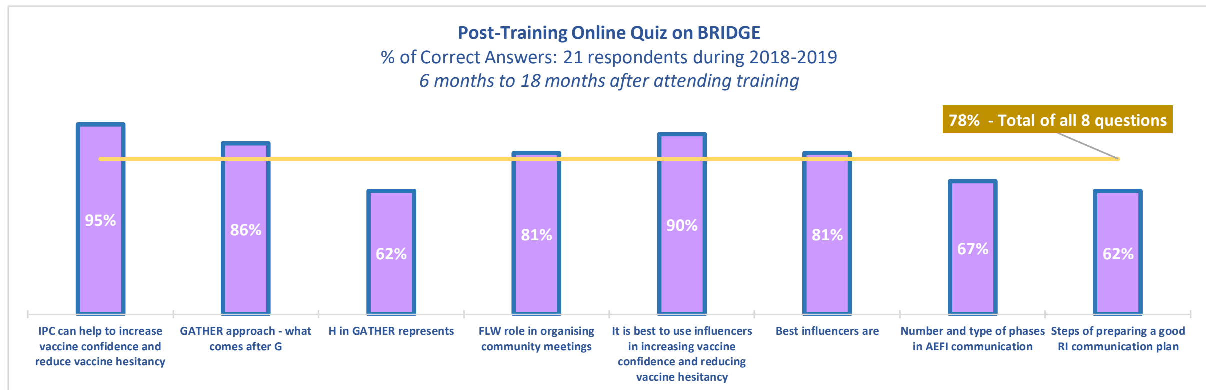
An online self-assessment quiz was introduced as a part of BRIDGE IPC skills training package. This quiz is intended to be filled-in by FLWs after 6 months or more of attending the BRIDGE IPC skills training. The quiz serves two purposes:

- *Assessment of knowledge retention after 6 or more months of attending the training.*
- *Identification of focus areas for refresher training.*

Between December 2018 and March 2020 twenty-one FLWs have filled the online form: 2 in 2018, 13 in 2019, 6 in 2020. These respondents were from the following states.

- *Bihar 3*
- *Delhi 1*
- *Gujarat 3*
- *Haryana 2*
- *Madhya Pradesh 1*
- *Odisha 2*
- *Punjab 1*
- *Uttar Pradesh 8*

Feedback received from these responses show that on an average 78% FLWs have been able to give correct answers – which shows a good recall. The chart given below presents data for each question.



An impressive 95% FLWs have answered the question on IPC's relevance to increase in vaccine confidence and reduction in vaccine hesitancy. Answers to questions on GATHER, FLW role in organising community meetings, use of influencers have all been scored correctly by 80%-90%.

It shows some areas of concern where the correct answer percentage is lower than the overall average of 78%. Therefore, following topics need to be covered for refresher trainings.

- *Steps of preparing RI communication plan – Only 62% have answered it correctly. It corroborated with the findings during field observations when it was found that FLWs did not prepared their communication plans.*
- *Steps of GATHER need to be reemphasized – answer to 'H in GATHER represents' is correct by 62%*
- *Number and type of phases in AEFI communication is correctly answered by 67%. So AEFI communication should be included in refresher trainings.*