



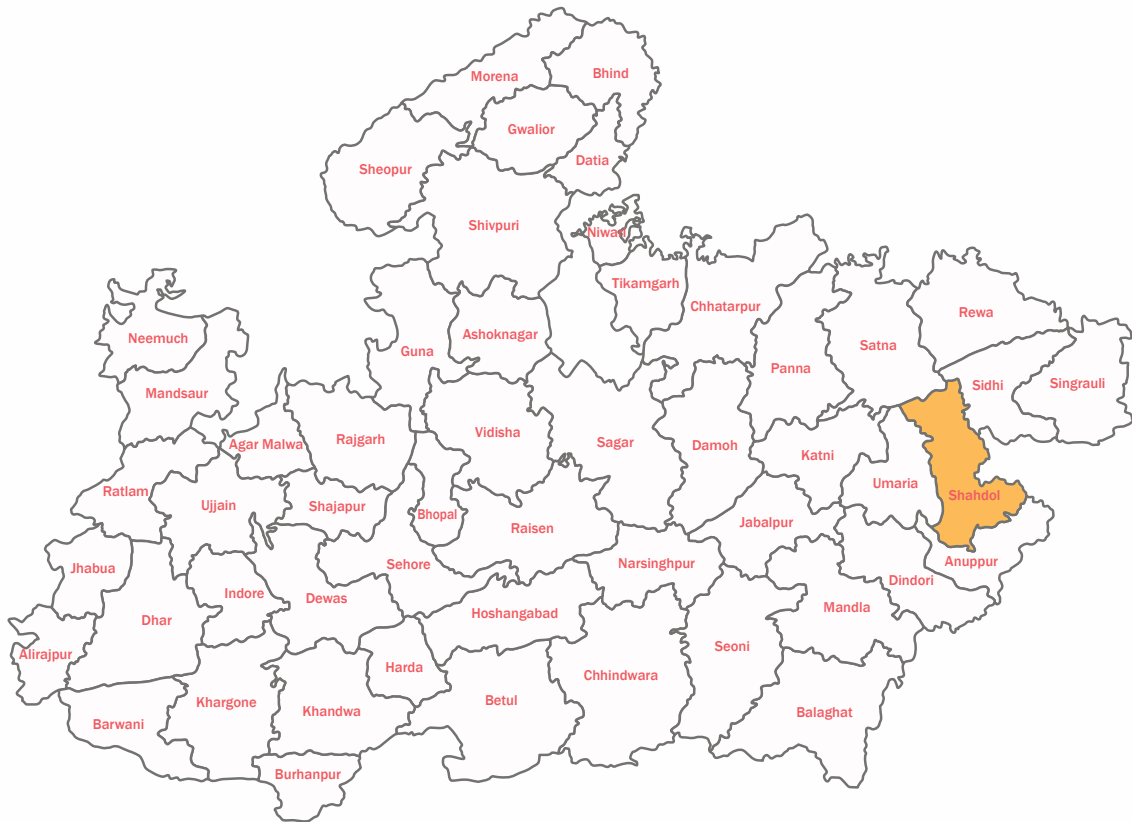
Understanding Frontline Mentors of Project MANCH



Since 2021, India Health Action Trust (IHAT) has been implementing Project MANCH to improve maternal, newborn and child health (MNCH) outcomes in tribal areas of Madhya Pradesh. The project, supported by HCL Foundation, focuses on Shahdol district in Madhya Pradesh.

IHAT works in close coordination with the Government of Madhya Pradesh (GoMP) & the

Institute for Global Public Health, University of Manitoba (IGPH-UM), to assess gaps in effective coverage & to develop interventions that address these gaps at the community, facility & health systems level. The project aims to increase the availability, quality and utilisation of critical MNCH services across the continuum of care in the tribal areas.



Key objectives



To improve the coverage of antenatal (ANC) care and postnatal (PNC) care services and the quality of interaction by frontline workers with pregnant women, mothers and children and their families



To increase the identification, pre-referral and management of high-risk pregnancy (HRP) and sick/small new-borns



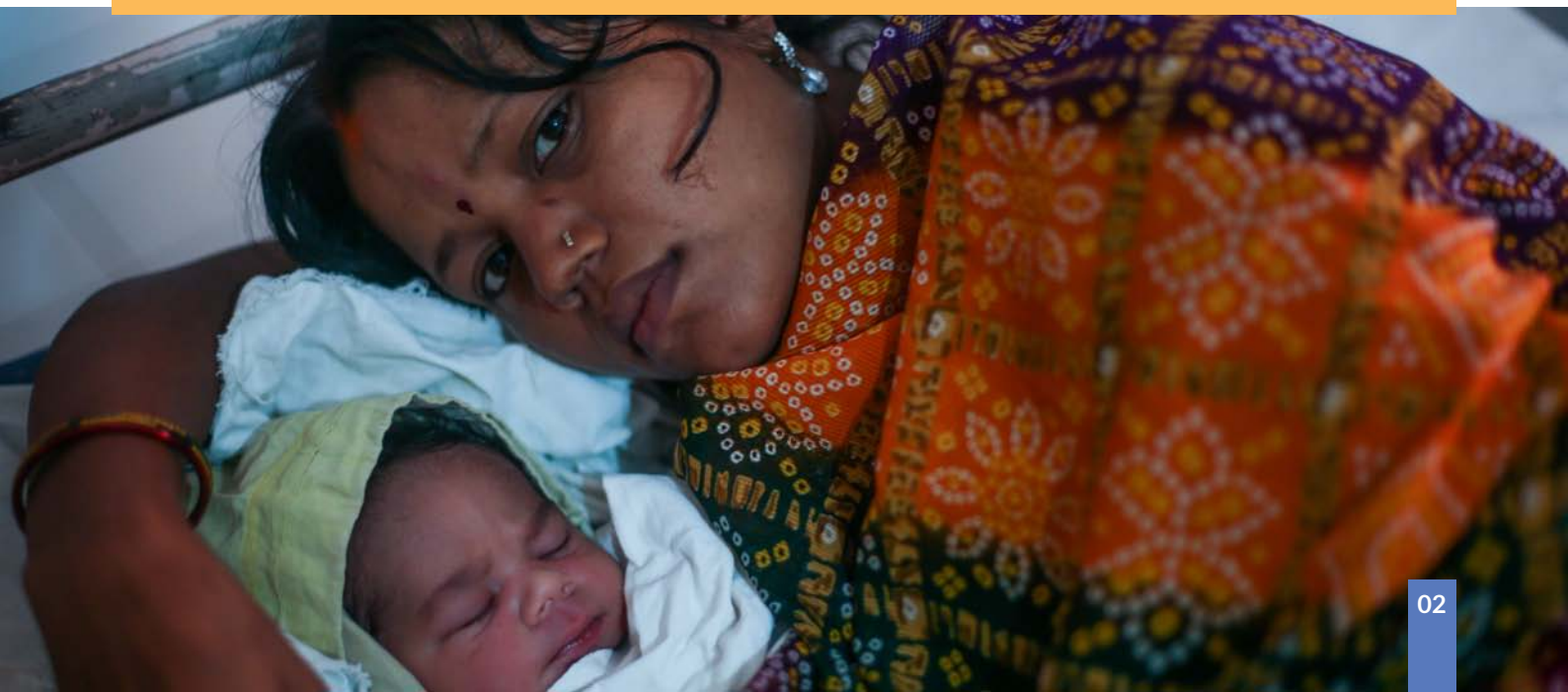
To enhance the coverage of institutional delivery, quality of care during delivery and immediate post-delivery



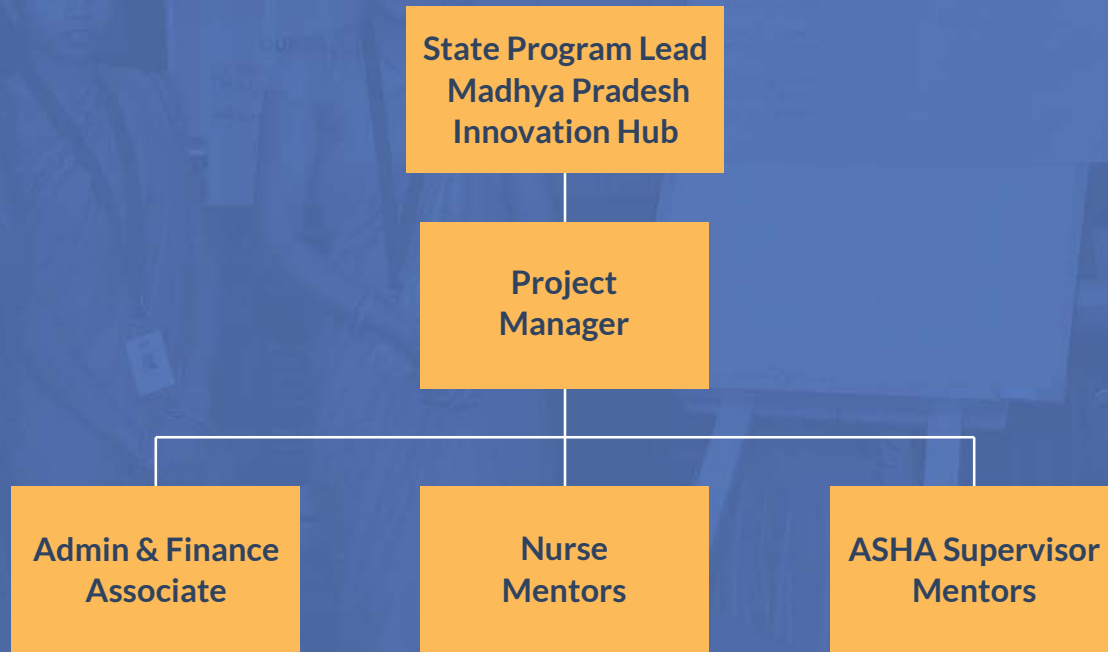
To improve the skills, knowledge and MNCH practice of health care facility teams at delivery points



To improve the availability of real-time individualised data for decision making at all levels



Organogram and Roles & Responsibilities



The State Program Lead is responsible for overseeing Project MANCH activities along with providing supervisory and capacity building support to the team.

The Project Manager is responsible for implementing and monitoring the project activities through the Nurse Mentors and ASHA Sangini Mentors. He is also responsible for providing capacity building support to the team.

The Nurse Mentors (NMs) provide onsite mentoring for staff nurses and will work with specialist from medical colleges/district hospital to mentor doctors on managing complications among mothers and newborns.

The ASHA Supervisor Mentors (ASMs), here referred to as project frontline mentors, provide need-based supportive supervision and mentoring to ASHA Supervisors and Accredited Social Health Activists (ASHAs).



Annual Review Meeting: Project MANCH

After the completion of the first year of project implementation, a three-day annual review meeting was conducted from 21st -23rd April, 2022. A technical team of experts from IHAT, the IGPH-UoM and the Project MANCH staff were brought together to understand the progress made by the project, discuss challenges and strategies and to make recommendations towards achieving the project goals and outcomes.

The review meeting explored the following:

- Strategies and actions undertaken by Project MANCH to reach the milestones proposed under the project.
- Challenges faced by the project team and the potential steps that could be taken to improve the implementation of the project.
- Technical support required by the project team and senior leadership of IHAT and UoM- IGPH to mitigate challenges faced during the course of implementation.

Forty-eight team members from Project MANCH, IHAT and IGPH-UM joined the review process. On the first day, the State Program Lead from IHAT provided a debrief on the project. The project frontline mentors were then divided into three groups and sent to three different blocks, namely Sohagpur, Ghoparu (Pali no 1), and Jaisingh Nagar, to assess the contribution of the project. The team also met with frontline workers (ASHA, Anganwadi workers, ANM), beneficiaries and other stakeholders in the village where the visit was organised, health workers (nurse, pharmacists) and the facility-in-charge at one of the Community Health Centres (CHCs) in each block. On the second day, the review team met with the project frontline mentors, including 30 ASMs and 2 NMs. The review team interacted with the ASMs and NMs to understand their achievements and challenges. The groups then presented their observations and reflections from the field visit. Finally, on the third day, the team discussed technical strategies to achieve the objectives of the project.

Group Session on “Understanding our project frontline mentors”

Project MANCH Core team Composition

Project MANCH has 30 ASMs and 3 NMs currently on board.

50% of the mentors are between the age group of 20-29 years

57% have done their post-graduation

90% of the mentors are from Shahdol

30% of the mentors have more than 4 years of relevant experience

40% have 1-4 years of relevant experience.

The Group Session

A participatory exercise was conducted on day two of the review meeting with ASMs and NMs to understand the personal gains and challenges that the project frontline mentors experienced with the project. A participatory tool called Force Field Analysis was used to facilitate these discussions. This tool explores the 'supporting' and 'resisting' factors that enable change. The tool is useful since it helps participants see the positive and negative sides of the situation and identify core issues that prevent them from reaching their goals.

The session was facilitated to allow the project frontline mentors to reflect on their personal life and understand what they perceived as supporting factors or resisting factors concerning working on the project.

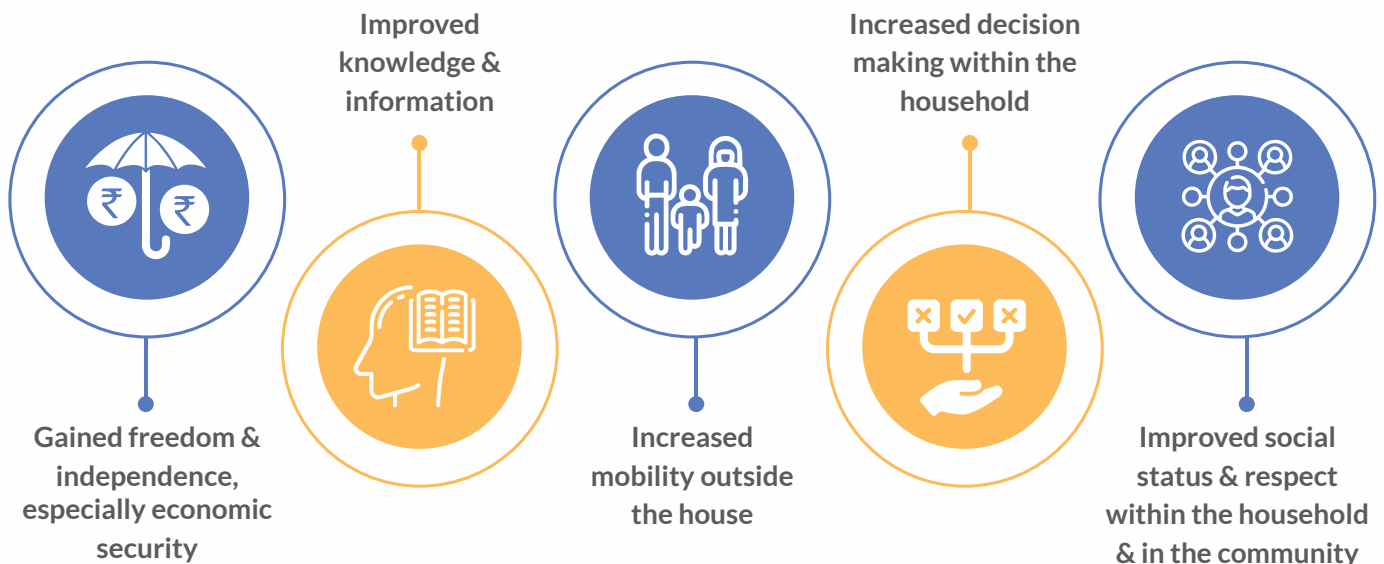
Process

30 ASMs and two NMs who participated, were randomly divided into six groups during the session. The facilitation took place in Hindi. The facilitator explained the purpose of the activity as well as the difference between 'supporting' factors/ gains and 'resisting' factors/challenges using examples. The mentors were provided with a large paper and encouraged to draw the force field as a vertical line and label the space on the left as 'supporting factors'/ gains and the space on the right as 'resisting factors'/ challenges. The ASMs and NMs were then encouraged to reflect on their personal life and discuss the gains and challenges that they observed. Using examples from their lives, each mentor drew or wrote each gain or challenge on a sheet of paper. At the end of the activity, groups presented their work, following which there were discussions to address the challenges flagged by the group members.

Results

The group shared their personal gains and challenges.

Personal Gains



Some of the common personal gains shared by the group were:

- The project improved their confidence, provided them with a sense of identity and gave them a voice to express their opinions, both within and outside their households.
- The mentors linked their employment with improved mental strength and ability to handle challenging conditions at home and within the community.
- The mentors reported that their social standing and status have increased since they joined the project. Family members at home take their advice and suggestions seriously now. They also involve them in decision making at the household level. The mentors also reported that they experienced similar changes within the community.

- They also felt that their children have become more independent and capable of doing work on their own since they have a working mother.
- Training provided by the project has enhanced the knowledge and information about health. The mentors reported that this newfound knowledge has made household members and the community appreciative of the project and more involved in conversations related to health.
- The mentors also appreciated the freedom that the project offered. Since the project involved travel, it provided the mentors the confidence to move in public spaces and helped them overcome their fear/discomfort with respect to mobility.
- The project also improved their self-esteem. The assertion or negotiation skills that they learned during the course of the project came in handy when they negotiated decisions at their households.
- The association with the project also provided the mentors with better management skills. It also made them health-conscious. They are now able to take care of their children better as they have the knowledge, skills and the contacts of health providers and facilities.
- As the mentors remain engaged in project activities, their time and energy get utilised in a constructive manner, leading to healthy interpersonal relationship within their families.
- Some of the unmarried participants also shared that the association with the project reduced the pressure from the family to get married since they now see the participants as strong earning members of the family

“My value in the family has increased. I contribute financially to the family and hence the family members now listen to me and respect my decision”,
ASHA mentor, Project MANCH

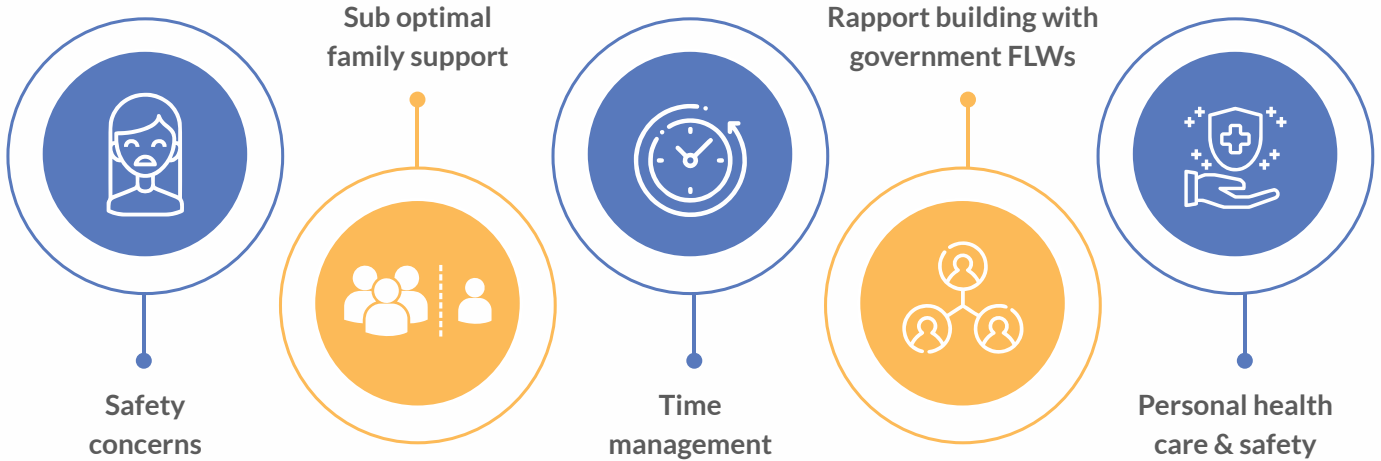
“There was so much pressure to get married after completing my education. Now that I have got this job and my family members see how I am helping the community specially women & children, they have stopped asking me to get married. They want me to do well in my work”, ASHA mentor, Project MANCH

During the session, some of the common personal challenges shared by the mentors were:

- The participants shared the challenges related to longer hours at work. Longer hours meant spending less time with the family. This caused stress and conflict, leading to them being pressurised to leave their jobs. Sometimes, children missed their presence at home
- Since the project area was a forest area, it posed challenges to travel and personal safety. Some of the villages are remotely located requiring long hours of travel. Participants also felt unsafe when they were travelling to such places alone.
- Participants reported that weather especially during peak summer hours was not conducive to do field or outreach work.
- Due to the nature of their job, which entails long-distance travel, outreach in remote places and dealing with complicated cases related to women's health, they have to be alert and available 24*7 for any emergency case. This leads to challenges in their personal lives as it draws them away from their family.

- The process of rapport building with the government front line workers (FLW) such as ASHAs, Auxiliary Nurse Midwives (ANMs) and Anganwadi workers (AWWs) is a complex process. Participants reported that the entire coordination and rapport building with the FLWs during the initial days of the project was a challenging situation for them. It also impacted their work and motivation. Almost all the ASMs and NMs talked about not being able to provide much time for their self-care and persisting health issues due to long hours at workplace.
- Some participants also shared other challenges related to non-availability of toilets or discomfort during the days when they have menstruation.

Personal Challenges



“I do not get time to talk to my parents regularly. Even if my mother calls, I have to cut the call short as I am too busy to continue the conversation. My parents do not feel happy about it and that makes me sad”, Nurse mentor, Project MANCH

“Sometimes it is difficult especially during those days of the month when I have to travel to the farthest village.... There may not be toilets or there may not be water or I may feel unwell and pain. Those days are difficult”, ASHA mentor, ASM, Project MANCH



The facilitator noted all these factors during the session. And in the subsequent group work, through the sharing and discussion of gains and challenges, solutions to some of these issues (shared below) were explored.

Discussion and reflection

The participants discussed the challenges to understand what could be changed to better the gains received through the project. The following solutions were proposed at the meeting:

- Implement flexible timings during summer so that the teams can work keeping the peak summer hours in mind

- Create more spaces like the one provided during the review meeting so that the team members can meet to share their successes and challenges. This can also help them learn coping strategies and problem-solving from each other's experiences.
- Map out the locations which are unsafe or too remote to reach. Develop a strategy to support the team members who are accountable for those location.
- Organise a meeting with the front line workers (ASHA, ANM) and block-level block level officials to orient the teams on roles and responsibilities. Use the space provided to facilitate team building and trust among the team members so that there is a supportive environment.



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