Performance Improvement Input

Performance Improvement
Community Level Health and Nutrition Functionaries

BACKGROUND INFORMATION

Project Name:	Community Volunteer Initiative
Lead Agency/ Agencies	1. Tamil Nadu Science Forum
Intervention Area/ Scale of Intervention	One million people in over 1000 villages in 23 blocks of Tamil Nadu. This methodology has now been taken up by ICDS and by the Tamil Nadu H&FWD in a further series of districts. The model has also been replicated in Chattisgarh. It has since been extended and is being continued in 17 districts by the Tamil Nadu State Government
Primary & Secondary Target Group	Women & Children under five years of age; family members of the rural women under project coverage
Profile of the primary Community Level Health & Nutrition Functionary	Community-based women, selected by village health committees. Further details are not available

Purpose of the Intervention	**Key Strategies**	**Key Components/ Activities**	**Program Outcomes of the Intervention**
Improve the primary health services in a village, improve children's health, prevent child malnutrition and provide proper health awareness to women especially during pregnancy period and post natal care	1. Establish measurable improvement in child health and women's health status 2. Organize and empower women around their health needs 3. Public Health Education – on health and nutrition and on structure and policy issues. 4. Improve public health services and bring about critical policy changes 5. Develop mechanisms for panchayat intervention in health	1. Training village volunteers to visit house to house and advice on nutrition and health 2. Four-step information collection process 3. Health registration 4. Linkage with savings groups **Approach:** 1. Respect for the mother and the pregnant women – they were consciously seen as intelligent people coping in poverty and difficult conditions 2. The mother already has a world-view (formed by her own experiences and learnt from the community around her) – that world-view informs her of what health practices are good for her child	The number of Normal Children increased from 34.45 per cent to 45.77 per cent - an increase of 11.33 per cent and the number of Grade II, Grade III and Grade IV children decreased by a corresponding 12.56 per cent 34.9 per cent of the children have improved and 25 per cent of the children were retained at normal in this period. Therefore, the programme improved the nutrition status of an additional 29 per cent of the children The percentage of children with a 'normal' weight increased from 36.25 per cent to 46.69 per cent - an overall increase of 10.5 per cent. In villages where there was effective intervention the percentage improvement was 15 per cent

Source of Information
1. PROD Document
2. Report, Arogya Iyakkam - Tamil Nadu, February 2002 - March 2003

PERFORMANCE OUTPUTS (COMMUNITY LEVEL HEALTH & NUTRITION FUNCTIONARY)

Coverage Expansion	Deepening of Services	Quality of Services	Reliability of Services

There is no information on this in the available documents.	In addition to health education, the programme has components on nutrition education and disease surveillance. It also provides family counselling.	**Personalised approach:** The programme ensured that each family was counselled individually based on their needs and supported with repeated visits. **Facilitate informed choice:** the volunteers facilitate informed choice, be it use of IFA tablets, making choice on place of delivery or food habits. **Supportive visits:** counselling is supported by follow-up visits and supporting positive decisions	There is no information on this in the available documents

Source of Information
1. PROD Document
2. Report, Arogya Iyakkam - Tamil Nadu, February 2002 - March 2003

PERFORMANCE IMPROVEMENT INPUTS (COMMUNITY LEVEL HEALTH & NUTRITION FUNCTIONARY)	
INPUT COMPONENTS	**EXPERIENCE**
Input 1: Clear Job Expectations Does the CLHNF have clearly written job responsibilities? Is it clearly demarcated from functions of other health workers? Is it flexible? Has it been modified to include emerging issues? Does the CLHNF know his/her responsibilities? How was it communicated to him/her? How is the CLHNF's work divided between on-field activities, in-facility activities, surveillance and record-keeping and reporting?	There is no clear information on this in the available documents
Input 2: Building Knowledge & Skils (Was the knowledge and skill building process designed to macth job responsibilities? How was the training done - the strategy, the methodology, spacing between trainings, duration and venue? What was the training content? What was the profile of the trainers? How were they trained and oriented to train CLHNFs? How was the trainining monitored? Any accreditation process? Any training module, any facilitator's manual?)	The activists (or others who want the certificate) registered for the course and get the course materials by post (and get help from the block full timer to learn the material). At the end of the three-month course, she will write an exam and based on the marks will get a certificate and grade sheet. In addition, the activists were trained for one week (or at least four day) where the trainer trained the activists on the field by going house to house, helping with surveys, with weighing, with consolidation, etc. Training by doing and by example was the only possibility given the scale and small training team available The project recognized that "house-house individualization of health advice requires more skill and confidence" . Training involved not only learning to advice, but also to counter arguments. A group of trainers visited the activist regularly and provided her work with legitimacy and constantly encourage and re-train her

<table>
<tr><td>Input 3: Motivation and Incentives
> Were CLHNFs paid workers or volunteers? How were they paid - fixed monthly pays, performance based incentives, sales returns, etc.? What was the amount? How was their work financially rewarded?
> Any mechanism for non-financial rewards? What was the career-growth chart (promotions, etc.)?
> Was there any mechanism for recognition and awards? How was the community involved in recognizing and rewarding the CLHNF?
> Any other information of how the CLHNF's were kept motivated?</td><td colspan="2">The project was a highly value driven approach.In words of Balaji Sampath,
1. "Respect our activists and understand their problems if we expect our activists to respect mothers"
2. "When measuring the activist’s work, we do not blame her. We only measure her actual work – which is talking to mothers and pregnant women. If children have worsened, the reasons are sought in weakness of training and in need for changing the focus of the programme"
3. "In front of the mothers the activists are always praised. To boost her respect in the village and to also boost her self-confidence, she is she is honored during village meetings and called to talk to the community"
4. "Egalitarian relationship between the trainers and the activists. The motivation of trainers, their willingness to talk with the mothers and even stay back in village for two to three nights inspires the activists
5. "It is critical that the activist and the village sees her work as voluntary – done for their childrenand not for money"
6. "To ensure that the focus of the activist is on actually meeting mothers and pregnant women – writing reports and maintaining records is kept to a minimum"</td></tr>
<tr><td>Input 4: Supervision and Enabling Structure
(How was CLHNF provided back-up referral support? How were the CLHNFs mentored and provided supportive supervision?

What was the supervisory structure? What was the profile of the supervisors immediately above the CLHNF? How was CLHNFs-supervisor ratio? How were the CLHNFs reporting their work (format, frequency, etc.)? Was the reporting format long and complex, or short and simple? Is there any evidence of optimization? What was the community's role in supervision and monitoring? How was the feedback provided to CLHNF on his/ her performance (format, frequency, etc.)? Any use of technology?</td><td colspan="2">A village health committee was formed with a number of women members along with elected Panchayat leaders to manage and monitor the project. The village committees meet, read and discuss health books – and help the health activist in promoting nutrition and health education

Each volunteer was supported by a motivated and trained full-time woman who looked after ten volunteers. In general, these TNSF block level coordinators will be monitoring around 10 villages. These block level volunteers will visit the villages regularly and provide proper guidance to village activists. They also visit village women along with the activists

Health activist maintains a special health register, in which she records all the people in the village by families. She records all the important events within each family such as birth of a child, death of somebody, marriage, pregnancy, medical track records etc.</td></tr>
<tr><td>Input 5: Medical Supplies and Material Support
(Did CLHNFs have any kit or medical supplies package? Were there products for sale? What are its contents? How was the resupplies done? What were the non-medical materials in the supply? What was the effectiveness of the materials? How were the materials made socially and culturally consistent to the community?)</td><td colspan="2">They had four-page cards on child nutrition, childhood illness, pregnancy care, etc. to convey main messages and were sent to all the activists (through the blocks) – one card a month. This also refreshes the basic training material in a simple format. The activist can use these cards when meeting mothers to explain her point. The project also developed a bunch of charts, posters and slides for the community volunteers' use</td></tr>
<tr><td colspan="3">Comment of the Reviewer:</td></tr>
<tr><td>Sources of Information
1. PROD Website
2. Sampath B, Arogya Iyakkam, Feb 2002 - March 2003
3. DISHAA, Issue 33, Sept'02-Dec'02
4. Report, Vellore Project Visit</td><td>Date of Review

26 Dec 2007</td><td>Reviewer's Name

K G Venkateswaran</td></tr>
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