A cost effective training approach for sahiyas in the state of Jharkhand

Need/Rationale:

Nested in 24 districts of Jharkhand covered by several 194 CHCs, 3985 HSCs, 4118 GPs and spread across close to 32000 villages and hamlets, around 40,000 sahiyas are involved in tireless activities towards improving community health. This involves conducting PLA monthly meetings, home visits under the Home Based New-born Care (HBNC) and Home Based Care for Young Child (HBYC), vaccination drive and household based Intensive Public Health Surveys (IPHS) etc. Engaged in various such activities this front line cadre go through several extensive training programs which face challenges such as completing in stipulated time frame with a hefty budgetary requirement.

Description of the Model:

The "Odd-Even" approach and "On the Job" training strategy explored in the Sahiya training roll out across the state of Jharkhand found promising in dealing with the above two challenges, conducting sahiya training with quality in a timely manner.

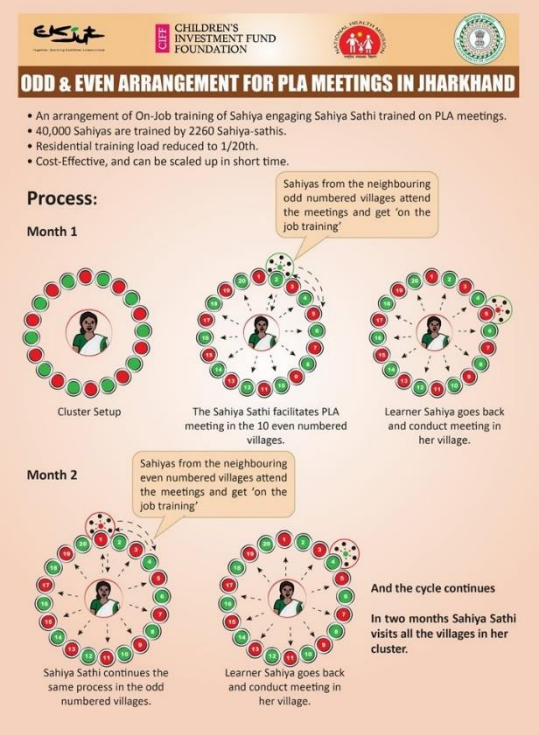

Figure 1: Odd Even Approach

As detailed in the approach the sahiya sathi first denotes all the sahiyas in her cluster (catchment area) in an odd and even manner where the sahiya living in the nearby village of the "Odd" numbered sahiya get an "Even" number assigned. The purpose of assigning each sahiya either odd/even number in such way so that when sahiya sathi conducts an activity in the village of odd numbered sahiya, the sahiya with even number could participate in the same and get "On the Job" training to conduct the same activity in her village. The same is explained in a pictorial manner in figure 1. In the similar manner when sahiya sathi conducts any activity with the even numbered sahiya the one assigned with odd number could repeat the same process.

Evidence of Cost Effectiveness:

Conducted in such a way the entire process proves effective in terms of reducing residential days stay for the sahiya which gets reflected in the budgetary reduction as well. Nevertheless, staying away from her own catchment area in a week long manner sometimes make situation little tough for the sahiya as well in terms of serving her duty and doing balance in her life being involved in this highly demanding job. Also, with this approach when knowledge is exchanged in a mutually agreed time and space, following an interactive way using the common dialect, it gets absorbed better.

In the state wide scale up of participatory learning and action group (PLA) monthly meetings conducted by the sahiyas in the community setting to improve maternal and neonatal health led by NHM Jharkhand with technical support from Ekjut, this training approach was tried and tested dealing with training of 40000 sahiyas on 30+ PLA meeting contents where the mode of engagement involved the use of role plays, picture cards, games etc. in making the activities interactive, engaging. In a cascade mode of training upto sahiya sathis, they got trained in a series of activities starting with master trainers, regional trainers, block training team members and finally sahiya sathis through a 5 days residential training (figure 2). Following which sahiyas were given on the job training as shown in figure 2.

State Level ToT
Facilitator – State Level Trainer from Ekjut
Mode of training – 5 days residential training

Regional level training of BTTS
Facilitator – NTTs , STTs, Ekjut training team

District Level training of Sahiya sathi
Facilitator : STTs BTTs and Representative from Ekjut team.

On Field level
Facilitator – Sahiya Sathi
Mode of Training – On job

Figure 2: Cascade mode of Training

The "Odd-Even" approach, explained here turned out to be game changing in terms of being most cost effective, flexible being adapted for other interventions and innovative in strengthening leadership and technical skills of sahiyas across the state. Rationalization of the catchment area of sahiya sathi with the objectives 1. to focus on PLA monthly meetings happening in the areas habited by the marginalised section of the society, 2. bridging the information gap of sahiyas working in remote areas, 3. uniform work distribution of sahiya sathi, 4. spatial tagging of sahiyas and 5. addressing the challenges with accessibility & geographical barriers, the reclusterization process set the background where an effective planning for the sahiya training following the "Odd-Even" approach with an average of 15-20 Sahiyas per cluster could be implemented and the entire intervention could be closely monitored in terms of quality, participation and coverage. Using this approach, an ASHA facilitator led around 10 meetings per month and provided on-the-job training to all ASHAs in her catchment area over 2 months. Trainings were supplemented by monthly meetings with district-level coordinators and biannual meetings at a state level.

Summary of Lessons and Challenges:

A third party evaluation carried out in close to 2 years' framework, covering observation/sampling of 400+ PLA meetings in each quarter showed sahiyas and sahiya sathis were equally capable of conducting

PLA meetings when sahiya sathis conducted 66% of the total meetings while rest was by the sahiyas. In more than 70% of the meetings sahiyas were found to recap on the oobjectives of the previous meeting. Objectives of current meeting were observed to be articulated in 96% total meetings; by 94% sahiya and 97% sahiya sathis. Added to this the participation of the community and engagement in discussions remained more or less same irrespective of being facilitated by the sahiya or sahiya sathi. In conclusion, the improvement in the leadership/personal skills, better facilitation capabilities and grip on the subject was attributed to the "Odd-Even" approach when more than 90% sahiyas informed of receiving on the job training from sahiya sathis, which could be defined as the most significant component of the approach.

> "Many of us (Sahiya) now **help each other** and everyone in the community are also well aware of my own **work and responsibilities** as well" – Smt. Sona Char, Sahiya Sathi, Pakur.

Potential of Scale:

We used quality and coverage data collected by an agency independent from Ekjut and UCL using lot quality assurance sampling and the government's monitoring and information system to inform estimates of effects at scale.

In a recently published article[i] the same intervention was evaluated and it was explained as cost effective and significant in terms of bringing changes in the individual so as community behaviour to improve maternal and neonatal health. The study mentioned of the improved neonatal survival equitably in a largely rural state of India and were highly cost-effective when the participatory women's groups scaled up by the public health system. This also mentioned that the intervention could be further scaled up in high-mortality rural areas of India and other countries. Though due to remoteness and difficulties in accessibility, in some of the areas the implementation of the model faced challenges

> "I got an **opportunity to interact more with different level of experts** during the trainings of PLA meetings. Also, facilitating PLA meetings in my cluster using different mode of communication skills such as by the use of picture cards, role play, storytelling etc., **made me confident** and allowed community to absorb the shared information." – Smt. Vishwasi Tuti, Sahiya Sathi, Khunti.

but still the same could be explored by integrating the approach in other interventions in the same geography. The intervention was highly cost-effective by WHO and other gross domestic product-based cost-effectiveness thresholds[ii],[iii]. The ICERs estimated in this study were substantially lower than those reported in earlier efficacy trials of participatory women's groups in India[iv].

Employing incentivised ASHAs and ASHA facilitators as well as building these frontline workers' capacity through on-the-job-training reduced costs at scale. Participatory women's groups scaled up by the public health system improved neonatal survival equitably in a largely rural state of India and were highly cost-effective. The intervention could be further scaled up in high-mortality rural areas of India and other countries.

Partners involved in Implementation:

Led by NHM Jharkhand, this program is scaled up by government front-line workers in Jharkhand where Ekjut provided technical support in module designing, training, roll out and reporting framework designing.

---

[i] Nair N, Tripathy PK, Gope R, et al. Effectiveness of participatory women's groups scaled up by the public health system to improve birth outcomes in Jharkhand, eastern India: a pragmatic cluster non-randomised controlled trial. BMJ Global Health 2021;6: e005066. doi:10.1136/ bmjgh-2021-005066

[ii] Tan-Torres Edejer TBR, Adam T, Hutubessy R. Making choices in health: WHO guide to cost-effectiveness analysis. Geneva: World Health Organization, 2003.

[iii] Woods B, Revill P, Sculpher M, et al. Country-Level cost-effectiveness thresholds: initial estimates and the need for further research. Value Health 2016; 19:929–35.

[iv] Sinha RK, Haghparast-Bidgoli H, Tripathy PK, et al. Economic evaluation of participatory learning and action with women's groups facilitated by accredited social health activists to improve birth outcomes in rural eastern India. Cost Eff Resour Alloc 2017; 15:2.