

Selection Tool for Health Extension Workers in rural India



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Background:

Several countries have expanded their health systems by adopting the Community Health Worker approach to providing Primary Health Care. While both low and middle income countries have recruited health workers, there is limited documentation on the complete selection *process and approach – components central to better health outcomes and sustainability*. Due to shortage of health manpower, recruitment and not selection have become the concerns of program planners. Consequently selection criteria are adjusted with the size of the applicant pool and not with regard to characteristics necessary of applicants (Griffiths & Lirhunde, 1983, 18 (2)).

Large scale recruitment and training has replaced *individual - careful selection* leading to either inappropriate selection or attrition at a later stage of the program (Gilson, 1989). Lack of consistent discussion in existing literature of selection of CHW's further compromises the generalizability of findings and hinders development of best practices necessary to develop a standardized approach for selection (Brien, 2009).

Selecting a health worker involves many steps. The profile of the health worker must be established, criteria must be framed, candidates identified, and a final selection made, perhaps after an initial induction or trial period (Bhattacharya, 2001). While most community based programmes rely on selection of health workers by the community, some programmes include the role of health personnel in selection as well. The ICTPH approach seeks the participation of nurses and doctors (the most closely involved in implementation of programs and interventions) in assessing the candidature of the applicants for the role of the health extension worker – “ICTPH Guide”. Their involvement enables selection of profiles that are closest to that of a Guide. It also places responsibility and increases accountability by promoting the nurse to a role of a mentor who would gradually build and manage her own team of well trained health workers.

Evolution of the ICTPH Guide:

ICTPH partnered with SughaVazhvu Healthcare to set up the first Rural Micro Health Centre (RMHC) in Alakkudi, Thanjavur – Tamil Nadu (Johar, 2010). The RMHC is a nurse managed – doctor supervised clinic providing primary care to rural populations. Women Community Health Workers (Nala Oli's – Good light) were selected for health education and follow up purposes. The health workers were identified based on their social inclination and soft skills. Responsible for about 50 households and equipped with training by the nurse, each Nala Oli was able to disseminate messages of preventive and promotive care with ease. She was also involved in close follow up care of patients visiting the RMHC for drug compliance and recovery.

While the 20 Nala Oli's were mainly involved with BCC, it was complex to collectively measure and identify trends in households who benefitted from their active messaging. This is also attributable to the geographic location of the Nala Oli within the village (Nala Oli's resided in the same hamlet or streets). Largely engaged with clinical responsibility, the nurses played minimal role in supportive supervision, mentoring and influencing the



growth of the health workers. The volunteer nature of the Nala Oli's role coupled with family responsibilities slowly started resulting in wavering interest and focus. The RMHC (nurse) and community work (Nala Oli) functioned independently and required integration with overall restructuring.

Upon reflection, we learnt that interventions would be successful if we touched every household in the village rather than operate through only community-based models. A combination would be more beneficial to both individual households and the village collectively. The role of the nurse and the health worker would have to be redefined and the selection process would need to be restructured. We also learned that the volunteer role would be sustainable only if the Nala Oli was engaged with health education related activities. Additional responsibilities such as *screening, follow up, maintaining health records, home and emergency visits* would be feasible with financial support and incentives.

An alternate was developed for the Nala Oli - the "ICTPH Guide" - a member of the community who would reach out to every member in her village to ensure their wellness. With increased need for ambulatory care, she will serve as a *general purpose health worker* attached to a *general purpose clinic with household focus*, where she will actively screen every family in her community for early detection of hidden factors to good health and support them with timely directional guidance (referral) for appropriate care. With careful selection and simple structured training she would gradually assume the role of a "pathway" to good health. "Wellness" and not "illness management" will become her mandate. These women will eventually grow to become an important source of health information, transforming the way people view health to seek care at the appropriate time and manage their health at the village level itself.

Training and Professional Development:

In addition to selection, continuous training is required to increase involvement of health workers, other indirect motivational factors must also be considered for the sustained interest and active involvement of the health worker (Bhattacharya, 2001). In most programs, motivation for becoming a health worker appeared to stem primarily from the desire for self-development, to improve community health, and for utilization of free time. The most common factors cited for continuing as a health worker was the value of the health worker position in securing future career advancement in addition to financial incentives (Rahman, 2010).

The ICTPH approach recognizes that some of the health workers may aspire and have the potential to become a nurse. It recognizes that with the help of well defined protocols and technical training, mainstreaming of this nascent and critical workforce (Brien, 2009) can be achieved. For this purpose a time allocation of 15% towards clinical assistance at the RMHC under the supervision of a nurse was created - allowing rigorous development of these competencies (Johar, 2010) where the health workers identifies her role within the larger health system.

This paper attempts to present the selection tools for Health Extension Workers (ICTPH Guides) in Rural India. It establishes the need to clearly define the profile and role of the



Guide in the context of providing care at the doorstep of the homes of people. It also recognizes that a carefully selected health worker will have great impact not only in retention but also to the sustainability of health interventions and finally the health outcomes of communities.

Setting the criteria for selecting the ICTPH Guide

Initiating the selection process requires a carefully written profile of the health worker. While this may vary according to form i.e programs and contexts, standardization of the function (process of selection) is possible. In the ICTPH - RMHC model, we described the profile of the proposed Guide as:

“The ICTPH Guide is a woman of the local community who is trained to provide basic healthcare to the members of her neighborhood. She is a dedicated, healthy, dynamic and an enthusiastic member of the ICTPH team who works under the supervision of a practicing doctor and nurses. While she serves a population of 1000 members of her village, she strives for the well being of each individual under her care. She provides basic screening services coupled with messages of preventive and promotive healthcare at the individual, family and community level. She is able to achieve this objective by making personal visits to the homes of the community and rests when her constant follow-ups have translated into successful management of her locality”.

Roles and responsibilities of the Guide:

Based on the above description the role of the Guide would entail (Johar, 2010):

- A. Household screening for early detection
- B. Follow - up
- C. Intervention implementation &
- D. Clinical assistance

Criteria for selecting the ICTPH Guide: (Annexure 1)

- A. Above the age of 18
- B. Permanent resident of her community
- C. Minimum school - level competence with fluency in the local language (able to read, write and speak)
- D. Is willing to serve a population of 1000 people equally
- E. Is willing to travel within her village to make home visits and surrounding villages at the time of special meetings and trainings

Nature of engagement and special benefits:

Program design can have a significant impact on the sustenance of health workers. The Barangay Health Workers (BHW's) Act in Philippines granted benefits and incentives (subsistence allowance, career enrichment programs, recognition of years of primary health care, special training programs, and preferential access to loans) to accredited BHW. In Ceara, the decentralized approach of using a paid Health Agent (HA) was found to be useful in improving access to health care. Residing in the community for the previous five years and over the age of 18, she was willing to work eight hours a day with commitment to social service. Nurses from the nearest clinic provided supportive supervision (Bhattacharya, 2001).

In the current model, the Guide agreed to volunteer full - time. Keen to serve her community, she was willing to consider that her role was similar to any other professional within the health system with opportunities to learn and grow. While the Guide was

entitled to a fixed honorarium of Rs. 1000/- and reimbursed for all her travel costs, she was also entitled to *other benefits*:

- A. Four uniforms annually (sarees) for the Guide while on duty.
- B. Free basic and primary healthcare (including diagnostics) (Guide + family) at the RMHC.
- C. Hospitalization (Guide + family) up to INR 50,000/- per annum.
- D. Accident insurance (Guide) up to INR 25,000/- per annum.
- E. Life insurance (Guide) up to INR 50,000/- per annum.
- F. PAN card application processing (Guide)
- G. Money Market Mutual Fund (MMMF) savings account offered at our local financial partner Kshetriya Gramin Financial Services (KGFS) (IFMR Trust, 2008)

Preparing the communication material and other base documents:

On defining the profile and criteria for selection of the Guide, we estimated the number of Guides required for each village in the catchment area of the RMHC based on the population to Guide ratio of 1000:1. We simultaneously developed the communication material, selection tools and related assessment forms.

A. Posters/ flyers: (Annexure 2)

Posters are the first point of contact with the members of the community. Hence it was essential to lay emphasis on content, giving complete details of the profile, roles, nature of work, and selection process along with details of the organization. Defining the responsibilities is critical for applicants to understand what their role would entail.

An unclear role definition may compromise the quality in patient care, resulting in poor outcomes (Brien, 2009). With this, we also included details of where one could procure and submit the completed/ filled – in applications.

Providing complete details of the organization, roles, nature of work, selection process along with details of where one could procure and submit the application form. Hand distributed flyers for increased reach of message within hamlets and villages

For increased reach of the message, we also printed the poster in “flyer” format for easy hand – out at prime locations and interiors across the catchment area.

B. Application form: (Annexure 3)

Our application included a limited set of questions since the form required the candidates to provide very specific personal details and entail them to fill in the same at the time of procurement. To address key parameters on *location within the village, competence and attitude*, we sought information such as *residential address, knowledge of local language through a short essay that would also reflect her intent of applying for the role of the Guide. A short declaration by the candidate consenting to her role and attitude towards social justice was also sought for.*



Complete address of the candidate (including house number, street name, street number, and landmark). Mapping the residential location of the Guide within the catchment area and her village is crucial for increased linkages and community interaction. **Phone number** was sought to establish easy contact with the candidate to inform her about the date, location and time of the various stages of selection. **Resident status** of the candidate was included to understand the candidate's knowledge about her village and her social network. A permanent residential status would be reflective of good relations, increased level of awareness about the community and its resources.

Seeking key information:
Complete address (street name/ number, landmark) and contact number. This facilitates in mapping the applicant within the catchment area of the RMHC. A short essay reflecting motivation to apply for the role and knowledge of local language

C. **Written test paper: (Annexure 4)**

The written test forms the second point of screening, where candidates will be assessed on their knowledge of basic mathematics, human anatomy and diet. These sections were chosen specifically because the role of the Guide would entail her to deal with numbers, have basic understanding of the human body and a good diet. With this knowledge and further training, she can be integrated into the health system to deliver health services to the members of her community.

Assessing applicant's knowledge of basic mathematics (addition/subtraction), human anatomy and diet to perform the role of the Guide.

Assessment of mathematical capability, comprehension in coherence, time planning/ allocation was achieved through the written test paper. The test was scheduled for 30 minutes and comprised a total of 30 questions (10 in each section of mathematics, anatomy and diet).

Conducting the test:

- *Written test was conducted in every village on the same date and time simultaneously.*
- *Each village was supported and manned with one invigilator to conduct the test.*
- *Every invigilator instructed and guided the candidates on how they could fill the answer script.*
- *All candidates were given only 30 minutes for completing the test*

Sample Question:

The following question seeks to assess the candidate’s ability to comprehend, calculate and allocate time for her home visits whilst she is on duty.

Dr. Radha has to complete 8 home visits in a day. She starts her work at 10 AM and completes her duty at 2 PM. How much time can she spend with each house for the visit?

- 20 minutes
 30 minutes
 15 minutes
 25 minutes

D. Interview guide: (Annexure 5)

Health workers have certain qualities as a result of their life experiences. Qualities, those are innate and cannot be learned (Centers for Disease Control & Prevention, 1998). Assessing these experiences is the most important in the selection process. The Interview is also conducted to assess other equally important parameters of communication, motivation, interpersonal skills and social inclination of the candidate towards the role of the Guide. Since the health personnel of the RMHC shall be involved in the direct selection of the Guides, a reference material for their guidance and support is created.

Supports the interviewer a set of indicative interactive questions with simultaneous indicative idealized responses to assess the applicant’s motivation and willingness to perform the role of the ICTPH Guide.

The Interview Guide provides the interviewer with a set of indicative – interactive questions with simultaneous indicative – idealized responses that would suit the profile of the Guide. While exploring the willingness of the candidate to perform her role, the Interview Guide also seeks to assist the interview to assess the knowledge the candidate has about her village, her personal health, her beliefs/ practices, problem solving ability in addition to how the candidate perceives the role of the Guide. It also includes space to explore stereo typical notions about human behavior and aspects of determinants to good health.

E. Interview form: (Annexure 6)

The interview form assists the interviewer to score the candidate based on the interview. The form summarizes the Interview Guide through parameters with corresponding weights for each of the same.

Weights were assigned for each parameter based on their importance within the profile of the Guide framework. Parameters such as motivation, willingness to take up the role, value of the job to the candidate and her family were assigned high weights as compared to the others such as communication skills, problem solving ability etc.

This was done to mainly assess the candidate's inherent quality to help the members of her community. The other parameters were assigned low weights as these could be improved with further training. The combination and not individual parameter score would make the assessment of the final parameter.

F. Mock interview:

Mock interviews assist and enable the interviewers to conduct the final interview with ease and confidence. This also provides space for complete assessment of the candidate and ensures uniformity in process. For conducting the mock interview, the interviewers were introduced to the interview form and interview guide.

Enables the interviewers to conduct the final interview with ease and confidence. Interviewers may conduct 3 to 4 mock interviews before the final interview.

The mock interview followed a participatory method of learning and sharing. The interviewers were asked for suggestions on additional questions/ parameters in the guide and simultaneous responses for the same. Each parameter was discussed followed by rounds of mock interviews.

Since the method of *interview* was new for the interviewers, the interviewers learned and modified their style of questioning and responding to the "mock interviewee". *Some of these modifications included facial expression to responses, nodding in agreement/ disagreement, cross questioning on beliefs and values, discussing topics of taboo etc.*

G. Structure of interview:

To avoid bias and dominance in selection of the candidate, we had the interviewers (doctor and the nurses) occupy different rooms (adjacent to each other) for the interview.

With the presence of a doctor, the nurses may limit their assessment only to a few questions – leading to incomplete assessment. Interviewers can occupy rooms adjacent to each other to avoid selection dominance or bias.

It is possible that in the presence of a doctor, the nurses might not ask questions or limit their assessment to only a few questions – hence the interview was structured in this manner. This also facilitated in obtaining the independent and complete assessment of the candidate.

While the interviewers were involved with the scoring, the research team was involved in collating and comparing the results. The research team did not disclose the final score of each candidate to the interviewer. This was done to ensure that short listing at each stage of the selection process followed a scientific approach leaving little room for bias in final selection.

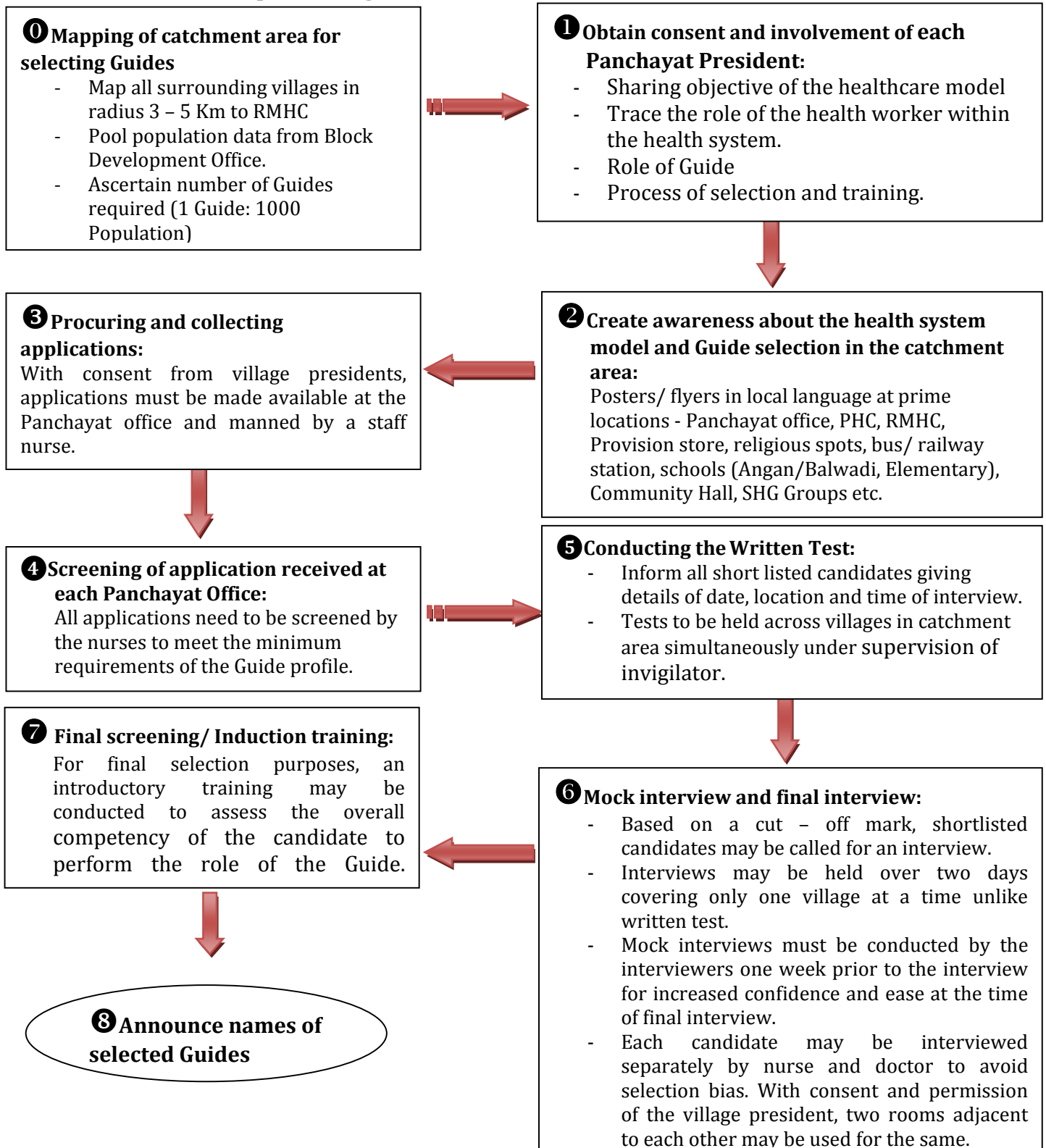


H. Induction Training:

While the screening tools such as the application form, written test and interview was used to assess the individual competency of the candidate, it was essential to organize group based participatory exercises to assess the individual's ability to function in a group. This was done with the help an induction/ introductory training on the health system, tracing the role of the Guide within the RMHC model and components of human anatomy, household structure, screening and germ theory discussed. Assessment was done with the help of pre and post tests forms, group activities and attitude scales (participation, attitude, teamwork and creativity). In addition to this, it was necessary to understand if the candidate would have balanced qualities of discipline and care for members – a woman who would be involved in “disciplined caring”. Punctuality, sincerity in reading materials provided beforehand etc may be used for the same.

To understand how the applicant functions in a group environment. (Interviewers may assess qualities of teamwork, creativity, leadership, communication skills and attitude)

Implementing the ICTPH EIGHT STEP Selection Process:



Case Study

SughaVazhvu Healthcare, Thanjavur – Tamil Nadu - India (July 2010)

The ICTPH Guide selection process was adopted and tested by our partner organization SughaVazhvu Healthcare at Tanjore – Tamil Nadu. SughaVazhvu’s second RMHC is located in Karambayam (40 km from Tanjore). With initial mapping of surrounding villages and population data sourced from the Block Development Office and a local rural financing organization, SughaVazhvu displayed its poster calling for applicants across the catchment area of Karambayam (Karambayam, Ettipulikaadu, Vepangaadu, Sembalur and Ambalapattu). SughaVazhvu also mapped the health facilities close to Karambayam (Government and Private) for secondary and tertiary care referral purposes.

Given the large population (approx 12000) and the household responsibility for each Guide (1000), it was deduced to have 12 Guides to support the RMHC services at the community level. The village wise break – up of the population and Guide requirement is listed below:

Village	Population	Guides Required
Karambayam	3616	4
Ambalapattu	3303	3
Sembalur	1251	2
Ettipulikaadu	1663	2
Vepangaadu	1554	2
TOTAL	11387	12

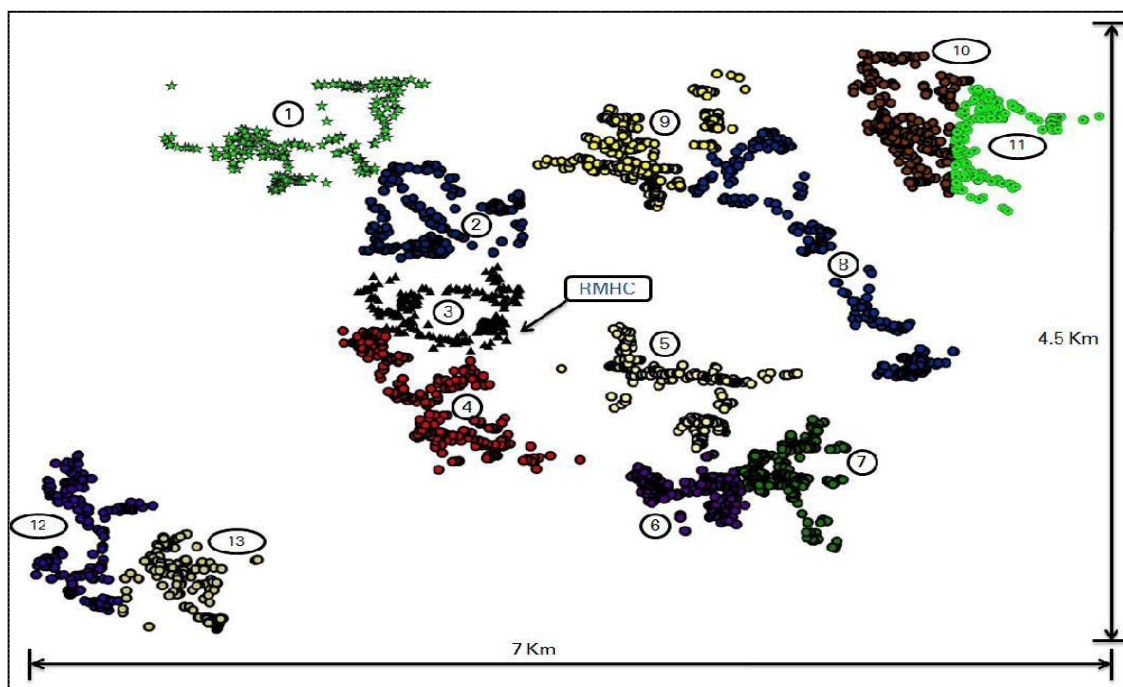


Figure 1: The spatial distribution of the GPS tagged households defining the catchment area of a Rural Micro Health Centre (RMHC) in Karambayam Village, Thanjavur district, Tamil Nadu, India is given below. The illustrated field represents five villages with a population of

11,000 individuals. Color coded 13 enumerated zones denote the areas allocation for a Guide to provision services to a sub-set population of a 1,000 individuals each. The five village catchment of the RMHC - Karambayam (illustrated area 2-5); Ettipulikaadu (6-7); Sembalur (8); Ambalapattu (1 & 9-11); Vepangaadu (12-13) is detailed.

SughaVazhvu set up a team of four members to conduct the selection of Guides for the RMHC at Karambayam. The team comprised of 2 nurses, 1 doctor and 1 field coordinator. The selection process commenced on 6 July 2010 and Guides were selected on the 22 July 2010 (ICTPH, 2010). A brief description of the process followed by SughaVazhvu has been described below:

Applications:

SughaVazhvu obtained the consent and permission from each of the Panchayat president in the catchment area explaining the role of the ICTPH Guide within the health system of SughaVazhvu and the process of selection.

- Posters, hand - out flyers were prepared, displayed and distributed at prime locations and within each of the villages.
- Application forms were made available at each of the Panchayat office manned by the staff nurses of SughaVazhvu.
- A statistical profile of the candidates showed a majority had completed high school and had knowledge of the local language. A minority had reflected previous experience of working with the Government and Self Help Groups. Only one candidate shared detailed experience of extending help for emergency care.
- 12/20 Nala Oli's applied for the role of the Guide. The remaining 8 opted out citing reasons of family responsibilities, other occupations (some of the Nala Oli's had a small shop of their own), and inability to devote 8 hours/ travel within the village to meet 200 households.

Written test:

Within 5 days, SughaVazhvu received an encouraging response of 56 applicants across the catchment area. After initial screening of applications, SughaVazhvu organized for a written test for all 56 applicants at their respective villages.

- Consent and permission was sought from village presidents to conduct the exam in a common location in each of the villages.
- Applicants were informed of the time and location of the written test.
- Written test papers were printed and given to invigilators at each of the villages.
- Of the 56 applicants, only 48 attended the written test. The drop outs cited family responsibilities and social functions for their absence.



- Majority of the candidate scored $\geq 7/10$ in the mathematics section and ≥ 6 in the anatomy and diet section. A brief discussion about the paper with candidates (post test) highlighted that the mathematics and anatomy section consisted of simple questions but had equally complex questions in the diet section.
- 7/12 Nala Oli's scored about 15 in the written test qualifying for the interview.

Interview:

On further screening based on a cut – off score (15/ 30), 44 applicants received a call for the personal interview. The interview was conducted by one doctor and two nurses who had previously conducted four rounds of mock interviews with the help of the Interview Guide.

- On sharing the written test score with each of the Village Presidents, consent was sought to conduct the interview at a common location in the village.
- Applicants were informed of the date, time and location of the interview. (Interviews were held over two days)
- Of the 44 applicants, only 38 attended the interview. Separate interviews by the doctor and nurses were held for each of the applicants to avoid selection dominance and bias.
- The duration for each applicant's interview was approximately 30 – 45 minutes.
- While all 7 Nala Oli's were interviewed, only 5 qualified for the induction training.



Induction Training:

Of 38 applicants interviewed at the village level, 22 candidates obtained high scores and were invited to a 2 day induction training at Tanjore. (Candidates were provided with travel, food and basic stipend for the training).

- Of the 22 candidates only 19 attended the two day training programme.
- Candidates were introduced to the health system with components on human anatomy and germ theory.
- Candidates were assessed with the help of pre and post tests forms, group activities and attitude scales.
- 12 candidates were identified as the "SughaVazhvu Guides" and informed





about the same within two days of the introductory training. (Of the 5 Nala Oli's, 4 had been selected)

The selection of the ICTPH Guides for SughaVazhvu was followed with intensive 2 month training by the nurses of the RMHC in Karambayam. The training encompassed of theoretical, practical and apprenticeship exposure with supportive supervision and mentoring from the nurses. *Shortly after the training, the Guides of each village were introduced to the Panchayat president introducing them as "wellness"/ SughaVazhvu Guides and are currently maintaining a balance between clinical and community work under the supervision on the nurse.*

Reflection's from the field:

While the process of selection was time consuming, the process proved useful for those involved in selection. Interviewers reflected that the stage wise selection process provided them with a sense of responsibility and guided them to a selecting their team of health workers. Some of field experiences and reflections of the selection and research team include:

- Need for increased information dissemination about the Guide profile within hamlets and pockets of villages to ensure all women above the age of 18 years are aware of the Guide role within the health system.
- Drops out's can be expected during any stage of the selection process (application/ written test/ interview/ induction training). Hence it may be beneficial to maintain a list of wait – listed applicants during times of attrition at any stage.
- There was variation and discrepancy in scoring of candidates by one interviewer due to *halo effect*. While the interviewer scored some of the candidates low on motivation and willingness, the interviewer scored the candidates high on the final parameter "suits the profile". The final score would be based on a collective scoring on all parameters and not a select few. This is indicative that the mock interview by itself is not adequate and that interviewers would have to be trained on scoring candidates as well.
- The interviewers may only score the candidates, which can be consolidated by the research team so that the bias during each stage of selection may be reduced.
- Final selection of Guides and their simultaneous location within each village must meet the geographical requirements of the RMHC. The Guides must be well dispersed across the catchment area so as to be easily accessible to the community and the RMHC (this must be evaluated before the final announcement of the Guides).
- Health of candidates is crucial for long term involvement of Guide in making home visits for follow up, screening and timely referral. As a Guide it is necessary for her to carry the torch and set an example of good health at all times and hence this must form part of the pre selection criteria.

**Conclusion:**

With growing need to expand health systems, programs of both low and middle income countries have starting recruiting health workers on large scale. The recruitment is likely to increase with time, to meet health demands of communities. While countries have well established criteria for selecting health workers (UNICEF, 2004), the process of selection and experiences have been inadequately or under reported – further compromising generalizability and consequent scale up.

Additionally, due to time constraint- programs are constantly recruiting health workers with various levels of motivation and understanding (Public Health Resource Network, 2007) – demanding a much more strengthened and standardized process as a minimum requirement to build a team of well trained health workers.

Defining scope of work along with roles for both health workers and supervisors must be established as key components for Community Health Workers programs. Further, supervisors or mentors must be directly involved in selection of health workers for increased accountability and responsibility towards the implementation of community health interventions. While selection processes may be time consuming – it places a sense of ownership and authority in the hands of the nurses – resulting in satisfaction (ICTPH, 2010) of directly selecting health workers. The lengthy process also creates a sense of achievement of an *earned role* for the health workers.

The selection tool for ICTPH Guides is an attempt to create a standardized and structured method for selecting health workers. Tools were developed with the objective of assisting and guiding the interviewer in identifying right candidates for the role of health workers. To suit other contexts, the intervention has been standardized by function giving the opportunity and space to vary one's selection strategy according to form. Areas for further research include development and application of selection strategies and tools in varied contexts, consequent scale up methodologies and strengthening of supervisor and health worker relationship by investing in resources to make health worker selection, training and supportive supervision.

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Annexure 1: Criteria for selecting the ICTPH Guide

1. All women above the age of 18:

The simple criteria would encourage applications from all women without any discrimination on age/ marital/ social status/ prior experience or affiliation to any influential or Self Help Group.

2. A permanent resident of her community:

Health workers from the same community would not only be more accessible but also be able to gain the confidence of community member. A permanent resident would be reflective of reasonable well established relationships and increased level of awareness about the community and its resources.

3. Minimum of school - level competence with fluency in the local language of Tamil (able to read, write and speak):

Candidates must have minimum school level competence (8th standard) with basic knowledge of mathematics (WHO, 1990), human anatomy and diet. This is beneficial especially because the she will be engaged in structured activities involving simple calculation for recording health information, measurement of BP, BMI and using written materials for disseminating messages of preventive and promotive care. Knowledge of the local language would enable her to establish a good relationship with her community and help her in communicating the messages of preventive/ promotive care with ease.

4. Is willing to serve a population of 1000 people equally:

Volunteering full time (8 hours a day) she must be willing to serve all members of her village equally without any discrimination on religion, caste, gender or age. Her attitude towards social justice, equality, gender equity and her social background are important factors that will be assessed at the time of selection.

5. Is willing to travel within her village to make home visits:

Since the Guide will be responsible for the health of approximately 1000 members of her village, it is essential she visits every household to understand their health needs. It is for this purpose and for the purposes of follow - up that she must be willing to travel within her village. The Guide must also be willing to travel to the Rural Micro Health Centre and surrounding villages in the catchment area for continuous training, clinical practice and special meetings.

Annexure 2: Poster/ Flyer



Are you interested in delivering healthcare & education to your community?

Join us as a SughaVazhvu Guide!

SughaVazhvu Guide: is a local woman who is trained to provide basic healthcare to the members of her neighborhood. She strives for the well being of each individual under her care by providing basic screening services coupled with messages of preventive & promotive healthcare at the individual, family and community level. She is a dedicated, healthy, dynamic and enthusiastic member of the SughaVazhvu team who works under the supervision of a practicing doctor and nurses.

Profile:

- A woman above the age of 18; Ideally a permanent resident of: Karambayam, Ettipulikaadu Sembalur, Ambalapettu or Vepangaadu.
 - A full - time worker, willing to dedicate 8 hours a day with minimum school - level competence in basic mathematics and Science*.
 - Fluent in Tamil (read, write & speak).
 - Serve a population of about 1000 people; without any discrimination on religion, caste, gender, age and be willing to travel within her village to make home visits and surrounding villages at the time of special meetings and trainings.
- *Prior medical training is not required.



Honorarium of Rs. 1000/- per month, 4 sarees annually as uniforms and continuous training for individual development & career growth will be given to the SVG's

Application & Selection Process:

- Application forms are available at your Panchayat office
- Duly completed forms should be submitted at Panchayat Office before 11 July 2010
- Shortlisted candidates will be called for an interview and a written exam at the Government School.
- Based on the final Interview a total of 10 SVG's will be selected

Roles & Responsibilities of SVG's:

- Administer health questionnaires and feedback forms as prescribed by the nurse and doctor.
- Make home visits for follow-up care based on the diagnosis and the instructions of nurses and doctor
- Ensure timely referral for higher levels of care as directed by the nurse and doctor.
- Conduct population level diagnostic screening under the supervision of the nurse and doctor.
- Disseminate preventive-promotive healthcare strategies at the community level

SughaVazhvu is a community health focused organization, delivering comprehensive health to rural populations of Tamil Nadu. Located in Tanjore District, SughaVazhvu comprises a team of doctors and nurses who are dedicated to this common cause and work as a team in trying to make access to healthcare a reality for rural populations.

For further information on application process, please contact:
 Sangeetha Lakshmanan: 09500072391/ Jayachandran: 09789550663/ Alex: 09894164581



Annexure 3: Application Form

APPLICATION FORM

Personal Details:

1. **Full Name:** _____

2. **Date of Birth (DD/MM/YYYY):** ____ / ____ / ____

3. **Name of Village:** (Kindly mark in the relevant box)
 Karambayam Ettipulikaadu Sembalur
 Vepangaadu Ambalapattu

4. **Address:**
House/Door Number: _____ House Name (if any) _____
Street Number: _____ Street Name: _____
Landmark (if any): _____
Taluka: _____
Pin code: _____ District: Thanjavur

5. **Contact Number:**
Landline/ Mobile: _____

6. **Knowledge of Tamil:** (Kindly mark in the relevant box)
 Read Write Speak

7. **I am a resident of the village for the past _____ years**

8. **Why do you want to be a SughaVazhvu Guide?**



Declaration by candidate:

Am willing to serve as a full – time SughaVazhvu Guide and dedicate 8 hours of work towards the health of my locality.

Am willing to provide services to all the people of my locality without any discrimination on gender, religion, caste, creed or economic status.

Am willing to travel within my village to meet all households and travel to neighbouring villages at the time of special meetings and trainings.

Name: _____

Signature: _____

Date: ____/____/____



Annexure 4: Written Test Paper Screening Questionnaire

Date: __/__/____
Duration: 30 minutes

Note to Candidate:

- Fill in all details in Section-1
- An additional sheet has been provided to you for mathematical calculation
- Completely shade the relevant box in Section 2, 3 and 4 for each answer as illustrated below:
 - Tanjore is a district in the state of:

Tamil Nadu Kerala Bihar Goa

Section 1:

- Name of the Candidate:** _____
- Contact Number:** _____
- Name of the Village: Kindly shade the appropriate box:**
 Karambayam Ettipulikaadu Sembalur
 Vepangaadu Ambalapattu

Section 2: Basic Mathematics

- Anna Theru (lane in Tamil) has 10 houses with 4 adults, 3 children and 2 teenagers each. What is the population of Anna Theru?
 80 90 74 66
- Class V of Bharathi Vidya School has 7 girls and 14 boys. 7 boys and 4 girls fall sick after attending an interschool competition. How many healthy students are there in the class now?
 4 7 8 10
- 225 women of a village attend a lecture on “Leadership Skills” at the community hall. Post lunch, 75 women leave for personal chores, 24 leave for a Self Help Group Meeting and 16 leave for the Government School’s to attend their children’s annual program. How many women have attended the lecture completely?
 85 100 110 120

4. If apples cost Rs. 80 per kg, how much would 6 kg of apples cost?
- 300 450 480 500
5. Distribute 75 iron tablets among 5 households equally. How many iron tablets does each household receive?
- 15 5 0 13
6. The Panchayat president has identified 25 children from the Government school to participate in the Inter State cultural competition in Thanjavur. 5 students receive an award in drama, 4 receive an award in folk dance and 7 win an award in singing. How many students did not win an award?
- 7 6 9 8
7. Dr. Radha has to complete 8 home visits in a day. She starts her work at 10 AM and completes her duty at 2 PM. How much time can she spend with each house for the visit?
- 20 mins 30 mins 15 mins 25 mins
8. Gowri purchases 6 apples, 4 mangoes, 22 bananas and 2 pineapples from a shop. 7 bananas, 1 apple, 2 mangoes and 1 pineapple turn rotten over the next day. How many good fruits does she have now?
- 22 23 21 19
9. The population of a village is 3650. There are 1456 females, how many males are present in the population?
- 2312 2634 2194 2232
10. There are a total of 350 children in a Government School. 112 take the special class in mathematics, 42 take the special class in Tamil and 26 take the special class in Sanskrit. How many students have not opted for any special class at all?
- 47 126 68 170

Section 3: Human anatomy

1. Normal gestation period is around:

- 6 months 8 months 7 months 9 months

2. The organ which pumps and supplies blood to the whole human body:

- Kidney Lungs Heart Liver

3. HIV/AIDS is spread through:

- Consuming alcohol in groups Sharing food with those affected
 Sexual contact with HIV infected person None

4. Alcohol affects which organ of the human body:

- Kidney Lungs Liver Heart

5. Diarrhea leads to:

- Joint pain Dehydration Chest pain
 Hypertension

6. One disease that could run in families/ generations:

- Malaria Typhoid Cholera Diabetes

7. The organ where the foetus develops:

- Kidney Stomach Uterus Liver

8. The total number of teeth a full grown adult has is:

- 28 34 26 32

9. The main function of this organ of respiration is to transport oxygen into the human body:

- Heart Lungs Liver Brain

10. Having adequate amount of drinking water on a daily basis, will not lead to:

- Kidney stones
 Tuberculosis
 Heart attack
 Malaria

Section 3: Diet

1. Healthy meal would include:

- Iodized salt
 Black Salt
 Non iodized salt
 All

2. Person with hypertension must reduce in- take of:

- Sugar
 Salt
 Vitamin C
 Wheat flour

3. Green leafy vegetables are rich in:

- Iodine
 Fat
 Iron
 Proteins

4. One must reduce the intake of which of the following in our diet:

- Vegetables
 Sugar & Salts
 Fibre rich food
 Fruits

5. Calcium is good for our teeth and bones. Which of the following is rich in calcium:

- Spinach
 Tomatoes
 Milk
 Guava

6. People with conditions related to the heart, must avoid high quantities of:

- Beans
 Apple
 Spinach
 Butter

7. Those with diabetes must avoid consuming:

- Cucumber
 Tomatoes
 Bitter Gourd
 Potatoes

8. Pregnant women must avoid having:

- Milk
 Drumstick leaves
 Pulses
 Raw fish

9. Which of the following is essential for the aged population:

- Oil
 Butter
 Calcium
 Sugar



10. Limited amount of protein is good for our health. Which of the following is NOT rich in protein:

Potatoes

Curds

Milk

Spinach

Annexure 5: Interview Guide

Interview Guide

While the interviewers (Doctor and Nurses of the RMHC) shall interview the candidate with questions ranging from educational qualification to any prior experience etc, they would also have to administer the interview guide to obtain additional information about the candidate.

The interview guide consists of a series of **MANDATORY** questions to the **INTERVIEWER** that would enable him/ her to assess other personal aspects/ traits/ demonstrated skills of the candidate. This would in turn help in screening the profile of the candidates so as to match that of a SughaVazhvu Guide.

Note to the Interviewer:

- It is suggested that all interviewers go through the interview guide at least **2 times** before the final interview so as to understand the objective of each and every question and the anticipated simultaneous response for the same to match the profile of a SughaVazhvu Guide.
- Interviewers are open to asking any question around the parameters for assessment. There is no rigid format for questions. All questions marked on the guide are only “indicative” in nature for the guidance of the interviewer.
- It is suggested that each interviewer **maintains a copy of the guide** at the time of the interview to administer the questions listed in the interview form.
- It is advisable for the interviewers to conduct at least **TWO** mock interviews before conducting the actual interview so as to be comfortable with the format and flow of questions.

SN	Parameter for assessment	Indicative interactive – questions	Ideal responses from Candidate
1	Please assess the candidate on her level of confidence and communication skills.	<p>Ask the Interviewee to introduce them self.</p> <p>Could you tell us a little about your family?</p>	<p>Is able to share her name with details of her birth place, parents, education, friends, family, marriage, economic status, hobbies, ambition etc with confidence.</p> <p>For those candidates who are unable to share details at length – the interviewer may probe to get responses.</p> <p>Some candidates may be extremely shy and may not share any details. (The interviewer may move to the next question after initial probing)</p>
2	Please evaluate the candidate's level of motivation to perform the role of the SVG.	<p>What attracted you to apply for the role of the SVG?</p> <p>Why do you want to be a SughaVazhvu Guide?</p> <p>What are your expectations from being a part of the SVG team?</p> <p>What do you want to do for your community/ village?</p> <p>What is your opinion on the role of the SVG?</p>	<p>Confidently spells out/reflects social inclination, interest to learn and work; lack of other opportunities, need for money, values the platform and opportunities that come with it.</p> <p>She highlights that by joining the SVG team, she will be learning a lot, have good exposure to the health of her own community, have a platform to directly interact with medical fraternity, participate and have community recognition.</p> <p>Some might join only for financial gain. This could be both positive and negative. Positive – will continue to remain in the SVG team, will be hard working and perform role well. Negative – might focus only on the compensation and not on the role to be performed. (Interviewer to probe into actual reasons for such candidates.</p>

3	<p>Please assess the candidate's willingness and ability to spend the time required for the SVG role?</p>	<p>Could you tell us about your family and daily routine?</p> <p>Could you tell us about your interactions and responsibilities with each of your family members?</p> <p>Are you currently working? If yes, what is the nature of your work? Could you tell us about your current work in detail?</p> <p>Do you have any prior work experience? What part of your role did you enjoy then?</p> <p>Have you ever nursed any member of your family/ neighbourhood? Would you like to share your experience with us?</p> <p>What would you do if you saw a child bleeding on the street/ What would you do if you saw an aged woman complaining of serious leg pain?</p> <p>How often do you travel to other</p>	<p>Candidate is able to quickly share details of all members of her immediate family (age, relation, education, occupation of all members present in the house of the candidate). Candidate explains in detail about her daily chores and related responsibility towards each member of the family.</p> <p>Interviewer to assess the work – life balance of the candidate and move to the next question.</p> <p>The candidate is able to confidently speak about an incident (minor/ major) and is able to throw light on her role.</p> <p>The candidate reflects that she has attempted to clean the wound/ call for the mother/ taken the child to the closest doctor.</p>
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		<p>villages? What is the purpose/nature of these visits?</p> <p>Is there any member of your family who has chronic illness, physically or mentally challenged? Would you like to share some details about the same?</p> <p>Do you feel the senior members in your family will help you balance your responsibilities at home?</p> <p><i>For eg, candidate has two children. Candidate has to prepare meals, drop and pick them for school. Take lessons in the evening. She also has to take care of the aged in the house and go to the field.</i></p>	<p>All members of the family are healthy and do not have serious/ chronic health problems. Candidate will be able to perform her role well without having to worry about her family. For those candidates who have a member who is ailing/mentally ill / physically challenged, the interviewer must note that it will not be right to select them as they will have to spend a lot of time taking care of the concerned family member.</p>
4	Please assess the value the SVG job/ role holds to the candidate and her family.	<p>Who are all employed in your family? What activity are they engaged in?</p> <p>What does your family feel about the role/job of the SVG? What are their views</p>	<p>Candidate is able to reflect the economic status and source of income well.</p> <p>Candidate is able to share details of broad acceptance by family.</p>

		<p>on the same?</p> <p>What is their opinion of your having applied for the role of the SVG?</p> <p>In your opinion, how will you benefit from joining the SVG team?</p>	<p>While some of the candidates may be economically well off, the candidate may feel the need to use her potential and capabilities in a role such as the SVG. Such candidates can be considered after further probing by interviewer.</p>
5	<p>Please assess the physical ability and personal health of the candidate to perform the role of the SVG.</p>	<p>Have you faced any health problems till date?</p> <p>Would you like to tell us about one of your toughest health phases?</p> <p>Currently are you on any medication?</p> <p>The role of an SVG requires the candidate to walk within the village to meet several households.</p> <p>Will you be able to walk long distances to meet this requirement?</p>	<p>No health problems, no history of serious health illness in past.</p> <p>Not on any medication, physically appears to maintain good personal hygiene (For example, neatly dressed, nails trimmed, hair combed etc)</p> <p>Yes. Is used to walking long distances, especially within village limits. Confirms that she will be able to walk for work purposes. For those who express ambiguity, the interviewer may probe for reasons, make note of same and move to the next</p>
6	<p>Please assess the candidate on her knowledge of her village.</p>	<p>Do you know all parts of your village well?</p> <p>Could you tell us about your village in detail.</p>	<p>Candidate is able to name key resources such as location of Panchayat office, PHC, community hall, schools, library/ provision store. Is able to take names of influential members, share the key transport options, various</p>

		<p>What is your village famous for?</p> <p>What is occupation of most of the people here?</p> <p>What are the resources in your village?</p> <p>Do you have any special associations in the village that you would like to tell us about?</p>	<p>occupations of the villagers and some key highlights such as “this village is famous for ____”</p> <p>For those unable to provide detailed information, the interviewer may ask them about their immediate hamlet and move on to the next question.</p> <p>Candidate readily and proudly shares her association with some of the influential members in the community. They could be SHG leaders, political leaders, Panchayat members, leading doctors within and around the village, the headmaster etc. This will help the interviewer understand her social networks at the individual and local level.</p>
7	Please assess the problem – solving ability of the candidate	<p>Which has been the most stressful situation for you and your family? (A health emergency/ financial crisis/ death of a loved one). Would you like to tell us how you and your family dealt with the same.</p> <p>Did you feel you were alone in handling the situation and that you might not be able to deal with the same?</p>	<p>The candidate shares an incident and is able to highlight how she was able to manage the situation by herself/ with the help of other members.</p> <p>The candidate may reflect a positive outlook and express her confidence in dealing with the situation alone.</p> <p>For those unable to share an experience, the interviewer may move to the next question.</p>

8	<p>Please assess the temperament and beliefs of the candidate to suit the role of the SVG.</p> <p>Since the role of an SVG seeks a friendly, step – by step, individual, family and then community based approach, it would be necessary to understand whether the candidate carries similar qualities to perform her role well.</p> <p>To assess whether the candidate has similar traits to match that of a SVG.</p>	<p>If you find your neighbor severely bruised because she was hit by her husband, what is the first thing that you would do?</p> <p>Do you feel alcoholism is a social problem? How would you deal with it?</p> <p>What is the cause of illiteracy? Given that many cannot afford formal education, what would you do to educate people at a village level?</p> <p>Are you aware of any /common sexually transmittable diseases? Who do you think is more prone to such diseases? How do you think you can prevent such diseases?</p>	<p>The immediate response of the candidate must focus on individuals/ households and then at a societal/ system level. For eg, candidate would nurse the neighbour rather than pick up a fight with the husband.</p> <p>The candidate must be able to draw a larger picture of the situation given to her, break it down to simple steps and provide solutions. For example, counsel people at family level about ill effects of drinking rather than forming groups to talk to the Panchayat to close the shop that sells alcohol.</p> <p>Candidate may relate the same to unemployment, stress. Interviewer to probe how one would address the same.</p> <p>Candidate would form small peer groups and take lessons on health conditions as opposed to working with the Panchayat/ district level to provide free schooling.</p> <p>Candidate must be able to look at each situation positively so as to draw simple solutions.</p> <p>Those candidates who provide solutions that seek macro level – system changes, may be probed once for reasons. The interviewer may then move to the next question.</p> <p>Candidate is aware about HIV/AIDS, and is able to clearly spell out individual practices and preventive methods.</p>
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		Do you feel women will be able to carry out other roles than daily chores.	The candidate would view the situation positively and confidently stating women are equally competent and share some known examples of politics, social service, doctors etc.
9	Please assess whether the candidate has received support and consent from her family to perform the role of the SVG	Have you discussed your role as a Health worker with your family? What do they feel about the same?	Yes. Received consent. If uncertain, the candidate feels she can herself manage to work around it and convince them over a period of time. (Interviewer to maintain a wait – list of such candidates, visit the family personally to learn of the family’s decision) The family could be in need of financial assistance and hence supportive. The family could be encouraging as the candidate is young and has the interest to learn.
10	Please assess whether the candidate suits the profile of the SVG with the help of the criteria.		

Annexure 6: Interview Form

INTERVIEW FORM

Name of the Interviewee: _____ **Name of the interviewer:** _____
Name of the village: _____ **Date (DD/MM/YY)** : ___/___/_____

Note to the Interviewer:

Kindly refer and administer the Interview Guide for scoring the candidate.

SN	Parameter for assessment	Weight	Score (1-10)
1	Please assess the candidate on her level of confidence and communication skills.	5%	
2	Please evaluate the candidate’s level of motivation to perform the role of the SVG.	15%	
3	Please assess the candidate’s willingness and ability to spend the time required for the SVG role?	15%	
4	Please assess the value the SVG job/ role holds to the candidate and her family.	15%	
5	Please assess the physical ability and personal health of the candidate to perform the role of the SVG.	10%	
6	Please assess the candidate on her knowledge of her village.	10%	
7	Please assess the temperament and beliefs of the candidate to suit the role of the SVG.	10%	
8	Please assess the problem – solving ability of the candidate.	5 %	
9	Please assess whether the candidate has received support and consent from her family to perform the role of the SVG	5%	
10	Please assess whether the candidate suits the profile of the SVG with the help of the criteria.	10 %	
	TOTAL SCORE		

Annexure 7: Time Line for Implementing the Selection Process:

PHASE ONE: Pre Screening		
DAY ZERO	Place application forms at each Panchayat office/ common location in each village as mentioned in application form	DAY ZERO - DAY FIVE
	Display posters at prime locations within catchment area and hand - distribute flyers in interior location of each village.	
PHASE TWO: 1 ST Screening - Applications		
DAY SIX	Collate all applications received at each Panchayat office and screen the same based on the parameters for Guide selection.	DAY SEVEN
	Inform all successful candidates of date, location and time of written test. <i>This can be done through home visits and/or phone calls</i>	
PHASE THREE: 2 ND Screening – Written Test		
DAY EIGHT	Conduct written test in each village on the same date and time simultaneously with invigilators. Shortlist candidates based on cut off mark.	DAY NINE
	Inform all successful candidates of date, location and time of interview. <i>This can be done through home visits and/or phone calls</i>	

PHASE FOUR: 3RD Screening – Interview

**DAY TEN AND
ELEVEN**

Conduct interview at all villages using the Interview Guide and Form

Collate scores of all candidates and prepare a “tentative” list of successful candidates

DAY TWELVE

Inform all successful candidates of the final process of selection – Induction Training along with date, location and timing for the same.

DAY THIRTEEN

PHASE FIVE: 4TH Screening – Induction Training

**DAY FOURTEEN &
FIFTEEN**

Conduct two day participatory induction training. Assessment may be done with the help of pre and post tests forms, group activities and attitude scales.

Shortlist successful candidates based on participatory exercises, attitude scale and pre – post test scores.

DAY SIXTEEN

PHASE SIX: Announcing the name of the Guides

DAY SEVENTEEN

Based on a consolidated score sheet for every shortlisted candidate, announce the names of the selected “Guides”.