

# **FPA & FPC Concept in India**

## Strengthening frontline workers under TCIHC

### Background

Family planning is not a disease. Therefore, it requires a 'pull' mechanism where people who desire family planning are counseled at the right time and reminded at appropriate intervals for obtaining services. Accredited Social Health Activists (ASHAs) were conceptualized by the Government of India to serve as a 'link' between the community and such services. However, in urban areas, ASHAs are a new cadre and all of them have not yet been trained on family planning as per government guidelines. Besides this, ASHAs have multiple duties assigned to them such as immunization of children of that community, pulse polio round, etc. Evidence suggests that on-the-job training and on-site mentoring help frontline workers to be effective and efficient.

In line with the ASHA mentoring system practiced in rural setting, TCIHC placed Field Program Associates (FPAs) and Field Program Coordinators (FPCs) to assist, coach and mentor urban ASHAs to become effective in departing the correct information and counseling on family planning methods.

### Operationalization of FPAs and FPCs

TCIHC identified those people who were good in interpersonal communication and had some exposure or experience working on family planning in slum settings. TCIHC deployed 251 FPAs and 50 FPCs in the twelve intervention cities of Uttar Pradesh, Madhya Pradesh and Odisha.

All of these mentors were coached on knowledge about family planning methods, effective counseling approaches and effective community mobilization skills. In turn, they then use this knowledge and skill to coach ASHAs who by identifying all of the currently married women of reproductive age in a catchment area provide planning support to Urban Primary Health Centers (UPHCs) to strengthen routine family planning services at the facility. In addition, ASHAs help with mobilizing women of reproductive age for Fixed Day Static (FDS) services, Urban Health and Nutrition Days (UHND) and Outreach Camps (ORCs). They also are coached to establish referral linkages with District Women's Hospitals and accredited private sector facilities along with how to report data for the management information system.

## 'Lead-Assist-Observe' Model of Coaching

FPAs' major responsibility is to build the capacity of ASHAs, wherein initially the FPA demonstrates the approach to ASHA on how to counsel a woman during household visits. This is followed by 'Assist' approach where when the FPA feels that the ASHA is confident enough to talk to the beneficiary in the same manner as coached, then they would step back and shadow the ASHA so as to assist her as required. Over the course of time, the FPAs will only observe this process to make sure ASHAs are confident in independently and effectively counseling eligible women and help them to make a voluntary and informed choice regarding family planning.

Per this approach of low-dose, high-frequency coaching, one FPA meets two ASHAs in a day at least once every month and will continue to meet with them for twelve months. With each ASHA, at least five household visits are made, thus meeting and counseling 10 women in a day. So, on average 200 women are reached in a month.











The reach of this coaching approach is estimated to be 0.6 million women. However, it could be so much more if during the 'Lead' phase, ASHAs turn this new knowledge and skills into habits, counseling eligible women on family planning even on a few more days in a month. A huge multiplier is bound to happen and more women are going to receive the family planning services that they desire.

7,000 ASHAs will be coached with this approach.

#### Role of FPC and Tools

FPCs ensure quality of counselling and provide support to FPAs with the help of following tools:

**City communication contact plan**: The availability of a concrete plan, which guides FPCs to identify vulnerable cases in respective catchment areas and helps them focus on getting results.

**Daily activity reports**: These daily reports generated while coaching ASHAs and recording FP services enables ASHAs, FPAs, and FPCs to see their effectiveness every day.

**Supportive supervision tool**: Again, the availability of such a tool to provide supportive supervision enables FPCs to identify problems and hence provide solutions immediately to the coaching recipients.