HEALTH POLICY
-CUM- FIELD OFFICE MANUAL

-ASSEFA HEALTH PROGRAMME

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CONTENTS

POLICY

SECTION: I POLICY

1. AIM:

TO FACILITATE MAXIMUM POSSIBLE PHYSICAL AND MENTAL HEALTH OF THE INDIVIDUAL, FAMILY AND COMMUNITY SO AS TO LEAD AN ECONOMICALLY PRODUCTIVE, SOCIALLY RESPONSIVE AND SPIRITUALLY MEANINGFUL LIFE.

2 PRINCIPLE:

2.1 In ASSEFA an "Holistic Health Approach" is envisaged. By 'Holistic Health Approach' ASSEFA does not merely mean, integrating differnt Systems/Pathies of Health Care delivery as in the conventional sense but a comprehensive outlook in which promotion of Human Health as well as the Health of Flora and Fauna, on this planet earth, is being considered. Cognising the fact how man has become iotrognic to himself and the environment, a symbiotic mutually sustainable life style and an appropriate health care system alternative to the marketing forces of 'high technology health care industry' is envisaged. (1)

2.2 In principle a 'A participatory Movement of Primary Health Care' is envisaged in order to achieve maximum possible individual health, with focus on the family as a functional unit, planned and implemented by people themselves, as a science that could be practised by all, affordable by all and accessible to all, more readily to vulnerable of the population viz., (2) 'Antyodaya'.

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1) MEDICAL NEMESIS - Ivan llich, Centre for Intercultural Documentation, Guernavaca, Mexico.

2) Essential Health Care Universally Available Accessible, Acceptable, and Affordable to the community. + Community Participation + Community involvement + Appropriate Technology = * HEALTH FOR ALL * ALL FOR HEALTH

3) CARDINAL TENETS

3.1) Community based and not just people oriented.

3.2) Self-evolving, self-supportive and not superimposed from above.

3.3) Simple, technically appropriate, viable and not techno-centric.

3.4) Empowering, liberating and not 'professional-dependant'.

3.5) Affordable by all, cost-effective and not selectively beneficial to some.

3.6) Symbiotic, culturally acceptable to people and not alien /disruptive /culturally threatening.

3.7) Promotes the environment, sustains growth and not exploitative and destructive to environment.

3.8) Nurturing, promoting healthy life style and not encouraging maladaptive behaviour.

3.9) Promotive, aims at primary prevention and not overtly dependant on secondary/tertiary preventional strategies.

3.10) Addresses health issues at global level, while acting localy and not sectarian / biased towards any particular approach.

3.11) Conscientises at all levels and not thrusting/canvassing at any one group/concept/ideology.

3.12) Promotes indigenous systems of medicine relevent to the needs, while upholding the principles of scientific/objective facts/truth.

4) PROGRAMME POLICY - AN APPROACH

4.1) TAKING INTO ACCOUNT THE INVEITABLE NEXUS BETWEEN HUMAN HEALTH and Survival, with that of EARTH'S (FAST DEPLETING) RESOURCES, IT'S HEALTH and sustainability, while planning a strategy of (3) health care system.

4.2) Giving due importance to PROMOTION OF ENVIRONMENT AT MACRO LEVEL (village level) by finding alternative methods of tapping / modifying use of energy so as to lessen the dependance on fast depleting fossil fuel and prevent release of harmful pollutants that endanger the stratosphere, and (4) Human Health.

4.3) PROVIDING AN ENERGY EFFICIENT FUEL SYSTEM AT MICRO LEVEL (each and every household), that is ergonomically sound, economically viable, and releases women from the chain/bond that binds them to the kitchen, for more than 2/3rds of their waking hours, thus limitting their time for creativity, child (5) rearing and income generation programmes.

4.4) MASSIVE EFFORT AT PROMOTION OF GARDEN BOTH AT THE BACKYARD AND IN THE COMMUNITY with the multiple objectives of :

i) SPONGING THE ATMOSPHERIC POLLUTANTS (eg. utilisation of Carbon-di-oxide for photosynthesis by leaves) - which is direct effect of nefarious activities by us, human beings ON THIS PLANET EARTH -, (who are late comers, but fast depletors in the (6) history of earth !)

ii) INCREASING THE "SOURCE OF one and the only cost- effective OXYGEN BANK" (emission of Oxygen during photosyntheiss).

iii) ENRICHING THE ONLY VIABLE AND NATURAL 'SOLAR ENERGY CONVERTORS (Preparation of starch by photosynthesis) which makes available sun's energy in an assimilable form to all beings on earth's surface.

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3) Environment and Human Health - SOCIAL WELFARE, April 1990.

4) Rapid utilisation of fossil fuel, 'Ozone layer deplation', 'Green House Effect' and resultant change in the climate and cropping pattern had indirectly affected the pattern of food consumption causing malnutrition. Directly it has increased the incidence of respiratory diseases, skin cancer, cataract etc.

5) Household energy or lack of it and household pollution affect heatlh of women and children. A women cooking in stove, with firewood as fuel (90% of rural households use firewood as fuel) inhales toxic material equivalent to smoking 200 cigerettes per day. - ENVIRONMENT NEW DIGEST.

6) Environment - Our Future - OXFORD UNIVERSITY PRESS.

iv) INCREASING ACCESSIBILITY TO NUTRITIVE FOOD AMONG THE COMMUNITY.

v) TO COVER ONE THIRD OF SPACE AROUND EACH HOUSEHOLD WITH VEGETABLE GARDEN AND ANOTHER ONE THIRD BY FRUIT/FOOD/FODDER GIVING TREES.

4.5) PROVISION OF SAFE METHODS OF DISPOSAL OF WASTE BOTH AT MACRO AND MICRO LEVEL, with the twin objectives of

i) Lessening the chances of water, land and air pollution.

ii) Reducing chances of oro-faecal contamination and resultant diseases.(7)

4.6) PROVISION OF PERENNIAL POTABLE WATER SOURCE WILL GO A LONG WAY IN SAVING MILLIONS OF LIVES (8) AND SHALL GREATLY REDUCE THE LOSS OF MANDAYS (9) THERE BY INCREASING PRODUCTIVITY.

4.7) BUILDING AWARENESS IN THE COMMUNITY

with the objectives of:

i) ENHANCING PEOPLE'S ABILITY TO SELF-HEAL .

ii) TO EMPOWER PEOPLE WITH KNOWLEDGE ON HEALTH so as to reduce their dependancy on "Organised Marketing Forces that sell Health" (A pill / needle for each and every health problem)

iii) TO EQUIP PEOPLE WITH THE KNOWLEDGE TO CHOOSE APPROPRIATE HEALTH CARE SYSTEM for specific problems. (10)

iv) TO SAFEGUARD PEOPLE from vested interests of the COMMUNICATION MEDIA (eg. T.V.) whose effort at DSINFORMATION could be the source of Ill Health. (11)

As the role of health education in primary prevention of diseases is enormous, it is vital to DEVELOPE A PLANNED STRETEGY OF TARGET -SPECIFIC, MESSAGE - SPECIFIC, REINFORCING EFFORTS / INFORMATION DISSEMINATION involving both traditional (eg. folk media like Puppet show, Villupattu) and modern media (eg. slide show, vedio, cinema).

INDIVIDUAL COUNSELLING SESSIONS HAVE GREATER EFFECT THAN MASS EDUCATIONAL CAMPAIGNS.

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7) Enhancing the 'sanitation' - barrier alone would result in reduction of 70% of communicable diseases.
8) 5 Million children die of diarrhea every year in the world.
9) 70 Million mandays lost in india due to diarrheal diseases alone.
10) My Name is Today - David Morlay
11) Eg. Baby foods, Panparak, 2 minute noodle, Cigarrette for women, bottled drinks (BVO)

4.8) Address the HEALTH NEEDS OF THE VULNERABLE AMONG THE POPULATION viz., Children, Women and the aged, with a planned strategy so as to TAKE HEALTH CARE SERVICES TO THEIR DOOR STEP TOWARDS EARLY DIAGNOSIS AND THERAPY in order to minimise morbidity and mortality.

4.9) EVOLVE A REFERAL SYSTEM WITH THE ORGANISED GOVERNMENT HEALTH CARE SERVICES for all the health problems that could not be managed at the village itself, by equipping the village level health worker with the knowledge when to refer, where and for what problem. (12)

4.10) EVOLVING A PEOPLE BASED HEALTH CARE SYSTEM that reinforces their faith in self healing and that which is not-technocentric, non-dependant on professionals, technically feasible, costwise affordable by the people and above all culturally acceptable to the people.

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12) Though assefa's thrust is on primary prevention, it utilises govt. and other organised health care system for secondary and tertiary prevention.

5) OBJECTIVES OF HEALTH PROGRAMME

5.1) To ESTABLISH COMPREHENSIVE FAMILY HEALTH CARE PROGRAMME reaching especially the vulnerable among the population, viz. Women, Children, and Elders.(^{3} 60 years)

5.2) To establish an 'UNIVERSAL MATERNAL CARE PROGRAMME', with the active participation of women's forum.

5.3) To establish an 'UNIVERSAL UNDER-FIVE CARE PROGRAMME', with the active participation of Village Health Committee.

5.4) To CREATE AN ENVIRONMENT CONDUCIVE FOR HEALTHFULL LIVING both at the family (MICRO) and at village (MACRO) LEVEL.

5.5) To EVOLVE A PROGRAMME OF EFFECTIVE COMMUNICATION at all levels, aimed at 'PEOPLE'S MOVEMENT' towards the goal of 'HEALTH FOR ALL'.

5.6) To MAKE PEOPLE REALISE THE IMPORTANCE OF UTILISING the exisiting government and non-government health care services as REFERAL CENTRES.

5.7) To INVOLVE PEOPLE AT ALL LEVELS of planning, implementing, and monitoring health care programme that is technically feasible and easily manageable by people themselves.

5.8) To EXPERIMENT 'PRIMARY HEALTH CARE AS A STRATEGY to help the people attain 'Maximum Possible Status of Health' through a gradual process OF EMPOWERING PEOPLE TO HEAL THEMSELVES AND PROMOTE 'HOLISTIC HEALTH'

5.9) To develop village level Health Cadre as a resource person who shall be able to function independantly at the end of three years.

5.10) To involve indigenous medical practioners and mid-wives and to develop a referal system with Government and Non-Government health care sectors.

6) LEVELS OF PREVENTION

A) ATTEMPS AT PRIMARY PREVENTION

6.1) PROMOTION OF INFRASTRUCTURE: (ENVIRONMENT AND ENERGY RESOURCES)

TO CREATE, A HEALTHY ENVIRONMENT BOTH AT MICRO (HOME) AND MACRO (VILLAGE) LEVEL. The priority shall be on establishing

i) A HYGIENIC, PERENNIAL, DRINKING WATER SOURCE

a) To install hand pumps (Mark II/III types) ably managed by village health guide women forum members.

b) To mark the wells 'ideal' wherever people use well as source of drinkoing water. (13)

ii) METHODS OF SAFE DISPOSAL OF WASTE,

a) To build lavatories, with people's participation wherever there is felt need towards safe disposal of night soil.

b) To motivate and encourage people to have composit pits in order to promote vector control and organic manuaring.

iii) POLLUTION FREE, ENERGY EFFICIENT, HOUSEHOLD FUEL

a) To introduce Bio-gas plants in households with 3 or more cattle.

b) To install smokeless chulas in households that use firewood as fuel.

iv) PROMOTION OF BACKYARD HORTICULTURE to facilitate Improved access to nutritious food wherever there is space around the household.

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13) For ideal well concept refer booklet "Primary Health Care - As a science that matters to people by ASSEFA.

6.2) HEALTH AWARENESS (TARGET SPECIFIC CONSCIENTISATION)

i) TO CREATE AWARENESS TOWARDS SUSTAINING A SYMBIOTIC, non-deplative, non-exploitative LIFE STYLE.

ii) TO MAKE PEOPLE UNDERSTAND WHEN AND WHERE TO SEEK APPROPRIATE MEDICAL HELP when the system breaks or when disharmony sets in.

iii) ENRICHING PEOPLE WITH HEALTH INFORMATION especially on Family Health Care, so as to elicit social response and spontaneous action.

iv) To evolve 'Social Marketing' as a strategy to empower people to prevent the drain of natural resources and their products of labour to 'market economy'. (14)

v) To emphasis the importance of attitudinal, behavioural change in promotion of health.

vi) To make people realise the interdpendancy of health among the flora and fauna on this planet earth, therefore the necessity of environment promotion to sustain human health.

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14) Development strategy with priority on 'Income Generation Programmes', result in food products of nutritive value (eg. Milk, Eggs, Vegetables, Fruits etc.,) being drained from villages to benefit already developed areas /regions.

6.3) DEVELOPMENT OF HEALTH CADRE

i) To TRAIN PERSONNEL FROM AMONG RESPECTIVE VILLAGES, who shall initially function under the guidance of trained project level Health Workers, to function independantly later on.(15)

ii) To TRAIN A DAI (Village level mid-wife) FOR EACH VILLAGE TO ASSIST IN MATERNAL care programme.

iii) THE VILLAGE LEVEL MALE AND FEMALE GUIDE SHALL IN THE LONG RUN BE TRAINED TO BECOME EQUIPPED ENOUGH with knowledge and skills to carry out growth monitoring and promotional programme, Maternal Care programme and Minimal Curative Programme.

iv) To TRAIN THE VILLAGE HEALTH GUIDE who functions as a local resource person for health and SHALL BE FINANCIALLY SUPPORTED BY VILLAGE HEALTH COMMITTEE.

v) THE PROJECT LEVEL HEALTH WORKERS SHALL BE SELECTED FROM ANIMATORS who have completed school and trained for 12 to 18 months in a recognised institution. (16)

vi) ALL PROJECT LEVEL HEALTH CADRE, viz. Male and Female Multipurpose Health Worker, Programme Associate, Health Programme Organisor SHALL GET PERIODIC, REGULAR INSERVICE AND EXTERNAL TRAINING, towards enhancing the quality of service rendered by them.

B) ATTEMPTS AT SECONDARY PREVENTION

6.4) A PLANNED CURATIVE PROGRAMME

Reaching the needy among the population to reduce morbidity, mortality among them, with priority

i) To OFFER COMPREHENSIVE ANTENATAL, PERINATAL AND POSTNATAL SERVICES.

ii) To REDUCE THE INCIDENCE OF MALNUTRITION AMONG UNDERFIVES THROUGH 'GROWTH MONITORING AND PROMOTION' AS A PARTICIPATORY PROGRAMME BY WOMEN.

iii) To PREVENT BLINDNESS AMONG CHILDREN AND AGED.

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15) The village level health cadre shall be the contact person for project level health worker.

16) For recognised training centres in Tamilnadu and elsehwere refer annexure.

iv) To ERADICATE ENDO, ECTO PARASITIC DISEASES.

v) To REDUCE THE INCIDENCE OF WATER BORNE/WASH DISEASES.

vi) To REDUCE THE INCIDENCE OF COMMUNICABLE DISEASES.

vii) To OFFER MINIMAL CURATIVE AND REFERAL SERVICES THROUGH STRATEGICALLY PLACED MINI HEALTH CENTRES.

C) ATTEMPTS AT TERTIARY PREVENTION

In all tertiary preventional (strategy) programmes, viz. REHABILITATION OF

a) Mentally Retarded

b) Physically Handicapped

c) Leprosy patients

d) Mentally ill, etc..

ASSEFA may tap the resources of District level units by Government viz. Leprosy Control Units, Tuberculosis Control Units and Non-Governmental Organisations like Hind Khusth Nivaran Sangh, Spastic Society of India, Aravind Eye Hospital, Meenakshi Missional Hospital etc.

7) METHODOLOGY

ARRIVING AT AN "OUTLINE SAGE" (17) - INITIAL COMMUNICATION PHASE

7.1) HEALTH WORKER INTRODUCES HIMSELF TO THE COMMUNITY ('RAPPORT BUILDING') THROUGH HEALTH CAMPS

7.1.1) HEALTH WORKER INTRODUCES HIMSELF/HERSELF by directly addressing (ie., examining, identifying, and treating) the health needs of the vulnerable among the community viz. women, children and elders.

7.1.2) THE ABOVE PROCESS IS DONE THROUGH "HEALTH CAMP APPROACH", at the end of which that particular health worker is known among his/her area of coverage (usually 8 / 10 villages) as a "Person with Abilities to Heal".

7.1.3) THE ABOVE PROCESS IS ABLY AND ACTIVELY ASSISTED BY A QUALIFIED PHYSICIAN, who utlises the health camps to train the MPHW, both male and female to diagnose the most common diseases among Children, Elders and Women and treat them at village itself.

7.1.4) THE PHYSICIAN ALSO APPRAISES AND TRAINS THE HEALTH TEAM IN REFERAL ASPECTS - ie., when to refer, for what problem and where.

7.1.5) THE CHIEF OBJECTIVE OF THE ABOVE PROCESS IS TO MAKE THE HEALTH WOREKR ACCEPTABLE IN THE COMMUNITY as a person with necessary skills to treat most common, simple health problems at village itself.

7.1.6) Generally paramedical workers at village level are not accepted by people as much as the allopathic physician. HENCE THE NEED TO IMPART SKILLS TO HEALTH WORKER IN THE PRESENCE OF THE COMMUNITY (THROUGH CAMP APPROACH) AND THE HEALTH PROFESSIONAL (PHYSICIAN) AUTHENTICATES THEIR SKILLS TO DIAGNOSE AND TREAT, thereby making them more acceptable in the community. (18)

7.1.7) Besides, THE HEALTH PROFESSIONAL AND TEAM GETS TO KNOW THE MORBIDITY PROFILE OF THE "VULNERABLE AMONG THE POPULATION" (Women, Children and Elders) thereby enabling them to plan out Primary, Secondary Preventional strategies.

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17) SAGE - Situation Assessment and Goal Establishment.
18) Rural Health Care - KURUCHETHRA Jan. 1990

7.2) ORGANISING THE COMMUNITY (ALL FOR HEALTH)

7.2.1) A VILLAGE LEVEL HEALTH COMMITTEE, IS FORMED WITH VOLUNTEER MEMBERS FROM BOTH SEXES with the objective of planning and coordinating all health and health related activities.

7.2.2) MAJOR ROLE IS PLAYED BY WOMEN FORUM MEMBERS, as chief focus of ASSEFA's health programme is on Women and Children.

7.2.3) THE MALE MEMBERS of the Village Health Committee, mainly youth, SHALL ACTIVELY INVOLVE THEMSELVES IN 'ENVIRONMENT PROMOTIONAL ACTIVITIES'.

7.2.4) A VILLAGE LEVEL HEALTH GUIDE (preferably a women, 8th to 10th std. completed) IS NOMINATED BY THE VILLAGE HEALTH COMMITTEE in consultation with gramsabha, who shall liason with the multi purpose health worker to implement all health programmes besides maintaining few relevant data registers.

7.2.5) A 'VILLAGE HEALTH COMMITTEE FUND' SHALL BE COMMENCED, in which all the people's contribution towards the services that they receive shall go into. For the first 3 years the fund is left to accumulate, at the end of which equal amount shall be contributed by the gramsabha and / the project. From then on the VHG honororium shall be met from this fund.

7.2.6) THE VILLAGE 'HEALTH COMMITTEE FUND' shall be the 'CORPUS' FROM WHICH THE PEOPLE COULD HAVE "HEALTH EMERGENCY LOANS" free of interest.

7.2.7) A 'MOTHER INSURANCE SCHEME' IS STARTED, when Antenatal, Perinatal, Postnatal Care, programme is introduced and the money thus collected goes to 'Village Health Committee Fund'.

7.2.8) 'GROWTH MONITORING AND PROMOTIONAL PROGRAMME', is actively coordinated by WOMEN FORUM MEMBERS, WHO SHALL FORM A LOCAL COOPERATIVE (Cluster level) TO SUPPLY NUTRITIVE MIX to under-nourished mother and children, as a part of Women Development Programme.

7.2.9) LIKE 'MATERNAL CARE INSURANCE SCHEME', CHILD CARE INSURANCE SCHEME IS ALSO INITIATED eg.- Registration fee (Rs.5/- to 10) at the time of entry into GM/P, and Rs.1 /month from all those who receive nutritive mix. The fund thus collected may go into 'Village Health Committee Fund'.

7.2.10) A 'VILLAGE CULTURAL TROUPE' MAY BE FORMED with traditional artists, Village Health Committee Members, Health Animator and the Health Worker concerned, with the purpose of periodic information sharing through "performing arts".

7.3) DATA COLLECTION TOWARDS SAGE:

7.3.1) WITH THE HELP OF "PRE-TESTED FORMAT" RELEVANT TO THE NEEDS AND OBJECTIVES OF HEALTH PROGRAMME, NECESSARY INFORMATION ARE COLLECTED, at household level and consolidated in a "Village level format".

7.3.2) Prior to the actual process, THE PURPOSE / OBJECTIVE OF THE SURVEY IS APPRAISED TO THE PEOPLE, THROUGH VILLAGE HEALTH COMMITTEE. Infact it would be ideal to involve the Village Health Committee members even while designing the survey format.

7.3.3) The survey format need to be simple, precise, not-time consuming and shall give information on the following aspects:

i) DEMOGRAPHILE PROFILE OF VILLAGE.
ii) POTABLE WATER SITUATION.
iii) AVAILABLE WASTE DISPOSAL METHODS.
iv) ACCESSIBILITY TO NUTRITION (KITCHEN GARDEN ETC.)
v) EXTENT OF MATERNAL AND CHILD MALNUTRITION.
vi) IMMUNISATION STATUS.
vii) ATTITUDE AND PRACTICE TOWARDS BIRTH PLANNING AND FAMILY WELFARE.
viii) HOUSEHOLD LEVEL FUEL AVAILABILITY.
ix) PREVALANCE OF COMMUNICABLE DISEASES.
x) NUMBER OF UNDERFIVES AND ELDERS (^{3}60 YEARS)
xi) MISCELLANEOUS DATA TO ARRIVE AT SPECIFIC INDICATORS LIKE IMR, MMR, U5 MR etc.,
xii) ACCESSIBILITY TO HEALTH CARE SERVICES (GOVERNMENT, PRIVATE, INDIGENIOUS MEDICINE PRACTITIONERS ETC.)

7.3.4) A DOZIER ON EACH VILLAGE IS PREPARED TOWARDS THE PURPOSE OF ARRIVING AT "COMMUNITY DIAGNOSIS" (19), by collating all household data into the 'village format'. General information like presence of electricity, accessibility by road and other civic amenities are also noted.

7.3.5) THE HEALTH PROFESSIONAL/HEALTH PROGRAMME ORGANISOR COLLATES THE INFORMATION TO ARRIVE AT A SAGE REPORT, by a process of discussion and deliberation with the health team members. The Health Programme Organisor/Programme Associate (Health) actively assists the above process.

7.3.6) At this level an OUTLINE SUMMERY OF SAGE document evolves, and is available to the health team, which they shall place before the Village Health Committee / Gramsabha for

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19) Like an individual, who after a visit to hospital has a file on his health status with information leading on to 'Provisional Diagnosis', the village at the end of 'Initial Communication Phase' shall have a data profile compiled, to evolve a "SAGE DOCUMENT".

8) GOAL INDICATORS

It is important that all the projects develop their own area specific goal indicators in order to effectively monitor the health programme. The following fifteen key indicators mentioned in the "Health For All 2000 AD." concept shall be of guidance with regard to the above.

'HEALTH FOR ALL' 2000 AD

- CERTAIN KEY INDICATORS -

HEALTH INDICATORS	1980 * INDIA	GOAL ** 2000 AD
1) Infant Mortality Rate	127	²60
2) Perinatal Mortality Rate	60-109	30-35
3) Pre-School Mortality Rate	20-24	10
4) Maternal Mortality Rate	5-8	²2
5) Birth Weight ²2500 gms %	30	10
6) Crude Birth Rate	33.2	21
7) Crude Death Rate	12.5	9
8) Family Size	4.4	2.3
9) ANC Coverage %	30-40	100
10) Delivery by trained Dais %	10-15	100
11) Net Reproduction rate	1.67	1.25
12) Couple Protection rate	22	60
13) Immunisation Coverage %	60	100
14) Growth Rate	1.91	1.25
15) Life expectancy at birth:		
Male	52.61	64
Female	51.61	

* Source 1980 censes.

** In all ASSEFA projects, an attempt shall be made to achieve the "Health for All 2000 AD. Indicators" before the end of 1996 itself and it is feasible given the 'micro-level-intensive-operational strategies' and people's participation.

SECTION: II

PROGRAMME COMPONENTS

CONTENTS

1) PROGRAMME OUTLINE

FOR OPERATIONAL EFFCIENCY, TO FACILITATE PARTICIAPTORY MONITORING AND EVALUATION, THE PROGRAMME COMPONENTS ARE DIVIDED INTO 3 MAJOR ASPECTS VIZ.,

1) 'ENVIRONMENT PROMOTIONAL' ACTIVITIES BOTH AT HOUSEHOLD AND VILLAGE.
2) CONSCIENTISING VARIOUS SEGMENTS OF COMMUNITY
3) PREVENTIONAL STRATEGIES ADDRESSING THE HEALTH NEEDS OF VULNERABLE AMONG THE POPULATION.

PROGRAMME OUTLINE

ENVIRONMENT PROMOTION 1	CONSCIENTISATION 2	PREVENTIONAL STRATEGIES 3
HOUSEHOLD WASTE DISPOSAL	PARTICIPANTS	PROGRAMMES ADDRESSING THE VULNERABLE
Lavatory Composte Pit Kitchen Garden Soakpit	Mothers, Women's Forum, Youth Club, Night School, ASSEFA School, Govt. School Village Health Committee, Gram Sabha, Village Common, Dais Animator, Health Worker.	Maternal Health Underfive Care (Growth Mornitoring and Promotion)
HOUSEHOLD ENERGY		School Health
Smokeless Chula Solar Cooker Biogas	Dais	Women Health Geriatric Health
POTABLE WATER	MEDIA:	Mental Health
Source, Storage and Usage	TRADITIONAL Villupattu Therukkoothu Puppet Show Drama/Skit	SPECIFIC ILLNESS Prevention of Blindness, Communicable Disease control, Parasite Controle, Prevention of Micro-nutrient deficiency Viz., Anaemia, Vitamin-A Deficiency.
VILLAGE SANITATION	OTHERS:	
Hand Pump Ideal Well Soakage Pit Wind Mill	Flash Card, Flannel graph, Slide Show Vedio Show, Cinema.	

NOTE:

1) All 'environment promotional activities' shall be the focus of intersectoral coordination between community development and health sector.
2) All conscientational (Health Education) efforts shall be the focus of intersectoral coordination between education (Sarva Seva Schools) and health sector.
3) In all preventional strategies ASSEFA shall take the active help of Government and other voluntary sector.

1) ENVIRONMENT PROMOTION

(Infrastructrue Promotion) *

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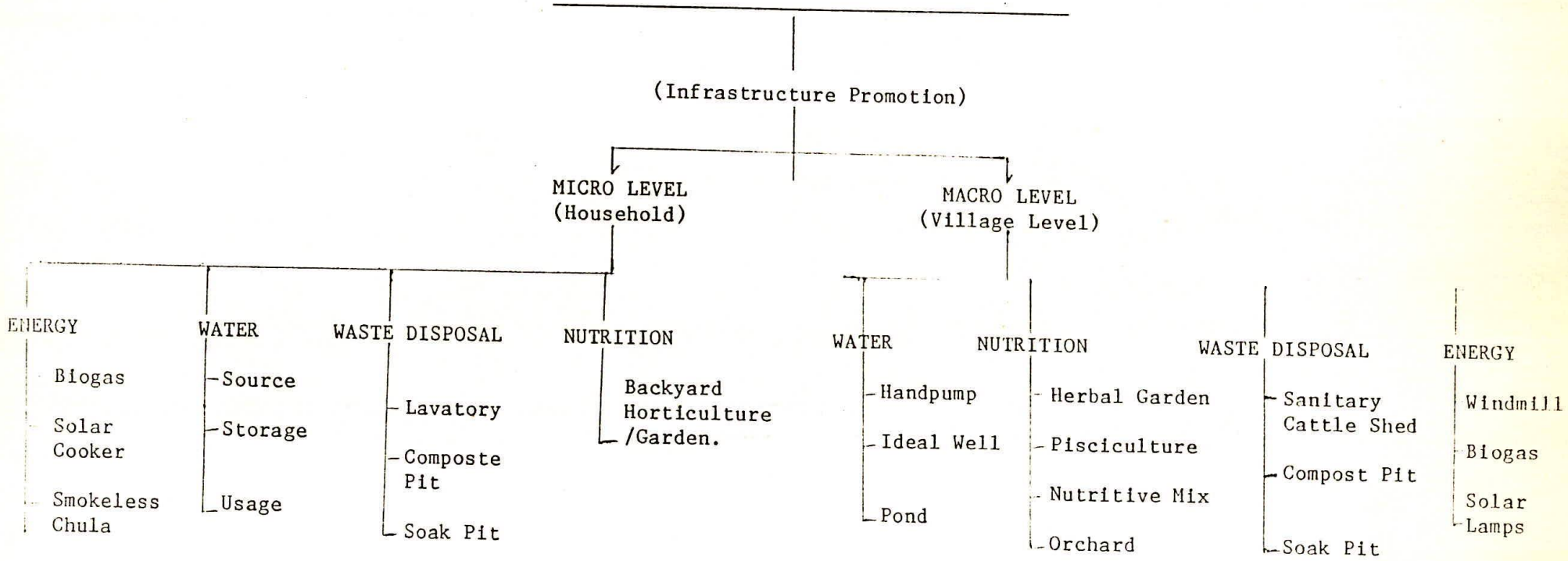
* CONVENTIONALLY THE TERMINOLOGY INFRASTRUCTURE IN HEALTH SECTOR IS USED TO DENOTE NUMBER OF AVAILABLE HEALTH PROFESSIONALS, PARA PROFESSIONALS, HOSPITALS, BED STRENGTH ETC. IN ASSEFA IT IS USED TO DENOTE MICRO, MACRO ENVIRONMENT THAT IS FUNDAMENTAL TO HUMAN HEALTH VIZ. WATER, LAND, FLORA AND FAUNA IN THE WHOLE ECO-SYSTEM.

PROGRAMME COVERAGE



* ALL ENVIRONMENT PROMOTIONAL PROGRAMMES SHALL BE THE FOCUS OF INTER-SECTORAL COORDINATION BETWEEN COMMUNITY DEVELOPMENT AND HEALTH SECTOR OF ASSEFA.

ENVIRONMENT PROMOTION

C O N T E N T S

1.1) HOUSEHOLD LAVATORY

OBJECTIVE:

PRIMARY:
i) To enhance 'Sanitation Barrier'.
ii) To reduce incidence of 'Water Borne'diseases
Viz. Cholera, Typhoid, Jaundice, Polio.
iii) To reduce the incidence of 'Intestinal Parasitosis'.

SECONDARY:
i) To reduce faecal contamination of water source.
ii) To reduce land pollution by faecal matter.
iii) To provide 'Privacy' for women and children in rural areas.

TERTIARY:
i) To reduce man-day loss due to 'faecal borne diseases'.
ii) To prevent economical drain due to faecal borne diseases.
iii) To prevent infant and child mortality and morbidity.

TYPES OF LAVATORY	ADVANTAGE	DISADVANTAGE
1) Wardha Type dry latrine	Composte, Less of Water Low Cost	Involves more manual Labour.
2) 'Ventilation Improved Pit' (VIP) Latrine	Low Cost, Less Water	Children might fear falling inside
3) RCAP Latrine	Convenient for children and adults	Cost factor.
4) Sulah Souchalaya	Biogas could be attached.	Community Latrine

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Village level Progamme Manual on "Environment Promotion".	ASSEFA, Madras.
2) Pamphlets/Literatures published by ASSEFA	ASSEFA, Madras / Sarva Seva Achagam, Natham.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) "Neerinal Paravum Noigal" (Waterborne Diseases)	New Centuray Book House Publications Madras.
5) Handout and Literature by	Sanitation faculty - Ambathurai.
6) Health Education Materials by CMC.,	C.M.C., Vellore.

1.2) COMPOSTE PIT

OBJECTIVES:

PRIMARY

i) To prevent incidence of vector (Mosquito) borne diseases like Dengue Fever, Brain Fever (Japanese 'B' Encephalitis), Malaria, Filaria etc.

ii) To prevent incidence of vector (House fly) borne diseases like Cholera, Typhoid, Jaundice, Poliomyelitis, Intestinal parasitosis.

iii) To enhance sanitation in and around household

SECONDARY

i) To prevent/control vector (Mosquito, Houseflies) breeding in and around households.

ii) To dispose household (Kitchen) waste in a sanitary manner.

iii) To dispose cattle waste (cowdung etc.) in a sanitary manner.

TERTIARY

i) To composte the household and cattle waste into bio-fertiliser.

ii) To meet the need for manure for Kitchen Garden.

iii) To curtail the need for artificial fertiliser and the incurring expenditure.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on "Environment Promotion"	ASSEFA, Madras.
2) ASSEFA Pamphlets	ASSEFA, Madras.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) Literature on 'Composte Pit'	'Man and Ecology Programme', P.O. Box 11, Pondicherry

1.3) SOAK PIT

OBJECTIVES

PRIMARY

i) To facilitate proper disposal of sullage water.

ii) To control vector breeding eg. flies mosquitoes.

iii) To enhance village sanitation around Handpump, Well and other potable water source by avoidance of contamination with sullage water.

SECONDARY

i) To reduce incidence of vector borne disease like Malaria, Brain Fever, Filaria.

ii) To reduce incidence of water borne diseases Viz., Jaundice, Polio, Typhoid, Cholera, Gastero entritis.

iii) To reduce incidence of Intestinal Parasitosis.

TERTIARY

i) To reduce child mortality, morbidity

ii) To reduce mandays lost due to common illness which are preventable.

iii) To enhance sanitation around the house.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Environment Promotion'.	ASSEFA, Madras.
2) ASSEFA Pamphlets	ASSEFA, Madras.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) Literature by Sanitation Faculty	Ambathurai.
5) Literature by Dept. of Home Science , G.R.I.	DHS., Gandhigram Rural Institute.

1.4) SMOKELESS CHULA:

OBJECTIVES

PRIMARY

i) To reduce the incidence of respiratory illness among women and children.

ii) To reduce the incidence of 'Acute Respiratory Infection' (ARI) among underfives.

iii) To reduce 'air-pollution' within the household.

iv) To reduce the consumption of firewood by enhancing fuel efficiency.

v) To prevent eye sore and eye related problems.

SECONDARY

i) To curtail deforestation.

ii) To reduce the drudgery of cooking.

iii) To reduce the time spent by women at the stove.

TERTIARY

i) To enable women to have more time for herself and children.

ii) To enable women to have more time for fora activities, Backyard Horticulture and cultural activities.

iii) To enable women to have more time for maintaining household sanitation.

iv) To reduce 'Green House Effect'.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on "Environment Promotion"	ASSEFA, Madras.
2) ASSEFA Pamphlets	ASSEFA, Madras/Sarva Seva Achagam, Kuttupatty, Natham.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) Literature from 'Department of Home Science'	Gandhigram, Madurai.
5) Literature/Training Programmes	Gandhiniketan Ashram, Kallupatti.

1.5) BIOGAS

OBJECTIVES

PRIMARY	SECONDARY	TERTIARY
Efficient Fuel	Time Saved increases leisure.	Skill learning
Cost-effective	Less of chemical manure	Female Education
Rich source of manure	Less of expenditure	Less of school dropouts among female children
Less Consumption of Fire wood	Less of deforestation	Less of toxicity in food, better health
Safe waste disposal, Effective Sanitation Barrier, Avoidance of air-pollution in the household	Improved rain, soil conservation	Cost efficiency, monetary savings on fertilisers. To reduce 'Green House Effect'.
Less of diarrhea, acute respiratory diseases, intestinal parasitosis.	Betterment of child and women health, reflecting on family health. Hygienic, efficient water management.	Better agricultural output.

SOURCE OF LITERATURE	C O N T A C T
1) Literature from Institute of Rural Science, Gandhigram Trust.	Gandhigram, Madurai.
2) Energy resource Centre	Auroville, Pondicherry.

MATERIAL RESOURCE

1) Panchayath Union Funds.

2) IRDP Subsidy/ Loan

3) Nationalised Banks.

1.6) SOLAR COOKER

OBJECTIVES

PRIMARY

i) To tap non-exhaustible, non-polluting energy source.

ii) To enhance fuel efficiency of a small family unit.

iii) To curtail the expenses on non-replenishable fuel resource like Kerosine.

iv) To reduce the dependancy on fire-wood as fuel.

SECONDARY

i) To achieve time and labour efficiency in cooking.

ii) To reduce deforestation.

iii) To reduce dpendancy on fossil fuel.

TERTIARY

i) To reduce environmental pollution due to burning of firewood.

ii) To empower people with knowledge and resource on 'appropriate technology'.

iii) To enable women to have more time for creativity, self-empowerment, cultural and group activity.

iv) To reduce 'Green House Effect'.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on "Environment Promotion".	ASSEFA, Madras.
2) ASSEFA Pamphlets	ASSEFA, Madras,/Sarva Seva Achagam, Kuttupatti.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) Information brochure by Tamilnadu Energy Development Association	TEDA.
5) Energy Section.	Auroville.

1.7) WIND MILL

OBJECTIVES

PRIMARY

i) To tap non-exhaustible, non-polluting energy source.

ii) To draw and store drinking water in overhead tanks.

iii) To store energy through batteries.

SECONDARY

i) To facilitate drinking water supply to village.

ii) To increase accessibility to water in the household.

iii) To reduce dependancy on conventional energy source (eg. Hydro, Thermal Power, Diesal) to lift water from wells.

TERTIARY

i) To reduce environmental pollution through operating diesal pumps.

ii) To curtail the dependancy on delpletable fossil fuel.

iii) To safeguard ozone layer and to reduce 'Green House Effect'.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Environment Promotion'.	ASSEFA, Madras.
2) ASSEFA Pamphlets/Booklets	ASSEFA, Madras, Sarva Seva Achagam, Kuttupatti.
3) Information Brochure by TEDA	TEDA
4) Information Brochure by Auroville	Energy Resource Centre, Auroville
5) Literature/Technical assistance from Murugappa Polytechnic.	Murugappa Polytechnic, Ambathoor.

1.8) HAND PUMP

OBJECTIVES

PRIMARY

i) To make available one perennial source of potable water for every 30/50 households.

ii) To reduce the time taken to meet household need for water.

iii) To emphasis the need for using clean potable water.

SECONDARY

i) To reduce the incidence of water borne / water wash diseases.

ii) To reduce morbidity, mortality among children.

iii) To enhance the time available to women for other activities.

TERTIARY

i) To reduce Acute, Gasteroentritis and intestinal parasitosis among children.

ii) To reduce the incidence of Child Malnutrition.

iii) To reduce the incidence of Infant and Child Mortality due to to acute Gasteroentritis and other water borne diseases.

iv) To prevent Endo, Ecto parasitic infection among children.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Environment Promotion'	ASSEFA, Madras.
2) ASSEFA Pamphlets/Booklets.	ASSEFA, Madras.
3) Literature by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
4) "Neerinal Paravum Noigal" (Water Borne Diseases)	New Century Book House, Madras.
5) Technical assistance for drilling.	AFPRO
6) Technical assistance for water testing.	Guindy/Sanitation Faculty, Ambathurai for water testing. Jaipoor for water testing kit.

9) IDEAL WELL

OBJECTIVES

PRIMARY

i) To safe guard water source from pollution by making necessary precautionary measures.

ii) To make available clean potable water for other household use whole through the year.

iii) To build a platform and sidewall around the well and a drainage ending in a soak pit to avoid source contamination.

SECONDARY

i) To reduce the incidence of Water Borne/Water Wash Diseases.

ii) To establish a soak pit away from the well.

iii) To establish community garden with the use of sullage water from well.

TERTIARY

i) To establish civic sense and cleanliness while using a community well.

ii) To reduce incidence of morbidity and mortality due to water borne diseases among children.

iii) To enhance community participation in establishing and maintaining an ideal well.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Environment Promotion'.	ASSEFA, Madras.
2) ASSEFA Pamphlets/Booklets	ASSEFA. Madras.
3) Flash Cards. from C.M.C.,	Communication Cell, Christian Medical College, Vellore.
4) Literature on water and sanitation.	Sanitation Faculty, Ambathurai.

1.10) BACKYARD HORTICULTURE

OBJECTIVES:

PRIMARY

i) To increase the accessibility to nutritious food.

ii) To utilise the space around the household in a constructive way, to grow 'Food, Fodder giving plants and trees'.

iii) To reduce prevalence of malnutrition, especially micro-nutrient deficiency among women and children.

SECONDARY

i) To put to good use the sullage water from the household.

ii) To prevent sources of vector (houseflies, mosquito) breeding around the household.

iii) To make fresh yellow and dark green leafy vegetables readily available.

TERTIARY

i) To economise, the household expenditure on food and other essentials.

ii) To save the time spent by women in the search food and other essentials for household.

iii) To create awareness on economical use of water available at the household.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Environment Promotion'.	ASSEFA, Madras. LIVIA, Madras.
2) Booklets by "Kalvi Gopalakrishnan"	Abirami/Pragathi Publications, LIVIA, Madras.
3) Booklets by "State Non-formal Educational Centre".	13, 3rd Cross Street, Nanthanam, Madras - 600 035.
4) "Maram Vazharpom" by Cre-A	Cre-A Publications, Madras.
5) Booklets, literature from TINIP/ICDS.	TINIP, ICDS, Regional Centres.
6) State Nursery/Social Forestry Schemes.	Regional Block level forestry promotional centres.

2) CONSCIENTISATION

(Health Education) *

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* CONSCIENTISING THE COMMUNITY SHALL BE THE MAINSTAY OF ASSEFA'S 'COMMUNITY HEALTH PROGRAMME' AND SHALL BE CARRIED OUT AS A 'CONTINUING MOVEMENT OF COMMUNITY HEALTH EDUCATION'. THIS SHALL FORM THE FOCUS OF INTERSECTORAL COORDINATION BETWEEN EDUCATION AND HEALTH SECTORS OF ASSEFA.

CONSCIENTISATION

(HEALTH EDUCATION)

PARTICIPANTS (Target Group)	MEDIA (Methods)	MESSAGE (Syllabus)
	VISUAL ARTS	
Mothers	Flash Card	Mother Care
Children	Flannal Graph	Child Care
Women's Forum	Games	Geriatric Care
Night School	Fixographs	Women Health
Sarva Seva School Children	PERFORMING ARTS	School Health
Govt. SChool	Traditional	Environment Promotion
Village Health Committee	Skits	
Grama Sabha	Role Play	Household Energy
Village Assembly	Drama	Sanitation Barrier
Dais	Puppet Show	Nutrition and Diet
Animators/VHV	"Villupattu"	Primary Prevention
Health Worker	"Therukkoothu"	Secondary Prevention
		Tertiary Prevention
	Non-Traditional	Communicable Diseases
	Slide Show	Prevention of Blindness
	Vedio Show	
	Cinema	Deficiency

CONSCIENTISATION

C O N T E N T S

2.1 HEALTH EDUCATION AMONG WOMEN

TARGET GROUP	MESSAGE	LITERATURE
Women's Forum	Physiology of Mensturation	ASSEFA Manual on 'Maternal Care'.
Pregnant and Lactating Mothers,	Physiology of Conception	
	Physiology of Parturition.	ASSEFA Booklets/Phamphlets.
Adolescent Girls,	Scince of Spacing,	Pages 99 to 365 (Chapter 19,20) from Where There is No Doctor.
Village Health Committee Members.	Contraception.	
	Antenatal Care	Booklets By Kalvi Gopalakrishan - Abirami Publications.
	Perinatal Care	
	Postnatal Care	Books By 'Medical Team' New Centuary Book House.
	Infant Feeding	
	Breast Feeding	Mid-wifery booklet in Tamil.
	Diarrheoa in Children	
	Respiratory illness in Children	
	Immunisation	
	Oral rehydration	
	Supplimentary Feeding	
	Growth Monitoring and promotion	
	Six Killer diseases	
	Women's diseases	
	Smokeless Chula	
	Backyard Horticulture.	
	Household Lavatory.	
	Composting	
	Soakpit	

2.2 HEALTH EDUCATION AMONG CHILDREN

TARGET GROUP	MESSAGE	LITERATURE
Night School Children	Personal Cleanliness	ASSEFA Manual on School Health Programme.
Sarva Seva School Children	Elementary Anatomy, Physiology	ASSEFA Pamphlets/Booklets.
Govt. School Children	Nutrition and Diet	
	Most Common Diseases among School Children.	Pages 122 to 129 on "School Health" in 'Childhood diseases and child welfare' by Dr. Chandra
	Six Killer diseases	
	School Garden	Pages 357 to 387 in 'Where there is No Doctor'. (Tamil Version)
	Waste Disposal	
	Potable Water	Booklets by "Kalvi Gopalakrishnan" -Abirami Publications.
	Food Hygiene	
	Balanced Food.	
	Environmental Health.	"Kutty Doctor" Posters - Emma Publications.
	Lavatory/Urinal	Literatures by TINIP.
		"Bethiyin Sethi" - Tamil version of Dialogue on Diarrhoea' - by RHUSA, Vellore.
		"Nall Vazhi", P.B. 35 Pune 411 001.

2.3 HEALTH EDUCATION AMONG VILLAGE COMMUNITY

TARGET GROUP	MESSAGE	LITERATURE
Village Community,	Village Sanitation	ASSEFA Pamphlets/Booklets
Village Health Committee,	Composte Making	ASSEFA Manual on "Environment Promotion, Curative Programme".
Grama Sabha,	Bio Gas	Booklets by "Kalvi Gopala-krishnan"
Youth Club	Lavatory	
	Soak Pit	Booklets by 'Medical Team'. - New Centuary Book House.
	Sanitation Barrier	Relevant Pages in the Book Where there is no Doctor.
	Ideal Well	Bulletin "Nam Nalampera" By Emma.
	Hand Pump Maintenance	Literature from TINIP/DANIDA.
	Community Garden	
	Water borne diseases	
	Air borne diseases	
	Vector borne Disease	
	Communicable disease	
	Viz., Leprosy,	
	Tuberculosis, Sexually	
	Transmitted Diseases.	

2.4 HEALTH EDUCATION AMONG HEALTH VOLUNTEERS

TARGET GROUP	MESSAGE (Training Content)	LITERATURE
Dai	Environment Promotion	ASSEFA Pamphlet/Booklets
Animator	Village Sanitation.	ASSEFA Village level Programme Manuals.
Village Health Guide/ Village Health Volunteer.	Portection of drinking water source.	ASSEFA Question Bank for VHG/MPHW training.
	Germ concept of diseases.	"Childhood Diseases and Child Care" by Dr. Chandra by New Centuary Book House
	Control of Communicable Diseases	Communicable Diseases by Dr. Natarajan by Abirami Publications.
	Maintenance of Medical Kit.	Relevant Pages in the Book Where there is no Doctor. (in Tamil) by Cre-A Publications.
	Referal Aspects	Mid Wifery Notes (in Tamil) by Corner Stone Printers, Bangalore.
	Maternal Care	Maruthuva Thathiar Kaiyedu by DANIDA
	Child Care	TINIP/ICDS For Health Education Resource Materials
	Prevention of Blindness	DAI's Training through PHC/D.H.Q. hospitals.
	Vit.A, Deworming prophylasis	
	Health Communication Methods/Media and syllabus.	

3) PREVENTIONAL PROGRAMMES

* ASSEFA FOLLOWS TRI-PRONGED PREVENTIONAL STRATEGY TO TAKE CURATIVE CARE TO PEOPLE'S DOOR STEP. ALL PRIMARY PREVENTIONAL PROGRAMMES ARE CARRIED OUT WITH ACTIVE INVOLVEMENT OF VILLAGE HEALTH COMMITTEE AND PEOPLE'S PARTICIPATION. ALL THE SECONDARY, TERTIARY PREVENTIONAL PROGRAMMES ARE CARRIED OUT WITH THE HELP OF OTHER N.G.O. AND GOVT. HEALTH CARE AND REHABILITATIVE UNITS FUNCTIONING IN RESPECTIVE AREAS.

PREVENTIONAL PROGRAMMES

AN OUT-LINE

PRIMARY PREVENTION	SECONDARY PREVENTION OF	TERTIARY PREVENTION
Maternal Care	Tuberculosis	Rehabilitation of Blind, Deaf and Dumb
Infant Care	Leprosy	
Underfive Care	Sexually Transmitted Diseases	Mentally Handicapped
Growth Promotion		
School Health	Other Endemic diseases	Physically Handicapped.
Women Health	Endo, Ecto para.itosis	
Geriatric Care	Micro Nutrient Deficiency Viz., Vitamin-A Deficiency Anaemia, Angular Stomatitis	
Opthalmic Care		
Mental Health	Mental Illness	

PREVENTIONAL PROGRAMMES

C O N T E N T S

3.1) MATERNAL CARE PROGRAMME:

3.1.1) COMPREHENSIVE MATERNAL CARE PROGRAMME IS INTRODUCED THROUGH A PRE-DESIGNED CARD / village manual to meet the needs of pregnant and lactating mothers.

3.1.2) At this stage it is important that THE FEMALE HEALTH WORKERS ARE TRAINED BOTH AT THE PROJECT OFFICE (theoretical aspects) AND IN THE FIELD (practical aspects) BY HEALTH PROFESSIONAL (consulting physician) to effectively carry out all the components of the programme.

3.1.3) THE OBJECTIVES OF THE PROGRAMME IS

i) TO REDUCE THE MATERNAL AND PERINATAL MORTALITY.
ii) TO REDUCE MATERNAL AND CHILD MALNUTRITION.
iii) TO REDUCE MATERNAL AND CHILDHOOD ANAEMIA.

(20)

iv) TO REDUCE THE NUMBER OF CHILDREN BORN BELOW 2.5 KG. BIRTH WEIGHT
v) TO UPDATE MOTHER'S KNOWLEDGE and modify/reinforce her attitude and practice towards breast feeding/infant feeding, birth planning and Family Welfare.

3.1.4) MOTHERS AT VILLAGE LEVEL MUST BE MADE TO ACCEPT IT As THEIR PROGRAMME, designed to improve the health status of their progeny. Besides, THE COST EFFECTIVENESS OF THE APPROACH MUST BE EXPLAINED TO THEM.

3.1.5) MOTHERS ARE ASKED TO CONTRIBUTE RS.5/- at the time of registration, (MATERNAL CARE INSURANCE SCHEME) and thereafter Rs.1/- every month towards the services that they receive. The amount thus collected goes to the Village Health Committee Fund, which could be utlised at times of health emergency as interest free loans.

3.1.6) WOMEN CO-OPERATIVES COULD BE FORMED TO PREPARE LOW COST NUTRITIONAL MIX to be supplied to undernourished mother and children. This might serve as an interlink (INTER SECTORAL COORDINATION) between women development (IGP) programmes and nutrition promotion in the community.

3.1.7) MEANWHILE THE HEALTH PROFESSIONAL, with the assitance of Health Programme Organisor shall DEVELOPE "GOAL SPECIFIC INDICATORS" on maternal mortality, Perinatal mortality, Incidence of Low Birth Weight, Maternal Anaemia etc. which is collated and processed. 'INTELLIGENCE'THUS DEVELOPED IS NOT ONLY SHARED WITH THE HEALTH TEAM BUT ALSO WITH THE MOTHERS in a way comprehensible to them.

3.1.8) For universal immunsiation of all Pregnant Mothers, the assistance and resource of Government Health Care Services may be taken.

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20) At present about 20 to 30% children born weigh below 2.5 Kg.

SOURCE OF LITERATURE:	C O N T A C T
1) ASSEFA programme manual on 'Maternal Health'.	ASSEFA, 279 Avvai Shanmugam Road, Royapettah Madras 600 014. LIVIA, 83, Sapthagiri Apartments, T.T.K. Road, Madras - 600 018.
2) "Udar Koorum Udar Kooru iyalum" Anatomy and Physiology - Mid-wifery Notes	Corner Stone Printers, Venkateshpuram, Nagawara Main Road, Arabic College Post Bangalore 560 045. Tel. 566938.
3) "Maruthuva Thathiyar Kaiyedu" Practical Guide-cum-Manual for DAIs. - DANIDA	Danida Health Care Project, Kuralagam, Madras - 600 108.
4) Chapters 19 and 20 (Pages 299 to 356) of the book Where There is No Doctor.("Doctor Illatha Idathil)".	Cre-A, Publications, 268 Royapettah High Road, Madras - 600 014.
5) "Karpinigal Gavanathirku" (For The Attention of Pregnant Mothers.) - prepared by Emma for DANIDA	Emma, 32 Collge Road, Nungambakkam, Madras - 600 006.

3.2) GROWTH MONITORING AND PROMOTIONAL PROGRAMME:*

3.2.1) THIS IS AN IMPORTANT COMPONENT OF CHILD SURVIVAL STRATEGY, which could be used as an entry point for health care programme, AROUND WHICH WHOLE PACKAGE OF PRIMARY HEALTH CARE ACTIVITIES COULD REVOLVE.

3.2.2) The single, most important aspect of this programme is that IT NECESSIATES MEETING OF THE MOTHER AND CHILD EVERY MONTH REGULARLY WITH THE HEALTH WORKER, THERE BY A CONTINUOUS PROCESS OF INFORMATION SHARING IS INITIATED.

3.2.3) THE HEALTH PROFESSIONALS, MUST UNDERSTAND THE IMPORTANCE, IMPLICATIONS, LIMITATIONS AND DRAWBACKS OF THIS PROGRAMME, before proceeding to train the health workers. (Refer Indian Journal of Paediatrics Jan. - Feb. 1988 supplement)

3.2.4) THE HEALTH WORKERS MUST BE PERIODICALLY TRAINED depending upon the feed back from the field and the perception of the mothers concerned.

3.2.5) THE SUCCESS OF THE PROGRAMME LIES IN THE PARTICIPATION OF WOMEN IN THE WHOLE PROCESS, and in the end they themselves carry out the programme with the help of village Health Guide, when the female health worker could phase out from the area to extend her services to contiguous areas.

3.2.6) THE MOST COMMON PITFALLS TO BE AVQIDED IN GM/P. ARE (21)

i) Mother viewing 'ROAD TO HEALTH CARD' AS A KIND OF RATION CARD to get nutritive mix.

ii) WRONG FOCUS OF AGE ie., Focus on the child after 2 years.

iii) GIVING IMPORTANCE TO NUTRITIONAL STATUS and not on the direction of "growth curve". (ie., weight gain)

iv) NEGLECTING THE HEALTH EDUCATIONAL COMPONENT.

v) NEGLECT OF REFERAL ASPECT.

3.2.7) For Universal Primary Immunisation of all infants, the resources of Government Health Care Services must be tapped.

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21) Reference :Symposium: Growth Monitoring and Promotion: An International perspective, INDIAN JOURNAL OF PEDIATRICS, Jan-Feb 1988, Suppliment Vol.55. No.1.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on "Growth Monitoring and Promotion".	ASSEFA, LIVIA
2) "Sugathara Adipadail Valarchiai Kankanithal" (Health and Growth Promotion) Bulletin by RHUSA.	Dr. Rajarathinam Abel, Head of RHUSA Dept., Christian Medical College & Hospital, RUHSA Campus P.O. - 632 209,N.A. Dt.
3) "Kulzhandai Paruva Noigalum, Kulzhandai Nala Pathukappum" (Childhood diseases and Child Welfare by Dr. Chandra.)	New Centuary Book House, 136, Anna Salai, Madras 600 002.
4) "The book Doctor Illatha Idathil" (Where There is No Doctor) Chapter 21 (Pages 357 to 371)	Cre-A, Publications, Madras.
5) Booklets/Literatures by ICDS/TINIP.	TINIP,570 Anna Salai, Madras-2.

3.3 SCHOOL HEALTH PROGRAMME *

OBJECTIVES

PRIMARY

i) To enhance learning capacity of a child.

ii) To provide conducive, hospitable learning environment to the child.

iii) To form 'School Health Committee', who shall carry out the School Health Programme (CHILD to CHILD Programme).

SECONDARY

i) To reduce the morbidity among school children.

ii) To enhance the nutritional status of School Children.

iii) To conscientise School Children on personal hygiene, environment promotion.

TERTIARY

i) To create a model environment in the school itself with pupil participation.

ii) To establish methods of 'Safe Disposal of Waste' in the school premises.

iii) To establish a referal care system for those problems that are not managable at school.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on 'School Health'	ASSEFA, LIVIA
2) ASSEFA Booklets /Pamphlets.	ASSEFA, Sarva Seva Achagam.
3) "Palli Chirar Nalam" - Pages: 122-128 of the book "Childhood diseases and Child Welfare" by Dr. Chandra.	New Centuary Book House, Madras
4) Literatures by TNVHA.	TNVHA, 31 Mandapam Road, Kilpauk Garden, Madras - 600 010.

* Refer Section III (Annexure 1) of Field Office Manual.

3.4 WOMEN HEALTH

OBJECTIVES

PRIMARY

i) To conscientise women on their own body in illness and health.

ii) To give information and knowledge on physiological events like mensturation, conception, parturition etc.,

iii) To address the health needs of women collectively through women's forum.

SECONDARY

i) To assess the 'Felt need of Women' with regard to women health and diseases.

ii) To train village level workers to identify and treat women health problems.

iii) To identify and refer for those problems that are not managable at village itself.

TERTIARY

i) To create awareness on and early identificatin of Cancer of Breast, Cervix and uterus.

ii) To creat awareness on and treatment of anaemia among women.

iii) To increase accessibility to nutritious food at home.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on "Curative Programme'	ASSEFA, LIVIA
2) ASSEFA Pamphlets and Booklets.	ASSEFA, Sarva Seva Achagam.
3) Pages 291 to 296, 343 to 356 of the book "Doctor Illatha Idathil". (Where there is no Doctor).	Crea-A Publications.
4) Booklet on 'Women Health' by Dr. Venkatasamy et al.	New Centuray Book House, Madras.

3.5 GERIATRIC CARE:

OBJECTIVES

1) Prevention of Blindness amond elders.

2) Prevention of Communicable Diseases among elders.

3) Prevention of deficiency disorders among elders.

4) Promotion of Mental Health among elders.

5) Early detection and management of Organic Brain Syndrome.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on "Curative Programme"	ASSEFA, LIVIA
2) "Mana Noiyum Indraiya Maruthuvamum" (Mental Health) By Dr. O. Somasundaram.	New Centurary Book House, Madras.
3) Aravind Eye Hospital Materials.	Aravind Eye Hospital, Madurai.
4) Relevant pages in the book "Where there is no Doctor" (in Tamil).	Cre-A Publication, Madras.

3.6 PREVENTION OF BLINDNESS

3.6.1) AMONG CHILDREN

OBJECTIVES:

PRIMARY:

1) To prevent blindness among children due to Xeropthalmia (Vit.A Deficiency)

2) Early identification and treatment of Xeropthalmia.

3) Prophylactic administration of Vit.A (2 Lak. Units) to all children between 12 to 60 months twice yearly.

SECONDARY:

1) To deworm all children in the age group of 12 to 60 months, twice yearly.

2) To immunise all children between 9/12 to 1 year with measles vaccine.

3) To educate mothers on the importance of feeding colustrum.

TERTIARY:

1) To increase Vit.A intake in the community.

2) To promote 'Backyard Horticulture'.

3) To promote pisciculture.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on 'Growth Monitoring and Promotion'.	ASSEFA, LIVIA
2) ASSEFA Booklets /Pamphlets.	ASSEFA, Sarva Seva Achagam.
3) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications. 307 Linki Chetty Street, Madras-1.
4) Relevant pages in "Where there is No Doctor "Doctor Illatha Idathil"	Cre-A, Publications, Madras.
5) "Palli Chirar Nallam" Pages: 122-128 of the book "Childhood diseases and Child Welfare" by Dr. Chandra.	New Centuary Book House, Madras.
6) TINIP/ICDS Literatures.	TINIP, Madras.

3.6.2) PREVENTION OF BLINDNESS AMONG ELDERS

OBJECTIVES

i) To prevent blindness due to cataract.

ii) To identify early cataract.

iii) To offer timely surgery

iv) To provide corrective glasses.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manual on 'Curative Programme'	ASSEFA & LIVIA
2) ASSEFA Booklets /Pamphlets / Publications.	ASSEFA /Sarva Seva Achagam.
3) Aravind Eye Hospital Literature.	Aravind Eye Hospital 1, Anna Nagar, Madurai - 625 020.
4) Relevant Pages in the book "Where there is No Doctor" (Doctor Illatha Idathil).	Cre-A, Publications, Madras.

TO CONTACT DISTRICT LEVEL GOVERNMENT OPTHALMIC SURGEON, BLOCK DEVELOPMENT OFFICES AND OTHER VOLUNTARY EYE HOSPITALS (EG. ARAVIND EYE HOSPITAL, MADURAI, ST. JOSEPH'S HOSPITAL, TRICHI) WHO HAVE SET ANNUAL TARGETS FOR CATARACT SURGERY.

3.7) COMMUNICABLE DISEASE CONTROL

OBJECTIVES

PRIMARY:

i) To reduce morbidity, mortality due to communicable diseases. Viz., T.B., Leprosy and 'Sexually Transmitted Diseases'.

ii) Early identification and treatment.

iii) Referal of all suspected cases to District level Govt. Head Quarters Hospital / Medical College Hospitals.

SECONDARY:

i) To educate the community on prevention of communicable diseases.

ii) To attempt at behaviour medication viz., not spitting in public, using condom, stop smoking etc.,

iii) To make people realise the importance of appropriate treatment in adequate dosage for required number of days.

TERTIARY:

i) To emphasise the importance of Water Sanitation and Sanitary disposal of waste in control of communicable diseases.

ii) To make people understand the relationship between vector borne diseases and village sanitation.

iii) To consientise people on the importance of 'Sanitation barrier', (eg. the role of lavatory) in preventing 70% of communicable diseases.

SOURCE OF LITERATURE	C O N T A C T
1) 'Thottru Noigal' by Dr. K. Natarajan.	Abirami Publications, Madras.
2) Series of books on Health by Dr. Venkatasamy et al	New Centuary Book House, Madras.
3) Booklets by "Kalvi Gopala Krishnana"	Abirami Publications, Madras.
4) Health Educational Materials by communication cell.	C.M.C. Vellore.
5) Health educational Materials.	Sanitation Faculty, Gandhigram.

3.8 PARASITE CONTROL

OBJECTIVES

PRIMARY

i) To reduce morbidity due to ectoparasitic diseases like Scabies, Pediculosis and Fungal Infection.

ii) To reduce morbidity due to endo parasitic illness like Malaria, Filaria, intestinal worms, etc.,

iii) To curtail vector-breeding (eg. Flies, Mosquito) which spread diseases.

SECONDARY

i) To reduce mandays lost due to endoparasitic illnesses.

ii) To reduce incidence of Malnutrition due to intestinal parasitosis.

iii) To establish prophylactic programmes to curtail the incidence of endo, ecto parasitosis. eg., Chloroquin Prophylaxis, Prophylactic deworming.

TERTIARY

i) To promote sanitory disposal of solid wastes to avert breeding sites.

ii) Proper disposal of sullage water to avert breeing sites.

iii) To conscientise people on the role of 'environmental sanitation' in parasite control.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Manuals on "Environment Promotion' and "Curative Programme"	ASSEFA, LIVIA.
2) Booklets by "Kalvi Gopalakrishnan"	Abirami Publications, Madras.
3) Relevant pages from the book "Where there is No Doctor" (Doctor Illatha Idathil)	Cre-A Publications, Madras.
4) Books/Booklets by Dr.Venkatasamy et al.	New Centuary Book House, Madras.
5) Health Educational Materials from	C.M.C., Vellore, Sanitation Faculty, Gandhigramam.

3.9 MENTAL HEALTH

OBJECTIVES

PRIMARY

i) Early identification, referal and treatment of psychological problems.

ii) To dispel the myths on mental illnesses.

iii) To curtail overt dependance on magico-religious treatment for mental illness.

SECONDARY

i) To conscientise people on the ill effects of alcohol and other dependance forming drugs.

ii) To dispel the stigma attached to mental illness.

iii) To rehabilitate mentally ill.

TERTIARY

i) To inform people on primary prevention of mental retardation.

ii) To inform people on primary prevention of other psychiatric disorders.

iii) To conscientise people on primary prevention of 'drug dependance'.

iv) To identify early and treat Epilepsy.

SOURCE OF LITERATURE	C O N T A C T
1) ASSEFA Progamme Manual on "Curative Programme'	ASSEFA, LIVIA
2) ASSEFA Pamphlets/Booklets.	ASSEFA/Sarva Seva Achagam.
3) "Mana Noiyum Indraiya Maruthuvamum" (Mental Health)	New Centurary Book House, Madras.

SECTION III
ANNEXURE

C O N T E N T S

ANNEXURE 1

SCHOOL HEALTH PROGRAMME *

* SCHOOL HEALTH PROGRAMME', AS OUTLINED HERE, HAS EVOLVED OUT OF 3 YEARS OF EXPERIENCE OF EXCLUSIVELY EXPERIMENTING IN SCHOOL BASED COMMUNITY HEALTH IN 28 SARVA SEVA SCHOOLS IN MADURANTHAGAM.

1) IMPORTANCE

1.1) ACCESSIBILITY:

THE CHILDREN ARE AVAILABLE DURING THE DAY , for substantial number of days (minimum of 200 to 250 days) in an year, and HENCE THE HEALTH WORKER CAN SAVE THEIR VALUABLE TIME, AND RENDER HEALTH CARE BETTER (TIME EFFECTIVE)

1.2) CATCHMENT POPULATION:

As one segment 3Ge population, of SAME AGE GROUP (Pre School - 3 to 5 and Primary School 6 to 10 years) WITH SIMILAR HEALTH PROBLEMS ARE AVAILABLE AT ONE PLACE, the task of health worker is simplified and children get benefitted most.

1.3) AS A PREVENTIONAL STRATEGY:

Many serious DISABILITIES OF CHILDHOOD COULD BE PREVENTED when a Comprehensive School Health Programme is implemented, as it encompases all levels of prevention. (PRIMARY, SECONDARY, TERTIARY).

1.4) ENHANCEMENT OF LEARNING ABILITY:

THE CHILDREN WHEN FREE OF DISEASE, AND WHEN THEIR NUTRITIONAL STATUS IS IMPROVED HAS BETTER ABILITIES TO GRASP AND IMBIBE KNOWLEDGE, for the functional efficiency of brain neuronal cells which forms the basis for learning, is directly proportional to the nutritional status.

1.5) BEHAVIOUR MODIFICATION PROCESS:

AS THE HEALTH KNOWLEDGE GIVEN TO THE STUDENTS AT YOUNGER AGE, IS GOING TO BE THE BASIS FOR THEIR ATTITUDE AND BEHAVIOUR TOWARDS THEIR OWN BODY AND HEALTH as adults, the teacher and health worker must formulate a strategy of health education in schools.

1.6) AS A BONDING PHENOMENA BETWEEN STUDENT / TEACHER ./ PARENT

When THE A TEACHER, in cooperation with health worker, PLAYS THE ROLE OF 'HEALER', A RAPPORT IS BUILT between the child, parent, and the community.

1.7) PLAY / RECREATION / HEALTH

The school health programme shall also plan for ENHANCEMENT OF MOTOR SKILLS / AND ABILITY, by recommending / adapting appropriate play for respective age groups.

1.8) LEARNER DESERVES, TEACHER DUTY BOUND.

THE LEARNER DESERVES A HEALTHY ENVIRONMENT, to maximise their learning and THE TEACHER / EDUCATOR IS DUTY BOUND TO GIVE BETTER HEALTH to each and every child, - for without optimum health, the efforts of the teacher at educating the child might become tougher due to sub-average intelligence and resultant poor/low ability to grasp.

2) COMPONENTS

The following may form part and parcel of school health programme in ASSEFA Schools:

I) NUTRITION BETTERMENT.

II) CONTROL OF PARASITIC DISEASES

III) CARE OF SPECIAL SENSE ORGANS.

IV) EDUCATION ON FUNDAMENTALS OF HEALTH.

V) HYGIENIC SCHOOL ENVIRONMENT

VI) NUTRITIVE GARDENING AROUND SCHOOL.

VII) PERSONAL CLEANLINESS - CHILD TO CHILD PROGRAMME.

VIII) SAFE DISPOSAL OF HUMAN WASTE.

IX) LEARNING THROUGH PLAY AND PRAXIS.

X) PERIODIC CURATIVE AND REFFERAL SERVICES FOR COMMON AILMENTS.

While the above may take care of physical health, prayer, meditation nd yogasanas shall be promoted to enhance mentalhealth. PLAY and praxis towards the afternoon not only BREAKS THE MONOTONY OF VERBAL LEARNING but also encourages children towards promoting inter-personal -communication, group activity, learning skills, and infuse leadership qualities.

3) FUNCTIONS OF SCHOOL HEALTH TEAM/COMMITTEE

PRIMARY LEVEL

TEACHERS	PARENTS	CHILDREN	ANIMATORS (Health/Education)
i) Education on health and personal Hygiene.	i) Educational measures amidst members of mathar mandram.	i) Personal cleanliness - Child to Child Programme.	i) Dissemination of education on health in the community.
ii) Observe health day every week	ii) Follow up of medication at home	ii) One afternoon in turn for occupational skills participation.	ii) Integration of night school and regular school
iii) Environmental sanitation around school	iii) Assistance in nutritive gardening around school.	iii) Maintenance of Lavatory, garden in turns.	iii) Follow up of medication
iv) Follow up of medication and maintenance of individual health record.	iv) Cooperate in activities like, immunisation, periodic deworming and vit. A administration.	iv) Mutually inspecting for minor ailments, child to child. programme.	iv) Notification of minor ailments to health workers.
v) Inspection of children for minor ailments - weekly and notification	v) Following up referal Programme.	v) Nail clipping on weekly health period.	v) Assisting in the referal programme.

FUNCTIONS OF SCHOOL HEALTH TEAM/COMMITTEE

SECONDARY LEVEL

HEALTH WORKER	COMMUNITY WORKER
i) Monthly/Fortnightly School visit	i) Assist in maintenance of environmental sanitation at school.
ii) Identification and treatment of minor ailments.	ii) Active participaton in nutritive gardening at school.
iii) Maintenance of school medical kit.	iii) Assist in the development of vocational skills at school level.
iv) Maintenance of individual health record at each school.	iv) Notification of health problems among school children to the health worker.
v) Periodic prophylactic deworming and vit.A administration, Iron, Calcium, Riboflavin adminisstration.	
vi) Conduct immunisation camp physical checkup with assistance of local PHC.	
vii) Education on Nutrition, Common parasitic diseases, communicable diseases, care of special organs, and personal cleanliness, Environment Hygiene.	
viii) Promotion of environment in the school campus.	

FUNCTIONS OF SCHOOL HEALTH TEAM / COMMITTEE

TERTIARY LEVEL:

PROGRAMME ASSOCIATES

HEALTH	EDUCATION	COMMUNITY DEVELOPMENT
i) Monitoring evaluation of health worker's visit to school	i) Evolve a syllabi on health for different age group.	i) Offering guidliness to maintain school garden.
ii) Monitoring the health records of individual child, drug inventory.	ii) Integrate, mathar mandram and village health committee, in providing education on health to the community.	ii) Monitoring environmental hygiene at school level.
iii) Reporting, cluster level to the project Incharge.	iii) Integraton of night school with regular school.	iii) Integration of gramsabha village health committe in SHP.
iv) Enlisting active collaboration with primary health centre towards universal immunisation of all school children.	iv) Use of drama, puppetry, video, slide shows towards imparting health education.	iv) Active integration of parents association with SHP.
v) Establish a referral system with locally available specialists.		

The PROJECT INCHARGE shall guide, administer and evaluate at all levels in the above mentioned functions. Some of his prime tasks shall be:

i) Overall manitoring, evaluating and planning.

ii) Modifying, adopting newer techniques to the demands of the unique needs of the project based upon feed back.

iii) Link up with head office towards streamlining the school health programme.

iv) Organising twice yearly physical check up for each child by physician.

4) SCHOOL HEALTH PROGRAMME - AN ACTION PLAN

Sl.No.	Activities	Personale Responsible	Time Frame	Resource Materials
I.	PROVISION OF INFRA-STRUCTURE			
	1. NUTRITIVE GARDENING			
	Objective: To enhance the skills of the child, in gardening and to emphasis the role of school gardening in improving nutritional status.	Children, Village Health guide, Community Worker, Animator, Teacher.	Each child may get chance twice a week in the afternoon to learn gardening.	Bucket, Spade, Manure, Seedlings, Seeds etc.
	2. ENVIRONMENTAL SANITATION			
	Objective: To make the child realise the importance of clean surrounding in promoting health.	Children, Community Worker, Village Health guide, MPHWs., Teacher.	Each child gets a chance to clean the lavatory, sweep the surroundings twice a week.	Brooms, disinfectant, water source etc.,
	3. POTABLE WATER			
	Objective: To provide perennial water source to the school, preferably a well with overhead tank and one pipe outlet per 25 to 30 children.	Community Worker, Grama Sabha Members, Teachers, Student leaders, Programme Associates (Edn.)	Earliest possible time	good ground water level, Tank with pipe outlets, pumpset etc.

4) SCHOOL HEALTH PROGRAMME - AN ACTION PLAN (Cont...)

Sl.No.	Activities	Personale Responsible	Time Frame	Resource Materials
	4. PLAY GROUND			
	Objective: To provide opportunity for students to mingle and indulge in group activity like play, to enhance learning by praxis, improve physical capabilities, to promote commeraderie.	Students, Teachers, Physical education Instructor, Programme Associate (Education)	Each child gets chance to indulge in play activity or vocational skills on alternative days.	Play materials, Maize, Open place around school.
	5. SCHOOL STRUCTURE			
	To provide a place for learning scientifically designed, keeping in mind the floor space per child, ventilation, lighting etc.,	Members of Grama Sabha, Programme Associate(Edn.) Project Incharge, Engineer.	Within 1-2 years of establishing a school with a strength not less than 30.	Labour Contribution by people, school site donated by people, part of other materials for construction by contribution.

SCHOOL HEALTH PROGRAMME - AN ACTION PLAN

Sl.No.	Activities	Personale Responsible	Time Frame	Resource Materials
II.	HEALTH EDUCATION			
	OBJECTIVES:			
	1. To promote educaton on health by formal methods.	Teacher	1-2 Class/week	Charts, flip charts, flannel card.
	2. To evolve syllabus on commonly occuring illness, personal hygiene, care of special organs, nutrition, mode of spread of disease.	MPHW	2 Classes/month	Slide show and other audio visual equipments.
	3. Child to child, Child to family methods adopted to disseminate education on health in the community.	Child to child mutual inspection for personal hygiene. Members of Mathar Mandram or parents association. Village health guide, village cultural troupes.	On weekly health day. Monthly Meet Once in a month.	Materials for puppetry, drama, skits etc.

73) Name the diseases caused by following organism ?

- Salmonella
- E.Coli
- Bordetella pertussis
- Trepanema Pallidum

74) How long to give breast feeds

75) Colostrum

76) Factors of 'Highrisk Pregnancy'

77) Slogan of 'Child Care'.

78) Types of Ulcer

79) 30 years old male with fever for 3days, What will you do ?

80) Methods of spacing.

81) Classification of Xeropthalmia

82) Urine Examination

83) Shali's Haemoglobinometer

84) Foetoscope.

51) What is the measure of your normal 'foot step' ?

52) How would you frame question in Tamil to collect data on immunization ?

53) How will you frame the question in Tamil to collect data on income and social status ?

54) Role of Latrines in 'Community Health'

55) Composting is better than tipping and heaping. Explain.

56) When to Breast Feed, Why ?

57) Colostrum.

58) What will you ask the mother to ascertain whether the child is MR. ?
59) Treatment for Epilepsy ?

60) Treatment for Arthritis in old age ?

61) Anaemia in pregnancy.

62) Explain vicious cycle of malnutrition - diarrhoea poverty/ignorance.

63) ORS

64) What are the methods of purification of water.

65) 'Coliform test'

66) An immunization schedule should be restarted when the interval is more than

- 1 Year
- 6 Months
- 2 Months
- 8 to 10 weeks

67) Bitots spot alone is classified as

68) Phrynoderma

69) 'Rickets' occurs in:

- Vit.A deficiency
- Vit.D deficiency
- Diarrhoea
- Iron Deficiency

70) Vit.C containing foods

71) ASOM

72) Treatment for Scabies

25) "Alcoholism is a factor of morbidity in the family" - Discuss.

26) What are the problems of elderly you can think of ?

27) Why should we take up the probem of elders as a priority next to the paediatric age group ?

28) What are "routes of entry", give examples ?

29) How would you approach a person with fever ?

30) A person with loose stools - what are the poosibilities you think of ?

31) Advice a mother with an infant having diarrhoea

32) How would you motivate a person with cataract ?

33) Advantages of breast feeding to bottle feeding ?

34) Name organisms causing dysentry ?

35) Prevention of 'Brain Fever'

36) Short notes on 'Communicable Diseases'.

37) How will you calculate infant mortality of a population. Mention its importance ?

38) Term delivery

39) Amenorrhoea

40) MTP

41) Stages of Labour

42) Viability

43) Role of DAI

44) Write few lines on infant mortality rate ?

45) When do you start breat feeding - Why ?

46) When do you start on "Semi-solids" - Why ?

47) What are 'factors of high risk pregnancy ?

48) In present area of allocation, what are the activities so far you have taken up ?

49) Explain how will you proceeed to ask for IMR in Tamil ?

50) How would you enquire communicable disease in Tamil ?

QUESTIONS

1) Aim in life.

2) Purpose in present occupation.

3) Why choose to work as Health Worker ?

4) What are the important problems in Health you identify at present in the villages you have covered ?

5) Riboflavin containing foods ?

6) Bitots spots

7) Treatment of night blindness ?

8) What are the things you that occur to you on seeing a triangle ?

9) Worm infestation prophylaxis.

10) What is an ideal drinking water well ?

11) What is the importance of composting ?

12) In public health engineering why should we take into account the type of fuel used in the household ?

13) Imagine you are explaining the importance of immunization to a group of mothers, and write how would you proceed to :

14) Imagine you are explaining about the importance of safe disposal night soil (human waste) to a group of village youth and write how would you proceeed to:

15) What is the slogan/principle in reaching villages ?

16) How much time you took to complete the proforma/family ?

17) Mention any specific difficulties you came across in the collection of data family record.

18) Imagine you are visiting a village for the first time. How would you initiate the process of data collection for family record.

19) Define an "Eligible Couple" ?

20) What is Cataract ?

21) What is the rationale of taking into account Ventilator in the house in Publich Health Engineering ?

22) What is "Primary Immunization" ?

23) What are the causes of Anaemia ?

24) Why should we choose "Paediatric Population" as a priority in therapeutic measures ?

ANNEXURE 3

QUESTION BANK

(For Training And Evaluating Village Health Volunteers/Health Workers)*

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* THIS QUESTIONNAIRE EVOLVED OUT OF PRACTICAL EXPERIENCE, USED TO TRAIN, EDUCATE AND EVALUATE ANIMATORS AND HEALTH WORKERS OVER A PERIOD OF 18 TO 24 MONTHS, (THROUGH FORTNIGHTLY MEETS) IN UTHIRAMERUR.

V) REMUNERATION:

a) Any where between Rs.75 to Rs. 150 may be given DEPENDING ON WORK LOAD INDIVIDUAL PARTICIPATION / PROGRAMME THRUST unique to the project area concerned.

b) For all practical purpose the health/education animator (or VHG) shall be GUIDED BY, AND IS ACCOUNTABLE TO THE WOMEN'S FORUM AND GRAM SABHA.

c) The remuneration shall be ROUTED THROUGH 'WOMEN'S FORUM' OR VILLAGE HEALTH COMMITTEE INITIALLY. Later on when enough money accumulates in VILLAGE HEALTH COMMITTEE, then it shall meet the same.

d) In the long run, 'WHEN PHASING OUT PROCESS' BEGIN THE HEALTH/EDUCATION ANIMATOR SHALL FUNCTION INDEPENDENTLY OF THE PROJECT LEVEL TEAM (with the periodic guidance and training from the project level health team) accountable to the Women's Forum and Village Health Committee.

C) CONSCIENTISATION:

i) Shall create awareness among people and motivate for SAFE DISPOSAL OF NIGHT SOIL.

ii) Shall create awareness on advantages of COMPOSTE PIT, SOAKAGE PIT, and motivate people.

iii) Motivate people and promote SMOKELESS CHULA, KITCHEN GARDEN.

iv) Promote 'spacing births', to postpone next child birth untill the previous child goes to school.

v) Create awareness on IMPORTANCE OF GIVING COLUSTRUM, BREAST FEEDING, FEEDING SUPPLIMENTATION, IMMUNISATION, ORAL REHYDRATION THERAPY.

IV) LIASION WITH HEALTH WORKER (PROJECT LEVEL)

i) In all the above areas the health animator (Syn.:VHG) shall SEEK THE ACTIVE HELP OF PROJECT LEVEL HEALTH TEAM.

ii) If the part-time health worker had been a practising Dai' in the community (either trained or untrained) she shall also FUNCTION AS A DAI, OFFERING 'PERINATAL SERVICE'.

iii) If the part time worker is not taking up the job of a Dai, he/she shall DOUBLE UP AS EDUCATION ANIMATOR, working towards "UNIVERSAL LITERACY".

iv) The chief role of village Health guide shall be TO APPRAISE THE "FELT NEEDS" OF THE COMMUNITY to the project level health functionaries as well as inform people about all the components of ASSEFA's Health Programme.

v) TO INTIMATE PEOPLE DOOR TO DOOR, ORGANISE AND ASSEMBLE THEM AT ONE PLACE whenever there is a Health Camp/Village Health Committee Meet/Health Consultant visit etc.

xi) To maintain "ASSEFA HEALTH SERVICE REGISTERS",

Manual I : Environment Promotion

Manual II : Health Education in the community

Manual III : Curative Programme

Manual IV : Maternal Care Programme

Manual V : Growth Monitoring and Promotional Programme

Manual VI : School Health Programme (Wherever there is ASSEFA school)

xii) To maintain records pertaining to VILLAGE HEALTH COMMITTEE RESOLUTION AND FUND PARTICULARS.

B) DRUG DISTRIBUTION/KIT MAINTENANCE:

i) IRON, FOLIC ACID, Nutrition supplimentation to pregnant mothers, and VITAMIN-'A for lacatating mothers.

ii) Twice yearly DEWORMING (Tablet Mebendazole / Albendazole for children between 12 to 48 months).

iii) Twice yearly Vit.'A. administration (2 lak. International Units) to children between 12 to 48 months.

iv) ORAL REHYDRATION sachets for needy.

v) MAINTENANCE OF FIRST AID KIT / minimum needs drug kit.

Viz. T.Paracetamal, T.Vitamin-C, T.Sulphadiazine, T.Chlorpheniramine maleate.

FOR EXTERNAL APPLICATION:

Benzyle Benzoate, Whitefield Ointment, Furacin Ointment.

VILLAGE HEALTH GUIDE
(Syn. Health Animator)

I) SELECTION CRITERIA:

i) Candidate from the Village Community itself, the part-time worker intend to serve.

ii) Preferably 10th (S.S.L.C.) completed or atleast 8th standard.

iii) Female in the age group of 18 to 35.

iv) Preferably married with one or two children.

II) MAN HOURS / DAYS

i) Shall give 1 to 2 hours daily either in the morning/evening or both.

ii) 3 to 5 days in a week as the work demands.

iii) Other than the above, occasionally may have to help the concerned Health worker as the situation demands.

III) JOB SPECIFICATION:

A) RECORD KEEPTING

i) Maintenacne of BIRTH, DEATH REGISTER.

ii) Maintenance of ELEGIBLE COUPLE REGISTER.

iii) Registration of PAEDIATRIC POPULATION and notification of diseases to Full Time Project level health worker (FMPHW/MMPHW)

iv) Record of UNDERNOURISHED CHILDREN, degree wise, and the children elegible to get nutritive mix.

v) Registration of GERIATRIC POPULATION and notification of diseases to Male MPHW.

vi) Registration of PREGNANT MOTHERS and notification of High Risk Mothers to Female Multipurpose Health Worker (Project Level).

vii) Maintenace of NUTRITIVE FOOD MIX, STOCK REGISTER, and attendance register wherever the programme is functioning.

viii) To maintain DRUG STOCK REGISTER, supplied to her/him.

ix) To keep SEEDS/SEEDLINGS REGISTER, requirement and stock.

x) To MAINTAIN HANDPUMP (CGT CARD) which shall be updated by Male MPHW.

iv) To identify and treat micro nutrient deficiency diseases (viz. Anaemia, Vitamin-A deficiency) as well as prophylactically manage the same.

v) To train the Female Multipurpose Health Worker to offer Ante, Peri and Post natal care, conduct deliveries, identify High Risk Mothers and refer when "hospitalised delivery care" is warranted.

vi) To train Female Multi Purpose Health Workers in Growth Monitoring and child survial strategies.

vii) To train multi purpose health workers to carry out curative programme in "Sarva Seva Schools".

III) CURATIVE / CLINICAL SERVICES

i) To offer minimal curative services to paediatric, geriatric age group in the village itself. (CAMP APPROACH)

ii) To offer curative services to pregnant women, either at Assefa Mini Health Centres or in the household itself.

iii) To offer curative services to ASSEFA School Children, through School Health Programme once an year.

iv) To offer clinical and diagnostic services to the Community through strategically placed Mini Health Centres.

IV) CO-ORDINATION AND MANAGEMENT

i) Co-ordination and integration of ASSEFA's Health Programme with other ASSEFA sectors of development. (Education, Community Development etc).

ii) Co-ordination with local Government Health Services (Primary Health Centre, District Head Quarters Hospital etc.)

iii) Co-ordination with other local NGOs rendering health care services.

iv) Development of a simple management system, managable by health team at project level, and by the people at village level.

v) Collation, interpretation of data and development of "Intelligence" towards effective monitoring of health programme.

vi) Horizontal and vertical communication of "Information and Intelligence," towards developing a concensus and elliciting the active participation of health team and other sector supervisory personnel, in all levels of planning and implementation of Health Programme.

vii) To consult the Project Director and Programme Officers of other sectors of development in all aspects of inter-sectoral coordination.

2) HEALTH WORKER

A) TO TRAIN MULTIPURPOSE HEALTH WORKER IN ENVIRONMENT PROMOTION

i) To identify the causative factors in the environment that is conducive to ill health.

ii) To bring about changes / modification in the environment both at the household and at village level to promote healthful living.

iii) To provide safe and efficient energy source at household level. ie. Smokeless Chula / Biogas / Solar Cooker.

iv) To provide perennial safe drinking water for the village, To repair handpumps, To make wells an ideal potable water source.

v) To provide resources at household level to improve the nutritional status of family.
ie. Backyard Horticulture.

vi) To provide means/methods of safe disposal of waste, especially night soil. ie. building lavatories in the community.

vii) To promote the environment in Sarva Seva Schools, in terms of waste disposal, potable water, school kitchen/Dinning hall hygiene etc.

B) TO TRAIN THE MULTIPURPOSE HEALTH WORKER IN HEALTH COMMUNICATION

i) To communicate effectively at village level, exclusive fora such as Women's Forum, Youth Fourm, Village Health Committee etc.

ii) To use slide projector and other such audio visual methods of communication.

iii) To train the health workers to convey messages to the community through traditional methods like puppetry, drama role play etc.

iv) To train health workers to impart specific health messages to 'Sarva Seva School Children'.

C) TO TRAIN MULTI PURPOSE HEALTH WORKERS IN 'CURATIVE SKILLS'

i) To identify, diagnose, and treat (and refer when need arises) diseases/problems among children, women and elders.

ii) To identify, refer and offer followup of treatment of communicable diseases particularly Tuberculosis, Leprosy, sexually trasmitted diseases.

iii) To identify treat (and refer when necessary) Endo, Ecto Parasitic diseases ie. Helminthiasis, Scabies, Pediculosis.

D) TASKS OF HEALTH PROFESSIONAL

I) SYSTEM DEVELOPMENT

for the following programmes:

1) Maternal Care Programme
2) Growth Monitoring Programme
3) School Health Programme
4) Communicable disease control programme
5) Parasite disease control programme
6) Geriatric Care
7) Prevention of Blindness programme
8) Micro-Nutrient Deficiency reduction programme
9) Mental Health, inclusive of Alcoholism/Drug addiction
10) Micro / Macro level Environment promotion
11) Effective communication system at all levels both Vertical and Horizontal.
12) To evolve a simple management information system with people's participation.

II) STAFF TRAINING

1) VILLAGE HEALTH GUIDE:

TRAINING VILLAGE HEALTH GUIDE:

i) To identify and treat most common ailments of paediatric population.

ii) To identify and treat most common ailments of geriatric age group (above 60 years of age)

iii) To identify and treat most common diseases among women.

iv) To maintain a 'medical kit' at village level.

v) To collect necessary / relevant data, and maintenance of service register.

vi) To impart knowledge on when to refer for what kind of problem to whom/where.

vii) To promote environment both micro and macro level.

viii) To assist project level health workers in implementation of all health and related programme activities.

HEALTH CONSULTANT ROLE AS A COMMUNITY PHYSICIAN

A) QUALIFICATION

A qualified physician of any system of Medicine who had completed 5 years of study and one year of Compulsory Resident Rotatory Internship (CRRI). A person with the a Diploma/MD in Child Health or Community Medicine is prefered.

B) REMUNERATION / CONSULTANCY

i) In the first year of service Rs.150/- day shall be given .

ii) At the end of one year depending on the workoutput, involvement etc. the consultancy could be raised by mutual aggreement.

iii) An additional allowance of Rs.100/- per month shall be given, for each post graduate diploma/degree the person is holding.

iv) Actual field travel expenses shall be reimbursed.

v) Any other contigency that needs to be met, shall be decided upon by mutual agreement.

vi) The organisation shall desire atleast a 3 year period of continued service from the health professional/consultant.

C) MAN-DAYS / MAN HOURS

IN PRINCIPLE:

i) A health professional shall give 40 hours of workoutput in a 5 day week.

ii) He/She give one or two sessions in the night/late evening, towards Health Education every week, in the villages other than routine work.

iii) He/She shall give one or two sessions early in the morning towards monitoring various programmes in the field level. eg. Growth Monitoring Programme, Antenatal Care Programme.

iv) He/She shall conduct one or two training programmes per month other than routine work for Health Worker / Animator / Teacher.

ANNEXURE 2

JOB SPECIFICATION *

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* THE FUNCTIONS AT DIFFERENT LEVELS IN THE HEALTH TEAM MUST BE DELINEATED. THE FUNCTIONS OF VILLAGE HEALTH VOLUNTEER (ANIMATOR) AND THE HEALTH PROFESSIONAL ARE OUTLINED HERE.

SCHOOL HEALTH PROGRAMME - AN ACTION PLAN

Sl.No.	Activities	Personale Responsible	Time Frame	Resource Materials
3.	PROMOTIVE ASPECTS:			
	i) IMMUNISATION: Objective: to enlist active cooperation of Primary Health Centre in ensuring universal immunisation in all schools.	MPHW Programme Associate (Health , Edn.)	Quarterly	With Assistance of PHC
	ii) NUTRITION SUPPLEMENTATION: To ensure protein, vitamin enriched food with required calories and to promote education.	MPHW Teacher, Students, Mathar Mandram	One Mid-day Meal/ Twice Snacks and Milk	Link up with ground-nut cake, Shakthimalt manufacturing unit/ poultry, milch animal beneficiaries.

SCHOOL HEALTH PROGRAMME - AN ACTION PLAN

Sl.No.	Activities	Personale Responsible	Time Frame	Resource Materials
III.	THERAPEUTIC PROGRAMME			
	1. CURATIVE MEASURES:			
	To treat common ailments like anaemia, angular stomatities, Vit. A deficiency, ear sepsis, dental carries, worm infestation, cuts and injuries, parasitic illnesses.	Child to Child in identification	Weekly health day	Drug bank, First Aid kit at school
		Teacher - Inspection for common ailments.	Weekly health day	
		Health Worker	Monthly visit	
		Physician	Once in 6 months/quarterly	
	2. PREVENTIVE MEASURES:			
	To prevent commonly occuring illness through drugs, integration of health at family level.	Teacher - follow up of medication to notify illness to MPHW	Weekly	Drug Bank, First Aid Kit.
		Student - by sharing knowledge with other other members of family.		
		MPHW - Vit. A Administration.	2 times/year	

1) வீட்டைச் சுற்றி நோட்டம் போடுவதால் உண்டாகும் பலவித நன்மைகள் யாவை?

2) "தொப்புழ் அழற்சி" – குறிப்பு வரைக.

3) "குறைமாதக் குழந்தை" – பராமரிப்பு

4) "எலும்பு முறிவு" அல்லது "பிறழ்வு" – முதலுதவி யாது ?

5) மழைக் காலத்தில் ஏற்படக் கூடிய பெரும்பாலான நோய்கள் யாவை ?

6) "மார்பில் சயம்" – வைத்திய முறைகள் யாவை ?

7) "காலில் பீடித்த வெடிப்பு" – வைத்தியம்.

8) "உறிஞ்சூரியா" என்றால் என்ன ?

9) "டெரிஜியம்" (Pterygium) என்றால் என்ன? வைத்தியம் யாது ?

10) "வாதக் காய்ச்சல்" தடுப்பு முறைகள் (Prophylaxis) யாவை?

11) "சீமேடான்" (Haemodoum) முக்கியத்துவம் யாது ?

12) எதிர்வினைச் சோதனை (Reactivity Test) எத்தெந்த சமயங்களில் செய்யப்படுகிறது ?

13) அரையாப்பு என்றால் என்ன? அதற்கு வைத்திய முறைகள் யாவை ?

14) "பொன்னுக்கு வீங்கி" (Mumps) என்றால் என்ன? அதனால் ஏற்படும் பின் விளைவுகள் யாவை? (Complications) தடுப்பு முறை யாது ?

15) சொறி சிரங்கினால் ஏற்படும் பின் விளைவுகள் யாவை ?

16) காலரா பரவும் விதம் யாது ? வைத்திய முறைகள் யாவை ? வராமல் தடுக்க வழி முறைகள் யாவை ?

17) ஊசி முறைகள் யாவை ? உதாரணங்களுடன் விளக்குக

18) ஒற்றைத் தலைவலிக்கு வைத்திய முறைகள் யாவை ?

19) தொண்டையில் எதாவது அடைத்திருக்கும் போது முதலுதவி யாது ?

20) நெஞ்செரிச்சல், மாரடைப்பு வலி இவற்றை வேறுபடுத்தி காண என்ன கேள்விகளை நோயாளிகளிடம் கேட்பீர்கள் ?

21) பத்தியையும், உணவையும் பாதுகாக்க தங்களது யோசனைகள் யாவை ?

22) கோடைக் காலத்தில் வழக்கமாக ஏற்படும் வியாதிகள் யாவை ? அவை வராமல் தடுக்க உங்களது யோசனைகள் யாவை ?

23) விரை வீக்கத்தை கண்டு பிடிப்பது எப்படி ? அதற்கு வைத்திய முறைகள் யாவை ?

24) கல்லீரல் எதனால் வருகிறது ? அதற்கு வைத்திய முறைகள் யாவை ?

25) வைட்டமின் "ஏ" கொடுப்பதால் ஏற்படும் பலவகை நன்மைகள் யாவை ?

26) "முக்கிய வீக்கம்" "தொடையிர் முறி" என்றால் என்ன ? உதாரணம் தருக ?

27) "மார்பில் சீழ்கட்டி" (Mastites) குறிப்பு தருக .

28) வைட்டமின் "கே" எப்போது ? யாருக்கு ? என்ன அளவு ? எந்த வகையில் கொடுக்க வேண்டும் ?

29) "பொடுகு" (Seborric dermatitis) எதனால் வருகிறது ? என்ன வைத்தியம் ?

30) ஆரோக்கியத்திற்கான வழி வரைபடம் (R.H.C) குறிப்பெழுதுக.

31) "எரிகின்ற வாயு" வகையால் உண்டாகும் சுகாதார நன்மைகள் யாவை ?

32) ஸ்டெர்ப்டோமைசின் (Streptomycin Sulphate) மருந்து பற்றியெழுதுக?

33) புகைப்பதினால், உண்டாகும் தீமைகள் யாவை ?

34) மேகப்புண் : குறிப்பு எழுதுக

35) தொழு நோய் பரவும் விதம் - குறிப்பு வரைக

36) கருத்தடையை பரப்புவதற்கான வழி முறைகள் யாவை ?

37) இறைப்பைப் புண்ணும், நெஞ்செரிச்சலுக்கும் வீட்டு வைத்தியம் யாது ?

38) கர்ப்ப காலத்தில் கால் வீக்கம் ? விளக்கி ?

39) ஊட்டச்சத்தைக் குறைவை தெரிந்து கொள்ள உதவும் முறைகள் யாவை ?

40) "ஒவ்வாமை அழற்சி" என்றால் என்ன ?

41) பிரசவ கால கட்டங்கள் யாவை ?

42) மூளைச்சவ்வு அழற்சிக்கான அறிகுறிகள் யாவை ?

43) காது வலி, காதுத் தொற்றுக்கு சிகிச்சை முறை யாது ?

44) முதுமையில் ஆரோக்கியமாக இருக்க, இளம் வயதினருக்கு உங்கள் யோசனைகள் யாவை ?

45) குழந்தைகளில் வயிற்றுப் போக்கு; ஏற்படை, அறியாமை, சத்துக் குறைவு, மரணம் - ஓர் விரிவுரை விளக்குக ?

46) மது குடிப்பதினால் விளையும் சுகாதாரக் கேடுகள் யாவை ?

47) ஊரப்படும் தேவை, உண்மை தேவை என்றால் என்ன ? அவற்றை எவ்வாறு கண்டுபிடிப்பீர்கள் ?

48) இருமலுக்கு வீட்டு வைத்தியம் யாது ?

49) வயிற்றுப் போக்குக்கு உடனடி முதல் உதவி என்ன ? வீட்டு வைத்தியம் யாது ?

50) டைபாய்டு காய்ச்சலை எவ்வாறு கண்டு பிடிப்பது ? மருத்துவ முறை யாது ?

51) மூக்கில் இரத்தம் வடிதலுக்கு சிகிச்சை யாது ?

52) தசை விறைப்பு ஜன்னி என்றால் என்ன? எவ்வாறு கண்டுபிடிப்பீர்கள் ? வைத்தியம் யாது ?

53) வீட்டில் யாருக்காவது காச நோய் இருக்குமானால் எடுக்க வேண்டிய நடவடிக்கைகள் யாது ?

54) டெட்ராஸைக்கினின் (Tetracycline) மாத்திரையினால் விளையக் கூடிய அபாயங்கள் யாவை ?

55) எக்ஸிமா (Eczema) -விற்கான வைத்தியம் யாது ?

56) கருத்தரிப்பதைத் தடுப்பதற்கான வீட்டு வைத்தியம் யாது ?

57) இரும்பு போது இரத்தம் வருதல் குறிப்பு எழுதுக ?

58) கூடுதலான சக்தி தரும் உணவு வகைகள் யாவை ?

59) வெப்பமானியை (Thermameter) பயன்படுத்துவது எப்படி ?

60) மார்பகப் புற்று நோய்க்கான (Breast Cancer) அறிகுறிகள் யாவை ?

61) தொண்டை அடைப்பான் (Diptheria) சிகிச்சை முறைகள் யாவை ?

62) எத்தகைய அபாயகரமான கர்ப்பகாலத்தில் கூடுதல் மருத்துவ உதவி (Referal Service) தேவை ?

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ANNEXURE 4

RESOURCE CENTRES/CONTACT ADDRESSES *

* KINDLY MARK A COPY TO HEAD OFFICE, ASSEFA, WHENEVER YOU ARE CORRESPONDING WITH OTHER ORGANISATIONS/AGENCIES, SO AS TO INITIATE / ENHANCE FOLLOWUP ACTION, BESIDES HELPING TO AVOID DUPLICATION OF WORK.

ADDRESSES IN TAMILNADU

CONTACT	AVAILABLE RESOURCE
1) Abirami Publications. 307 Linki Chetty Street, Madras - 600 001.	Booklets on Health and Community Development.
2) Aravind Eye Hospital, 1, Anna Nagar, Madurai - 625 020.	Referal centre for Cataract Surgery, squint surgery and all eye problems.
3) Auroville, Pondicherry.	For rural energy systems.
4) AFPRO Field Unit III, 69 Valluvar Street, Tatabad, Coimbatore - 641 012.	Consultancy, Training and Education on Environment Sanitation.
5) Arogya Agam, Aundipatty - 626 512, Madurai District.	For Educational Materials on Leprosy.
6) Christian Fellowship Community Health Centre and Christian Edn., Health & Development Society, Santhipuram, Ambilikai - 642 612, D.Q.M. District.	Training and educational centre for Multipurpose Health Workers and other para professionals.
7) The Director, Christian Fellowship Hospital, Oddanchatram - 624 619, D.Q.M. District.	Training and educational centre for Multipurpose Health Workers and other para professionals.
8) Com Creations, 106, L.B. Road, Adyar, Madras - 600 020.	Health Educational Materials on Selected topics.
9) Project Co-Ordinator, Comprehensive Medical Services in India, 93, Pantheon Road, Egmore, Madras - 600 008.	For the purpose of Low Cost Drugs.
10) Principal CSI-Polytechnic Yercaud Road, Salem 636 007.	Solar Cooker.
11) The Head of Audio-Visual Unit, Christian Medical College & Hospital, Vellore - 632 004.	Health Education Materials.
12) Directorate of Social Welfare, 485 Anna Salai, Nandanam - 600 035.	Literature, Education Programme on Women and Child Welfare.

CONTACT	AVAILABLE RESOURCE
13) Durgabai Deshmukh Hospital, Andhra Mahila Sabha, No.:11 Dr. Durgabai Deshmukh Road, Madras - 600 028.	For Female Multipurpose Health Worker Training.
14) Danida Health Care Project, Kuralagam, Madras - 600 108.	For Health Educational Materials
15) Emma Communications, 32 Collge Road, Nungambakkam, Madras - 600 006.	Health Educational Materials Short training for animators.
16) The Director, Faculty of Rural Health and Sanitation, Gandhigram Rural Institute, Ambathurai R.S. Post, D.Q.M. District.	Training and educational centre for multipurpose health worekrs and otehr para professionals. Communication materials on MCH and other Community Health related Health Educational Materials.
17) Hindustan Antibiotics Ltd., 3, Murray's Gate Road, Alwarpet, Madras - 600 018.	For the purpose of ordering Drugs. (A Govt. of India undertaking)
18) Indian Drugs & Pharmaceuticals Ltd., 109, Anna Salai, Madras - 600 002.	For the purpose of ordering Drugs. (A Govt. of India undertaking)
19) The Director, Institute of Rural Health and Family Welfare (IRHFW), Ambathurai Post, D.Q.M. District.	Training and educational centre for multipurpose health workers and otehr para professionals. Communication materials on MCH and other Community Health related Health Educational Materials.
20) Kasturba Hospital, Gandhigram Trust, Ambathurai R.S. P.O - 624 309, D.Q.M. District.	For Female Multipurpose Health Worker Training. Referal centre for MCH services.
21) Legal Resource for Social Action, 18, Periamelamaiyur Road, Vallam, Chengalpattu - 603 002.	Literature on National Health Policy, Drug Policy etc..
22) Lok Swasthya Parampara Samuardhan Samithi, C/o. PPST Foundation, No.6, Second Cross Street, Karpagam Gardens, Adyar, Madras - 600 020.	For Literature, education and training on "Local Health Traditions".
23) Murugappa Polytechnic Ambathoor, Madras - 600 052.	Windmill

CONTACT	AVAILABLE RESOURCE
24) Meenakshi Mission Hospital & Research Centre, Lake Area, Melur Road, Madurai - 625 107.	Referal centre for cancer detection and treatment. Community Health Camps.
25) M.A. Chidambaram Institute of Community Health, Voluntary Health Services, Medical CEntre, Adyar, MADRAS - 600 113.	Training and Educational Centre for MPHW and Para Professionals.
26) New Centuary Book House (P) Ltd., 136 Anna Salai, Madras - 600 002.	Books, Booklets on Health.
27) Natural Energy Processing Co., 3, Groomes Street, Madras - 600 001.	Consultancy regarding Wind Mill Installation.
28) RHUSA, Christian Medical College & level Hospital, RUHSA Campus P.O. - 632 209, North Arcot District.	18 months MPHW course, middle managerial courses in Community Health, Bulletins, Tamol version of 'Dialogue on Diarrhea' short course for
29) Rural Health Centre, A.V.R. Educational Foundation of Ayurveda, Patanjalipuri P.O., Thadagam, Coimbatore - 641 108.	For literature on 'Ayurveda' and Naturopathy'. "Sarani" - a Tamil Magazine on Health and related areas.
30) Richardson & Cruddas Ltd., 23 Rajaji Salai, P.B.No:1276, Madras - 600 001.	For supply of India Mark II Deep Well Hand Pump.
31) Sulabh International TN. Branch, E-45/2, 21st Cross Street, Besant Nagar, Madras - 90.	Community Lavatory attached with Biogas.
32) Tamilnadu Voluntary Health Association, 31 Mandabam Road, Kilpauk Garden, Madras - 600 010.	Educational materials, News letters on Community Health, Networking with other NGOs., doing Health Work, short training programmes.
33) Tamil Nadu Energy Devt. Agency, Jhaver Plaza, IV Floor, 1-A, Nungambakkam High Road, Madras - 600 034.	Solar Cookers, Windmill.
34) TINIP 570 Anna Salai, Madras - 600 002.	For Health Educational Materials.
35) Prakathi Publications 15 IIIrd Street, Parameswari Nagar, Adyar, Madras - 600 020.	Literature on Health Education for Animators.

ADDRESSES ELSEWHERE IN INDIA

CONTACT	AVAILABLE RESOURCE
1) Chethna Drive-in Cinema Building IInd Floor, Thaltej Road, Ahmedabad - 380 054.	- Training and educational materials in English, Hindhi, Gujarathi. - Dai's women leader training in MCH Programme.
2) Child in Need Institute, Vill. Daulatpur, P.O. Amgachi, Via.-Joka, Pin Code: 743512, 24 Parganas, West Bengal.	- Training and consultancy in Community Health Projects, MCH and Nutrition Intervention Programme.
3) Centre for Devt. Communications, 23 Jabbar Building, Begumpet, Hyderabad - 500 016.	Health Communication Materials in English and Telugu.
4) CFTRI, Mysore - 570 013.	Literature, training guidance on Weaning food, Nutrition and related areas.
5) Centuary PP Industries, 182, Sayar Sadan, Opp. Bal Niketan School Jodhpur - 342 001.	For Water testing kit.
6) Health Action, PB 2153 Gunrock Enclave, Secunderabad Andhra Pradesh.	For the Journal in English Health Action.
7) Institue of Health Managemnt Pachod District Aurangabad 431 121 MAHARASHTRA.	- Education and training programme in Community Health and Management for middle level Workers and Professionals.
8) Jeevaniya, C-3/5, River Bank Colony, Lucknow - 226 108.	For A bimonthly Magazine on Local Health Traditions.
9) VHAI, 40 Institutional Area, (Near Qutab Hotel), South of I.I.T., New Delhi - 110 016.	- Educational Materials in all Indian languages. - Networking with other NGOs Workers in Community Health. - Documentation Centre for Community Health. - Traiing and consultanty services in Community Health.

Ref:A:/ws91/planman.ual