



ASHA



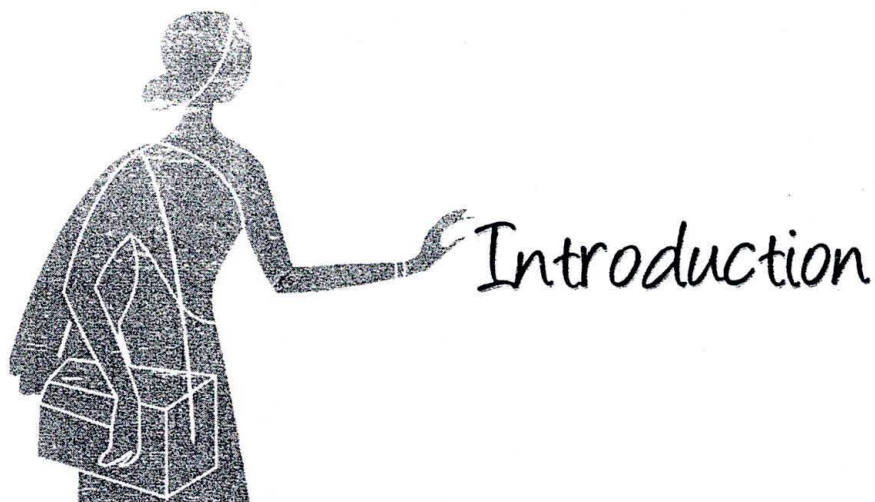
FACILITATORS' GUIDE

BOOK NO-1



सत्यमेव जयते

Ministry of Health and
Family Welfare
Government of India



It is envisaged that facilitators for ASHA learning programme will be drawn from different development sectors with varying experiences. Some of these facilitators will be from the Health department, while others could be from the Women and Child Development department, Education department or from non-governmental agencies. It is crucial that facilitators have a shared understanding on conduct of different sessions in the learning programme. It is expected that this Facilitators Guide along with ASHA Book No. 1 will serve as a useful resource for the facilitators.

Effectiveness of ASHA in fulfilling/delivering her functions will largely depend on the quality of the learning programme she undergoes. In view of this, facilitators need to be conscious of the learning needs of ASHA and encourage them for acquisition of relevant knowledge and skills. In the process, facilitators will also gain new knowledge from the participants.

This document is supposed to provide critical inputs for facilitating this exchange of knowledge and thus create a health resource for the communities. The major challenge for the facilitators is to conduct these sessions in a manner, which is conducive to the flow of knowledge and at the same time dispels certain myths and misconceptions through questions

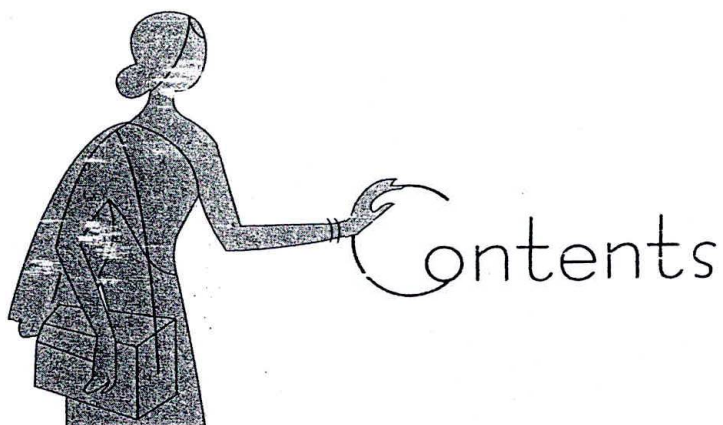
and answers. Facilitators may be required to make an extra effort to organize key exercises reflected for each session. However, this Guide should not restrict any new ideas and innovations to facilitate the process of learning in an effective manner.

I take this opportunity to thank UNFPA (United Nations Population Fund) for developing this Guide to be used by the facilitators in ASHA learning programme.

28th June 2005



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1 ASHA's Facilitators' Guide

Introduction to ASHA learning programme

The ASHA is the real hope for the health care of our villages. Village people have very little village-based help to bank on for health advice and primary care. ASHA will fill that long felt space.

ASHA has eight roles to play in the promoting health of the village people. She is not a subordinate of the health system, but a helping hand of the system at the village. She is a link between the health care delivery system and the people.

ASHA may have schooling up to the 8th standard. In some villages she may have somewhat less schooling. We equate schooling with learning skills and with education. It is true that better schooling level means better learning abilities especially for written material like books. But some ASHAs may have had less opportunity for formal schooling. They can also do well if you help her properly. For them we will have to give more time and attention. They may do as well as others with this little extra help. As facilitators you have to be conscious of the learning needs of such ASHAs and appropriately help them to learn.

ASHA is not a school-going girl, but she is a woman with some level of schooling. She is an adult, taking all the troubles village women have to live with. She is our equal. Sometimes we may be awed about how she copes up with the difficulties of

life in the village and the family. In many walks of life, she may have set an example for others. Even when she is coming to attend this programme, she has set aside several difficulties and problems. Let us respect these qualities and abilities. This is what will transform her into a sort of village health activist. In the learning programme, we have to boost her confidence, attitudes, abilities and skills for solving health problems. She is going to give 1-2 hours of her everyday busy life. She is expected to step in the role of a change agent for health in this new role. The ASHA programme is to liberate her into this new role, not press her into a new form of labour. She will achieve this with y(our) help.

This learning programme is based on principles of adult learning. It is for learners, more than the trainers. We will have the learning programme in five exposures spread over the entire year. As we complete one exposure we move to the next and so on. In this way we move from simpler topics to more complex ones.

We have about 20 themes to learn about in the programme. Each theme has some lessons. Each lesson is complete by itself. We learn the themes, lesson by lesson in each exposure.

Each lesson is about 2-3 pages, and can be done in half an hour. In each lesson, you have some knowledge parts, and some skills to learn. At the end we have some points to think about. For skills, we will have the help of hands-on experience or demonstrations. During the sessions, we can also practice some skills.

So after the first exposure, you have known something of most of the themes. You can start doing a few activities after the first exposure of 7 days. Further learning will be through the four exposures of 4 days each. Together it makes 23 days.

After completion of each learning camp, ASHAs will be working in the village with help of nurse *didi*, the anganwadi *behen* and the MPW. They will have to complete some assignments in the village, like water disinfection, or attending the ANC clinic. This will give us hands on experience of tasks and activities. They are supposed to keep records of this work and bring this with them during the next learning exposure.

We can make it flexible. You can plan the sessions accordingly. So you can make your own sequence. In the end you will complete most of the lessons in all the topics. This makes the programme more learner-centric and flexible.

The learning programme is participatory. ASHAs learn, and facilitators help them to learn. Encourage ASHAs to ask questions and seek solutions to problems anticipated by them.

Introduction to this guide

This guide, a small companion to the Learning Material ASHA, is in the form of five books. This guide has general suggestions as well as lesson-plans for the first book to be completed in the first learning exposure of seven days.

Use this guide with the lessons in the first book. Although there are many principles and thoughts about how health worker programmes should be conducted, we have kept it very simple. We have assumed that it is mainly ANMs, MPWs, LHVs, ICDS functionaries and sometimes PHC doctors who will help in this ASHA programme. Sometimes it will be voluntary organizations and health activists in some districts or blocks.

One needs effort to be a good trainer. It rarely comes as a ready quality and capability. In most cases we need to cultivate the temperament, strategies, the skills, the techniques for good trainers. These are basically communication skills. The guide will help you in systematically organizing learning programmes so that learning objectives for each lesson are achieved. However this is not cast in stone; you can freely decide and adapt different ways. We all know that one size does not fit all and different learning techniques may be used in diverse settings.

More important is the sincere wish to communicate. Most techniques cannot replace the yearning to communicate. The unwilling or disinterested facilitators will do more harm than any good to the learning programme, as has been observed in the past.

The first section of this guide is about general guidelines that are useful for all the five learning exposures and even later. The second section deals with conduct of the sessions based on the lessons reflected in the book number 1.

There is a lesson plan for each session that needs to be adhered to by the facilitators. There are certain requirements in terms of equipment/material that needs to be arranged. You may divide the responsibilities for organizing these materials before the start of learning programmes.

In some lessons, we feel demonstrations will be very useful. You are required to set up these demos/visits before the start of the learning programme. In case you need any official communication, the medical officer at the PHC may help you out.

In each session there is one exercise. You need to explain this exercise to the group. Help ASHAs in this exercise. They are more likely to develop knowledge and skills once they have participated in the exercise.

The assignments are to be completed by the ASHAs before they come for the second exposure. There may be several questions in their mind about these assignments. We are confident that you will be able to respond to these questions, as you are familiar with local situations. These assignments are also important as the lessons themselves. In assignments, ASHA will learn to do things with the help of health workers including you.

Elements of an effective learning programme

You may have heard the story of Eklavya, who learnt archery all by himself. He had no *guru* (read facilitator!!), only the intense wish to learn. This alone can drive the learning process. But it will help only few learners who are already focused and driven by certain ideals. Similarly there may have been *gurus* who have made great disciples out of ordinary people. Yet it will be difficult to get such *gurus* in large-scale programmes.

For a large scale-learning training programme, we need to look at more systematic-learners, facilitators, physical conditions and learning aids.

The success of any learning programme depends upon all these factors working in consonance:

The learning factors: the wish to learn, the need to learn, the motivation, abilities to learn the current programme, state of body and mind (post-lunch sessions are always difficult for learners), mother-tongue and dialect. Number of learners in the group is also important.

ASHAs are selected through an intensive process and hopefully selection process which takes in the cognizance of personal factors. It is envisaged that no more than 30 ASHAs will be participating in one learning programme.

The facilitator factors include: the subject knowledge, communication skills, friendliness, delivery of messages, etc, how many trainers are available.

The profiles of the facilitators may change at different places. It is assumed that majority of them will be drawn from health, nutrition sector and will have an understanding of health-related issues. NGOs working in the health sector will also have knowledge and skills in primary health care.

Physical factors: Space and sitting arrangements, sound and distractions, weather, lighting, surroundings.

It is proposed to organize these learning programmes at the block level and the programme should be residential in nature. Prior attention is needed to make the training venue appropriate for learning. Attention should be given to the basic amenities available at the training venue.

Learning material and aids: the content and layout, writing style, the use of AV aids, models, pictures, story boards, and participatory methods are all important.

Facilitators should try to organize learning aids in advance. It may be difficult to organize all learning aids by one person. You need to divide responsibilities amongst yourself. All these factors are important. But all need to be in consonance. A good physical arrangement may not by itself create a successful programme.

Some do's and don'ts for facilitators

A good programme will plan the timetable and activities so as to cover most of the lessons in classroom and practical sessions. Facilitators' team should assign responsibilities in the team. Flexibility is important, but a plan is necessary.

Keep the atmosphere happy and pleasant. This helps learning more than any other mood. Any differences in opinions on how to approach a particular session should be discussed before hand. Facilitators should present themselves as a group with shared understanding on the issues being covered. Angry/short tempered teachers are no good either for children or adults. Sad teachers are also no good. The basic quality of a good facilitator is the eagerness to help people. They also must have good faith in the programme and approach.

Do not leave the ASHAs to 'read something on their own' since you are engaged in something else at that time. Keep yourself completely free for conduct of the session. The sessions are for contact and academic help; do not make them into mere reading out sessions. They can do their own reading in other times. The planned time is for interactive learning and must be kept that way. Each session requires some advance preparation on the part of the facilitators. If you are not prepared, then this is a blow to effective learning. We feel that you may have to go an extra mile to organize the session in the most effective manner. Same is also true for any demos or visits to be organized during the course of the programme. The ASHA programme is different. ASHA is the true centre of the entire programme. We have to build the programme around ASHA. We help her learn things. The programme is no doubt made beforehand. But the pace and process, sequence and style should be decided in view of the ASHA. For instance, the level of education in tribal districts may be much less as compared to other districts. So, we have to slow down the pace, use different methods. This variation of learners is the guiding principle for the programme. Following things are important for this:

Physical set up for learning

Choose an airy and pleasant room. Find a place for all to share comfortably. Use flowers and plants to create an ambience.

Chairs and benches are not a must. But they may make sitting comfortable. Plastic chairs are available widely these days.

Sit at the same level, and do not take a high position. That makes listening painful and authoritative. That is not helpful for participatory learning.

Make them sit in a circle rather than in rows as in school. A circle gives everyone equal importance and attention.

Make available drinking water around, especially in hot days.

Food is a very important factor for making things comfortable. You may involve ASHAs in making their meals in case they are interested.

Make other arrangements for sleeping, washing as comfortable as possible. Again, take their help in arranging things.

Some people may need some extra help. For instance, some ASHAs may have brought their children with them. If possible, arrange for a baby sitter through the programme, with toys and feeds. This will really help the mothers learn with attention.

If the training is in a PHC/CHC, medical help is available already. Should they need help, arrange for a sensitive and sympathetic help. This will create bonds between them and the CHC.

Use all possible events to help learning—diet planning, wastewater management, exercise, etc.

The joy of ASHA learning sessions

The ASHA learning programme will be a source of enjoyment also. For the first time these women are making friends with someone beyond their village. For the first time may be they have left their daily chores behind, the cattle, the grinding work, the compulsions of a village woman.

Women will enjoy this, as they do not have to cook and serve for these 4-5 days. Somebody else is cooking and they are eating meals without bother.

They can sing and dance in the evenings and breathe freely like in their young days. They will enjoy games and we need to plan for these events.

They will get time to talk to other ASHAs outside learning sessions, in the mornings and evenings and late nights. This will help the programme as well ASHAs themselves.

ASHAs could detect an important health problem in one of them while learning. This gives them a great confidence and interest in learning. They will also reflect on their own health, their family's health and seek solutions with interest. You may organize health checkups for ASHAs during this period with assistance from the PHC medical officer.

They will enjoy the future prospect of being a little else, little more than a housewife. People will come to them for illness, health advice, for many more things. That is empowerment. They will look at the village and neighbourhood with a new and broader vision.

In some health programmes community-based health volunteers have been elected later as village *panchas* and *sarpanch*. Most of the Panchayat problems are linked to women's lives more than men. Water, fuel, food, cleanliness, waste management, toilets and security and so on. Men are no doubt responsible for these issues. But women need to control these factors of village life. They will manage the issues better and with greater application. So the ASHA learning event will empower them with a new vision and alliances.

Various methods we can use in ASHA learning programme

We can use one or more of any conventional or participatory methods for each lesson. The lesson also demands some kind of method. For instance, you cannot but use a demonstration method for the lesson on a soak pit. Here is tabular summary of methods we can use.

Technique	Good for	Examples where you can use it	Limitations	Comment
Learning by doing	Skills	Taking a blood film	Not for theoretical topics like disease causation	
Field visits	Understanding field realities/ projects/plants	Hand pump safety/health	Takes time and travel	Can be planned after or before the day's work
Problem solving	Complex issues	Management of village waste water	Not for theoretical topics	
Surveys	Community health topics	Child nutrition, sanitation, outbreaks	Not for sensitive issues like domestic violence, stigmatized problems, or abstract things	Takes time, plan as assignments
Experience sharing	Practical life-based topics	Exp. of visiting a doctor/ hospital admission/ childbirth for women		Make most people participate and share
Experiment	To demonstrate methods and different outcomes	Use of guppy fish on mosquito larva density in a pond	May not be possible in all situations	You have to design simple and effective experiments; predictable outcomes

Technique	Good for	Examples where you can use it	Limitations	Comment
Games	To understand variables in a health problem, with fun	Risk factors and care in childbirth through a snakes and ladder game	Skills-learning	Choose imaginative and interesting games, keep changing
Recall and reflective exercise	Life experiences analysis			
Computer based training (CBT)	Decision making, details /steps for actions etc	Diagnosis of fever, steps in treatment etc	Resources/expertise may not be available	PowerPoint shows can combine diagrams, photos, animations, videos, interactive programmes, sounds etc
Dramas/role plays/skits/satire	Mainly for BCC on complex/attitudinal community health issues	Like for acceptance of spacing pregnancies. PNMT,	Skill building topics	Needs some preparation. More useful for community shows rather than the classroom
Event-based discussion	For giving life context to learning, attitudinal issues	Issues like alcohol, domestic violence, maternal death etc		
Mapping	Health planning /problem solving with community	Health determinants like water, sanitation, nutrition, vector control etc, body mapping	Not meant for theoretical issues	

Technique	Good for	Examples where you can use it	Limitations	Comment
Pictorial presentation	Visual learning, esp. for less literate. For knowledge, attitudes, skills	Human biology, water, sanitation, illnesses, women's health: Universal method	Skill learning needs, actual action-based programmes	We may have flip charts or PowerPoint shows for ready made pictures. Or else we may ask ASHAs to draw on paper or blackboard
Skill demonstration	Steps in actions and equipment handling	Water disinfections, BP recording, wound care	May not be handy where events can not be planned (like home birth care)	
Videos & movies	Effective for Knowledge, attitudes, skills. To capture movement essential for the topic- birthing, ARI	Neonatal care, ANC-birth-PNC	Costly. Needs pre-planned production and equipment to show. Avoid overuse, as it can also cause boredom	Select topics and products carefully. If you feel it is important-you can also locally produce films with help of video cameramen who are shooting marriages
Discussion	For any topic, after any mode of learning	Types of practices prevalent in your area for snake bite first aid	Some people 'stay out' of discussion	Needs to be participatory
Songs	For memorizing messages, creating emotional bonds, changing attitudes	We can make songs about safe motherhood, about village cleanliness drive, about domestic violence, etc	Good songs are not so common. They must be made interesting, inspiring	The ASHA programme in the state should have some good songs and tunes to share with people, and amongst ASHAs. Use folk types

Technique	Good for	Examples where you can use it	Limitations	Comment
Story	Stories can work as pegs for knowledge and attitude creation	News clippings can work as stories, or narrations by participants about important issues	Stories may become ends in themselves, unless followed with good discussion/ reflection	Story should be closer to life, culture, realistic. Great men and women's stories for specific issues can be helpful. For instance Gandhiji's 'obsession' for cleanliness
Lecture	Usual method for theory topics	Cause and spread of malaria/ illnesses		Not the best method for ASHA groups. Use sparingly. Add stories, pictures, discussion etc
Self reading /writing	Mainly for assignments in between learning weeks	Writing answers to exercises/Qs given in books	Do not leave ASHA students to 'read and write' because you have no time	Necessary part of self-learning during non-formal times. Reading habits need to be cultivated



2 Staying healthy

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Health Determinants of Health Assessment of Health	Classroom (2hr)	Pictures of health determinants/ questions and discussion. Stimulate self-reflection/ experiences	Use the Banyan tree of health picture for a holistic health perspective	Let people put words to ideas and suggestions: you can build causes of ill health this way
Keywords : Health, expenses, determinants, heredity.				
Exercise : Form 5-6 groups of ASHAs. Let them discuss health status of their respective villages based on key parameters given in book 1. Let the group present synthesis of the group discussions.				
Assignment : Prepare a snakes and ladder game on health determinants and share this in the next learning exposure.				

Activities

- Explain session objectives
- Start the discussion with who is sick today or had illness in the last week?
- Inquire about common illnesses in their villages
- Try to get responses about the possible causes of ill health

- Use "what do you think questions" for evoking discussion
- Now show cards with pictures of (banyan tree of health) determinants of health—like water, air, food, timely use of health services etc. If you can't find a ready picture, draw a banyan tree on the flip chart
- Recap using keywords
- Explain the exercise on health assessment and terms of reference for group work. Examples given in the book for health assessment can be used. You may also like to add some more examples
- Explain the assignment after the learning camp

Think about this:

Why do people have to take loan for getting treatment in hospitals? Cost of medical care is rising. Many of us like to go to private hospitals for treatment. People consider the government hospitals as lower options. Therefore we spend on hospitals. However, our incomes often do not match the cost of care. For instance a C-section for complicated delivery costs Rs.10,000 in a private hospital. How does a poor family cope with this emergency payment? First it may sell something - a bull, some piece of land etc. But these are essential for livelihood. So the family takes loans. The loans from private parties may have very high interest rates. The family is trapped in a debt. Sickness in family is the common cause for indebtedness of rural families

Why do women feel hesitant to talk about their health problems with male doctors?

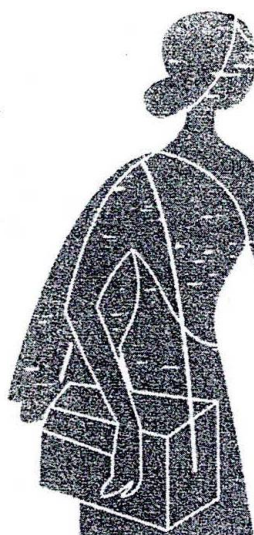
In our society, women still suffer from male domination and are shy of talking to male doctors about intimate matters. They are afraid of physical check up by male doctors. On the doctors' side there are problems too. Often clinics have no privacy for talking about private matters, leave alone a check up. Women are naturally very sensitive to such situations. Doctors should ensure privacy and confidentiality and should not be judgmental.

Why do people keep on waiting for days and months before seeking treatment?

People do want to get treatment for illnesses. However different factors including socio-cultural and economic factors influence treatment-seeking behaviour. There are reasons for not taking treatment early enough:

- a) some illnesses like TB and anaemia are slow type. One knows about the illness only after a certain stage

- b) often there is no facility in the village or nearby for "right" treatment
- c) There is no time in the daily struggle for livelihood and one may as well pull on till it gets unbearable
- d) there may be no money for travel, medicines, doctors fees etc.
- e) some people feel the illness will be cured by local traditional healers or faith healers, so they try out this option
- f) Some people have different perceptions about illnesses—like god's wrath or evil spirits and believe that doctors could do little about it. Also, generally women's illnesses are often neglected by the family members as these are considered too "trivial" to merit any consultation or treatment.



3

Personal Hygiene

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Personal health cleanliness, personal hygiene practices	Classroom (2hr)	Picture-based discussion, demo if possible	Soap, brush, nail cutter, fine comb, flip chart showing germs-illnesses, hand-to mouth spread of germs, and 10 cleans and related infections	Showcase good examples, not dirty ones. Present then positively
Keywords : Germs, cleanliness, bath, nails, mouthwash, brushing, footwear, hair care, toilet practices, hand wash.				
Exercise : Prepare your own hygiene 10-score card. Give 1 mark for each of: brushing, toilet practice with after hand wash, hand wash before meal, daily bath, hair care, nail care, no to tobacco, clean clothes, footwear. Maximum 10 score. Compare scores and find three winners. Facilitators also participate.				
Assignment : Use the score method in one classroom in the school/Anganwadi, take help of AW.				

Activities

- Start the discussion with a song on cleanliness (one facilitator to work on local song or encourage someone in the group to sing.)

- Discuss session objectives
- Use ready flip chart or pictures for showing. Evoke a participatory discussion on practices. Explain the importance of health. Ask how many of them lick their fingers when turning pages in a book or counting currency notes?
- Demonstrate use of toothbrush, nail-cutter
- Generate discussions on the questions listed below. Let them have sufficient time to analyze the issues under discussion
- Explain the scorecard for exercise. Keep scorecards ready. Very clearly explain scoring system. Try to organize some recognition for the winners. Give some time to the winner to explain about her personal hygiene habits
- Explain the assignment after the learning camp to be completed by ASHAs

Think about this:

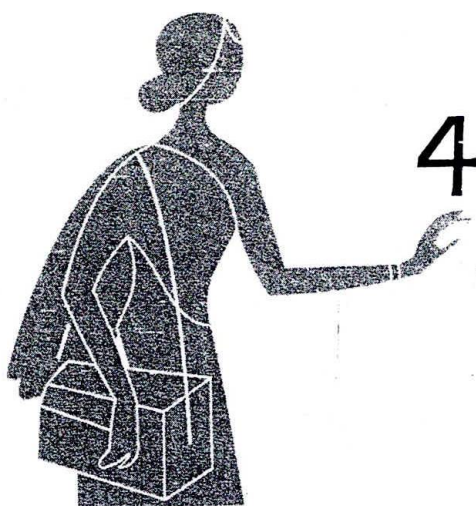
Long nails come in handy when someone is attacking you physically. Many girls and boys keep long nails as if it protects against physical attacks. It does not in most cases. Some keep it for fashion and being trendy. However they do not know that dirt collects under nails and may harbour germs and eggs of worms. At times this dirt can go in our stomach along with food. This dirt can be a source of illnesses like diarrhoea typhoid, dysentery, jaundice, worms etc. Hence it is always better to keep nails trimmed.

One can remove food particles in between teeth by needles

Needles are no good for removing food particles stuck between teeth. Sharp needles may cause injury to soft oral cavity. This may also lead to tetanus. Many people have this habit of using alpenes or needles and knowingly and unknowingly keep on using this to clean teeth. The best way of removing food particles is by proper brushing or *datoun*. Immediate mouthwash after meals or snacks is necessary to wash out particles. Brushing before sleep is also very important.

Lack of privacy for bath is a cause of skin illnesses

Skin infections (fungal infections) are common in women especially on the waist and groins. This is because lack of privacy for bathing. This causes women to bathe with clothes on and hence there is no cleaning of these parts, and also breasts. The simple solution to this problem is to use bamboo or gunny bags to create privacy. A simple door with a wire hook and nail can ensure privacy. The joy of bathing (without clothes or minimal clothes) is enormous and women and men must enjoy it and also keep themselves clean.



Water Safety at home

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Importance of clean water, how to make it safe	Classroom and dining place, (2hrs)	Flip chart/pictures, demonstration, discussion on expenses on water-borne illnesses	Matka, ladle, chlorine drops, bleaching powder, empty water bottle	It may be useful to visit a neighborhood house in the evening
Keywords : Water-borne illnesses, contamination, germs, storage, ladle, alum, chlorine, hand-pump, stock solution.				
Exercise : Check and ensure water safety at the training venue i.e., source, collection, storage and withdrawal.				
Assignment : Visit five houses in the village to check water safety measures at home and advise them suitably.				

Activities

- Explain the learning objectives of this lesson
- Start the discussion with health-importance of water. Give example of direct and indirect expenses/losses due to diarrhoea and dysentery by families (ask someone in the group to narrate experiences)
- Share the questions at appropriate points
- Talk of how a family can get already contaminated water - unsafe hand-pump, water from streams and river, shallow and open wells

- Explain methods of treating water at home—storage, chlorine drops, alum, boiling etc
- Explain how to prepare mother-solution in absence of chlorine drops. Use demo
- Take a 5-10 min break
- Start another session. Discuss how water at home can get contaminated. Explain the use of ladle. Use contrasting pictures/example of a boy dipping hands directly in the *matka*
- Ask participants about withdrawal of water from pitchers at their homes
- Recap all the key words
- Explain the exercise-checking water safety at the training venue
- Explain the assignment after this learning camp

Think about this:

Running water is safe and pure. There is no need to make it safe. Running water (*behata pani*) can be unsafe, even when it is a large river like the Ganga. This is because human/animal waste flows into the water bodies along its course. Human habitations along the running water sources also make them vulnerable for contamination. This contamination makes it a reservoir of several germs like cholera, dysentery, jaundice, typhoid etc. Hence even running water needs to be treated for safety.

Stale water should be thrown and fresh filled

Many families throw away stale water (yesterday's collection) stored for drinking purpose. They may use it for any purpose except cooking and drinking. The truth is exactly reverse. Stale water generally is safer than 'so called fresh water'. This is because the germs in stored water settle down and die. Visible dirt i.e. turbidity also settles down. Water becomes 99% safer in 24 hrs just by storing. Just cover the water and keep still. Alum will hasten the process.

Hand pump water is always safe

Although safer than surface water, hand pump water may become unsafe due to contamination from seepages. Look for latrines, septic tanks, cesspools etc within 50ft of the hand pump. These can make the hand pump water unsafe. Secondly, if wash water stays and collects around the pump, it may also seep in the bore. This is another source of germ contamination besides being an ideal breeding ground for the mosquitoes.

Hand pumps can have another type of problem – the salts and chemicals dissolved in groundwater. This also can be harmful for health. It is better to periodically get water samples checked for quality. This is the job of the water supply department. ASHAs can work with Panchayats to get water samples checked as key quality parameters. If a hand pump is declared as not providing potable water, people should be advised not to use water from such sources.

Chlorine gives a strong smell to water, so people do not like it. Chlorine overdose gives a strong smell to the water for a longer time. Usually the correct dose does not cause this problem. First of all, do not use the water for at least half an hour since chlorine is still acting on impurities/germs. If the smell is strong stir the water for a while and keep it open for some minutes. The smell will get less with this. The smell is harmless by itself though one may not like it. Finally, remember that chlorine makes a big difference to water safety and smell is only a minor irritation for some time.



5

Disposal of waste water

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Soak pit	On site, second option is classroom (2hrs)	Discussion on site or a pictorial/ flip chart discussion	A model of soak pit	Try if you can organize a demonstration in the classroom of the construction of a soak pit
Kitchen garden	A kitchen garden (1 hr)	Participatory discussion on vegetables and the nutritive benefits		Try if we can do it by the side of a kitchen garden
Keywords : Pools, mosquitoes, illnesses, soak pit, kitchen garden, vegetables, nutrition, village planning.				
Exercise : List the vegetables for KG. Discuss the benefit of each.				
Assignment : Motivate a household to make a soak pit and KG at the village before next learning camp.				

Activities

- Start the discussion with a picture/scene of village cess-pools (choose and keep ready). Ask ASHAs about how common such scenes are in their villages
- Explain learning objectives

- Explain the ill health due to indiscriminate disposal of wastewater. You may ask about malaria cases in the villages
- Use ready flip chart or pictures for showing. Evoke a participatory discussion on usual practices. Explain the health importance of each
- Ask the questions listed at appropriate points
- Show a model of a soak pit, explain how to make it
- Take a small break for 5-10 minutes or walk to the kitchen garden spot
- Show a ready kitchen garden nearby. Explain benefits. (Locate one beforehand)
- Explain the exercise. Encourage them to come out with names of the vegetables that can be grown in the kitchen garden
- Explain assignment to be completed before next learning camp

Think about this:

Think of a village without pools of stagnated dirty water? Who will help you in making this happen?

All the villages in India have cesspools and streams of dirty water flowing through lanes, bylanes and roadsides. Villages with piped water supply and in the vicinity of hand pumps also this scene. Even where drains are made by the Panchayats, the water stagnates at places and overflows. One way of dealing with this problem is to ensure the disposal of the wastewater effectively by each household. Soak pits and kitchen gardens are a sure way of doing this. You can be a catalyst in making your village free of cesspools or wastewater ditches. Multi-purpose worker, Panchayat member, teachers, village level workers of other development departments can join hands and make this happen.

How will you motivate villagers to construct soak pits or kitchen gardens? We must lead by example. Let us all try one at our house first. Prefer a kitchen garden to a soak pit as far as possible. K-garden gives us vegetables that we may not get in the village everyday. If the space for K-garden is not enough soak pit is a sure solution. It needs small space to dispose water. You can plant a fruit-bearing plant nearby-banana, lemon, custard apple, drumstick etc. Next demonstrate this to other families, especially women. Plan a meeting at your house or nearby for discussing this. Discuss the benefits. Village micro planning will be the best way to do this. Take K-gardens and soak pits as a major point of action in the village planning. Locate problem spots and stimulate action. Take nurse *didi*, Panchayat members and Aanganwadi *behan's* help for this.



Our health
depends upon
the foods we eat

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Functions of food, Balanced Diet, Food Hygiene, Malnutrition	Classroom, plus the kitchen (2hrs)	Demonstration, discussion, flip chart	The four colour foods, adult wt machine and measuring-tape or marks on the wall	Can also use evening hours before dinner if participants are staying back
Keywords : Food needs, balanced, 4-colour, healthy dietary practices, energy, proteins, iron, vitamins, oils, junk foods, food hygiene, weight, obesity, child-nutrition.				
Exercise : Make a colour-audit of the meals we get in the learning camp.				
Assignment : Make a colour audit of one week's meals at home, and write comments.				

Activities

- Start the discussion with individual weights (keep the weight machine ready and wall-marks for height). Let everyone read out the height-weight. Most women weigh less, around 45 kg. Read out ideal weights for heights (from the table at the end of book)
- Talk of learning objectives for the lesson

- Show pictures of five women—labouring on road, adolescent girl, and woman managing a village shop, pregnant mother, and breastfeeding mother. Talk of different food needs for these women
- Evoke a participatory discussion on usual dietary practices in rural households. Explain the importance of health
- Talk of necessity to eat enough food for health
- Talk of four-colour meals, the types and importance of food
- Reflect on practices back home
- Ask what questions are appropriate
- Explain the exercise
- Explain the assignment after the learning camp

Think about this:

Some people think it is good to be fat. Others think it is good to be lean. Being fat is not healthy. Weight should be just right for height. Men gather fat in the belly and women around waist. Nature made fat for going through famines. We almost never have a famine now and the fat reserve stays put. It leads to illnesses like diabetes, heart ailments, high blood pressure, joint pain etc. All these are serious chronic illnesses. The natural tendency to gather fat is known as *kafa prakriti* in Ayurveda.

On the other hand, some people think being lean is good. It is fashionable to look slim. Leanness may be due to small muscle mass or no fat. The tendency to be lean is known in Ayurveda as *Vata prakriti*. Leanness any time is better than obesity. But many Indian women are too lean to be healthy. Often their weight is between 35 kg. to 45 kg. That is chronic malnutrition starting from childhood.

Fasting does not kill. Gluttony does

Fasting is a common Indian tradition, common in Hindus, Jains and Muslims. Fasting has religious value and some self-control measure. Fasting stimulates use of body reserves of calories. In fat people it can be healthy. In already lean women, it may cause further weakness. However it never kills, but may cause fainting due to low blood level of glucose sugar.

Overeating can contribute to untimely death due to illnesses mentioned above

Starvation is non-voluntary. It is forced by circumstances. It is often chronic. This is the underlying cause of many deaths both for adults and children in

underdeveloped areas. We should all help in preventing this situation by ensuring an efficient public distribution system.

Good stamina for work comes from food and exercise

How are we able to work? Food gives us the energy to work. The capacity to do strenuous works—the stamina—comes from food and exercise. Food alone cannot confer stamina—it will give only fat. Exercise and physical work build our muscles and heart-lung power.

A woman's duty is to eat after everyone in the family

This is common practice and a rule in male dominated society. So it becomes a woman's duty. She has to tolerate hunger and perhaps go hungry if food is not left over. Often she eats what is left after every one else has finished. Ideally, she should eat with all. She has every right to do so.

A pregnant mother should eat less to have a safe childbirth

This is a common belief, which is entirely wrong. For an adult mother, the birth passage is roomy and a normal child can pass safely. We also have the facilities of hospital birth and if necessary surgical relief. Modern medical science has made birth safer and there is no reason to die during the process of giving birth to a baby.

But customs have continued. Now we should tell the mother to eat well to have a healthy baby. The nutrition also makes mother healthier. She can survive pregnancy and birth much better with better nutrition. The wounds heal faster. Overall there is less risk for a mother who eats well than a starving mother.

Malnutrition comes from hunger and starvation. But some times even rich people are malnourished

Malnutrition is often due to hunger and starvation, and the underlying cause is mainly poverty. Poverty often leads to neglect of children. But some rich people also suffer from food-related problems, such as obesity. This is because of food fads, ignorance about nutritive values of foods, lack of exercise and faulty dietary habits.



7

Body Mapping and overview of organs

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Body organs systems, Body organs functions	Classroom (2hrs)	Make a body-outline on floor with chalk or coal. Locate organs and systems	Human body charts. Paper cutouts of organs	Make this session interesting by using local names of common body organs
Keywords : Body organs, systems, breathing-lungs, blood circulation-heart, digestion-gut, movement-muscles and bones, waste management-kidneys, control-brain and nerves. Reproduction-genital organs, blood, hormones.				
Exercise : Link organs in to systems/draw body parts on an outline yourself. Or make a paper drawing.				

Activities

- Talk about the learning objectives
- Start with the example of a house, various rooms, and other structures also. Talk about the human body similarly
- Ask participants to do things listed in the lesson-like swallowing water, taking a deep breath, quick running and heart-beating, holding up urine even when

full, noticing the growling in hungry stomach, observing any joint in action. Let participants question in their mind

- Use a human body chart to show various body systems
- Explain the exercise. Let someone lie down on the floor, and make a silhouette with chalk or coal. Let participants draw organs and systems on that. If they make mistakes, let others correct them (but avoid discouraging). You can also use a body apron showing body in layers
- Recap on keywords of organ and systems, the links, functions and names of organ and systems, the links and functions
- Explain the assignment

Think about this:

What are the functions of three openings in the woman's peri-anal region?

Anus (defecation), vagina (sexual and procreative), urethral (for passing urine). In man penis serves both purpose of passing urine as well as sexual and procreative functions.

Why is the brain the most complex organ of our body?

The brain has millions of cells and tracks. It is like a complex electrical wiring connection. Each part of the body has some station in the brain. It gets signals from the body parts, thinks, feels emotions, stores facts and figures, links information bits, takes decisions, gives orders to organs.



Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Women's Health, Life cycle, Health care	Classroom (2hrs)	Reflection on life experiences	Flip chart on life cycle problems	Allow some women to narrate real life time experiences on discrimination in health
Keywords : Woman's status, education, women's work, pregnancy, childbirth, early marriage, violence, income, less food, no health care, sex-selection, toilet facilities.				
Exercise : Prepare score card for your family. Use these points: equal education of girls, sharing of women's work, rest in pregnancy, rest after childbirth, opinion about age of marriage, wife-beating, access to woman's income, enough food, timely health care, opinion on sex-selection before birth, bath and toilet facilities. Give one mark for positive attribute and zero for negative each. Discuss positive and negative attributes.				
Assignment : Group meeting of 8-10 women and discuss above points.				

Activities

- Talk about the learning objectives
- Start with discussion of women's problems in different parts of life cycle. Use flip chart and reflective experiences

- Discuss why women suffer more ill health and neglect - use the flip chart and lesson text
- Explain the exercise of scorecard. Discuss scores. Explain as what is meant by positive and negative attributes
- Discuss how to improve situations. (Continue discussion in the evening if time is less)
- Recap the keywords
- Explain the assignment to be completed before next learning camp
- Discuss "what do you think" questions?

Think about this:

Pregnancy and childcare can be shared by the couple

Pregnancy and childbirth are biological functions of a woman's life, but men can share the feelings and care. Childcare is also a joint responsibility. The father as well as the mother can do everything apart from breastfeeding.

Is it right to sex-select babies like some people do? Can our world be without women?

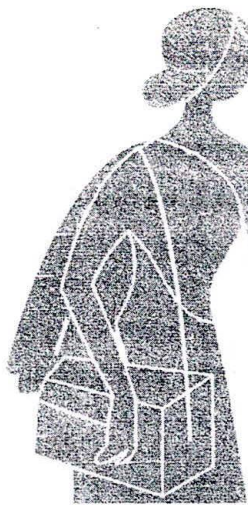
Some families do go for sex-selection of the baby. They want only a son, especially if the first baby is a girl. This is discrimination against half of humanity and also against law of the land. It is an injustice to the unborn baby, to the mother who is a woman herself and it will make society more strongly against the women. Women will be insecure in the more-men less-women world of tomorrow. There will be more violence against them within the four walls and outside. Violence against women, especially sexual violence will increase, as there will be fewer women to be courted by more men. Once we make an unequal world like this, it will take superhuman efforts and decades to correct the balance.

Women and men are born equal. There are many goddesses in our mythology. Then how came we ill-treat and abuse women?

Hindu mythology has several gods and goddesses. Yet we find injustice and ill treatment of women right from womb to tomb. Whatever the historical reasons for subjugation of women, modern age has conferred unique opportunities for equal treatment. Women can do almost all socio-economic functions men have done so far. This is a reality in other countries. Early marriage, less education, low wages, and violence are various forms of ill-treatment within and outside the family. We can end all that. There is no more reason for their being treated as second-class citizens.

Why men don't come forward to accept contraception?

Men think pregnancy and childbirth happen to women and hence contraception is also her responsibility. Many men do not even think of contraception. Some even oppose contraception when women ask for it. Condom and male vasectomy are two things they can use. Both are a lot easier and safer for health. Yet they rarely use these methods. The whispered reason behind non-use of condom is 'less pleasure in sex'; which is not true. On the contrary condom may be seen as a sex-enhancing accessory. The whispered reason behind less acceptance of vasectomy is 'impotence' or less libido. This is also incorrect. We should dispel these myths and explain complete information about these methods.



9

Organising a Group Meeting

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Group Meeting, Behaviour Change, communication, Participation of group members	Classroom, or under tree outside the hall (2 hrs)	Demonstration	Model of improved <i>chulah</i>	Ask participants to summarise key issues for organizing and effective group meeting in their villages
Keywords : Participation, problem solving.				
Exercise : Organising a group meeting on smokeless <i>chulah</i> .				
Assignment : Take a group meeting on any health related problem in the village. Write notes later and follow up.				

Activities

- Talk about the learning objectives of this lesson
- Start with a story of meeting for ASHA selection in village. Was it a good meeting? Why and how was it good? What were the problems if any?
- Explain the importance of behavioural change (as different from just information sharing) for health improvement. Many health problems can be solved by helping people to follow health practices.

- Ask "what do you think" questions?
- Take a 5-minute break, explain the exercise. This exercise is for the facilitators. Group should split in 2-3 sub-groups, each sub-group to be accompanied by one facilitator. Reach the pre-decided house with ordinary *chulah*.
- Start the discussion on nuisance and health-problems of the traditional *chulah* especially if firewood is not dry. Let people talk of problems and ideas. Encourage the discussion. Now introduce the model/picture of the new *chulah*. Explain how it works and the benefits. Ask if there are any difficulties regarding changing to the new type. Write down the decisions made in the meeting. Conclude the meeting with thanks.
- Have a debriefing session back at the venue. Discuss with ASHAs as how group meetings need to be organized
- Explain the assignment: to take a group meeting in the village on a common health issue

Think about this:

Some people dominate in group meetings, while some do not speak at all. What should be done?

This is a common problem one comes across in the group meetings. We have to identify non-participants, especially those who keep mum and look for reasons why. Some reasons could be: not concerned with the problem, not knowing enough about the problem, shyness, fear of speaking out, too big a group to feel free, presence of elders or troublesome people, no faith in the process of this meeting. Yet they all may have something useful to say. We need to gently request the dominating ones to allow others to speak and respect all viewpoints. One way of doing it is to select the right leader for the meeting who will encourage people to speak up. If all efforts fail, we must ask the silent ones after the meeting is over.

I lack confidence while speaking in a group. What should be done?

This happens to many people. But many a woman has changed themselves into effective communicators and negotiators in months of being selected to Panchayats and other community-based organizations. Once we know the issue, we start talking and don't fumble. To start with, we may communicate with friends and colleagues, and get their feedback. Secondly, instead of 'giving answers' we may start with sincere questions. The most important thing is to give up fears slowly. And remember with continued practice, one can develop confidence, when speaking in a group.



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10

Know Health Services

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Health services, Health institutions	The classroom (2 hrs)	Request the nurse <i>did</i> , MPW, <i>dai</i> to come to class	Black board or large sheet of paper, colour chalks	Encourage participants to come out with names of other service providers in their villages
Keywords : <i>Dai</i> , <i>Anganwadi</i> , health sub centre, nurse <i>did</i> , MPW (<i>Swasthya Karmi</i>).				
Exercise : An ANM explaining all activities she conducts during an average day.				
Assignment : To visit an Anganwadi Centre and list all activities/service providers by Anganwadi worker in your village.				

Activities

- Talk about the learning objectives of this lesson
- Start with what they know of the block map and directions and distances of their villages from the venue of the meeting. Draw a crude map of your block on a big paper or blackboard or the floor
- Now ask them where the health facilities like SC, PHC, CHC and private clinics are. Mark each facility with different colour chalks

- Ask them if they have visited SC, PHC, CHC or private clinic/hospitals. Ask them to recall a little bit about the experiences
- Explain the links between the various health facilities
- Take a small break
- Do a keywords recap
- Explain the exercise
- Explain the assignment
- Read out questions: What do you think?

Think about this:

People say the nurse *didi* hardly stays at one place

Nurse *didi* works for a population of 3000 to 5000; hence she visits many villages (5-10) and *paras*. She also has to attend meetings at the PHC. She also needs to conduct immunization sessions and deliveries in the villages. So she cannot stay at one place, all the time, as she has to serve the health care needs of the population under her care.

People call the MPW the malaria worker

MPW are giving many services, but malaria work is the most visible and well known. He takes blood smears, gives malaria tablets and helps the insecticides survey teams. He also gives condom-contraceptives, motivates for vasectomy, works to control illness-outbreaks, and helps the nurse *didi* in immunization work.

Village people don't support nurse *didi* in her work

Village people may think she is a 'Govt' worker rather than a community worker. She is often equated with just immunization and FP work. People's needs in health care are somewhat different. For this people go to private doctors and meet the expenses. Few know that she can also give medicines for minor illnesses and even some risky illnesses like pneumonia. If people know this, they will also support her other works. ASHA can do this bridging role.

Is nurse *didi* doing only family planning work?

No, it is just one of her services. Immunization, care of pregnant mothers and children, helping Anganwadi *behen* in her health work, assisting childbirth and after, keeping records of health work are some of the important tasks she does.

Can people expect free services from a PHC?

Yes, and it is necessary that PHC services are all free. Sometimes the doctor may write some medicines to be bought from a pharmacy as all drugs may not be available with them. This is not always true. What is important is that nobody charges fees for medical care of any type in the PHC. This is also written on the board in many PHCs. However, in many states user charges are levied at CHCs and hospitals. ASHAs should make people aware about the user charges as applicable at different institutions.

How can we help improve the working of this centre?

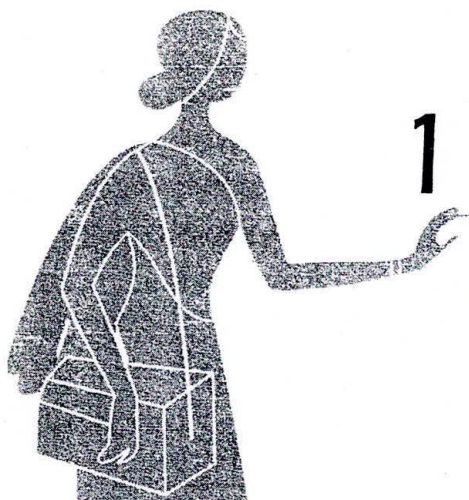
The PHC has many roles to play, not just medical treatment. You can refer some needy cases to the PHC for more care. For instance, risky childbirths should always be done in the PHC/CHC and not at home. You can explain the JSY scheme to mothers.

You can also reduce some workload of the PHC by preventive care at the village. For instance, iron supplementation for pregnant mothers can reduce complications of childbirth. Better and complete immunization coverage will reduce child illnesses. ORS treatment will prevent diarrhoea deaths.

Many people complain about poor quality of drugs offered at PHCs.

Is this true?

This is not true. Drugs available at PHC are purchased after following a very elaborate process, which completely eliminates chances of any substandard or spurious/take drugs being supplied through PHCs. ASHA should dispel any myths about poor quality of drugs/medicines at government health facilities. On the contrary, some private practitioners may dispense drugs of doubtful quality.



11

Anganwadi Centre

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
ICDS AWC Growth charts	Classroom (1hr) and then AW centre (1hr)	Observation, demo, do it (weigh, charting)	AW centre equip (Wt machines, growth charts)	ASHA scan interview AW <i>behen</i> , with little help from you
Keywords : Anganwadi, birth registration, weighing, charting, feeding, U6 children, mothers, malnutrition, U3 children, problems, pre-primary education, AW helper.				
Exercise : Group work on what should be done to help Anganwadi <i>behen</i> on problems of non-attendance, and babies not doing well.				
Assignment : Spend a day with AW in your village and assist her in all tasks.				

Activities

- Talk about the learning objectives of this lesson
- Start with what they know of AWC. Are any of the ASHA-children attending AW? What are their experience as mothers about services?
- Explain the malnutrition and child ill health in our society and why children have faltering growth

- Then talk of the role of AWC – what it can do for improving health of mother and children
- Take a break and walk to the village AW (plan it in within 15-20 minutes). If there is more than one Anganwadi centre in big village or in vicinity, you may like to split the group in 2-3 sub-groups, each to be accompanied by one facilitator. Inform the Aanganwadi *behen* beforehand. If possible invite the *mukhya sevika* to be around
- Let the AW *behen* show the following: weight taking and charting, cards showing faltering growth, supplementary meals
- Talk of what happens about pre-primary education, health check ups, mother clinics
- Let the group freely interact with Aanganwadi *behen* and *mukhya sevika*. Chip in questions if necessary
- Do a recap of what they saw and learnt, using key words
- Explain the exercise
- Explain assignment

Think about this:

Some people say Anganwadi is only a feeding centre

No, the anganwadi worker has at least these jobs to do: weigh all under six children and chart their growth every month, give supplementary feeds to children and mothers organising immunization, nutrition-feeding advice to mothers, pre-primary education of U6 children, health care/check up of all under six children. In addition they help nurse *didhi* for MCH clinics, registration of birth and deaths, and soon they will start helping in newborn care. Thus our anganwadi *behen* performs many functions for improving health of under six children and mothers.

People complain about quality and quantity of food given to children at centres!

This is a common problem. AW gets pre-cooked food or has to prepare some at AW. The budget is also a constraint. Often she has short fuel supply. She needs to improve this by preparing feeds with help of local SHGs. ASHAs can also help AW *behen* in her work. Local varieties of foods have better acceptability!

Do children wash their hands before eating at centres?

Hand-wash before meals is essential for prevention of diarrhoea, worms and other illnesses. It must become a lifelong habit for the child. There should be access to sufficient water at Anganwadi centre.

Some children take food back home. This food is shared at home with others. Is this good?

Some children take it home and may share with others. The feed is supplementary—only a part of the child's needs. If it is shared, a small fraction will come to the child. This defeats the purpose of AW. The child must eat at the Anganwadi, as far as possible.

Many times nurse *didid* does not come on the scheduled health day?

MCH clinic at the AW must be a regular event organised once a month as a scheduled day. But nurse *didid* may miss at times due to several problems: meeting day at PHC, a childbirth somewhere in the villages, responsibility of two sub centre areas when the other is on leave or post not filled, travel-difficulties etc. Generally this should not happen. If nurse *didid* regularly misses scheduled days, then ASHA should take up this with Panchayat members. The Anganwadi *behen* should slowly learn to do essential tasks in MCH clinics to carry the day in her absence. ASHA can help her.



12

Village Birth Attendant or DAI

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Dais Work, Skilled Birth Attendant	Classroom or in Dai-ma's house (1hr) or at the house of a recent childbirth. Can be done in evening (1hr)	Interview, discussion, kit-demo	Dai-kit, DD kit	Let ASHAs handle the discussion, help and add when necessary
Keywords	: Homebirth, referral, dangers, Nursedidi, ANC, dai kit, DD kit, six cleans (hands, place, cloth, blade, thread, perineal region), newborn care.			
Exercise	: Recall the six cleans, the risks-dangers in childbirth.			
Assignment	: Attend a childbirth in the village with the Dai-ma.			

Activities

- Talk about the learning objectives of this lesson
- Ask if they have met the village *Dai*? Ask about what she can do? How many *dais* are in their villages? Are new girls joining *Dais*? Is she a paid servant?

- Introduce a trained *Dai* to the group. *Dai* should be in position to explain as how she comes in contact with pregnant women and conduct deliveries. Use this opportunity to highlight the purpose of training programmes for *Dais*
- Let ASHAs also know, is done by *Dai* in case they come across complicated cases at home. Do they accompany women in difficult labour to hospitals? How are they treated in the hospitals?
- Ask *Dai* to demonstrate contents of DD Kits
- Explain exercise?
- Explain assignment?

Think about this:

Childbirth looks a simple matter; anybody can do it. Nothing can go wrong

This is what some women may tell you. Any childbirth can turn difficult and it is not possible to predict in many cases. It can harm the mother or the baby or both, even take a life. A skilled birth attendant is a well-trained nurse/doctor who can handle emergency situations during labour and reach the CHC/hospital in good time. It is better that she supervises the birth.

Old women say they never bothered about childbirth in the past

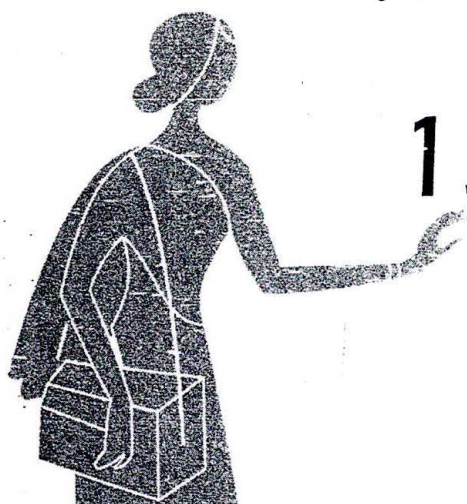
That was then. They have survived childbirths, but others have died in the process and are not here to say how they died. Sometimes the mother-in-law does not want to 'pamper' her daughter-in-law and so she says this to avoid expenses. But stories still repeat if you look for. In every 1000 childbirths, 5-6 women may be dying just before or after childbirth. You may not appreciate this as in a village there may not be a maternal death each year or even in two/three years. In backward districts with difficult roads, more die. Add many more stillbirths and newborn deaths to this. And consider the health hazards due to difficult childbirth—blood loss, infection and fever, womb-drop (prolapsed uterus), tears and inversion of uterus, damage to the baby (fits, even mental retardation) and sepsis.

In some villages *dais* are considered as doing "dirty work"

Yes, some people consider it dirty work. In some villages, *dai-ma* is expected to just clean up the place and dispose of the placenta and the actual care is done by family women. The unfortunate caste system is linked with this 'dirty work'. However childbirth is not dirty work, but great event of the arrival of a new life on earth.

We have now fewer *dais* in the village

New *dais* are not replacing old *dais* so often. In some villages therefore there are no *dais* to talk of. In 20-30 years *dais* may be an outdated system. This is because many families take the mother to a nearby hospital or call the nurse *didī*. The skills of *Dai* are limited even after training. She can not use certain drugs which can be life saving. For the family and the mother this is a difficult situation and often dangerous. It is good if people resort to skilled birth attendants or better still to go to good hospitals. Yet, so long we do not have enough birthing facilities and help, *Dais* are here to stay and we must help in what they are doing. *Dais* should also change their mindset for promoting safer hospital birth and use the JS Yojana to everybody's advantage.



13

Illness and Healing

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Causes of illnesses	Classroom (1 hr)	Discussion		Let ASHA narrate their own experience
Immunity and healing	Classroom (1hr)	Picture-based discussion, reflection on personal experiences		
Keywords : Illnesses, causes - germs, microscope, water, sanitation, nutrition, injury, pollution, unsafe sex, addictions, immunity, healing, insects-vectors.				
Exercise : Reflect on the illnesses your family/neighbours had in the last year, and think of causes and how they healed.				
Assignment : Follow five illnesses in the village, understand the causes and healing sequence.				

Activities

- Talk about learning objectives
- Start the lesson with experiences of illness – 5-6 ASHAs (their families) having illnesses in last one month
- Discuss the causes of illnesses, in villages

- Talk more about germs and worms as causes for some common illnesses
- Discuss the multi-factorial causation
- Discuss healing-how wounds and illnesses heal up
- Discuss illnesses and immunity/body defence systems
- Recap by keywords
- Explain the exercise
- Explain the assignments

Think about this:

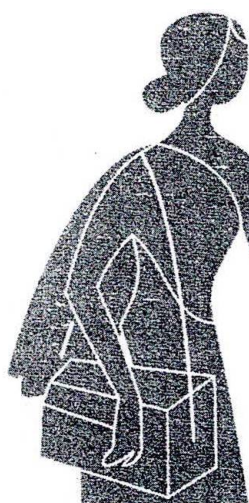
How can we increase our resistance to illnesses so that we not fall ill? Adequate and balanced diet, good habits like exercise and personal hygiene practices, healthy living environment, positive attitude are necessary for building resistance to illnesses. Timely immunization is important for strengthening the body's defence systems.

Why do we not see small pox these days?

Smallpox was a viral (very minute germs) illness. It vanished from the universe due to a widespread and effective vaccine, the global campaign of vaccination and close watch on virus. Several programmes are underway to eliminate some other diseases such as Polio.

Do you come across hydrophobia patient in your village? Why are people so afraid of a dog bite?

Dog bites are common. Hydrophobia is not so common and every dog bite does not give rabies. We see it sometimes and in some villages. Yet people are afraid of dog bite, as it can be the fatal rabies illness. Rabies has no cure except that timely after-vaccine may save cases before the germs reach the brain. These days highly effective vaccines are available which need not be given in the abdominal wall, as was the case with the conventional vaccines.



14

Using Remedies

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Healing systems	Classroom (1hr)	Discussion by examples	Medicines of 3-4 types- Allopathic, ISM, homoeopath	Take examples of local doctors with different pathies
Medicines	Classroom (1hr)	Show drugs in the kit one by one. Discuss from book	Kit with medicines	
Keywords : Allopathic, Ayurveda, Siddha, Unani, homoeopathy, non-drug healing, side effects. Rational use medicines, injection, tonics, saline, anti-biotic, costs, home remedies, self-medication.				
Exercise : Visit the pharmacy of the PHC/CHC.				
Assignment : Do a small survey of 10 households for unused medicines, list illnesses for what the medicines were used, estimate costs.				

Activities

- Explain the learning objectives
- Start the session with what they know: *Allopathic (Angreji dawa)*, *Ayurveda*, *Unani* and homoeopathy etc. Can we heal some illnesses without medicines?
- Explain the various healing systems in brief
- Talk about overuse of injections, saline bottles, tonics and expenses

- Take a break
- Talk about misconceptions and questions listed
- Recap using keywords
- Explain the exercise
- Explain the assignment

Think about this:

Injection and saline are a must for cure

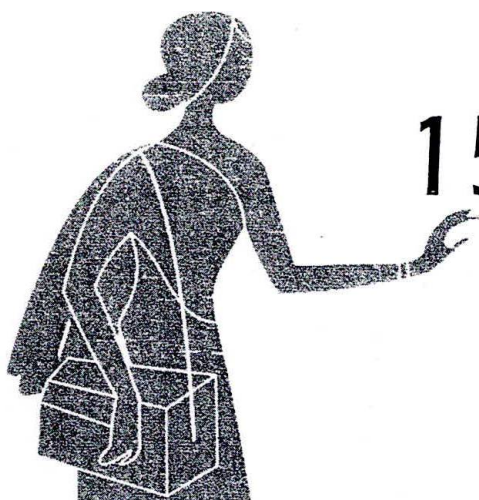
This is a myth spread by some drug companies and profit-seeking doctors. No medicine/book ever carries such a message. In the last 10 years, most medicines are available for oral use and they are very effective. Injections work in 2-5 minutes while oral drugs may take little longer time for starting action. Some times injections are also needed. Saline is just water with some salt and glucose. Village people loose money in medicare mainly because of abuse of injections and saline and tonics. We need to educate people about this.

Children need tonics for curing weakness

This is the most popular but wrong belief. Many parents from urban and rural India, keeps on insisting that their children be prescribed tonics. No child needs tonics, but every child needs good nutrition with calories, proteins, vitamins, and minerals. Diet gives this all amply and no tonic, howsoever costly, can give these enough. Tonics are needless exploitation and should be avoided. Tonics are not substitutes for balanced diet.

There is a pill or injection for every illness

We have learnt from childhood that an injection or pill is necessary for the cure of any illness. That is not true. Only some illnesses need such cures. Some illnesses can be corrected by diet, some by specific exercises. Yoga, massage, acupressure can help in some illnesses. Some illnesses will heal by themselves without doing anything—cold for instance. There is a very popular saying, "If you take medicines, cold will go away in one week, otherwise it will go in seven days". Some people never take any medicines. But we should not be faddists. Use medicines with scientific caution and care.



15

Home Remedies

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Medicinal plants	Classroom (1 hr) and surroundings	Discussion		
Home remedies	Classroom (1hr)	Demo and discussion	Bring the listed home remedies	Do a free listing of common home remedies
Keywords : Ayurveda, tridosha, dincharya, ritucharya, swasthavritta, neem, tulsi, kumari, adusa, kuda. Kadha, neem-tail, hadli, triphala, oil massage, mulethi, aamla, lemon, honey, gulkand.				
Exercise : List the common medicinal plants-trees in the neighbourhood.				
Assignment : Identify home remedies practioners in your village. What kinds of remedies do they use?				

Activities

- Explain the learning objectives
- Start the session with a case story - how when access to doctors is difficult, families use home remedies. It can save money, time and often going to doctor may be unnecessary (for example for wound care, common cold etc). Ask what they do at home themselves. Ask them if they had any experience with home remedies in their homes or in neighbourhood?

- Explain the common medicinal plants as given in book 1. (Encourages ASHAs to add to the list of medicinal plants)
- Take a break
- Discuss use of select home remedies
- Talk of questions listed
- Recap using keywords
- Explain the exercise
- Explain the assignment

Think about this:

Herbal remedies are for poor people

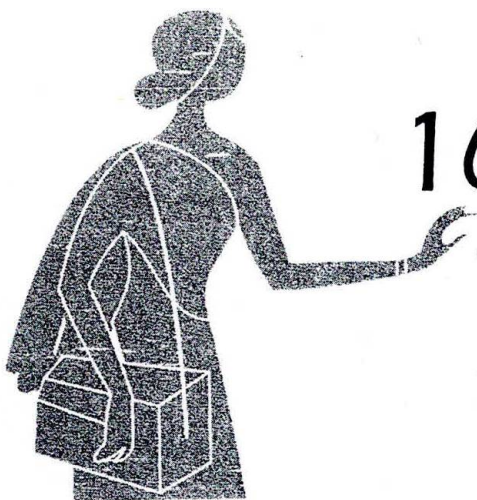
Herbal remedies are for all. Gradually there is recognition of the benefits of herbal remedies. Even in the western countries, people are looking for herbal cures. If poor people are using a herbal remedy, it is indeed good as it will save them some costs. There are some NGOs working with herbal medicine practitioners. However, we should popularize the use of herbal and home remedies in all sections of society.

Herbal remedies take long time to act

Not necessarily. It depends upon the illness, its duration and chosen remedy. Some may act even quicker, like *Haldi* or *Kumari* for wounds.

For herbal treatment, you have to observe many *apathyas* (food not allowed) and *pathyas* (food allowed)

For external herbal remedies the *pathya apathya* is not very important. However, for any Ayurvedic way of healing we need to follow some rules of health—*dincharya*, *ritucharya*, and *dosha-vicahara*. People already know some rules—like getting up early helps bowel movements. Many people note the food rules by experience. For example, *chana* increases gases or constipation or spices increase *pitta*.



16

Preventing Unwanted Pregnancies

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Abortions, unmet contraceptive needs	Classroom (2hrs)	Demo and discussion, self reflection/ experience sharing	Condom, IUD, OP, uterus model	
Keywords : Early marriage, teenage pregnancy, abortion, MTP, contraceptive, spacing, unmet need, Condom, IUD, Oral pill, choice of method.				
Exercise : Discuss experiences amongst yourselves about abortions and spacing.				
Assignment : Interview 10 eligible families about how they are spacing pregnancies and how they got access to the methods.				

Activities

- Explain the learning objectives
- Start with real life experiences when someone wants to prevent a pregnancy but has no help
- Explain how repeated abortions can harm women's health
- Explain the various ways of spacing and benefits
- Talk about misconceptions and questions listed

- Recap using keywords
- Explain the exercise
- Explain the assignment

Think about this:

Abortion is good family planning method

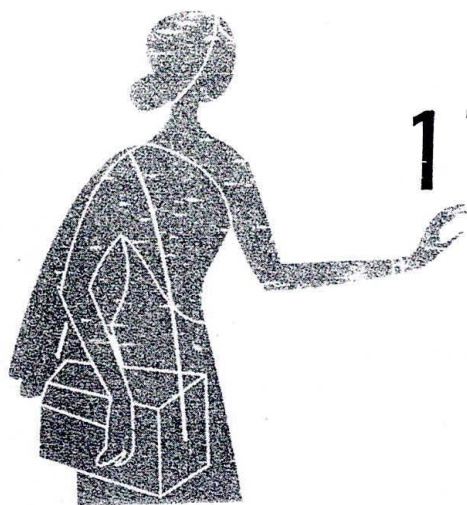
Abortion is NOT a family planning method and it is not to be used as one. Abortion is for ending an ongoing unwanted early pregnancy; and contraceptive methods are for preventing a pregnancy. Family planning methods are safe; abortion may be risky in certain situations. Family planning is low cost or has no cost; abortion may be expensive in private. However, people may still need access to safe abortion services as there are failures also with contraceptives.

Decision about family planning method should be left with the nurse
didi/doctor

No, the acceptor should decide and choose. The ASHAs, ANMs and doctor should give them all the information about contraceptives and the pros and cons, and help the acceptor to choose the method most appropriate for the individual/couple. If the couples decide about the method then it is likely to be used for longer duration.

Government should give money for those accepting sterilization

Incentives do no good. Incentives also distort the choice of method as for some money they may choose a method, which may not be of their liking. In the past, incentives created bad practice and imbalance between spacing and terminal methods. Often it led to malpractices. The couples and individuals should be empowered to make their own informed choices about the method they would like to use. We should empower them to make a decision.



17

Condoms: an option for men

Lesson Plan

Topics –	Venue- & time	Principle method	Equipment	Suggestions
Condom, Correct and consistent use of condom	Classroom, (1hrs)	Demo and discussion	Condom, a raw banana as penis model	Respect the sensitivities of women
Keywords : Male condom, erect penis, teat, spill, spacing, HIV-STI prevention, sex- pleasure, promiscuity, female condom, spermicidal.				
Exercise : Check expiry date, break open a condom pack and use it on a banana, proper disposal.				
Assignment : Counsel 2-3 women/couples about using condoms for contraception.				

Activities

- Explain the learning objectives
- Start the session with what they know about condoms
- Explain the right way of using condoms
- Talk about uses of condoms-in unsafe period (and unsafe sex.)
- Discuss different sources from where condoms can be obtained
- Talk about misconceptions and questions listed

- Recap using keywords
- Explain the exercise
- Explain the assignment

Think about this:

Free condoms are not of "good" quality

Government's free condoms are of the best quality and as per the standards laid down. There are several checks conducted for quality of condoms before these are released for use. Condoms available in shops are also good but have some extra attractions like grainy surface, lubrication etc.

Nurse *didi* always talks about sterilizations of women

She should talk also about spacing methods, condom and other options. In the changing situations of HIV AIDS epidemic, we have condom to halt the spread of the illness in unsafe sex, as condoms offers protection from unwanted pregnancy and sexually transmitted infections including HIV/AIDS. Information about all available methods should be shared.

Men can't use condoms properly under the influence of alcohol

This may be somewhat true depending upon the state of drunkenness. The woman partner can however, insist and help him put on the condom. Women should be able to negotiate use of condoms. Availability of female condoms will also help women in such situations.



18

Registration of Pregnant Women

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Risks during pregnancy, Why registration	Classroom + ANC clinic at PHC or AW centre (2 hr)	Discussion	Flip chart, ANC cards	Use of experiential reflection may help to internalize
Keywords : Risks in pregnancy, childbirth, early registration, ANC card, AW centre, MCH day.				
Exercise : Discussion points learnt in the classroom and ANC clinic.				
Assignment : Study 2 ANC cards in the village, and interview the pregnant mothers. Attend the ANC clinic and learn checking-eyes, tongue, breasts, abdomen, feet, and the usual complaints.				

Activities

- Explain the learning objectives
- Explain the possible risks in pregnancy and the importance of regular ANC. Use flip chart/pictures. It is important to emphasize that each pregnancy carries some risk
- Highlight why it is important to register early during pregnancy
- Take a break and visit the ANC clinic

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- Show how the nurse *didi* conducts ANC—in various trimesters, the ANC card
- Recap using keywords
- Explain the exercise
- Explain the assignment

Think about this:

Many women feel that pregnancy check up is a waste of time

No. This is not a waste of time. On the contrary this investment in time is good for health of mother and baby. Some never register and arrive at the PHC for childbirth entirely unprepared and with much risk. About half of women take the registration in 6-7 months. We need time (3-4 months) to take care and treat anaemia, which is so common. Those who never register or register late, may end up suffering a complicated childbirth or a weak baby. We should make sure that each pregnant woman registers early during pregnancy.

Nurse *didi* does not come in time at centre and women have to wait quite long

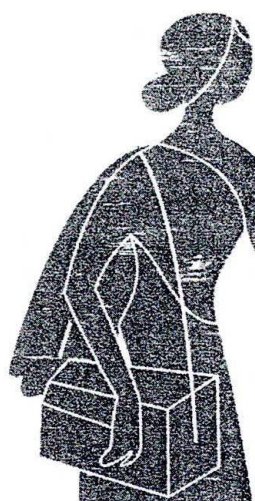
Yes people cannot wait for long as they have other work to do and the family will not permit them to go the next time if it is late. The nurse *didi* should take care about that. If it ever happens, we (ASHA) should start some work like taking weights, talking about diet to the group, breastfeeding etc. That will save the nurse *didi*'s time and use the available time productively. If she is coming late regularly for sessions then ASHAs should talk to her or take up this issue in Panchayat meetings.

There is no privacy at AWC for abdominal check up

We can arrange for a *saree*-curtain if there is nothing else to give privacy. Or shift to a house where some privacy is available. Women feel awkward in absence of privacy. Both visual and audio privacy is important.

Many women go to private doctor for ANC

If people can afford the expenses, there is nothing wrong in seeking ANC for qualified private doctors. At many places, women don't mind being examined by male doctors.



19

Janani Suraksha Yojana (JSY)

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Janani Suraksha Yojana, Your role	The classroom (1hr)	Discussion	-	May encourage ASHA to share their experiences of getting benefits under National Maternity Benefit Scheme
Keywords : Regular ANC checkup, childbirth, eligibility, BPL, above 19 yrs, Referral, hospital birth, transport costs, cash assistance, Panchayats.				
Exercise : Role play on common problems as why women don't go for institutional deliveries?				
Assignment : Motivate two ANC women in the village to use JSY facility.				

Activities

- Explain the learning objectives
- Start the discussion with any real story the group may have heard about, difficulties families face while taking a mother with difficult childbirth to a hospital

- Explain the scheme JSY-criteria, how to get help
- Discuss the questions and answers when appropriate
- Recap using keywords
- Explain the exercise. Facilitators encourage ASHAs for a role play
- Explain the assignment

Think about this:

Men usually run away when blood is required to be given to women during delivery through operation

Blood donation, they think, weakens them. They start telling many reasons why they can't donate and will pay for a bottle. The stated reasons are hollow in most cases. One should not donate blood only if: the person is younger than 16, above 50, has had jaundice, typhoid, HIV, AIDS, anaemia (less than 12gm) or any serious chronic illness like TB, cancer etc. Giving blood is harmless. The 250 ml blood is replaced in 2-3 weeks time and is only 5% of total blood volume in the body. As ASHA, you should explain the benefits of blood donation to save someone's life, who may die in the process of giving birth if blood was not made available in time. As they say "blood donation is great donation" "*Rakta dan Maha dan*". Blood may also be required for accident victims.

In hospital, employees demand money from delivery cases

Unfortunately, some government workers have these bad habits and they especially exploit poor women. First we should ask them if they can give us the receipts of the money being asked. In case any money is to be paid officially insist on a rate card or try to find out what are the official charges. Generally user charges are exempted for the poor. Even if they insist on money inform the MO in charge of the hospital about it. Nobody can take cash without a receipt in any Govt hospital. With sustained public pressure this malpractice will stop. You can also inform the *Rogi Kalyan Samiti* (advisory board) about the grievance.

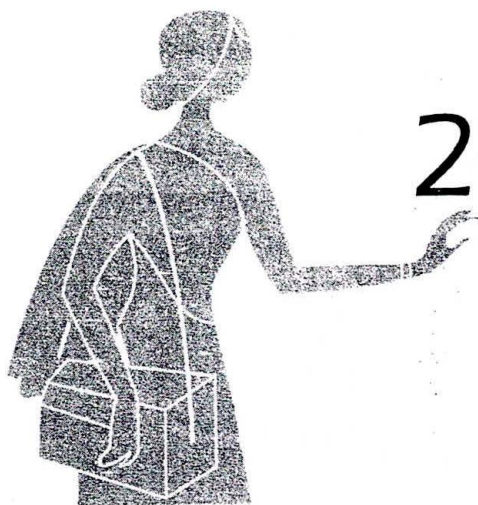
Remember your neglecting or ignoring this problem will make the next visiting family's life difficult. Someone has to begin and start saying NO to such unauthorized patients. Many times we are also responsible for promoting such unauthorized payments.

Many poor families don't have a BPL card, while others who are well off take advantage of BPL benefits

Unfortunately one comes across such situations quite often. We must make efforts to get poor and deserving families registered for BPL benefits. The Panchayats should be alert to this and *gram sabha* also should discuss about making these cards available for genuine families. Poor people face enormous difficulties for years if they have to pay for medical services by way of loans or stress sales of land, goats, bulls etc.

Can women go to private hospitals and are they also entitled for benefits under this scheme?

JSY is applicable for even private hospitals. The hospital must be registered with the health dept. for this. What we need to do is get a certificate from the hospital about the childbirth. It is possible that private hospitals may ask for money in excess of what has been given in JSY. In such cases families should be ready to give extra money. It is always advisable to collect receipts for money paid to the hospital.



20

HIV and AIDS

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
HIV Transmission, Prevention	Classroom (1hr)	Pictorial discussion	Flip chart if available	
Keywords : HIV, AIDS, unprotected sex, blood, womb-transmission, needles, women more vulnerable, window period, safe behaviour, condoms, female condom, adolescent health education.				
Exercise : Discuss if compulsory HIV test for boys/girls before marriage.				
Assignment : In a meeting of SHGs, discuss how women are more vulnerable to get HIV/AIDS infection and what can be done.				

Activities

- Explain the learning objectives
- Start the discussion with any real AIDS case the group may have heard of (Or you keep one usual story ready-the driver/worker -Mumbai connection-bringing back infection-woman gets it-the new baby-they get ANC check up and HIV test)
- Explain the causes of how one gets it, social situations behind the infection
- Talk about how HIV is not transmitted
- Explain how the illness shows up-symptoms and signs-use pictures
- Use the questions for discussions

- How to prevent HIV-AIDS, mention new ways of treatment
- Explain the issue of confidentiality when dealing with any AIDS patient or HIV positive individual
- Recap using keywords
- Explain the exercise
- Explain the assignment after the learning camp

Think about this:

Prevention is better than cure. HIV and AIDS is an example

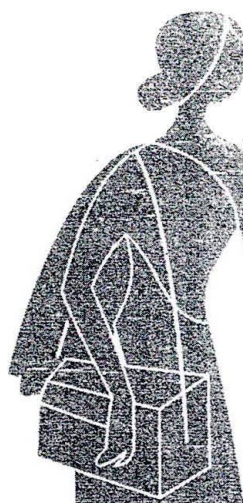
Many illnesses are best prevented, and are difficult to cure. Small pox was an example. Polio is another. It is cheaper to prevent some illnesses than to cure them. HIV and AIDS have no permanent cure so far, no vaccine either. Safe sex practices, safe blood transfusion, avoiding intravenous use of addictive drugs are the major preventive measures we have.

Should HIV test be made compulsory before every marriage?

Compulsory testing is not a good idea and also it is really difficult to implement. First there is this window period wherein we can get negative test. If it is made compulsory, some people who suspect themselves to be positive may go underground or resort to corrupt practices to escape the test. It is also possible that those identified positive on testing are discriminated against and stigmatized. The risk of unsafe sex remains the same even after marriage unless the person thinks, knows, and behaves safely and responsibly. Pre-marriage counselling, along with voluntary testing may be helpful.

People in city only indulge in having sex with multiple partners

This is not correct. Many villagers migrate to cities for work, and keep revisiting their families in the countryside. In the villages also, pre-marriage and extra marital sex is not uncommon. Whether village or city, people should avoid risky sexual behaviour.



21

Breast Feeding

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Breast feeding, Benefits, Lactation, Management	The ward and classroom (2hr)	Demo, followed by picturised discussion	Flip chart or movie CD	Ask for consent of the breastfeeding mother before demo
Keywords	: Early BF, one hour, colostrums, immunity, diarrhoea and ARI, nutrition, milk flow, nipple, position, changing sides, nipple care, sunken nipple, cracks, nipple care.			
Exercise	: Do a group discussion on problems of breastfeeding based on your own experiences.			
Assignment	: Observe and advise 2 pregnant mothers and 2 breastfeeding mothers on correct breast feeding techniques, advise two pregnant women (also their mothers-in-law) about advantages of initiating breast feeding early.			

Activities

- Explain the learning objectives
- Start the session with picture of a happy mother breast-feeding a healthy baby
- Ask and discuss about individual experiences from those who breast-fed their babies and those who did not (5-10 min).

- Explain the benefits of good breast-feeding practices for the baby and mother
- Explain the correct ways of breast feeding-follow the key words
- Take a break; take them into the ward with a recent childbirth
- Show the correct technique-breast feeding basics
- Explain possible problems of breastfeeding-nipple, swelling
- Discuss the questions and answers at appropriate time
- Recap with help of keywords
- Explain the exercise
- Explain the assignments

Think about this:

Often a baby is breastfed only after the third day. This starves the baby and affects the milk flow

This is a very cruel practice to starve the baby of the milk that nature made for it. The calf takes to the udder of the cow in few minutes and starts jumping around. Why should human babies be denied the milk? Our society has many misgivings about the thick breast milk in the first 1-3 days. The milk gives the baby its first immunity. For the mother, early breast feeding starts the milk flow smoothly. As soon as possible after delivery the baby should be allowed to breast-feed and mothers should be encouraged to start breastfeeding.

Pre-lacteal foods are given to many newborn babies. Are these any good? As a ritual and traditions, prelactal foods are given to the baby. There are several formula preparations available in the market. They don't serve any specific purpose and compromises exclusive breast-feeding. Pre-lacteal feeds don't serve any purpose. Complementary feeding must start after 6 months, otherwise the baby gets undernourished. After 1 year, the child must eat what the adults take.

Many mothers are not sure if her baby is being fed adequately and hence they resort to top feeding

The best clue to good nutrition is the growth and weight monitoring. Top feeding should start only after six months but breast feeding must not stop for two years. Top feeding also may cause infections like diarrhoea. Cleanliness during preparation of the baby's food is necessary in this regard.



22

Infant Nutrition

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Child Feeding Practices	Classroom (1hr)	Pictorial discussion	Pictures/flash cards	If there is any infant with any ASHA, discussions can be initiated for the nutrition
Keywords : 6 months, complementary, semi-solid, ghee-oil, frequent, hand wash, no market packs, weight.				
Exercise : Interview parents of 1 infant each in the OPD about feeding practices.				
Assignment : Interview feeding practices of 5 infants in the village, tally their weights on card.				

Activities

- Start the discussion with what ASHAs do for child feeding
- Ask if the child is normal weight, has any problems in growth. How important is it to attend to infant nutrition, as in 50 per cent of child deaths, malnutrition is a contributory factor
- Explain the learning objectives

- Discuss the various good practices in complementary infant feeding after six months
- Discuss the questions and answers as they come
- Discuss what ASHA can do to educate mothers about feeding infants
- Recap with keywords
- Explain the exercise
- Explain the assignment

Think about this:

Many parents give top feed only after the baby is 1 year old. This is incorrect and the cause of faltering growth. A baby needs extra feeds after six months of exclusive breast-feeding. The top feeds should be gradually introduced, one at a time. Start with meshed *dal*, rice, banana, fruit juices, then porridge etc.

Girl babies get less attention and feeds than male children. Unfortunately this is true in some families. Girl baby also needs the same nutrition as the boy baby. This is an attitude problem, not a problem of poverty or ignorance. We treat our daughters as if they are a burden or someone who has to go to "her house" one day. They must be treated equally and we have to talk to families about this. This practice must be done away with.

Who feeds children when parents go to work?

It is often some old member of the family or the elder girl staying back at home. Often there may be no one to do this. The child is left to play with a piece of *roti* to eat. Anganwadi's are unable to take care of very young children. The parents may not be able to take the child to work. Then a crèche is the only answer. ASHAs can help in setting up crèches at places where several nursing mothers go to work.



23

Immunization

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Immunisation Benefits, Immunisation schedule	The classroom & PHC/CHC/SC Immunization clinic (2hrs)	Discussion with help of cards	Pictures of six illnesses, flip chart, the vaccine bottles	Show the cold chain equipment also
Keywords : BCG, Polio, DPT, Measles, MCH clinic, cold chain, complete immunization, booster.				
Exercise : Memorize from the child-card the sequence of immunization and the illnesses they must be protected against.				
Assignment : Survey in the neighbourhood about complete immunization of 10 children, between ages of 12-24 months. How many are completely immunized, how many partially immunized and how many did not receive any immunization?				

Activities

- Start the discussion with immunization memories of childhood. How many ASHAs had mark of small pox vaccination on forearm or upper arm?
- Ask if they have got BCG scar—how many do not have scar, why? What could be the ill effects of no BCG immunization?
- Explain the learning objectives

- Discuss six major illnesses (Diphtheria, Pertussis, Tetanus, TB, Polio, Measles)
- Take a break and shift to the Immunization clinic
- Discuss the schedules, show child card. Discuss the methods, problems women have
- Discuss the questions and answers as they come
- Discuss what ASHA can do to increase immunization in the village
- Recap with keywords
- Explain the exercise
- Explain the assignment

Think about this:

People feel that quality of vaccines offered in villages is not good. This is not true. The vaccines are of standard quality through public system facilities and campaigns. These need to be stored/transported in a cold environment. Sometimes we value something we pay for and hence consider a private doctor's vaccines more valuable.

Some people feel that despite complete immunization children get Polio? Unfortunately polio-like illnesses may strike even if the baby is completely immunized. In rare cases the baby is immunized but proper cold chain may not be maintained, making the polio vaccine ineffective. All such children need to be investigated.



24

Diarrhoea

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Diarrhoea symptoms, Causes, Dehydration ORS	Classroom (2hrs)	Pictorial discussion plus demo on ORS	ORS packs, bottle, spoon, open a bottle of DNS saline for taste	Encourage ASHAs to come out with a list of common Home Available Fluids that can be used
Keywords : Loose motions, dehydration, mild-moderate-severe dehydration, cause of death, rehydration, ORS, HAF, skin fold, tongue, thirst, sunken eyes, talu-fontanel, urine, sleepy, floppy, referral to PHC-CHC, saline, no injection.				
Exercise : List HAF available in your home/village.				
Assignment : Find out how many families know about diarrhea treatment-ORS, HAF, referral.				

Activities

- Start the discussion with a picture story/flip chart on loose motions.
- Ask the participants about personal and family experiences. How common is childhood diarrhoea in villages?
- Explain the learning objectives

- Discuss signs of dehydration and what causes deaths in diarrhoea
- Take a break
- Discuss HAF available in the community and are these used in diarrhoea; do mothers stop feeding babies suffering from diarrhoea?
- Demo ORS, compare with Saline taste
- When to refer and where to refer
- Discuss questions and answers as appropriate points as they come
- Recap on key words

Think about this:

By knowing how to prevent diarrhoea and dehydration, you can save children's death

Yes you can do a great job of saving a child by simple ORS treatment. Diarrhoea mortality is less in the country thanks to ORS; HAF practices and continued feeding. It was thought once that only doctors could save babies.

Each child with diarrhoea needs saline bottles. Do you agree?

A saline bottle is necessary only for severe dehydration-sunken eyes, sleepy or floppy baby, and skin fold staying for long. Refer such a baby for PHC-CHC. Saline treatment is not necessary for every baby. Most dehydrations can be managed by ORS.

How can houseflies transmit germs of diarrhoea?

Indeed difficult to believe. The small bristles on the tiny legs of a housefly carry thousands of germs from spoilt food; faeces etc. when they sit on our food or on child's unclean mouth or hands, and the germs enter and cause infection. Few germs are enough to start an illness that can threaten the baby's life.

Young children put every thing inside the mouth and this leads to diarrhoea

The baby has an oral stage in its development wherein every object/toys are put in the mouth. If the objects are not clean, germs may get in its gut and start an illness. Parents need to take care constantly.



25

Aches and Pains

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Aches, Remedies	Classroom, (1 hr)	Participatory discussion, use pictures	None	Bring out life experiences of participants
Keywords	: Ache, pain, head, body, back, abdomen, cutting, burning, pricking, stabbing, writhing, twisting, squeezing, throbbing, splitting, bursting, dragging types of pain.			
Exercise	: Write down from memory the type pf pains you felt in your life. What did you do?			
Assignment	: None			

Activities

- Explain the learning objectives
- Ask them which are the most sought after and sold medicines in the world? Painkillers of various types. Allow them to name some common painkillers
- Recount types and sites of pain from the participants—mark them on the body map/black board
- Explain briefly why pains occur

- Explain the medicine Paracetamol from the drug-kit. List which aches/pains will cure with Paracetamol
- Talk of other non-drug remedies for aches
- Recap
- Explain the exercise

Think about this:

Is injection the best remedy for pains of all types?

Actually injection is not the best remedy for all pains. These might be needed only in certain pains. Consider the cost, travel, risk of infection, and that it lasts only for 3-4 hrs. A tablet is better in all these respects. People need to go to work and get well soon, so they think it is better to spend on an injection rather than keep waiting.

You will have the tablets in your kit. Acupressure also works on headache and some other pains. We need to study more about acupressure before practicing the same.

People have less tolerance of pain these days than before.

This is true for some people. They rush for an injection or tablet the moment they have some pain. One cause of common aches (headache, body, back) is weakness. Anaemia, less calcium in blood, malnutrition, and overwork are all common causes frequent aches. Can we tackle these reasons? We should!

Many people take liquor and *bhang*-like substances for pain relief. These are pain-suppressants; but at what cost? One may become an addict for life in this process. Their health worsens. Simple tablets are also good enough.



Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
TB, Early Detection, DOTS	Classroom, TB clinic (2 hrs)	Pictorial discussion, demo by Lab Technicians	Sputum test slides , DOTS packs	Use of reflective experiences
Keywords : Germs, air spread, BCG, immunity, nutrition, early detection, weight loss, appetite, blood-spit, cough >3 wks, evening fever, sputum test, X-ray, DOTS, AIDS.				
Exercise : None				
Assignment : Interview two TB patients in your village about their opinion and problems, if any, on DOTS treatment. (Take prior consent)				

Activities

- Start the session with introduction to TB, with pictures and keywords
- Ask them if any of their known relatives/friends are suffering from TB; let them explain what problems they have. Discuss how it hurts the entire family— incomes, suffering, social problems if any
- Work out how many TB patients are expected in the village (population 500, 1000, 2000 etc)
- Talk of learning objectives

- Talk of how to detect TB
- Take a break, go to the TB clinic/OPD/Lab. Let LT make a demo on sputum examination
- Show how TB patients should take DOTS
- Let them discuss with 2-3 patients about the experience and any problems (assignment).
- Discuss how ASHA can work as primary provider for TB in the village
- Recap by keywords

Think about this:

Some people say TB is an incurable disease

It is completely untrue. Now it is completely and quickly curable. We need regular treatment for six months. It is a great victory over a dangerous illness. It is like any other common disease, which can be cured.

TB patients must eat eggs every day to recover

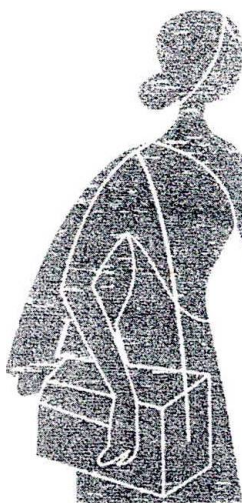
Not necessary, if they can that is fine. If they can't, enough of rice-*dal* is just as good. If the patient is on regular treatment, nutrition will cause weight gain and that is the clue.

Why some patients of TB stop treatment before completion?

It is strange indeed. The treatment improves the condition rapidly—within 2-3 weeks. The patient starts feeling it is over and it was not TB. This is because the medicines are too good to believe. However, this is the exact cause of worry. Let no one give up treatment without completion. That is dangerous for the patient and also the society. The germs become resistant to these good drugs just because someone half-killed them with incomplete treatment. ASHAs can play a major role in preventing dropouts.

Why patients go to private doctors though government gives free treatment?

People like to be treated well and sometimes believe that quality is good in private clinics, which is not always true. But the major reason for going to private doctors is the wrong belief that their medicines are always better. In reality the government doctors give standard drugs for TB.



27

Snake Bite

Lesson Plan

Topics	Vēnue & time	Principle method	Equipment	Suggestions
Snake bite, First aid measures	Classroom, or veranda (2hrs)	Demo and discussion, pictorial	Elastic bandage, stick,	Make participants do role play
Keywords : Snake-bite, poisonous, first aid, reassurance, pressure-bandage, immobilization, no cuts, no ligature-tourniquets, no temple.				
Exercise : Try it yourself on a friend.				
Assignment : Identify village snakes as poisonous or other types.				

Activities

- Start the session with a story about death due to snakebite in a nearby village. Encourage them to tell 2-3 experiences from their villages (restrict this to 5-10 minutes)
- Talk of learning objectives
- Explain them with flip charts or photos about the four poisonous types of snakes
- Explain the effects of poison and why it can be fatal
- Ask what first aid they practice themselves, discuss unreliable or harmful practices

- Take a 10 min break, and let them break into discussions as happens so often with such exciting topics
- Now select a volunteer to act as the victim. Let her lie down in the middle
- Talk of 2 fang marks as a definite sign, correlate it with the fangs of poisonous snakes (use pictures)
- Show the essential techniques step by step--reassurance, pressure bandage on the whole limb, immobilization with a stick tied on the limb and referral to a hospital. The total time taken for the pressure-immobilization should not be more than 5-7 minutes
- Discuss what if--we do not have elastic bandage (use *dhoti/sari/turban*), the harmful practices of ligature, of cutting and bleeding
- Explain the exercise-do it yourself on the friend (people enjoy this)
- Explain the assignment

Think about this:

Some people kill every snake they see

Only few snakes are poisonous-just four types. We can identify them easily at a glance. All snakes do us a favour-they devour rats and save our food. They bite only if we do not take preventive care- shoes, and a light-source- when moving in dark.

Snakes remember and identify a person

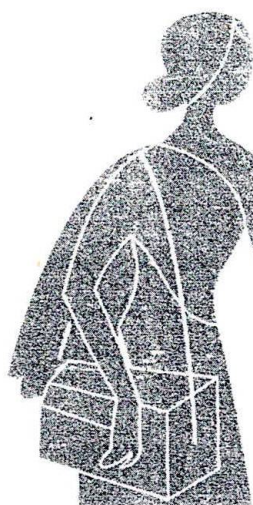
Impossible, they have a very hazy vision. They have a small brain that cannot remember a person. Snake reacts only to blurred visual signals or vibrations. It tracks temperature-signals left by its prey. So never worry that the snake will chase you and kill. It is a myth from old times, which needs to be discarded.

Snakes do take revenge

They can't remember, so there is no possibility of revenge.

Snakes guard some treasures hidden underground

This is another myth. They have no use for treasures and priceless stones. They need food and survival like any other animal does. They cannot buy food with treasure. So it is myth perpetuated by old men and women from ages. Often these treasures were hidden underground and snakes also stay in holes; so the two have been put together.



28

Davapeti

Lesson Plan

Topics	Venue & time	Principle method	Equipment	Suggestions
Discussions on drugs included in <i>Davapeti</i>	Classroom, 1hr	Demo, discussion	Plastic bottles, labels	Distribute drugs in this class and let them label drug bottles
Keywords : ORS, Chloroquine, Iron tablet, Paracetamol, dose, side effects, how many times, precautions, stocks.				
Exercise : Sort and pack medicines, label the packs.				

Activities

- Open the *davapeti* and show all items, demonstrate the following and ask them to do it themselves:
- Check labels of all packs and bottles
- Check expiry dates and separate any expired medicines
- Inspect the contents if possible; mark out if any are damaged
- Count if possible the item units as far as possible, but without opening the packs (like count the strips etc)
- Prepare labels and stick them on the bottles if necessary. Keep one dry label inside the bottle

- Read out the instructions given in the lesson, holding each item separately. Ask if anyone has difficulties and answer them satisfactorily. Explain the following:
- Conditions for which the medicine is useful as mentioned in the book
- How to give, how many times, and in what dose
- When not to give the medicines
- Side effects if any and what to do if they arise
- How to keep them safely
- How to recognize if they are getting damaged
- How to order the drugs from the PHC/SC
- Show them how to keep records of the medicine

Drug kit to be used for first learning exposure¹

Medicines	Action & use	Dose	Side Effects
Paracetamol	Reduces fever and pain: useful in fever, headaches, backaches, body aches etc	More than 12 years: 1 to 2 tablets 3 to 4 times a day	No side effects. If too many tablets taken at one time, it can cause damage to liver. Keep the medicine away from children. Should be taken only after meals.
		8 to 12 years: 1 tablet 3 to 4 times a day	
		4 to 8 years: ½ tablet 3 to 4 times a day	
		Less than 4 years: ¼ tablet 3 to 4 times a day. Crushed in honey	

¹ For Ayurvedic and herbal remedies, see section on Ayush

Annexure

Table: 1

Men			Women	
Height cm	Average Weight	Acceptable range	Average weight	Acceptable range
145			46.0	37-53
148			46.5	37-54
150		39-58	47.0	38-55
152		40-59	48.5	39-57
156		43-62	49.5	39-58
158	55.8	44-64	50.4	40-58
160	57.6	44-65	51.3	41-59
162	58.6	46-66	52.6	42-61
164	59.6	47-67	54.0	43-62
166	60.6	48-69	55.4	44-64
168	61.7	49-71	56.8	45-65
170	63.5	51-73	58.1	45-66
172	65.0	52-74	60.0	46-67
174	66.5	53-75	61.3	48-69
176	68.0	54-77	62.6	49-7
178	69.4	55-79	64.0	51-72
180	71.0	58-80	65.3	52-74
182	72.6	59-82		
184	74.2	60-84		
186	75.8	62-86		
188	77.6	64-88		
190	79.3	66-90		
192	81.0	68-93		

(Source: Gupta and Mahajan: Text book of Preventive and Social Medicine 3rd Edition, 2003)

Table: 2

Weights indicating overweight and obesity

Height cm	Men		Women	
	Overweight	Obesity	Overweight	Obesity
136			52	56
139			54	59
142			56	61
145			58	64
148			59	65
150	64	70	61	66
152	65	71	63	68
156	68	74	64	70
158	70	77	64	70
160	72	78	65	71
162	73	79	67	73
164	74	80	68	74
166	76	83	70	77
168	78	85	72	78
170	80	88	73	79
172	81	89	74	80
174	83	90	76	83
176	85	92	77	84