Training programme for Community Health workers for Kalyandurg / Kambadur blocks in Venkatādripalli from Sep. 3 - ~~Dec~~ 29, 1984.

By

Women and Health Departments.

# TRAINING PROGRAMME
# FOR COMMUNITY HEALTH WORKERS
# FOR KALYANDURG/KAMBADUR BLOCKS
# IN VENKATADRIPALLI FROM SEPTEMBER 3 - 29, 1984.
# CONDUCTED BY WOMEN AND HEALTH DEPARTMENTS.

## RAL HEALTH CARE:

In India's rural areas Government has formed certain structures for peoples' health care. In every Block for approximately 80,000 population there is a Public Health Centre which normally has two or three Doctors - one in charge of Family Planning, one in charge of general O.P. and one in charge of locally trained volunteers.

For every 5,000 to 8,000 population there is a Sub-Centre with two multi-purpose workers - a man and a woman. The male health worker mostly looks after family planning, ante-natal care and deliveries and some minor ailments and the male health worker looks after family planning work, immunization and some minor ailments treatment. In charge of female multi-purpose workers there are Health Visitors who themselves do family planning, ante-natal, post-natal care and deliveries. In charge of male multi-purpose workers there Health Supervisors. For every 1,000 population the Government has trained a local person as a Community Health Volunteer and he is supposed to assist the multipurpose workers and to treat minor ailments. Besides these workers there is a special person called Non-medical Assistant for follow-up of leprosy patients.

## GOOD INFRA-STRUCTURE:

With quite a good infra-structure as above why then is it necessary for RDT, a voluntary organization to train local health workers in the villages ?

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The Community Health Volunteers in Government service who are supposed to be "locally selected" have been usually selected through some "known person or persons" in the village such as the Surpanch or others. These influential persons may have had some interest in putting forward a particular candidate's name and besides this there was no other community or village participation in the selection of the candidate and the candidate may not have had any special interest in the work besides the fact that he needed a job. The training of CHVs is usually carried out by persons who have not made any special study of village needs and who have very little knowledge of how to conduct training. The follow-up of CHVs after the training is not necessarily done by the same persons who are involved in the training and therefore there is no constant follow through from selection to follow-up in the field.

In any training programme for village health workers or any type of local workers, if either the selection or training or follow-up is not done properly, the whole health training project can fail. If it happens that all the three stages are not done properly then we cannot be surprised if the scheme becomes a failure. It is very difficult for Government to succeed in this type of training. Their infrastructure does not allow them to select or train candidates successfully.

INDIVIDUAL APPROACH:

Government trained multi-purpose workers do a satisfactory job but they have to serve five or more villages and their work is so structured that importance is given mainly to family planning and record keeping and they are not able to give attention to other health work, education and medical care.

The doctors in the PHCs have little facilities and resources even if they like to do a good job. And all the personnel in the Government Health Care system from doctors down to CHVs

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have been trained mostly for an institutional or individual health care approach and most of them do not even realise that Community Health Care requires a different type of approach.

WHY THE NEED FOR LOCAL HEALTH WORKERS:

In rural areas in this district 80% of the poor population are illiterate and in our target community who are mostly Harijans and Tribals, 90 or 95 percent are illeterate. To try and help these people who are not educated, learn something about Primary Health Care the usual 'lecture-type' approach of doctors and nurses is not suitable and another method has to be followed.

Through our organization have passed between 50 to 80 trained doctors and nurses. But we can count on one hand those persons who were able to change their "medical college-type approach" and adjust to a new type of community health approach.

Since women and children form the majority of the "sick" in a village where culture does not allow male health workers to come close to mothers and children, it is obvious that a health worker should preferably be a woman. As we have said above, most of the poor people are illiterate especially women. Therefore it is not possible to select an educated woman from the village to be trained as a health worker. Therefore if the community has to select a woman of their choice as health worker she will usually be illiterate.

TEACHING UNEDUCATED TO LEARN:

As we know uneducated persons are not unintelligent persons. They are also highly sharp and intelligent; only they do not know to read, write and study and even holding a pen is foreign to them. Uneducated people can learn - the only problem is to remember. Educated people can take notes and study but

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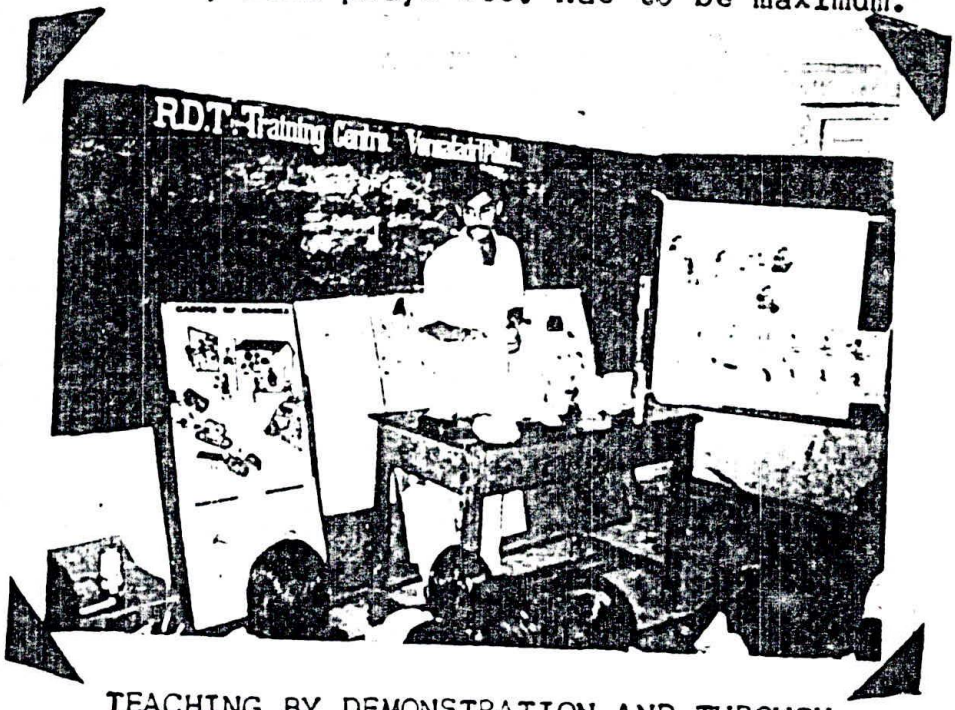
un-educated persons cannot. Therefore to teach illiterate women the teachers have to first learn themselves. Teaching by lectures has to be minimum and teaching by demonstrations, pictures, film-shows, role-plays etc. has to be maximum.




TEACHING BY DEMONSTRATION AND THROUGH CHARTS.

After working for many years with the health problems of people in villages RDT felt that only by training illiterate women could we get close to mother and childrens' problems which are surrounded by many beliefs and traditions.

RDT has so far trained 75 illiterate Community Health Workers in 4 blocks which is about one fourth of the number we need to train for the 4 blocks in which RDT is working, if we expect one CHW for each village.

RDT's Community Health Workers have so far proved useful in the treatment and control of diarrhoea, scabies, health education for nutrition and other women's diseases, treatment of headaches, fevers, body pains and antenatal, post-natal care and deliveries.

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WHAT IS THE FUTURE FOR CHWs:

What is the future for uneducated CHWs trained by a Voluntary Agency ? What RDT asks people "what do you want your CHWs to learn ?" The first answer is usually "deliveries". In rural areas in India still more than 80% of deliveries are conducted by old local Dais (midwives). If the village women has a normal delivery with no untoward incident happening she is indeed lucky. The local dais know many things which are useful from their experience. They also do not know many things which are harmful because they have no means of knowing.

Now-a-days there is a feeling amongst women in the villages that they would like to have "a more knowledgeable person" to deliver their babies. A young ANM (multipurpose worker) is not available to all and not appreciated by all since she is an outsider, too young and often unmarried, so that many women do not have much confidence in her. PHCs are too far away and people are not going to go there for normal deliveries unless there is a problem and then it is very often too late to do anything about it. Therefore there is a feeling in villages that there should be somebody in the village with a better midwifery training. If the Community Health Worker in a period of 2 to 3 years can learn to conduct normal deliveries and recognise risk pregnancies and also cooperate in Government family planning programmes, she could become a useful member of the PHC field staff, if their rules allow them to accept an uneducated person.

Is it possible to continue the post of CHW beyond the generation of the presently trained CHWs ? If the training of CHWs becomes institutional it may lose its relevance in the villages. It is possible that somebody in the family of the CHW or in the village learns from the present CHW - but these are all only distant possibilities for the future.

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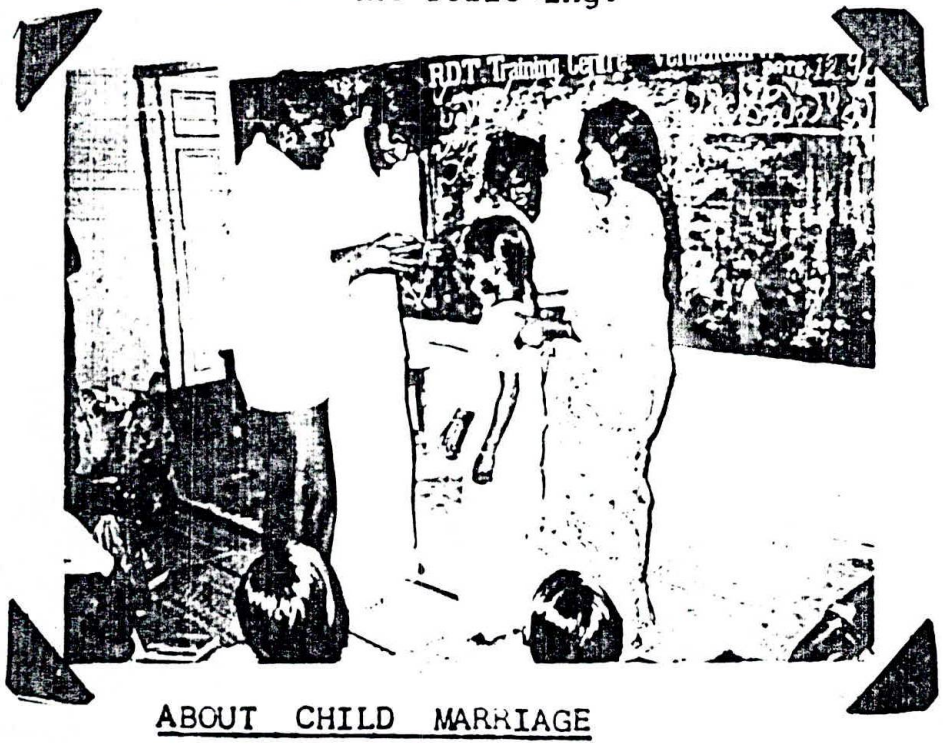
Can government train useful CHWs ? It does not look possible. With the present structure it is not possible to implement the selection, training or follow-up of local health workers.

ROLE AS A WOMAN:

What is the CHW's role as a Woman ? In the villages as of course elsewhere women's problems and health go much together. In our training programmes a few major problems for women came to the forefront. Almost exactly the same problems appeared in an international health magazine as the main problems affecting women in developing countries. These main problems brought out by women themselves were the following:



ABOUT CHILD MARRIAGE

1. Child birth and pregnancy related problems.
2. Wife beating and other similar cruelties.
3. Dependency on men.
4. Sickness due to STD dieeases and lack of knowledge about STD diseases and
5. Alcoholism in the family men.

In RDT, Women's problems did not get much importance until the beginning of 1982 and then RDT started a seperate Trust called Womens Development Trust (WDT) to take up the responsibility of womens' programmes in villages. It soon became apparent that it would not be good for WDT to form a seperate staff structure with out-side employed women but that it would be better to use the presently trained Community Health Workers to be the link in the village for Women's programmes.

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In RDT's health programme the majority of staff and locally trained persons have been men since educated women were not available to work in these areas. If our health programme staff alone had to select and train Women Health Workers, they would have found it very difficult since in these areas only women can mix closely with other women.

INVOLVEMENT OF WDT:

Therefore WDT has been cooperating with the health programme taking part in the selection, training and follow-up of Community Health Workers.

In the villages in this area women are not accustomed to think for themselves about their family or community problems. When WDT first approaches a village they first gather the women and have a number of meetings to discuss how women in that particular village feel about themselves and their problems.

The main problems women talk about are normally economic dependency on men that men have the right to decide what happens to all the income from their family labour and women don't have a say. Another problem they bring out is too much money spent by men on alcohol, not enough work and not enough food for the family.

WDT speaks about the importance of women coming together to try and tackle some of these problems and when there are women in a particular village who want to come together to try and help their community through women's programmes WDT helps the women form an association amongst the women with their own leaders.

CHW'S RESPONSIBILITY:

The main responsibility for motivating women to come together is with the CHW. To try and give a little economic independence to women WDT puts forward the idea of a Mini Bank

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where each woman contributes a small amount monthly and when any woman needs a small loan they take it from the Mini Bank instead of a money lender or big farmer. If women are interested WDT helps them to start a small industry or an economic programme to improve their daily income.

In association meetings and discussions problems of individuals or the community are discussed and decisions taken on what methods the community can use to solve those problems. One such instance may be when land-sites have been given to the families but the local officials have not handed over the relevant papers to them. So in a group the women get together and are able to secure the land sites from the village officials.

What is the method RDT and WDT have for selection, training and follow-up of CHWs ?

## S E L E C T I O N::

METHOD FOR SELECTION OF COMMUNITY HEALTH WORKERS::

The number of Community Health Workers who can be satisfactorily trained at one time should normally not be more than 10 or 15; but since the area we cover is so large we often have to extend the number upto a maximum of 25 or 26. Therefore an appropriate number of villages to select approximately 25 or 26 CHWs are chosen by Health and WDT teams where there is good cooperation from the people. After a particular village has been selected it is then seen which are the main backward communities in that village. Generally one Community Health Worker is expected to work for not more than approximately 500 population i.e., upto 100 houses. If one village has a small Harijan and Tribal Community with only 15 or 20 houses then both the communities are expected to share one Health Worker. When the villages to be taken-up are finalised the Health and WDT staff make an appointment in each village to go and conduct a meeting to discuss if the village is interested in having a Community Health Worker.

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SELECTION MEETINGS:

In these selection-meetings the following points are brought forward for discussion with the villagers:

1) to explain why we propose them a locally trained Health Worker instead of a qualified Doctor or Nurse.

2) to explain them for how many common diseases and health problems a highly qualified medical person is not required and for which particular ailment and health care a locally trained person can be useful.

3) to explain the place and time of training and the type of training we can give.

4) to discuss with them which type of person would be useful as a Health Worker.

5) to explain the system of payment for medicines and the future of the Community Health Worker.

6) If they would like to have a Community Health Worker to ask them to choose themselves the person whom they would like to send for training.

In the beginning we never say that the CHW will receive an incentive from RDT for the work, otherwise many candidates will come forward. If they think the work is voluntary only the really interested ones come forward.

On an average only one or two of these type of meetings are necessary for villagers to select a Community Health Worker. In some cases the villagers cannot come to a decision on one person and a number of meetings are necessary until they are able to unanimously agree on the choice of one woman. In a few cases it happens that they cannot come to an agreement and then that particular village is dropped and another village taken-up. It also happens sometimes that a particular village which was dropped because they could not come to any decision, is taken-up for a

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next training programme because by that time villagers have come to an understanding that they went to have a Health Worker and have agreed on the choice of one person.

PREFERABLY MARRIED PERSONS:

The women selected by the villagers are married because unmarried girls go away from the villages after getting married. They are generally between 20 to 40 and sometimes widows whom the villagers think should be helped and who are more free to do the work or the selected persons are women from the community on whom every body has confidence. This selection process normally takes between one to two months. Very often in these selection meetings a role-play is performed to bring-out an important point for villagers to understand.

METHOD OF TRAINING:

During this one or two months selection process preparations are also made by the Health and WDT staff for conducting the training programme.

In the initial days of training a class is conducted to find-out through the trainees the problems in the villages, how common, how severe and how important they are in the minds of the villagers. Though we conduct this class to find out what villagers think of their problems, we already know many of the main problems that women are going to come up with and preparation of the classes is made in advance since a lot of work has to be done in preparing classes for uneducated women.

PREPARATION FOR TRAINING:

During several special meetings of WDT and Health Staff to discuss the Training Programme subjects are allotted to individuals and it is the duty of that person to research into the causes, prevention and treatment of a particular ailment and to

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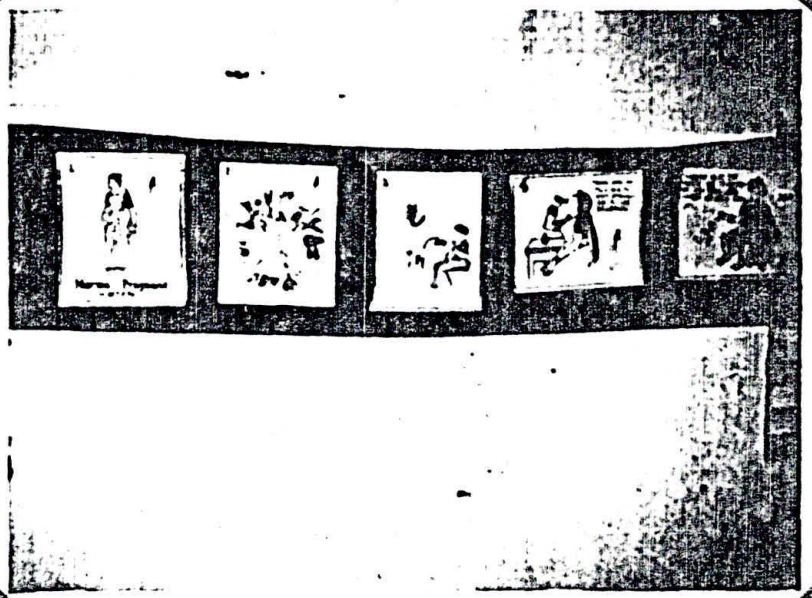
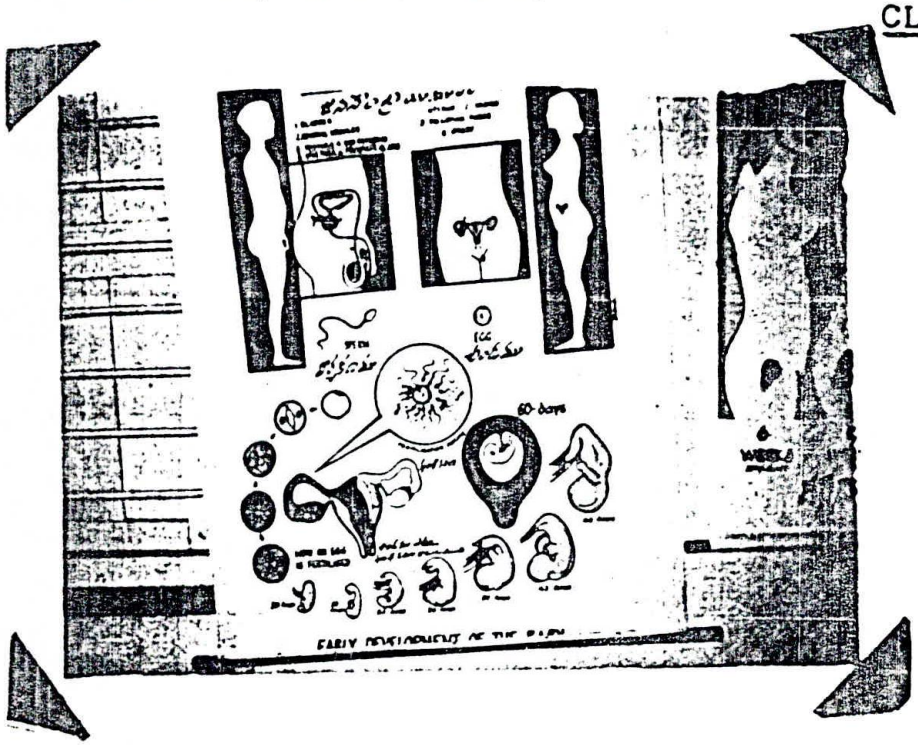
decide on the best way to teach the subject to CHWs. It could be by role-play, by story telling, by demonstration, by flannel chart pictures or using charts. The general method followed by each person in charge of the class is to first discuss with the candidates what they think about the disease and if they have any local beliefs and cures for it, and from there the trainer starts his/her own class.



PICTURES PREPARED FOR THE ANTE-NATAL CLASS



CHARTS BROUGHT FOR THE DELIVERY CLASS

For WDT subjects, based on previous experience and theory for womens problems and development, the trainer also prepares her class with the use of role-plays, story telling, flannel chart pictures and other charts and games.

The training subjects for WDT and Health are kept to a minimum of the most important so that the CHW's minds are not filled with one hundred important and less important points that they cannot remember.

The training schedule is for one month broken into 4 seperate weeks at the request of the trainees who are all mothers. They go home on Friday evenings and come back on Monday mornings.

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STAFF MEETINGS:

ONE OF THE DAILY STAFF MEETING.

Once the training has started a meeting between WDT and Health staff involved in the Training Programme takes place every morning before classes begin. At this meeting the previous day's classes and the present day's classes are discussed and any other problems that come up. At this daily meeting an'Observer' is appointed for each class which is going to be held during the day and it is the observer's duty to note down important points about how the trainer conducts the class and how the trainees respond. A class report by the trainer and an observer's report of each class is handed in at every daily staff meeting.

GROUP DISCUSSIONS:

Every evening during the training days between about 6.30 and 7.30 small groups of trainees and trainers sit together and discuss the day's classes - if there were any points during the day the trainees did not understand, they are clarified at these

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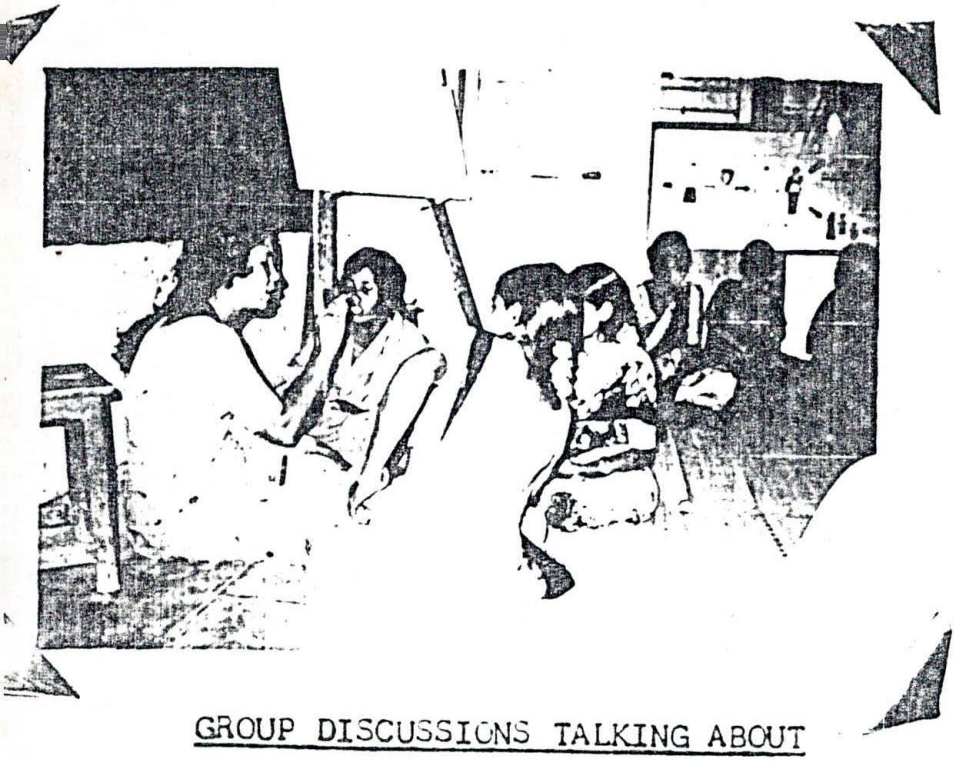

meetings. During the whole trainir, group meetings in the evening were found to be specially useful for review and discussion.

GROUP DISCUSSIONS TALKING ABOUT WOMEN'S PROBLEMS

After supper film shows, puppet shows and shadow shows are arranged by trainers and trainees on different health, Women's and general topics.

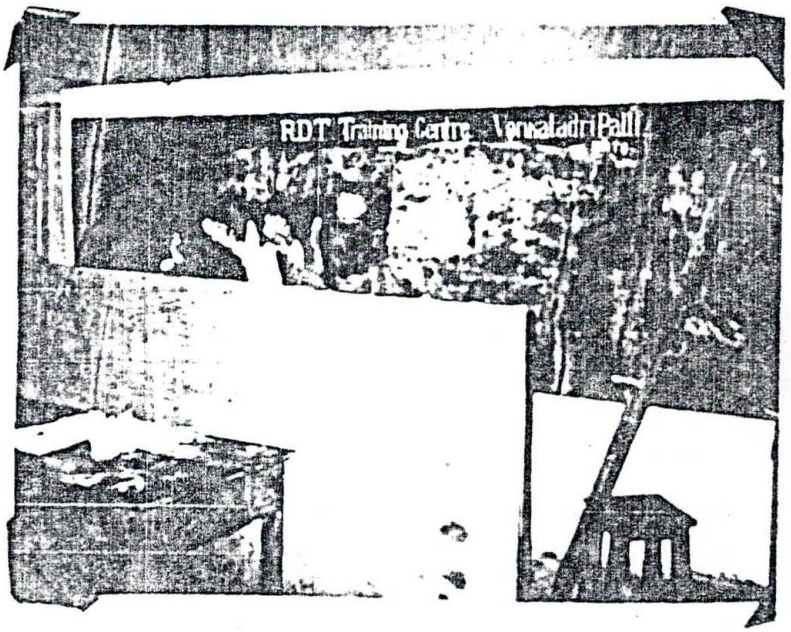


PHOTO SHOWING A PUPPET SHOW.

For general cleaning, cooking and running of the training programme and responsibility for training arrangements, trainees are divided into 4 groups. Each group in turn is in charge of the different activities such as cooking, cleaning, collecting water etc.,

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Cooking of one meal during the day is done by the Community Health Workers as a cooking cum-nutrition class. For the other meals a cook was arranged otherwise the trainees have to be too much time in the kitchen and not enough time in the class.

PREPARING A MEAL

Every Friday the trainees return to their villages and there they try to identify some of the health or womens problems that they have learnt about in the previous week. When they came back the following Monday the first class in the morning is spent listening to CHWs experiences during the week-end what their family, friends and others have to say about the training programme and other points that they themselves bring out.

TRAINING ARRANGEMENTS:

Mothers bring their small babies to the training programme and leave the small children behind. Generally the fathers look after the small children at home happily for the first week. During the second week more children return with their mothers and during the third and fourth week there are generally as many children as mothers in the training programme ! However, in the training programme at Kalyandurg and Kambadur, we were lucky not to have too many children since this disturbs the mothers' concentration in class. There were a number of 6 months to 18 months old children and the presence of these children was very useful

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to demonstrate to mothers the different types of food the baby can eat after 4 or 5 months old, since in villages it is normal not to feed babies tillythey are one year or more.

CHW'S FROM KALYANDURG/KAMBADUR BLOCKS WITH SOME OF THEIR CHILDREN.

One Health Guide and Women Organizer were in charge of a group of Community Health Workers to observe personally how they were getting on in the programme - if they were unwell, if they were not able to understand well or if they had any problems. These two group leaders gave a report every week on the CHWs.

Most of the last week of the training was devoted to reviewing subjects that have been taught in the previous weeks and preparing their work in the villages when they return. Before they left the training site, dates were fixed for WDT and Health teams to come to their villages and explain to the people what their CHW has been taught and the work she can do and payment she will ask.

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VILLAGE FOLLOW-UP:

Generally when CHWs return to the village from the training they feel quite nervous about the work they have to do and quite often also the people make fun of them in the beginning. They also have problems convincing the people to pay for the medicines and treatment they are giving. So follow-up meetings in the villages by WDT and Health teams are found to be very important and useful.

During the month following the training WDT and Health teams visit the villages where the CHWs have been trained and spend one or two hours discussing with the men and women what they feel about the CHWs and in particular what problems they may be facing.

In these special meetings we have to explain that in the beginning CHWs know very small things and people should not expect them to give injections or big treatment. We also have to explain how much the CHW is charging and why it is necessary for people to pay. Generally after these meetings the CHW finds work more easy in her village.

Every month on a particular day CHWs gather in a central place along with health and WDT staff to review their past months work. Sometimes a particular subject is reviewed or a new subject is introduced. The CHWs have a weekly report which is printed in health symbols and they tick the number of each particular health symbol they have treated that week. This report for the month is given in at every monthly meeting.

After the intial one month's training a refresher training of 3 days every 4 months is held when old subjects are reviewed and if necessary new subjects introduced. At the end of the year a longer refresher training is carried out lasting about 10 days.

Every month the CHWs are visited twice on thrice by health and WDT staff who guide and assist them in their work and difficulties.

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GOVERNMENT COOPERATION:

We are very much interested during the training and follow up to involve the government health staff as much as possible in the training and in the field follow-up. We inform the PHC staff the name and villages where we have CHWs and they in turn ask their multipurpose workers to contract the CHW and see how far she can help Government staff and programmes.

FINANCIAL ASSISTANCE:

For the last few years the main agency helping us to train and follow up CHWs has been Action Aid, London with its field Office in Bangalore. The Action Aid staff from Bangalore have always been very positive in helping to train these health workers. We are very much grateful for their support in this programme. In the last year UNICEF has also come forward to participate and help RDT in these training programmes and villages health work.

We hope that one day CHWs will be useful enough to be independently supported by their village or taken on by the government as part of their field staff. We feel that their contribution to rural Primary Health Care can be very high.

The following report is a resume of the training programme conducted at Venkatadripalli Training Centre between the 3rd September and 29th September, 1984 for 26 CHW trainees from Kambadur and Kalyandurg Blocks. For each week of the training the important points have been brought out and some examples narrated of typical staff meetings, classes, observers' reports, evening group discussions, meal times and night entertainment.

## FOURTH WEEK

| MORNING | | 2.00 to 3.00 pm | 3.00 to 5.00 pm | 5.00 to 6.00 pm |
|---|---|---|---|---|
| ARRIVAL OF C H Ws | | STAFF MEETING – CHWs WORK, PAYMENT, DISCUSSION ON REVIEW OF 'YELLOW CARDS', HEALTH EDUCATION INDIVIDUAL & GROUP DISCUSSION. | HEALTH<br>FAMILY PLANNING (SOCIAL AND HEALTH VIEW). INDUCED ABORTIONS.<br>– Miss, Deena Kumari | GROUP ACTION<br>– Mrs. Lalitha |

| 9.00 to 10.00 am | 10.00 to 11.15 am | 11.30 to 1.15 pm | 3.30 to 4.30 pm | 4.45 to 5.30 pm | 5.30 to 6.00 pm |
|---|---|---|---|---|---|
| STAFF MEETING | REVIEW – DIARRHOEA<br>– CR. Sudheer | FEVER, MANAGEMENT, SORE EYES – REVIEW<br>– B.C. Narasimhulu | APPROACH TO DEVELOPMENT. WDT<br>– Mrs. Usha | IDENTIFICATION OF LEPROSY<br>– NMA, Beluguppa | GROUP DISCUSSION |
| STAFF MEETING | REFERRALS & CONTRIBUTIONS<br>– Dr. Janardhana Rao | CHILD MOTHER RELATIONSHIP.<br>– Mrs. Lalitha | IMMUNIZATION & TETANUS – REVIEW<br>– Mr. Dasarath | MEASLES & MUMPS REVIEW<br>– B. Thippeswamy | GROUP DISCUSSION |
| STAFF MEETING | NORMAL PREGNANCIES & RISK PREGNANCIES<br>– Mrs. Rani & Deena Kumari | REVIEW – NUTRITION | PAYMENTS & PLANNING OF CHWs' WORK IN THE VILLAGE (KITS, CONTRIBUTIONS, CHARTS AND HOW TO FILL-IN. REFERRAL DAYS. FILLING OF YELLOW CARDS. | | GROUP DISCUSSION |
| STAFF MEETING | EAR DISCHARGE<br>– C.C. Thippanna, HO Uravakonda | SHOWING AND IDENTIFICATION OF TABLETS | FILLING OF YEELOW CARDS | FARE-WELL | |

## SYLLABUS FOR C.H.Ws TRAINING PROGRAMME
## KALYANDRUG & KAMBADUR BLOCKS.
## SEPTEMBER 3 TO SEPTEMBER 28TH

FIRST WEEK:

| | MORNING | | | 2 to 3.15 p.m. | 3.15 to 4.30 p.m. | 4.45 to 5.30 p.m. | 5.30 to 6.00 p.m. | 6.00 to 7-00 p.m. |
|---|---|---|---|---|---|---|---|---|
| Sept. 3rd Mon. | Arrival of CHWs | | | Introduction by pairs. | Groupwise discussions | Groupwise represen-tions. | Gardening and making into groups. By Mrs. Rani | Allotment of duties. |
| | 9. to 10.00 a.m. | 10.00 to 11.00 am | 11.45 to 1.15 p.m. | 3.30 to 4.30 p.m. | 4.45 to 6.00 p.m. | 6.00 to 6.30 pm | 6.30 to 7.00 p.m. | |
| 4th Tues. | Staff meeting | Finding out health & social problems. Mr. Samuel & Mrs. Lalitha | Analysing the priorities. Mr.Samuel & Mrs. Lalitha | SKIM games (Memory) games.) Mrs. Usha | WDT problems objectives of women associations. Mrs. Rani | Group discussion | Puppet show "TRADITIONAL BELIEFS". | |
| 5th Wed. | Staff meeting | Class on DIARRHOEA | Management Oral Rehydration Therepy C.R. Sudheer | WDT social & Economical aspects. Mrs. Lalitha | WDT Education villagers talk. | Group discussion | Film show on DIARRHOEA. | |
| 6th Thur. | Staff meeting | WDT Leadership (to help gain confidence) Mrs. Tresa. | Health Sore Eyes. B.C.Narasimhulu | Health Ear discharge.Chinnappa | WDT Drinking habits Mrs. Anantamma. Mr. Sirrappa. | Group discussion | Slides on Sore eyes & Drunkenness. | |
| 7th Fri. | Staff meeting | Health Scabies & personal Hygiene. Mr. V.V. Ramana | Health management of Fever. B.C. Narasimulu. | WDT Associations Mr. Rani. | Lesson on PUPPET Show Mr.Thippeswamy | Group discussion | Film show on SCABIES & FEVER. | |
| 8th. Sat. | Staff meeting | Injuries C.R. Sudheer. | Mumps and Measles B.Thippe Swamy. | Wdt Women's problems & child marriages superstitions. Mrs. Rani. | Literacy | Group discussion | Othef CHW's experience in their villages from URAVAKONDA. | |

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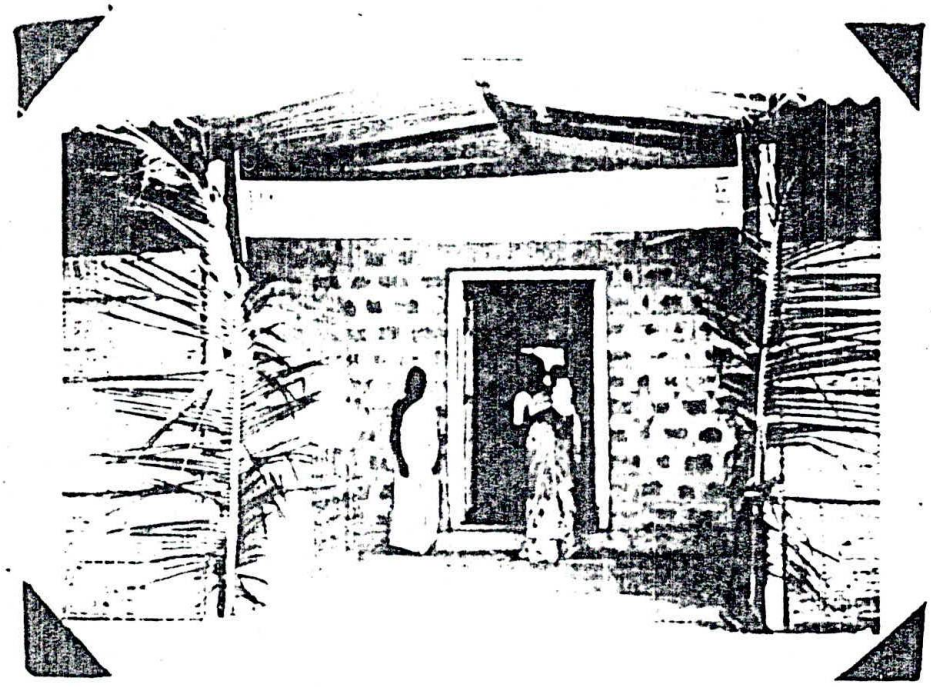
TRAINING PROGRAMME - FIRST WEEK:



VENKATADRIPALLE TRAINING CENTRE

I. Participants:

1. Community Health Work Trainees:

a. From Kalyandrug Block:

| | | | |
|---|---|---|---|
| 1. | Bheemakka | 7. | Govindamma |
| 2. | Anjinamma | 8. | Philomina |
| 3. | Marekka | 9. | Onnuramma |
| 4. | Gowramma | 10. | Onnurakka |
| 5. | Sanjakka | 11. | Chowdamma |
| 6. | Vannuramma | 12. | Obulamma |

b. From Kambadur Block:

| | | | |
|---|---|---|---|
| 1. | Thimakka | 8. | Thippamma |
| 2. | Laxmamma | 9. | Kullayamma |
| 3. | Hanumakka | 10. | Vannuramma |
| 4. | Obulamma | 11. | Devalamma |
| 5. | Gangamma | 12. | Yellakka |
| 6. | Neelamma | 13. | Marekka |
| 7. | Kollamma | 14. | Laxmamma |

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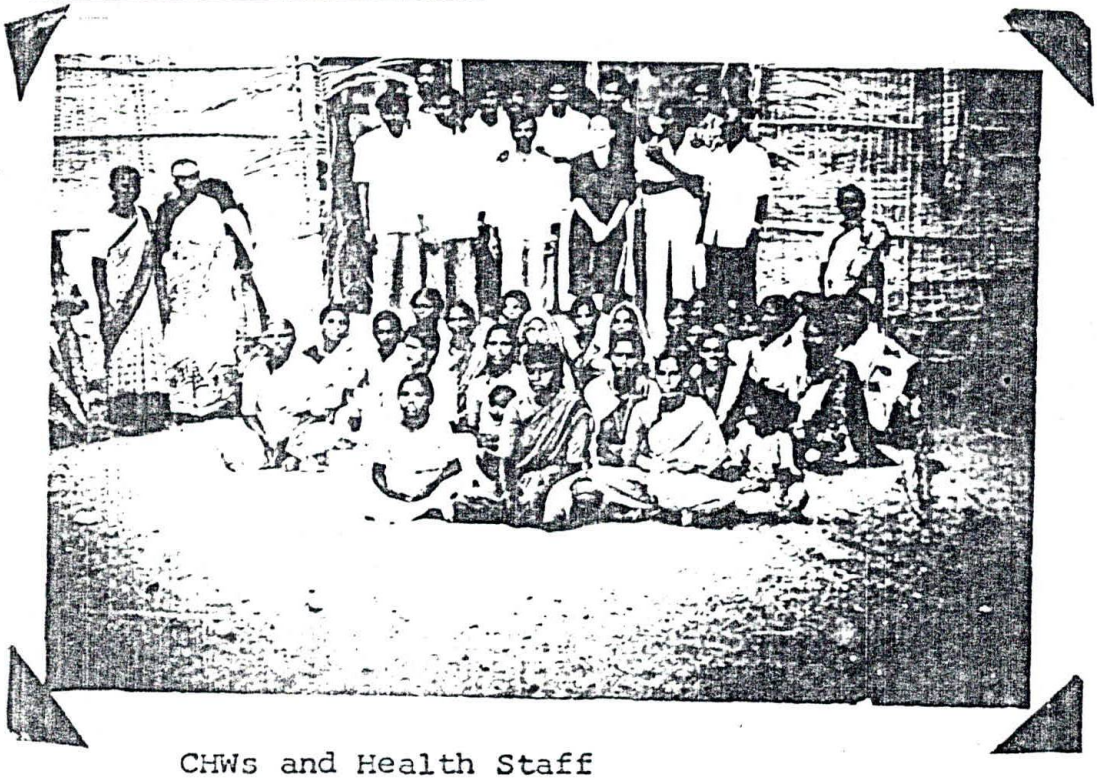
2. Community Health Guides:



CHWs and Health Staff

1. P. Narasimhulu
2. U. Nagabushanam
3. N. Sreenivasulu
4. Niyaz
5. Sivanna
6. Hussain Peera
7. Ravindranath
8. Santhamma - ANM
9. Mary Francis - ANM
10. Nazeer
11. Govt. N.M.A.
12. P. Venkatesulu

3. Health Organisers:

1. B. Sirrappa
2. B.C. Narasimhulu
3. V. Venkatramana
4. C.R. Sudheer
5. B. Thippeswamy
6. Dasarath
7. Thippanna
8. Chinnappa

4. From Anantapur Health Office:

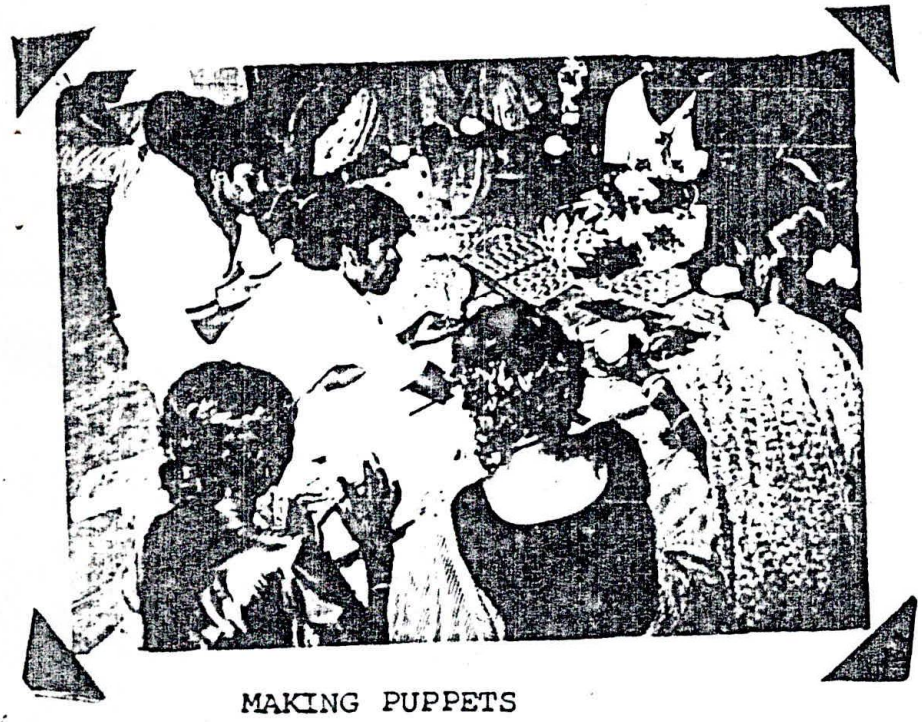
Sister
P.C. Chowdappa
Dr. Janardhan Rao
Deena
Z. Samuel

Contd...

duction game that brings a good atmosphere among the trainees and the trainers. In this game each person is given a small toy which has a pair. The object of the game is for each person to find his/her partner and spend 10 or 15 mts. in trying to findout who is the other person, their village, their family and other details. After this is over the partners get up two by two and each one introduces the other. In the beginning there is some shyness but afterwards the CHW enjoys very much and participate very well. After this the CHWs and the trainees break up into groups and each group discusses what they feel about the training and what they felt about the selection, what people wanted them to learn and any doubts and questions they have.

II. Syllabus for the first week:

According to the problems brought out by the Community Health Worker Trainees the first week's syllabus was finalised. The main classes during the first week were.



MAKING PUPPETS

Health Subjects:
Diarrhoea, Sore eyes, ear-discharge, scabies, and personal hygiene, Management of fever, injuries, mumps and measles and learning about puppets.

During the first week in WDT they concentrated on bringing out women problems dividing them into social and economic aspects, discussing about leadership and drinking problems, formation of associations and literacy. The following are the list of problems brought out by the CHWs.

Contd...

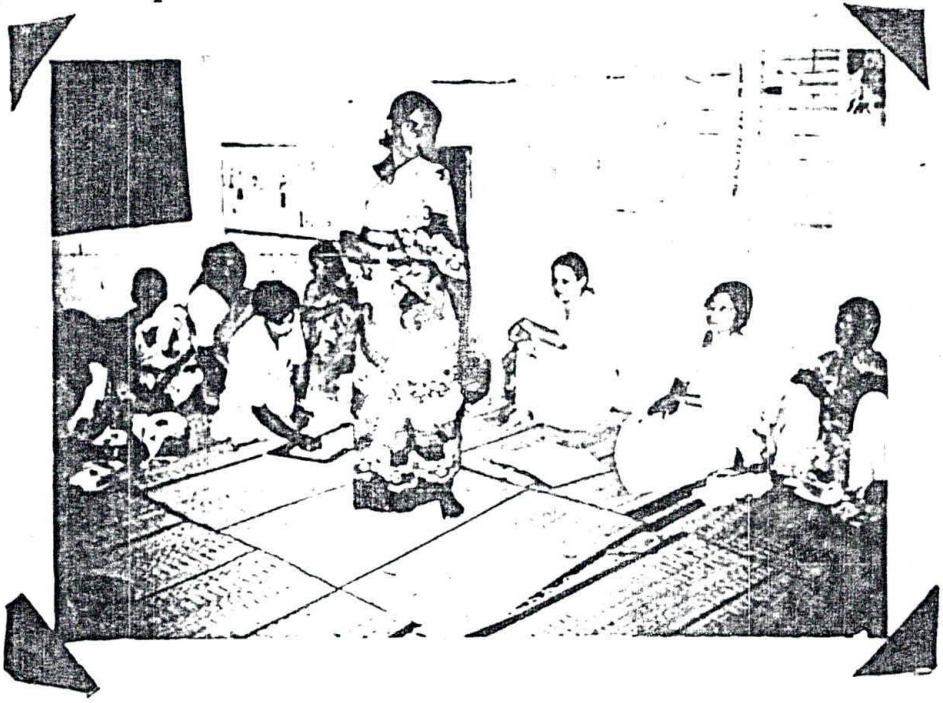
5. W.D.T.

CHWs AND W.D.T. STAFF

1. Mrs. Lalitha - P.C.
2. Rani Thomas - P.C.
3. Usha Mutholy
4. Annapurna.
5. Teresa
6. Anantahamma
7. Satyavathi

INTRODUCTION:

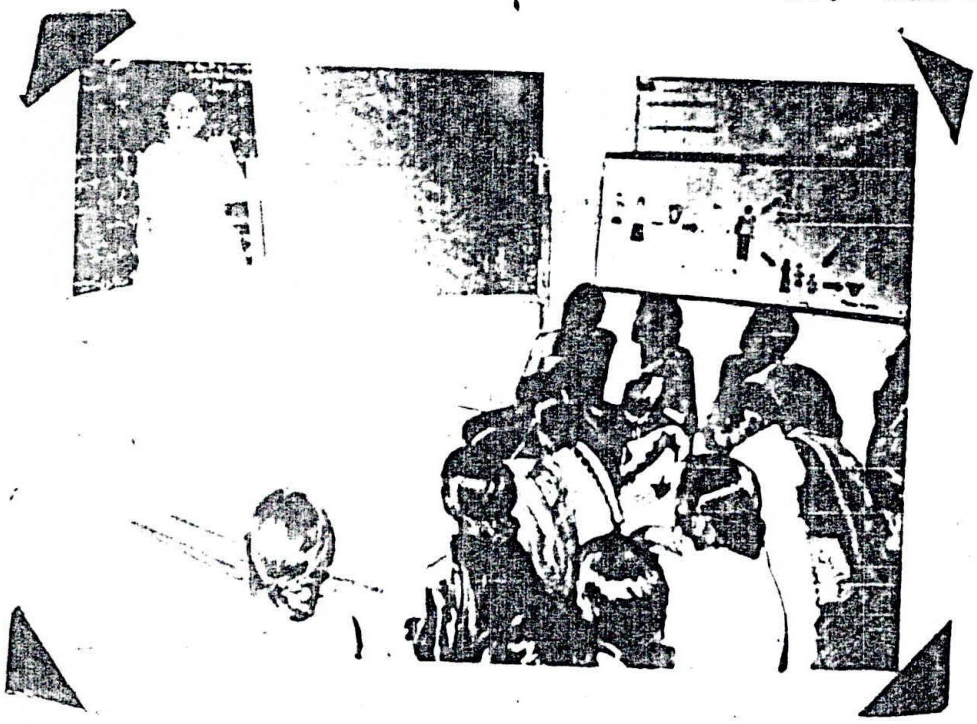
Women from scheduled and backward communities in our villages are not accustomed to speak up in fromt of others, and therefore to make the atmosphere more friendly, we normally have an intro-



PAIR - WISE INTRODUCTION CLASS

## DISEASES AND PROBLEMS BROUGHT OUT BY C.H.W.s

| | | | | | |
|---|---|---|---|---|---|
| 1. | Scabies | 10 | 18. | Fevers | 6 |
| 2. | Discharge (white) | 10 | 20. | Diarrhoea & vomitings | 5 |
| 3. | Diarrhoea | 10 | 21. | Abdominal pains | 5 |
| 4. | Red discharge | 9 | 22. | Piles | 5 |
| 5. | Ear discharge | 9 | 23. | Post operative problems(F.P.) | 5 |
| 6. | Drunkeness | 9 | 24. | White discharge in men | 5 |
| 7. | Housing and land problems | 9 | 25. | Wounds | 5 |
| 8. | Cough & Mumps | 8 | 26. | T.B. | 4 |
| 9. | Worms | 8 | 27. | Asthma | 4 |
| 10. | Measles | 8 | 28. | Breast Abscess | 4 |
| 11. | Sore eyes | 8 | 29. | Encephalitis | 3 |
| 12. | Urinary Tract infections | 7 | 30. | Maternal deaths | 3 |
| 13. | Mutka | 7 | 31. | Heat boils | 3 |
| 14. | Oppression by Rich farmers | 7 | | | |
| 15. | Disunity between groups | 6 | 32. | Irreguler periods | 3 |
| 16. | Vitamin B deficiency | 6 | 33. | Chicken pox | 2 |
| 17. | Risk deliveries | 6 | 34. | Leprosy | 2 |
| 18. | Abortions | 6 | 35. | Neonatel congenital defects. | 2 |
| | | | 36. | Cancer | 2 |



The numbers indicate out TEN how important and serious the problem is to villagers TEN being of highest importance and/or seriousness.

CLASSIFICATION OF DISEASES AND PROBLEMS

Contd.....

When the CHW trainees were asked what did they think were good qualities of leader, they answered that they should have patience, mix well with others and have a good manner in behaving.

TALKING ABOUT LEADERSHIP

MINI BANKS:

The Mini Bank functioning was also explained by playing a role-play showing a family where the husband drinks and wanders here and there. The wife works and manages to save some money. This is taken away by the husband to drink. Since the wife lost her money when there was a big festival she went to a big farmer to borrow money. She did not succeed and so she mortgaged her ear-rings as she was cheated by the big farmer.

The usefulness of the Mini-Bank kept by the association was thus emphasised explaining that if each member contributes some amount in the beginning and then monthly women can make some loans from the Mini Bank instead of going to big farmer.

DISCUSSING ABOUT THE "MINI BANK"

Contd.....

For each class there was always an observer and his/her duty was to bringout the important points of the class such as the following:

1. OBSERVERS REPORT:

Date: 7-9-1984 Day: Friday
Time: 3-10 to 4.30 pm. First week
Subject: Associations and Mini Banks
Class incharge: Rani Thomas
Observer: B. Thippeswamy

Class content:

The class started with a role play showing how an association is started in the village in the beginning. The role play shows how the villagers think, for example, in the village so many women feel dependent and they are afraid to come out to join in any development in the village. With the help of woman organiser they started a Woman Association and this helps people to come forward boldly and independently. The role play explains - what is an Association. It is a group of people sitting together to discuss their problems. Emphasis was put on the group and not on the individual. Rani also used somepictures and discussed - what is an Association.

Already there are Associations in some villages and CHWs Laxmakka, Yellakka, Thiplibai, Philomena and Marekka answered well about the Association. The necessity for leadership in the associations was explained and the responsibilities of President, Secretary and ward-members of the association.

Contd.....

The class was interesting. All the CHWs participated well though there was some disturbance in the middle of the class. The teaching was done well but some reviewing is needed for some CHWs.

2. Class Report WDT:

Date: 8.9.1984. Day: Saturday
Time: 3.30 pm First Week
Subject: Literacy
Class incharge: Rani Thomas
Observer: Raveendra Nath

I explained in the class the importance of education now-a-days. If at least they have some literacy their own work will be made easier, they can understand some signs and letters which will make easier their medicines distribution. They also would be able to calculate how many tablets they have used and how many cases they have seen.

After this discussion the CHWs wanted to write their names, village names and some signs.

I started the class by asking some women to come and try to write their names on the black-board and nearly 17 women came forward.

To explain the importance of education I made the role-play showing one CHW who wanted to come for the training programme and because she could not read the name (sign) on the bus, she sat in a different bus and arrived in another place and so she arrived late for the training.

The CHW said that she would like to learn some letters so that she can read the names of medicines and places. In another role-play to show the usefulness of letters and signs, I told a story how a CHW gave wrong medicine to a patient

Contd...

because she could not read the signs and letters. The patient had lots of trouble and got angry. Like this the CHW understood how careful she should be in giving medicines and she should learn to read and write the names and signs. Previously they did not feel literacy was important for them but during this class they felt that knowing some alphabets and letters will be useful in their work specially because they have to give medicines and they have to travel up and down.

3. OBSERVERS REPORT ON INTRODUCTION CLASS AND GROUP DISCUSSIONS

By Lalitha and Sister: Class prepared by: Rani & Sudheer

Introduction class: Observers Report.

Plus Points:

The method of introduction was good to break the ice. People enjoyed talking to each other and when Thippeswamy forgot to tell the name of his partner in the introduction one CHW remarked "if an educated person forgets then what about us ?" All the CHWs participated well.

Minus Points:

The class did not start properly. The women could have been arranged in one round instead of line by line so that all could see and hear properly. Introduction was not properly prepared since Rani and Sudhir did not think of introduction as a class and did not give it much attention. Even the groupwise discussions were not planned properly - how many persons, how many groups etc. was not planned. We should have thought before hand what were the points to be discussed. If the groups are small then the women discuss more easily than groups which are in big numbers. It was noticed during the introduction that some women organisers and Health Guides were discussing nicely with their partners whereas others were asking a few questions and then keeping quiet.

Contd...

4. GROUPWISE DISCUSSIONS - POINTS:

Points that came out from the group discussions on the first day ; CHWs wondered without education how can they can learn. They also brought out the point that after they were selected in the village already people were calling them for conducting deliveries when they had no training.

In Siripi village one CHW was expecting that she should do only this work and she should not go for labour. Some women had problems with husbands and mothers-in-law who did not want them to come for training and some of the CHWs expressed problems with some old dais in the village who were feeling jealous of them.

In the health problems which were brought out by the women diarrhoeais normally very high on the list of priorities, since more of the deaths in children upto one year old are from dehydration caused by diarrhoea.

5. OBSERVATION REPORT ABOUT DIARRHOEA - BY THIPPESWAMY AND ANANTHAMMA:

Subject: Diarrhoea by Sudhir.

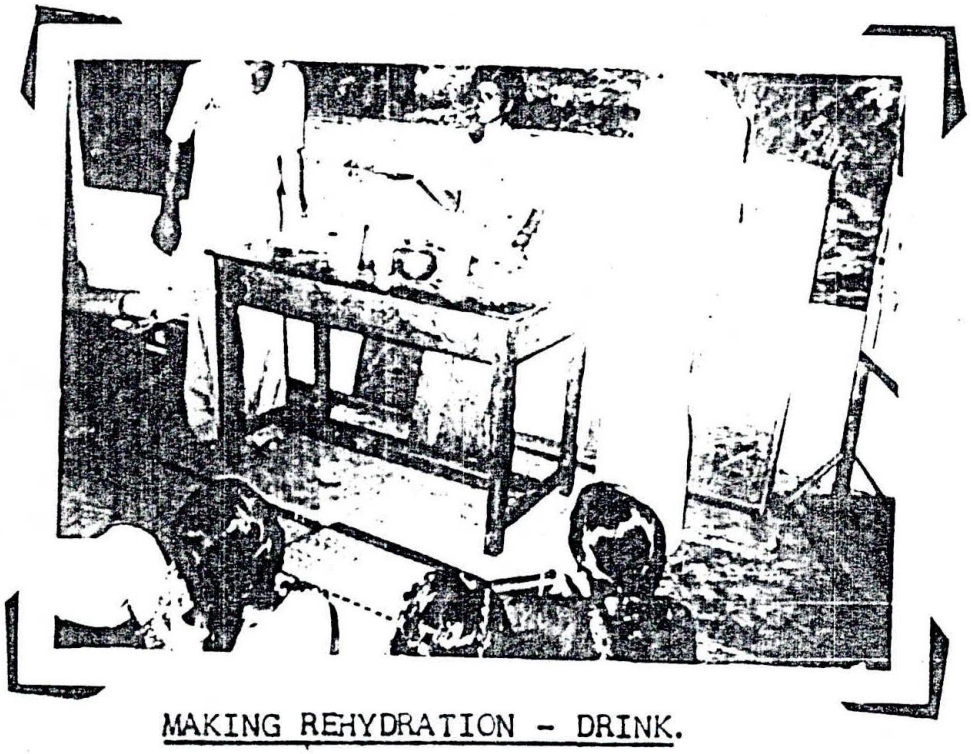
Sudhir started the class by asking the CHWs what they think about diarrhoea, what happens when their children have diarrhoea, what types of diarrhoea they have noticed, etc. The CHWs could bring out all the types of diarrhoea, watery diarrhoea, blood and mucus motions, undigested food, etc. and they said mostly children suffer from worst diarrhoea. Villagers normally give their own 'Kashayam' and they give normal diet with butter milk and rice and some CHWs said they will give hot rice with chillies and some give curd and puffed rice. To demonstrate how flies will cause diarrhoea, Sudhir kept rice in one plate and in another he put some sand and said it is kakka. Some flies were sitting on the kakka and then they went to sit on the rice. Like this

Contd...

he tried to demonstrate how germs are passed by lies.

He also explained other causes of diarrhoea, stagnant water, drinking contaminated water, eating sweets and other foods which have been left uncovered. He also advised to keep cut short as dirt can hide underneath long rails.

Another main cause of diarrhoea is measles, and Sudhir explained about the importance of treating diarrhoea after measles. He advised to give rice and butter milk and not so good to give chillies at the time of diarrhoea. Sudhir also explained how deaths of children are not due to diarrhoea but are due to dehydration which is loss of water in the body.



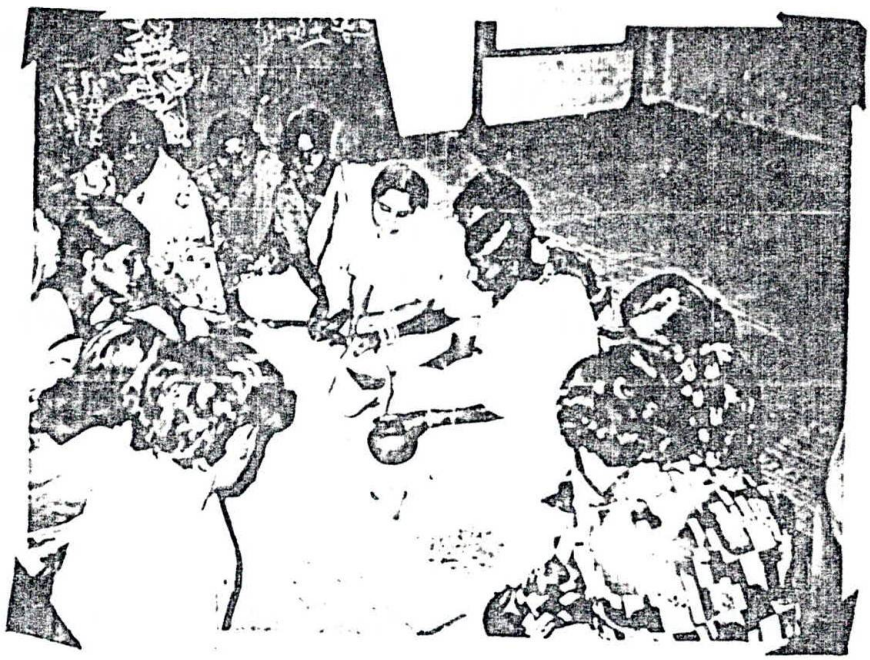
MAKING REHYDRATION - DRINK.

PREPARATION OF O.R.

He explained to the how when we have diarrhoea all the w ter goes out of the body and when this happens we can noti loss of skin elasti child very cranky a in small babies the fontenelle will be depressed. The skir and mouth will be dr The eyes sunken. The may be fever, pain i the hands and legs. To show this dehydration Sudhir used small dolls and some charts. He also showed them how to prepare re-hydration drink with borewell water, jaggery, salt and soda. 2 CHWs had diarrhoea and he asked them to prepare rehydration drink and take it. Sudhir explained about the dosage and administration. For adults after each motion two glasses, for children after each motion one glass and for children below one year they should be given by teaspoon every 15 minutes. Sudhir also explained about the importance of diet during diarrhoea and after diarrhoea.

Contd...

and also how good diet help to prevent diarrhoea. During diarrhoea it is important to eat as soon as possible because diarrhoea causes weakness and and on top of that if we do not eat we become more weak. As soon as possible children should start eating rice with butter milk, banana and the small babies should start taking breast milk. Sudhir covered all the essential points in the class and also used interesting charts, demonstration and afterwards he explained through a song. In the evening in the group discussions we came to know that all the CHWs understood the class well and also they could understand how to prepare rehydration drink.



PRACTISING MAKING O.R.T. BY CHWs

GROUP DISCUSSIONS:

6. Every evening after 6 pm. there were group discussions with the CHWs and trainees. Sudhir and B.C. Narasimhulu wrote about the importance of group discussions. "In this CHWs training programme we found that group discussions in the evening were very important not only for CHWs but also staff.

The reasons are:-

1. More cooperation and close contact with staff and CHWs.
2. In the group discussions we can do revision about the day's classes.
3. Everybody gets a chance to express their ideas and doubts.
4. Staff can come to know CHWs more closely and give concentration to slow persons.

Contd....

5. We can know the personal problems of CHWs.
6. In the groups the CHWs also try to learn to write their names.
7. In the groups the staff who will be doing the follow up in the field were attached to the group where their CHWs were, so that they can developm closer contacts.

Every week the different groups give a report about their CHWs. For e.g. in B. Thippeswamy's group there were 4 staff members and 6 CHWs and they give a report individually about each CHW as follows:

CHW - Anjanamma
Village - Dodagatta

"Anjanamma is 35 years old. She is having 6 children 4 girs and 2 boys. She is healthy and has no sickness. She has understood everything in this week's programme and she is able to remember also. She says that she understands everything about diarrhoea, scabies, head lice, ear discharge women problems and sore eyes. She mixes well with others and she is participating well in the group discussions. She doesnot have any children with her".

Like this they give report on each CHW.

SECOND WEEK

| MORNING | | | 2.00 pm to 3.30 pm | | 3.45 pm to 6.00 pm | |
|---|---|---|---|---|---|---|
| | ARRIVAL OF C H Us | | WEEK-END EXPERIENCES IN THE FAMILY & VILLAGE | | U.O.T. CHILD MANAGEMENT | |
| | ,30 am | 11.45 to 12.15 pm | 3.30 to 4.30 pm | 4.45 to 6.00 pm | 6.00 to 6.30 pm | 6.30 to 7.00 pm |
| | ASLES<br>wamy | MALNUTRITION<br>- Z. Samuel | IMMUNISATION<br>- R. Dasarath | CHILD & MOTHER CARE, RELATION-SHIP.<br>- Mrs. Lalitha | GROUP DISCUSSION | FILM SHOW ON MALNUTRITION |
| STAFF MEETING | N &<br>FICIE-<br>NCY.<br>el | NUTRITION & VITAMIN DEFICIE-NCY.<br>- Z. Samuel | WDT. CRITICAL ANALYSIS OF RELATIONSHIP OF ASSOCIATION MEMBERS.<br>- Mrs. Usha | REVIEW OF MALNUTRITION | GROUP DISCUSSION | FILM SHOW ON VITAMIN DEFICIE-NCY. |
| | Deena | HEALTH<br>TETANUS & MOTHER & CHILD<br>- U. Nagabhushana | SMOKELESS CHOOLA & DEMONSTRATION<br>- PC Chowdappa | WDT. DEVELOP-MENT THROUGH GROUP ACTION<br>- Team - WDT | GROUP DISCUSSION | |

## SECOND WEEK:

In the second week we reviewed mumps and measles, took classes on immunization and spent one full day for nutrition and mal-nutrition. The other health classes were S.T. diseases and Tetanus. WDT had classes on mother and child care, analysis of association-member relationship and group action. The following are a sample of some of the classes during the second week:

### 1. OBSERVER'S REPORT:

Date: 13-9-1984 Day: Thursday

Subject: Mother and Child Programmes:

Class in-charge: Mrs. Lalitha
Observers: Sudhir & Annapurna.

This class started by 3.30 PM. Lalitha started the class by showing some pictures of a child crying, playing, dancing, blind child, etc. with pictures of mother and father. However the pictures were very small and everybody could not see properly. Lalitha asked them some questions about how they feel parents should take care of the children in the family, what are their responsibilities as mother and father. We could observe that only the CHWs in the front row were replying.

After that Lalitha told a story of a small child who had to do the family cooking even though she was small and could not do it properly. So one day when she was cooking a lizard fell in the food and the Child's mother got very angry and beat the child. Lalitha told this story in order to show how it is the mother's mistake in making the small child cook. The CHWs were very interested in the story and wanted to know what was the end of the story.

Lalitha was explaining how mothers and fathers have to teach children in a proper way, not just expecting them to do the job and shouting when they are not able to do it. Normally in our target

Contd...

community families, it is not common for parents to discuss with the children their problems and their future at any time. Lalitha tried to show how being close to the children may help them develop better. In this class also Lalitha discussed about the education programme of RDT and what its aims were, to help the poor also to become literate. They discussed the problems of bonded labour and how this prevents children going to school. They also discussed about the school/nutrition programme, from where do the funds come, from where does money come for the Nutrition programme, from where does the money come for education programme. She explained from where the funds come and about sponsorship programme. In this class all CHWs were understanding and gave good answers. They have understood RDT's programmes and where the money comes. Like this they cleared their doubts.

2) CLASS REPORT BY Z. SAMUEL.

DATE: 13-9-1984.

SUBJECT: MAL-NUTRITION.

Teaching aids used:

1) Chart showing Marasmus and Kwashiorkar.

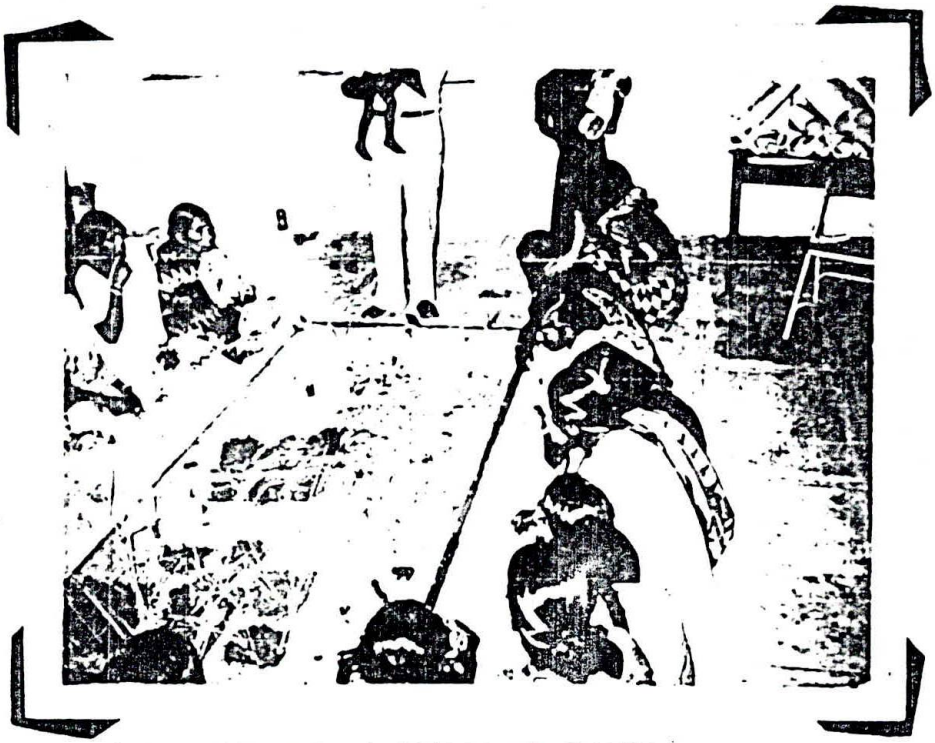
2) A model village was prepared showing that a few rich people holding more land and many poor families holding a little land.

- The rich people's land was fertile whereas the land held by poor people was unfertile and barren.
- The poor families were large and had more children.
- The toddy shop in the village was mainly used only by poor people.
- The Government ration shop exhibited a board saying "NO STOCK" while the rich could get rice, dhall etc., at boosted rates.
- The crop in rich man's land was fresh and green.
- The crop in poor man's land was wiithered.

Contd...

3) 2 children were presented to the class.

- One child from Yerragudi (Thippeswamy - 3 Years) was malnourished.
- One child from Upponka of same age was healthy.



A MODEL OF A VILLAGE SHOWING

RICH & POOR

Method of approach:-

The two children, healthy and malnourished were shown to all students and asked them if they can find any difference.

- The CHWs said that one is sick and the other is healthy.
- What is meant by that sickness and what is it due to ?
- Some said it is due to fever, some said that it is due to unclean upkeep, some said that it is due to diarrhoea some said that it is due to general weakness.
  One woman said that the weakness is due to lack of food.
- Then in the presence of whole class the mother was enquired. She said that she had five children. 3 of them have died after becoming weak just like the present one.
- The husband is sick with T.B.

Contd...

- Mother is not able to go for work because of the sick child.

- Even she goes for cooly. She is not getting full wages because she is not able to work full day because of the sick child.

- Never they had full meal, always one mudda is shared by sick husband, herself and sick child.

- As a result of all this situation the child has not enough to eat and thus became malnourished.

- Now you please alllof you (CHWs) tell me why this child has become sick like this ?

- Some said that mother did not take care.

- Some said that when there is nothing to eat what care can mother take.

- Why there is nothing to eat ?

- She said that, there is no land can't go to labour because of sick child, husband cannot work due to illness, cannot beg. So how can she get food. So now we got some causes for not having enough food. i.e., No land to cultivate. Further cannot work because of illness. Mother cannot go for work because of child's sickness. Now tell me some more causes or think of some more causes why the poor man does not have enough food.

REASONS FOR MAL-NUTRITION:

Some women said -

- The wages given by rich farmer is not sufficient, however the same is cooked into 3 or 4 Muddas and eaten by 7 or 8 people insufficient for all of us and worst suffer is the youngest child.

- Even when 2 or 3 members earn in a family, half of it is taken away by husband for drinking. So here again the members in the family have to eat only a little food.

- The fair Price shop. When we have money, there will not be stock in the store. When there is stock in the store we don't have money. That is how the store is not very useful for poor men. So again we don't get food supplies regularly and we suffer and have less food. So now you have said many causes for getting less food and the worst sufferers in the family are children and as a result of less food the child is becoming weak, malnourished.

Now here I want to tell you one thing.

Contd...

The present mal-nourished child whom we have seen now, is in a very bad condition. But, to come to this stage, the child should have been weak like this, for the past one year and more.

THE CHILDREN SUFFER MORE:

Many of our children are less than normal. If we can find out their malnourishment in the early stages (1+2) and if we give them special food we can prevent those cases from becoming like the present one.

For children upto 2 years there are some recipes like smashed foods, semisolid foods etc.,

1. Kichidy - Rice and Greendal and some greens; It should be well cooked and smashed - If it is for 6 months baby, the preparation should be liquid like.
2. Ragi Kanji with a little jaggery semi solid.
3. Well boiled rice with dhall soup, and smashed.
4. Wheat soji to make upma with greens in it and smashed.

All these varities were discussed and 4 women were alloted these 4 recipes to prepare.

They were asked give their observations on the aids used.

- Two rich families are there.
- They have good houses.
- They have enough grass for their cattle.
- They have less children.
- They have lots of land with two wells and with good crop.
- Their land is fertile
- There are 21 huts in a small piece of land which is not fertile.
- Every family has more children.
- The crops in their land are withered.
- There is one toddy shop and many of the poor people are in this toddy shop.

Contd...

- There is one fair price shop with "NO STOCK" board,

Where does this situation lead to ?

The poor are becoming poorer and rich are becoming richer. As a result of poverty, there is not enough food, and there is malnourishment in the family members and the worst sufferer is the last child or children under 5 years.

3) CLASS REPORT BY Z. SAMUEL

DATE: 14-9-1984.

SUBJECT: Nutrition and Vitamin difficiency diseases.

Teaching aids used:

Food materials like, proteins, Carbohydrates, Vegetables, Greens etc., were collected in bottles.

Two children were brought they were suffering from night blindness and bitof spots.

Method of teaching:

An the last hour, we suddenly felt that the whole class can be presented in some sort of role play demonstration and drama.

A well built man appeared on the scene exhibiting all his museles and said that, this growth was due to eating protein foods. His role was to present Protein foods. So, he carried along with him, toys of chicken, fish, goat, bull, egg, green dhall, Bengal gram, redgram, groundnut and all other lentils, and explained that they were all necessary to build body.

Another man appeared representing carbohydrates. He was doing hard work and said that he was able to do hard work because he was eating carbohydrates. He has shown them Ragi - rice - Wheat - Jonna - Sojji - Oil - Groundnuts etc.,

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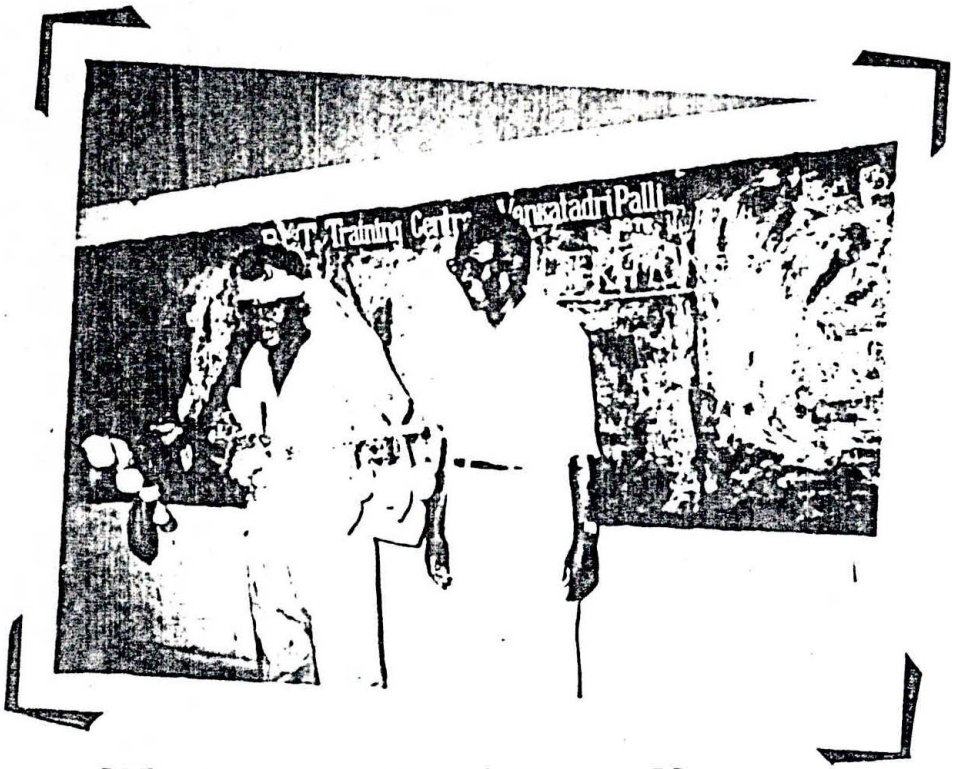

SPEAKING ABOUT DIFFERENT FOODS IN A ROLE--PLAY

Another man appeared representing protecting foods. He had all greens, vegetables and fruits and explained that by eating all this he was obtaining necessary Vitamin and thus protecting himself from diseases.

Then I explained that these 3 types of food can not be taken by 3 different people. All the 3 types should be eaten by every person in required quantities to keep up good health. Suppose a person is taking more of Proteins, and less of staples he may not have enough energy. Similarly, if he is not taking vegetables and greens, he may be exposed to all diseases. When I was telling this, a person appeared with protein foods, starchy foods and vegetables, fruits green etc., all around his body. I removed starchy foods from his body, then he has shown signs of exahustion. I removed Proteins from his body, and he was shaky..

I asked CHWs what they could understand by this.

They came out with answers that all types of foods should be taken and if one is missing, it can he easily observed in the body.

I wanted to bring out another point on eating habits. If one is eating the same type of food, there will not be required growth in the body. A child with rice, chillies and salt was presented to them. He said that he was taking rice and chutney every day and he was under developed.

Contd...

Then I wanted to bring out the necessity of special diet for children of 6 months and upto 2 years. This was presented by a small drama.

WEANING FOODS:

Two mothers with two children of same age ( 6 months ) were neighbours, one mother fed the child with poridge in addition to mothers milk. There was good growth. At 9 months he could sit, at a 1 year he could toddle and at 2 years he was healthy.

The other mother could not give any additional food to her child except her own breast milk. So, there was stumted growth and the child was under developed.

Vitamin defficiency diseases. I asked them what are vitamins. They said that they are mostly greens, vegetables & fruits. Then I expdained that vitamin is a substance avdlable plenty in greens, vegetables and fruits.

What are its functions ? They prevent diseases,

Then I asked them if they know of night blindness. They know. This night blindness id due to vitamin 'A' - difficiency. I presented before them 2 children one with night blindness and another with bitot spots. They got this disease because of Vitamin 'A' - difficiency. How can this be cured ?

- By giving plenty of vegetables and greens.
- Vitamin 'A' is plenty available in drum stick leaves, drum sticks, carrot, papaya; so, vitamin 'A' can be made good by giving the above foods.
- Vitamins can also be given in the form of medicine.
- If a child is having night blindness a full course of treatment is to be given.
- They were shown A & D capsules ( 6000 i.u. )
- They have to give 6 capsules a day i.e., 2 in the morning 2 in the afternoon and 2 in the evening. Like this for 3 days if there is no improvement, give a gap of a week and repeat again.
- It is better to give vitamins to the body in the form of food than by medicines.

The time was over and the class was postponed till further time.

Contd...

4) CLASS REPORT BY USHA MUTHOLY:

DATE: 14-9-1984.

SUBJECT: Class analysis of relationship between association members.

Main idea of this class is to make them to think critically or reflect their relationship in Association.

1. Association is running mechanically:-
   How ?

I pinned the pictures of President Secretary, Women Organizer, Ward leaders and the association members by getting the answers from them on a board, like this:

WOMEN ORGANIZER PRESIDENT SECRETARY

WARD LEADERS

Then I explained to them the relationship between each member. Suppose when a decision is taken only among the President, Secretary and Ward leaders what will be the People's reaction ?

With this idea we did a Role Play.

The Role-Play members are:

| | | | |
|---|---|---|---|
| 1. | President | - | Usha Mutholy |
| 2. | Secretary | - | Lalitha Damodar |
| 3. | Ward Leader | - | Rani Thomas |
| 4. | Women Organizer | - | Annapurna |
| 5. | People from one ward | - | Ananth., Suseela |
| 6. | People from another Ward. | - | Sathya |

Contd...

The Role Play is like this:

When the President of a Men Association asks the President of a Women association to lend him some money to get the house plots to the women, the President, Secretary and the Ward leaders without consulting the people concerned lent Rs.100/- to the Male President. When the Women Organizer comes and asks for accounts of the Mini Bank money the people concerned are ignorant. With this they all have a big quarrel and separate from the association.

After the Role Play I initiated the discussions:-

| REASONS FOR SUCCESSFUL ASSOCIATIONS | REASONS FOR UNDEVELOPED ASSOCIATIONS |
|---|---|
| 1. Unity | 1. Quarrels |
| 2. Responsibility | 2. No unity |
| 3. To get experience for the new members ( Replaced new members for old members) | 3. No Cooperation |
| 4. Participation | 4. Leadership |
| 5. Equality | 5. Power |
| 6. Cooperation | 6. No responsibility |
| | 7. Interference of Men |

All these above points are elicitated from the CHW's. Then the next point brought out by them was women problems. Of course the previous day they brought out some of their own problems and discussed to solve the problem. Some women explained they had solved their problems.

1. Drinking controlled
2. Matka (Cotton Market, Gambling) controlled
3. Got the bore-well repaired
4. Got the bore-well sanctioned
5. Got the house plots
6. Got the supply of electricity for flour mill.
7. Taking the serious patient to the hospital
8. Stopped the child marriage
9. Contribution given by women to washing platforms.

Contd...

10. Brought back all the slabs which are stolen. So, with the help of their good associations, people have progressed. If they have good relationship and good qualities as we said in the beginning there is a scope for associations to develop. Otherwise the association will not work properly and that will be a failure.

5) CLASS REPORT BY U. NAGABHUSHANAM

DATE: 14-9-1984 DAY: FRIDAY

SUBJECT: Tetanus and Rabies

This class started with a role-play. After finishing the role play we asked them what they understood from this role-play. The CHWs said that one person has got tetanus which was due to putting cow-dung on the wound, and also if we keep the wound dirty we may get tetanus. These two causes we had broughtout in the role-play and both these causes the CHWs could recognise.

We said that tetanus may be due to dog-bite, applying of cow-dung on a wound, injuries, especially from some instruments which are in the fields, cutting the umbilical cord with umbilical cord with unsterile instruments, handling the mother with unclean hands during labour, etc.,

We told the signs and symptoms of Tetanus which are 1) headache and fever 2) difficulty to swallow, 3) difficulty to close the mouth, 4) muscle stiffness, 5) fits which may come due to high fever. If we find a case like this we should search for a wound in the body. If we find one we should clean, apply some ointment and bandage it and should report to the hospital immediately.

Prevention of Tetanus: How can we prevent Tetanus ? Pregnant mothers can take T.T. injections twice or thrice towards the end of pregnancy. If you get any deep wound specially if there is cow dung around the place you should go to the hospital for a tetanus injection. Small babies can be given injections against tetanus.

About Rabies we also started the class with a role-play. After the role-play we asked the CHWs ' at is that ? '. They

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said that this was the symptom of dog-bite. The patient will cry, saliva will come from the mouth, he will talk without knowing. He will refuse to take water. He has been told that immediately after there is a dog-bite we should clean it with running water from the bore-well and should not cover it with any thing. Immediately we have to take the person to Kalyandurg or Anantapur for Rabies injections otherwise the person will die. We should not leave the dog. We have to observe it for one week. If it dies within that time it will be having rabies. People having dog bite can die within 10 days. They can also die after one year. So, when people die after 6 months they think it is not dog bite cause but that only will be the reason.

6) SECOND WEEK GROUP DISCUSSIONS:

BY: V.V. RAMANA DATE: 15-9-1984

Our group told all the diseases that week such as rabies, fever, headlice, injuries, diarrhoea, ear-discharge, mumps and measles and about associations in WDT class. All the CHWs told some examples and all CHWs could explain about the cause of malnutrition. Two CHWs Laxmamma and Yellakka had forgotten some points. So, we reviewed again in the meeting. They could explain about nutritious foods, body building foods, energy foods and protecting foods.

About immunization they knew that DPT should be given in the 3rd, 4th and 5th months. They said that the Vaccine should be kept in an ice box; otherwise it is not good.

They also spoke about Vitamin 'A' drops which should be given after one year for 9 doses till the age of 5 years. They said that is is useful to prevent night blindness. They knew that drumstick leaves, papaya and other green leaves are good for preventing Vitamin 'A' deficiency. About rabies and tetanus they understood very well the points covered in the class.

THIRD WEEK

| MORNING | 2.00 to 3.00 pm | 4.00 to 5.00 pm | 5.00 to 6.00 pm | 6.00 to 7.00 pm | Night - after Supper |
|---|---|---|---|---|---|
| ARRIVAL OF C H Ws | STAFF MEETING | WEEK-END REVIEW | NUTRITION<br>- Z. Samuel | SMOKELESS CHOOLA<br>UNICEF SOAK-PIT.<br>- PC Chowdappa | . . . |
| 9.00 to 10.00 am | | | | | |
| STAFF MEETING | FORMATION OF BABY - ANTENATAL CARE & CHECK UP.<br>- Rachel, Santhamma & Mary Francis | | | | W D T GAMES |
| STAFF MEETING | NORMAL PREGNANCY AND DELIVERY, POST-NATAL PROBLEMS.<br>- Rachel, Santhamma & Mary Francis | | | | SHADOW SHOW AND DELIVERY |
| STAFF MEETING | RISK PREGNANCIES, SPONTANEOUS ABORTIONS, COMPLICATED DELIVERIES.<br>- Dr. Bhagirathi | | | | . . . |
| STAFF MEETING | VENEREAL DISEASES AND OTHER DISCHARGES<br>- Miss. Deena Kumari | | | | . . . |

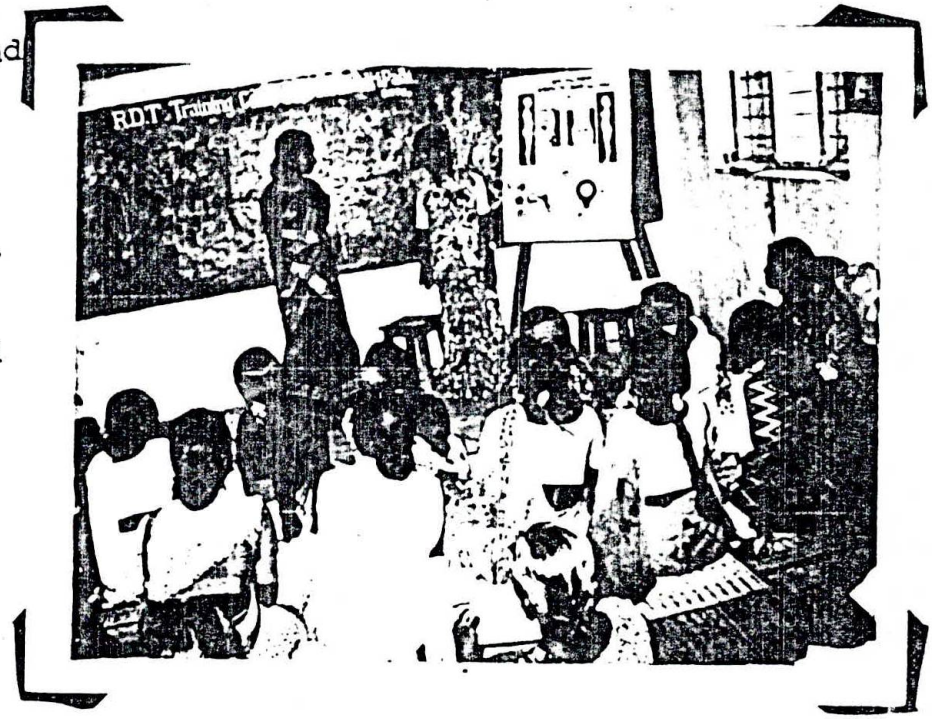
. . . . . .

THIRD WEEK:

The third week of the training programme was devoted mostly to ante-natal care, deliveries, risk pregnancies, post natal care and S.T. diseases.

Rechel who is a Government Health Visitor and the wife of Sirappa, Rani Thomas, Dr. Bhagyarathi and Deena participated in the classes on ante-natal care, deliveries and post natal care.

On the first day Rachel and Rani started the class by asking the CHWs what they feel about conception and delivery. To explain conception Rachel used a b$g chart which the CHWs found very interesting. The CHWs wanted to show how they themselves do a delivery in the village. So three of them got up and prepared a role-play to show it to all the others and for us. The role-play was very interesting. It showed how rough villagers are in dealing with the pregnant mothers specially at labour time. They showed how if the placenta does not come out they will take the mother and push her stomach against the wall.




Explaining about conception

CHWs DOING A ROLE-PLAY ABOUT A DELIVERY

Rachel and Rani discussed with the women about diet during pregnancy. During this class it came out how many super-

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stitions and beliefs there are against so many foods during pregnancy and most these are good foods like ground nuts, papaya, eggs, banana, etc. We explained by telling that foods do not cause any disease if they are good but if the Groundnuts are spoilt or the papaysa is too raw or the eggs are not good then may be some disease will come. Otherwise they can be taken safely by the mother.

Rachel and Rani explained about taking Iron and Folic acid during pregnancy. They are not having faith in Iron and FFolic acid tablets and so they throw in one corner what the ANM gives. So we explained how Iron gives good blood and that after so many pregnancies the women become pale and anaemic and so from the first pregnancy if they take Iron and Folic acid tablets they will keep more healthy. Rachel and Rani asked the CHWs if they had seen any deaths of mothers and children from Tetanus. The CHWs told of many cases but they could not distinguish between Tetanus and Toxemia which also causes fits. They explained the difference is Toxemia fits occur before delivery or during delivery and there will be lots of swelling on the body whereas Tetanus occurs for the mother or child after delivery.

RISK PREGNANCIES:

In the afternoon, Rachel and Rani explained about the risk pregnancies that it may not be possible to follow up all pregnant women but some women need special care and these are called risk pregnancies, such as the first delivery, multipara deliveries, young girls, pregnant mothers with bleeding or selling and mothers who have had previous difficult deliveries or who are very anaemic. Rachel and Rani explained that these type of pregnant mothers should have contact with the doctor or nurse during pregnancy.

On the next day with the aid of a dummy pelvis Rachel and Rani showed a real delivery. The CHWs were very interested in this and asked many questions, like whether the cord should be cut after the placenta has come out or before; what they should do if the placenta does not come out; how they should convince the mothers about these

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things, etc. Often in some communities they will have a particular woman who keeps a special sickle and only with that they should cut the cord. They are not much happy to change these ideas. Even to sterilise the sickle by passing through fire they do not feel so happy.

On the next day Dr. Bhagirathi from Guntakal came and spoke about ante-natal care and deliveries also showing a delivery with a dummy pelvis. Dr. Bhagirathi explained many of her experiences with village women and the CHWs found it very interesting explaining their experiences also.

S.T. DISEASES: CLASS BY - DEENA

Village women and men have a lot of problems with S.T. diseases because they do not like to come forward with them. They also do not know the consequences of having one of these diseases on the health of mother and father and children.

For these classes Deena had prepared some flash chart stories. The first story was told about a young man who was a bachelor and now and then when he visited the town he used to go to some woman. From one of these women he contacted syphilis but since the ulcers went away after a few days he did not bother about it. After some time his parents arranged his marriage. But to their disappointment his wife never gave birth to live child. Either it was premature or still birth. This happened for some time until somebody advised them to go to a doctor. The doctor examined the blood and found both husband and wife having syphilis which was the cause of all her still births and abortions. The couple took treatment and the mothers next pregnancy was a safe one and the child was born normally.

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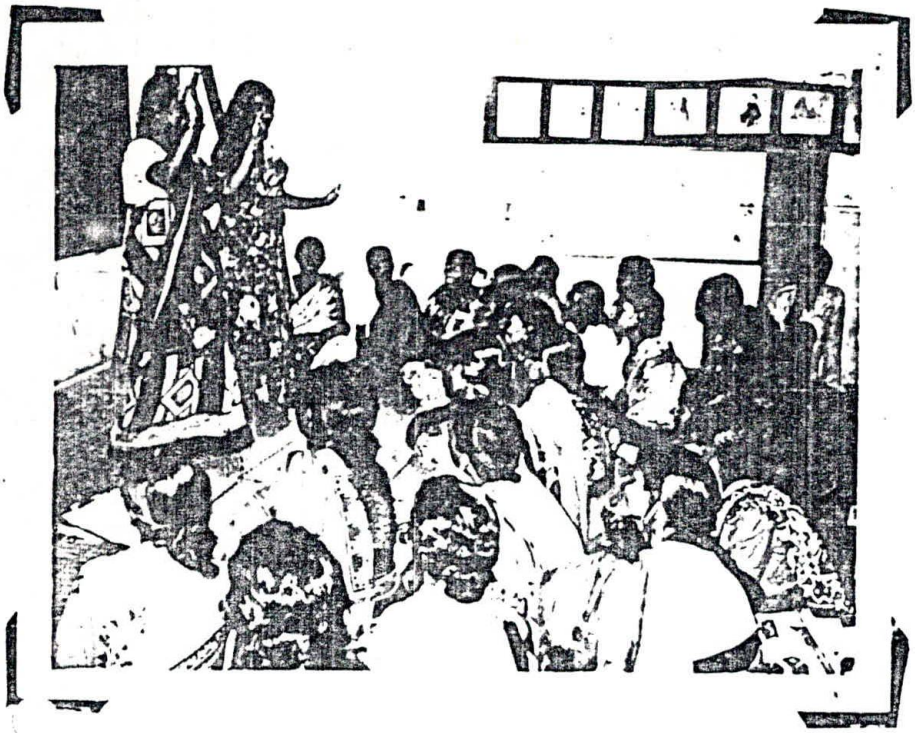

EXPLAINING ABOUT ST PROBLEMS

Deena explained in the class the cause and consequences of Gonorrhoea and syphilis. The CHWs know that some of these diseases existed but they did not know properly the cause of them and the terrible consequence of family life. In the class Deena tried to explain them that they can be useful in explaining the mothers the cause and consequence of these diseases and also to try to bring forward couples for treatment. Generally only the husband comes forward for the treatment which is of no use because the disease still continues in the wife and will be once again passed to the husband. Among the CHWs themselves there were two cases of chronic abortions which appear to be of some S.T.Disease.

FOURTH WEEK:

The fourth and last week was spent mainly reviewing previous classes. The new classes were family planning, approach to development and identification of leprosy. We also showed the CHWs how to fill in the symbols on their report card. We showed and explained all the tablets and medicines they have to use and the quantities they have to give for adults and children.

OBSERVERS REPORT:

Subject : Family planning
Date: 20-9-1984

Class teacher - Deena
Observer - C.C. Thippanna

The class started by Deena telling a story using a flannel board. She told a story of a mother who was very healthy and after fourth and fifth deliveries she started to become sick. She asked the CHWs what do they feel about family planning. Some of the CHWs started telling how many deliberies their parents used to have - 10, 12 and 13 and also told "we are having so ma-ny children and we are alright. Why do you say that we will become sick?" Then Deena showed the example of one CHW who had two children, who were looking so well and the mother was thin and the children were also thin.

They were telling that in the old days there were no medical facilities, no transport and out of 10 deliveries only 5 may survive. The father and mother were happy to have more children because they may support them in their old age. If there are more children they can earn more money for the family. But the disadvantages were also there. If there are more children there is less food, less education, many sicknesses and no proper shelter for the children, in a big family.

They discussed different family planning methods, Tubectomy, Vasectomy, loop, laproscopy and tablets. CHWs told their own treatments for family planning and abortions if they do not want to keep the baby and this is what they told:

Raw Papaya, Milk of Jilledu plant,
Jaggery made out of palm juice, etc.

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But the CHWs did not tell clearly. They wanted to keep it a secret. The villagers are thinking that if they have more children they can send some for bonded labour and get some money for one child. For Vasectomy they feel that the man becomes weak and they have lots of ideas about post tubectomy problems of not being able to do work, etc.

DEMONSTRATION:

To show CHWs what happens for Vasectomy and Tubectomy we had a demonstration kit from the PHC and we were able to show exactly what happens inside the body. Very often what happens, when a man or woman goes for operation, they will already be having some discharge or some other problem and this becomes worst if the doctor does not examine properly and suggests loop or operation. Afterwards when they have several problems they will blame it on the family planning method.

At this point the explanation was not clear and CHWs were not understanding. Deena explained about the problems which can come for girls who are married too young, when the body has not matured. Unless they spece the children there are great dangers of cancer, bleeding and other problems.

About induced abortions it was shown with the demonstration kit how illegal abortions in the villages cause death to the mother. It was explained also how upto a certain period it is safe to do abortions and afterwards it is dangerous. A CHW can help women by keeping their secret confident and trying to get them a medical abortion in the hospital.

Deena explained that until a couple has two or three children passed the age of 5, who are healthy, they can use temporary methods and if they are sure that their children are alright they can get operated. In a more better off family having two to three children they could go for operation without using temporary method first.

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OBSERVERS REPORT: By Sudhir and Rani

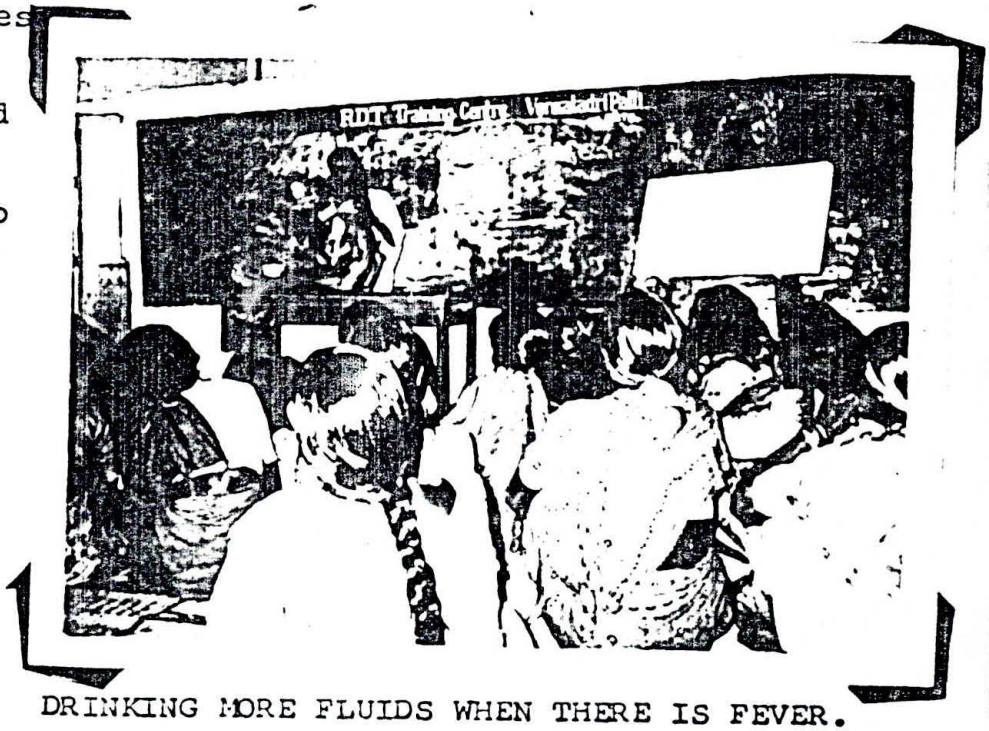
Date: 21.9.1984 Day: Tuesday

Subject - Management of fever and sore eyes review.

Class teacher - B. Narasimhulu

B.C. did not start the class by teaching. Instead he asked questions and got the answers from the CHWs. The CHWs explained all 4 essential points. They told fever is not a disease it is a symptom for other diseases. They explained how to find our if anybody is having fever. They said we should give rehydration fluids. He showed them Dispirin tablets, explained the cost and how the CHW and her family members also should pay for the treatment. He explained the dosage of Dispirin for adults, children and babies.

Marakka from Khairevu said that in her village there is an Anganvadi worker who gives medicines free, so they won't pay her. So B.C. told her if they do not want to pay let them take the medicine from the Government worker. But she should charge.



DRINKING MORE FLUIDS WHEN THERE IS FEVER.

After that B.C. did a role play with Kullayamma how to find out if there is temperature. In the role play Kullayamma was able to show removing children's clothes who had fever, giving sponge bath, giving more water to drink and referring the child if fever was very high. In villages people do not believe they should give cold sponge for fever. They think it will give cold.

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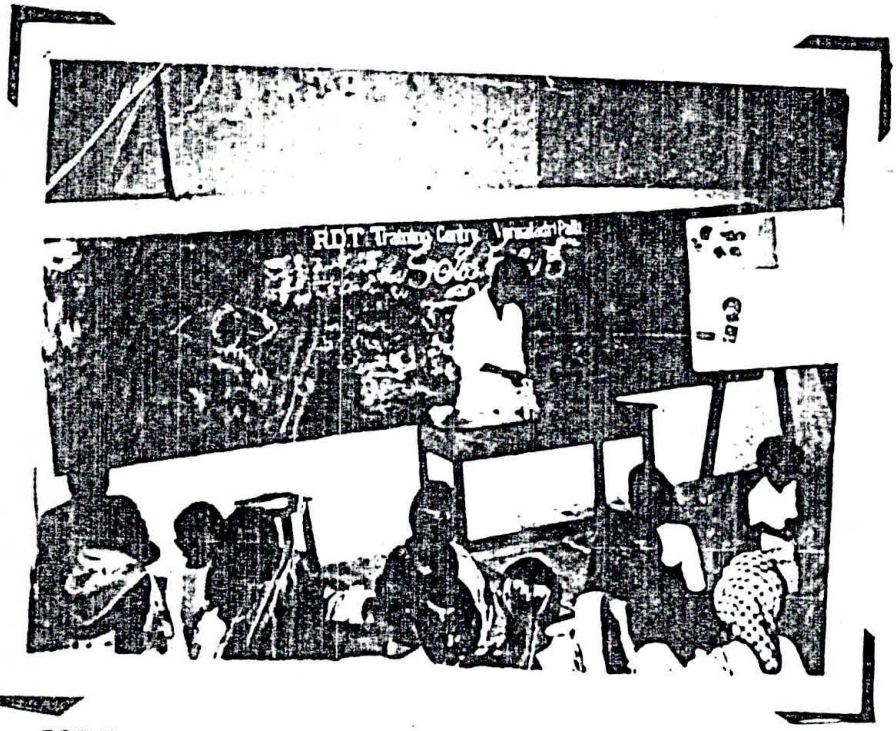
B.C. tried to show them by taking hot water in a bucket and saying "now how shall we make the hot water cold? Should we add more hot water or cold water ?" He explained also the dosage for Analgin/ and how to give it for adults, children and babies. In the villages almost cent percent people have body pains.



SORE - EYES CLASS DEMONSTRATION

B.C. also reviewed about Sore eyes. Again he did not explain. He only asked questions if they have understood. The CHWs were able to tell that the disease comes more in the children. It spreads by close contact. We should clean the eyes with salt water. First we should clean the hands. In a glass of water we should put a pinch of salt. We SHOULD TAKE 3 or 4 small cloth pieces, soak in the water and clean the eyes using a different piece of cloth for each eye. Then they can put eye ointment. B.C. explained to put the ointment in the eyes. He also explained that the CHW should move closely with the villagers otherwise she cannot work well. He said that since this disease is seasonal the CHW can arrange meetings and with the help of Health Guide or Health Organiser she can explain to women the cause and treatment of eye sore. The CHWs understood the class very well and they themselves were giving answers.

PAYMENT FOR MEDICINES:

During this training programme we told the CHWs that they have to collect full cost of the medicines. In the previous training programme we had not asked for full cost and only asked to pay a percentage. Afterwards it is very difficult to increase the cost. So in this programme we asked them to collect full cost from the beginning and upto the time of writing this report the CHWs are collecting, some of them cent percent and some of them 80 to 90 percent. In the beginning

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there is some fifficulty to pursuade people to pay the full cost but afterwards once the people get used to the idea there is no pronlem. On the contrary to increase from 50 per cent to cent percent is very difficult.

FINANCE:

In this training programme WDT and health worked very well together. They shared the responsibilities and duties. The Health Organiser Sirappa was given charge of finances since he has a reputation of being very thrifty. But unfortunately on the second or third day his whole purse with all the money was stolen. Everybody felt very bad because they did not want to think one among them had stolen the money.

But in the programme there was one out-sider who had benn specially called to make some drawings and charts. He was sitting in the next room where the money was stolen and it was noticed by some Health Guides and Health Organisers that he was frequently buying things and using money and when they asked him if he is in need of any money as an advance for his work he said "No".

Everybody suspected him and they approached him and said "we are thinking somebody has stolen the money and kept it in your bag". Please have a look'. Like this they discovered the full amount less 50 or 100 rupees in the bag of this person. After that Sirappa was happy again.

ROLE - PLAYS:

In this training programme also we tried to improve our role-plays. It was noticed that the role-plays were just like telling a story about the disease without emphasizing on a few points that are essential for the CHWs to learn through the role-play. Therefore before making a role-play we sat down to discuss what are the aims we want to teach through the role-play. Supposing we are teaching aboutdiarrhoea, we may want the CHWs especially to rember about

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O.R.T. and this is the point we emphasize in the role-play repeating it many times. After deciding what are the aims of the role-play we discuss who should be the members and what should the story be and we discuss the story among us making sure that we go on repeating the important points. When the role-play is over, if it has done properly the CHWs should immediately be able to tell what is the important thing to remember about diarrhoea. This takes some time to practice before we can make up the role plays quickly. We also notice that we cannot just invite any body to take part in the role-play each one should know the subject well.

CHWs from the other blocks came to to the Training programme and they were very useful and important to speak to the trainees about their experiences when they first started work after their training.

PEDDAKKA CHW FROM URAVAKONDA
GIVING HER EXPERIENCES

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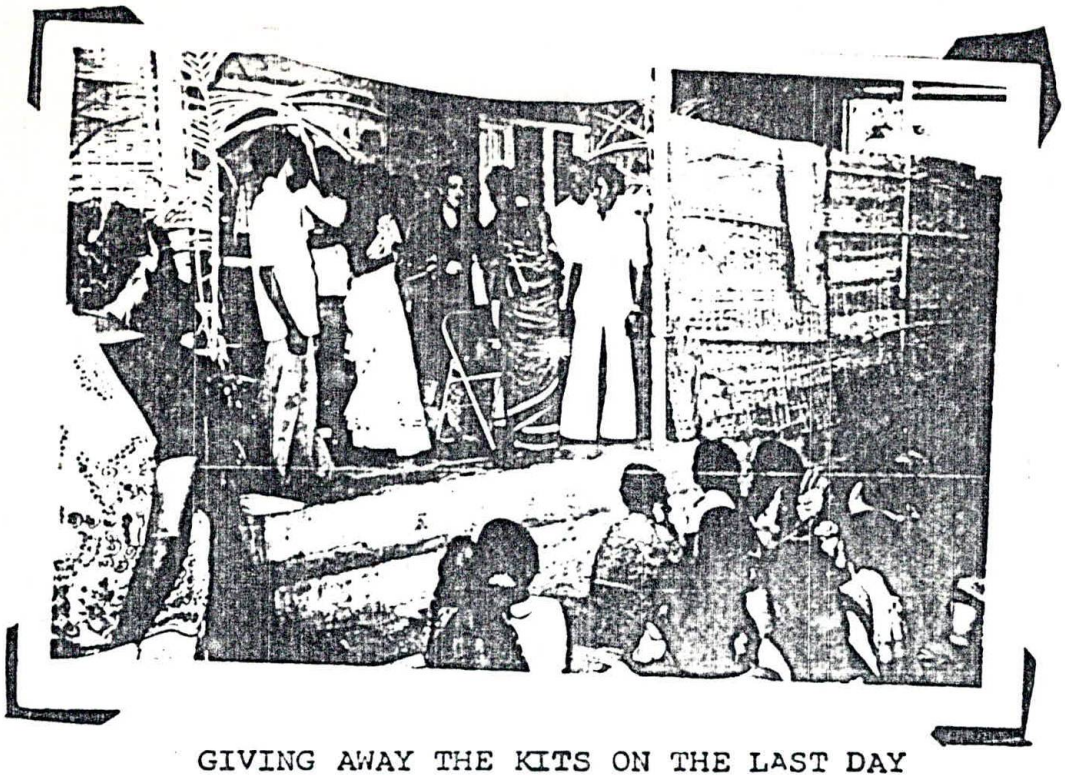

GIVING AWAY THE KITS ON THE LAST DAY

This training programme is just the beginning for CHWs - to be really useful in the villages and to have confidence in themselves, it takes a number of years, and lots of follow-through and refresher trainings.