



# PARTICIPATORY LEARNING AND ACTION (PLA)

Module for ASHA Facilitator/ASHA





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## ACKNOWLEDGEMENT

This module has been designed for ASHA facilitators and ASHAs to facilitate Participatory Learning and Action (PLA) processes that has demonstrated significant reductions in neonatal mortality in districts of Jharkhand, Odisha and Madhya Pradesh. This module has been developed in collaboration with Ekjut. The concepts, activities, tools and drawings used in this guide are largely from Ekjut's previous work and adapted to suit the content of ASHA training module.

We wish to thank the Ekjut team for their involvement in development of the module and their fieldworkers whose feedback and inputs were invaluable in modifying the module and the content of meetings so that communities would find the approach interesting and relevant.

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# INTRODUCTION

**P**articipatory Learning and Action (PLA) is an approach that can help bring the community together to identify, understand and address common health problems of the community. The process comprises of a series of meetings, in which community groups are encouraged to discuss, learn and engage in participatory decision-making that will enable them to take action to address local problems.

## Purpose of the module

This module will help you to learn the process of conducting PLA meetings systematically in your village to improve health of the community. The focus of this module is to address the health issues, based on your learning from the previous training - Induction training and training on Modules 6 and 7, Reaching the Unreached and Handbook for ASHAs on Mobilizing Action on Violence Against Women. As part of the PLA cycle, you will conduct meetings with community groups in your coverage area comprising of all women and men, adolescent girls and boys, pregnant and lactating women, other community health workers, panchayat and VHSNC representatives. The module has been developed to help you engage with the communities in a way that is respectful and sensitive to existing inequities in the society.

The module will help you to:

- Prepare for the meetings.
- Conduct PLA meetings using the methodologies explained in each section.
- Make the meeting process as participatory as possible.
- Reflect on the key discussions in the meeting and prepare for subsequent meetings.

You will be trained on using the module in three rounds of five days each. During the training all methods for conducting PLA meetings will be explained in detail. The first two rounds would cover details of 18 PLA meetings i.e, 9 meetings per round and the third round would cover methodologies for 12 remaining meetings.

### USING THE PARTICIPATORY LEARNING AND ACTION (PLA) APPROACH, YOU WILL BE ABLE TO

- Guide the community members to discuss relevant and context - specific issues.
- Help them understand the underlying causes for the problems that they will identify during the course of the cycle.
- Help to plan and implement strategies using locally available resources.
- Help the communities to evaluate their own actions.

#### **Note: For your easy reference**

IMPORTANT MESSAGES WILL BE IN BOXES  
COLORED BROWN

GENERAL INSTRUCTIONS/ROUTINE ACTIVITIES FOR  
EACH MEETING IN BOXES COLORED LIGHT GREEN





# PARTICIPATORY LEARNING AND ACTION (PLA)

## 2

Participatory Learning and Action (PLA) is a participatory method, in which group members are able to improve their problem-solving skills for better health outcomes. Evidence suggests that such community mobilization process acts as a sustained capacity building tool for communities and can lead to improvements in health outcomes. The PLA method facilitates utilization of existing health services by the community. It also directly addresses issue of women empowerment, which is an important underlying determinant for health and nutrition outcomes.



## 2.1 Phases of Participatory Learning and Action (PLA)

The PLA meeting cycle has four phases as shown in the figure. Each of these phases comprises of several meetings.

In the first phase, participants of the meeting (community members) prioritize their problems using picture cards. In the second phase they discuss about possible solutions and come up with strategies to address the problems. At the end of the second phase, group members call a larger meeting with the community (village level meeting) to share the identified problems and strategies.

After completion of the first two phases, the prioritized and feasible strategies are implemented in the third phase. In the fourth phase the participants evaluate what they have done well and try to assess what they could have done better.

## 2.2 Content of the Module

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
1.	Introduction to the PLA initiative	<ul style="list-style-type: none"> <li>To introduce yourself as a facilitator for the meeting and participants</li> <li>To introduce the PLA cycle</li> <li>To understand the importance of groups</li> </ul>	Piggy back and stick game discussion	Bundle of sticks, pen and notebook	<ul style="list-style-type: none"> <li>Understanding about the PLA initiative</li> <li>Understanding that the Government and the community need to work together</li> <li>Learning about the benefits of working together as a group</li> <li>Learning about the four phases of the Participatory Learning and Action (PLA) Cycle</li> </ul>
2.	Understanding social inequities in society	<ul style="list-style-type: none"> <li>To understand the need to include all sections of the community</li> </ul>	Power walk game	List of questions, chits representing characters for the game, pen and notebook	<ul style="list-style-type: none"> <li>Understanding issues of inequity in the community and the need to include all sections of the society in the PLA meetings</li> <li>Sensitizing the community about why some people are not able to access services and get left out at a higher risk of ill health</li> <li>Understanding why the vulnerable and marginalized families need to be informed about available health services and entitlements</li> <li>Looking at ways to reach out to the marginalized communities for improving health outcomes</li> </ul>
3.	Identifying common health problems in the community	<ul style="list-style-type: none"> <li>To identify common health problems in the community</li> <li>To find out how common is the problem according to community</li> </ul>	Interactive discussion using picture card	Problem picture cards, pen, and notebook	<ul style="list-style-type: none"> <li>Identifying common health problems using picture cards</li> <li>Realizing how common the problems are in the community</li> <li>Assessing what the community thinks are the causes for the problems</li> <li>Reviewing what is currently being done at home to address the problem</li> </ul>
4.	Prioritizing common health problems in the community	<ul style="list-style-type: none"> <li>To prioritize the common health problems</li> <li>To capture local practices and beliefs related to the prioritized problems</li> </ul>	Voting game	Problem picture cards, pen, chart paper notebook and pebbles	<ul style="list-style-type: none"> <li>Community is able to choose maternal, newborn and child health related problems through a voting game</li> <li>Understanding the symptoms of the problem</li> <li>Understanding what is usually done to prevent this problem from happening and how the community has been managing in the past when the problems occurred</li> </ul>
5.	Understanding causes and discussing solutions for prioritized problems	<ul style="list-style-type: none"> <li>To find underlying causes for problems</li> <li>To arrive at solutions to manage the problems</li> </ul>	Story telling	Story developed by facilitators, picture cards to go with the story, chart paper, pen and notebook	<ul style="list-style-type: none"> <li>Understanding the different causes for the problem (both immediate &amp; underlying causes)</li> <li>Learning to find feasible community based solutions to the problems</li> </ul>

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
6.	Exploring and choosing appropriate strategies	<ul style="list-style-type: none"> <li>To identify strategies arising out of the solutions from the previous meeting</li> </ul>	Bridge game	Bricks, wooden planks, strips of white paper, chart with list of solution, pen and notebook	<ul style="list-style-type: none"> <li>Designing community based strategies to address the prioritized problems and solutions</li> </ul>
7.	Taking responsibilities for implementation of selected strategies	<ul style="list-style-type: none"> <li>Participants to take responsibilities for implementation</li> <li>To plan for a large community meeting</li> </ul>	Intracive discussion	List of strategies, formats, strategies implementation format, chart paper, pen and notebook	<ul style="list-style-type: none"> <li>Taking responsibilities to make sure the strategies are implemented as planned</li> <li>Tracking progress of implementation of strategies</li> <li>Planing of sharing with the larger community and all other stakeholders that they have learnt in the past few months</li> </ul>
8.	Community meeting 1	<ul style="list-style-type: none"> <li>To solicit support of stakeholders for implementation of strategies</li> </ul>	Street play, story telling, picture card discussion, song, dances	Locally available resources for decoration & material used in previous meetings, script for story and list of strategies	<ul style="list-style-type: none"> <li>Taking responsibilities for implementing the strategies that they have decided together</li> <li>Understanding the purpose of sharing the group's activities with the larger community for soliciting support</li> </ul>
9.	Improving nutritional status of women	<ul style="list-style-type: none"> <li>To understand the underlying causes for maternal under nutrition in women</li> <li>To identify possible strategies for improving nutritional status of women</li> </ul>	Story telling and "chain game"	Strategies implementation format, script for story, story based picture card, colored ribbons, cut-out of woman, pen and notebook	<ul style="list-style-type: none"> <li>Learning about causes for anaemia and other nutritional deficiencies in women</li> <li>Identifying strategies to prevent anaemia and improve nutrition among pregnant mothers and adolescent girls</li> </ul>
10.	Complications during pregnancy and delivery	<ul style="list-style-type: none"> <li>To identify emergency and non-emergency problems in pregnancy</li> <li>To discuss about ways to respond to emergency/ non emergency problems and appropriate referral</li> </ul>	Voting with feet game	Strategies implementation format, picture cards related to complication during pregnancy (ASHA module 6 & 7), Signage card, pen, and register	<ul style="list-style-type: none"> <li>Learning about problems /complications in pregnancy</li> <li>Health services that can be accessed in an emergency/non-emergency cases</li> </ul>
11.	Planning for safe birth	<ul style="list-style-type: none"> <li>To discuss about birth preparedness for pregnant women</li> <li>To prepare the group to respond to emergencies during pregnancy, delivery and post-partum</li> </ul>	Sequencing game	Strategies implementation format, MCP card, mosquito net, vegetable basket, delivery kit, TT injection, nischay kit, IFA tab and strip of deworming tablets	<ul style="list-style-type: none"> <li>Learning about the importance of birth preparedness</li> <li>Discussing about what needs to be done for birth preparedness</li> <li>Knowing about entitlements of "Janani Suraksha Yojana" and "Janani Shishu Suraksha Karyakram"</li> </ul>

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
12.	Newborn complications and care practices	<ul style="list-style-type: none"> <li>To help participants to understand newborn complications and care practices</li> </ul>	Demonstration	Strategies implementation format, material used for hand washing , baby dummy, and cloth for wrapping and cleaning	<ul style="list-style-type: none"> <li>Learning about care for the newborn that includes - hand washing, checking the baby's color and breathing, the 5 cleans, thermal care (skin-to-skin) and not giving pre-lacteals</li> </ul>
13.	Importance of postnatal care for mothers and newborns	<ul style="list-style-type: none"> <li>To discuss about the importance and components of Post Natal Care</li> <li>To explain about your role as the ASHA in providing post natal care</li> </ul>	Interactive discussion using a case situation	Strategies implementation format, pen and register	<ul style="list-style-type: none"> <li>Learning about importance of postnatal care for mothers and newborn</li> <li>Identifying danger signs in mothers and newborns in the postnatal period and refer appropriately</li> <li>Knowing about the role of ASHAs</li> </ul>
14.	Exclusive breastfeeding practices	<ul style="list-style-type: none"> <li>To understand about the importance of exclusive breastfeeding</li> <li>To understand about positioning and attachment of baby while breastfeeding</li> </ul>	Demonstration	Strategies implementation format, breastfeeding picture card, dummy of a baby, chart paper, pen and register	<ul style="list-style-type: none"> <li>Learning about right positioning of baby and right attachment to the breast</li> <li>Learning about the importance of exclusive breastfeeding</li> <li>Learning about difficulties with breastfeeding and how to assess if the baby is getting enough milk</li> </ul>
15.	Management of high risk babies	<ul style="list-style-type: none"> <li>To understand causes, prevention and management of hypothermia</li> <li>To discuss management of twins and low birth weight babies</li> </ul>	Role play and demonstration	Strategies implementation format, script for role play, delivery kit, clean cotton cloth for demonstrating wiping and wrapping, dummy of a baby, chart paper, pen, and register	<ul style="list-style-type: none"> <li>Learning about caring for the low birth weight babies</li> <li>Learning about causes, prevention and management of low birth weight babies</li> </ul>
16.	Identification and classification of neonatal infection	<ul style="list-style-type: none"> <li>To identify newborns with sepsis (possible severe bacterial infections) and local infections</li> <li>To classify and identify signs of infection</li> </ul>	Interactive discussion using picture cards and Oral drill	Strategies implementation format, Picture card specifying danger sign, list of questions for game, note book and pen	<ul style="list-style-type: none"> <li>Learning about the signs and symptoms of infections in the newborn , both local bacterial and severe bacterial infections</li> <li>Learning about referrals to appropriate facilities</li> </ul>

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
17.	Understanding the importance of Intergenerational cycle of Undernutrition	<ul style="list-style-type: none"> <li>To develop an understanding on undernutrition in mothers and children</li> </ul>	Chart presentation and discussion	Strategies implementation format, flex of malnutrition cycle, questions on current practices, pen and register	<ul style="list-style-type: none"> <li>Understanding about the diverse causes of undernutrition</li> <li>Understanding the problem of undernutrition in the village</li> <li>Knowing about the intergenerational cycle of undernutrition and how it can be broken</li> <li>Learning about the importance of the first 1000 days of life</li> <li>Understanding the group's perception of prevailing behaviour and practices related to nutrition and health among mothers and children under-2 years of age</li> <li>Understanding about growth monitoring, referral and follow up of undernourished children</li> </ul>
18.	Importance of timely introduction of complementary food	<ul style="list-style-type: none"> <li>To discuss about the importance of 'timely introduction of complementary food' by organizing a ceremony</li> <li>Demonstration on enriching of local recipes</li> </ul>	Preparation of recipes and Initiation of complementary food	Strategies implementation format, list of infants aged 5-6 months, green leafy and other vegetables and varieties of lentils, mixed sattu, bowl, pen and register	<ul style="list-style-type: none"> <li>Learning about the importance of timely introduction of complementary food</li> <li>Learning about enrichment of local recipes</li> </ul>
19.	Management of diarrhoea	<ul style="list-style-type: none"> <li>To identify the causes for childhood diarrhoea</li> <li>To discuss strategies for prevention of diarrhoea</li> <li>To discuss about importance of immunizing children</li> </ul>	Story telling and demonstration	Strategies implementation format, script for story, story based picture cards, salt, sugar, spoon, glass, ORS packet( good and damaged), note book and pen	<ul style="list-style-type: none"> <li>Learning that feeding/breast feeding must be continued during illness</li> <li>Learning that safe drinking water, preferably boiled and cooled water must be used</li> <li>Giving rehydration solutions from the ASHA or AWC or homemade ORS when packet is not available</li> <li>Washing hands with soap before cooking and feeding children</li> <li>Washing hands with soap after defecation</li> <li>Keeping the cooking area clean</li> <li>Immunizing children as per schedule</li> </ul>
20.	Management of worm's infestation	<ul style="list-style-type: none"> <li>To identify causes of worm's infestation and its effect on growth of children</li> <li>To discuss strategies for its prevention</li> <li>To discuss about different kinds of worm's and their transmission cycle</li> </ul>	Story telling and demonstration	Strategies implementation format, script for story and story based picture cards, transmission cycle chart, note book and pen	<ul style="list-style-type: none"> <li>Learning that worm's infestation can lead to undernutrition and that the transmission cycle of worm's can be broken</li> <li>Learning about the different types of worm's that can cause ill health</li> <li>Learning that feces should be disposed properly and open defecation should be avoided</li> </ul>

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
21.	Management of Acute respiratory illness/infection (ARI)	<ul style="list-style-type: none"> <li>To identify the causes for childhood respiratory illnesses/infection</li> <li>To discuss strategies for prevention of acute respiratory illness/infection</li> </ul>	Story telling and demonstration	Strategies implementation format, script for story, story based picture cards, note book and pen	<ul style="list-style-type: none"> <li>Learning about care for the child that includes - hand washing and checking baby's breathing</li> <li>Learning about importance of counting respiration</li> <li>Learning to identify danger signs and timely referral of children</li> </ul>
22.	Delaying early/adolescent pregnancies	To understand the importance of preventing early/adolescent marriages and delaying the first pregnancy	Storytelling/role play	Strategies implementation format, script for story, story based picture cards, sample of available contraceptives, note book and pen	<ul style="list-style-type: none"> <li>Learning about risks of adolescent/early pregnancy</li> <li>Knowing about availability and accessibility of contraceptives</li> <li>Knowing about the importance of engaging with youth to prevent early marriages</li> <li>Engaging and influencing other stakeholders to address social pressure</li> </ul>
23.	Access to safe abortion services	<ul style="list-style-type: none"> <li>To discuss about safe abortion practices</li> <li>To know about available and accessible services for safe abortion</li> </ul>	Storytelling using picture cards/role play	Strategies implementation format, script for story, story based picture cards, note book and pen	<ul style="list-style-type: none"> <li>Learning about complications caused by unsafe abortion</li> <li>Learning that abortion is legal and no permission is required up to 20 weeks of pregnancy</li> <li>Knowing that this service is available free of cost at the Government facilities</li> </ul>
24.	Prevention and management of RTI/STI and HIV/AIDS	<ul style="list-style-type: none"> <li>To discuss about RTI and STI</li> <li>To sensitize members on HIV/AIDS</li> </ul>	Game, story telling, use of flipchart	Strategies implementation format, flipchart, card with 'Yes' and 'No', picture card sized paper, note book and pen	<ul style="list-style-type: none"> <li>Learning about reproductive tract infection and sexually transmitted infections and its prevention and management</li> <li>Knowing about HIV/AIDS and how it is transmitted and its prevention</li> <li>Knowing about health services available for the above conditions</li> </ul>
25.	Prevention and management of tuberculosis	<ul style="list-style-type: none"> <li>To discuss about prevention and management of tuberculosis</li> </ul>	Story telling,	Strategies implementation format, script for story, story based picture cards, note book and pen	<ul style="list-style-type: none"> <li>Learning how tuberculosis is transmitted and how it can be prevented</li> <li>Identifying the disease and importance of taking medicines regularly</li> <li>Learning about multi drug resistant tuberculosis</li> </ul>
26.	Prevention and management of malaria	<ul style="list-style-type: none"> <li>To discuss the causes of and its prevention and management of malaria</li> <li>To help members to identify mosquito breeding sites</li> </ul>	Story telling and transect walk and discussion	Strategies implementation format, script for story, story based picture cards, glass, note book and pen	<ul style="list-style-type: none"> <li>Learning how malaria is caused and how it can be prevented and managed</li> <li>About individual and community responsibilities to prevent malaria</li> </ul>

Meeting No.	Content	Objective	Methods	Materials/ Tools Used In Meeting	Key Issues covered
27.	Addressing violence against women	<ul style="list-style-type: none"> <li>To understand the concepts of sex and gender and learn to distinguish between the two.</li> <li>To help the participants realize the existence of violence at different stages all through the life cycle of women</li> </ul>	Role play and interactive discussion using flex	Strategies implementation format, chart paper, marker, flex depicting the life cycle of violence in women lives, script for role play/skit, note book and pen	<ul style="list-style-type: none"> <li>Learning to differentiate between sex and gender and about patriarchy</li> <li>Realizing the existence of violence at different stages althrough the life cycle of women</li> <li>Understanding how violence against women can be prevented</li> </ul>
28.	Planning for the cluster community meeting	<ul style="list-style-type: none"> <li>To identify representatives from each group to be involved in the planning meeting at the cluster level for organizing cluster/sector level communitymeeting</li> <li>To prepare a tentative list of activities and methods of dissemination for the cluster/sector level community meeting</li> </ul>	Interactive discussion and responsibility sharing among groups	Chart paper, marker, note book, pen and list of strategies	<ul style="list-style-type: none"> <li>Learning to organize a larger community meeting involving members from many villages from a particular cluster</li> <li>Coming together to address a common problems in the village/community</li> </ul>
29.	Cluster community meeting	<ul style="list-style-type: none"> <li>To share the progress of the implementation of strategies with the wider community</li> <li>To encourage members to continue with the strategies and share the learning with other community members</li> </ul>	Street play, story telling, picture card discussion, song, dance, puppetry etc.	Problem picture cards, list of strategies, local available resources for decoration, script for story, pen and notebook	<ul style="list-style-type: none"> <li>Understanding that the learning from the PLA cycle needs to be taken forward and continued in future as an ongoing process.</li> <li>Understanding about the forums where these discussions of health worker's role can be continued</li> </ul>
30.	Evaluation of activities by the groups	<ul style="list-style-type: none"> <li>To discuss about activities and achievements of the members</li> <li>To discuss about the way forward</li> </ul>	Game	Pictures of different methods, pen, notebook, pebbles	<ul style="list-style-type: none"> <li>Finding ways for holding the gains from these meetings</li> <li>Strategies to further improve the health status of the community</li> <li>Deliberate on taking the PLA process forward to discuss newer and different thematic areas</li> </ul>

## 2.3 Organizing the PLA meeting

Every ASHA will organize one PLA meeting in her coverage area every month. The meetings should be organized in a manner that all community members find it convenient to attend the meeting. The meetings should be organized using the following principles:



## PRINCIPLES OF PLA MEETINGS

- Venue of the meeting should be identified such that-
  - It is convenient for maximum people to attend the meeting specifically members from marginalized communities (e.g. distant hamlets).
  - Venue of the meetings can be changed to cover the entire population as per group's consensus.
  - Location should preferably be in an open space where people can join in freely (e.g. under a tree or a ground).
- Participation of community members to be non-incentivised.
- Duration of meetings to last between one to two hours.
- PLA meetings should be open to all members of the community
- Method of discussion should be facilitation, not didactic or teaching.

## Supportive Mechanisms

1. ASHA facilitators will use monthly cluster meetings with ASHAs as a forum to introduce the PLA methods. The cluster meetings will also be used to practice and plan for PLA meetings as well as to discuss issues in conducting PLA meetings. This meeting will provide an opportunity to incorporate feedback to improve the meeting process further by bridging gaps and taking corrective action.
2. During the induction phase of PLA (first month), ASHA facilitator will conduct 20 meetings i.e, one meeting per ASHA in the first month.
3. In subsequent months (second month onwards), all ASHA facilitators will conduct 10 PLA meetings with 10 different ASHAs in her supervision area. The remaining 10 ASHAs from the neighbouring villages/ areas would participate in these meetings led by ASHA facilitator as an observer/ learner Based on their observations, the 10 learner/ observer ASHAs will conduct meeting on the same topic in their coverage areas/ villages in the same month independently. The topic of PLA meeting will be same for all ASHAs under one ASHA facilitator in a month.
4. In the next month, ASHA facilitator would conduct meetings on the third topic in those 10 villages/ areas where ASHAs conducted meetings independently after observation in the second month. The remaining 10 ASHAs (in whose coverage area ASHA facilitator conducted the second meeting herself) will observe this third meeting in the neighbouring coverage area or village and conduct the same meeting in their own area in the same month independently. Over a period of two months, one facilitator will conduct 20 meetings, one meeting each with every ASHA in her supervision area.

## ROLLING OUT OF PLA ['ODD and EVEN' arrangement]

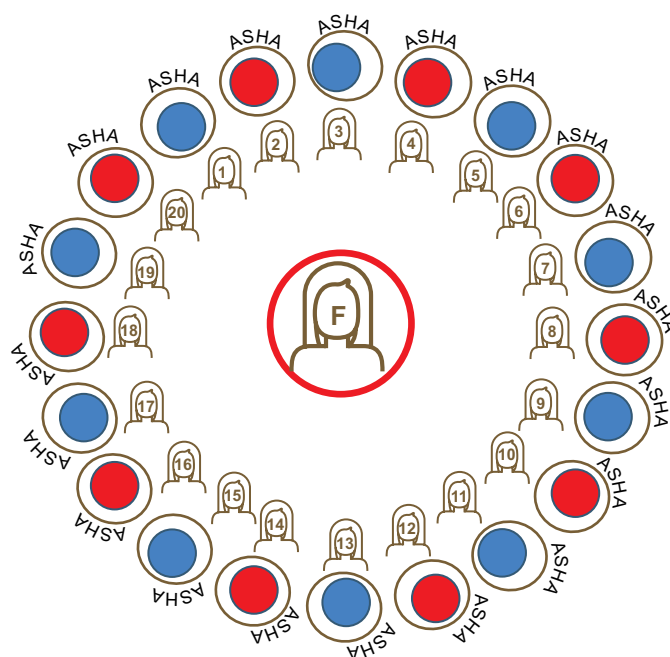
This arrangement will help the ASHA facilitators to conduct PLA meetings with 10 ASHAs in her supervision area, while the remaining 10 ASHAs will learn by observation. The steps involved in this arrangement are:

- ◆ For the first PLA meeting, the ASHA facilitator will conduct 20 meetings in her supervision area i.e, one meeting per ASHA.
- ◆ All the ASHAs under the ASHA facilitators will be numbered.



- ◆ From the second PLA meeting, the ASHA facilitator will conduct 10 meetings in 10 'ODD' numbered ASHAs (1, 3, 5, etc), while the ASHA will assist her and learn.
- ◆ The 'EVEN' numbered ASHAs will also attend the above meeting and learn on-the-job.
- ◆ The EVEN numbered ASHAs of the neighbouring villages/ areas after observing the meeting will conduct similar meeting in their villages/ coverage areas in the same month.
- ◆ In the third month (meeting number 3), all ASHA facilitators will conduct 10 PLA meetings with the 'EVEN' numbered ASHAs (2, 4, 6, etc), while the 'ODD' numbered ASHAs will now observe and conduct meetings in their villages/ areas.
- ◆ Using this method over a period of two months, an ASHA facilitator would be able to conduct 20 meetings, one meeting each with all ASHAs in her supervision area.
- ◆ This process will be repeated every month so that all ASHAs are supported directly by the ASHA facilitator.

The support structures for Community Processes, at all levels will play an important role in mentoring the ASHA facilitators and ASHAs for implementation of PLA meetings. The programme will be monitored during the regular field visits and review meetings at all levels. It is important for ASHA facilitators to conduct regular review meetings with ASHAs, as an opportunity to incorporate feedback to improve further, bridge gaps and take corrective action.



## 2.4 Who should be attending the Participatory Learning and Action meetings?

All community members should be invited to attend the PLA meeting, however, women of reproductive age particularly pregnant women and lactating women, newly married women and adolescent girls should be prioritized. Special efforts should also be made to ensure participation of individuals from marginalized households such as the poorest households or people living in the remote hamlets etc.

Participants may also include all those who are involved in antenatal, delivery and postnatal care decision-making (for example, older women and men), other frontline health workers, local leaders and other stakeholders like VHSNC members, who have important roles to play in community decision making.

The number of members attending a meeting can vary. Since the group membership for PLA meetings on health issues is open to all, the total number of attendees will increase over the period of time. To ensure maximum participation, the optimum number of participants per meeting can range from 25-30. For meetings where the participants are less than 10, you along with other members can proactively go around the village to mobilize more people. If attendance is still very low, the meeting can be postponed to a more suitable time and date.

## 2.5 General instructions before starting the cycle of PLA meetings

At the start of the first meeting, you will introduce yourself, and encourage all participants to introduce themselves, while ensuring that no one gets left out and discuss your new role as a PLA facilitator.

Ask the group to talk about how they see their role as a member of the PLA group.

Some examples include:

- ◆ Attending meetings voluntarily
- ◆ Helping each other and the wider community
- ◆ Sharing their knowledge and experiences with others
- ◆ Listening to and respecting the opinions of others
- ◆ Making their own decisions
- ◆ Working together to solve problems

## 2.6 . Guidelines to follow at the start and end of each meeting

### AT THE START OF EACH MEETING

- Informally chat with the participants and other members of the community.
- Encourage the participants to sit together in a circle.
- Welcome the participants and thank them for coming.
- Explain the purpose of meeting.

### AT THE END OF EACH MEETING

- Summarize the learning from meeting.
- Ask the group members about what they liked or disliked about the meeting and what they learnt.
- Confirm the date, time and meeting place for the next meeting.
- Inform the group about the content of the next meeting.
- Informally chat with the participants and other members of the community.
- Thank the participants for attending the meeting.
- Make sure all necessary information is noted down.

# MEETINGS ON MATERNAL AND NEWBORN HEALTH

3

## MEETING 1

### INTRODUCTION TO THE PLA INITIATIVE

#### PURPOSE OF THE MEETING

1. To introduce the PLA initiative, introduction of all the participants and self.
2. To explain how we will work in the community.
3. To explain how this initiative will be approached.
4. To discuss the benefits of working together as a group.

**MATERIALS REQUIRED:** Bundle of sticks, pen and notebook.

**TIME TAKEN:** 1-2 Hours

**METHOD:** 'Piggy Back' and 'Stick' Game

#### METHOD FOR CONDUCTING MEETING

##### ACTIVITY 1: Introduction

- Introduce yourself and also introduce any visitor from outside the village.
- Encourage all participants to introduce themselves, making sure that no one gets left out.

**ACTIVITY 2:** The 'piggy back' game: Explain that you will start the meeting with a simple game.

1. Ask 6 participants to volunteer for the game.
2. Divide them into 3 pairs.
3. Number the pairs 1, 2 and 3. Indicate a starting point and finish line and explain that all pairs have to get from the start to the finish line. For each pair, ask one person to represent the community and the other to represent the Government schemes and programs.
4. Pair 1 will go first. Ask the person representing the Government schemes and programs to kneel down on all fours and ask the person representing the community to straddle/ sit with one leg on either side (like riding) on her back.
5. Pair 2 will go next. Ask the person representing the Government schemes to stand in front of the person representing the community, both looking in the same direction. Ask the one at the back (representing the community) to put her arms around her partner's shoulders (representing government scheme). Participants carry the partner on her back (piggy-back).

6. Pair 3 will go last. Ask this pair to walk to the finish line holding hands.



Pair 1



Pair 2



Pair 3

### First discuss with the pairs about how they felt about the game ...

How easy or difficult was it to move from the starting point to the finishing line?

Which pair was most comfortable?

Now explain about how you plan to work in the community.

**Pair 1:** There are certain Government schemes and programmes that are meant for the people. But, if people become totally dependent on such schemes/ programmes and do not take responsibility, their situation may stay the same. (e.g. Attendance in Immunization camps or Village Health and Nutrition Day, etc.)

**Pair 2:** There are certain other programmes that make communities partially dependent on the Government, and once they are withdrawn, people tend to revert to their old situation. (e.g. withdrawal of certain services by the state, e.g. ambulance services, services related to JSSK, etc.)

**Pair 3:** Some programmes aim to help communities to help themselves where there is involvement of the community in the decisionmaking process and learning from them. (e.g. building of toilets where families need to contribute and Village Health Sanitation and Nutrition Committees (VHSNC).

Explain that **from now onwards we will work like the third pair (walking hand-in hand)**. Discuss with other participants why it is important for them to understand that the Government and the community need to go together for maximum benefits.

### THE PLA INITIATIVE

- The PLA approach allows community to learn to identify and talk about the problems they face and to be able to develop and implement strategies to address the problems they have identified.
- You will work alongside with community to help them explore for solutions within their own local area and making the most of the available resources. The approach will use community-level problem solving that will try to improve the status of the community especially women and children. This process also empowers women through working together as it allows all women to contribute in the community level activities who may otherwise have not participated.
- It is a slow but empowering process.

Explain that over the next few months the community will learn to participate in decision-making to identify and implement strategies to resolve the common health problems of the community, through a series of monthly meetings under the PLA initiative.

The PLA cycle constitutes four phases:

**Phase 1: Identify, discuss and prioritise problems:** In this phase problems related to community health issues will be introduced by showing pictures to the participants that will make it easy for them to identify problems. Group members will then prioritise the problems that are most prevalent in their area.

**Phase 2: Plan strategies:** Group members will discuss solutions and feasible strategies to address prioritised problems. This phase will end with a community meeting to share identified problems and strategies with the larger community and other stakeholders (like VHSNC members and Panchayat representatives) to seek their support for implementation of the strategies.

**Phase 3: Implement strategies:** Group members will implement their strategies and periodically review progress.

**Phase 4: Evaluate progress:** Members will evaluate the success of the implementation of their strategies.

### ACTIVITY 3: The benefits of working together as a group

Explain that you will now discuss why working through community groups will be useful in this approach. Start with another game- 'Stick game'.

- ◆ Ask one group member (preferably woman) to come forward
- ◆ Give her/him one stick and ask her/him to break it - s/he will be able to break it easily.
- ◆ Now give her/him a bundle of sticks and ask her/him to hold them together and break them - this time s/he will not be able to break!

The individual stick could be broken but the bundle of sticks could not be broken. Ask the group members to discuss about the game - was the individual stick or the bundle of sticks stronger? and why?



Ask the group to discuss the benefits of working together as a group. Some examples include:

- ◆ Participants make friends and support one another in a group, they do not feel isolated. There is an informal support network which can help them to make difficult decisions.
- ◆ They discuss and learn from each other about their experiences and rights.
- ◆ Group can generate more ideas than any individual working alone.
- ◆ Group can help to alleviate the effects of discrimination against women and allows them to integrate in the community and be involved in decision-making. Women develop personal strengths and learn to value their role in the community, such as overcoming their fear of self-expression that improves their self-esteem.
- ◆ Working together as a group can reach a larger number of people and have a long lasting impact.
- ◆ Participants can learn to generate and manage resources.

### **IMPORTANT MESSAGES FOR THE PARTICIPANTS**

- Government and the community need to work together for better health outcomes.
- PLA meetings will help communities to identify problems they face and develop as well as implement strategies to resolve the identified problems.
- You will work together to discuss possible solutions within the community, making the most of the available resources.
- Learn about the importance of working together as a group.

### **CONCLUDING THE MEETING**

- Summarize all the discussions with the help of the participants. This way you can assess how much the participants have understood.
- Encourage all participants to speak. Briefly tell them about the content of the next meeting to discuss about social inequities.
- At the end you will finalize and fix a date for the next meeting and end the meeting.

### **FROM THE SECOND MEETING ONWARDS AT THE START OF EACH MEETING YOU WILL DO A REVIEW OF THE ACTIVITIES OF THE PREVIOUS MEETING AND THIS WILL BE TERMED AS ACTIVITY 1**

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting
- Help them to recall the games and important discussions from the previous meeting.
- You will now encourage the participants to actively take part in this meeting.



## MEETING 2

# UNDERSTANDING SOCIAL INEQUITIES IN SOCIETY

### PURPOSE OF THE MEETING

1. To encourage participants to recall discussion points from the previous meeting.
2. To understand the need to include all sections of the society for all health related issues.

**MATERIALS REQUIRED:** List of questions, chits representing characters for the game, pen and notebook.

**TIME TAKEN:** 1-2 Hours

**METHOD:** 'Power Walk' Game

### WHO ARE THE MARGINALIZED PEOPLE?

People who are visible and can be easily reached are the ones who live in the most accessible parts in the village. They are also more likely to be educated and better off. In most villages, there are others who may belong to one of the following categories and who are marginalized:

- ◆ Families belonging to a particular caste, ethnic, or religious group who are a minority and who are not seen as equals by others, such as, scheduled castes, scheduled tribes and minority communities.
- ◆ Women headed households, where the husband maybe working outside, where the women are separated or deserted by husbands, or husband has died, where women have alcoholic husbands or are disabled.
- ◆ Families of those who work as daily wage labourers or are unemployed or destitute.
- ◆ Families living in distant hamlets/tolas, where houses lie between villages on hilltops or in the fields, or areas cut off by rains.
- ◆ Families with disabled children or where there is no adult support.
- ◆ Migrant families, either those who migrate into the village, or those who migrate outside the village for livelihood and visit periodically.

The families categorized above may also have little information and knowledge on health rights, entitlements and the benefits of preventive health services. However, it is they who are most in need of information and services. Unfortunately these families stay uncared because they are invisible and unreachable. **Nothing is more urgent than reaching out to such families.**

As a member of the community and an ASHA, you should know who are most vulnerable and likely to be unreachable. You can build a trust with them so that their constraints are overcome and they are able to access their entitlements and services that are due to them. You can map the households and families that are socially excluded and do not access health services readily. As an ASHA, you should proactively find out the reasons for not availing the services and inform them about their health entitlements and why they are needed. Those families should be invited to participate in the PLA meetings, especially pregnant women and mothers with small children.

Changing behaviours is not easy, especially among the poor and marginalized, who may not perceive the immediate gains or when they have other priorities. Hence, you may need to undertake repeated visits initially. In spite of all efforts sometime there are families who may not access services, and under such circumstances, help may be needed from ANM or the VHSNC members.

## METHODS FOR CONDUCTING MEETING

### ACTIVITY 1: Recap and review of previous meeting

- ◆ Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- ◆ Then ask them to share their learning with those who were not present in the previous meeting.
- ◆ Help them to recall the games and important discussions from the previous meeting.
- ◆ You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2: 'POWER WALK' GAME**– Developing an understanding of issues of inequity in the community- Poor and disadvantaged people in villages have high mortality and morbidity rates and also poor access to health services. Participants need to understand why some of them experience multiple barriers to access health care.

The 'power walk' game will help them understand issues of inequity at the village level, motivate them to include vulnerable people in meetings and also sensitize them towards the needs of the most marginalised. The game will also help participants to:

- ◆ Identify and understand why some people get left out in a programme even with the best of intentions.
- ◆ Plan with community members and other health care providers to identify them, and come up with possible strategies to include them.

### Method for conducting the 'Power walk' game

- ◆ Choose any eight volunteers from the group.
- ◆ Explain the game to the volunteers before the meeting starts.
- ◆ Each volunteer will be given a card with a character that s/he will be representing.
- ◆ The volunteers will be asked to keep their role/character a secret.
- ◆ To start the game, you will ask them to stand in the center of the group in a line.
- ◆ You will ask a few questions related to availing of government services, those characters who have received the services as asked in the questions will take one step forward and those who did not will stay where they are.
- ◆ After each question/service mentioned, at least one participant will stay back and the rest will take one step forward.
- ◆ Only the characters who take one step forward are asked the later questions.



(For better participation of the characters and for making the game more interactive it is suggested that the participants rehearse prior to the meeting. While planning for the game each character should also be given directions on when to stop while playing the game. You will also have to be careful that the characters chosen are fictional, and that no sentiments are hurt. Even though the characters should be based on the local situations, they should not represent any individual based on their social reality. While enacting the game, care should be taken that people should not be chosen to play a character based on their social background).

#### **Characters for the play:**

**Below are examples of 8 characters. Other characters relevant for the specific area can also be included:**

Character 1: Pregnant woman residing in a 'hard to reach' area.

Character 2: Pregnant woman residing near Anganwadi centre / in regular contact with the AWW.

Character 3: Daughter-in-law of the village leader

Character 4: Mother with children less than five years of age who is unaware of immunization schedule.

Character 5: Mother who is a daily wage/ migrant labourer.

Character 6: Mother who has more than 6 children.

Character 7: Mother who has had no schooling.

Character 8: Mother belonging to a marginalized (anyone category can be taken from the list mentioned above as per local context) community.



[NOTE: One or more characters for the game can be added or replaced based on the context, and number of characters can be decided based on the time available]

## Questions to ask and responses

You will ask the following questions	Responses to the questions
How many of you have/had registered your pregnancy? Please take one step forward	Pregnant woman residing in 'hard-to-reach' area (Character 1) and Mother from marginalized community (character 8) will remain standing while the others will take one step forward
How many of you have been getting the rations from the Anganwadi centre? Please take one step forward	Mother who is a daily wage labourer (Character 5) will remain standing while others will take one step forward
How many of you have completed your children's full immunization? Please take one step forward	Mother with children under five years of age (Character 4) will remain standing while others will take one step forward
How many of you have received 4 ANC's and been counselled on family planning, breastfeeding and nutrition during your antenatal visit? Please take one step forward	Mother with 6 children, and Mother with no schooling (Character 6 and 7) will remain standing while others take one step forward
How many of you have received medicines for de-worming for your children? Please take one step forward	Mother living near Anganwadi centre and Daughter-in-law of village leader (Characters 2 and 3) will take one step forward

Now you will ask the following questions to the community first and then to the characters:

- ◆ Who are the people who have come to the front and why?
- ◆ Who are the people who were left behind and why?
- ◆ How can we ensure that the voices of marginalised get included in community processes? Why is this important?
- ◆ How can we make sure that everyone in the community reaches the finish line?

### IMPORTANT MESSAGES FOR THE PARTICIPANTS

- There are some families in the community who fall under marginalised category.
- Special efforts should be made to enable access of all services including health care services to the the vulnerable and marginalized families.

### CONCLUDING THE MEETING

- Summarize discussions of the sessions.
- Tell participants about the content of the next meeting which is about.
- Identifying common health problems in future and therefore they should ask more community members to participate.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 3

# IDENTIFYING COMMON HEALTH PROBLEMS IN THE COMMUNITY

### PURPOSE OF THE MEETING

1. To encourage participants to recall the main discussion from the previous meeting.
2. To identify common health problems in the community.

**MATERIALS REQUIRED:** Problem picture cards, pen, and notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Interactive discussion using picture cards

### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1:** Recap and review of previous meeting:

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting
- Help them to recall the games and important discussions from the previous meeting.
- You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2:** Identifying common health issues in the community using picture cards:

- Introduce common health problems by showing pictures related to common health issues.
- Encourage members to discuss problems as shown in the picture cards.
- Discuss that the members first need to identify the problems in their village.
- Now explain that they will first play a game to identify problems by passing all the picture cards among the participants so that all of them get a good look at each card.
- Place all the cards on the ground and tell them that they will be discussing each of them.



- Ask the members to pick any picture card and for each of the picture card discuss the following:  
[You will take notes of the responses received for future use]
  - ◆ What do they see in the picture?
  - ◆ What is the local term used for describing it?
  - ◆ Has anyone experienced, heard or seen anyone with this problem in the village?
  - ◆ How can this problem be identified?
  - ◆ What is usually done at home when this problem occurs?
- Keep one blank card to include any problem that the community thinks has not been already included in the picture cards.

**The above process allows the participants to get actively involved and also helps them to identify the picture cards.**

#### **Maternal Problems:**

1. Anaemia during pregnancy
2. Eclampsia,
3. Prolonged labour
4. Bleeding during pregnancy
5. Malaria during pregnancy
6. Retained Placenta
7. Post-Partum Haemorrhage
8. Postpartum infections

#### **New Born Problems:**

1. High risk newborn - Low birth weight/pre term babies
2. New born infections - Eye and umbilical cord infection
3. Birth Asphyxia
4. Feeding problems,
5. Pre - lacteal feeds
6. Not exclusively breastfed
7. New born diarrhoea

#### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Participants realize what the common health problems are and how common they are in their community.
- Develop an understanding of the causes for the problems.
- Know about what is currently practiced when the problem occurs.

#### **CONCLUDING THE MEETING**

- Summarize discussions of the sessions.
- Tell participants about the content of the next meeting which is about the problems that will be taken up for discussion in future and therefore they should ask more community members to participate.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.



## MEETING 4

# PRIORITIZING COMMON HEALTH PROBLEMS IN THE COMMUNITY

### PURPOSE OF THE MEETING

1. To encourage participants to recall the main discussion from the previous meeting.
2. To help the participants recall the common health problems.
3. To prioritize the problems in the community.
4. To capture local practices and beliefs about the the prioritized problems.

**MATERIALS REQUIRED:** Problem picture cards, pebbles, chart paper, pen, and notebook

**TIME TAKEN:** 1- 2 hours

**METHOD:** 'Voting' Game

### METHODS FOR CONDUCTING MEETING:

**ACTIVITY 1:** Recap and review of previous meeting:

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting
- Help them to recall the games and important discussions from the previous meeting.
- You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2:** To help the participants recall the common health problem picture cards:

- ◆ Distribute the picture cards amongst the participants.
- ◆ Allow them to look at the cards carefully.
- ◆ If the cards are not clear, those who have understood and were present in the previous meeting can explain the cards.



- ◆ You will also explain the card if there are any doubt among the group members.

### ACTIVITY 3: Prioritizing health problems in the community using Voting Game:

You will explain that they will be playing the 'voting game':

- ◆ Encourage all participants to take part in this exercise and ask them which set of cards they want to prioritize first.
- ◆ As per there selection, take each problem picture card in turn and remind the participants what the problem is (using the local name for it) and ask them to describe the symptoms. Then place the card on the ground, picture facing upwards, in the middle of the circle so that all can see them clearly.
- Ask the participants about any other problem that they want to be included and write it on a blank card and place it along with the others.
- Put the cards in a line leaving enough space for some pebbles to be put against each card.
- After all the cards have been laid out, explain that, as a group, they are going to choose problems, that they think are common or serious in their community.
- Give six pebbles to each of the participants.
- Ask them to place three pebbles alongside the problem card that they consider to be the most important, two against the next most important and one for the third most important problem.
- Ask the participants to think carefully before putting the pebbles and not be guided by others in the group.
- Ask them to place the pebbles alongside the picture cards so that the picture is clearly visible to others.
- After all members have put the pebbles, ask a volunteer to add up the pebbles on each card and write down the number on a paper next to each problem card.
- The card with the maximum number of pebbles is the first priority, and so on. You will inform the group about the order of their prioritized problems.
- Choose the first 2-3 prioritized problems and take a consensus from the group. If some problems are inter-related then you may consider taking more.
- You need to fill up a table as given below to keep a record of the prioritized problems of that village.
- Remember that the prioritized problems will be different in different groups.
- Follow the same process for another set of cards.

MATERNAL PROBLEM	HOW COMMON IS THIS PROBLEM IN THIS COMMUNITY? (NUMBER OF STONES)	NEWBORN PROBLEM	HOW COMMON IS THIS PROBLEM IN THIS COMMUNITY? (NUMBER OF STONES)
Anaemia in pregnancy		High risk	
Eclampsia/ Pregnancy induced hypertension		newborns - Low birth weight/Preterm babies	

MATERNAL PROBLEM	HOW COMMON IS THIS PROBLEM IN THIS COMMUNITY? (NUMBER OF STONES)	NEWBORN PROBLEM	HOW COMMON IS THIS PROBLEM IN THIS COMMUNITY? (NUMBER OF STONES)
Prolonged labour		Newborn infections- eye infection and umbilical cord infection	
Bleeding during pregnancy		Birth asphyxia	
Malaria in pregnancy		Feeding Problems	
Retained placenta		Not Exclusively breast fed	
Postpartum haemorrhage		New born Diarrhoea	
		Pre lacteal	
Postpartum Infections		Blank card	

#### ACTIVITY 4: Discussion regarding local practices and beliefs of the Prioritized Problems

Encourage participants to recall the current local practices and beliefs and try to identify the beneficial, harmful and harmless practices for all the prioritised problems. You can refer to the example given below:

e.g. if the problem is infection in the new born

Symptoms	Causes	Management	Prevention
Ask how they will know that it is an infection.	Why do new born get infections?	What is usually done when the new born has an infection?	What do they do to prevent infections?

Make a note of the responses from the participants to be used later on when stories will be written.

#### IMPORTANT MESSAGES FOR PARTICIPANTS

- Participants will know the symptoms of the problems and about the current practices associated with them.
- Participants will know about the common health problem in the community that they have chosen together.

#### CONCLUDING THE MEETING

- Summarize discussions of the sessions.
- Tell participants about the content of the next meeting which is about the problems that will be taken up for discussion in future and therefore they should ask more women to participate.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 5

# UNDERSTANDING CAUSES AND DISCUSSING SOLUTIONS FOR PRIORITIZED PROBLEMS

- Preparations required prior to Meeting 5.
- Preparing the script for the story using the prioritized problems.
- Preparing hand drawn pictures to be used for the story in the meeting.

### PURPOSE OF THE MEETING

1. To encourage participants to recall discussion points from the previous meeting.
2. To understand the causes and effects of the first three prioritized problems/issues in the community through a story-telling process.
3. To arrive at the root causes using the “but why?” game.
4. To arrive at the solutions to deal with the problems using the “but what?” game.

**MATERIALS REQUIRED:** Script for story, story based picture cards, pen, notebook, chart paper

**TIME TAKEN:** 1-2 hours

**METHOD:** Story telling using picture cards

### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1:** Recap and review of previous meeting:

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting.
- Help them to recall the games and important discussions from the previous meeting.
- You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2:** You will use storytelling and picture cards to help women understand the causes and effects of the problems they have prioritized. The causes will include both the immediate and underlying causes along with those that are both social and medical.

**EXAMPLE:** Causes and Effects of Prioritised Problems:

**Story on Anaemia during pregnancy, Preterm baby and Pre-lacteal feeding**

**[Note: the characters in the story should be based on the local situation but they should be fictional and not directly linked to any person dead or living in the village]**

Tara got married at the age of 17 and became pregnant within 6 month period. Her diet in pregnancy was inadequate and she became anemic and weak. Her family members did not allow her to eat too much because they believed that it would prevent proper growth of the baby in the womb and that she would have indigestion. She refused to eat meat, fish, eggs and green leafy vegetables during



*[Picture cards for use in the story will be for the highlighted parts of the story - based on underlying causes and immediate cause - medical, social, cultural, etc]*

**ACTIVITY 3:** Process of discussing the root causes and solutions to the prioritized problems After the story has been repeated by a group member, you will explain that they will be playing a game called **‘but why?’**

-

Q: Why was he being given goat's milk?

A: Because she thought her milk was insufficient and the family asked her to feed him goat's milk.

Q: Why was the baby refusing to feed well?

A: Because baby was born premature.

Q: But why was the baby born premature?

A: Because Tara was very weak in pregnancy.

Q: But why was she weak?

A: Because she did not eat enough in pregnancy.

Q: And what were the other reasons of her being weak?

A: Because she had an early marriage and early child birth.

Now read out all the causes you had listed at the end of the 'but why?' game that led to the baby's death.

**ACTIVITY 4:** Discussing about possible solutions to deal with the problems using "but what?"

Now tell the participants that using these causes they will discuss about possible solutions, by asking 'What could Tara have done in pregnancy to have a healthy baby? What could the family have done to improve the chances of survival after the birth?'

Then list all the solutions in your register.

Example of identified 'causes' and 'solutions' in the box below:

Possible causes for the baby's death	Possible solutions for preventing baby's death
Mother married early, gave birth early, did not eat enough.	If Tara had married late and delayed the first pregnancy and had eaten more frequent meals and more vitamin/iron rich foods, received family support throughout her pregnancy
Baby born premature, too small to suckle and colostrum was discarded, baby refused to take goat's milk.	If the baby was taken to hospital after premature birth, made sure he was immediately put to breast and was given colostrum, given warmth, breastfed exclusively, given expressed milk using a spoon if the baby was unable to suckle properly.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Participants understand the symptoms, the immediate and underlying causes (root causes) for the chosen problems.
- Participants are able to discuss and find the possible solutions to the prioritized problems.

### CONCLUDING THE MEETING

- Summarize discussions of the sessions.
- Tell participants about the content of the next meeting which is about the strategies that will be taken up for discussion in future and therefore they should ask more women to participate.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 6

# EXPLORING AND CHOOSING APPROPRIATE STRATEGIES

### PURPOSE OF THE MEETING

1. To encourage participants to recall discussion points from the previous meeting.
2. To identify strategies arising out of the solutions using the 'bridge' game.

**MATERIALS REQUIRED:** Chart with list of solutions (from meeting 5), 2 bricks, 2 sticks, few wooden planks, pen and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Bridge Game

### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1:** Recap and review of previous meeting:

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting
- Help them to recall the games and important discussions from the previous meeting.
- You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2:** Understanding the opportunities and barriers before identifying strategies You will explain that they will be playing 'the bridge' game which is a practical and visual exercise to help participants understand how they can go from their present situation of "where they are now" (poor health) to "where they would like to be" in future, that is towards being healthier:

- Ask the participants to imagine that they are standing on one bank of a river. A brick is placed on the ground to represent the current situation regarding health of women and children in the community. For better understanding and visibility place the prioritized problem cards next to the brick.
- Another brick is placed a little away to represent the other bank of the river and also the situation where the community would like to be in future.
- The river is the barrier that is preventing them from reaching where they want to be.
- To overcome the barriers they will have to build a bridge that will represent the strategies that they will decide now.
- You will place 2 long sticks across the bricks to represent the strengths of the groups which will provide the supportive base for implementing the strategies.
- Shorter planks will then be placed across the two longer sticks. Each of these planks will represent a strategy that the group has already decided.

Once the final bridge has been shown and what each item represents has been described, you will remind them about the discussions from previous meetings:

1. The first brick = where we are now? (E.g. maternal and newborn problems).

2. The second brick = where do we want to be? (E.g. healthy mother and healthy baby).
3. The river = the barriers we face (e.g. cultural restrictions for colostrum feeding, dietary restrictions in pregnancy, pre-lacteal feeding, early marriages, etc.).
4. The two long sticks = the strengths we have as a group (e.g. strong group, helpful village leader, unity among group members, regular group meetings, etc.).
5. The shorter planks = the strategies the group will come up with. They will now decide what these would be...

2nd brick- Where do we want to go?

Long sticks - Strengths

River/Barrier

Planks - Strategies

1st brick - Where we are now?



**To identify strategies you will ask 'but how?'** - Referring to the list of solutions from the previous meeting, encourage the participants to discuss about doable strategies that can be implemented by them as a group:



For example, “But how can you improve the chances of survival after the baby is born?”

- ◆ When members have provided an answer, ask ‘But how can that strategy be employed?’ This enables them to discuss about the opportunities and means of overcoming the barriers.
- ◆ Keep prompting for as many suggestions as possible.
- ◆ Continue asking “But how?” to all the responses until it is not possible to answer the question anymore or until they agree that they have identified all the relevant strategies.
- ◆ Repeat the process for all the solutions from the previous meeting.
- ◆ Explain that they should discuss and identify what might help those strategies (opportunities) to work and what might obstruct those strategies (barriers).
- ◆ Ask them to think about the opportunities that might help them in implementing the strategies, example: VHND, VHSNC, AWC services, etc, while the space below the bridge represents the barriers, Example - harmful rituals/practices, superstitions, etc.
- ◆ Only when the group has decided they want to implement a strategy and that it is feasible for them, you will place a short plank on the bridge.
- ◆ Similarly, all the strategies are taken up and the bridge is completed.
- ◆ You will note down the outcomes on a separate chart (use the chart below called ‘strategy format’ for noting down).

Example of identified ‘causes’ and ‘solutions’ in the box below:

Village	Name of group	Prioritized problem	Prioritized strategies
Ichhapur	Ichhapur (Nayak Tola)	Low birth weight baby	1. Counseling mothers about the importance of nutrition during pregnancy. 2. Organizing sensitization sessions with adolescent girls and newly married women on preventing early marriages and delaying first pregnancy. 3. Counseling on practices and rituals that may be harmful (throwing the colostrum) and pre-lacteal feeding.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Community can discuss about opportunities and decide on strategies that can overcome the barriers through optimal use of resources for resolving the prioritized problems.

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting where they will be collectively taking responsibilities for implementing strategies that will be taken up in future and therefore they should ask more community members to participate.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 7

# TAKING RESPONSIBILITIES FOR IMPLEMENTATION OF SELECTED STRATEGIES

### PURPOSE OF THE MEETING

1. To encourage participants to recall the main discussion from the previous meeting.
2. To take responsibilities for implementing the strategies.
3. To plan for a community meeting at the village level.

**MATERIALS REQUIRED:** Chart with list of strategies, strategies implementation format, chart paper, pen and notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Brain storming and Interactive Discussion

### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1:** Recap and review of previous meeting:

- Ask all participants who were present in the previous meeting to raise their hands and make a note of it.
- Then ask them to share their learning with those who were not present in the previous meeting.
- Help them to recall the games and important discussions from the previous meeting. You will now encourage the participants to actively take part in this meeting.

**ACTIVITY 2:** Discussing the process of implementation of strategies and taking responsibilities for the same.

You will take up each strategy to be implemented and ask how the group plans to implement them.

- For each strategy discuss the following in detail:

- ◆ When do they want to start the implementation?
- ◆ What actions / activities are necessary?
- ◆ Who will take responsibility for its implementation?
- ◆ Do they want / need to involve other community members who have not been attending meetings? Who will take responsibility for interacting with them?
- ◆ What will they do if they experience any problems while implementing the strategies?



For each person taking a role, discuss as a group how they will ensure that they have enough support and guidance.

You should keep a record about the prioritized strategies with designation of responsibilities using a table like the one given below but also ensure that any one group member also maintains this record.

Village -		Name of group -
Prioritized problems	Prioritized strategies	Persons responsible
1.	1. a.	1. a.
2.	1. b.	1. b.
3.	1. c.	1. c.
4.	2. a.	2. a.
5.	2. b.	2. b.
6.	2. c.	2. c.

### ACTIVITY 3: Discussing and planning the process of conducting the community meeting

Inform the participants that in the next month a village level community meeting will be organized to share their experiences. Purpose of holding a community meeting is to:

- Share with the larger community the factors responsible for poor health status that the group has discussed over the last few months.
- Present the strategies that they have identified to deal with the identified problems.
- Gain support of the community to facilitate implementation of strategies. It is important that community members take responsibility for implementing the strategies and that they include the (VHSNC) Village Health Sanitation Nutrition Committee members and Sarpanch/Mukhiya in the planning and execution of the community level meeting.
- Find out from the members about the following:
  - ◆ When do they want to have the community meeting? (time, date)
  - ◆ Where do they want to have it? (Place/venue-school premises/open area/ Panchayat hall, etc.)
  - ◆ Who would they like to invite for the meeting? (Frontline government staff and other health staff, VHSNC members, village leaders, village elders, neighboring villagers, teachers, etc.)
  - ◆ Who would like to take responsibility for the invitation?
  - ◆ What will be the mode of invitation? (Letter, traditional methods, etc.)
  - ◆ What are the resources required? (Seating arrangements, food, water, etc.)

How will they obtain these?

- ◆ What will be the method of dissemination of their learning to the community? (Story-telling, street play, role play, puppet show, picture cards, songs, etc.)
- Assure them of the kind of help you can provide (Preparation of script, help with practicing the role play, etc)
- Encourage women to participate and take up responsibilities.
- You can help the groups to practice for the role play in advance before the community meeting.

## Important notes for you to prepare for the community meeting

### THE COMMUNITY MEETING SHOULD COVER

- An introduction to the PLA initiative and its aim to improve health by involving communities.
- The prioritized health problems and the strategies identified by the group members to overcome these problems.
- The barriers that need to be addressed and the strategies explored to address each problem.

### FOR STORY TELLING

- Help group members to describe the prioritized problems and strategies and also in developing the story.
- Help group members to write down questions that they would like to ask the participants in the community meeting.
- Help them prepare the picture cards for the stories.

### FOR PICTURE CARD AND OTHER GAMES

- Assist members to pin up the picture cards on a sari in a sequence for storytelling session.
- Involve the community members in the "Voting game".
- You will share the list of prioritised problems and demonstrate the bridge game that was used to identify the barriers and possible strategies to address each problem.

## There is no one way of conducting this meeting, however the following points will be useful:

- The community meeting should be held like a festival.
- You will assist the group in deciding the roles in the community meeting - who will preside, or present the findings, or take charge of the role play/storytelling, etc.
- Encourage participation of community members outside the regular group members for performing a social drama/street play or folk song.
- Everyone present should be able to listen and understand the discussions clearly.
- The discussions should be simple to understand, not too lengthy and in their own language.
- Ensure that everyone is comfortably seated and is able to see and hear the discussions.
- There should be a good mix of adolescents, mothers of children between 0-5 years of age, pregnant women and lactating mothers, men, frontline workers like AWW, ANM and other stakeholders like panchayat representatives, VHSNC members etc. You may allow women and children to sit in the front.
- Allow pregnant women, lactating mothers, mothers of children 0-5 years of age and people from the audience to share their views.
- Important decisions made during the meeting by the community members or stake holders/key invitees should be noted down by a group member for sharing at different forums.



## **IMPORTANT MESSAGES FOR THE PARTICIPANTS**

- Members are able to take responsibilities for implementing the strategies that they have decided together.
- They are able to understand the purpose of sharing the group's activities with the larger community.
- Members should be encouraged to participate actively for making the community meeting a success.

## **CONCLUDING THE MEETING**

- Summarize all the discussions with the help of the participants. This way you can assess how much the participants have understood.
- Tell participants in the next meeting they will be engaging with the larger community and will be achieving a milestone in the PLA process and that they should make it a success.
- At the end you will finalise a date, time and place for the next meeting and end the meeting.

## MEETING 8

### COMMUNITY MEETING - 1

#### PURPOSE OF THE MEETING

1. To disseminate learning from all previous meetings to the larger community.
2. To present to the community the strategies the group had decided upon and to seek their support for implementing them for better health outcomes.
3. Review of the community meeting with group members.

**MATERIALS REQUIRED:** Picture cards, list of strategies, local resources for decoration, pen, notebook

**TIME TAKEN:** 2-3 Hours

**METHOD:** Street play, story-telling, picture card discussion, song, dances, etc.

#### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1:** Disseminating learning from all previous meetings with the larger community members and other stakeholders. This will be done using picture card displays, narrating a story and enacting role plays.

**ACTIVITY 2:** Facilitate and help to conduct the community meeting:

- You can take help from VHSNC members for organizing this meeting.
- Help the group members to follow the agenda and start by thanking the community members for attending this meeting and briefing them about the day's proceedings.
- Discuss briefly about all the PLA meetings conducted so far so that the community can understand the process that the group had gone through.
- Group members will then disseminate the prioritized problems, barriers identified, strategies selected to overcome the barriers and use of available resources.
- Towards the end of this meeting the community members should be asked to share their experiences and also ask them how they can support implementation of the identified strategies.

**ACTIVITY 3:** Review of the community meeting with group members:

- Praise the group members for having successfully organized the community meeting.
- Inform the participants that following the community meeting they will start implementing the strategies that will help us to achieve better health outcomes.
- Inform them that in their next scheduled meeting in the coming month they will be learning about possible strategies for improving nutrition in women and preventing anaemia.

### IMPORTANT MESSAGES FOR THE PARTICIPANTS

- It is important to share with the community what the group members have achieved in the last few months and to seek their support to accomplish what the group has planned to do.
- The abilities and skills of the group members will get appreciated by the larger community.
- The community members including stakeholders will also become accountable to this initiative through their participation.

### CONCLUDING THE MEETING

- Thank the group members for successfully conducting the community meeting.
- Tell participants about the content of the next meeting which is about discussing about strategies to prevent anaemia and improving nutrition status of women.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

REVIEW OF STRATEGIES AT THE BEGINNING OF EACH SUBSEQUENT MEETING (Meeting 9-30) AFTER THE COMMUNITY MEETING 1 is termed as ACTIVITY 2

### AT THE START OF EACH SUBSEQUENT MEETING (9-30) DISCUSS THE PROGRESS OF THE IMPLEMENTATION OF STRATEGIES

You will take up each strategy selected for implementation and ask how the groups have progressed. This will help members to (a) remember the prioritized strategies and (b) gauge the progress of implementation.

- For each strategy currently being implemented discuss with each person who has taken a responsibility about the following:
  - When did they start the implementation? If not, when are they planning to start?
  - How is it going?
  - Are they facing any problems? If yes, what are these problems and how are they overcoming it?
  - Are they happy implementing the strategies or do they want to make any changes?
  - Did they involve other community members? If yes, in what way are they helping?
- Discuss with the group how they can measure and keep a record of the progress of implementation of strategies. Encourage group members to take up this responsibility. If no one is willing in the group, they could have assistance from other members e.g. school girls. Use a format for keeping a record of the review of strategies. Let the group decide how frequently they want to update the progress; fortnightly/ monthly, however it is preferable to have it monthly.

Respect their decision and fill in the updates mentioning the meeting number in which they have shared the updates.

#### MEASURING OF PROGRESS OF STRATEGY IMPLEMENTATION - REGISTER FORMAT

Meeting No.	Name of group	Prioritised problems	Chosen strategies	Action taken

## MEETING 9

# IMPROVING NUTRITIONAL STATUS OF WOMEN

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review and assess the progress of the prioritized strategies.
3. To understand the underlying causes for under nutrition of women.
4. To implement possible strategies for improving nutrition status of women.

**MATERIALS REQUIRED:** Strategies implementation notebook, script for story, story based picture cards, coloured ribbons, cut-out of women, register and pen

**TIME TAKEN:** 1-2 Hours

**METHOD:** Storytelling and “Chain game”

### METHODS FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- ◆ Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- ◆ Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- ◆ Keep a record of the progress made for the chosen strategies.
- ◆ Encourage participants to share their experiences and learning during implementation.
- ◆ Discuss about the problems encountered and how they have resolved it.
- ◆ Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Understanding the underlying causes of maternal undernutrition among women.

You will use the following story and picture cards to help members understand the underlying causes of under nutrition among women.

#### Example of a story:

Shila's family was large and being the oldest, she had to look after her siblings. After feeding all of them she would take whatever was left over. At the age of 13 when her menstrual period started, she had excessive bleeding and she looked very pale. Her mother thought that her skin looked fair, not pale. At 16 years she was married and soon after she became pregnant. During pregnancy her mother-in-law prevented her from taking rest and taking more food. She did not have any ANC and did not take IFA tablets. One day the ASHA noticed that Shila looked sick and asked her to get her blood tested, but Shila's mother-in-law did not allow it. The ASHA advised her to take green vegetables, fruits and IFA, but she did not take them. Shila delivered a stillborn baby in the 8th month. When she had high bleeding after childbirth, the doctor advised her to go to a higher centre where

she could be given blood, but the **ambulance was not available**. Because they did not have enough money, the family decided to bring her back home. Her mother-in-law gave her **just one meal in the day** consisting of rice with garlic and salt and made her do all the house work.

Shila became **breathless after doing routine work and when she went to the well to collect water she fainted**. Her family members called the **faith healer to perform rituals and also got her treated by the informal provider**, but Shila did not regain consciousness and when her husband tried to take her to hospital, she died on the way.

- Ask one of the members to repeat the story using the picture cards that will remain on the ground.
- Tell the members that they will play 'the chain game' to help them identify solutions for preventing maternal under strategies nutrition. This practical and visual exercise will help participants to understand and analyze the causes and help them to identify strategies to prevent under nutrition.
- Ask the members "why did the mother die?" to arrive at all the underlying causes. (Use the 'but why?' game as in meeting 5).
- Allow the members to think of possible causes that may have led to the mother's death.
- Keep a note of all the responses and group the different causes under 4 categories:
  - ◆ **Nutrition (green color)** - having to do with feeding practices.
  - ◆ **Cultural Practices (yellow color)** - having to do with people's attitudes, customs, beliefs, etc.
  - ◆ **Illness (red color)** - caused by infections (virus, parasite, bacteria) or deficiencies, etc.
  - ◆ **Entitlements (blue color)** - related with government services and benefits.



- You can use paper bands or ribbons of four different colors to represent the four major categories and explain what each of the colors represents.
- While reminding the group about the causes mentioned by them earlier, ask them to classify the causes under the 4 categories.
- You will use a cut out/ dummy of a woman for this game.
- Randomly distribute the colored ribbons/ bands among the participants. Each time you call out a cause, the members will reflect under which category it would fall and the one with the correct colored ribbon will tie the ribbon to the dummy's/ cut out's leg. For each subsequent cause a new ribbon is tied to the existing one in the form of a chain to the dummy's/ cut out's leg.
- The chain/shackle gradually increases to show how the woman can be burdened with all the causes leading to the problem of undernutrition and eventual death.

**ACTIVITY 4:** Identifying possible strategies for improving nutritional status of women:

For removing the chain or to unshackle you will now ask, "what can be done to prevent the death? Encourage the members to think of different strategies to deal with the problem. The group members think of various possibilities and discuss them openly. As they decide the strategies they remove the ribbon (chain) one by one. Keep a note of all the strategies and support them to pursue it together.

#### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members learn about causes for anaemia in women and other nutritional deficiencies.
- Members are able to identify strategies to prevent anaemia and improve nutrition among women especially pregnant women and adolescent girls.

#### CONCLUDING THE MEETING

- Thank the group members for successfully conducting the community meeting.
- Tell participants about the content of the next meeting which is about discussing about complications during pregnancy and appropriate referrals.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 10

# COMPLICATIONS DURING PREGNANCY AND DELIVERY

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify emergency and non-emergency problems in pregnancy and during delivery.
4. To discuss about ways to respond to emergency/non-emergency problems and appropriate referral.

**MATERIALS REQUIRED:** Strategies implementation format, picture cards related to complication during pregnancy (ASHA module 6 & 7), signage card, pen, and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Game - 'Voting with the feet'

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16).
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37).
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Identifying emergency and Non emergency problems:

- Take all the problem picture cards and pass them around the circle so that all participants get a good look at each card and place them on the ground.
- For each card ask them to discuss if it is an emergency or non-emergency problem.
- Those cards that are emergencies stay face up and those which are not are put face down.

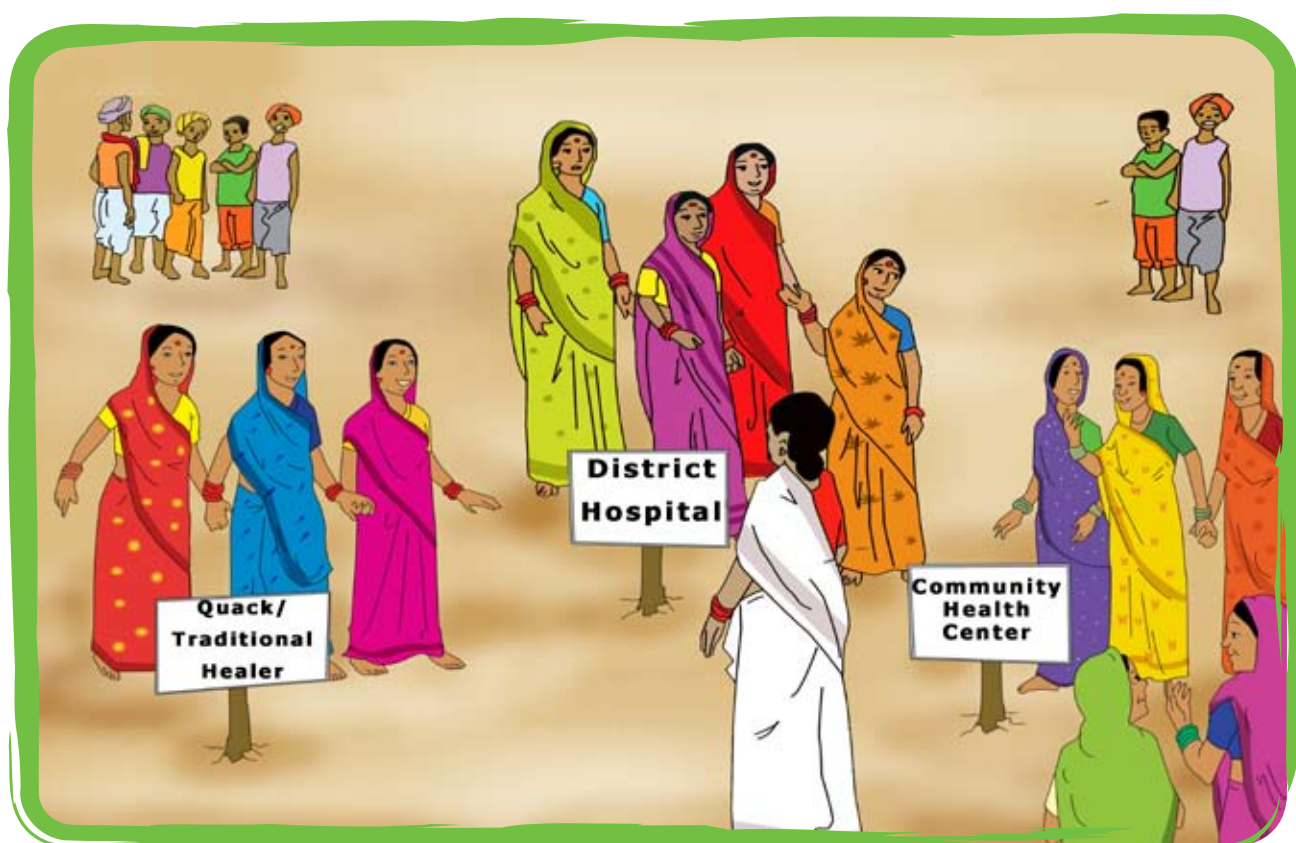
**ACTIVITY 4:** Accessing appropriate care - 'Voting with feet'

You will explain that they will be playing a game using problem picture cards to understand which facility to visit during emergency and non-emergency problems through the following steps:

- a) Ask the members to make circles on the ground large enough for a group of women to stand in.



- b) Then put pictures of a District hospital, Primary health centre, Sub-centre, ANM, Anganwadi centre, Faith healer, Village doctor, Dai, next to the circles.
- c) You will hold a problem card, and the participants will have 15 seconds to decide the appropriate circle (facility) to go to for treatment of that 'problem'.
- d) You will then initiate a discussion with members standing on each circle in turn, and ask why they think the circle is the appropriate place to go to and give them another chance if they want to change.
- e) You will then tell them which circle is the appropriate place to go to for that particular problem.
- f) The above process will be repeated till all the problem cards have been discussed.



#### DANGER SIGNS IN PREGNANCY

Complications that need immediate referral (Emergency referral)	Complications that need attention (Non emergency referral)
High blood pressure, protein and sugar in the urine, severe head ache and blurred vision or dizziness or vomiting	Bad Obstetric history - Previous Caesarean section / history of abortion, still birth, or neonatal death
High fever with chills in pregnancy	Excessive weight gain or less weight gain in this pregnancy
Bleeding from vagina in pregnancy	Anaemia ( pale eyelids, tongue, difficulty in breathing, easily tired, swelling of ankle, etc)
Convulsions/fits/loss of consciousness	Night blindness

### DANGER SIGNS IN PREGNANCY

Reduced or loss of fetal movements	White discharge
Swollen face / hands	Jaundice in pregnancy
Sudden burst of water from the vagina before 9th month (early labour)	Fever
	Women <19 years, > 40 years, women with >3 children,
	Transverse lie (baby lying sideways)/abnormal presentation (breech, hand , cord)
	Pain / burning when urinating
	Multiple Pregnancies

### COMPLICATIONS DURING DELIVERY

Excessive bleeding from vagina
Premature labour pains
Prolonged labour ( regular contractions for more than 12 hours in case of first pregnancy and 8 hours in case of women who have already had children)
Retained placenta
Multiple pregnancy - twin pregnancies
Discharge green or brown in color
Transverse lie (baby lying sideways)
Breach presentation
Convulsions/fits
Fever
Water breaks but labour does not start within 24 hours or less

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members learn about problems /complications in pregnancy and during delivery and the health services they need to go to in an emergency /or non-emergency cases.

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about planning for safe births.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 11

# PLANNING FOR SAFE BIRTH

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss about birth preparedness for pregnant women.
4. To prepare the group to respond to emergencies during pregnancy, delivery and post-partum through an "emergency drill".

**MATERIALS REQUIRED:** MCP Card, mosquito net ,vegetable basket, delivery kit, TT injection, nischay Kit ,IFA tab, strip of deworming tablets, strategies implementation format

**TIME TAKEN:** 1-2 Hours

**METHOD:** "Sequencing game"

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 17)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies,
- Encourage participants to share their experiences and learning during implementation,
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective

**ACTIVITY 3:** Understanding the importance and components of birth preparedness plan:

- Ask members about their understanding of birth preparedness and what plans they normally make in advance for a safe delivery and keep a note of all the responses.
- Now explain that the factors that prevent women from accessing health care can be categorized as 3 delays':
  - **Delay in decision to seek care:** delay in recognizing a problem/complication and deciding to seek care for a woman in labour
  - **Delay in reaching a health facility:** delays related to transport/money/ bad roads/bad weather in reaching the health facility
  - **Delay in receiving adequate care after reaching the facility:** not getting timely/ quality/ appropriate care at the health facility

Following the discussion, ask the members to share about any such event/death which they think could have been prevented if planning was done in advance for delivery.

- Emphasize that it is important to make plans for birth and emergencies because every pregnancy can be potentially considered risky (can develop complications). Birth preparedness can help reduce delays and prevent many maternal and new born deaths.
- Tell the members that they will play a game that will focus on preparing for birth.

**Distribute some materials before starting the discussion:**

**The materials are:**

1. Mother and child protection card - registration
2. Pregnancy testing kit: for confirming a pregnancy
3. IFA tablets
4. Syringe
5. MCP card - 4 check ups
6. Vegetable basket
7. De-worming tablets
8. A Mosquito net
9. Blood donor card
10. Passbook/ Cash
11. Transport
12. Mobile phone/contact numbers
13. A Delivery Kit: (when there is a delay in reaching the health care centre)



- You will tell the members to imagine a pregnant woman in their community and ask the participants holding the pictures/materials to stand in the order (sequence) that the woman would be using as shown in the picture or the related materials during the course of her pregnancy.
- The members holding the particular card/material can take help from those who are not participating in the game.

After this game you will summarize the discussion and highlight the importance of each component that needs to be kept in mind while planning for birth.

#### **ACTIVITY 4:** Responding to an emergency - 'The Emergency Drill'

You will explain to the group that they are now going to enact what should be done in an emergency through a "drill". [Please refer to the ASHA module 6 in preparation for this meeting.]

- Ask the members to think about an emergency problem that a woman suffered from during her pregnancy, delivery or post-partum period that led to a maternal death in their village.
- Encourage them to have a discussion and come to a consensus on the problem to be discussed.

- Explain that based on this problem they will be doing a “drill” to deal with the emergency.
- You will ask some of the members to volunteer for this game, to play the role of the following characters, like, a woman with the problem, ‘ASHA’, ‘husband’, ‘mother in law’, ‘Dai (TBA)’, ‘Faith healer’, ‘Village doctor’, ‘ANM’, ‘Doctor’ etc.
- Now ask them to enact what women in their community usually do when a woman has such a problem.

**For example:** ‘Retained placenta’ as an emergency problem - One member pretends to be suffering from retained placenta. Her husband waits for a while but when the placenta still does not come out, calls a traditional birth attendant, who examines and tells the husband that she needs to be referred.

The other participants help the couple to decide the next steps.

Now discuss with the group from the start of the story what the women in the community should have done. You should keep probing for further course of action until you are satisfied that they had a good ‘emergency drill’ for this problem.

This process can be repeated for more than one problem if the members agree and if time allows.

**WHAT ARE THE COMMON DELAYS IN RESPONDING TO EMERGENCIES AND HOW IT CAN BE REDUCED?**

Encourage discussion on the following aspects:

- ◆ What delays were experienced in the role play and how can these be reduced?
- ◆ What other delays are common in the community and how can they be reduced (e.g. delays in recognizing there is a problem, delays in deciding to seek care, delays in reaching appropriate care, delays in receiving appropriate care at the facility).
- ◆ Do they think that if the problems/danger signs are identified on time, the delays could be reduced?

### **“THINGS TO REMEMBER FOR BIRTH PREPAREDNESS”**

Birth preparedness i.e. (planning in advance for a delivery) can help reduce delays and complications. Key elements of birth preparedness include:

- Attending antenatal care at least four times during pregnancy.
- Care during pregnancy: Eating more than usual, avoiding heavy work and resting more.
- Informing the ASHA as soon as labour starts.
- Identifying a skilled provider and making a plan for reaching the health facility as soon as labour starts.
- Setting aside personal funds to cover the costs of travelling and delivery with a skilled provider, if needed.
- Being able to recognize signs of complications during pregnancy and labour / child birth.
- Knowledge of available resources - emergency transport, funds, communication systems.
- Having a plan for emergencies - such as identifying person(s) to accompany to the hospital and/or stay at home with family; and identifying a blood donor.

### **"JANANI SURAKSHA YOJANA"**

Janani Suraksha Yojana (JSY) is an entitlement under the National Health Mission (NHM). The objective of the scheme is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The entitlement is available to all women who deliver in public health facility regardless of their age and parity. JSY scheme provides for incentive payment to women who deliver in any public health institution or in any JSY accredited private institution. In case of home deliveries only the BPL women are entitled for an incentive of Rs. 500. You will be told by the trainers during training about the specific scheme related entitlements applicable in your state.

### **"JANANI SHISHU SURAKSHA KARYAKRAM"**

JSSK entitles all pregnant women and all infants up to one year of age (including newborns) for free health care services at public health institutions. The scheme was launched to eliminate the high out of pocket expenditures made by poor families for accessing health care services at public health institutions.

**The following services would be provided free at the public health institution for all pregnant and delivered mothers and for sick newborn and infants up to one year of age:**

Entitlements for pregnant women and sick newborns and infants up to one year of age under JSSK
Free and zero expense delivery and caesarean section
Free transport would be provided from home to the government facility, between facilities (from one hospital to another) and free drop back facility to home
Free drugs
Free consumables like gloves, syringes, etc
Free diagnostics - blood test, urine test, ultra-sonography, etc
Free provision of blood
Free diet (up to 3 days) for normal delivery and 7 days for Caesarean
Exemption from all kinds of user charges

### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Members learn about the importance of birth preparedness and the need for it.
- They know about what needs to be done in an emergency to prevent maternal and neonatal deaths.
- They know about their entitlements with regard to Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about newborn complications and care practices.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.



## MEETING 12

# NEWBORN COMPLICATIONS AND CARE PRACTICES

### PURPOSE OF THE MEETING

1. To help participants to review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To help the participants to understand new born complications and care practices.

**MATERIALS REQUIRED:** Strategies implementation format, material used for hand washing, baby dummy, and cloth for wrapping and cleaning

**TIME TAKEN:** 1-2 Hours

**METHOD:** Demonstration

### METHOD FOR CONDUCTING MEETING

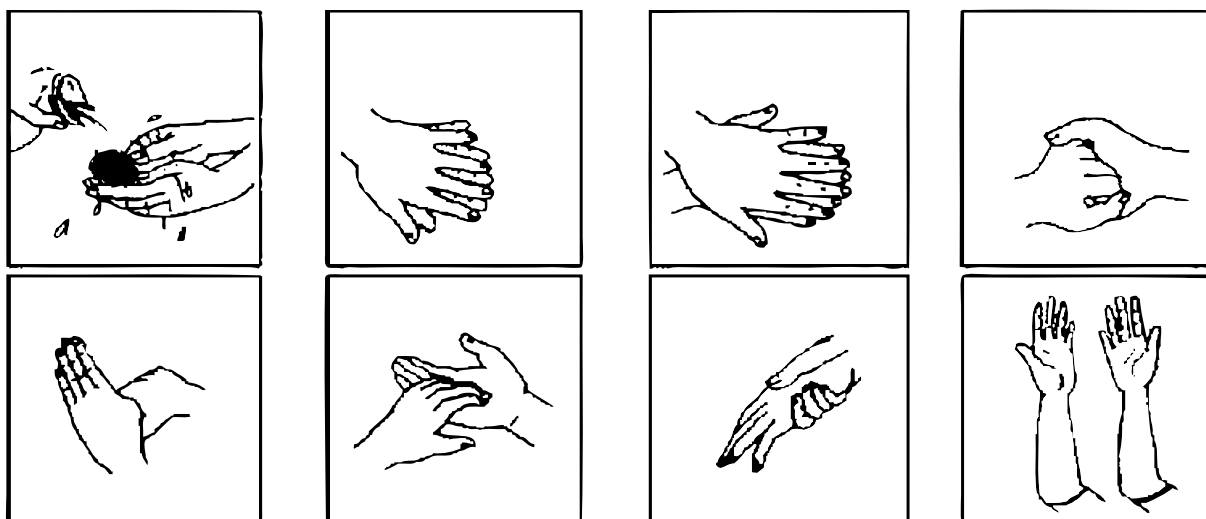
**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Understanding the basic care of the baby in the first week of life:

**[NOTE: please refer to ASHA module 6 for this activity]**

Use **demonstration and picture** cards as methods to help women understand the components of handling of a newborn baby at birth.





**[You will need to demonstrate the blue highlighted portions]**

- a) You will start by first cutting your nails and washing hands using soap and water and air drying your hands, at the same time telling them that hand washing is the single most important thing that they can do to help prevent illness or the spread of disease (infections) among mothers and newborns.
- b) Emphasize that the family needs keep clean and dry clothes ready to wrap the newborn to provide warmth immediately after birth. Now demonstrate the process of wiping and wrapping the newborn using the dummy.

**[Process of drying: dry the baby's body and head well and discard the cloth. Then wrap the baby in a thick, clean, dry cloth (preferably warm), making sure that the head is properly covered.]**

If the baby is not breathing; or if the breathing is weak then you can help the baby by using mucus extractor (as you have learnt in Module 7 training).

- c) Explain about the 'Cleans' that should be ensured; such as clean hands, clean surface, clean cord cutting and clamping, clean cord or applying nothing to the cord.
- d) Explain about keeping the baby warm to help in maintaining the baby's temperature.

**Demonstrate the process of wrapping and skin to skin contact and also discuss about its benefits.**

Also discuss about the need to provide greater care to low birth weight babies, such as:

- ◆ Keeping the baby warm through skin-to-skin contact.
  - ◆ Breastfeeding more frequently and exclusively.
  - ◆ Delaying the first bath till the weight of the baby increases to 2000 gm or at least for a week or more and keeping the baby clean by sponging with wet warm cloth.
  - ◆ Taking the baby to the nearest health facility if he/she cannot maintain temperature or does not suckle at the breast or is lethargic.
- e) Then discuss that **NO PRELACTEALS** (Janam ghuti, gripe water, goat's milk, honey, water etc) should be given to the baby after birth and the first feed should **always be colostrum** and to begin breastfeeding as soon as possible preferably within the first 30 minutes birth.

COMPLICATIONS IN THE NEWBORN PERIOD
Not crying / breathing at birth/ weak cry / weak breathing
Lethargic at birth
Low birth weight
Hypothermia/cold to touch
Fever with infections eye, umbilical, pustules
Not able to feed
Injuries during childbirth
Bleeding from cord
Newborn diarrhea
Chest indrawing
Difficulty in breathing

### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Members learn about care for the newborn that includes – hand washing, checking the baby’s breathing, the important cleans, thermal care (skin-to-skin), not giving pre-lacteal feeds and exclusive breast feeding.

### **GENERAL PRECAUTIONS FOR THE FAMILY**

- Delay Bathing the baby.
- Avoid close contact of the baby with people who are sick (with cold, cough, fever, skin infection, diarrhoea, etc.)
- Avoid taking newborn baby to places where there are other sick children/people or where there are large gatherings of people.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about postnatal complication and care for mothers.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 13

# IMPORTANCE OF POSTNATAL CARE FOR MOTHERS AND NEW BORN

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss about the importance and components of post natal care.
4. To explain about your role as the ASHA in providing post natal care.

**MATERIALS REQUIRED:** Strategies implementation format, pen, and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Game – Interactive discussion using a case situation

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Understanding the importance and components of postnatal care using a case situation:

Ask the members what they understand by postnatal care and what practices are done in the postpartum period for the mother and the baby and keep a note of all the responses.

Now discuss a case situation to help them understand the importance of postnatal care and its components.

#### Story on Postnatal Care

Salima was pregnant for the first time and she delivered a full term baby at home with assistance from a Traditional Birth Attendant (TBA). The baby was normal and was given honey and sugar water after 4 hours and was started on breastfeeding after one day. Salima was asked to squeeze out the first milk on the first day and throw it. Salima was not confident that the baby was growing well in spite of the baby feeding well. She developed congestion in her breast with fever. Her neighbor advised her to give the baby cow's milk diluted with water. Salima could not feed her baby because of pain in her breast and after a week, the baby developed diarrhoea, became lethargic and developed difficulty in breathing. She took her to a traditional healer for performing rituals. The baby's condition worsened and baby died after 2 days.

## You will now ask what they learned from the story

Could this death have been averted? How?

You will keep a note of all the responses and then explain how this baby could have been saved:

1. IF - baby was breastfed within one hour of birth and continued only breastfeeding, without giving any honey, sugar water or cow's milk.
2. IF - Mother knew whom to contact when she had breast congestion to seek advice from.
3. IF - Mother had received advice on care of newborn and self.

You will inform them that you will help in identifying problems in mothers and babies and advise accordingly during your home visit counseling session.

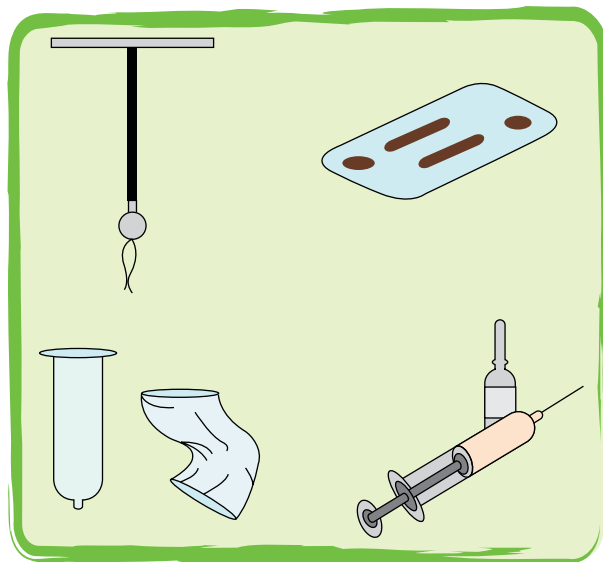
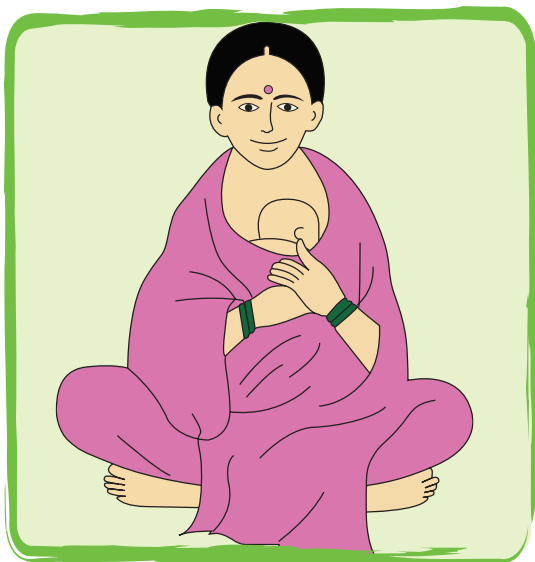
### ACTIVITY 4: Explaining your role in providing postnatal care

- Explain that as an ASHA you will make home visits (6 for institutional deliveries and 7 days for home deliveries) in the first month after birth to check the new born and mother. (On Days 1, 3, 7, 14, 21, 28 and 42)

#### a) You will assess the mother for complications and advise:

- Look for signs of complication (excessive bleeding, puerperal sepsis, convulsions, anaemia, breast engorgement/infection, perineal swelling and infection, mood changes) and refer appropriately.
- Counsel family members about providing rest for six weeks, giving more food than usual, including pulses, legumes, and animal protein and plenty of fluids.
- Encourage and support mother for exclusive breastfeeding.
- Discuss with the mother about the need for contraceptives and the need for spacing or limiting and from where these can be availed.





#### b) Advice for the baby:

- Help mothers to breastfeed and advise on exclusive breastfeeding.
- Assist and guide to keep the baby warm.
- Assist in caring high risk babies (pre term/ LBW).
- Assist in identifying babies with illness.
- Provide care for minor illnesses or facilitate referral for serious babies.
- Maintain records and registers of each visit.
- Assist the family in birth and death registration.

#### MATERNAL COMPLICATIONS IN THE POSTPARTUM PERIOD

Excessive bleeding
Puerperal sepsis (Infections)
Convulsions with or without swelling on face and hands/ severe headache and blurred vision
Anaemia,
Breast engorgement and infection,
Perineal swelling and infection,
Postpartum mood changes

#### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members learn about importance of postnatal care for mothers and newborn.
- Members are able to identify danger signs in mothers and newborns in the postnatal period and refer appropriately.
- Members know about the role of ASHAs.

#### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about exclusive breast feeding practices.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 14

# EXCLUSIVE BREASTFEEDING PRACTICES

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To help members understand about positioning and attachment of the baby while breastfeeding.
4. To help members understand about the importance of exclusive breastfeeding.

**MATERIALS REQUIRED:** Strategies implementation format, breastfeeding picture card, dummy of a baby, chart paper, pen and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Demonstration and use of picture cards on positioning and attachment during breastfeeding.

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Demonstration of positioning and attachment while breastfeeding:

Explain that many mothers feel that they do not produce enough milk. However it is important to ensure that the baby is positioned and attached correctly on the breast and that "the more the baby suckles, the more milk is produced."

**Use the dummy to demonstrate the proper method of breastfeeding:**

1. Correct positioning /placing (correct way to put the baby to breast) – The body and head to be in a straight line with baby facing the mother and close to the mother so that the whole body is supported.
2. Correct attachment – chin to touch the breast with mouth fully open, lower lip turned outward and areola seen more at the upper side than at the lower side.
3. Burping/winding – At the end of breast feeding the baby should be burped. Burping to be done at the end of each feed by holding the baby in an upright position against the shoulder and gently tapping or massaging the back until a burp is heard. This is to prevent vomiting and milk aspiration.

Feeding the baby as much as s/he wants, both day and night (atleast 8 to12 times in a day). If a breastfed baby passes urine 6 times or more in a day then it indicates implying that the baby is being fed adequately.



You will allow the members to repeat the above mentioned processes to familiarize them with the practices/activities.

#### **ACTIVITY 4:** Exclusive breastfeeding in the first six months:

- You will encourage the mothers to share their experiences of breastfeeding their babies.
- Allow them to identify all mothers who had exclusively breastfed their baby for the first six months and those who did not.
- Now ask those who did not do exclusive breastfeeding why it was so and about the difficulties that they faced. To those mothers who had exclusively breastfed, find out their experiences and how they overcame the difficulties.
- Now discuss about the importance of exclusive breast feeding for the first six months which means - NO WATER, NO PRE - LACTEALS, NO FOOD.
  - ◆ No water - because 88% of breast milk is water. Even in very hot climates, breast milk contains enough water to satisfy child's thirst.
  - ◆ No Pre - Lacteals or (food or milk from other sources like cow/buffalo etc or powder milk) - because child's digestive system is delicate and is not designed to digest anything other than mother's milk. That pre-lacteal feeds can introduce infection causing harm.
  - ◆ No food - because breast milk has all the nutrients the infant needs.
- Exclusive breastfeeding also helps in delaying the onset of periods, thereby reducing the risk of pregnancy.

*In case of death of the mother, the option of wet nursing must be explored. The baby may be breastfed by a woman who is already lactating or a friend or relative may lactate or induce lactation by allowing the baby to suckle at her breasts frequently through the day and night.*

#### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Members learn about right positioning of baby and right attachment to the breast.
- Members learn about the importance of exclusive breastfeeding.
- Learn about difficulties with breastfeeding and know if the baby is getting enough milk.

#### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about discussing about management of high risk babies.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.



## MEETING 15

# MANAGEMENT OF HIGH RISK BABIES

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To understand the causes, prevention and management of hypothermia and prevent winter deaths of babies.
4. To discuss management of high risk babies (low birth weight, twin, sick newborns).

**MATERIALS REQUIRED:** Strategies implementation format, script for role play, delivery kit, clean cotton cloth for demonstrating wiping and wrapping, dummy of a baby, chart paper, pen, and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Role play and Demonstration

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Role play for identifying causes and preventing and managing hypothermia

Role play and demonstration will be used to help women understand the causes, prevention and management of hypothermia in newborns. Ask a member to volunteer to play a mother's character (You will brief the member about her role prior to the meeting) and the character of ASHA will be played by you.

**[You will demonstrate those activities highlighted in blue]**

**[Narrator:** Karina married at the age of 16 and becomes pregnant soon after. After a few days the ASHA of the village meets her on the way...[let us now see the interactions]

**ASHA:** Karina, Are you ok?

**Karina:** Didi, I wanted to meet you to inform you that I am 4 months pregnant.

**ASHA:** 'That's good news! You have to be careful because this is your first pregnancy and you are only 16 years old. Register your pregnancy at the AWC and visit at least 4 times to get your entitlements. [After calculating her expected date of delivery (EDD)] say that her delivery will be in winter and therefore she will have to be extra careful, provide warmth to the baby, keep sufficient clean and dried clothes for wrapping the baby and for her own use after delivery. Even the room has to be kept warm and clean.'

**[Narrator:** Karina attends the VHND and registers her pregnancy; her weight and blood pressure are measured and her abdominal checkup is done. She receives iron tablets and TT injections. Karina is advised about diet; about the benefits of institutional delivery and Janani Surakhsha Yojana (JSY) scheme. Because she was busy with her routine household chores she forgot to take the IFA tablets regularly and ignored ASHA's advice. In her 8th month the ASHA visits Karina.]

**ASHA:** "Karina, are all the preparations for your delivery done?"

**Karina:** "Yes didi, as per your advice I have made all the preparations and I will try to go the health facility as you had advised."

**ASHA:** "But Karina, your abdomen size is looking small, maybe the child is not growing well and your baby is small. A baby born before time and in winter months will need extra care and has to be kept covered and warm."

**[Narrator:** Karina's labour pain started earlier than expected in the 8th month itself. At the time of delivery ASHA had accompanied Karina and her husband to the nearest CHC when the baby was weighed at the hospital, the nurse informed Karina and ASHA that weight of the baby is 2100 grams.

**ASHA:** "Karina, since your baby is low birth weight it will need more breast milk and skin-to-skin care. (You request any mother to demonstrate Kangaroo care using the dummy). If the baby is not able to suckle properly, then give expressed breast milk using a clean bowl and spoon. The baby's feet must be checked repeatedly for cold feet which is a sign of hypothermia. (ASHA will demonstrate the method for checking hypothermia).

**[Narrator:** Karina's mother-in-law and husband provide support in giving kangaroo care, cleaning up the baby and other household and outside work. She is given nutritious food without any food restrictions. This diet will help to produce more milk that will increase the baby's weight. Karina always washes her hands with soap before feeding the baby.]

**After completing the role play you will appeal to the participants, saying:** "Now you all know that it is possible to save the life of small babies, twins and premature babies."

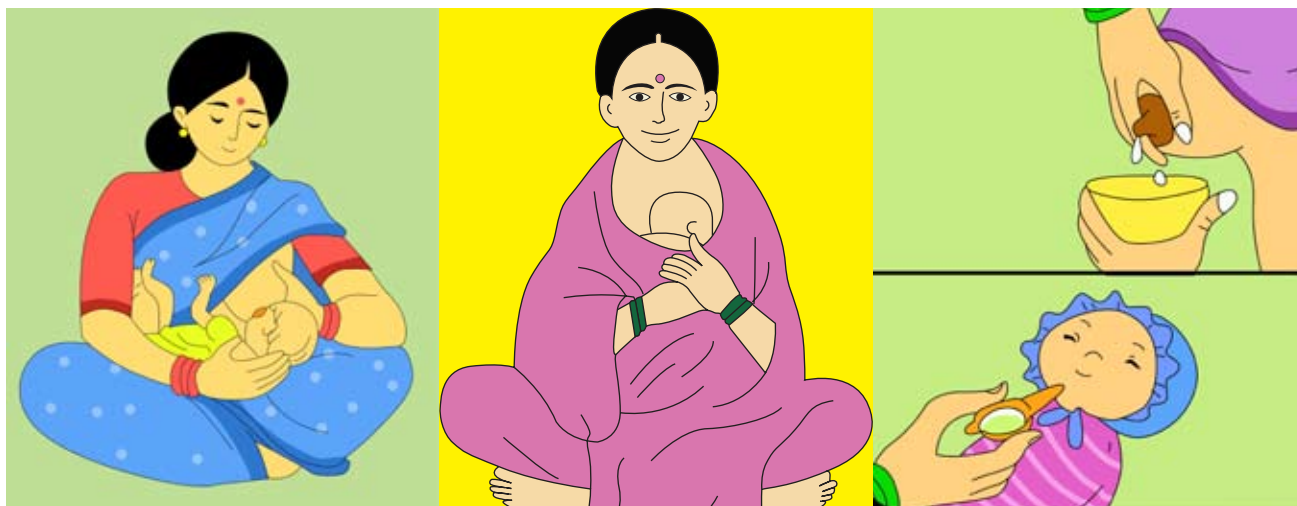
**ACTIVITY 4:** Discussion on management of high risk new borns - pre- term and low birth weight babies:

Low-birth-weight (LBW) means a birth weight of less than 2,500 grams (up to and including 2,499g), regardless of gestational age. This includes:

- Babies who are born premature (that is, who are born before 37 weeks / 8 months 14 days weeks of gestational age).
- Babies who are small for gestational age or did not grow well inside the womb. Babies who are not able to feed on day 1 of the birth are also at higher risk.

You will then share some important information to help them take care of twins, premature and low birth weight babies:

- Low birth weight babies need to be breast fed more frequently to grow, give expressed breast milk if unable to suckle.
- Low birth weight babies need more time to adjust to life outside the womb and should be kept warm by skin-to-skin contact (KMC by mother or other family members) and wrapping.
- Baby's feet to be checked for cold feet which is a sign of hypothermia.
- Adequate breastfeeding to meet the need even in case of low birth weight and premature babies.



Baby to get the rich hind milk (the milk at the end of the feeding) that is very high in fat and is best for the baby's weight gain, brain development and stool formation.

As the ASHA, you should also measure the temperature of the baby using the digital thermometer in your kit and the weighing scale to measure the weight of the baby on every visit.

After this discussion you will discuss about feeding practices for low birth weight babies:

**What?** Breast Milk, and if the baby is unable to suckle then expressed breast milk should be given

**How?** Breastfeeding, if the baby is unable to suckle then the baby should be given breast milk with the help of cup and spoon

**When?** Breastfeeding to be initiated within 30 minutes of birth and baby to be fed at least every 2 hours

**How much?** Baby to be fed on demand

#### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members learn about caring for the high risk newborns - low birth weight and pre term babies.
- Learn about causes, prevention and management of high risk newborns - low birth weight and pre term babies.

#### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about discussing identification and classification of neonatal infections.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 16

# IDENTIFICATION AND CLASSIFICATION OF NEONATAL INFECTION

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify newborns with sepsis (possible severe bacterial infections) and local infections through interactive discussion using picture cards.
4. To classify and identify the signs of infection using 'Oral drill'.

**MATERIALS REQUIRED:** Strategies implementation format, picture card specifying danger sign, list of questions for game, note book and pen.

**TIME TAKEN:** 1-2 Hours

**METHOD:** Game – Interactive discussion using picture cards, "Oral drill".

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies,
- Encourage participants to share their experiences and learning during implementation,
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Understanding and identifying types of infections commonly seen among newborns

You will tell the group that infection is a major cause for newborn deaths and that two types of infections are commonly seen: Local infections (Local Bacterial Infection (LBI)) – meaning those infections which are limited to a particular organ/ system e.g. eye infections, umbilical discharge, less than 10 skin pustules. Sepsis (Possible Severe Bacterial Infection (PSBI))– are those which spread to the whole body and cause a generalised systemic illness (sepsis) characterized by signs like fever, difficulty in breathing, inability to breast feed, etc.

- Use picture cards to help them identify and classify signs/symptoms in newborns with Sepsis and local infections .
- Pass all the picture cards around so that all women get a good look at each card.

- Then place the cards on the floor and ask them to select the card they would first like to discuss.
- For each of the card ask them to describe what they see in the picture. Using the text written on the backside of each card help them to identify the danger signs among newborns that need immediate medical attention or treatment at health facility.

### MEASURE THE TEMPERATURE OF THE NEWBORN USING THE DIGITAL THERMOMETER IN YOUR KIT (REFER TO ASHA MODULE 6 AND 7)

- In case the thermometer is not available you can FEEL AND MEASURE TEMPERATURE TO DETECT IF THE BABY IS TOO COLD OR HAS FEVER

#### For fever

Using the dorsum (upper part) of one hand feel the fore head of the newborn and with the dorsum of the other hand feel your own forehead. This will help to detect fever in young infants.

#### For Hypothermia

Using the dorsum of one hand feel the abdomen first and then the feet of the newborn and with the dorsum of the other hand feel your own forehead. This will help to detect the hypothermia in young infants.

### Counting breaths in one minute

- Wait for the newborn to be calm (or sleeping). Do not count when the baby is breastfeeding.
- Make sure that there is enough light to see the breathing movements.
- Gently lift the baby's shirt so you can see breathing movements. The chest and abdomen rising and falling once makes one breath.
- Watch a few breaths until you are sure when the baby is breathing in and out.
- Start the timer - digital watch (mobile can be used for setting the time) and count the breaths for one full minute (until the final beep, which is at the end of one minute).
- Record the number of breaths.
- If there are 60 breaths per minute or more, repeat the count and record the number of breaths a second time. Fast breathing is a sign of Possible Severe Bacterial Infection (PSBI)



Chest in drawing:  
Lower chest wall going in while breathing in

### [Normal breathing rate for babies is as follows:

- ◆ From birth to 2 months - 60 breaths per minute
- ◆ From 2 months to 12 months - 50 breaths per minute
- ◆ From 12 months to 5 years - 40 breaths per minute

Ask some of the members to volunteer to demonstrate the process of identifying hypothermia, fever and counting of respiratory rate, etc. remind the group about observing chest in-drawing.

### ACTIVITY 4: Classification of danger signs through "Oral Drill" Game:

- Remind them of signs of newborn infections by showing the picture cards again.
- Explain that they will be playing a game for classifying signs of infection. Mark three different shapes on the ground. 'Round shape' for Sepsis (PSBI) which would require treatment at health facility, 'Square shape' for local infection (LBI) which can be managed by ASHA and ANM and 'Triangular shape' for no infection.

- In case of Sepsis, you can initiate the treatment (by giving first dose of Amoxycillin from your drug kit -Refer to Module 7) and refer the child immediately to the health facility for treatment.
- Tell them that you will be calling out a 'sign' from the list of questions [mentioned in the box below] and ask them to classify which type of infection it is or if it is not an infection.
- In just 30 seconds they have to run and reach the 'shape' which they think is appropriate for that particular sign - If the answer is incorrect probe for the correct response and if the answer is correct encourage the members and praise them for the right response.

### **SIGNS FOR CLASSIFICATION OF INFECTIONS IN NEWBORNS**

- Ten days old daughter of Sonu has pus discharge from the umbilicus and fever - Classify - (Answer - Sepsis)
- Fifteen days old daughter of Tara has pus discharge from the umbilicus - Classify - (Answer - local infection)-
- Twenty days old son of Sunita has severe chest in-drawing - Classify the illness - (Answer - Sepsis)
- Nine days old daughter of Rukhsana has six pustules all over the body and also has eye discharge since 2 days - Classify - (Answer - local infection)
- Elin reported to the ASHA saying that her 20 days old daughter is breastfeeding less than half the amount she used to feed before. She has no other complaints. Classify the illness - (Answer - Sepsis)
- Fifteen days old daughter of Meera has fever since yesterday and also has more than 10 pustules all over body. Classify the illness - (Answer - Sepsis)
- Rita has one big abscess - (Answer - Sepsis)
- 5 days old Rahul has discharge from eyes - (Answer - local infection)
- Shila's 7 days old newborn's respiratory rate is 60/minute - (Answer - Sepsis)
- One month old James has cleft lip - No Infection
- One day old Abdul has white patches (vernix - the creamy, white substance coating on the newborn baby's skin ) on her body - No infection

#### **List of picture cards**

1.	Fever (Sepsis )
2.	> 10 pustules OR Abscess (boil) OR <10 pustules with fever ( Sepsis)
3.	Respiratory rate >60 /minute ( Sepsis)
4.	Grunting
5.	Umbilical discharge with redness extending to surrounding skin( Sepsis)/Eye infection
6.	Lethargic (Sepsis)
7.	Cold abdomen and extremities (hands & feet) ( Sepsis)
8.	Severe chest in drawing ( Sepsis)
9.	Not feeding

#### **Signs of Neonatal Sepsis**

Distended abdomen or vomiting
Hypothermia/ Cold to touch
Fever
Chest in drawing
Respiratory rate more than 60 per minute
Weak cry / Feeding less or stopped/ Cry weak or stopped - when newly developed and not present previously

### INFORMATION ABOUT SICK NEWBORN CARE UNITS (SNCU)

- To address high newborn and early newborn deaths (first 28 days of life), facility based free newborn care services have been provided.
- Different units provided under NHM:
  - Special Newborn Care Units (SNCU) – available at district hospital.
  - Newborn Stabilization Units(NBSU) – at block level health facility - CHC.
  - Newborn Care Corners ( NBCC) – at PHC.

### SERVICES PROVIDED IN SNCU

1. Prompt, safe and effective resuscitation of newborns with stabilization before being kept with the mothers, or before being transferred to SNCU.
2. Provide warmth and care at birth.
3. Monitoring of vital signs.
4. Promotion of breastfeeding/giving feeding support.
5. Referral services.
6. Health education to mothers about newborn care.

### INTERACTIVE DISCUSSION

You will encourage discussion on appropriate referral for infections and about home care preventive practices like using clean clothes, keeping the baby warm, following hygienic practices (keeping baby and surrounding clean), skin to skin contact, breast feeding etc. You will also discuss about the drug kit that you have for treating minor infections.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members learn about the signs and symptoms of infections in the newborn, both sepsis and local infections.
- Learn about referrals to appropriate facilities.

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about intergenerational cycle of undernutrition, growth monitoring and referral of undernourished children.
- At the end finalise and fix a date time and place for the next meeting and end the meeting.



## MEETING 17

# UNDERSTANDING THE IMPORTANCE OF INTERGENERATIONAL CYCLE OF UNDERNUTRITION

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To understand the diverse causes of under nutrition.
3. To understand the importance of the first 1000 days of life.
4. To understand the group's perception of prevailing behaviour and practices related to nutrition and health among mothers and children under-2 years of age.
5. To understand about growth monitoring, referral and follow up of undernourished children.

**MATERIALS REQUIRED:** Strategies implementation format, flex of malnutrition cycle, questions on current practices, pen and register

**TIME TAKEN:** 1-2 Hours

**METHOD:** Game - Flex/Chart with intergenerational cycle and discussion

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Use of flex/chart with pictures to understand the inter-generational undernutrition cycle:

- You will show the flex/ chart with the under nutrition cycle to the participants.
- Ask them what they understand from the chart.
- Emphasize that undernutrition runs in an inter-generational cycle. Young girls who grow poorly become stunted and are more likely to give birth to low birth weight babies. If those babies are girls, they are likely to continue the cycle by being stunted in adulthood. In case of adolescent pregnancy the risk of low birth weight babies increases.
- Now, for each stage of the cycle, ask participants what according to them are the causes for under nutrition. (For example, in pregnancy, they could discuss about insufficient food, unbalanced diet, food restrictions or inadequate care for health problems.)
- Continue to ask and probe for each phase of the cycle. Ensure that all the causes that you have noted in the notebook are covered in detail.

- Summarize that undernutrition has multiple causes and therefore has to be addressed at different levels and at all phases of the lifecycle to improve the health of the mothers and children.
- Explain that ill health and undernutrition can be prevented if the cycle can be broken. Together they will be discussing methods for breaking the cycle in subsequent meetings.
- Discuss about the importance of the first 1000 days beginning from pregnancy through the first 2 years of life of the child.



**ACTIVITY 4:** Group's perception of current practices related to health and nutrition among women and children:

- Once again refer to the life cycle chart and focus on undernutrition during pregnancy and moving through birth, infancy, early childhood and adolescence because good nutritional support is needed at all stages.
- Sensitize the community about addressing undernutrition and anaemia much before girls reach the reproductive age.
- Ask the group about current practices related to health and nutrition for each stage of the life cycle. [0-6 months, 6 months-5 years, adolescence, pregnancy]
- First ask if they agree that the cycle can be 'broken'. To break the cycle it is important to first identify it.

Allow the group to discuss about the current practices in their village openly.

**The following questions will help you to keep the group focused on the issue:**

- What do they understand by 'under nutrition'? What do they call it?(local names)
- Are there any food restrictions during pregnancy? If yes, what are they? Why is it so?
- Are there food restrictions for lactating women? If yes, what are they? Why is it so?
- Do they think adolescent girls have special dietary needs? If so, why?
- Why do they think under nutrition occurs in children?
- At what age can it start?

- How soon after childbirth do women generally breastfeed their newborn?
- Do they think pre-lacteals are required for children?
- Is breastfeeding enough for children up to 6 months of age?
- When do children usually start getting semi-solid food in the community?
- What kinds of food do children aged 6-9 months normally eat?
- How often are they fed?
- How do they keep the food and for how long? (prompt for cooked food, drinking water, etc)
- When children are ill, should they continue to breastfeed?
- What kinds of food should children eat when they are ill? How frequently?
- How many children with measles have they seen and do they think this disease is serious? If yes, why?
- Which diseases do they think can be prevented by the Government's routine immunization programme?
- What other diseases do children suffer from? What do people do when these happen?

**ACTIVITY 5:** a) Discuss about importance of growth monitoring:

- Now discuss about methods for identifying undernutrition and monitoring a child's growth.
- Emphasize that we know our children are growing when we see them becoming taller, fatter, heavier to carry, growing out of their clothes. The only way to know if the growth is normal is to measure the weight of the child regularly.
- Regular weighing and keeping records on the growth chart(separate for boys and girls) showing weight in relation to age is the best way for children (up to the age of 5 years.)
- The individual growth curve should follow the trend as per the normal curve given on the chart.
- Any change in trend (the child's curve going upward or downward from its normal track, or a flat line) should be investigated to determine its cause and corrective action taken.
- You will tell them that growth rates of younger children are faster, therefore sharper in the first year of life.

**Strategies to prevent growth failure:**

- Early initiation of breastfeeding (within half an hour of childbirth).
- Exclusive breastfeeding up to 6 months, while ensuring frequency.
- Timely introduction of complementary foods at 6 months with continuation of breastfeeding up to 2 years or beyond.
- Feeding different food groups at each serving, thereby ensuring variety in the food.
- Age appropriate quality, quantity and frequency of feeding practices.
- Addition of oil/ fat (half a teaspoon per day) to vegetables and other foods to provide extra energy.
- Use of iodized salt.
- Feeding sick child frequently during illness and giving extra feeds after recovery.

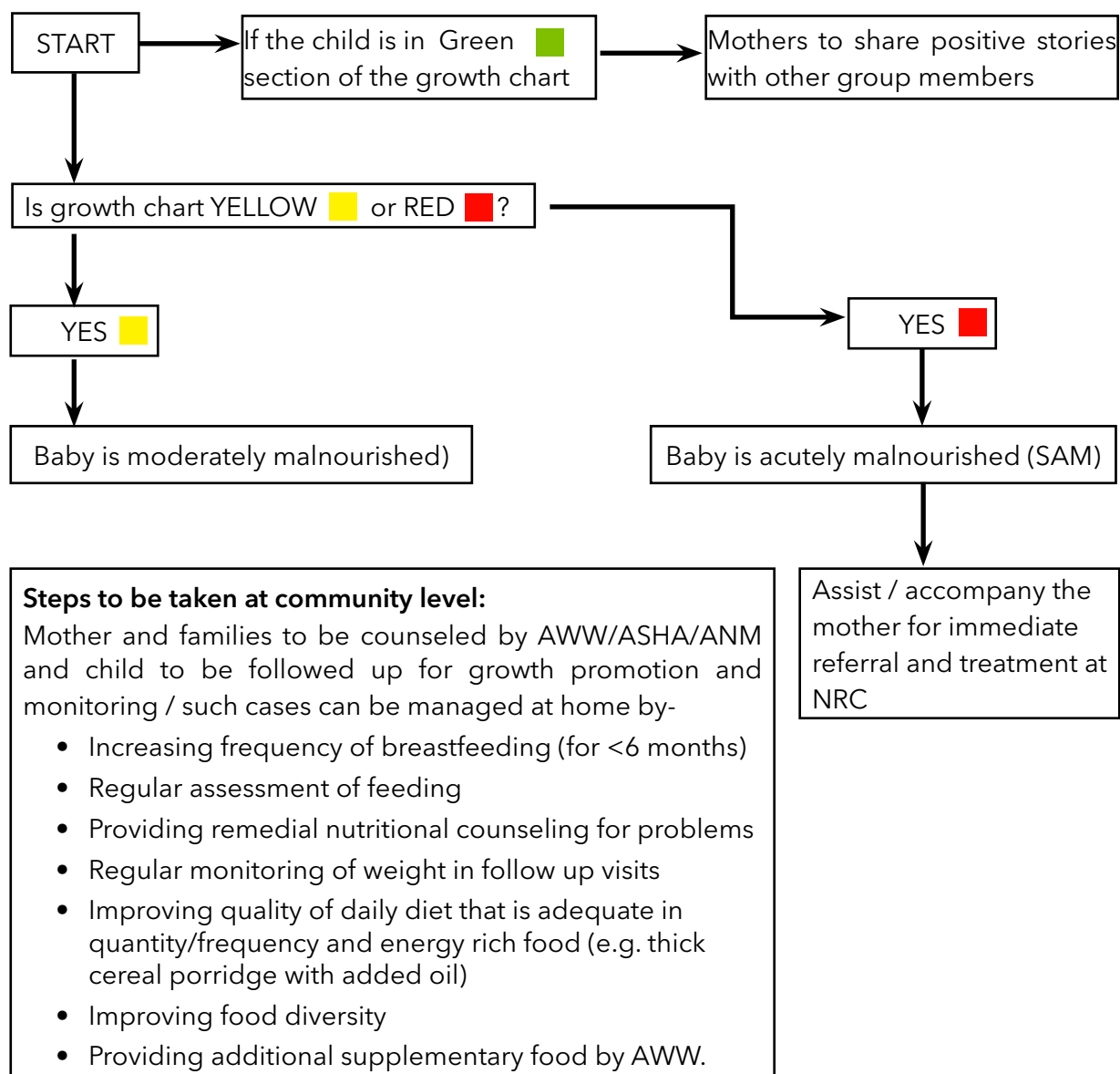
## OTHER 'NON-FEEDING' ACTIONS AND STRATEGIES

- Maintaining hygiene – regular hand washing with soap and water, keeping cooked food and drinking water covered.
- Attending Growth Monitoring and Promotion programs and Immunization sessions at the AWC/ VHND.
- Use of long lasting Insecticide treated nets (LLITNs).
- De-worming at regular intervals.
- Prevention and prompt treatment of infections.
- Vitamin A supplementation.
- Providing early childhood stimulation.

### b) Appropriate referral using “Referral Pathway”:

- ◆ Refer to the referral pathway chart for discussing appropriate referral with mothers, using the results of the measurement and the information from the reporting format of AWC.

### CHILD REFERRAL PATHWAY (Using Growth charts)



- Summarize by saying that a child should be weighed regularly every month. Ensure that every child's weight gets recorded in the growth chart on VHND and at AWC to report immediately when child is sick.

### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Community knows about the intergenerational cycle of undernutrition and that it can be broken.
- Learn about the importance of the first 1000 days of life.
- Learn about growth monitoring and referral pathways for undernourished children.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about importance of timely introduction of complementary food.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 18

# IMPORTANCE OF TIMELY INTRODUCTION OF COMPLEMENTARY FOOD

### ACTION REQUIRED PRIOR TO THIS MEETING

- Preparing a list of all 5-6 months old infants and inviting their mothers for the 'introduction of complementary food' ceremony with help from the AWW.
- Meeting mothers to discuss about the ceremony and asking them to bring some food (raw or cooked) for their children if they want.
- Inviting mothers with infants aged 7-9 months, who have not yet started taking complementary food.
- Meeting with Anganwadi workers to enquire about the possibility of organising the 'introduction of complementary food' ceremony at the Anganwadi centre.

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To discuss about the importance of 'timely introduction of complementary foods' by organizing a ceremony.
3. Demonstration of enrichment of local recipes.

**MATERIALS REQUIRED:** Strategies implementation format, List of infants aged 5-6 months, green leafy and other vegetables and varieties of lentils, mixed sattu, bowl, register and pen.

**TIME TAKEN:** 1-2 Hours

**METHOD:** Preparation of recipes and ceremony for initiation of complementary foods.

### METHOD FOR CONDUCTING MEETING

**ACTIVITY 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Organizing The Ceremony:

**[This ceremony can be organised in the Anganwadi centre with help of the Anganwadi worker]**

Help all mothers whose children are to start complementary food that day/week to wash their hands with soap. **(Demonstrate the actual method of hand washing)**

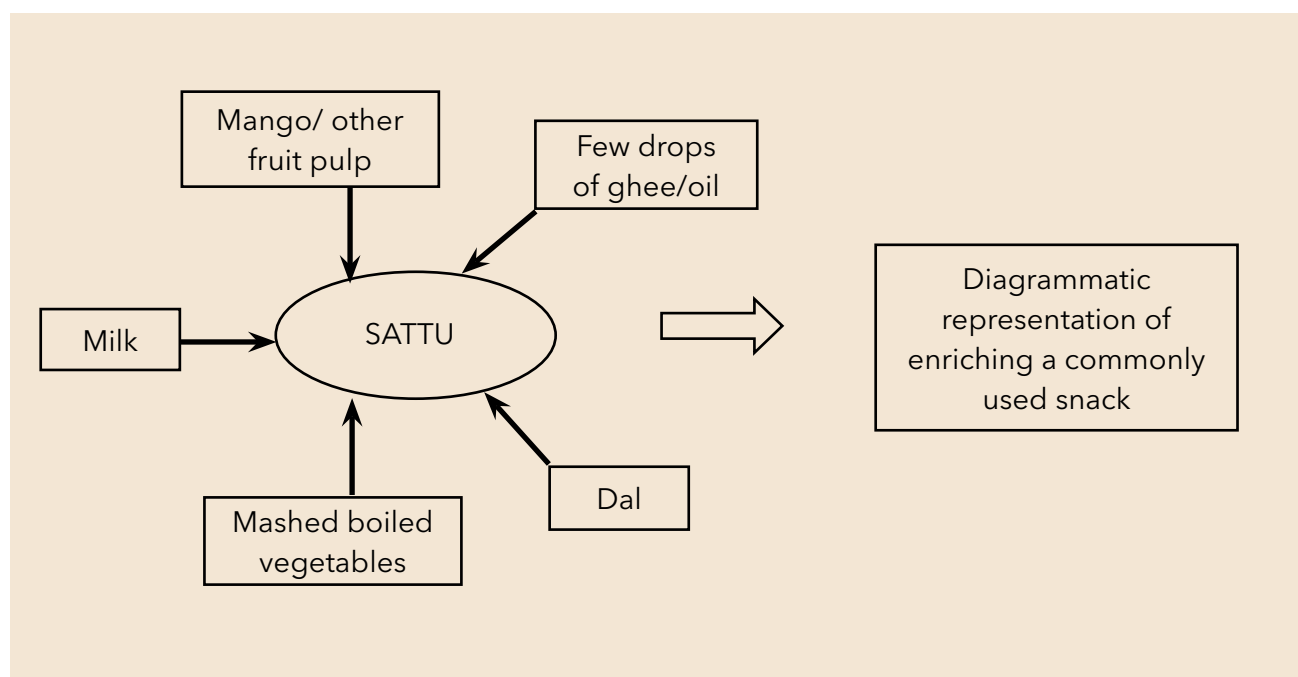
- ◆ Now ask mothers to start feeding their children with the food they have brought or prepared by the AWW for this occasion.
- Discuss with mothers about the importance of continuing breastfeeding for those children who started semisolid food.
- Initiate a discussion on the importance of timely introduction of complementary food:
  - ◆ That exclusive breastfeeding until six month is recommended.
  - ◆ After six months breast milk alone is not adequate, particularly for iron and calories that solid foods provide.
  - ◆ Complementary food provides a balanced diet for proper growth and development.
  - ◆ Cereal-based foods are usually the first foods for the infant. Other food, including strained or mashed fruits, vegetables, meats, eggs and fish, can be added to the diet later.

#### ACTIVITY 4: Demonstration of recipes on enriching food:

- First wash hands with soap (demonstrate the actual method of hand washing)
- Ask the participants about the recipes that they normally prepare for children entering six months of age and keep a note of it.
- Now discuss about some recipes that are usually given to children entering six months and are prepared in the community like, rice pudding, rice porridge, commonly used snacks, finger food (foods that children can hold and eat by themselves), etc. and discuss how they can be enriched or made more nutritious, emphasizing that a good meal has to have: rice or other cereal/green leafy vegetables/pulses and fruit. Whenever possible an animal source food and addition of oil is recommended.

Engage the participants in an enriching food game:

- Keep “Mixed Sattu” (which is provided by the AWW for babies) in a bowl. Now ask members what they would like to add to sattu using food items and chits to enrich the recipe (e.g. adding sugar/jaggery , oil or juice of seasonal fruits, ask them to suggest locally available food).





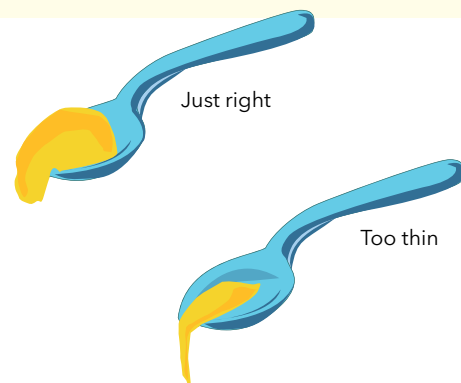
### Inform them that:

- ◆ Adding legumes and animal-source (if feasible) food to meals especially helps in gaining height without excess weight gain.
- ◆ For a cereal-based diet, making it thick and adding fat makes it energy dense.
- ◆ Addition of yellow-flesh fruits and vegetables and dark-green leafy vegetables to the daily diet is important.
- ◆ New foods should be added gradually.
- ◆ Continuing complementary foods along with breast milk during illness.
- ◆ Now discuss about the frequency / quantity / quality / consistency/density/ variety of feeding.  
(Refer to module 7)

Including Iron rich foods, like, green leafy vegetables, whole pulses, ragi, jaggery, meat and liver, along with fresh seasonal fruits to the child's diet.



Keep a list of all the babies who will be completing 6 months of age and are due for introduction of complementary food in the subsequent months with help from AWW. In all future meetings these mothers can be encouraged to attend the group meetings where this ceremony can be repeated or alternatively, the ceremony can be held at the AWC every month on a pre-specified date.



**Thickness – The food should be thick enough so that it does not slide off the spoon**



### IMPORTANT MESSAGES FOR PARTICIPANTS

- Community knows about the importance of timely introduction of complementary feeding at completion of 6 months.
- Learn that breastfeeding should be continued along with complementary feeding.
- Attention to quantity, quality, consistency, frequency/ density and variety of food for each age group.
- Feeding sick children frequently during illness and after recovery.
- Recurrent illness is a major cause of malnutrition.

### CONCLUDING THE MEETING

- Summarize discussions of the sessions.
- Tell participants about the content of the next meeting which is about management of diarrhea.
- At the end finalise and fix a date, time and place for the next meeting and end the meeting.

## MEETING 19

# MANAGEMENT OF DIARRHOEA

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify the causes for childhood diarrhoea.
4. To discuss strategies for prevention of diarrhoea.
5. To discuss about importance of immunizing children.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, story based picture cards, salt, sugar, spoon, glass, ORS packet (good and damaged), note book, pen

**TIME TAKEN:** 1-2 Hours

**METHOD:** Demonstration and story telling

### METHOD FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies,
- Encourage participants to share their experiences and learning during implementation,
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

#### ACTIVITY 3: Story on Diarrhoea

You will use storytelling to help participants understand the causes, effects and management of diarrhoea. Narrate the following story using picture cards to highlight important causes.

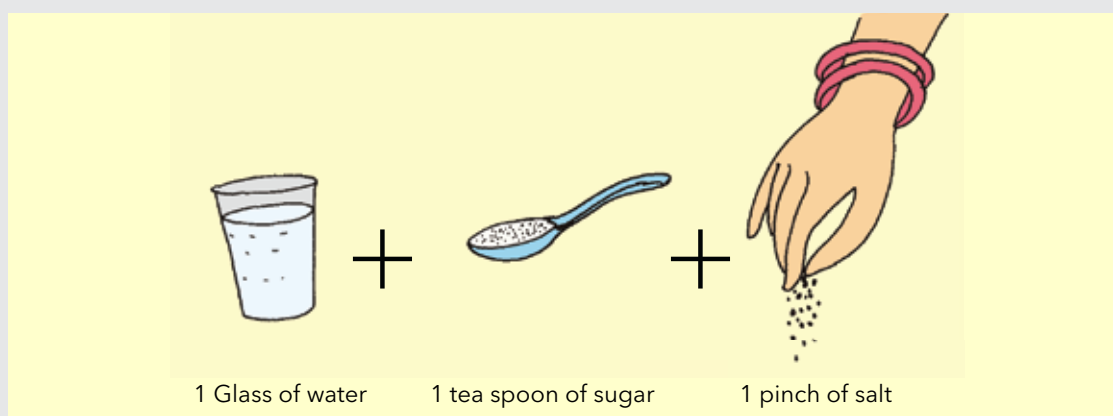


#### \*Demonstration in blue highlights

Shabnam is a twelve year old school going girl who liked to play with her 8 months old brother Ali. When their mother went out for work, their grandmother took care of Ali and gave him bottle feeds. One day Shabnam returned from school to find her brother very dull. Her grandmother said that he was having diarrhoea since morning and has passed watery stool more than three times. She also told Shabnam that she has not given any food or milk to Ali as he will not be able to digest any food in this condition. Shabnam remembered that her school teacher once told them that diarrhoea can be caused because of unhygienic food or water and it could be very serious in a small child. The teacher had also told them that just like a plant which dies in absence of adequate water; if human body loses high quantity of water then the person can become weak and may even die. Shabnam convinced her grandmother to give Ali something to drink quickly otherwise his condition may worsen. She told her grandmother that she had learned to prepare rehydration solutions at home, and she would later get ORS packet from the ASHA. Grandma was happy that Shabnam was learning new things, and she also remembered how her neighbor had lost her child due to this illness in the past.

Shabnam then prepared the ORS for her brother.

\* One glass (200 ml) of water, add a pinch of salt and a spoon of sugar.



When Shabnam's mother returned home in the evening, she informed the ASHA (Sarita) about Ali's illness. Sarita was very impressed with Shabnam's knowledge and said that she had done the right thing by giving home based ORS to Ali. Sarita also informed them that diarrhoea can happen because of taking food with unclean hands, taking uncovered food and unclean water and because of transmission by faecal - oral route. She also informed them about some danger signs to identify severe dehydration, (like lethargy or unconsciousness, sunken eyes, inability to drink or drinking poorly, skin pinch going back slowly) requires urgent referral to health facility while rehydrating the child with frequent sips of ORS/ fluids on the way to facility. However, if the baby is restless or irritable, with sunken eyes, drinks eagerly or is thirsty and skin pinch goes back slowly, it indicates some dehydration, and if the child is given fluids and food along with continued breastfeeding, it helps in recovery.

She also told them some important and useful things for babies over 6 months of age:

- Rehydration is adequate when the baby has a normal urine output (eg. 5-6 times a day).
- Additional solutions like dal and rice starch can be given to children who are not vomiting.
- Other infection can also be associated with diarrhoea - measles, pneumonia, malaria
- Breastfeeding/feeding should be continued during illness (like diarrhoea).
- Proper hand washing can help in prevention of diarrhoea.
- One ORS packet should be dissolved in one litre of clean drinking water [\* Packets of ORS which have expired or are damaged (lumping, turning brown, and difficulty in dissolving) should be discarded]]
- Safe handling of drinking water should be ensured.

ASHA demonstrated ORS preparation to Shabnam's mother and left 2 packets of ORS for Ali for further use. Shabnam's mother was very happy that because of Shabnam's knowledge her brother could get appropriate advice on time.

### Discuss the story:

- You will now ask participants to volunteer to do the demonstration of ORS preparation and discuss about identifying damaged ORS packets.
- Allow one participant to repeat the story and follow with the "but why?" game, to help them understand the causes and effect of the problem and to be able to arrive at solutions.

- Encourage participants to find the solutions through discussions.
- Now ask the participants about what should be done to prevent this problem by using the 'but how?' Game.
- You will keep note of all the strategies that the participants have decided for further implementation.
- Discuss with the group that a sick child needs more energy to cope with the illness. Therefore feeding/ breast feeding must be continued during illness and for 2 weeks after recovery. When the child has recovered from illness, one additional meal or frequent breast feeding every day for the next two weeks will expedite the recovery.

[Now ask a group member to first wash her hands with plain water and then with soap and water and save both in separate transparent glass containers. After use of soap she will again wash her hands with plain water and save it in another glass. Let the group see the three glasses and discuss what they see. Then talk about the importance of washing hands with soap, that with unwashed hands the child eats all the dirt with the food leading to diarrhoea, and that it is important to wash hands before eating and cooking, and also washing vegetables and fruits before cutting and eating. Hand washing should also be ensured after defecation and cleaning a child after defecation]

#### **ACTIVITY 4:** Importance of immunization

You will briefly tell the participants about the importance of routinely immunizing their children which also helps in prevention of many diseases. You can refer to MCP card or Module 7 for initiating discussion.

#### **IMPORTANT MESSAGES FOR THE PARTICIPANTS**

- Feeding /breastfeeding must be continued during diarrhoea.
- Rehydration using ORS packet from the ASHA / AWC [or using homemade solution when packet is not available.]
- Importance of hand washing and hygiene in prevention of diarrhoea.
- Immunizing children, especially against measles.
- Learn to identify danger signs and seek appropriate treatment.

#### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about management of worms infestation.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 20

# MANAGEMENT OF WORMS INFESTATION

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify the causes for worms infestation and its effect on growth of children.
4. To discuss strategies for prevention of worms infestation.
5. To discuss about the different kinds of worms and the transmission cycle of worms.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, transmission chart, register, story- based picture cards, notebook, pen

**TIME TAKEN:** 1-2 Hours

**METHOD:** Story-telling, demonstration

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies,
- Encourage participants to share their experiences and learning during implementation,
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Story on worm infestation leading to undernutrition:

- You will narrate the story using picture cards to help participants understand the causes, effects and management of worm infestation among children.

Mina had a 3 year old daughter and a 5 year old son. Before going to work in the field daily, she cooked food for the family. In her hurry to go for work, she cooked the vegetables without washing them properly. She also fed both the children before leaving for work without washing her hands with soap. Her daughter played by herself all day in the mud in the courtyard and often complained of itching in her toes. When Mina visited the VHND, the ANM said that her daughter was very thin, though her abdomen was swollen and she was undernourished. Mina said that she ate 4-5 times a day, yet she looked weak. The ANM then asked her a few things-

"do you **wash your hands with soap before cooking?**"

"do you **clean the vegetables before cutting them?**"

"do you **clean your hands with soap after you clean the children after defecation?**"

The ANM then said "If you have not been doing these things then your child may have worms in her stomach. All children **over the age of 1 year should be treated for worms at 6 monthly intervals**" says the ANM and she gave de-worming syrup to both the children. Mina was satisfied that she now knows the causes of her child's problems.



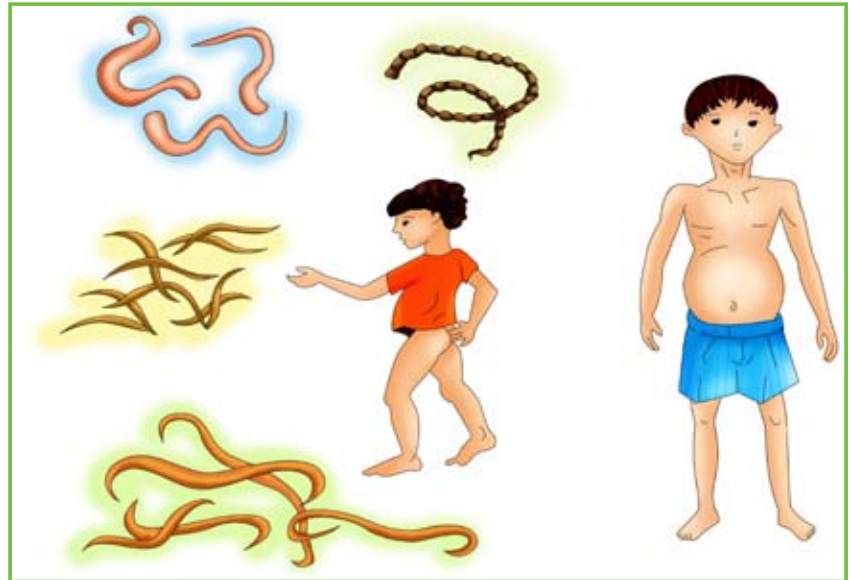
### Discuss the story:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions. Now ask the participants **about what should be done to prevent this problem.**

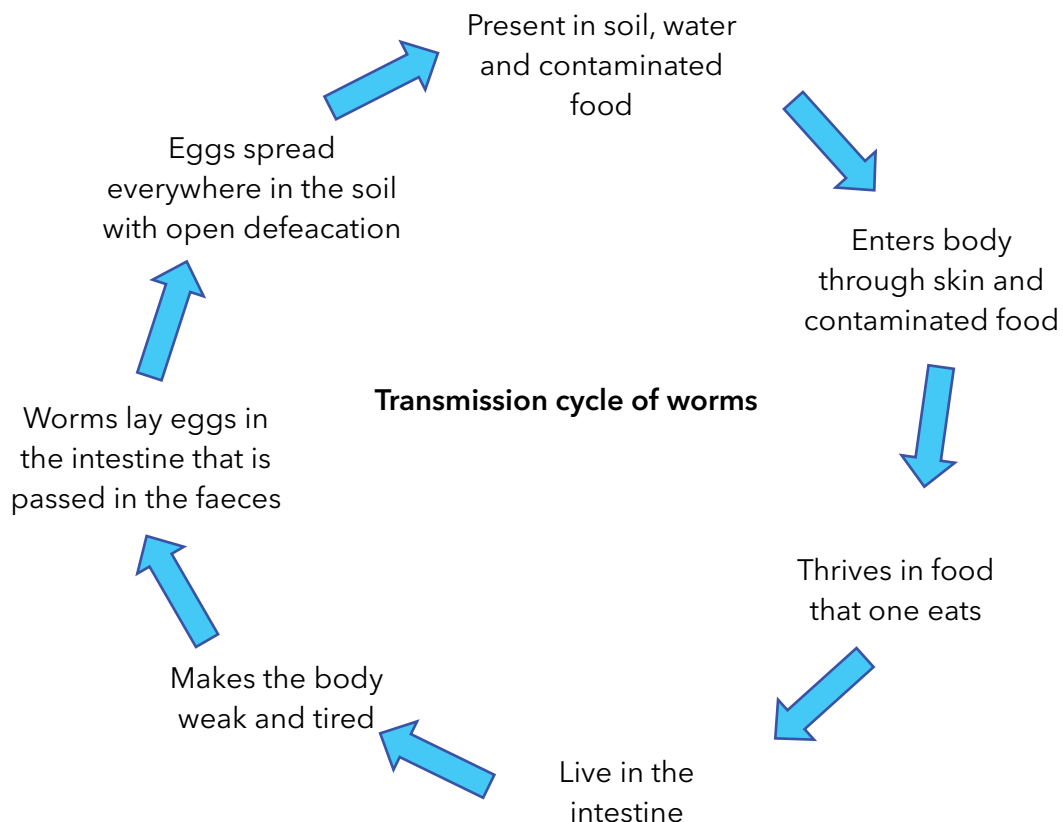
### You will now demonstrate the transmission cycle of worms using a chart:

Explain with the help of a flow diagram drawn on a chart about the transmission cycle of worms and encourage them to think of possible ways of breaking the cycle.

- After the discussion encourage participants to use foot wear in the fields to keep away germs and worms in the soil from getting to the feet. Discuss about various types of intestinal worms using pictures to help them recognize it. Share with the group the transmission chart with the importance of personal hygiene and use of foot wear as prevention,



- Keep a note of all the responses to help the participants when they are identifying strategies based on the solutions and the 'but what?' game.





## INTESTINAL WORMS/PARASITES

(The below mentioned box can be discussed if required)

	Worms	Symptoms	Prevention	Management
1	Roundworm (Ascaris)	Itching, dry cough, pneumonia with coughing blood, discomfort and Indigestion, Weakness, Passing of worms through stool or orally	Use of latrines, Washing hands with soap. Maintaining cleanliness/ hygiene	De-worming
2	Threadworm (Pinworm)	Itching - especially at night / small ulcer around anus	Maintaining cleanliness / hygiene Cutting nails, Changing clothes and bathing regularly	De-worming; Vaseline or mustard oil around the anus to prevent itching,
3	Whipworm (Trichuris)	Abdominal pain, diarrhoea anaemia	Use of latrines, Washing hands with soap. Maintaining cleanliness/ hygiene	De-worming; Sitting in tub of warm water helps,
4	Hookworm	Anaemia, Pale skin Child eats dirt Itching in web of feet/fingers	Use of latrines, Avoid walking in bare foot, Washing hands with soap Maintaining cleanliness/ Hygiene	De-worming; Iron rich food or iron tablets
5	Tapeworm	Mild stomach ache	Eating well cooked meats, Maintaining cleanliness/ Hygiene Avoiding vegetables grown in sewage water	Seek medical advice at PHC
6	Trichinosis	Diarrhoea, Vomiting, Pain in stomach In serious cases child having fever with chills, muscle pain, bleeding in the whites of eyes, sometime small bruises, swelling around eyes and swelling of feet	Eating well cooked meats	Seek medical advice at PHC
7	Amoebas	Severe diarrhoea Diarrhoea with blood	Safe drinking water Use of latrines, Washing hands with soap Maintaining cleanliness/ hygiene	Seek medical advice at PHC
8	Giardia	Yellow bad smelling diarrhoea without blood and mucus, Bad taste burps, Swollen belly, Discomfort and intestinal cramps	Safe drinking water Use of latrines, Washing hands with soap. Maintaining cleanliness/ hygiene	Take nutritious diet Seek medical advice at PHC
9	Guinea worm	Swellings in ankle, leg, testicle or elsewhere	Safe drinking water	Keep the sore clean, Seek medical help at PHC

### **IMPORTANT MESSAGES FOR THE PARTICIPANTS**

- Participants learn that worm infestation can lead to undernutrition.
- The transmission cycle of worms can be broken.
- Learn about the different types of worms that can cause ill health.
- Participants learn that feces should be disposed properly and open defecation should be avoided.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about management of acute respiratory illness.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 21

# MANAGEMENT OF ACUTE RESPIRATORY ILLNESS/INFECTION

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify the causes for childhood respiratory illness/infection.
4. To discuss strategies for prevention of acute respiratory illness/infection.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, story based picture cards, pen and notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Demonstration, story- telling

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

#### **ACTIVITY3:** Story telling

You will discuss about symptoms, causes, effects and management of acute respiratory illness among children through story telling. You will now narrate the following story using picture cards:

Aman was 11 months old and weak since birth. He would often sleep near the open fire (Chula) when his mother Malika cooked food. When he had running nose, cough and fever, Malika massaged oil mixed with garlic. However his condition did not improve. Over next two days he developed fever and his breathing became faster than usual. Mallika's other children requested her to take them to the fair in their village to which she agreed. That same night Aman developed high fever.

Next day when Shilpa, the ASHA of the village came to remind about Aman's missed vaccination of measles and vitamin A drops, Malika told her that she feared Aman has become ill because of the vaccines that he received last time. Shilpa assured her and examined Aman. After counting Aman's breathing rate, Shilpa told Malika that Aman has severe form of respiratory infection and said that they should consult the ANM as soon as possible.

ANM noticed that Aman was very serious and needed immediate hospitalization, but Malika could not follow the ANM's advice as she had to go to work the next day. Aman's condition worsened as he developed fast breathing, grunting, nasal flaring and difficulty in breathing. He also looked drowsy and refused to feed and his mother became worried. Malika hurriedly called the ASHA who accompanied her to the neighboring PHC where the doctor treated him.



The doctor told Malika that if she had delayed seeking care, Aman's condition could have become very serious. In future if the baby has cold and cough, he should be taken to the ASHA or ANM for advice and care. He also advised to keep Aman warm and away from dust and smoke. He assured the mother that the infection had nothing to do with the vaccination and he should be immunized against measles and given vitamin A as per schedule.

### Discuss the story:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions. Now ask the participants about what should be done to prevent this problem.

***[You will remind the participants about the demonstration in which they had learnt about counting the increased respiratory rate in children in Meeting 16 while they had a discussion on neonatal infections ]***

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Participants learn about the causes leading to ARI and decide on strategies to prevent it.
- Learn about importance of counting respiration.
- Learn to identify danger signs such as chest in-drawing and fast breathing.

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Briefly tell them about the content of the next meeting which is about importance of delaying early/ adolescent pregnancies.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 22

# DELAYING EARLY/ADOLESCENT PREGNANCIES

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To understand the importance of preventing early/ adolescent marriages and delaying the first pregnancy.

**MATERIALS REQUIRED:** Strategies implementation formats, script for story, story based picture cards, sample of available contraceptives, pen, notebook

**TIME TAKEN:** 1-2 hours

**METHOD:** Role play/Story-telling

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Narrating a story (this can also be in the form of a role play, if the ASHA facilitator/ ASHA is able to mobilize the community members to enact it):

- Focus on significance of prevention of adolescent pregnancies, spacing of birth and delaying the first pregnancy.
- Now narrate the following story with the help of picture cards:

Rita was 16 years and was studying in high school when her family decided to marry her with their neighbor's son Ajay who was 18 years old. Although Rita wanted to study further she agreed for an early marriage because of the family pressure. She remembered what her teacher and doctor from the nearest health facility had said about the risks of early marriage and teenage pregnancy during a school camp. She also remembered about her friend who had faced many complications in pregnancy and eventually died after childbirth. Rita decided to take advice from the ASHA, who ensured them that this matter would be kept confidential and she advised them about temporary contraceptive methods to delay the first pregnancy.



### Discuss the story and probe for solutions and strategies:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions, now ask the participants about what should be done to prevent this problem.

## DISCUSS ABOUT THE HEALTH RISKS OF EARLY PREGNANCY

Explain that early marriage and early child bearing has various health risks such as:

- An adolescent younger than 17 years often has not reached physical maturity and her pelvis may be too narrow to accommodate the baby's head. In these cases, obstructed delivery and prolonged labor are more likely, thereby increasing the risk of haemorrhage, infection, rupture of uterus and fistula or even death.
- Anaemia is two times more common in adolescent mothers than among older ones.
- Other complications include:
  - ◆ Premature Birth: Infants born to adolescent mothers are more likely to be premature, low birth weight and may suffer consequences of retarded foetal growth.
  - ◆ Spontaneous Abortion and Still births: Young adolescents under the age of 15 are more likely to experience spontaneous abortion and still births than older women.
  - ◆ Pre-eclampsia (hypertension during pregnancy): If pre-eclampsia is left uncontrolled, it can progress to severe hypertension, seizures, convulsions, and cerebral haemorrhage or even death.

### COMPLICATIONS IN ADOLESCENT PREGNANCIES

- A teenage girl's reproductive organs are not fully developed.
- Complications that can happen are- hypertensive disorders, pre-eclampsia, postpartum bleeding, prematurity and risks to newborn baby.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Participants learn about risks of early/adolescent pregnancy.
- Availability and accessibility of contraceptives.
- Engaging and influencing other stakeholders to address the social pressures.
- That ASHA's role is to ensure confidentiality.

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Briefly tell them about the content of the next meeting which is about access to safe abortion services.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 23

# ACCESS TO SAFE ABORTION SERVICES

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss about safe abortion practices.
4. To know about available and accessible services for safe abortion.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, story based picture cards, pen and notebook

**TIME TAKEN:** 1- 2 hours

**METHOD:** story-telling, using picture card/ role play

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies,
- Encourage participants to share their experiences and learning during implementation,
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Story on safe abortion (this can also be in the form of a role play, if the ASHA facilitator/ ASHA is able to mobilize the community members to enact it):

- You will focus on aspects of access to safe abortion services, the right time for medical termination of pregnancy, effects of unsafe abortion and about the rights associated with it.
- Now narrate the following story with the help of picture cards:

Anita was 19 years old and had completed high school when she got married to Suresh who was 21 years old at that time. Suresh had dropped out after middle school and used to work with his father in the field. She became pregnant immediately after marriage and when her baby was one year old, she became pregnant again. Anita wanted an abortion but her husband and his parents did not allow it. She also feared that if the news of her abortion spread in the village, she would not be allowed to participate in rituals or any family functions.

Anita was initially depressed and could not decide what to do, but thereafter she decided to get the abortion done. She did not know where to go and sought advice from her neighbor who agreed to accompany her. She had heard about the TBA (traditional birth attendant), but her neighbor asked her to take advice from the ASHA.



Anita finally decided to talk to the ASHA and seek advice. The ASHA informed her that sometimes unwanted pregnancies occur, and women can make a decision regarding abortion. However, most women often go to untrained providers like, TBA (traditional birth attendant (Dai's) etc) for abortion. The abortion methods that are used by untrained providers are unsafe and unhygienic and can lead to serious infections and even death. ASHA also told her that abortion is safe and legal and can be done at a government health centre up to 20 weeks of pregnancy and that she should first consult her family and that this information would be kept confidential. ASHA then accompanies Anita to the Government hospital for abortion and counsels Anita on different methods of contraception.



### Discuss the story and probe for solutions and strategies:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions. Now ask the participants about what should be done to prevent this problem.
- You can share some important aspects about abortion: Why women die of unsafe abortions?
  - ◆ Lack of awareness about how when and where to access safe abortion services.
  - ◆ Financial and social factors like an unmarried, widowed or separated marital status
  - ◆ Social discrimination leading to secrecy

### Effects of Unsafe Abortion:

- Infection, weakness, excessive bleeding, irregular bleeding, rupture of uterus, pregnancy outside of womb (Ectopic pregnancy)
- Maternal death

### WHAT WOMEN NEED TO KNOW?

- They have a right to choose and access safe abortion services.
- Pregnancy testing kits are available with ASHAs.
- Early detection and early decision both can minimize abortion complications.
- Abortion up to 20 weeks is legal with consent from two doctors.

"Abortion is safer, if sought early in pregnancy" and  
"Preventing unwanted pregnancies is better than aborting it"

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about prevention and management of RTI/STI and HIV.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 24

# PREVENTION AND MANAGEMENT OF REPRODUCTIVE TRACT INFECTIONS, SEXUALLY TRANSMITTED INFECTION AND HIV/AIDS

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss about RTI/STI.
4. To sensitize members on HIV/AIDS.

**MATERIALS REQUIRED:** Flip chart, script for story, story based picture card, strategies implementation format, cards with 'Yes' and 'No', picture card sized paper

**TIME TAKEN:** 1-2 Hours

**METHOD:** Story-telling and game

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Discussion on prevention and management of reproductive tract infections and sexually transmitted infections:

- Ask participants how many of them think that white discharge in a woman is normal?
- Now explain to them the following:
  - ◆ Some amount of discharge is normal and may vary depending on the menstrual cycle, more during the fertile period and it also increases during pregnancy.
  - ◆ If discharge is foul smelling (eg- smell of menstrual blood, fishy odour), thick, curd like, or colored green or yellow or red and associated with itching, rashes, sores or burning urination, with or without pain in the lower abdomen, or pain during intercourse, then it is a form of infection.
  - ◆ Discharge can also indicate certain hormonal problems or cancer.

### Now discuss the difference between RTI and STI:

- Those infections that pass from one infected person to the other during intercourse are called 'Sexually transmitted infections (STI)'. Mothers can pass on STIs to babies during delivery process. All infection in the reproductive tract are termed as RTI.
- Because STI remains hidden and symptoms take longer to present, the infection is likely to spread to internal organs.

### Now discuss about prevention of RTI and STI:

- Personal hygiene, regular bathing, keeping genital area clean and dry
- Avoiding unprotected sexual activity, use of condoms can prevent both RTI and STI
- Prompt advice from health personnel - ASHA/ANM

### Management of RTI/STI:

- Complete treatment for both partners is available at the Government facilities.
- Abstaining from sexual activity during the course of treatment.

### ACTIVITY 4: Story on HIV/AIDS

- Discuss about the causes, symptoms and prevention of HIV/ AIDS.
- Using a flip chart discuss about transmissions of HIV.

### Narrate the following story with the help of picture cards:

Tarana's husband had to migrate for work to the city. He used to come home once in a year. He had many encounters with sex workers in the city. After five years he became very sick, his weight had reduced and he could not work like before. During this period Tarana had also given birth to a baby boy who is two years old now. On returning to the village Tarana's husband became bed ridden and was treated by the informal provider but his condition did not improve.

Tarana became worried and requested the ANM to see her husband, who advised to take him to the district hospital. After examination, he was tested for HIV and the result was positive. The doctor prescribed medicines and advised him to continue treatment and eat nutritious food. He also said that there was likelihood that Tarana and her son may also be infected. When Tarana and her son were tested, she was also found to be HIV positive but her son was negative. The doctor advised her to continue the treatment and come for regular checkup along with her husband. Tarana was worried about the future of her family especially about her two year old son.

### Discuss the story:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions. Now ask the participants about what should be done to prevent this problem.
- Discuss about Prevention:
  - ◆ Avoid sex with multiple partners
  - ◆ Use of condom during sexual intercourse
  - ◆ Use tested safe blood for transfusion

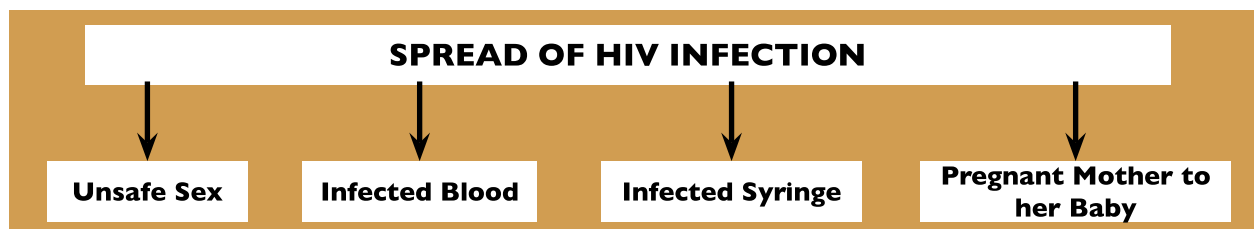


- ◆ Use disposable or disinfected syringe
- ◆ Use new blade to shave whether at home or at the saloon
- ◆ Do not use old needle for tattooing
- ◆ Take treatment of STD (sexually transmitted disease) as soon as possible
- ◆ HIV positive women should consult a doctor before planning a pregnancy.

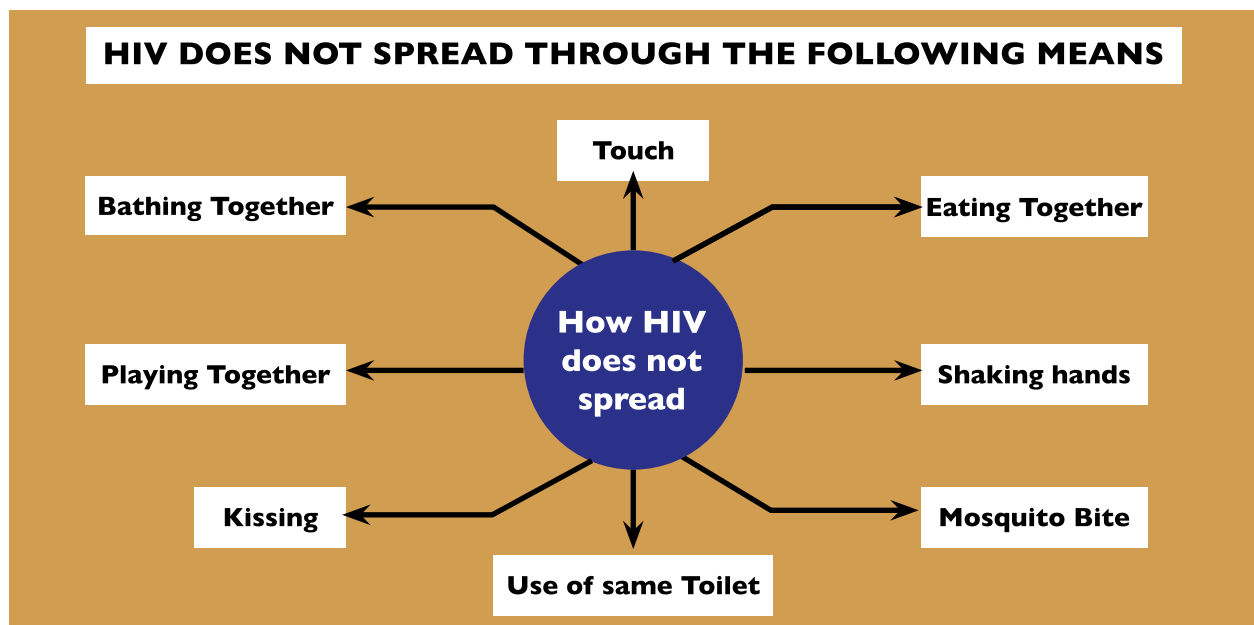


#### ACTIVITY 5: Game to clarify transmission of HIV/ AIDS:

- Write down the four main ways that HIV is transmitted on a picture card size paper and two cards with 'YES' and 'NO' written in bold letters.
- Ask the participants to call out loudly what they think are the different methods of transmission.
- As they keep saying you will either show the 'YES' or the 'NO' card.
- Now ask 4 volunteers to come forward and hold each of the cards facing the participants and emphasize that there are ONLY 4 ways in which this gets transmitted and they need to remember this.



#### Using the flex chart discuss about how HIV does not spread:



#### Note:

HIV testing and treatment services are available free of cost in the Government Health Facilities such as District Hospital. You can seek advice of PHC MO/ ANM about the health facilities where such services are available and inform the community. You should also refer to the Module 7 of RTI/ STI and HIV/ AIDS for discussions during the meeting.

### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Participants learn about reproductive tract infection and sexually transmitted infection and its prevention and management.
- Know about HIV/AIDS and how it is transmitted and its prevention.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about prevention and management of Tuberculosis
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 25

# PREVENTION AND MANAGEMENT OF TUBERCULOSIS

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss about prevention and management of tuberculosis.
4. To discuss about available treatment for multi drug resistant Tuberculosis.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, story based picture cards, pen, notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Story telling (using picture cards), and interactive discussion

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Developing an understanding about tuberculosis:

- You will ask the participants to share what they already know about TB (use local term).
- After listening to their responses tell them more about tuberculosis; that it is an infection that can affect any part of the body but most commonly affects the lungs. It is transmitted from person to person through droplets from the throat of the people who has the disease. Sometimes it can spread to other parts of the body, like the abdomen, bones and other internal organs. TB is both preventable and curable.
- Emphasize that early recognition of TB can help in prompt treatment and is curable only when treatment is taken as advised.
- You will narrate the following story using picture cards to help the members gain a basic understanding of TB, its signs and symptoms and the possible causes that lead to this disease.

#### ACTIVITY 4: Story on tuberculosis

- Narrate a story highlighting the causes, symptoms, mode of transmission, prevention and management of TB.
- Through interactive discussion inform the group about the causes for Multi drug resistant TB, identification of TB patients and high risk population.

When Sara returned home after a month of taking care of her sick father, she was suffering from cough and fever. She met the ASHA of her village at the market and told her about the illness. She shared that she has had fever and cough for over 20 days now and she becomes breathless with routine work. The ASHA suspected that she may have contracted the disease from her parental home and advised her to go to the PHC to give samples of sputum for examination and also for an X-ray. In a few days the PHC doctor told Sara that she had tuberculosis, but there was nothing to fear because the disease can be cured provided she takes medicines regularly and takes adequate food and rest.

Since ASHA was trained as the DOTS provider for her village, she assured Sara that she would provide TB drugs for the entire duration of 6 months. She gave free medicines to Sara routinely and asked her to repeat the X-ray after completion of treatment. When Sara went for her X-ray after 6 months she found that her lungs were clear and that her disease had been cured. The doctor congratulated her and said that it was because of prompt diagnosis and her compliance to treatment. Sara thanked the doctor and the ASHA for her support.

#### Discuss the story:

- Ask any participant to repeat the story and then help them to understand the causes and effect of the problem and to arrive at the solutions. Now ask the participants about how the problem was addressed.

#### ACTIVITY 5: Identifying possible strategies for implementation:

##### Following could be some of the possible strategies:

- ◆ There are many things we can do as an individual and community to help get rid of TB.
- ◆ If a person has TB, the best thing she/he can do is to complete the full treatment. This will not only make the person healthier, but will also help prevent the spread of the disease.
- ◆ The spread can be prevented by coughing into ones palm or elbow or use any handkerchief/cloth.
- ◆ Make sure that the family members get tested for TB (even without any symptoms) for faster diagnosis and early treatment.

##### What can we do?

##### If you have TB:

- Finish your entire treatment.
- Help prevent the spread of TB by covering the mouth while coughing, keeping windows and doors open, and avoiding crowded areas for long amounts of time.
- Encourage your close contacts to get screened for TB.

##### If you know someone else who has TB:

- Encourage them to finish their full treatment
- Support them as they continue treatment.

##### Everyone / For all:

- Prevent the spread of TB
- Raise awareness about TB
- Get tested for TB frequently if you suspect you may have TB





- ◆ Supporting a person with disease by reminding them to take their medicine regularly. Giving them support and continuing to be their friend will help them feel that they are not alone.
- ◆ By practicing the following, like, keeping windows and doors open, avoiding crowded areas for a long period, keeping healthy, getting enough sunlight, etc.
- ◆ Raising awareness about TB at different forum.
- ◆ Telling friends and family what we have learnt will help them contact you when they have suspicion based on some symptoms such as having cough with sputum for over 2 weeks.

**[Note for the ASHA: you can also refer to TB section of ASHA Module 7]**

#### **VULNERABILITY AND CONDITIONS FOR MULTI DRUG RESISTANT TB (MDR)**

- Any disease condition that lowers the immunity system (HIV/AIDS)
- People who have spent time with an active MDR TB patient

#### **PRECAUTIONS TO BE TAKEN**

- Covering the mouth with a handkerchief when coughing and sneezing to stop spread of the disease, and to be careful while spitting.
- Taking medicines regularly for the entire duration as advised by the doctor.
- TB patient should avoid close contact with young children.
- All children to be immunized with BCG soon after birth.

#### **TB is transmitted by person with an active TB through tiny droplets, when:**

Coughing

Sneezing

Shouting

Spitting

Talking loudly

**Without covering  
mouth and nose**

#### **TB is not transmitted by (MYTHS):**

Touching, holding hands, eating together or bathing at the same place

Sharing food or drink

Touching bed linens or toilet seats

Sharing utensils

Kissing

### **IMPORTANT MESSAGES FOR THE PARTICIPANTS**

- Participants learn how tuberculosis is transmitted and how to prevent it.
- Importance of early diagnosis and taking medicines regularly. DOTS treatment is available free of cost at all Government Health Facilities like PHC, CHC and District hospital.

### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about prevention and management of malaria.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 26

# PREVENTION AND MANAGEMENT OF MALARIA

## PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To discuss the causes of malaria and its prevention.
4. To help members to identify mosquito breeding sites.

**MATERIALS REQUIRED:** Strategies implementation format, script for story, story based picture cards, glass, pen, notebook

**TIME TAKEN:** 2-3 Hours

**METHOD:** Story-telling, transect walk and discussion

## METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.

**ACTIVITY 3:** Story telling for understanding causes, symptoms, prevention and management

- Narrate a story highlighting the causes, symptoms and prevention and management of Malaria.

Maya lived with her husband and three children. After the rains, water had collected in all the broken pots, pot holes in the village and there were a lot of mosquitoes in and around the house. After a few days when her child had fever on alternate days with chills and vomiting, her husband called the faith healer. However, the fever continued and within a week all three children had similar fever with vomiting. When returning from her work in the field Maya saw a group of women discussing about malaria and she heard the ASHA saying that any fever could be malaria and that can sometimes even lead to death. She also came to know that ASHA could do a blood test and give the medicines. Maya took all the three children to the ASHA, who did the blood test and said that all had malaria. She also said that one of them who was very sick had brain malaria and needed to be hospitalized. She gave medicines for the two children and accompanied Maya to the hospital for treatment of the third child. ASHA advised them to use the bed nets while sleeping and also prevent water stagnation for preventing breeding of mosquitoes. At the time of discharge, the doctor asked if the family used the insecticide treated bed nets that were distributed to all households. Maya informed him that they had received nets but her husband was using it for fishing. To which the doctor said that many families get malaria because the bed nets are used for purposes other than sleeping under the mosquito net. There are many other diseases that are caused by mosquito bites, like, dengue, Japanese encephalitis, chikungunya, etc. Maya then decided to share this information with other villagers in the group meeting.

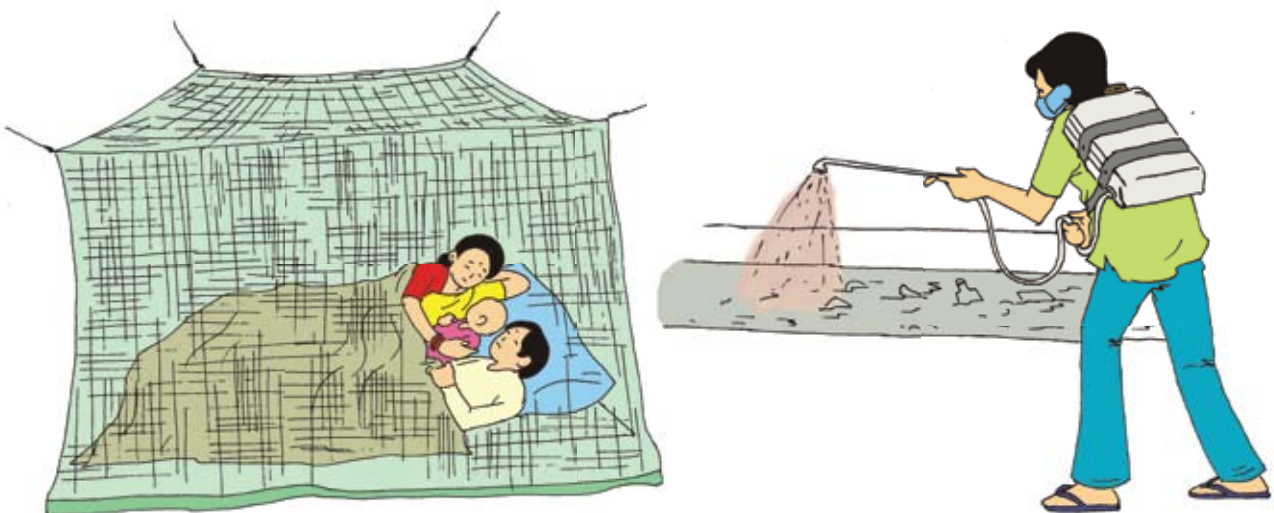
### Discuss the story:

- Encourage the group members to repeat the story using the picture cards.
- Follow the storytelling with the “but why?” game, which will help the members understand the cause and effect of the problem and come up with solutions.
- Now ask the participants about what should be done to prevent this problem by using the ‘but how?’
- You will now inform participants about malaria:
  - ◆ Malaria is caused by infected mosquitoes that mostly bite during night while sleeping.
  - ◆ Mosquitoes breed and live in wet conditions and in stagnant water.
  - ◆ High fever is the commonest symptom, others include – shivering with chills, sweating, convulsion, inability to eat or drink, rapid breathing, unconsciousness, paleness of palms, tongue and eyelids, headache, nausea, vomiting and flu like symptoms like body ache, diarrhoea, etc. If test is positive, immediate treatment is advised.
  - ◆ Full course of anti-malarial medicine should be taken.
  - ◆ Pregnant women and malnourished children are at a greater risk for getting infected with Malaria.

**Inform the participants that there are some individual and community responsibilities to prevent malaria.**

### Individual responsibilities:

- Use of protective clothing to avoid mosquito bite
- Use of repellents – neem oil, neem leaf smoke
- Use of insecticide treated bed nets every night, (they are safe to use for Children and pregnant mothers)
- Sleeping indoors
- Prevent indoor water stagnation
- Early reporting of fever
- Blood tests for fever
- Early treatment and compliance with treatment regimen
- 1st ANC before 4 months of pregnancy
- Anti-malarial treatment compliance



#### **ACTIVITY 4:** Transect walk for identification of breeding sites:

- After narrating the story you along with the participants will go around the village for identification of breeding sites.
- Collect a glass of water from the stagnant water source and show the larva floating in the water.
- Ask the group to identify areas with water stagnation and then ask them what can be done to prevent water stagnation and how to deal with it (these are the strategies) and take note of the responses.
- At the end the members can be asked about what they would prefer – preventive measures or curative measures.

### Community responsibilities

#### **Identification:**

- Identifying breeding sites – stagnant water, clogged drains, roof tops, broken pots, tyres.
- Identifying adult mosquito resting sites – bushes near houses, dark corners inside the house.

#### **Implementation:**

- Keeping surrounding areas free from stagnant water by filling pits with sand or mud.
- Making soak pits to absorb water near tube wells.
- Ensuring no broken pots, vessels or old tyres are lying around to collect water.
- Allowing indoor spraying and not washing walls after spraying.
- Use of mineral /burnt engine oil and Gambusia fish in large stagnant water reservoirs.
- Bush cutting -50 metres around residential areas.
- Cleaning of drains.
- Coordinating with Government agencies for residual spraying over a 11km radius and demand for mosquito nets (LLITN i.e. Long Lasting Insecticide Treated Net).

#### **IMPORTANT MESSAGES FOR PARTICIPANTS**

- Participants learn how malaria is caused and how to prevent it.
- Learn about individual and community responsibilities to prevent malaria.

#### **CONCLUDING THE MEETING**

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about addressing gender based violence.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

## MEETING 27

# ADDRESSING VIOLENCE AGAINST WOMEN

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To understand the concepts of sex and gender and learn to distinguish between the two.
4. To help the participants realize the existence of violence at different stages all through the life cycle of women.

**MATERIALS REQUIRED:** Flex depicting the life cycle of violence in women's life, chart paper, strategies implementation format, pen, and notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Role Play and Interactive discussion using flex

### METHODS FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 16)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3:** Understanding the concepts of sex and gender: Start the discussion by telling the participants they will be discussing about gender norms and restrictions that society imposes on women and men in different ways through a role play.

Man	Woman
<b>The scene opens with one man and a woman standing in the middle of a circle with participants all around.</b>	
I'm a man. I'm a man! (twirling his moustache)	And I am a woman. (hands folded in front, head bowed down)
Everybody here knows how intelligent and powerful I am. (walking around in an arrogant manner)	Because the society considers me weak, I feel I am really weak.
I decide everything in my family. No one can do anything without my permission.	But I am not even allowed to decide about my own life-choices.
I can do anything I like, I can roam around with my friends till late in the night, wear the clothes of my choice. (grinning)	And I have to face so many restrictions - "Don't do this, don't go there, don't talk to him." Since childhood I have always done what others wanted me to do. After marriage, my in-laws scolded me for food not being ready on time or the salt being a little less, etc.

Man	Woman
I can say anything without any restriction because I am a man and intelligent and always right.	And I'm always told not to talk much. As a child when I was molested by a relative, I remained quiet, when boys harassed me, I said nothing. And later when I got married to an abusive man, I remained quiet because I was used to remaining silent.
I always got more food than my sisters as a child. My mother said that I was to take the family lineage forward and also perform last rites when they died so I needed to be strong.	And I was always considered other home's property. Therefore less money was spent and was given less food and education. (gets sad and sits down) I belonged to neither this nor that house.
(Empathizes and goes near her) Sometimes I feel like helping you with the household work, but then I stop because my friends would make fun of me and my parents would taunt me.	I also feel like reaching out to you when you are depressed sometimes, but I don't know how you or your family will react.
(Smiles, gets excited and sits up on the knees, holds her hands) Did you know that I love to cook, I used to play with my sisters and we cooked tiny pooris and curry, but as I grew older, everyone made fun of me.	Even I loved to play cricket, and I was very good at batting. There goes a six, and that one a four. (laughing). But I was stopped because they said girls didn't play outdoor games.
I was hurt once and I cried and was told that boys don't cry. When I lost my mother at 15 and I cried, everyone told me I shouldn't be crying like a girl, since then I cry in my room alone in the night. In spite of the freedom that men have, they don't have the freedom to cry.	(Comforting him with her hand on his shoulder) This makes me realise how unfair we are to our children. When my son came to me crying yesterday after he fell down I comforted him saying boys weren't supposed to cry.
What is it about our society that compels us to kill our instincts right from our childhood?	That which creates this inequality between boys and girls, that which gets men and women against each other?
Patriarchy is because of unequal power relations. Though it is linked with greater power with men but it is often practiced by both men and women. It actually causes men and women to grow up suffering from violence without their even realising it.	Can we help to bring about equality acknowledging the fundamental difference between men and women?
We can if we learn to treat each other with respect, to understand each other's needs and try to bring about a change in the way society thinks, because we are the society!	Children will learn to respect only when we do the same and that way our future generation can change the society!
Now I understand I'm a human, like other humans. It's the society that has labeled me a man.	I too am only a human. It is the society that has labeled me a woman.
Both Man and Woman come together and hold hands. They say together Yes we are equal and we are humans.	

Ask them how they perceive the roles/attributes of men and women. Note down the responses on the chart paper using two columns to differentiate them as mentioned in the following table:

- ◆ Now ask the participants whether these qualities that are attributed to men and women are in born i.e. biological or due to socialization because of social factors.
- ◆ Probe for attributes that are not inborn but generally believed to be so and emphasize that the **process of socialization is largely responsible for an individual's development**. These values are inculcated in girls and boys as a child to behave in a typical framework as deemed fit by the society.
- ◆ Now ask if the above attributes can be inter-changed.
- ◆ You can engage them by asking questions like - "but can men be emotional?" etc. This could lead to a discussion on society's reaction to men who cry and demonstrate their emotions and their expectations of men's behavior.



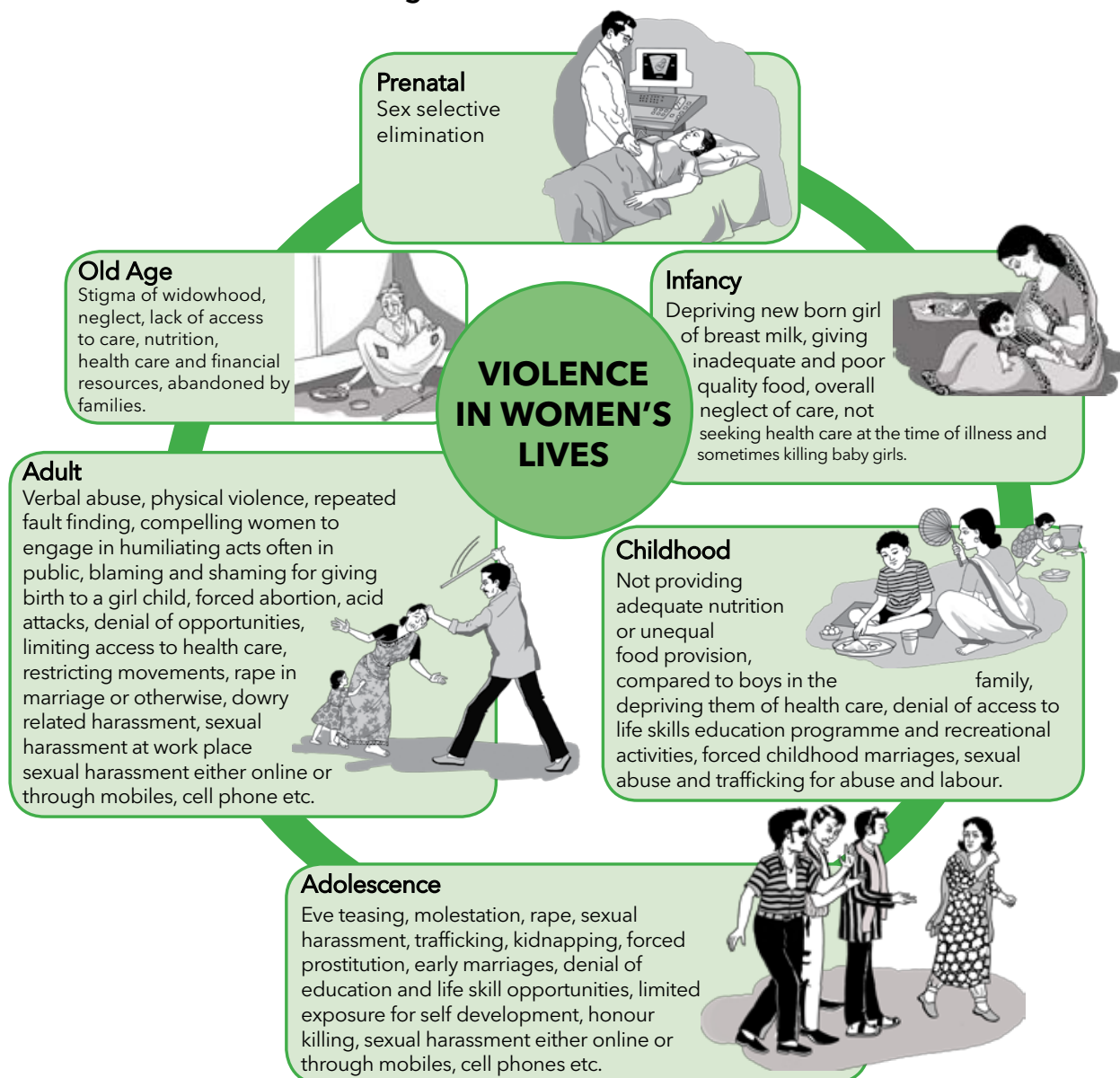
- ◆ Sum up the discussion by saying that these attributes are interchangeable and emphasize that sex has to do with biological and genetic matters and is not interchangeable, whereas gender refers to socially constructed roles, responsibilities and expectations of men and women in a given culture or society. These roles, responsibilities and expectations are learnt from family, friends, communities, opinion leaders, religious institutions, schools, workplace, advertisements and the media.

#### ACTIVITY 4: The life cycle of violence in women

Inform the participants that violence is rooted in social structures and is prevalent in all classes of society. It affects women cutting across age groups, cultures, religions, socio- economic strata, educational and geographical backgrounds. While it is commonly believed that it is men who inflict violence on women, this is not always true. It is possible for men to experience gender based violence also. However, most gender based violence is directed at women and girls. Often women face abuse and harassment by male as well as female members of their household and most violence takes place in the confines of the home or neighbourhood.

Now the participants will identify different types of gender-based violence that occurs at different times in a woman's life cycle.

#### Six Stages of violence in Woman's Life



- Using the flex on the life cycle of violence in women's lives, you will ask questions like, what kind of violence does she face in her childhood, at birth, as a married woman or as an old woman?
- After each picture has been explained, emphasize that violence permeates every phase of her life. Probe for different forms of violence.
- Violence is not only physical but also mental, emotional, economical and sexual. Some invisible aspects of violence like verbal abuse, denial of food, education, mobility, resources etc. are also termed as violence. One act may have several of these forms, like sexual harassment is physical, emotional, and mental and sexual violence.
- Some acts of violence are obvious and visible in society while some acts of emotional and economic violence are not even perceived as violence.
- They need to understand that instances of violence happening every day against women in their community can be and needs to be prevented in future.

**Note:**

"Domestic Violence is one of the most common forms of violence against women. It is inflicted by the husband or other close family members. This is frequently invisible since it happens behind closed doors and often the community does not treat it as a type of violence but considers it as a "private family matter".

Refer to the training module - Handbook for ASHAs - Mobilizing for action on violence against women for discussions during this meeting.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Process of socialization is largely responsible for an individual's development.
- It is important to be conscious of the fact that all women are vulnerable to violence.
- Violence against women is not always visible
- Violence against Women can have serious consequences on their physical and mental health

### CONCLUDING THE MEETING

- Summarize the discussions of the sessions.
- Tell participants about the content of the next meeting which is about preparing and planning for a cluster level community meeting or an evaluation meeting.
- At the end finalize and fix a date, time and place for the next meeting and end the meeting.

Note for ASHA: ASHAs can take an opinion from participants of different groups regarding which of these two following meetings they would like to have FIRST:

- a) holding the cluster community meeting for which Meeting numbers 28 and 29 would be the sequence, OR
- b) evaluation of their overall activities over the past few years.(Meeting number 30).

## MEETING 28

# PLANNING FOR THE CLUSTER COMMUNITY MEETING

### PURPOSE OF THE MEETING

1. To help participants review the main discussion of the previous meeting.
2. To review the implementation and progress of strategies that the group had identified.
3. To identify representatives from each group to be involved in the planning meeting at the cluster level for organizing Cluster/sector level community meeting.
4. To prepare a tentative list of activities and methods of dissemination for the cluster/sector level community meeting.

**MATERIALS REQUIRED:** Chart with list of strategies, strategies implementation format, chart paper, pen, notebook.

**TIME TAKEN:** 1-2 Hours

**METHOD:** Brain storming and Interactive Discussion

### METHOD FOR CONDUCTING MEETING

**ACTIVITIES 1 AND 2:** Recap and review of previous meeting and the implementation of strategies: You will do the following:

- Help the participants to recall the discussion from the previous meeting. (as given on page 17)
- Discuss the progress of implementation of health related strategies decided by the group. (as given on page 37)
- Keep a record of the progress made for the chosen strategies.
- Encourage participants to share their experiences and learning during implementation.
- Discuss about the problems encountered and how they have resolved it.
- Discuss about areas for improvement to make the intervention more effective.

**ACTIVITY 3 AND 4:** Identifying representatives from each group to be involved in the planning meeting for organizing cluster level community meeting.

**You will inform the group that there will be two levels of meetings for planning for the cluster level community meeting - One at the village level (that they are doing today) and another at the cluster level.**

- In this meeting at the village level, ask the group to nominate names of persons who can represent their group in the planning meeting at the cluster level for organizing community meeting. At the next planning meeting the group representatives will come together to decide what they would like to share with the larger community.
- Encourage them to select their methods of dissemination and prepare a tentative list of activities for the cluster meeting.



Remind the members about the purpose of holding the community meeting:

1. To inform the community of the factors that affect the health outcomes of members in the community.
2. To share about their activities over the past several months with the larger community.
3. To present and seek support for the strategies from the community members in order to keep on implementing strategies for better health outcomes.

After reminding them about the purpose, tell them this community meeting will also cover those points as well as include sharing of experiences and success stories.

#### **Important notes for ASHA:**

##### **THE COMMUNITY MEETING SHOULD COVER**

- An introduction to the PLA initiative and its aim to improve health through involvement of communities.
- The strategies linked to improving community health outcomes.
- The barriers and challenges faced while implementing strategies and how were they overcome.
- Sharing of success stories as an impact of the group activities.

### FOR STORY TELLING

- Help group members to describe the purpose of selecting and also in developing the story.
- Help group members to write down questions that they would like to ask the participants in the community meeting.
- Also help them with picture cards for the stories.

### FOR PICTURE CARD AND OTHER GAMES

- Assist members to pin up the picture cards on a row in a sequence like it was used during storytelling session.
- Share the list of prioritised problems and the possible strategies to address each problem.

### IMPORTANT MESSAGES FOR PARTICIPANTS

- Members are able to continue with the implementation of the strategies that they have decided together.
- They are able to understand the purpose of sharing the group's activities with members of other villages.
- Members are encouraged to participate wholeheartedly for making the cluster level community meeting a success.

### CONCLUDING THE MEETING

- Encourage all participants to speak.
- Tell participants that in the next meeting only the nominated representatives will be engaging with the larger community and will be achieving a milestone in the PLA process and that they should make it a success.
- At the end finalize and fix a date, time and place for the next part of the planning meeting to be held at the community level.

In the next phase of the planning meeting ASHA will sit together with the representatives of the groups of a particular cluster.

Please note that this phase of planning meeting will be held at the cluster level involving representatives of each group.

Try to explore the following:

Sl. No.	Checklist of Community Meeting activities	Responsibility
<b>Preparation prior to the community meeting – Identifying, mobilizing and use of locally available resources</b>		
1	Finalizing the date and venue	
2	Sitting arrangements	
3	Backdrop and decorations	

Sl. No.	Checklist of Community Meeting activities	Responsibility
4	Displaying of posters and picture cards used during the PLA sessions	
5	Method to be used for inviting	
6	Inviting people from hamlets	
7	Informing/ inviting PRI members, ANM and other government functionaries at the block/district level	
8	Ensuring the presence of Anganwadi worker	
9	Managing disruptions that might arise during the meeting	
<b>For activities during the community meeting: The representatives will finalize the method of dissemination and name of person responsible for each activity, for the cluster level community meeting.</b>		
1	Welcoming and sharing of objectives of organizing the community meeting	
2	Overview of the 27 meetings in the PLA cycle	
3	Brief recap of all the meetings held so far	
4	Presentation of stories from PLA cycle through appropriate mediums (Street play/ theatre, storytelling, puppetry, songs, folk dance, poetic play etc.) - How many and who all will be in charge	
5	Seeking and ensuring support for the chosen/prioritized strategies	
6	Ensuring that the representatives from different department shares about the services and schemes related to health and nutrition	
7	Taking consent of all the PLA group members on the plan for organizing the meeting	
8	Feedback from stake holders	
9	Demonstration of (hand washing, wiping and wrapping, position and attachment while breast feeding)	
10	Sharing of success stories	
11	Follow up of strategies that groups had decided	
12	Summarizing by asking questions to the audiences (Question chits can be used)	
13	Thanking participants and concluding the event	



## MEETING 29

### CLUSTER COMMUNITY MEETING

#### PURPOSE OF THE MEETING

1. To disseminate learning of all previous meetings to the wider community.
2. To share the progress of the implementation of strategies with the wider community.
3. To seek support from the community to continue implementing the strategies for better health outcomes.

**MATERIALS REQUIRED:** Problem picture cards, List of strategies, local resource for decoration, script for story, chart paper, pen and notebook

**TIME TAKEN:** 3-4 Hours

**METHOD:** Street play, story-telling, picture card discussion, song, dance, puppetry

#### METHOD FOR CONDUCTING MEETING

- The meeting can start with a welcome song followed by thanking the audience for attending the meeting and briefing them about the day's proceedings.
- The meetings conducted so far can be discussed briefly to help the audience understand the process.
- Group members can then present the progress of implementation of the strategies.
- During the sharing process members will take note of the stakeholders who can help in the implementation of strategies. [You will support and encourage the members for conducting the meeting smoothly].
- At the end of the meeting stake holders can be asked to share their experiences and how they can be helpful in the implementation and in taking the process forward. These experiences can be recorded by the ASHA facilitator/ ASHA to be used later as quotes.
- The ASHA Facilitator/ASHA or any active member can use the following format for keeping a note of meeting findings:

#### Community Meeting Format

Name of the group	Dissemination Method	Total Female Participants	Total Male Participants	Designation of the stake holders	Feedback/comments of the stake holders



## MEETING 30

# EVALUATION OF PLA ACTIVITIES BY GROUP MEMBERS

### PURPOSE OF THE MEETING

1. To evaluate the methods used in the three phases of the PLA cycle.
2. To plan for the future.

**MATERIALS REQUIRED:** Chart with pictures of different methods, pen and notebook

**TIME TAKEN:** 1-2 Hours

**METHOD:** Game

### ACTIVITIES:

Evaluation of meetings of methods used in the PLA meeting cycle (I, II and III)

- I) You will prepare a chart with pictures showing the methods used during the three phases of the meeting cycle, like the power walk game, role play, demonstration, card game/voting, storytelling, community meeting, drill, etc.
- II) Give 3 pebbles to each woman attending the meeting and ask them to put two pebbles on the chart against the method that they found to be most effective and one pebble on the next most effective method like they had voted for the prioritized problems.



- III) After all have voted, ask the members including the ANM/AWW present in the meeting about the first and second most effective methods:
  - ◆ Why they liked that particular method?
  - ◆ What did they learn from the methods?
  - ◆ Has the learning helped in changing the behaviour of the members? If so, in what ways.

## PLAN FOR FUTURE

- Ask the members to form a circle and each member has to say at least one thing they will do as a result of these meetings. Tell them to begin with the statement, "One thing I will do is....." Continue around the circle until everyone has shared.
- Keep a note of all the responses shared by the members. [If there is a repetition of the practices, the member can be given another chance]
- Summarize all the good work that has been done by them and encourage them to continue.
- Now discuss with the group if they want to continue to meet as a group. Discuss various options through which such discussions can be continued.
- Also ask the AWW/ANM and other PRI members to discuss possibilities of sustaining the meetings.
- Re-iterate that this should not be an end in itself but a platform which should be further built and continued by the community themselves.
- Ask them if they would like to talk about issues that were not covered in this PLA cycle, if yes, ask them what the issues would be?

### Note:

- ◆ Encourage the group to continue implementing strategies to improve the health status of community.
- ◆ Remind them that they can make a difference with all that they have learnt from the meetings!

## CONCLUDING THE MEETING

- Before concluding the meeting request the group members to continue to implement the strategies with the help of other stakeholders.
- At the end thank the members for their participation in the intervention and end the meeting.

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Notes

[illegible]





**National Health MISSION**  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhavan, New Delhi