The EIGHT FOLD Path

The EIGHT FOLD Path

As the ASHA and a member of the community you know these families and know who are the most vulnerable and likely to be unreached.

Mapping

You must first of all map those households and families which fall in the categories discussed above, where you know that such families do not access health services readily. Identify those habitations and households among whom social exclusion and lower health service use is concentrated.

Prioritising

You must then prioritise home visits to such families. Ensure that you spend time in understanding specific constraints and help them to access health care services, especially for mothers and children.

Communicating

You should inform them about why these services are needed, where they are available, and what their health entitlements are.

Understanding

Often people have rational reasons and legitimate concerns for why they are not able to use health services. Do not assume that their attitudes are bad. You may have to explore options for changing the way existing services are being provided. For instance, in some cases the ANM will need to make a home visit to provide Antenatal and post natal care, and immunisation or the Anganwadi Worker or her helper will have to deliver the Take Home Rations to the household. Or you may need to ensure that the medical mobile unit specifically visits hamlets and habitations rather than the main roadside village.

Counselling

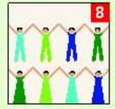
You must use the counselling skills in which you have been trained in Modules 5, 6 and 7. Listen to people's problems, build a relationship of trust, and work with them to find solutions. You could accompany them to the VHND or the health facility so that they feel comfortable and confident about accessing them on their own in the future.

Persisting

Changing behaviours is not very easy to do, especially among poor and marginalised families, who may not perceive the immediate gains or for whom there are other more important priorities. It needs repeated visits and counselling. Keep in mind that once the families overcome their reluctance to adopt preventive and promotive health behaviours and begin to access health services, your need for frequent visits will reduce.

Co-Ordinating

It is quite likely that there still remain families, who despite your persistent efforts will not access services. You can ask members of the Village Health, Sanitation and Nutrition Committee, or request your Facilitator or the ANM, who may be in a position to influence these families, to accompany you on a home visit.



Mobilising

Getting people together gives people the confidence to change. Organisation provides strength. Building solidarity creates confidence. Leadership provides inspiration and optimism to break out of age old inertia. So, organise meetings, join together to sing songs, take out a rally, and celebrate survival. Mobilisation is the most important tool of all.

National Rural Health Mission,
Ministry of Health and Family Welfare,
Government of India,
New Delhi.

Reaching the Unreached

A Guide for the ASHA to reach
the poorest, most marginalised and vulnerable

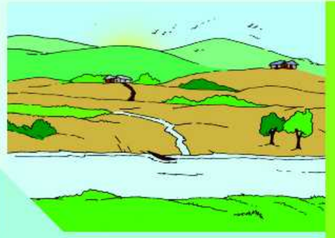
Every child, woman and man in our country has a right to health. The government is responsible for ensuring universal access to health care. But we find that through out the country, large inequalities deprive many sections of society from health care services. A major goal of the National Rural Health Mission is to reduce these inequalities. One of the key strategies to improve access is the ASHA programme. However we find that despite all your efforts, one third of the population is still being deprived of health services. **Nothing is more urgent than reaching these families.**

Who are the Marginalised?

Who are the marginalised?

We tend to work with those who we see, who we can reach easily, and those who are likely to listen to us. These are generally people who live in the more accessible parts of the village, and therefore likely more educated and economically better off. But we also know that in our communities we have families who could belong to any of the categories listed below:

- Families belonging to a particular caste, ethnic, or religious group who are a minority in the community and who are not seen as equals by others such as scheduled castes, scheduled tribes and minority communities.
- Women headed households: This could be the case, where the husband works outside the village, where women are separated or deserted by their husbands, or the husband is dead, where women have alcoholic husbands, or husbands who are disabled.
- Families of those who work as daily wage labourers or who have no employment, and are destitute.
- Families living in distant hamlets/tolas, whose houses lie between villages on hilltops or in the fields, or in areas which are cut off during the rainy season.
- Families with disabled children, or families where there is no adult support.
- Migrant families, either those who migrate into the village community or those who stay outside the village for livelihood, and return periodically.



These marginalised families 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 however, these families stay uncounted because they are invisible and unreached. The beliefs, fears and apprehensions of such families are genuine. They see no reason why they need to change existing beliefs and practices. You need to establish a relationship of trust with them so that you help them overcome constraints and enable them to access health services.

Reaching the marginalised: Your Role As an ASHA

Reaching the marginalised: Your role

- As an ASHA, you help such families reach the service provider or the service providers reach the families. You are a facilitator of services.
- As an ASHA you recognise that many people belonging to these sections of society do not go or are unable to reach a service provider, and you initiate treatment in the home, and build their confidence to seek services. You are a provider of community level care.
- As an ASHA you are aware that many of these families are marginalised and actively excluded from services. You organise and enthuse them to demand services and entitlements. You are a mobiliser of the community, particularly of these most vulnerable groups.

Remember that all these tasks are linked. The services that the community expresses a need for may not be the ones that are your priority. However by helping them when they need services that are within your purview, you build a relationship of trust with them, so that they are more receptive to your efforts at motivation and counselling.

Study Case Studies for Discussion

Case Studies for Discussion

The three stories below relate to situations among such families that must be familiar to you. At the end of each story you should list out the actions you will take to enable such families to access services and improve health status.

Geographic and Cultural Barriers

Mira is a 19 year old, who lives in a hamlet of about six households, which is two kms away from the main village where you live. The tradition among these families is that for generations, women deliver in the home with the help of a dai or older women in the family. You have come to know that Mira is pregnant. You ask your son or husband to take you there by cycle so that you can tell her about the Janani Suraksh Yojana and the importance of hospital delivery for her and her baby's health. Even after you spend time explaining this, the older women are not convinced. This does take a lot of your energy and is time consuming. In the part of the village where you live there are three other pregnant women who you have already motivated to go the health facility for delivery. They are ready to go and have promised to call you when they need to go to the hospital. You decide that Mira's family is not going to listen, and therefore you do not visit the hamlet again. Mira is the pregnant woman that will deliver at home, and if something should go wrong, will not likely seek care at the institution.

What else could you have done?

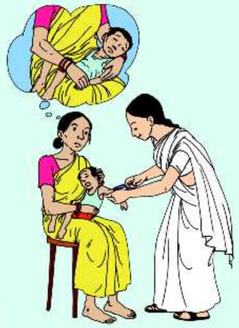
Caste Barriers

Tara is an ASHA in a village Kalyanpur where about one third of the families belong to the Dalit community. Tara was selected from this community because it was felt that she would facilitate the access of these families to health care services. However among the upper caste households, there is a widow with three young children, who is poor. She is in need of your support, but you are not sure if you can offer her a helping hand because of her caste status.

What would you do?

Other Social Barriers

Consider for example your task of mobilising children for the Village Health and Nutrition Day. Shaila is the mother of two young children. The older one is three years old and the younger one is seven months old. Shaila is a daily wage labourer and the only adult earning member of the house. Bringing the child to the ANM for immunisation means the loss of a day's wages. Munni is a young woman with a baby of five months. She has had an argument with the ANM when she last brought her baby to the VHND and has declared that she will not go there again. You also know that there are some families who do not bring their children for immunisation, because of cultural beliefs. Sometimes they don't come because they may have actually experienced or heard of a case where the child developed fever after the vaccination, and think that all vaccines can cause sickness instead of preventing it. In all these cases the children of such families are deprived of vaccines, and are at higher risk of illness and death since these children also are malnourished and less likely to be taken to a health centre for treatment.



What will you do in each situation?