

APPENDIX 6-A

JOB CHARTS

Job Responsibilities of Health Assistant (Male)

Note: Under the Multipurpose Workers Scheme of Health Assistant (Male) is expected to cover a population of 20,000 in which there are four Sub-centres, each with one Health Worker (Male).

The Health Assistant (Male) will carry out the following functions:

1. Supervision and Guidance

- (1) Supervise and guide the Health Worker (Male) in the delivery of health care services to the community.
- (2) Strengthen the knowledge and skills of the Health Worker (Male).
- (3) Help the Health Worker (Male) in improving his skills in working in the community.
- (4) Help and guide the Health Worker (Male) in planning and organizing his programme of activities.
- (5) Visit each Health Worker (Male) at least once a week on a fixed day to observe and guide him in his day-to-day activities.
- (6) Assess periodically the progress of work of the Health Worker (Male) and submit an assessment report to the Medical Officer of the Primary Health Centre.
- (7) Carry out supervisory home visits in the area of the Health Worker (Male).

2. Team Work

- (1) Help the Health Workers to work as part of the health team.
- (2) Coordinate his activities with those of the Health Assistant (Female) and other health personnel.
- (3) Coordinate the health activities in his area with the activities of workers of other departments and agencies, and attend meetings at block level.
- (4) Conduct regular staff meetings with the Health Workers in coordination with the Health Assistant (Female).
- (5) Attend staff meetings at the Primary Health Centre.
- (6) Assist the Medical Officers of the Primary Health Centre in the organization of the different health services in the area.
- (7) Participate as a member of the health team in mass camps and campaigns in health programmes.

3. Supplies and Equipment

- (1) In collaboration with the Health Assistant (Female), check at regular intervals the stores available at the Sub-centre and indent for and ^{procure} ~~procedure~~ the supplies and equipment in good time.
- (2) Check that the drugs at the Sub-centre are properly stored and that the equipment is well maintained.
- (3) Ensure that the Health Worker (Male) maintains his kit in the proper way.

4. Records and Reports

- (1) Scrutinize the maintenance of records by the Health Worker (Male) and guide him in their proper maintenance.

- (2) Maintain the prescribed records and prepare the necessary reports.
- (3) Review reports received from the Health Workers (Male) consolidate them, and submit periodical reports to the Medical Officer of the Primary Health Centre.

5. Malaria

- (1) Give radical treatment to all cases when blood smears are positive for malaria.
- (2) Supervise the spraying of insecticides during local spraying.

6. Communicable Diseases

- (1) Be alert to the sudden outbreak of epidemics of diseases such as plague, diarrhoeal diseases or poliomyelitis and take all the necessary remedial measures.
- (2) Take the necessary control measures when any notifiable disease is reported to him.
- (3) In cases with continued fever, or prolonged cough, or spitting of blood, take sputum smears and send them for examination.
- (4) In cases suspected of having leprosy, take skin smears and send them for examination.
- (5) Carry out the destruction of stray dogs.

7. Environmental Sanitation

- (1) Help the community in the construction of:
 - a. soakage pits;
 - b. kitchen gardens;
 - c. manure pits;

- d. compost pits;
 - e. sanitary latrines;
 - f. smokeless chulahs;
- and supervise their construction.

(2) Supervise the chlorination of water sources including wells.

8. Immunization

- (1) Conduct immunization of all school-going children with the help of the Health Worker (Male).
- (2) Supervise the immunization of all children from one to five years.

9. Family Planning

- (1) Personally motivate resistant cases for family planning.
- (2) Guide the Health Worker (Male) in establishing male depot holders for the distribution of conventional contraceptives and train the depot holders with the assistance of the Health Worker (Male).

10. Nutrition

- (1) Identify cases of malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre.

11. Vital Events

- (1) Report the births and deaths occurring in his area to the Medical Officer of the Primary Health Centre.

12. Primary Medical Care

- (1) Provide treatment for minor ailments, provide first aid for accidents and emergencies, and refer cases beyond his competence to the Primary Health Centre or nearest hospital.
- (2) Attend to cases referred by the Health Workers and refer cases beyond his competence to the Primary Health Centre or nearest hospital.

13. Health Education

- (1) Carry out educational activities for control of communicable diseases, environmental sanitation, MCH, family planning, nutrition, immunization, and the need for registration of vital events.
- (2) Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
- (3) Organize and conduct training of community leaders with the assistance of the Health Worker (Male).

Job Responsibilities of Health Assistant (Female)

Note: Under the Multipurpose Workers Scheme a Health Assistant (Female) is expected to cover a population of 20,000 in which there are four Sub-centres, each with one Health Worker (Female).

The Health Assistant (Female) will carry out the following functions:

1. Supervision and Guidance

- (1) Supervise and guide the Health Worker (Female) in the delivery of health care services to the community.

- (2) Strengthen the knowledge and skills of the Health Worker (Female).
- (3) Help the Health Worker (Female) in improving her skills in working in the community.
- (4) Help and guide the Health Worker (Female) in planning and organizing her programme of activities.
- (5) Visit each Sub-centre at least once a week on a fixed day to observe and guide the Health Worker (Female) in her day-to-day activities.
- (6) Assess periodically the progress of work of the Health Worker (Female), and submit an assessment report to the Medical Officer of the Primary Health Centre.
- (7) Carry out supervisory home visits in the area of the Health Worker (Female).

2. Team Work

- (1) Help the Health Workers to work as part of the health team.
- (2) Coordinate her activities with those of the Health Assistant (Male) and other health personnel including the Dais.
- (3) Coordinate the health activities in her area with the activities of workers of other departments and agencies, and attend meetings at block level.
- (4) Conduct regular staff meetings with the Health Workers in coordination with the Health Assistant (Male).
- (5) Attend staff meetings at the Primary Health Centre.

- (6) Assist the Medical Officers of the Primary Health Centre in the organization of the different health services in the area.
 - (7) Participate as a member of the health team in mass camps and campaigns in health programmes.
3. Supplies, Equipment and Maintenance of Sub-centre
- (1) In collaboration with the Health Assistant (Male), check at regular intervals the stores available at the Sub-centre and help in the procurement of supplies and equipment.
 - (2) Check that the drugs at the Sub-centre are properly stored and that the equipment is well maintained.
 - (3) Ensure that the Health Worker (Female) maintains her general kit and midwifery kit in the proper way.
 - (4) Ensure that the Sub-centre is kept clean and is properly maintained.
4. Records and Reports
- (1) Scrutinize the maintenance of records^d by the Health Worker (Female) and guide her in their proper maintenance.
 - (2) Maintain the prescribed records^d and prepare the necessary reports.
 - (3) Review reports received^e from the Health Workers (Female), consolidate them, and submit periodical reports to the Medical Officer of the Primary Health Centre.

5. Training

- (1) Organize and conduct training for Dais with the assistance of the Health Worker (Female).

6. Maternal and Child Health

- (1) Conduct weekly MCH clinics at each Sub-centre with the assistance of the Health Worker (Female).
- (2) Respond to calls from the Health Worker (Female) and Trained Dais, and from the Health Worker (Male) in the twilight area and render the necessary help.

7. Family Planning and Medical Termination of Pregnancy

- (1) Conduct weekly family planning clinics (along with the MCH clinics) at each Sub-centre with the assistance of the Health Worker (Female).
- (2) Personally motivate resistant cases for family planning.
- (3) Provide information on the availability of services for medical termination of pregnancy and refer suitable cases to the approved instructions.
- (4) Guide the Health Worker (Female) in establishing female depot holders for the distribution of conventional contraceptives and train the depot holders with the assistance of the Health Worker (Female).

8. Nutrition

- (1) Identify cases of malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre.

9. Immunization

- (1) Supervise the immunization of all pregnant women, and infants (zero to one year).

10. Primary Medical Care

- (1) Provide treatment for minor ailments, provide first aid for accidents and emergencies, and refer cases beyond her competence to the Primary Health Centre or nearest hospital.
- (2) Attend to cases referred by the Health Workers and refer cases beyond her competence to the Primary Health Centre or nearest hospital.

11. Health Education

- (1) Carry out educational activities for MCH, family planning, nutrition and immunization with the assistance of the Health Worker (Female).
- (2) Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
- (3) Organize and conduct training of women leaders with the assistance of the Health Worker (Female).
- (4) Organize and utilize Mahila Mandals, teachers and other women in the community in the family welfare programmes.

APPENDIX 6-B
HEALTH EDUCATION

Purpose and Method of Health Education

Health education is an integral part of all health services and hence all health personnel who are responsible for providing health care, whether they are doctors, nurses, sanitarians or social workers, are also responsible for educating people as to how they can improve their own health.

The purpose of health education is to help people to achieve health by their own actions and efforts. It should aim to develop in people a sense of responsibility for their own betterment as individuals and as members of families, communities, and governments.

In carrying out health education there are several steps which you must take.

1. Help people to develop interest in improving their own living conditions. This can only happen if they really feel the need for this change.
2. The methods which you use should encourage people's participation. In this way they are actively involved and their interest is sustained.
3. Start your educational programmes from the point where people already are, and move from the known to the unknown.
4. Use language and symbols which are easily understood by the people. For this you must be aware of the

various barriers to communication and should also take into consideration the local culture and background of the community with which you are working.

5. Reinforce your messages by repeating them using different methods and media. It is less confusing for people to receive one idea at a time than to be flooded with several different concepts and suggestions.
6. Help to motivate people to desire to change their attitudes and behaviour.
7. Provide opportunities for the people to learn by doing.

Communication

To be a successful health educator, it is important for you to be an effective communicator. Communication is an interaction which takes place between two or more persons. Communication can take place in different ways. It can be through-

- Speaking
- Writing
- Expression of the face and eyes
- Gestures
- Listening
- Observing.

We communicate with others for various reasons.

1. We may want others to know about and to understand what we want to do, what we are thinking of, or how we feel. We may want to tell them what has happened or what is expected to happen.

2. We may want people to listen to and accept what we tell them.
3. We may want people to know what they should do and how and when it should be done.
4. We may want people to change their attitude and act in a different way.
5. We may want to find out what other people think and feel about things. We may need to know what they would like to do and what they think of our ideas.

Even if we all speak the same language, it is difficult to say what we mean in a way which everyone will understand and accept. Our words may stir people to follow us, or they may bore people, or they may make people work against us.

In communicating with people you should remember a few simple rules.

- i. Choice of words and language: Sometimes the words we use mean different things to different people. Some words make people angry, other makes them embarrassed. Some words are not familiar and are not understood. Always use simple and clear language. Do not use words which people do not understand. At the same time, do not insult people by talking down to them.
- ii. Emotions: If you are angry, worried or frightened, you may not be able to get your ideas across to others. People will listen to you better if you are happy and calm.

- iii. Understanding: If you try to understand how others feel or think, you will be better able to communicate with them.
- iv. Timing: You should choose the right time to talk to people. If they are busy or worried, they will not be able to listen or they may not be attentive to what you are saying.
- v. Under or over communication: If you do not tell people enough they will not understand you. If you talk too much or tell them what they already know they will be bored and will lose interest.
- vi. Tone or voice and expression: You should always be conscious of how you speak to others. If you ask people to do something in a tone which sounds like an order, they will resent it. Courtesy and kindness are very important for effective communication.
- vii. The written word: When you write a message, be sure to use words that people will understand and that will interest them, so that they will read the message and follow it.
- viii. Sincerity: If you say one thing and do another, people will very soon not believe what you say. People will accept what you tell them only if they have faith in you.
- ix. Single messages: Do not give people too many messages at one time. This will only confuse them. Do not mix up important with unimportant matters.

- x. Common ground: Find out what people know or think and start from there.
- xi. Listening: To communicate well you must be able to listen well. You can learn a great deal by listening carefully to others. This will help you to decide what you want to say ^{to} them and how you want to say it. Even more important than listening to words is being sensitive to people's unspoken reactions and attitudes by being attentive to their tone of ^voice and expression.
- xii. Planning: Plan what message you want to give, how you will get the message across (channels of communication), when and where the message will be given, and how you will find out whether or not the message has been understood.
- xiii. Follow-up: Make certain that your message has got across by asking questions and encouraging people to express their reactions to the message.

Motivation

Different people may do the same thing but all of them may have different kinds of urges that move or attract them to do it. People's behaviour is guided by five important principles:

1. Behaviour depends both on the person as well as on his environment.
2. Each individual behaves in ways which make sense to him.
3. The individual's perception of a situation influences the way he behaves in that situation.

4. An individual's perception of himself influences what he does.
5. An individual's behaviour is influenced by his needs. These needs vary from person to person and from time to time.

A person may decide to adopt or to reject certain health practices for one or more of several reasons. For instance, some of the reasons for adoption or rejection may be as follows:

Reasons for adoption

- i. He is convinced about its importance for achieving health.
- ii. He has been drilled in the habit either at home or at school.
- iii. He imitates the right practices of those people whom he respects and whose judgement he values.
- iv. He finds the practice pleasant or feels comfortable in carrying it out.
- v. He desires to be like others and to win social approval.
- vi. He feels that social courtesy or aesthetics seem to demand it.
- vii. He desires to set a good example.

Reasons for rejection

- i. He is not convinced of its value.
- ii. The habit has never been effectively cultivated by him.
- iii. He imitates the wrong practices of those whom he respects and whose judgement he values.
- iv. He finds the practice unpleasant or feels uncomfortable or self-conscious when carrying it out.
- v. His social customs and life style dictate wrong practices rather than right ones, or rejection of socially approved practices.
- vi. He is careless or inconsiderate about others. He does not care what others feel about it.
- vii. He does not feel any responsibility about setting an example.

All people do not accept ideas about health and family planning easily. In the beginning a few people may accept the idea, and take the lead in trying it out. Others may follow them. Some have doubts which need to be clarified before they will try out the idea. Even after clearing doubts, there are still some people who are unwilling to try out the idea.

The following are seven steps in motivation for adopting a health practice:

- 7 ADOPTING the health practice
- 6 Being SATISFIED^F with the results
- 5 TRYING OUT the health practice
- 4 Being CONVINCED ABOUT the need to try it out
- 3 DISCUSSING with others who have experience and FINDING OUT more about the health practice
- 2 Taking INTEREST in the idea
- 1 Receiving INFORMATION and developing AWARENESS of the problem

At any of these seven stages the process of motivation may be successful or it may fail. To achieve successful motivation, see that you do the following:

- i. Give accurate and complete information.
- ii. Hold the attention and stimulate the interest of the individual.
- iii. Take the help of 'satisfied adopters' and leaders in the community to tell people about their own experiences.
- iv. Provide encouragement to the individual.
- v. Make the necessary facilities available for the individual to try out the practice.
- vi. Ensure that the services are of high quality.

Planning for Health Education Programmes

In carrying out any health education programme in the community, you will need to prepare a checklist of all the steps to be taken by you and your team. Some of the points which should be included in such a list are mentioned below. You may want to add others to this list or to rearrange the sequence of the items.

- *1. Identify health problems and health needs of the community through baseline survey.
- *2. Discuss these findings with members of the health team.
3. Identify leaders in the community.
4. Meet with leaders and discuss findings of survey.
5. Select with the help of the leaders the health problems and needs to be tackled through health education. Keep in view such factors as priorities of the community, available facilities, feasibility of solving the problem, etc.

6. Involve leaders and other members of the community in deciding on a plan of action-
 - setting objectives for the health education programme
 - deciding on venue, date and timings of programme according to the convenience of the community
 - identifying the available community resources for the programme
 - allotting responsibilities to the community members
 - identifying the barriers which are likely to be faced and discussing how they could be overcome
 - deciding on a simple method of evaluating the health education programme.
7. Prepare talking points and select, collect or prepare the necessary audio-visual materials and equipment for the programme.
8. Orientate the community leaders as to the content and methodology of the programme.
9. Implement the health education programme with the active participation of the leaders and the other members of the community.
10. Follow up the health education programme by providing the necessary service facilities.
11. Evaluate the programme, feed back the results to the community leaders, and discuss with them what further action is to be taken.

*Note. Steps 1 and 2 may come after step 3. The leaders can be involved in planning for and carrying out the baseline survey.

APPENDIX 6-C

HOME VISIT QUESTIONNAIRE

What will you find out during the home visit?

1. Is there any case of fever-
 - (a) With rigors?
 - (b) With cough?
 - (c) With rash?
2. Does any one have any skin disease (e.g. itching, patch, rash)?
3. Does anyone have a cough for more than two weeks?
4. Does anyone have any other illness?
5. Has the wife missed her menstrual period?
If yes,
 - (a) Is she pregnant?
 - (b) If she is pregnant?
 - i. Has she been registered?
 - ii. Does she want MTP?
 - iii. Is she getting iron and folic acid tablets?
 - iv. Has she had tetanus toxoid?
6. Have there been any-
 - (a) Births? (Date; Sex)
 - (b) Deaths? (Date; Age; Sex; Cause)
 - (c) Marriages? (Record in ECCR)
7. Are there any children below 5 years who have not yet received-
 - (a) BCG vaccination?
 - (b) DPT vaccination?
 - (c) Poliomyelitis vaccination (if available)?
 - (d) Measles vaccination (if available)?
 - (e) Vitamin A solution?

8. Is the couple-
 - (a) Using a contraceptive method?
 - (b) Intending to undergo—vasectomy?
—tubal ligation?
9. Is there any child zero to five years in the family who shows signs of-
 - (a) Kwashiorkor?
 - (b) Marasmus?
 - (c) Vitamin A deficiency?
 - (d) Anaemia?
 - (e) Rickets?
10. Are the children kept clean?
11. Is the house clean?
12. Are food and water stored in a hygienic way?
13. Is the ^{ex}cess sewage water being disposed of hygienically?
(drain; soak pit; kitchen garden)
14. Is the rubbish being disposed of hygienically?
(composting; burning; burying)
15. Is the excreta being disposed of hygienically?
(sanitary latrine maintained well)
16. Are cattle and poultry housed hygienically?
17. If there is a well or hand pump-
 - (a) Is it maintained in good order?
 - (b) When was the well last chlorinated?
18. When was the house last sprayed?
19. Is the house infested with insects and rodents and are there any places where flies and other insects or rats can breed?
20. Are there any stray dogs in the vicinity?

APPENDIX 6-D

WORK PLANS ON HEALTH, NUTRITION AND FAMILY PLANNING

Broad Objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
To protect all the children from the communicable diseases preventable through immunization.	<p>a. Give accurate information to people about which disease can be prevented by immunization.</p> <p>b. Explain and persuade people that prevention is much less costly than treating illness.</p> <p>c. Arrange with PHC for B.C.G. Triple Polio vaccinations to new borns as well as others who have not taken them.</p>	<p>1. Prevention of communicable diseases.</p> <p>A. Cause and spread of these diseases.</p> <p>B. Immunization to prevent:</p> <ul style="list-style-type: none"> ◦Tuberculosis ◦Measles ◦Whooping cough ◦Diphtheria ◦Polio ◦Cholera or Typhoid <p>C. Cost of having sickness rather than immunization:</p> <ul style="list-style-type: none"> ◦cost in money ◦cost in time ◦permanent deformity or disfigurement <p>D. Care of child after immunization</p>	<p>1. Many dangerous diseases of childhood can be prevented by giving a particular injection or dose of medicine (immunization).</p> <p>2. Immunization is very low cost in money and time compared with having the diseases.</p> <p>3. Protection from these diseases prevents many complications and permanent injuries to child's body.</p> <p>4. The little fever and pain caused by some immunization injections can be lessened by giving medicine and other cares.</p> <p>5. B.C.G. against T.B. should be given to a baby soon after birth and again when child comes to school age.</p>	<p>Set of Flash Cards "Immunization".</p> <p>Title: Get your child immunised.</p> <p>Aid: Flash Cards.</p> <p>The set of 4 flash cards aims at emphasising the need for inoculating children against communicable diseases. Symptoms of such diseases and various shots meant to prevent them, have also been discussed.</p>

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
To lessen incidence of common disease conditions and prevent serious illness and infections.	<ul style="list-style-type: none"> Know early symptoms and to make the parents aware to recognise these when the child gets sick. Teach mothers to give her child nutritious foods prepared in a clean way protected from flies. Teach mothers to prevent and treat dehydration by giving the child plenty of clean water or rehydration fluid to drink. Demonstrate rehydration drink. 	<p>2. Treatment and prevention of common childhood ailments.</p> <p>A. Common symptoms.</p> <p>B. Common Ailments</p> <p>1) Diarrhoea Causes</p> <ul style="list-style-type: none"> Improper diet Infection Intestinal worms Dehydration Importance of fluid <p>Treatment with rehydration drink</p> <p>Nutrition in diarrhoea</p> <p>Prevention</p>	<p>6. Typhoid and Cholera injections should be given to children (as well as adults) if there is an outbreak.</p> <p>7. Early recognition of symptoms and proper care at home will help prevent diseases becoming serious.</p> <p>8. Diarrhoea as a symptom of the wrong kind of diet and infections caused by germs or intestinal worms.</p> <p>9. Symptoms of dehydration should be recognized by every parent.</p> <p>10. Dehydration is a serious condition caused by diarrhoea which can be prevented by giving plenty of fluid.</p> <p>11. Rehydration fluid saves the life of a child.</p>	<p>Set of Flash cards on "Prevention of diarrhoea".</p> <p>Title: Prevention of Diarrhoea.</p> <p>Aid: Flash Cards</p> <p>The set of flash cards aims at explaining the spread of diarrhoea and methods employed to prevent it. The simple precautions which act as effective safeguards have been emphasized.</p> <p>Flannel graph</p> <p>'Purification of water'.</p> <p>Title: Purification of water.</p> <p>Aid: Flannel graph</p>

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
			<p>12. Water given to the child should be from a clean source.</p> <p>13. Water for drinking can be made clean at home.</p> <p>14. A child with diarrhoea needs nourishing and easily digested food.</p> <p>15. Food should be kept clean by using clean hands and prevent flies from sitting on it.</p>	
Teach mothers to recognize early symptoms of scabies how it is spread and its treatment.	2. Scabies Cause Tiny animals similar to ticks. Spread when in contact with infected people or their clothes. Treatment Neem and Haldi paste.		<p>16. Scabies is spread by touching the affected skin or by clothes and bedding.</p> <p>17. If one person has scabies every one in the family should be treated.</p> <p>18. Neem and haldi paste should be applied after scrubbing the body well, for 3 days. Stand in the Sun. Do not bathe. Boil all clothes and bedding on fourth day bathe well and wear the freshly dried clothes.</p>	<p>Scabies Flash Cards.</p> <p>Title: Scabies</p> <p>Aid: Flash Cards</p> <p>The set of 9 flash cards aims to explain the spread, cause and treatment of scabies.</p> <p>The treatment in terms of ointment, indigenous treatment can also be advocated.</p>

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
			19. Personal cleanliness is of first importance.	
			20. Bathe and change clothes daily.	

NUTRITION

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
To create awareness of the seriousness of the problems caused by Malnutrition and deficiency diseases in children	<p>A. Recognise illness in which lack of sufficient or proper food is a major cause of makes them more serious.</p> <p>B. Identify malnourished children by recognising symptoms of deficient or poor diet.</p> <p>C. Inform parents about the causes of poor nourishment in children.</p>	<p>1. The problem of malnutrition in children.</p> <p>A. Most important cause of illness and death.</p> <p>B. Symptoms of malnutrition:</p> <ol style="list-style-type: none"> 1) Weight charts 2) Bangle Test 3) Physical and mental effects. <p>C. Causes</p> <ol style="list-style-type: none"> 1) Poverty 2) Poor nutrition of mother 3) Too many children 4) Taboos and misconceptions 5) Lack of knowledge of needs of children. 	<p>1. A child who does not get enough of the right kind of food, very often is sick with colds, fever and other ailments</p> <p>2. Malnutrition causes lack of proper growth, anemia (pale-ness) and impaired vision (night blindness).</p> <p>3. Nutritional diarrhoea can result from poorly cooked, infected, contaminated foods.</p> <p>4. Symptoms of malnutrition are specially common in large families</p> <p>5. The proper care will help to prevent malnutrition.</p>	
To lessen the incidence of malnutrition among children by imparting information to parents about improving feeding of infants under five	<p>D. Teach and demonstrate mothers how to give water as well as breast milk to new born baby.</p>	<p>2. Diet requirements of children.</p> <p>A. Infants of under five.</p> <ol style="list-style-type: none"> 1) Breast milk and water 2) Starting other foods from four months 	<p>6. Breast milk is best for infant.</p> <p>7. Start breast feeding immediately after birth and supplement with boiled water between feeding.</p> <p>8. Keeping in mind the local practice of not feeding the child for three days with the belief that cholerastrum is heavy, dirty, impure and undigestible</p>	<p>Set of slides with audio recording on breast feeding.</p>

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
	E. Teach the importance of good nutrition to the mother who is nursing her baby, as well as in the antenatal period.	3) Normal adult diet in addition to mother's milk from 15 months.		for the child, a set of 20 slides emphasising the importance of feeding right from the beginning, hygienic practices related to breast feeding and necessity of giving water from the start has been prepared. Set of flash cards on supplementary nutrition. Title: Feed your baby Aid: Flash cards The set of flash cards aims at introducing women to the practice of supplementary feeding of babies. When the baby is four months old breast feeding alone does not meet his requirements for growth. If he does not receive food in addition to breast milk, he will not grow into a healthy adult-thus is the sentiment echoed.
	F. To teach the importance of semi-solid foods beginning gradually from the fourth month of life.	4) Weaning a child gradually 5) Planning with local SNP worker for regular feeding of village children	8. Soft solid foods should be given to the baby starting gradually from about fourth month.	

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
To prevent deficiency diseases among children.	G. Advocate the importance of breast milk till the child is 2 Yrs. old, stopping gradually if the mother becomes pregnant.	5) Planning with local SNP worker for regular feeding of village children.	9. Porridge or Khichari made of mixed grains and dals is better than single grains given at a time.	2. Mixed food keeps your baby healthy (poster) Title: Mixed food keeps your baby healthy
	H. Teach mothers to give same food as is given to the adults by the time the child is 15 months old, but how and in what form.		10. Breast feeding until the 24th month or until the next child is conceived is a good practice. 11. All under five children need an adequate diet to build healthy bodies. 12. Important and common foods which help prevent several diseases. 13. Leafy vegetables help in prevention of bad eyes. 14. Yellow fruit and vegetables help prevent bad eyes. 15. Dals, pulses, grains help to prevent serious deficiency diseases.	Aid: Poster Balanced diet for your baby. Title: Balanced diet for babies. Aid: Flash cards.
To prevent deficiency diseases among children.	I. Identify the best foods that will prevent deficiencies.	3. Nutritional deficiency diseases: A. Cause and prevention of leukemia.		
	J. Demonstrate to mothers correct culinary practices: Provide practical advise to mothers on what to give, to correct early deficiencies.	2) PGM (Marasmus Kwashiorkor) 3) Nutritional blindness. B. Symptoms of each of these. C. Preparation of foods for prevention and treatment.		

Broad objectives	Components of		Important messages	Audio-visual aids
	Specific objectives	knowledge content		
			16. Symptoms of these diseases needs to be recognised early.	
			17. Other diseases and infection may cause nutritional diseases because of lack of food or proper digestion.	

FAMILY PLANNING

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
To educate and persuade people to accept the small family norms as ideal.	<p>a. Plan with local leaders how best to approach the problem of how parents can plan their families.</p> <p>b. Help lessen the fear of losing children by adopting healthy practices which causes some parents to keep on having more than they can afford to care for.</p> <p>c. Teach parents that it is possible to plan and have the number of children they want and when they want them.</p>	<p>1. Population problems in India.</p> <p>A. The need for control of population growth.</p> <p>B. Benefits to the family of planning the family size.</p> <p>C. Results of large families.</p> <p>D. Overview of kinds of Family Planning methods.</p> <p>E. Socio-cultural or religious attitudes</p>	<p>1. Family planning is to improve the life of the children and their mother and father.</p> <p>2. Good care given to mothers before, during and after delivery and under five's, prevents loss of many children through death. So it is not necessary to have so many just in case some die.</p> <p>3. Too many children means less and less inheritance for each generation.</p>	<p>Set of view cards on Family Planning.</p> <p>The view cards aim to bring out the importance of small families by bringing out the contrast between the two families and using local indicators to do so. The view cards are accompanied with audio-recording and have specially been prepared for the Bhil community.</p> <p>Film: Family Planning Aid: Film</p> <p>Using Donald Duck and animated cartoon people of no specific nationality, the film depicts population growth and the strain it places on resources it explains how, when land is divided among descendants, large families will have holdings too small to support a new generation.</p> <p>Family Family Planning is introduced as a responsible way to act both for individual betterments and for society.</p>

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
			<p>4. It is possible for parents to plan when they want to have another child.</p> <p>5. It is possible to limit the number of children in the family if the parents wish to do so.</p>	<p>Flash Cards Planning for safe delivery.</p> <p>Title: Planning for safe delivery</p> <p>Aid: Flash cards</p> <p>The set of flash cards aim to explain the importance of health check-ups during pregnancy and symptoms about which a pregnant woman should be careful about and immediately attend to.</p>
	d. Persuade parents to go for advice			
To provide accurate information to all for spacing the birth of their children.	e. Help to identify these couples who require F.P. services for any reason.	<p>2. Spacing of children.</p> <p>A. Indications (way it is required)</p> <ol style="list-style-type: none"> 1) Better health of mother. <ul style="list-style-type: none"> o new born. o other children 2) Chronic illness of mother or father. 3) Economic reasons. 	<p>6. Families need advice and help in spacing children when:</p> <ol style="list-style-type: none"> a) Health of mother or father or other children is poor. b) There is unemployment, limited housing and low income. 	<p>Set of slides with audio recording about different methods of Family Planning. Featuring Bhils of Panchamahals, the set of slides aims to explain the importance of small family norms and different family planning methods. It is accompanied with audio-recording of which the 'Bhili Gajwari'.</p> <p>Flash cards Health and Family Welfare Planning. How and Why?</p> <p>Title: Health and Family Planning Why/How?</p> <p>Aid: Flash cards.</p> <p>A child is born every one and a half seconds. In our country an addition of 13 million children is made</p>
		B. Methods of spacing	7. Some methods of preventing a pregnancy are more effective than others, but how well it works depends on how acceptable it is to the couples.	
		<ol style="list-style-type: none"> a) Abstinence b) Rhythm c) Condoms d) Pills e) IUCD 		

Broad objectives	Specific objectives	Components of knowledge content	Importance messages	Audio-visual aids
		C. Principles of making correct choice.		every year. The only possible solution to check the growth of population is the adoption of health and family welfare planning practices. In the set of flash cards the evil effects of population explosion and methods and techniques of limiting size of the family are explained.
To provide full information on various permanent methods of limiting the children	f. Give complete accurate information regarding F.P. operations which may be done. g. Persuade the parents with understanding in making a decision on acceptance of an operation on the basis of need, suitability and compatibility with their religious beliefs.	3. Operative methods. A. M.T.P. B. Sterilization 1) Vasectomy 2) Tubectomy C. Basis on which decision is made for the operation	8. Parents who make the decision that they cannot afford to have more children, may choose to accept a minor operation to limit the number. 9. Some operations terminate pregnancy while other prevent all future pregnancy for the mother.	
		1) Physical condition. 2) No children. 3) Family situation, economic social etc. 4) Religious belief. Giving information:	10. The common methods used in village tend a pregnancy are dangerous for the mother b. The doctor can decide on a safer method	

Broad objectives	Specific objectives	Components of knowledge content	Important messages	Audio-visual aids
		a. Lesson doubts and fears. b. Social acceptance.	11. A father who accepts a permanent F.P. operation for himself, will not suffer from weakness or impotency later. 12. A father should continue to use a temporary F.P. method for 3 months after the operation. 13. A mother who accepts the permanent F.P. operation will not become pregnant again and will not suffer from weakness or disability after operation which can be reversed.	

Lesson

LESSON 6-E

RESPONSIBLE PARENTHOOD

Lesson I

- Objectives:
1. To create in the group an understanding of the values of planned parenthood.
 2. To create and foster positive attitudes towards responsible parenthood and the limitation of family size.
 3. To make the group aware that responsible parenthood is delaying births, spacing and limiting children.

Content

- I. Responsible parenthood is satisfying the basic needs of individual family members.
1. Desire for children is influenced by:
 - (a) Man power
 - (b) More income
 - (c) Security in old age
 - (d) Virility
 - (e) Fulfilment of motherhood
 - (f) Sex preference
 - (g) Lineage
2. Every child has the right to be born in a family where he/she is wanted, loved and can be provided for.
3. The family is still the place where children learn the most.

III. Responsible parenthood is delaying births, spacing and limiting children.

1. Having babies too close together is dangerous to the health of the mother as well as the child.
2. The growth and development of each child may be adversely affected if children are born too close together.
3. Age at marriage influences the size of the family.
4. Physically and emotionally matured and economically stable couple tends to make a happy marriage.
5. Women between the ages of 20 to 34 years are more likely to have healthy children who survive past infancy.
6. How long should one wait before having another baby?
Until the first child is weaned and the mother is healthy - so one should wait for about 2 to 3 years before having another baby.
7. Spacing allows parents an opportunity to prepare the children in the family also for new births.

Conclusions

Responsible parenthood involves voluntary:

1. Planning by the couple for each additional birth based on the family's resources and work pattern.
2. Responsible parenthood is delaying births, spacing and limiting children.

4. The financial/time demands of a large family forces parents to spend more time working:
 - a. Fathers have to work harder to support the family.
 - b. Mothers have to spend more time doing housework and caring for children
- II. As family size increases, parental roles become more important than marital roles.
 1. The birth of each child prevents additional responsibilities for the husband and wife.
 2. Parents with many children may find it difficult to perform their traditional role of guiding their children effectively.
 3. Parents with many children may not be consistent in the way they discipline their children.
 4. Each child in the family may require a different type of discipline because each child is different.
 5. When there are too many children in the family, parents may have too many other responsibilities to provide effective guidance.
 6. In large families, children may have unpleasant feelings if they have to accept family responsibilities they ordinarily would not have.
 7. Couples with many children need all their resources to rear their family and have little left to support themselves in old age.
 8. Children from smaller families are more likely to receive an education, get better jobs and therefore be able to support themselves and their parents.

APPENDIX 6-F
SITUATIONS

Situation 1

Jesangbhai and Maniben are married since 4 years. They have 3 children: Eldest daughter of three years. A boy of 2 years and a nine month baby. Maniben's health is deteriorating as she has to look after all the children and she gets very tired.

Punambhai and Pushpaben who have planned their family as advised by the Family Planning Centre have 3 children. The eldest son who is 6 years old is studying in 1st std., in a school. The year old daughter is admitted to the nearby balwadi. The 3 month old daughter thus gets complete attention and care from her mother who unlike Maniben can devote a lot of time on her child.

Questions

1. Why does Maniben keep poor health?
2. Pushpaben also has 3 children, but she lives an organized life. What could be the reason for this?
3. Which kind of life would you prefer to lead? Why?
4. In order to lead that kind of life whose help would you take?

Situation 2

To fulfil his basic requirements of food, clothing and shelter, a man often comes to a city like our Baroda in search of a job. Due to rapid industrialization, more and more people migrate to the city from the village, resulting in rapid

increase in the population of the city. People who have settled down after migration call their family members and relatives to the city. These families go on reproducing, resulting in growth in the city population.

There are a lot of old people in the society. Proper medical care and treatment is available to them due to modernisation. Hence their life span is increased which results in a low death rate. This also helps increase the population.

Due to this increase in the population there is not only shortage of food, clothing and shelter but also poor living conditions, lack of educational opportunities, congestion and pollution, etc.

Questions

1. What are the basic requirements of man?
2. What are the reasons for rapid increase in the population?
3. What are the problems caused by this rapid increase in population?
4. How do you think can we help control our population?

Situation 3

20 year old Bharati who has been married for one year wants a small family with 2 or 3 children. On the other hand, her husband wants a large family with about 6 to 7 children. He thinks that when they grow up, they will look after the business and bring in more income.

Questions

1. Whom would you agree with- Bharati or her husband? Why?
2. How can Bharati convince her husband to have a small family? Whose help can she take?

APPENDIX 6-G

SAMPLE WORK PLAN FOR MALE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Subcentre A Visits with HWM Records	2 Subcentre B School Health HWM Records	3 Subcentre C Visits with HWM Records	4 Subcentre B Leprosy Survey	5 Subcentre D Visits with HWM Records	6 Preparation for Exhibition on Family Welfare for Family Welfare Leaders Camp at Subcentre D
8 Subcentre A School Health HWM Records	9 Subcentre B Visits with HWM Records	10 Subcentre C Visits with HWM Records	11 Subcentre D Family Welfare Leaders Camp	12 Subcentre D Visits with HWM Records	13 Planning for Family Welfare Leaders Camp at Subcentre A
15 Subcentre A Visits with HWM Records	16 Subcentre B Visits with HWM Records	17 Subcentre C School Health HWM Records	18 HOLIDAY	19 Subcentre D Visits with HWM Records	20 Eye Camp (PHC) all day
22 Subcentre A Visits with HWM Records	23 Subcentre B Visits with HWM Records	24 Subcentre C Visits with HWM Records	25 FP Camp (PHC) all day	26 Subcentre D School Health	27 Meeting with HAF Preparation of Work Plan for next month
29 Subcentre A Visits with HWM Records	30 Subcentre B Monthly Report	31 PHC (all day) Staff meeting Indents			

Appendix _-G (contd....)

SAMPLE WORK PLAN FOR FEMALE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Subcentre A MCH & FP Clinic Visits with HWF Records	2 Subcentre B MCH & FP Clinic Visits with HWF Records	3 Subcentre C MCH & FP Clinic Dais Training	4 Subcentre C Dais Training	5 Subcentre D MCH & FP Clinic Visits with HWF Records	6 Subcentre C Dais Training
8 Subcentre A MCH & FP Clinic Visits with HWF Records	9 Subcentre B MCH & FP Clinic Visits with HWF Records	10 Subcentre C MCH & FP Clinic Dais Training	11 Subcentre D Family Welfare Leaders Camp	12 Subcentre D MCH & FP Clinic Visits with HWF Records	13 Subcentre C Dais Training
15 Subcentre A MCH & FP Clinic Visits with HWF Records	16 Subcentre B MCH & FP Clinic Visits with HWF Records	17 Subcentre C MCH & FP Clinic Dais Training	18 HOLIDAY	19 Subcentre D MCH & FP Clinic Visits with HWF Records	20 Eye Camp (PHC) all day
22 Subcentre A MCH & FP Clinic Visits with HWF Records	23 Subcentre B MCH & FP Clinic Visits with HWF Records	24 Subcentre C MCH & FP Clinic MCH & F Dais Training	25 FP Camp (PHC) all day	26 Subcentre D MCH & FP Clinic Visits with HWF Records	27 Meeting with HAM Preparation of Work Plan for next month
29 Subcentre A MCH & FP Clinic Planning for Dais Training at Subcentre A	30 Subcentre B MCH & FP	31 PHC (all day) Staff Meeting Indents			
Monthly Report					

APPENDIX 6 H

DEPARTMENT OF CHILD DEVELOPMENT
FACULTY OF HOME SCIENCE
M.S. UNIVERSITY OF BARODA
BARODA 390 002

Training of Health Workers of
Limkheda, Dahod, from 11th to 25th November 1983

Essential Skills and Qualities of the Health Worker

On the basis of discussion with various people in the welfare agencies and by studying the literature of various agencies, one can say that communication skills are given a lot of importance. As the scope of work expanded, not only were the workers expected to expand their activities, but also develop skills for working with various groups, other than children. Communication skills include a wide range of skills like listening skills, taking leadership, giving appropriate answers to questions, putting one's point precisely, convincing people, gain information and abstract meanings.

Qualities

Those who work with children need special individual qualities and skills. Based on the knowledge of child psychology and child development, following are some of the skills and qualities listed.

- Being sensitive to children's feelings.
- Employing humor and imagination.
- Being receptive to children's individuality.
- Protecting orderliness without sacrificing spontaneity.
- Being emotionally responsive to children.

Competencies

- Promoting health and nutrition of mothers and children.
- Advancing children's physical and intellectual competencies.
- Recogniz^{ing}~~ed~~ child's individual strengths.
- Carrying out supplementary responsibilities relating to children's programme.
- Evaluating programme.

Objective

1. Promoting health and nutrition of mothers and children.
 - i. Performing health-inspection duties, checking for any abnormality/symptoms, differentiating various diseases.
 - ii. Arranging for immunisation measures during epidemic and also usual precautions to prevent infection.
 - iii. Ability to render first aid.
 - iv. Checking sanitary conditions to maintain health, safety and cleanliness of environment.
 - v. Recording illness during the child's period of attendance in the programmes arranged for this.
 - vi. Maintaining health record and health history of the child.
 - vii. Promoting good eating habits.
 - viii. Giving information about nutrition/food.
 - ix. Teaching children to enjoy a variety of foods nutritionally desirable.
 - x. Helping children secure a positive accepting attitude towards eating.

- xi. Helping children ^{to} inculcate good habits regarding health and social habits.
- 2. Setting up a safe healthy learning environment for children.
 - i. Taking preventive measures against physical hazards.
 - ii. Planning sequence of activities to promote developmental progress.
 - iii. Keeping such a programme flexible for learning opportunities.
- 3. Maintaining optimal coordination between home and agency child-rearing practices.
 - i. Establishing relationships with parents that promote free communication with children in and out of the agency.
 - ii. Encouraging parents to realise the priority of values for their children.
 - iii. Communicating methods of child rearing in the agency to parents and trying to bring about a coordination between the two.
- 4. Carrying out supplementary responsibilities relating to children's programmes.
 - i. Observing and recording growth and development in the individual child and family in the course of working with them.
 - ii. Engaging in team-work with other members in organising, planning, carrying out and evaluating programmes for the children.
 - iii. Getting well acquainted with agency procedures with

regard to supplies, equipment, emergency situations, policies, etc.

5. Administering programmes.

- i. Planning the schedule of the programme.
- ii. Supervising the execution of the programme.
- iii. Bringing materials and equipment that will vitalise concepts in various subjects.
- iv. Checking the equipment for cleanliness, number and maintenance.
- v. Checking equipment for safety before use.
- vi. Placing materials in storage with care.
- vii. Supervising areas of child activity.

6. Evaluating programme.

- i. Evaluating the programme.
- ii. Implementing and planning for the future on the basis of the evaluation.

APPENDIX 6 I

Instruction

1. Please rate each aspect in YES or NO category and as far as possible please qualify your answer by giving reasons especially when you rate the aspect in the NO category.
2. If there is written material, please suggest how it can be incorporated in the illustration (if not already incorporated).

	<u>YES</u>	<u>NO</u>
1. <u>TOPIC</u>		
a. Is the topic suitable for the target group?	()	()
b. Is it suitable for the medium. (Information about reproductive system is not suitable for a recording but is suitable for a poster.	()	()
6. Is the topic suitable for the theme?	()	()
2. <u>ILLUSTRATIONS</u>		
a. Are the illustrations realistic?	()	()
b. Do the illustrations convey the message?	()	()
c. Are the illustrations adequate in number to convey the message?	()	()
d. Are they bold and clear?	()	()
3. <u>COLOUR</u>		
a. Does the use of colour bring out the message?	()	()
b. Is the use of colour realistic?	()	()
c. Is there balance and harmony in the use of colour?	()	()
4. <u>INFORMATION</u>		
a. Is the information appropriate for the level of target group?	()	()
b. Is the information authentic i.e. have its roots in factual knowledge?	()	()
c. Is the information adequate for the concept that is being dealt?	()	()

	<u>YES</u>	<u>NO</u>
5. <u>PRESENTATION</u>		
a. Is it original?	()	()
b. Is it simple?	()	()
c. Is it eye catching?	()	()
d. Any other quality it has-	()	()
6. <u>PHYSICAL ASPECT</u>		
a. Is it neat and clean? eg. equal margin on all sides. No spots of gum, paint, ink, etc.	()	()
b. Is it durable i.e. can it withstand consistent handling?	()	()
c. Is it easy to handle in terms of size, material used?	()	()
d. Is it easily portable? etc.	()	()

Criteria for Evaluation of Recording

1. THEME

2. BRIEF DESCRIPTION

	<u>YES</u>	<u>NO</u>
3. <u>TOPIC</u>		
a. Suitable for target group.	()	()
b. Suitable for the medium of recording.	()	()
c. Suitable for the subject area.	()	()
4. <u>PRESENTATION</u>		
a. Is local language used? (direct).	()	()
b. Are the number of concepts introduced adequate? (Not too many or too less).	()	()
c. Is the main theme well brought out?	()	()
d. Is the duration of the recording satisfactory?	()	()
e. Is the voice effective in terms of quality and voice modulation?	()	()

CRITERIA FOR EVALUATION OF FILMS

- I. Title _____
 Subject matter held: _____
 Purchase sources: _____
 B.W. _____ Colour _____ Sale Price _____
 Rental _____ Free _____
- II. Recommended target group and age level _____
- III. Synopsis (about 25-75 words)
- | | <u>Poor</u> | <u>Paid</u> | <u>Good</u> | <u>Excellent</u> |
|-------------|-------------|-------------|-------------|------------------|
| IV. Sound | | | | |
| Photography | | | | |
| Visual | | | | |

APPENDIX 6-J

GUIDELINE FOR EFFECTIVE USE OF AUDIO VISUAL AIDS

As it is evident in the preceeding units, number of Audio-visual aids have been identified and incorporated in the lesson plans so as to make the teaching learning process more meaningful. But this objective can only be fulfilled if aids are used effectively. Toward this end specific guidelines for usage have been worked out for different categories of aids.

General

1. Before using any audio-visual aid, it is important to check the physical condition of the aid i.e. to look for holes, tear, disfigurement or broken slides or failed batteries.
2. As the saying goes practise make the man perfect, it is necessary to rehearse or play act the session proper to actually carrying it out before the target group. In so doing one would accomplish refinement and sophistication and not flounder or make glaring mistakes.
3. The audio aspect in every session is a vital component. It is important that accompanying commentary must synchronize with the visual content and be given smoothly.
4. Let the theme and story, grow out of the villagers discussion.
5. Inter-weave the message in their own daily dialogues using local name for characters.
6. Question should be intersperced during the session to seek audience participation and which in turn would sustain their interest.

7. Seat the audience in such a way that all can see the visual aids clearly and without difficulty.
8. Magnified organs or insects or any other figure should be adequately explained so that no misconception regarding its size occurs.
9. Lastly multi-dimensional approach is found to be very effective, an attempt should be made to use this.

Flash Cards

1. Stack the cards—picture side face up—No.1 on top, No.2 below it, No.3 below No.2 etc.
2. Hold the cards chest high so that the audience can see No.1 first, Explain No.1.
3. Then slip No.1 or turn it behind the stack, exposing No.2. Explain No.2.
4. Then slip No.2 behind the stack, exposing No.3. Explain No.3. Repeat until the whole series is finished.
5. Flash cards of standard size or 9' x 12' are good for an audience of about 20-30 people. Do not let any one sit more than 20 feet away from you and don't let any one be too far off to the side. As you tell the story, turn slightly to the left and slowly around to the right so that people sitting at the sides may see the cards. Be very careful not to cover the pictures on the card with your hands. Hold the cards at the side and lower margin without obstructing the view.
6. After everyone has seen the cards individually hold a question and—answer period. For an audience of more

than 20-30, view cards can be used which could be of sizes 15" x 19" or larger still.

7. If one has any other audio-visual material on the same subject it should be used at this time if possible, to supplement the newly taught content and to reinforce the message.

Flannel Graph

Flannel graph is a method of teaching lessons with pictures in which the person who is teaching adds and removes pictures from a background cloth as he talks. The Flannel graph is most effective with groups of less than 20 persons. The way to prepare and use it as follows:

Preparation:

1. Cut out parts. Don't cut too close to the line ^{when} with part of a picture is long and narrow. Leave a border line to prevent the part from getting bent or torn.
2. Paste small strips of sand paper on the back of each picture. A few strips are sufficient. They should be so spaced that the whole figure clings to the flannel. Cloth of rough texture such as Khadi or Cotton Flannel may be substituted for sand paper. In this case, the cloth used for the background should be of the same material. If cloth is used it must cover the back of each figure completely.

Use:

3. Arrange the parts in proper sequence in a single pile before showing.

4. Flannel graph provides a good opportunity for audience participation. Persuade them to go over the story again.
5. One does not have to 'stick' to the commentary given. Elaborations on it, using audience name for characters will add interest and familiar touch. However it is important that significant factual details remain untouched.

Puppets and Presentation of Puppet Plays

1. Decide on the kinds of puppets one will use—glove puppet, ball puppet, stick puppet, shadow puppets or finger puppet.
2. Only 2 to 3 puppets at a time can be concentrated upon and hence act effectively.
3. Words should be clear and sometimes ^{ti}repetitive.
4. There should be humour in the puppets speaking and acting.
5. The presentation should have a lot of movement and action. It is better to make the puppet who is speaking, move actively at the same time so the audience knows which one is speaking.
6. Too much talking without action makes the puppet play dull.
7. A stage ^{can} be improvised with a cot and sheet drapped on it.

Filmstrips/Slides Sets

Film-strips and sets are only teaching aids. The effectiveness of the presentation depends mainly on the way it is used. If one just projects film strips or slide set and just reads the script, the presentation will not be effective.

For the film strip or slide-set to be most effective, the following steps are important:

1. Some times~~y~~ should be spent studying the film-strip before it is projected. Strip should be studied carefully.
2. It helps to practise to read the script aloud.
3. Handle the filmstrips or slides carefully. Never put fingers on the picture area.
4. Make sure the room where filmstrips are shown is dark enough; otherwise the pictures will not be clear and bright.
5. Screen can be ^{improvised} ~~impressive~~ using a white sheet.
6. Check the projection before hand.
7. Seat the audience iⁿ such a way that they all can see the picture properly.
8. The picture should not be too high or too low. Make sure the projection is horizontally leveled so ^{that} there is no picture distortion.
9. Encourage the audience to take part in the discussion. At intervals ask questions to make sure audience understand the filmstrips.
10. Do not rush through the presentation or go too slow.

APPENDIX 6-K

EXERCISES

1. Answer the following questions about yourself. Try to be as honest as possible with yourself.
 - i. Do you plan the health programme in your area
 - on your own _____
 - or
 - together with your Health Workers _____
 - ii. Do you think it is better to
 - leave your worker to do his job on his own _____
 - or
 - watch him while he is working and tell him how to do his job _____
 - iii. If you find that one of your workers has committed a fault, do you
 - talk to the worker and get his explanation _____
 - or
 - inform your supervisor about the worker's fault without talking to the worker himself _____
 - iv. When there is any extra work to be done in your area, do you
 - leave your worker to complete it _____
 - or
 - help your worker to complete it _____
 - v. When you are not sure of the answer to a question, do you
 - pretend you know the answer and speak with authority _____
 - or
 - give what you think is the right answer but promise to check on the facts _____
 - vi. If your worker makes a useful suggestion about improving the health programme, do you
 - pass on the suggestion to your supervisor as the worker's idea _____
 - or
 - pass on the suggestion to your supervisor as your own idea _____

- vii. Do you
- always try to be punctual in your appointments with your Health Workers _____
 - or
 - feel that as you are their supervisor your workers must always be ready for your visit and therefore it does not matter if you are late _____
- viii. If you are expected to get a certain job done urgently, do you
- tell your workers what is to be done and by when it is to be completed without giving them any further explanation _____
 - or
 - explain to your workers why the job has to be done and why it is important to carry it out in time _____
- ix. If your workers have exhausted their stock of medicines very early, do you
- tell the workers they have been careless in using the medicines and will have to wait until the next month for their supplies _____
 - or
 - tell the workers to be more careful in using the medicines in future but help them to get more supplies to be able to carry on their work _____
- x. If your Health Worker is very sincere, hard-working and honest, but one day he makes a serious mistake in his work, do you
- reprimand him for his mistake as otherwise the other workers may think you are favouring him _____
 - or
 - try to find out why he made the mistake and point out to him the gravity of the mistake _____
- xi. Do you
- encourage your workers to try out new ways of working _____
 - or
 - insist that your workers stick to the methods of working which you have been using for years _____

- xii. When you are in the field with your workers, do you
-let your workers carry out a job _____
or
-take over and do the job yourself _____
- xiii. If you have been present when some error has been
committed by one of your workers, do you
-take the blame for the error _____
or
-put the blame on the worker who committed the error _____
- xiv. If a worker carries out a job well, do you
-not say anything to the worker because it is what he
is supposed to do _____
or
-praise the worker for the work done _____
- xv. Are you
-friendly with all your Health Workers _____
or
-more friendly with some of your Health Workers than
with the others _____
- xvi. If your Health Worker makes a mistake, do you
-reprimand the worker in front of others _____
or
-use the mistake as an opportunity to teach the worker
the correct way of working _____
2. List all the qualities which you expect a good Health
Worker to possess. _____
3. Prepare a detailed check list for observing the steps
of various procedures, e.g.
- i. Taking the pulse of a person
- ii. Carrying out examination of a prenatal case
- iii. Weighing an infant using a spring scale
- iv. Chlorinating well.

APPENDIX 6-L

SUPERVISION

What is Supervision

Supervision is the art of overseeing, watching and directing with authority the work and behaviour of others. Any person who is in formal control over others is a supervisor, irrespective of his or her high or low status in the hierarchy.

Supervision is an educative process which involves a series of steps such as:

- Telling the workers what to do;
- Telling the workers how to do it;
- Showing the workers how to do it;
- Allowing the workers to do it;
- Reviewing what the workers have done;
- Helping the workers to correct errors.

Qualities of Supervisor

In order to carry out these steps effectively, you as a supervisor must try to develop the qualities of a good leader.

You must be:

- Sensitive to the needs and problems of the members of the health team and to conflicts within the group;
- Ready to accept responsibility for the health organization;
- Able to maintain a sufficient distance from your workers so that you can direct their work in an objective, unbiased manner. At the same time, you must always keep the welfare of your workers in mind.

This calls for many qualities in the supervisor. Fourteen of these are listed below. You may be able to think of others which you would like to add to these.

1. A supervisor should be courageous and loyal

You as a supervisor must be concerned with the welfare of the health organization as well as the welfare of the Health Workers whom you supervise. You should be willing to take the blame for your own mistakes and not try to pass on the blame to others. When it is justified you should be prepared to support either your workers or the organization, even if this causes you to become somewhat unpopular with one or the other group.

2. A supervisor should be honest and conscientious

Unless you set for yourself a high standard, are committed to your task, and always carry out your duties as well as you can, you cannot expect the same from those working under you.

3. A supervisor should be mature and impartial in judgement and behaviour

It is very important for you to treat all your workers with fairness and equality. If you tend to take sides or to have favourites, your workers will lose faith in you and will not have respect for you.

4. A supervisor should have initiative

You should constantly review your method of working. You should be alert to new and more effective ways of working. Be willing to try them out and encourage your workers to use them. At the same time be careful to retain what is good from the older established way of working.

5. A supervisor should be democratic

If you are able to involve your workers in planning for the more effective delivery of health care in their areas, you will be able to achieve much better results than if you merely order them to carry out certain jobs. While you should encourage your workers to achieve the targets set for them, you should not be over-target-oriented and should not exert unreasonable pressure for the achievement of targets by any means.

If workers are helped to see their own work in the total framework of delivery of health services, they will have interest and pride in their work and will develop a sense of belonging to the health team.

6. A supervisor should be tolerant and understanding

You should be free of any prejudice as regards caste, creed or colour of your workers. You need to understand that people are different; and that they vary in their competence, temperament, emotional stability and ability to take criticism. Although you should treat all your workers equally, you will also need to approach each of them in a different way in order to help them to attain maximum job satisfaction and effectiveness.

7. A supervisor should be flexible

You should be able to change your style of leadership according to the circumstances. Although you should always keep certain rules and standards before you, you should not rigidly follow them without taking into account all other factors.

8. A supervisor should be a trainer

As a good supervisor you should always be ready to share your knowledge and skills with your workers. You should observe your

workers and feed back to them how they are performing. The worker should know why he or she carries out a particular step and what will happen if that step is not performed. In this way you can give continuing guidance to your workers and help them to strengthen their skills and improve their knowledge.

As a trainer to those whom you supervise, you should enable the bright workers to make use of their special skills; and should encourage and assist those workers who are slow or dull to improve their knowledge and skills. You can use the mistakes of your staff to teach them how to function in a better way.

9. A supervisor should be efficient in his/her own field of work

If you want to earn the respect of your workers, you must yourself have the necessary skills and knowledge to be able to teach them how to perform their jobs effectively. It is therefore necessary that you should keep your knowledge up to date, practise the skills for which you have been trained, and learn new skills. This does not mean that you are expected to be an expert in everything, nor that you should ever pose as one. You should never be ashamed to admit that you do not know the answer but will find out and let the worker know. Nor should you feel reluctant to refer a case which is beyond your competence to the Primary Health Centre because you think that would lower you in the eyes of your workers.

10. A supervisor should be willing to delegate responsibility

You should trust your workers to carry out their jobs. You should not frequently check what they are doing; or constantly interfere in their work; or take over their work and do it

yourself. As a good supervisor you will set goals and tell your workers what has to be accomplished; fix limits and standards within which they can work; help them to decide how they will achieve the target; explain how the workers' contribution fits into the overall plan; and give each worker the maximum freedom to carry out the work.

Such general supervision can help to develop the talents and abilities of your workers, can give them a greater sense of pride and involvement in their jobs, and can allow you to spend more time in training and counselling your workers..

11. A supervisor should be a good communicator

You should be able to listen attentively to others and understand their feelings and what they are trying to say. Always use simple, direct language which is understood by those with whom you are communicating. As a good supervisor you should be able to transmit messages between the health organization and those whom you are supervising without any exaggeration or distortion. Your instructions to your workers should be clear, unambiguous, and delivered in a courteous, kindly, friendly and considerate manner. So also, your reporting to your own supervisors should be direct, objective and unbiased.

12. A supervisor should be able to maintain discipline

It is necessary for you to set for your workers clear and realistic standards and objectives which you expect them to achieve. While you should be firm in seeing that these objectives are fulfilled and standards are maintained, you should try to understand the reasons for failure of a worker to do a particular job. For any error pointed out, you should be able to guide the

worker how to correct it. Refrain from criticizing or chastising a worker in front of others.

If the workers know what is expected of them, they will accept sternness and discipline, provided they feel it is being administered justly and to all alike. However, if they are always under fear of punishment or loss of their jobs, or if there is constant fault-finding or disapproval from their supervisor, they will feel unhappy and insecure, and the quality of their work will suffer.

13. A supervisor should give the necessary credit to his/her workers

Do not hesitate to praise your workers for good work done. This gives them encouragement and develops their self-confidence. However, refrain from over-praise and do not let the workers feel that you are favouring one over the other. It is better to praise the work of the whole team rather than an individual worker. Never try to take credit to yourself for work done by one of your workers. In doing so you will not only lose the confidence and respect of your workers but you will not be able to get the best work from your team.

14. A supervisor should ensure that his/her workers have the necessary facilities to enable them to perform their tasks efficiently

If your workers are to carry out their functions effectively, you must see that they are provided with their work manuals, kits, equipment, and regular replenishment of supplies of drugs and dressings and other facilities necessary to discharge their duties.

As far as possible you should assist them in overcoming their difficulties, e.g. as regards transport and work premises. You should bring these and other problems to the notice of the MO PHC and suggest ways of solving them.

APPENDIX 6-M

QUALITIES TO BE ASSESSED IN A HEALTH WORKER

Some of the qualities which you will need to assess in the workers whom you supervise are as follows:

1. Efficiency and organization : Does the Health Worker carry out his work carefully, calmly and in a planned and orderly manner in all situations, even under stress or in emergencies?
2. Accuracy : Does the Health Worker read and interpret results carefully? (e.g. weight, haemoglobin, etc.).
3. Initiative : Does the Health Worker try out newer or better ways of working?
4. Integrity and responsibility : Is the Health Worker willing to admit mistakes?
Does he keep his promises?
Does he keep his appointments with the community?
5. Problem solving : When faced with any problem does the Health Worker try to approach the situation in a calm and organized manner and find a solution to the problem either by drawing on his own knowledge and experience or by seeking advice from others?
6. Ability to work with others : Is the Health Worker tactful and reasonable with others?
Does he get cooperation from others in his work? Is he helpful to others?
7. Care and use of equipment, premises, etc. : Is the Health Worker particular about handling and storage of instruments, drugs, etc.?
Does he regularly check on his stock of supplies and indent for replenishments in time?
Does he keep the premises neat and clean?

8. Communication : Does the Health Worker speak to the community members in a polite and tactful manner, using clear and simple language?
Does he use suitable visual aids to make the subject more clear?
9. Records : Does the Health Worker maintain up-to-date records of work done?
10. Application of knowledge : Are the records accurate?
Does the Health Worker put into practice in the field what he has been taught during training?
11. Modesty and decorum : Does the Health Worker observe the necessary decorum in dealing with the community?
Is he friendly without being too familiar?
Does he treat each member of the community with respect?
Does he dress neatly and modestly?

APPENDIX 6-N
EVALUATION FORM

1. Name of the participant:
2. ~~University:~~ PHC
3. On the whole did you find the workshop useful?
Yes / No
Give reasons for your choice.
4. Which sessions of the programme did you find most interesting and informative? Give reasons.
5. Which sessions did you find least interesting and informative? Why?
6. How could the organizers have made the programme more beneficial?
7. Are you satisfied with the facilities provided to you?

	<u>Boarding</u>	<u>Lodging</u>	<u>Classroom environment</u>
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Highly satisfied

Satisfied

Dissatisfied

8. What did you gain as far as your knowledge and learnings are concerned?

Appendix -7

Comparision of Training of PHC workers
by Central Health Education Bureau and
Dept. of Child Development, M.S. Univer-
sity of Baroda, Baroda.

	<u>CHEB</u>	<u>Present Project</u>
1. Duration	60 days	15 days.
2. Training components	1. Basic sciences 2. Educational psychology and training. 3. Social and beha- vioural sciences. 4. Health Education, Communication and Community organi- zation.	1. Job charts 2. Health, Nutrition and Family Planning. 3. Program planning, Implementation and Evaluation. 4. Problems of health functionaries. 5. Skills and competencies. 6. Preparation and use of A.V. aids. 7. Supervision and coordination.
3. Training Methodology	Field oriented The detailed program indicates more weigh- tage on theory and lecture method predominantly.	Practical and field oriented Learning by doing, small group discussions role play, A.V. aids.
4. Target group/ Trainees	Health functionaries of one cadre of PHC.	Field level workers and their supervisors, PHC, ICDS and voluntary organization.

Appendix - 8 Infrastructure of Primary Health Care

<u>Service</u>	<u>Staff</u>
Community Health Centre (Population 1,00,000)	Surgeon, M.O., X-Ray Technician, LHV, ANM, Driver, Sweeper, Peon, Ayah.
Primary Health Centre (Population 30,000)	M.O., LHV, ANM, Sanitary Inspector, Compounder, Malaria, technician, Driver, Sweeper, Peop, Ayah.
Sub Centre (Population 5,000)	ANM, MPHW, Ayah