



MINISTRY OF RURAL DEVELOPMENT,
GOVERNMENT OF INDIA



DEENDAYAL ANTYODAYA YOJANA
NATIONAL RURAL LIVELIHOODS MISSION
(DAY-NRLM)

HEALTH SEEKING BEHAVIOUR AND IMMUNITY BUILDING

Facilitator's Guide





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Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development - Govt. of India
7th Floor, NDCC Building -II, Jai Singh Road, New Delhi - 110001

Website: www.aajeevika.gov.in

नागेन्द्र नाथ सिन्हा, आई.ए.एस.
सचिव
NAGENDRA NATH SINHA, IAS
SECRETARY



भारत सरकार
ग्रामीण विकास मंत्रालय
ग्रामीण विकास विभाग
कृषि भवन, नई दिल्ली-110001

Government of India
Ministry of Rural Development
Department of Rural Development
Krishi Bhawan, New Delhi-110001
Tel.: 91-11-23382230, 23384467
Fax: 011-23382408
E-mail: secyrd@nic.in



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MESSAGE

Since the beginning of the year 2020, the world is facing the unprecedented public health crises of the COVID-19 pandemic. The disease has claimed several lives and disrupted the livelihoods of millions of people globally. The Government of India is making several efforts to curb the disease, by creating awareness about COVID-19 and providing preventive, diagnostic and curative services.

Deendayal Antodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) reaches out to more than 7 crore women in rural and remote areas of India to enable them to reduce their economic vulnerability through promotion of sustainable livelihoods. To ensure a holistic approach to alleviation of poverty, social development issues are also addressed.

In the wake of the COVID-19 pandemic, DAY-NRLM is using its extensive reach among rural women to empower women's collectives and their families to live a healthy life by adopting good health-seeking behavior to prevent common diseases, use simple immunity building measures, learn about health and nutrition related entitlements and opt for COVID-19 vaccines.

I am happy to share this module for training on Health Seeking Behaviour in the wake of the pandemic, need for COVID-19 vaccine and COVID Appropriate Behaviour and hope that the State Rural Livelihoods Mission (SRLMs) will extend full cooperation and support to reach accurate information to SHG members. Further, in convergence with other departments and local governments, SRLMs will be able to facilitate improved access to public health and nutrition services to fight the COVID-19 epidemic and build a healthy and strong nation.

(Nagendra Nath Sinha)

अल्का उपाध्याय

अपर सचिव एवं महानिदेशक (एन आर आई डी ए)

Alka Upadhyaya

Additional Secretary & DG (NRIDA)

Tel. : 23383880

Fax : 23381268

E-mail : ualka@ias.nic.in



भारत सरकार

ग्रामीण विकास मंत्रालय

ग्रामीण विकास विभाग

कृषि भवन, नई दिल्ली-110001

Government of India

Ministry of Rural Development

Department of Rural Development

Krishi Bhavan, New Delhi-110001

MESSAGE

The Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) aims at creating efficient and effective institutional platforms of the rural poor enabling them to increase household income through sustainable livelihood enhancements and improved access to financial and selected public services.

DAY-NRLM initiated activities related to Food, Nutrition, Health and WASH (FNHW) with the understanding that better health leads to a more productive society. The aim of FNHW integration is to promote healthy practices among Self-Help Group (SHG) members and their families which will lead to stronger individuals, lesser expenditure on diseases and overall improved productivity and income of the community. I am happy to see that more and more SRLMs are opting to undertake FNHW interventions in convergence with other departments and local governments.

The COVID-19 pandemic has created unprecedented disruption in social life and livelihoods of the rural community. SHG women have played their part in mitigating some of the adverse impacts of the pandemic by establishing enterprises to make masks and sanitizers, providing meals to migrants and needy women and increasing awareness about COVID-19 prevention in the community.

At the onset of the pandemic, early in the year 2020, DAY-NRLM reached out to more than 5 crore SHG women for awareness generation activities targeted at preventing the spread of COVID-19 infection. I am happy to share that we are taking these efforts further by orienting all SHG members on practices to build their immunity through simple doable techniques.

I acknowledge and appreciate the efforts of National Mission Management Unit and Technical Assistance agencies for developing this module that seeks to address the above-mentioned issues.


(Alka Upadhyaya)

नीता केजरीवाल
संयुक्त सचिव
NITA KEJREWAL
Joint Secretary
Tel: 011-23438003
E-mail: n.kejrewal@nic.in



ग्रामीण विकास मंत्रालय
ग्रामीण विकास विभाग
7वीं मंजिल, एनडीसीसी बिल्डिंग-II
जय सिंह रोड, जंतर मंतर, नई दिल्ली-110001
MINISTRY OF RURAL DEVELOPMENT
Deptt. of Rural Development
Government of India
7th Floor, NDCC Building-II,
Jai Singh Road (Opp. Jantar Mantar)
New Delhi-110001

MESSAGE

Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) aims at holistically addressing all aspects of poverty of rural poor households with the objective of improving the quality of their lives. Towards this end DAY-NRLM adopted the *Dashasutra* strategy which included regular discussions in the meetings of the women's institutions on health, nutrition, education, entitlements and livelihoods that contribute to the well-being of the poor. Such discussions also improve the access of the poor to potential entitlements and public services.

To contribute to the arrest of the on-going COVID-19 pandemic, DAY-NRLM is leveraging its SHG network to enhance community awareness on behaviors that promote healthy and infection free living for all age groups. Trainings have been provided to resource persons in all states at different levels, both from among the professionals as well as community cadres. These resource persons have helped in disseminating the messages to the rural households in huge numbers. All resource material for the purpose were developed by the Ministry and shared with all States.

This module is a step towards further supporting rural women and their families to adopt good health and nutrition practices, during the pandemic as well as through their entire life-cycles. They will also learn about health and nutrition entitlements for each age-group, available Insurance schemes and get answers to commonly asked questions about the COVID-19 vaccine.

I hope that after going through this module, SHG women and their families will be able to better handle their health and nutrition issues, seek support from appropriate authorities at the appropriate time and demand for health and nutrition entitlements and services including the COVID-19 vaccine which will contribute to improving their livelihood and income generation activities.

(Nita Kejrewal)
09.04.2021

Dear Facilitator,

This Training Manual on health seeking behaviour, infection prevention and immunity building, is designed to prepare Master Trainers under State Rural Livelihood Missions (SRLMs) wherein they will train the community cadres. The Manual has 4 Modules dealing with different topics. The Manual is part of a training package that comprises a presentation and handouts that can be used as job aids while training VOs, SHG members and other cadres.

The goal of this training on health seeking behaviour and immunity building is to empower SRLM staff, cadres and community at large with the knowledge to improve their health and nutrition status and consequently help them adopt better behaviors that will raise their body immunity to fight common infections including COVID-19. We all know that better health and nutrition results in higher productivity leading to reduction in poverty and improvement in quality of life.

Let us go through the objectives of the training package.

Objectives

After going through these modules, the reader will be able to:

- 01 Explain the determinants of health seeking behaviour and community barriers to good health practices.
- 02 Enlist common health care needs across age groups and determine which existing public health facilities and schemes are most suited to address the needs of an individual.
- 03 Enlist the health insurance schemes of the government and explain how to access these.
- 04 Explain the sources and prevention of infection and measures to build body immunity.
- 05 Clarify the roles of SRLM staff and community institutions

TRAINING SCHEDULE

Total time for web-based training is two and half hours

Topic	Time	Methodology for TOT	Tools to train SHG
Module 1: Health seeking behaviour and public health services	60 mins		
A. Common determinants and barriers to good health practices	30 mins	Case studies	Case studies
B. Common ailments across the life cycle of an individual and points of care within the public health system	30 mins	Quiz Graphics	Case studies. Handout
Module 2: Health Insurance and health finance schemes of Government of India	20 mins	Slide and video on PMJAY	Video & Handout
Module 3: Infection transmission, its prevention and immunity building measures	60 mins		
A. Infection transmission & prevention	30 mins	Graphics and video	Video & Handout
B. Immunity building – healthy life practices	20 mins	Graphics and video	Video & Handout
C. Desirable behaviour for better maternal and child health	10 mins	Slides	Handout
Module 4: Roles and responsibilities of SRLM community institutions and cadres	10 mins		Handout

Module 1:

HEALTH SEEKING BEHAVIOUR AND PUBLIC HEALTH SERVICES



1. A. COMMON DETERMINANTS AND BARRIERS OF HEALTH SEEKING BEHAVIOUR

Time: 30 minutes

Methodology: Case studies

Instructions for Facilitator



This is the first session of the module. In this session you will learn about the common factors that influence behaviour of families for accessing health care. Whether you are planning to seek health care for your own family or supporting someone else, knowledge about these factors will help in accessing health care at the right place, at the right time. Start the session by presenting the case study given below and use the questions to discuss the issues. The key pointers/ issues discussed may be written on the white board and may be projected in case of virtual training.



CASE STUDY 1:

Malti is 19 years old and is 7 months pregnant. The ANM didi has informed her that she must deliver in the hospital where she will get better care. But her mother-in-law is against going to hospital. She feels that women can easily deliver at home like she did in her time. Malti's sister-in-law had delivered at the district hospital last year. It took two hours for her to reach the hospital as the Ambulance took a long time to reach her home. During her hospital stay she complained of bad food and also had to spend money on getting certain medicines. Malti is therefore not registered in a hospital. Her 20 year old husband is worried and asks you for support. What would you like to discuss with the family?



DISCUSSION POINTS

01

Ask the participants, in their opinion, where should Malti deliver her baby and why?

02

What are the barriers to Institutional delivery in this case study?

- Malti should deliver in an institution.
- But her family has barriers to going to an institution –
 - Her mother-in-law wants to follow traditional practices of delivering at home
 - Her sister-in-law had to wait for ambulance and had a bad experience in the hospital

We can support the family by –

Explain to the family the importance of delivering in hospital – in hospital emergencies can be handled, infections are prevented, newborn is vaccinated and cared for

Prepare a birth plan – keep essentials ready to carry to hospital – money, clothes, utensils, clothes for the baby, arrange for transport etc so that there is no problem in hospital stay.

CASE STUDY 2:

Ashraf is 4 years old and was suffering from loose stools for 2 days. By the evening of the 2nd day, Ashraf had had 6 loose stools and was looking very weak. His mother got worried and wanted to consult a doctor immediately. The nearest sub-center was 3 kms away and ANM didi had gone back to her village by 3 PM as per her every day routine. The nearest Primary Health Center which was open 24 hours a day was more than 15 kms away and the family had no means of transport. Ashraf's mother decided to take him to the village healer. What will you discuss with the family?



DISCUSSION POINTS

- 01 What should have Ashraf's mother done? Should she have consulted a health care provider?
- 01 If Ashraf had been a girl, would there have been any difference in seeking care? Do you think seeking care depends on gender?
- 06 What type of doctor should be consulted?

- Ashraf should receive care immediately. He needs ORS which can be provided by a village level worker (ASHA worker).
- But, his family had to go to a traditional healer because of barriers in accessing health care –
 - Poor access – No transport to go to the hospital

We can support the family by –

- Families with vulnerable groups (children below 5 years, pregnant and lactating women, elderly) should be supported to have a plan for emergency health care.
- It is seen that more young boys than girls are taken to hospital for health care. This indicates a gender based divide in health care seeking.

After the case studies, finish the session by summarizing the following points.

KEY MESSAGES



Families are driven by different factors for seeking health care like type of specific health care requirement, cost, convenience of approach, belief in a medical system, quality of care, life threatening emergencies.



There are some factors that act as barriers to seeking health care such as lack of awareness, lack of resources, excessive cost of care, cultural and religious practices, lack of trust in public health system and female gender.



To support the family in seeking health care timely and safely, we must be aware of the factors affecting health care behavior of the family.



READING MATERIAL FOR FACILITATOR

Health seeking behavior of an individual is the behavior related to looking for health care services when the need arises. E.g. when a woman is pregnant, her family looks for a place where trained persons will check her, provide medications and reassure her that everything is normal.

Every family thinks differently. Therefore, to help a family access good and appropriate health services, we first need to know why and how a family behaves to seek out health care. What are the factors that motivate a family to access health service? Which type of facilities do they prefer to go to? What motivates them to go there? What type of medicine they prefer? What stops them from accessing a particular service?

If you identify these factors before advising, your advice will be useful to the family.

HEALTH SEEKING BEHAVIOUR OF AN INDIVIDUAL AND FAMILY IS DETERMINED PRIMARILY BY:



Type of specific health care requirement

For what purpose is health care needed? E.g. If a child has mild Diarrhea, ORS can be provided at home by ASHA. But, if a child is suffering from high fever and seizures, the family should immediately go to a hospital.



Convenience of approach

How far is the health facility? The closer a facility is to the family, the more a family will be able to access it. A pregnant woman needs to get checked 4 times during the pregnancy. She would prefer to go to a nearby place for check-up, if the facility is far away, the family will need to spend time and money to access and might not go at all.



Quality of care

Is the facility friendly to the family, clean and treatment is of good quality, is the family treated with respect? A family who has accessed a certain health service spreads the word in their community about the quality of care received. Often, govt. health facilities receive bad publicity due to varied factors and people do not prefer going there if they have money to go to a private facility.



Cost of treatment

How much cost will be incurred for treatment? Many rural poor families access government health facilities as cost of care is less. Private hospitals charge much more money often pushing the family into further poverty.



Belief in a particular health system (Allopathy, AYUSH)

In our country, both allopathic and AYUSH (Ayurvedic, Unani, Homeopathic and Sidhha) systems of medicine are available in govt. and private hospitals. Depending on people's belief, they decide which system to use. Many communities also believe in Traditional Healers or Godmen to cure their illness.



Life-threatening emergencies

In case of life threatening events, people go to a bigger hospital. Those with money prefer private hospitals while others visit district and other larger govt. hospitals.

COMMON BARRIERS TO SEEKING HEALTH CARE:



Lack of awareness

Some families, especially in far flung areas may not know where to go for health care, they may be afraid to go far away, may not be familiar with the health workers etc.



Lack of resources

Sometimes families who need to visit a health facility cannot go as they do not have anyone to look after children, elderly or animals at home. Lack of transport or money also leads to delay or lack of health care.



Excessive cost of care

Private hospitals charge more money for treatment. So, poor families access public health facilities rather than private ones. Often, poor people are unable to afford specialized care, such as heart surgery or liver transplant etc. because these procedures are extremely highly priced in private facilities. These procedures are also done in large government hospitals but there is a cost involved in taking a sick family member to a tertiary care hospital, which is usually located in a town or city. Added to this the fact that hospitals often ask patients to purchase medicines or equipment from the open market due to shortage in supply within the hospital.



Lack of trust in public health system

Public health facilities are often constrained by lack of adequate HR, equipment and other resources. As a result, they are unable to offer best quality or respectful care to patients. Small public health facilities work for only few hours a day and may be closed when a family needs health care. Compared to this, traditional healers are trusted members of the community, can reach a family at any time, treats family with respect, listens to the patient and offers services at a reasonable cost. Hence, many communities turn to traditional healers in times of need, rather than hospital facilities.



Cultural and religious practices

Long before modern medicine was invented, people were treating their ailments themselves. Many of these treatment practices became cultural traditions. Some such practices lead to conflict with practices of modern medicine.

In many families, after giving birth, a woman is not allowed to eat regular food till 42 days after birth. But allopathic doctors insist that after giving birth a woman is weak and must be given a rich and healthy diet. Another myth is that if pregnant woman takes iron tablets, the baby will be dark. This is not true and doctors prescribe Iron tablets during pregnancy regularly. Such conflicts disturb traditional members of the family who might then resist modern medicine practices.



Gender

Also plays a role in seeking health care, girls get lesser care than boys. It is a known fact that more boys than girls are brought to sick newborn care units, meaning that sick newborn girls do not get the same kind of attention by family as compared to boys. Similarly, often the women of the house eats last, leaving her with only the leftovers. In many areas, girls are married off as early as 15-16 years of age. After marriage they face pressure to prove their fertility and therefore have the first child within the first year of marriage. During teenage, a girl's body is not mature enough, and therefore teenage pregnancy carries a lot of risk, such as delivery of a low birth weight or premature baby, extreme weakness of the mother and others.

1.B. COMMON AILMENTS ACROSS THE LIFE CYCLE OF AN INDIVIDUAL AND POINTS OF CARE WITHIN THE PUBLIC HEALTH SYSTEM

Instructions for Facilitator

Time: 30 minutes

Methodology: Q &A, Case study, Videos



In this session you will learn which type of diseases commonly affect us through our life. You will also learn about the public health system - its infrastructure, types of health workers and their roles and the various schemes launched by the Government to take care of our health needs. Most importantly, you will learn the roles of SRLM cadres for health care.

While taking this session, start with a Quiz, using Quiz cards. Read out the answers and let the trainees select the correct answer. Explain the correct answer on the basis of what you read in this chapter.



quiz ? ✓ !



Q1. Most newborns are born with normal weight. But, 20% of newborns in our country are born with low birth weight? Which of the following is True?



A. Birth weight less than 2.5 kg is low birth weight



C. ASHA didi must conduct home visits to the newborns house



B. Birth weight less than 3 kgs is low birth weight



D. If this baby is taken to public hospital for care, money will be charged by at the hospital



Q2. What special care does a low birth weight newborn need at home?



A. Cow's milk and mothers milk



C. Extra warmth and frequent mother's milk



B. Medicines and formula milk



D. Must remain admitted in hospital



Q3. A 2 year old child in your village is weak and underweight. Both his parents are brick kiln workers. They work all day in the kiln while their 3 children play outside in the mud. What is likely to be the problem with him & what should be done?

- ☒ A. Parents are neglecting the child and should be reprimanded by you
- ☒ B. Child has some internal illness & should be referred to hospital
- ☒ C. Child is undernourished and may be Anemic. Refer to Anganwadi and ASHA for assessment, counseling on better feeding, Iron and Folic Acid syrup and Tablet for deworming
- ☒ D. Child is naughty so does not eat well



Q4. It is the month of July and the village has received some rain recently. There are pools of water everywhere. Vinod, a 15 year old village boy has developed fever with chills since 5 days. Which illness does he most likely to have? What should you do?

- ☒ A. Vinod probably has ordinary fever and does not need a check up
- ☒ B. Vinod may have Malaria and ANM must be informed. Village must be made aware to throw away stagnant water
- ☒ C. Vinod may have had bad food and has a stomach illness.
- ☒ D. Vinod has brain fever



Q5. Sarita, 28 years old mother of 3 children looks weak and tired, what do you think is her problem? What should be done?

- ☒ A. Sarita is possibly Anemic and has other vitamin deficiencies. This is because she has 3 children by age 28 years so she must have started producing children from a very young age. Initiation of child bearing at a young age and frequent pregnancies drains the body of a woman, depleting it of important nutrients. Refer Sarita to ASHA didi to be given IFA and advised on proper balanced diet.
- ☒ B. Sarita is lazy and slow and should be told to work harder
- ☒ C. As she has so many children, she gets tired taking care of them
- ☒ D. Sarita may have some women's problem and should see a doctor



Q 6. Which of those mentioned below are health needs of adolescent girls?

- ☒ A. Anemia leading to weakness & poor performance in school
- ☒ B. Menstrual problems are common among younger adolescents' girls between 10-14 years when their periods start
- ☐ C. Adolescent girls are healthy and do not need any care
- ☐ D. Care for heart and lung diseases



Q 7. At which type of facility will you find a medical doctor?

- ☐ A. Anganwadi
- ☐ B. Sub-center
- ☒ C. Primary health center and above

**AFTER THE QUIZ,
SHOW THE VIDEOS GIVEN HERE.**



Promoting Institutional delivery:

Institutional delivery -

https://youtu.be/z7d89Yeov_o



Preparation of birth:

<https://youtu.be/WL2ul8ZK3Gg>

(Digital MEDIC at Stanford University)



Adolescent girl nutrition:

<https://youtu.be/gJdRJMoCP60>

Following the videos, discuss the case studies given below.

CASE STUDY 1:

An 8 month pregnant woman, Phalguni started having abdominal pain in the evening which increased in the night. Her water broke by 3 AM and she started bleeding. Her husband was very worried and called the ANM didi over the phone. ANM didi said that Phalguni must be taken to the PHC immediately. The PHC was 10 kms away and the family did not have any vehicle to transport the woman to hospital. Besides, they could not leave the aged mother-in-law alone to take care of the younger 3 year old child. By morning, Phalguni was bleeding heavily and was almost unconscious. At 6 AM, her husband woke up the neighbours and organized a car to take her to hospital. Phalguni delivered a still baby on the way to hospital and she herself was declared dead on arrival at the hospital. Sadly, the family lost a valuable member and the 3 year old child lost his mother.



DISCUSSION POINTS

- Could the mother and baby have been saved?
- What could have been done differently by the family?

Phalguni and her baby died because there was no proper plan where and how to take her in such circumstances. Such circumstances can happen to any pregnant woman. Therefore, every pregnant woman's family should have a birth plan and a complication readiness plan.

CASE STUDY 2:

Iqbal Masood, a man of 72 years complains of shortness of breath on walking a few steps since the last 1 year. He also feels tired often and does not want to interact with people because of his tiredness. Iqbal lives with his son and daughter-in-law. They have a small plot of land behind their house which is lying vacant.



DISCUSSION POINTS

- 01 What was wrong with Iqbal Masood?
- 02 How can you help?

It is likely that Iqbal Masood is suffering from a heart or lung disease. This problem cannot be handled by the ANM. He must be referred for a full check-up and blood and urine tests at the nearest PHC. Based on the outcome of tests, the doctor will prescribe medicines which he must consume regularly. He should also take a healthy diet and exercise daily. The plot of land behind his house can be used to grow a nutri-garden so that he and his family can access a diverse diet. If he has a ration card and is enrolled with PDS, his family would be able to get regular rations from the PDS outlet.

It is also good to save money over time for health issues so that there is no shortage of funds when needed. Health insurance packages such as PMJAY, can be availed by such persons. The CBO can also provide the VRF to needy persons. The health savings done by members can also be utilized. Good social interactions help in keeping a positive attitude and good mental health.



AFTER DISCUSSING THE CASE STUDIES, SUMMARIZE THE SESSION WITH THE FOLLOWING KEY MESSAGES:



KEY MESSAGES



- 
- “ At different ages, our health problems and needs are different. ”
- “ The newborn period is the most vulnerable period of life. But, all illnesses, especially among children below 5 years must be taken seriously and help sought. ”
- “ In the community, the first points of health care are the ASHA and ANM. ”
- “ The roles of ASHA and ANM are clearly defined. ASHA is expected to make several home visits to pregnant women and children below 2 years of age. ”
- “ Every pregnancy is risky and institutional delivery is preferred. A birth preparedness plan and complication readiness plan must be prepared. ”
- “ To reach a doctor, the first point of care is the PHC. But for complications of pregnancy, it is better to take women to the CHC. ”
- “ The government has National Health Programs and many schemes to provide health care to people of all age groups, for various health conditions. The community must know and avail of these services. ”
- “ SHG and their institutions (VO and CLF) can help members adopt healthy behaviours for improved health, nutrition and sanitation. ”
- “ Support in availing ICDS and health schemes and services, rights and entitlements. ”
- “ Provide soft loan in serious illness or use VRF. ”

READING MATERIAL FOR FACILITATOR

As we go through life, we need different kinds of health care at different ages. Some illnesses are age-specific. The table below explains where to access routine care and care during sickness across all age-groups. The services mentioned below are available free of cost at public health facilities.

AGE GROUP	ROUTINE HEALTH CARE	PLACE OF CARE	SICKNESS	PLACE OF CARE
 <p>0-28 days</p> <p>(programs applicable to this age group are: Janani Shishu Suraksha Karyakaram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Surakshit Matritva Aashwasan (SUMAN) scheme, Home Based Newborn Care (HBNC), Family Participatory Care (FPC), Lactation Management Center (LMC), Village Health, Sanitation and Nutrition Day (VHSND))</p>	Immunization at birth.	Most newborns are immunized at the time of birth. If not, take the child to VHSND for Immunization.	Premature or low birth weight newborn after discharge from hospital.	A premature or low birth weight newborn may be admitted at the hospital Sick Newborn Care unit (SNCU) for a few days. After discharge from hospital, newborn must be taken to the hospital as per doctor's orders. ASHA will conduct home visits to examine newborn and counsel family on newborn care.
	Post Natal Care of normal newborn.	Take child to Health institution for the first 2 days after birth. After that, ASHA will visit at home for upto 2 years of life.	Infection leading to fever, cough, cold, breathing difficulty, yellowness of palms and feet, boils on the body, any other problem.	Contact ASHA or ANM immediately. Take newborn to hospital as advised by ASHA or ANM.
 <p>28 days - 2 years</p> <p>(programs applicable to this age group are: Janani Shishu Suraksha Karyakaram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Surakshit Matritva Aashwasan (SUMAN) scheme, Home Based Newborn Care (HBNC), Home-based young child care (HBYC), Village Health, Sanitation and Nutrition Day (VHSND))</p>	Immunization	Visit VHSND for Immunization doses.	Diarrhoea, Pneumonia, Vaccine preventable diseases (VPD).	Contact ASHA or ANM if you suspect any of these concerns. Take child to the hospital as advised by ASHA or ANM.
	Growth monitoring	Visit Anganwadi for monthly growth monitoring.	Weak child, no weight gain (Malnutrition).	AWW will identify if the child is malnourished. AWW and ASHA will counsel family on how to improve the nutritional status. If child is severely malnourished, s/he will be referred to a Doctor for admission at Nutrition Rehabilitation Center (NRC) as advised by the Doctor.
Always carry the MCP card while visiting VHSND, Anganwadi or hospital.				

AGE GROUP	ROUTINE HEALTH CARE	PLACE OF CARE	SICKNESS	PLACE OF CARE
 <p>2-10 years</p> <p>(programs applicable to this age group are: Rashtriya Bal Swasthya Karyakram (RBSK), Weekly Iron and Folic Acid Supplementation (WIFS), Mid-day meal, Village Health Sanitation and Nutrition Day (VHSND), Integrated Child Development Services (ICDS)</p>	Immunization	Visit VHSND for Immunization doses.	Diarrhoea, Pneumonia, Vaccine Preventable Diseases	Call ASHA/ANM immediately if you suspect any of these concerns. Take child to the hospital as advised.
	Growth monitoring	Visit Anganwadi for monthly growth monitoring.	Weak child with no weight gain (Malnutrition) Or overweight child	AWW can identify if the child is malnourished (underweight or overweight).
	Iron supplementation	Available from ASHA. School-going children will get Iron tablets in school.	Anemia	AWW and ASHA will counsel the family to improve the nutritional status. If child is severely malnourished, s/he may need admission at Nutrition Rehabilitation Center (NRC).
	Deworming	Tablets are available with health workers during Deworming drives.		
	Fresh cooked meal/ Take Home Rations (THR)	Available for 3-6 years' children from Anganwadi. Available for school-going children as Mid-day meal.		ANM will provide treatment and counseling. If Anemia is severe, ANM may refer to a higher center.
Always carry the MCP card while visiting VHSND, Anganwadi or hospital.				
 <p>10-19 years</p> <p>(programs applicable to this age group are: Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), Weekly Iron and Folic Acid Supplementation (WIFS), Take Home Rations (THR), Mid-day meal, Village Health Sanitation and Nutrition Day (VHSND)</p>	Iron supplementation	Iron tablets are available from school to school-going children once a week. Iron tablets are provided by ASHA or AWW for out- of-school girls.	Road Injuries, Self-harm, Drugs, Gender based violence.	Consult ASHA or ANM for nearby Adolescent Friendly Health Center
	Take Home Rations (THR)	Available to out-of-school girls from AWC.	Malnutrition (underweight or overweight), anemia.	Consult ASHA or ANM for nutrition counselling and anemia management.
	Deworming	Tablets are available with health workers during Deworming drives.		
	Fresh cooked meal	Available to school children upto age 14 years as Mid-day meal.		

AGE GROUP	ROUTINE HEALTH CARE	PLACE OF CARE	SICKNESS	PLACE OF CARE
 <p>15-49 years</p> <p>(programs applicable to this age group are: THR for pregnant and lactating women, Surakshit Matritva Aashwasan (SUMAN) scheme, Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Lactation Management Center (LMC), Family Participatory Care (FPC), Insurance scheme – Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Pradhan Mantri Matru Vandana Yojana (PMMVY), Anaemia Mukh Bharat (AMB), Village Health Sanitation and Nutrition Day (VHSND))</p>	<p>Women with normal pregnancy need ANC and PNC</p>	<p>Get registered with ANM as soon as pregnancy is detected.</p> <p>Visit VHSND regularly for ANC.</p> <p>Get registered at the nearby delivery center. ASHA will undertake visits at home for PNC check-up upto 42 days after delivery.</p>	<p>Problems during pregnancy such as high BP, Diabetes, Reproductive Tract Infection, Heart Disease, Obesity, Short stature, twin pregnancy, or other problems.</p>	<p>These problems can be identified by the ANM. But, for diagnosis and treatment, visit the Doctor at the Primary Health Center (PHC). In case of emergency, go to the Specialist Doctor at Community Health Center.</p>
			<p>Difficulty in breast-feeding.</p>	<p>Contact ASHA and ANM. They will help to resolve the problem.</p>
	<p>Women and Men both need Family planning</p>	<p>Consult ANM for options for Family planning</p>	<p>Women and Men both may have road Injuries, Heart Disease, High BP, Alcohol and Smoking addictions, STI/AIDS, Obesity, Infectious diseases like Tuberculosis, Malaria etc.</p>	<p>Only a Doctor can diagnose these health problems. So, visit a Primary Health Center and meet the doctor for diagnosis and further management.</p>
 <p>above 49 years</p> <p>Routine yearly check-up</p>	<p>Routine yearly check-up</p>	<p>For routine examination and tests, a Doctor should be consulted at a Hospital</p>	<p>Heart disease, High BP, Diabetes, Lung diseases, Arthritis, other age-related problems</p>	<p>Only a Doctor can diagnose these health problems. So, visit a Primary Health Center and meet a doctor for diagnosis. ANM and ASHA will counsel for continued care at home</p>

KEY MESSAGES

01

At different ages, our health problems and needs are different.

02

The newborn period is the most vulnerable period of life. But, all illnesses, especially among children below 5 years must be taken seriously and help sought.

03

Every pregnancy is risky and institutional delivery is preferred. Every pregnant woman should have a birth preparedness plan and complication readiness plan.

04

In the community, the first points of health care are the ASHA and ANM.

05

The roles of ASHA and ANM are clearly defined. ASHA is expected to make several home visits to pregnant women and children below 2 years of age.

06

To reach a doctor, the first point of care is the PHC. The government has many National Health programs and schemes to provide health care to people of all age groups, for many health conditions. You should know and avail of these services.

PUBLIC HEALTH INFRASTRUCTURE AND SCHEMES TO ADDRESS COMMON HEALTH CONCERNS

For all the above mentioned health problems, people need and seek health care services. Poor families of rural India prefer to use public health services, as it is free of cost and usually easily accessible. In rural areas across the country, Public health system is a three tier system, set up as below:

01

District Hospital (DH)

Population served: Entire population of district) 101-500 bedded/Secondary level care with all specialized



02

Community Health Center (CHC)

(Average radial distance covered:14.33 km)
Population served: 1,20,000 (80,000 in tribal/hilly areas) A 30 bedded Hospital/ referral unit for 4 PHCs with specialised services



03

Primary Health Center (PHC)

(Average radial distance covered: 6.42 km)

Population served: **30,000 (20,000 in tribal/hilly areas)** A referral unit for 6 Sub health centers, 4-6 bedded, has a medical officer with 14 paramedical staff with a Medical Officer Incharge and 14 subordinate paramedical staff



04

Subcenter

(Average radial distance covered: 2.59 km)

Population served: **5,000 (3,000 in tribal/hilly areas)** Most peripheral contact point between Primary Health Care System & Community manned with HW(F)/ ANM & one HW(M) and 3-5 ASHA workers



05

Village Levels

Village Health Nutrition and Sanitation Day once a month in each village organized at Anganwadi center. 1 ANM, 1 ASHA & 1 Anganwadi Worker



06

SHG and Federations

- Integration of FNHW agenda in group meeting/monthly discussions
- Trained CRP on FNHW
- Linkage with services and entitlements
- Support through Vulnerability Reduction Fund (VRF)
- Establishment of nutri-garden, backyard farms



07

Health and Wellness Center

Several SHC, PHC & CHC have been converted to HWC providing essential package of 12 services.



Abbreviations HW(F) = Health Worker (Female), ANM = Auxiliary Nurse Midwifery, HW(M) = Health Worker (Male), ASHA = Accredited Social Health Activist

Source: Adapted from Rural Health Statistics in India (2012) Statistics Division, Ministry of Health and Family Welfare, government of India

At district level, there is a 101-500 bedded hospital with Specialist doctors. The number of beds differs based on population needs. This is a secondary level care facility. The district hospital often has a highly specialized unit called Sick Newborn Care Unit (SNCU) where sick newborns are admitted for care. It may also have a Nutrition Rehabilitation Center (NRC) where children who are severely malnourished and have other illness, are admitted. The child is admitted for at least 14 days and given nutritious food and medicine so that child gains good weight.

The CHC is expected to have a surgeon, a gynecologist and an anesthetist. Caesarian sections should take place at a CHC or above.

The PHC is the first contact with a Medical doctor. It provides 24X7 basic services and indoor admissions to 4-5 patients.

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care and declared this as one of the two components of Ayushman Bharat. HWC are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non - communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.

Each village has an Anganwadi with an Anganwadi worker (AWW), and a helper. At the Anganwadi, children below 6 years of age and pregnant and lactating women are given Take Home Rations (THR). Monthly growth monitoring of children is done and children are also given pre-school education. Each month, the ANM, ASHA and AWW come together to organize the Village Health, Nutrition and Sanitation Day. During the VHSND, all pregnant women are provided Antenatal care (ANC), children are immunized and adolescents are counseled appropriately.

The facilitator may like to enquire about the existing situation in the village-block-district during the training, to bring the discussion on the chart and the key take away of the session.



01

Surakshit Matritva Aashwaasan (SUMAN)

Launched in 2019, under the scheme, all pregnant women, newborns and mothers up to 6 months of delivery will be able to avail several free health care services such as four antenatal check-ups and six home-based newborn care visits.



02

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Launched in 2016, the program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.



03

Janani Suraksha Yojana (JSY)

Launched in 2011, a pregnant woman who delivers in a govt or govt accredited private facility is paid an incentive Rs. 1400 to cover her costs. The full amount should be disbursed at one go to the woman at the hospital itself. Eligibility - Each beneficiary registered under this Yojana should have a JSY card along with a MCH card and a BPL card.



04

Janani Shishu Suraksha Yojana (JSSK)

It is an initiative to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to one year after birth) in Government health institutions.



05

Home Based Newborn Care (HBNC)

ASHA visits the home of a newborn 6 times between 0-42 days of life to check mother and child's health and counsel them on warmth to the newborn, exclusive breastfeeding, identifies signs of sickness in newborn and refers if required, gives dietary and rest advice to mother.



06

Family Participatory Care (FPC)

The parents/caretakers of a newborn who is admitted to a sick newborn care unit are allowed to enter the newborn ward after a strict hygiene protocol. In the ward they provide basic care to newborn using skills taught to them by the Nurses, such as Kangaroo Mother Care, Expressing breast milk and feeding the weak newborn.



07

Lactation Management Center (LMC)

In some states, few hospitals have a facility where lactating women can donate breast milk which can then be provided to babies whose mothers cannot breastfeed due to a medical reason, or mother is dead or the newborn is an orphan.



08

Home-based young child care (HBYC)

Under this program, ASHA makes 4 additional visits to a child between 6 months – 2 years to counsel on complementary feeding, motivate for immunization and growth monitoring at VHSND, checks for signs of sickness, provides IFA syrup, provides ORS packet if required.



09

Take Home Rations (THR)

This facility is provided by the Ministry of Women and Child Development under the ICDS from the Anganwadi. Under this, all children between 3 years – 6 years, pregnant and lactating women are provided rations to cover each day either in the form of dry rations or fresh cooked meals.



10

Immunization

All children from birth to 16 years should be provided appropriate vaccines at appropriate time. Vaccines given under the program prevent the child from getting Diptheria, Pertussis, Tetanus, Influenza, Meningitis, Hepatitis, Mumps, Rubella, serious complications of TB, Diarrhoea due to Rotavirus and Polio.



The public health system is geared so that majority of health issues can be handled at the nearby Sub-center. Many health problems can also be prevented with good health behaviours (explained later in the module).

Module 2:

HEALTH INSURANCE AND HEALTH FINANCE SCHEMES OF GOVERNMENT OF INDIA



INSTRUCTIONS FOR FACILITATOR



In this session, you will learn about the important health insurance schemes of the Government of India. Explain to trainees that the main advantage of having a health insurance policy is that you can avail medical treatment without suffering any strain on your finances. Moreover, as a significant number of Indians end up borrowing money informally to pay medical bills, utilizing the features of health insurance schemes helps avoid the risk of a debt trap. Use the Handout provided to go through the below mentioned Insurance schemes. Explain that registration for Insurance schemes should be done at a valid center like Anganwadi, PHC or CHC with all the necessary documents. The website links provided here may be used to understand the processes. Never use touts and middlemen to register for these schemes. They might take a cut from the Insurance money and



deprive you of your full entitlement and cheat the Government. At the end of the session, reiterate the importance of getting health insurance cover from a safe source.



DISCUSSION POINTS

01

Has anyone enrolled in a health insurance scheme?

02

How has their experience been? What are the challenges?



Name of the Scheme	Entitlement	Eligibles	Process to avail
 <p>Pradhan Mantri Jan Arogya Yojana (PMJAY)</p> <p>This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime.</p>	<p>PMJAY helps households access secondary and tertiary care via funding of up to Rs. 5 lakh per family, per year. This assistance is valid for day care procedures and even applies to pre-existing conditions. PMJAY extends coverage for over 1,350 medical packages at empaneled public and private hospitals.</p>	<p>Households enrolled under the Rashtriya Swasthya Bima Yojana (RSBY) will come under the ambit of the PM Jan Arogya Yojana. These include</p> <ol style="list-style-type: none"> 1) Those living in scheduled caste and scheduled tribe households 2) Families with no male member aged 16 to 59 years 3) Beggars and those surviving on alms 4) Families with no individuals aged between 16 and 59 years 5) Families having at least one physically challenged member and no able-bodied adult member 6) Landless households who make a living by working as casual manual labourers 7) Primitive tribal communities 8) Legally released bonded labourers 9) Families living in one-room makeshift houses with no proper walls or roof 10) Manual scavenger families 	<p>Check on the Ayushman Bharat web portal (https://pmjay.gov.in/) or toll free phone number (14555/1800111565) If you are eligible, you can go to the nearby CHC and meet the Medical Officer or nominated person to make your Golden Card. This card can be used at several hospitals for cashless health services. The payment for your care is done by the Govt directly to the health facility. (Annex)</p>
<p>Pradhan Mantri Suraksha Bima Yojana</p> <p>This scheme came into existence to offer accident insurance to the people of India. https://jansuraksha.gov.in/ National Toll Free : 1800-180-1111 / 1800-110-001</p>	<p>This policy offers an annual cover of Rs. 1 lakh for partial disability and Rs. 2 lakhs for total disability/death for a premium of Rs. 12 per annum. Also insures life at Rs 330 per annum.</p>	<p>People aged 18 to 70 and having a bank account can avail of the benefits of this scheme.</p>	<p>Relevant forms are available online which can be filled and submitted on the website mentioned here.</p>

Name of the Scheme	Entitlement	Eligibles	Process to avail
Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 https://www.mohfw.gov.in/pdf/PMInsuranceSchemePosterC.pdf	As part of the Pradhan Mantri Garib Kalyan package, the scheme with a coverage of Rs. 50 lakh was launched in March this year by the Finance Minister of India to provide insurance coverage to healthcare providers in the country.	This includes health workers fighting the pandemic in the country. Paramedics, doctors, sanitation workers, nurses and others working in hospitals under the state and central government will be covered under the scheme.	Claim form available on the website needs to be reached to: Divisional office CDU 312000 of The New India Assurance Co. Ltd. located at B-401, Ansal Chambers 1, Bhikaji Cama Place, New Delhi-110066.
Pradhan Mantri Matru Vandana Yojana (PMMVY) From 01.01.2017, the Maternity Benefit Programme is named as 'Pradhan Mantri Matru Vandana Yojana' (PMMVY). https://wcd.nic.in/sites/default/files/FINAL%20PMMVY%20%28FAQ%29%20BOOKLET.pdf	Under PMMVY, a cash incentive of ₹ 5000/- is provided directly to the Bank / Post Office Account of beneficiary.	Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to fulfilling specific conditions relating to Maternal and Child Health	To register under the scheme, visit the Anganwadi Centre (AWC)/ approved Health facility depending upon the implementing department for that particular State/UT. b) For registration, the beneficiary shall submit the prescribed application Form 1-A, complete in all respects, along with the relevant documents and undertaking/consent duly signed by her and her husband, at the AWC/ approved Health facility. While submitting the form, the beneficiary will be required to submit her and her husband's Aadhaar details with their written consents, her/husband/family member's Mobile Number and her Bank/Post Office account details. c) The prescribed form(s) can be obtained from the AWC/ approved Health facility free of cost. The form(s) can also be downloaded from the website of Ministry of Women and Child Development (http://wcd.nic.in).

Module 3:

INFECTION TRANSMISSION, ITS PREVENTION AND IMMUNITY BUILDING MEASURES



3.A. INFECTION TRANSMISSION AND ITS PREVENTION

Instructions for Facilitator

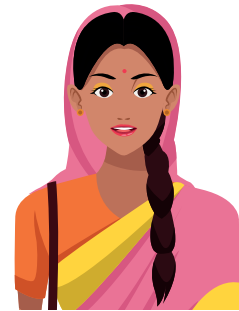
Time: 30 minutes

Methodology: Q & A, Videos of infection transmission, Video of COVID transmission and prevention



In this session you will learn the common modes of transmission of infections and how to prevent this. You will also learn symptoms of common diseases and whom to contact if you come across a person who has an infectious disease.

Start the session with a Q&A. Ask one question at a time, let the trainees answer. Then discuss.



Q & A

Q1. What is an infection?

An infection is the invasion of a body by disease causing germs.

Q3. Why we should use toilet? How does open defecation harm us?

When we defecate in the open, water touching the feces can contaminate the drinking water supply and pass infection to us. Flies also sit on faeces and then on our food to contaminate it.

Q 5. What are be the sources of safe drinking water?

Water from treated piped water supply or water drawn from a deep bore well is considered safe. Boiling water for 5 minutes or adding Chlorine tablets or bleach solution can also make water safe.

Q7. Where does mosquito breed?

Most mosquitoes breed in stagnant water. Mosquitoes that spread Dengue can also breed in fresh water collections.

Q2. What can happen if your drink unsafe water?

Unsafe water can spread infection to the person who drinks it.

Q4. How should waste be disposed?

Solid and liquid waste management techniques are decided by the Gram Panchayat. Follow the guidelines given by them.

Q 6. Do you know any disease spread by Mosquito?

Mosquitoes spread Malaria, Dengue and Chikungunya diseases by the bite.

Q8. Why is it important to prepare food in a hygienic way?

Food that is uncooked or not washed properly can transmit several infections.

Q9. When should we wash our hands?

Hands should be washed after using the toilet, after cleaning a child's bottom, before preparing food, before serving or eating food, before feeding a child, after sneezing or coughing in your hands.

Q11. How does COVID-19 spread?

COVID-19 spreads through inhaling droplets released in the air when an infected person coughs or sneezes or if an infected person coughs and sneezes into the hands and touches your hand or a surface.

Q10. Why should we prevent raw meat, poultry and fish from touching other foods?

Raw meat, Poultry and Fish can get contaminated very easily and can get spoilt.

Q12. How can we keep ourselves safe from getting COVID-19?

We can keep safe by always keeping 6 feet distance from another person, frequent hand-washing with soap and wearing a mask.

Use the Handout to show the diagram on Fecal-oral transmission of diseases and explain it.

Use the handout to show diagram on vector borne diseases and discuss.



Show video on safe disposal of child excreta:

<https://youtu.be/99d3aCf9Eo8>



Show video on COVID-19 transmission and prevention

<https://youtu.be/UEfCxCLtOwk>



Show Video on Malaria transmission

https://youtu.be/ykw30g_NYO

USE THE HANDOUT TO REITERATE KEY MESSAGES:

- 01 Several infections are transmitted through unsafe food and water such as Diarrhoea, Typhoid, Hepatitis A and Cholera. These infections affect children and adults causing malnutrition and reducing immunity.
- 02 To save yourself from food and water borne infections, always wash raw food thoroughly before cooking to wash away mud, insect eggs and other impurities.
- 03 Keep food and water covered to prevent germs from reaching food and water via dirty hands, flies and other insects, mice and other animals.
- 04 For drinking purposes, it is necessary to use water that comes from a safe source or else water should be boiled or treated before drinking.
- 05 Safe water is what comes from treated pipe water, or water from a protected source, such as a borehole or protected well.
- 06 Defecating in the open leads to contamination of ground water, breeding of flies and therefore food and water-borne infections. Use toilet to avoid open defecation.
- 07 Do not throw waste everywhere. Segregate waste into wet and dry and dispose off as recommended by the Gram Sabha.
- 08 Wash hands with soap and water before cooking and before serving food, after going to toilet, after washing a child's bottom, after sneezing or coughing in your hands.
- 09 Wash hands with soap and water for at least 20 seconds.
- 10 Use mosquito net while sleeping to save from mosquito borne diseases.
- 11 Do not let water and garbage collect near home as this breeds mosquito and flies.
- 12 Do not cough or sneeze on others or on food, use a cloth which should be washed afterwards.
- 13 Always wash hands with soap and water after coughing and sneezing.
- 14 Use mask while going out till the time India grapples with COVID-19.

READING MATERIAL FOR FACILITATOR

COMMON ROOTS OF TRANSMISSION OF INFECTION, SYMPTOMS OF COMMON DISEASES AND IMMEDIATE ACTIONS

Infections are diseases caused by organisms such as bacteria, virus or worms. Infections are transmitted to human beings in many ways – through food, water, while respiring and through vectors like mosquito/fly etc

Some common infections, their routes of transmission, symptoms and immediate actions to be taken are given below.

Remember, any infection can be dangerous and can lead to weakness, vulnerability to other infections and even death. Immediate action as suggested by the health worker must be taken.

Source of infection	Common infections	Symptoms	Immediate Action
Food & Water borne – Inadequate cooking of food, unsafe storage	Diarrhea	Frequent, loose stools with or without blood and fever. May lead to dehydration.	Contact ASHA. Use ORS. Take action that ASHA suggests.
	Typhoid	High fever with abdominal discomfort.	Contact ANM at SHC and take her suggestions.
	Hepatitis A & E/Jaundice	Fever, vomiting, abdominal discomfort, yellow discoloration of skin.	Contact ANM, take medicines, avoid fatty and spicy foods.
	Food poisoning	Fever, abdominal pain and loose motions.	Contact ANM at SHC and take her suggestions.
	Cholera	Severe loose stools, fever, abdominal cramps leading rapidly to dehydration.	Contact ANM immediately and take ORS. Plan for emergency referral.
Respiratory – Bad respiratory hygiene, poorly ventilated areas	COVID-19	Fever, dry cough, breathlessness, diarrhea	Contact the help-line for COVID immediately or contact ANM.
	Pneumonia	Fever, breathlessness, cough	Contact ANM for medicines.
	Meningitis	High fever with stiff neck, convulsions	Take to hospital, inform ANM.
	Common cold and cough	Cough, running nose, fever	Contact ASHA, use home remedies as suggested.
	Tuberculosis	Cough for more than 2 weeks, fever, weight loss	Contact ANM
Vector borne – Water & garbage collections that promote mosquito and house fly breeding	Malaria	Fever with chills	Contact ANM and take anti-malarial tablets as suggested.
	Dengue / Chikungunya	High fever with body-ache. May be followed by rashes and bleeding.	Contact ANM. May need referral to hospital.
	Filaria	Fever and swelling of lymph node, followed by swelling of a limb such as leg or arm, redness.	Contact ANM and take necessary medicines.
	Japanese Encephalitis	fever, headache, and vomiting, seizures in children.	Take to hospital. Inform ANM.
	Visceral Leishmaniosis	Skin ulcers, fever, Anemia and enlarged liver	Contact ANM and take necessary medicines.
Infections spread by contact/body fluids	HIV, STD, Hepatitis B, C&D	Multiple symptoms depending on type of disease.	Contact ANM

INFECTION PREVENTION

FOOD AND WATER HYGIENE

It is very important that the food we eat and the water we drink is clean and safe, since contaminated food and water can transmit a number of different infectious diseases such as cholera, hepatitis A, various gastro-intestinal infections, etc. Basic rules of food and water hygiene should aim to

01

Prevent germs from reaching food and water via dirty hands, unclean utensils, flies and other insects, mice and other animals.

02

Prevent germs from multiplying in food and water and reach dangerous levels, that can happen in cooked food that is warm & wet, especially if it contains sugar or animal protein, and water if not stored safely.

KEY CONSIDERATIONS IN FOOD HYGIENE



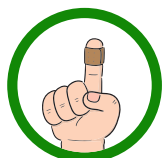
Wash hands with clean water and soap before and after preparing and serving food



Keep fingernails short and clean



Avoid coughing or spitting near food or water



Cover any wounds on hands to prevent contamination of food during its preparation



Buy fresh foods, such as fruits, vegetables, meat or fish, on the day of consumption if possible.



Cover raw and cooked foods to protect them from insects, rodents and dust



Prevent raw meat, poultry and fish from touching other foods, as these animal foods may often contain germs.



Store certain fresh foods and cooked food in a cool place or a refrigerator



Keep dry foods such as flours and legumes in a dry, cool place protected from insects, rodents and other pests

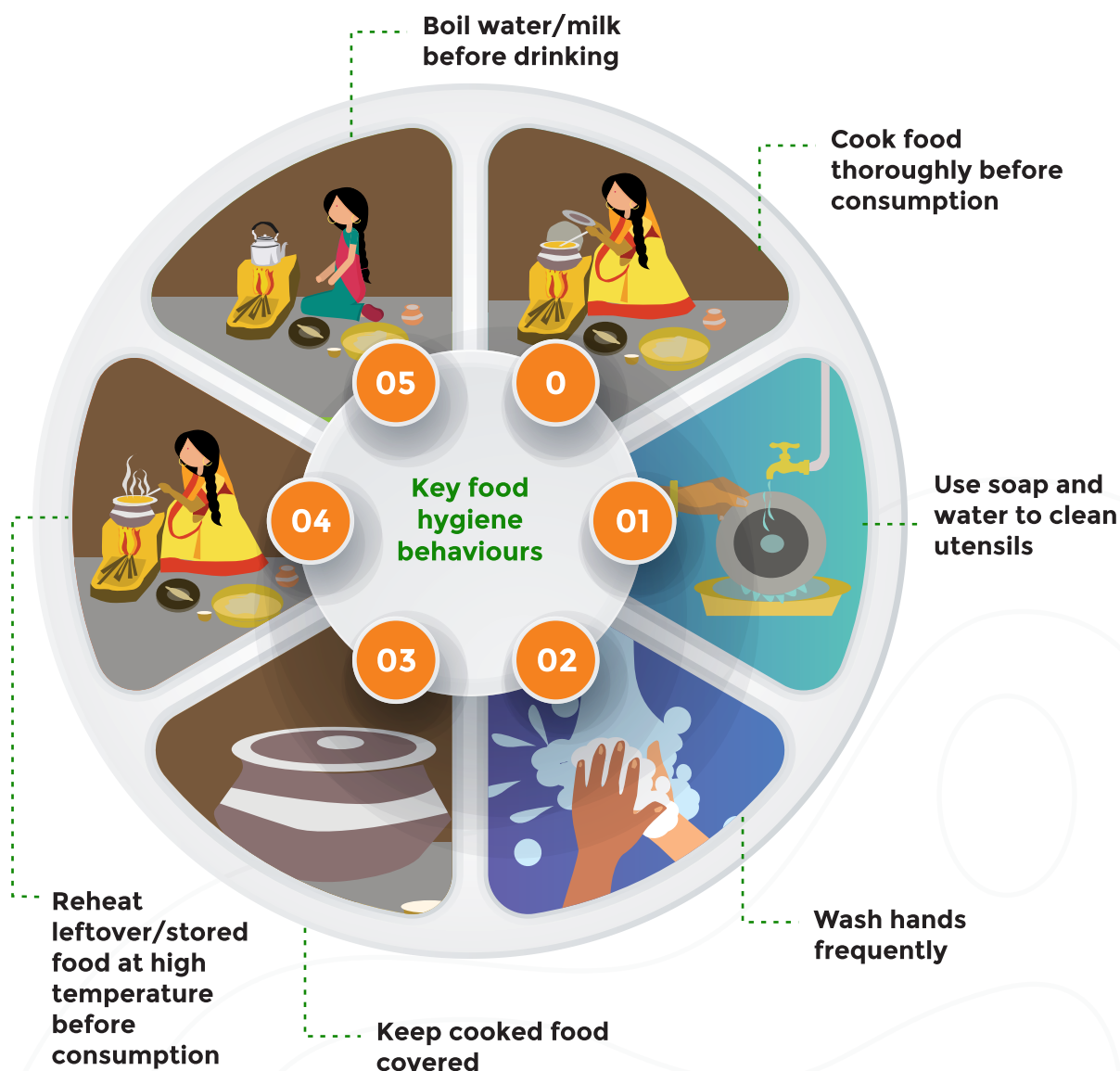


Avoid storing leftover foods for more than a few hours (unless in a refrigerator). Always store them covered and reheat them thoroughly until hot and steaming.

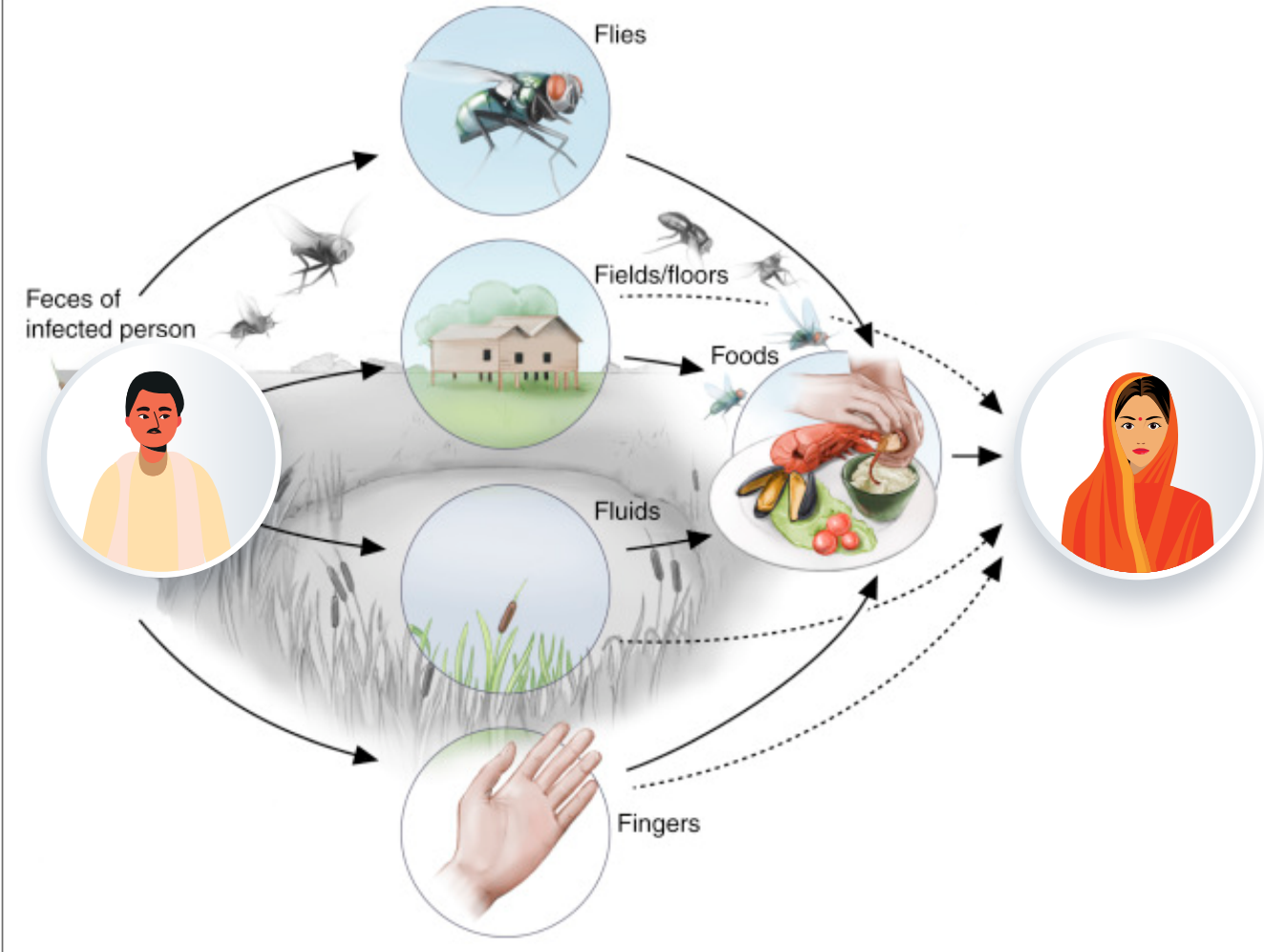
KEY CONSIDERATIONS IN WATER HYGIENE

- 01 For drinking purposes, it is necessary to use water that comes from a safe source or else water should be boiled or treated before drinking.
- 02 Safe water is what comes from treated pipe water, or water from a protected source, such as a borehole or protected well.
- 03 Use clean covered containers to collect and store water. Drinking water in homes should be kept preferably at a height.
- 04 Use long handled ladle to take water from containers, without dipping fingers / hands in water.
- 05 Boil water before drinking or use Chlorine tablets in stored water to make it suitable for drinking and cooking.

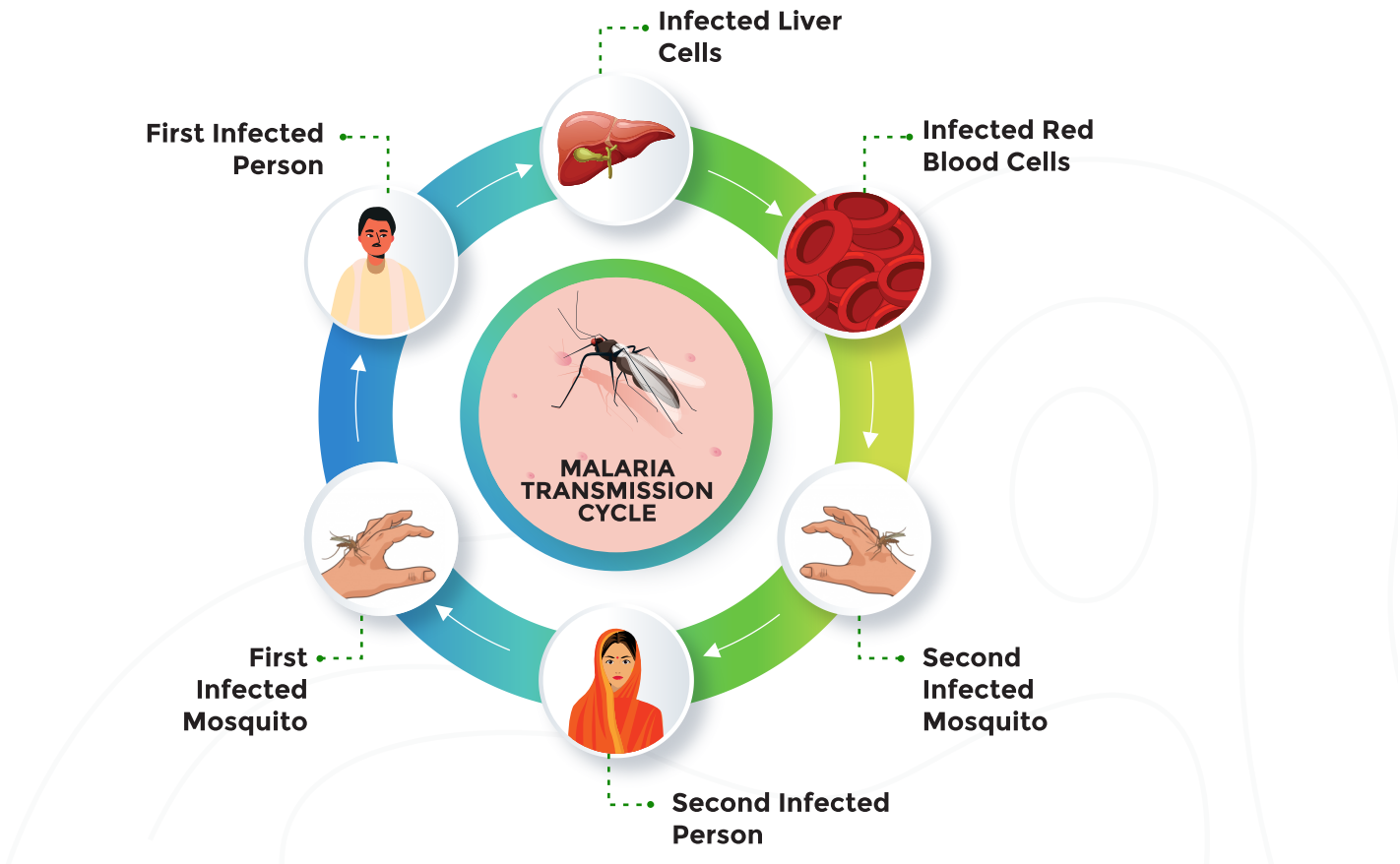
METHODS TO MAKE FOOD AND WATER SAFE FOR CONSUMPTION



FOUR WAYS OF TRANSMISSION OF INFECTION FROM FAECES TO A PERSON



TRANSMISSION CYCLE OF MALARIA





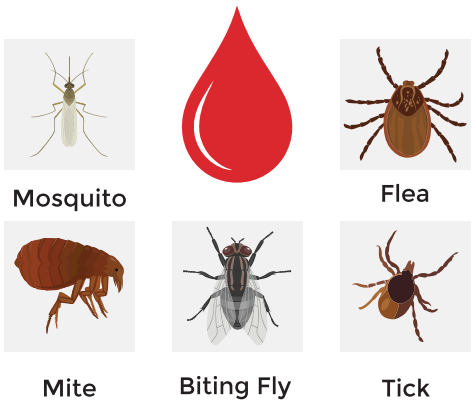
WHAT ARE VECTORS?

Vectors are common insects that carry and transmit disease causing bacteria, virus and parasites.

Transmit more than
250 food borne diseases
leading to nausea, vomiting ,diarrhoea, headache and fever

Deaths due to vector borne diseases in the world: 19 Lakhs / year

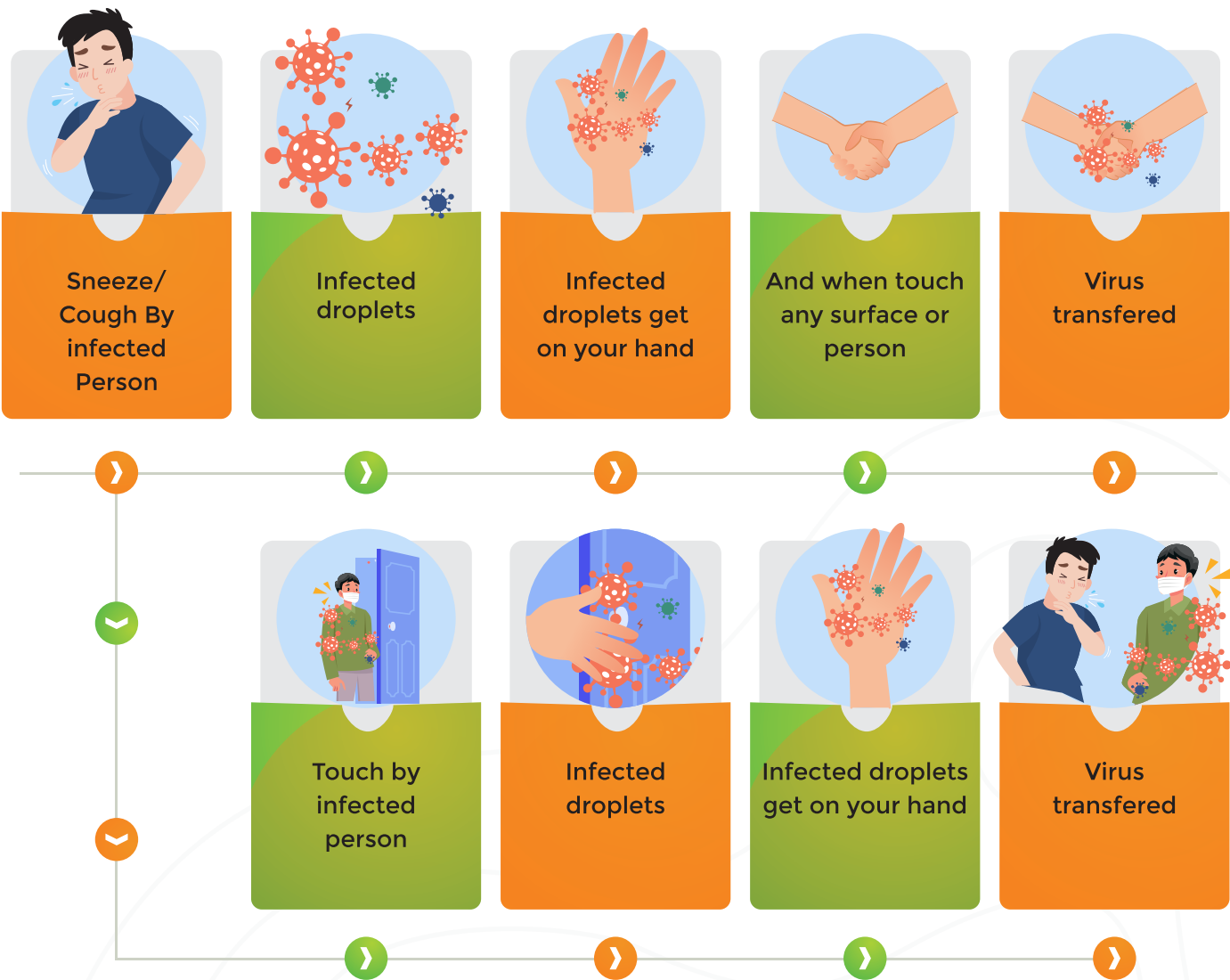
BITING VECTORS



CARRIER VECTORS



COVID IS TRANSMITTED IN THE FOLLOWING WAYS:



PREVENTING RESPIRATORY DISEASES INCLUDING COVID-19



Respiratory Hygiene & use of Mask



Social Distancing as per guidelines



Hand Hygiene
Not touching face



Immunity building



Seek medical help if show symptoms

3. B. IMMUNITY BUILDING - HEALTHY LIFE PRACTICES

Time: 20 minutes
Methodology: Handout

Instructions for Facilitator



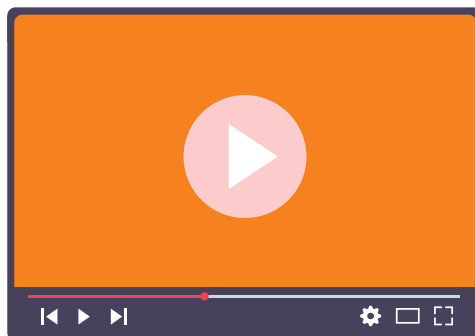
Initiate the discussion using the graphic on practices to help build immunity given in the Handout.

Show the table on food groups to explain what and how much food constitutes a balanced diet.



DISCUSS THE FOLLOWING:

- 01 Which are the age groups that have lower immunity?
- 02 What is personal hygiene? Why is it important?
- 03 Why is Menstrual Hygiene needed?
- 04 Do adults need exercise?
- 05 Do you rest during the day? Is it important?
- 06 How many hours of sleep does a person need?



Show the video on Menstrual Hygiene

https://www.youtube.com/watch?v=q3_XHews0Js

Go through the Handout on Immunity Building and discuss.

Summarize the session with key messages.

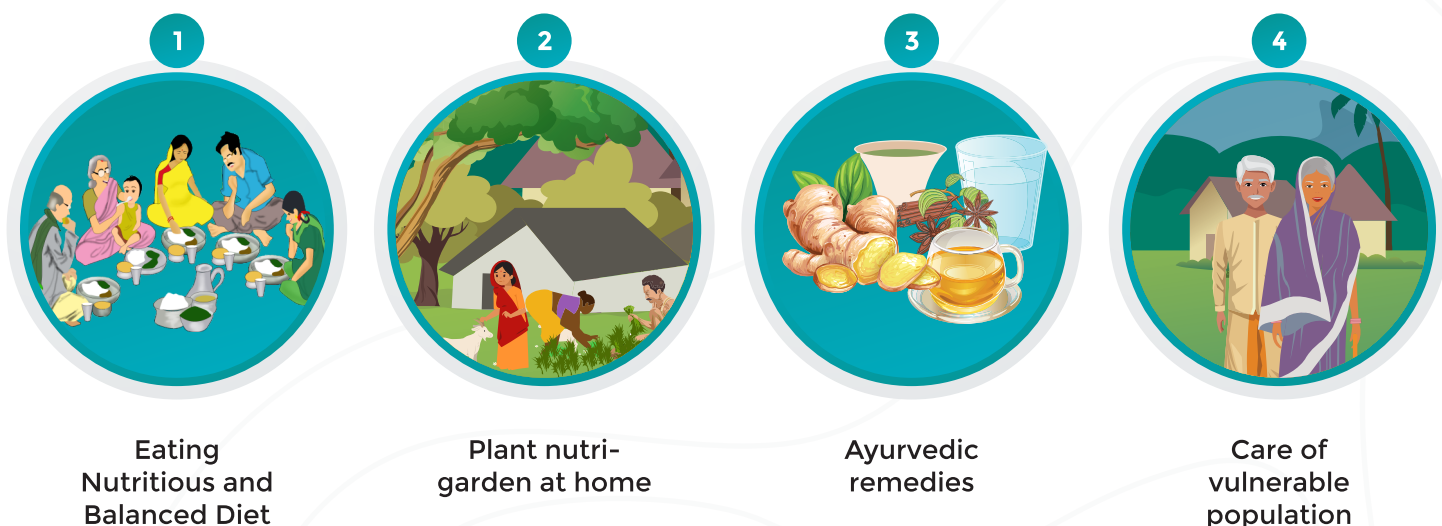
READING MATERIAL FOR FACILITATORS

Immunity is body's defense power to fight against infection. Immunity building means measures taken to assist and strengthen the body's immune system to function optimally and to help ward off disease. Proper functioning is necessary for us to maintain ideal health.

Against each disease that the body is exposed to, the body builds defenses. But when exposed to a new disease, like Corona virus, the body takes time to develop immunity. If the body is healthy and strong, it is more likely to fight off the new infection. But if body is weak or malnourished, the person is more likely to become sick with the disease. Poor diet, stress, tiredness, tobacco and alcohol addiction, abuse of drugs can all lead to poor performance of the immune system.

Four simple practices that help build immunity are described below. Apart from these four mentioned practices, there are others that help build immunity. These are sanitation and good personal hygiene, adequate sleep and exercise. These are also described below.

Figure: Simple practices that help in building immunity



1. Eating a Balanced Diet and Nutrition

The function of immune system like most other systems is dependent on adequate nutrition. The below section explains which foods should be consumed.

- 01 Cereals are the biggest source of energy. A diet lacking in calorie lacks micro nutrients as well that can hamper immune system functioning.
- 02 Proteins are required to build and repair the body and improve antibody response.
- 03 Specific foods rich in various micro nutrients such as fresh fruits and vegetables and foods rich in omega 3 fatty acids can foster a healthy immune system.
- 04 Green leafy vegetables are rich in Iron and Vitamins which are important for Immunity Building.
- 05 Foods like green leafy vegetables are rich in roughage which is important for good gut health.



There are no COVID-19 superfoods but a diet rich in all essential macro (energy, protein and fats) and micro-nutrients (especially vitamin A, B, C D and E and minerals like Iron, Ca, Zinc) is crucial to build, maintain and sustain the optimum immune system.

- 06 Regular consumption of high-fiber whole foods such as whole cereals and pulses (feed the good bacteria) and fermented dairy products (such as yoghurt) or probiotics (live good bacteria) improve immune defense in the gut and decrease the risk of infection.

The 10 important food groups are given below. Every family member should consume at least 5 food types per day from the 10 types given below.



Sr. No.	Name of Food type	Nutrient found in the food type	Uses in the body
1	Cereals and Tubers	Carbohydrates	Give Energy for body functions
2	Pulses and Legumes	Proteins	Help the body grow strong
3	Nuts	Proteins and Fats	Help the body grow, improve brain and improve immunity
4	Milk and Milk products	Proteins and Calcium	Help the bones become strong
5	Meat and Fish	Proteins and Iron	Help the body grow and increase blood
6	Eggs	Proteins	Help the body grow strong
7	Green Leafy vegetables	Iron and Vitamin A	Increase blood and improve immunity
8	Red or Yellow coloured fruits	Vitamin A and Minerals	Make the eyes strong and improve glow of skin and hair
9	Other vegetables	Vitamins and Minerals	Help build immunity
10	Other fruits	Vitamins and Minerals	Help build immunity

2. Plant Nutrition Garden at home

Take help of CRP Livelihoods to develop a kitchen garden. Your family can get 4 out of 5 food groups from nutri-garden in your home. Plant green leafy vegetables, fruits and other vegetables for the family's food throughout the year.



3. Ayurvedic Remedies

Doctors of Ayurveda prescribe the following measures for improving immunity:

- 01 Daily practice of Yogasana, Pranayama and meditation for at least 30 minutes.
- 02 Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) are recommended in cooking.
- 03 Take Chyavanprash 10gm (1tsf) in the morning. Diabetics should take sugar free Chyavanprash.
- 04 Golden Milk- Half tea spoon Haldi (turmeric) powder in 150 ml hot milk - once or twice a day.



- 05 Drink herbal tea / decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (natural sugar) and / or fresh lemon juice to your taste, if needed.

4. Care of vulnerable population

Specific age groups demand more immunity development. They need extra care and attention. These are:

- Children; being in rapid growth stage require additional nutrients.
- Pregnant and lactating mothers with increased physiological nutrient demands.
- Older people with low nutrient absorption.
- Diseased people, who are on continuous medication, with compromised immunities etc.

Care of vulnerable groups



Elderly and Diseased people

- Elderly people should get regular health check-up done
- Take prescribed medicines on time



Pregnant and Lactating Mothers

- Pregnant women should take 1 extra meal per day and lactating mothers should consume 2 extra meals per day.
- Breastfeed the child from birth till at least 2 years
- Start feeding the child complementary foods at completion of 6 months of age.



Young Children

- Give the child food with a separate katori and spoon
- Wash your hands before feeding the child
- Get children vaccinated on time

Other measures that help to build immunity

Sanitation and good personal hygiene

Clean sanitary environment and personal hygiene keeps infection causing pathogens at bay. It helps stop infection before it begins and avoid spreading it to others.



Use sanitary toilets for human waste disposal



Wash hand with soap and water after using the sanitation facility for 20 secs



Bathe daily with soap and clean water



Wash your hands with soap and water before preparing and eating food



Maintain clean surrounding and practice segregation of household waste in separate bin- Green for wet waste, blue for dry waste.



VO can extend support to purchase dustbins at VO/CLF offices, keeping meeting venues clean.

Menstrual Hygiene

Menstruation is a natural, periodic biological process experienced by all adolescent girls and women, yet it is not spoken about openly and still has taboo around it. It is absolutely imperative to maintain hygiene during the period, lack of which can result in reproductive tract infections and urinary tract infections. Some key considerations on menstrual hygiene are –

- 01 Use safe and hygienic menstrual hygiene materials such as sanitary pad or clean washed and dried cotton cloth or menstrual cup
- 02 Wash, dry and store reusable cloth pads, menstrual cups properly
- 03 Regularly change the pad/cloth
- 04 Dispose off the used pad in the designated pit in your area or incinerate.
- 05 Bathe daily bathing and wash the genitals with water (do not use harsh soap)



Adequate sleep

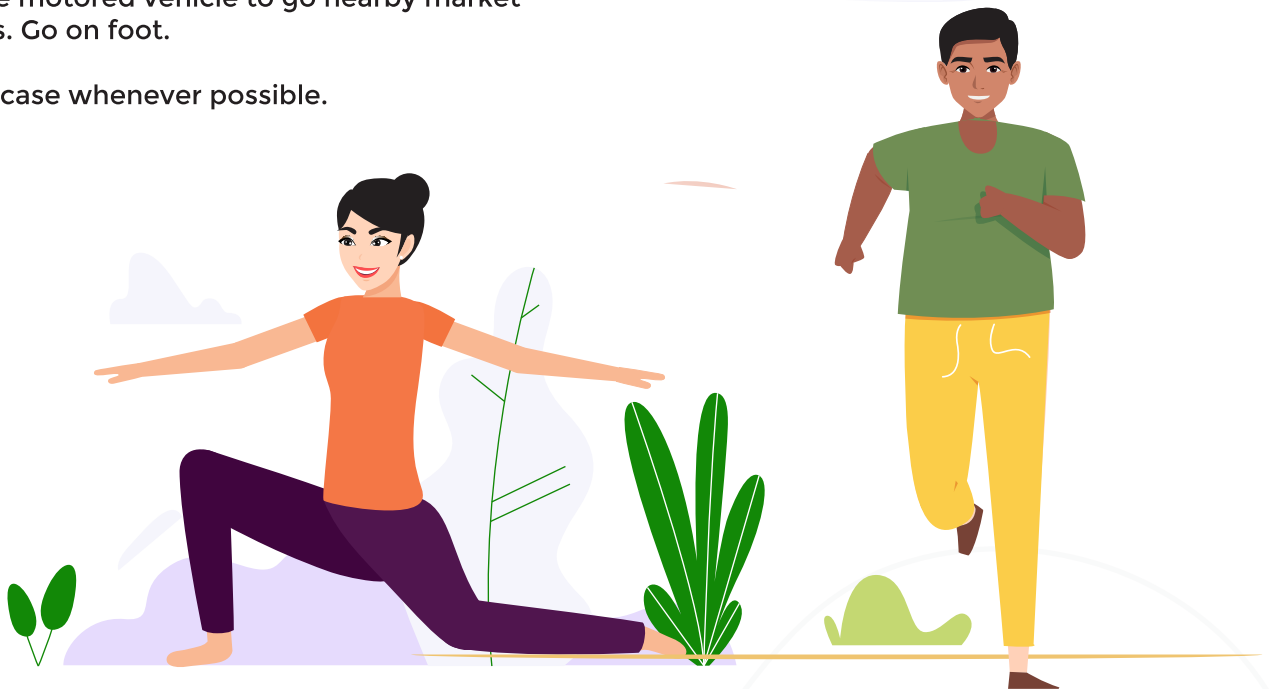
An eight-hours sleep is recommended for all age groups. Keep your bedroom dark and cool; turn off your devices (computer, cell phones, and TV), do not consume tea or coffee or alcohol and dim the lights an hour or two before bed, to let your body know that it's time to get ready for sleep. This will help you get the deep, restorative sleep that is so nourishing for your immune system.



Physical exercise

Physical exercise is beneficial to your immune system. Just like a healthy diet, exercise can contribute to general good health and therefore to a healthy immune system. Exercise helps flush bacteria out of the lungs and airways, the temperature rise during exercise may help the body fight infection better and it improves blood circulation and helps lower down the stress.

- Healthy adults between 18-64 years should do moderate exercise for at least 30 minutes per day. These are exercises like brisk walking, cycling, farming, house-hold and domestic work, walking domestic animals, sports with children, carrying moderate loads, tasks like roofing, painting, thatching etc.
- Elders can do simple walk or light yoga as comfortable to them.
- People can do the simple household chores on their own. Simple household chores are a form of good exercise. Mopping floor is as good as taking a brisk walk.
- Don't use motored vehicle to go nearby market or places. Go on foot.
- Use staircase whenever possible.



KEY MESSAGES

- 01 Immunity is the strength of the body to fight infections. Immunity can be built by taking a nutritious diet, planting a nutrition garden for adequate food and by using ayurvedic remedies.
- 02 Elderly people, pregnant and lactating women and small children need more care as their immunity is weaker than others.
- 03 Other good practices such as personal hygiene including menstrual hygiene, keeping the surroundings clean, taking adequate sleep, rest and exercising for at least 30 minutes a day are also important to build immunity.
- 04 Consumption of excessive tea, coffee, alcohol, tobacco and drug abuse reduce immunity.

3.C. DESIRABLE BEHAVIORS FOR BETTER MATERNAL AND CHILD HEALTH, NUTRITION, INSURANCE, INFECTION PREVENTION & WATER & FOOD HYGIENE AND IMMUNITY BUILDING



Pregnant woman must register for ANC immediately as she learns of her pregnancy



She must attend at least 4 ANC sessions



Pregnant woman must consume 360 tablets of IFA during and after pregnancy



Pregnant woman should have institutional delivery



After giving birth, start newborn on breastfeed within 1 hour



Ensure warmth to the newborn



Continue exclusive BF for 6 months



Start complementary feeds at 6 months and continue to breastfeed for at least 2 years



Ensure 5 food groups in the diet of the child and mother



At 6 months, start giving IFA syrup to the child



Ensure that child receives all vaccines on time



Ensure that children above 1 year receive deworming during the deworming drive



Every household must register for Pradhan Mantri Jan Aarogya Yojana (PMJAY)



Every pregnant woman should register for PMMVY



Prevent water and food borne diseases by washing raw food thoroughly before cooking to wash away mud, insect eggs and other impurities.



Keep food and water covered to prevent germs from reaching food and water via dirty hands, flies and other insects, mice and other animals.



For drinking purposes, it is necessary to use water that comes from a safe source like treated pipe water, or water from a protected source, such as a borehole or protected well or else water should be boiled or treated before drinking.



Wash hands before cooking and before serving food, after going to toilet, after washing a child's bottom, after sneezing or coughing in your hands. Wash hands for at least 20 seconds with soap and water.



Have a bath everyday, keep your nails cut and comb your hair everyday



Keep your immunity raised by eating a balanced and adequate diet



Healthy adults between 18-64 years should do moderate exercise for at least 30 minutes per day. These are exercises like brisk walking, cycling, farming, house-hold and domestic work, walking domestic animals, ports with children, carrying moderate loads, tasks like roofing, painting, thatching etc.



Practice meditation and Yoga for mental and physical peace



Attend community sessions where health issues are discussed



Support needy families with provision of Vulnerability Reduction Fund (VRF)



Attend the VHSND regularly and special events like Godbharai, Annaprashan etc.




Plant nutri-gardens in your home or village so that your family can get nutritious food easily



Establish backyard farms with goatery, dairy, duckery, pigery etc for getting milk, eggs and meat products

Module 4:

**Roles of SRLM
community
institutions for
promoting Health
Seeking Behaviour
(HSB) and Immunity
Building**



Time: 10 minutes
Methodology: Use the Handout

Instructions for Facilitator

In this session, we will learn about our roles and responsibilities for two activities:

A. Roll out the module for Health Seeking Behaviours (HSB) and Immunity Building practices

B. Support SHG members in learning and practicing good FNHW behaviours

Use the Handout to convey messages to the participants.

Inform the participants that Health Seeking Behaviours (HSB) and Immunity Building practices would be promoted under Food, Nutrition, Health and WASH (FNHW) component of the DAY-National Rural Livelihoods Mission (NRLM) by the Community Resource Person (CRP) – FNHW on a regular basis. This will include promotion of recommended practices for improving health outcomes, accessing services and entitlements, adopting dietary diversity etc.

COVID-19 outbreak has established importance of being healthy and maintaining good immunity to not only survive such pandemics but also best utilize livelihoods opportunities. Therefore, the HSB and IB module is being rolled out on priority in response to COVID-19 outbreak. However, consistent efforts would be required to establish health as a priority amongst the community. Accordingly following roles for community institutions are envisaged for immediate support in rolling out of the module and then follow up for ensuring behaviour change and access to services as part of overall FNHW intervention package.

A. IMMEDIATE ACTIONS FOR ROLLING OUT THE HSB & IB MODULE IN VIEW OF COVID-19 OUTBREAK

The National Mission Management Unit (NMMU) has undertaken online training upto the block level and has trained concerned State, District and Block staff and identified Block Resource Persons (BRPs) in this module.

In this regard, following roles are envisaged for the CRP:

- Training facilitating materials i.e handouts and other guidebook etc has been provided to further train identified Community Resource Persons (CRP), members of the SHG and community.
- Conduct HSB & IB sessions amongst the SHG members and community
- Promote adoption of recommended practices amongst the SHG members and community.
- Coordinate with ASHA/AWW and invite for the session.
- Provide inputs to BRPs for reporting and entering data.
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B. LONG TERM ROLES IN SYNC WITH THE OVERALL FNHW INTEGRATION STRATEGY:

COMMUNITY MOBILISERS (CM)/WOMEN ACTIVISTS (WA) (1 CM/WA PER 10 SHG) 1 SAC & CRP FNHW (1 CRP PER 10 VO) AT VILLAGE ORGANIZATION - 2

- Promote usage of toilet, diet diversity, menstrual hygiene.
- Undertake sessions on identified FNHW themes (SBCC module) including follow up of HSB & IB session, follow up in subsequent meetings and invite ASHA/AWW in any one meeting per month.
- Coordinate with CRP - Livelihoods to support SHG women to set up Agri-Nutrition Garden, Backyard poultry, goatery, dairy, duckery, pigery etc.
- Promote consumption of produce from the Farms by the SHG members and their families.



SAC & MASTER TRAINER (MT) AT CLUSTER LEVEL FEDERATION 3 4 BLOCK PROGRAM MANAGER

- Develop SHG wise orientation plan on SBCC module including follow up of HSB & IB
- Organize community-based events (in sync with the SBCC topic roll out) like Demonstrations - Hand Wash, Recipes, Food Groups, Safe drinking water etc. and Campaigns
- Coordinate meeting with ASHA/AWW on VHSND/CBE planning under chairpersonship of OB members.
- Mobilize TG for VHSND/CBE (ICDS specific- Annaprashan/ Godhbharai and other events)
- Develop POSHAN Abhiyaan Event Calendar, Other Ministry's Abhiyaan-Fit India etc.
- Promote adoption of recommended practices, linkage with rights and entitlements and coordinate with functionaries of line departments, as required.
- Represent at convergence forums and present relevant issues and follow up.
- Provide supportive supervision.



SAC & MASTER TRAINER (MT) AT CLUSTER LEVEL FEDERATION

- Develop VO wise plan to train on SBCC module and follow up of HSB & IB session.
- Train CM, CRP, SAC, SHGs, VOs and CLFs,
- Represent at convergence forums and present relevant issues and follow up.
- Develop VO wise plan to train on SBCC module and follow up of HSB & IB session.
- Coordinate meeting with ICDS Supervisor, health, other departments as required under chairpersonship of OB members
- Promote FNHW related enterprises and encourage consumption of the produce for better health outcomes.

BLOCK PROGRAM MANAGER

- Develop block action plan
- Plan Review meetings – CLF/VO/ CRP performance
- Training plan- SAC, OB/EC/CM/CRP & capacity building
- Plan Convergence meetings
- Documentation (case studies/videos/best practices)

Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development - Govt. of India
7th Floor, NDCC Building -II, Jai Singh Road, New Delhi - 110001

Website: www.aajeevika.gov.in

