



Photo Courtesy: K.V. Balasubramanya

FOUR

# 4

Community Level Interventions  
For Improving Maternal, Neonatal  
And Child Health: A Training Tool Kit

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COMMUNICATION AND  
COLLABORATIVE SKILLS FOR  
FRONT LINE HEALTH WORKERS

**Community Level Interventions for Improving Maternal, Neonatal and Child Health: Communication and Collaboration for Front Line Workers,** is the fourth module of the tool kit in a series of seven on enhancing community engagement for improving outreach, shaping demand and strengthening accountability to improve maternal, neonatal and child health outcomes in Karnataka.

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# 4

## Community Level Interventions For Improving Maternal, Neonatal And Child Health: A Training Tool Kit

## COMMUNICATION AND COLLABORATIVE SKILLS FOR FRONT LINE HEALTH WORKERS



UNIVERSITY  
OF MANITOBA





# PREFACE



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The Community Level Interventions Training Tool Kit is a series of seven modules:

- Module 1: Design, Planning and Implementation of the Sukshema Project
- Module 2: Core Concepts of Maternal, Neonatal and Child Health
- Module 3: Sukshema's Community Level Interventions
- Module 4: **Communication and Collaborative Skills for Front Line Health Workers**
- Module 5: Improving the Enumeration and Tracking Process
- Module 6: Home Base Maternal and Newborn Care
- Module 7: Supportive Community Monitoring

**Module 4: Communication and Collaborative Skills for Front Line Health Workers** focuses on the Junior Female Health Assistant (JHA), the Accredited Social Health Activist (ASHA), and the Anganwadi Worker (AWW), the three groups that are key front line health workers (FLWs) in the Sukshema's project. The module will lead them through sessions that will enhance their understanding about: gender and social issues related to the acceptability and access to Maternal Neonatal and Child Health (MNCH) continuum of care services; the importance of focussing on the family as a unit for bringing about desired changes related to MNCH practices; and addressing the gaps in coordination among FLWs in the field. Overall the module aims to improve communication skills during outreach and interactions with the pregnant woman, her family and the community through Family Focused Communication (FFC) Tools, which can help FLWs value themselves and their work, both when working independently or in a group.

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# ACRONYMS

ANC	Ante Natal Care
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BPL	Below Poverty Line
CHC	Community Health Centre
CHW	Community Health Worker
DPM	District Programme Manager
DPO	District Programme Officer
EDD	Expected Date of Delivery
FLW	Frontline Health Worker
FP	Family Planning
FRU	First Referral Unit
GoK	Government of Karnataka
IEC	Information, Education, Communication
IMR	Infant Mortality Rate
IPC	Inter Personal Communication
JHA	Junior Female Health Assistant
LBW	Low Birth Weight
MDG	UN Millennium Development Goals
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MO	Medical Officer
NGO	Non-Government Organization
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PNC	Post-natal Care
SBA	Skilled Birth Attendant
SC	Sub Centre
SC/ ST	Scheduled Caste/ Scheduled Tribe
SHG	Self Help Group
TBA	Trained / Traditional Birth Attendant
TT	Tetanus Toxoid
VHSNC	Village Health and Sanitation Nutrition Committee
WHO	World Health Organization

## GETTING STARTED

The Doorway to Successful Training in **Part 11 of Module 1** should always be used to start a training workshop: initially if covering all modules at one time, or as a refresher if modules are scheduled over a period of time. The Doorway to Successful Training contains a detailed plan of sessions that sets the stage for the workshop activities and logistics, covering welcome, introductions, objectives, hopes and fears, and ground rules.



# SESSION 1: UNDERLYING CAUSES OF MOTHER AND INFANT MORTALITY

## Objective

- To help the FLWs understand the deeper social realities that lead to a high MMR and IMR.

## Methodology

Brainstorming and discussion



Duration  
1.5 hours

## Training Materials

Picture of tree, markers and brown sheets/ chart paper

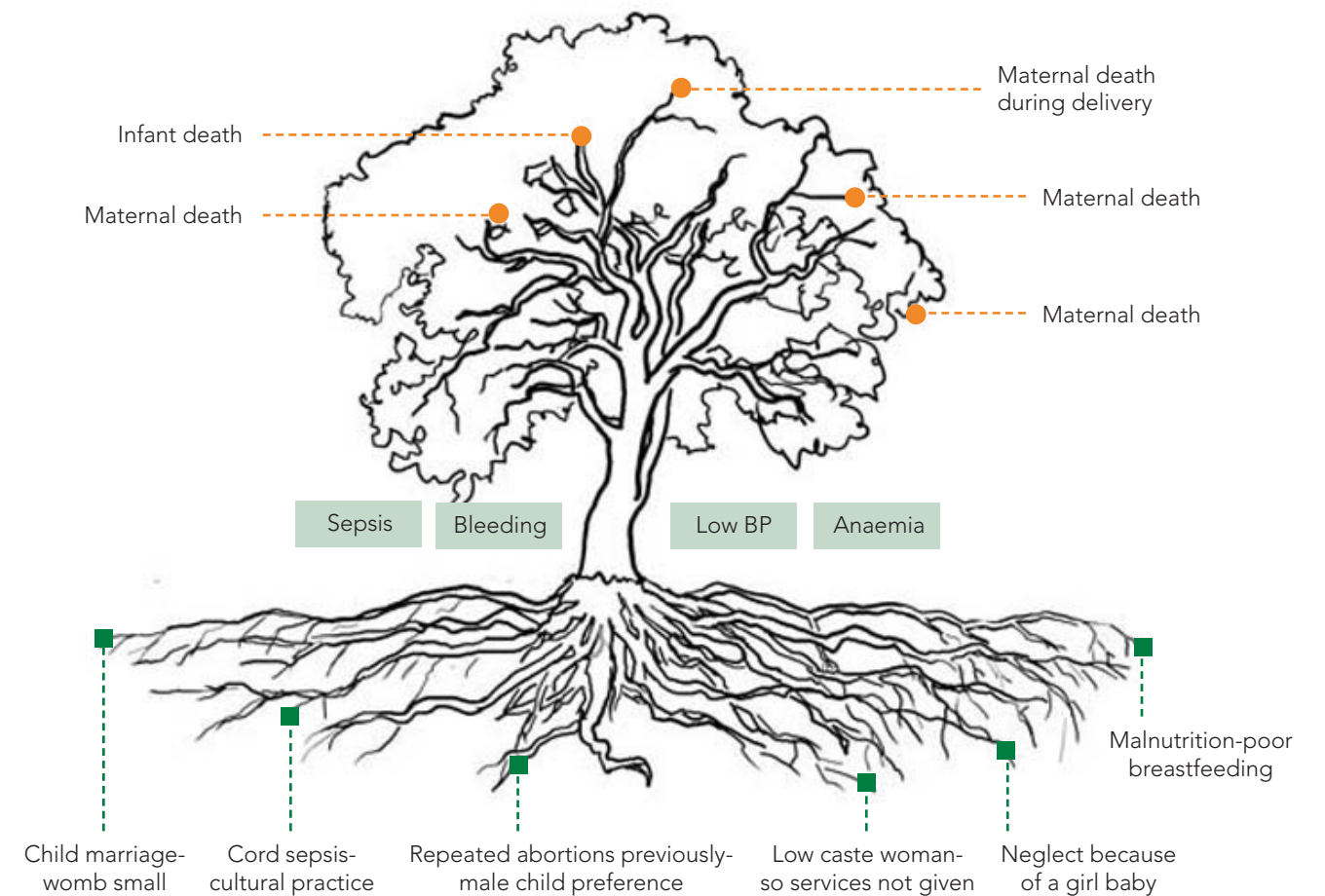
## Tips for facilitators

This session focuses on helping the FLWs explore the underlying causes of maternal and infant illness and death using a socio-cultural lens. Some participants may not immediately agree with this approach, but take the time to use analytical reasoning so they understand that both medical and social causes have to be addressed using a holistic approach. Convince them that change needs to happen at the individual level, the family level and the societal level to improve MNCH continuum of care services in rural areas.

## Process

### 1.1 CIRCLES OF INFLUENCE

- Ask the participants, 'Why do mothers and infants die during child birth in rural India?'
- Encourage them to come up with ideas. Ask probing questions until you get some responses.
- Note their responses on a flip chart.
- Highlight the four most commonly shared responses.
- Ask the participants, 'What could be the reasons behind these main causes?'
  - For example, deconstruct anemia, the causes of which could be malnutrition, overwork, poverty, lack of awareness on nutritious food. Or deconstruct malnutrition, the causes of which could be a woman eats at the end of the meal when most of the food has been eaten.
- Note their responses on a flip chart.
- Continue with the next two most common responses.
- Tell the participants that most of the reasons for causes for India's high MMR and IMR have their roots in gender discrimination and imbalances in society.
- Most of the time we tend to look at MNCH only from the medical point of view and ignore the deeper social and cultural realities that are responsible for MMR and IMR.
- Display the picture of the tree at the front of the training room.
- Explain the social and cultural realities in the Indian context using the picture.
- Ask all the participants to share similar experiences that they know of in the course of their field work.
- Consolidate the discussion:
  - When analyzed, every cause of maternal and infant death has social and cultural roots.
  - Change needs to happen at the individual level, the family level and the societal level.
  - This holistic understanding should lead to addressing both medical and social causes together to bring about improvement in MNCH in rural regions.
  - Healthy mothers and babies reflect a healthy social balance in the village.



# SESSION 2: UNDERSTANDING FAMILY FOCUSED COMMUNICATION (FFC)

## Objective

- To help FLWs understand the importance of communication focused on families.

## Methodology

Brainstorming and discussion



Duration  
1.5 hours

## Training Materials

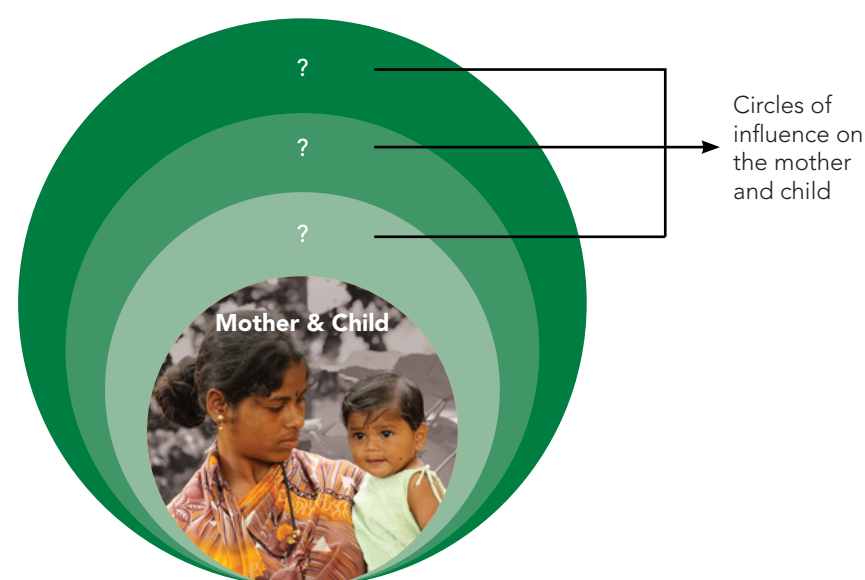
Markers and brown sheets/ card sheets

## Tips for facilitators

This session highlights the concept of FFC and its relevance to MNCH. The current priority of the FLWs is identifying family members who influence the pregnant woman. The FLWs must ensure that strategic and focused communication with these individuals takes place in a timely manner so that their opinions, views and beliefs are altered for effective behavior change, not just in the pregnant woman, but in the family as a whole. Encourage the FLWs to share experiences from the field at different stages of the session to make the discussions realistic. Help them understand that when communication is structured responding to real social realities within families, it is possible to change the decision makers behavior.



- Share this story with the participants:  
*Within a few hours after delivering a child Kamalakka dies on the way to the hospital due to severe bleeding. Her family had her deliver her baby at home. The grandmother believed the bleeding will take out all the toxins within the body. She wasn't fed properly during her pregnancy due to the fear that the baby may grow too big for a safe delivery. Her mother-in-law made her do strenuous work to facilitate "easy child birth". Her husband wanted a male child, but she already had three daughters in the last 4 years. But Kamalakka died and now her children are motherless.*
- Ask the participants why Kamalakka died.
- Note their responses on a flip chart.
- Ask them what wrong beliefs led to her death.
- Note their responses on a flip chart.
- Ask them where these wrong beliefs come from?
- Note their responses on a flip chart.
- Display the picture of the concentric circles at the front of the training room.
- Ask them who influences pregnant women/mothers the most. Tell them to fill in the circles with people/groups/ organizations that have influence on a woman, her child and her health.
- Allow 10 minutes for discussion and encourage everybody to contribute.
- Make sure everyone gives reasons for the influence they have on the woman. For example, if they say husband should be in the innermost circle, ask them why they think so.
- Consolidate the discussion:
  - The closest circle of influence on the mother or the pregnant woman is her family.
  - It is in the family that beliefs are reinforced and practiced.
  - Working with women in isolation will not give the desired results.
- Ask the FLWs if they have ever worked with family members?
- Note their responses on a flip chart.
- Ask all the participants to share similar experiences that they know of in the course of their field work.
- Consolidate the discussion:
  - The decisions that surround the woman, her marriage, her pregnancy, delivery and child care are often taken by family members.
  - Behavior change communication should focus on prominent members of the family who have an influence on the pregnant woman and her decisions.
  - Working with family members is crucial to ensure they make the right decisions and to build a supportive environment for the woman.
  - Communication strategies for family members may be different and need new strategies.
    - ~ A mother in law may refuse to listen.
    - ~ A husband may not even believe in institutional delivery.
- Tell the participants that in the following sessions they will learn more about communicating with the family.



## SESSION 3: ENHANCING COMMUNICATION SKILLS: FIVE ACTIVITIES FOR FLWS



Session 3 includes five activities/exercises to enhance the communication skills of FLWs to work with pregnant women and their families to improve the mother and child's health during the MNCH continuum of care. The activities aim to help the FLWs be confident enough to communicate intelligently and sensitively with persons with different personalities, beliefs and customs, and to find solutions for both expected and unexpected challenges in the families. All the activities in the session are linked together and should be conducted in one session. A key aspect of this session is to motivate FLWs to perceive their work not merely as a job, but as a commitment to the cause of saving mothers' and children's lives. These activities should help FLWs explore their personal strengths and channel them effectively so that their interactions with mothers and families are focused, relevant and powerful and that the FLWs realize their full potential.

**Duration for all 5 activities: 4 hrs**

### ACTIVITY 1: LISTENING AND COMPREHENSION SKILLS

#### 🎯 Objectives

- To help improve the listening skills of the FLWs during interactions in the field.
- To know the difference between hearing and listening.
- To grasp information, remember what was said, and comprehend the meaning.
- To be able to design communication messages based on what they heard.

#### ⚙️ Methodology

Reading activity and discussion



Duration

30 minutes



#### 📝 Training Materials

One copy of a MNCH materials for each group, e.g., project brochures, handouts or reading material on MNCH care. Markers and brown sheets/ chart paper



#### 💡 Tips for facilitators

Some of the participants may feel that 650 words per minute is impossible. Reassure them that to reach that limit they need to practice improving their listening abilities by continuous effort and concentration. Tell them that there is also a link between how well you can listen and how interested you are in the subject. A FLW who is not interested in a conversation with a pregnant woman during a home visit will not hear much. She won't be listening to what is being said. Communication will not be effective.

#### ↔ Process

- Divide the participants into four groups.
- Give each of the groups one copy of the MNCH materials.
- Tell one person in each group to read aloud to the group what's written in the MNCH materials for one minute. Ensure that she reads loud enough for all her group members to hear. Ask her to read with moderate speed.
- Signal when they need to start and when it's time to stop reading. The signal can be a bell or a loud "START" "STOP" announcement.
- Give each group a paper and marker. After one minute of reading, tell the groups to make a list of the words that they heard.
- Allow three minutes to write down the words. Ask a representative from each group to share some of the words their group heard.
- Highlight the importance of listening. Tell them that psychological studies have proven that the human brain is capable of listening to up to 650 words per minutes.
- Ask the participants why they thought the exercise was important?
- Note their responses on a flip chart.
- Highlight the difference between hearing and listening. Hearing is merely the ability to perceive sound Listening is something one consciously



chooses to do. Listening requires concentration so that the brain processes meaning from words and sentences. Listening leads to learning and retention and therefore generates effective responses.

- Ask all the participants to share similar experiences of how listening helps in their work in the field?
- Consolidate the activity:
  - First learn to be an effective listener.
  - Make an effort to reach the maximum ability to listen to 650 words per minutes.
  - Only when you listen can you internalize and understand each situation.

## ACTIVITY 2: USING NON- VERBAL COMMUNICATION AND BODY LANGUAGE FOR EXPRESSION

### Objectives

To help participants understand that:

- Body language is important for effective powerful communication in their field work.
- Non-verbal communication can be effective in helping the women/families remember NMCH messages better.
- The body language of the FLWs can be utilized to make the listeners comfortable and make the communication powerful.

### Methodology

Group activity and discussion

### Duration

45 minutes

### Training Materials

Black and white/colour pictures/ photographs of some event with a group of people doing something

### Tips for facilitators

Participants should be encouraged to communicate in such a way that other people won't forget. To ensure this, they can improve their body language, use pictures, perform a role play, or use interactive activities to build interest in the topic and to help women/families improve their retention of the information.

### Process

- Ask the participants if any of them can recollect a picture or a photograph that they have always remembered.
- If yes, give one or two of them a chance to share what they remember about that picture.
- Ask them why they remember it so well.
- Let other participants share their reactions about why we remember some things, but don't remember others.
- Divide the participants into four groups.
- Give each group one photograph that has captured some human activity.
- Tell all members of the group to try look at the picture for 10 seconds without batting an eyelid or blinking.
- Say START and after 10 seconds, say STOP.
- Now ask all the members in each group to close their eyes.
- Ask them if they can still see the picture in their mind's eye.
- Tell them to open their eyes.
- Tell them that scientific studies have shown that information absorbed by the right side of the brain will remain permanently with the individual and 80% of this information is grasped from non-verbal forms of communication such as pictures, photos and body language. This type of visual communication is permanently stored in one's memory and many people find it easier to remember information gained from pictures, colors, music or postures, rather through verbal communication.
- Tell each group to discuss what they thought was happening in the photograph; the situation, who the group of people were, what they might have been saying, etc.
- Allow 5 minutes for discussion and then tell each group to plan how to create a pose similar to what they saw in their picture with their group members.
- Ask one group to come to the front of the training room and to pose as in the picture.
- Ask the other participants to guess what the situation might be about.
- Continue with the next 3 groups.
- Ask them what they have learnt from this session.
- Note their responses on a flip chart.
- Consolidate the activity:
  - Communication can be powerful without saying a single word.
  - The use of our body to communicate is called body language.
  - A person's body language can either make other people comfortable uncomfortable.
  - Positive body language can generate a healthy atmosphere for communication.
  - Use of pictures and diagrams can be an effective means of communication as pregnant women and their families can comprehend/respond to a picture or a photograph faster than to words.

## ACTIVITY 3: IMPROVING ABILITY TO EXPRESS THROUGH WORDS

### Objective

- To help the participants understand that different kinds of verbal communication can be more meaningful and a variety of expressions improves the effectiveness of communication.

### Methodology

Group reading activity and discussion

### Duration

45 minutes

### Training Materials

One copy of a MNCH materials for each group, e.g., project brochures, handouts or reading material on MNCH care.

### Tips for facilitators

Tell the participants that just like a human has the ability to listen to 625 words in a minute, a human can also speak 125 words in a minute. Speaking using different pronunciations, tones and modulations can make the communication interesting and captivating. Having a variety of tones/ expressions will be helpful and effective while conversing with a group of pregnant women or their family members. Every family or pregnant woman has unique situations and communication has also got to be uniquely tailored for them. Health related information should be interspersed with colloquial language to make the communication effective.

### Process

- Divide the participants into four groups.
- Give each group one copy of MNCH materials and highlight one paragraph of text that should be read.
- Start with Group 1. Ask one member to read that text aloud. Whisper to that person to read without showing any emotions at all.
- After the reader from Group 1 finishes reading, ask the participants what they felt about this kind of reading and why.
- Encourage discussion.
- Move to Group 2. Ask one member to read that text aloud. Whisper to that person to read using a heavy colloquial/local dialect.
- After the reader from Group 2 finishes reading, ask the participants what they felt about this kind of reading and why.
- Encourage discussion.
- Move on to Group 3. Ask one member to read that text aloud. Whisper to that person to read using a very high pitched fast voice.
- After the reader from Group 3 finishes reading, ask the participants what they felt about this kind of reading and why.
- Encourage discussion.
- Move on to Group 4. Ask one member to read that text aloud. Whisper to that person to read using a very low pitched slow voice.
- After the reader from Group 4 finishes reading, ask the participants what they felt about this kind of reading and why.
- Encourage discussion.
- Ask the participants what they felt about the four kinds of reading and why.
- Go back to Group 1: ask the reader to read in a very sad voice.
- Go to Group 2: ask the reader to read in a very happy voice.
- Go to Group 2: ask the reader to read in a very frightened or scared voice.
- Go to Group 2: ask the reader to read in a very triumphant or heroic voice.
- Ask the participants what they felt about the four kinds of reading and why.
- Ask the participants which of these kinds of reading might be most effective in the context of their work in the field.
- Ask them what they have learnt from this session.
- Note their responses on a flip chart.
- Consolidate the activity:
  - Verbal communication should be tailored differently for different people.
  - Using a variety of ways to make verbal communication interesting can enhance retention among listeners.
  - FLWs often fail to impress their target audience with their conversations because they do not make it attractive.
  - An FLW who communicates well will be more confident of reaching out to the community.

## ACTIVITY 4: OVERCOMING BARRIERS TO COMMUNICATION

### Objective

- To help the participants learn how to overcome barriers to communication in the field and use them to their advantage.

### Methodology

Role play and group discussion

### Duration

1 hour

### Training Materials

None

### Tips for facilitators

FLWs should be mentally and physically prepared before any home visit or interaction with pregnant women and their family members. They must know the specific MNCH continuum of care stage that they are dealing with and all related information. If something goes wrong during a home visit, they must remember to remain calm and composed even when faced with adverse reactions from the pregnant woman, family members or the community. They should seek out people who support them and who can influence family members if necessary. Patience and a positive attitude will help FLWs to overcome communication barriers.

### Process

- Ask participants to share some personal challenges they face in the field.
- Note their responses on a flip chart and display at the front of the training room.
- Divide participants into 4 groups:
  - Ask group 1 to discuss challenging situations that they faced while addressing an ANC case, then to choose one and prepare a 5 minute role play for the larger group that highlights actions to overcome the challenge and turn it into their advantage.
  - Ask group 2 to do the same using the topic of handling a delivery.
  - Ask group 3 to do the same using the topic of handling a PNC case.
  - Ask group 4 to do the same using the topic of a rift between ASHAs, JHAs or AWWs in the field.
- Allow 20 minutes for discussion and role play preparation then ask a representative from each group to introduce the role play and then have the group perform the role play.
- After each role play ask the participants watching it to identify ways in which the challenge had been addressed and if they thought this would be useful in a field situation.
- Encourage participants to share any different ideas about how the challenge could have been overcome.
- Continue on with the next 3 groups.
- Go back to the list of the challenges faced in the field that they shared at the beginning of the activity.
- Ask them if these situations can be overcome by appropriate use of both verbal and non-verbal communication. Discuss each situation as a group.
- Consolidate the activity:
  - Don't be stressed out or taken aback by any setback in communication or a regressive incident in the field.
  - Barriers can be non-cooperative family members, negative attitudes, people with different personalities, beliefs, thought patterns, strange situations, patriarchal family systems, etc.
  - Get support from other FLWs or community members.
  - Having a calm and quiet demeanor, using supportive body language, the right choice of words, and correct knowledge can help to overcome barriers.
  - Barriers can be overcome and turned into an advantage, but this process sometime takes continuous effort with a patient and positive attitude.

## ACTIVITY 5: MOVING FROM A SELF-CENTRIC TO A PEOPLE-CENTRIC APPROACH

### Objective

- To help participants examine their motives and intentions in the work that they engage in.

### Methodology

Group question activity, game and discussion

### Duration

1 hour

### Training Materials

None

### Tips for facilitators

This activity is only a beginning of moving from a self-centric to a people-centric approach. It sows the seeds of thought about changing their perspective from the natural disposition of being self-centred, into being more of a person that is guided by social responsibilities. After the circle game, make it clear that finding a place in the circle should not have been the priority. They became competitive instead of using this opportunity to meet all the group members. Highlight that their job responsibilities as FLWs is to reach out to target groups and not focus on themselves.

### Process

- Ask the participants whom do they feel they are working for.
- Note their responses on a flip chart and display at the front of the training room.
- Tell the participants that they will take part in an activity that involves a series of questions that they need to respond honestly to.
- Ask the participants, 'If humans were now living on the planet Mars, and there was a fight between those people living on Mars and those of us here on Earth, who would you support?' The majority will probably answer Earth.
- Ask them why? The group might say, 'Because it is ours'.
- Ask them, 'Now what if there was a fight between India and Pakistan. Who would you support?' The majority will probably answer India. Ask them why?
- The group might say, 'Because it is ours'.
- Continue asking the questions:
  - "If there is a fight between north India and south India?"
  - "If there is a fight between Karnataka and Tamil Nadu?"
  - "If there is a fight between our district and the neighboring one?"
  - "If there is a fight between our town and the neighboring one?"
  - "If there is a fight between our street and the next one?"
  - "If there is a fight between our house and our neighbor?"
  - "If there is a fight between our father and our mother?"
- Although they probably had no problems answering all the previous questions, now there might be a dilemma.
- Insist on them answering the question, choosing between their father or their mother. The majority will probably answer mother.
- Ask them why? The group might say, 'Because she is like us'.
- Now ask if there were to be a fight between you and your mother, who would you support? Most likely the answer will be, "Me".
- Remind them what they told you at the beginning of the activity when they said that they worked for mothers and children. Ask them if they are contradicting themselves.
- Tell them that they need to reflect about who is it they truly work for? They need to move from thinking about themselves to truly believing about helping mothers and children.
- Introduce a game that should clarify how a people-centred approach will benefit them in the context of their MNCH work with the communities.
- Divide the participants into two groups. One group participates in the activity and the other group forms the spectators.
- Ask the spectator group to sit down around the room.
- Ask one member of the group playing the game to volunteer to step aside for the moment.
- Ask all of the other game participants to stand in a circle with everyone facing inside.
- Now tell the volunteer to start walking around the circle in the clockwise direction. Tell her after about 1 minute to touch somebody standing in the circle on the back.
- The person who is tapped on the back needs to step out of the circle and start walking anti-clockwise around the circle. The people still in the circle should not move, but leave that space empty.
- Tell them that when they both meet, they need to introduce each other by giving their name, where they live and which area they work in.
- Then they should try to get back to the one empty spot in the circle.
- The participant who arrives first to the empty place gets to take the place. The other participant continues the game, by tapping a new person on the back each time.
- Play the game until all participants have a chance, then ask all participants to sit down.
- Ask the spectator group what they observed during the game, giving three or four people the opportunity to respond with different reactions. They might say that they saw the participants were in a hurry to get to the empty place first, so they rushed through the introductions.
- Ask the group that played the game why the place in the circle became more important than introductions, giving three or four people the opportunity to respond with different reactions.
- Consolidate the session:
  - There is a difference between just a job and a profession you feel passionate about.
  - You must be committed to see change in the lives of mothers and children.
  - Actions can be driven by selfish motives.
  - During work the focus should not be on personal objectives, but on the needs of pregnant women, their families and their communities.
  - Becoming a people-centred individual is ultimately an expansion of one's own personality.
  - It is important to develop an outlook that focuses on peaceful co-existence and to building good and lasting relationships with the mother, families and communities.
  - Use every opportunity to be a "people person" rather than a "me-my life and myself" person.



# SESSION 4: UNDERSTANDING WOMEN AND THEIR STATUS IN THE SOCIETY



## Objective

- To help the participants critically analyse the situation of women in northern Indian society

## Methodology

Group work and discussion



## Duration

1.5 hours

## Training Materials

Picture of tree, markers and brown sheets/ chart paper

## Tips for facilitators

The participants should develop a deeper perspective about the challenges faced by pregnant women, including the issue of maternal deaths. For a FLW, an unnatural death of a pregnant woman, a woman who has just delivered a child or of a new born baby might seem to be the fault of the woman herself, relatives, the medical team. However, this assessment is superficial and fails to examine the deeper prevailing social norms and practices that put women in a vulnerable situation. A closer look can reveal that prevailing regressive social trends are responsible for a lack of knowledge, acceptability and access to services throughout the MNCH continuum of care. This session should encourage women to think about the realities surrounding a woman's life in the northern Indian society, especially in rural areas. Some women will find it difficult to break out of their own social conditioning and may not accept that anything is wrong at all. The picture cards will present real life examples that might convince them that there is inequality, and that this can sometimes be very visible, or sometimes can manifest itself in subtle ways.

## Process

- Divide participants into 4 groups.
- Give each group 5 scenes, one from each category (social, financial, religious, cultural and political).
- Ask the groups to think about and discuss the scenes in detail.
- Tell them to answer the following questions for each of the scenes:
  - What situation does the stated scene illustrate?
  - Could this situation happen in your field site?
  - Share a similar incident that you have witnessed in your field site.
  - Why does this situation happen?
- Allow 20 minutes for discussion. Ask the group to share the scene they thought was most important to them. Ask a representative from that group to share the scene and the answers to the question.
- Encourage all participants to share any different ideas about the situation.
- Continue on with the next 3 groups, asking them to choose a scene from a different category.
- Facilitate a plenary discussion:
  - Are women lagging behind in many spheres of life? Why?
  - What are the major reasons for women being in this situation?
  - How deep is the society's indifference towards women? What have been the adverse effects of this indifference upon their lives?
  - What is the overall opinion of the group on the current state of women? Why?
- Encourage the freedom to debate, express and talk.
- Consolidate the session:
  - Society at large has been indifferent to the inequality faced by women.
  - In order to empower women to access MNCH services as their right, they need to understand the maze of rituals, practices, customs and traditions that surround a woman's life.
  - FLWs should not reinforce negative beliefs and practice, but should try to sensitively enlighten pregnant women, their families and their communities to whatever extent possible.

## SCENES FOR DISCUSSION

Social	Financial	Religious	Cultural	Political
A boy or girl primary student caring for an infant or young child	Male wages are more than female wages	A woman banished to the cowshed during her menstrual cycle	Modern day magazine advertisements as opposed to rural cultural appropriate dress.	A woman Panchayat president sidelined and her powers usurped by her husband
A drunken husband beating up his wife	A woman who works both in the fields and at home	A widow with a tonsured head	A tragic heroine film star who is weeping	A woman's program with the dais filled with men
Mother-in law, father-in law and husband pestering the wife for dowry	Women in a family that is migrating for work	A new mother and her new born baby outside the house because they are impure	A woman breaking her bangles after her husband's death	Men controlling the self-help groups (SHGs)
A child being married to an older man	A female sex worker	A Devadasi woman	A woman immolating herself on her husband's pyre	A picture of a situation where the majority of the agitators are SC/ST women
A lower caste woman working at a menial task for an upper caste woman.	A woman being dismissed from a job for asking for leave of absence to have a child/care for a child	A woman being 'punished' by throwing coloured water	A woman jumping into a lake	Woman being told by her husband whom to vote for





# SESSION 5: UNDERSTANDING WOMEN AND THEIR STATUS IN THE SOCIETY



## Objectives

- To help the participants understand:
- How pregnant women and their children have been systematically excluded from opportunities to access MNCH continuum of care services.
  - To help FLWs understand how significant their role is in linking women to services.

## Methodology

Power walk activity

## Duration

1.5 hours

## Training Materials

Identification badges with the roles written or drawn on them, safety pins to attach these badges onto the saris/ dresses, list of questions written down for the facilitator to call out

## Tips for facilitators

Once FLWs understand and accept the unequal status of women in Indian society, they can understand how this inequality manifests itself through the lack of opportunities to access MNCH continuum of care services. Not all FLWs will initially agree that women are marginalized, but through the real examples in the Power Walk activity, they should be enlightened as they realize that it was the men and influential people who were able to access the 'government benefits', while the women and marginalized groups could not reach the 'goal line'. Encourage lots of discussion to highlight that FLWs are not solely responsible for women not accessing MNCH services, as many other factors are at play.

## Process

- Select 18 volunteers from the participants. Ask the others to act as spectators who take note of what is happening during the Power Walk activity.
- Ask the 18 volunteers to stand in a horizontal line in a large spacious room.
- Mark a 'goal' close to the end of the room, which ideally would be about 20 full steps away from where the volunteers are standing.
- Place about 5 books on the 'goal line'. Tell the volunteers that these books represent the 'government services' that all people should have access to and benefit from.
- Give each of the volunteers an identification badge that tells them who they represent as in the table provided.

Roles for participants in the Power Walk activity
1. Married woman working as daily wage labourer
2. Rich woman living in a village
3. Illiterate woman from the village
4. Financially backward pregnant woman
5. Woman working as a domestic maid
6. Dalit woman
7. Old woman
8. Teenage Girl
9. Taluk panchayat member
10. Village headman
11. Daily wage labourer at a construction site
12. Male politician
13. Newspaper reporter
14. Village elder
15. Social worker
16. Farmer
17. Rich trader
18. Male government officer

- Tell the volunteers to attach the badges on their saris/ dresses using a safety pin.
- Tell the volunteers that:
  - **One:** Whoever reaches the 'goal line' will be able to pick up a book that represents access to 'government services' that will benefit their lives.
  - **Two:** To reach the 'goal line' they will have to answer a series of questions. If the answer to that question is a YES, then they can take one step forward. If the answer to those questions is NO, then they need to take one step backwards.
- Before you start asking questions:
  - Demonstrate the size or length of an average step to ensure fairness.
  - Ensure that all the participants understand and have internalized the roles that they are playing.
- Start asking with the questions in the table provided. Ask them slowly, one by one, to allow the volunteers to think about each and then decide to either take a step forward or backward.

QUESTIONS FOR THE POWER WALK ACTIVITY
Is it easy for you to deal with the system in government offices?
Are you earning any money every day?
Do you read the newspaper every day?
Do you openly express your opinions at home?
Does anyone question you if you come home at 8pm?
Do you have to come home and work even though you are employed outside?
Is it possible for you to spend the money you earn the way it pleases you?
Have you got any personal savings in the bank?
Is it possible for you to access immediate medical care as and when you fall ill?
Is your decision final with regard to your marriage?
Have you got the right to take decisions regarding your family?
Can you dress up according to your wishes?
Is it possible for you to take decisions regarding the things that are dear to you?
Is it possible for you to visit the places that catch your fancy whenever you want?
Is it possible for you to take up higher studies?

- As the questions are being answered everyone will see that the 18 volunteers are standing at different lengths away from the 'goal line'.
- When the final question has been asked, perhaps only one or two volunteers have reached the 'goal line' and have collected a book of 'government services'.
- For the remaining volunteers who are still standing, tell them at the count of three to run towards the 'goal line' and try to get a book.
- Count one, two and three. The participants who were nearer to the 'goal line' will probably get the remaining book.
- Ask everyone to sit down.
- First ask the spectators to share their experience of the activity.
- Then ask the volunteers who were able to access the books to come forward and tell the other participants what role they had in order of first, second, third, etc.
- Ask the participants to discuss why each person was able to reach the 'goal line' and get access the 'government services'.
- Ask the volunteers who did not access the 'government benefits' to the other participants what role they had in order of who was last, second to last, third to last, etc.
- Ask all the participants if they think this situation represents what happens in the field.
- Ask them what they can do as FLWs to help improve the access of mothers and children to services.
- Consolidate the session:
  - Basic rights of people are being denied because of their marginalized status.
  - It is crucial that MNCH continuum of care service reach marginalized women
  - The reasons why women and other groups are marginalized are complex and linked to wider societal issues.
  - To ensure that benefits reach needy beneficiaries instead of only those that are powerful and influential takes continuous effort and commitment.





# SESSION 6: DEVELOPING DIFFERENT PERSPECTIVES

## Objective

- To help participants keenly and intensely observe a situation and be able to see different perspectives and attitudes with an outlook free from personal prejudices

## Methodology

Games and discussion

## Duration

45 minutes

## Training Materials

A transparent glass half filled with water, white sheet of paper with a black dot drawn in the middle, the two squares, a tea cup with a handle, and markers and brown sheets

## Tips for facilitators

This session has four activities that will help participants understand that most of their decisions are shaped or influenced by previous experiences, prejudices or social conditioning in their lives. This hinders them from taking an objective decision and examining a situation thoroughly and analyzing it, thinking through possible options, and using their best judgment. While working with pregnant mothers, their families and the community, it is best to free themselves of bias and prejudices. Although this is not possible in the short term, it needs practice and encouragement.

## Process

### ACTIVITY 1:

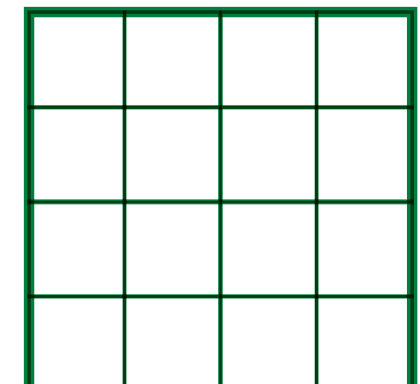
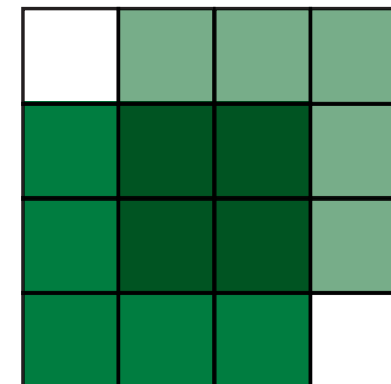
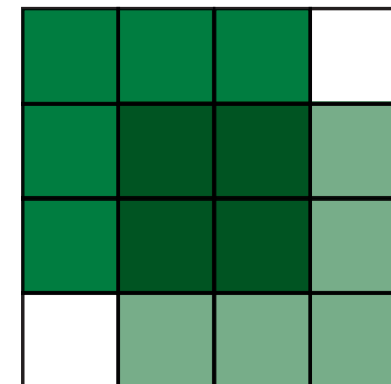
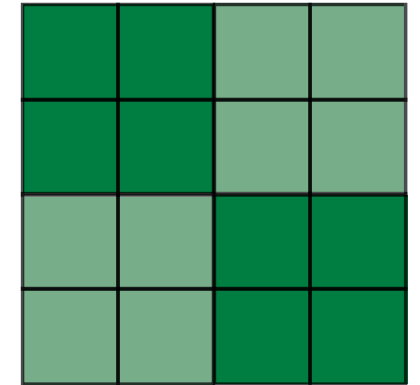
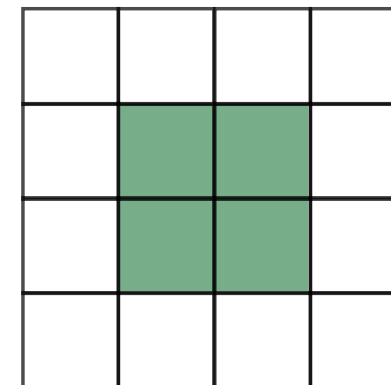
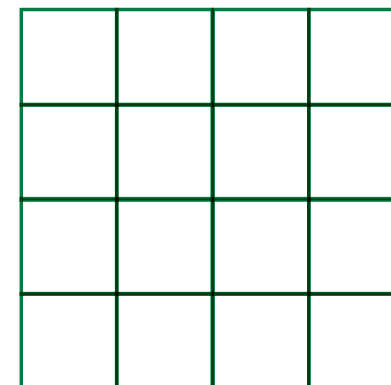
- Fill up one transparent glass half full of water and display at the front of the training room.
- Ask the participants, "What do you see?"
- Note their responses on a flip chart and discuss.
- Ask them what they have learned from the discussions.
- Tell them that the same glass has been perceived by different people differently. If they see it as a half- filled glass then they have the opportunity to take the responsibility to fill it up fully, just the same as if we see gaps in MNCH services in the field, we need to fill them and not expect somebody else to do it.

### ACTIVITY 2:

- Display the A3 sized white sheet of paper with a black dot drawn in its corner at the front of the training room.
- Ask the participants, "What do you see?"
- Note their responses on a flip chart and discuss.
- Ask them what they have learned from the discussions.
- Tell them that there are different perspectives of the same thing. There is not always only one way of understanding a situation. We need to open to explore different ways of seeing the same situation. If they only see the small black spot, they are blinded to the much larger white space. When they are in the field, they cannot allow one negative incident to ruin all their efforts. They need to take all experiences, good or bad, in their stride, while learning from every experience.

### ACTIVITY 3:

- Draw 16 squares on the board as shown and display at the front of the training room.
- Ask the participants to count the number of squares and call out there answers.
- Most will count 16 squares.
- Tell them that there are more than 16.
- Ask volunteers to come up to the board and try finding them. Give 3 or 4 participants a chance to find them.
- Tell them that there are 26 squares in total
- Discuss as a group.
- Ask them what they have learned from the discussions.
- Tell them that many times in many situations they have to look carefully to find things that are not initially obvious. Tell them this is especially true when we work with pregnant women, their families and communities.



### ACTIVITY 4:

- Make all the participants sit in a circle on the floor and place the tea cup in the middle of the circle.
- Ask each of the participants which side is the handle of the cup facing. Some of them will say right, some left and some centre and some behind.
- Discuss as a group.
- Ask them what they have learned from the discussions.
- Tell them that the truth is not only what is initially obvious. They need to develop a holistic outlook or perspective of situations. Then we they encounter interactions in the field with pregnant women, their families and communities, they will be able to effectively communicate with them.
- Consolidate the session:
  - What they see might not always be true.
  - Their prejudices can influence their communication negatively.
  - Their outlook may not be holistic unless they probe into situations deeply and objectively.
  - They should learn to take negative situations as an opportunity to improve.





## SESSION 7: MATERNAL AND CHILD CARE: THEN AND NOW

### Objective

- To help the participants understand the value of the services and the assistance provided by FLWs.

### Methodology

Group work and discussion



### Duration

1 hour



### Training Materials

Chart paper and marker pens



### Tips for facilitators

This session should help the FLWs understand the history and development of services and benefits provided by the MNCH continuum of care and the positive impact ensuring access has had on the lives of mothers and children in rural India. In the past when pregnant women gave birth, especially in rural areas, there were hardly any services available and maternal, infant and child deaths were on the increase. Although we can be critical of government services, there have been a number of advancements made to improve MNCH conditions. The FLWs should realize the tremendous role they play in ensuring access to MNCH continuum of care services and how they are linked to every advancement to date.



### Process

- Divide the participants into two groups.
- Give each group a chart paper and markers.
- Tell group 1 that they will explore 'THE SITUATION THEN'. Ask them to discuss and answer the following questions:
  - What was the situation of mothers and children in our villages ten years ago?
  - What were the services, benefits available for them then?
  - What was the reality in the field surrounding pregnancy, delivery and child care?
  - What were the advantages and disadvantages of the situation then?
- Tell group 2 that they will explore 'THE SITUATION NOW'. Ask them to discuss and answer the following questions:
  - What is the situation of mothers and children in our villages now?
  - What are the services, benefits and systems available for



them now?

- What is the reality in the field surrounding pregnancy, delivery and child care?
- What are the advantages and disadvantages of the situation now?
- Allow 20 minutes to discuss their topics and then ask a representative from each group to display their chart paper at the front of the training room and to share the answers to the questions.
- Encourage all participants to share any different ideas about the situation.
- Continue on with the next group.
- Ensure that all important changes that we see today in relation to MNCH care are covered as below:
  - Mother and child mortality rates were higher because of shortage of benefits and services, superstitions, false beliefs, etc.
  - Then there were no ambulance services
  - There was no system of knowledge dissemination
  - There was no distribution of nutritious food or medicine
  - There were no ASHAs
  - There were no tools to help FLWs work better
  - There was no stress on institutional delivery
  - There were no equipment in PHCs and SCs
- Ask them if maternal deaths and infant deaths have stopped after all these positive changes. They will say no, but highlight that the role of the FLWs is crucial in ensuring that these developments are used to the maximum in the field until there is a significant decrease in the MMR and the IMR.
- Consolidate the session:
  - Though people criticize the government, there have been positive efforts to improve the lives of mothers and children in the past decade.
  - The existing benefits and services that have been introduced throughout the MNCH continuum of care have been fully discussed.
  - One of the biggest achievements has been the presence of ASHA, JHAs and AWW in the field.
  - The role of the FLWs is critical.

## SESSION 8: COORDINATION AND COLLABORATION IN THE FIELD



Session 8 includes six activities/exercises to enhance the coordination and collaboration of FLWs in the field. Identifying existing challenges to working together and having a clear idea of their vision and purpose can improve their interactions with pregnant women, their families and the community. The activities aim to help the FLWs be able to coordinate their roles and responsibilities with all groups under the umbrella of FLWs so they can find strength in unity. A forum that they can establish to empower their future activities is outlined and plans laid for operationalization.

**Duration for all 6 activities: 4 hours and 30 minutes**

### ACTIVITY 1: THE THREE SISTERS



### Objective

- To help participants understand the importance of working together in the field.



### Methodology

Screening of a short film, or narration of the film's story and discussion



### Duration

1 hour



### Training Materials

Copy of the film on a cd, LCD and screen, laptop, speakers, brown sheets and markers



### Tips for facilitators

This can be a sensitive session to handle as the ASHAs, JHAs and AWWs may take it personally and jump to their defence. They may attempt to deny that there are any problems with working together in the field. Be tactful, keep calm and reassure them that this session is not intended to blame anyone, but to point out gaps that have been noted during observations in the field. Even if they have not experienced these problems, the suggestions for positively working together can be beneficial to all.



### Process

- Screen the short film after ensuring that all participants can see the screen and can hear the volume.
- If there is no provision for screening the film, then read the story script slowly in a loud, clear voice.

### Story of the three sisters

*Thimmakka is in a good mood while eagerly waiting at the door for the arrival of her three daughters. She stood by the door reliving all her past: the struggles she faced in bringing up the girls after their father had died when they were very young; how her eldest daughter Suma began to help her at a very early age; the strong bond between the three siblings; their joy at having completed their studies; how each one got a job; their marriage; and the pain of seeing them leave her to be somebody else's wife. All of this flashed before her mind's eye.*

*The eldest girl Suma, even though she wanted to study, had dropped out of school to help her widowed mother. After completing her SSLC she took up the job of an ASHA worker to support the family and let her other two sisters complete their studies. The second sister Rama barely completed her SSLC and refused to continue her studies and became an Anganwadi teacher in a neighboring village. The youngest Uma, with the assistance of her two older sisters, completed her PUC and also the health assistant course. She took up the post of a JHA in a distant village. Thimmakka managed to find boys for each of her*



girls from the villages where her girls were working and got them married off there. All her daughters usually come home twice a year and spend a few days with her. The girls arrived home and there was a lot of chatter in the house with each one sharing all the news in their lives.

They finally sit down for dinner and begin to share about the struggles each of them have been facing at work. Suma, the eldest girl, relates the problems she faces as an ASHA worker. She talks about the disdain shown by the family of the pregnant woman towards her, the non-cooperative older Anganwadi workers in her area who refuse to even acknowledge her presence in the village, the pressure that the JHAs put on her to give them the information and do reports at the end of every month, the unhelpful doctors. To top it all off, they are all suspicions of her husband's family and the insecurities of her husband. Suma says that her work experiences were making it very difficult for her to continue her job as an ASHA.

The Anganwadi teacher, Rama also talks about the problems she faces. Departmental pressure, the difficulty in managing all the children in her Anganwadi centre, the non-cooperative ASHA workers, the pressure from her mother-in law to bring nutritional supplements from the centre to their home on the sly, and the proud JHA in her village who gives her no respect.

Uma, the youngest girl who is a JHA talks of the problems she has with the ASHA workers and how so many of them can barely read or write and never give her reports on time, the pressure from the medical officer, non-cooperative doctors, irresponsible family members of the pregnant women, and all of the times she gets blamed for everything that happens in a PHC and the 'ungrateful' villagers. She also tells the others that all these pressures are forcing her also to think of quitting her job and be at peace. Echoing her sentiments all of them agree that this might be the best option for them. Thimmakka is disappointed at hearing this and wonders what to tell them.

- Divide participants into three groups.
- Tell group 1 to discuss Suma's story and to answer the following questions on a chart paper:
  - Is it right or wrong for that sister to quit her job? Why or why not?
  - Would that sister have been able to solve their problems if all the sisters were in the same village? Why or why not?
  - What would they suggest that this sister do to solve her problems and begin to enjoy her work?
- Tell group 2 to discuss Rama's story and to answer the same questions on a chart paper.


- Tell group 2 to discuss Uma's story and to answer the same questions on a chart paper.
- Allow 20 minutes and then ask a representative from group 1 so display their answers at the front of the training room and to share their discussions.
- Allow other groups to share their comments about Suma.
- Continue with the next 2 groups in the same manner.
- Consolidate the session:
  - Despite differences FLWs need to work together in the field.
  - Respect and trust can build a good work atmosphere.
  - Only collaborative efforts can improve access to MNCH continuum of care services in the field.

## ACTIVITY 2: OUR WORK AND VISION

### Objective

- To help the participants understand their common goal and vision

 **Methodology**  
Storytelling and discussion

 **Duration**  
45 minutes

### Training Materials

Copy of the story

### Tips for facilitators

This session can be sensitive as all the participants might want to identify with and compare themselves with the 3rd worker. They might deny that they could feel like worker 1 and worker 2. Point out that aspiring to always realize the important role they play in ensuring access to MNCH continuum of care services should make it easier for them to have a positive vision, a good attitude, to enjoy their work and respect their work colleagues.

### Process

- Tell the participants to listen carefully while you share a story.

*A reporter working on a piece for his magazine, about "what drives hard workers", visits a stone quarrying pit. There he watches workers toiling in the sun on the different levels of the quarrying pit. He has the conversation with a few workers he meets there.*

**Reporter to worker 1:** What work do you do here?

**Worker 1:** Me? It's my horrible fate that I landed here. My only choice is to work here as a stone mason to feed myself.

*The reporter speaks to the next worker.*

**Reporter to worker 2:** What work do you do here?

**Worker 2:** Me? I am working here to feed my family.

*The reporter speaks to the next worker.*

**Reporter to worker 3:** What work do you do here?

**Worker 3:** Me? I am working to build the most beautiful mansion in town. It's a tough job, but then when we are done, the building will make me proud.

- Ask the participants what is the difference between the three workers' answers?
- Discuss each of the workers' answers.
- Ask them what their goals and sense of vision are?
- Discuss each role if there are different categories of FLWs in the workshop.
- Consolidate the session:
  - The three workers were working towards the same goal, but only the 3rd worker had a sense of vision.
  - The worker with a sense of vision also had the right attitude towards his work and enjoyed and respected what he did.
  - FLWs should understand that their work is important and that they should respect each other for doing this job.

## ACTIVITY 3: ROLES AND RESPONSIBILITIES OF FLWs

### Objective

- To help the FLWs understand their specific roles and responsibilities, the commonalities and differences between other categories of FLWs and to see the benefits in supporting each other towards a common goal.

 **Methodology**  
Group work and discussion

 **Duration**  
45 minutes

### Training Materials

Brown paper, markers and tape

### Tips for facilitators

This session, focused on identifying commonalities and differences, can help the FLWs feel more confident about what they do. They will now know of practical ways in which they can support each other in the field.

### Process

- Divide participants into three groups made up of the ASHAs, the JHAs, and the AWWs.
- Give each of the groups brown sheets and markers
- Tell them to discuss and list down all their roles and responsibilities.
- Allow 15 minutes to make this list and then ask the ASHAs to display their list at the front of the training room and to share the items they feel are most important.
- Continue on with the JHAs and the AWWs.
- Now ask the whole group to look at all three lists and to see if they can find some roles and responsibilities that are repeated, or that overlap.
- Allow 10 minutes for all groups to highlight the common roles by underlining them with a different coloured marker.
- Discuss if these roles and responsibilities should be duplicated or overlapping.
- If so, discuss how to find ways to prevent duplication of activities, to cooperate and support each other in the field, and to generate the collection of uniform data.
- Consolidate the session:
  - Roles and responsibilities have been discussed and clarified
  - Importance of avoiding overlap has been highlighted
  - FLWs are able to see the benefit of supporting each other in the field to carry out overlapping activities.



## ACTIVITY 4: COORDINATION AND COOPERATION FOR PROGRESS

### Objective

- To help participants understand the importance of coordination and cooperation among themselves to achieve their goals in the field.

### Methodology

Activity and discussion

Duration  
30 minutes

### Training Materials

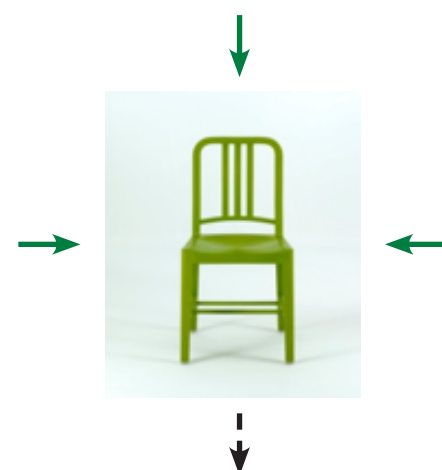
A chair

### Tips for facilitators

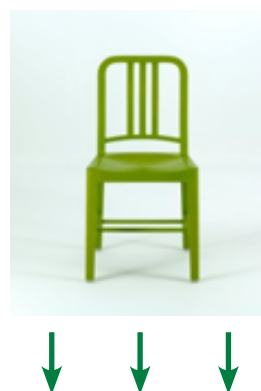
FLWs face several challenges in the field, including lack of cooperation by co-workers, indifference by village health committees, and mistrust by family members. Ensure that the participants are able to link this session to their situations in the field. They will find that their work duties are easier if they cooperate among themselves in order to collectively face these challenges.

### Process

- Ask the participants to define the terms cooperation and coordination.
- Note their responses on a flip chart.
- Display these definitions at the front of the training room:
  - Coordination:** Co-ordination is the unification, integration, synchronization of the efforts of group members so as to provide unity of action in the pursuit of common goals and purpose. It is a hidden force which binds all the other functions of any given group.
  - Cooperation:** The act of working together by giving and receiving active assistance from each other that builds trust, belief and a peaceful work environment.
- Ask one ASHA, one JHA and an AWW to volunteer to take part in an activity. Tell the other participants to watch.
- Place a strong chair before them and ask them to stand on the three sides of the chair facing inside so they can see each other faces (behind, on its left and on its right).
- Now tell them to push the chair towards the direction of the fourth side (forward) without changing their positions.



- They will not be able to do it.
- Ask the participants watching to explain why they were struggling.
- Discuss with the group.
- Now ask the three volunteers to turn and change the direction that they face. Let all three of them face towards the front.



- Now tell them to push the chair towards the direction they are facing (forward) without changing their positions.
- They will be able to do it.
- Discuss with the group why they could do it.
- Consolidate the session:
  - In the first instance there was no possibility of coordination because they could not collectively channel their efforts. Their efforts were opposing.
  - In the second instance they had a common vision and could coordinate and help each other move together towards that goal.

## ACTIVITY 5: UNITY IS STRENGTH

### Objective

- To help the participants understand that working together brings strength and enjoyment.

### Methodology

Activity and discussion

Duration  
45 minutes

### Training Materials

None

### Tips for facilitators

This game can get noisy and messy. Don't worry, but make sure that the participants follow the rules. And ensure that the message from this game is elicited clearly from them after the game. The participants need to understand that when they paired up, they became stronger and were able to get more and more people to join them.

### Process

- Ask the participants to walk around the training room, making sure they do not bump into anyone.
- If they do, then they should join hands and continue walking around.
- Allow a couple of minutes and then ask everyone to increase their pace/speed of walking.
- If they bump into either a single person or a group holding hands, they must join them.
- Allow a couple of minutes and then ask everyone to increase their pace/speed of walking again.
- As the groups holding hands get bigger, more and more people will bump into each other and join those groups.
- When any one group reaches the target number of 8 people holding hands stop the activity.
- Ask all the participants to stand together in the respective groups they were holding hands with.
- Ask them what connection they can make between this activity and working together in the field.
- Discuss with the whole group.
- Consolidate the session:
  - When workers are united they are strong
  - When workers are united and strong, the job duties become more enjoyable.

## ACTIVITY 6: AROGYA MANTAP: BUILDING COLLABORATIVE FORUMS OF FLWS

### Objective

- To help participants understand the need and the purpose of a collaborative forum for FLWs and how to operationalize an Arogya Mantap.

### Methodology

Brainstorming and discussion

Duration  
45 minutes

### Training Materials

Chart paper and marker pens

### Tips for facilitators

This session is an introduction to the Arogya Mantap concept. The follow up would be to ensure that at least one project staff facilitates an Arogya Mantap in the field. In the Sukshema's project in northern Karnataka, the Arogya Mantaps are held at the SC level and all the ASHAs, JHAs and AWWs that work under this SC participate. However, this arrangement could vary in different contexts. (See Annexure 1)

### Process

- Ask the participants what they think they need most to ensure that they can put the learning of this training into practice.
- Note their responses on a flip chart.
- Highlight any responses linked to "meeting together often to discuss work issues".
- Use that response to bring in the concept of the *Arogya Mantap*.
- Tell them that the *Arogya Mantap* is a collaborative forum that is intended to offer FLWs a space to meet, discuss and to share their learning, experiences and challenges and work together to address and generate joint solutions.
- Ask them why they need to come together.
- Note their responses on a flip chart.
- Divide participants into four groups. Ensure that each group has some ASHAs, JHAs and AWWs in it.
- Tell each group to discuss the *Arogya Mantap*:
  - What will its purpose and function be?
  - Who should be part of it?
  - When and where should members meet?
  - How can it be useful to FLWs?
  - What activities can it undertake to make it more interesting?
  - How should it be made operational?
  - Who should be responsible for it?
- Allow 20 minutes for discussion then ask a representative from each group to take 5 minutes to



- share their most important points.
- Continue on with the next 3 groups in the same manner.
- Encourage discussion on all points in the plenary.
- Distribute the *Arogya Mantap* concept note in Annexure 1 and read it together.
- Ask the FLWs to decide on a date to begin the *Arogya Mantap* meeting and choose either a SC or a health facility as a venue.
- Tell them that one of the project field workers will be present to facilitate the first *Arogya Mantap* meeting in each of the SCs on the dates that have been decided by the groups.
- Consolidate the session by noting that the *Arogya Mantap* is:
  - A collaborative forum that is intended to make the work duties of the FLWs less stressful and more productive by bringing FLWs together.
  - Able to evolve according to the members' need and objectives.



## SESSION 9: TRAINING EVALUATION AND FEEDBACK



### Objectives

- To assess what affect the module had on the participants' attitudes, knowledge and practice levels.
- To obtain feedback from the participants on the usefulness of the training and suggestions for enhancing future effectiveness.



### Methodology

Reflection



### Duration

30 minutes



### Training Materials

Training evaluation and feedback form



### Tips for facilitators

The training evaluation and feedback form will assess what affect the module had on the participants' attitudes, knowledge and practice levels and obtain feedback on the usefulness of the training and suggestions for enhancing future effectiveness.



### Process

- Distribute the training evaluation and feedback form. Go over all the areas that the participants will need to think about while filling it in.
- Allow 20 minutes to complete it.
- Collect the training evaluation and feedback forms from the participants.
- Before the closing ceremony begins, ask the participants to share their feelings about the training: encourage anyone who is keen to orally share two positive aspects and two areas that need improvement.
- At the closing ceremony thank all the participants for their enthusiastic participation, congratulate them and wish them the best as they go back to their own field areas and begin to initiate the intervention on ground.
- Thank everyone else who contributed to the training program. This might have included administrative staff, venue owners, facilitators, guest speakers and the organizers.

### TRAINING EVALUATION AND FEEDBACK FORM:

#### KARNATAKA HEALTH PROMOTION TRUST Training Evaluation and Feedback Form

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Place of training: \_\_\_\_\_

Training dates: \_\_\_\_\_ Name of the PHC: \_\_\_\_\_

S.No.	Subject	Excellent	Good	Poor
1	Training content and sessions			
2	Training methodology and activities used			
3	Training skills of the facilitators			
4	Logistics at the training (Food, stay and comfort)			
5	Relevance and usefulness of training			

List the three aspects of the training that you found most useful.

- 1.
- 2.
- 3.

Name any session during the training that you did not understand properly/ or that was not communicated well.

- 1.
- 2.
- 3.

What are the three most important lessons that you can take back to your work place from this training?

- 1.
- 2.
- 3.

Please list suggestions for improved facilitation in future trainings.

- 1.
- 2.
- 3.



# ANNEXURE 1 - Arogya Mantap (Sub Centre Forum)

## A FORUM TO PROMOTE COLLABORATION AT THE SUB CENTRE LEVEL

The Arogya Mantap (AM) is designed as a forum to promote collaborative action at the sub centre level among all the FLWs such as the ASHAs, Anganwadi workers, JHAs as well as community representatives from the VHSNCs. Arogya Mantap evolved as one of the community interventions under project Sukshema with the main objective of strengthening the base set by interventions like the FFC which emphasizes on the importance of collaboration, mutual support and shared goals among the FLWs in order to foster a positive work environment for the functionaries. AM also aims to create an informal space for building stronger team relationships by understanding each other's struggles, and respecting each other's rights.

### *The purpose of the Mantap is to:*

- Create a platform for the three departments (Health, WCD and Panchayat) to come together to address MNCH issues and build solidarity between the four “pillars” of MNCH service delivery (ASHA, AWW, JHA and VHSNC president)
- Provide an informal space for the functionaries to associate, share, deliberate and act on common concerns and issues on the field
- Create a forum for appreciation and recognition of the efforts of FLWs
- Compliment the efforts being made to take the MNCH agenda forward on the ground

### *The need for the Arogya Mantap*

In the FFC training program (the first of our community interventions under the aegis of Sukshema) conducted for more than 3000 FLWs in Koppal and Bagalkot districts, the overall feedback was that “there is a continued need for all of us to work together and we have to motivate ourselves to fan the flame in us to move forward for achieving our goal of improving maternal and child health”. There was also a suggestion that expounded the idea of some sort of a platform in close proximity to their respective homes where they could assemble, share their experiences, their struggles,

and listen to and support each other. Many expressed the need to involve the community more often and seek their support in addressing health concerns of mothers and children. Therefore, the AM concept was born with the intent to bring them together as a team, streamline their joint discussions into something concrete, give their discussions structure, purpose and a set of operational guidelines. Through the AM, the FLWs not only benefit from each other's experiences, but are also able to review the progress of the community interventions, understand the areas of support that the FLWs need and assist them accordingly. The recent guidelines of the NRHM also envisage “a fully functional sub centre in coordination with the village level functionaries such as the AWWs, ASHAs and the VHSNC committee members.” This effort would be directed towards achieving the Indian Public Health standards (IPHS) for all the sub centres.

### The Arogya Mantap is guided by the following principles and values:

- Gender equality and respect for women
- Respect for individual differences
- Belief in the common vision for reducing IMR and MMR
- Mutual respect and trust
- Transparency and democratic values
- Focus on local realities and contexts for planning strategies
- Non hierarchical approach guiding field relationships
- Team work and respect for every individual member's sensibilities
- Value for community participation and involvement
- Inclusiveness and respect for marginalized groups

### *Process of Starting an Arogya Mantap at a Sub-Centre*

*The formal process to begin the Arogya Mantap will comprise of the following activities:*

- Project field staff has one-on-one discussions with FLWs the VHSC presidents in their area about this concept.
- These discussions are documented in order to elicit if such an effort is a felt need and accordingly take it forward in their areas. The belief is to implement activities only in response to the felt needs of either the community or the front line workers.
- AM is promoted as an informal platform rather than a project centric intervention where the FLWs and the community reps have the liberty to shape their own agenda and identify priorities that drive the Arogya Mantaps in their sub centre limits.

On assessing the field situation, the project implementation team will at the beginning render support to form the Arogya Mantap but this is handed over to the FLWs to follow up. One of the key aspects of the Mantap is also to ensure that it fosters positive perspectives among the team of FLWs that operate within the given SC limits. The Arogya Mantaps is conducted once a month with the facilitative support of the JHA. The agenda for every AM can be driven by the current issue/ challenge faced by the FLWs that

calls for joint consultation. It is based on the core belief that the community has the ability to lead, sustain and decide. There is also scope to engage other players such as medical officers and staff nurses into this platform in order help achieve the objectives and resolve conflicts.

### *Role of resource persons/ Project field staff*

The RP coordinates the first meeting of the Arogya Mantap almost entirely. They assist the JHAs in planning future meetings. They attend subsequent AM meetings to ensure that participants are aware of the purpose of AM. They assist in resolving conflicts during meetings and also ensure that the issues and decisions made at the meetings are followed up in the field. This initial support is weaned off to let the community steer the Mantap based on the identified needs of the sub centre.

The idea is to sustain informal processes that organically unite the team of the FLWs and community representatives rather than derive formal project-centric processes that control or manage the team's identified need to collaborate. Arogya Mantap is envisioned to be a community driven informal platform to achieve sustained collaboration between the different departments striving to improve MNCH outcomes.





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