



# TRAINING MODULE

For Front Line Workers On Communication  
and Inter Personal Communication (IPC)

---

### **Goal of the Training:**

To enhance the effectiveness of communication activities by FLWs through better IPC and meetings.

### **Overall Objective of the Training Module:**

The Overall objective of this Training Module is to enable the Front Line Workers to develop their understanding about Inter Personal Communication (IPC), Behaviour Change Communication (BCC) and increase their knowledge and capacity to use these skills in their day to day work. The training module aims at enhancing the skills of FLWs for Interpersonal communications, advocacy, and social mobilization at the community level and brings about the desired results.

By the end of the training, FLWs will be able to –

- Described IPC
- Organize and Conduct meetings effectively
- Demonstrate the process of IPC for Mobilization
- List down the gaps while conduction IPC
- Define IEC, BCC and SBCC
- Identify Different Community Stakeholders
- Appreciate the need for Behavioural Change Communication with focus on interpersonal communication in their day to day activities

### **Overall Methodology:**

The methodology adopted is interactive in nature and includes-

- Lecture and group discussions
- Brain Storming
- Case studies
- Group work
- Role play
- Energisers

### **Special Note to Facilitators:**

Before beginning the training, familiarise yourself with the technical content given in the Module. After completion of each session please spend at least 5 minutes time with participants to summarize the session and receive feedback.

Towards the end of the day, it is suggested that a time of ten minutes is provided to the participants for clearing doubts or sharing their concerns and quick run through the day's activity so that retention may remain high.

### **Generic rules to be followed during the training:**

Explain that to ensure maximum benefit out of this training; the participants will have to follow some group norms. These norms are not meant to constrain participation, but to contribute to a good learning environment for everyone.

Ask the participants to set the rule for their own that are to be followed during the workshop to maintain the discipline of the training. After receiving the points from the group put them on chart Paper and paste on a strategic point. Probable rules may come-out from the participants-

- Listen carefully to the proceedings
- Switch off your mobile phones or keep in on silent mode during the work shop
- If the call is very urgent, you may leave the hall to attend to it
- Raise your queries one by one
- Do not interrupt while discussion going on.
- Do not talk to one another during the proceedings
- Try to stick to the time schedule as strictly as possible
- Be on time.
- Try to participate fully in the interactions and group works
- Adhere the Rules

**One day training agenda for the front line workers**

<b>S.N.</b>	<b>TIME</b>	<b>TOPICS</b>	<b>OBJECTIVE OF THE SESSION</b>	<b>METHODOLOGY</b>
1	9:30 am – 10:30 am	Welcome, Introduction, Expectation and Objective Pre-Test	By the end of the session participants will be able to:- 1. Know each Other 2. List their expectation from the work shop 3. Know the objective of the training.	Discussion, Game, Brainstorming
2	10:30 am – 11:30 am	IPC	By the end of the session participants will be able to 1. Tell the meaning of IPC 2. Differentiate between IPC and Information 3. Demonstrate the process of IPC for Mobilization 4. List down the gaps while conduction IPC	Discussion , Demonstration and Role Play
3	11:30 am – 11:45 am	Tea Break		
5	11:45 am- 01:00 pm	Organizing and Conducting Meetings	By the end of the session participants will be able to:- <ul style="list-style-type: none"> <li>• Explain the importance of conducting meetings.</li> <li>• Tell preparation required for conducting each type of meeting( 1 to 1, Group Meeting, VHND, VHSC</li> <li>• Understand and develop the objective of the each meeting.</li> </ul>	Role Play, Demonstration and discussion
6	01:00 pm - 02:00 pm	Lunch Break		
7	02: 00 pm- 03:30 pm	IEC, BCC and SBCC	By the end of the session participants will be able to:- <ul style="list-style-type: none"> <li>- Define IEC, BCC and SBCC</li> <li>- Understand the shift from IEC to BCC and their Practical implications in the Field</li> <li>- Define SBCC and its benefits</li> <li>- Use of specific IEC in the specific meeting.</li> </ul>	Lecture, Discussion and Group Work
8	03:30 pm - 03:45 pm	Break for Tea		
9	3:45 pm – 4:30 pm	Different Community Stake Holders	By the end of the session participants will be able to:- <ul style="list-style-type: none"> <li>- Identify Different Community Stakeholders</li> <li>- List Down the Roles and Responsibly of each Stakeholders</li> </ul>	Group Work, Presentation, Discussion

## **Session 1: Welcome and Introduction, Expectations, sharing of Training Objectives and Pre-Test**

---

**Total Time: 60 minutes**

### **Objective of the Session**

By the end of this session, participants will be able to:

- Know their fellow participants
- Gain a fair understanding of the training curriculum
- List the Expectations from the Workshop
- Follow the group norms for training
- List out their expectations

### **Methodology-**

Game, Brain Storming and Discussion

### **Materials required -**

Registration Sheet, Chart Paper, Marker, Colored Post Card, Double Side Tape, Pre-Test Questionnaire, LCD Projector (If required)

### **Advance Preparation**

- Create an objective type question sheet to assess the knowledge level of participants with regard to course curriculum for pre/post evaluation
- Develop the 'Introductory Document' for participants
- Prepare a Handout for Participants which is a reference guide for participants
- Prepare the training kit of the participants ( pen , writing pad, handouts, curriculum placed in bag)
- Prepare the registration and attendance sheets
- Plan the flow of the session with organisers

### **Preparation at the venue:**

- Arrange/Fix the LCD Projector (if available) and place the Training Materials on place in the training hall
- Take care to accommodate time for tea breaks/ lunch/ refreshments

## Overview of the Session

<b>NO</b>	<b>Time</b>	<b>Activity</b>	<b>Process</b>
1	15 minutes	Registration, Welcome and Introduction of the Participants	Facilitator registers and Welcome all the Participants.
2	15 minutes	List/Understand participant's expectations	Participants write down what they expect from the workshop/ training on a post card
3	10 minutes	Sharing of objectives of the workshop	Facilitator explains the objectives and details the curriculum/ schedule of the training
4	20 minutes	Pre-Test	Distribute objective type question paper based on course curriculum to understand knowledge base of participants

## **Session- 1**

### **Activity- 1: Registration, Welcome and Introduction of the Participants (15 minutes)**

#### **Process-**

1. One of the Facilitator may register the Participants before start of the Training.
2. Welcome participants to the training and acknowledge the hosting agency and the key dignitaries attending the training
3. Introduce yourself to the participants.
4. Inform participants that we are going to conduct an exercise by which we all will get to know each other more than just our names.
5. Make pairs of participants using chits on which the names of colors or fruits are written. Ensure that the chits should always be in pairs and should be sufficient for all those in the training room. Facilitator should also join the introductory round.
6. Ask each pair to discuss amongst each other regarding the following:
  - Name
  - Qualification
  - Place of Working and other experience, if any
  - One quality about self which you are proud of
  - What they like to do during free time and
  - What attracted them to work as FLW.

Give the pairs 5 minutes to discuss amongst each other to find the details. After that ask each pair to come forward and share the pair name and then introduce the partner. Once each pair is through with their introduction, thank them for the active part they took.

### **Activity - 2: List/Understand Participant's Expectations (15 Minutes)-**

#### **Process-**

- Facilitator to let the participants brainstorm on their expectations from the training.
- Participants to be handed over postcards where they are asked to list down their expectations of what they want to learn from the work shop/ training on the given Post Card
- The cards are then collected and displayed on the wall and their expectations are addressed.
- Once the expectations are written down, respond to the list by identifying which expectations are likely to be met and which may be outside the scope of the training. Tape the post cards on the wall or on the Flip Chart during the course of the training so the group can refer to it throughout the training.

### **Activity – 3: Sharing of the Objective of the Training/Workshop (10 Minutes)**

#### **Process-**

- Share the objectives of the training from a pre-prepared flipchart. Facilitator to clarify those expectations, if any of the participants that cannot be achieved during the training and focus on those that will be achieved through their active participation.

### **Activity- 4: Pre-Test Questionnaire (20 Minutes)**

The Aim of this exercise is to let participants assess their knowledge, attitudes and skills at the start of the training. This will allow them to measure their progress after the training.

#### **Process-**

- Handover the pre-test questionnaire to the participant
- Inform the Participant that he has 15 minutes to complete the questionnaire
- Inform the participants that they are not to write their names on the questionnaire
- Analyse the pre-test and share the results with the participants

### **Session 2: Interpersonal Communication (IPC)**

---

**Total Time: 60 Minutes.**

#### **Objective of the Session:**

By the end of this session, participants will be able to:

- Describe what is Communication, One Way and Two way communication
- Tell the meaning of IPC
- Enlist the Qualities of a good communicator
- Know how to develop IPC skills
- Demonstrate the process of IPC for Mobilization

#### **Methodology-**

Warm-up, Presentation, Discussion, Demonstration and Role Play

## ***Material Required-***

Pre-Prepared flip chart, Blank Flip Chart, Marker, Double Side Tape

## **Advance Preparation**

- Review the entire lesson before teaching to familiarize yourself with the material
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session

## **Overview of the Session**

No	Time	Activity	Process
1	20 minutes	What is Communication, One Way and Two way communication	Facilitator may use Chinese Whisper and Back to Back Game to establish Communication, One way and Two way Communication.
2	20 minutes	What is IPC <ul style="list-style-type: none"><li>• Tell the meaning of IPC</li><li>• Qualities of a good communicator</li><li>• How to develop IPC skills</li></ul>	Presentation/ discussions
3	20 minutes	Demonstrate the process of IPC for Mobilization	Role Play and Discussion

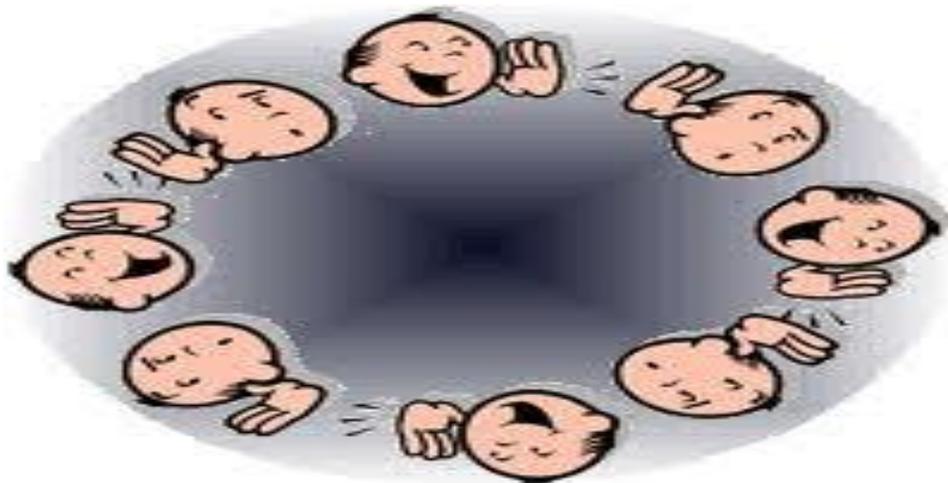
## Session - 2

### Activity-1: What is Communication, One Way and Two Way Communication (20 minutes)

*Importance of communication has always been realized in all times because it is the most vital means by which people are connected together in society. However, today communication plays a crucial role in almost all aspects of life. Work in business, government or organizations are impossible without communication. People have to communicate with each other, exchange information, make decisions and talk about innovations.*

#### Process-

- Initiate the Discussion with the participants focussing what is your understanding about the word “Communication”.
- List out the comments on the chart paper.
- Sit the players down on the floor in a circle or a line, little closer to each other. The more people involved, the better, because the message being passed around is likely to become much distorted and even funnier. Write a few messages down on paper that consists of at least ten words. The message can be serious or downright silly. Be sure it is legible. Give the first player the message note. Have that person explain the message to the next person by whispering it in their ear. They cannot pass on or show the message; that must go back to the person organizing or monitoring the game. Request that the next person say whatever they heard; also fast in the same manner, to the next person. The game goes on until the last person says whatever they heard a loud and the first person reveal the real message. Compare them and ask participants to come-up with their understanding.



- Now ask the participants to discuss the learning from this Game. List out the responses on chart paper.

- To Summing-up the Session tell the participants that how communication happens.
- Now discuss why the original Message gets diluted, may be because of the length of the message, it was one sided, not having permission to re-ask to the messenger or may be not familiar with the content of the message.
- Now **Explain what is communication**

“Communication is the process by which two or more people exchange ideas, facts, feelings or impressions in ways that each gain a common understanding of the message. In essence, Communication is the act of getting a sender and receiver tuned together for a particular message or a series of messages.

Communication is an on-going, ever-changing, continuous and dynamic process. It does not have a definite beginning or end.”

- To get it more clear and simple another demonstration could be made in this regard. Tell the participants that we are going to do another exercise in the form of demonstration. Ask two participants to volunteer.
- Now the 2 volunteers were asked to do a small activity. One person with a geometrical design on a paper was asked to instruct the other and get the same design drawn by him. Both were made to sit back-to-back so that they can't see what other is holding / doing. The exercise demonstrated process of communication and its reception. It was demonstrated that how a communication gets delivered from the perspective of a messenger and how it gets interpreted by the receptor. The gaps lead to some actions that may be different from the desired response. The exercise explained to participants that –

1. Communication messages have to be designed from the perspective of the intended audiences
2. There has to be absolute clarity in what you want to say

### **One way and two way Communication**

- One way communication is when information is shared to others without a response. This would include posting a memo for staff members to read.



- Two way communications involves information being shared back and forth. Such as a

staff meeting where info is given and staff members are permitted to ask questions and give their input.

## Activity-2: What is IPC (20 minutes?)

### Sub Activity -1: Tell the Meaning of IPC

#### Process-

- Tell the participants that now we are going to discuss IPC in detail. Almost every problem, every conflict and every misunderstanding has at its most basic level an interpersonal communication problem. So, what is interpersonal communication?
- Think for a moment and write down the words that come to your mind when you think of interpersonal communication. (*Provide post cards to participants so that they could write their response on it*)
- Discuss the responses received from the participants and explain the definition.

*“IPC is a two way communication between individuals and small groups, using verbal and non-verbal interaction that includes the sharing of information and feelings by establishing trusting relationships for a desired change of behavior in the person or the group.”*

## WHY DO WE NEED INTERPERSONAL COMMUNICATION?

- ✓ We cannot be human alone.
- ✓ We live in a world filled with other people.
- ✓ We live together, work together and play together.
- ✓ We need each other for security, comfort, friendship and love.
- ✓ We need each other to mature through dialogue.
- ✓ We need each other to achieve our goals and objectives.
- ✓ None of these needs could be addressed without interpersonal communication.
- ✓ We communicate in order to:
  - ❖ *Get acquainted*
  - ❖ *Express emotions to others*
  - ❖ *Share information*
  - ❖ *Persuade others to understand our personal views*
  - ❖ *Build relationships*

Ineffective communication causes loneliness, conflicts, family problems, professional dissatisfactions, psychological stress, physical illness and even death, when communication breaks down.

*Emperor Frederick, the 13th century ruler of the Holy Roman Empire wanted to know what language had been spoken at the birth of mankind in the Garden of Eden. Was it Hebrew, Greek or Latin? He ordered an experiment in which the original circumstances would be recreated as closely as possible. A group of infants were to be isolated from hearing human speech from the moment of birth until they spoke their language. The babies were to be raised by nurses who were strictly charged to maintain complete silence when with the babies. The result? Every one of the babies died. The lack of communication can be lethal.*

*From Robert Bolton, People Skills*

- Interpersonal Communication is the lifeblood of every relationship. Good relations are nurtured by open, clear and sensitive communication.

### **Sub Activity-2: Qualities of a good communicator**

Certain Quality is must for a good communicator, like-

- Sit or stand in a receptive position, lean forward
- Maintain eye contact while speaking.
- Be courteous. She should greet everyone and should always be warm and have a pleasing demeanour
- Encourage by using positive gestures and words
- Should be a good listener. She should hear out what her client or target audience has to say and answer their queries clearly and precisely
- To appear attentive while the other person is talking, not to interrupt, speak in complete sentences, talk in a clear voice at the appropriate volume, and not sound bored, arrogant or monotone, not changing the topic too flippantly, seem focused on the content of the conversation, get to the point without dragging it out too long and think before you speak; all of those are important to be a good communicator.
- She should keep herself updated of the various facilities/ schemes being offered by the government facilities
- She should update herself regularly on all the health issues she has to address and should take care that she gives uniform information
- She should cultivate good relationship with her peers, subordinates and supervisors.
- Finally she should have ample patience and perseverance to pursue her goals

### **Sub Activity-3: How to develop IPC skills**

- Explain the basics of developing interpersonal Communication skills.

Effective interpersonal communications can be developed by-

- Listening what people has to say and understanding their views
- Encouraging them to ask questions
- Being aware of their concerns/ doubts/ fears
- Understanding their social context, cultural beliefs
- Building on what people already know
- Using appropriate language that is simple and understandable
- Not overloading the client with information
- Being specific and to the point in giving information

What are the key skills needed to be an interpersonal communicator-

- Knowledge- The communicator should have adequate and updated knowledge about the issue/topic
- Active listening skills- This involves listening to what people say and asking the right questions and includes
- Concentrating on what the person is saying
- Respecting the viewpoint of the person
- Listening intently and encouraging the person to speak
- Being alert to body language
- Giving the person enough time to think and reply to questions.
- Paraphrasing- Repeating the words used by the client gives the impression that one is listening while interpretation gives the chance to correct any wrong assumptions
- Asking questions- good and timely questions encourage real exchange of information
- Making positive statements- Making statements like what you say is correct helps you gain the confidence of the client.

As an FLW, keep the following points in mind while communicating with your community-

- Never discriminate on the basis of caste and class while communicating with the community. Your tone and gesture should not change while talking to socially and economically disadvantaged community members. Talk to them with respect and dignity.
- A community has immense knowledge and experience. Give people a chance to share and use it. Do not treat them like empty vessels.
- Never make any comment which emphasizes gender inequality. Your communication should be gender-sensitive.
- Do not react fast. Listen, assimilate, analyze and then react.

## Barriers to interpersonal communications

- **Age-** Many people find it comfortable to interact with people of their own age. Assess the comfort level of the audience in interacting with people who are older or younger
- **Religion and culture-** Religious beliefs and cultural practices could be barriers to IPC. For example some religions do not approve of adopting family planning methods.
- **Gender-** Some people prefer communicating with their own sex on sensitive issues like Family planning or Reproductive Health.
- **Language-** Language could be a great barrier. Knowing the local dialect could be a big advantage to any interpersonal communicator.
- **Education :** People would prefer to communicate with someone on the same level or superior level

### Activity-3: Demonstrate the process of IPC (20 minutes)

#### Role-Play-

Now tell the Participants that we are going to do a Role Play in which you will practice interpersonal communication and counseling as per the steps given below in the checklist-

Tell participants that we have integrated all these characteristics into a checklist.

1.	Greet the client and build rapport	<ul style="list-style-type: none"><li>▪ Greet &amp; introduce yourself</li><li>▪ Smile</li><li>▪ Show respect and concern</li><li>▪ Ask if they can spare some time to talk to you</li><li>▪ Maintain eye contact</li></ul>
2.	Ask the client, Questioning	<ul style="list-style-type: none"><li>▪ Ask open ended questions to gather relevant information</li></ul>
3.	Identify key problems, Tells	<ul style="list-style-type: none"><li>▪ Decide which of the problems you will address – don't try to address all the problems</li><li>▪ Share information to create agreement that a specific behavior is problematic</li></ul>
4.	Suggest options and motivate to adopt/Help the client to adopt behavior	<ul style="list-style-type: none"><li>▪ Give correct and complete information for each option suggested</li><li>▪ Emphasize benefits of each option</li></ul>
5.	Help the client to select the most suitable option and persuade them to adopt it.	<ul style="list-style-type: none"><li>▪ Based on which option the client thinks is most suited for them, help them choose an option</li><li>▪ Discuss what barriers the client thinks they may face in implementing the new behavior and discuss how best to overcome</li></ul>

6.	Summarize	<ul style="list-style-type: none"> <li>▪ Ask the client to tell you what actions they will take based on your recommendations</li> <li>▪ Remind them of any important points they may have left out</li> </ul>
7.	Thanks the Client/Set date for return visit	<ul style="list-style-type: none"> <li>▪ Agree on a convenient time to visit in 5-7 days to see: <ul style="list-style-type: none"> <li>- if the person was able to make changes</li> <li>- if they felt benefitted by the changes</li> <li>- if they find some things about the changed behavior very challenging</li> <li>- if they think they can maintain the new behavior</li> </ul> </li> </ul>

Tell participants that now we will use this checklist to observe the Role Play. Divide the participants into groups of 5-6 members and ask them to take 15 minutes to practice a role play on the following situation:

Situation: Sonmati is a 15-year-old girl who stays at home takes care of 3 younger siblings. Her parents work in a brick kiln. They also have a small landholding. Sonmati's parents did not allow her to go to another village to attend middle school, so she had to discontinue studies after class 5. Sonmati's father has fixed her marriage with a very eligible boy who is a cycle mechanic in Ramgarh. Sonmati consults the AWW during the Kishori Samooh meeting about her marriage. The AWW decides to meet the parents and discuss the issue.

Encourage the groups to ensure they are covering all the steps in the checklist. The actors should get into their characters and make the role play as realistic as possible. One group will get 10 minutes each to present their role play to the large group. After the role play, the group will discuss the role play using the checklist.

Present the role play in the large group:

- Tell the group the situation.
- Ask the audience to observe the role play carefully and note which steps in the checklist were followed and which were missed.
- Make sure everyone can see and hear the role play
- During the role play, avoid moving around because it distracts the audience
- Stop the role play only if it is digressing from the topic
- Make your own notes on the role play

- After the role play, thank the actors
- Use the checklist to process the role play
  - Did the client open up and freely share their problem or describe their situation?
  - Which open-ended questions were asked?
  - What, if any, concerns did the client raise?
  - Were the client's concerns respectfully acknowledged and addressed?
  - Did the client and provider develop a shared understanding of the problem
  - Were complete and correct messages given that the client was able to understand and recall
  - Did the client accept the solutions offered and commit to adopting them

Conclude the session by asking the group:

- What are some things they would keep in mind about how people change their behavior?
  - *It is sometimes difficult to change.*
  - *Behavior change is a process that can take time.*
  - *People decide what changes they are willing and able to make. So behavior change has to be voluntary and cannot be forced.*
  - *Sometimes people need to hear messages more than once in order to understand and internalize them.*
- Why is it important to go beyond knowledge sharing during IPC?
- What is meant when we talk of creating shared meaning during IPC? (*Answer: That the client and provider share an understanding of the problem and solutions.*)
- What are some important IPC skills that the group would like to practice?

End the session by saying that IPC is an opportunity to:

1. Establish and maintain rapport and trust (**Care**)
2. Exchange information and problem solving (**Solve**)
3. Counsel and educate to ensure that clients understand their problems, options and recommendations (**Educate**)

### **Instructions for the facilitator for conducting the role play:**

**Before** the role play:

1. Give clear instructions to the groups for preparing the role play
2. While the groups are preparing, spend some time with each group to ensure they are using the checklist and the role play is realistic.
3. Make sure the actors get into their roles

4. Arrange chairs so that everyone can see and hear the role play
5. Introduce the situation and tell the group how long the role play can go on

**During** the role play:

1. Make sure everyone can see and hear the role play.
2. Sit down during the role play. Don't stand over the actors or move around the room because it distracts the group.
3. Note the time the role play begins so that you know when to stop it
4. Observe the group to ensure that everyone is attentive and take notes
5. Interrupt the role play only if it is going off track

**After** the role play:

1. Thank the actors
2. Ask the healthcare provider what things she was able to do and what was difficult
3. Ask the actor who was a client whether she was able to understand everything that was explained to her and whether the provider was able to convince her
4. Ask the group what steps in the checklist were followed and which were left out

### **Session 3: Organizing and Conducting Meetings**

---

**Total Time: 1 Hour and 15 minutes**

#### **Objective of the Session:**

By the end of this session, participants will be able to:

- Explain the importance of conducting meetings.
- Tell preparation required for conducting each type of meeting( 1 to 1, Group Meeting, VHND,VHSC
- Describe community events

#### **Methodology:**

- Group Discussion, Presentations

#### **Material Required**

- Flipchart, paper, and markers
- Cards or sticky notes (tape and paper can be used as a substitute)

- Tape

### Advance Preparation

- Review the entire lesson before teaching to familiarize yourself with the material
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session

### Overview of the Session

No	Time	Activity	Process
1	15 minutes	Importance of conducting meetings.	Presentation/ discussions
2	30 minutes	preparation required for conducting each type of meeting	Presentations
3	30 minutes	Describe community events	

### Activity- Explain the Importance of conducting Meetings

Meeting is the most fundamental form or unit of interaction among humans. As humans have to constantly interact with other humans, meetings cannot be avoided. Hence, the meeting has become a part and parcel of our lives. Every meeting has an agenda, the raison d'etre for the meeting, which is entwined with the proposed topics of discussion of the meeting. Every meeting is attended by a certain number of attendees, is presided over by a chairperson. It is a pre-planned and well informed activity.

### Activity-Preparation required for conducting each Meeting-

- Plan the meeting carefully: who, what, when, where, why, how many?
- Proper Agenda
- Schedule the meeting date and time.
- Arrange an accessible meeting location
- Notify participants of the scheduled meeting (date, time, and location).
- Arrange accommodations requested (if that is the procedure)

- Arrange equipment needed:
- Arrange refreshments, if provided:
- reminder calls
- Prepare agenda
- Gather resources: Collect materials you'll be using (or might need) at the meeting.
- Come early and set up the meeting room.

### **Leading or at the time of the meeting-**

- Start on time.
- Welcome and greet participants.
- Get participants to introduce themselves and state their expectations for the meeting.
- Allow for personal introductions if it's a new group, or there are new participants.
- Sharing the purpose- why you wanted the meeting
- Ask questions.
- Listen very carefully.
- Clarify issues and identify underlying interests.
- Let participants know what needs to be accomplished.
- Follow the agenda as closely as possible.
- Facilitate discussions following these pointers:
  - ✓ Stick to the agenda and time schedule.
  - ✓ Don't be afraid to cut people off in a polite and tactful way if they go on and on about a subject. Kindly redirect them back to the agenda, or redirect their attention to the task at hand.
  - ✓ If people go off the subject, redirect them back to the topic.
  - ✓ Encourage full participation; don't allow one or two people to monopolize the discussion.
  - ✓ When disagreements arise, refocus the discussion on results you want to achieve.
  - ✓ Use humor as appropriate.

### **Closing the Meeting**

- Summarize what was accomplished.
- Schedule the next meeting, if applicable.
- Review and remind participants of task assignments or Call to Action.
- Thank participants for coming.

## **Some Important Committee and Events organized at Community Level-**

### **Village Health Sanitation Committee (VHSC):**

#### **Composition of the Village Health & Sanitation Committee:**

To enable the Village Health & Sanitation Committee to reflect the aspirations of the local community especially of the poor households and women, it has been suggested that:

- At least 50% members on the Village Health & Sanitation Committee should be women.
- Every hamlet within a revenue village must be given due representation on the Village Health and Sanitation Committee to ensure that the needs of the weaker sections especially Scheduled Castes, Scheduled Tribes, Other Backward Classes are fully reflected in the activities of the committee.
- A provision of at least 30% representation from the Non-governmental sector.
- Representation to women's self-help group etc. on these committees etc. will enable the Committee to undertake women's health activities more effectively.
- Notwithstanding the above, the overall composition and nomenclature of the Village Health & Sanitation Committees is left to the State Governments as long as these committees were within the umbrella of PRIs.

#### **Accountability:**

- Every Village Health & Sanitation Committee needs to maintain updated Household Survey data to enable need based interventions.
- Maintain a register where complete details of activities undertaken, expenditure incurred etc. will be maintained for public scrutiny. This should be periodically reviewed by the ANM/Sarpanch.
- The Block level Panchayat Samiti will review the functioning and progress of activities undertaken by the VHSC.
- The District Mission in its meeting also through its members/block facilitators supporting ASHA [wherever ASHA's are in position] elicit information on the functioning of the VHSC.
- A data base may be maintained on VHCSs by the DPMUs.

### **Village Health and Nutrition Day (VHND)**

The VHND has been initiated with the objective of bringing health care and awareness at the doorstep of the rural population. The VHND is to be organized once every month

(preferably on Wednesdays and for those villages that have been left out, on any other day of the same month)

On the appointed day, ASHAs, AWWs, and others will mobilize the villagers, especially women and children, to assemble at the nearest AWC..During the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities.

### **Services provided during VHND-**

- All pregnant women are to be registered.
- Registered pregnant women are to be given ANC.
- Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.
- All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases.
- All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated.
- Vitamin A solution is to be administered, to children.
- All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition.
- Anti-TB drugs are to be given to patients of TB.
- All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services.
- Supplementary nutrition is to be provided to underweight children.

## **Session 4: Fundamentals and Importance of Communication (IEC, BCC and SBCC)**

---

**Total Time: 90 minutes**

### **Learning Objectives**

By the end of this session, participants will be able to

- Define IEC, BCC and SBCC
- Distinguish between IEC, BCC and SBCC
- List the steps in Behaviour Change
- Describe the three key strategies of SBCC
- Describe various stages of Behaviour
- Use of specific IEC in the Specific Meetings

## Methodology:

Brain Storming, Group Discussion, Presentation

## Material Required

- Flipchart, paper, and markers
- TVC CD
- Tape
- 

## Advance Preparation

- Review the entire lesson before teaching to familiarize yourself with the material
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session

## Overview of the Session

No	Time	Activity	Process
1	30 minutes	What is IEC, BCC and SBCC	Presentations
2	20 minutes	Distinguish between IEC, BCC and SBCC	Presentation
	10 minutes	Steps involved in Behaviour Change	Discussion, Presentation
3	15 minutes	Describe the three key strategies of SBCC	Discussion, Presentation
4	15 minutes	Describe various stages of Behaviour	Discussion, Presentation, TV Show

## **Activity: Defining IEC**

### **What is IEC**

**IEC** is a process of disseminating messages in communities and societies to promote positive behaviours which are appropriate to their settings. IEC means sharing information and ideas in a way that is culturally sensitive and acceptable to the community using appropriate channels, messages and methods.

### **Explain why there was a shift from IEC to BCC.**

The main difference between IEC and BCC is that while IEC is more concerned about disseminating messages (focused on messages) which is more of a one way process, BCC is more outcome oriented and includes participatory methods and motivation in the communication process.

### **What is the difference between BCC and IEC**

Experience has shown that providing people with information and telling them how they should behave (“teaching” them) is not enough to bring about behavior change. While providing information to help people to make a personal decision is a necessary part of behavior change, BCC recognizes that behavior is not only a matter of having information and making a personal choice. Behavior change also requires a supportive environment. Recalling the interventions model, we learned that “behavior change communication” is influenced by “development” and “health services provision” and that the individual is influenced by community and society. Community and society provide the supportive environment necessary for behavior change. IEC is thus part of BCC while BCC builds on IEC.

## **Activity: Explain what is Behavioural Change Communication (BCC)**

Behavioural Change Communication (BCC) is a well researched, interactive and planned process that motivates people to adopt healthy behaviours and lifestyles. BCC programmes and interventions are aimed at motivating individuals, groups and communities to change their unhealthy practices or to sustain the healthy behaviours they are following or practicing.

### **Explain the various stages of Behaviour**

People usually move through several intermediate steps in the behaviour change process. The audience can be described as *Pre-knowledgeable* – unaware of the problem, / *Approving* – in favour of the desired behaviours/ *Intending* – intends to take the proposed action/ *Practicing-*

practices the desired behaviour/ *Advocating* – Practices the behaviour and advocates them to others.

## Activity: Introduction to Social and Behaviour Change Communication (SBCC).

### What is SBCC

Social and behaviour change communication is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels.

Briefly review the three characteristics of SBCC

### The three characteristics of SBCC:

1. SBCC is a **process**.
  - It is interactive, researched, planned, and strategic.
  - It aims to change social conditions and individual behaviours.
2. SBCC applies a **comprehensive model**. This model helps identify effective tipping points for change by examining:
  - Individual knowledge, motivation, and other behaviour change communication (BCC) concepts
  - Social, cultural, and gender norms; skills; physical access; and legislation that contribute to an enabling environment
3. SBCC uses **three key strategies**, namely:
  - Advocacy
  - Social mobilization
  - Behaviour change communication

### Explain the three Key strategies needed to operate SBCC

#### Characteristic 3: SBCC Operates Through Three Key Strategies-

- **Advocacy** to raise resources and political/social leadership commitment for development actions and goals

- **Social mobilization** for wider participation, coalition building, and ownership, including community mobilization
- **Behaviour change communication** for changes in knowledge, attitudes, and practices of specific participants/audiences in programs



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

### Using Three Key Strategies for SBCC

- **Advocacy** occurs when an organization, group, or person gathers to argue for, recommend, or support a cause or policy change.
- **Social mobilization** brings together various people, groups, and organizations to raise awareness or demand change on certain issues.
- **Behaviour change communication** uses interpersonal, small group, print, and other materials to promote behaviour change at the individual level.

Conclude that SBCC is an important part of health interventions, and that FLWs are able to inspire and sustain behaviour change; stimulate dialogue; create demand for information and services; promote advocacy; increase knowledge; reduce stigma, fear, and discrimination; and promote services for prevention and care.

## Group Activity: Identify IEC/ BCC and SBCC

### Instructions

1. Divide the participants into three groups
2. Show them the three items listed below

1. Photograph of a flip book
2. Poster on Family Planning
3. Film on Family Planning

### (A 60 second film on family planning titled 'Mehanath')

Ask each group to identify in which category of (IEC/BCC/SBCC) they fall and ask the reason for it. Discuss with each group their responses. Ask each group to present their reasons on a flip chart.

Once they come up with their answers tell them that all the three are IEC based activity as it all these tools only indulge in one way communication of Information, education and communication.

### IEC Materials-

#### Family Planning Flayers





## बच्चों में अन्तर हो 3 साल माँ-बच्चे स्वस्थ घर खुशहाल

3 साल या इससे अधिक अन्तर रखने से-

- माँ को ज़्यादा समय मिलता है:  
—आराम करने और ताकत वापस पाने का  
—पहले बच्चे को अपना दूध पिलाने का
- दूसरा बच्चा भी स्वस्थ पैदा होता है



स्वस्थ बच्चे परिवार का गर्व होते हैं

1

## जन्म में अन्तर के तीन हैं उपाय चुने वो जो आपके मन को भाये

बच्चों के जन्म में 3 साल का अन्तर  
रखने के लिए 3 सरल और सुरक्षित उपाय



आई. यू. सी. डी.

- ये डॉक्टर, नर्स या ए. एन. एम. के द्वारा बच्चेदानी में लगाई जाती है।
- ये आसान है और 5-10 साल तक काम करती है।
- इसका इस्तेमाल सभी स्वस्थ महिलाएं कर सकती हैं। तुरन्त डिलिवरी के बाद वाली महिलाएं और दूध पिलाने वाली महिलाएं भी इसका इस्तेमाल कर सकती हैं।
- वह महिलाएं इसका प्रयोग नहीं करें जो गर्भवती हैं, जिन्हें यौन रोग है, असामान्य खून बहता है या बच्चेदानी से जुड़ी समस्याएं हैं।



गर्भनिरोधक गोलियाँ:

- महिला को रोज़ एक गोली, एक ही समय पर खानी होती है।
- अधिकतर महिलाओं के लिए ये सुरक्षित हैं पर दूध पिलाने वाली महिलाओं के लिए नहीं।
- ये सभी स्वास्थ्य केंद्रों, आशा के पास और दवाई की दुकानों पर उपलब्ध हैं।
- गोलियाँ शुरू करने से पहले डॉक्टर, नर्स या ए. एन. एम. से सलाह जरूर लें।



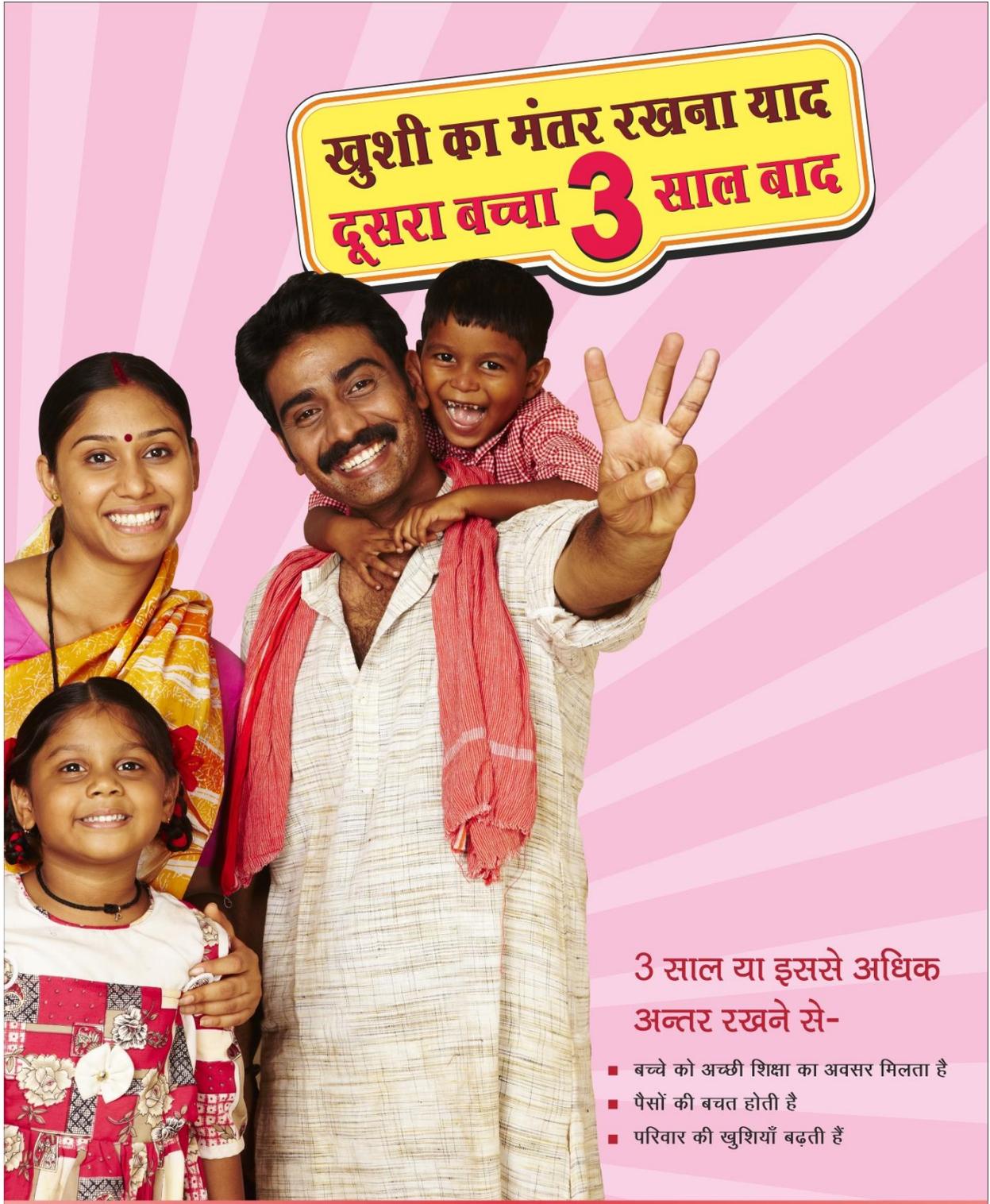
कण्डोम:

- अनचाहे गर्भ से बचाव के लिए पुरुष को हर सम्भोग से पहले अपने लिंग पर पहनना होता है।
- कण्डोम अनचाहे गर्भ, यौनसंक्रमण और एच. आई. वी./एड्स से बचाव करता है।
- ये सभी स्वास्थ्य केंद्रों, आशा के पास और दवाई की दुकानों पर आसानी से उपलब्ध हैं।



अन्तर रखने के लिए ये तीनों ही प्रभावी  
सुरक्षित और प्रयोग करने में आसान विधियाँ हैं

2



**खुशी का मंत्र रखना याद  
दूसरा बच्चा 3 साल बाद**

**3 साल या इससे अधिक  
अन्तर रखने से-**

- बच्चे को अच्छी शिक्षा का अवसर मिलता है
- पैसों की बचत होती है
- परिवार की खुशियाँ बढ़ती हैं

अधिक जानकारी के लिए आशा या निकटतम स्वास्थ्य केन्द्र से संपर्क करें।



# पति-पत्नी आपस में करें सलाह उपाय चुन, चलें खुशी की राह

खुशी का मंतर रखना याद  
दूसरा बच्चा **3** साल बाद



- बच्चों में कम से कम 3 साल का अन्तर रखने के लिए पति-पत्नी आपस में चर्चा करें
- सही विधि का चुनाव साथ मिलकर करें
- आई. यू. सी. डी., गर्भनिरोधक गोलियाँ या कण्डोम का प्रयोग करें

अधिक जानकारी के लिए आशा या निकटतम स्वास्थ्य केन्द्र से संपर्क करें।



# बच्चों में अन्तर हो 3 साल माँ-बच्चे स्वस्थ, घर खुशहाल

खुशी का मंत्र रखना याद  
दूसरा बच्चा **3** साल बाद



3 साल या इससे अधिक अन्तर रखने से-

- माँ को ज़्यादा समय मिलता है:  
—आराम करने और ताकत वापस पाने का  
—पहले बच्चे को स्तनपान कराने का
- दूसरा बच्चा भी स्वस्थ पैदा होता है

अधिक जानकारी के लिए आशा या निकटतम स्वास्थ्य केन्द्र से संपर्क करें।



# जन्म में अन्तर के तीन हैं उपाय चुने वो जो आपके मन को भाये

खुशी का मंत्र रखना याद  
दूसरा बच्चा **3** साल बाद

बच्चों के जन्म में  
अन्तर रखने के लिए 3 सरल  
और सुरक्षित उपाय



कण्डोम



गर्भनिरोधक गोली



आई. यू. सी. डी.

अधिक जानकारी के लिए आशा या निकटतम स्वास्थ्य केन्द्र से संपर्क करें।



**क्या आप जानते हैं?**

- पहली डिलिवरी के सामान्य होने पर भी गर्भावस्था के दौरान समस्या कभी भी आ सकती है
- परेशानियाँ तेजी से बढ़ सकती हैं व गम्भीर रूप ले सकती हैं, यहाँ तक कि बच्चे और माँ की जान भी जा सकती है

**इस पुस्तिका को अपने पति और सास को दिखाएँ तथा इसे ऐसी जगह रखें जहाँ तबियत खराब होने पर यह आसानी से मिल सके**

**आपातकाल के लिए तैयार रहें:**

अस्पताल जाने के लिए किसी वाहन का होना जरूरी है



**गर्भावस्था के दौरान आपको कोई भी स्वास्थ्य समस्या महसूस हो तो तुरन्त किसी से कहें**



**आप अपने शरीर को अच्छी तरह से जानती हैं। अगर इनमें से कोई भी समस्या महसूस हो, तो तुरन्त अस्पताल जाएं:**



डिलिवरी पीड़ा से पहले खून बहना या धब्बा



दौरा पड़ना



सास तेजी से चलना या सास लेने में मुश्किल होना



तेज बुखार



हाथ-पैरों में सूजन होना



डिलिवरी की तारीख आने से पहले पेट में दर्द होना

**अन्य समस्याएँ जिनके लिए तुरन्त इलाज की जरूरत है:**

- पेट में बच्चे का हरकत ना करना या कम करना
- अचानक रंग पीला पड़ जाना
- डिलिवरी की तारीख से पहले पेट में दर्द होना
- गर्भावस्था के 37 हफ्ते पूरे होने से पहले ही पानी की बैली फट जाना

**अस्पताल पहुँचने पर स्वास्थ्यकर्मी से तुरन्त जाँच के लिये आग्रह करें**

**महत्त्वपूर्ण जानकारी**

- नजदीकी अस्पताल का नाम व पता \_\_\_\_\_
- आशा का फोन नम्बर \_\_\_\_\_
- ए.एन.एम. का फोन नम्बर \_\_\_\_\_



**हम वचन देते हैं: गर्भावस्था के दौरान कोई भी समस्या आने पर हम चान्स नहीं लेंगे और तुरन्त अस्पताल जाएंगे**

हस्ताक्षर \_\_\_\_\_  
 पति \_\_\_\_\_  
 पत्नी \_\_\_\_\_  
 सास \_\_\_\_\_



अधिक जानकारी के लिए अपनी ए.एन.एम. बहनजी / आशा दीदी या नजदीकी स्वास्थ्य केन्द्र से सम्पर्क करें

**गर्भावस्था में जब खतरा मंडराए ये पुस्तिका काम में आए**





**रात में 8 घंटे की नींद लें और दिन में भी कम से कम 2 घंटे आराम करें**

- डॉक्टर कहते हैं कि गर्भवती महिला के लिए आराम करना एक जरूरी "दवा" है
- अपनी बाँधी तरफ लेटें क्योंकि ऐसा करने से पेट में पल रहें बच्चे को ज्यादा खून मिलता है
- भारी काम, जैसे पानी भर कर लाना, खरीदारी करना और भारी सामान उठाना, यहाँ तक कि खाना बनाने में भी किसी की मदद जरूर लें

USAID | INDIA

NATIONAL RURAL HEALTH MISSION

अधिक जानकारी के लिए अपनी ए.एन.एम. बहनजी/आशा दीदी या नज़दीकी स्वास्थ्य केन्द्र से सम्पर्क करें

## एक शरीर में दो जान इनका रखें दुगुना ध्यान

**चान्स क्यों लेना है**



याद रखें, जननी शिशु सुरक्षा कार्यक्रम (जे. एन. एस्. के.) के तहत सारी मुफ्त सुविधाओं के लिए फूझना आपका अधिकार है

**मुफ्त सेवाएँ**

- घर से स्वास्थ्य केन्द्र तक ले जाने व घर पहुँचाने के लिए मुफ्त वाहन की व्यवस्था
- अस्पताल में किसी भी प्रकार की फीस नहीं लगती
- स्वास्थ्य केन्द्र में सारी दवाइयों व सामग्री मुफ्त मिलती है
- मुफ्त जीव-इलाज
- मुफ्त भोजन
- खून चढ़ाने की मुफ्त व्यवस्था
- जरूरत पड़ने पर निर्दिष्ट केन्द्र (फैकेरल) तक ले जाने के लिए मुफ्त वाहन की व्यवस्था

- सामान्य डिलिवरी होने पर गर्भवती महिला और उसके नवजात शिशु के लिए 3 दिन तक ये सभी सुविधाएँ मिलती हैं
- अगर ऑपरेशन (सिजेरियन) से बच्चा हुआ है तो ये सुविधाएँ 7 दिन तक मिलती हैं
- जन्म के बाद अगर बच्चे को कोई परेशानी है तो ये सारी सुविधाएँ 1 वर्ष तक मिलती हैं

**ज़रूरी फोन नम्बर:**

**चान्स क्यों लेना है**

USAID | INDIA

NATIONAL RURAL HEALTH MISSION

अपने गाँव की ए. एन. एम. बहनजी/आशा दीदी या निकटतम स्वास्थ्य केन्द्र से सम्पर्क करें

## पति नम्बर 1 बनो

गर्भावस्था के दौरान अपनी पत्नी की देखभाल करने में ज़रूर महसूस कीजिए!

**जीरो शिफ्टे हुए हर ज़िन्दगी का पालन ज़रूर करें। अपनी पत्नी और होने वाले बच्चे का स्वास्थ्य सुरक्षित करें जब आप इन ज़रूरी कार्यों को पूरा कर लें, तो दिए गए खाने पर सही का निशान लगा दें**

**चान्स क्यों लेना है**

निशान लगाएँ	ज़रूरी कार्य
<input type="checkbox"/>	अपनी पत्नी के गर्भवती होने का पता चलते ही तुरन्त डिलिवरी पूर्व पंजीकरण करवाएँ
<input type="checkbox"/>	अपनी पत्नी के साथ 4 डिलिवरी पूर्व जाँचों के लिए अवश्य जाएँ
<input type="checkbox"/>	खतरे के संकेतों वाली पुस्तिका को परिवार के साथ देखें और संकेतों को लेकर सावधान रहें <ul style="list-style-type: none"> <li>कोई भी लक्षण दिखने पर इंतज़ार ना करें, तुरन्त अस्पताल जाएँ</li> <li>आपातकाल में स्वास्थ्य केन्द्र जाने पर तुरन्त जीव के लिए आग्रह करें</li> </ul>
<input type="checkbox"/>	स्वास्थ्य केन्द्र पर डिलिवरी करवाने के लिए पुरुआत से ही योजना बनाएँ <ul style="list-style-type: none"> <li>स्वास्थ्य केन्द्र पर डिलिवरी के खर्चों के बारे में परिवार के सदस्यों से चर्चा करें</li> <li>कोई भी परेशानी खड़ी होने पर एक प्रशिक्षित स्वास्थ्यकर्मनी तुरन्त समस्या का समाधान कर सकता है</li> <li>डिलिवरी से संबंधित सारी सेवाएँ विन्ड्यूल मुफ्त हैं</li> </ul>
<input type="checkbox"/>	गर्भावस्था में 100 दिनों तक रोज़ एक आयरन की गोली खाने में अपनी पत्नी की मदद करें <ul style="list-style-type: none"> <li>खाने के 1 घंटे बाद या सोने से पहले अपनी पत्नी से आयरन की गोली खाने के लिए कहें</li> <li>इले पत्नी के साथ लें</li> <li>यदि आयरन की गोली खाने से आपकी पत्नी पर कोई दुसरा असर दिखता है तो डॉक्टर से सलाह लें, लेकिन उनका गोली खाना जारी रखें</li> </ul>
<input type="checkbox"/>	अपनी पत्नी को अच्छा खाने व ज्यादा आराम करने के लिए बढ़ावा दें <ul style="list-style-type: none"> <li>गर्भवती महिला को ज्यादा खाने की ज़रूरत होती है</li> <li>आपकी पत्नी को दिन में कम से कम 3 बार भोजन व खाने के बीच में कुछ पीथिक खाने कि चीज़ें लेते रहना चाहिए</li> <li>पीथिक भोजन खरीदिए जिससे कि आपकी पत्नी हर भोजन में सांसा और पीले फल, सब्जियाँ, दाल, दही, चना, अण्डे या छोड़के भाज में मीस या माछली जैसी चीज़ें खा सके</li> <li>अपनी पत्नी की गर्भावस्था के दौरान उसके पीथिक भोजन करने के महत्व के बारे में अपनी माँ से बात करें</li> <li>भारी सामान उठाने और घर के काम में आप उसकी मदद करें ताकि आपकी पत्नी भारी सामान उठाने की जगह से खतरे में ना पड़े</li> <li>आपने परिवार के बाकी सदस्यों को भी इन कार्यों में मदद करने के लिए बढ़ावा दें</li> <li>निश्चित करें कि आपकी पत्नी गर्भावस्था के दौरान दिन में कम से कम 2 घंटे आराम करती है</li> </ul>
<input type="checkbox"/>	पता लगा लें कि डिलिवरी के लिए कहां जाना है। माँ की मुफ्त सुविधा के लिए ए. एन. एम. बहनजी/आशा दीदी से फोन नम्बर ले लें <ul style="list-style-type: none"> <li>डिलिवरी का समय निकट आने पर</li> <li>हर वक्त आशा दीदी का फोन नम्बर अपने पास रखें</li> <li>अस्पताल ले जाने वाला सामान तैयार रखें</li> <li>घर की जिम्मेदारी सम्भालने के लिए किसी को बुलाने की योजना बना लें क्योंकि कम से कम 2 रात आपकी पत्नी को स्वास्थ्य केन्द्र पर ही रहना है ताकि कोई भी परेशानी होने पर तुरन्त इलाज हो जाए</li> </ul>

### अच्छे से खाएँ और बीच-बीच में आराम करें

- हर महिला अपने परिवार की देखभाल करना और स्वस्थ बच्चे चाहती है
- अगर आप ज्यादा थकी हुई और बीमार हैं या आपके बच्चे को जन्म के समय से ही कोई समस्या है, तो परिवार की देखभाल करना मुश्किल हो सकता है
- अच्छे खान-पान का मतलब है, हर रंग और हर प्रकार का भोजन खाना और थोड़ी-थोड़ी देर में कुछ खाते रहना
- ऐसा कोई भोजन नहीं है जो गर्भावस्था के दौरान ना खाया जा सके
- आराम करने से आपके शरीर को ताकत मिलती है जिससे बच्चे का विकास अच्छा होता है
- पोषिक भोजन में विटामिन व खनिज उपलब्ध रहते हैं
  - ये महंगे नहीं होते
  - इनमें से कई चीजों को तो घर में ही आसानी से उगाया जा सकता है

विटामिनों और खनिजों से भरपूर उज रंग-बिरंगे फलों और सब्जियों पर गोलाकार निशान लगाएँ जिन्हें आप अपने भोजन में शामिल करेंगी:



प्रोटीन-युक्त खाने की चीजों पर गोलाकार निशान लगाएँ जिन्हें आप ज़्यादा बार खा सकती हैं:



आयोडीन-वाले नमक का प्रयोग करें



दिन में कम से कम 3 बार भोजन करें

उन खाने कि चीजों पर गोलाकार निशान लगाएँ जिन्हें आप दो वक्त के भोजन के बीच में खाएँगी, जिनसे आपको अधिक शक्ति और पोषण पाने में मदद मिलेगी



जब भी आप खेल पर या बाजार जाएँ, तो इन्हें अपने साथ लें जाएँ  
यदि आपको कम भूख लगती है या पेट में पल रहे बच्चे को बढने से पेट पर दबाव पड़ रहा है और अधिक खाना मुश्किल हो रहा है, तो दो भोजन के बीच कुछ-न-कुछ थोड़ी मात्रा में खाती रहें।

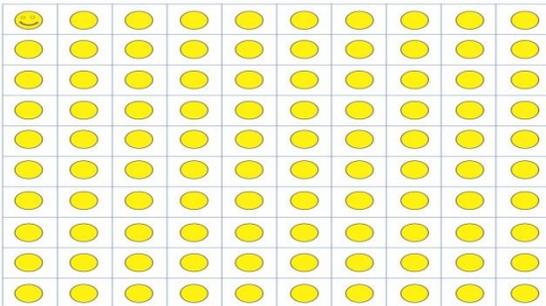
अगर आपको आयरन की और गोलियाँ चाहिए तो अपनी आशा दीदी/ए.एन.एम. बहन जी से कहें या निकटतम स्वास्थ्य केंद्र पर जाएँ और मुफ्त गोलियाँ प्राप्त करें



रोज़ आयरन की गोली खाना कैसे याद रखें:

- अपने पति या सास से रोज गोली खाने की याद दिलाने को कहें
- गोली को तकिये पर या उसके नीचे रखें ताकि सोने के पहले आपको गोली खाना याद रहे
- गोली लेने के बाद रोज इस कैलेन्डर पर निशान लगाएँ

आयरन की गोली खाने के बाद रोज इस मुस्कान को पूरा करें



अपने गाँव की ए. एन. एम. बहन जी/आशा दीदी या निकटतम स्वास्थ्य केंद्र से सम्पर्क करें

100 दिन तक रोज़ एक आयरन की गोली  
माँ और बच्चे दोनों को ही ताकत मिली



## गर्भावस्था में महिलाएं एक आयरन की गोली रोज लें और स्वस्थ रहें

आयरन की गोलियाँ खून की कमी और इसके लक्षणों को रोकने में मदद करती हैं

### खून की कमी के कारण:

- जल्दी थक जाना, सांस फूलना, रंग फीका पड़ना, चक्कर आना व सिरदर्द आदि हो सकता है



- गर्भावस्था या डिलिवरी के दौरान जान भी जा सकती है
  - बच्चे का समय से पहले जन्म हो सकता है या वह कमजोर हो सकता है
- डिलिवरी से पहले (ए.एन.सी.) जाँच के समय खून कि जाँच करवाएँ और स्वास्थ्य सेवार्कर्म से जाँच का परिणाम बताने के लिए कहें

### गर्भावस्था के दौरान हर महिला को आयरन की गोली लेने की आवश्यकता होती है



- गर्भावस्था के दौरान आपके शरीर को ज्यादा खून की जरूरत होती है
- स्वास्थ्यकर्मा द्वारा आयरन की गोलियाँ देते ही रोज गोली खाना शुरू कर दें

### कम से कम सौ दिनों तक रोज एक गोली खाएँ, भले ही आप स्वस्थ महसूस कर रही हों

- अगर आप आयरन की गोली लेना बन्द कर देती हैं तो खून की कमी और इसके लक्षण दुबारा हो सकते हैं



### गोलियाँ पानी के साथ ही लें



- गैहूँ के आटे से बनी रोटियाँ और चाय आयरन की गोलियों के फायदे को कम कर देती हैं
- आयरन की गोलियाँ रोज खाने के कम से कम एक घंटे बाद या सोने के पहले लें

### आयरन की गोलियों से कुछ मामूली परेशानियाँ होती हैं जो नुकसानदायक नहीं हैं और समय के साथ कम या खत्म हो जाती हैं

- यदि अधिक परेशानी महसूस हो तो भी गोलियाँ लेना बन्द ना करें बल्कि अपने स्वास्थ्य सेवार्कर्म से बात करें

### कुछ लक्षण ये हैं:

- काला मल: इसका मतलब ये कतई नहीं है कि आपको कोई समस्या है
- मितली आना: अगर जी मिचलाए, तो गोली लेने के बाद बिस्कुट, मीठा या कोई खाने की वस्तु लें
- कब्ज: अगर ऐसा होता है तो दिनभर खूब पानी पिएँ और ताजे फल तथा सब्जियाँ खाएँ

### अपने भोजन और नाश्ते में आयरन की ज्यादा मात्रा वाले खाद्य पदार्थ शामिल करें



दाल



भुना घना



पालक



माँस



उबले अण्डे



मूँगफली



गुंड



कलेजी



अंगूर



सोयाबीन



रागी



बाजरा



खजूर



मीठा आलू



अनार



केला

# एक शरीर में दो जान इनका रखें दुगुना ध्यान



स्वास्थ्य एवम्  
परिवार कल्याण मंत्रालय  
भारत सरकार



- दिन में कम से कम 3 बार भोजन करें
- दो भोजन के बीच में कुछ-कुछ खाते रहें
- रात में 8 घंटे की नींद लें और दिन में भी कम से कम 1 बार आराम करें



जननी शिशु सुरक्षा कार्यक्रम (जे.एस.एस.के.)  
के तहत प्रसव से सम्बन्धित जाँच-इलाज की  
सारी सुविधाएँ मुफ्त पाना आपका अधिकार है



अधिक जानकारी के लिए अपनी ए. एन. एम. बहन जी/आशा दीदी या निकटतम स्वास्थ्य केन्द्र से सम्पर्क करें

# प्रसव पूर्व चार जाँच कराना है जरूरी माँ-बच्चा स्वस्थ तो खुशियाँ पूरी



- गर्भवती होने का पता चलते ही ए. एन. सी. के लिए पंजीकरण करायेँ
- गर्भावस्था के दौरान चार जाँच अवश्य करायेँ, इससे माँ-बच्चा संभावित खतरों से बच सकते हैं



जननी शिशु सुरक्षा कार्यक्रम  
(जे.एस.एस.के.) के तहत प्रसव से  
सम्बन्धित सभी जाँचें मुफ्त हैं



अधिक जानकारी के लिए अपनी ए. एन. एम. बहन जी/आशा दीदी या निकटतम स्वास्थ्य केन्द्र से सम्पर्क करें

# खतरे की घंटी को क्यों है बजाना अस्पताल में प्रसव के बाद 2 रात जरूर बिताना

- प्रसव के बाद 48 घंटे माँ-बच्चे के लिए महत्वपूर्ण होते हैं
- अस्पताल में सारी सुविधाएं होती हैं
- इसलिए प्रसव अस्पताल में ही कराएं और उसके बाद दो रात (48 घंटों) वहीं रुकें



जननी शिशु सुरक्षा कार्यक्रम (जे.एस.एस.के.)  
के तहत प्रसव से सम्बन्धित सारी सुविधाएं जैसे कि दो रात (48 घंटों)  
अस्पताल में रुकना, खाना, अस्पताल ले जाना, घर तक  
पहुँचाना आदि सारी सेवाएँ बिल्कुल मुफ्त हैं



अधिक जानकारी के लिए अपनी ए. एन. एम. बहन जी/आशा दीदी या निकटतम स्वास्थ्य केन्द्र से सम्पर्क करें

# 100 दिन तक रोज़ एक आयरन की गोली भूलिएगा मत माँ और बच्चा दोनों को ही मिलेगी ताक़त



आयरन की गोली लेने से ख़ून की कमी नहीं होती और बच्चे के विकास में मदद मिलती है



जननी शिशु सुरक्षा कार्यक्रम  
(जे.एस.एस.के.) के तहत आयरन की गोलियाँ  
व सभी दवाईयाँ मुफ़्त उपलब्ध हैं



अधिक जानकारी के लिए अपनी ए. एन. एम. बहन जी/आशा दीदी या निकटतम स्वास्थ्य केन्द्र से सम्पर्क करें



## Session 5: Different Community Stakeholders

---

**Total Time: 54 minutes**

### Learning Objectives

By the end of this session, participants will be able to

- Identify Different Community Stakeholders
- List Down the Roles and Responsibility of each Stakeholders

### Methodology:

Presentation, Group Discussion

### Material Required

- Flipchart, paper, and markers
- Cards or sticky notes (tape and paper can be used as a substitute)
- Tape

### Advance Preparation

- Review the entire lesson before teaching to familiarize yourself with the material
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session

### Session Overview

No	Time	Activity	Process
1	30 minutes	Identify Different Community Stakeholders	Group Work, Presentation, discussions
2	30 minutes	List Down the Roles and Responsibility of each Stakeholders	Group Work, Presentation, discussions

## **Activity: Different Community Stakeholders**

- Health:- ASHA & ANM
- ICDS:- Anganwadi Worker and Anganwadi Sahaika
- Education:- Shiksha Mitra & Teachers
- PRI: - Gram Pradhan, Sarpanch, Ward Members.
- Administration / Revenue:- Sub Divisional Magistrate (SDM), Block Development Officer, Lekhpal,
- PDS:- Ration Dealer (Kotedar)
- Others:-Local Community Opinion Leaders, like-Imam, Priest of local Temple, Registered Medical Practitioners (RMPs), etc.

## **Roles and Responsibility of each Stakeholders**

### **Health-**

#### **Roles and Responsibility of an ASHA-**

ASHA is a health activist in the community who creates awareness on health and its social determinants and mobilizes the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

Her roles and responsibilities would be as follows:

- Create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- Counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

- Mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers.
- Work with the Village Health Sanitation & Nutrition Committee of the Gram Panchayat to develop a comprehensive village health plan.
- Arrange escort/accompany pregnant women & children requiring treatment/ admission to the nearest pre- identified health facility.
- Provide primary medical care for minor ailments such as diarrhea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.
- Act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.
- Inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centers/Primary Health Centre.
- Promote construction of household toilets under Total Sanitation Campaign.

### **Roles and Responsibility of an ANM-**

The Auxiliary Nurse Midwife (ANM) is the health functionary closest to the community. She is based at the sub-center (SC) which is the first point of governmental health assistance in a village. The ANM deals with all aspects of health and family welfare. Her domain usually consists of half a dozen villages (a population of around 5000). An ANM is supposed to perform a variety of roles. Her roles and responsibilities would be as follows:

#### **Maternal and Child Health**

- Register and provide care to pregnant women throughout the period of pregnancy.
- Ensure that every pregnant woman makes at least 3 (three) visits for Ante Natal Check-up.
- Provide ante natal checkups and associated services such as IFA tablets, TT immunization etc.
- Refer cases of abnormal pregnancy and cases with medical and gynecological problems to Health Assistant Female (LHV) or the Primary Health Centre.
- Conduct deliveries in her area when called for.
- Supervise deliveries conducted by Dais and assist them whenever called.
- Refer cases of difficult labour and newborns with abnormalities.
- ANM will identify the ultimate beneficiaries under Janani Suraksha Yojana (**JSY**)
- Make at least two post-natal visits for each delivery happened in her areas
- Assist Medical Officer and Health Assistant Female in conducting Ante natal and postnatal clinics at the sub-center.

## **Family Planning:**

- Utilize the information from the eligible couple and child register for the family Planning programme.
- Spread the message of family planning to the couples
- Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting family planning services.
- Provide follow-up services to female family planning acceptors, identify side effects, give treatment on the spot for side effects.
- Establish female depot holders, help the Health Assistant Female in training them, and provide a continuous supply of conventional contraceptives to the depot holders.
- Build rapport with acceptors, village leaders, ASHA, Dais and others and utilize them for promoting Family Welfare Programme.
- Identify women leaders and help the Health Assistant Female to train them.
- Participate in Mahila Mandal meetings and utilize such gatherings for educating women in Family Welfare Programme.

## **Medical Termination of Pregnancy**

- Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.

## **Nutrition:**

- Identify cases of malnutrition among infants and young children (zero to five) and refer serious cases to the Primary Health Centre.
- Distribute Iron and Folic Acid tablets as prescribed to pregnant nursing mothers, and young children (up to five years) as per the guidelines
- Administer Vitamin A solution to children as per the guidelines.
- Educate the community about nutritious diet for mothers and children.
- Coordinate with Anganwadi Workers.

## **Universal Programme on Immunization (UIP)**

- Immunize pregnant women with tetanus toxoid.
- Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, (Hepatitis-B in pilot areas) as per immunization schedule.
- Ensure injection safety.

## **Dai Training**

- List Dais in her area and involve them in promoting Family Welfare.
- Help the Health Assistant Female / LHV in the training programme of Dais.

## Communicable Diseases

- Notify the M.O PHC immediately about any abnormal increase in cases of diarrhea/dysentery, fever with rigors, fever with rash, and fever with jaundice or fever with unconsciousness which she comes across during her home visits.
- Assist the Health Worker Male in maintaining a record of cases for malaria, tuberculosis and leprosy.
- Give Oral Rehydration solution to all cases of diarrhea/dysentery/vomiting.
- Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.
- Education, Counseling, referral, follow-up of cases STI/RTI, HIV/AIDS.

## Role of ANM as a facilitator of ASHA:

Auxiliary Nurse Midwife (ANM) will guide ASHA in performing the following activities:

- ✓ She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week/fortnight.
- ✓ ANM will act as a resource person for the training of ASHA
- ✓ ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ✓ ANM will participate and guide in organizing the Health Days at Anganwadi Centers.
- ✓ She will take help of ASHA in updating eligible couple register of the village concerned.
- ✓ She will utilize ASHA in motivating the pregnant women for coming to sub Centre for initial checkups. She will also help ANMs in bringing married couples to sub centers for adopting family planning.
- ✓ ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT injections etc.
- ✓ ANMs will orient ASHA on the dose schedule and side effects of oral pills.
- ✓ ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ✓ ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.

## ICDS

### Anganwadi Workers:

- To elicit community support and participation in running the programme.
- To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centers/PHC etc., and

maintain child cards for children below 6 years and produce these cards before visiting medical and Para-medical personnel.

- To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
- To organize non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.
- To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
- To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures
- AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.
- To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
- To maintain files and records as prescribed.
- To assist the PHC staff in the implementation of health component of the programme viz. immunization, health check-up, ante natal and post natal check etc.
- To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work which would effect her main functions under the Scheme.
- To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.
- To bring to the notice of the Supervisors/ CDPO any development in the village which requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.
- To maintain liaison with other institutions (Mahila Mandals) and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.
- To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
- To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/ campaigns etc.
- AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
- Anganwadi Worker can function as depot holder for RCH Kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration

of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.

- To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
- To support in organizing Pulse Polio Immunization (PPI) drives.
- To inform the ANM in case of emergency cases like diarrhoea, cholera etc.

### **Role and responsibilities of Anganwadi Helpers**

- To cook and serve the food to children and marchers
- To clean the Anganwadi premises daily and fetching water.
- Cleanliness of small children
- To bring small children collecting from the village to the Anganwadi

### **Education**

#### **Siksha Mitra and Teacher**

Tasks are broadly the same for all Siksha Mitra and school teachers and include:

- Teaching all areas of the primary curriculum;
- Taking responsibility for the progress of a class of primary-age pupils;
- Organizing the classroom and learning resources and creating displays to encourage a positive learning environment;
- Planning, preparing and presenting lessons that cater for the needs of the whole ability range within their class;
- Motivating pupils with enthusiastic, imaginative presentation;
- Maintaining discipline;
- Preparing and marking work to facilitate positive pupil development;
- Meeting requirements for the assessment and recording of pupils' development;
- Providing feedback to parents
- Coordinating activities and resources within a specific area of the curriculum, and supporting colleagues in the delivery of this specialist area;
- Working with others to plan and coordinate work;
- Keeping up to date with changes and developments in the structure of the curriculum;
- Organizing and taking part in school events, outings and activities which may take place at weekends or in the evening;
- Liaising with colleagues and working flexibly, particularly in smaller schools;
- Working with parents and school governors (in England, Northern Ireland and Wales) or School Boards (in Scotland) to maximize their involvement in the school and the development of resources for the school;
- Meeting with other professionals such as education welfare officers and educational psychologists, if required.

## **Panchayati Raj Institution (PRI): -**

### **Gram Pradhan, Sarpanch, Ward Members.**

Apart from several Administrative responsibilities carrying by the PRIs following are the other medical and welfare responsibilities associated with the PRIs-

#### Medical and sanitation

- Promoting rural sanitation.
- Prevention against epidemics.
- Programs of human and animal vaccination.
- Preventive actions against stray cattle and livestock.
- Registering births, deaths, and marriages.

#### Family welfare

- Promotion and implementation of family welfare programs.

## DO'S AND DON'TS OF TRAINING

The following "do's and don'ts" should ALWAYS be kept in mind by the trainer during any learning session.

### DO's

- Maintain good eye contact
- Prepare in advance
- Involve participants
- Use visual aids
- Speak clearly
- Speak loud enough
- Encourage questions
- Recap at the end of each session
- Bridge one topic to the next
- Encourage participation
- Write clearly and boldly
- Summarize
- Use logical sequencing of topics
- Use good time management
- keep it simple
- Give feedback
- Position visuals so everyone can see them
- Avoid distracting mannerisms and distractions in the room
- Be aware of the trainees' body language
- Keep the group focused on the task
- Provide clear instructions
- Check to see if your instructions are understood
- Evaluate as you go
- Be patient

### Don'ts

- Don't read from the curriculum
- Don't talk to the flipchart
- Don't block visual aids
- Don't shout at participants
- Don't ignore the participants comments and feedback

One Day Training for Front Line Workers on Communication and Inter Personal  
Communication (IPC)

**COURSE EVALUATION FORM**

**This form is anonymous. Do not put your name on this form. Thank you.**

**1. *Were your expectations for this course met? (Please Circle any one )***

***YES***

***NO***

***Partially (please specify)***

**2. *Which sessions did you like most? Why?***

**3. *Which sessions did you like the least? Why?***

**4. *Which topics did we need to spend more time on?***

5. *How would you rate the style of the facilitators? (Please Circle any one)*
- a. Excellent*
  - b. Good*
  - c. Fair*
  - d. Poor*
6. *What could we do differently to improve the content of the training?*
7. *What could we do differently to improve the logistics of the training? (Hours, tea/coffee breaks)*
8. *Overall, how would you rate this training? (Please Circle any one)*
- a. Excellent*
  - b. Good*
  - c. Fair*
  - d. Poor*
9. *How will you use these skills once back to your working station?*

One Day Training for Front Line Workers on Communication and Inter Personal  
Communication (IPC)

**ORIENTATION EVALUATION SHEET**

*Please rate the following points, expressing at best your appreciation from a scale of 1 to 5;*

*1 = poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = excellent.*

Sr. No.	Name of the Session	Content of the training	Methodology of the training	Communication of the Facilitator	Body Language of the Facilitator	Responsiveness of the Facilitator	style of the facilitator	REMARKS
1.	Welcome and Objective							
2.	Pre and Post Test							
3.	Inter Personal Communication							
4.	Organizing and Conducting Meetings							
5.	IEC, BCC and SBCC							
6.	Different Community Stakeholders							

**Any additional comments:**

---

One Day Training for Front Line Workers on Communication and Inter Personal  
Communication (IPC)

Pre and Post Test Questionnaire

**Total Marks - 15**

**Put a tick (✓) against the correct answer:**

1. Communication is a process by which: **(1)**
  - (i) Two or more people exchange ideas, facts, feelings
  - (ii) People express their view only once
  - (iii) Only expression may transferred
  - (iv) All of the above.
  
2. Inter Personal Communication is: **(1)**
  - (i) One way process of Communication
  - (ii) Based on only Non-verbal signs
  - (iii) Does not have definite beginning and end
  - (iv) None of the above
  
3. The objectives of IEC is: **(1)**
  - (i) To inform, educate and entertain the people
  - (ii) To create awareness as well as to undertake motivational activities
  - (iii) To communicate some health messages to the people
  - (iv) To understand the knowledge and attitude of people towards certain things
  - (v) All the above
  
4. BCC stands for: **(1)**
  - (i) Behavior Change Communication
  - (ii) Behavior Communication Change
  - (iii) Better Change Communication
  - (iv) Better Communication Change
  
5. Behavior may be influenced by: **(1)**
  - (i) Community Environment
  - (ii) Mass Media

- (iii) IPC and mid-media
  - (iv) Government Policy
  - (v) All of the above
6. The first step in behavior change is: (1)
- (i) Advocate
  - (ii) Intention and approval
  - (iii) Knowledge
  - (iv) Practice
7. Social Behavior Change Communication uses: (1)
- (i) Advocacy
  - (ii) Social Mobilization
  - (iii) Behavior Change Communication
  - (iv) All of the above
8. IPC Skills include: (1)
- (i) Active Listening
  - (ii) Effective Speaking
  - (iii) Questioning
  - (iv) All of the above
9. The process of Behavior Change involves: (1)
- (i) Knowledge, Habit, Attitude
  - (ii) Behavior, Choice, priority, need, desire
  - (iii) Knowledge, Approval, Intention, Practice, Advocate
  - (iv) None of the above
10. SBCC stands for: (1)
- (i) Society Behavior Change Communication
  - (ii) Social Behavior Change Communication
  - (iii) Sound Behavior Change Communication
  - (iv) None of the above
11. SBCC is a Process aims to change: (1)

- (i) Advocacy Process
  - (ii) Social and Individual Behaviors
  - (iii) Planning Process
  - (iv) All the above
12. The size of the group for conducting Focus Group Discussion is: (1)
- (i) > 20 persons
  - (ii) Around 20 persons
  - (iii) 6-12 persons
  - (iv) 1-5 persons
13. ASHA stands for: (1)
- (i) Accredited Social Health Activist
  - (ii) Accurate Social Health Activist
  - (iii) Advance Social Health Activist
  - (iv) All of the above
14. VHND stands for: (1)
- (i) Village Handicraft Department
  - (ii) Village Health Nutrition Day
  - (iii) Village Health Nomination Day
  - (iv) None of the above
15. VHSC Stands for: (1)
- (i) Village Health School Committee
  - (ii) Village Health Sanitation Cooperation
  - (iii) Village Health Sanitation Committee
  - (iv) None of the above

**SCORING INSTRUCTIONS TO THE TRAINER /PERSON WHO CONDUCTS  
TRAINING/FOLLOW -UPS**

Evaluate every right answer with +1 and every wrong answer with -1, the maximum score being 15 for 15 questions. Use the correct answers given below to score each question. Complete the following scoring table to score each question and to derive the total score and percentage. A trainee has retained the Required Level of Knowledge (RLK) if he/she scores 80% or above.

TO BE FILLED BY THE TRAINER AND THE PERSON WHO CONDUCTS FOLLOW-UPS

<b>Qn. No.</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	<b>Total</b>	<b>%</b>
<b>Score</b>																	

**RLK: YES/NO**

**Correct Answers for scoring**

1. (I)
2. (IV)
3. (V)
4. (1)
5. (V)
6. (III)
7. (IV)
8. (IV)
9. (III)
- 10.(iv)
- 11.(ii)
- 12.(iii)
13. (I)
14. (ii)
- 15.(iii)