The ESQT Fold Path

At the ASHA and a member of the community you
know whose families and house who use the most
vulnerable and likely to be contacted.

Mapping
You must find all way those households and
families which fall in the categories discussed
above, when you know that each family does
not access health services readily. Identify
these households and families among whom social
relationships and lower health service use is
correlated.

Promoting
You must then prioritize home visits to such
families, know that you need to
understanding qualitative instruments and help them
to access health care services, especially for
mothers and children.

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

Understanding
Often people have emotional issues and legitimate
reasons for why they are not able to use health
services. Do not assume that their attitudes are
bad. You may have to employ options for changing
the way existing services are being provided. For
instance, in some areas the ASHA will need to
make a home visit to provide ANC and post
natal care, and immunizations at the ANC/IMR
nurse in her helper will have to deliver the deny
home Pakistan to the household. If you need to
convince that the medical care unit specifically
visit families and浸泡 pilots rather than the
main medical village.

Counselling
You must use the counselling skills in which
you have been trained in Volvo s, s, and t.
Listen to people family health and listen with them to find
solutions. You could accompany them to the VHD or the
health clinic so that they feel comfortable and
confident about accessing them or their own in the future.

Persisting
Changing behaviors is not easy to do,
especially among poor and marginalised families,
who may not perceive the immediate gain or for
which there are some other important priorities.
It needs repeated visits and counselling. Keep
in mind that some of the families may accept
one of the other strategies to adopt preventive and
promote health behaviors and begins to access health
services, your need for frequent visits will reduce.

Co-ordinating
It is quite likely that these will remain families,
who despite your persistent effort will not accept
revisions. You can ask members of the Village
health, Lunation and Lunation Committee, to
support your facilitators in the ASHA, who may
be in a position to influence these families, to
carry you on a home visit.

Motivating
Meeting people together gives people the
confidence to change. Organisations provide
strength. Building solidarity creates confidence.
Leadership provides inspiration and motivation to
break out of age-old inertia. So, organize
meetings, join together to stop argue, take out a
daily, and celebrate success. Mobilization is the
most important tool of all.

Every child, woman and family in the ASHA has a right to health. The
government is responsible for ensuring universal access to health care. But we
find that though not the country has
large inequalities despite many sections of society have
access to health care services. A major part of the National Rural Health Mission is to
address these inequalities. One of the key
strategies to improve access in the ASHA
programme. However, we find that despite
deliberate efforts, one child of the population
is still being deprived of health services,
and we therefore insist on reaching
these families.
Who are the marginalized?

We tend to work with those who we see, who we can reach easily, and those who are likely to listen to us. There are generally people who live in the most marginalized parts of the village, and therefore likely more educated and economically better off, but we also know that in our area we have families who would not be any of the categories listed below:

- Families belonging to a particular caste, ethnic, or religious group who are in minority in the community and who are not seen as equal by others such as caste-based colleagues, caste-based troubles and minority communities.
- Women headed households. This could be the case, where the husband works outside the village, where women are reported or deemed by their husbands, or the husband is dead, where women have alcoholic husbands, or husbands who are disabled.
- Families of those who work as daily wage laborers or who are unemployed, and are destitute.
- Families living in distant villages, whose houses lie between villages on hillsides or in the fields, or in areas which are not off the main road.
- Families with disabled children, or families where there is an adult support.
- Repeat families, either those who migrate into the village community or those who stay outside the village for livelihood, and return periodically.

Reaching the marginalized: your role

- As an AICA, you help each family to reach the service providers so the services provided reach the families. You are a facilitator of services.
- As an AICA, you recognize that many people belonging to these sections of society do not go or are unable to reach a service provider, and you initiate treatment in the home, and build that confidence to reach services. You are a provider of community health care.
- As an AICA, you ensure that many of these families are marginalized and actively mobilized from various. You organize and inform them to demand services and entitlements. You are a voice of the community, particularly of the most vulnerable groups.

Case Studies for Discussion

The stories below relate to situations among such families that must be brought to you. At the end of each story you will be asked to reflect on what you will be asked to take action on behalf of such families to ensure services and improve health status.

Geographic and Cultural Barriers

Mrs. S. is 50 years old, who lives in a hush of about six households, which is two miles away from the main village where you live. The situation among such family is that the generations in the house work in the help of a lady or elder lady in the family. You have to learn that.

Mrs. R. is a housewife and to help you have to take care of the same that you can live the art. Report about the Change and the importance of hospital delivery. Help her and the baby's health. Even after you spent two years trying to explain this, the older women are not convinced. This is a case of need and time. Your help is needed and you have to be patient when you help them to go to the hospital. Mrs. Sheela is an elderly lady who is not going to listen, and therefore you do not visit the next time. Mrs. S. is a very busy woman who will deliver at home, and if something goes wrong, will not likely seek one at the institution.

What else could you have done?

Costa Barriers

This is an AICA, in a village Calypso area where about one third of the families belong to the Costa community. They were selected from this community because it was felt that they would facilitate the access of these families to health care services. However, among the upper castes households, there is a widow with two young children, who is poor. This is needed of your needs, but you are not sure if you can offer a helping hand because of her caste status.

What would you do?

Other Social Barriers

Sarla is an eight-year-old girl belong to embalming children for the Welfare Village. She works with her young child. The older one is three years old and the younger one is seven months old. Sarla is a daily wage laborer and the only adult surviving member of the house. Bringing the child to the AICA for immunization means the loss of a day's wages. Recently in a young woman with a baby of five months, she has had an experience with the AICA when she last brought her baby to the AICA and has decided that she will not go there again. You also know that there are some families who do not bring their children for immunization, because of cultural beliefs. Sometimes they do not come because they may not have previously participated in health care activities or had a desire to participate in health care in the near future. What will you do to make such situations?