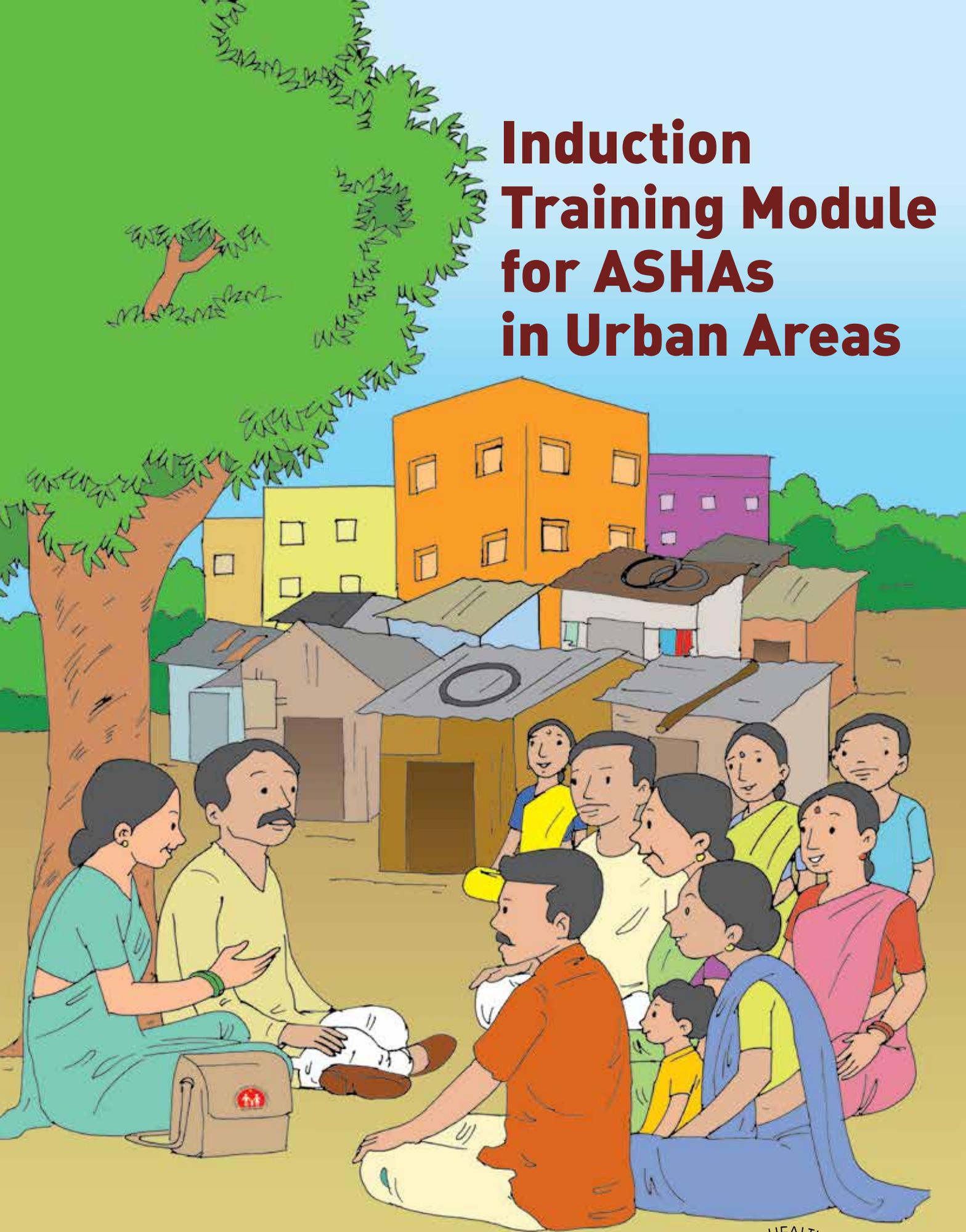


Induction Training Module for ASHAs in Urban Areas



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Design and layout:
New Concept Information Systems Pvt. Ltd.

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Acknowledgements

The Induction Training Module for ASHAs in urban areas is derived largely from the Induction Training Module of rural ASHAs. It represents the hard work of a large number of individuals and institutions who were involved in developing these modules. Acknowledgements are due to members of the Technical Advisory Group for community processes under NUHM, National ASHA Mentoring Group and State Nodal Officers for ASHA and Community Processes, who provided valuable insights and feedback for developing this Module.

What is this Book about?

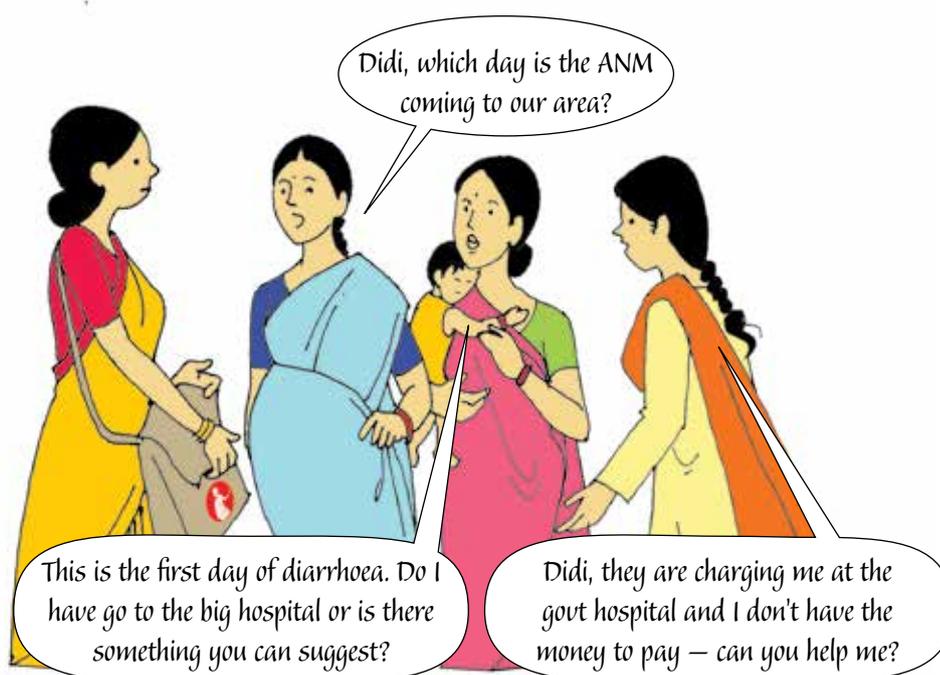
You have chosen to be an ASHA. You have been selected by your community to serve as a resource because you understand their needs, their beliefs and practices, the social factors, where the poor and needy live, and what people want from health services. You already know a lot about the community in which you live. However in order to be an effective resource, you need additional knowledge and skills. You need to learn about health rights and entitlements, the causes and treatment of common illnesses, and type of treatment available at different facilities. You need to develop the skills to communicate health related information to people in the community, to counsel them on prevention of illness and to adopt healthy behaviours, to treat minor ailments and the leadership ability to help people negotiate access to rights and entitlements.

This book is the first in a series of books that will help you do this. As a new entrant to the ASHA programme, this book provides you with a basic level of knowledge and skills to enable you to start your work. After you have grasped the contents of this book and have applied your new knowledge in your community, additional rounds of trainings will follow, in which you will not only learn many new things but also get more information on topics that you will learn in this book. Your community is also an important source of knowledge. Use the knowledge and skills that you get from your books, to build on your learning from the community, so that you can offer help to the people. That is why your training is conducted for a short duration and allows you time to practice your new skills in the community. After this training, you will be assessed and get a basic certification in communication and social mobilisation. The next level of certification is after four rounds of training and this will enable you to address issues in care of mothers, newborns and children. As your skill level improves, additional certification will be available.

Being an ASHA

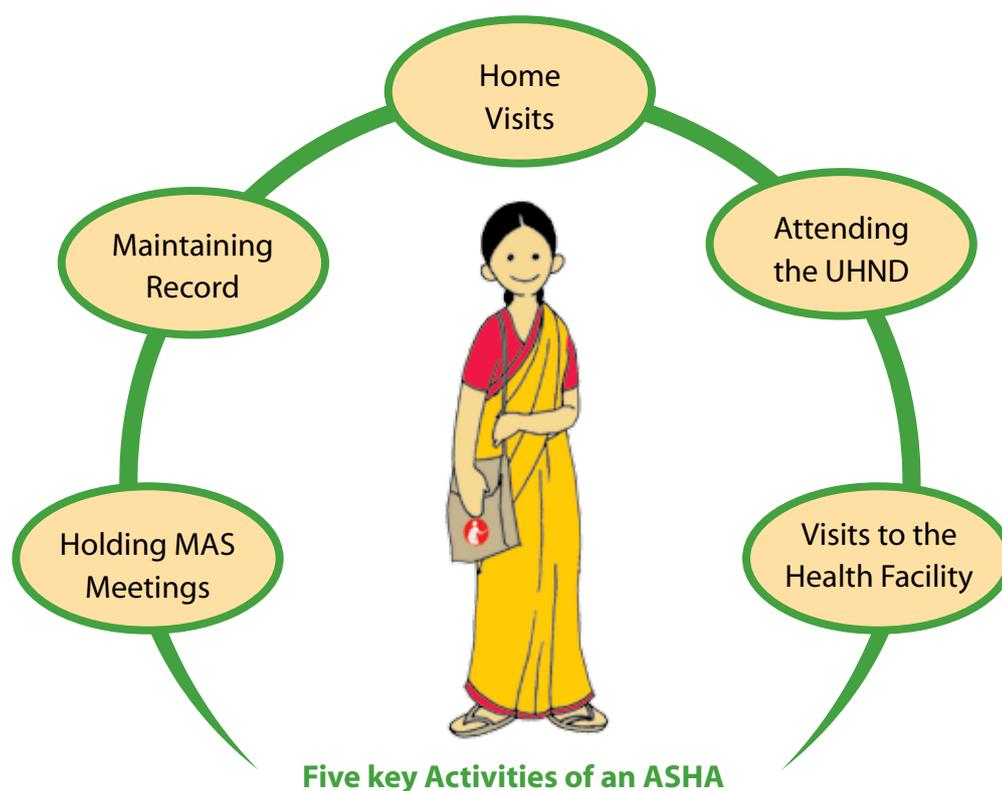
What are the Main Roles of the ASHA?

An ASHA is “a woman selected by her community, based in her community and serves as a resource to her community”. Your role is three-fold: to be a facilitator of health services and link people to health care facilities, to be a provider of community level health care, and an activist, who builds people’s understanding of health rights and enables them to access their entitlements.



With continuous training and support, you mature in your role as an ASHA. You gain the confidence of the people, make them aware of their health rights and gradually start to involve and mobilise the community in local health planning.

Activities of an ASHA



ASHA's work consists mainly of five activities:

- 1. Home visits:** For two to three hours every day, for at least four or five days a week, you should visit the families living in your community. If it is a large area, then you will have a certain number of allocated households. Home visits are mainly for health promotion and preventive care. Over time, families will come to you when there is a problem and you will not have to go so often to their houses. However, where there is a child below two years of age or any malnourished child or a pregnant woman, you should visit the families at home for counselling them. Also, if there is a newborn in the house, a series of seven visits or more becomes essential.
- 2. Attending the Urban Health and Nutrition Day (UHND):** On one day every month, when the Auxiliary Nurse Midwife (ANM) comes to provide antenatal care, immunisation and other services in the area, you, as the ASHA will promote attendance by those who need the Anganwadi or ANM services and help with service delivery.
- 3. Visits to the health facility:** This is usually accompanying a pregnant woman sick child or some other neighbour who requests her services for escort. The visit could also be to attend a training programme or review meeting. In some months, there would be only one visit, in others, there would be more.

4. **Holding area level meeting** of women's groups, and the Mahila Aarogya Samiti (MAS), for increasing health awareness and to support community health planning.
5. **Maintain records** to help organise your work, and know what you need to do each day.

Essential tasks for an ASHA

1. Maternal Care

- a. Counselling of pregnant women
- b. Ensuring complete antenatal care through home visits and enabling care at UHND
- c. Making the birth plan and support for safe delivery
- d. Undertaking post-partum visits, Counselling for family planning.



2. Newborn Care when visiting the newborn at home

- a. Counselling and problem solving on breastfeeding
- b. Keeping the baby warm
- c. Identification and basic management of LBW (Low Birth Weight) and pre-term baby
- d. Examinations needed for identification/first contact care for sepsis and asphyxia



3. Child Care

- a. Providing home care for diarrhoea, Acute Respiratory Infections (ARI), fever and appropriate referral, when required
- b. Counselling for feeding during illness
- c. Temperature management
- d. De-worming and treatment of iron deficiency anaemia, with referral where required
- e. Counselling to prevent recurrent illness especially diarrhoea
- f. Counselling to take the child for complete immunization.



4. Nutrition

- a. Counselling and support for exclusive breastfeeding
- b. Counselling mothers on complementary feeding
- c. Counselling and referral of malnourished children.



5. Infectious and Non-infectious diseases

- a. Identifying persons whose symptoms are suggestive of malaria, leprosy, tuberculosis, etc. during home visits, community level care and referral
- b. Encouraging the community to take collective action to prevent spread of these infections and individuals to protect themselves from getting infected
- c. Identifying person with symptoms that are suggestive of non-communicable diseases like high blood pressure, high blood sugar, asthma and cancers. Refer them for screening and treatment.

6. Social Mobilisation

- a. Conducting women's group meetings and MAS meetings
- b. Assisting in making community health plans
- c. Enabling marginalised and vulnerable communities to be able to access health services
- d. Create awareness about the health care entitlements of the people and support the community to avail free care "protection against any out of pocket expenditure"
- e. Creating awareness on issues of violence against women and children and mobilize community to take collective action.



These tasks need a set of specific skills like, Leadership, Communication, Decision-Making, Negotiation, and Coordination which you will learn later in this training programme.

Values of an ASHA

Here are some important values which should guide you in your work:

Be kind: Have compassion for people and never be afraid to show that you care. Be especially kind to those who are sick, it is more important than a medicine. Try not to refuse your services to any individual who really needs them.

Treat everybody equally: Treat each individual equally irrespective of her or his class, caste, sex and religion. As a health worker your concern is well being of all the individuals not just those you know well or who come to you or who are the better off and powerful. Inequalities in our society deprive many sections of community from health care services. These are the marginalised people and include those who come from extremely poor families, live in inaccessible or distant part of our community, belong to scheduled caste/ scheduled tribe families, have only women in their households and are disabled or handicapped. Treating everybody equally also means spending more time and effort on those whose needs are more.

Be responsible: Be responsible to your designated duties and never misuse your authority for your benefit or for the benefit of friends and relatives

Respect people's traditions and ideas: People are slow to change their attitudes and traditions and are true to what they feel is right. Rather than insisting that they adopt your approach, you must try to build on their existing knowledge with your ideas. For example-you can promote the use of modern medicine together with the traditional methods and the combination may serve better than either one alone. Thus, you can promote the use of ORS for treating a child with diarrhoea but at the same time encourage mothers to use traditional preparation like rice water, coconut water to overcome dehydration.

Keep learning: Use every chance you get to increase your own knowledge either through reading books, or attending training programmes or asking questions.

Be a role model: If you want people to take part in improving their area and care for their health, you must be a role model and practise healthy habits and behaviours. This way you will earn people's trust and confidence.

ASHA Support and Supervision

For you to be effective and to continuously improve your skills, you need support and mentoring while you work in the community and also refresher trainings.



ASHA Support
mainly comes from

Anganwadi Worker and Mahila
Aarogya Samiti Members

ASHA Facilitators

Auxillary Nurse Midwife

You all are expected to work together as a local health team

Anganwadi worker

The Anganwadi worker, like you is also a local resident. She is in charge of the Anganwadi Centre, which provides these services:

- **Supplementary nutrition:** For children below six years, and for pregnant and lactating Mothers. This could be a cooked meal, or in the form of take-home rations. Malnourished children are given additional food supplements. Adolescent girls (10 years to 19 years) are also given Weekly Iron and Folic Acid Supplement and tablets for de-worming.

- **Growth monitoring:** Involves weighing of all children below 5 years of age, but especially those who are under 3 years of age, growth monitoring through growth charts, tracking malnourished children and referral for children who are severely malnourished.
- **Pre-school non-formal education:** Includes activities for playful learning and providing a stimulating environment, with inputs for growth and development especially for children between three to six years of age.

Mahila Aarogya Samiti (MAS)

Mahila Arogya Samiti (MAS) as the name suggest are local women's collective. They are expected to take collective action on issues related to Health, nutrition, Water Sanitation and its social determinants at Slum/Ward level. They were particularly envisaged as being central to 'local community action', which would gradually develop to the process of decentralized health planning. Thus MASs are expected to act as a leadership platforms for woman's and focal community group in each slum area for improving awareness and access of community for health services, support the ASHA/ Front line health worker/ANM, to develop health plans specific to the local needs and serves as a mechanism to promote community action for health.

Main purpose of Mahila Arogya Samiti (MAS) includes, demand generation, ensuring optimal utilization of services, establishing referral linkages, increasing community ownership and sustainability and establishing a community based monitoring system.

The MAS is to be formed at Slum level, will approximately covers approximately 50-100 households. It should have 10 -12 members, depending on the size of the slum with representation should be ensured from all groups and from all pockets of the slum. Every MAS should have a bank account opened in the nearest bank, to which the untied fund of Rs 5000 per year to each MAS shall be credited. The chairperson & Member secretary (ASHA) are the joint signatories of MAS account. It can use these funds for any purpose aimed at improving health of the community. It is to be utilized as per decision of the MAS. Nutrition, education, sanitation, environmental protection, public health measures, emergency transport are the key areas where this fund could be utilized.

MAS training module extensively cover your role and the functions of the MAS.

Roles and responsibilities of MAS –The MAS convenes a monthly meeting with representation of the members from the slums and attached areas. It undertakes following functions-

Generate Awareness in the community about, sanitation and nutrition

- Provide information on health programmes and related entitlements
- Motivate people to avail the public health care services

Monitor Health Services being provided

- Monitor availability, quality, outreach, and reach to the marginalised sections
- Oversee/support work of public service functionaries

Report and Maintain information/data of slum

- Total population, number of households, families falling under BPL category, with information their religion, caste, language.
- Births
- Infants, maternal and other deaths
- Outbreaks

Community Health Planning and take follow up action

- Based on the needs assessment of the area situation of health, sanitation and nutrition, and health service delivery, identify which sections of the community have not received services, reasons thereof, determine what action is needed, where it is needed and act accordingly

Promote Local Collective Action for Health Promotion

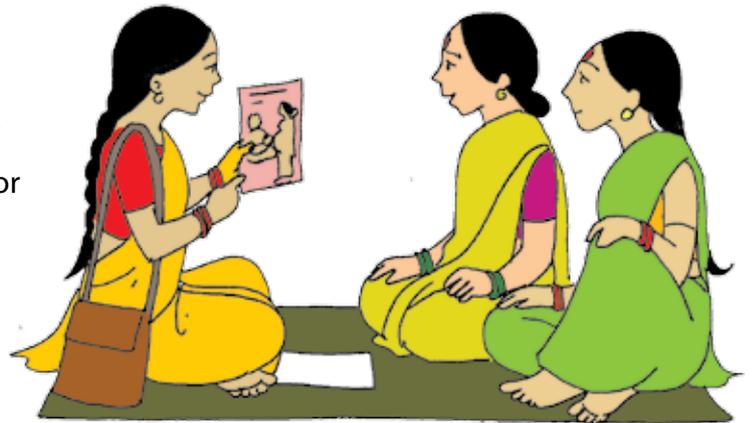
- Through**
- Community action in partnership with all other urban area initiatives for vector control, environmental health, water, sanitation and housing
 - Disinfection/chlorination of water sources, safe disposal of waste, cleanliness around households and hand pumps
 - Construction of household toilets
 - Preventing breeding of mosquitoes which cause diseases like malaria, dengue, chikungunya

Improve other social determinants of health

- Through collective community action on literacy, early age of marriage, low sex ratio, poverty, nutrition (mid-day meals, food safety), substance abuse, caste and religion based marginalization, domestic violence

ASHA Facilitator

The first level of support for you is the ASHA facilitator. In most states there is full time woman employee for this role. In a few states the ANM plays the role of an ASHA facilitator. There is one facilitator for every 10 to 20 ASHAs. She will meet with you at least twice a month. One of these interactions will be in the form of a “mentoring” visit to the households where you provide services. You will also meet your facilitator in the monthly review meeting or a cluster meeting (with other ASHAs from neighbouring areas).



Tasks of the ASHA Facilitators

1. Support to ASHA to promote healthy behaviours and improve service access among families who find it difficult to change behaviours, through household visits.
2. Provides on the job training to the ASHA by observing and helping her during counselling or care.
3. Helps ASHAs plan her work.
4. Builds up mutual solidarity and motivation among ASHA in a cluster.
5. Collects health related information on the ASHA's work.
6. Troubleshoots problems, especially as regards payments and addressing grievances.
7. Refills ASHA drug kit

Auxiliary Nurse Midwife

The ANM provides services at the first level of the health system, which is the urban primary health centre. But her main interaction with you is through the Urban Health and Nutrition Day. You will learn about the urban primary health centre later in this module.



Urban Health and Nutrition Day (UHND)

It is a common platform for people to access services of the ANM, Male health worker and of the Anganwadi Worker (AWW). It is held at the Anganwadi Centre (AWC) once every month. The ANM gives immunisation to the children, provides antenatal care to pregnant women and provides counselling and contraceptive services to eligible couples.

In addition, the ANM provides a basic level of curative care for minor illness with referral where needed. The UHND is an occasion for health communication on a number of key health issues. It should be attended by the members of ward committee or MAS, particularly the women members, pregnant women, women with children under two, adolescent girls and general community members.

It is important for you to know that UHND is a major mobilisation event for your community and a good opportunity to reinforce health messages. As you gain experience and learn from different training programmes, you should use this forum to provide information on the topics in **Annexure (1)**. These topics can be taken up one by one and completed over a period of one year.

What should you do for a successful UHND?

After finishing this round of training, you can go back and make a list of the following and ensure their presence during the upcoming UHND

- Pregnant women for their antenatal care and mothers needing postnatal care.
- Infants who need their next dose of immunisation.
- Malnourished children.
- TB patients who are on anti-TB drugs.
- Those with fever who have not been able to see a doctor.
- Eligible couples who need contraceptive services or counselling.
- Any others who want to meet the ANM.

Remember: As you prepare the list of people requiring services at UHND, make special effort to include individuals from families of new migrants & homeless, those living in distant areas, vulnerable persons because of poverty or otherwise marginalised. Coordinate with the AWW and the ANM to know in advance which day the UHND is scheduled so as to inform those who need these services and the community, especially the MAS members.

Clarifying roles and responsibilities: Given that you, the AWW, and the ANM work as a team, it is important that you understand not just your role, but their as well. The chart given in section 4 will help you understand your work with respect to ANM and AWW.

Working arrangements

As a volunteer you have a flexible work schedule. Your workload is limited to putting in about three to five hours per day on about four days per week, except during some mobilisation events and training programmes. Your tasks are to be so tailored that it does not interfere with your normal livelihood, and fits into the 'five activities' described on page: 8.

You will receive monetary incentive for some of the tasks you perform but there are many tasks which are essential for the good of the community that you would need to undertake voluntarily. For tasks where you have to be away for most of the day, you would be compensated. For example - training days and for participating in monthly meetings.

(An illustrative list of activities for which you are paid incentives will be informed to you at U-PHC.

Learning to organise your work

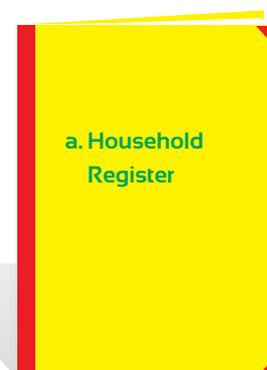
It is not possible to memorise the details of all individuals needing services. Keeping a systematic record of your work would help you in being organised and plan better. The following tools would prove useful in organising your work.

Household Register

In this you can record details of pregnant women, 0-5 year old children, eligible couples and others in need of services. Your household visits will help you in updating this register

An ASHA diary

It is a record of your work and also useful for tracking performance based payments due to you.



ASHA Drug Kit

At the end of the training programme you will be given a drug kit. This is provided so that you are able to treat minor ailments/problems. The content of the drug kit has been provided in **Annexure 2** along with a **Sample drug kit stock card**.

The contents of the kit may change depending on the needs of the state.

The drug kit is to be re-filled on a regular basis from the nearest U-PHC. To keep a record of consumption of the drugs, and for effective re-filling and ensuring adequate/timely availability, a drug kit stock card is maintained. This can be completed by the person who refills the kit or by you.



What is a Healthy Community?

Understanding your Community

You know your community well and are familiar with its health problems. If you list the common health or other associated problems for your area, it may look similar to the one depicted below:

Malnutrition



Unsafe drinking water

Improper sanitation and unclean surroundings



Problems related to pregnancy, lack of skilled care during delivery and lack of prompt care for complications leading to Maternal deaths

Common childhood illnesses like pneumonia, diarrhoea causing infant deaths & malnutrition



Infectious diseases like dengue, chikungunia, malaria and TB and non-communicable diseases like high blood pressure, high blood sugar and cancers etc.

Other problems affecting health of the individual

- Unhealthy Lifestyle like tobacco and alcohol consumption, unhealthy food
- Other social problems like extreme poverty, homelessness, early age of marriage, migration etc.



Addressing Determinants of Health

What is Commonly Understood by Health? What Constitutes Good Health?

People usually associate health with illness, doctor, and medicines. Actually good health does not simply mean the absence of disease, but is related to good physical, mental and social wellbeing.

Important Determinants for Good Health are

- Adequate food (nutrition)
- Safe drinking water, sanitation, and housing
- Clean environment, healthy living conditions and health lifestyle
- Access to better health services
- Education
- Social security measures and proper and equal wages
- Freedom from exploitation and discrimination
- Women's rights
- Protected work environment
- Relaxation, recreation and healthy relationships

ILL Health is Related to

- Malnutrition
- Unsafe water and lack of sanitation
- Unhealthy living conditions
- Unhealthy habits-alcohol/drug abuse
- Hard labour and difficult work conditions
- Mental tension
- Patriarchy
- Lack of access to health services
- Lack of health education

Malnutrition is the main cause of ill health

- Malnourished people fall ill very easily because they have reduced capacity to keep themselves free from diseases. That's why they fall ill very easily and stay ill for a long time.
- Diseases like diarrhoea, measles, malaria and pneumonia are often the cause for death of malnourished people.
- Around 50% of our population is very poor and they have to deal with a lot of difficult circumstances in their lives.
- Girls and women are often seen to be more malnourished

Unsafe water and lack of sanitation

- Unsafe water is cause of many diseases.
- The lack of sanitation leads to contaminated and unsafe drinking water
- In both villages and cities, the non-availability of safe drinking water facilities for all residents also leads to more diseases
- Diarrhea, cholera, jaundice, typhoid spread due to unsafe drinking water



A Healthy Family

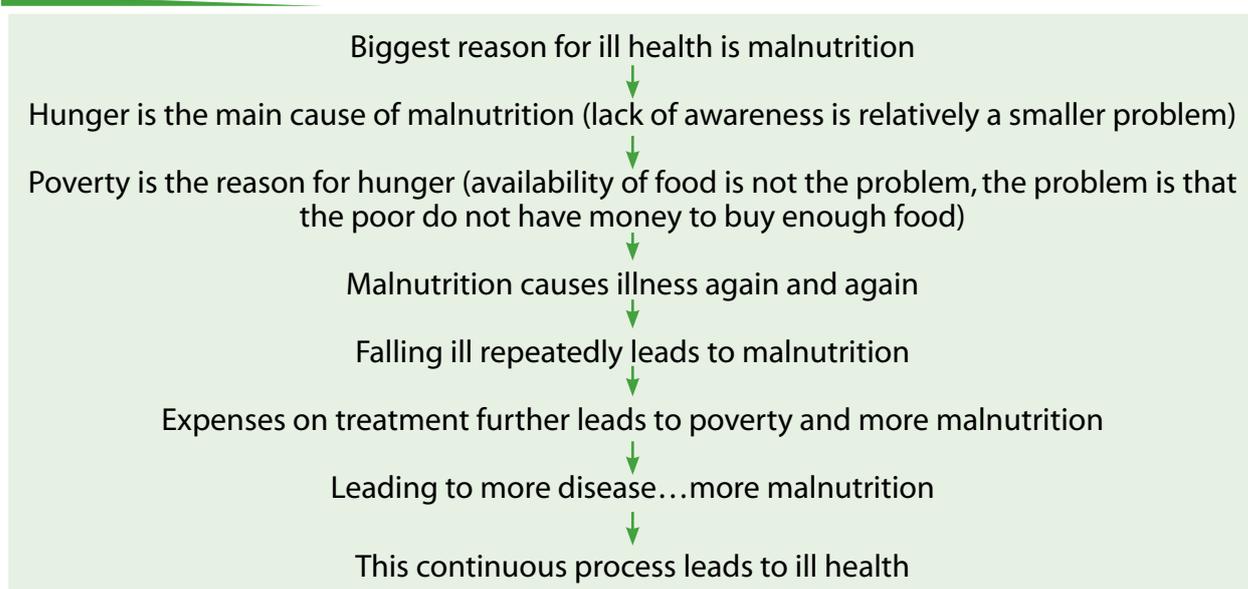


Malnutrition



Unsafe Drinking Water

- Malaria, dengue, Filariasis, encephalitis spread due to mosquitoes breeding in stagnant water.



Unhealthy living conditions

Crowded living spaces, damp rooms, smoke and dust filled environment, all these give rise to respiratory problems and lead to diseases like TB.



Unhealthy living conditions

Unhealthy habits like alcohol and drug abuse

Unhealthy habits related to life style like alcoholism and use of other intoxicants, drugs and narcotic substances are also a major cause of bad health in many families. They also lead to social problems at the family and community level.



Unhealthy habits like alcohol and drug abuse

Hard labour and difficult work conditions

- Having to do hard labour e.g. pulling cycle-rickshaws
- Working for long hours
- Conditions of work increase the possibilities for disease and illness. For example: working unprotected in stone quarries leads to severe respiratory problems, spraying pesticides without protection
- Unsafe equipment and work tools



Hard labour and difficult work conditions

Patriarchy (unequal power relation between man and woman resulting in gender discrimination)

When we compare men and women, we find that more women fall ill than men. The core reason for this is patriarchy. It means that our society is dominated by men and accords a lower status to women. This causes ill-health for women in the following ways:

- In the family, women eat last and also get lesser quantities of food to eat
- Women have to bear the burden of work both in the home and outside
- Women have lesser access to health services



Patriarchy

- Women are given lesser opportunities for education
- Women are taught to feel ashamed about their bodies
- Women are taught to tolerate everything in silence
- Women are made to give the least importance to their health
- They are subjected to violence, abuse and harassment
- They also face the constant fear that men can leave them or kick them out of the house
- Females are subjected to female feticide, girl infanticide, and dowry death



Mental Tension

Mental tension

- Many times the negative circumstances of life become too much to bear and leads to mental stress
- Breakdown of society or family, unemployment, social insecurity, no relaxation, these all are causes of mental tension
- People fall ill due to mental tension. Sometimes this also leads to the extreme step of committing suicide.



Lack of access to health services

Lack of access to health services

The government is responsible for providing healthcare services to all people. However, many a time people are not able to access these services. This may be due to many reasons, for example:

- Health facilities like U-PHC are non-functional due to lack of availability/vacant positions of ANMs, doctors, nurses and other staff.
- Overburdening of health facility staff may also limit their effectiveness in providing care to the patients.
- Provision of care is also adversely affected in cases where the staff of health facility lacks initiative or is negligent.
- People are unable to avail adequate health services due to limited availability of diagnostics and medicines in health centres in some places.
- Block and district hospitals sometimes also lack adequate services
- Lack of connectivity, unavailability of transport, geographic barriers limit the reach of the people to avail health services.
- In many places, people have to spend some money from their own pockets even if they go to Government hospitals. The cost of going to private hospitals is even higher. Therefore many poor people are not able to take treatment from proper hospitals.



Lack of health education

Lack of health education

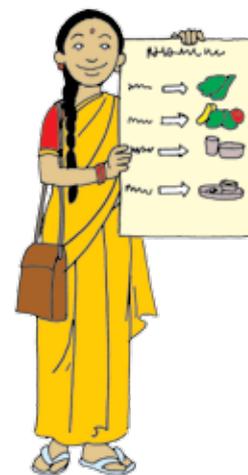
- In order to increase the utilization of health services, people need to be given full information about this, like, what are the services available, what their importance is and how to utilize them. Many a times people are not given this information and this prevents them from utilizing the services.
- The lack of participation by the community in health and the lack of relationship between the community and health staff result in such problems.

Section 3

Understanding Rights and Right to Health

An “Activist” is person who actively leads her/his community for a particular cause. Before we discuss your role in detail, you should read the real life examples of activism in **Annexure 3**.

*As an ASHA you are expected to play the role of an activist primarily to reduce inequities and improve the access of marginalised and disadvantaged to public health care services. To do this you should work “**along**” with them and not “**for**” them, and make them understand their health needs, rights and subsequently avail services. Mobilising the community takes time and is energy consuming. As you mature in your work, with continuous training and support, you will gradually learn to mobilise your community for accessing their health rights. In the meanwhile, try not to lose patience and hope.*



“In the broadest sense, a community activist is one who works for social change in the community.”

Understanding Fundamental Rights

You will often find that people are not aware of their rights and face prejudices. Thus, knowledge about fundamental rights is important for every individual including you, the ASHA. It will help you to take appropriate decisions for the development of your community.

The six Fundamental Rights granted by our Constitution are:

The Right to Equality – This right ensures that same laws are applicable to every citizen. No citizen can be discriminated against on the basis of religion, caste, sex, race or place of birth. He/she is entitled to have access to public places like shops, eating places, public health facilities, wells, tanks, bathing ghats, roads, playgrounds and places dedicated for the use of general public.

Right to Freedom:The Right to Freedom enables us to speak and express freely, assemble peacefully without arms, form associations or unions, move freely throughout the territory of India, to live and settle in any part of India, practice any profession or to carry on any occupation, trade or business.

Right Against Exploitation:This right grants clear provisions to prevent exploitation of weaker/vulnerable sections of the community and prohibits “traffic i.e. selling or buying of human beings, (usually women for immoral purpose). Forced labour, bonded labour or captivity of any human being as slave is completely barred and employment of a child below the age of fourteen to work in any factory or mine or any other hazardous work is not allowed.

Right to Freedom of Religion:This right allows every person a right to practice the religion he or she believes.

Cultural and Educational Rights of minorities: Any citizen with a distinct language or culture has a right to practice this. No citizen can be denied admission to any educational institution maintained by government on the grounds of religion or language. All minorities have a right to establish and administer educational institutions of their choice

Right to Constitutional Remedies: This right empowers citizens to approach the court in cases of denial of any of the Fundamental Rights. Under this right, it is the duty of the Judiciary to attend to all complaints pertaining to violation or rights.

Understanding the Meaning of Right to Health

Your understanding of the Right to Health will help you to be vigilant and take action to enable community’s access to avail health care services from the Public Health System.

Right to Health means

- People should have convenient access to a public healthcare facility which is functional and implements comprehensive health programmes with adequate providers, drugs and equipment.
- Health facilities and services must be of good quality and available to everyone without any discrimination. Nobody should be refused treatment on the basis of religion, caste, economic status, gender, sexual orientation and place of residence etc.
- Health services should be affordable for all.
- Community should have information about the available services irrespective of their caste/class/religion/sex and where they live. They should be aware about their entitlements from the Public Health System.

Your community's rights to health are protected if:

- Your community is able to avail free health services in the area on specific days through public health systems and have access to all kind of preventive and curative services in public health centres and hospitals with referral to higher facility when required.
- The community is aware about the health services and entitlements they can avail from the public health system such as free services in public sector hospitals, schemes of Janani Suraksha Yojana (JSY) or Janani Sishu Suraksha Karyakaram (JSSK) and any other health schemes being implemented by the government. (These two are described in the section on Maternal health)
- All sections of the community including the marginalised are able to access the health services and avail entitlements and ANMs visit their areas regularly provide free services to all.
- Grievance Redressal: There is a space for public dialogue and where people can lodge complaints and obtain redressal.

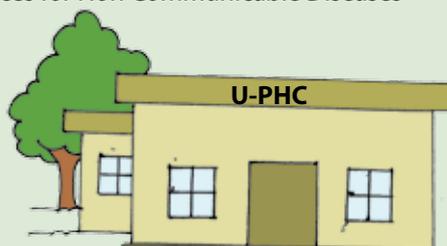
As an ASHA, you are an important link between the community and the Health Facility and you also help in creating an empowered community that is aware about its health rights and entitlement and is able to demand it.

Understanding National Urban Health Mission (NUHM)

The National Urban Health Mission was launched in 2012-13 and it places high focus on reaching urban primary health services to the most vulnerable amongst the poor. Under the NUHM special emphasis is given on improving the reach of health care services to these vulnerable groups among the urban poor, falling in the category of beggars, street children, construction workers, coolies, rickshaw pullers, sex workers, street vendors and other such migrant workers. The NUHM is based on a rights framework and the ASHA is the first point through which people can be mobilized to realize their rights.

Now, we will learn about the public health facilities at various levels, services offered and the team of providers at each level. **Annexure 4** contains a detailed check list, to enable you to assess the quality of health services being provided in these facilities. You should also try to map out the distances of each of these facilities from your area and identify the possible means of transportation for reaching these centres. This would be useful in undertaking appropriate referral as and when needed.

Public Health Facilities at Various Levels under NUHM

| Name of Facility | Population Coverage and features | Providers | Available Services |
|--|---|---|---|
| Outreach Services | | One ANM per 10,000 population | <p>Routine outreach sessions - Immunization & ANC check up</p> <p>Special outreach sessions - Health Camp with doctors, specialists, pharmacist, lab technicians providing screening and check-up services.</p> <p>Social Mobilization and Community level activities</p> |
| Urban Primary Health Centre (U-PHC) | 50,000-60,000 population located preferably within a slum or near a slum within half a kilometer radius, catering to a slum population of around 25,000-30,000 with provision for evening OPD | <ul style="list-style-type: none"> ● One full time Medical Officer ● One part time Medical Officer ● 3 Staff Nurses ● 1 Pharmacist ● 1 Lab Technician ● 1 LHV ● 4-5 ANMs | <ul style="list-style-type: none"> ● OPD services ● Basic Diagnostic services ● Referral services ● Collection and reporting of vital events and IDSP ● Counselling ● Services for Non Communicable Diseases  |
| Urban Community Health Centre (U-CHC) | 30-50 bedded facility for every 2.5 lakh population (in non-metro cities with a population of above 5 lakh) and 75-100 bedded facility for metro cities, acts as referral unit for 4-5 U-PHCs | 5-6 doctors including specialists for different types of health care. Nurses and Paramedical staff as per the need | <p>Apart from all services that an urban PHC is meant to provide as detailed above, each hospital also provides clinical care services in some of the specialist areas and institutional delivery services. Some hospitals are designated and equipped to provide services of Caesarean section.</p>  |

| | | | |
|--------------------------|---|--|---|
| District Hospital | 75 to 500 beds depending on the size and population of the district One per district | Specialists for different types of health care with adequate number of nurses and paramedical staff. | <ul style="list-style-type: none"> ● It is a secondary referral facility ● Provides all basic speciality services and also certain kinds of highly specialized services. ● Has Specialized New-born Care Units (SNCUs) for sick and high risk newborn, blood bank, specialized labs, and provides services for Caesarean section, post- partum care, safe abortion and all kinds of family planning procedures. ● Also provides most of the surgical services and has a well- equipped Operation Theatre. ● Has provision for dealing with accidents and emergency referrals, rehabilitation, mental illnesses and other forms of communicable and non- communicable diseases. |
|--------------------------|---|--|---|



Navigating complex public health facilities

One of the most common complaints of the people is the difficulty they face in accessing health care services at public hospitals/centres. Many times, they have to face harassment or end up paying charges for the services which are entitled free to them. The reasons could be lack of awareness of the entitlements and free services; unfamiliarity with the hospital and services available at the hospital; overcrowding etc. which discourage them to avail services from the public hospitals.

As an ASHA, you will soon become familiar to the health centres and hospitals in your area. This information would help you to facilitate easy access to health services for the patients from your community. Your role would be:

- Easy and fast registration at the hospital
- Guiding the patients to the right doctor/counter/department as per the patient requirement
- Informing them about the free services and entitlements like referral transport, free diagnostics, free medications, blood transfusion etc.
- Preventing any kind of harassment of the patients and their relatives by the touts or the staff asking for 'under the table' charges.

Preserving Women's Right to Health

“The status of women in society can be used to measure the culture and actual development of any country”

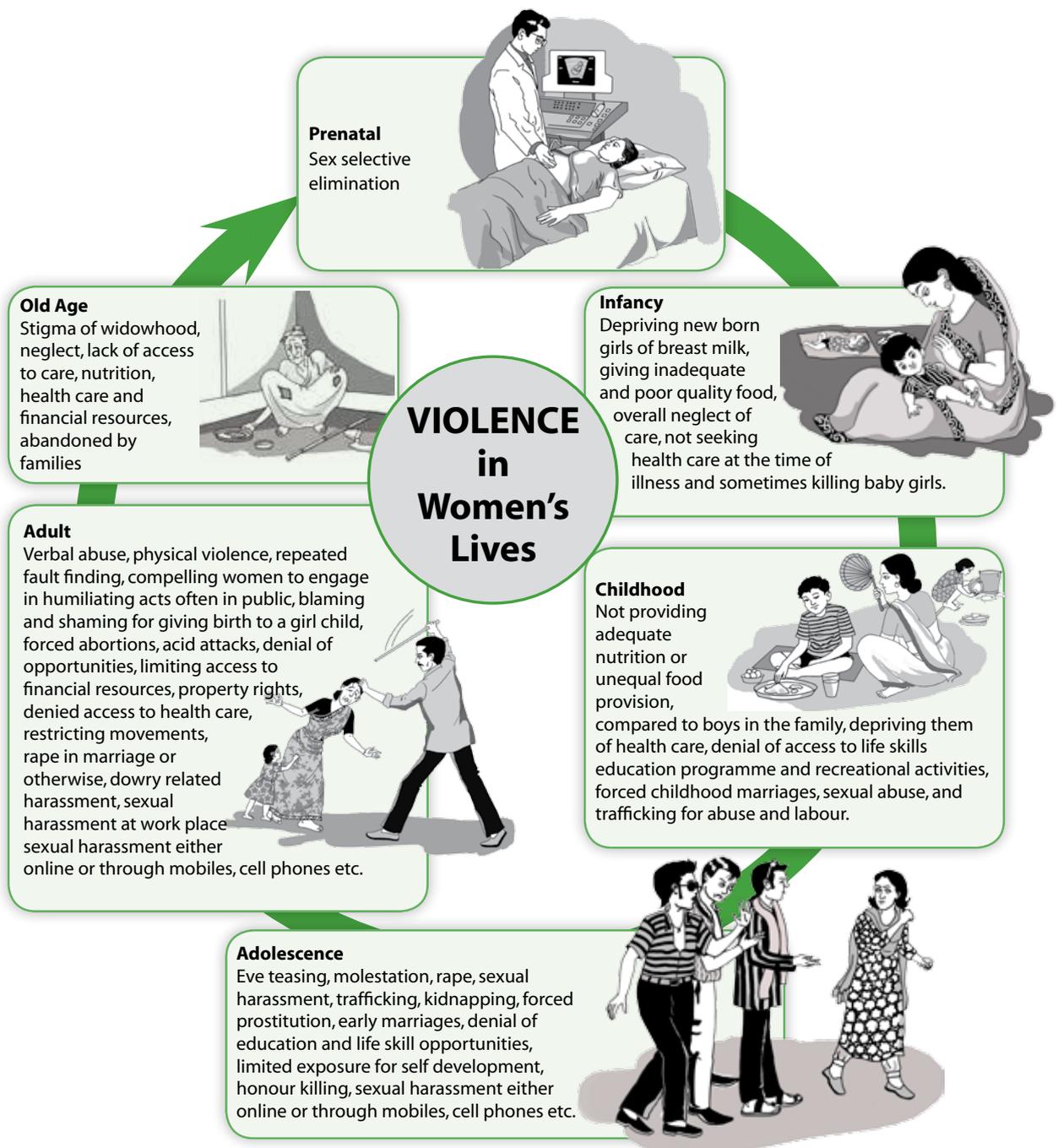
Even today many women in our country are unable to exercise basic rights. It is important to realise that unlike most men, women have to work hard both at home and outside. Thus women spend considerable time and effort in managing the house as well as helping in the income generating activity of the house-hold, so they end up with twice as much work. It is essential for you to understand the health status of women in our community, the common problems they face and your role in addressing some of these challenges. Women suffer many problems in various stages of their life.

In addition to these problems, caused by social and cultural beliefs, women are also more vulnerable to certain conditions/illnesses because of their physiology or body structure and functions. For instance, Women's reproductive systems are more vulnerable, so they get more infections than men including sexually transmitted infections.

Women also bear the burden and pain of childbirth and abortions and are often solely responsible for family planning. Women have to take approval of the in-laws or the husband even for a health check- up. They often have no money to pay for health care on their own. Our health services and providers are also not fully sensitive to women's health care needs.

Women are also generally blamed for not giving birth to baby boy, which is wrong.

Violence Against Women is Visible in Different Forms at Different Stages Throughout the Lifecycle of Women



ASHA's role in addressing these issues

As an ASHA you are expected to help women in improving their health and social status. You should motivate women and convince the community to enhance the integrity of women in the community. To begin with, you should counsel and convince the community to change unfair and gender discriminatory practices. You could make a start by:

- Increasing participation and voice of women in all community level meetings
- Motivating women to take part in making decisions in the family.
- Encouraging Women to eat well and take enough rest.
- Encouraging girls to complete school education
- Ensuring that women's health problems are given due importance and that they receive appropriate care

You could also:

- Discuss with men the need to share domestic work and child care.
- Take collective action to stop physical or mental abuse of women.
- Counsel families to raise boys and girls equally in terms of nutrition, education, and opportunities.
- Increase awareness regarding illegality of pre-natal sex determination as well as female foeticide and infanticide.
- Raise awareness in the community about delaying age of marriage until the legal age of marriage
- Promote use of contraceptives for delay in first child birth and maintaining gap between children.
- Increase participation of men in family planning issues.
- Provide counselling and ensure adequate care is received by women during pregnancy, child birth and post- partum period.

Skills of an ASHA

Leadership

Leadership as an ASHA involves mobilising people and resources towards achieving the common goal of health care. Through knowledge and experience most people have the potential to become a leader in any given situation. As an ASHA you often have to play the role of a leader. Hence it is important to understand the meaning of leadership and qualities, which will help you in being an effective leader

Leadership means to be

- Responsible
- Setting an example so other people follow you.
- Inspiring - provide optimism and confidence in people for their ability to carve change.
- Non-judgemental with people and transparent in your actions
- Confident, assertive, enthusiastic, passionate and accountable
- Skilled in enabling people to cooperate for getting things done.

Leadership style

People adopt different leadership styles. The two common styles are

a) Authoritarian and b) Participatory

Authoritarian leaders do not welcome cooperation or collaboration from others. They expect people to do what they are told without question or debate. They are usually intolerant of what they do not agree with. It is difficult for team members to contribute their views or empower themselves under this kind of leadership.

A participatory leader creates a positive environment in which all members can reach their highest potential. They encourage the community to effectively reach the set goals and simultaneously strengthen the bonds among various members. This leads to a more productive team. ***As an ASHA, it is most appropriate to adopt a participatory leadership style.***

For participatory leadership you need to

- **Establish goals and set the direction:** First articulate an achievable goal for your area. Involve your community through local institutions especially the Mahila Aarogya Samiti on how, where and when it would be completed. For example, all children of your area should be immunised in the next six months.



- **Set high standards and high expectations:** Be firm about ensuring high quality health care services from the sub-centre and the U-PHC for your community. Eg. Make sure that the ANM reaches the area on the designated UHND, with the requisite equipment and drugs (weighing scales, BP apparatus, disposable syringes for immunisation, ice box for vaccines) and drugs and provides the package of services for mothers and children. If the health service provider treats a community member with disrespect or does not provide the services or does not pay attention to quality, you should feel able to ask her to change behaviour or practice.
- **Be accountable and responsible:** to the community and the health care provider by being an effective link and sharing information. But being constantly critical of the situation will have no positive outcome. Address the issue by sharing your grievances with authorities who can take action. For example, if the ANM is not coming to your area regularly or she is not visiting the houses of socially backward families, have the courage to tell her that you have noted her absence and you will take the necessary steps if this continues. Enlist the help of MAS, Sarpanch, Block Medical Health Officer or Chief Medical Health Officer and ensure that the ANM visits your area regularly.
- **Involve others in decision-making:** Do not make any decisions alone. A decision, which affects the community, needs to be taken along with the community members, with their complete ownership. For example, better results are attained if priorities and decisions regarding community health needs are taken as part of collectives such as the MAS.
- **Motivate others:** By involving the Panchayat, SHG members and MAS through regular contact, sharing necessary information, giving them responsibility and acknowledging their support and efforts in public. Invite the community to join you in availing of their right to quality health care. Involve community members in the process when availing for them their entitlements from the public health system or by giving them some responsibility to improve the health status of the community.

- **Achieve unity:** As a leader you need to promote unity among your community members and between the community members and health care providers. Unity comes when community members feel the ownership for their health and see that they also have a role in achieving the goal.
- **Serve as a role models:** Always set an example that can be followed. For example, you are assigned the role of accompanying a pregnant woman for a referral. If you performed this role and saved the life of woman in your area, you have set an example. Next time, when the need arises, other community members will come forward to accompany a pregnant woman during an emergency. They may also arrange for money and transport, if required. You should constantly improve your knowledge and skills and try to be aware of any new developments regarding the health services and new schemes declared primarily by being in touch with the ANM. Improve your skills by practising them.
- **Represent the community:** Make sure you represent the entire community (including the marginalised sections) while discussing their health concerns with the health service provider. For example, you have to develop a comprehensive community health plan along with the Panchayat and MAS. While developing a plan you need to share the concerns of the poorest of the poor of your community. If some segment of the community has shared that the source of drinking water is not accessible to them, it should become a point of discussion while developing a comprehensive health plan for the community.

Communication Skills

Communication is the exchange or two-way flow of information and ideas between two or more persons. People who do not communicate well, create confusion, frustration and problems. Your communication skills will enable you to counsel women and families on health promotion, adopting healthier practices and mobilising them to avail services at health institutions. They also help you establish rapport with the stakeholders and other health functionaries. There are three different forms of communication - verbal; non-verbal and written. Each of these is useful for you.



- **Verbal communication:** This is the most common way of communicating, but should be done in a way that the person or persons to whom you are

communicating the message has understood it. So you must deliver it in a way that the person understands what you are saying. To know if your message was received properly, get feedback from the person whether she/he understood the message. One-way communication is when only you talk and the other has not understood. This is incomplete and ineffective.

**Effective Verbal Communication has Accuracy;
Clarity and Correctness.**

- **Non-Verbal Communication:** We all know that communication is not only about words and languages. Silence also communicates, and there are gestures that people make with their hands, body and eyes. These forms of communication are referred to as non-verbal communication. Here are some non-verbal forms of communication:
 - **Eye contact:** with the person to whom you are talking will indicate your sincerity and confidence.
 - **Body posture:** Facing the person, standing or sitting appropriately close and holding your head erect gives value or weight to your messages
 - **Facial expressions:** Effective communication requires supporting facial expressions therefore express appropriate feelings on your face
 - **Gestures:** Use of hand gestures to describe and emphasise adds value but it should not be overdone in excitement or anxiety.

- **Written Communication:** As an ASHA you will need to write applications and letters to the authorities to improve access to health care services. You also need to document the processes and decisions taken during meetings. You will thus have to learn to write simply and effectively. (In **Annexure 5**, there is an exercise for you on writing). Even if you take the help of others in the community, you should remember the following important points:
 - Address it to the appropriate person
 - Check that the letter has a date and topic
 - Keep sentences short and avoid unnecessary words
 - Use simple and familiar words instead of complex and unfamiliar ones
 - Explain facts through evidence and examples

Active listening is also part of communication

Hearing and listening are not the same. Hearing is involuntary, while listening involves the reception and interpretation of what is heard. Active listening involves listening with a purpose. It may be to gain information, obtain

directions, understand others, solve problems, share interests, and see how the other person feels, or even show support. This type of listening takes the same amount of, or more, energy than speaking. It requires the listener to hear various messages, understand the meaning and then verify the meaning by offering feedback, or confirming by paraphrasing what was heard.

For good listening: Encourage individuals to talk by using positive gestures and words, remove distractions and try to understand non-verbal signals. Do not pass judgments or criticise mid-way while some one is speaking. Reflect on the feeling expressed and paraphrase what has been heard. This will enable establishing a good rapport with the community.

Communicating with stakeholders- Keep in mind the following points while talking to stakeholders and health functionaries-

- Give due respect to all the stakeholders, whether they are from the community or from the health care system.
- While sharing information with the stakeholders, make sure that you prepare with the necessary information, data and evidence.
- Never generalise the information. Be very specific about what you want or do not want from them, what you want to change and what you want to continue.
- Be calm while communicating. Do not show your anxiety and do not use a blaming tone.

You will be surprised by how a simple smile and humility will affect those around you. And, of course, confidence and assertiveness will help get your message through.

Points to take care of while communicating:

- When you visit families, greet the individuals and explain the reason of your visit.
- Maintain eye contact with the person to whom you are talking, act with confidence but speak in a gentle tone which is loud enough to be heard and always be respectful
- Stick to the point so that you do not end up using too much time and use simple words in local language. Do not use technical words or jargon. Your pronunciation should be clear.
- Be specific, sincere, honest and direct while communicating.
- Be empathetic and try to share the feelings of individuals.

- Be open-minded. This will help you understand the other person's point of view. In case of talking to your beneficiary check if she has any question and answer in simple language
- Acknowledge the efforts made by the beneficiaries and never forget to compliment/appreciate them.

Note: *In health communication, while counselling individuals you need to actively listen to what is being said, analyse all the factors and then dialogue with the person so that, together, the right choices are made. Counselling involves problem solving and not merely preaching to adopt correct practices.*

Decision Making Skills



Each decision has a consequence and even a small decision can change many things. All of us can recall some such decisions taken personally or by others which have left an important impact. As an ASHA you will be often required to take decisions, that will affect the community at large. Hence, you should learn the skill of participatory decision-making by involving the community at all levels.

Some basic steps of decision-making are:

- **Define the Problem:** Examine the situation carefully and analyse it from all perspectives to find out the actual problem.
- **Gather Information and share with the community: As a next step** collect all the necessary information, seek advice from the appropriate authority and involve the community. Take information on what exists, what does not exist and what needs to be there. At this stage of decision-making you need to arrange a community meeting and discuss the situation to help them become part of the solution.
- **Think of possible solutions:** You should work with the MAS and even the Gram Sabha if needed on identifying solutions. At this stage many solutions will be offered. It shows that people accept and understand the problem, and are interested in identifying solutions.
- **Choose one solution by consensus:** Part of effective decision-making is the ability to select one alternative from the various options available. This can be done through consensus of the community and approval of the authorities. To gain consensus and approval you need to discuss this in the MAS meetings and the Gram Sabha. Before selecting the right alternative, assess all available options.

- **Put the Decisions to Work:** An effective decision is one which can be put into action. Thus, implementation is very important. During this process, keep checking if it is moving towards the expected solution, and if there is something else which needs to be addressed. An effective decision should not leave any unhappy feeling among group members after the meeting has been adjourned. It does not set up conflict of a debilitating nature among persons or groups.

Decision-making skills are sharpened through experience and practice. But one needs to be confident and prepared to take responsibility if the decision fails.

How to handle difficult situations

If you are finding it difficult to take a decision, take a short break and then continue. After the break ask the group member/s to restate the issue and review the options. It may be a good idea to adjourn and let people think about it overnight.

Negotiation Skills

Negotiating is the process by which two or more people/parties with different needs and goals work to find a mutually acceptable solution to an issue. As an ASHA you will have to deal with differences. You have to resolve these differences to achieve the larger goals of health programmes. You will have to constantly negotiate with people and situations in order to be able to fulfil your responsibility. It is important to realise that it is quite a challenge to negotiate with people in authority but with enough preparation and practice you can deal effectively with any kind of situation which requires negotiation.

The steps of Successful Negotiation

- **Ask for the other person's perspective:** In a negotiating situation use questions to find out what the other person's concerns and needs might be. Some examples of likely questions are: What do you need from me on this? What are your concerns about what I am suggesting/asking? When you hear the other person express their needs or concerns, use appropriate listening responses to make sure you heard correctly.
- **State Your needs:** In the process of negotiation the other person requires to know your needs. It is very important to state not only what you need but also why you need it.
- **Prepare options beforehand:** Before entering into a negotiation, prepare some options that you can suggest if your preferred solution is not acceptable. Anticipate why the other person may resist your suggestion and be prepared to counter the same with an alternative.

- **Do not argue:** Negotiating is about arriving at solutions. Arguing is about trying to prove the other person wrong. We know that during negotiation when each party tries to prove the other one wrong, no progress is made. If you disagree with something state your disagreement in a gentle, but assertive, way. Do not demean the other person or get into a power struggle.
- **Consider timing:** There are good times to negotiate and bad times. Bad times include those situations where there is a high degree of anger on either side, a preoccupation with something else, a high level of stress or tiredness on one side or the other.

Suggestions for effective negotiation

While negotiating as an ASHA you must be patient. Never try to make the opponent feel low and defeated. Empathise with the other person to understand her/his perspective. Be positive and open in your approach. Do not begin the discussion with any set assumptions or negative feelings.

Approach a negotiation with an attitude of, "I accept you as an equal negotiating partner and respect your right to have an opinion of your own." You may think that this is being soft and not effective, but this approach is a sign of internal strength and confidence.

How to use your negotiation skills effectively?

In your community you may come across several issues that require to be addressed. For example, UHND does not take place, the Anganwadi is not functioning well; children and women are not receiving their entitlement of supplementary food; the midday meal provided is not adequate or cooked properly; widow pension is not being received despite completion of formalities etc.

- To change such situations first try to find out if things can be changed by drawing the attention of people like the Sarpanch, the ANM, the schoolteacher, AWW *through* direct dialogue.
- If the situation still does not improve, try to organise people and facilitate group discussions over the issue. The MAS meeting is a good forum to address such issues.
- If this also does not work, try to identify organisations working on the same issue and seek their support. If you decide to initiate a movement along with the people to change a situation, organising people who are affected with the same issues is important and is essential for activism to be effective.
- Activism/Protest may not always be the best method of changing the situation but it can be quite useful under the right circumstances. It gives voice to a cause.

Coordination Skills

As an ASHA you are a link between health care services and the community and expected to regularly coordinate with various stakeholders and the community. The coordination with the ASHA and AWW has already been discussed.



To achieve the goal of healthy community, you need to work in coordination with different departments and stakeholders. Coordinated action between different departments is called as “Convergence”. These departments include:

- Health Department
- Education Department
- Urban Local Bodies
- Women and Child Development
- Local NGOs

You should work in coordination with the field level functionaries of these departments.

1. Monitor the situation of water, sanitation, nutrition, housing, education services in your area.
2. Arrange a monthly and quarterly meeting with all relevant stakeholders to discuss the community issues and devise a plan to address those issues. Coordinate with your ANM and supervisor to arrange a meeting with the above mentioned stakeholders.
3. Advocate with the local authorities for taking necessary actions to address the identified issues. For eg. Construction or repair of community toilets, water drains, improving sewerage, drainage and disposal system etc.

MAS is the key body which can take the collective action on issues related to health, nutrition, water, sanitation and all other social determinants at community level. Therefore, you can work with MAS members to perform the above mentioned functions effectively.

There are certain government schemes for urban development like JNNURM/BSUP/IHSDP. You should try to find out from your facilitator or U-PHC Medical officer about the schemes that are functional in your area.

How to be an effective coordinator of a local meeting?

As an ASHA you have to prepare adequately before the meeting. Meet the participants beforehand and inform them about the agenda (can be shared orally) of the meeting. Have clarity on what you are going to discuss and be aware about the complexity of the issue.

- While having the discussion, listen and observe carefully. Any change in a person's expression communicates a lot. Be prepared with the counter-arguments. During the discussion, if you need to take some on-the-spot decision, be prepared for it and articulate the outcome. Give time to each person to share their views and avoid simultaneous discussions
- At the end of the discussion, briefly articulate the decision taken or actions to be taken after the meeting. List down the actions along with who is responsible for the action, who will support it and a time-line for completion of the action
- Within a few days after the discussion. Ensure that the decisions are put into action.
- It is very important that each meeting is documented. You may use the given format to document your meetings. **See Annexure 6**



- In the process of coordination, each member plays an important role. As an ASHA you need to make sure that you are in touch with all the concerned stakeholders and keep them informed of the progress.
- Never hesitate to take help of others while facilitating a meeting. If you need help, identify the person well in advance and brief her/him what kind of help you need. You should have full confidence in the person you select.

| Activity | Role of ASHA | ANM | Anganwadi Worker |
|--------------------|--|--|--|
| Home visits | Primary focus is on health education, care in illness, prioritising households with a pregnant woman, a newborn (and post-natal mother), children under two, a malnourished child and marginalised households | Prioritising those families with whom the ASHA is having difficulty in motivating for changing health seeking behaviours, those who do not attend UHND; providing home based services for post- partum mothers, sick newborn and children who need referral but are unable to go | Primary role on nutrition counselling, and supportive role on childhood illness |
| UHND | Primary Focus on social mobilisation for women and children to attend the UHND, through motivation and counselling. Special emphasis on marginalised groups, and enabling access to health care and entitlements. | Service provider who delivers immunisation, antenatal care, identification of complications, and family planning services | Anganwadi centre is the venue - Anganwadi worker provides the support in making this possible. Provides Take Home Rations to pregnant and lactating mothers and for children under three. On non UHND days identifies and provides care for registered children in Anganwadi centre, weighs children under five years of age on a monthly basis and provides nutrition counselling |
| MAS | Convener of the meetings; preparation of community health Plans | Support ASHA In convening the meetings and community health planning | Support ASHA In convening the meetings and community health planning |
| Escort Services | Voluntary function To be done by ASHA on the basis of requirement and feasibility | | |
| Record Maintenance | Maintains a drug kit stock card, a diary to record her work, a register assist her in organising and prioritising her work and for those who need her services. | Primary Responsibility Maintain a tracking register and record of service delivery for the services she delivers to pregnant women and children below two years of age. | Primary responsibility Maintains a tracking register for record of service delivery to pregnant and lactating mothers and children, weighs children under five years of age and maintains growth charts. |

Vulnerability Mapping and Assessment

Who are vulnerable?

Urban population is growing rapidly in India. We all have seen that many rural residents come to cities in search of employment. But due to overcrowding and lack of necessary infrastructure like housing, water and sanitation, employment opportunities and basic services like health and education, these people start living in jhuggi like houses called slums. Some of them also survive on the road, under flyovers, railway platforms and outside shops without shelter and in unsafe conditions.

It has adverse implications on their health. Poor access to safe water and basic sanitation (a common problem for most urban poor) also affects the physical and cognitive development of children, gastrointestinal disorders in adults, and makes it difficult for girls and women to maintain personal and menstrual hygiene. Poor housing gives little or no physical protection against the heat, cold, pollution, traffic, accidents, and physical and sexual abuse.

Children, adolescent girls, women living in such circumstances are particularly at risk for sexual violence, especially when they sleep in the open or in insecure dwellings, collect water, or defecate in the open. Densely populated living conditions in slums places them at risk for infectious diseases such as tuberculosis, acute respiratory infections, and various skin disorders. Further many urban poor live in city outskirts, low lying areas, near factories and construction sites and are at risk for floods and outdoor air pollutants.

Urban poor are a diverse group of vulnerable populations such as homeless, rag-pickers, street children, rickshaw pullers, construction, brick and lime kiln workers, sex workers and temporary migrants. We can categorize the vulnerable urban groups based on the nature of their vulnerabilities.



- i) **Residential or habitat-based vulnerability** in urban areas includes urban persons/households who are houseless, living in kutchha/ temporary houses, facing insecurity of tenure, and un-served or under-served with basic public services like sanitation, clean drinking water and drainage.
- ii) **Social vulnerabilities** point to gender-based vulnerabilities such as those faced by female-headed households, age-based vulnerabilities such as minor-headed households and the aged, and health vulnerabilities such as disability and illness.
- iii) **Occupational vulnerability** is faced by persons/households who are without access to regular employment, susceptible to significant periods of unemployment, as well as those due to no access to skills training and formal education or the stratifications of gender, religion and caste, are 'locked into' certain types of occupation such as informal and casual occupations with uncertain wages/ earnings and/or subject to unsanitary, unhealthy and hazardous work conditions, oftentimes bonded/semi-bonded in nature or undignified and oppressive conditions.

Different vulnerable groups according to the vulnerability criteria

| | |
|---------------------|---|
| Spatial | <ul style="list-style-type: none"> ● People living in slum/slum like locations ● Homeless people living on roadsides, under bridges, flyovers, along railway tracks ● People living in institutions like night shelters, homeless recovery shelters, beggars home, leprosy homes |
| Social | <ul style="list-style-type: none"> ● Old age ● Widow/deserted women ● Women/child headed household ● Differently abled ● Debilitating illnesses HIV/AIDS, TB, Leprosy etc. |
| Occupational | <ul style="list-style-type: none"> ● Unorganised/informal ● Seasonal/workers/migrants ● Hazardous occupation such as ● Rag picker ● Rickshaw puller ● Head loaders ● Construction workers/daily wage labourers |

How to reach those vulnerable?

To work effectively as an ASHA in urban areas, you need to reach and identify these groups and their specific health issues. These marginalized people/families have little information and knowledge on their health rights, entitlements, and the benefits of preventive health services. Due to their complex circumstances, they remain out of reach and invisible to the health system or health service providers.

However, it is they who are most in need of information and services. Unfortunately, these families stay uncounted because they are invisible and unreached. The beliefs, fears and apprehensions of such families are genuine. You need to build a bond of trust with them so that you help them overcome constraints and enable them to access health services.

During this process of mapping, you need to identify vulnerable with respect to access to piped water supply, sanitation facilities, food security entitlements, type of occupation, legal status of the land and rents and the recognition of their identity by governments. Mapping must carefully identify slums which have not been notified and illegal settlements where peoples live, and relate it to the services they are provided (Refer Annexure 12).

Identifying vulnerable: Your roles

Mapping

You must first of all map those households and families which fall in the categories discussed above, where you know that such families do not access health services readily. Identify those households among whom social exclusion and lower health service use is concentrated.

Prioritizing

You must then prioritize home visits to such families. Ensure that you spend time in understanding specific constraints and help them to access health care services, especially for mothers and children.

Communicating

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

Understanding

Often people have rational reasons and legitimate concerns for why they are not able to use health services. Do not assume that their attitudes are bad. You may have to explore options for changing the way existing services are being provided. For instance, in some cases the ANM will need to make a home visit

to provide Antenatal and post natal care, and immunization or the anganwadi Worker or her helper will have to deliver the Take Home Rations to the household.

Counseling

Listen to people's problems, build a relationship of trust, and work with them to find solutions. You could accompany them to the UHND or the health facility so that they feel comfortable and confident about accessing them on their own in the future.

Persisting

Changing behaviors is not very easy to do, especially among poor and marginalized families, who may not perceive the immediate gains or for whom there are other more important priorities. It needs repeated visits and counseling. Keep in mind that once the families overcome their reluctance to adopt preventive and promotive health behaviours and begin to access health services, your need for frequent visits will reduce.

Coordinating

It is quite likely that there still remain families, who despite your persistent efforts will not access services. You can ask members of the Mahila Aarogya Samiti, or request your Facilitator or the ANM, who may be in a position to influence these families, to accompany you on a home visit.

Mobilizing

Getting people together gives people the confidence to change. Organization provides strength. Building solidarity creates confidence. Leadership provides inspiration and optimism to break out of age old inertia. So, organize meetings, join together to sing songs, take out a rally, and celebrate survival. Mobilization is the most important tool of all.

Section 5

Knowing About Health, Hygiene and Illness

You have been introduced to various determinants of health. This section will help you understand in detail the role of food and hygiene in maintaining good health.

Role of Diet and Food in Maintaining Good Health

We all know that we need food to give us energy, live and grow. Our regular requirement of food depends on the stage of our life and the amount of work we do. To grow better we need sufficient amounts of food rich in all essential elements.

A newborn needs only mother's milk till six months of age and needs it frequently. After six months the child needs complementary feeding and can gradually learn to eat all that adults eat, though it should be given in smaller amounts and more frequently.

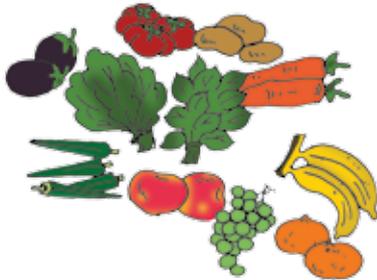
Food requirements of a pregnant mother are higher than other women. The important qualities of our food are related to the nutrition it provides, its quantity and frequency.

What constitutes good food?

Major constituents of the balanced diet and their functions are:

- **Proteins:** Important for body growth and strength. Milk, Pulses and beans are plant sources and animal sources include eggs, poultry products, all kinds of meat products and fish.
- **Carbohydrates*:** Form the bulk of our food and the main source of our daily energy needs. This we get mainly from cereals like, rice, wheat, sorghum, maize, ragi, bajra. Tubers like potato also provide carbohydrates.





- **Fat** (from oils and ghee) – Provide extra energy, and are good especially for children, as they give more energy as compared to cereals. Fat cells stored in our body also act as an insulation to protect it from heat and cold. They also help in absorption of certain Vitamins like A and D. Fats are derived from sources like oil, butter, ghee, nuts etc.
- **Vitamins and Minerals** – They are essential nutrients required in small quantities and help fight diseases. Present in vegetables, fruits, sprouts. Calcium, iron, iodine and zinc are some key minerals required by body.
- **Fibres or roughage and plenty of water** – Are also essential for a healthy body

** (Traditionally communities used to eat more coarse cereals like sorghum (called Jowaar), maize, ragi, and bajra. Wheat and Rice became popular in our country only in recent decades. The traditional cereals are richer in nutritional value and were more easily available to all sections of society as they were grown easily and were cheap. All cereals when eaten in less polished form, retain more nutritional value.)*

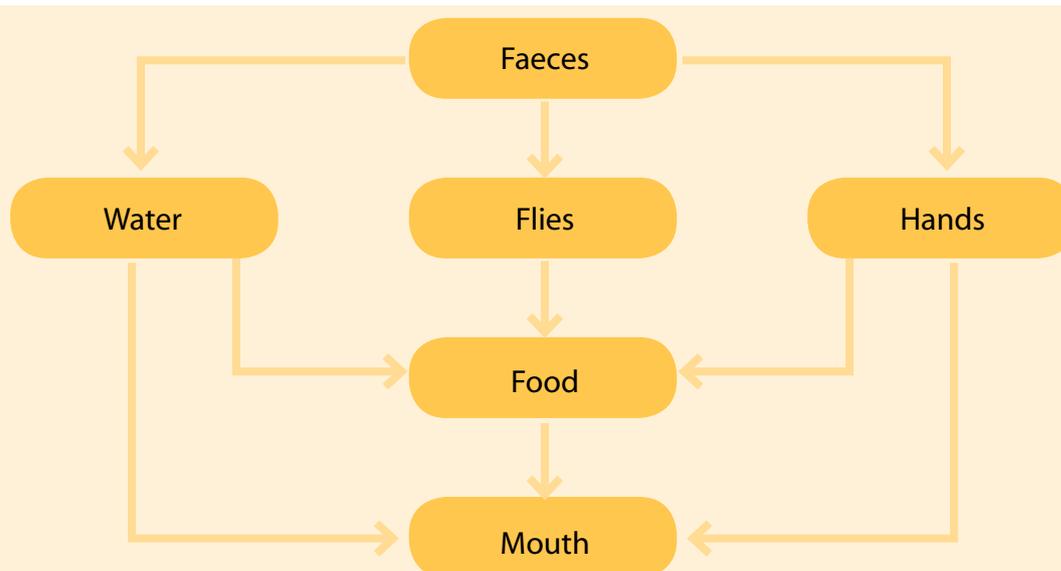
Good Dietary Practices – These include eating a balanced diet which is full of all essential components of food in right proportions. Frequency of meals is also an important aspect. Children and Pregnant Women should have more meals. Having a balanced mix of different food items like cereals, pulses, green vegetables and fruits is good for our health.

Role of Personal Hygiene and Clean Surroundings in Keeping Good Health

Personal Hygiene and cleanliness are not only essential to a good quality of life, they are also closely related to maintaining good health and preventing disease.

“Gandhi Ji said that Cleanliness is next to Godliness.”

Many infections spread either through unhygienic surroundings or poor personal hygiene.



The illustration above shows the many ways in which the disease causing organisms spread from human faeces into the food we eat and the water we drink. To save ourselves from diseases we have to check these routes of infection with changes in our day to day hygienic practices.

Common measures adopted to ensure good health

A) Personal measures

i) Hand washing

- The simple practice of hand washing can stop the spread of diseases very effectively.
- Hands should be washed regularly at all times **with soap, especially after defecation and before preparing, serving and eating food.**
- Soil should not be used to wash hands, because it is often contaminated with harmful micro-organisms.



- Hand washing can be done with ash, but for this ash must be fresh from the fire. Because it is difficult to ensure that the ash we are using is fresh and uncontaminated, its use must be discouraged.
- For hand washing to be effective it must be done properly and all 6 steps of hand washing must be followed every time. Refer Annexure 8 for details.
- Hand washing will not be effective, as long as our nails are not cut. Spaces between the nails and fingers collect dirt.

The two practices of using clean toilets and hand washing, together can stop the spread of many communicable diseases to a large extent.

ii) Maintaining hygiene of other body parts



- Skin: Cleanliness of skin is essential for overall body hygiene and is particularly important in a hot country like ours. A daily bath with soap and water and thorough cleaning of hands, feet and face helps in removing sweat and accumulated dirt. Dirt makes the body a breeding ground for harmful bacteria. Wearing clean, dry clothes and footwear help us remain clean and keep away many skin infections. A daily change of clothes, particularly undergarments, is a good practice.
- Teeth and gums-Teeth should be brushed regularly at least twice every day, using a soft bristled brush. Brushing removes food particles accumulated between our teeth and prevents the growth of bacteria which cause cavities and gum disease.
- Hair: Keeping hair clean by regular wash with a mild shampoo/soap is important to avoid infections and infestation by head lice.



B) Measures pertaining to our surrounding

i) Using clean toilets

The practice of open defecation is common in our rural areas as well as in many of the urban pockets. Due to this, harmful organisms contaminate the soil and water sources. Use of sanitary toilets by all will stop this faecal contamination. As an ASHA you should work with the MAS in ensuring that all households have access to sanitary toilets and use them regularly. There are many government schemes that provide support for construction of toilets.

ii) Safe handling of food and water

Safe handling of food and water also prevents many diseases. This can be achieved through:

- Cleaning of the food items before cooking or consuming.

- Keeping the food covered, away from dirt and flies.
- Avoiding consumption of partially cooked meat, eggs and unboiled milk.
- Using clean utensils for storing, cooking and consuming food.
- Drinking water from clean water source.
- Storing water in clean, covered pots.
- Using a long handle ladle or a utensil with a tap to take out water to prevent contamination. Benefits of clean water source like hand pumps are often lost when the water is not handled properly.

iii) Sanitary disposal of solid and liquid waste

Accumulated solid and liquid waste is a breeding ground for many disease causing organisms. This should be checked through:

- **Preventing collection of solid waste in the surroundings-** Decaying solid waste is a breeding ground for many vectors like housefly, rats, kala-azar etc. Support of MAS should be taken for arranging regular disposal of solid waste. You should facilitate community sensitisation against poor environmental hygienic practices. Waste disposal measure such as 'composting' can also be encouraged.
- **Preventing pooling of wastewater in our areas-** It is a health hazard as it acts as a breeding ground for mosquitoes and other harmful organisms. It also creates problems in movement of people and is dangerous particularly for children.
- **Stopping water logging around water sources like hand pump or wells-** The waste water from houses also adds to water logging if there are no provisions for proper drainage.
- **Making kitchen gardens and Soak-pits around sources of waste water-** These are easy methods for disposal of wastewater. Kitchen gardens for growing vegetables and fruits help in absorbing extra water. In urban areas finding small places around every house for kitchen gardens may not be difficult. Soak-pits are a good way to stop pools of water, particularly in streets and common pathways. They absorb water without forming a pool. (Annexure-9 shows you how make a soak-pit)
- **Creating drainage systems-** Apart from these measures, our area may still need a proper drainage system. These can be both open and covered type. Open drains require much more regular cleaning to avoid chocking of water flow.

What is Illness/Disease/Sickness

Disease is an abnormal condition affecting the body. Disease is often used to refer to any condition that causes pain, dysfunction, distress, or death to the person afflicted. It usually affects people not only physically, but also emotionally and psychologically, as diseases can alter one's perspective on life and their personality.

Diseases can also be classified as communicable and non-communicable disease.



Communicable diseases – These are diseases that spread from one person to another either directly such as coughing and sneezing or through a carrier such as a mosquito or flies. Some examples of such diseases are: Common colds, (directly) Diarrhoeal diseases (flies), Malaria (mosquitoes), and Tuberculosis (directly). Steps must be taken to prevent their spread from the persons affected to other people in the community.

Non Communicable diseases – They are usually associated with people's life styles (tobacco, alcohol, obesity), pollution, and deficiency or excess of some nutrients. They never spread from one person to another. Some common examples are high blood pressure, diabetes, cancer, stroke, and many other illnesses.

In our community we may notice some people living with various **physical and mental disabilities** such as deafness, blindness etc. Physical and mental injuries due to **accidents** such as road accident/accidents which occur at work and animal bites also belong to this category.

Healing

Our body has its own defence, or way to resist diseases and heal itself. In most cases, these natural defence mechanisms are more important to our health than medicines.

Have you seen how a tree heals its axe injury? First the gum fills the gap. The gum hardens and gradually becomes wooden. A similar effect occurs in human body for many illnesses.

Even in a case of more serious illness, when a medicine is needed, it is the body that must overcome the disease; the medicine only helps. Cleanliness, rest, adequate nutritious food and water are essential to help the patient recover from the disease and live a healthy life.

Our body has its own defence mechanism (immunity) which fights against germs or diseases causing organisms. This system matures as body learns how to fight germs. This helps us recover from an illness. The severity and duration of illness vary with the type of the pathogen and defence mechanism of the body to resist the infection.

Note – Components of mother’s breast milk enable baby to fight many illnesses. The first thick milk (colostrum) is a priceless shield for the baby and should never be discarded.

In case of non- communicable diseases adopting an active and healthy life style is the key to prevent, reverse or minimise the symptoms of the diseases. Medications and supplements may also provide help in reducing the effects of such diseases. In some severe conditions surgeries may be required.

Treatment for Diseases

Healing with traditional medicines

There are certain traditional ways of healing and treating illnesses. The traditional systems of medicines include Ayurveda, Yoga, Unani, Siddha and Homeopathy. There are also home remedies which are passed on through generations. Many of these are of great value, cheaper and do not have harmful side effects as only natural herbs and therapies are used in making them. Some diseases are helped by traditional medicines, while others can be treated better with modern medicines.



Treatment with modern medicines

For first contact care we need very few medicines. As an ASHA you will learn to use some medicines/drugs. For example: Paracetamol, Chloroquine, Iron Folic acid and ORS.



The use of each drug; its dose, how many times to be given, side effects, and precautions are given in Annexure 8. Read this carefully before using the drugs. These medicines are safe, cheap and very effective. We will learn about some more medicines in the subsequent trainings.

Modern medicines have side effects. Thus it is important to use them rationally and prevent injudicious usage.

ASHAs Role in Promoting Rational Drug Use

Spread awareness in the community on

Avoiding overuse of injections and saline (bottle)

Try to overcome the prevalent belief that injections and saline are always necessary. Some patients insist on injections and saline bottles. Many doctors are also driven by profit motives. You should educate people that these are useful only in certain conditions. People can save expenses with help of simple remedies. The saline in the bottle is just water, salt and some sugar. If we prepare it at home and take orally the effect is the same.

Preventing misuse of Tonics

Many doctors prescribe these tonics, because patients ask for them. Tonics are not necessary for the growth of body or to give energy. They are just a combination of water, sugar, vitamins and some minerals. The cost is often very high. In most of the cases, for gaining strength and ensuring growth a simple nutritious home cooked meal is enough.

Avoiding self-medication

People often buy medicines by themselves or use any medicines lying in the house for conditions such as fever, diarrhoea, abdominal pain, and headaches. This should not be done. Most drugs cause side effects, and some are harmful. The side effects of some of the commonly used medicines used in self-medication are:

- **Drugs used as pain killers:** Almost all painkillers cause irritation of stomach and many of these, when taken over long periods, can cause internal bleeding and stomach ulcers.
- **Anti-allergic drugs:** Are used in the treatment of cold and cough and can cause sleepiness, which can sometimes cause accidents.
- **Antibiotics:** Antibiotics might cause life-threatening 'reactions' if a person is allergic to them. Some antibiotics can disturb intestinal bacteria and induce diarrhoea.

Many drugs affect our vital organs, like the liver and the kidney as these organs flush out drugs and toxins from our body. Some people also treat children with the same medications which have been prescribed to adults. This is dangerous since children need much smaller doses. Doses are given according to the body weight. Most importantly, pregnant women should not take any medicine without consulting a qualified doctor, as these could harm the unborn baby.

Taking correct dose of medicines

Both overdose and inadequate dosage can be harmful, especially in children. People should strictly adhere to dosage and schedule of drugs as recommended by the doctor. Education about rational drug use in community will help you in your work.

Section 6

Dealing with Common Health Problems

Fever

Fever is a common symptom of many diseases and not an illness on its own. Some mild fevers subside without any treatment or treatment at home. Such fevers are not accompanied by cough, ear discharge, rash diarrhoea or any other sign of obvious infection in any organ. However, in many cases it may be a symptom of an acute severe illness.



For healthy individuals of 18-40 years of age, the mean normal oral temperature is just above 36.8°C (plus or minus 0.4 degree celsius) or 98.2 °F (plus or minus 0.7). After an attack by germs, our body reacts by generating more heat and hence causing fever. But excess fever may be harmful and may lead to distress and several complications.

Thermometer is used for measuring temperature and it is wise to take a sick person's temperature before deciding on further action.

Managing fever

- **Fever associated with self- limited infections and lasting for one or two days duration:** Needs no specific treatment. It is managed through taking rest, drinking plenty of fluids like water, rice water, soup, buttermilk etc. and light meals. One should avoid taking oily or spicy food.

If patient is uncomfortable or has body ache or headache you can provide Paracetamol* tablet for controlling fever and relieving symptoms. One tablet thrice a day is enough for adults. Give tablet Paracetamol for two days and refer if the fever persists **(See Annexure 8 for details)**

- **Persisting fever or fever with chills, rashes, drowsiness, stiff neck etc.** This is associated with serious infections and needs immediate referral to a hospital.

*(*Paracetamol tablet or syrup is a general remedy for fever. It only brings down the temperature. It is not a fever-cure since it does not eliminate the causative factors from body.)*

In case of newborns or small infants, any fever should be taken seriously. A baby has fever if the temperature is above 99 degree Fahrenheit(37.2 degree celsius). If you are approached for the baby having fever; you should give the first dose of paracetamol and immediately refer to a hospital. **See Annexure 8 for specific dosage and schedule.**

Note: Fever above 39.5°C (103°F) is high fever. Refer immediately any person with high fever after sponging and giving tablet Paracetamol.

For high fever in a child sponge the whole body with tepid water. Do not use cold water as it causes shivers. Do not cover with a blanket. Keep windows open and give enough water and fluids to drink.

Remember

Several serious illnesses may be connected with fever e.g. Malaria, Pneumonia, Pus (anywhere) Typhoid, TB, Kala-Azar, Filariasis, Brain Fever, HIV/AIDS etc. We will learn about them later. Even when we think it to be a mild fever and there is no sign of infection in any organ or loss of consciousness, do not wait for more than 2 days and refer. If any danger signs are seen refer at once to an ANM or a U-PHC.

Pain

Aches and Pain are one of the most common complaints and are sometimes associated with fever and other illnesses.

What is pain?

Pain is a signal that something is wrong inside our body. It is an unpleasant sensation which is associated with tissue damage.

The role of the ASHA in pain relief

Pain is only a symptom of illness, we need to find out the illness and treat it as soon as possible.

In mild forms of pain where there is no injury or other symptoms like swelling, fever and body pains like headache, backache etc. you can give Paracetamol Tablet from your Drug Kit (Refer – **Annexure 8 for dosage**) and advise rest. Ayurveda suggests gentle oil massage for body aches and back aches.

If the pain does not subside in a day or two or gets worse, you can refer to the U-PHC. Immediate referral to a hospital is needed in the following cases:

- Any pain with convulsion, any severe chest or abdomen pain
- Headache with neck stiffness
- Any pain associated with burn injury and in joints.



Common Cold and Cough

- It is the most frequent infectious disease in humans.
- No specific treatment exists but one can relieve the symptoms
- Common home remedies can be used for relieving the symptoms like honey, ginger, tulsi tea.
- Giving lukewarm water to drink and maintaining proper nutrition is helpful.
- If the symptoms are severe, and if there is body-ache, or headache, tablet Paracetamol can be given. Refer **annexure 8** for details.

First Aid for Injuries and Wounds*

Wound care

You may come across situations, where you will have to manage common wounds and injuries. This section would help you understand the management of different types of wounds.

Types of wound

Wounds are of three categories:

1. Wounds without bleeding
2. Wounds with bleeding
3. Infected Wound

1. Care of the wounds with no bleeding

These wounds include small abrasions, small cuts, scrapes and other small wounds. Prompt first aid can help nature heal small wounds and deal with germs. Bleeding is usually limited to oozing and is due to damage to minute blood vessels. Even these types of wounds need to be attended immediately as they may get contaminated and become infected.

Take the following steps while managing these wounds:

- Wash your hands using soap and water
- Clean the wound, using pre boiled and cold water (Soap can be used if the wound is contaminated with dirt. But remember excess soap may damage the flesh.)

Or, gently wipe the dirt away using cotton without rubbing it. Rubbing disturbs the clot and restart bleeding, thus delaying the healing process. Use different cotton swabs each time.



* Certain parts of this section have been taken from the book Where There is no Doctor.

- Place a piece of clean gauze or cloth over the wound. Cloth should be light enough to allow passage of air for quick healing.
- Advise the person to change the gauze or cloth every day.

Remember

Any bit of dirt that is left in a wound can cause an infection. A clean wound will heal without any medicine. Cleanliness is of first importance in preventing infection and helping wounds to heal. If a person gets a cut, scrape or wound, he/she should be referred immediately to take Tetanus Toxoid injection.

Family members should be warned to:

- Avoid using animal or human faeces or mud on a wound. These can cause dangerous infections, such as tetanus.
- Never put alcohol, tincture of iodine, or any medicine directly into a wound; doing so will damage the flesh and make healing slower.
- Avoid disturbing the scab (a dry covering over the wound) that has been formed.
- Visit a health facility if there is a deep/sharp cut for which stitches may be needed.

Refer persons to nearby health facility immediately in case the cut is large.

2. Care of the wound with bleeding:

Minor bleeding is readily controlled by pressure and elevation. In such cases a small adhesive dressing is all that is necessary. Medical aid need only be sought

if the bleeding does not stop or if the wound is at special risk of infection.

Steps to control severe external bleeding from wound:

- Raise the injured part
- Apply pressure on the wound directly by using your fingers or palm preferably over a clean sterile cloth/bandage.
- Hold the pressure. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the clot that's forming and cause bleeding to resume.
- If the bleeding is severe take patient to the hospital immediately and keep the pressure on.



- If the bleeding can not be controlled by pressing on the wound, or the pressure point, and if the person is losing a lot of blood you can tie the limb as close to the wound as possible, keeping the wounded part raised.

Do not make the tie so tight that the affected area becomes blue. For the tie, use a folded cloth or a wide belt; never use thin rope, string, or wire.

3. Care of the infected wounds

Any wound which is red, swollen, hot, and painful with pus, or a foul smell is an infected wound.

A deep bullet or knife wound runs a high risk of dangerous infection. You can know that the infection is spreading to other parts of the body if there is fever and a red line above the wound.

Wounds which may become dangerously infected are:

- Wounds with debris or made with dirty objects
- Puncture wounds and other deep wounds that do not bleed
- Wounds made where animals are kept: in cowsheds, pigpens, etc
- Large wounds with severe laceration or bruising
- Wounds due to bites, especially from dogs or other animals
- Bullet wound or knife wound

Management of infected wounds

Infected wounds are serious and need immediate medical attention. Quick referral to a health facility for treatment with an antibiotic and injection for Tetanus Toxoid is needed. Leave the wound open and avoid covering the wound with bandages. Fresh air enables these wounds to heal faster.

Animal Bites

Dog bite and other animal bites

Dog bite is greatly feared because it can give rise to a deadly illness, which is called rabies. Rabies comes from the bite of a rabid or 'mad' animal, usually a rabid dog, cat, bats, fox, wolf, or jackal. This illness, affects the brain and nervous system. No cure is available for rabies. Anti- Rabies Vaccine (ARV) immediately after the dog bite can prevent this fatal illness. These vaccines are available in government hospitals.



Signs of Rabies

In the animal

- Acts strangely –sometimes sad, restless and irritable
- Foaming at the mouth, cannot eat or drink
- Sometimes the animal goes wild (mad) and may bite anyone or anything nearby. The animal may also become sleepy.
- The animal dies within 10 days

In People

- Pain and tingling in the area of the bite
- Irregular breathing, as if the person has just been crying.
- Initially, the person is afraid to drink water. Later he becomes afraid of water.
- Pain and difficulty in swallowing. A lot of thick, sticky saliva.
- The person is alert, but very nervous or excitable. Fits of anger between periods of calm.
- As death nears, fits (convulsions) and paralysis.

Note

- A bite can cause illness only if the animal itself is infected. Even a scratch on the skin or a lick on the open wound may give rabies infection.
- Rabies infection is likely if the dog dies within 10 days of the bite or if it shows or develops any signs of rabies.
- First symptoms of rabies in bitten person may appear, within 10 days or more after the bite.
- Bite or saliva of a rabies patient is also infective.
- The effect of Anti Rabies Vaccine reduces after a period of six months, so for any further occasions of dog-bite, fresh vaccination is necessary.

Role of an ASHA

In case you are approached, provide immediate wound care and take the following steps:

- Wash the wound well with soap and water
- Leave the wound open or tie a loose dressing
- Refer to a health facility where an anti-rabies vaccine is available and doctor present will decide whether this vaccine is to be given. Advice to take TT injections in case not vaccinated for tetanus before.
- If the bite is in the head, neck, shoulders and chest, bring the person immediately to the health centre for anti-rabies injection. Don't wait for 15 days.

- Suggest the family to keep the dog under watch by keeping it tied for 15 days. If the dog dies within this period or develops abnormal behaviour, there is an increased risk in the individual to develop serious infection.

You should build awareness in the community regarding

- Vaccination of the dogs and other animals against rabies, as per the schedule. Usually rabies vaccine is effective for a period of six months or an year.
- To keep children and family members away from any animal that seems sick or acts strangely.
- To avoid contacts with saliva, urine, or perspiration of the bitten person as these secretions are infectious.
- Identifying and killing rabid dogs is essential. Inform the appropriate authority if you suspect a sick or a rabid dog.

Spread awareness to avoid direct contact of saliva of such animals. It is the saliva of the animal that contains germs if infected by rabies

Burns

Burns are common injuries in India and women and children generally are the common victims. This is often due to the handling of gas or the pressure stove while cooking. Children may suffer scalds due to spilling of boiling liquids — like milk, oil, dal, tea etc.

Common causes of burns

- Kitchen accidents - commonly bursting of pressure stoves
- Fire crackers
- Explosion in work places
- House fires
- Chemical burns
- Electric burns
- Suicide attempts
- Murder attempts



Types of burns and care

- **Minor Burns:** Pour plenty of cold water on the affected part, apply gentian violet and use Tablet Paracetamol for pain relief. (**Annexure 11** for dosage). If it gets infected or the healing is slow then refer.

- **Deep Burns:** These destroy the skin, expose raw flesh and cover large areas of body. Apply gentian violet, wrap the burnt part with clean cloth or towel and immediately refer to a health facility.

If you do not have Gentian violet, then cover it loosely with a cotton cloth or sheet and immediately refer.

- **For Burns of joints or skin folds:** i.e. between the fingers, in the armpit, or at other joints, insert gauze pads with Vaseline between the burned surface to prevent this from sticking together as they heal. Also, fingers, arms, and legs should be straightened completely several times a day while healing. This is painful but helps prevent scars that limit movement.

Inform the individual about the following burn care:

- Keep the burn as clean as possible and protect it from dirt, dust and flies. These can lead to infections in burns. Signs of an infection in a burn include - pus, bad smell and fever. Infected burns need special care with antibiotics. Refer the patient to the ANM or the nearest U-PHC.
- Never put grease, fat, hides, coffee, herbs, or faeces on a burn
- Any person who has been badly burned can easily go into shock because of pain, fear, and the loss of body fluids due to oozing from burn.
- Badly burned person should eat foods rich in protein and drink plenty of liquid during the recovery period. In case of acute burns it is suggested that the burned person should try to drink four litres of fluid in a day for a large burn, and 12 litres a day for a very large burn.

Spread awareness in the community to adopt following safety measures

- Don't let small babies go near a fire
- Keep lamps and matches out of reach of children
- Stoves and hot pans should be placed in a way that children cannot reach them
- Synthetic clothes catch fire quite quickly. They stick to the skin more easily. Advise people to always take care regarding their clothes and sari 'pallus' etc. during cooking.
- Over-pumping the stove before pinning and igniting is dangerous. 'First pin and then pump' is the correct method to light the stove.
- Sometimes burn injuries are intentionally inflicted (most often, on women). In such cases if you are aware of NGOs or counsellors that help such women, you should let the woman know. If necessary, the doctors will initiate legal measures in these cases.

Your role in prevention or management of Traumas and Injuries

You may come across cases where people get injured due to any accident or fall or any disaster like fire, earth quake or floods etc. In such situations people may get the following type of injuries:

- **Bruise** - Bruise is a hemorrhage under the skin.
- **Wound** - cuts and grazes are injuries to or through the skin, that can cause bleeding.
- **Burns** - caused by excess heat, chemical exposure or sometimes cold.
- **Fractures** - injuries to bones.
- **Joint dislocation** - A displacement of a bone from its normal joint, such as dislocated shoulder or finger.
- **Concussion** - A mild traumatic brain injury caused by a blow, without any penetration into the skull or brain.
- **Sprain** - caused by a sudden over stretching to muscles.
- **Shock** - A life threatening condition that develops when bpd's blood pressure drops to very low levels. Amputation - removal of a body extremity by trauma or surgery.

In these cases you can help the people who are hurt by providing first aid for wounds with or without bleeding. However in these situations, most people would require emergency care which can prove life saving for them. For instance, if the person is not breathing properly then his or her life could be saved by giving mouth to mouth breathing or Cardio Pulmonary Resuscitation (CPR – chest compressions) immediately. In such emergency cases, you should reach out to the patients, call for ambulance and transfer patients to the hospital.

Section 7

Common Diseases

In this session you will learn about three infectious diseases - TB, Malaria and Leprosy

Tuberculosis

A minute germ (*Mycobacterium tuberculosis*) causes TB, and it can affect any part of our body. But lungs TB is the most common form.

Modes of spread

It spreads from one person to other through tiny droplets in air, when breathing. A TB patient's sputum has thousands of TB germs, and while coughing or sneezing the TB germs spread in the air. The germs also stay in dust for long and affect people. TB germs enter the lungs of healthy persons, when they breathe. Not all persons so affected will manifest disease. In a weak person the germs multiply and produce an illness. It may take months to develop illness after the germ has infected the person.



Common signs and symptoms

The symptoms of lung TB are:

- Cough with sputum for two weeks or more
- Pain in chest
- Sometimes the presence of blood stained sputum (haemoptysis) with symptoms like:
 - Rise in evening temperature
 - Night sweats
 - Loss of weight
 - Loss of appetite.

A person with cough for two weeks or more is a suspect for TB and should be referred to a U-PHC/Hospital for the confirmation of diagnosis. Sputum examination is main tool for diagnosing lung TB. X-ray and other investigations may be needed in cases when sputum test is negative and the patient continues to exhibit disease symptoms.

Management of TB

Both drugs and nourishment is needed for cure of persons infected with TB. Under current 'DOTS treatment' one has to take the medicines in front of a non-related DOTS provider who could be an ANM or MPW or an ASHA. The improvement occurs in few weeks. However, the full treatment takes 6 to 8 months in most cases. It is critical to make sure that the patient completes the full treatment, otherwise he/she will not be fully cured and illness will come back and will still spread the TB germs. During treatment the sputum is tested periodically for germs of TB.



Table B in Annexure 8 contains the details on side effects of common TB Drugs.

ASHAs role

- Identify and refer patients for suspected cases of TB
- If you are a DOTS provider you need to ensure compliance for the treatment- Make sure that medicines are taken regularly by the patient for 6-9 months
- Counsel on patient taking extra nutrition
- Build awareness to prevent spread of TB by telling infected persons:
 - To cover the mouth with handkerchief while coughing and sneezing to halt spread of germs.
 - To avoid spitting in nearby open space and prevent spread of infection covering his or her mouth with a clean cloth, especially while coughing. This prevents spread of droplets in the surroundings. The cloth should be washed in hot water or with disinfectant thoroughly on a regular basis.
 - To avoid close contact with spouse, children and infants and the elderly within the family for at least first two months after starting treatment.
 - About BCG vaccination at birth that prevents serious forms of TB.
- Providing support and care to persons with TB and not stigmatising those affected.



Leprosy

What is Leprosy?

- It is a chronic infectious disease caused by a bacteria *Mycobacterium leprae*.
- It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations.

Common signs and symptoms of Leprosy: The signs differ greatly according to the person's natural resistance to the disease. The first sign of Leprosy is usually in the skin:

- One or more white spots or dark coloured patches, with loss of sensation in the affected area of the skin.
- Body parts usually affected include hands and feet, face, ears, wrist, elbows, buttocks and knees. Loss of sensation could be so severe that persons with Leprosy sometimes burn themselves without knowing it.
- In advanced cases hands and feet become partly paralysed and claw-like. Fingers and toes may gradually become shorter and become stumps.

Modes of spread

Leprosy is spread by skin to skin contact, through sneezing and coughing. The germs are found in the inner lining of the nose and in the skin of untreated persons. Germs once inside may not manifest the disease up to a period of 5-7 years.

Types of Leprosy

Paucibacillary: Usually single skin lesion is seen or those with two to five skin lesions

Multibacillary: When more than five lesions are present

Management

It Involves: Multi Drug Therapy (MDT) using combination of drugs. It is a long treatment and requires constant follow ups.

ASHAs role

- ASHAs are involved in the eradication programme for Leprosy to mobilise all suspected individuals for a medical examination and further management which includes completion of the long course of treatment. A good way to do this is ask anyone with skin lesion to show to a doctor especially if there is diminished sensation.

- Counselling for leprosy patients for regularity/completion of treatment and prevention of disability.
- You must include following key messages when you talk to people about Leprosy:
 - It is the least infectious of all infectious diseases, and it does not spread through casual touch.
 - It is completely curable with MDT.
 - Early detection and regular treatment with MDT prevents deformities and disabilities due to leprosy.
 - MDT is available free of cost at all Govt. health centres/dispensaries/hospitals on all working days.
 - Social rehabilitation of the leprosy afflicted persons should be supported by all individual to prevent any sort of discrimination.
 - Treated leprosy patients can continue to live at home and do normal work.
 - Former leprosy patients with mutilated hands/feet who received treatment earlier do not suffer from active disease and do not transmit leprosy. They do not need MDT again.

Malaria

What is Malaria?



Malaria is one of the major public health problems of the country. It is an infection caused by a parasite (micro-organism) called Plasmodium. But it can be treated if effective treatment is started early. Delay in treatment may lead to serious consequences including death. Prompt and effective treatment is also important for controlling the transmission of malaria.

There are two types of malaria: Vivax and Falciparum. Vivax is not very dangerous but falciparum malaria can cause damage to the brain, liver and lungs.

How does it spread?

When the mosquito bites an infected person, the parasite enters the mosquito's stomach. It multiplies in the insect's stomach and later when it bites another person, the parasite enters the blood of the person along with the insect's saliva and infects him/her.

Signs and symptoms

- The patient can have fever, high shivering and sweating, which can occur on alternate days (in Vivax type of malaria) and every day at a certain time with Falciparum type infection. Sometimes the patient has continuous fever.

- Malaise and headache usually accompanies fever.
- Malaria affects more frequently and more severely children below five years, pregnant women, or patients who are already ill.
- Falciparum malaria can affect the brain: causing clouding of consciousness, fits, or paralysis leading to death.

In areas where malaria is highly prevalent, pregnant mothers and malnourished children are at greater risk.

Any person living in a malaria affected area, who develops fever must be suspected as having malaria. If fever is with chills and rigor and headache, it is even more likely.

Managing Malaria

How to confirm: There are two ways of confirming malaria through blood test; (This will be taught to you in future trainings)

- Making a blood smear- **Annexure 9**
- Using the Rapid Diagnostic Test (RDT) kit- **Annexure 11**

RDT is to be done or smears are to be taken before starting treatment.

Treating Malaria

Paracetamol should be given for fever, and sponging with warm water should be done to bring down temperature when needed. If RDT is positive for malaria- Chloroquine or Artesunate Combination treatment (ACT) treatment should be given. Your local health department would tell you which of the two possible treatments should be chosen. If despite treatment fever does not begin to come down within two or three days, or persists even after a week, the patient must seek treatment from a hospital. (Treatment guidelines for Malaria are provided in **Table C – Annexure 10**)

Prevention of Malaria

Mosquitoes thrive in warm and wet climates. There are many types of mosquitoes, but only very few of them transmit the disease. The mosquito that transmits malaria is called Anopheles and it bites almost exclusively at night. It does not bite during the day. That is why sleeping under a bed net is a good way of preventing bites. The mosquito that spreads malaria breeds in clean water. In rainy season, wherever water collects, it forms a good breeding place for mosquitoes. It also breeds in well in streams, rice fields and over-head water tanks.

Ways of controlling malaria: There are two ways:

Do not allow mosquito to multiply

- Not allowing water to stagnate, and pouring a spoon of oil over the water surface in small collections. This is enough to kill the mosquito larvae.
- Drying up or filling breeding pits.
- Enable cultivation of Gambusia fish or larva eating fish in ponds and Wells - these eat up the mosquito larvae. Also remove the grass and vegetation from banks of pond. Larvae find it difficult to breed if there is no vegetation and the pond edges are vertical.
- Water in drains and canals should not be allowed to remain stagnant in one place and it should be flushed and cleaned once in a week.



Do not allow mosquitoes to bite by using

- Clothes that cover the body, like full sleeves shirts.
- Mosquito nets treated with insecticides so that infected mosquitoes do not reach the sleeping person. The mosquitoes coming in contact with the net may die later.
- Mosquito repellent, eg. burning neem leaves to drive mosquitoes away.
- Insecticide spray on walls and places where mosquitoes sit so that they do not reproduce and die before biting more people.

The role of ASHA in prevention of Malaria

- In the National Vector Borne Disease Control Programme ASHAs are involved in diagnosis and treatment of malaria cases on a day to day basis. You are expected to screen for fever cases suspected to be suffering from malaria, using RDTs and blood slides and to administer anti-malarial treatment to positive cases
- During house visits and in the MAS meetings you should inform the community about malaria, how to prevent it and what to do for fever. Encourage and help the Mahila Aarogya Samiti and the women's groups or other community organisations to take appropriate collective action to prevent malaria in that area. Where possible, ask those with fever, who you suspect of having malaria to go to the primary health centre.

Dengue

What is Dengue

Dengue is a viral disease and is transmitted by the bite of an infective mosquito. Dengue occurs in two forms - Dengue Fever and Dengue Haemorrhagic Fever (DHF). Dengue fever is a severe, flu-like illness but DHF is more severe which can cause death if it is not treated properly. However with prompt and proper management, death due to DHF can be avoided.

How does it spread

Dengue is transmitted to people by the bite of a mosquito (known as an *Aedes aegypti*) that is infected with dengue virus. The mosquito becomes infected with dengue virus when it bites a person who already has dengue or DHF. Infected person with Dengue becomes infective to mosquitoes 6 to 12 hours before the onset of the disease and remains infective up to 3 to 5 days. The mosquito can transmit the virus when it bites a healthy person after about a week of getting infected. *Aedes* mosquito is a day biter which means that it bites during the day time only. Dengue does not spread directly from person to person.

Signs and symptoms

Dengue

- The most common symptoms of dengue are high fever, severe headache (frontal headache), backache, joint pains, nausea and vomiting, eye pain (pain behind the eyes which worsens with eye movements), and rash
- Patient may also complain of loss of sense of taste and appetite
- Measles-like rash over chest and upper limbs

Dengue Haemorrhagic Fever (DHF)

- Symptoms of DHF during the initial stage are similar to Dengue fever. Thus DHF is characterized by a fever that lasts from 2 to 7 days, with general signs and symptoms that could occur with many other illnesses (e.g., nausea, vomiting, severe abdominal pain, and headache).
- This stage is followed by hemorrhagic (bleeding) signs which include - tendency to bruise easily or other types of skin haemorrhages - red spots/ points on skin, bleeding nose or gums, and possibly internal bleeding. Skin of the patient may become pale, cold or clammy.
- Patient can also have frequent vomiting with or without blood, rapid weak pulse and difficulty in breathing. S/he can also complain about sleepiness and restlessness; and feeling thirsty/dry mouth.

- If the hemorrhagic/bleeding manifestations are not corrected immediately, they can lead to failure of the circulatory system and shock known as Dengue Shock Syndrome (DSS). This may also lead to death of the patient.

Dengue/DHF can affect all age groups & both sexes. But younger children are more affected by Dengue and deaths due to DHF are also more in younger children than older children and adults.

Managing Dengue

In cases where symptoms suggestive of Dengue/DHF are present, the patient should be immediately referred for early diagnosis and treatment.

How to confirm

Following investigations can be done to confirm the diagnosis of Dengue at the hospital:

- Tourniquet test (performed by inflating a blood pressure cuff to a point between the systolic and diastolic pressure for five minutes). It is considered positive when 10 or more petechiae/red spots per 2.5 cm² are observed. In DHF, the test usually gives a definite positive test with 20 petechiae/red spots or more. The test may be negative or only mildly positive during the phase of profound Dengue Shock Syndrome (DSS).
- All suspected cases of fever with bleeding should be investigated for low platelet count by blood test.
- Blood test (known as MAC ELISA) can be done to test for antibodies (IgM) at some identified hospitals for Dengue and Chikungunya

Treating Dengue

Dengue Fever

There is no specific medication for treatment of a dengue infection and medications for symptomatic relief should be taken. Drugs like Paracetamol may be used to lower the body temperature. Aspirin and drugs like Ibuprofen/brufen (NSAID) etc should be avoided since it may cause gastritis, vomiting, and platelet dysfunction. Patient should also rest and drink lot of fluids

DHF

Hospitalization is frequently required in order to adequately manage DHF. There is no specific medication for DHF (like Dengue) but it can be effectively treated by fluid replacement therapy (IV fluids and blood transfusion) if an early clinical diagnosis is made.

Chikunguniya

What is Chikunguniya?

Chikungunya is a viral illness that is spread by the bite of infected mosquitoes. The disease resembles dengue fever, and is characterized by severe, sometimes persistent, joint pain (arthritis), as well as fever and rash. It is rarely life-threatening.

How does it spread?

Chikungunya is caused by the chikungunya virus which is spread by the bite of an Aedes mosquito, primarily Aedes aegypti. Humans are the major source, or reservoir of chikungunya virus for mosquitoes. Therefore, the mosquito usually transmits the disease by biting an infected person and then biting someone else. An infected person cannot spread the infection directly to other persons. Aedes aegypti mosquitoes bite during the day time.

Signs and Symptoms

The time between the bite of a mosquito carrying chikungunya virus and the start of symptoms ranges from 1 to 12 days. Chikungunya usually starts suddenly with fever, chills, headache, nausea, vomiting, joint pain, and rash. The most common feature of the disease is stooped or (contorted) posture of patients who have severe joint pain (arthritis). Frequently, the infection causes no symptoms, especially in children. Recovery from Chikungunya is gradual with persistent joint pain which may require medications for pain relief. Managing Chikngunya

How to Confirm?

Chikungunya is diagnosed by blood tests (ELISA). Since the clinical appearance of both chikungunya and dengue are similar, it is important to do a laboratory confirmation especially in areas where dengue is common. Facilities of such testing are available only at few national level institutes.

Treating Chikungunya

There is no specific treatment for chikungunya. Supportive therapy that helps ease symptoms, such as taking medicines for pain relief like Ibuprofen/brufen non and getting plenty of rest, is advised.

Prevention of Vector Borne Diseases

All three vector borne disease discussed above – Malaria , Dengue and Chikanguniya are spread by biting of mosquitoes – Anopheles and Aedes respectively. These diseases can be controlled in the following ways:

Do not allow mosquito to multiply

- Not allowing water to stagnate, and pouring a spoon of oil over the water surface in small collections. This is enough to kill the mosquito larvae.
- Drying up or filling breeding pits.
- Enable cultivation of Gambusia fish or larva eating fish in ponds and Wells - these eat up the mosquito larvae. Also remove the grass and vegetation from banks of pond. Larvae find it difficult to breed if there is no vegetation and the pond edges are vertical.
- Water in drains and canals should not be allowed to remain stagnant in one place and it should be flushed and cleaned once in a week.
- Water in coolers, bird baths and plant pots or drip trays should be changed at least once/twice each week.
- Insecticide spray on walls and places where mosquitoes sit so that they do not reproduce and die before biting more people.
- In areas with occurrence of Dengue or Chikungunya, the commercially available safe aerosols (Pyrethroid-based) can be sprayed in bedrooms, including closets, bathrooms and kitchens (by removing/covering all food items properly) for a few seconds and close the room for 15-20 minutes. The timing of the spray should coincide with the peak biting times of the Ae. aegypti mosquito, e.g., early morning or late afternoon.

Do not allow mosquitoes to bite by using

- Clothes that cover the body, like full sleeves shirts.
- Mosquito nets treated with insecticides so that infected mosquitoes do not reach the sleeping person. The mosquitoes coming in contact with the net may die later.
- Use of mosquito repellent creams, liquids etc. Mosquito repellent, eg. burning neem leaves to drive mosquitoes away.
- Use tight-fitting screens/wire mesh on doors and windows
- Use of bednets for sleeping infants and young children during day time to prevent mosquito bite

The role of ASHA in prevention of Vector Borne Diseases:

- In the National Vector Borne Disease Control Programme ASHAs are involved in diagnosis and treatment of malaria cases on a day to day basis. You are expected to screen for fever cases suspected to be suffering from malaria, using RDTs and blood slides and to administer anti-malarial treatment to positive cases

- In areas where cases of Dengue and Chikungunya appear, you should inform the community about the possible signs and symptoms and ensure timely referral for early diagnosis and treatment. This is particularly important in cases of Dengue which can be fatal if not managed timely.
- During house visits and in the MAS meetings you should inform the community about malaria, how to prevent it and what to do for fever. Encourage and help the Mahila Aarogya Samiti and the women's groups or other community organisations to take appropriate collective action to prevent malaria in that area. Where possible, ask those with fever, who you suspect of having malaria to go to the primary health centre.

Addressing Non-Communicable Diseases

Non-communicable diseases (NCDs) are also known as Chronic Diseases. They are not spread by infection and cannot be transmitted like TB or Malaria. They last for long duration and generally progress slowly or they may result in more rapid death such as sudden stroke. The four main non-communicable diseases are:

1. Cardiovascular diseases including hypertension
2. Diabetes
3. Asthma
4. Cancers

Some other common chronic diseases include epilepsy, stroke, mental problems etc.

There are certain factors such as a person's family history; lifestyle and environment which increase the likelihood of non-communicable diseases. These are known as 'risk factors' and can be divided into two categories:

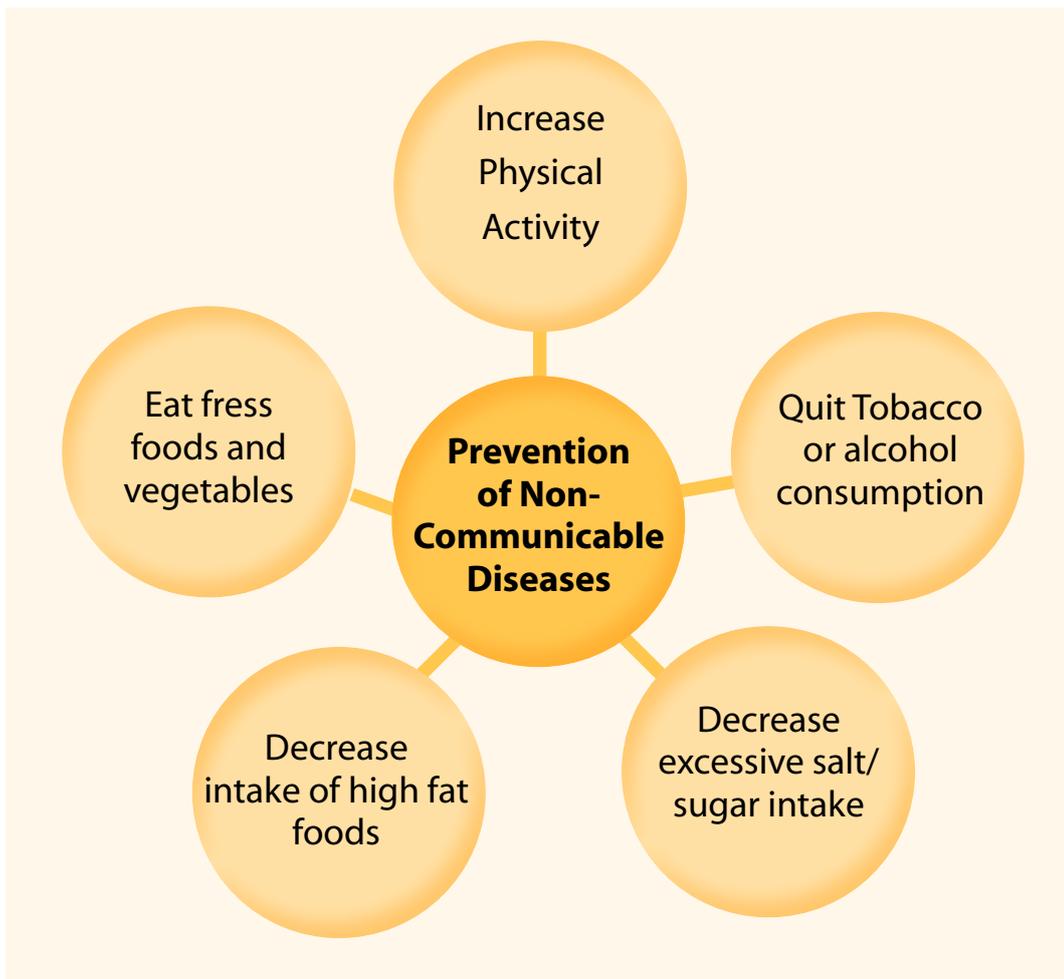
- **Hereditary risk factors:** These factors include age, gender, family history, ethnicity or race.
- **Lifestyle related risk factors:** These include unhealthy diet, tobacco use, alcohol consumption, obesity and stress.

Individuals with family history of heart attacks, diabetes, cancers or asthma are more prone to develop non-communicable diseases. On the other hand, the individuals with unhealthy life styles like consumption of tobacco, alcohol, oily and high fat foods or who develop high blood pressure, obesity and high blood glucose are particularly at risk of these diseases.

The hereditary risk factors cannot be modified or changed but you can advise the individuals who have family history of non-communicable diseases to go

for regular screening or checkups especially after 35 years of age. You can also educate them to maintain healthy lifestyle and adopt healthy behaviors to prevent the occurrence of these diseases. As an ASHA, you should also know the nearest health facility where these patients can be referred for screening or treatment of the disease.

Healthy Behaviors to prevent non-communicable diseases



Maternal Health

8.1 Care During Pregnancy/Ante Natal Care

Pregnancy is a natural event in the life of a woman. If a pregnant woman is in good health and gets appropriate care she is likely to have a healthy pregnancy and a healthy baby.

Pregnancy diagnosis

Diagnosis of pregnancy should be done as early as possible after the first missed period. The benefit of early diagnosis of pregnancy is that the woman can be registered early by the ANM and start getting antenatal care soon.

There are two ways to diagnose pregnancy early

- **Missed Periods**
- **Pregnancy testing- through use of the Nischay home pregnancy test kit (*Annexure 11*)**
 - The Nischay test kit can be used easily by you to test if a woman is pregnant. The test can be done immediately after the missed period.
 - A positive test means that the woman is pregnant. A negative test means that the woman is not pregnant.
 - In case she is not pregnant and does not want to get pregnant, you should counsel her to adopt a family planning method.
 - The result of the test should be kept confidential.



Schedule and services to be provided during ante natal care and check-up

Schedule of ANC visits

Four antenatal visits must be ensured, including registration within the first three month period. The suggested schedule for ANC is as below:



- **1st visit:** Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up. This is also the time when maternal and child protection card is to be made.
- **2nd visit:** Between 14 and 26 weeks
- **3rd visit:** Between 28 and 34 weeks
- **4th visit:** After 36 weeks

ANC can be done at Village Health and Nutrition Day (UHND) or the nearest health institution such as the urban primary health centre. It is advisable for the pregnant woman

to visit the Medical Officer (MO) at an appropriate health centre for the third antenatal visit, as well as availing of the required investigations.

Services to be provided during ANC (at the UHND or in the facility)

- Complete history of the current and previous pregnancy, and any medical/surgical problem in the past should be obtained.
- Weight, blood pressure, blood test for Haemoglobin (to detect anaemia), urine test and abdominal examination should be recorded on every ANC visit.
- 100 Iron Folic Acid (IFA) tablets and Tetanus toxoid (TT) Injections. In the first pregnancy first TT injection is given as early as possible and the second is given four weeks after the first one. In the next pregnancy only one dose (booster) is to be given if the pregnancy happens in first three years of previous one.
- Counselling on nutritious diet and proper rest.

By carrying out a complete pregnancy check-up, the ANM is able to detect problems and decide on referring the woman to a doctor.

Danger signs during ante-natal period

Women with the following conditions should be referred to a health facility for appropriate treatment .

- Vaginal bleeding
- Swelling of face and hands
- High blood pressure, headache, dizziness or blurred vision
- Convulsions or fits
- Baby stops moving or kicking inside the womb.
- Severe Anaemia
- Multiple pregnancies
- Previous history of neo-natal deaths, stillbirths, premature births or repeated abortions
- Mal-presentation - Baby is upside down or in abnormal position inside the uterus.
- If the previous delivery was through abdominal operation or woman had other abdominal operation in the past.
- Pain or burning when urinating
- Malaria
- Other illnesses such as Heart disease, jaundice or fever etc.

Anaemia - Anaemia is very common among women, adolescent girls and malnourished children.

- Anaemia is due to a reduced level of haemoglobin in the blood. Haemoglobin is a substance in the blood that carries oxygen which is important for all body functions. The amount of haemoglobin can be tested by a simple blood test, which the ANM in the health sub-centre or a lab technician in a health facility will do. Low haemoglobin can lead to complications in pregnant women and can even result in the death of mother and baby. A woman with anaemia looks pale, feels tired, complains of breathlessness on doing routine work, and might have swelling on the face and body.
- To prevent anaemia, all pregnant women need to take one iron tablet daily, starting after three months of pregnancy. In this way, she must take at least 100 IFA tablets.
- Anaemia which is mild or moderate is treated with iron tablets (more than 200 IFA tablets), which have to be taken daily for many months during pregnancy or by giving injections.
- If the anaemia is severe, hospitalisation for blood transfusion will be required.
- All pregnant women should be encouraged to take iron rich foods. These include as green leafy vegetables, whole pulses, jaggery, ragi, meat and liver etc as well as fruits rich in Vitamin C – mango, guava, orange and sweet lime etc.
- While giving iron tablets, the woman should be advised that some side effects might occur. However, they can be managed in the following ways:
 - Nausea, occasional vomiting, mild diarrhoea - can be reduced by taking the tablet after meals.
 - Constipation - can be reduced by drinking more water and eating fruits.
 - Black coloured stools - reassure the woman that it is not abnormal.
 - Iron tablets should not be taken with tea, coffee, milk or calcium tablet.

Role of ASHAs

- **List all pregnant women:** Ensure that you cover the women in the poorest families, and in the sections which tend to get left out, e.g. women from SC/ST communities, women living in hamlets far from the main city, or in hamlets that fall between cities, newly migrant women and women headed households.
- **Early registration:** Help pregnant women getting registered as early as possible but within 12 weeks of pregnancy.
- **Ensuring full ANC:** You should educate women about the importance of the four ANC visits. Remind them when next ANC is due and/or escort them to UHND if they need such support. Ensure that all components of ANC are delivered and the Maternal Card is updated.
- **Counselling for ante-natal care:** Counsel the pregnant women and family on:
 - **Importance of a balanced and nutritious diet:** The diet of the pregnant woman should contain a mix of cereals, pulses (including beans and nuts), vegetables, milk, eggs, meat and fish. If possible, the mother should be encouraged to add oils, jaggery and fruits to the diet. You should explain to the mother and family that no foods should be forbidden during pregnancy.
 - **Importance of adequate rest and harmful effects of heavy manual labour:** Pregnant women should not carry out heavy manual labour, like working on construction sites, brick kilns, etc and take adequate rest for better growth of the baby.
 - **Danger signs during pregnancy:** If she has any of the danger signs discussed earlier she should be referred to the appropriate health facility.
 - **Supplementary Ration from Anganwadi Centre (AWC):** Ensure that all pregnant women receive this entitlement from their nearest centre.
 - **Extra care for pregnant adolescent girls:** They are more likely to be under-nourished and therefore suffer problems during delivery. They need extra help for safe delivery at a health facility.
 - **Safe institutional delivery:** You should promote safe institutional delivery for all pregnant women in the community and help them in making birth plans for the time of delivery. During the pregnancy period itself, you should discuss this with the family.
 - The available institutions providing different levels of care close to the community.
- Transport options available in the area.
- Estimated expenditure and possible funding sources if required.

Delivery Care

Some women are at a higher risk of developing complications during delivery and they must be specially counselled to go for institutional delivery. These include:

- Adolescent girls (below 19 years of age)
- Women who are over 40 years of age
- Women who already have three children
- Women who do not gain enough weight or have excessive weight gain.

Delivery occurs normally after nine months of pregnancy. In case the delivery happens before time, special care for baby is required. You should motivate every pregnant woman in your area to go to an appropriate health facility for delivery since labour complications may suddenly occur even if the pregnancy was normal. These complications can threaten the life of mother, baby or both. The priority is to ensure that the mother is shifted immediately to a well-equipped hospital.

In case the family needs you to accompany them to the institution for delivery and it is feasible for you to do so, you should escort the family to the institution at the time of delivery. Pregnant women should get benefits under schemes like the Janani Sishu Suraksha Karyakaram (JSSK), and the Janani Suraksha Yojana (JSY). These are described in next section.

Some women choose to give birth at home even after much persuasion. Your responsibility in these cases to help the woman have a safe and clean labour, delivery and post-partum experience. The most important component of making a home delivery safe is to ensure that the delivery is conducted by a Skilled Birth Attendant such as ANM, staff nurse or doctor. Another important component is to have a plan for referral if complication arises.



In case of a home delivery it is essential that five cleans are followed:

- Clean hands
- Clean New blade
- Clean surface
- Clean cord
- Clean cord stump - Nothing should be applied on the cord stump after delivery

Two important health schemes of the Government for the mothers and newborn

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is an entitlement under the National Rural Health Mission (NRHM), whose objective is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The entitlement is available to all women who deliver in public health facility regardless of their age and parity. JSY scheme provides for a cash payment for any poor woman who delivers in any public health institution or in any JSY accredited private institution. You as the ASHA are also entitled to an incentive of Rs. 300, if you motivate women for completing all ante-natal check ups and Rs. 300 for facilitating her delivery in health institution. Escort is voluntary and not mandatory for ASHA. In case of an urban area ASHA will get Rs. 200 incentive for motivating women for completing all ante-natal check ups and Rs. 200 for facilitating her delivery in health institution. In case of home deliveries only the BPL women are entitled for the cash payment. You will be told by your trainers during training about the specific scheme related entitlements in your state.

JSSK – Janani Sishu Suraksha Karyakaram

JSSK entitles all pregnant women who deliver in public health institution and all sick newborn to completely cashless services. The scheme was launched to eliminate the high out of pocket expenditures made by poor families for accessing health care services at public health institutions.

The following services would be provided free at the public health institution for all pregnant and delivered mothers and for sick newborn and infants up to one year of age:

Entitlements for Pregnant woman and sick newborns and infants up to one year of age

| |
|--|
| Free and zero expense delivery and caesarean section |
| Free transport would be provided from home to the government facility, between facilities (from one hospital to another) and free drop back facility to home |
| Free drugs |
| Free consumables like gloves, syringes etc |
| Free diagnostics – Blood test, urine test, ultra-sonography etc. |
| Free provision of blood |
| Free diet (upto 3 days for normal delivery and 7 days for caesarean |
| Exemption from all kinds of user charges |

Your role – You should inform the community about these schemes and their entitlements. You should make them aware that they do not have to make any formal or informal payments at the facility for accessing delivery services or for treatment of sick newborn (0-30 days of birth). You should help them in getting these entitlements and also start action if there is any denial of services or demand for payment.

Post-natal Care

Post-natal period is the period after delivery of the placenta up to six weeks (42 days) after birth. During this period mother and newborn could get some problems. You should be aware of these, so that they can be guided for treatment and referral.

Tasks of ASHAs during this period

Home Visits

- You should visit the mother and newborn from the time of birth till six weeks after the delivery and provide counselling for appropriate care of the mother and newborn.



- You should at least make six/seven visits as per the following schedule -
 - For Home Delivery visit on Days - 1, 3, 7, 14, 21, 28 and 42.
 - For Institutional Delivery visit on Days - 3, 7, 14, 21, 28 and 42.

Important messages for post-natal mothers

Counsel the mother on following:

- **Nutritious diet:** Counsel the mother to eat more than her usual diet .She can eat any kind of food but it is important to include high protein food like pulses and legumes, foods of animal sources etc. and plenty of fluids.
- **Adequate rest:** Encourage her and the family to let her rest for at least six weeks after birth
- **Exclusive breastfeeding:** (details would be discussed in subsequent chapter)
- **Adopting family planning methods/contraceptives:** Help the couple in deciding the method best suited for them and help them in accessing the required contraceptive services.
- **Postnatal check-ups:** Counsel the mother that she must be seen by the ANM for at least three post-natal check ups.
- **Timely birth registration:** This is done by the Panchayat. Support her if she needs it.
- **Free supplementary food from Anganwadi centre:** You should inform and ensure that every lactating mother is aware of this entitlement and gets the services, by working with the Anganwadi worker.
- **Possible complications of this period:** You should inform mother for signs of complications (discussed below) and ensure appropriate referral



Complications during post-natal period

Some women can develop complications after the child birth. You should look for the following symptoms during this period to identify complications :

- | | |
|---------------------------|---|
| • Excessive bleeding | • Anaemia – lack of haemoglobin in blood |
| • Fever | • Sore breasts/cracked nipples/any other problem related to breastfeeding |
| • Foul smelling discharge | • Perineal swelling and infection |
| • Severe abdominal pain | • Mood changes/abnormal behaviour after delivery |
| • Fits/Convulsions | |

All these complications and symptoms will be explained in detail in subsequent trainings

Newborn Care

Every newborn needs care immediately at birth and in the first 28 days of life, irrespective of mode of delivery or weight of baby. In this section you will learn the basic aspects of the newborn care. Future rounds of training will cover this topic more extensively and help you build additional skills for providing newborn care.

Care of the Normal Baby

Immediate care of the newborn at birth

Immediate care at the time of birth involves clearing the nose and mouth of mucous, to allow the baby to breathe. Sometimes, the newborn can die immediately after birth due to asphyxia (difficulty in breathing). The ANM or the doctors attending the birth usually clear the airway and resuscitate the baby. In case of a home delivery, where there is no skilled birth attendant you should immediately refer the baby to the nearest health facility, as in such circumstances the time to save the baby is very short.



Normal care at birth

- **Drying the newborn:** Baby should be cleaned gently with a clean soft moist cloth and the head wiped dry with a dry soft clean cloth.
- **Ensuring warmth:** The baby should be kept warm and in close skin to skin contact with the mother. It should be wrapped in several layers of clothing or woollen clothing depending upon the season. The room should be warm enough for an adult person to just feel uncomfortable; free from moisture and strong wind. The family and mother should be counselled to avoid bathing the baby till at least first seven days after birth. A newborn loses body heat very quickly and if it is left wet or exposed, its body temperature may fall suddenly and cause sickness which can kill the baby.
- **Early initiation of breastfeeding:** Mother should be encouraged to start breastfeeding immediately after delivery. This is beneficial for both the

mother and baby since it not only makes the baby stronger but also helps in quick delivery of placenta and reduces bleeding. The first yellow thick milk of the mother known as colostrum should be fed to the baby and not discarded as it prevents the baby from infections.

- **Avoiding pre lacteal feeds:** Honey, sugar water etc. should not be given to the baby since they can cause infection or diarrhoea. Only breast milk should be fed to the baby.
- **Weigh the baby:** Baby should weighed immediately after birth. If the weight of the baby is 2500 gms then it is a normal baby. But if the weight is less than 2500 gms then special precautions have to be taken, which will be taught to you subsequently.

Home visits for the care of newborn

You should undertake home visits to ensure that the newborn is being kept warm and breastfed exclusively. Encourage the mother to breastfeed, discourage harmful practices such as bottle feeds, early baths, giving other substances by mouth. Frequent home visits will help you to identify early signs of infection or other illnesses in the newborn.

For institutional births-visit on Days - 3, 7, 14, 21, 28 and 42.

For home deliveries visit on Days - 1, 3, 7, 14, 21, 28 and 42.

Care of the High Risk Baby

A high risk baby is the one who is:

- Having less than 2000 gms birth weight
- Not able to suckle or breast feed properly on day 1.
- Pre term baby - born before completion of 8 month 14, days.



These babies need extra care. You should visit such babies on daily basis in the first week after birth. Visit the baby once every three days until she is 28 days old. If the baby is improving then one visit is undertaken on the 42nd day.

Care for the high risk baby includes:

- **Extra warmth:** You can advise mother and family to adopt the Kangaroo care (Skin to skin contact)- method to keep the baby warm. Request the

mother to sit or recline comfortably if possible in a private place, and loosen her upper garments. Place the baby on mother's chest in an upright and extended posture, between her breasts, so that the baby skin is in direct contact with the mother skin. Turn baby's head to one side to keep airways clear. Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother together with an added blanket or shawl. If mother is not present then you can advise father or any other adult of the family to provide kangaroo care to the baby. The head of the baby should be covered with a cloth or cap to prevent heat loss.

- **Caution during bathing:** For Low birth weight and Pre-term babies, bathing should be delayed after the usual seven days, till a steady weight gain is recorded and the baby attains a weight of over 2000 gms.
- **Frequent breast feeds:** Babies with low birth weight may not be able to breastfeed in the beginning and need to be given expressed breast milk using a spoon. As they gradually learn to suckle they should be put to breast as often as possible.
- **Early identification and referral for danger signs:** Counsel the mother to identify the following danger signs. If any of the following danger signs appear in the baby then it should be immediately referred to a well -equipped health facility for proper care.

- | | |
|--|--|
| ● Poor sucking of breast | ● Remains excessively drowsy or cries incessantly |
| ● Pus on Umbilicus | ● Feels cold or hot to touch |
| ● Pus filled boils | ● Bleeding from any site |
| ● Develops fever | ● Abdominal distension/vomits often |
| ● Fast breathing/difficulty in breathing/chest wall in drawing | ● Abnormal movements (convulsions) |
| ● Develops diarrhoea or has blood in stool | ● No urine passed in 48 hours |
| ● Pallor of palms/soles (jaundice) | ● Cracks or redness on the skin folds (thigh axilla/buttock) |
| ● Blue palms/soles | |

Precautions during referral:

- Choose the fastest mode of transport.
- Keep the baby warm during travelling.
- Mother should accompany and stay close to the baby and breast feed the baby whenever required.

Other precautions to be taken for newborn care:

- The cord of the baby should be kept clean and dry at all times. Nothing should be applied on the cord of the baby, it should be kept clean and dry at all times.
- Nothing should be put in the eye of the baby.
- Newborn baby should be kept away from people or children who are sick.
- The newborn baby should not be taken to very crowded places.

Breastfeeding

Breastfeeding should be started within half an hour after the birth. Baby should be put to the breast even before the placenta is delivered. The first thick milk – **colostrum** - should always be fed to the baby. Many people discard this milk due to cultural beliefs but it should never be discarded. Colostrum builds the immunity of the baby and protects from diseases.



Facts about breastfeeding

- The baby should be exclusively breast fed till **six months** of age and no other outside feed should be given.
- Breast milk provides for all the dietary needs of the baby. It also provides sufficient water to the baby, thus baby should not be given water even on summer days.
- It is safe, builds immunity against illnesses, helps in keeping the baby warm and helps develop a bond between mother and baby.
- Feeding other than breast milk may cause infections and malnutrition due to poor nutritious content. The baby may have difficulty in digesting such foods resulting in diarrhoea and vomiting.
- Breastfeeding should be done as often as baby wants and for as long as the baby wants, through the day and night.

- The more often the baby is fed, more milk will be produced.
- Breastfeeding helps in contraction of the uterus, expulsion of the placenta and also reduces the risk of excessive bleeding after delivery.
- At six months of age other foods should be introduced. Breastfeeding can be continued till the child is 1-2 years of age.

Correct positioning for breastfeeding

The mother's hand should hold the baby supporting the baby's bottom, and not just the head or shoulders. The baby's face should face the breast, with nose opposite the nipple, chin touching the breast, mouth is wide open and the lips upturned.

To obtain maximum benefit of breastfeeding, the baby should be held in the correct position and be put correctly to the breast. Explain to the mother the correct position for breastfeeding. The pictures below explain how the baby is held in different positions.

Breastfeeding Positions



Cradle Position



Side-lying Position



Underarm Position



Alternate Underarm Position

Mother should follow the following steps while breastfeeding the baby every time:

- Clean the nipple of the breast with warm water before feed.
- Hold the baby horizontal on the lap or besides if the mother is lying on side.
- Hold the breast at the root of the nipple. Put the baby's mouth to the breast so that the baby gets a full hold of the nipple now.
- Make sure the baby's head and body is held facing the breast without turn and twist. Support the baby's head and bottom.

Common problems in breastfeeding

Some mothers may find it difficult to breast feed their baby normally. You should counsel such mothers and encourage them. Listen to them, understand their problems and give advice clearly and simply.

The common problems reported are:

- Not enough milk
- Sore nipples and
- Engorged and painful breasts

Encourage the mother to continue breastfeeding when she complains of not enough milk. Maintaining the correct position during breastfeeding will prevent sore nipples. If the baby is not able to attach, apply warm compresses to breast, gently massage from outside toward the nipple and express some milk until the areola is soft, then put baby to the breast, making sure that the attachment is correct. If the problem persists refer the mother to ANM for advice.

Infant and Young Child Nutrition

Malnutrition

One-third of the world's undernourished children live in India. About 46% of the children below three years in India are underweight. This means that roughly one out of two children weigh less than they should for their age. Under nutrition in early childhood is associated with poor academic performance, reduced work capacity, and poor health and nutrition status through childhood, adolescence and adulthood.

Facts about malnutrition in young children

- Malnutrition increases susceptibility to disease. Malnutrition is one of the contributory factors to over half of all child deaths.
- Malnutrition is highly related to poverty. Poor families have less money to spend to get the quantity and variety of food, they find it more difficult to get healthcare and also there is less time for child care.
- Counselling can help the family in making the right choices on using their scarce resources to feed their children and protect them from malnutrition.
- Families are more comfortable when issues of feeding are discussed in their homes. Also at the home, not only the mother, but the father and the grandparents of the child, all become part of the dialogue.
- It is easier to prevent a child from slipping into malnutrition than to reverse it once it is severely underweight. Hence, the focus should be on counselling every family with a young child below one year of age, because it is this time, especially in the age of 6 to 18 months that most children become malnourished.

Recognising malnutrition

It is difficult to recognise malnutrition just by looking at a child. Only very severe cases would show obvious signs of weakness or wasting by which time it is too

late. Most children look normal but their height and weight when measured is less than expected for their age. It is therefore essential to weigh every child monthly, so as to detect malnutrition in time. Depending on the weight the child can be classified as mild, moderate or severely underweight.

Sick children need special attention. However, families of all children especially children below two should be counselled on feeding the child so as to prevent malnutrition.

Six important messages for preventing child malnutrition

1. Exclusive Breastfeeding

- Till the age of six months, give only breast milk; not even water should be added.

2. Complementary Feeding

- At the age of six months, add other foods. Breastfeeding alone is not enough, though it is good to continue breastfeeding for at least one to two years more. There are five things to remember about complementary feeding:

- **Consistency:** Initially the food has to be so_ and mashed. But later, anything that adults eat can be given to the child, with less spices. Do not dilute food. Keep it as thick as possible, for e.g. 'give daal not daal ka pani'.
- **Quantity:** Gradually increase the amount of such foods. Till at about one year, the child gets almost half as much nutrition as the mother.
- **Frequency:** The amount of complementary foods given should be equal to about half what the adult needs in terms of nutrients. But since the child's stomach is small, this amount has to be distributed into four to five, even six feeds per day.
- **Density:** The food also has to be energy dense, low in volume, high in energy, therefore, add some oil or fats to the food. Family could add a spoon of it to every roti/every meal. Whatever edible oil is available in the house is sufficient.
- **Variety:** Add protective foods – green leafy vegetables. The rule is that the greener it is, or the more red it is the more its protective quality. Similarly meat, eggs, fish are liked by children and very nutritive and protective.

3. Feeding during the illness

- Give as much as the child will take; do not reduce the quantity of food. After the illness, to catch up with growth, add an extra-feed. Recurrent illness is a major cause of malnutrition.



4. Prevent illness

- Recurrent illness is a major cause of malnutrition. There are six important things to remember which could prevent illness:
 - **Hand washing:** before feeding the child, before preparing the child's food, and after cleaning up the child who has passed stools. This is the single most useful measure to prevent recurrent diarrhoea.
 - **Drinking water to be boiled.** Though useful for everyone, it is of particular importance to the malnourished child with recurrent diarrhoea.
 - **Full immunisation of the child:** Tuberculosis, diphtheria, pertussis and measles are all prevented by immunisation and are the diseases that cause severe malnutrition. In malnourished children, these diseases are more common and life threatening, than in normal children.
 - **Vitamin A:** To be given along with measles vaccine in the ninth month and then repeated once every six months till five years of age. This too reduces infections and night blindness, all of which is more common in malnourished children.
 - **Avoid persons with infections,** especially with a cough and cold picking up the child, and handling the child, or even coming near the child during the illness. This does not apply to mother, but even she should be more rigorous in hand washing and more careful in handling the baby.
 - **Preventing Malaria:** In districts with malaria the baby should sleep under an insecticide treated bed net. Malaria too is a major cause of malnutrition. You should encourage parents and other family members to spend time with the child as it matters a lot. Time has to be spent in feeding the child. Time has to be spent in playing and talking with the child. Such children eat and absorb food better.



5. Access to health services

- Access to health services makes for prompt treatment of illness. On the very first day of the illness, if you help the mother decide on whether it is a minor illness for which home remedy would be adequate, or to be referred to a doctor, such a decision would save lives. Early treatment would prevent malnutrition.
- Access to contraceptive services is important. If the age of mother is less than 19, or the gap between two children is less than three years, there is a much higher chance of the children being malnourished.

6. Access to anganwadi services

- The anganwadi provides a food supplement for the child up to the age of 5. This could be a cooked meal, or in the form of take – home rations.

Malnourished children are to be given additional food supplements. For children below the age of two, take – home rations are to be given. Even pregnant women and lactating mothers up to six months are entitled to get food supplements in the anganwadi centres. _ Weighing the baby and informing the family of the level of malnutrition is another important anganwadi service.

- The anganwadi is also the site where the Urban Health and Nutrition Day (UHND) is conducted. The ANM visits every month and the child is given immunisation, Vitamin A, paediatric iron tablets, Oral Rehydration Salts (ORS) packets or drugs needed for illness management.

Note

Wasted expenditure on unnecessary services is also an issue. Families tend to spend a lot of money in commercial health foods which are very costly. This money is better spent in buying cheap, lower cost locally available nutritious foods. Tonics and health drinks are also a waste for the poor family. Unnecessary and costly treatments by local doctors for the recurrent bouts of diarrhoea and minor colds and coughs could also be a drain. One of the important services that you can perform is in making people aware that such expenditures are unnecessary.

Counselling on Malnutrition

All the above messages are important for managing malnutrition also. But there are too many points to list out and the family members may not register it. Also, many of the messages may not be applicable to that particular child, or may not be possible for that family. For these reasons, we have to do it in two steps; first an analysis of why a child is malnourished and once we have an understanding of this, then a dialogue with the family to see what can be done.

For an analysis, we need to know the following

- What is the nutritional status of child – is it normal, underweight, moderately underweight or severely underweight?
- What is the child being fed as compared to what needs to be given?
- What is the recent history of child's illness, and whether enough has been done to treat it promptly and to prevent further illness?
- What is the family's access to the three key services? (ICDS, Health Services and Public Distribution Services)

Skills in Eliciting Information

There is a skill of asking each question so as to get the right information.

What the child is being fed

- Ask specifically what was fed in the last one day, starting from now and recalling backwards, till the previous day.

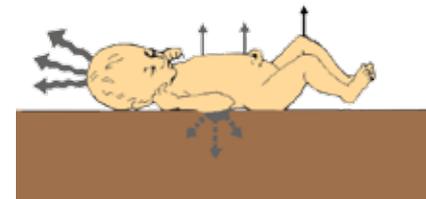
Things to notice: how many feedings in a day, how much in each feed, whether the child's food included pulses, vegetables, oil.

- Ask specifically about protective foods which are not given daily.
- Ask about feeding during illness



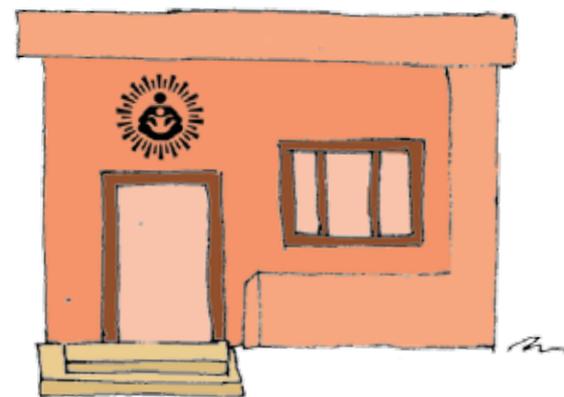
Illness and treatment

- Ask whether the child fell ill during past six months (ask specifically about diarrhoea, fever, cold and cough). Start with most recent illness, and then ask them to recall backwards –“ before this when was he/she sick? etc.
- What actions did the family take during illness? Which provider did they go to?
- What difficulties did the family face in accessing healthcare and how much did it cost?
- What are the likely inessential services or expenditures which they are getting into?



Access to Anganwadi Services

- Is the child taken regularly every month to the Anganwadi Centre (AWC) for weighing? Have they seen the growth curve?
- Is the family availing of food supplements from the anganwadi, is it regular, reliable and of variety needed and reasonable quality?



Skill in analysis

Based upon the replies to these questions, you will form an understanding of the multiple causes of malnutrition in that specific child. It is never one factor, it is many. Do not jump immediately to some point and start giving your advice. Ask all the questions, listen to the replies fully, think about it and then only give your advice.

Discuss what measures are needed in each case and how this is to be conveyed?



Given below are examples of understanding that ASHA formed in two children

Banu was a nine month old girl with moderate malnutrition. She is being breastfed and only this month was started on complementary food. She eats rice and dal from her parents' plate while they are eating, once at about 10.00 am and then about 6.00 p.m. She had diarrhoea once, one month ago, but no other illness. You gave her ORS and she became alright with it. She does not go to the anganwadi or get rations from there. Her immunisation is on schedule.

Rafay is an 18 month old boy who is severely underweight. He has no odema, but there is some wasting. He cannot go to the hospital because his mother cannot leave her younger child and she also has to go to work as she is the only earning member. Rafay is not being breastfed, but gets to eat roti, dal and vegetables. He eats about half a roti or one roti thrice a day. But his mother complains that he does not eat a lot and has very poor appetite.

He has frequent episodes of respiratory infection but no other illness. His immunisation schedule is complete.

How to give advice

- First praise the mother for how well she is coping with the child and reinforce the good practices she is following. Praise must always precede any other advice.

- Then deliver each message as needed for that child in the form of a suggestion and ask whether they could implement it. Dialogue with the family explaining why the step is needed and how they could achieve it. If they are convinced, they would agree. If not convinced or unable to agree, move on to the next message. It takes more than one visit and one dialogue for families to agree, even if it was possible.
- Then point out any harmful or wasteful practices, explaining why you say so.
- Arrange for a follow-up visit to see how many practices have changed and to further reinforce the messages. Each family with a malnourished child needs to be met about once or twice a month.
- Arrange for mother and child to meet the ANM or the doctor as required. Such a visit is required in the following circumstances:
 - Any child who is severely underweight. If, in addition, there are danger signs, admission in a facility which manages such children would be desirable.
 - Any child who is underweight, who does not gain weight even after a few months of trying to follow the advice.
 - Any child who is underweight, who has fever, or chronic cough or persistent anaemia.

Even if the family is not going to see the doctor or ANM, do inform the Anganwadi Worker (AWW) and the ANM so that they can follow-up too.

This work is equally their work also.

How you should NOT give advice

Do not prescribe advice without dialogue—just telling families what to do would not help...

Do not give very broad and what can be perceived as ‘insulting’ advice like—“you must take care of your child, or you must keep the child clean, or you must give nutritious food etc.”

Anaemia in the young child

Anaemia is important to diagnose because it commonly comes along with malnutrition. It may be a cause of poor appetite. Blood testing is essential, but even in its absence based on observation of pallor alone, treatment can be started.



Looking for anaemia in children

Unusual paleness (Pallor) of the skin of the soles or palms is a sign of anaemia.

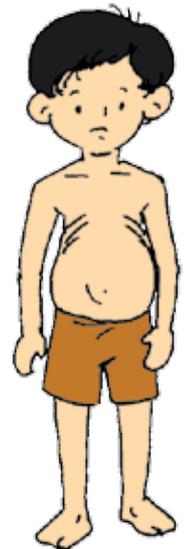
- To see if the child has anaemia, look at the skin of the child's palm. Hold the child's palm open by grasping it gently from side to side.
- Do not stretch the fingers backward. This may cause pallor.
- Compare the child's palm with your own palm and the palm of other children. If the skin is paler than of others, the child has pallor.

Treatment for anaemia is to give one tablet of paediatric iron daily. And also give one tablet of Albendazole for deworming once in six months. For a child less than two years, give half a tablet of Albendazole (Refer Annexure 11). Iron rich foods are also needed for the young child. If anaemia does not improve, the child must be referred to a doctor for more complete blood tests and treatment.



Assessment of Malnutrition

ALL sick children should be assessed for signs suggesting malnutrition.



Check for Malnutrition

Look and Feel:

- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine grade of malnutrition by plotting weight for age (with AWW)

Identifying visible severe wasting

- A child with visible severe wasting is very thin, has no fat, and looks like skin and bones. Some children are thin but do not have visible severe wasting. This assessment step helps you in identifying the children with visible severe wasting who need urgent treatment and **referral to a hospital**.
- To look for visible severe wasting, remove the child's clothes. Look for severe wasting of the muscles of the shoulders, arms, buttocks and legs. Look at the child from the side to see if the fat of the buttocks is missing. When wasting is extreme, there are many folds of skin on the buttocks and thigh.
- The face of a child with visible severe wasting may still look normal. The child's abdomen may be large or distended.
- Look and feel to determine if the child has swelling of both feet. Use your thumb to press gently for a few seconds on the upper surface of each foot. The child has oedema if a dent remains in the child's foot when you lift your thumb.

Determine grade of malnutrition

The AWW uses a growth monitoring chart for every child. Every child in the area should be weighed and his/her weight plotted on the growth chart. There is a separate chart for boys and for girls under the age of five years.

How to plot weight for age and identify malnutrition

- The left hand vertical line is the measure of the child's weight.
- The bottom line of the chart shows the child's age in months.
- Find the point on the chart where the line for the child's weight meets the line for the child's age.

Decide where the point is in relation to the curves

- If the point is below the bottom most (-3SD) curve, the child is severely underweight.
- If the point is between 2nd and 3rd curve or exactly on the 3rd curve, the child is moderately underweight.
- If the point is on or above the curve marked zero or between the curve zero and -2SD (second curve) or exactly on the 2nd curve, then the child is normal.

Community level care for a malnourished child

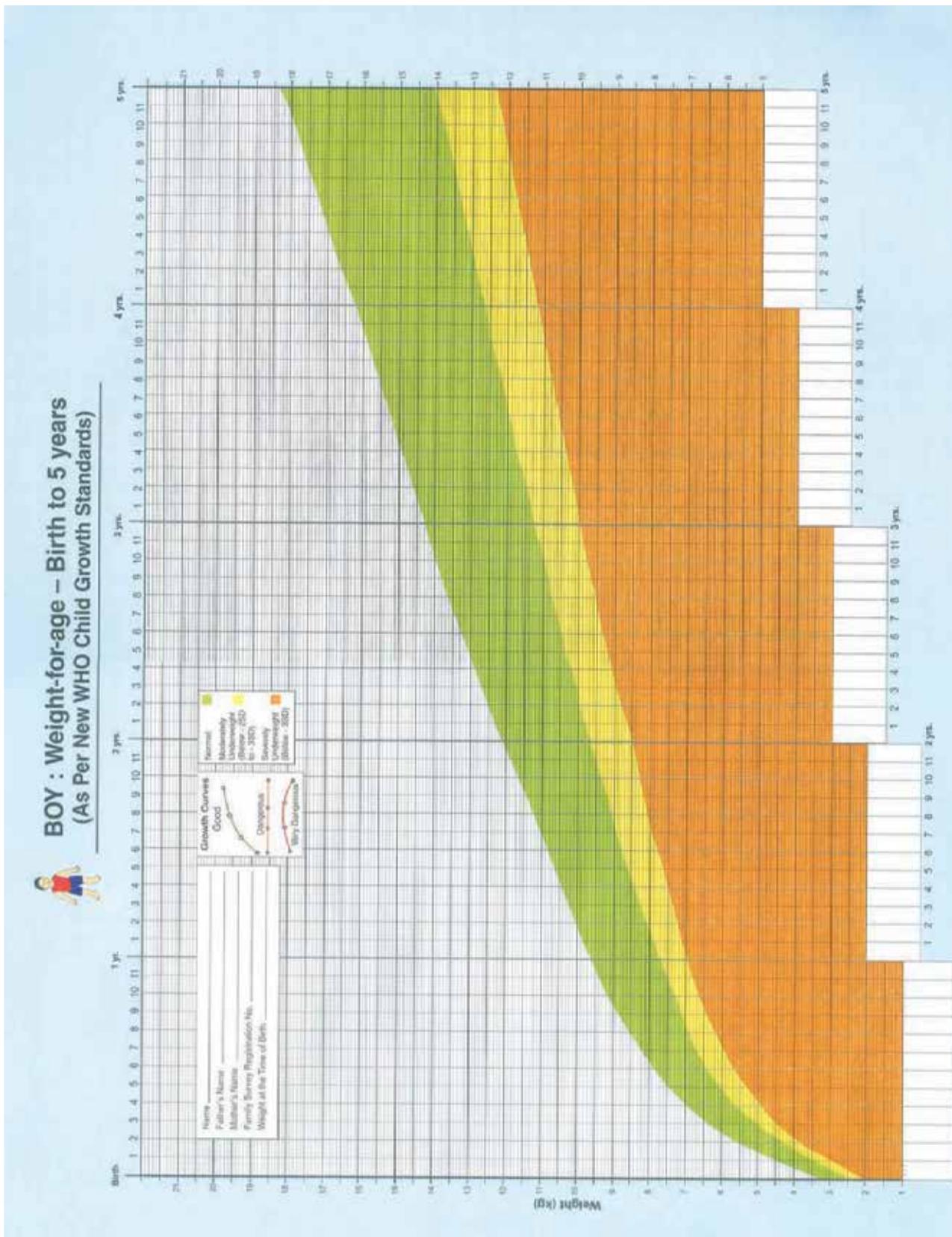
All children who are underweight, should receive the following

- Nutritional counselling as discussed earlier
- Prompt treatment for all illnesses
- Periodic weight measurement to ensure weight gain and detect worsening early.
 - De-worming tabs (Albendazole): Half tablet of albendazole for a child less than two years old and one tablet for all children above two.
- Based on the prevalence of worm infestations in the different areas the State as per their guideline will decide the deworming regime for malnourished/anaemic children. (see-Annexure-11)
 - Paediatric Iron and Folic Acid Tablets: Daily one for three months.
 - A dose of Vitamin A: If this has not been given.

Remember

Those children who are moderately underweight should be taken to a 24x 7 U-PHC or a higher facility for medical consultation. Children who are severely malnourished need prompt hospitalisation in a centre which manages such children. This is often the District Hospital.

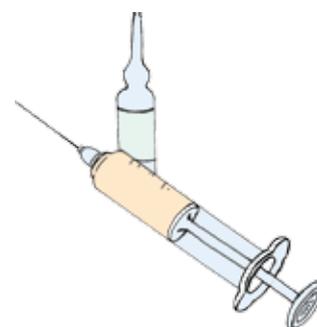
PICTURE 4.1 (B): A NEW WHO GROWTH CHART FOR BOYS



Immunisation

Immunisation is one of the most well-known and cost effective methods of preventing diseases. The six vaccine preventable diseases are:

- Tetanus
- Poliomyelitis
- Diphtheria
- Pertussis (whooping cough)
- Measles
- Childhood tuberculosis



The vaccines must be given at the right age, right dose, right interval and the full course must be completed to ensure the best possible protection to the child against these diseases. The schedule that tells us when and how many doses of each vaccine are to be given is called immunisation schedule given in table below.

If a child is not given the right vaccines in time, it is necessary to get them started whenever possible and complete the primary immunisation before the child reaches its first birthday.

National Immunisation Schedule

| At the time of birth (within the first 24 hours) | At 6 weeks | At 10 weeks | At 14 weeks | At 9-12 months |
|--|------------------------------|--------------------------|-------------------------|----------------|
| BCG | DPT | DPT | DPT | Measles |
| OPV | OPV | OPV | OPV | OPV |
| Hepatitis B –zero dose | Hepatitis B –first dose | Hepatitis B –second dose | Hepatitis B –third dose | |
| Booster Doses | At 16-24 months | At 5 Years | | |
| | DPT Booster-1 | DPT Booster- 2 | | |
| | OPV Booster | | | |
| | Measles 2 nd Dose | | | |

Tetanus Toxoid is to be given at 10 years of age and again at 16 years of age. Vitamin A is to be given at 9 months along with the measles and its booster and then every six months thereafter till the fifth year of life, i.e. is the 18th, 24th, 30th, 36th month and so on till the 60th month.

Role of ASHA in Immunisation



ASHA facilitating immunization in a slum

- (a) Make a list of pregnant women, newborns and children up to two years eligible for different vaccines.
- (b) Visit all families once in six months at least to update this list. After every immunisation session (UHND) update both the household register and the child's health card.
- (c) Ensure that immunisation is discussed during every home visit in homes where there is a child under one year of age.
- (d) Remind mother when the immunisation is due and alert her to the date when the UHND is being held.
- (e) If needed, escort the mother and baby to the UHND on the date when the vaccine is due. This is important for families who do not access services such as those from poor and marginalised communities.
- (f) Ensure that first dose of BCG and oral polio is given soon after the baby is born.
- (g) Mobilising children for UHND:
 - (i) Find out from the ANM when her next visit is due. If ASHA has her mobile number, confirm it on previous or same day.
 - (ii) You must ensure that poorest and most distant households receives special attention to access the service.
 - (iii) Some children are more likely to be left out than others. This includes physically or mentally challenged children, children of migrant families, children belonging to families considered of 'lower status' or different from the majority of the area. Such children and such families are said to be 'marginalised'. They need your special attention and assistance.
 - (iv) Some hamlets or urban slums/basti have neither ANM or Anganwadi centre/worker taking care of their health needs. As an immediate step to address the issue. This needs to be corrected. As an immediate step, a women representative of the hamlet/slum can be included into the 'Mahila Aarogya Samiti'.
 - (v) The community health plan should help identify hamlets and communities that are under-served. We will learn about community health plans in a later module.

Common Childhood Illnesses

Diarrhoea

Diarrhoea is defined as passage of liquid or watery stools more than three times in a day. Passage of even one large watery motion among children can be labelled as diarrhoea. Normally there are three types of diarrhoea:



- **Acute watery diarrhoea** starts suddenly and may continue for a number of days. Most of these are self-limiting and will last for three to seven days.
- **Persistent diarrhoea:** If the **diarrhoea is of 14 days or more** duration, the child has severe persistent diarrhoea and should be referred to hospital.
- **Dysentery:** The child who is passing blood in the stools has **dysentery**. This child also needs immediate referral

Diarrhoea is a major cause of death and disease among children under five years. Majority of the deaths in diarrhoea are due to dehydration (loss of water and minerals). Germs are the main cause of childhood diarrhoea. These germs come from unsafe drinking water, unclean feeding practices, bottle feeds etc. We can avoid these problems with help of families and the community in tackling hygiene and sanitation issues.

Four golden rules to follow if a child has diarrhoea

- Continue feeding
 - Give extra fluids
 - Give ORS (Oral Rehydration Solution)
 - Refer in case of danger signs
-
- **Continue Feeding**
 - If the child is breastfed, mother should continue breast-feeding whenever the child wants.
 - If the child has started consuming other foods, continue feeding small quantities of these items.
 - After the child has recovered from diarrhoea, it should be given more food than normal to recoup from the illness.
 - **Give extra fluids:** like Dal ka Paani, lassi and plain boiled water etc.
 - **Give ORS:** Advise the mother to give Oral Rehydration Solution (ORS) to the child in adequate quantities. Guide the mother for preparing ORS in the following way.

Making ORS

Nowadays, one litre plastic water bottles are available and can be used to measure the correct quantity of water.

Demonstration of preparation of ORS



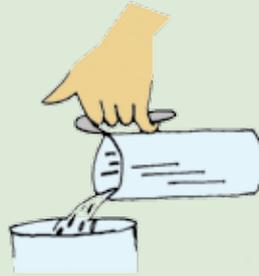
(a)

Wash your hands with soap



(b)

Pour all the ORS powder into a container having capacity of 1 litre



(c)

Measure 1 litre of drinking water (boiled & cooled) & pour it in a container



(d)

Stir well until the powder is mixed thoroughly

If the ORS packet is not available, teach the mother how to make home-made ORS: For one glass (200 ml) of water, add a pinch of salt and a spoon of sugar. (See in the diagram how a pinch of salt is taken with three fingers and how a spoon of sugar is measured). Alternatively, one litre of water with 50 gm of sugar (8 spoons) and 5 gm (a teaspoon) of salt. A juice of half a lime can be squeezed in. Taste to see that it is not too salty, or too sugary. It should taste of tears. Spoon is taken as 5 ml. Measure this amount and ensure it comes to 5 ml.



1 Glass of Water

+



1 tea spoon of sugar

+

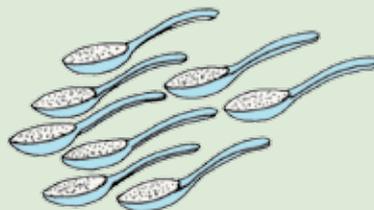


1 pinch of salt



1 liter of Water

+



8 tea spoon of sugar

+



1 tea spoon of salt

Note: Discard ORS fluid if it is kept for more than 24 hrs.

How much ORS to give? In addition to the usual fluid intake; give

- If the child is up to two months of age: five spoonfuls after every loose stool
- If the child is 2.1 months- 2 years of age - give about half a cup after every loose stool (100 ml).
- Older children can have up to one cup (200 ml) after every stool.

- Need for referral: You should counsel the mother to call you immediately if the:
 - Child's condition worsens.
 - Not able to breastfeed.
 - Drinks poorly.
 - Develops a fever.
 - Has blood in the stool.

Diarrhoea can be prevented by

- Giving exclusive breastfeeding for THE FIRST six months.
- Maintaining personal hygiene and ensuring safety of water and food and keeping our surroundings clean.

Acute Respiratory Infection (ARI)

Acute Respiratory Infection (ARI) is an important cause of mortality and morbidity in children. Most children up to the age of five years are susceptible to ARI. If not treated in time some of them develop pneumonia, which can result in death. If the child has some or all of the following symptoms along with cough then you should refer the child immediately to the health centre:

- Fever
- Difficulty in breathing
- Chest Wall in-drawing

Serious morbidity and death are preventable if it is identified early and referred and treated in time.



Care during illness – You should visit such households frequently and monitor the status of the child’s health. Counsel the mother to take the following measures in order to take care of the child:

- Keep the child warm.
- Give plenty of fluids and continue breast-feeding.
- Feeding should be continued during illness and the frequency of feeding increased after illness
- Clear the nose if it interferes with feeding (use saline and a moistened wick to help soften the mucus).
- Soothe the throat and relieve cough with a home remedy such as lemon with honey and ginger, tulsi, warm water etc.
- Control fever using Paracetamol. (See Annexure 11 for details)

If the child has any of the following danger signs then you should refer the parents urgently to the nearest health facility or accompany them to the health facility if required:

- *Fast breathing.*
- *Difficulty in breathing.*
- *Unable to drink.*
- *Lethargy*
- *Chest wall indrawing*

Adolescent Health

What is Adolescence?

Adolescence (10-19 years) is a phase of life characterised by acceleration of physical growth and psychological and behavioural changes which brings transformation from childhood to adulthood. It is a transition period of life where an individual is no longer a child, but not yet an adult

Developmental changes during adolescence

As a part of growing up, adolescents go through puberty. Puberty is the time in life when body changes from that of a child to an adult. These developmental changes occur under the influence of chemicals in our body called hormones. The changes are:

- **Physical Changes**

In Girls: The body changes shape by becoming more rounded, the breasts grow, the hips widen, hair grows in the armpits and private parts. This happens between 10-16 years of age. The onset of menstruation (bleeding every month) is an important change occurring among girls during the adolescent years.

In Boys: The shoulders widen, height increases suddenly, the voice changes and becomes deeper and hair begins to grow in the armpits, private parts and the face.

- **Emotional Changes:** Include shyness, rapid mood changes, lack of confidence, attention seeking behaviour, strong peer influence, sexual attraction, desire to establish own identity and independent thinking. During this period unhealthy habits like smoking and drinking or experimenting with drugs and unsafe sex can also set in.
- **Social Changes:** Conflicts with the family over control, strong influence of the peer group on behaviour and the formation of new relationship.

Note:

- The normal time for onset of puberty is 10-14 years in girls and 12-16 years in boys.
- These changes start 1-2 years earlier in girls as compared to boys. The rate and extent of change is variable in different individuals. In a group of individuals who are growing together this variation often leads to anxiety –“Am I normal?” and needs reassurance.
- Any cases showing delay, such as- menstruation not starting by 16 years in girls needs referral to a doctor.
- Early onset of puberty signs in girls (before eight years) and boys (before nine years) is also a matter of concern and should be referred for further examination.

Why is it Important to Focus on Adolescent Health?

Adolescent years are formative years and set our physical, emotional, and behavioural patterns. Foundations of future health are laid in this period.

Increasing awareness, practice of healthy behaviours, building self- esteem and confidence in this age group results in confident healthy adults.

Major adolescent health concerns

There are certain health issues which are specific to this age group and have to be managed appropriately. These include:

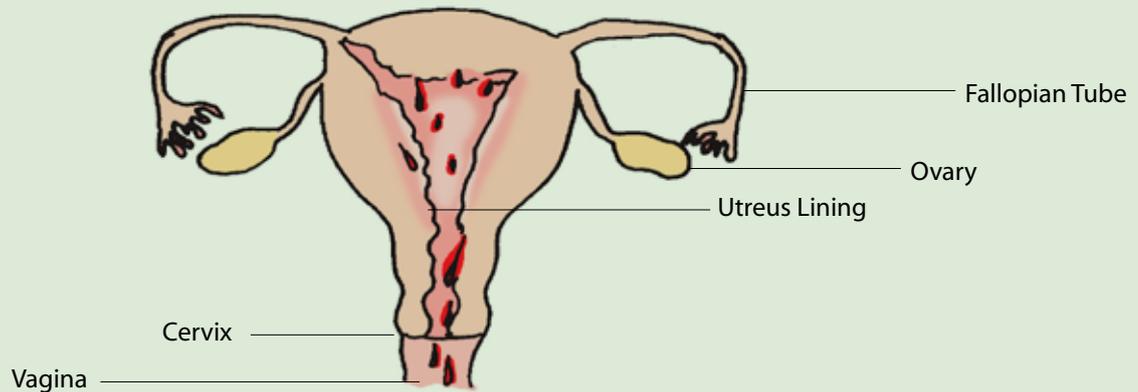
Menstruation in girls

(Understanding Menstruation and Problems during menstruation)

Menarche: The onset of puberty, when the girl has her first period is called Menarche and generally takes place between 9-16 years of age. During this period, most girls have bleeding for the first time from the vagina which becomes a periodic occurrence in a girl's life. Each cycle of bleeding is observed in a gap of 28-40 days.

Why does menstruation occur?

In a girls' body at puberty, every month, or about once in 21-40 days, one of the eggs from the ovary, travels through pipes called fallopian tube. This is called ovulation. As the egg travels in the fallopian tube, a soft spongy lining



gets formed within the uterus. This lining is mostly made of tiny blood vessels. In case an egg and sperm meet to form an embryo, or a baby, that begins to grow in the uterus this lining provides the nutrition for the baby. If the egg is not joined by a sperm, the lining of the uterus begins to break. The unfertilised egg along with broken uterine lining is released as blood and flows out of the vagina. This bleeding is the menstrual period. This whole cycle is called menstruation.

Menstrual Cycle

A menstrual cycle lasts from the first day of one period to the first day of the next. The typical cycle of an adult female is 28 days, although some are as short as 22 days and as long as 45 days. Periods usually last about 3-7 days, which can vary too. During a period, a woman passes about 2-4 tablespoons (30-59 millilitres) of menstrual blood.

Problems faced by girls during menstruation

The difficulties that girls may experience during menstruation are:

Irregular Periods: For the first few years of menstruation, cycles are often irregular and usually become regular within two to three years after menarche. They may be shorter (3 weeks) or longer (6 weeks).

Heavy periods: Adolescents may have heavy periods lasting longer than eight days, often saturating the pad within an hour or passing large blood clots. This happens because of a slight imbalance in hormone secretion. It should normally stabilise in year or two. However, if this happens regularly, it leads to exhaustion as body is losing more blood than it is producing. The girl should then consult a doctor immediately.

Painful period: Some girls may experience nausea, headaches, diarrhoea and severe cramps during menstrual period. Usually, this lasts only for a day or two. For relief from these symptoms, a girl should try the following methods:

- Fill a rubber bag with hot water, wrap it in a towel and place it on the abdomen,
- Massage the abdomen
- Local remedies such as drinking hot ginger tea

Premenstrual Syndrome (PMS)

This refers to a combination of physical and emotional symptoms experienced by women and girls during the menstrual cycle, usually just before bleeding begins. These symptoms include- temporary weight gain, feeling of heaviness in the body particularly breast, headaches, cramps, pain and mental irritability. It is important for you to make the girls understand that these symptoms begin five to seven days before the period starts and disappear before the bleeding begins. This can be managed with remedies for pain described above and eating a diet that is low in salt, and includes foods like leafy green vegetable and raw fruits and vegetables, which are low in sugar and high in fibre.

It is important for you to help the girls understand that menstruation is part of every woman's life and there should be no shame or embarrassment around this. It is not to be seen as an obstacle to daily activities. There is no impurity or pollution associated with menstruation. Practices such as seclusion or staying away from school must be discouraged.

Staying clean during menstruation

Commonly women use a cloth which is folded and placed within the underwear, or passes over the private parts by means of a string tied around the waist. This cloth is washed and reused most of the time. A sanitary napkin is a pad worn within the underwear during menstruation to absorb the flow of blood. Disposable sanitary napkins are more convenient and easier to use than reusable cloth. The blood is absorbed better and there is a feeling of dryness. When changed often, it can prevent infection and allows more mobility. It allows girls to take part in school activities.

In some districts, government has launched a scheme to promote menstrual hygiene through distribution of Sanitary napkins.

If it is being implemented in your area you can obtain a stock of sanitary napkins from the ANM and store it for distribution to girls. Under this scheme, napkins are to be sold to the girls at a cost of Rs six per pack and for each pack sold you will get an incentive of Re 1.¹ The fund collected after the sale of the napkins needs to be returned to the ANM who will then provide you with more napkins (based on the demand) for further distribution.

Important facts related to menstrual hygiene

You should explain to adolescent girls:

- Change the used napkin once it is wet. Wet napkin can cause irritation on the inside of the thighs and lead to infections.
- Wash the body and private parts daily and during menstruation, the outer genitals should be washed from time-to-time to remove any blood that is left. Girls should wash their hands every time they change the napkin.
- If the underwear is soiled, it must be changed. Otherwise this makes bacteria grow and cause infection.
- Use a clean cloth pad if sanitary napkins are not available. Cloth should be changed three to four times a day in case of heavy periods and should be washed with hot water and soap and dried under the sun, stored in a clean dry place.
- Keep a track of their menstrual cycle so that they are prepared for the time when the bleeding starts. As periods can be irregular in the early years, they should be encouraged to be alert for the bleeding. If they are school going girls or plan to be out of home for a long time they should carry a sanitary napkin with them for changing.
- To dispose sanitary napkins by deep pit burial. In areas where waste disposal mechanisms are in place, it can be wrapped in a used newspaper and thrown in the community dust-bins.

Role of ASHA pertaining to menstrual hygiene

- Organise monthly meetings on a fixed day with adolescent girls to provide health education on issues of menstruation and hygiene, sell and promote the use of sanitary napkins and communicate other adolescent health information. The venue of UHND and MAS can be used for this purpose.

¹ Operational Guidelines on Scheme for Promotion of Menstrual Hygiene issued by MOHFW in August 2010

Specific concerns of adolescent boys

The boys also may experience anxiety related to that adolescent changes.

Some of these include:

- Erection of Penis- In response to thoughts, fantasies, temperature, touch or sexual stimulation, the penis fills the blood and becomes hard and erect. In young adolescents erections may take place even in absence of sexual thoughts or stimulation and is a natural phenomenon.
- Ejaculation- The release of semen from the penis is called ejaculation. This may occur at night and is commonly called a 'wet dream'. It is a natural and normal phenomenon- not a fault.

Building the awareness of boys pertaining to the genital hygiene is useful. It is important to tell them that the genitals need to be washed daily as secretions accumulate under the foreskin of the penis and can cause infection if not cleaned regularly. They should wear dry, cotton undergarments which are washed and dried in the sun every day.

Although you may not be consulted by boys directly, the information could be communicated to mothers of adolescent boys who seek your help for these concerns.

Nutritional anaemia

From our previous sections you know about Anaemia. **Nutritional** anaemia is common in adolescence and may be due to deficiency of Iron, Folic Acid, Vitamin C or Vitamin B 12 in the diet.

Adolescence and nutritional anaemia

Adolescence is a phase of rapid growth and development and the body needs extra iron for increased production of blood due to rapid increase in body mass. When this extra requirement of iron is unmet through proper diet and nutrition it leads to Nutritional Anaemia. It is more common in girls because of loss of blood through menstrual bleeding.

Anaemia has a serious negative impact on growth. Checking anaemia during this stage may help in correcting the deficits of childhood and lay down the foundations for better future health.

When girls enter reproductive age group with low iron stores there is an increased risk of anaemia in pregnancy- leading to low birth weight of the



baby and with serious implications on maternal health. This also leads to a deficit of iron in early childhood which is carried on till adolescence and the cycle continues.

If anaemia is suspected it is important to refer the adolescent girl/boy to the nearest health facility for further examination. In case anaemia is established the adolescent will be given of IFA Tablets for few weeks or months till haemoglobin level improves.

ASHAs role in preventing nutritional anaemia

- Counsel the adolescents and families and ensure compliance with IFA tablets as described in section on Ante natal care during pregnancy
- Promote measures to control malaria and other parasitic infections like hookworm infestation by taking a six monthly dose of deworming tablet.
- Promote hygienic measures like hand washing to prevent infections like diarrhoea.
- Mobilise girls to avail services such as WIFS* at the Anganwadi Centre.
- Bring about early Identification and Referral

***Weekly Iron and Folic Acid Supplementation Programme**

This is a government run programme to address nutritional anaemia in adolescents. It includes the following target groups-

- School going Adolescent girls and boys in government/ government aided/municipal schools from classes 6th -12th
- Out of school adolescent girls in the age group of 10-19 years.

Under this programme, IFA supplements are distributed free on a fixed day of the week to the target groups. In addition to IFA supplements, Albendazole tablets for deworming are administered twice a year. The school based distribution is done through nodal teachers and AWWs will provide these supplements to the out of school adolescent girls.



Behavioural changes

As a part of growing up many behavioural changes are noticed during adolescence. This may make them more prone to confrontations with the parents and others. You may notice some adolescents being aggressive while others may be shy. Some may experience complete lack of confidence while some display attention seeking behaviour. Different changes are manifested in different individuals. You need to understand that problems in this age are related not only to the physical changes but also to emotional development, a search for identity and risk taking behaviour. These changes should not be ignored. Such problems if not recognised and managed timely may lead to serious consequences such as alcohol/drug abuse, juvenile delinquency etc. Family environment and peer influence are the two most important factors influencing the behaviour of the adolescence

Role of ASHA in addressing behavioural challenges

- Build awareness and enable access to the **Adolescent Friendly Health Services** available in your area by letting parents and adolescents know that these centres have counsellors which interact with adolescents at the times of crisis or concern and help them in sorting a way out of their problems.
- Counsel parents to be sensitive to these changes and adopt a strategy of parental supervision with good rapport building to avoid and solve such issues. They need to recognise and address the signs of anxiety in their children.

Concepts of sexuality are laid during this phase and it is important that the adolescents have access to the correct and complete information related to this. This information is provided by the trained counsellors at the AFHS Centres based in the District Hospital/CHC. Failure to provide adolescents with appropriate and timely information represents a missed opportunity for reducing the incidence of unwanted pregnancy, sexually transmitted infections and HIV/AIDS and their negative consequences.

Reproductive Tract Infections and Sexually Transmitted Infections

What are Reproductive Tract Infections

Reproductive Tract Infections (RTIs) are infections of the reproductive organs that are caused by various germs. Though RTIs can occur both in men and women, they are more common in women, because their body structure and functions make it easier for germs to enter. RTIs that spread through sexual contact are called Sexually Transmitted Infections (STIs). Women are more vulnerable to these infections due to biological factors. Unequal power relations in matters of sex i.e. sexual violence, non-use of condoms by men also expose women to risk..

Why are these Diseases not Addressed?

Women are usually shy and unwilling to talk about problems such as abnormal vaginal discharge and genital ulcers. There is a reluctance to seek medical treatment because of inadequate sex education and less access to medical care. The 'decision-makers' at home, like the mother-in-law, would allow a woman to be taken to a health worker if she suffers from pregnancy-related problems or infertility, but not for seemingly 'trivial' symptoms like excessive vaginal discharge. Even our health system does not adequately respond to these needs.

Mode of Spread of RTI and STI

You need to know not all the reproductive tract infections are sexually transmitted but all the sexually transmitted infections are reproductive tract infections. Those which are sexually spread are commonly observed in cases when individuals indulge in casual sex usually with infected individuals or have sex with multiple partners.

In women these infections are due to:

- Trauma during delivery
- Use of unclean instruments during childbirth or during abortions

- Lack of genital hygiene particularly during menstruation
- Sometimes also due to gastro-intestinal infections
- Having unprotected sex with infected partners

Mothers can pass sexually transmitted infections to babies during delivery.

Signs and Symptoms of RTI

- Abnormal vaginal discharge, which is discoloured (bloody-yellow, greenish or curdy) and foul smelling – Some discharge from vagina during inter-menstrual period, and pregnancy is normal.
- Ulcers or sores over the external genitals
- Lower abdominal pain
- Pain or bleeding during intercourse
- Painful swelling in the groin
- Burning pain on passing urine
- Itching around the genitals

Consequences of STIs

- Infertility in men and women
- Babies to be born too early, too small or blind; and
- Long lasting pain in lower abdomen, or even cancer
- Death from severe infection or AIDS

It is important that you make the women understand that these signs and symptoms could manifest very late. It is best to be aware that a woman can be at risk for a STI if the husband has signs of STI, has more than one sexual partner or where they could engage in casual sex in long period of travel.

Prevention of RTIs and STIs

- Safe Deliveries in hospitals only by skilled attendant
- Safe abortions done at registered hospitals only
- Maintenance of genital hygiene during menstruation
- Avoiding unsafe sex by use of condoms

Role of ASHA in Managing and Preventing RTI and STI

- Counsel women at risk on preventive measures.
- Counsel women with symptoms of RTI/STI to go to the health facility for treatment. All 24X7 U-PHCs or higher facilities are equipped and skilled to provide necessary care. Tell them that they should take the course of medicine fully (all courses are for a week or ten days).
- You should motivate the woman to complete the course of medicines. Not completing the course of medicines makes the bacteria resistant and can cause a worse infection that does not respond to drugs the next time.
- Ensure that the husband also gets treated.
- Counsel a woman to abstain from sexual activity during the period of treatment.
- If the husband is known to indulge in extra-marital relationships, counsel the woman to avoid having unprotected sex.

HIV and AIDS

Its important for you to know the following:

- HIV is transmitted through:
 - having unprotected sex (sex without condom);
 - receiving HIV infected blood or blood products;
 - using/sharing unsterilised needles or lancets; and
 - from HIV infected mother to her baby.
- It does not spread through any other mode such as kissing and touching, holding hands, mosquito bites, sharing clothes, or through saliva, nose fluids, tears.
- Who is at higher risk: Commercial Sex Workers (CSWs), Injecting Drug Users (IDUs), Men who have Sex with Men (MSM), migrant labourers, persons with multiple sexual partners, babies born to mothers who are HIV infected, and persons with other STIs.
- Persons with HIV are at greater risk of getting Tuberculosis. Every 1 in 20 persons suffering from TB in India is also HIV infected.
- HIV can be prevented by using condom during sexual intercourse (protected sex), using safe blood (when blood transfusions are necessary) from blood bank of government hospitals or recognised hospitals only, using sterilised needles/avoid sharing of needles, and by avoiding sex with multiple partners.



- HIV testing and management facility is available in the District Hospital free of cost. Treatment services for AIDS are available in some district hospitals or in the main government hospital in the big cities.
- You should encourage persons at high risk to go for HIV test. If women who are at high risk become pregnant, they must be motivated to get tested, as timely treatment may prevent transmission of HIV from HIV infected mother to baby.

Preventing Unwanted Pregnancies

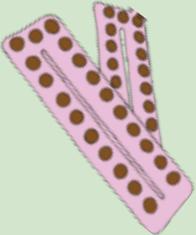
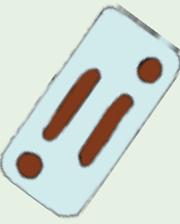
It is important for you to build awareness on delay in the age of marriage, delaying the birth of first child and ensure spacing between children for overall healthy survival of women. The main focus of this chapter is to help you counsel woman to adopt the right method of family planning. You should be able to provide information about where, when and how to access services for sterilisation, Intra Uterine contraceptive Device (IUCD), Condoms and Oral Contraceptive Pills.

Women's Need for Family Planning Differ

Different women and couples have different needs for contraception. When you counsel a woman on family planning, you should keep in mind the following:

- Marital status
 - Unmarried: condoms or pills or emergency pills
 - Newly married and wanting to delay the first child: condoms or pills
- Just delivered (post-partum) or just had an abortion (post-abortal): condoms, pills, IUCD, injectables
- Wanting to space children: condoms, pills, IUCD, injectables. (Currently not available in the public sector, but being used in the private sector)
- Not wanting more children: Long acting (10 years) IUCD and sterilisation for the man or the woman.

Details of spacing methods of contraception

| Type of contraceptive method | Indications | Side Effects | To be avoided in | Name of the provider |
|---|--|--|---|--|
| Birth control pills like Mala N or Mala D  | <ul style="list-style-type: none"> Unmarried or recently married women wanting to delay/space child birth | <ul style="list-style-type: none"> Nausea Headaches Swelling of legs Changes in monthly period <p>(Side effects often get better after first two or three months. If they do not, you should advise the woman to see the doctor)</p> | <ul style="list-style-type: none"> Breastfeeding mothers Woman with jaundice, recognised by yellow skin and eyes Woman with history of stroke, paralysis, heart disease, blood clot in the veins of legs and high blood pressure (more than 140/90) Woman who smokes and is over 35 years old | <p>Only to be started on advice from a Doctor.</p> <p>OCP are available in your drug kit, and at the Sub-Centre, Primary Health Centre (U-PHC) and Community Health Centre (CHC)</p> |
| Emergency Contraceptive Pills  | <p>Only for emergency use, when the couple has not used a contraceptive and have had unprotected sex. May be used in instances of rape, or accidental breaking of the condom</p> | <p>Occasional lower abdominal pain and heavy bleeding</p> | <ul style="list-style-type: none"> After 72 hours of intercourse Already pregnant woman from having sex more than three days earlier Other instances- same as mentioned above for birth control pills | <p>Available in your drug kit, at the Sub-Centre, U-PHC and CHC. You are provider but make sure it is used only for emergency cases as specified</p> |
| Condoms  | <p>To be used by men for delay/space child birth</p> <p>Specially indicated in cases of STI/HIV</p> | <p>None</p> | <p>None</p> | <p>Available in your kit and at all health facilities</p> |

| Type of contraceptive method | Indications | Side Effects | To be avoided in | Name of the provider |
|--|---|---|---|--|
| PP-IUCD or IUCD  | <ul style="list-style-type: none"> Long acting (10 Years) IUCD indicated for women not wanting to have more children. As a spacing method for newly delivered post-partum mothers | <ul style="list-style-type: none"> Some light bleeding during the first week after getting an PP-IUCD. Longer, heavier and more painful monthly bleeding, usually stopping after the first three months | <ul style="list-style-type: none"> Woman who has never been pregnant Woman with anaemia (Low Hb) Woman prone to danger of getting a Sexually Transmitted Infection. Woman having history of infection in tubes or uterus, post- partum infection, pregnancy in her tubes, heavy bleeding and pain during monthly periods. | Must be inserted by a trained Auxiliary Nurse Midwife (ANM), nurse or a doctor after doing a pelvic (internal) examination |

Limiting method of contraception

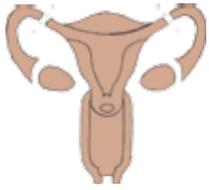
Sterilisation (the operation when the couple wants no more children)

- Indicated -for those women or men who are certain that they do not want any more children.
- Services available at U-PHC or CHC on certain days and mostly all days at district hospital. (You must know the nearest site where this service is available and on what days).

The surgery is fast and safe, and does not cause side-effects.

- Accompanying is desirable, but not mandatory. When needed, you can accompany the woman to the facility for the tubectomy procedure. Often because of the case overload, quality of services is not assured and the ASHA should help the woman receive good quality care.





The operation for the man (Vasectomy)

A vasectomy is a simple operation, with only a small puncture to block the tubes that carry the sperm. It takes only a few minutes to do. **The operation does not change a man's ability to have sex or to feel sexual pleasure.** He still ejaculates semen but there are no sperm in the semen. The couple must be advised to use condoms or other contraceptives for 90 days following vasectomy.

The operation for the woman (Tubectomy)

A tubal ligation is a slightly more difficult operation than a vasectomy, but it is still very safe. It takes about 30 minutes. A trained doctor makes a small cut in the woman's abdomen, and then cuts or ties the tubes that carry the egg to the womb. The woman can have the operation within seven days of the start of the menstrual cycle, 24 hours after delivery, or six weeks after the delivery.

Important

Sterilisation and pills do not protect against sexually transmitted infections and HIV infection. So for protection from STIs and HIV, a condom should be used during every sexual intercourse, if the woman is at risk of contracting them.

Remember

In motivating individuals for adopting an appropriate family planning method, issues such as marital status, age, parity and overall health condition of the individuals should be considered first. Promotion of contraceptive use based only on the money as incentives offered by the government should be discouraged and individuals should be encouraged to choose the right method independent of the money offered as compensation for wage loss.

Safe Abortion

A Woman Seeks Abortion Because

- She does not want more children and has not used a contraceptive method properly or the method failed.
- A pregnancy can endanger her life.
- She has no partner who will help support child.
- She got pregnant after rape.
- The child will be born with serious birth defects.

When a woman is faced with an unwanted pregnancy, she should be able to get a safe abortion.

Legality: In India, abortions are legal up to 20 weeks and if done by a qualified practitioner. Up to 12 weeks, one doctor can do it. After 12 weeks, two doctors need to sign the consent form. Abortion services are free in all government hospitals. Women over 18 do not need anyone else to sign a consent form.

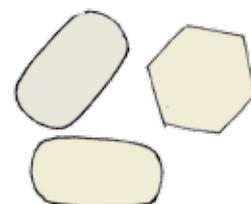
Safety: In India, only a doctor can perform an abortion, and this should be done under clean conditions, and with proper instruments.

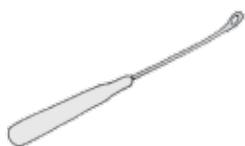
Safe abortion services are often difficult to get because, there are not enough service providers and facilities. Those providers who do provide abortion services may charge a lot of money or not even be legal providers of safe abortion services.

Methods

All these methods can only be done by a trained, legal provider

- **Medical Abortion:** This can be done only in very early pregnancies less than seven weeks or 49 days after last missed period. The drugs should be prescribed by and taken under the supervision of a legal provider.





- **Manual Vacuum Aspiration:** This method involves the woman staying in the health facility for a few hours. It can be done up to eight weeks of pregnancy.
- **Dilatation and curettage (D and C):** This method can be done up to 12 weeks of pregnancy. It is associated with a higher risk of complications.



Post-Abortion Care

You should advise women

- To avoid sexual intercourse or putting anything in the vagina for at least five days after the abortion.
- Drink plenty of fluids for faster recovery.
- That some bleeding from vagina for up to two weeks is normal, but it should be light. Next monthly period will be after 4-6 weeks.
- That the risk of pregnancy exists as soon as intercourse is resumed regardless of monthly period. Therefore a contraceptive should be used.

Warning signs after abortion, for which you should advise immediate referral

- Heavy bleeding
- High fever
- Severe pain in the abdomen
- Fainting and confusion
- Foul smelling discharge from the vagina.

Tasks for you to be involved in are

- Counselling women who want abortion service or need more information to take a decision. Find out the nearest legal and safe public and private providers of such care.
- Visit the mother at home on Days 3 and 7 after the abortion.

- Providing information on the signs of complications and the need for immediate referral.
- Motivating the woman for use of contraception after the abortion

ACT against pre conception and pre-natal diagnostic technique

A strong preference for a male child in our society often compels married couples to bear more children, till they have a boy. In cases where they already have female children, couples may indulge in practices like pre-natal sex determination of the foetus, followed by an abortion, in case it is a female foetus. You must build awareness in the community that prenatal sex determination is a criminal offence and any individual found guilty for disclosing or seeking information about the sex of the foetus is punishable by court under the act of PCPNDT.



Annexures

Annexure 1: Topics for Health Communication During the Urban Health and Nutrition Day (UHND)

- Care in pregnancy, including nutrition, importance of antenatal care and danger sign recognition.
- Planning for safe deliveries and postnatal care.
- Exclusive breastfeeding and the importance of appropriate complementary feeding.
- Immunisation: the schedule and the importance of adhering to it.
- Importance of safe drinking water, hygiene and sanitation, and discussion on what actions can be taken locally to improve the situation.
- Delaying the age at marriage, postponing the first pregnancy and the need for spacing.
- Adolescent health awareness, including nutrition, retention in school till high/higher secondary level, anaemia correction, menstrual hygiene and responsible sexual behaviour.
- Prevention of Malaria, TB and other communicable and non-communicable diseases.
- Awareness on prevention and seeking care for RTI/STI and HIV/AIDS.
- Prevention of tobacco use and alcoholism and promotion of healthy lifestyle.

Annexure 2: ASHA Drug Kit Stock Card

| Month & Date of Refill | | | 1 | | 2 | | 3 | | 4 | |
|------------------------|--------------|---------|---------|--------------|---------|--------------|---------|--------------|---------|--------------|
| S. No. | Name of Drug | Symbol* | Balance | Refill given |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Balance: This is what was left in kit at the time of refill after recovering explained drugs/supplies.

Refill: This is what was put into the kit.

*Symbol is a pictorial symbol that could be used to denote a drug, since often the drugs comes labelled only in English.

Card is to be updated by person providing the refill.

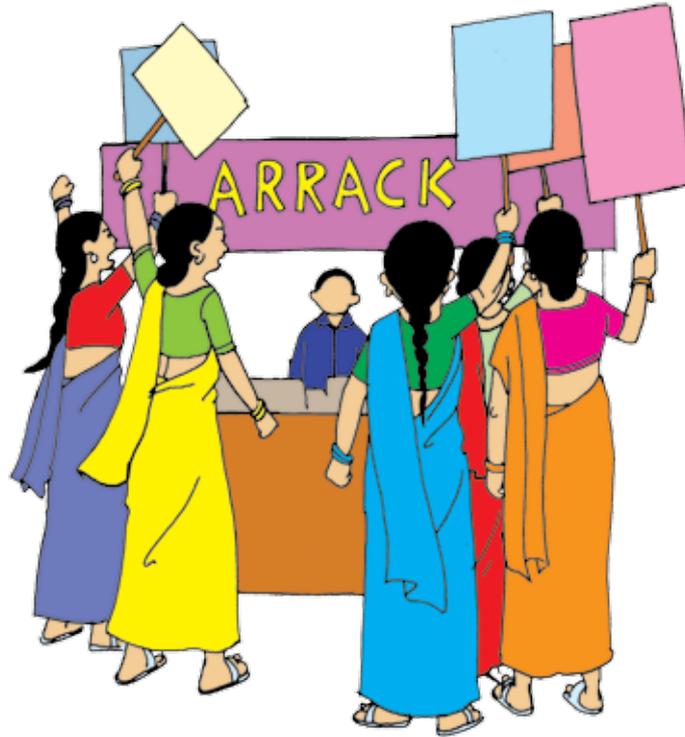
Annexure 3: Anti Arrack Movement

This is the true story of how women from Dubagunta in Nellore district Andhra Pradesh, drove away the liquor contractors from their village.

The main participants in the early struggle were poor rural women, predominantly from scheduled castes and backward classes, supported by voluntary organisations and, later, by politicians from opposition parties. It is about a miracle that ordinary women were able to achieve collectively. It is about a community of hard-working women who laboured in the fields to earn their living. The menfolk of this village were so addicted to liquor that they not only spent money on it, but also sold the hard earned food materials, pulses, chillies, rice, butter and ghee (clarified butter), in exchange for liquor. At times, when their earnings were not enough, they incurred debts or stole household articles like glasses, plates or even their wives' saris. After drinking arrack they would use foul language, beat their wives and children making their lives miserable. The women felt extremely helpless. There were two liquor shops in the locality. The village men used to go straight to these shops in the evening after returning from work. They came home late at night, completely drunk. They would hand over some money for household expenses only if there was any left. The situation reached a climax when one man, in an intoxicated condition, stabbed his father to death. Apart from this incident, Vijayamma, a woman of this community also had an alcoholic husband, when her relatives visited her house they were scared away from the village by the obscene language of her closest neighbour, a heavy drinker. She felt ashamed and thought that the village would be a much better place without arrack.

Everyday while working in the fields and at the community wells the women discussed the arrack menace. One day the women joined together and approached the village president (Sarpanch) and the village elders. They expressed their problem and asked them to get remove the arrack and toddy shops. The elders and the Sarpanch, although agreeable, were unable to do anything. The next day one hundred women gathered together. They went to the outskirts of the village and stopped a toddy-cart. 'You cannot come into the village', they told the cart driver strongly in unison and stood in front of it. 'Throw all the toddy away.' Each of them offered him a rupee to do so. The driver got scared and left the village.

Then a jeep with arrack packs arrived. The women surrounded it and demanded that it returned without unloading the arrack. After two days the police came to the village and said that all those who bid at auctions had the right to sell arrack. The women stood unmoved. They said that they would go to the Collector and would not keep quiet if arrack was sold in their village. The arrack contractors got cold feet.



They made several plans, but nothing worked and they gave up. These events gave strength to the women. All this happened only because the women united and struggled strongly to get rid of arrack from their village.

The story of Dubagunta spread in the form of an agitation to other parts of the district.

In the literacy classes of other villages teachers started sensitising the community through puppet shows about the problems caused by arrack. They also shared the story of Dubagunta village, with the result that women in other villages did the same.

The women in Dubagunta started a movement in which ultimately the situation changed for the better.

In 1991 was the beginning of the Anti-Arrack (local liquor) Movement, which finally led to the prohibition of alcohol in the state on 16 January 1995.

Annexure 4: Checklist for Assessing Quality of Services at Health Facilities

(This checklist is only for improving understanding of an ASHA on Public Health Care Services and how to assess their quality. ASHA along with MAS members can use it as a format for assessing the quality for services at health facilities)

Observation Checklist for Urban Phc

General Information

Name of the U-PHC: _____

Total population covered by the U-PHC: _____

Name of the City/ Area: _____

Availability of Infrastructure

- Is there a designated government building available for the U- PHC? Yes/No
- Is the U-PHC working from rented building? Yes/No
- Is the building in working condition? Yes/No
- Is water supply readily available in this U-PHC? Yes/No
- Is electricity supply readily available in this U-PHC? Yes/No
- Is there a telephone line available and in working condition? Yes/No

Availability of Staff

- Is a Medical Officer available/appointed at the U-PHC? Yes/No
- Is a Staff Nurse available at the U-PHC? Yes/No
- Is a lab technician available at the U-PHC? Yes/No
- Is ANM available at the U-PHC? Yes/No
- Is support staff/attendant available? Yes/No

General Services

Availability of Medicines

- Are the basic medicines available in the U-PHC? Yes/No
- Is Anti-rabies vaccine available in the U-PHC? Yes/No
- Are drugs for tuberculosis available in the U-PHC? Yes/No

Availability of Curative Services

- Is primary management of wounds done at this U-PHC? Yes/No
- Is primary management of fracture done at this U-PHC? Yes/No
- Is primary management of burns done at the U-PHC? Yes/No

Reproductive and Maternal Care and Abortion Services

Availability of Reproductive and Maternal Health Services

- Are ante-natal clinics regularly organised by this U-PHC? Yes/No
- Is facility for normal delivery available in the U-PHC? Yes/No
- Are internal examination and treatment for gynaecological conditions and disorders like leucorrhoea and menstrual disturbance available at the U-PHC? Yes/No
- Is treatment for anaemia given to both pregnant as well as non-pregnant women? Yes/No

Child Care and Immunization Services

- Are low birth-weight babies treated at this U-PHC? Yes/No
- Are there fixed immunization days? Yes/No/No information
- Are BCG and measles vaccine given at this U-PHC? Yes/No
- Is treatment for children with pneumonia available at this U-PHC? Yes/No
- Is treatment of children suffering from diarrhoea with severe dehydration done at this U-PHC? Yes/No

Laboratory and Epidemic Management Services

- Is laboratory service available at the U-PHC? Is blood examination for anemia done at this U-PHC? Yes/No
- Is detection of malaria parasite by blood smear examination done at this U-PHC? Yes/No
- Is sputum examination to diagnose TB conducted at this U-PHC? Yes/No
- Is urine examination of pregnant women done at this U-PHC? Yes/No

Annexure 5: Learning How to Write a Letter

For example if you need to bring to the notice of the person concerned the conditions that deprive the women of the ANC services and also suggests solutions to overcome this problem. What should you do to write a clear, specific, effective letter?

Before starting to write an application/letter, you should:

- Have a clear subject in mind
- Know whom exactly it needs to be addressed to
- Have clarity on the reason for writing the letter

Read the letter given below

Date

To

_____ (Name and address)

Sub: request to organise UHND at two locations in the slum/area

Dear CDHO (write the name of the concerned person):

I am working as ASHA for the area _____ of _____ Block/District/City. My area has a population of _____. The houses are scattered across the areas. The ANM regularly comes and organises UHND. However, it is organised at a place which is not accessible for all the pregnant women. A large number of women living on the other side of the area, are not able to attend the antenatal clinic, due to the distance.

I suggest that the antenatal clinic may be conducted in two places of the area on different dates. I had a discussion about the same with the ANM. She informed me that she needs permission from you. I request you to look into this matter. As an ASHA I take the responsibility to bring all the pregnant women so they have their antenatal check-up. You are welcome to visit our area.

Thank you.

Yours sincerely,

_____ (write name of ASHA and the area)

Annexure 6: Documenting a Meeting

Documentation of the Meeting

Date:

Time:

Venue:

Purpose of the meeting

Members present during the meeting

Absent members

1)

2)

Decisions taken

Action to be taken

| Actions | Who will take | Who will support it? | Date of completion of the action |
|---------|---------------|----------------------|----------------------------------|
| | | | |

Signatures of the members

This report needs to be appropriately filed and should be referred to during the next meeting, to review the progress.

Annexure 7: Skills Checklist: Hand Washing

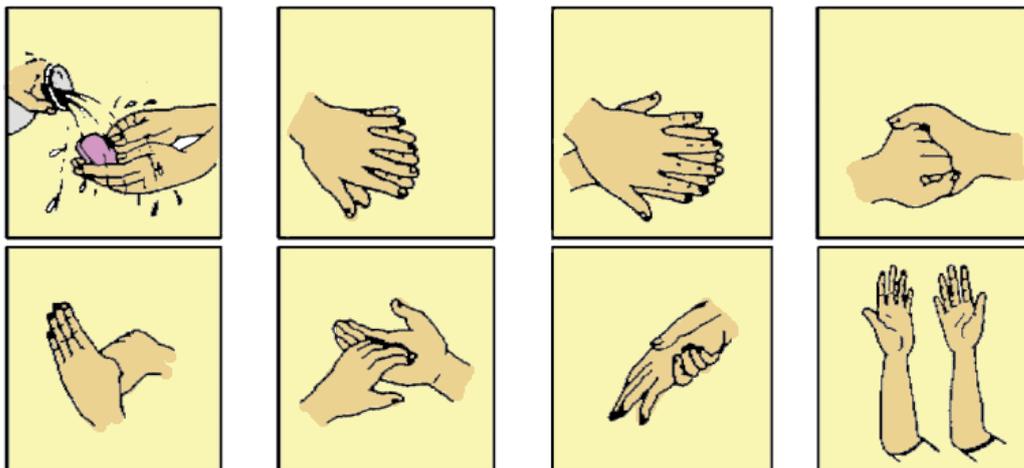
| Checklist | Number of Practices | | | | |
|--|---------------------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| • Remove bangles and wrist watch | | | | | |
| • Wet hands and forearms up to elbow with clean water (Fig. 1) | | | | | |
| • Apply soap and scrub forearms, hands and fingers (especially nails) thoroughly (Fig. 2 to 7) | | | | | |
| • Rinse with clean water | | | | | |
| • Air dry with hands up and elbow facing the ground (Fig. 8) | | | | | |
| • Do not touch with your hands the ground, floor or dirty objects after washing your hands | | | | | |

Note: Use the checklist while observing the skills being implemented.

When a step is performed correctly, place a tick (✓) in the box.

When a step is not performed correctly, place a cross (X) in the box.

Make sure to review the steps where crosses appear, so that performance can be improved.



Annexure 8: Drug kit; Dosage and Drugs Dosage and Dispensing Schedule

| Content of ASHA Drug Kit | |
|---|--------------------------|
| ORS | Dicyclomine |
| Paracetamol Tablet and syrup | Albendazole |
| Oral Contraceptive Pills | Nischay Kit |
| Condoms | Thermometers |
| IFA | Bandages |
| Chloroquine | Cotton Swab |
| Paediatric Cotrimoxazole syrup and tablet | Betadine; Gentian Violet |

Table A- Drug Dosage and Dispensing Schedule

| Sl. No. | Medicine | Action & Use | Age Specific Dose | Side effects |
|---------|--|---|--|---|
| 1a) | Tablet Paracetamol 1 tablet=500mg Duration: To be given for 3 days only Frequency: Maximum four times a day at an interval of six hours | Reduces fever and pain. Useful in fever, headaches, backaches, body aches etc. | More than 12 years : 1 to 2 tablets 3 to 4 times a day 8 to 12 years : 1 tablet 3 to 4 times a day 4 to 8 years : ½ tablet 3 to 4 times a day 2 months -3 years (Wt 4-14 kgs)- ¼ tab (One fourth); maximum four times a day 3 yrs -5 yrs. (Wt 14-19 kgs) -½ tab (Half tablet) –maximum four times a day. | No side effects. If too many tablets are taken at one time, it can cause damage to liver. Keep the medicine away from children. Should be taken only after meals. |

| Sl. No. | Medicine | Action & Use | Age Specific Dose | Side effects |
|---------|---|---|---|--|
| 1b) | Paracetamol syrup Duration: To be given for 3 days only Frequency: Maximum four times a day at an interval of six hours. 5 ml or (1 tsp) Syrup=125 mg/5ml (Each 1 ml contains 25 mg of paracetamol) Per kg dose of paracetamol=10-15mg/kg/dose | | Newborn<3kg; 1.25 ml or ¼ tsp (One fourth tea spoon) >1 year (>3kg-8kg); 2.5 ml or ½ tsp (Half tea spoon) 1-3 yrs (>8-14 kgs); 5 ml or 1 tsp (One tea spoon) >3 yrs>14 kgs- 7.5 ml or 1 ½ tsp (One and Half tea spoon) | Same as above |
| 2 | Iron tablet (adult) 60mg elemental iron. | Prevention of Anaemia and Anaemia treatment | One tablet daily for 100 days, for prevention of anaemia. Two tablets for 100 days for treatment | Should be taken after meals, Can cause stomach upset. Stool (motions) may be hard and black coloured. |
| | Paediatric IFA(20 mg elemental iron). To be given for 14 days in anaemic child and then reassess | Prevention of Anaemia and Anaemia treatment in infants and children | <4 months On doctor's advice 4 months-12 months (Wt 6-10 Kg) 1 tab Once a day* 1 yr-3 yrs (Wt 10-14 Kg) 1½ tabs Once a day* 3 yrs-5 yrs (Wt 14-19 Kg) 2 tabs- once a day *Can be increased on doctor's advice | Side Effects: Constipation In case of diarrhoea take doctor's advice In case of abdominal pain tablet should be consumed after food. |
| 3 | Albendazole Tablet | Deworming | Less than one year- not to be given. 1-2 years – half a tablet (400 mg) once a day More than 2 years- one tablet(400 mg) once a day | Side Effects: Dizziness in rare cases Contra-indicated in child less than 1 year and in pregnancy |

| Sl. No. | Medicine | Action & Use | Age Specific Dose | Side effects |
|---------|--|---|--|---|
| 4a) | Syrup Cotrimoxazole 5ml or (1 teaspoon) Syrup: Sulphamethoxazole 200 mg+ Trimethoprim 40 mg Duration: To be given for 5 days Frequency: Two times a day | Acute Respiratory infections in children and Sepsis | Birth upto <1 months (<3 kg) One fourth teaspoon syrup (1.25 ml)* Twice a day | Rarely nausea, vomiting, stomatitis, rashes, headache. Caution: The dose is 5 to 8mg/Kg of Trimethoprim per day in two divided doses. Tablets come in 20mg, 40mg, 80mg or sometimes 160mg Trimethoprim. Depending on what tablet is given to you, you would be taught the number of tablets to be dispensed. *Avoid Cotrimoxazole in infants less than one month who are premature or jaundiced |
| | | | 1 month up to 2 months (3- 4 kg weight) ½ teaspoon (2.5 ml) Twice a day | |
| | | | 2 months-12 months (4-10 kgs weight) Full teaspoon (5 ml) Twice a day | |
| | | | 12 months-5 yrs (10-19 kgs weight) 2 Full teaspoon (10 ml) Twice a day | |
| 4b) | Tablet Cotrimoxazole 1 Tablet: Sulphamethoxazole 100 mg + Trimethoprim 20 mg Duration: To be given for 5 days Frequency: Two times a day | Acute Respiratory infections in children and Sepsis | For Birth upto <1 months (less than 3 kg weight)- Tablet is not to be given. | |
| | | | 1 month up to 2 months (3- 4 kg weight) One tablet- Twice a day | |
| | | | 2 months-12 months (4-10 kgs weight)- Two Tablets Twice a day | |
| | | | 12 months-5 years (10-19 kgs weight)- Three Tablets Twice a day. | |
| 5 | ORS packet | Replaces salt and water in our body | As required. In adults: Half a glass after every stool. | Throw ORS solution after 24 hours. Make it fresh. Do not use a packet if it is like a cake |
| | | In diarrhoea with no dehydration | < Two months of age: five teaspoon full after every loose stool | |
| | | | 2.1 months- 2 years of age - Half a cup after every loose stool (100 ml). | |
| | | | Older children can have up to one cup (200 ml) after every stool | |
| | | In diarrhoea with dehydration | Up to 4 months; weight less than 6kg- 200-400 ml or two cups | |
| | | | 4 months-12 months; with weight between 6-10 kgs- 400-700 ml or three cups | |
| | | | 12 months-2years; with weight between 10-12kgs- 700-900 ml or five cups | |
| | | | 2-5 years; with weight between 12-19kgs- 900-1400 ml or seven cups | |

| Sl. No. | Medicine | Action & Use | Age Specific Dose | Side effects |
|---------|-----------------------------|-------------------|---|---|
| 6 | Gentian Violet liquid | Kills many germs | For application on wound inside mouth, vagina etc | Stains clothes. Let it dry before putting on clothes. |
| 7 | Antiseptic lotion/ ointment | Kills wound germs | Only for external use, wound wash etc | can cause irritation if too much is used. |

Table B- Side Effects of Common TB Drugs

| Side effects | Drug(Abbreviation) | Management |
|-----------------------------|---|--|
| Drowsiness | Isoniazid(H) | Reassure the patient |
| Red-orange urine, tears | Rifampcin (R) | Reassure the patient |
| Gastro-intestinal upset | Any oral medication | Reassure patient Give drugs with less water Do not give drugs on empty stomach |
| Severe itching | Isoniazid(H) and other drugs | Reassure patient; Stop all drugs & Refer to MO |
| Burning in hands & feet | Isoniazid(H) | Refer to MO who will give pyridoxine 100mg/day till symptoms subside |
| Severe joint pains | Pyrazinamide(Z) | Refer to MO |
| Impaired vision | Ethambutol | STOP treatment & refer for evaluation |
| Jaundice | Isoniazid(H) Rifampcin(R) Pyrazinamide(Z) | STOP treatment & refer for evaluation |
| Ringling in the ears | Streptomycin(S) | STOP Streptomycin and refer for evaluation |
| Loss of hearing | Streptomycin(S) | STOP Streptomycin and refer for evaluation |
| Dizziness & loss of balance | Streptomycin(S) | STOP Streptomycin and refer for evaluation |

Table C- Treatment Guidelines for Malaria

Age-specific drug schedules

1. Chloroquine tablets (150 mg base)

| Age (in years) | Day 1 | Day 2 | Day 3 |
|----------------|------------------|------------------|------------------|
| | Tab. Chloroquine | Tab. Chloroquine | Tab. Chloroquine |
| <1 | 1/2 | 1/2 | 1/4 |
| 1-4 | 1 | 1 | 1/2 |
| 5-8 | 2 | 2 | 1 |
| 9-14 | 3 | 3 | 1+1/2 |
| 15 & above | 4 | 4 | 2 |

2. Primaquine tablets (7.5 or 2.5 mg base)

| Age (in years) | P. falciparum | | P. vivax | |
|----------------|--------------------------------|------------------------------|---|------------------------------|
| | Primaquine 0.75 mg/kg on day 1 | | Primaquine 0.25 mg/kg daily dose for 14 days* | |
| | mg base | No. of Tablets (7.5 mg base) | mg base | No. of Tablets (2.5 mg base) |
| <1 | Nil | 0 | Nil | 0 |
| 1-4 | 7.5 | 1 | 2.5 | 1 |
| 5-8 | 15 | 2 | 5.0 | 2 |
| 9-14 | 30 | 4 | 10.0 | 4 |
| 15 & above | 45 | 6 | 15.0 | 6 |

* Primaquine is contraindicated in children under one year and pregnant women.

3. Artesunate 50 mg tablets + Sulfadoxine-Pyrimethamine 500 + 25 mg tablets (ACT) combination

| Age (in years) | | 1 st Day (number of tabs)* | 2 nd Day (number of tabs) | 3 rd Day (number of tabs) |
|----------------|----|---------------------------------------|--------------------------------------|--------------------------------------|
| <1 Year* | AS | 1/2 | 1/2 | 1/2 |
| | SP | 1/4 | Nil | Nil |
| 1-4 Yeas* | AS | 1 | 1 | 1 |
| | SP | 1 | Nil | Nil |
| 5-8 Year* | AS | 2 | 2 | 2 |
| | SP | 1 1/2 | Nil | Nil |
| 9-14 Year* | AS | 3 | 3 | 3 |
| | SP | 2 | Nil | Nil |
| 15 and above | AS | 4 | 4 | 4 |
| | SP | 3 | Nil | Nil |

* till such time as age-wise blister packs are made available for all age groups

Annexure 9: Preparing Malaria Slide

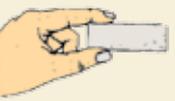
For preparation of blood smears following items are required:

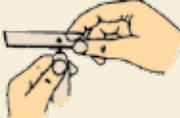
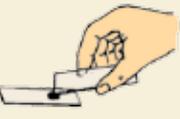
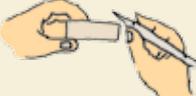
1. Clean glass slides
2. Disposable Lancet
3. Spirit or Cotton swab for cleaning the finger
4. Cotton
5. Clean piece of cotton cloth
6. Lead pencil

After the patient information has been recorded on the appropriate form, the blood films are made as under:

- Take a clean glass slide free from grease and scratches
- Clean the finger of the patient using a spirit swab

Take the following steps for preparation of the blood smear

| | |
|---|---|
|  | i. Select the second or third finger of the left hand |
|  | ii. The site of the puncture is the side of the ball of the finger, not too close to the nail bed |
|  | iii. Allow the blood come up automatically. Do not squeeze the finger. |
|  | iv. Hold the slide by its edges |
|  | v. The size of the blood drop is controlled better if the finger touches the slides from below |

| | |
|---|---|
|  | vi. Touch the drop of blood with a clean slide, three drops are collected for preparing the thick smear. |
|  | vii. Touch another new drop of blood with the edge of a clean slide for preparing the thin smear. |
|  | viii. Spread the drop of blood with the corner of another slide to make a circle or a square about 1 cm |
|  | ix. Bring the edge of the slide carrying the second drop of blood to the surface of the first slide, wait until the blood spreads along the whole edge |
|  | x. Holding it at an angle of about 45° push it forward with rapid but not too brisk movement |
|  | xi. Write with a pencil the slide number on the thin film, Wait until the thick film is dry. The thin film is always used as a label to identify the patient. |

Remember

- The blood should not be excessively stirred. Spread gently in circular or rectangular form with 3 to 6 movements.
- The circular thick film should be about 1 cm (1/5 inch) in diameter.
- Allow the thick film to dry with the slide in the flat, level position protected from flies, dust and extensive heat.
- Label the dry thin film with a soft lead pencil by writing in the thicker portion of the film the blood slide number and date of collection

The lancet and cotton swab should be disposed off.

Annexure 10: Technique for Performing Rapid Diagnostic Test

Procedure

- Check that the test kit is within its expiry date. If not discard it. Read the instructions of the test kit, as there may be minor variations in the procedure between different kits. Place a small box, jar or bottle for trash next to the kit.
- Open a foil pouch and check that the desiccant inside it is still blue. If not, discard the test.
- Remove the test strip and the small glass tube or loop from the foil pouch and place them on a clean dry surface.
- Take out the buffer solution and the dropper. Place a new test tube in the multiple well plate.
- Clean a finger with the swab and let the skin dry completely in the air. Prick finger on the side with a lancet. Place lancet in trash container. Let a drop of blood come out on the skin.
- Touch the tip of the glass tube or the loop to the blood drop on the finger and let a small quantity of blood (a small drop) come up in the tube or the loop.
- Touch the tube or the loop to the test strip just below the arrow mark to place the blood there. If there is a paper, where *Plasmodium falciparum* is written, remove it and place the blood, where it was. Place tube/loop in trash container.
- Using the dropper, place 4 drops of buffer solution into a new test tube. After this, place the test strip containing blood in the buffer solution with the arrow pointing down. While waiting, a slide can be prepared.

Materials in the Rapid Diagnostic Test kit

- Spirit (alcohol) swab (one for each patient)
- Disposable Lancet (one for each patient)
- Capillary tube (one for each patient)
- Test strip (one for each patient)

- One multiple well plastic plate
- Test tube (one for each patient)
- Buffer solution or reagent solution
- Desiccant

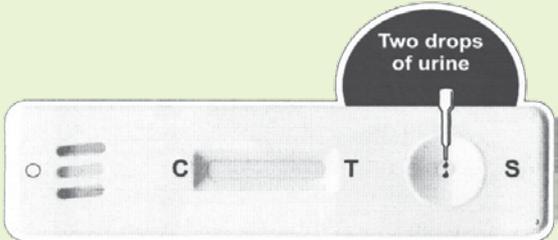
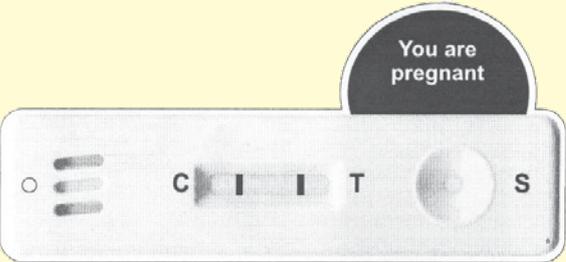
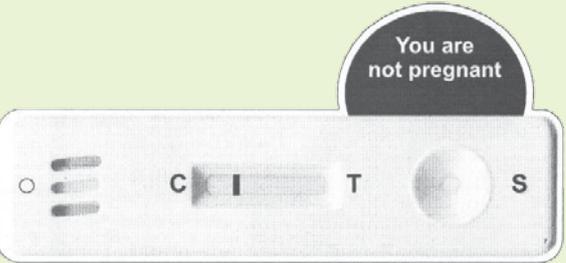
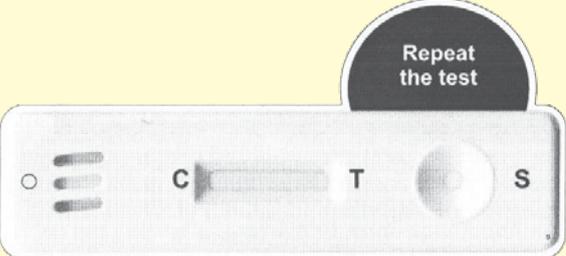
Observe after 15 minutes – if any red line does not appear in the test strip then the test strip is not working: discard it and use another one.

- If a single red line appears, it is not falciparum malaria. If two red lines appear, the test result is falciparum malaria.
- The test should be read 15 to 20 minutes after blood was taken. Earlier or later readings may lead to false results.
- Place test strip and test tube in trash container. Make sure this container is kept out of reach of children. When it is full, if in a area, bury it in the ground, or send it with the MPW to the U-PHC for safe disposal.

Annexure 11: Instructions for Pregnancy Test using Nischay Kit

The Nischay Kit contains the following:

- A test card
- A disposable dropper
- A moisture absorption packet (not required for testing)

| | |
|---|--|
|  <p>Two drops of urine</p> | <ul style="list-style-type: none"> • Collect the morning urine in a clean and dry glass or in a plastic bottle. • Take two drops of urine in the sample well. • Wait for 5 minutes. |
|  <p>You are pregnant</p> | <ul style="list-style-type: none"> • If two violet colour lines come in the test region (T), the woman is pregnant. • If she wants to continue with the pregnancy, advise her to undergo antenatal care. • If she does not want to continue with the pregnancy this time, advise her for safe abortion. |
|  <p>You are not pregnant</p> | <ul style="list-style-type: none"> • If the violet colour line in the test region (T) is one only, the woman is not pregnant. • Tell her about family planning methods and help her in choosing the most appropriate one. |
|  <p>Repeat the test</p> | <ul style="list-style-type: none"> • If there is no colour line in the test region (T), repeat the test next morning using a new Pregnancy Test Card. |

Annexure 12: Vulnerability Assessment Tool for ASHAs

Introduction

In order to identify and reach the marginalized and vulnerable groups in urban areas, ASHA will need to assess “Vulnerability” of the households/individuals in her area. Therefore, this tool is designed to help the ASHA in identifying vulnerable households/individuals. The tool is divided into five sections. The first three sections contain 17 indicators/variables which assess the extent of residential, social and occupational vulnerability of the household. Section IV collects the information on the health status and health seeking behavior of the households. Each variable is given three scores as 0,1 and 2. Zero being the lowest/worst case. Then, the cumulative scores are computed and based on the scores, the household is categorized into one of three categories i.e Most Vulnerable, Highly Vulnerable and Vulnerable. The last section simple lists the vulnerable groups, so that if the surveyed household/individual belongs to any one of the category, ASHA can tick and mention the category directly for prioritization and follow up action.

Household Information:

- Address/location:
 - Respondent Details:
 - Date of survey:
 - Name of the ASHA/MAS member:
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Section I- Residential Vulnerability

1. Slum Status

- 0 Homeless shelters/roadside/railway tracks
- 1 Unauthorized Settlement/ Land belonging to local authority/Leased Land
- 2 Own land/ authorized quarters/Registered slum

2. Migration status

- 0 Seasonal/ Recent migration (Less than one year)
- 1 Living in the area from last few years (1 to 5 years)
- 2 Living in the area from more than 5 years

3. Location of the household

- 0 Hazardous location besides dumping ground, polluted water, railway line or airport
- 1 Slum dwelling with high population density, poor ventilation, limited space
- 2 Adequate ventilation and space

4. Housing

- 0 Kutcha house with weak structure, No separate space for cooking, minimal ventilation
- 1 Fairly pucca but with mud/ tin roof and non-cemented walls/brick walls with plastic or thatch roof; marginally better than earlier category
- 2 Permanent structure, ventilation present, separate space for cooking

5. Basic Services: Toilet

- 0 No toilet, defecation in the open by all-men, women and children
- 1 Use common/community toilet, do not have bath facilities
- 2 Majority have private/defined space for bathing and toileting

6. Basic Services: Water

- 0 No piped water supply, use community taps/ tankers etc, irregular supply
- 1 Use community taps or hand pumps, have regular water supply
- 2 Have individual water pipe

7. Basic Services: Drainage

- 0 No drains, clogged drains with open pits
- 1 Open drains-kutcha or pucca
- 2 Underground connected drains and paved roads

8. Electricity

- 0 No electricity connection at all
- 1 Illegal electricity connection
- 2 metered individual electricity connection

Section II- Social Vulnerability

9. Type of Family

- 0 Child Headed household/Women headed household/Single parent family/Single male
- 1 Nuclear Family with only one earning member with informal employment
- 2 Joint family with one earning member with regular income or more than one earning member with regular or irregular incomes

10. Social Support Mechanisms

- 0 Living far from the family, no social support available at all
- 1 Living alone in the area but people from your community are living nearby
- 2 Living with family

11. Disability status

- 0 Member with chronic disability /debilitating illness like TB, AIDS, Cancer, Kidney failure
- 1 Household member suffering from mild impairment but functional
- 2 No member with disability

12. Identity Proof

- 0 Do not have any documents
- 1 Have at-least one legal documents (BPL Card, Ration card, voter ID, Aadhar Card etc)
- 2 Have all the necessary documents

13. Episodes of harassment by any groups in power

- 0 Very often
- 1 Rarely
- 2 Not at all

14. Nutrition

- 0 Children are not enrolled in Anganwadi centre (AWC) and no access to PDS ration
- 1 Government ration not available but children are enrolled in Anganwadi centre
- 2 Children enrolled in AWC and access to PDS/Government ration

15. Education: Children and Adults

- 0 Children in the household do not attend school and adults are illiterate
- 1 Young children going to school but drop out in other children, adults with minimum/functional literacy
- 2 All children pursuing elementary education and adults also have minimum elementary condition

Section III- Occupational Vulnerability

16. Employment Pattern

- 0 Daily wage earner with irregular pattern, daily wages below Rs 150
- 1 Daily wage earner with regular employment, daily wages upto 150-500
- 2 Regular employment or irregular employment with daily wages more than Rs 500

17. Occupational Conditions

- 0 Hazardous working conditions like rag picking, sex trade, mining, recycling waste collectors, construction workers, engaged in bidi making, matchbox making
- 1 Engaged in unskilled and semi-skilled jobs like street vendors, casual laborers, domestic workers
- 2 Private or government regular job with monthly wages, shopkeepers

Section IV- Health Related Vulnerability

18. Proximity to the health facility

- 0 more than 2 kilometers
- 1 within the range of 2 km
- 2 Less than 1 km

19. Status of Health and Health Services

- 0 Reported history of maternal death / child death/death due to TB, Malaria or other infectious diseases in last five years
- 1 Poor health status of the family/individual eg. Reported cases of diarrhea, TB or any other disease
- 2 No case of illness at the time of survey

20. ANM visit

- 0 Never
- 1 Once in 3 months
- 2 Monthly

21. Health Seeking

- 0 Do not take treatment in case of illness
- 1 Go to local practitioners/quacks/stores
- 2 Go to government facilities/registered private doctor

Cumulative Scoring

0-15= Most vulnerable

16-30= Highly Vulnerable

31-42= Vulnerable

Section V- Categorization

Tick if you find the households/families falling in any of these categories:

- Rag Picker
- Rickshaw puller
- Head loaders
- Construction workers
- Daily wage laborers
- Homeless
- People involved in Begging
- Domestic workers
- Elderly poor
- Widow/deserted women
- Women/child headed household
- Differently Abled

- o Debilitating illnesses- HIV/AIDS, TB, Leprosy etc.
- o Sex workers
- o Street Children
- o Trans-genders
- o Sanitary workers
- o People with mental illness
- o People living in institutions like night shelters, homeless recovery shelters, beggars home, leprosy homes
- o Any other, Please specify _____



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