



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



INTEGRATED TRAINING MODULE FOR ASHA

2026

PART-C





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PART C : CROSS-CUTTING HEALTH ISSUES CONTENTS

INTEGRATED TRAINING MODULE FOR ASHAs AND ASHA FACILITATOR'S GUIDES

DISCLAIMER

The Integrated Training Strategy for the Primary Healthcare Team at AAM is a new initiative to consolidate and align existing training related to Comprehensive Primary Health Care (CPHC). The ASHA Facilitator Guide and Training Modules have been developed incorporating programme-specific technical content, guidance, and resources provided by the respective Programme Divisions.

The respective Programme Divisions retain ownership of their programme-specific content. The modules have been finalised based on the inputs and technical guidance received from the concerned Programme Divisions and duly vetted prior to dissemination. As this is a new and evolving initiative, the modules may be reviewed and updated from time to time in accordance with programme requirements, emerging evidence, policy changes, and stakeholder feedback.



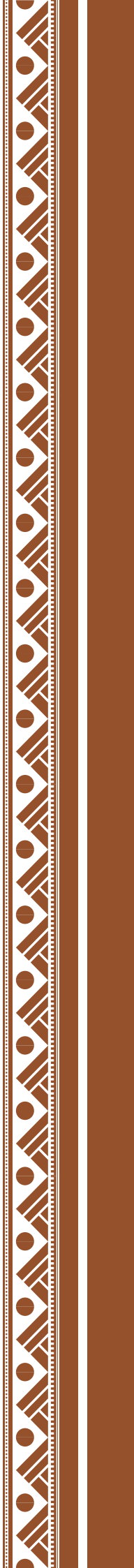


Table of Contents

PART C

CROSS-CUTTING HEALTH ISSUES CONTENTS

C1 COMMON HEALTH PROBLEMS	01
C2 NON-COMMUNICABLE DISEASES	31
C3 COMMON COMMUNICABLE DISEASES	87
C4 MENTAL, NEUROLOGICAL & SUBSTANCE USE DISORDERS ..	157
C5 COMMON EMERGENCIES, BURNS AND TRAUMA	191
C6 EYE CARE, ENT & ORAL HEALTH	243
C7 PALLIATIVE CARE	297
C8 CLIMATE CHANGE AND HEALTH	327



KEY ABBREVIATIONS

AAM	Ayushman Arogya Mandirs
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BMO	Block Medical Officer
BP	Blood Pressure
CBAC	Community-Based Assessment Checklist
CDR	Child Death Review
CHO	Community Health Officer
CPHC	Comprehensive Primary Health Care
COPD	Chronic Obstructive Pulmonary Disease
DEIC	District Early Intervention Centre
ENT	Ear, Nose and Throat
FAQ	Frequently Asked Questions
GERD	Gastroesophageal Reflux Disease
Hb	Haemoglobin
HBNC	Home-Based Newborn Care
HBNCC	Home-Based Newborn Care and Child Care
HBYC	Home-Based Young Child Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IHIP	Integrated Health Information Platform
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control

IUCD	Intra-Uterine Contraceptive Device
JAS	Jan Arogya Samiti
KMC	Kangaroo Mother Care
LASA	Look-Alike Sound-Alike
LBW	Low Birth Weight
LLINs	Long-Lasting Insecticidal Nets
MAM	Moderate Acute Malnutrition
MAS	Mahila Arogya Samiti
MCP Card	Mother and Child Protection Card
MO	Medical Officer
MOIC	Medical Officer In Charge
MNS	Mental, Neurological and Substance Use
MPA	Medroxyprogesterone Acetate
MPW	Multipurpose Worker
MR	Measles-Rubella
MUAC	Mid-Upper Arm Circumference
NBSU	Newborn Stabilisation Unit
NCD	Non-Communicable Disease
NDPS	Narcotic Drugs and Psychotropic Substances
NFFP	National Family Planning Programme
NMR	Neonatal Mortality Rate
NRC	Nutrition Rehabilitation Centre
NQAS	National Quality Assurance Standards
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PHQ	Patient Health Questionnaire
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PNC	Postnatal Care
POC	Point of Care
PPE	Personal Protective Equipment
PPH	Postpartum Haemorrhage

PRI	Panchayati Raj Institution
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive and Child Health
RDT	Rapid Diagnostic Test
RKSK	Rashtriya Kishore Swasthya Karyakram
RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition
RR	Respiratory Rate
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SHC	Sub Health Centre
SHG	Self-Help Group
SNCU	Special Newborn Care Unit
SpO ₂	Peripheral Oxygen Saturation
SRS	Sample Registration System
SSBSK	Samagra Shishu Bal Swasthya Karyakram
STI/RTI	Sexually Transmitted Infection / Reproductive Tract Infection
SVR	Sustained Virological Response
TB	Tuberculosis
UACS	Upper Airway Cough Syndrome
UPHC	Urban Primary Health Centre
UPT	Urine Pregnancy Test
VHSNC plus	Village Health, Sanitation and Nutrition Committee plus
VHSND	Village Health, Sanitation and Nutrition Day
Vit A	Vitamin A
WHO	World Health Organization
WIFS	Weekly Iron and Folic Acid Supplementation
WRA	Women of Reproductive Age



C1

Common Health Problems



PART C

C1 Common Health Problems

In this section, you will learn about following topics:

- Acute simple illnesses / conditions and your role as an ASHA in managing and preventing the same.
- Managing minor injuries and wounds.

Acute Simple Illnesses: These are commonly seen in community, start suddenly last for a short time and can be managed at home or at Ayushman Arogya Mandir (AAM). e.g. Fever, diarrhoea, vomiting, cough and cold, minor wounds or infections.

DEALING WITH COMMON HEALTH PROBLEMS

Pain

What is pain? Pain is a symptom, not a disease. It is the body's way of signaling that something may be wrong. Pain can occur when a part of the body is **injured, inflamed, infected, or affected by an illness**. The type, severity, duration, and location of pain can provide important clues about the person's condition.

For mild pain without injury or other symptoms like swelling, fever, or body aches (e.g., headache, backache)- Paracetamol Tablet can be provided from the drug kit provided to you as an ASHA.

When to Refer

In the following situations, **refer the person immediately to the Medical Officer at the AAM-PHC or to the linked health facility:**

- Severe pain in the chest or abdomen, or difficulty in breathing.
- Severe headache, with or without neck stiffness.
- Severe pain due to burns, injuries, joint problems, or trauma.
- Pain in any part of the body that does not improve with painkillers within one or two days, or becomes worse.

ASHA is to provide initial pain relief (as you are provided with Paracetamol in your drug kit and can provide the same) inform ANM/CHO in case of non-retractable pain and refer the patient.

Fever

Definition of Fever: The normal body temperature is **98.6 °F** or **37 °C**.

Fever is said to be present when the temperature under arms is $\geq 37.5^{\circ}\text{C}$ (99.5°F), though that is mostly considered as low-grade fever. A temperature of more than 38°C (100.4°F), specially in children and elderly should be referred to the CHO/ MO for consultation.

As an ASHA you have a thermometer in your drug kit, and on receiving news that someone in the community has fever, you should use it to measure temperature and guide the patient accordingly. Measure temperature for at least 1 minute (or as per thermometer instructions)

Steps are elaborated below.



MEASUREMENT OF TEMPERATURE

LEARN TO MEASURE BODY TEMPERATURE

Simple steps for all ages

WHAT IS NORMAL BODY TEMPERATURE?

A normal body temperature for most people is

97 °F to 98.6 °F
(36.1 °C to 37.0 °C)



It may change slightly during the day.

TEMPERATURE SCALES

Body temperature can be shown in two scales.

°F (Fahrenheit)	°C (Celsius)
97 °F	= 36.1 °C
98.6 °F	= 37.0 °C
99.5 °F	= 37.5 °C
100.4 °F	= 38.0 °C

$$C = (°F - 32) \times 5/9 \quad °F = (°C \times 9/5) + 32$$

TAKE CARE OF YOUR THERMOMETER



Do not wash the tip. Keep it dry.



Clean the thermometer with alcohol after each use. Wipe with a clean cotton or soft cloth.



Keep it in its case when not in use.

HOW TO USE A DIGITAL THERMOMETER

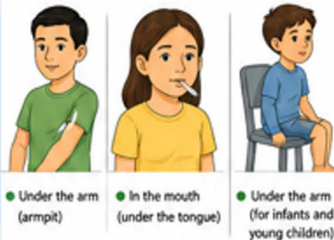
- 1 Take the thermometer out of its case.



- 2 Press the ON button to turn it on.



- 3 Place the tip in the correct position.



Follow the same method every time for accurate reading.

- 4 Wait for the beep sound.



The beep means the temperature reading is ready.

- 5 Read the temperature on the display.



Note the reading.

- 6 After use, clean the tip with alcohol and wipe with a clean cloth.



- 7 Turn off the thermometer by pressing the ON/OFF button.



- 8 Put the thermometer back in its case and store it safely.



WHAT DOES THE TEMPERATURE MEAN?

General guide for body temperature

LOW (HYPOTHERMIA)

Below 95 °F
(< 35 °C)



Body is too cold. Get medical help immediately.

NORMAL

97 °F to 98.6 °F
(36.1 °C to 37.0 °C)



Temperature is normal.

LOW GRADE FEVER

99 °F to 100.4 °F
(37.3 °C to 38 °C)



Mild fever. Rest, drink fluids and monitor.

FEVER

100.5 °F to 103 °F
(38.1 °C to 39.4 °C)



High fever. Seek medical advice.

HIGH FEVER

Above 103 °F
(> 39.4 °C)



Very high fever. Get medical help immediately.

Note: Temperature may vary by age, time of day, activity and method used.



Always record the temperature, inform or counsel the person and seek advice from the health worker/doctor when needed.



While measuring temperature, as an ASHA you should ensure that the underarm is dry. Temperature should not be measured immediately after bathing or physical exertion. If in doubt, repeat after 15–30 minutes. Actions to be taken in case of fever is shown below.

ACTION IN CASE FEVER IS DETECTED



1



Rest:

Ask the person to rest.

2



Fluids: Give plenty of fluids—
Water/ Rice water/ Soup/ Buttermilk, etc.

3



Food: Should not restrict meals.
Eat normal diet.
Avoid oily and spicy food.



Medicine:

If body pain, headache, or discomfort—
Give Paracetamol.

HIGH FEVER: WHAT TO DO?



Give Paracetamol.



Keep room airy, windows open.



Give plenty of fluids.



Do tepid sponging (normal water).



Do not use cold water.



Do not cover with thick/ heavy blanket.



Do not give antibiotics.



Skill-

- Temperature measurement is given in Part - B, Chapter - 1: Newborn and Postnatal Mother.
- Dosage of Paracetamol is given in Part - B, Chapter -2: Infant and Young Child.

Danger Signs – Refer Immediately

- **Not able to eat or drink**
- **Vomiting everything**
- **Convulsions (fits)**
- **Very sleepy, confused, or unconscious**
- **Difficulty breathing / fast breathing**
- **Severe headache with vomiting or stiff neck**
- **Fever lasting more than 3 days**
- **Any bleeding**
- **Fever in newborn**
- **In older people, a serious infection may occur without high fever. Sudden confusion or weakness may be a warning sign.**

Paracetamol dose for fever: In adults 500–1000 mg (1 – 2 tablets of 500 mg). May be repeated every 6 hours if needed. If fever persists patient may be referred for detailed investigation and management. Dosage in infants and children is given in the Child section.

Common Cold and Cough

Usually caused due an infection by viruses affecting the nose and throat and usually lasts 5-7 days.

Symptoms:

- Mild to moderate fever
- Runny nose or stuffy / blocked nose, Sneezing
- Sore throat
- Headache and body ache
- Fatigue and tiredness
- Sometimes dry cough

As an ASHA, you can advise:

- Take rest
- Drink plenty of warm fluids (water, dal water, soup , lemonade)
- For adults, steam inhalation may help relieve a blocked nose
- Saline nasal drops for blocked nose (especially in children)
- Paracetamol only for fever or body pain (correct dose)



- Eat light, nutritious food
- Cover mouth while coughing/sneezing
- Wash hands with soap
- Do not spit in open spaces / public spaces
- Avoid close contact with infants and elderly and avoid crowded places
- Common cold is not serious. **Antibiotics are NOT needed.**

Most people recover on their own within 5-7 days. Cough or runny nose may sometimes last up to 10–14 days

Do NOT advise:

- Antibiotics
- Injections
- Cough syrups

Remember!!

- Common cold usually gets better on its own.
- Refer immediately in case of symptoms given below

Refer or advise visit to health facility if ANY of the following are present:

In infants and children	In adults
• Fever lasting more than 3 days • Fast or difficult breathing • Chest indrawing • Not feeding/ drinking • Vomiting everything • Very sleepy, drowsy, or unconscious • Convulsions (Fits) • Cold in a child below 2 months	• Fever ($\geq 38^{\circ}\text{C}$) or fever >3 days • Breathing difficulty or chest pain • Severe sore throat with difficulty in swallowing • Persistent cough >2 weeks • Blood in sputum • Worsening symptoms after 3–4 days
Pregnant women, elderly, or person with diabetes, TB, heart or lung disease should be referred for consultation with CHO / MO, as they are vulnerable to develop more severe disease and complications.	

Diarrhea

- Diarrhea is defined as the passage of usually more than 3, loose, liquid, or watery stools in 24 hours.
- Change in consistency (loose, watery) is considered more important than frequency.
- In majority of cases, the acute episodes, diarrhea subsides within 7 days. In a few cases, diarrhea may persist for >2 weeks, when it is called as 'Persistent diarrhea'.
- Diarrhea with the passage of mucus and blood is called as 'Dysentery'.
- Diarrhoea persisting for more than a month is Chronic diarrhoea.

Causes

Diarrhoea is usually caused by an infection that spreads through contaminated food or water, or from person to person due to poor hygiene. Diarrhoea can cause dehydration, which can be dangerous and even life-threatening if severe. Repeated diarrhoea can lead to malnutrition, especially in children. Diarrhoea is common among children under 5 years of age.

The role of the ASHA:

The main role of you as an ASHA when dealing with a child and adults with diarrhoea, is to take relevant history, including clustering of cases and examine the individual for signs of dehydration, and to assess if he/she has: **No dehydration / Some dehydration / Severe dehydration (elaborated below).**

ASSESSMENT OF DIARRHOEA – FOR ALL AGES



Role of ASHA

The main role of the ASHA is to:

- Take relevant history.
- Examine the person (child or adult) for signs of dehydration.
- Assess and classify as: No dehydration / Some dehydration / Severe dehydration.

Ask and observe

How long has the person had diarrhoea?

Is the person drinking normally, more eagerly/thirsty, or not drinking?

Is the person passing urine normally or less?

Chart ASI 4: Assessment of Diarrhoea by ASHA

Signs to look for	NO DEHYDRATION (Give ORS at home)	SOME DEHYDRATION (Give ORS more, continue feeding and observe closely)	SEVERE DEHYDRATION (Refer immediately to health facility)
General condition 	 Alert and active	 Irritable or restless	 Lethargic or unconscious, not able to drink or breastfeed
Eyes 	 Normal	 Sunken	 Sunken deeply
Mouth and tongue 	 Moist	 Dry	 Very dry
Thirst / drinking 	 Drinks normally, not thirsty	 Drinks eagerly, thirsty	 Unable to drink or drinks poorly
Skin pinch (goes back) 	 Goes back quickly (less than 2 seconds)	 Goes back slowly (2-3 seconds)	 Goes back very slowly (more than 3 seconds)
Urine (passing) 	 Passing urine normally	 Passing urine less than normal	 Not passed urine for many hours

Use this assessment for all age groups – infants, children, adolescents and adults.

What ASHA should do



✓ No dehydration

- Give ORS after each loose stool.
- Continue feed and fluids.
- Advise hand washing and safe food and water.
- Review the person.

! Some dehydration

- Give ORS more frequently.
- Continue feed and fluids.
- Observe closely.
- If not better or condition worsens, refer to health facility.

✗ Severe dehydration

- Refer immediately to the nearest health facility.
- Advise the caregiver to continue giving small sips of ORS while going to the facility.
- Do not delay.

Follow the IMNCI / Facility protocol and local guidelines.

Remember: Early assessment and timely action can save lives.

Danger Signs – Refer child/adult urgently to the first referral unit in the following conditions

- Not able to drink or breastfeed
- Vomits everything
- Very sleepy, lethargic, or unconscious
- Blood in stool (dysentery)
- Sunken eyes with poor drinking
- Diarrhoea lasting 14 days or more

- Severe dehydration
- Child below 2 months with diarrhoea
- Fever (persisting for 2-3 days or more)
- Convulsions
- Cough or difficult breathing and fast breathing or 'pneumonia' or 'pasli chalna'
- Other associated illness
- Severe acute malnutrition

ACTION:

- Give ORS before and while referral
- Arrange transport
- Inform ANM / CHO / MO-PHC

MANAGEMENT AT HOME

MANAGEMENT AT HOME

DOs:

- ✓ Start ORS immediately
- ✓ Give Zinc tablets for 14 days in case of children
- ✓ Continue breastfeeding
- ✓ Give normal home food
- ✓ Encourage plenty of fluids



DON'Ts:

- ✗ Stop food
- ✗ Give antibiotics (unless advised by doctor)
- ✗ Give anti-diarrhoeal medicines

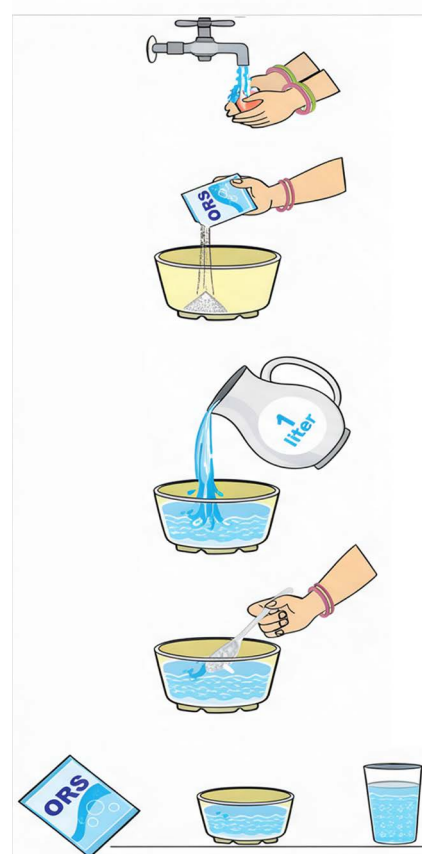


HOW TO PREPARE AND START ORS: Show Caregiver how to prepare ORS and explain much ORS is to be given in addition to the usual fluid intake. (Elaborated below)



Home based fluid management advice and steps for preparation of ORS:

1. Wash your hands thoroughly with soap and water.
2. Pour all the ORS powder from a packet into a clean container.
3. Measure one litre of clean drinking water and pour it into the container in which you poured ORS. (If you have ORS packets for 1/2 liter of water then take 1/2 liter water.)
4. Stir until all the powder in the container has been mixed with water and none remain at the bottom of the container.
5. Taste ORS solution before giving it to the child. It should taste like tears - neither too sweet nor too salty. If it tastes too sweet or too salty then throw away the solution and prepare ORS solution again.
6. Any ORS solution which is left over after 24 hours should be thrown away.



Start age appropriate ORS:

Show care-giver how to prepare ORS and explain how much ORS is to be given in addition to the usual fluid intake.

Upto 2 months	2 months upto 2 years	2 to 10 years	> 10 years
 5 tea spoons after each loose stool	 1/4 glass to 1/2 glass (50 – 100 ml) after each loose stool	 1/2 cup to 1 cup (100 – 200 ml) after each loose	As much as wanted upto 2 liter a day

Tell the care-giver to:

- Give frequent small sips from a cup
- If vomiting occurs, wait 10 minutes and give ORS **more slowly**
- Continue giving extra fluid until diarrhoea stops
- In addition to ORS , in children give Zinc supplement

Give Zinc Supplements For 14 Days in case of children (Ensure it is given for **14 days**, even if diarrhoea stops)

Age	Dose
2–6 months	10 mg (½ tablet) daily – dissolve in breast milk , clean water
6 months–5 years	20 mg (1 tablet) daily – dissolve in ORS or clean water

Follow-up by ASHA

- Visit child within 24 hours
- Check ORS intake
- Ensure zinc is continued for 14 days
- Recheck for danger signs and refer if required

Prevention : You must promote the following to prevent diarrhoea :

- General hygiene including Handwashing with soap before preparing and having food and after using toilet
- Safe drinking water
- Use of toilets
- Exclusive breastfeeding for first 6 months
- Timely initiation complementary feeding
- Full immunization (especially Rotavirus vaccine)



Common Myths and Correct Messages (Diarrhoea in Children)

Myth (Misconception)	Correct Message
ORS should not be given in winter even if the child has diarrhoea	ORS should be given in all seasons whenever a child has diarrhoea to prevent dehydration
ORS should be given in summer even if the child does not have diarrhoea	ORS is only needed during diarrhoea or dehydration; otherwise give normal fluids like water, lemon water, lassi, etc.
Some foods should be stopped during diarrhoea	Continue giving normal, easily digestible food (e.g., rice, dal, khichdi, banana)
Feeding during diarrhoea will worsen the illness	Continue feeding during diarrhoea; it helps the child recover faster and prevents weakness
Breastfeeding should be stopped or reduced during diarrhoea	Breastfeeding should be continued and even increased during diarrhoea
Diarrhoea is due to weather, evil spirits, or indigestion and does not need treatment	Diarrhoea is usually caused by infection and needs proper care (ORS, zinc, continued feeding, and medical help if needed)

Case study:

Mrs. X's 2-year-old child is passing loose stools and has passed 6-7 loose stools since yesterday. The family thought it would stop on its own and avoided giving food or water. Child has become weak and restless. Family has called you. You find that child is irritable child's mouth is dry and eyes look sunken.

Question:

What type of diarrhoea is this? What immediate actions will you as an ASHA take in this case?

Management of simple wounds:

Being an ASHA you may come across situations, where you might have to manage common wounds and injuries. Wounds can result from different types of injuries. Being an ASHA you are expected to provide first aid and manage simple wounds, identify, provide first aid and refer for severe or infected wounds.

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 injection.

Also remember to counsel and follow up with diabetic patients regarding special precautions as wounds in diabetics can take longer to heal. In case of any pus/ oozing or discharge/ signs of infection in the wound, diabetics and immuno-compromised should consult the MO at AAM PHC regarding requirement of antibiotics.

Family members should be given the following key messages:

- Avoid using cow dung, ash or mud on a wound. These can cause dangerous infections like tetanus.
- Never put alcohol, tincture of iodine, or any medicine directly into a wound without consulting doctor /CHO; doing so will damage the flesh and make healing slower.
- Avoid disturbing the scab (a dry covering over the wound) that has been formed.
- Refer persons to nearby health facility immediately in case the cut is large or deep and gaping which might require stitches.

The flowchart below will help the ASHA understand the different types of wounds and what has to be done to manage them. Also covered in more detail in emergencies section.



TYPES OF WOUNDS AND THEIR MANAGEMENT:

Check the Type of Wound

Wound With No Bleeding (Small cuts, scrapes, abrasions)

What To Do

- ✓ Wash hands with soap and water
- ✓ Clean the wound with clean water
- ✓ Remove visible dirt gently with clean cotton wool
- ✗ Do NOT scrub / rub the wound
- ✓ Cover with **clean gauze or light cloth**
- ✓ Change dressing **daily / earlier if it becomes soiled or wet**

DO NOT

- ✗ Apply mud, ash, cow dung, human/animal faeces
- ✗ Apply spirit, alcohol, iodine, or medicine
- ✗ Disturb the scab
- 🚑 Refer for **Tetanus Toxoid (TT) injection**

Seek Care if :

- If foreign body is embedded
- Increasing redness , swelling , pain or pus
- Fever
- For Tetanus prophylaxis - need assessment / administration

Wound With Bleeding

Control Bleeding First

- ✓ Apply **continuous direct pressure** with clean cloth/ gauze .
- ✗ Do NOT keep checking repeatedly
- ✓ Raise the injured part

If Bleeding Is Severe

- ✓ Keep pressure and refer immediately to hospital
- ✓ If needed, tie above the wound (limb only) Use wide cloth or belt taking care not to make it too tight .
- ✗ Do NOT use rope, wire, string
- ✗ Do NOT tie too tight as that can compromise blood flow to the limb

Infected Wound / High risk Wounds

How To Identify Infected Wound

- Increasing / Spreading Redness or swelling
- 🔥 Warmth
- 😞 Increasing Pain
- 💛 Pus or foul smell discharge
- 🌡 Fever

High-risk Wounds

- Deep or large wounds
- Wound with dirt or debris or foreign body
- Puncture wounds (may not have visible bleeding)
- Wounds involving the eye, face, hand, genital area or a joint
- Animal / Human bites
- Crush Injuries
- Wounds caused by Knife or other penetrating object / fireworms

Animal Bite / Scratch : Wash immediately with soap/detergent and running water for at least 15 minutes.
Do not tightly bandage or close the wound
Refer immediately for rabies PEP assessment and Tetanus prophylaxis

Immediate Referral

Refer immediately. Do not try to remove deeply embedded objects.

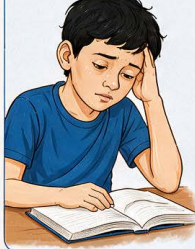
Anaemia



Anemia is a condition in which the number of red blood cells (RBCs), or their oxygen-carrying capacity, is insufficient to meet the body's requirements. These requirements vary by age, sex, altitude, smoking habits and during pregnancy.

HOW CAN THE ASHA SUSPECT / IDENTIFY ANEMIA:

HOW DO YOU SUSPECT / IDENTIFY ANEMIA?

a. ANEMIC INDIVIDUALS HAVE  • Pale skin  • Pale hands and nails  • Pale conjunctiva (eye)  • Pale tongue / glossitis  • Pale nails	b. INFANTS & YOUNG CHILDREN (6–59 MONTHS)  • Looks weak, lethargic • Poor feeding • Poor weight gain • Delayed growth or development • Frequent infections	c. CHILDREN (5–11 YEARS)  • Tired easily during play • Thin or weak appearance • Difficulty concentrating • Breathlessness on exertion • Reduced school performance
d. ADOLESCENTS (10–19 YEARS)  • Constant tiredness & low stamina • Poor appetite • Breathlessness on exertion • Poor school attendance or performance • Menstrual irregularities in girls		e. ADULT MEN AND WOMEN OF REPRODUCTIVE AGE (15–49 YEARS)  • Fatigue and weakness • Dizziness, headache • Shortness of breath • Reduced work capacity • Reduced physical strength • Menstrual irregularities in women



ANEMIA can affect anyone, irrespective of age, sex and socio economic status.



Early identification helps in timely treatment and better health.



Visit the nearest AAM for a Haemoglobin test.

Causes of Anemia

Nutritional causes are common, with Iron deficiency being an important cause. Deficiencies of vitamin B-12, folate and vitamin A can also contribute to anemia.

Non nutritional causes – Malaria, Worm infestation, tuberculosis and certain genetic diseases where red blood cells are not normal (hemoglobinopathies) Thalassemia, Sickle[SC2.1] Cell Disease.

How do we confirm anemia and measure its severity?

Anaemia can be identified by measuring the haemoglobin (Hb) level in the blood. A digital haemoglobinometer is used for testing at appropriate health facilities and outreach settings. The Hb level helps to identify whether a person has anaemia and how severe it is.

The table below is used for diagnosing anemia

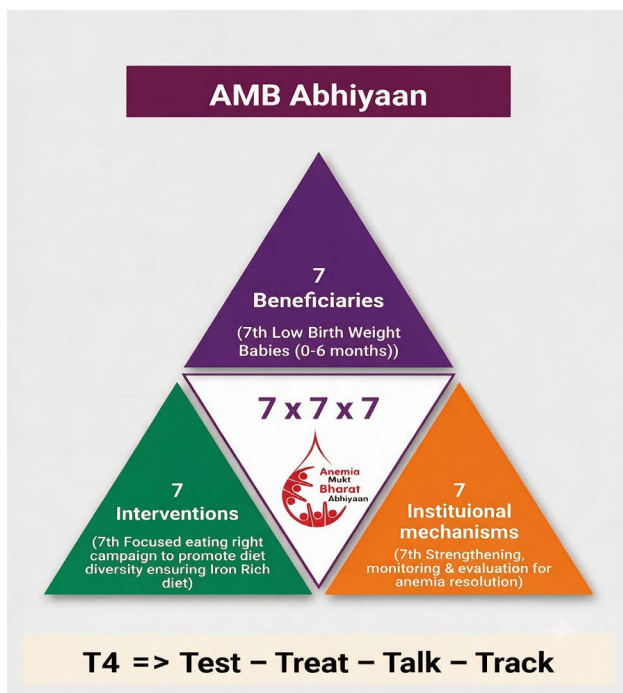


Age group	Anemia Levels		
	Mild	Moderate	Severe
Children 6-23 months	9.5-10.4	7- 9.4	<7
Children 24-59 months	10-10.9	7-9.9	<7
Children 5 -11 years	11-11.4	8-10.9	<8
Adolescents 12-14 years	11-11.9	8-10.9	<8
Non- pregnant women (15 years and above)	11-11.9	8-10.9	<8
Pregnant women (first and third trimester)	10-10.9	7-9.9	<7
Pregnant women (second trimester)	9.5 – 10.4	7 – 9.4	<7
Men (15 years and above)	11.0-12.9	8-10.9	<8

Anemia remains a major public health problem in India. According to NFHS-5 (2019–21), anemia was reported in 67.1% of children aged 6–59 months, 59.1% of adolescent girls aged 15–19 years, 57.2% of women aged 15–49 years and 52.2% of pregnant women aged 15–49 years. The level of anemia varies across states and groups.

The Anemia Mukht Bharat Abhiyaan is a national program with multipronged interventions aimed to correct and prevent anemia in all age groups.

Almost every woman is now receiving **Iron and Folic Acid (IFA) tablets**. **Iron tablets** are being provided to children and adolescents, while **iron syrup** is available for infants and young children. Special management of anemia in **low-birth-weight babies** has been introduced as part of the **7 × 7 × 7 strategy**. It is essential that with sincerity and dedication, concerted efforts are made to ensure that these supplements are consumed regularly in the correct doses **for specific duration** by all beneficiaries, so that anemia can be effectively **prevented and corrected** in your area.



Now let us look at a story of ASHA (A) and P, the ANM; how they are working diligently to promote regular intake of IFA tablets, and how they overcame the problem of resistance due to different myths and fears.

They could have given up, but they persevered, using all methods/ resources at hand. The same is expected from each one of you.

1 Story card 1



A., the ASHA of Rampur Sub Health Centre (SC), was concerned that a large number of women and adolescents in the block were anemic and many infants were malnourished. She always took the opportunity to motivate them whenever they visited the SC. She ensured that she explained the importance of taking IFA tablets regularly and talking to them about the importance of having an iron rich diet. She also supported other ASHAs in her area to motivate pregnant and lactating women and their families to ensure that IFA tablets are taken as prescribed.

2 Story card 2



S., who was about to enter the fourth month of her pregnancy had come to the Ayushman Arogya Mandir from a nearby village for her first antenatal check-up. Her husband also accompanied her. After registering the pregnancy and conducting all the necessary check-ups, P., the ANM at the Ayushman Arogya Mandir, explained the need for and benefits of taking one IFA tablet – the red tablet – daily for the next 180 days (six months).

S. said that she understood the benefits of taking IFA tablets regularly but told P. that her family, especially her mother-in-law, did not trust IFA tablets. Her sister-in-law who had consumed IFA tablets during her pregnancy used to complain of nausea and also passed black coloured stools. She had therefore, discontinued taking IFA tablets. Also, both her mother and her mother-in-law believed that taking IFA tablets may result in the baby developing a dark complexion.

3 Story card 3



In a friendly and caring manner, P. explained to S. that taking IFA tablets regularly was very important to ensure the good health of the mother as well as the baby in the womb. She gave her a strip of IFA tablets and also explained the need to take an iron-rich diet such as green leafy vegetables, whole grains and pulses, nuts and oilseeds along with meat, eggs, liver and fish (if the family consumes non-vegetarian food).

She further explained that including vitamin C-rich foods such as lemons, tomatoes, guavas, oranges, amlas and sprouts help in absorption of iron in the body. She cheerfully explained that the benefits of taking IFA tablets were far greater than the few discomforts that one might face initially after consuming the tablets. S. assured P. that she would try to convince her mother-in-law to let her take the IFA tablets.

4 Story card 4



About two weeks later, P. visited S.'s village as part of the routine supportive supervision provided to ASHAs. During her conversation with A., the village ASHA, about the status of pregnant women in the village, she remembered to check about S.

A. reported that she had visited S. and motivated her to start taking one IFA tablet everyday, preferably at the same time without fail. She also told P. that although S. was keen to start, she had been hesitant to take IFA tablets and that her visit to S.'s place and explanation to S.'s mother-in-law of the benefits of taking IFA tablets had helped S. to start taking them.

P. decided to visit S.'s house along with A..

5 Story card 5



Together, P. and A. explained the benefits of IFA tablets once again and the grave dangers that it protected both mother and child from. They gave examples of their own pregnancies and how they had faced the same problems while taking IFA tablets and that after some time they had become used to them. The side effects of the tablets also reduced in some time.

A. was carrying a set of dialogue cards that she used effectively to explain why taking IFA tablets regularly along with an iron and vitamin C-rich diet (which includes dark green leafy vegetables, locally produced fruits and vegetables like pumpkin, papaya, orange, lemon and guavas) was very important for the health of the mother and the baby.

6 Story card 6



Thereafter, P. and A. decided to meet S.'s husband R., who ran a small grocery shop nearby. They went to meet him with the village Pradhan whose daughter-in-law had recently delivered a healthy baby in the PHC. They patiently explained all the benefits of regular IFA tablet consumption to S.'s husband and requested him to ensure S. took the tablets regularly. They also explained that an anemic person may feel lethargic, experience breathlessness, giddiness or weakness and get tired easily.

The village Pradhan helped in motivating S.'s husband by narrating how his daughter-in-law and the newborn were both healthy because they had followed all the advice given by the ASHA and ANM didis. A. also requested R. to bring S. to the PHC for her next ANC check-up which was due after two months.

7 Story card 7



During the next visit, both R. and his mother accompanied S. to the PHC where along with other check-ups, P. also checked S.'s haemoglobin levels. The results were satisfactory. This was a result of S. taking her daily dose of IFA tablets without fail. Now her family also supported her in ensuring she took an iron-rich diet along with daily IFA supplementation.

8 Story card 8



S. delivered a healthy child at the PHC after a few months. All the steps related to healthy delivery such as delayed cord clamping and early initiation of breastfeeding were ensured by the medical team attending to S. P., as a capable team member, counselled S. and her family members on continuing consumption of IFA tablets for another 180 days (six months) as it is equally important for lactating mothers to take IFA tablets.

So we see that the ASHA and ANM ensured a healthy outcome for the pregnant women through their persistence and dedication.

To summarize :

- You must be vigilant and look out for signs of anemia .
- Get the hemoglobin test done.
- Ensure that IFA as per program guidelines is provided
- Follow up for adherence and compliance
- Reassure about side effects and that they settle down after sometime
- Highlight the advantages of anemia free state and state disadvantages and dangers of unaddressed anemia.
- Dispel their myths / misconceptions.
- Counsel families and communities along with the individuals
- Get repeat hemoglobin done after every month till hemoglobin becomes normal.
- Focus on deworming and personal hygiene and sanitation to prevent repeated infection and anemia.

IFA supplementation: Role of ASHA

Management of the Children 6-59 Month with Iron and Folic Acid (IFA Syrup)

Preventive IFA supplementation for children 6–59 months

- Bi-weekly (1 ml) IFA syrup
- Each ml of IFA syrup Containing 20mg elemental iron and 100mcg iron folic acid
- The IFA syrup bottle has an auto-dispenser to help give the correct dose.
- Administer into the side/back of the child's mouth using the auto-dispenser



Screening

- Provide IFA syrup bottle for biweekly (1ml) supplementation during the home visit in your designated area
- Explain to the mother or caregiver why IFA syrup is important for preventing anemia and why it should be given regularly.
- Counsel on importance of iron rich diets, sanitation and hygiene practices
- Demonstrate skill to mothers/caregivers to provide IFA syrup through the auto dispenser bottle

Follow up

- Ask the mother or caregiver to show you how they will give the IFA syrup. During follow-up visits, ask whether the child received the IFA doses regularly and encourage the family to continue. Thereafter visit every fortnight, confirm administration and encourage the mother
- Line listing for all anemic children to be maintained
- Monitor for compliance of IFA syrup administration every 14 days

Note

- Do not give IFA syrup while the child has an acute illness such as fever, diarrhoea or pneumonia. Restart IFA after the child has recovered, as advised by the health worker. Do not give IFA to a child with known thalassaemia major or a history of repeated blood transfusions unless advised by the treating health professional.
- If a child is found to have anaemia, the Medical Officer or other authorised health professional will decide the treatment and dose. ASHA should support the family to follow the treatment and attend follow-up as advised.
- If no improvement on repeat testing of Hemoglobin, CHO / MO will refer the beneficiary to the FRU/ DH / pediatrician for further investigation and management. Facilitate the

Management of the Children 6-59 Month with Iron and Folic Acid (IFA Syrup)

Preventive IFA supplementation for children 5–9 years

- Weekly administration of 1 iron and folic acid tablet
- Each tablet containing 45 mg elemental iron and 400mcg Folic Acid
- Sugar coated, pink colored tablet



Screening

Provide IFA tablets during home visits to the out of school children

Follow up

- Line listing for all anemic children to be maintained
- During follow-up, ask whether the child is taking the IFA tablet regularly and encourage the child and family to continue.



Note

- Preventive supplementation with iron should be withheld in case of acute illness (fever, diarrhea, pneumonia, etc.) and restarted once the infant has recovered as advised by the health worker. Do not give IFA to a child with known thalassaemia major or a history of repeated blood transfusions unless advised by the treating health professional. In case of SAM children, IFA supplementation should be continued as per SAM management protocol.
- In an anemic child, CHO / MO will prescribe the therapeutic dose. When hemoglobin levels reaches normal level, the dose shall be reduced to the preventive dose and IFA supplementation will continue.
- If hemoglobin level shows no improvement CHO / MO will refer the beneficiary to the FRU/ DH treatment medical officer/pediatrician/physician for further investigation, as applicable.

Management of the Pregnant Women with Iron and Folic Acid (IFA Red Tablet)

Preventive IFA supplementation among pregnant women

- Daily one folic acid tablet for 1st trimester
- Daily one IFA tablet (2nd trimester onwards)
- Daily one IFA tablet for 180 days, postpartum
- Each sugar coated, red color tablet contains 60mg elemental iron+500mcg folic acid sugar coated, red color



Screening

Haemoglobin should be checked during antenatal care as advised by the health provider, using the available haemoglobin testing method.



Follow up

- If a pregnant woman is unable to attend the health facility regularly, ASHA should help her access ANC services and ensure that she receives the required IFA supplements.
- At each contact, the health worker should ask about IFA use and provide counselling for regular use.
- Monitor compliance of IFA tablets consumption through weekly house visits
- Line listing for all anemic pregnant women to be maintained and updated

Note

- If a pregnant woman is found to have anaemia, the Medical Officer or other authorised health professional will decide the treatment and dose according to the anaemia management protocol. (as the level of anemia will decide upon the treatment protocol) ASHA should support the woman to take the treatment regularly and attend follow-up.
- Hemoglobin is tested every month till she becomes non-anemic after which the preventive supplementation is continued. If no improvement after first level of treatment, she is referred to the FRU/ DH treatment medical officer/specialist / physician for further investigation, as applicable
- In cases of severe anemia, management with injectable iron / blood transfusion may be required.

Adolescent boys / Men if suspected to have anemia must be referred to CHO / MO for investigation and management. Management of anemia in adolescent girls has been discussed in the previous life-cycle section.

Thalassemia

What is Thalassemia?

Thalassaemia is an inherited blood disorder in which the body does not make enough haemoglobin. This can cause anaemia. A child inherits the thalassaemia gene from their parents. Thalassaemia can range from a mild form, called thalassaemia trait, to forms that require regular medical care and blood transfusions.

- **Thalassaemia major / Transfusion-Dependent Thalassaemia (TDT):**

People with this condition usually need regular blood transfusions and lifelong medical care.

- **Thalassaemia intermedia / Non-Transfusion-Dependent Thalassaemia (NTDT):**

People may have anaemia but may not need regular blood transfusions. Some may need transfusions from time to time.

- **Thalassaemia trait (carrier state):**

People with thalassaemia trait usually have no symptoms or only mild anaemia. They generally do not need blood transfusions. They can pass the thalassaemia gene to their children.

Inheritance: It is passed from parents to children. It is not contagious. If both parents are carriers, there is a 25% chance in each pregnancy that the child will have Thalassemia Major. i.e. That the child may inherit diseased gene from both the parents and have the disease

Your role as an ASHA is very important as Thalassemia is preventable. The birth of a child with thalassemia major can be prevented through carrier screening before marriage or early in pregnancy.

Screening: A blood test can identify if a person is a carrier.

- Being a carrier is common in many Indian communities. Screening should be done in adolescents, young adults, engaged couples, and pregnant women (especially in high-prevalence areas).
- Encourage antenatal screening (testing the mother). If the mother is a carrier, the husband must be tested.
- The tests are available in public health facilities.

Marriage Counselling:

- If both partners are carriers, they should be referred for genetic counselling. The counsellor will explain the chance of the child having thalassaemia and the available options.

Support for management of Thalassaemic individuals :

- Facilitate children with thalassemia major in receiving regular, scheduled blood transfusions.
- Educate parents that excess iron from blood must be removed using medicine to prevent organ damage. This is crucial for survival.
- Support families in attending follow-up visits to manage complications
- Inform the families about government schemes that offer financial aid for curative Bone Marrow Transplants.

Case study:

S, who had recently moved with her family from the outskirts of the city, lost her eight-year-old son, C, at the district hospital yesterday. C was suffering from thalassaemia and required regular blood transfusions every month. S recalled that her mother had once told her about losing a son in infancy who was extremely pale and also needed blood transfusions, suggesting a possible family history of thalassaemia.

The local ASHA visited S and was deeply saddened by the family's loss. Meanwhile, S's husband was burdened with debt, as the family had already sold their house to finance C's prolonged treatment.

Given the family history suggestive of thalassaemia, this tragedy might have been prevented through timely genetic counselling, carrier screening before marriage or pregnancy, antenatal testing, and early diagnosis, which could have enabled informed reproductive choices and appropriate medical planning.



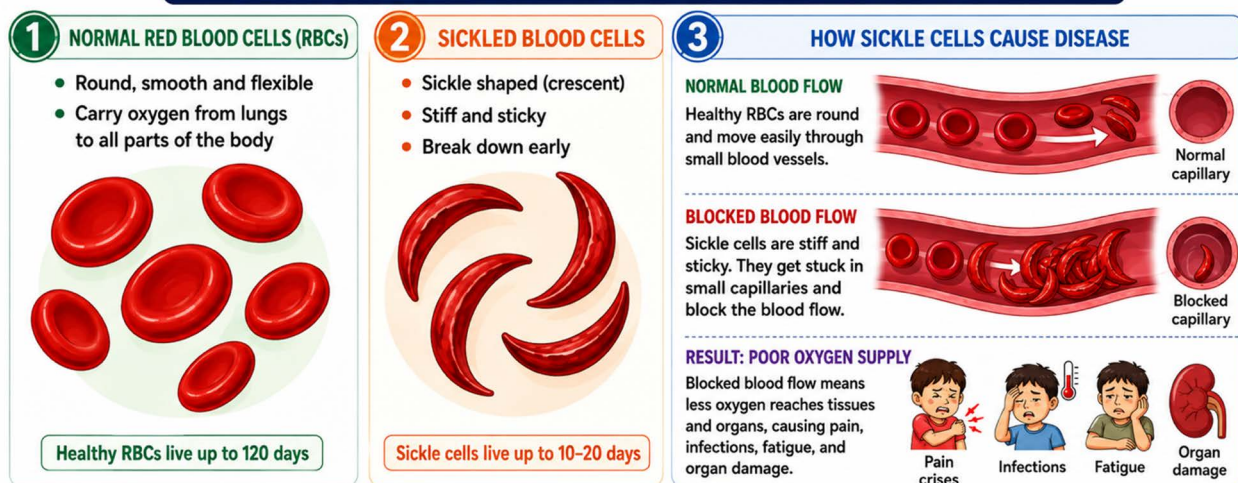
Sickle Cell Disorder¹

Sickle cell disorder is a genetic disorder that affects red blood cells and is passed on from parents to children. In India, Sickle Cell disorder is more common among tribal population as they tend to marry within the communities, and so Sickle Cell genes are passed on from one generation to another.

Red blood cells normally look like round discs. But in a person with sickle cell disease, they are shaped like sickles or half-moons. These cells have a much shorter life span. The red blood cells carrying sickle-haemoglobin become sticky and deformed (C shaped) and get destroyed resulting in anemia (See chart A-2). This is a chronic disease with need for life-long treatment.

THE BIOLOGY BEHIND SICKLE CELL DISEASE

SICKLE CELL DISEASE: FROM CELLS TO DISEASE



Key Points to Remember

- Both men and women have equal risk of getting this disease.
- A child can have sickle cell disease when both parents pass on a sickle cell gene. People with sickle cell trait usually do not have symptoms, but they can pass the gene to their children. Screening can identify people who have the trait.
- Awareness can improve screening and in reducing the burden of this disease.
- Being aware of your sickle cell status is very important before planning a marriage or having a child

Screening is therefore advisable for-

- Universal screening 0-40 years in high prevalence areas* (all persons between 0-40 years including newborns)
- All pregnant women during the first 3 months of pregnancy
- All school and college going children in high prevalence areas*

1. <https://nhsrcindia.org/sites/default/files/2023-07/Training%20Manual%20on%20SCD%20for%20MPW%20%26%20ASHA.pdf>

*The National Sickle Cell Anemia Elimination Mission focusses on 17 states with higher prevalence of SCD viz., Gujarat, Maharashtra, Rajasthan, Madhya Pradesh, Jharkhand, Chhattisgarh, West Bengal, Odisha, Tamil Nadu, Telangana, Andhra Pradesh, Karnataka, Assam, Uttar Pradesh, Kerala, Bihar and Uttarakhand.

Symptoms of Sickle Cell Disease

The signs and symptoms of sickle cell disease vary greatly from person to person. Some people are quite healthy and are diagnosed at relatively old age; some are frequently hospitalized and may have complications, while some others may die at an early age from the disease and its complications.

Symptoms are:



Anaemia – People with Sickle Cell Disease have low red blood count. This makes them tired easily



Frequent infections- Children under the age of five are at the highest risk. Child may have repeated infections.



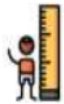
Jaundice – Yellow coloration of the white of the eyes is a common symptom.



Episodes of pain - A person may have sudden episodes of severe pain, often in the bones, joints, chest, back or abdomen. The pain may last for hours or days.



Swelling of hands and feet - The swelling is caused by sickle-shaped red blood cells blocking blood circulation in the hands and feet.



Delayed growth or puberty - A shortage of healthy red blood cells can slow growth in infants and children and delay puberty in teenagers.



Vision problems - Sickle cell disease can damage the eyes and affect vision. Regular eye check-ups are important.



Leg ulcer - Leg ulcers are painful and often disabling complications of SCD.



Priapism- Prolonged painful erection of the penis without sexual arousal

Stroke or Heart Attack – In case the blood vessels of brain or the heart are affected, serious conditions like stroke/ paralysis or heart attack may occur. These can also result in death of the individual if not managed timely.

How can Sickle cell disease be treated?

Sickle cell disease is a lifelong condition, but regular treatment and follow-up can help prevent complications and improve quality of life. Treatment may include medicines, vaccinations, treatment of infections and pain, and other care as advised by the doctor.

Symptoms of sickle cell disease

- Looking pale
- Frequent infections/ Illness
- Yellow colored eye
- Backpain
- Enlargement of spleen
- Swelling
- Fatigue
- Breathlessness
- Aneamia/Paleness
- Joint Pain
- Low Immunity

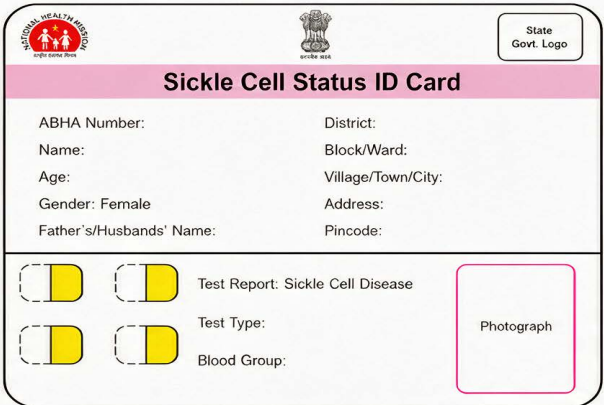


How can Sickle cell disease be prevented?

Sickle cell disease is an inherited condition. The risk of having a child with sickle cell disease can be reduced by identifying people with sickle cell trait or disease and providing appropriate genetic counselling before marriage and pregnancy. Couples should be informed about their haemoglobin status and the risk to their future children, so that they can make informed reproductive choices. The aim is to prevent the risk of a child being born with sickle cell disease.

Sickle Cell ID Cards

People screened for sickle cell disease receive a Sickle Cell ID card according to the programme. The card records the person's screening status, such as normal, carrier (trait), or disease. The card helps the person and health workers know what follow-up, treatment or counselling is needed.

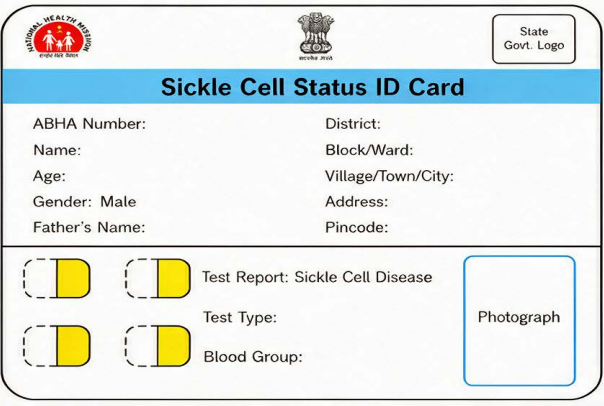


Sickle Cell Status ID Card

ABHA Number: District:
 Name: Block/Ward:
 Age: Village/Town/City:
 Gender: Female Address:
 Father's/Husbands' Name: Pincode:

Test Report: Sickle Cell Disease
 Test Type:
 Blood Group:

Photograph



Sickle Cell Status ID Card

ABHA Number: District:
 Name: Block/Ward:
 Age: Village/Town/City:
 Gender: Male Address:
 Father's Name: Pincode:

Test Report: Sickle Cell Disease
 Test Type:
 Blood Group:

Photograph

	Possibility of having disease in child	Marriage
☒	All Normal	Recommended
☒	50% Normal, 50% Carrier	Recommended
☒	50% Normal, 50% Carrier	Recommended
☒	All Carrier	Recommended
☐	All Carrier	Recommended
☒	25% Diseased, 50% Carrier 25% Normal	Not Recommended
☒	50% Diseased, 50% Carrier	Not Recommended
☐	50% Diseased, 50% Carrier	Not Recommended
☐	All Diseased	Not Recommended

QR CODE

☐ Normal
☒ Carrier
☐ Disease

Facilities available at AAMs

- Screening at outpatient at all the AAMs and scheduled camps like Ayushman Shivr of individuals
- Screening of referred cases from the outreach camps and ASHAs
- Couple/Individual counselling for families affected by SCD.
- Teleconsultation services to higher centres at all AAMs

- Screening and confirmatory test at AAM-PHCs
- Follow-up services for patients on SCD treatment
- Provision of necessary drugs, diagnostic tests, and vaccinations for SCD patients.

Services at VHSNDs and VHSNCs by CHO / ANM / ASHAs

- Awareness generation about the disease and screening
- Education about dietary modification for management of SCD
- Follow-up care and counseling for SCD patients / families
- Immunization of children against vaccine-preventable diseases to prevent infections in sickle cell-diseased children
- Facilitation in the formation of peer support groups

Your role as an ASHA:

At individual/household level

- Raise awareness against SCDs through home visits
- Line list identified SCD carrier and SCD patients within your catchment area
- Prepare a list of eligible couples, who may be linked with the program to identify and provide genetic counselling and mobilize the couples to the nearest AAM
- Motivate pregnant women and their partners to get screened for SCD
- Follow-up of diagnosed individuals for undergoing treatment
- Reiterate key counselling messages (See Chart A-3)

At Community-level:

- As a member of community platforms (VHSNC, JAS, MAS) should leverage these platforms to sensitize people on the importance of sickle cell disease and screening service available at AAM
- Mobilize the eligible population for screening (camps/ facility-level screening)
- Mobilise patients for Patients Support Group (PSG) meetings with support from ANM/ CHO/MO.
- Facilitate discussions for experience sharing by patients and caregivers and to enhance treatment adherence.
- Refer people who are found to have sickle cell trait or disease, and couples in whom one or both partners are carriers, to the CHO/appropriate health facility for further assessment and counselling
- Support CHO in conducting outreach screening camps for sickle cell anaemia
- Counselling and social support.



KEY MESSAGES FOR COUNSELLING OF SICKLE CELL PATIENTS

Good care today, better health tomorrow



MEDICATION

- Patients should be reminded that the effectiveness of medication depends on their **adherence to daily dosing**.
- Should be counselled **not to double doses** if a dose is missed.
- Females of reproductive age should be counselled about consulting doctors regarding medication **prior to conceiving**.
- Clinical response to treatment may take **3 to 6 months**.



FOOD & HYDRATION



- Prefer **balanced diet** and locally available fruits and vegetables.



- Include **whole cereals and grains, millets, whole pulses and legumes**.



- Include vegetable and animal sources of **protein** in the diet, such as nuts, milk, pulses and legumes or egg, fish, meat.



- Use **healthy fats** for cooking e.g. fats from plant origin and nuts & seed oils e.g. Groundnut oil, mustard oil, coconut oil.



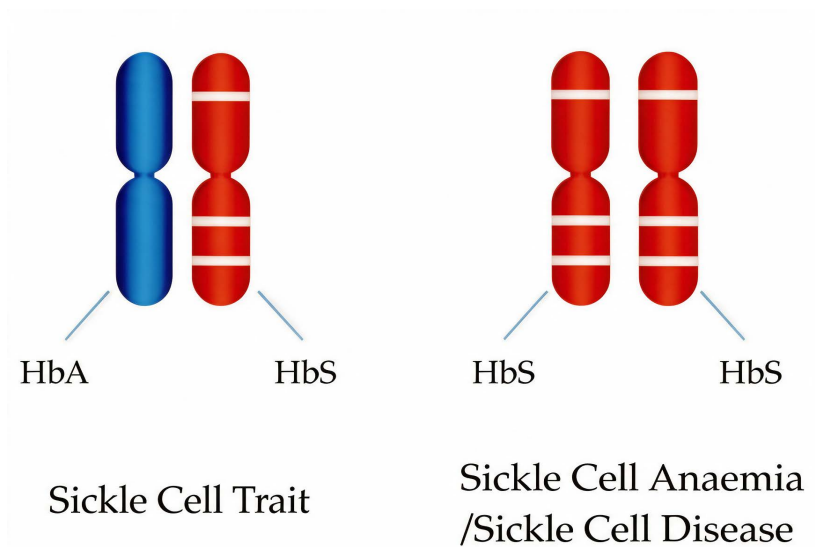
- Maintain **hydration and frequent meals/ feeds** at regular intervals should be taken to achieve the desired goal of nutrition.

SOME SIMPLE STEPS TO ASSIST ADOLESCENT PATIENTS

- Ensure **adequate knowledge** about general health maintenance.
- Explain why **pain occur** and practical things to help – fluids, diet, medicines, malaria prevention.
- Introduce to **peers/ support groups** if not already.
- Have **role models** from community.
- Assess for **inadequate coping and depression**.
- **Community programs or SCD family programs** to explain about normal teenage behavior can be helpful.

Together, we can help people with sickle cell disease live healthier, happier lives.

What Causes Sickle Cell Disease?



A child who gets a sickle cell gene from one parent and a normal hemoglobin gene from the other parent has sickle cell trait

Sickle Cell Trait

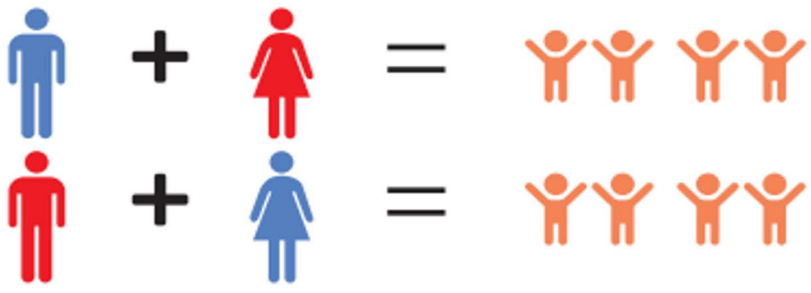
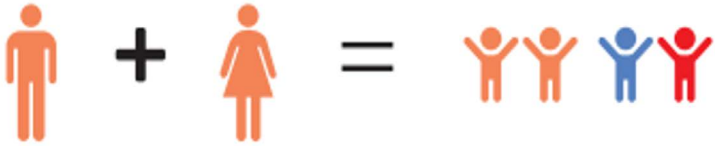
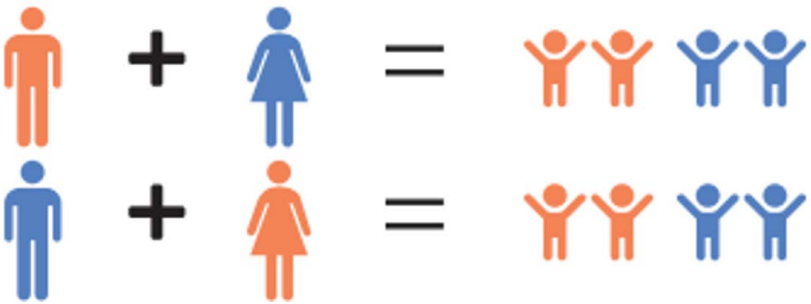
A child who gets two sickle cell genes, one from each parent, will have sickle cell disease

Sickle Cell Disease (HbSS)

A pictorial depiction of different combinations of parents' disease status and the probability of the children getting affected is as below:

	If both parents have sickle cell disease (indicated in red), all their children will be born with the disease.
	If one parent has sickle cell trait (orange) and the other has sickle cell disease (red), then children have a 50% chance of being diseased and 50% of being carriers



 The diagram shows two rows of parent combinations. The first row has a blue male icon, a plus sign, a red female icon, an equals sign, and four orange child icons. The second row has a red male icon, a plus sign, a blue female icon, an equals sign, and four orange child icons.	If one parent is normal (blue) and the other has sickle cell disease (red), then children have a 100% chance of being carriers (orange).
 The diagram shows one row of parent combinations: an orange male icon, a plus sign, an orange female icon, an equals sign, and four child icons. The four child icons are two orange, one blue, and one red.	If both parents have sickle cell trait (orange), their children have a 25% chance of being diseased (red), a 25% chance of being normal (blue), and a 50% chance of being carriers (orange).
 The diagram shows two rows of parent combinations. The first row has an orange male icon, a plus sign, a blue female icon, an equals sign, and four child icons (two orange, two blue). The second row has a blue male icon, a plus sign, an orange female icon, an equals sign, and four child icons (two orange, two blue).	If one parent has sickle cell trait (orange) and the other is normal (blue), then children have a 50% chance of being normal (blue) and 50% chance of being carriers (orange).



C2

Non-Communicable Diseases



PART C

C2 Non-Communicable Diseases

In this section, you will learn about following topics:

- Common Non-Communicable Diseases (NCDs), their risk factors, and prevention strategies.
- Your role as an ASHA in screening, early identification, referral, and follow-up of individuals at risk of or living with NCDs in the community.
- How to counsel families, mobilise people for screening and care, and support healthy habits and regular treatment.

Today, diseases that do not spread from one person to other like high blood pressure, diabetes, cancer, breathing problems and mental health issues are increasing rapidly due to change in lifestyle and environmental conditions. These are known as non communicable diseases.

Let us first understand what we mean by Non-Communicable Diseases?

- Non-Communicable Diseases (NCDs) are diseases that are chronic in nature and last for a long time.
- These diseases do not spread from one person to another.
- Some NCDs develop slowly and need long-term care, while some can become serious quickly.
- NCDs can affect men, women, and even children.
- A person may look healthy but still have an NCD.
- NCDs commonly affect people during their working and productive years. A person may look healthy but still have an NCD.
- They can cause early (premature) deaths, before the achievement of normal life expectancy.
- Older people are more at risk, but NCDs can occur at any age.
- Some of these are preventable and almost all are treatable if detected early and treated timely and adequately.
- If left untreated or poorly managed these can lead to complications and permanent disability at times.

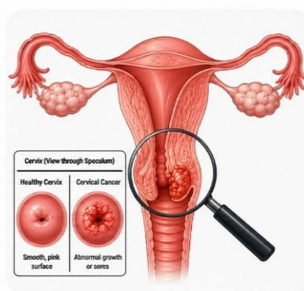
In this section we will focus on the common NCDs:



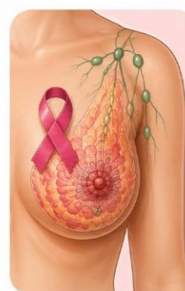
Hypertension



Diabetes



Cervical Cancer



Breast Cancer



Tongue Cancer

The other important non-communicable diseases include Asthma and Chronic Obstructive Pulmonary Disease, Coronary artery disease/ Heart disease, Stroke, Chronic Kidney Disease and Non-Alcoholic Fatty Liver Disease.



Are Non-Communicable Diseases Increasing? If so, then why?

There is an increasing trend and a shift to younger age group in NCDs and their complications. Some of the reasons are:

- People shifting from rural areas to urban areas and making changes in lifestyles related to diet, exercise and other behaviours.
- As people live longer, the number of older people with chronic diseases is also increasing.
- Decrease in physical activity due to availability of motor vehicles for transport and lack of adequate, safe spaces for regular exercise.
- Increasing use of tobacco and alcohol .
- Increased use of foods high in fats, salt and sugar including packaged foods.
- Low consumption of balanced diet such as adequate amounts of fruits and vegetables.
- Growing environmental pollution (air, food, water).

Myth: It is a myth that NCDs are diseases of the rich, NCDs affect poor and vulnerable populations as well.



HOW POVERTY INCREASES RISK OF NCDS?

Poor nutrition before birth

Babies born with low birth weight (less than 2.5 kg) do not get enough nutrition in the womb. As they grow up, they may have a higher risk of diabetes, high blood pressure and high cholesterol, especially with an unhealthy diet .



Unhealthy diet due to poverty

- Poor families cannot afford: Fruits and vegetables / pulses, milk, eggs, meat and their diet is mainly carbohydrate-based (rice or roti).
- Urban poor work long hours , have little time to cook healthy food and thus avoid foods that take longer to prepare (leafy vegetables, whole grains)

Unhealthy living conditions

- Poor people often live near factories and in areas with high air pollution which increases the risk of NCDs like heart and lung diseases.

Financial and social factors

- It is difficult to encourage ‘apparently healthy’ adults to come to health centres for screening for NCDs, especially at the cost of daily wage loss. Thus NCDs in the poor often go undetected for a long time.
- Further, NCDs require:
 - Lifelong medicines, regular check-ups and follow-ups
 - People often stop medicines when they feel better or feel that parameters like BP and blood sugar are ‘under control’ now.
 - They are unable to visit health centres regularly for follow-up or timely replenishment of medicines, due to loss of daily wages and transport costs.
 - Complications among sick may require hospitalisation which imposes heavy financial burden. This further reduces spending on nutritious food for the family, and children may have to drop out of school.

Women are more vulnerable in poor households.

- Women often have lower status in family / society and have little control over household money.
- In many families, women eat after feeding the family leftovers – which may be inadequate and unhealthy.
- Often they cannot take health related decisions about their own health are taken by the family members which further decreases their access to healthcare.

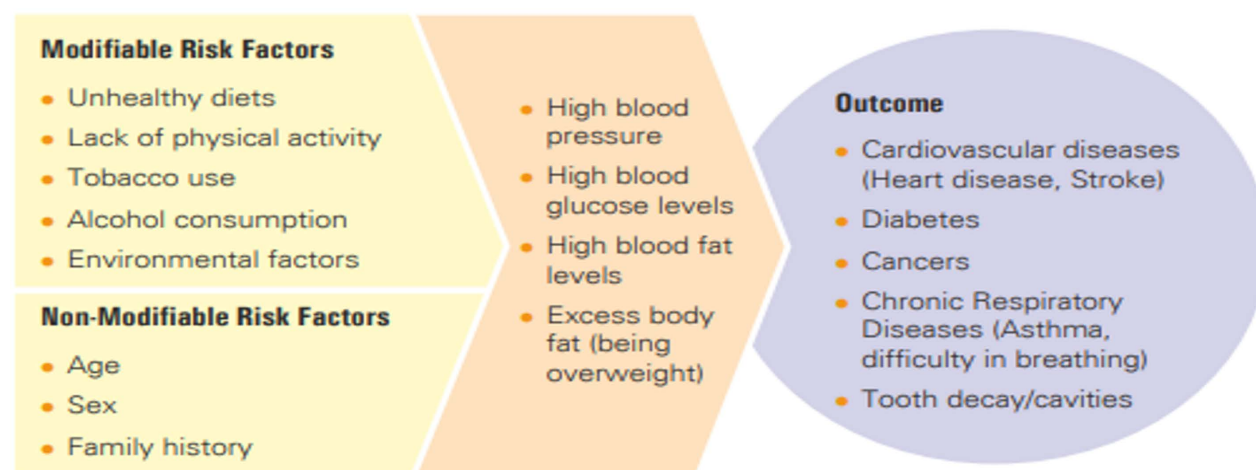
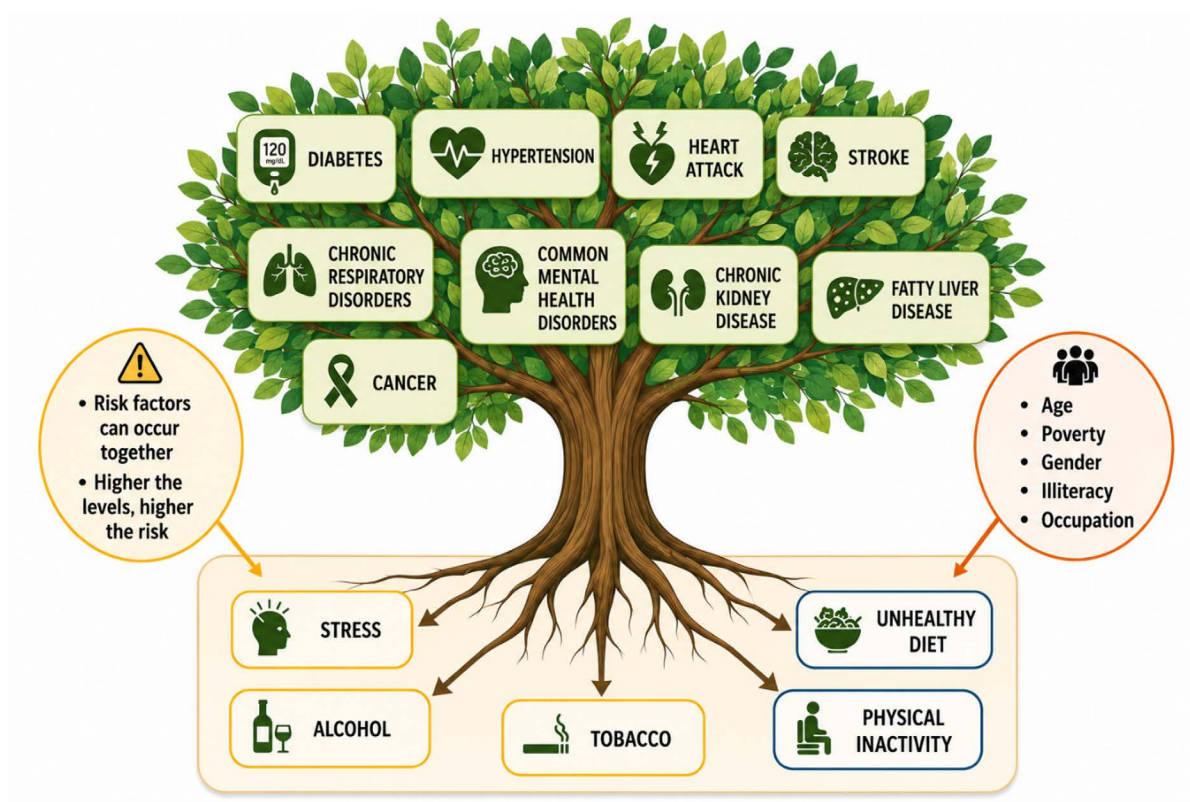
INTRODUCTION TO COMMON RISK FACTORS FOR NCDs AND THEIR INTER-RELATIONSHIP

What are risk factors for NCDs?

Risk factors are those conditions that can increase a person's chances of developing an NCD or worsening an NCD.

Risk factors are of two kinds:

- Those that cannot be modified (age, gender, race, family history)
- Those that can be modified by changing our behaviour (diet, weight, physical activity, lifestyles including use of tobacco and alcohol use, stress).



Source: Adapted from WHO STEPwise approach to NCD surveillance, WHO-2003



Non-modifiable risk factors: These risk factors are inherent to an individual and cannot be changed, such as age, family history and sex .

- **Age:** With increasing age, our body undergoes changes. As we grow older, there is an increase in the risk of developing high blood pressure, (Hypertension), high blood sugar levels, (Diabetes), high levels of body fat and blood fats. These conditions can lead to Non-Communicable Diseases like - heart and blood vessel diseases (stroke), diabetes, cancer, respiratory problems, etc.
- **Sex:** Both women and men are at risk of developing Non-Communicable Diseases. Men are at a higher risk of developing Non-Communicable Diseases. Women who have reached menopause are more likely to suffer from heart attacks than pre-menopausal women. Some risk factors for developing Non-Communicable Diseases such as high blood pressure or high blood glucose can affect women during pregnancy.
- **Family history:** The chances of getting a certain NCD are higher if a close family member - parents, siblings also has the disease.

Modifiable risk factors: These are risk factors that can be changed by undertaking certain specific actions.

Risk factors at an individual level:

- Consumption of tobacco and alcohol
- Unhealthy diet.
- Lack of physical activity
- Stressful lifestyle
- Poor sleeping habits
- Not taking treatment

Risk factors at population level - Poverty, poor living and working conditions and environmental factors like air pollution.

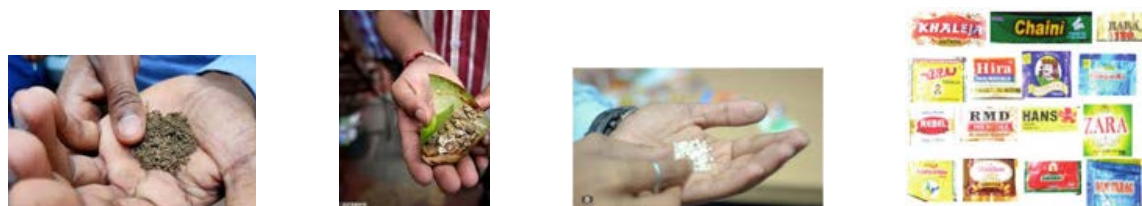
As you can see certain modifiable risk factors can be changed by the individual by modifying his / her life style into healthy one.

1. Consumption of Tobacco and Alcohol

Use of tobacco and alcohol is becoming very common and starting early in life. What usually starts as an occasional harmless use becomes a habit and can lead to serious long-term health problems. Adolescents may begin to use tobacco or alcohol in order to act older, or as a way of experimenting, to gain social acceptance among peers, or in stressful situations. Adults begin to smoke and drink to either overcome stress or pressures of daily life or for pleasure. Your role as an ASHA is to help the community understand these risks and support healthier choices.

Tobacco:

What are the Various Forms in which Tobacco is Used?



Smokeless tobacco - gutkha, zarda, mawa, pan masala (with tobacco) and pan (with tobacco or khaini), applied as a paste in the form of gudakhu, gul, and inhaled in the form of snuff, chutta, etc.

Passive Smoking

Smoking cigarettes or bidis not only harms the individual's health but also harms those who are sharing and breathing in the same space filled with smoke. Exposure to second hand smoking is called Passive Smoking. Children and women are especially exposed to the dangers of second-hand smoke, if they have a family member who smokes. Passive smoking just like smoking is associated with an increased risk of lung cancer, heart attack, difficulty in breathing, coughing, asthma, ear infection, irritation to the eyes, nose and throat, and long-term negative effects on the brain.



Effects of tobacco use

Short Term Health Effects	Long Term Health Effects
Worsening of Asthma	Cancers of oral cavity, lungs, throat etc.
Cough and breathing difficulty	High blood pressure, diabetes, kidney damage
Bad breath	Heart disease and stroke
Tooth decay /Gum disease	Chronic lung disease



Short Term Health Effects	Long Term Health Effects
Tobacco use in pregnancy leads to low-birth-weight babies	Increased risk of Tuberculosis
	Eye problems like cataract
	Impotence and low fertility among men

National Tobacco Cessation Programme

In 2003, India introduced the Cigarettes and Other Tobacco Products Act (COTPA-2003). According to this Act:

- Smoking is completely banned in public places like hospitals, schools and colleges, parks, public transport like buses, trains, taxis, etc.
- Tobacco products cannot be sold to person below the age of 18 years.
- Tobacco cannot be sold in places within 100 metres from the educational institutions such as schools and colleges.
- Ban of advertisements on tobacco through electronic and print media.
- The Government has also developed and deployed a mobile-based strategy called m-Cessation (011-22901701) to encourage and support those who are desirous of quitting. In this strategy, those desirous of quitting give a missed call to a toll-free number. To quit tobacco, call 1800 112 356 (TOLL FREE) or give a missed call at 011-22901701.

Being an ASHA you should know about this, so that you can educate community members on this aspect.

As an ASHA, you must create awareness about the harmful effects of Tobacco amongst the adolescents and older people in your catchment area. You must counsel those who are already using tobacco products to leave them. Giving up tobacco leads to improvement in breathing, reduction in risk of heart attack and cancer and improved health.

Habitual tobacco users may have following **withdrawal symptoms initially**, once they stop taking tobacco:

Physical Symptoms	Mental /Emotional Symptoms
Headache	Anxiety / Feeling of worry, concern
Nausea / Vomiting	Depressed mood
Constipation or Diarrhoea	Increased hunger
Fatigue, drowsiness	Irritability
Difficulty in sleeping	Craving for tobacco

Coping with withdrawal symptoms - Withdrawal symptoms can be tackled with support and encouragement of family and friends, finding ways of keeping oneself busy, drinking plenty of fluids, regular exercise, sufficient sleep and eating a balanced diet, or even simple

things like carrying out deep breathing exercises. Guide them to nearby Tobacco Cessation Center if required. Guide them to avail Tele- Manas helpline facility through 24x7 toll-free number 14416 or 1800-891-4416, free of cost throughout India.

Alcohol

What are the Various Forms of Alcohol?

- Alcohol made from locally grown grains, vegetables and fruits. Eg. arrack, mahwa,
- tari (toddy) etc.
- Distilled alcohol/ whisky, rum etc.
- Beer.
- Locally made intoxicating drinks. .

Effects of alcohol

- Damages the heart, increases blood pressure and can cause stroke.
- Increases the risk of certain cancers - mouth, food pipe,
- throat, liver and breast
- Leads to a variety of problems related to the liver, pancreas.
- Weakens the body's ability to fight diseases.
- Affects mental health- alcohol dependence, increases risk of self harm and suicide, problems in behaviour leading to fights, violence, depression, injuries and accidents.
- Person may be isolated or shunned by family and friends, loss of livelihood - causing the entire family to suffer.
- Drinking during pregnancy leads to complications during delivery and causes defects in the child.



Your role as an ASHA in addressing tobacco and alcohol risk factors -

- Increase community awareness including children and adolescents (boys and girls) about the harmful effects of tobacco and alcohol to their health and the health of those around them
- Financial burden: Improve understanding of the money spent on tobacco and alcohol use and the likely costs of treatment needed if they were to fall ill.
- Request the Male Multipurpose Worker/ASHA Facilitator or prominent male members of your community to support you with health talks at VHSNC / MAS platforms.
- Work with VHSNC and local groups to identify youth using tobacco/ alcohol and mobilize community action .
- Identify tobacco cessation centres and de-addiction centres that are in / near your area and provide information to people about how to access these centres.
- Mobilise on a priority basis, those who consume tobacco and alcohol to attend screening for Non-Communicable Diseases. Support those with hypertension and diabetes and motivate them to give up these habits.



Attitudinal Tips

So far, your work has largely dealt with female members of the community on women and children's issues.

However, as you begin to work on NCDs, communicating with men on topics such as the use of tobacco and alcohol is important. This may at first seem difficult.

This is perhaps more in areas where there are barriers for open discussions between women and men. It is important for you to more actively seek the participation of members of the Village Health Sanitation and Nutrition Committee or members of the Jan Arogya Samiti (JAS) or other community groups, such as - youth groups, SHG groups and your SHC/ PHC team members etc.

2. Promoting Healthy Diet

What is a Healthy Diet?

There are four basic food groups listed in the table and foods from all the basic four food groups should be eaten in proper quantities. The quantity of foods needed to meet body requirements differ with age, gender, body composition and physical activity. Thus those who engage in heavy work need to eat more, but those who do not do much activity need lower quantities of energy rich foods.

Classification of Food Groups with examples

Food Group	Examples*
Cereals, Millets and Pulses 	Cereals - Wheat, wheat flour (<i>atta/maida</i>), rice (brown/white), rice flakes (<i>chiwra</i>), maize/corn, barley, oats, <i>suji</i>, vermicelli (<i>sevan</i>), puffed rice, etc.; Millets - <i>Bajra</i>, <i>Ragi</i>, <i>Jowar</i>; Pulses/dals and legumes - Bengal gram (<i>channa dal</i>), Bengal gram flour (<i>besan</i>), green gram (<i>moong dal</i>), black gram (<i>urad dal</i>), arhar dal (<i>tur dal</i>) chickpea (white/black/green <i>chana</i>), sprouted pulses, legumes like rajma, <i>lobia</i>, soyabean and its products, etc.
Vegetables and Fruits 	Green leafy vegetables - spinach, mustard leaves (<i>sarson</i>), fenugreek leaves, bathua, coriander leaves etc; Other vegetables - carrots, onion, brinjal, ladies finger, cucumber, cauliflower, tomato, capsicum, cabbage etc; Starchy roots and tubers - potatoes, sweet potatoes, yam, colocasia and other root vegetables. Fruits - Mango, guava, papaya, orange, sweet lime, watermelon, lemon, grapes, amla, etc.
Milk and Animal Products 	Milk and milk products - Milk, curd, skimmed milk, cheese, cottage cheese (<i>paneer</i>), etc.; Animal products - Meat, egg, fish, chicken, liver, etc.
Oils, Fats, Sugars and Nuts 	Oils and Fats - Butter, ghee, vegetable cooking oils like groundnut oil, mustard oil, coconut oil, etc; Sugars - Sugar, jaggery, honey; Nuts - peanuts, almonds, cashew nuts, pistachios, walnuts, etc.

* These examples will change according to local crops and diets in different areas





A Thaali of healthy diet :

Ideally half thaali should be comprising of seasonal vegetables including green leafy vegetables / fruits , one fourth of should have protein sources and the remaining one fourth should be from food grains.

Consumption of salt / refined sugars should be kept to as low as possible.

Aerated beverages / packaged foods should be avoided.

What is unhealthy diet?

People have shifted from consuming traditional and fibre-rich foods like whole wheat (atta products), jowar, bajra, maize, unhusked dals (with outer covering), fruits and vegetables towards eating more processed foods like - white rice, maida, husked dals (without outer covering), foods of animal origin, foods available in packaged forms which are ready-to-eat and cook, etc.

A diet rich in sugar, salt, fats, foods such as red meat - mutton, liver; milk and milk products such as full cream milk, butter, ghee, and low in the quantity of fruits and vegetables is called an “Unhealthy Diet”.

Healthy eating is not only the type of food consumed. It also refers to the way food is prepared and consumed. Food prepared with excess of fats/ unhealthy fats , high in sugar/ salt content or consumption of refined foods, habitual use of ready-to-eat and packaged foods, all increase the risk of developing NCDs.

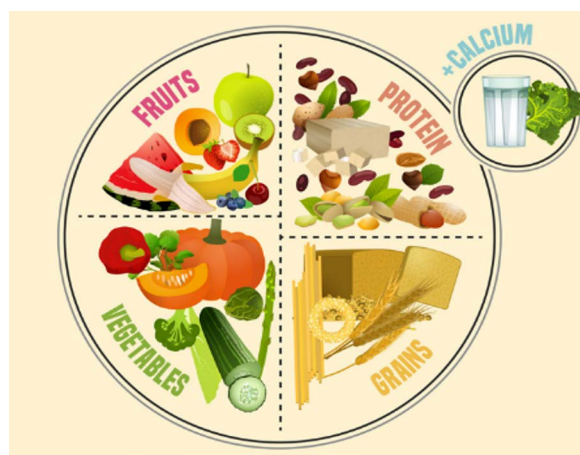
However, affordability of fruits and vegetable items on a regular basis is a challenge for those with low socio-economic status, and they tend to eat larger quantities of foods they can afford which may not have the required nutrition. For instance, you will find people eating five or six chapattis or a large quantity of rice with hardly any vegetables or only watery dal or buttermilk.

As ASHA you need to help people make healthy food choices. Key messages that the ASHA should give during the home visits are provided.

Ideally half thaali of food should be comprising of seasonal vegetables including green leafy vegetables / fruits , one fourth of protein sources and the remaining one fourth from food grains .

Consumption of salt / refined sugars should be kept to minimum.

Aerated beverages / packaged foods should be avoided.



HEALTHY DIET

KEY MESSAGES TO BE EMPHASIZED IN EACH HOME VISIT

✓ Do's

1

Eat a variety of fresh, seasonal and locally available fruits and vegetables (including green leafy vegetables).



2

Eat whole cereals and pulses (with outer covering) as they are high in fibre.



Fibre/roughage helps slow down the absorption of sugar and fats into blood. This helps in better blood sugar control.

3

Eat whole fruits as they are rich in natural fibre or roughage.



4

Limit intake of red meat (such as mutton and organ meats like liver) and prefer lean meats like chicken and fish.



5

Use vegetable oils such as mustard, groundnut or soybean oil for cooking. It is advisable to rotate or use mixture of oils.



6

Drink plenty of water, at least 8-9 glasses daily.



Don'ts

1

Avoid eating processed foods or foods available in packets - high in fat, salt and sugar.



2

Include foods from each of the four basic food groups.



3

Poor maternal nutrition during pregnancy increases the risk of preterm birth, low birth weight and certain birth defects.



4

Avoid salt rich foods like papads, pickles, namkeens/ savories etc.



5

Reduce the consumption of sugar rich foods.



6

Reduce the consumption of deep - fried foods like samosas, vadas, kachoris, pakodas, etc.



7

Fried food available from food vendors is heated into same oil over and over again. Repeatedly heating cooking oil can produce harmful substances.



★ Eat a variety of foods daily • Eat fresh, seasonal and local foods • Stay Active • Stay Healthy

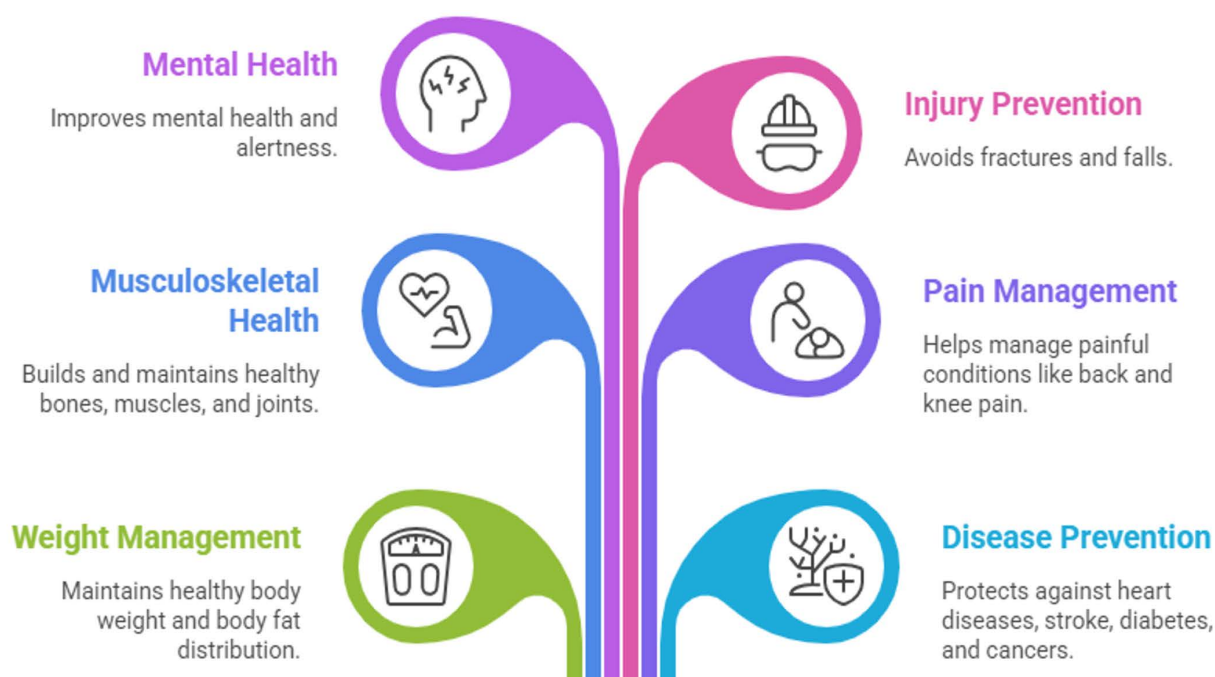
3. Promoting Physical Activity

What is Physical Activity?

Physical activity is any body movement that involves the use of muscles of the body and requires energy. Physical activity has multifaceted benefits on our body and mind.

Examples: Walking, running, jogging, playing a sport, dancing, swimming, climbing the stairs, yoga, work like farming, lifting and moving heavy objects as in construction, household work like sweeping, cleaning, washing, dusting.

THE MULTIFACETED BENEFITS OF PHYSICAL ACTIVITY



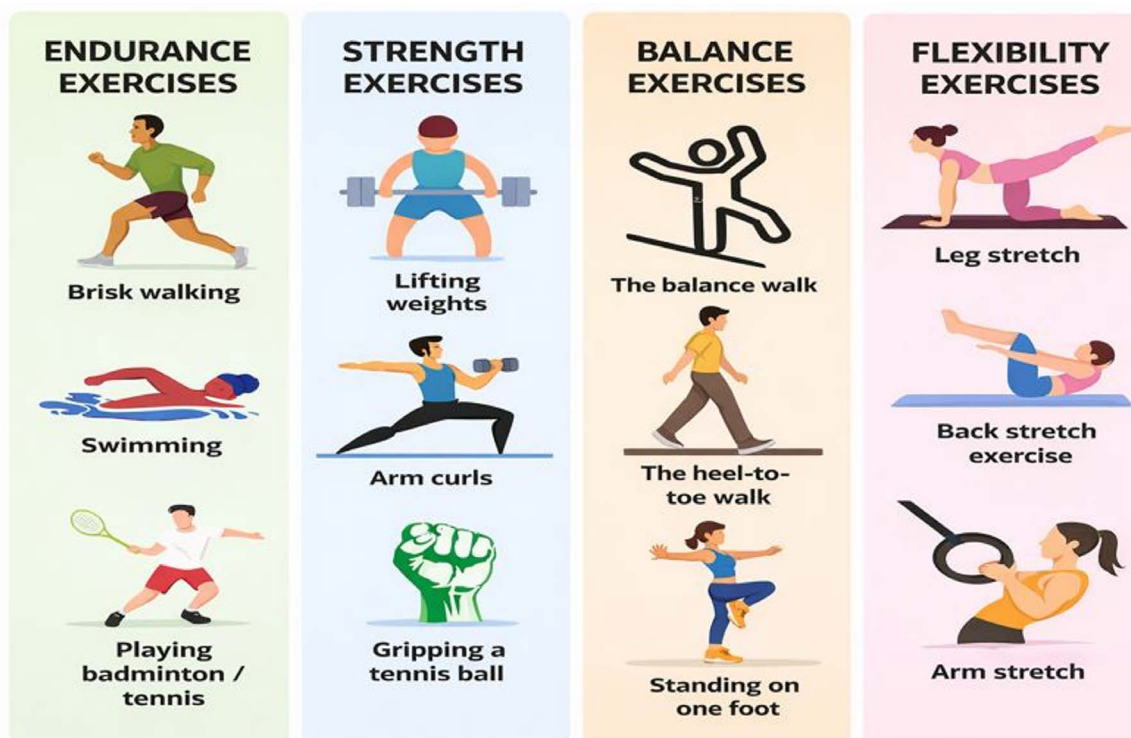
How much physical activity is needed for an adult?

Adults should do at least 150 minutes of moderate-intensity quality physical activity each week. This can be spread across the week, for example, 30 minutes a day on 5 days a week. The activity can also be done in shorter periods, such as 10 minutes three times a day.

Exercise should increase the heart rate. Household activities like sweeping, cleaning, washing, dusting, etc. do contribute to physical activity. However, doing such household work alone may not meet the daily requirements of physical activity.

Advice on physical activity should be given according to the occupation and lifestyle of individuals. For example, those who spend long hours in strenuous physical work such as working in the fields or as labourers, or carrying heavy loads may not need added physical activity.

Remember - People suffering from heart problem, person with disabilities, pregnant or lactating women, and those with other health issues may need to do different amount and types of exercises more suited to their condition. They should receive advice on this from the CHO or the Medical Officer at the AAM-SHC /PHC.



Type of Exercises

As per WHO Recommendations about physical activity for different age groups:

Age-group	Recommendation (As per WHO Guidelines on physical activity, sedentary behaviour, and sleep) https://www.who.int/publications/i/item/9789240015128
Children and adolescents aged 5-17 years	An average of 60 minutes per day of moderate-to-vigorous intensity, mostly endurance, physical activity, across the week. Engage in games, sports, and yoga.
Adults aged 18–64 years	- At least 150–300 minutes of moderate-intensity endurance physical activity throughout the week - OR - At least 75–150 minutes of vigorous-intensity endurance physical activity or an equivalent combination of moderate and vigorous-intensity activity throughout the week - Muscle-strengthening activities at a moderate or greater intensity that involve all major muscle groups on 2 or more days a week. - Engage in games, sports and yoga
Adults aged 65 years and above	- Same as for adults - As part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls. - Engage in yoga such as surya namaskar



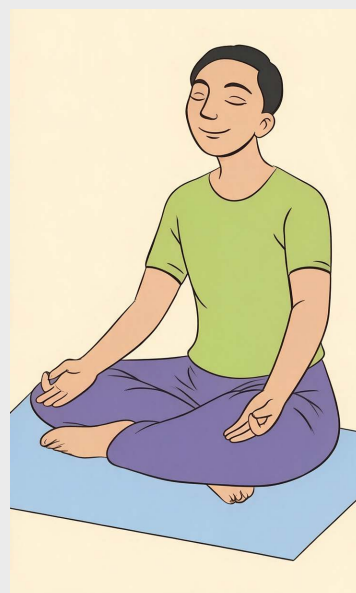
Age-group	Recommendation (As per WHO Guidelines on physical activity, sedentary behaviour, and sleep) https://www.who.int/publications/i/item/9789240015128
Pregnant and postpartum women	• At least 150 minutes of moderate-intensity endurance physical activity throughout the week. • Incorporate a variety of yoga, endurance and muscle-strengthening activities.

Yoga

Yoga is a popular form of physical exercise based upon asanas, (Physical postures), breathing techniques and meditation.

Health Benefits of Yoga

- Improves balance and flexibility.
- Increases muscular strength and blood circulation.
- Improves breathing.
- Reduces lower back pain.
- In addition to taking regular medicine, yoga can help in the management of diabetes, respiratory/breathing disorders, and other lifestyle related disorders.
- It helps to reduce depression, tiredness, anxiety and stress.



Case study:

An ASHA has been filling the CBAC form for her beneficiaries and she observed that many of her adult population are overweight. The physical activity component is also less. She decided to flag the issue in the next VHSNC meeting. She requested her CHO to give a talk on the NCDs and the risk factors for the same. It was a success. There were many questions from the community. It was decided to set up a small gym in the back of panchayat ghar with basic equipment.

Since women were hesitant to use it, there would be separate timings for men and women. Panchayat will also hold walkathon competitions and promotion of utilization of AAM wellness sessions that are being conducted at AAM-SHCs and AAM-PHCs.

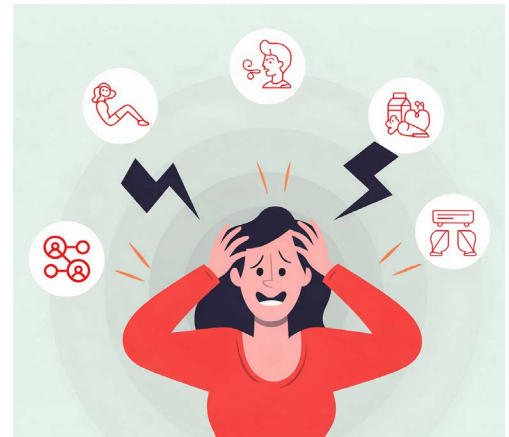
Your role as an ASHA in promoting healthy diet and physical activity.

- Educate community on the importance of consuming a healthy diet and help them make healthy food choices based on local food availability.
- Encourage community members to attend wellness sessions at the AAM regularly.
- Undertake group activities to raise awareness about various food groups, locally available.

- Explain the benefits of physical activity and its role in preventing NCDs.
- Work with the VHSNC / MAS and Panchayati Raj Institution (PRI)/ULB representatives to create spaces such as parks and walking areas that are safe and clean.
- Plan group physical activity programs.
- In your group or community meetings identify those with NCDs, undertake follow up through home visits to counsel them on dietary modifications and regular physical activities.

4. Stress

- Stress can be caused by family problems, poverty, dissatisfaction with job, unemployment, pressure of work, grief and migration. It can affect the body (physical) or mind (mental) or both.
- Prolonged stress may affect the overall health of a person and affect her/his family as well.
- It can lead to digestive problems, sleeping problems, substance abuse, headaches, sleeplessness, depressed mood, anger and irritability.
- Stress contributes to health problems, such as heart disease, stroke, ulcers, high blood pressure, diabetes, depression, anxiety disorder, and other illnesses.
- Handling stress depends on an individual's personality.



Your role as an ASHA in helping people to manage their stress.

- Understand that stress handling capability and coping mechanism management varies from person to person.
- Help individuals identify the cause of stress.
- Help such individuals to build supportive relationships - A positive and stable bond amongst people can provide emotional and social support in times of need.
- Talk to the individual's family members, friends, community members to discuss the problem and reasons for stress.
- Motivate these individuals to exercise regularly - Walking, practicing yoga, jogging, meditation etc. can all help improve mood and reduce stress.
- Encourage community members to attend wellness sessions at the AAM -SHC.
- Educate them to make positive changes in behavior such as eating healthy diet, anger management, appreciating the positives in his / her life and their strengths.
- Help them seek care for health problems from AAM-SHC / PHC



5. Towards an optimum body weight

What is being Overweight?

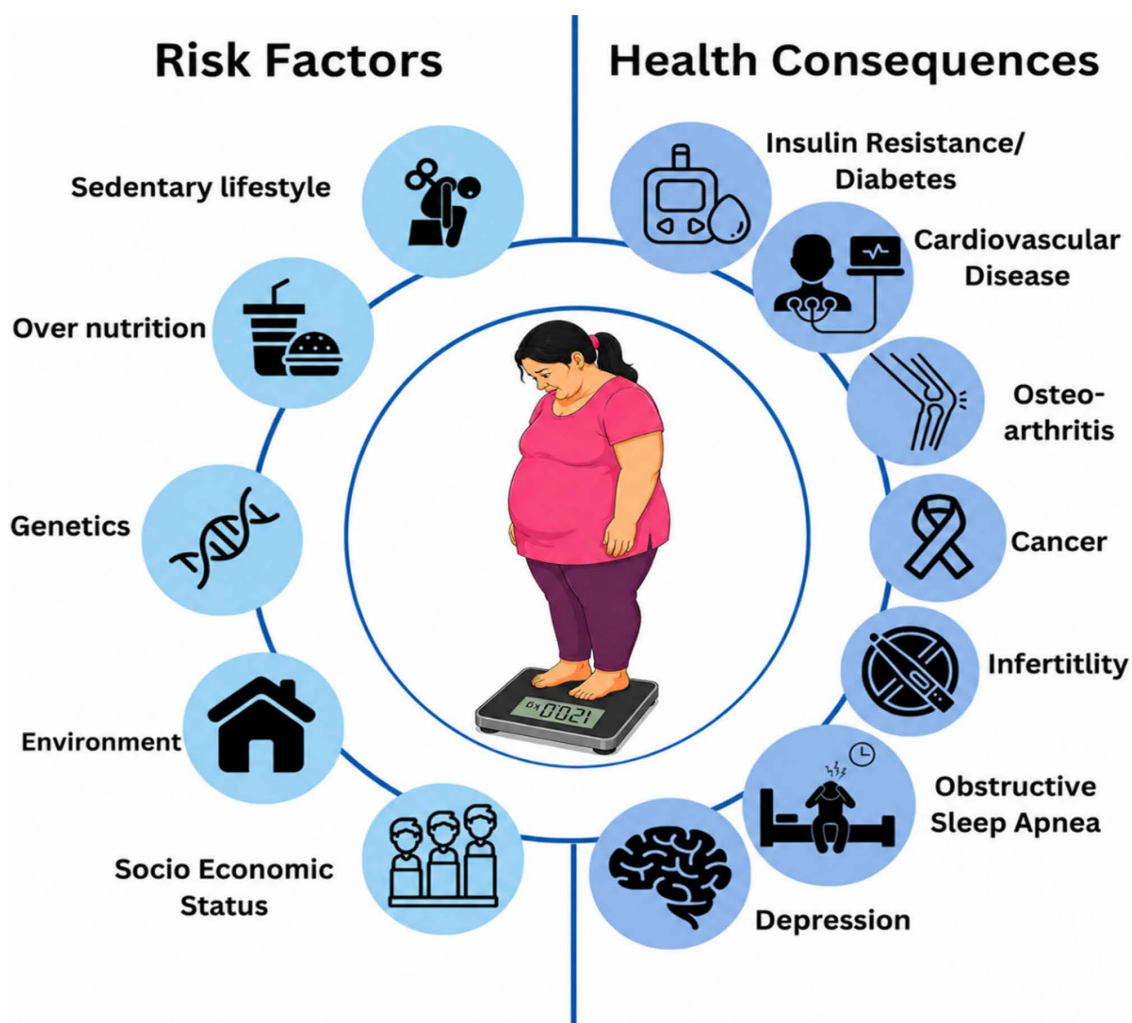
There is a range defining the optimum weight of an individual according to his/ her height. Weight less than that might indicate undernutrition and similarly, weight above that indicates that the individual is overweight / obese . Both undernourished and overweight / obese individuals are prone to NCDs . BMI is used to assess whether an adult is underweight, has a healthy weight, is overweight or has obesity.

The main causes of becoming overweight are:

- Eating an unhealthy diet (consumption of junk food, refined sugars, oil and salt rich foods).
- Lack of physical activity.
- Presence of psychological factors - Depression, anxiety, stress, and low esteem can result in over eating.
- Hormonal imbalance in the body.
- Family history may predispose to excessive weight.



CHART NCD: THE MULTIFACETED BENEFITS OF PHYSICAL ACTIVITY



Benefits of Reducing Weight

The reduction of weight to normal levels lowers the risk of

- Heart diseases, stroke
- High blood sugar – Diabetes
- Harmful fats in blood and thus incidence of Non Alcoholic Fatty Liver Disease (NAFLD).
- High blood pressure – Hypertension.
- Sleep disorders.
- Certain cancers .
- Diseases of the joints like osteoarthritis.
- Lung disorders like COPD etc.

Case study:

Mr.R is a 45-year-old ,daily wage worker. He chews tobacco and consumes alcohol almost daily. His work requires long hours, and he rarely eats fruits or vegetables. His wife says he coughs often and complains of breathlessness on exertion.

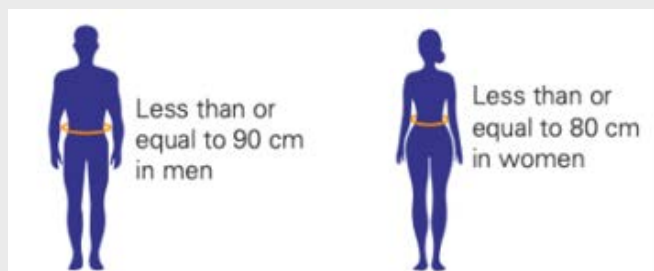
Questions:

1. What risk factors for NCDs are present in Mr.R's lifestyle?
2. What advice can you as an ASHA give to Mr.R to reduce his risk of NCDs ?
3. How can you as an ASHA engage Mr.R's family to support healthy lifestyle changes?

Skill: How to diagnose “Overweight” in individuals

Measurement of Waist Circumference is a commonly used method to identify individuals at risk of being overweight at the community level and in the clinics. People who develop excess body fat especially around the waist are more likely to develop Non-Communicable Diseases even if they have no other risk factors.

Waist Circumference (WC). It can be measured by taking waist circumference in centimetres (cm).



Important point to keep in mind

- Non-stretchable flexible measuring tape is used for the measurement .
- Waist circumference should be taken in standing posture.



Waist Hip Ratio (WHR)

Process steps

- Remove any layers of clothing over the waist. If the individual is unwilling to remove clothing the measurement can be taken over the thinnest layer of clothing.
- The individual stands straight looking in front with abdomen (stomach) relaxed, arms at side and their feet fairly close together.
- You will stand in front, facing the subject. Waist circumferences can be measured across the umbilical line.
- The person should be asked to breathe normally. At the time of the reading of the measurement she/he may be asked to breathe out gently.
- Place the tape firmly in a horizontal position making sure the measuring tape is parallel to the floor and not folded or twisted.
- Record the reading at the end of the normal expiration/breathing.

The tape should be loose enough to allow the ASHA to place one finger between the tape and the person's body but the tape should fit firmly but comfortably around the waist. The tape should not squeeze the skin.

- Look at the place on the tape where the zero end meets the other end of the tape measure. The location of this meeting point is the waist measurement.
- Record the measurement in cms to the nearest 0.0 or 0.5 cm in the individual's card or your register. Example - If the exact measurement is 85.7 cm, it should be recorded as 85.5 cm and if it is 85.9 cm, then record the reading as 86 cm.

Your role as an ASHA in helping people to manage and prevent obesity

- Motivate the individual who is overweight to make a firm decision to lose weight and change lifestyle to become healthier.
- Mobilize them to attend wellness sessions at the AAM regularly.
- Encourage family/ friends to provide support and motivation to the overweight individual.
- Help her/him make small changes in lifestyle, for example if she/he is eating three chapattis, reduce to two or one gradually.
- Advise her/him to reduce the amount of fried packaged foods, foods rich in sugar, salt and fat .
- Explain that they should not resort to misleading measures that promise weight loss in a short term eg. pills, churan, mixtures etc.
- Motivate them to avoid consuming tobacco and drinking alcohol.
- Encourage them to incorporate regular physical exercise in their daily routine
- Regular follow-up with the individual is required to monitor changes in their weight or any related health conditions.
- A balanced diet with exercise and abstinence from alcohol and tobacco is the best preventive strategy.

Screening for risk factors / signs and symptoms of disease for counselling / early detection of NCDs is one of the most important preventive measures.

Method and recommended frequency of screening for different NCDs is given below:

Type of NCDs	Age of beneficiary	Method of Screening	Frequency of Screening
Hypertension	30 years and above	Blood pressure apparatus-Digital or Aneroid Sphygmomanometer	Once a year
Diabetes	30 years and above	Glucometer	Once a year
Breast Cancer	30-65 years	Clinical Breast Examination (CBE)	Once in 5 years
Oral Cancer	30-65 years	Oral Visual Examination (OVE)	Once in 5 years
Cervical Cancer	30-65 years	Visual inspection with acetic acid (VIA)	Once in 5 years (at the level of PHC to start with)

Hypertension

What is Hypertension?

- Hypertension occurs when the blood moves through the blood vessels at a higher pressure than normal. This requires heart to work harder to push blood through the blood vessels and increases the load on the heart.
- Hypertension can exist silently for years without showing any warning signs or symptoms while slowly damaging the organs
- Screening of all individuals above the age of 30 years for high blood pressure at least once every year is now recommended under the National program for NCDs.
- High BP, if not controlled, may damage the blood vessels in heart, brain, kidneys and eyes.
- Constant high blood pressure can cause life - threatening conditions, such as heart diseases and stroke, kidney diseases, etc.
- Reducing the blood pressure to a lower level within normal range can help lower the risk of these conditions.



Risk Factors for Hypertension

Presence of following increases the risk of developing high blood pressure:

- Having a family history of hypertension
- Unhealthy diet - a diet especially high in salt, fat and low in vegetables/fruits.
- Lack of physical activity (or sedentary lifestyle).
- Being overweight.
- Tobacco use in any form (smoking / chewing tobacco).
- Alcohol consumption.
- Chronic conditions of kidney, hormonal imbalances, diabetes, and high levels of harmful fats in blood .
- Constant stress.

Diagnosis of High Blood Pressure

- The only way to detect high blood pressure is to measure it using a BP apparatus.
- A blood pressure measurement gives you two readings (numbers). The upper one, which is higher of the two numbers, is called the systolic blood pressure. The lower number, which is also the smaller of the two numbers, is the diastolic blood pressure.

Why is it Important to check blood pressure even among those without any symptoms?

Regular screening of blood pressure helps in making an early diagnosis of hypertension which is helpful in taking corrective measures early and preventing / reducing damage to the heart and other organs.

In a screening programme, an individual with a systolic pressure (upper reading) of 140 mm Hg or more and/ or a diastolic pressure (lower reading) of 90 mm Hg or more requires referral.

In your community, the **ANM, with your help will undertake screening of all adults 30 years and above, for hypertension.** This will take place on a fixed day. Individuals who have normal blood pressure should be screened once in a year. Any individual diagnosed with high BP should be referred to AAM-PHC for further diagnosis and management.

It is the **medical officer's responsibility to develop a treatment plan** for the patient.

It is part of your role to ensure that the patient adheres to the treatment and makes changes in her/his lifestyle to reduce modifiable risk factors. So, at least biannual **follow up to the diagnosed hypertensive patients is important.**

BP Measurement Checklist

Measure blood pressure of all adults ≥ 30 years

No talking during and between measurements

Back supported

Cuff at heart level

Use correct cuff size and positioning

Small

Medium

Large

1. Ideal cuff bladder length is at least 80% of the person's arm circumference.
2. Cuff width should cover at least 40% of the person's upper arm.
3. Ensure cuff is on bare arm or over thin layer of clothing. Avoid bundling of clothes under cuff.

Arm supported

Record exact reading, don't round off

Legs uncrossed and feet supported

Ensure the person has not exercised, had tea/coffee, or used tobacco in the last 30 minutes.
Person should rest comfortably and quietly for 5 minutes before the reading.

Image adapted from IHCI

Recording Blood Pressure

Machine used - **Digital blood pressure machine.**

It shows the readings on a small screen. It can be used by anyone with a little training. However, confirmation of high blood pressure can only be made by a medical doctor.

Important points to keep in mind: Ensure the patient is sitting comfortably with back supported, with their feet flat on the floor. The legs should not be crossed.

Ensure the measurement is taken in a quiet room with comfortable temperature.

Ensure that the patient is rested for at least five to ten minutes before measuring her BP.

Process steps

A. How to apply the cuff

- Ask the individual to remove all clothing from the arm / roll up the sleeves.
- Ensure the arm/hand is relaxed. Place the arm of the participant on the table with the palm facing upward. Always use the same arm for blood pressure readings, as each arm will give you a slightly different reading.
- Make sure the arm cuff is properly deflated (air is out) before placing it around the patient's upper arm
- Ensure that the cuff is the correct size for the individual
- Wrap the cuff comfortably or snugly around the upper arm, with the help of its velcro
- Make sure the cuff is about 2cm (or 2 finger breadths) above the elbow
- Keep the level of the cuff at the same level as the heart during measurement. Make sure that the tubing falls over the front of centre of the arm

B. Recording blood pressure by using the digital blood pressure instrument

- Press the START/STOP button to begin taking blood pressure measurement.
- The BP cuff will start inflating . This will compress the arm a bit and the patient may complain of tightness/pain. Reassure the patient that it is temporary.
- The cuff will start to inflate and then slowly deflate so that the machine can take the measurement.
- When the reading is complete, the blood pressure giving systolic and diastolic readings and pulse rate will appear on the screen.
- If the monitor / machine does not record the reading, re-position the cuff and try again after 1-2 minutes and repeat the steps as mentioned above.
- Record the reading in the card of the person. It is suggested to take a minimum of 2 readings at interval of 1 minute. The average of those readings should be used to represent the patient's blood pressure.
- Additional readings should be taken if the difference between the first two is greater than 5 mm Hg, and then the average of these multiple readings is used.
- Press the START/STOP button to turn the machine off.

Please Note: A single high reading (more than normal) does not necessarily mean that the person has high blood pressure. The measurement must be repeated at least three times.



HYPERTENSION CARE: ROLE OF ASHA

Together for Healthy Hearts & Healthy Lives



ASHA should maintain a line list of individuals with hypertension so she can ensure the following.

- 1



ACCESS FREE TREATMENT

Free medicines for hypertension are available at government health facilities, including AAM-SHCs, AAM-PHCs, CHCs, and higher facilities.


- 2



GET PRESCRIBED MEDICINES

Medicines are prescribed by the Medical Officer, and patients are provided with a one-month supply.


- 3



COLLECT MONTHLY REFILLS

Patients should collect medicine refills every month from their nearest health facility.


- 4



MONITOR BLOOD PRESSURE REGULARLY

BP should be checked regularly, ideally every month or as advised by the Medical Officer.


- 5



HOME VISITS & FOLLOW-UP

Along with ANM, ASHAs should conduct home visits to ensure treatment adherence and reinforce healthy lifestyle and dietary practices.

★ ASHAs are eligible for incentive if at least bi-annual follow-up is completed for every patient with hypertension in her area.


- 6



SUPPORT TREATMENT ADHERENCE

Where trained and equipped, ASHAs can:

 - Measure and record BP
 - Encourage medicine adherence
 - Facilitate follow-up visits at AAM-SHCs / AAM-PHCs


- 7



ENSURE ACCURATE BP MEASUREMENT

With support from JAS members, ASHAs can help ensure BP instruments are regularly calibrated for correct readings.





KEY MESSAGE

Identify → Refer → Follow-up → Monitor → Support Adherence → Promote Healthy Lifestyle

Let's work together to keep blood pressure under control!

HEALTHY LIFESTYLE, HEALTHY HEART



Eat healthy food



Be active



Avoid tobacco



Maintain healthy weight



Manage stress



Regular treatment, regular check-ups and healthy living can prevent heart attack, stroke and kidney disease.



Counseling to help people in prevention / management of high BP:

- Stop the use of tobacco in any form (smoking or chewing), including passive smoking.
- Reduce the intake of alcohol
- Reduce the amount of salt - maximum of 1 teaspoon (5 gms) of salt per day .
- Decrease consumption of refined cereals, high fat / oily foods, sugary foods.
- Decrease excess amount of tea, coffee, cola drinks (rich in caffeine)
- Increase fresh fruits, vegetables , whole grains and whole pulses in diet .
- Maintain healthy weight; people who are overweight need to lose weight
- Ensure regular physical activity.
- Regular check-up at the PHC/CHC as advised.
- Compliance with drug treatment plan.

Emergency Conditions: Heart attack and Stroke are medical emergencies.

Heart Attack: Heart attack means sudden damage to the heart muscle because blood supply to the heart is blocked.

A heart attack should be suspected when a person has one or more of the following:

Pain, heaviness, pressure, tightness or burning in the chest which may spread to left arm, shoulder, neck, jaw or back . This may be accompanied with:

- Excessive sweating (cold, clammy skin)
- Breathlessness or difficulty in breathing
- Nausea, vomiting, or feeling of indigestion
- Giddiness, weakness, or fainting
- Restlessness or severe anxiety
- Patient may become unconscious

“If a person has severe chest pain with sweating, breathlessness, or pain going to the arm or jaw, think of heart attack.” Inform CHO / MO and call ambulance / urgently arrange transport to take the patient to the linked hospital equipped to handle such emergencies. Heart attack is an emergency. The person should reach a hospital as soon as possible, preferably within one hour.”

Stroke

A stroke happens when the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts and causes bleeding.”

Symptoms and signs:

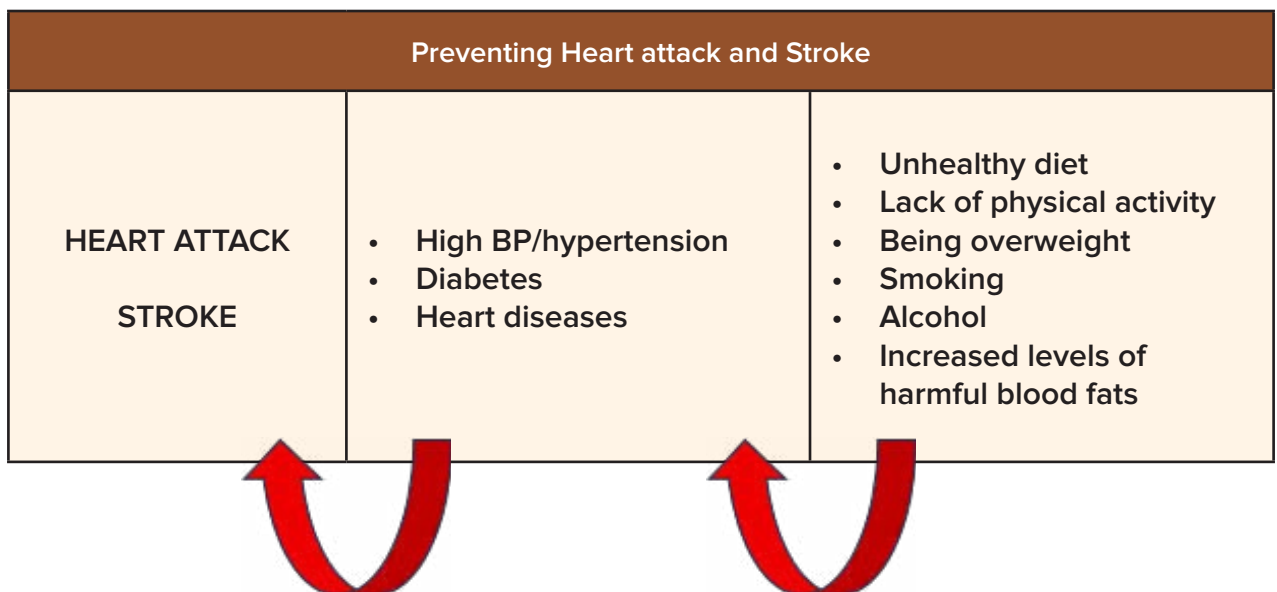
- Sudden weakness, paralysis or numbness on face, arm, and or leg or on one side of the body.
- Loss of speech or difficulty in speaking or understanding speech.
- Decrease in vision or loss of vision, particularly if it is only in one eye.
- Unexplained dizziness, unsteadiness, or sudden fall.
- Sudden severe headache or loss of consciousness.

Case study:

Mrs. S (55 years) has been feeling dizzy and getting headaches frequently. During a community screening, her blood pressure was found to be 160/100 mmHg. She says she feels fine most days and does not see the need for regular medicine.

Questions:

1. What should you as an ASHA advise Mrs. S about high blood pressure and its complications?
2. Why is regular monitoring and medication adherence important?
3. How can you as an ASHA help Mrs. S follow up with the nearest health facility?
4. What lifestyle changes should be discussed?



- Eat healthy and balanced diet.
- Avoid smoking.
- Say no to alcohol.
- Ensure required physically activity.
- Know your blood pressure and maintain it at a healthy level.
- Know your blood sugar and maintain at a healthy level.



Diabetes

What is Diabetes?

All food that we eat is broken down into a sugar called glucose. Glucose is carried by the blood to all the parts of the body to give energy. The hormone which helps the body to use glucose for making energy, is called INSULIN.

Insulin helps to keep the blood sugar levels normal. In diabetes, the body does not produce sufficient insulin or cannot use the insulin properly. The glucose builds up in the blood, resulting in high blood glucose levels.

Diabetes is classified into three types namely **Type 1**, **Type 2** and **Gestational Diabetes**.

Types of Diabetes

Type 1 Diabetes



What is it?

Body does not produce insulin at all. People with this form of diabetes require daily injections of insulin in order to control the levels of glucose in their blood.

Who gets it?

The disease can affect people of any age, but usually starts in childhood or young adults.

Type 2 Diabetes



This is the **most common type** of diabetes. The body produces some insulin, but not enough.

This type of diabetes used to be seen only in adults but it is now also occurring increasingly in children and adolescents. It is seen in those with a family history of diabetes, excess body weight, lack of physical activity, and as people grow older.

Gestational Diabetes



Diabetes which occurs among women during pregnancy.

Has a risk of complications during pregnancy and delivery. The children of women with Gestational Diabetes are at an increased risk of type 2 diabetes in the future.

In this section, we will only discuss about Type 2 Diabetes as it is the most common.

Having the following increases risk of developing **Type 2 Diabetes**

- Being overweight
- Unhealthy eating habits.
- Lack of physical activity.
- Family history of diabetes.
- High blood pressure.
- High levels of harmful blood fats.
- Addictions like tobacco / drug use and harmful consumption of alcohol.
- If the woman had gestational diabetes



TYPE 2 DIABETES

Know the Signs. Act Early. Stay Healthy.

**EARLY DETECTION
BETTER PROTECTION**

COMMON SIGNS AND SYMPTOMS OF TYPE 2 DIABETES

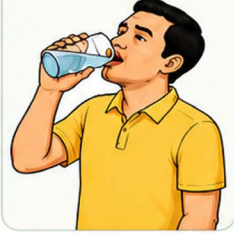
1 Frequent urination.



2 Increased hunger.



3 Excessive thirst.



4 Unexplained Weight loss.



5 Lack of energy, extreme tiredness.



6 Blurred vision.



7 Repeated or severe infections such as vaginal infections.



8 Slow healing of wounds.



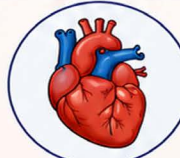
9 If the blood glucose stays too high, it can cause serious damage to many parts of your body.



HIGH BLOOD GLUCOSE CAN CAUSE SERIOUS DAMAGE



KIDNEYS
Causing kidney failure.



HEART AND BLOOD VESSELS
Causing heart attack and stroke.



NERVES
Causing numbness, tingling in hands and/or feet, foot ulcers and infections.



EYES
Causing blindness.



ORAL CAVITY
Causing gum diseases.



Early detection, healthy lifestyle, regular medicines and follow-up can prevent complications.



Eat healthy



Be active



Take medicines regularly



Regular check-ups

Check your blood sugar. Protect your future.
Early action today, a healthier tomorrow!



Estimation of Blood Glucose using Glucometer.

In your community, the ANM, with your help will undertake CBAC screening of all adults of 30 years and above for diabetes. Individuals who have normal blood glucose should be screened once in a year. Any individual diagnosed with high Blood sugar should be referred to the AAM-PHC / CHC / DH for further diagnosis and management and treatment adherence is very critical role of ASHA.

It is the medical officer's responsibility to develop a treatment plan for the patient, **your role as an ASHA is to ensure that the patient adheres to the treatment and makes changes in her/his lifestyle to reduce modifiable risk factors.**

Blood Glucose Estimation is done with the help of a glucometer which is a device used to determine glucose levels in the blood.

Skill: Estimation of Blood Glucose

Process steps

1. Wash your hands to prevent infection. Ask the participant to wash and dry their hands thoroughly.
2. Place the glucometer on a flat surface.
3. Open the lancet device provided with the glucometer.
4. Insert the lancet. Take the sealing cap off the needle. Do not touch the needle. Close the device. Set the spring of the device so that it is ready to be used by pressing or pulling the load button on the lancet device.
5. Clean the fingertip of the subject prior to needle prick.
6. Turn on the glucometer and place a test strip in the machine when the machine is ready. One end will need to face the top of the glucometer; usually it has a dark coloured line on it. This is where the blood will be placed for testing. Watch the indicator for indication to place a blood drop onto the strip.
7. Use a lancet to prick the side or top of the finger to get small amount of blood. Let the blood flow freely from the fingertip; do not squeeze the finger. Squeezing the finger can affect the results. Rubbing/milking the finger before pricking helps in easy availability of a blood droplet for the meter.
8. Wipe away the first drop of blood because it may be contaminated with tissue fluid or debris. Place the next drop of blood on the test strip. The blood drop is to be placed against the edge or top of the strip.
9. Apply cotton ball to subject's finger and hold firmly until bleeding stops.
10. Watch the glucometer screen. It should show a "waiting" or "processing" symbol and will produce a beep when the sample has been tested. The results will be displayed as a number on the screen.
11. Note the reading in the notebook or family folder of the subject. Keeping a record will make it easier to identify the subjects who need referral, and for treatment plan
12. Turn the glucometer off.
13. Place the used needle device into the sharps bin immediately.

14. Dispose of test strip into clinical waste bin before removing gloves.
15. If sharp bin and clinical waste bin are not available; then use two separate boxes to store the sharp disposal and clinical waste products separately. After the blood glucose test; these boxes need to be transferred to bio-hazard container. Always wear gloves before transferring the bio-hazard products. (Be alert to avoid needle pricks).
16. Use an alcohol wipe to clean the meter ensuring all external surfaces are clean.

- **If the blood sugar reading is high (140mg/ dl or above) then the individual should be referred to the AAM-PHC for further evaluation and management.**
- The MO at the PHC will decide on the drug therapy, depending upon the blood sugar reading/ any damage that has already occurred to the heart, kidneys, eyes, and if the patient has other problems like high blood pressure, heart disease, kidney disease.
- Patient is counselled on the dietary habits re-emphasizing on healthy diet, increase in physical activity if it is inadequate, cessation of use of tobacco, alcohol, weight optimization and decrease in high levels of harmful blood fats, etc.
- Essential drugs for Diabetes are available free of cost at the AAM-SHC, AAM-PHC, CHC and higher health facilities.
- Drugs are given for a month. Patient should be able to collect refills every month from the nearest health facility.
- The diabetic patients should carry a card with them stating that they are diabetic. (Diabetic card)
- Change in lifestyle behaviours is effective in preventing or delaying the occurrence of Type 2 diabetes or the onset of complications.

Hypoglycemia is an emergency.

What is Hypoglycaemia (Low Blood Glucose)?

Diabetic patients on antidiabetic drugs can suffer from – Hypoglycaemia, a condition where blood sugar (glucose) level falls below a level of 70 milligrams per decilitre mg/dl) or less. This can happen if they skip a meal or are not able to take / retain it due illness/ vomiting . The patient may experience :

- Sweating
- Tremors
- Weakness / fatigue
- Headache
- Anxiety, irritability, confusion



- Sweating



- Tremors



- Weakness/ fatigue



- Headache



- Anxiety, irritability, confusion



- Dizziness



- Lack of coordination, blurred/ impaired vision



- Dizziness
- Lack of coordination, blurred/impaired vision
- If hypoglycemia is not corrected and worsens, patient may become unconscious and have fits

It is an emergency and needs to be corrected promptly. Management of suspected hypoglycemia: is dealt with in the chapter: Common Emergencies, Burns and Trauma.

Case study:

Mr. A, a 50-year-old farmer, was screened in an outreach camp and his random blood sugar was 280 mg/dl. Since last few months he had been feeling unduly tired and thirsty. He had been planning to go to the doctor but delaying as he did not have the time and also he thought lot of money would be required.

Questions:

1. What symptoms suggest possible diabetes in Mr. A?
2. If you were his ASHA how will you explain to him the importance of early diagnosis and treatment?
3. What would be your next step to ensure his further evaluation and treatment?
4. What diet and lifestyle counselling would you provide?

Your role as an ASHA in prevention and management of Diabetes:

You should have a line-list of all diabetics in your area. You should motivate those with high blood sugar levels to:

- Increase consumption of foods rich in fibre - variety of seasonal and fresh fruits, vegetables (including green leafy vegetables); whole grains and whole pulses and their products in small frequent meals.
- Reduce consumption of refined cereals (like maida) and foods high in fat, oil, salt, and sugar.
- Completely stop tobacco use (smoking and smokeless) and avoid alcohol. Also minimize exposure to second-hand smoke.
- Limit intake of sugary drinks such as cola. Tea and coffee can be taken in moderation without added sugar.
- Maintain healthy weight; people who are overweight need to lose weight.
- Ensure regular and adequate physical activity of atleast 30 minutes per day for 5 days in a week and stress management with the help of Yoga.
- Monthly monitoring of blood sugar.
- Follow-up of the patients referred to the AAM-PHC / higher referral centre and supporting them through the consultation and diagnostic processes as required.
- Ensure compliance to treatment plan for drugs as advised by the MO and facilitate regular check-up at the PHC/CHC or higher facilities as advised.

- Be alert to new signs and symptoms which may be due to side-effects of the medicines being taken.
- Be regular in taking their meals. When on treatment, skipping a meal can lead to a dangerous condition of low blood sugar level.
- Ensure that the patient and their family members receive education on diabetes management and life-style modifications.
- Regularly conduct home-visits by prioritizing those households which are vulnerable and marginalized, where there are treatment defaulters or those who have experienced complications. Bring these cases to the notice of ANM /CHO / MO.
- Several people in your community will ask you about home remedies or other medicines from Ayurveda, Homeopathy etc. You should tell them to consult the medical officer before changing any medication.

Case study:

A woman of 60 years was diagnosed with hypertension and diabetes a few months back. She missed her follow-up visit last month and stopped taking medicines because she felt better.

Questions:

1. What are the risks if the woman stops her medicines once she “feels better”?
2. If you were her ASHA , how will you ensure treatment adherence and scheduled follow-ups?
3. What barriers might the woman be facing and how can you help her overcome them?

Asthma

Asthma is a common clinical problem encountered at all levels of health care. Asthma is characterized by recurrent episodes of cough, wheezing, breathlessness, and chest tightness that are often reversible, either spontaneously or with treatment.

Common Symptoms of Asthma:

- Recurrent wheezing (whistling sound while breathing)
- Shortness of breath, especially at night or early morning
- Chest tightness or heaviness
- Cough, often worse at night, early morning, or after exercise
- Symptoms may worsen with triggers like dust, pollen, smoke, infections, cold air, or exercise.



1. <https://clinicalestablishments.mohfw.gov.in/sites/default/files/standard-treatment-guidelines/3261.pdf>



Referral criteria:

- For diagnosis if the person is facing these symptoms
- Failure to respond to treatment over one month.
- Severe asthma
- Persistent asthma

ROLE OF ASHA IN MANAGEMENT AND CONTROL OF ASTHMA

1 IDENTIFY & AVOID TRIGGERS

- Identify asthma symptoms early
- Help avoid common triggers



2 PROMOTE A CLEAN & HEALTHY HOME

- Keep home clean and well-ventilated
- Avoid smoking indoors
- Reduce exposure to allergens
- Prevent infections through hygiene



3 EDUCATE & COUNSEL

- Importance of regular medication
- Correct inhaler technique
- Do not stop treatment without advice



4 TEACH EARLY WARNING SIGNS & LONG-TERM CONTROL

- Recognize early warning signs and mild attacks
- Manage properly
- Importance of long-term control for a healthy life



EARLY WARNING SIGNS	
	COUGH
	WHEEZING
	BREATHLESSNESS
	CHEST TIGHTNESS

5 TIMELY REFERRAL & FOLLOW-UP

- Refer to health facility during severe symptoms or poor control
- Regular follow-up to ensure continuity of care





EARLY ACTION, REGULAR CARE – BETTER BREATHING, BETTER LIFE!

Chronic Obstructive Pulmonary Disease (COPD)

COPD should be suspected in any person, particularly in middle life, with history of tobacco smoking and/or other risk factors, and presenting with:

- Cough, more during morning hours
- Copious sputum production
- Breathlessness, mainly on exertion

Difference between Asthma and COPD

Asthma	COPD
• Onset early in life (often childhood) Symptoms vary from day-to-day. • Symptoms (especially cough) and wheezing at night/early morning. • Allergic running of nose / redness of eyes and/or skin allergy may also be present. • Family history of allergy or asthma may be there. • Gets relieved with asthma medication	• Onset in mid-life • Symptoms slowly progressive • Cough with sputum • Breathlessness on exertion • Long smoking history

Your role as an ASHA in COPD prevention and management

- Identify smokers and tobacco users, provide counselling for smoking cessation, motivate quitting, and link them to tobacco cessation services.
- Educate households on reducing indoor air pollution (use of clean cooking fuel, proper ventilation) and advise workers in dusty occupations on protective measures and occupational hygiene. (occupational hygiene - use of masks / respirators / wearing protective clothing / washing hands, face, and changing clothes after work).
- Create awareness that COPD is preventable and treatable, though not curable; explain causes, symptoms, and long-term management during home visits, VHNDs, and community meetings.
- Recognize symptoms such as chronic cough, breathlessness, and recurrent respiratory infections, and refer suspected cases to the nearest AAM-SHC / PHC.
- Ensure regular use of prescribed medications / inhalers, check correct inhaler technique, and encourage follow-up visits and facilitate medicine refill.
- Motivate and facilitate annual influenza vaccination for COPD patients and inform them about recommended vaccines as per national guidelines.
- Educate patients and families on warning signs of acute exacerbation (worsening breathlessness, increased cough / sputum, fever) and support prompt referral.
- Promote physical activity, nutrition, mental health support, and assist in linkage and follow-up for co-morbid conditions such as diabetes, heart disease, anxiety and depression.
- Maintain household-level records of COPD patients, track follow-ups.



ROLE OF ASHA IN COPD PREVENTION AND MANAGEMENT

1 Identify tobacco users, counsel & link to cessation services



2 Educate on reducing indoor air pollution & promote hygiene at work



3 Create awareness that COPD is preventable & treatable



4 Recognize symptoms & refer to nearest AAM-SHC / PHC



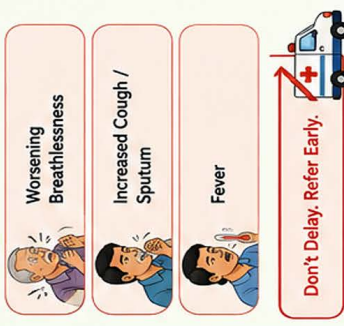
5 Ensure regular use of medications / inhalers & check technique



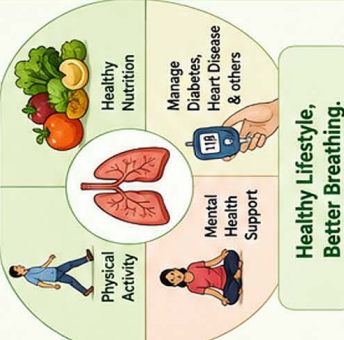
6 Motivate annual influenza vaccination & inform about recommended vaccines



7 Educate on warning signs of acute exacerbation & support prompt referral



8 Promote healthy lifestyle & support for co-morbid conditions



9 Maintain household-level records of COPD patients & track follow-ups



10 Follow-up regularly & ensure continuity of care



KEY MESSAGES



Avoid Tobacco



Clean Air for Healthy Lungs



Use Medicines Regularly



Get Vaccinated Every Year



Early Detection, Timely Care

CANCER

In this section, you will learn about:

- Early signs and symptoms of common cancers (cervical, breast, and oral)
- Importance of screening and early detection and early referral.
- Mobilization of eligible community members for cancer screening services at Ayushman Arogya Mandir , and in outreach camps.
- Prevention of cancers.
- Supporting referral, follow-up, and continuity of care for suspected and confirmed cancer cases.
- Provision of basic counselling and emotional support to patients and families, helping in removal of fear and stigma .

What is Cancer?

Cancer is a disease in which cells in the body grow in an uncontrolled way. These abnormal cells can form a lump or damage the affected part of the body. Cancer can also spread to other parts of the body through the blood or other routes. There are many types of cancer. In India, the three important cancers covered under population-based screening are breast and cervical cancer in women, and oral cancer in both women and men. Finding these cancers early and starting treatment on time can improve the chances of recovery. Therefore, regular screening is an important part of the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

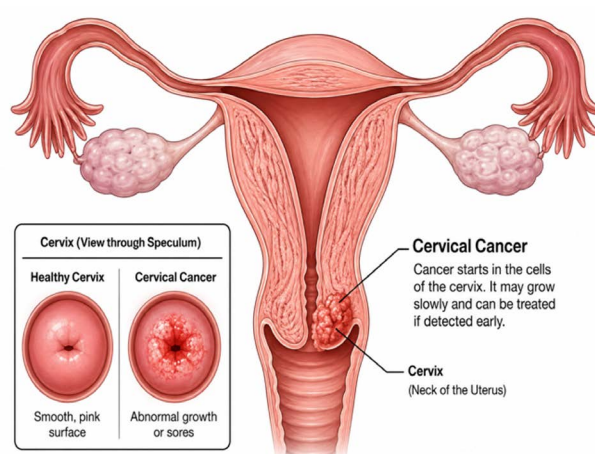
A. Cervical Cancer (Cancer of Cervix) Cervix is the lower most part of Uterus (Mouth of uterus).

Risk Factors for Cervical Cancer

- HPV infection (main cause)
- Early marriage / early sexual activity
- Multiple sexual partners
- Unprotected sex
- Early pregnancy
- Many childbirths
- Tobacco use

Common Signs and Symptoms

- Abnormal vaginal bleeding, including:
 - Bleeding between periods
 - Bleeding after sexual intercourse
 - Bleeding after menopause
- Abnormal vaginal discharge (often foul-smelling, may be blood-stained)



- Pain during sexual intercourse
- Pelvic pain
- Pain or difficulty during urination
- General symptoms (late stage):
 - Fatigue
 - Unexplained weight loss

Case study:

Ms. M is a 38-year-old woman living in a village . Over the past month, she has noticed spotting after sexual intercourse on two occasions and a foul-smelling vaginal discharge. She does not have pain and feels otherwise healthy, so she believes there is no serious problem. Her mother-in-law is discouraging her from visiting the health facility, saying that such issues are common in women.

Question:

As her ASHA, what will you advise her while ensuring confidentiality and without making her panic.



Screening for Cervical Cancer

As an ASHA, you play a key role in ensuring that women in your community understand, access, and avail cervical cancer screening services provided at the Ayushman Arogya Mandir.

1. Identifying Eligible Women Your first responsibility is to identify women who should be screened:

- All women aged 30 years and above.
- Women specifically having symptoms:
 - Abnormal vaginal bleeding
 - Foul-smelling or blood-stained discharge
 - Pain during sexual intercourse
 - Family history of cancer

Such women should be referred immediately, even if it is not a fixed screening day.



2. Community Awareness and Counselling

Create awareness in the community by explaining that:

- Cervical cancer may not show symptoms in early stages.
- Screening helps detect disease before it becomes serious.
- Screening is simple, safe, and free at government health facilities.
- Early detection can save life.

3. Mobilisation for Screening at AAM

You should:

- Inform eligible women about: Date, time, and place of screening -AAM.
- Motivate women to attend screening on fixed screening days.
- Encourage women to come even if they feel healthy.
- Support elderly or hesitant women to reach the AAM.

This is a very sensitive issue, so few points should be kept in mind while counselling:

- Use simple, respectful language
- Address fear, hesitation, or myths
- Reassure women about privacy and dignity during screening

4. Support During Screening Services

At the Ayushman Arogya Mandir:

- Screening is done by a trained nurse / ANM / Medical Officer
- Method used is VIA (Visual Inspection with Acetic Acid)

Your role is to:

- Ensure women are comfortable and confident.
- Reinforce that privacy will be maintained.
- Support crowd management if required.

5. Referral and Follow-up

If screening shows any abnormality:

- The woman will be referred to CHC / District Hospital or higher facility where Gynaecologist is available.



As an ASHA, you should:

- Explain the importance of referral
- Help the woman reach the referral facility
- Follow up to ensure:
 - ✓ Visit to higher facility
 - ✓ Completion of investigations
 - ✓ Initiation and continuation of treatment advised

Women with symptoms should be referred at any time, without waiting for camps.

6. Record Keeping and Reporting

You should maintain records of:

- Women mobilised for screening.
- Women screened.
- Women referred.
- Share information with ANM / CHO / AAM team during review meetings .

Human Papilloma virus (HPV) infection is one of the most important risk factor for cervical cancer. Vaccination against HPV is a safe and effective way to prevent HPV infection and thereby reduce the risk of cervical cancer. Government of India has introduced HPV vaccine in its Universal Immunization Programme for girls aged 14 years. As an ASHA worker, you shall play a key role in educating families about HPV vaccination, encouraging timely uptake at the health centre immunisation sessions, addressing concerns, and linking eligible adolescents to immunization services.



CERVICAL CANCER

EARLY DETECTION CAN SAVE LIVES

Cervical cancer affects the cervix (mouth of the uterus). It is one of the most common cancers among women in India. If detected early and treated in time, chances of survival are good.



CERVIX
(MOUTH OF
UTERUS)



WHO SHOULD GET SCREENED?

- All women aged 30 years and above.
- Women with symptoms (see signs) or family history of cancer should be referred immediately.

RISK FACTORS



HPV infection
(main cause)



Early marriage /
early sexual activity



Multiple
sexual partners



Unprotected sex



Early pregnancy



Multiple childbirths



Tobacco use

WARNING SIGNS



Bleeding between
periods



Bleeding after
sexual intercourse



Bleeding after
menopause



Foul-smelling or
blood-stained vaginal
discharge



Pain during
sexual intercourse



Pelvic pain



Pain or difficulty
during urination



Late stage symptoms:
• Fatigue
• Unexplained
weight loss

Any woman with these symptoms
should be referred immediately.

SCREENING AT AAM



Screening is simple, safe
and free of cost.



Done by trained nurse /
ANM / Medical Officer.



Method used:
VIA (Visual Inspection
with Acetic Acid)



Privacy and dignity
will be maintained.



Early detection
improves chances of cure.

IF SCREENING IS ABNORMAL



The woman will be
referred to CHC /
District Hospital
or higher facility
where Gynaecologist
is available.

Women with symptoms should be
referred at any time, without
waiting for camps.

ROLE OF ASHA



1. Identify Eligible Women

All women aged
30 years and above.
Identify women
with symptoms.



2. Create Awareness and Counsel

Explain that cervical
cancer may not show
symptoms early.
Screening is simple,
safe and free.
HPV vaccination is
available



3. Mobilise for Screening

Inform date, time and
place of screening.
Motivate women to
attend even if they
feel healthy.



4. Support During Screening

Ensure comfort
and privacy.
Support crowd
management.



5. Referral and Follow-up

Ensure referred women
reach higher facility.
Follow up and support
treatment.



6. Record Keeping and Reporting

Maintain records of:
• Women mobilised
• Women screened
• Women referred
Share with ANM /
CHO / AAM team.

DON'T WAIT FOR SYMPTOMS!
EVERY WOMAN AGED 30 YEARS AND ABOVE
SHOULD GET SCREENED FOR CERVICAL
CANCER ONCE EVERY 5 YEARS
EARLY DETECTION SAVES LIVES.



Breast Cancer

Case study:

Ms.P is 52 years old . She noticed a small lump in her left breast which was painless. About a month later when she met her ASHA she mentioned it to her . Her ASHA asked her if there was any pain or redness or any discharge and if none of these was there , she can wait . After about six months , Ms.P reached out to ASHA saying that the lump had increased in size . ASHA took her to the AAM-SHC, where CHO examined and confirmed the lump, found another one in her arm pit.

Question:

How would you have responded to Ms. P when she has had first reached out to her ASHA. What has happened now?



Question:

1. Is a breast lump always painful?
2. Are changes in breast size, shape, or nipple important to notice?

Following risk factors increase chances of developing breast cancer:

- Early onset of menstrual period and late menopause.
- Late age at first childbirth or no childbirth.
- Shorter duration of breast feeding or no breastfeeding.
- Family history of cancer
- Being overweight or obese.
- Lack of physical activity
- Alcohol consumption and tobacco use.

Common Signs and Symptoms of Breast Cancer

- Lump or thickening in the breast, lump in the armpit.
- A change in size of the breasts.
- Puckering or dimpling of skin of the breasts (skin looks like orange peel).
- Change in nipple position, pulled in / inverted nipple.
- Nipple discharge (especially blood-stained).
- A rash, redness or scaling on or around the nipple.

Women over 30 years should be screened by a trained provider, at least once in five years. Those who have a family history of breast cancer should be encouraged to get screened more often. Screening for breast cancer can be done by trained health workers such as an ANM at the sub centre. This is called Clinical Breast examination. Presence of any of the

above signs should be considered suspicious and the woman should be referred to a medical officer. They should also be taught how to examine their own breasts and encouraged to undertake Self Breast Examination (SBE) once a month.

Case study:

Ms. S, a 34-year-old homemaker, mentions during a routine home visit that she has felt a small lump in her breast for the last one month. The lump is painless and has not increased in size, so she has ignored it. Her ASHA, explains to her that breast lumps are often painless in the early stages and that she needs urgent evaluation. She accompanied her to AAM-PHC. MO referred her to the district hospital. She was found to have early stage breast cancer which was successfully operated. She is back home after surgery and is thankful to her ASHA for her constant support.

Question:

How do you think ASHA was able to achieve this outcome for Ms. S?

What is Breast Self-Examination (BSE)

Breast self-examination is recommended to raise awareness of breast cancer. The practice of BSE empowers women to take responsibility for their health. However, this is not a substitute for examination by a trained provider.

Best time to undertake BSE Is 7-10 days after the first day of the menstrual period.

If not menstruating, pick a certain day - such as the first day of each month. If taking hormones, then do it 1-2 days after withdrawal bleeding.

Step 1: Begin by looking at your breasts in the mirror with shoulders straight and arms on hips. What to look for: • Any change from the usual size, shape, and colour. • Any visible distortion or swelling of the breast. • Dimpling, puckering, or bulging of the skin. • A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out). • Redness, soreness, rash, or swelling. If any of the above changes are seen, bring them to your doctor's attention:	
Step 2: Same changes to be looked for with arms raised. Step 3: Also look for any signs of fluid coming out of one or both nipple	



Step 4: Next, feel breasts while lying down, using the right hand to feel the left breast and then the left hand to feel the right breast. Use a firm, smooth touch with the finger pads of your hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter. Cover the entire breast from top to bottom, side to side — from your collarbone to the top of the abdomen, and from the armpit to your cleavage. Follow a pattern to be sure that the whole breast is covered. • Begin at the nipple, moving in larger and larger circles until the outer edge of the breast is reached. • Ensure that all the tissue from the front to the back of the breasts is examined. For the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. • When the deep tissue is reached, the individual should be able to feel down to the ribcage	  Use the pads of the middle three fingers and not the tips.
Step 5: Finally, the breasts should be examined while standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so this can be done while taking a bath, using the same hand movements described in Step 4.	

Your role as an ASHA in the early detection and reducing the burden of breast cancer.

- Creating awareness in the community about the risk factors , early signs and symptoms.
- Motivating and facilitating women of 30 years and above for screening.
- In presence of any of the symptoms, referring the woman for urgent evaluation and supporting her for the subsequent required actions if any.



BREAST CANCER

EARLY DETECTION CAN SAVE LIVES

Breast cancer occurs when cells in the breast grow uncontrollably. Early detection and timely treatment greatly increase chances of cure.



Know your body.
Check your breasts
regularly.

RISK FACTORS



Early onset of menstrual period and late menopause.



Late age at first childbirth or no childbirth.



Shorter duration of breast feeding or no breastfeeding.



Family history of cancer.



Being overweight or obese.



Lack of physical activity.



Alcohol consumption and tobacco use.

COMMON SIGNS AND SYMPTOMS



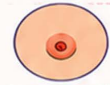
Lump or thickening in the breast.
Lump in the armpit



A change in size of the breasts.



Puckering or dimpling of skin of the breasts (skin looks like orange peel)



Change in nipple position, pulled in / inverted nipple.



Nipple discharge (especially blood-stained)



A rash, redness or scaling on or around the nipple.



Presence of any of the above signs should be considered suspicious and the women should be referred to a medical officer.

SCREENING FOR BREAST CANCER



Women over 30 years should be screened by a trained provider, at least **once in five years**.



Women with a family history of breast cancer should be screened more often.



Screening for breast cancer can be done by trained health workers such as an ANM at the sub centre.

This is called
Clinical Breast examination.

WHAT IS BREAST SELF-EXAMINATION (BSE)?

Breast self-examination is recommended to raise awareness of breast cancer. The practice of BSE empowers women to take responsibility for their health. However, this is not a substitute for examination by a trained provider.



7–10 days after the first day of the menstrual period.



If not menstruating, pick a certain day – such as the first day of each month.



If taking hormones, then do it 1–2 days after withdrawal bleeding.

HOW TO DO BSE



Stand in front of a mirror. Look for any changes in size, shape, skin color or texture, and nipple position. Feel your breasts with the flat part of your fingers in a circular motion to check for any lumps or thickening.



If you find any change, don't panic. Consult a health care provider immediately.



KEY MESSAGE

- Know the risks
- Look for warning signs
- Get screened
- Seek medical care early



**BE AWARE.
BE SCREENED.
BE HEALTHY.**



Oral Cancer

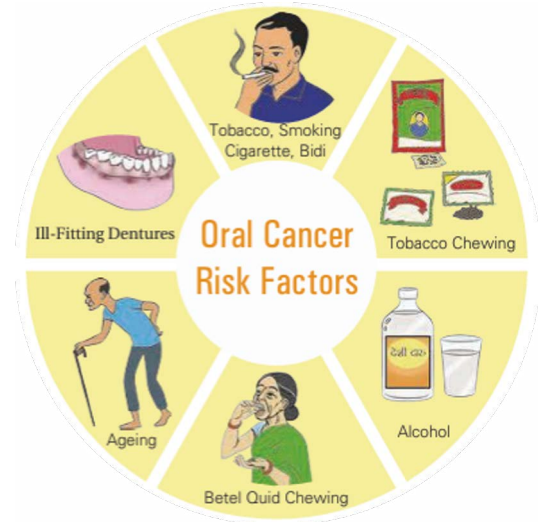


Question:

1. Can a mouth ulcer that does not heal be dangerous?
2. Does tobacco or alcohol use increase the risk of oral cancer?

Oral Cancer Risk Factors

- Tobacco use (smoking and smokeless forms).
- Areca nut (Betel nut) chewing with or without tobacco.
- Alcohol consumption.
- Poor oral hygiene.
- Chronic irritation in the mouth (e.g., sharp teeth, ill-fitting dentures)
- Unhealthy diet – especially low intake of fruits and vegetables.
- Family history of cancer



Oral cancers are twice as common in men as compared to women

Case study:

Mr. R is a 48-year-old daily tobacco chewer who has been suffering from a mouth ulcer for more than six weeks. The ulcer has not healed and he has difficulty opening his mouth fully. He believes the ulcer is due to spicy food and continues to chew tobacco. As an ASHA, how will you convince him that this could be something serious resulting from his tobacco chewing and mobilize him to the AAM-PHC for examination by MO.



Common Signs and Symptoms of Oral Cancer

- A white/red patch in the mouth that does not go away .
- Non healing ulcer or sore in the mouth lasting more than 2-3 weeks .
- Whiteness of the lining of the oral cavity.
- Difficulty in opening the mouth.
- Difficulty in protruding the tongue or speaking clearly .
- Change in voice (nasal voice).

- Excessive salivation.
- Thickened, rough, or hardened area inside the mouth
- Difficulty in tolerating spicy foods.
- Difficulty in chewing / swallowing.

The images below show abnormal findings in the oral cavity that should be referred for further investigations.



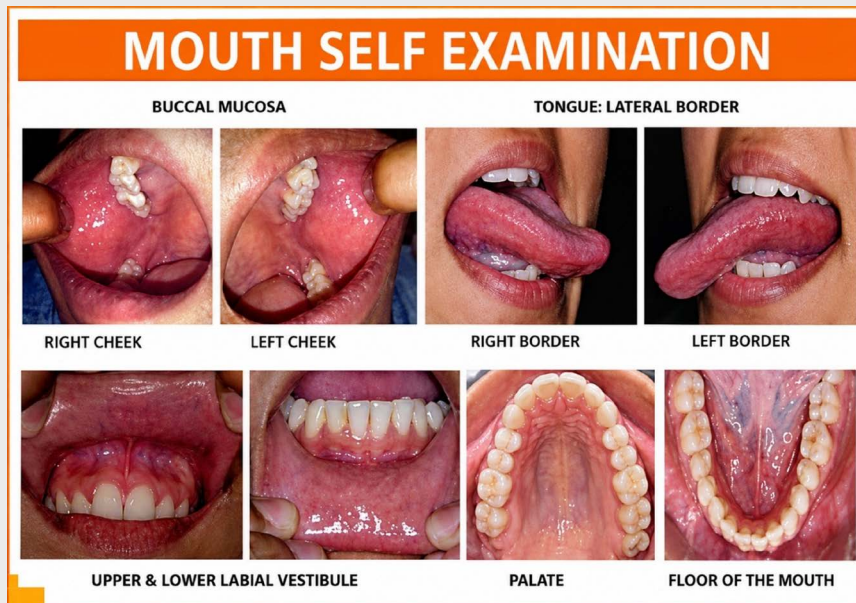
Self-examination of the oral cavity:

When examining the oral cavity, cover all parts of the oral cavity - gums , upper and lower surface of the tongue and sides of the tongue , inside of the cheeks.

Steps for Oral Self-Examination

1. Wash your hands
2. In case of elderly and wearing a denture , remove your denture .
3. Stand in front of a mirror and ensure good lighting
4. Check the lips and the inner lining of the lips
5. Examine the inside of both cheeks
6. Look at the roof of the mouth (hard and soft palate)
7. Examine the tongue. Protrude the tongue to examine the top surface of the tongue
8. Make the tongue touch the roof up. Check under the tongue
9. Look at both sides of the tongue





What to look for

- White or red patches
- Non-healing ulcers
- Lumps or thickened areas

Perform oral self-examination once a month . If any abnormality is found, visit the nearest AAM-PHC, SHC immediately.

Your role as an ASHA in the early detection and reducing the burden of oral cancer.

- Creating awareness in the community about the risk factors , early signs and symptoms.
- Motivating and facilitating eligible population for screening . Promote self examination and awareness about symptoms / signs for seeking evaluation.
- In presence of any of the symptoms, refer the person for urgent evaluation and support him/ her for the subsequent required actions if any.



ORAL CANCER

EARLY DETECTION CAN SAVE LIVES

Oral cancer can affect any part of the mouth or throat. Early detection and timely treatment can save your life.



COMMON SIGNS AND SYMPTOMS OF ORAL CANCER



A white/red patch in the mouth that **does not go away**.



Non healing ulcer or sore in the mouth lasting more than **2-3 weeks**.



Whiteness of the lining of the oral cavity.



Difficulty in opening the mouth.



Difficulty in **protruding** the tongue or **speaking** clearly.



Change in voice (nasal voice).



Excessive **salivation**.



Thickened, rough, or hardened area inside the mouth.



Difficulty in tolerating **spicy foods**.



Difficulty in **chewing / swallowing**.



IMPORTANT



Presence of any of these signs should be considered suspicious and the person should be **referred** to a medical officer / health facility immediately.

RISK FACTORS



Tobacco use (smoking, chewing, snuff)



Alcohol consumption



Ill fitting dentures / sharp teeth

PREVENT ORAL CANCER



Quit tobacco in any form



Avoid alcohol



Eat a healthy diet



Get regular check-ups

SCREENING FOR ORAL CANCER SHOULD BE DONE AT AAM ONCE EVERY 5 YEARS

Management of Cancers

- During screening, if an individual is found to have any of the above signs or symptoms which could be indicative of cancer, a small sample from the site would need to be taken and tested (biopsy) by a trained doctor.
- Treatment for cancer can be provided at the district hospital, in the medical college or tertiary care centres providing cancer treatment free of cost .
- Treatment for cancer can be through surgery, medicines or radiotherapy (treatment using radiation)

Cancer Care and support

Case study:

Ms. K, aged 50 years, has been diagnosed with cervical cancer and has started treatment at a government hospital. Her family is anxious about the long duration of treatment and the cost involved. Due to emotional stress and fear of expenses, they are thinking of stopping treatment midway.

Question:

1. As their ASHA, what would you tell them and how will you help them?

As an ASHA, you play an important role not only in early identification and referral, but also in supporting patients and families affected by cancer.

In your interactions with them, you must remember:

1. Not to create fear or panic

- All people with one or more signs or symptoms may not have cancer.
- Many women or men may show warning signs during screening, but cancer can be confirmed only after medical examination and biopsy by a doctor.
- Do not tell anyone that they have cancer before it is confirmed by a qualified medical professional.
- Reassure them , encourage and support them to complete referral and tests.

2. Provide emotional and social support to patients and families

Cancer treatment is often prolonged and can cause emotional, physical, and financial stress to the patient and family.

Your role as an ASHA:

- Visit the patient and family regularly.
- Provide emotional support and reassurance.

- Help them understand and access available health services.
 - Encourage family members and the community to support the patient, as needed.
- 3. Provide support during treatment** For patients undergoing cancer treatment, you should advise and encourage:
- Consumption of fresh, hygienic, and well-cooked food
 - Adequate rest and hydration
 - Complete avoidance of alcohol and tobacco in any form

4. Preventing Infections During Treatment

People receiving cancer treatment may have a higher risk of infections.

You should educate patients and families on:

- Regular handwashing with soap
- Maintaining personal hygiene
- Maintain good oral hygiene
- Avoiding crowded places, wherever possible
- Covering the face with a mask while visiting crowded places or health facilities

5. Supporting Access to Free or Low-Cost Treatment Cancer treatment can be costly, but for poor and vulnerable patients, treatment is:

- Free or subsidised at government health facilities.
- Covered under state or national health insurance schemes.

As an ASHA, you should:

- Know about hospitals where cancer treatment is available free of cost .
- Find out about cancer treatment schemes available in your state.
- Inform patients and families about these schemes.
- Help them in referrals , getting required documents and accessing entitlements .



Chronic Kidney Disease

Chronic Kidney Disease (CKD) is a condition in which the kidneys slowly lose their ability to remove waste and extra fluid from the blood. With progressive damage, the kidneys may stop working properly, and the person may need dialysis or a kidney transplant. Diabetes and high blood pressure are the main causes of CKD. Being overweight or obese, using tobacco, drinking alcohol and following an unhealthy lifestyle can also increase the risk of CKD.

Your role as an ASHA:

- As an ASHA you play an important role in creating awareness that kidney disease often develops silently and may not show symptoms until it is advanced.
- In the CBAC form, questions pertaining to Blood in urine/ Foamy/ Frothy urine; Any increase or decrease in frequency of urination/ uncontrolled urination; Swelling/ puffiness around eyes or in hands and legs can indicate the presence of kidney diseases for which the patient should be referred to the MO.
- You should encourage adults, especially those aged 30 years and above and individuals with diabetes or hypertension, to undergo regular screening and follow-up at the Ayushman Arogya Mandir.
- You should promote healthy eating with reduced salt intake, regular physical activity, maintaining a healthy weight, avoiding tobacco and alcohol, and ensuring good control of blood pressure and blood sugar.
- You should also motivate people already diagnosed with diabetes or hypertension to take medicines regularly and attend scheduled health check-ups, helping prevent kidney damage and its complications.

Non-Alcoholic Fatty Liver Disease (NAFLD)

Non-Alcoholic Fatty Liver Disease (NAFLD) is a condition in which excess fat accumulates in the liver of people who do not consume alcohol / or consume it in very small quantity. It is becoming increasingly common and is closely linked with obesity, diabetes and other lifestyle-related conditions. In its early stages, NAFLD usually causes no symptoms, but if left untreated it can progress to serious liver damage and increase risk of Type 2 Diabetes, heart disease and stroke.

Your role as an ASHA:

- As an ASHA you should spread awareness that maintaining a healthy lifestyle is the best way to prevent NAFLD.
- You should encourage people to eat a balanced diet, reduce the intake of foods high in fat, sugar and salt, remain physically active, maintain a healthy body weight, and control diabetes and blood pressure.
- You should also mobilize them to attend wellness sessions at the AAM.
- Adults aged 30 years and above, especially those who are overweight or have diabetes, should be encouraged to attend screening and health check-ups at the Ayushman Arogya Mandir.

Patients suffering from non-communicable diseases need continuous support and facilitation. Those with complications (eg.Stroke) , those with advanced disease (eg.Cancers), as an ASHA you would be required to provide some components of palliative care especially the psychosocial support to the patient and the family. You would also be a part of the home care team operating from AAM-SHC / PHC. We will talk more about this in the Palliative Care section.

Tasks of ASHA in prevention and control of Non-Communicable Diseases

1. Listing of all adults of 30 years and above.

For NCDs you will make list of women and men in your community who are 30 years and above, so as to ensure that they are screened for NCDs and appropriately followed up.

2. Completing the Community Based Assessment Checklist for NCD screening through home visits.

The next task is to complete assessment as per CBAC for all of them. This form is intended to capture information related to age, family history, waist circumference, and risk factors such as lack of physical activity, use of/ or exposure to tobacco and alcohol. The CBAC also includes questions related to symptoms of cervical, breast and oral cancer , CKD , Asthma , COPD etc. The checklist helps you to remember the key risk factors and symptoms. This helps you to identify those who must be prioritised and mobilized for screening camp and the individuals with symptoms who must be referred immediately to the nearest health facility where a Medical Officer is available.

3. Organising a screening day - understanding the work-flow processes.

On a fixed day, every week, the ANM will undertake screening for hypertension, diabetes, oral, breast and cervical cancer. The screening for some NCDs can take place at the AAM sub- centre/ PHC/ UPHC, including during Ayushman Arogya Shivar days. It can also take place during VHSNDs as the CHOs will join the ANMs during the VHSND at least twice a month.

4. Undertaking health promotion activities in the community.

As an ASHA you have a key role to play in mobilizing the community for attending wellness sessions. You are also pivotal to the celebration of calendar days at the Ayushman Arogya Mandir for awareness generation, including those such as Cancer Prevention, World Hypertension/ Diabetes Days etc.

5. Undertaking follow up for treatment adherence and enabling lifestyle changes.

If an individual is referred by the ANM to the AAM-PHC MO, you will need to follow up with them or even escort them to the health facility. Your task is to ensure that all individuals who are asked by the ANM to visit the health facility actually do get examined by the MO.

Once an individual is put on treatment for hypertension or diabetes, the treatment is most likely lifelong. Your task is to make sure that they obtain their supply of drugs from the sub centre or PHC and are regular in taking the medicines. Make followup home visits to the diagnosed patients for checking treatment compliance and reinforcing lifestyle changes

6. Creating Patient Support Groups.

As an ASHA, you should try to form groups of patients diagnosed with hypertension, diabetes and those on cancer treatment. Patients/friends/families/frontline workers can



form these groups to help each other. Setting up and managing a patient support group does not require medical qualifications. It needs compassion, an ability to form the group, and conduct its meetings and ensure that members are sensitive to each other's needs.

Patient support groups help patients and their family members by providing mutual support, sharing information about disease and its management, raising awareness about complications, countering discrimination and stigma attached to a particular disease and enabling support for treatment continuation and changes in lifestyle behaviour.

Service Delivery Framework as per NP-NCD

Community Level:

- Active enumeration of the eligible population and registration of the families, risk assessment of NCDs using Community Based Assessment Checklist (CBAC).
- Mobilization of community for screening of NCDs at nearest AB-AAM.
- Health promotion, lifestyle modification, follow up for treatment compliance and lifestyle modification.

AAM- SHC level

- Health education for awareness generation and behaviour change, organising wellness activities.
- Screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical).
- Referral of suspected cases to PHC/PHC-AAM or nearby health facility for diagnosis confirmation and management. SHC- AAM team to also facilitate the referrals and follow up on referred suspected patients.
- Dispensing of prescribed medicines and follow up of patient for treatment compliance and lifestyle modification.
- Teleconsultation services from SHC-AAM to AAM- PHC/ UPHC.
- Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.

AAM PHC/ UPHC/ USHC level

- Health promotion activities including wellness activities for behaviour change.
- Screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical), COPD and Asthma, CKD, NAFLD among OPD attendees.
- Confirmation of diagnosis, treatment initiation, and management of common NCDs as per standard management protocol and guidelines.
- Referral of complicated NCD cases to higher facilities. Bi-directional referral linkages to be established and follow up to be ensured.
- Teleconsultation services and counselling services.
- Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.

CHC/ SDH

- Health promotion including counselling.
- Opportunistic screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical).

- Screening of COPD and Asthma, CKD, NAFLD, STEMI among suspected cases.
- Confirmation of diagnosis, treatment initiation, and management of common NCDs as per standard management protocol and guidelines.
- Teleconsultation services and counselling services.
- Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.
- Management of cases of common NCDs and regular follow-up.
- Referral of complicated cases to District Hospital/higher healthcare facility.

District Hospital

- Opportunistic screening of Diabetes, Hypertension, three common cancers (oral, breast and cervical).
- Screening of COPD and Asthma, CKD, NAFLD, STEMI among suspected cases.
- Diagnosis and management of cases of common NCDs: outpatient and inpatient care, including emergency care particularly for cardiac and stroke cases.
- Management of complicated cases of common NCDs, or referral to higher healthcare facility.
- Follow-up cancer chemotherapy and palliative care services for cancer cases, physiotherapy services for NCDs including Stroke patients,
- Dialysis facilities for CKD patients, etc.
- Health promotion for behaviour change and counselling for NCD cases. IEC activities on important Health Days.
- Bidirectional referral linkages and follow up mechanism to be established and ensured.
- Teleconsultation services and counselling services.
- Maintaining Electronic Health Records (EHR) and generation of ABHA IDs.
- Day Care Cancer Centre (DCCC) provide treatment to cancer patients.

Medical College/ Tertiary care

- Diagnosis and management of complicated cases of common NCDs acts as tertiary referral facility.
- Comprehensive cancer care including prevention, early detection, diagnosis, treatment, palliative care and rehabilitation at Tertiary Cancer Centres.
- Support programme in capacity building of health staff.
- Support programme in preparing standard guidelines and protocols.
- Support in supervision, monitoring, evaluation and operational research.
- Bidirectional referral linkages and follow up mechanism to be established and ensured.
- Teleconsultation services and counselling services.
- Maintaining Electronic Health Records (EHR) and generation of ABHA IDs







C3

Communicable Diseases



PART C

C3 Dealing with Common Communicable Diseases

In this section, you will learn about:

- Common communicable diseases, and your role in their early detection, management and preventing their spread.
- Your role in disease surveillance.

COMMUNICABLE DISEASES

Communicable diseases are caused by germs such as bacteria, viruses, parasites and fungi. They can spread from an infected person, animal or other sources to another person, which can spread, directly or indirectly, from one person to another.

These diseases can be transmitted in various ways:

- Through direct physical contact eg. Scabies
- Through air by droplets when we sneeze or cough eg. Measles, Flu, Tuberculosis
- Through sexual contact eg. HIV, Hepatitis B and C
- Through bites eg. Rabies through bite of an infected animal
- From mother to the baby during pregnancy eg. Hepatitis B
- Through contaminated water / food eg. Typhoid, Cholera
- Vector borne diseases which spread through bite of infected mosquitoes like Dengue, malaria etc

Vector Borne Diseases

Six diseases of public-health importance, viz, Malaria, Dengue, Chikungunya, Japanese Encephalitis, Lymphatic Filariasis and Kala Azar are all transmitted by vectors. In this section we will learn in detail about each, i.e., how they are spread, what are their features through which the ASHA can recognize the disease for early detection and prompt referral, the key messages the ASHA should give to the community for their prevention and management.

An important thing to note is that these six diseases are brought under the umbrella of the National Vector Borne Disease Control Program (NVBDCP)- and as 5 of these diseases are transmitted by mosquitoes, the general principles behind their control have been integrated

into the Integrated Vector Management Strategy. **The ASHA should keep in mind the broad principles of Integrated Vector Management and educate the community on protection against vector borne diseases (See Chart CD-1).**

These messages should specially be reiterated to the community to ensure pre-monsoon preparedness, and during and after monsoon to prevent the occurrence of diseases and their outbreaks. **The ASHA should ensure awareness generation and community celebrations of World Malaria Day- 25th April, National Dengue Day on 16th May, Mass Drug Administration on 10th Feb.**

HOW CAN THE ASHA DIFFERENTIATE BETWEEN THE VECTORS?

KNOW YOUR MOSQUITOES: SPOT THE DIFFERENCE, STOP THE DISEASE

 You can easily tell these three mosquitoes apart by looking at how they sit and the markings on their bodies.

FEATURE	ANOPHELES	AEDES	CULEX
 HOW TO IDENTIFY	Sits at a sharp 45-degree angle with its tail pointing up in the air.	Has striking black and white stripes on its body and legs, often called a "tiger mosquito."	Sits flat and parallel to the surface. It looks like a plain, dull brown mosquito.
 BREEDING SITES	Prefers clean, standing water. You will find them in rainwater puddles, overhead water tanks, wells, and fountains.	Breeds strictly in clean, stagnant water in artificial containers. Look out for flower pots, discarded tires, birdbaths, coolers, and coconut shells.	Thrives in highly polluted, dirty water. They swarm around open sewage drains, stagnant puddles, and septic tanks.
 BITING HABITS	Bites primarily at night time, from dusk until dawn.	Bites during the daytime, especially during early morning and late afternoon.	Bites mostly at night time and can be very persistent indoors.
 RESTING HABITS	Rests indoors on dark walls, behind furniture, and inside clothes closets.	Rests outdoors in dark, shady areas like garden bushes and under patio furniture.	Rests both indoors and outdoors on low walls, under beds, and in dark corners.
 PREVENTIONS	Sleep under insecticide-treated bed nets.	Eliminate stagnant water.	Improve drainage and keep surroundings clean.



Integrated Vector Management: Key Measures

Together we can prevent vector-borne diseases and protect our families and community



1

Prevent breeding – remove or manage breeding sites



- Regularly identify places where water collects and empty, drain, clean, cover or appropriately manage them.
- This includes water-storage containers, coolers, discarded construction sites, drains, pits and other stagnant water sites.
- Environmental sanitation, proper drainage, waste disposal and keeping surroundings clean is important.

2

Use biological methods where water cannot be easily drained



- Promote use of larvivorous fish, particularly Gambusia (mosquitofish) and Guppy (Poecilia reticulata), in community ponds/ water bodies.
- These fish feed on mosquito larvae and can complement other control measures.



3

Protect people from mosquito bites – use personal protection measures.



- Promote use of Long-Lasting Insecticidal Net (LLIN) while sleeping.
- After distribution, emphasis should be placed not merely on ownership but on regular and correct use.
- Wear full sleeves, protective clothing, screens and repellants.

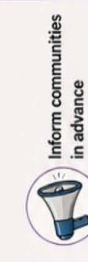


4

Control adult mosquitoes according to the local disease situation



- Indoor Residual Spraying (IRS) in identified areas.
- Other measures like fogging during specific situations such as outbreaks.
- Inform communities in advance for their cooperation and achieve good coverage.



5

Mobilize households and communities



- Families should routinely check their homes and surroundings for breeding sites and take corrective action.
- ASHAs, VHSNC Plus, MAS/ women's groups, schools, Panchayati Raj Institutions and other community groups can mobilize collective action.
- Ensure community preparedness for monsoon season.
- Celebrate anti-malaria month and weekly dry day.



6

Work together across departments



- Many breeding sites are related to water supply, sanitation, drainage, solid waste, construction, housing and the environment.
- The health system, communities, Panchayats/ urban local bodies and departments responsible for water, sanitation, and public works need to work together.
- VHSNC plus/ MAS and ASHAs play a key role in identifying issues for collective action.



7

Surveillance: Monitor and take timely action



- Health workers and communities should watch for increase in fever or other vector-borne disease cases and for increased vector breeding.
- Surveillance findings should be promptly communicated to guide corrective action and prevent outbreaks.



1. Malaria

Malaria is an acute febrile infectious disease caused by a Plasmodium parasite and transmitted by female anopheles mosquito . There are five species of malaria parasite of which Plasmodium falciparum and P. vivax are most common in India. Falciparum malaria can cause damage to the brain, liver and lungs.

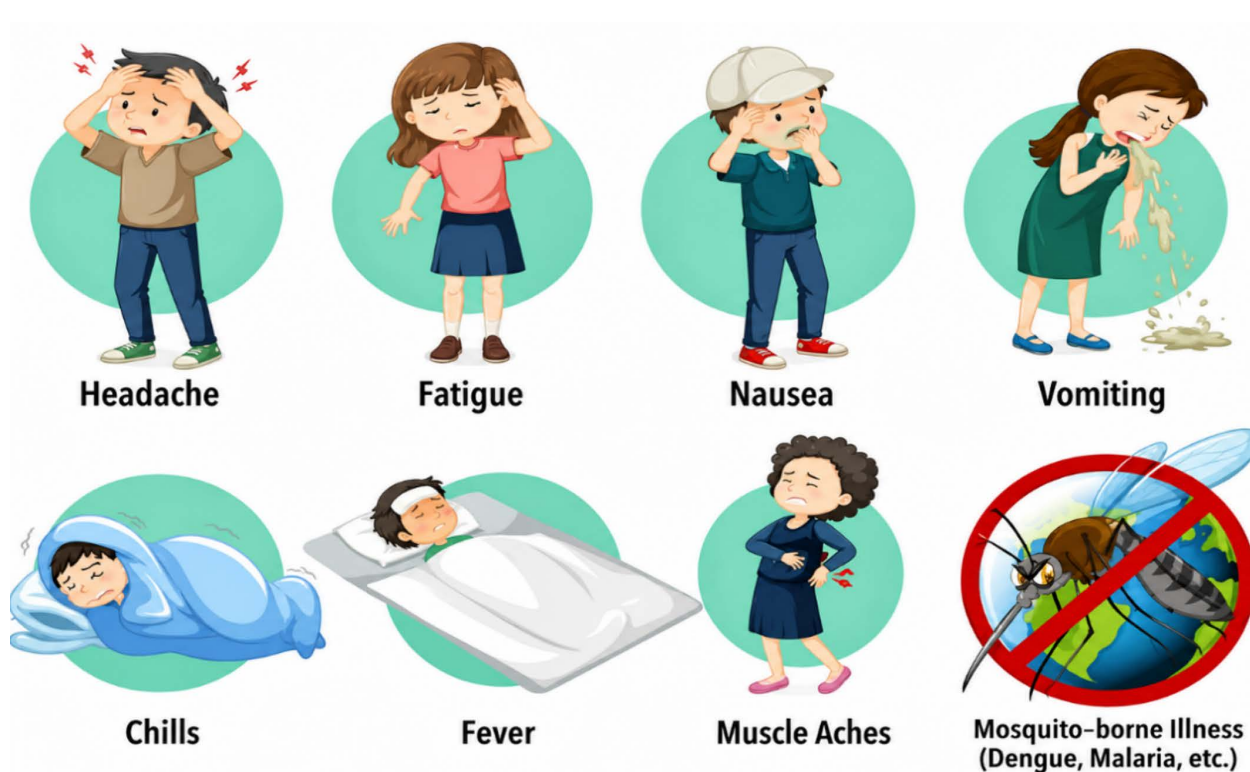
How does it spread?

When the female anopheles mosquito bites an infected person, the parasite enters the mosquito's stomach. The parasite multiplies inside the mosquito and this mosquito becomes capable of further spreading the disease to a healthy person after 10-14 days. When an infected female mosquito bites a healthy person, the parasite enters the blood , and the healthy person develops malaria

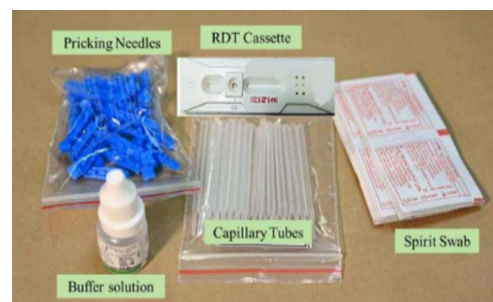
Only female Anopheles mosquitoes bite humans for blood. Male mosquitoes do not bite humans and therefore do not transmit malaria.

Signs and symptoms:

Fever occurs in the following stages	
Cold stage:	Characterized by shivering and a feeling of cold (lasts for 15–60 minutes)
Hot stage	Characterized by fever, flushed dry skin, and often headache, nausea, and vomiting (lasts for 2–6 hours)
Sweating stage	The fever drops rapidly and the patient sweats (lasts for 2–4 hours)



In areas with high burden of malaria, any patient presenting with the history of fever or temperature $\geq 37.5^{\circ}\text{C}$ and no other obvious cause should be suspected as a case of malaria. Malaria should also be suspected in those patients who have recently visited the area where malaria is common.



Skill - Steps for use of bivalent RDT kit

Step 1: Clean the ring finger with spirit swab	Step 2: Prick the ring finger and sustain gentle pressure for the blood to come out and wipe the first blood drop	Step 3: Now take blood sample using capillary tube/applicator
Step 4: Put one drop of blood in the well written 'S'	Step 5: Put three drops of the buffer solution in the well written 'B'	Step 6: Wait for the control line to appear

Interpretation of Results

Control line RDT showing negative result for malaria	Control line Pv line RDT showing positive result for <i>P. vivax</i>
Control line Pf line RDT showing positive result for <i>P. falciparum</i>	Control line Pv line Pf line RDT showing positive result for both <i>P. vivax</i> and <i>P. falciparum</i>

- If control line does not appear on the cassette, discard it, repeat test with a new cassette. Matter of defective cassette should be reported to ANM or AAM-SHC
- Read the results of RDT within the time limit as prescribed in the instructions (time can vary from 10 to 30 minutes in different kits). If you read the results beyond 30 mins or so, test can be false positive
- If the result is negative and fever persists, the patient should be referred to AAM-PHC.
- Always store RDT kits in a cool, clean, and dry place indoors and they should not be exposed to sunlight

Note: As per the National Drug Policy-2013, slide should be prepared only for a strongly suspected case of Malaria with negative RDT and sent for microscopy for further investigation.

BLOOD SMEAR PREPARATION FOR MICROSCOPY

For diagnosis of malaria, thick and thin smears are prepared on slides from the finger pricked blood.

1 Ensure slides are clean and dry before taking the sample.

2 Prick the side of the fingertip with a sterile lancet.

3 For thick smear, 3 drops of blood are taken while for thin smear only one drop is taken on the same slide as shown.

THICK SMEAR – Using 3 drops of blood

- Place 3 drops of blood close together on the slide.
- Using the corner of another slide / applicator stick, join the drops by gentle circular motion.
- Make a circle about 1–1.5 cm in diameter.

THIN SMEAR – Using 1 drop of blood

- Place one small drop of blood near one end of the slide.
- Place the spreader slide in front of the drop at a 45° angle.
- Allow the blood to spread along the edge of the spreader, then push forward smoothly in opposite direction.
- Air dry. The smear should have a feathered edge and a smooth appearance.

4 Label the slide, mentioning the identity of patient and date of preparation.

5 After preparation of smears, they should be dried completely.

6 Protect the slides from flies, dust and direct sunlight.

7 Transport the slides to the laboratory in a slide box.

☒ Good quality smear is essential for accurate diagnosis of malaria.

☒ Use clean slides

☒ Prepare proper smears

☒ Dry well

☒ Label clearly

☒ Protect from contamination

Safety precautions while doing blood tests:

- Wash your hands thoroughly with soap under running water or use a skin disinfectant / sanitiser before you draw blood.
- Use gloves.
- Always use a fresh lancet for each patient.
- Do not touch the sharp tip of the lancet before or during the process of drawing blood.
- Do not touch blood with bare fingers at any time.
- Ensure that you do not prick yourself accidentally with a used lancet.
- After the test is over, wash your hands again thoroughly with soap and water or disinfectant.

How to transport slides and reporting results:

- As obtaining the results of the blood smear examination are crucial for effective treatment, quick transportation of slides to the PHC must be ensured. the slides should be protected from any damage during transport.
- Slides should be wrapped individually in paper, only after they are completely dry.
- The results from the laboratory must be conveyed through telephone (landline/mobile/ SMS/WhatsApp) within 24 hours.



All the waste generated should be collected and handed over to the nearest sub-center or PHC for disposal according to the BMW management guidelines.

ASHA should record all the tests in the M1 form.

The ASHA should also promptly recognize signs of complicated malaria for timely referral. See Chart CD below for signs and symptoms of complicated malaria.

CHART CD-3: IDENTIFICATION AND REFERRAL OF COMPLICATED MALARIA CASES

COMPLICATED MALARIA



A patient with any of the following danger signs can be a case of **severe malaria**. In such cases, the patient should be referred and transported to the nearest linked health facility.

1 Continuous vomiting and inability to take medication orally 	2 Inability to sit or stand 	3 Not able to drink or breastfeed 	4 Breathing difficulty 	5 Dehydration – dry skin and sunken eyes 
6 Confusion, drowsiness, or convulsions 	7 Bleeding 	8 Jaundice (yellowness of eyes, dark coloured urine) 	9 Hypothermia (decrease in body temperature) 	10 No relief of symptoms within 48 - 72 hours of initial treatment 



Children and pregnant women with high fever should be referred immediately to AAM-PHC. These are high risk groups.



The ASHA should immediately refer the patient to the AAM-PHC for first level treatment.

All sick patients with severe malaria should receive 1st dose of antimalarial drugs as well as required resuscitation at AAM level itself before referral to higher center.



PRE-REFERRAL SUPPORTIVE CARE

	✓ All attempts should be made to transfer patient immediately. Supportive care should be given while awaiting transfer and can prove to be lifesaving.
	✓ Treat fever with paracetamol as per instruction of CHO / Medical Officer.
	✓ In case of diarrhoea or dehydration, give ORS and ask caretaker of the patient to increase intake of clean water / fluids by patient.
	✓ Give instructions for tap water sponging and fanning in case of high fever.



Role of the ASHA in management of Malaria

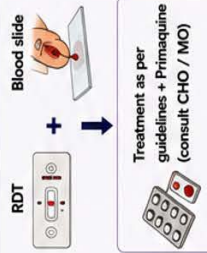
1 The ASHA should inform the community to reach out to her in case of fever.



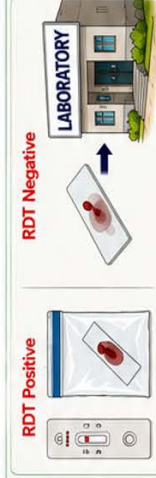
3 Where possible, ASHA should ask those with fever, who she suspects of having malaria to go to the AAM-SHC / PHC. She should facilitate this.



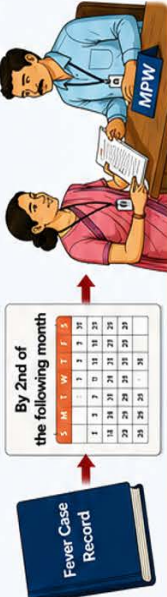
5 All fever cases that approach the ASHA and are unable to go to the AAM-SHC / PHC within a day, should be screened using RDT and blood slides. Fever cases which turn out to be RDT positive would be given treatment with either chloroquine drug or ACT (depending on the instructions given in the area) followed by primaquine for radical treatment in consultation with CHO / MO.



7 You should store the positive RDT along with the blood slide for Quality Assurance (QA) check at a later date. For cases which are RDT negative, you should send blood slides to the laboratory.



9 Maintain the record of fever cases and provide monthly report of the same to the MPW by 2nd of the following month.



2 All fever cases should be given paracetamol and fever managed as per the guidelines.



4 It is only if the patient cannot go the same day, that she should take on the task of diagnosis and treatment of the patient suspected to have malaria.



6 The ASHA should identify the warning signs of severe malaria and ensure timely referral of such cases with adequate pre-referral care, to the nearest First referral Unit (FRU) such as nearby PHC with inpatient facility or district hospital after making blood smear/ RDT.



8 Whenever you do a blood test or give a drug you should make a record of it in your diary. You should provide the information during the monthly ASHA review meeting to the CHO/ANM or to your supervisor.



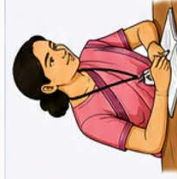
10 Filling the M1 form

M1 FORM (MALARIA)

A. Patient Details
 Name: _____
 Age: _____ Sex: _____
 Address: _____

B. Test Results
 RDT ☐ Positive ☐ Negative
 Blood Slide ☐ Positive ☐ Negative

C. Treatment Given



Case study:

S, a 22-year-old woman from West Bengal, developed high fever with chills and body pain. The fever comes and goes, and she feels very weak. Her family thinks it is due to seasonal change and plans to wait. ASHA visits the house during her routine home visit.

Questions:

1. If you were her ASHA, what will you do to manage and refer this case?

Specific Vector control and protection for Malaria

1. Adult Vector control:

Indoor Residual Spray (IRS)

- IRS is undertaken in high-risk rural areas
- After biting a person, mosquitoes rest indoors on the walls or roof of houses. IRS is undertaken against adult mosquitoes. Its residual effect remains on walls/roofs of houses for 6-12 weeks.
- IRS kills/ reduces longevity of the mosquitoes.
- IRS should aim at a coverage of a minimum of 85 % of targeted households.
- As ASHA you must work in close coordination with MPW & Malaria Technical Supervisor (MTS) of the village to ensure mobilization and acceptance of the community for Indoor Residual Spray (IRS) rounds. Provide prior information to the community and village opinion leaders, 7 days in advance and then again one day before IRS round.



2. Larval Source Management (LSM):

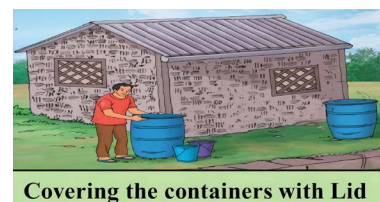
Targets mosquito breeding sites. It prevents mosquitoes from breeding and multiplying. Larval Source Management :

i. Source reduction & environmental management

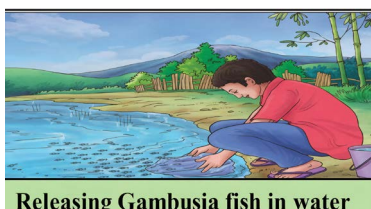
- Closing/ drying up small breeding pits by filling with soil.
- Not allowing water to stagnate near hand pumps, around houses and in flowerpots.
- Removing the grass and vegetation from banks of ponds.



Filling pits with earth work



Covering the containers with Lid



Releasing Gambusia fish in water



Common larvivores fish released in water



Covering the in-house container

- Regular cleaning of cooler/ cement tanks in summer.
 - Keeping the water storage utensils covered.
- Biological Control (Fish, Bacteria).
 - Chemical Control (larvicides, insect growth regulators).

3. Personal Protection Measures

The following measures are used by the communities for personal protection from the bites of mosquitoes.

- Long Lasting Insecticidal Net (LLIN)** are a cost-effective intervention against malaria and highly effective against mosquitoes. They provide physical barrier against the mosquitoes; kill them / shorten their life span. They are designed for use for minimum of three (3) years and can be washed for 20 times in 3 years. Mosquito nets are treated with insecticides. They prevent the infected mosquitoes from reaching the sleeping person. The mosquitoes coming in contact with the net may die later. The net is draped over four sticks placed as shown in the picture. The net shouldn't be open from anywhere. For being effective they must be used properly:



Distribution of LLINs: As the ASHA, you will help the Malaria Technical Supervisor in distribution of nets as per Guidelines. You should also ensure that each household which has received LLINs, uses them and the members sleep under the net. Pregnant women, and children less than 5 yrs are the priority groups.

Do's/ क्या करें?	Don'ts/ क्या न करें?
✓ While sleeping inside or outside the house, always use a long lasting insecticide- treated net. पूरे के अंदर अथवा बाहर सोते समय हमेशा कीटनाशक उपचारित (दवा युक्ती) मच्छरदानी का इस्तेमाल करें।	✗ When drying, do not expose long lasting insecticide-treated net to sunlight. कीटनाशक उपचारित मच्छरदानी को धूप में न सुखाएं।
✓ Keep the four strings of the net properly tied and tuck its bottom edge under the mattress or mat. मच्छरदानी के चारों कोनों की रस्सी को अच्छी तरह से बांध कर रखे और इसके निचले हिस्से को गद्दे या चटाई के नीचे दबा दें।	✗ Do not use hot water or brush while washing the net. कीटनाशक उपचारित मच्छरदानी को धूप में न सुखाएं।
✓ After use, fold properly and keep in a clean place. इस्तेमाल के बाद कीटनाशक उपचारित मच्छरदानी को ठीक से तह लगाकर साफ स्थान पर रखें।	✗ To wash, do not beat the net against a rock. Do not wring after washing. इसे धोने के लिए पत्थर पर न पटकें। धोने के बाद न निचोड़ें।
✓ When the net gets dirty, gently scrub and wash with clean water. गंदा होने पर कीटनाशक उपचारित मच्छरदानी को साफ और साफ पानी में हल्का रगड़ कर धोयें।	✗ Do not use the net for fishing. कीटनाशक उपचारित मच्छरदानी का उपयोग मछली पकड़ने के लिए न करें।
✓ After a gentle wash, dry the net in shade. (Most efficacious up to 20 washes) हल्का धोने के बाद इसे छाँव में सुखायें। (20 धुलाई तक सर्वाधिक प्रभावकारी)	✗ Do not sell or gift the net. कीटनाशक उपचारित मच्छरदानी को न बेचें और न उपहार में दें।

- ii. **Protective clothing: Wear full-sleeved clothes.**
- iii. **Mats, coils, and aerosols.**
- iv. **Repellents (natural repellents or chemical repellents)**



Information, Education and Communication (IEC) & Behavior Change Communication (BCC)

Behaviour change is based on information provided through different (IEC) tools , interpersonal communication and group discussions . IEC / BCC is aimed at enhancing awareness regarding prevention of disease transmission and availability of services for diagnosis and treatment and guiding people towards informed decisions and modified behavior.

Activities to engage communities.



ASHA Organizing meetings for the villagers on LLIN use and distribution.



Folk arts and different IEC & BCC activities.



Night time monitoring for correct use of LLIN.

- Educate the community about signs and symptoms, prevention, and treatment of Malaria.
- Undertake advocacy for vector control, e.g., spreading awareness on source reduction activities and improving utilization of LLINs/ITNs.
- Scaling-up the use of LLIN
- Distribution of IEC material (Flip book, story cards, stickers, sign boards with logo, calendars, wall charts, leaflets) as per availability in states.
- Promote community participation in camps organized for insecticide treatment of bed nets.
- Engage community in antimalaria month activities.
- Provide advance information on spray dates to the community / villages.



Counselling session to increase LLIN use.

Recording and Reporting:

1. **Filling of Form M1:** All cases of suspected malaria must be recorded in M1 form given below and should be reported on the same day to CHO/MPHW/MO-PHC irrespective of whether they are treated or not. Only symptomatic cases have to be reported. Surveillance and treatment details for asymptomatic infection should not be included in the form. The record for asymptomatic patients should be made separately.

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-1: Report of malaria surveillance by ASHA / health care provider / health facility

Year: Month: Fortnight I / II:

* All cases of suspected malaria should be recorded in this form, irrespective of whether they are tested or treated.

* Start with patient number "1" each month. Use more than one sheet per fortnight, if needed and mention sheet number. Cases that presented to you during the fortnight should be included in that's form, irrespective of when fever first appeared.

PHC: Subcentre: Village: Provider:

PHC code: Subcentre code: Provider code:

Serial number	Village name	Village/ provider code	Name of patient (suspected malaria case)	Head of family	Active (A) / Passive (P) case detection	Age (Years / months)	Sex (M / F)	Duration of fever (days)	Date of RDT / BSC	RDT			Blood slides				Pregnant (if yes, ✓)	Date of starting treatment	Number of tablets/packs given for treatment					Suspected severe malaria (✓)	Date of referral	If died, date of death	Verified by (signature)	
										Pf positive (✓)	Pv positive (✓)	Negative (✓)	Slide number (Ser No. / Provider / Village/SC code)	Date of dispatch to lab	Receipt date of report	Pv +ve (✓) -ve (-)			Pf +ve (✓) -ve (-)	CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (✓)					ACT-AL (✓)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Total																												

A. Positive results to be marked in red.

B. Mixed infections to be marked as Pf.

C. Use '991', '992', etc. for village code when patient is not a usual resident of your village.

- Entry in IHIP Portal:** ASHAs should follow-up that their ANMs at AAM- SHC/ PHC are entering record of patients on Integrated Health Information Platform (IHIP) regularly (S form).

Your role as an ASHA in Surveillance of Malaria:

- All fever cases suspected of malaria should be tested either by RDT Kits or blood smear by microscopy.
- Treatment cards should be prepared and regularly maintained for each patient, if possible.
- In the villages near the international border, information regarding positive cases (local/ migrant) should be shared with higher authorities for necessary action.
- Identify any increase in the number of fever cases in the community and provide prompt information of fever outbreak to the CHO / ANM / MO.

2. Dengue

Dengue is a viral infection that spread mainly by infected female Aedes mosquitoes . The mosquito bites during the day and breeds in clean water unlike anopheles mosquito (malaria) that bites during night and breeds in stagnant water.

It can present as **Dengue Fever and Dengue Haemorrhagic Fever (DHF)**.

Dengue fever is a flu like illness but DHF is a more severe and serious condition which can cause death if not treated promptly. However, with prompt and proper management, death due to DHF can be prevented.

How does it spread?

Dengue is transmitted to a healthy person by the bite of an Aedes mosquito infected with dengue virus. The mosquito becomes infected when it bites a person who is already suffering from dengue. The mosquito can transmit the virus when it bites a healthy person after about a week of getting infected. Symptoms of dengue may start 4-7 days after the bite of the infected mosquito. Person bitten by an infected mosquito becomes infective 6 to 12 hours before the onset of the disease symptoms and remains infective upto 3 to 5 days after. Aedes mosquito bites mainly during daytime, especially in the early morning and late afternoon. Dengue does not spread directly from person to person. Once a female Aedes mosquito has been infected by the dengue virus, it can pass on the virus to its eggs also. This means that newborn mosquitoes can be infective to humans from the beginning itself.

- Transmission: Vector-borne via Aedes mosquito bites; no direct human-to-human spread.
- Mosquito Infectivity: Takes ~1 week after biting an infected person to transmit the virus.
- Human Infectivity: Humans can infect mosquitoes from 6–12 hours before symptoms start up to 3–5 days after.
- Incubation Period: Symptoms develop 4–7 days after a bite.
- Biting Habits: Daytime biters, peaking in early morning and late afternoon.
- Egg Transmission: Infected females pass the virus to eggs, making newborn mosquitoes infective from birth.

Signs and symptoms:

- 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).
- Patient may also complain of loss of sense of taste and appetite
- There may be measles-like rash over chest and upper limbs

Dengue rash



Dengue patient with maculopapular rash



Impression mark on skin of a Dengue patient

Dengue Haemorrhagic Fever (DHF)

- Symptoms of DHF during the initial phase are similar to Dengue fever -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, abdominal pain, and headache).
- Coming down of fever marks the **transition from the febrile phase to the critical phase – during which most complications of DHF occur.**
- This phase may show haemorrhagic (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. **Rapid pulse in the absence of fever is an important sign of internal loss of blood or fluid which may not be visible on the outside and the patient may appear comfortable in initial stage. Such a patient can deteriorate rapidly and go into shock within minutes/hours. Fast pulse rate in absence of fever should not be ignored and patient referred urgently.**
- Patient can also have pain abdomen , vomiting with or without blood, rapid weak pulse and difficulty in breathing. S/he can also complain about sleepiness or restlessness; and feeling thirsty with dryness of mouth.

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

Managing Dengue

In cases where symptoms suggestive of Dengue / DHF are present, the patient should be immediately referred for early diagnosis and treatment to the AAM -SHC / AAM-PHC

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.





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- 



Asha

-  Signs of severe dehydration (dry mouth, very little urine, sunken eyes, lethargy)
-  Altered sensorium (confusion, irrelevant talk, slurring of speech, etc.) or unconsciousness.
-  Breathing difficulty
-  Decreased urine production or complete absence
-  Jaundice (yellowing of eyes or skin)



Go to the linked
higher health facility

- Empty, clean, and dry the water containers once every week- ensure scrubbing of the walls of the containers to clean out eggs that may be stuck there.
- Always keep water tanks and drums covered.

2. Protect people from mosquito bites

- Advise use of mosquito nets (especially day-time rest) and mosquito repellents/ coils
- Advise wearing full-sleeve clothes, especially during day time

3. Community action

- Encourage weekly “dry day” in the village when all possible breeding sites are looked for and removed / taken care of.
- Inform CHO / ANM / MO about fever cases in the area , heavy mosquito nuisance .

4. Health education

- Explain that dengue mosquito bites during the day and about the vector control and personal protective measures
- Advise early reporting of fever to PHC
- Advise on importance of taking plenty of fluids.
- Advise to use Paracetamol for fever as it is the safest and avoid other painkillers .

3. Chikungunya

What is Chikungunya and how does it spread?

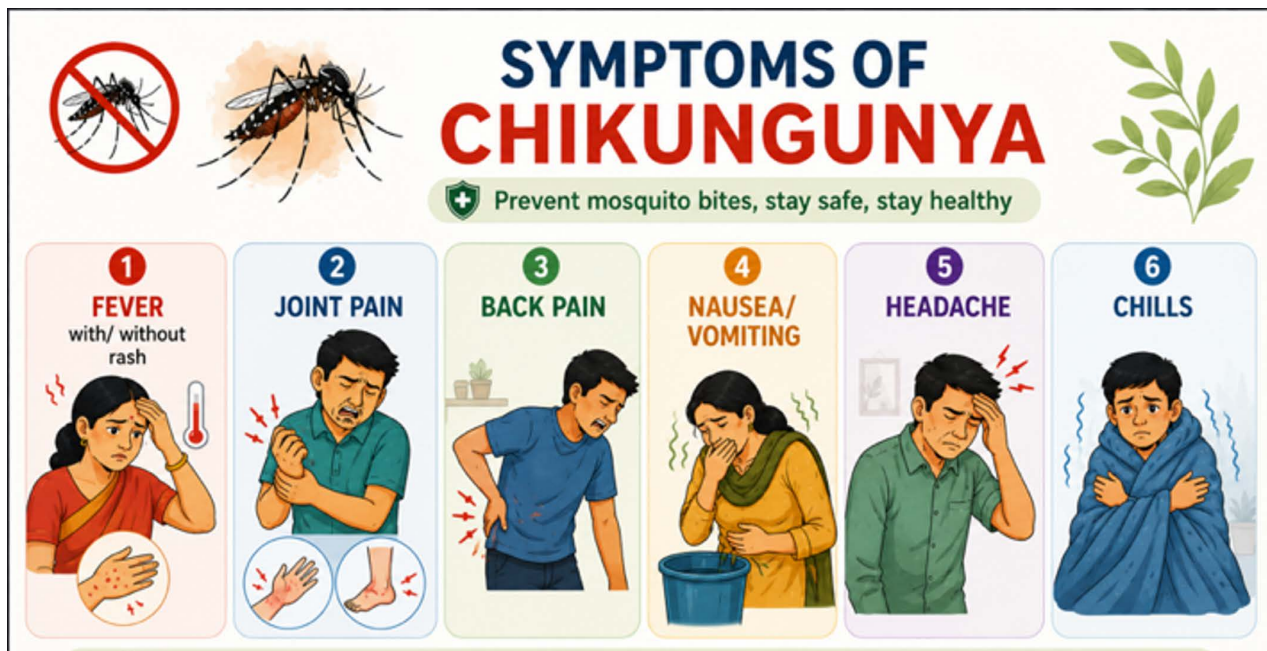
Chikungunya is caused by the chikungunya virus which is spread by the bite of an Aedes mosquito. The mosquito usually transmits the disease by biting an infected person and then after some time biting a healthy individual.

Signs and symptoms:

The disease resembles dengue fever, and is characterized by severe, sometimes persistent, joint pain , as well as fever and rash. Chikungunya can look like dengue, but severe joint pain is a common and important feature.

- 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 due to severe joint pain .
- Many times the infection causes no symptoms, especially in children.
- Recovery from Chikungunya is gradual with persistent joint pain which may require medications for pain relief.
- Disease is rarely life-threatening.





Managing Chikungunya

How to Confirm?

Blood tests for Chikungunya are available at higher facilities like the Sub-District or District Hospital. Since the symptoms and signs of both chikungunya and dengue are similar, it is important to do a laboratory test especially in areas where dengue is common to rule out Dengue.

Treating Chikungunya

There is no specific treatment for chikungunya.

- Advise plenty of fluids and a normal diet.
- Advise rest for the painful joints, analgesic like paracetamol can be taken .
- Other medicines like Aspirin, Ibuprofen, Diclofenac, etc. should be avoided.
- Avoid massage during severe pain and swelling . Joint pain may last longer, so the person must be reassured .

Refer if the fever is very high and not reducing, if there is severe or persistent joint pain with difficulty in walking / daily activity , an elderly individual , a pregnant women, or patients with any other co-existing illnesses.

For prevention advise the same measures as advised for Dengue.

4. Japanese Encephalitis

Japanese Encephalitis (JE) is a serious viral disease of the brain caused by the JE virus. The virus is transmitted to humans through the bite of an infected Culex mosquito. These mosquitoes become infected after biting animals and birds, especially pigs, which are infected with virus . The infected mosquito then transmits the virus to humans.

Culex mosquitoes usually bite at night and breed in paddy fields, ponds, and stagnant water around human habitation.

JE does not spread from person to person. The illness usually starts with fever and can progress to brain infection, leading to fits, altered consciousness, long-term disability, or death if not treated early.

i. Signs and symptoms:

Fever, headache, disorientation, tremors, paralysis (generalized), loss of coordination, stupor, coma. Consider every suspected Acute Encephalitis Syndrome (AES) case as an emergency.

Remember!!

Any individual with acute onset fever, altered sensorium and /or fits or weakness of any part of the body can be encephalitis and should be referred urgently

ii. Case Management:

- Immediate referral to the nearest CHC, or district hospital without delay. Transport should be arranged through the 102/111-ambulance service or any locally available emergency transport if ambulance services are delayed. (EDS8,9)[SC6.1]
- The ASHA should immediately inform the CHO/ANM and the Medical Officer of the concerned health facility.
- No attempt should be made to manage the case at home or wait for symptoms to improve.

During the referral process, ASHA should provide only basic supportive care (First aid AID).

- The patient should be kept in a side-lying (left) position.
- Tight clothing should be loosened .
- During a fit the patient should be protected from injury without restraining movements.
- Nothing should be put into the patient's mouth, and oral food or fluids should not be given if the patient is unconscious or having a fit.
- ASHAs must not administer any medicines, injections or traditional remedies.

iii. Surveillance & Community Alertness:

- Families should be advised to seek immediate medical care for any fever cases accompanied by convulsions or altered consciousness. Impress upon the community the seriousness of disease and that early hospital care can be lifesaving.
- Identify and report cluster of similar illness.
- Any unusual death events among birds/animals or repeated abortions among domestic animals need to be reported to the CHO / MPW / MO.

iv. Prevention measures:

- Educate the parents about the seriousness of JE and impress upon them that it is preventable through vaccination. JE vaccine is available free of cost at government health facilities in endemic areas.
- As ASHA you should reinforce the importance of completing JE vaccination among eligible children. Two doses for children in endemic districts — first at 9–12 months and a booster at 16–24 months.



- Check the vaccination status of children during home visits and motivate families to bring children to routine immunization sessions and JE vaccination campaigns.
- Reduction of mosquito breeding sites in coordination with personnel responsible for fogging, personal protection by use of bed nets .
- Educating community on importance of keeping piggeries and other animal shelters away from human dwellings to reduce transmission risk.

v. Follow-up & social support:

- Conduct regular follow-up home visits for all suspected JE patients. In case of any weakness of limbs, difficulty in walking or speaking, fits ensure immediate referral.
- Conduct home visits after treatment in hospital and ensure continuation of treatment, intake of take prescribed medicines regularly, and facilitate scheduled follow-up visits at the health facility.
- Counsel the family that recovery from JE may be slow and that regular follow-up and rehabilitation are essential for improvement.
- Guide the family to visit the health facility for follow-up care, physiotherapy, seizure management.
- Address stigma by explaining that physical or learning difficulties after JE are due to illness and not due to fault, curse, or wrongdoing.

5. Lymphatic Filariasis

Lymphatic filariasis is caused by thread-like parasitic worms that live in the lymphatic system.

How does it spread?

Mosquito bites an infected human being. This infected mosquito (mostly Culex) then bites another human and transmits the parasites .They reach the lymphatic vessels and develop into adult worms , causing severe damage to the tissues/ organs and their swelling .Though the disease rarely kills a person , it is responsible for significant suffering, deformity and disability.

Signs and symptoms:

Lymphatic Filariasis (LF), commonly known as **elephantiasis** is a disfiguring and disabling disease, usually acquired in childhood.

- In the **early stages, there are either no symptoms** or non-specific symptoms. This stage can last for several years. During this period these infected persons are capable of transmitting disease.
- The long-term physical consequences of the chronic state are **painful swollen limbs (elephantiasis). Hydrocele (scrotal swelling) in males is also common in endemic areas. Involvement of breasts and genital organs is common.**
- Due to damaged lymphatic system, **patients with this swelling have frequent attacks of infection causing high fever**



and severe pain. Patients may be bed-ridden for several days and normal routine activities become difficult. Such attacks not only cause acute physical suffering but also directly impede the earning capacity of the individual and increased medical expenses for patients and their caretakers.

- Such body deformities often lead to social stigma and sub-optimal mental health, loss of income-earning opportunities

The persons in early stages having circulating microfilariae are outwardly healthy but transmit the infection to others through mosquitoes. The persons with chronic filarial swellings suffer severely from the disease but no longer transmit the infection.

Treatment of Lymphatic filariasis

Treatment for Acute Phase Illness (Fever / painful swelling suggestive of infection):

- Pain killer such as Paracetamol
- Oral antibiotic such as prescribed by the Medical Officer if necessary
- Clean the limb with an antiseptic.
- A cloth soaked in water and placed around the leg can relieve pain. The leg can be soaked in bucket of cold water.
- The leg should be washed with soap and clean water, gently and carefully
- After drying, antiseptics can be applied to the skin around the entry lesions or sore areas if any.
- Washing and drying should be done daily, ideally both morning and at night.
- Check for any wounds, cuts, abscesses and infection between toes and fingers.
- Cold compression will help the patient.
- Home management includes following measures:
 - Drinking plenty of water and adequate rest
 - Follow-up after 2 days at home. If situation does not improve, then refer the patient.

DON'T:

- No exercises are advised during acute attacks.
- DO NOT pop, open or cut blisters or damage the skin.
- DO NOT bandage.



Referral Criteria: Patients, with any of the signs listed below, should be referred to a AAM-PHC / UPHC:

- The acute attack is accompanied by confusion, vomiting or high fever
- Patient has an acute attack and is pregnant
- Fever, shaking, chills, or pain in the leg that does not respond to treatment within 24 hours
- Patient has an acute attack that does not improve after 48 hours of administering antibiotics.
- Patient has an entry lesion with foul smelling discharge , redness or swelling, or if fever develops.
- Splitting of the skin because of rapid increase in the size of the leg.
- Patient has advanced swelling with repeated acute attacks despite hygiene measures.
- Patient needs psychological services.

Preventive Measures¹

- Mass Drug Administration (MDA) with **DEC and Albendazole** is given to cover atleast 90% of eligible population twice a year .
- Selective Microfilaria carrier treatment with DEC for 12 days.
- Antilarval measures in urban areas and indoor residual spray in rural areas.
- Information-Education-Communication (IEC) activities for inculcating individual and community based protective and preventive measures for filariasis control.
 - Sleeping under bed nets
 - Wearing long sleeves and trousers.
 - Using mosquito repellent on exposed skin between dusk and dawn.[SC8.1]

Mass Drug Administration (MDA) :

- The transmission of infection can be stopped by treating the entire eligible population living in filarial endemic areas with **Mass Drug Administration (MDA)** given twice a year for 5-6 years .The main drugs used are **DEC (Diethylcarbamazine)** and **Albendazole**. In some districts, **a third drug – Ivermectin** – is also added (this is called **triple-drug therapy**). These medicines **kill the filarial worms present in the blood**. Therefore with every cycle of treatment a heavy reduction is expected in the circulating microfilariae which will markedly reduce or stop the transmission of the infection by the mosquitoes to other healthy persons.
- The tablets are **safe**, taken **after food**, and are given as **Directly Observed Consumption (DOC)**, where the health worker watches the person swallow the tablets. **Children below 2 years, pregnant women, and seriously ill persons should not take these medicines**. These are available at the nearest health facility free of cost.

1. <https://ncvbdc.mohfw.gov.in/Doc/Guidelines/Fil//ELF-Guideline-2024.pdf>

- Population to be excluded from MDA

For DA*	For IDA**
Children <2 years of age	Ivermectin should not be administered to children <5 years of age or <90 cm tall.
Pregnant women	Pregnant women
Seriously ill people	Breastfeeding mothers within one week of delivery
	Individuals with active serious illness* of an acute or chronic nature

- *DA(Diethyl Carbamazone (DEC) and Albendazole).
- ** IDA (Ivermectin, Diethyl Carbamazone (DEC) and Albendazole).
- #Seriously ill patients may be considered as those who are bedridden with terminal illnesses such as cancer, kidney failure, liver failure etc.

Annual MDA Campaign is usually synchronized with National Deworming Days (NDD) on February 10. The objective is to bring unprecedented focus and synergy to the programme and mass visibility to improve community compliance to MDA drugs.

As the ASHA you are expected to be familiar with your 1000 population (2000 in urban areas) and must have a due list of those eligible for drug administration. You must prepare your day wise micro-plans and collect the required drugs / entry forms, marking ink etc well in advance.

The house to house activity goes on as per the micro-plans made beforehand. You must ensure drug compliance in all eligible population of your area. **As the DA (Drug administrator), you are to administer the correct MDA dose under your direct observation. Under no circumstance are you to hand over or distribute drugs to the household members.** The drug consumption should be avoided empty stomach to prevent nausea and vomiting in some people, so the timing of the team visit should be planned accordingly. Upon administering the drug, mark the finger and make entry in your family register / standard data sheets accurately

Finger marking should be done after the eligible person has adhered to the DOC and consumed the drugs as per the dosage.

- Marking should be done by an indelible marker pen only, preferably on the left index finger.
- Marker pen should be capped immediately and kept in a horizontal position to prevent it from drying.

House Marking: This helps in easy identification of the houses that are fully covered, partially covered, or uncovered under MDA during the round. The Drug Administrator should mark the house after completing the administration of drugs to all eligible members.



You should be able to clarify doubts of community members about the drugs and MDA with the help of your CHO / ANM or supervisors. The DA team should mark refusals, absentees in the family register and plan revisits to cover them. During house-to-house activities the community must be informed about the availability of the drugs at the booths. The Drug Administrator should complete/update the information in the family registers immediately. Houses found locked on your initial visit must be revisited for administration of the drugs. Additional visits might be required along with identified local influencers to non-compliant households for convincing the members to adhere to DOC (Directly Observed Consumption).

- Clarify community queries regarding anti-filarial drugs and MDA, escalating to the CHO, ANM, or supervisor when necessary.
- Update and complete family register entries immediately during household visits.
- Document locked houses, absent members, and refusals systematically in the family register.
- Conduct repeat visits to locked houses and absent individuals to maximize coverage.
- Pair with local influencers on repeat visits to address hesitation and ensure Directly Observed Consumption (DOC).
- Inform community members about fixed drug administration booth locations during house-to-house visits.

Side effects: Drugs used in MDA either as a double drug regimen or triple drug regimen are very safe. 1-2% of the persons consuming the drugs may experience mild to moderate side effects most of which are self-limiting

Some of the commonly occurring side effects are headache, anorexia, nausea, abdominal pain, vomiting, dizziness, weakness, or lethargy. These symptoms begin within 1-2 hours of taking the drug and may persist for a few hours.

Serious adverse events are very rare after MDA.

Closely monitor the incidence of adverse events and provide supportive treatment to the affected, whenever necessary and inform MO as necessary. MO may advise medication for pain relief or allergy as required.

Mop up activities: It is very important to carry out mop up activities to increase and reach the required level of drug compliance which should be at least 90% of the eligible population. Mop-up activities should be planned meticulously so that left out households & missed areas get covered to maximize drug consumption. Mopping-up activity should be planned for five days following the last day of drug administration so that the poorly covered pockets / tribal areas and missed households / individuals identified during team visits, supervisory visits, and rapid convenience monitoring (RCM) may be taken up, to maximize drug consumption in your area.

Morbidity Management & Disability Prevention (MMDP): MMDP aims to reduce suffering, prevent disability, and improve quality of life of people affected by lymphatic filariasis.

Your Role as an ASHA:

1. Identification of Filariasis patients

- During home visits, identify persons with:
 - Swelling of legs, arms, breast (lymphoedema)
 - Scrotal swelling (hydrocele)
- Prepare a list of such patients and inform ANM/PHC
- Ensure patients are not missed during routine visits

2. Educate these patients on daily self-care (Very Important)

Teach them simple daily practices to prevent worsening of swelling and repeated infections:

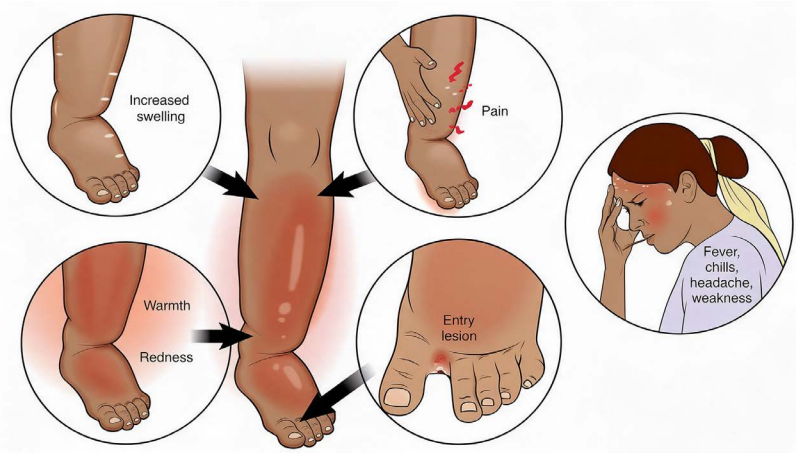
- Wash the affected limb daily with soap and clean water.
- Dry carefully, especially between toes and skin folds.
- Apply oil / moisturizer to prevent cracks.
- Keep nails clean and trimmed.
- Do simple limb exercises and keep the limb elevated when resting.
- Wear clean and comfortable footwear to avoid injury.

Explain that regular self-care reduces swelling, pain, and fever attacks.

- Inform patients about the availability of self-care kits (bucket & mug, cotton, soap, towel, nail cutter, information leaflet on limb care).
- Help eligible patients receive the kit through ANM/ AAM-SHC / PHC
- Demonstrate correct use of items in the kit during home visits

3. Prompt management of ADLA (Acute Dermato Lymphangio Adenitis) attacks

- During the attack patient develops fever and pain, redness, and swelling of affected part. Educate the patients to start rest immediately with onset of fever or pain and keep the limb clean
- Refer to AAM- PHC/ CHC in case of high fever, severe pain, redness, or wounds
- Encourage patients to complete treatment given at health facility



4. Follow-up of chronic cases :

- Refer severe lymphoedema cases, patients with recurrent ADLA attacks
- Hydrocele cases for surgical evaluation
- Help patients reach AAM-PHC/CHC/District Hospital
- Ensures follow-up visits after treatment or surgery

5. Support for Hydrocele Management

- Identify patient with hydrocele and counsel that hydrocele surgery is safe and effective
 - Motivate and guide patients for the registration , surgery and post-surgery follow-up

6. Counselling and Social Support

- Counsel patient and family that Filariasis is not a curse or punishment and it does not spread by touch
- Encourage normal participation of patients in family and community life.

7. Record keeping and reporting

- Maintain list of filaria patients in your area
- Report all new cases , ADLA episodes , referrals and surgeries
- Support monitoring of MMDP activities

Vector Control measures as already described above should be undertaken. Leveraging the community platforms for the required activities and judicious use of IEC material provided by the state / district / AAM.

6. Kala-Azar (Visceral Leishmaniasis)

Kala-azar is a slowly progressing infectious disease caused by the Leishmania parasite and it is transmitted by the bite of an infected sandfly.

- In visceral leishmaniasis, the parasite mainly affects the spleen, liver and bone marrow.
- Leishmaniasis can also affect the skin (cutaneous leishmaniasis) and, in some cases, the mucous membranes (mucocutaneous leishmaniasis).

How does it spread?

- It is transmitted by the bite of infected female Sandfly.
- Breeding places of sandflies are near cattle sheds and mud houses and resting place include cracks and crevices, burrows and tree holes, termite hills and earthen mounds, under stone and foliage.
- Disease finds easy transmission in rural areas where houses have earthen floors and walls are made of mud , and cattle and other livestock live close to humans, there is heavy annual rainfall, with temperature ranging from 15–38°C , and there is abundant



vegetation . Transmission is more common in areas where sandflies breed and where people have prolonged exposure to them. Sandfly are indoor biters

- **In India, the states of West Bengal, Bihar, Jharkhand and Uttar Pradesh are endemic for Kala azar.**

Signs and symptoms:

In the early stages Leishmaniasis appears as acute febrile illness and presents with fever and generalized symptoms.

If undiagnosed and untreated there is with gradual development of following symptoms:

- Distention of abdomen (due to enlargement of spleen and liver)
- Person looks pale due to severe anaemia,
- Stools may be black coloured stools (due to gastro-intestinal bleeding),
- There is loss of appetite and loss of weight

SIGNS AND SYMPTOMS OF KALA AZAR

1. Enlargement of the spleen and liver 	2. Night sweats 	3. Prolonged fever (irregular bouts of fever that can last for weeks) 
4. Bleeding 	5. Darkening of the skin 	6. Scaly skin 
7. Cough 	8. Weakness 	9. Substantial weight loss 

If you have any of these symptoms for more than 2 weeks, consult your nearest health facility immediately.

Fever stage may last longer than 24 weeks. Disease often remains underdiagnosed during early phase ; and patient, who initially seeks care from local healers; visits hospital after about 2–3 weeks of fever. This is a common scenario in villages.

Keeping the possibility of Kala-azar in mind especially in endemic areas , refer the person to AAM-SHC to prevent this delay in diagnosis.





(Left) - Distended abdomen – enlarged Liver and Spleen)

(Right) - Post Kala-azar Dermal Leishmaniasis (PKDL)
White patches / or red nodules on skin, mostly on arms, face body. Refer to CHC/DH.



Treatment of Kala-azar:

- Refer the patient to AAM-SHC to rule out malaria and dengue.
- Those with negative tests for malaria and dengue, long duration of fever with or without enlarged spleen, loss of weight, skin lesions will be referred to CHC or DH for early diagnosis using rapid tests.
- The management at AAM-SHC level is symptomatic, includes giving medicine for fever and counselling of patient and family before referral. Definitive treatment is given in CHC / DH.

Your role as an ASHA:

1. Refer early.

- Create awareness in the community about the symptoms/cases of Kala-azar and PKDL and report .
- If a person has fever for more than 14 days or has white patches or rashes on the skin, provide a referral slip and send the patient to the health centre, and inform the health centre about the case.
- Facilitate suspected cases to reach the health centre. If the referred patient tests positive, the person who referred the patient receives an incentive as per central and state government guideline.
- Inform villagers about the Active Case Detection drive one week before and conduct house-to-house visits to identify suspected Kala-azar patients.

2. Follow up and ensure :

- Treatment is completed
- Watch for:
 - Return of fever
 - Any new skin patches (PKDL)
 - Early referral to prevent relapse

- Maintain complete records of all cases and ensure proper follow-up.
- Conduct regular follow-up of the patient to monitor treatment outcomes.

3. Vector control measures:

- Create awareness in the community and explain the importance of spraying. Convince the families for IRS.
- Tell them that it is safe and it kills sand-flies.
- Inform about date and time of spraying at least 2 days in advance. Guide them to prepare for IRS by removing food, water, utensils and moving people and animals outside before the spray.
- Advise them not to wash the walls for at least six weeks.
- Assist the spraying team during the activity and ensure complete spraying (all rooms) in all houses.
- Follow up on houses that were missed or partially sprayed.



Tuberculosis

What is TB?

Tuberculosis (TB) is a communicable disease caused by bacteria and is a major public health problem in the country . The disease typically affects the lungs in 80% of cases but can also affect other parts of the body in remaining 20%.

Mode of TB Transmission:

It spreads when people who are sick with TB expel bacteria into the air (for example by coughing, sneezing, shouting or singing).An individual who inhales these very small particles containing TB bacteria gets infected.



Who are more likely to develop TB?

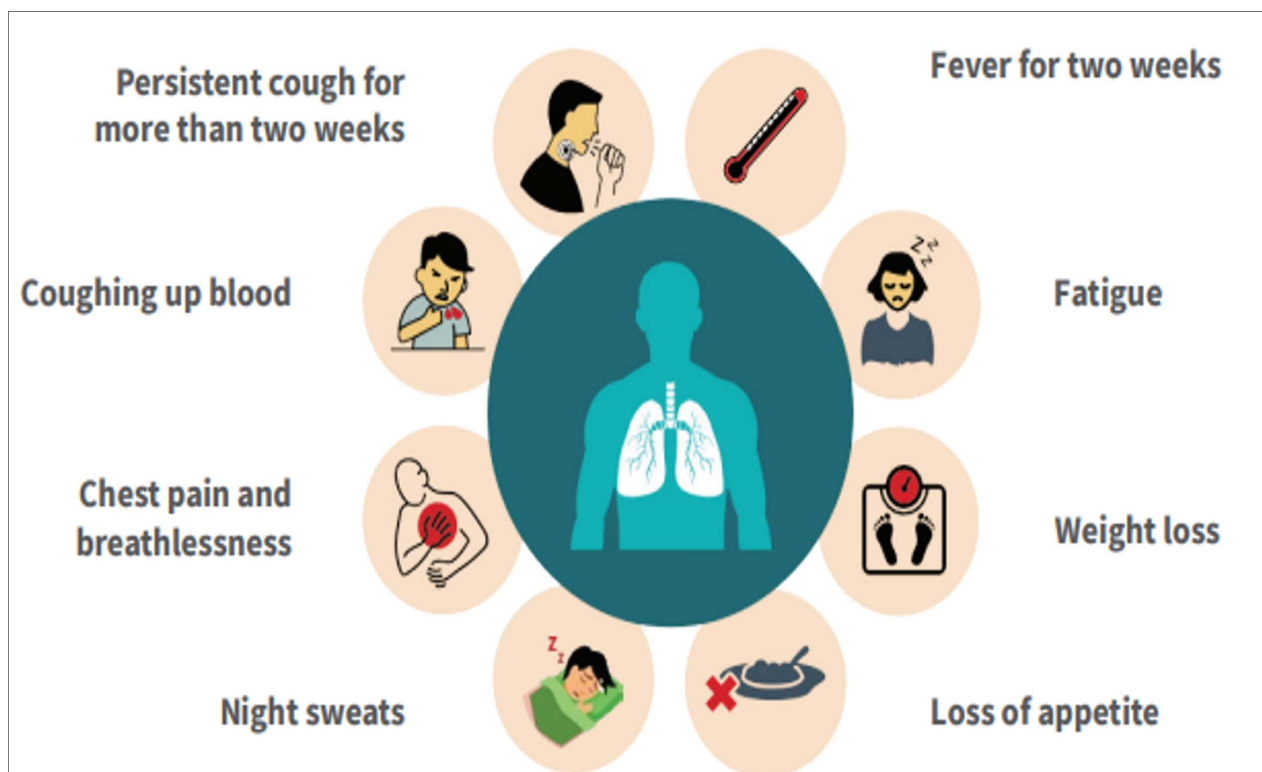
Certain communities and groups of individuals are more vulnerable to TB due to factors mentioned below:

Increased exposure to TB because of where they live or work	Limited access to Quality TB Services	Biological or Behavioural factors that compromise immune functions:
 People living in prisons	 Migrant, unauthorized and undocumented workers.	 People living with HIV
 Slum dwellers	 Refugees or internally displaced people.	 Have diabetes or silicosis
 Miners	 Tribals and population living in hard-to-reach areas	 Undergo immunosuppressive therapy.
 Healthcare workers	 Transgender population.	 Undernourished
	 Women in settings with gender disparity.	 Use tobacco, alcohol and drugs
	 People with physical disabilities	

Symptoms:

Symptoms are seen in patients who have an active lung TB infection:

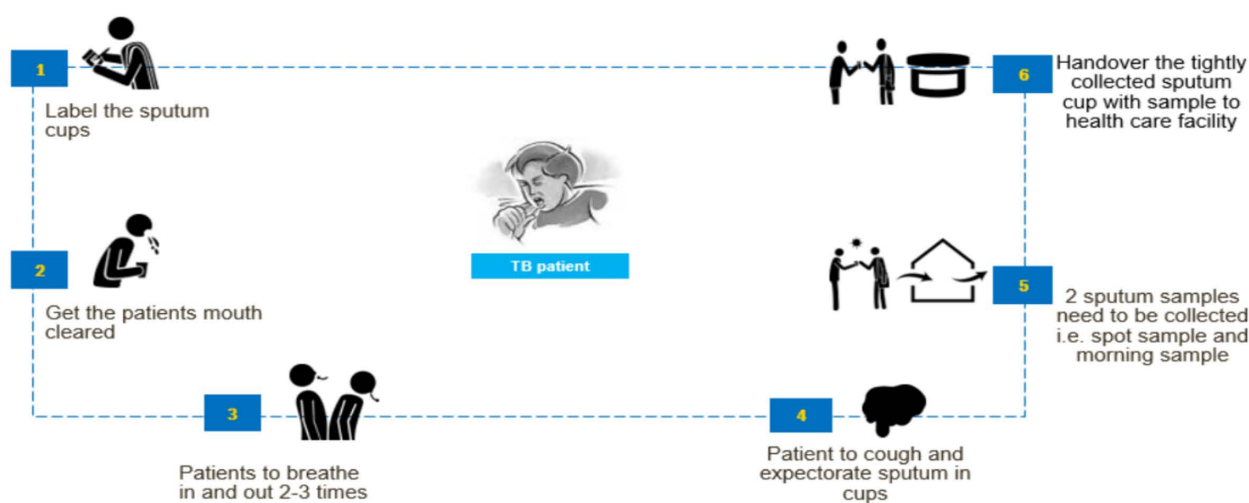
- Cough > 2 weeks
- Fever, especially with evening rise
- Weight loss,
- Loss of appetite
- Night sweats
- Blood in sputum (Haemoptysis)
- Chest pain
- Shortness of breath
- Unexplained fatigue
- Nodular swelling in neck .
- There may be other specific symptoms related to the affected organ.



How is TB identified?

For laboratory diagnosis of TB, different biological specimens are used. For TB affecting the lungs, sputum sample is used. Sputum is a thick fluid produced in the lungs and in the airways. Normally, a spot sample and a fresh morning sample is preferred for the examination of sputum for bacteria. For TB affecting parts of the body other than lung, other samples are used for which you need to refer the person to the nearest health facility where such a sample can be collected.

The sputum sample is to be collected in a sputum containers which are available from the AAM. Following figure summarizes the sputum collection process:



A person with cough for two weeks or more is a suspect for TB and should be referred to a PHC/CHC/DH for the confirmation of diagnosis. Sputum examination is the 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.

TB diagnosis and treatment are available free of cost at AAM- PHC , CHC, TB detection centres, Designated Microscopy Centres (DMC) and district hospitals.

TB diagnosis and treatment services are being provided free to private sector hospitals, laboratories and chemists affiliated with the government program for TB elimination.

How is TB treated?

The medicines used to treat TB and duration of TB treatment is dependent on the type of TB being treated. This is decided by the medical officer after the person is diagnosed with TB.

Drug-Sensitive Tuberculosis (DS-TB): is a case where a person is infected with TB bacteria that are susceptible to all the first line anti-TB drugs. It means that all of the first line TB drugs will be effective as long as they are taken properly and regularly. DS-TB Treatment is administered over a duration of 6–9-months'. The duration and drug dosage used may vary according to the patient's age, type of TB infection, and whether they have been treated before.

Drug-Resistant TB (DR-TB): occurs when bacteria become resistant to the drugs used to treat TB. This means that the commonly used first line drugs can no longer kill the TB bacteria. Second line drugs have to be used in this case and the duration of treatment for DR-TB is variable (9-20 months) This is documented on the treatment card of the TB patient.

When the person is taking medicines for treating TB, side-effects can occur which should be promptly identified and the patient referred to the medical officer at the nearest health facility. These can be seen in form of tingling and numbness in the hands and feet, skin rash, jaundice – yellowish discolouration of white area of the eye, drowsiness, lethargy, abdominal pain, nausea, vomiting, joint pain, and complaints related to eyesight or pain in eyes.

TB is curable if patients are treated with effective, uninterrupted anti-tuberculous treatment. Treatment adherence is critical for curing individual patients, controlling the spread of infection in the community, and minimizing the development of drug resistance.

Adherence to treatment means that a patient follows the recommended course of treatment by taking all the prescribed medications for the entire length of time, as necessary. In other words, **“right dose for the right duration”**.

In Drug Sensitive Tuberculosis (DSTB), a person with lung TB on treatment must complete 168 doses of TB treatment and adhere to the treatment. This will vary for persons with TB on DRTB regimens or those persons having TB of other parts of body . Poor adherence can result in individual suffering more and increased chances of death. There is also an increased risk of spreading Drug Resistant Tuberculosis.

Home Visits to persons with TB

Aspects to be considered during a home visit:

- First home visit should be completed within 7 days of the individual's diagnosis.
- Persons who have side-effects / interrupted treatment/ loss to follow up/ repeat episode

should be given preference and it would be preferable if the In-charge of the health facility accompanies the team during home visit.

- Counselling of TB Patients:
 - Confidential dialogue between a health care provider and a patient that helps a patient to define his/her feelings, cope with stress, and to make informed decisions regarding treatment. The patient should be counselled at all the three phases i.e.,
 - i. **Pre-treatment counselling;**
 - About TB disease and treatment
 - Air borne infection control
 - Need for adherence
 - Timely identification of side effects
 - Tobacco /Alcohol cessation
 - Identification of comorbidities like Diabetes, HIV, or any other chronic disease
 - ii. **During Treatment Counselling:**
 - Importance of treatment adherence
 - Timely identification of side effects
 - Importance of regular follow ups
 - Nutritional Counselling
 - iii. **Based on the nutritional assessment, the following information can be conveyed to TB patients:**
 - Patients with TB should be encouraged to have nutritious, and locally available food items high in energy and protein content.
 - Pulses in other forms, e.g. sprouts, roasted Chana, groundnuts, can be taken as snacks in either fried or in roasted form. Milk and eggs to be included in the diet.
 - Information about Nikshay Mitra initiative and Nikshay Poshan Yojana should be given.
 - Connect the patients with TB to the existing local schemes for nutritional support.
 - iv. **Post treatment Counselling:**
 - Testing at the end of treatment and follow up upto 2 years after treatment completion.

How is the person diagnosed with TB to be followed up?

The objective of **treatment follow-up** is to monitor response to treatment. Individuals on treatment need to undergo clinical follow-up at the end of every four weeks of treatment. Those whose symptoms do not improve during the first 2 months of treatment, or whose symptoms worsen after improving initially, should be re-evaluated for adherence issues and development of drug resistance.



- Regular check-ups are done to see if the TB medicine is working.
- Patients need to visit the health center every 4 weeks for a check-up.
- A patient must be re-tested if they do not feel better in the first 2 months, or if they start feeling worse after initially improving.
- In these cases, health workers will check if the patient has missed any doses or if the TB has become drug-resistant.

Laboratory Follow-up through Sputum examination is useful for clinical follow-up which helps assess response to treatment and establish cure or failure at the end of the treatment. The most important tool in Laboratory follow-up is a microscopic examination of sputum specimens for TB causing bacteria .

In case of Drug-sensitive Tuberculosis (DS-TB), the follow-up is done at the end of 2 months from start of the treatment and the end of the treatment.

In case of Drug-resistant Tuberculosis (DR-TB), the follow up schedule is based on the treatment regimen which is documented by the medical officer on the treatment card of the patient.

How to prevent occurrence of TB?

As TB is an airborne infection, TB bacteria are released into the air when someone with infectious TB coughs or sneezes. The risk of infection can be reduced by taking simple precautions:

- Good ventilation
- TB patient covering the mouth and nose when coughing or sneezing
- BCG vaccination at birth prevents serious forms of TB
- TB Preventive Treatment prevents the occurrence of TB disease in a person infected with TB bacteria

What is TB preventive treatment?

TB Preventive Treatment (TPT) is a course of medication that is provided to people at higher risk of developing active TB disease. These include household contacts/close contacts of lung TB patients, children under five years of age who are household contacts of TB patient, and PLHIV (People living with HIV). TPT reduces the risk to develop active TB disease. The duration of treatment can vary from 3-6 months . People taking TPT must complete the course and take all the medications as prescribed.

Why is contact tracing done?

Contact tracing is a process of identifying people who are at a high risk of developing TB due to their contact with a person known to be affected by TB. The aim of contact tracing and contact investigation is to detect TB among contacts at an early stage. All close contacts, especially household contacts of persons with lung TB should be screened for TB by enquiring about presence of symptoms and use of X-Ray.

In paediatric TB cases, reverse contact tracing for the search of any person with active TB in the child's household must be undertaken.

Particular attention should be paid to contacts having higher probability of developing TB disease such as children ≤ 5 years of age, contacts of people with DR-TB, contacts with substance abuse including smokers and alcoholics, contacts with known or suspected immunocompromised state, particularly HIV infection and contacts having Diabetes Mellitus

What are the direct benefit transfer schemes available under the National TB Elimination Programme?

The various schemes operational under NTEP are:

- Nikshay Poshan Yojana (NPY)
- Tribal Support Scheme
- Treatment supporter's Honorarium
- Incentive for Notification and Outcome declaration

Following table summarizes the DBT schemes under the National TB Elimination Programme:

Schemes	Beneficiary	Benefit Amount
Ni-kshay Poshan Yojana(NPY)	All Notified TB Patients in Ni-kshay from the point of diagnosis	Rs. 3000 at the time of Notification then another Rs 3000 after 84 days of treatment initiation, Rs 1000 per treatment month is provided for DR-TB patients and in cases of treatment extension as advance installments.
Tribal Support Scheme	Confirmed TB Patients residing in Tribal TU/hilly/difficult to reach areas	Rs. 750 (one time) at the time of notification
Treatment supporter's Honorarium	Treatment supporters* of patients who have achieved successful treatment outcome and Supporting adherence and ensuring completion of TPT	Rs. 1000 in the case of DS TB patients and patients on H mono/poly regimen and Rs. 5000 in the case of DR-TB patients, paid at the time of treatment completion. Rs. 250 to ASHA/Community Health Volunteer for individuals for successful completion of TB Preventive treatment.
Incentive for informants, Notification and Outcome declaration	Private Health Facilities: including Practitioner /Clinic etc.(Single), Hospital/Clinic/Nursing Home etc.(Multi), Laboratories and Chemists. Any citizen reporting TB patients to public health facility or self-reporting by a patient may also be incentivized as an informant	Rs. 500 for Notification or informant Rs. 500 for Outcome declaration to health facilities.

How is TB data recorded and reported?

Ni-Kkshay is used for recording and reporting TB patient management and care related data in India. Nikshay is accessible either via web browser <https://nikshay.in> OR mobile App called 'Nikshay' that can be downloaded from Google Play Store (Android)

After login in Nikshay, using the login credential shared by NTEP Health Staff, Treatment Supporter will be able to access the following button:



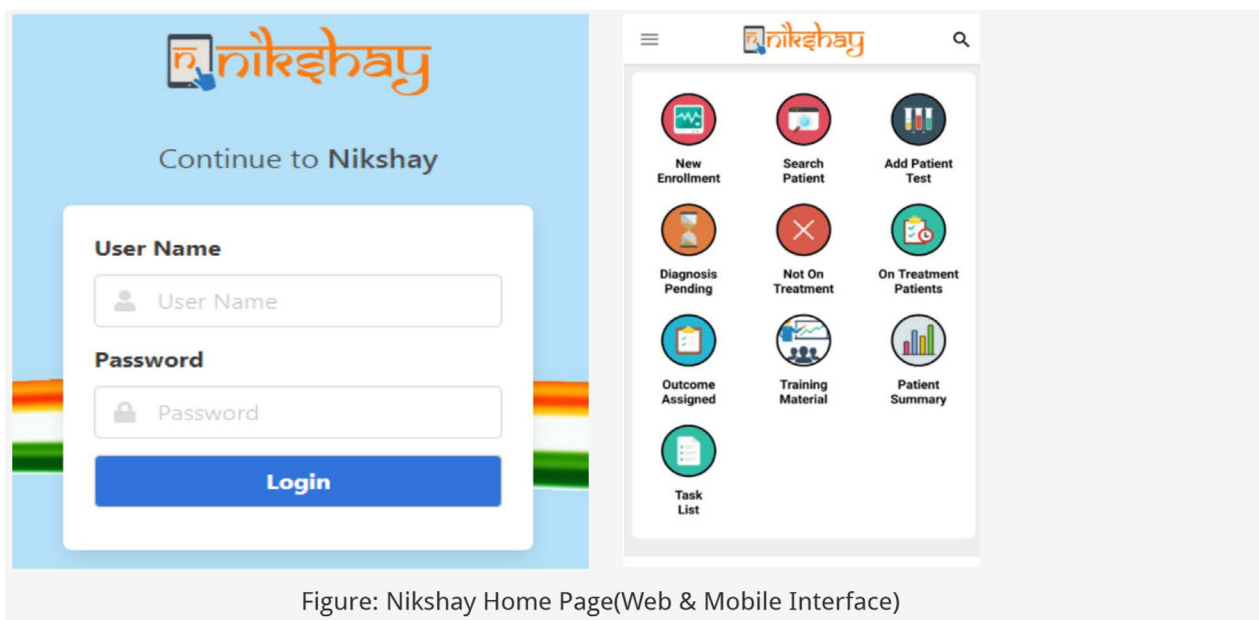
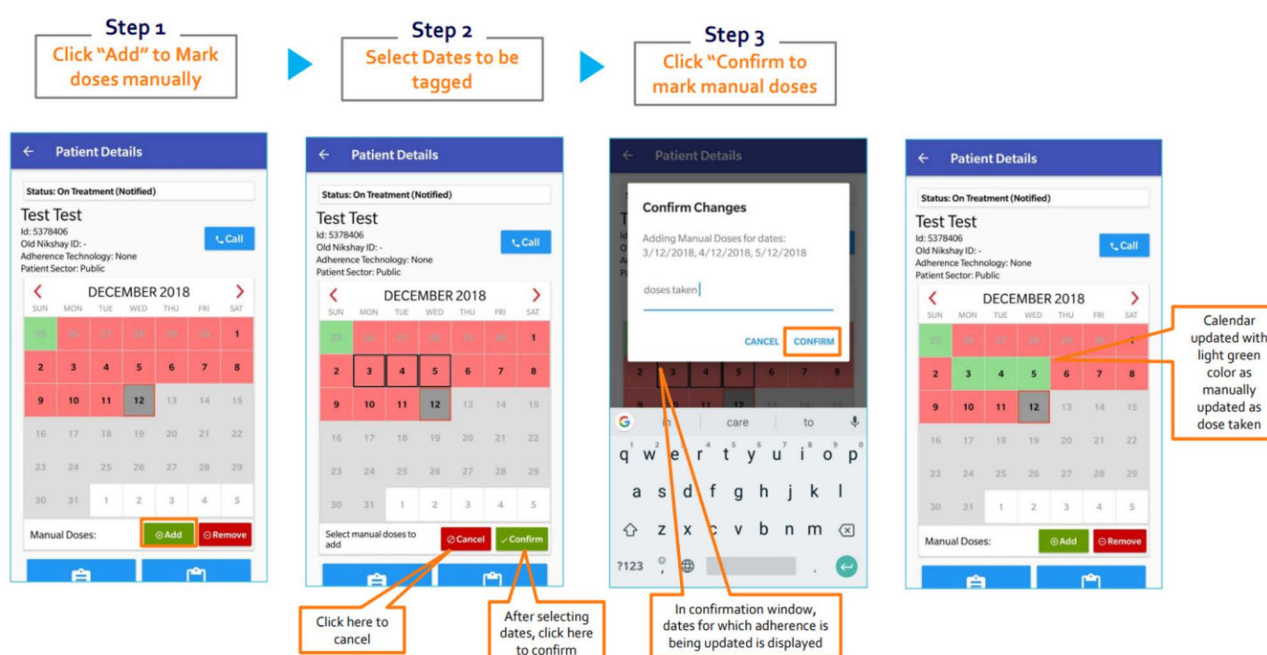


Figure: Nikshay Home Page(Web & Mobile Interface)

The features available to ASHA as treatment supporter under the National TB Elimination Programme are listed below:

- **New Enrolment:** Allows to enrol new cases in Ni-kshay
- **Search Patient:** Allows to search for patients that are mapped to her, using Nikshay ID
- **On Treatment Patients:** Gives the list of on treatment patients in her area
- **Training Material:** Access the training content available on Ni-kshay
- **Task List:** Allows to view the list of pending activities pertaining to adherence, Treatment Outcome and Bank details missing for mapped patient

Recording of Treatment Adherence can be done either manually by DOT/Health Care Provider in TB Ni-kshay Treatment Card of a person on TB treatment or it can be self-reported by person on TB treatment using digital tools for reporting adherence. The steps to record adherence in Ni-kshay are shown below:



Common myths and misconceptions

Myth 1: All people with TB are contagious.

Not all types of TB are contagious. People with lung TB are mostly contagious. Other than lungs, TB can also occur in other body parts, such as lymph nodes, bones, brain, bladder and genitals. TB that occurs in these organs is not contagious. If TB is diagnosed, treatment must be initiated at the earliest for a minimum of 6 months or longer, depending on the type of TB found. Infectivity usually decreases after effective anti-TB treatment begins, but the time taken varies. The patient should follow the health worker's advice regarding treatment and infection-control measures.



Myth 2: All people with TB should be isolated

Patients should not be isolated but put on treatment immediately. TB spreads through the air when a person with infectious lung TB coughs, sneezes, speaks or sings. If the patient is initiated on treatment and always covers the mouth with a cloth while coughing, the chances of spreading the disease are much reduced.



Myth 3: TB cannot be cured

TB is completely curable. TB medicines are highly effective, and if the disease is diagnosed early and treated appropriately, most patients make a full recovery, going on to lead a normal life.

Myth 4: TB only happens to the poor.

It is true that poverty is more likely to lead to malnutrition, which increases the risk of getting TB. However, TB can affect anyone, regardless of class, caste, gender or religion. Since the TB germ is spread through the air, anyone can become infected with the disease.



Treatment Supporter Honorarium Eligibility

ASHAs who are treatment supporters are eligible for honorarium at the end of TB patients' treatment, only if the patient's treatment outcome has been declared either as "Cured" or "Treatment Complete". The eligible amount of honorarium is: Rs. 1,000 for DSTB

Patients (and patients on H mono/poly regimen) and for Rs. 5,000 for DRTB patients(excluding H mono/poly regimen).

Case study:

R, a 35-year-old man, has been coughing for more than three weeks and has lost weight. He feels tired and sometimes has fever at night. His family believes it is just due to smoking and home remedies will cure him. The ASHA notices his condition during a home visit.

Questions:

1. What should you as an ASHA do?



CHART CD- ROLE OF ASHA IN PREVENTION AND CONTROL OF TB

ASHA – A key partner in ending TB and building a healthier community

1 Fill the CBAC forms and support in active case finding, identification of presumptive TB patients and vulnerability assessment.



2 Mobilize and preferably accompany presumptive TB patients to the nearby AAM-SHC/ AAM-PHC for further workup.



3 Sample collection and transportation to AAM-SHC/ PHC/ UPHC as per the local need/ requirement, while following essential infection control practices such as hand-washing /sanitization, packaging of sputum cup/falcon tube as per the NTEP guidelines.



4 For those identified as TB, ensure initiation of treatment by Medical Officer. Work as treatment supporter and visit TB patients every week during the entire course of treatment. Monitor treatment adherence, side effects, complications, or co-morbidities.



5 Nutritional and Social Support:

- Get bank details of TB patients and facilitate entry of it in the Ni-kshay portal for availing Nikshay Poshan Yojna.
- Linking these Person with TB with Ni-kshay Mitra and ensure delivery of food basket in coordination with MO / CHO / STS every month.
- Monitor the nutritional status of patients and provide feedback to MPW/ CHO.



6 Counsel patients on treatment adherence, nutrition, healthy lifestyles and cough etiquettes.



7 Ensure TB patient's treatment cards/ health diaries provided by the AAM are duly updated.



8 Alert patients for Adverse Drug reaction (ADR), danger signs like breathlessness at rest, difficulty speaking, severe chest or abdominal pain, disorientation, convulsions, limb weakness, coughing blood, recurrent vomiting/ diarrhoea, if any and facilitate seeking medical care.



9 Motivate household contacts of confirmed TB patients for undergoing TB screening and eligible contacts for taking complete TB Preventive Treatment.



10 Identify and map high TB burden areas (orphanages, migrant labourers, construction sites, mining area, residential schools, slums, tea gardens etc. and / or areas with high number of TB cases or deaths).



11 Line list vulnerable population like >60 years age, malnourished (BMI <18.5), diabetics, people living with HIV, smokers, alcoholic, household contacts of TB case, individuals with history of TB in the last 5 years and any other vulnerable population in your area.



12 Identify and train TB Champions from TB survivors, and facilitate their participation in various activities, including VHSNC plus/ Mahila Arogya Samiti (MAS), Jan Arogya Samitis (JAS) and TB forum meetings.



13 Celebrate World TB Day on 23rd March with the community. Focus on awareness activities during home visits/ survey, community meetings of VHSNC plus/ JAS, VHSNDs, Ayushman Shivr and in the schools, Gram panchayat, Gram Sabha and any other public forum.



14 Educate communities about TB, its symptoms, causes, and how it spreads, importance of early detection and treatment, IEC material distribution, supporting as Nikshay Mitra and in Active Case Finding.



Leprosy

Understanding Leprosy

- Leprosy is caused by the bacteria *Mycobacterium leprae*.
- It mainly affects the skin and nerves and progresses slowly.

Cardinal Signs:

- Light/ red skin patch with numbness.
- Thickened nerves near elbows/ knees (tingling and numbness in hand/ feet)
- Positive skin smear test for leprosy bacilli.

Leprosy is curable with MDT (Multi-Drug Therapy).

Signs and symptoms:

1. Skin

- Patch on the skin:
 - Lighter in colour than normal skin
 - Red or copper-coloured
 - Loss of sensation over the patch
 - Loss of hair over the patch
 - Reduced sweating and dryness of the skin
- Red, swollen patches on the skin
- Nodules or ulcerated nodules on the skin
- Thickening of the skin or nodules on the ear
- Shiny and oily skin of the face
- Loss of eyebrows

2. Nerves

- Swelling, thickening, tingling, or pain in nerves of the elbow, arm, hand, knee, or foot
- Thickening or swelling of the nerve on the side of the neck below the ear

3. Hands and Legs

- Loss of sensation in the palms of the hands or soles of the feet
- Footwear slips off the feet without the person noticing
- Weak grip; objects slip from the hand; difficulty buttoning clothes
- Tingling in fingers or toes



- Thickened skin on palms or soles with cracks, blisters, wounds, or painless non-healing ulcers
- Deformity or shortening of fingers or toes
- Loss of fingers or toes in advanced disease
- Wasting (thinning) of muscles of the hands or feet
- Wrist drop (inability to lift the hand at the wrist)
- Foot drop (inability to lift the foot at the ankle, causing dragging while walking)

4. Eyes

- Redness of the eyes
- Reduced or loss of blinking
- Inability to close the eyes completely
- Eye pain
- Watering of the eyes
- Reduced vision
- Blindness



5. Nose

- Depression or collapse of the bridge of the nose due to damage to the nasal septum



Key Message for ASHAs

Any skin patch with loss of sensation, tingling or numbness in hands/feet, thickened nerves, weakness of hands or feet, or non-healing painless wounds should be referred promptly for leprosy screening and treatment. The disease is completely curable and medicines are available free of cost at the nearest PHCs.

Treatment & Classification

- **Two types:** PB (1–5 patches) and MB (>5 patches/nerves).
- **PB:** 6 months of MDT; **MB:** 12 months of MDT.
- MDT is provided free at government health centers.
- MDT comes in blister calendar packs (BCP).
- First dose is supervised; rest taken at home.
- Side effects like red urine are harmless.

Your role as an ASHA:

- Identify suspected cases during visits.
- Refer immediately to health facilities.
- Support patients throughout treatment.
- Track progress and help in medicine delivery.
- Maintain accurate records of all cases.
- Counsel families to take timely and complete treatment free of cost at the nearest public health facility.

Post-Exposure Prophylaxis (PEP)

- SDR (Single Dose Rifampicin) is given to close contacts of leprosy patients.
- PEP is preventive, not curative – given only to healthy contacts.
- Eligible: Contacts above 2 years, with no signs of leprosy.
- Not eligible: Children under 2, pregnant women, TB/liver problems, leprosy symptoms.
- SDR must be given under supervision and recorded.
- ASHA must follow up after administration and report issues.

Disability Prevention & Self-Care

- Eyes: Wash 2–3 times/day, blink often, protect from dust and light.
- Hands: Check daily for wounds; avoid burns and pressure.
- Feet: Never walk barefoot; wear soft footwear indoors and outdoors.
- Self-care routine: Soak hands and feet, scrub dead skin, oil, and massage daily, and dress the wounds.

Self Care Practices



Soaking



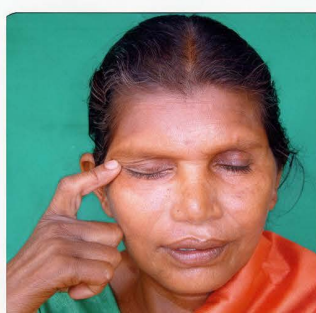
Scraping



Oiling



Daily inspection



Exercises



Protection from external injuries



Lepra reaction: is a sudden inflammatory reaction that can occur before, during or after leprosy treatment.

Signs of a lepra reaction may include:

- Existing skin patches becoming red, swollen or painful
- Swollen , painful or tender nerves, numbness or new weakness
- Fever, feeling unwell
- Joint pain or swelling
- Eye pain, redness, watering, sensitivity to light or difficulty seeing/closing the eyes

New nerve symptoms or eye symptoms in a person with leprosy require prompt referral, because lepra reactions can cause permanent nerve damage and disability if treatment is delayed.

Lepra Reactions – Warning Signs

- Red swollen patches, new lesions or numb areas.
- Tingling, pain, swelling in nerves.
- Eye watering, vision loss, joint pain, fever.
- Muscle weakness, inability to lift limbs or eyelids.
- Refer these cases urgently to a medical officer.

Key Message for ASHAs

- You are the first link in the community healthcare chain.
- Encourage early check-ups, ensure full treatment.
- Your timely action prevents disability and stigma.
- Educate families and reduce discrimination.
- Follow national guidelines and maintain patient trust.

Zoonotic diseases:

A zoonosis is an infectious disease that normally occurs in animals but can get transmitted to humans and cause disease. The germs of these diseases can spread to humans through direct contact or through food, water or the environment. They represent a major public health problem around the world due to our close relationship with animals in agriculture, as companions and in the natural environment.

Some zoonoses, such as rabies, are 100% preventable through vaccination and other methods. Diseases like rabies following bite by an infected animal, brucellosis after ingestion of raw milk /contact with infected animal, leptospirosis following flood water exposure, plague transmitted by infected rodents are some other examples of zoonotic diseases.

1. Rabies:

Dog bite and other animal bites:

Animal bites and scratches are common in both adults and children. Rabies is a deadly disease caused by a virus which is present in the saliva of infected animals which can spread through bites or licks on broken skin. Bites/ licks of animals like dogs, cats, monkeys; domestic animals like cows or horses, and all wild rodents/ animals require prompt action for the prevention of rabies.

Rabies once it occurs is invariably fatal, but it is completely preventable with timely and correct preventive management.

Bites are categorized as per the type of exposure::

Type of contact, exposure and recommended post-exposure prophylaxis		
Category of Exposure	Type of Exposure	ASHA Role
Category I	Touching or feeding of animals • Licks on intact skin • Contact of intact skin with secretions/ excretions of a suspected rabid animal or human case 	• Wash exposed areas with soap and running water for 15 minutes and then apply antiseptic • Anti Rabies vaccine is not required

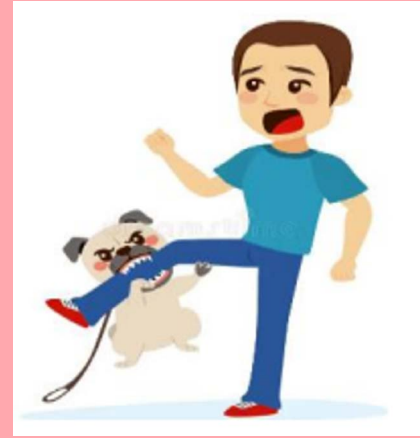


Type of contact, exposure and recommended post-exposure prophylaxis		
Category of Exposure	Type of Exposure	ASHA Role
Category II	• Nibbling of uncovered skin • Minor scratches or abrasions without bleeding 	• Wash exposed areas with soap and running water for 15 minutes and then apply antiseptic • Refer to AAM-PHC for Anti Rabies vaccine (ARV) • Counsel on the importance of completing the full vaccination schedule
Category III	• Single or multiple transdermal bites or scratches • Licks on broken skin • Contamination of mucous membrane with saliva e.g. from licks 	• Wash exposed areas with soap and running water for 15 minutes and then apply antiseptic • Refer to AAM-PHC / FRU / District hospital for Anti Rabies vaccine and Rabies Immunoglobulin (RIG) • (RIG should preferably be administered within 24 hours of exposure though it can be given upto 7 days from the bite/exposure). • Emphasize urgency and adherence to treatment, as this is a life-threatening exposure

NOTE: Bites by wild animals and all bites in forest areas should be considered as Category III exposure and treated accordingly.

Administer FIRST AID for ALL animal bites/scratches:

- Wash the wound immediately with soap and running water for at least 15 minutes
- Apply antiseptic (e.g., povidone-iodine)
- Do NOT apply chilli, turmeric, oil, mud, ash, or herbal remedies
- Wound washing is a critical first-aid measure and should not be delayed for referral.
- Leave the wound open or cover it lightly with a loose dressing.

**Your role as an ASHA:**

- Wash the wound well with soap and water
- Leave the wound open or cover it lightly with a loose dressing
- Refer immediately to a health facility where anti-rabies vaccine is available, doctor present will decide, if vaccine is required or not. Advice to take TD injections in case not vaccinated for tetanus before. Don't delay vaccination to wait and watch the animal for 15 days. Start vaccination as per advice of MO. If the bite is from a pet, local dog, or any other domestic animal, the animal may be observed for 15 days, however ARV is still be taken as per the schedule. Any abnormal behavior or death of the animal during this period indicates an increased risk of developing Rabies .ARV schedule to be given and taught to ASHA
- Application of irritants such as chilli, turmeric, oil, mud, or herbal preparations on wounds is strictly prohibited.
- Rabies Immunoglobulin (RIG) is required for Category III exposure and is given once at the start of treatment. It should be taken at the earliest, maximum within 7 days of animal bite.
- Completion of the full Anti-Rabies Vaccine schedule is essential, even if the wound heals or the animal appears healthy.

You should build awareness in the community regarding

- Do's and don'ts of wound care and first aid as described above.
- 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 a year.
- To keep children and family members away from any animal that seems sick or is acting 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.

National Rabies Control Programme (NRCP): To address the issue of rabies in the country, National Rabies Control Programme is being implemented across the country.

Case study:

R, a 9-year-old boy from the village, was playing outside his house when a stray dog suddenly bit him on the leg. His family washed the wound with water and tied a cloth around it, but they were scared and confused about what to do next. They called ASHA and asked whether home remedies or village treatment would be enough.

Questions:

1. You as an ASHA, what steps will you advise / take for R?

Emerging and reemerging diseases

The following section discusses some emerging and re-emerging diseases that can be found in some part of the country. As they have potential for causing outbreaks in the community, or may have deadly outcomes, the ASHA should support their timely identification and referral for early diagnosis, proper management and containment of any impending outbreak.

Some common symptoms of zoonotic diseases and their exposures are depicted in Chart CD-7. The key actions to be taken by ASHAs are in Chart CD-8 for prevention of any zoonotic diseases in her community. The ASHA should be vigilant about any unusual illnesses or signs and symptoms emerging in her community and report the same to the CHO/ MO promptly.

In this section we will discuss the common identifying features and specific action points that the ASHA should perform for the following diseases, in addition to those listed in Chart CD-8:

1. Zika Virus Disease
2. M-pox
3. Nipah Virus Disease
4. Leptospirosis
5. Kyasanur Forest Disease
6. Crimean Congo Haemorrhagic Fever
7. Brucellosis
8. Anthrax
9. Avian Influenza
10. Scrub Typhus



COMMON SYMPTOMS IN ZOO NOTIC DISEASES



Zoonotic diseases can spread from animals to humans.

Early recognition of symptoms and timely action can save lives.



1 FEVER (Most common)	2 BODY ACHE, JOINT PAIN, MUSCLE PAIN / SEVERE HEADACHE / EXTREME WEAKNESS OR TIREDNESS	3 COUGH, BREATHLESSNESS, CHEST PAIN AND FAST BREATHING (Seen in diseases like avian flu, tuberculosis from animals)	4 DIARRHOEA, VOMITING, ABDOMINAL PAIN, LOSS OF APPETITE	5 ANIMAL BITE OR SCRATCH WOUND, REDNESS, SWELLING, PAIN AT BITE SITE, SKIN RASH OR ULCERS, SWOLLEN NODES IN THE AXILLA OR GROIN OR NECK	6 DANGER SIGNS - Bleeding from nose, mouth, stools - Jaundice (yellowing of eyes / skin) - Altered behaviour, confusion - Fits or unconsciousness
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IF YOU SUSPECT ZOO NOTIC, ASK FOR FOLLOWING HISTORY:

- **Contact with animals** (cattle, dogs, pigs, poultry, rodents)
- **Animal bite or scratch**
- **Drinking unboiled milk**
- **Working in farms, slaughterhouses**
- **Flood water exposure**
- **Sudden illness in many animals or people**

Take a detailed history. It helps in early diagnosis and proper treatment.

WITH ANY OF THE ABOVE POSITIVE HISTORY, YOU SHOULD REFER IMMEDIATELY IF:

- **FEVER WITH ANIMAL BITE** **REFER IMMEDIATELY**
- **FEVER WITH BLEEDING / JAUNDICE / BREATHLESSNESS** **REFER IMMEDIATELY**

Early referral can save lives. Do not delay. Act fast, refer fast!



KEY ROLES OF ASHA IN PREVENTING ZOO NOTIC DISEASES

Zoonotic diseases spread between animals and humans.
ASHA plays a vital role in protecting the community.



1 COMMUNITY AWARENESS AND EDUCATION

- Educate the community on zoonotic diseases, their sources (domestic, agricultural, wild animals), and transmission routes.
- Promote handwashing and hygiene practices, especially after contact with animals or visiting markets with animals or animal products.
- Advise on safe practices for handling animals and animal products.
- Inform the community about the risks associated with wildlife, stray animals, and deforestation that bring wildlife closer to human habitats.



2 SURVEILLANCE AND EARLY DETECTION

- Report symptoms – fever, rash, bleeding, respiratory symptoms in humans or animals.
- Report any unusual deaths or illnesses in local livestock or pets to health authorities.



3 SUPPORT IN VACCINATION AND PREVENTIVE HEALTH MEASURES

- Encourage vaccination for diseases with zoonotic potential e.g. rabies in pets and livestock.



4 ENVIRONMENTAL AND COMMUNITY HEALTH MEASURES

- Advise on maintaining cleanliness in livestock areas and secure storage of animal feed to prevent rodent infestations.
- Promote safe waste disposal and water hygiene practices to reduce environmental contamination.



5 COORDINATION WITH HEALTH AND VETERINARY SERVICES

- Refer suspected zoonotic disease cases to health facilities.
- Coordinate with local animal health workers for joint awareness programs, especially in rural or high-risk areas.



6 ADVISE AGAINST INDISCRIMINATE USE OF ANTIBIOTICS WHILE REARING LIVESTOCK

- Educate farmers on use of antibiotics in animals to prevent antimicrobial resistance.
- Explain the importance of consulting veterinarians before using antibiotics in livestock.



Table : Role of ASHA in prevention and management of zoonotic diseases:

S. No.	What it is and what it looks like	What the ASHA has to do
1.	Zika Virus Disease is transmitted mainly by Aedes mosquitoes. It can also spread through mother-to-child transmission, sexual contact, and blood transfusion. Most infections are mild or without symptoms, but infection during pregnancy can cause serious birth defects, including microcephaly. There is no specific treatment or vaccine; prevention depends on mosquito control, personal protection, and early surveillance.	• ASHA should conduct community-based surveillance and identify persons with fever, rash, joint pain, or conjunctivitis. • Counsel pregnant women to report fever/rash immediately and protect themselves from mosquito bites.
2.	Mpox (Monkeypox) is a viral zoonotic disease spreading through close contact with infected persons, skin lesions, body fluids, contaminated materials, and sometimes from infected animals. The disease usually causes fever, swollen lymph nodes, and rash, and is often self-limiting, but severe illness can occur. Early case detection, isolation, infection prevention, and timely reporting are essential to prevent spread.	• Identify and report persons with fever, rash, or vesiculo-pustular skin lesions, especially with recent travel or close contact history. • Educate communities on avoiding close contact with persons having skin lesions or scabs. • Promote hand hygiene and safe handling of clothing, bedding, and personal items of suspected cases.
3.	Nipah Virus Disease is a severe viral zoonotic disease transmitted mainly from fruit bats to humans, either directly or through contaminated food such as date palm sap and can also spread from person to person. It causes acute fever with respiratory and neurological symptoms, including encephalitis, and has a high fatality rate (40–75%). There is no specific treatment or vaccine, making early detection, isolation, infection prevention, and prompt reporting critical to prevent outbreaks.	• Identify and immediately report persons with fever, headache, altered sensorium, breathing difficulty, or seizures, especially with exposure to bats, pigs, or date-palm sap. • Actively track household and close contacts of suspected cases for symptoms for 21 days (or as advised). Promote hand hygiene and avoidance of close contact with sick persons. • Educate communities to avoid raw date-palm sap, fallen/half-eaten fruits, and contact with bats or sick animals.



S. No.	What it is and what it looks like	What the ASHA has to do
4.	Leptospirosis is a bacterial zoonotic disease spread through contact with water or soil contaminated with urine of infected animals, especially rodents and cattle. It commonly occurs after heavy rainfall and flooding. The disease usually starts with acute fever, headache, body pain, and red eyes, but can progress to severe complications if treatment is delayed. Early detection, prompt antibiotic treatment, safe water practices, and reporting are essential to prevent deaths and outbreaks.	• Identify and report persons with acute fever, headache, body ache, calf muscle pain, red eyes (conjunctival suffusion), especially after flooding or water exposure. • Actively look for exposure history such as walking barefoot, working in fields, cleaning drains, or contact with floodwater. • Educate communities on avoiding contact with contaminated water, using footwear, and covering cuts or wounds.
5.	Kyasanur Forest Disease (KFD) is a tick-borne viral zoonotic disease, also known as monkey fever, found mainly in forest and adjoining rural areas of India. It spreads to humans through the bite of infected ticks and is often linked to monkey deaths. The disease causes sudden high fever, body pain, vomiting, and bleeding, and may lead to neurological complications. There is no specific treatment, so early detection, vaccination in endemic areas, tick control, and prompt reporting are essential to prevent outbreaks	• Identify and immediately report persons with acute fever, headache, body ache, vomiting, bleeding, or neurological symptoms, especially those living near forest areas. • Actively ask about forest exposure, tick bites, or recent monkey deaths in the area. • Educate communities to avoid forest visits during outbreak season (Nov–May) and avoid sitting/sleeping on forest floor. • Promote personal protective measures such as full-sleeve clothing, gumboots, and use of tick repellents.

S. No.	What it is and what it looks like	What the ASHA has to do
6.	Crimean-Congo Hemorrhagic Fever (CCHF) is a severe viral zoonotic disease transmitted mainly through the bite of infected Hyalomma ticks or by contact with blood and body fluids of infected animals or humans. Livestock such as cattle, sheep, and goats act as reservoirs without showing illness. The disease causes sudden high fever and bleeding, has a high fatality rate (up to 50%), and can spread within healthcare settings. There is no specific vaccine, so early detection, strict infection prevention, and immediate reporting are critical to prevent outbreaks.	• Identify and immediately report persons with sudden high fever, severe body ache, headache, vomiting, bleeding from nose/ gums, or black stools, especially in livestock-rearing/ tick-exposed areas. • Actively enquire about tick bite, handling of animals, slaughtering, or contact with blood/tissues of animals or sick persons in the last 14 days. • Educate communities on avoiding crushing ticks with bare hands, using protective clothing, and safe animal handling practices. • Promote early referral and discourage home treatment for fever with bleeding symptoms.
7.	Brucellosis is a bacterial zoonotic disease transmitted from infected animals to humans through direct contact with animal secretions, handling of aborted materials, or consumption of unpasteurized milk and dairy products. It mainly affects livestock handlers, farmers, veterinarians, and slaughterhouse workers. The disease commonly presents with prolonged fever, body pain, joint pain, and weakness. Early diagnosis, complete antibiotic treatment, food safety, and animal health measures are key to prevention and control.	• Identify and report persons with prolonged/ intermittent fever, night sweats, joint pain, back pain, weight loss, especially among livestock handlers. • Actively ask about contact with cattle, goats, sheep, handling of animal abortions, or consumption of raw/unpasteurized milk. • Educate households to boil milk, avoid raw dairy products, and consume only properly cooked meat. • Promote hand hygiene and use of gloves while assisting animals during delivery or handling animal waste.



S. No.	What it is and what it looks like	What the ASHA has to do
8.	Anthrax is a serious bacterial zoonotic disease mainly affecting herbivorous animals and occasionally humans. Humans get infected through contact with infected animals, carcasses, hides, or contaminated soil. The most common form is cutaneous anthrax, which causes a painless black skin lesion (eschar). Anthrax can be fatal if not treated early, but early detection, prompt antibiotics, safe carcass disposal, and immediate reporting can prevent deaths and outbreaks.	• Do identify and immediately report sudden animal deaths or human cases with painless black skin lesions (eschar). • Do educate the community not to open or consume meat from animals that died suddenly. • Do encourage early care-seeking for fever with skin lesions or history of animal contact. • Do support surveillance activities and assist in line-listing during outbreaks. • Do promote safe handling of animals and avoidance of contact with carcasses.
9.	Avian Influenza is a viral zoonotic disease transmitted to humans mainly through close contact with infected birds, their droppings, or contaminated materials. People having exposure to poultry farming, handling birds, or working in affected areas are at higher risk. The disease usually presents with sudden high fever, headache, muscle pain, and respiratory symptoms, and can become fatal if not treated early. Prevention depends on safe handling of poultry, proper cooking of food, hygiene, and early reporting.	• Identify and report persons with sudden high fever, headache, muscle pain, red eyes, or respiratory symptoms. • Actively enquire about history of contact with poultry, dead birds, or poultry farms. • Educate households to avoid handling sick or dead birds with bare hands. • Promote handwashing with soap and water after handling poultry, meat, or eggs. • Counsel families to consume only well-cooked chicken and properly boiled/fried eggs (avoid half-cooked or raw eggs).
10.	Scrub Typhus is a zoonotic bacterial disease transmitted to humans through the bite of infected chiggers (larval mites) found in grassy and forested areas. It commonly presents with acute fever, headache, body pain, and sometimes a black scab (eschar) at the bite site. If not treated early, it can lead to serious complications and death. Early diagnosis, prompt treatment with antibiotics, and timely reporting are essential for prevention and control.	• Do identify and report persons with fever ≥ 5 days, headache, body ache, rash, or history of outdoor exposure (fields, bushes, forested areas). • Do actively look for eschar, especially in hidden areas (axilla, groin, waistline). • Do educate the community to avoid sitting or lying on bare ground, especially in scrub/vegetated areas.

Preventing Reproductive Tract Infection/ Sexually Transmitted Infections

In this section, you will learn about:

- RTIs/STIs, their causes, and common symptoms
- Promotion of safe sexual and menstrual hygiene practices
- Early care-seeking and timely referral
- Awareness generation , counselling, and stigma reduction
- Linkages with health facilities for testing and treatment

Reproductive Tract Infections (RTIs) are infections of the reproductive organs caused by various germs. Though RTIs can occur both in men and women, they are more common in women, because of the body structure and menstruation.

- RTIs that spread through sexual contact are called Sexually Transmitted Infections (STIs). Reproductive organs can also get infected because of trauma during delivery, unhygienic practices during menstruation, abortions or delivery as well as overgrowth of germs normally found in the vagina. Poor general health, poor genital hygiene also make women prone to these infections. Sexual violence, refusal to use condoms by men also increase the risk to women .

Why are RTIs and STIs not much talked about?

- Many women feel embarrassed to talk about vaginal discharge and genital ulcers or any other abnormalities related to their private parts for fear of judgement .
- There is also a fear that if a woman is found to have RTIs, especially STDs, she will be stigmatized in the society and community.
- There is a reluctance to seek medical treatment because of ignorance about the cause availability of treatment and difficulty in accessing 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 or foul smelling vaginal discharge.
- Indigenous healers or home based solutions are preferred responders in tTribal areas. for such problems.

RTIs/ STIs may cause serious and long term complications if they are not diagnosed and treated early. They usually remain inside a woman’s body, giving her chronic abdominal and back pain or sometimes making her infertile. Many women keep suffering and remain silent.



What are the signs and symptoms of RTIs and STIs?

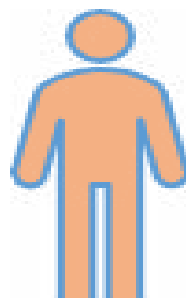


Females:

- Abnormal vaginal discharge, which has bad smell and the quantity is more than usual.
- Abnormal and/ OR Heavy vaginal bleeding
- Lower abdominal pain because of pelvic infection
- Pain or bleeding during intercourse
- Painful swelling in the groin

Males:

- Discharge from the penis
- Pain or bleeding during intercourse
- Painful swelling in the groin or scrotal



Common Symptoms:

- Blisters or ulcers (sores) on the mouth, lips, genitals, anus, or surrounding areas
- Burning or pain during urination
- Itching or tingling in the genital area
- Warts or bumps on the genitals, anus, or surrounding areas
- Flu-like syndromes (fever, fatigue, headaches, muscle aches)
- Red nodules or bumps under the skin on the mouth, genitals, or anus that ulcerate, become tender, and often bleed easily

Abnormal vaginal discharge

Usually, most women have normal discharge during inter-menstrual period, and pregnancy. It is normal to have a small amount of discharge or wetness that comes from the vagina. A change in the amount, color and smell may mean an infection. Many infections of reproductive tract in women show as foul smelling or bloody-yellow, greenish or curdy discharge

Abnormal vaginal discharge

Usually, most women have normal discharge during inter-menstrual period, and pregnancy. It is normal to have a small amount of discharge or wetness that comes from the vagina. A change in the amount, color and smell may mean an infection. Many infections of reproductive tract in women show as foul smelling or bloody-yellow, greenish or curdy discharge.



What can lead to abnormal vaginal discharge (infections)

- Lack of genital hygiene, especially during menstruation.

- Use of unclean instruments during delivery, abortions by unauthorized providers.
- Sex without condoms especially when partner is suffering from some infections.

Unless treated early, RTIs/STIs can lead to:

- Pelvic inflammatory disease (PID) and infertility
- Increased risk of HIV infections
- Ectopic pregnancy
- Cancer of the cervix and penis
- There can be pregnancy-related complications like premature deliveries, low birth weight babies, stillbirths, abortions or birth defects. Newborns can also get eye infection from the mother's birth canal, eventually leading to blindness and pneumonia.

Your role as an ASHA:

- Raise awareness about the causation, transmission and prevention and availability of treatment of RTIs / STIs.
- Emphasize the importance of early and complete treatment of both partners.
- Emphasize on promotion of condom and safe sex behavior.
- Motivate HIV infected individual to complete the course of medicines. Not completing the course of medicines worsens infection
- Counsel the woman to abstain from sexual activity during the period of treatment
- Counsel the couple / woman to contact you / ANM/ CHO for free treatment at AAM-PHC/ SHC.

Advise a woman coming to you with such issues to visit nearest AAM and ensure her contact with ANM.

HIV and AIDS

What is HIV?

HIV is the virus; **AIDS is the advanced stage of untreated HIV infection.** As the name suggests it reduces capability of the human body to fight against various infections.

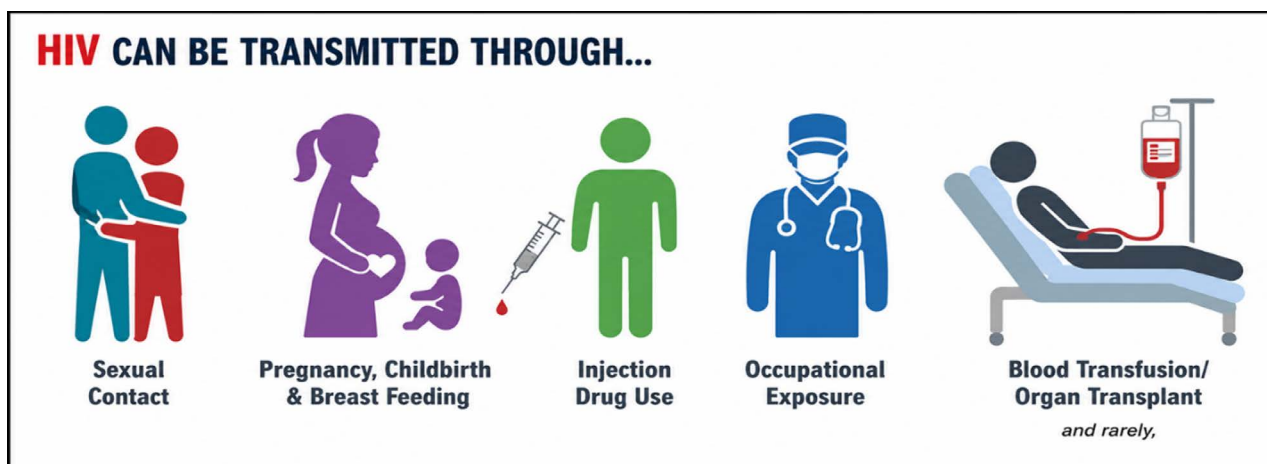
- HIV attacks and weakens immune system of an infected persons by destroying important white blood cells that fight disease and infection. As time passes, the virus destroys more and more of these cells and finally leads to a stage where the HIV infected persons find it difficult to fight infections .
- In this stage , also called AIDS (Acquired immunodeficiency syndrome) the patient is highly susceptible to a wide range of infections , cancers and other diseases which people with healthy immune systems can fight off easily.



- These infections which occur because of a weakened Immune system are called opportunistic infections. These present as fever, cough, cold and other respiratory infections such as Tuberculosis and Pneumonia , diarrhea and brain infections.
- Death among HIV infected people is mostly because of the opportunistic infections.
- Testing of blood can establish whether a person has HIV infection . However, having virus in the body (positive test for HIV) does not mean that he / she has AIDS. Although the HIV virus cannot be eradicated from the body , treatment can slow the rate at which the virus multiplies in the body. Opportunistic infections arising due to the weak immune system can be treated.

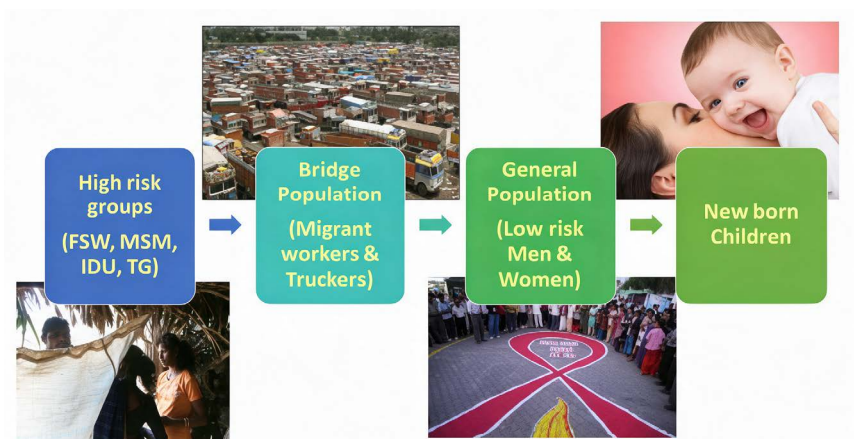
HIV is transmitted through:

- Unprotected (without Condom) sexual intercourse (vaginal or anal) with an infected partner
- Transfusion of infected blood and blood products .
- Sharing of unsterilized needles and syringes .
- From infected mother to her baby during pregnancy, delivery or breastfeeding.
- It does not spread through 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)
- Babies born to mothers who are HIV infected,



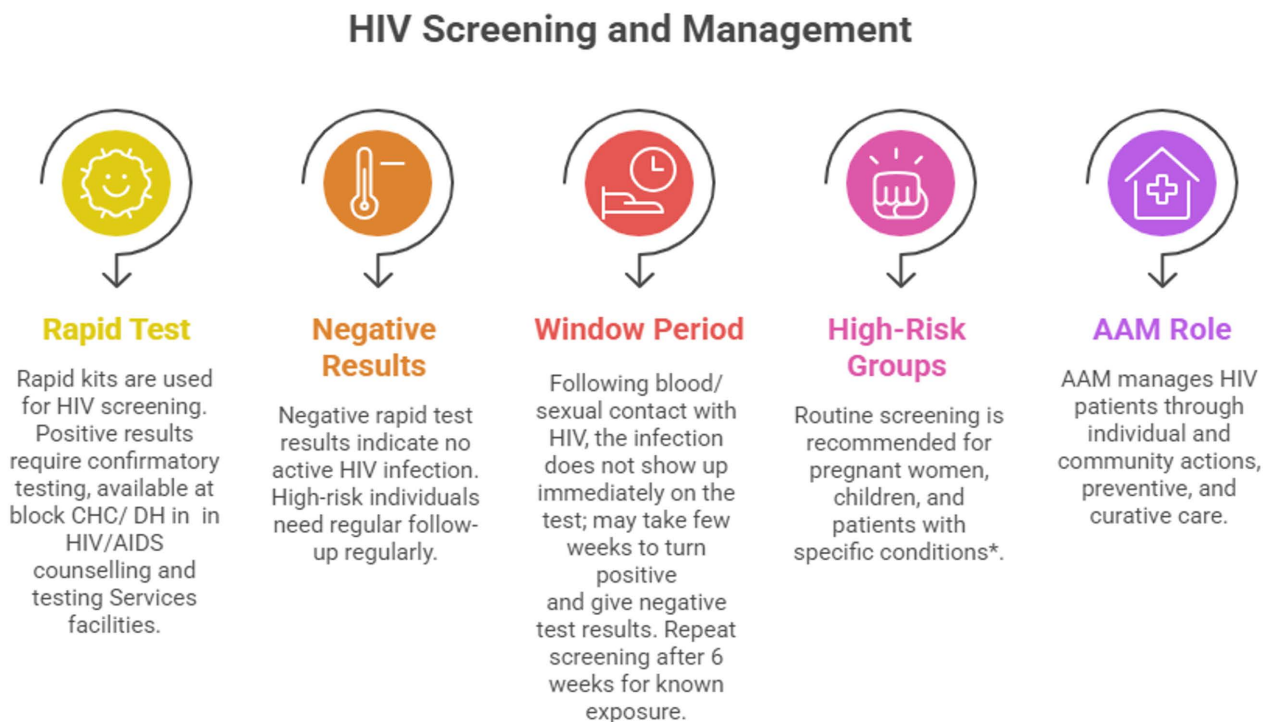
- Persons with multiple sexual partners,
- Persons with other STIs.

Persons with HIV are at greater risk of getting Tuberculosis.

Prevention:

- HIV can be prevented by using condom during sexual intercourse (protected sex).
- Using blood (when blood transfusion is necessary) from blood bank of government hospitals or recognized hospitals only.
- Using sterilized needles / avoiding sharing of needles.
- Early detection and management of HIV among pregnant women.

HIV Testing and Management



- HIV testing and management facility is available in the District Hospital free of cost.
- Treatment services for AIDS are available district hospitals having ICTCs and ART centers.
- It is important to encourage persons at high risk to go for HIV test.
- If women who are at high risk become pregnant, they must be motivated to gets tested, as timely treatment may prevent transmission of HIV from HIV infected mother to baby
- Persons with HIV are at greater risk of getting Tuberculosis. Every 1 in 20 persons suffering from TB in India is also HIV infected. Screening for TB should be done in HIV positive individuals.



Case study:

Mr. V, a 34 year old man had recently been diagnosed as HIV positive in your area. When you went to visit the household, you found that whole household was gloomy. The parents of Vikram were angry and were feeling ashamed of their son. Ms. S his wife was depressed and anxious about her own HIV status as well as what will happen to their kids, what will happen to Mr. V. They were scared of how they will face the villagers if they came to know.

Questions:

1. You as an ASHA, What can you do to help them?

Your role as an ASHA in management of an HIV-Positive individual:

ASHA plays a supportive, facilitative, and follow-up role in the care of people living with HIV (PLHIV). Her role focuses **on linkage to services, adherence support, counselling, stigma reduction, and continuity of care.**

1. Identification and Early Linkage to Services, Treatment Initiation and Continuity

- Facilitate early registration of HIV-positive individuals at the ART Centre
- Support pregnant women in accessing HIV testing and PPTCT services
- Counsel HIV-positive individuals and families on the importance of ART
- Support regular follow-up visits to ART centres and linkages with nearby health facilities

2. Adherence Support to ART

- Reinforce adherence to antiretroviral therapy
- Identify and address common reasons for missed doses (forgetfulness, stigma, side effects, travel difficulties)

3. Follow-up and Home-Based Support , Prevention of Opportunistic Infections

- Conduct periodic home visits (with consent) to:
 - Encourage drug adherence
 - Identify illness or danger signs
 - Support nutrition and self-care
 - Reinforce infection prevention practices at home
- Facilitate TB screening and referral for PLHIV
- Refer promptly if the person develops fever, weight loss, cough, diarrhoea, oral ulcers, or weakness.

4. Psychosocial Support and Stigma Reduction

- Provide empathetic listening and emotional support
- Address fear, anxiety, and misconceptions related to HIV
- Promote non-discrimination within family and community
- Maintain strict confidentiality at all times

5. Support to Special Groups

- Pregnant and lactating women: ensure linkage to PPTCT services and institutional delivery
- Children and adolescents: support caregivers for follow-up and adherence
- Elderly PLHIV: support for comorbidities and continuity of care

6. Community Awareness and Prevention

- Promote:
 - Safe sexual practices and use of Condom
 - Prevention of HIV transmission
- Address myths and misinformation related to HIV in the community

7. Documentation and Coordination

- Coordinate with ANM, CHO, ART Centre staff, and NGO partners
- Do not disclose HIV status in any register or to unauthorized persons

What ASHA Should NOT Do:

- Do not prescribe or alter ART medicines
- Do not disclose HIV status without consent
- Do not provide medical advice beyond training.

Viral Hepatitis

Viral hepatitis is inflammation of liver caused by either of the five types of hepatitis virus i.e, A, B, C, D and E. The disease can be acute or chronic illness.

Acute viral hepatitis mostly presents with symptoms like jaundice etc. which resolves spontaneously while chronic viral hepatitis mostly remains asymptomatic for many years before progressing to severe liver damage like cirrhosis & liver cancer.

- Chronic hepatitis B can be managed, if detected early.
- Hepatitis C can usually be cured with antiviral treatment. Patient must take the prescribed drugs in the correct dosage and for duration as advised.

Mode of Transmission:

Type	How it Spreads
Hepatitis A & E	Majorly through faecal-oral Route i.e. due to consumption of contaminated food & water



Type	How it Spreads
Hepatitis B & C	Can be transmitted through infected syringes & needles, Infected blood & blood products, Sexual mode, Mother to baby(Hepatitis B). 

Types of Hepatitis :

- A, and E mostly present as acute hepatitis with symptoms like jaundice → usually resolve on its own within few weeks.
- B & C present as chronic forms → mostly remain asymptomatic for many years and may progress to → severe complications in the liver leading to cirrhosis and liver cancer.
- D usually is unable to cause infection by itself and occurs along with Hepatitis B infection.



National Viral Hepatitis Control Program



Prevention

- Universal screening of pregnant women for hepatitis B
- Birth dose hepatitis B vaccination of all newborns
- HBIG administration to newborns of hepatitis B positive pregnant women
- Hepatitis B vaccination of high-risk groups (HRGs) & health care workers (HCWs)



Diagnosis

- Free screening and
- Viral load testing of hepatitis B and C at all government healthcare facilities



Management

- Free drugs to all eligible patients for treatment of hepatitis C and management of hepatitis B



Capacity building

- Training of healthcare providers under health system for the smooth implementation of the NVHCP at the ground level



nvhcp.mohfw.gov.in



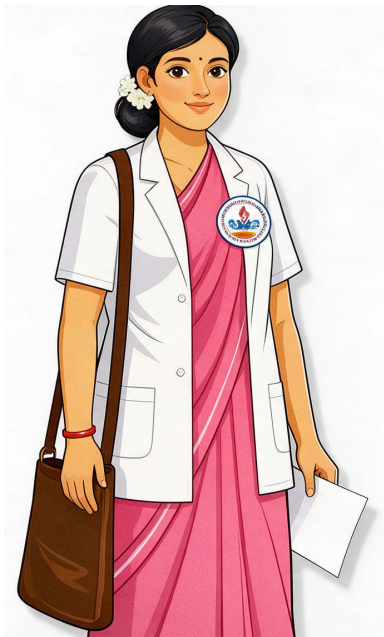
Helpline 1800-11-6666

Remember!!

- Chronic hepatitis C is curable, and chronic hepatitis B can be managed, if detected early reduces progression to complications.
- Every pregnant woman to be screened for hepatitis B.
- Needles and syringes must be taken from sealed plastic packets.



Your role as an ASHA in Hepatitis B infection:



Counsel and Ensure that every pregnant woman is tested for Hepatitis B during her first ANC visit to prevent mother to child transmission.



Categorize screened positive pregnant women as 'High Risk Pregnancy'.



Counsel for screening of close first degree relatives (mother, brother, sister & children) of pregnant women who screen positive for hepatitis B.



Inform the healthcare facility so that they can plan for her institutional delivery.



Counsel and accompany her for institutional delivery in designated healthcare facility.



Ensure newborns of all Hepatitis B positive women get hepatitis B vaccine within 24 hours of birth.

Newborns born to hepatitis B positive mothers need "**Double Protection**" immediately after birth i.e.

- Hepatitis B Birth Dose Vaccine

- Hepatitis B Immunoglobulin (HBIG): An additional injection specifically for babies of positive mothers given at the earliest or within 24 hours of birth

- The **Double Protection** will prevent future risk of cirrhosis and liver cancer in children.



Once the mother has settled back home, she needs to be referred to treatment center for further evaluation, **Ensure** treatment start and compliance if eligible.

Remember breastfeeding is not contraindicated in hepatitis B infection.



Case study 1: Hepatitis B Positive Pregnant Woman

During a routine household survey, you visit the home of a pregnant woman who has recently returned from her in-law's village. On checking her MCP card, you find that she has tested positive for Hepatitis B at a private hospital.

Question:

In which category will you classify the woman and where will you refer?

Answer:

The hepatitis B positive pregnant woman will be classified as high risk pregnancy and she should be counselled to deliver at a healthcare facility where Hepatitis B vaccine and HBIG is available.

Case study 2: Home Delivery of Hepatitis B Positive Woman

A Hepatitis B positive pregnant woman delivers at home in your village, which is a hard-to-reach area. You come to know about the delivery on the second day and visit the home.

Question:

Do you think the baby should receive hepatitis B birth dose and HBIG?

Answer:

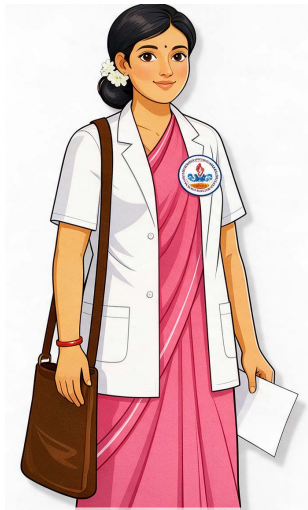
Yes the baby needs to get hepatitis B birth dose and HBIG as soon as possible and ASHA to accompany the mother and baby in the nearest healthcare facility.

Hepatitis C

Key Counselling message

- Hepatitis C can be completely cured, for most of uncomplicated cases; the treatment lasts only 12 weeks (3 months) with no side effects.
- Treatment for uncomplicated hepatitis C: daily two tablets of (28 tablets in each bottle) for 3 months.
- After finishing the treatment, the patient needs a follow-up viral load test called the Sustained Virologic Response (SVR), done 12 weeks after treatment completion. If the virus is not detected in SVR, it means the hepatitis C infection has been cured.
- Always check that needles and syringes used for injections are taken out of sealed plastic packets.

Your role as an ASHA in Hepatitis C infection :



Visit the patient screened positive for hepatitis C regularly to ensure they are taking their daily medications till 12 weeks.



Confirm that the patient takes two tablets every day (28 tablets in each bottle) and goes for refill when three tablets are left in each bottle.



Ensure that the patient goes for an SVR test after 12 weeks of treatment completion.

Key Message for Patients: "Take your tablets every day without fail. If you complete the course, you can be cured!"

Case study 3:

A patient in your village is Hepatitis C positive and has received medicines for one month from the nearest treatment centre. The patient takes medicines for 20 days and starts feeling better. During your home visit, the patient asks whether they can stop taking the medications.

Question:

What would be your advice to the patient?

Answer:

Hepatitis C patients need to take medicines for 3 months for completion of treatment. Medicines are given in two bottles, each containing 28 tablets. Patient has to take two tablets (one tablet from each bottle) every day. When only 3 tablets are left, the patient should visit the treatment center to collect the next month's medicines.

Case study 4: Follow-up of Hepatitis C Patient

A Hepatitis C patient in your village has completed the full treatment for 12 weeks and is feeling well.

Question:

What advice will you give the patient?

Answer:

Tell the patient to get the SVR test done to confirm that the infection is fully cured. Follow up with the patient after 12 weeks (3 months) of completing treatment and take the patient to the treatment centre for the SVR test.



Your role as an ASHA:

For Hepatitis A & E

- Promote **safe drinking water** (boiled/filtered).
- Encourage **handwashing with soap**.
- Promote **use of toilets**.
- Educate on **safe food practices**.

For Hepatitis B & C

- Ensure **screening of pregnant women for Hepatitis B**.
- Ensure and facilitate **referral for institutional delivery** of the pregnant women if screened positive for hepatitis B & receipt of birth dose of hepatitis B vaccine & HBIG to newborn within 24 hours of Birth.
- Link Hepatitis B positive pregnant women post-delivery to treatment center for further management
- Ensure hepatitis B birth dose to all newborn (within 24 hours of birth), followed by three doses at 6, 10 and 14 weeks to complete the schedule
- Ensure that Hepatitis C patient take 2 tablets daily (one from each bottle) (28 tablets given in each bottle) for 3 months for treatment completion
- Ensure that the patient visits the treatment centre to collect the next month's medicines, when only 3 tablets are left without fail so that treatment is not interrupted.
- Ensure patient of Hepatitis C who has completed treatment undergoes viral load test called Sustained Virologic Response (SVR) after 3 months of treatment completion to ensure success in treatment.

Surveillance (Detecting Diseases Early for a Healthy Community – A Guide)

In terms of surveillance , imagine you're a detective on a mission to protect your community. Instead of solving mysteries, you're detecting diseases, tracking them down, and stopping them before they spread. As an ASHA, you are a powerful health detective in the **Integrated Disease Surveillance Program (IDSP)**.

Understanding Disease Surveillance – Why It Matters!

Disease surveillance means regularly collecting and reporting health information so that unusual increases in illness can be detected early. This helps in **identifying unusual patterns, and responding quickly**. When you notice a strange health pattern, you're alerting others that something might be wrong – and that helps save lives.

Types of Surveillance

There are three kinds of surveillance. Each one is like a different level of investigation:

1. **Syndromic Surveillance:** You along with ANM , collect information based on symptoms (e.g., fever, rash, diarrhoea).
2. **Presumptive Surveillance:** Medical Officers (MOs) make diagnoses based on symptoms and examinations.
3. **Laboratory-confirmed Surveillance:** Lab tests confirm if a disease is present.



Your main job is syndromic surveillance, where you act as the eyes and ears on the ground and quickly report any change in the usual pattern in diseases – more in numbers / severity / any new or unusual symptoms . This alerts the CHO / MO to investigate further and to promptly identify outbreaks!

Know Your Reporting Form – Form S

Think of Form S as your case report form. You have to submit it every week to the MO of the AAM-PHC with record of the syndromes / symptoms **(fever, cold, cough, diarrhoea, Jaundice, and paralysis)** you find in your area . This information is gathered when you are in the field making home visits and from your other key informants – Anganwadi workers , school teachers etc. In Form S you give total cases of each and indicate if there is clustering of cases.

To detect an outbreak early , look for:

1. **Clusters of Cases:** Are you seeing similar symptoms in multiple people at once?
2. **Unusual Events:** Any sudden illnesses that seem out of the ordinary?

What to do if you suspect an Outbreak:

- Report Immediately! 📞 Call your MO PHC and submit your findings. Time is critical!
- Take Action: Distribute ORS for diarrhea , test for fever, and spread health education, as directed by CHO AAM-SHC / MO AAM PHC.



Sample Form S is given below:

Form S
Reporting Format for Syndromic Surveillance

(To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)

[illegible]

Date:

Signature

Every week , ensure reporting as scheduled:

- Every Monday: Start with a fresh page for the week.
- Weekly Visit: During each visit, look out for any new cases of the targeted syndromes.
- Share the Form S with the MO PHC on Monday. If you have urgent findings, report them right away – don't wait for Monday!

Interactive Tips for Super ASHAs:

- Visualize the Patterns: Use colors or stickers in your register to highlight sudden increases in cases.
- Involve the Community: Educate community members on how they can report symptoms to you. The more eyes, the better!

Understanding Outbreaks, Endemics, Epidemics, and Pandemics – ASHA's Guide to Disease Spread

What is an Outbreak?

An outbreak happens when cases of a disease suddenly increase in number beyond what is expected in a given small area like a village or community.

Example: You notice several children in a village have similar symptoms, like fever and rash, in a short time. This might be indicating an outbreak of a disease like measles.

Your role as an ASHA:

- Record cases and report them immediately.
- Help contain the disease by spreading health messages and providing initial care.

What is an Endemic?

When a disease is constantly present at low levels in a specific area, it's called an endemic. This means the disease is part of the usual health pattern of the community.

Example: In some regions, Malaria is considered endemic because some cases are always occurring in the area.

Your role as an ASHA:

- Educate people about prevention, like using mosquito nets for malaria.
- Encourage prompt testing for early detection.

What is an Epidemic?

An epidemic is when there's a sudden increase in cases of a disease in a larger area, more than what's normally expected. Unlike an outbreak, an epidemic can spread across cities or districts but is usually limited to one country or region.

Example: Dengue cases suddenly rise across multiple villages or cities after a monsoon season. This unexpected increase is an epidemic.



Your role as an ASHA:

- Help with awareness campaigns, like advising on reducing mosquito breeding sites and personal protection measures.
- Report clusters of cases and support local health efforts to control the spread.

What is an Pandemic?

A pandemic happens when an epidemic spreads across countries and continents, affecting a large number of people worldwide. Pandemics are rare but often serious because they affect people globally.

Example: COVID-19 is a well-known pandemic . It spread across almost every country in the world.

Your role as an ASHA:

- Share health education, such as hygiene practices / the importance of vaccinations.
- Support community health activities, like vaccination drives or home care advice, and report symptoms promptly.



Celebrate Every Success!

Each time you report an outbreak or help control a disease, you're saving lives and protecting your community! Give yourself a high-five, because that's a big achievement.

Remember, ASHA, You are a Health Hero!

Every symptom you record and every form you submit is a piece of the bigger puzzle that keeps your community healthy. Keep up the great work, and let's make our community a healthier place together!

Antimicrobial Resistance

Case study:

42 year old has been suffering from fever for last twenty days . His fever is not coming down and his condition is deteriorating day by day . He is admitted in district hospital. You had gone to the hospital with his wife and you heard the doctors talking to each other – that they have already changed the medicine twice , with no response . His blood test is showing that the antibiotics are not effective against this germ.

Questions:

1. What do you think has happened and why?
2. Can you do something to stop this?

Antimicrobial Resistance (AMR)*

Antimicrobials – including antibiotics, antivirals, antifungals, and antiparasitics – are medicines used to prevent and treat infectious diseases in humans, animals and plants.

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. As a result of drug resistance, antibiotics and other antimicrobial medicines are becoming ineffective and infections are becoming difficult or impossible to treat. This is increasing the risk of disease spread, severe illness, disability and death.

Your role as an ASHA and key messages:

- Educate community members on AMR, explaining how the misuse of antibiotics (such as taking antibiotics from the pharmacist directly, without doctor's consultation) contributes to resistance.
- Spread awareness about hygiene, sanitation, and vaccinations as methods to prevent infections, which reduces the need for antibiotics
- Reinforce the importance of following doctors' prescriptions, completing the entire antibiotic course, and avoiding self-medication
- Educate on storing antibiotics properly to ensure efficacy and prevent misuse
- Observe and report cases of over-the-counter antibiotic use, helping to inform broader AMR monitoring efforts
- Educate households on proper handwashing techniques, cleanliness and wound care to reduce infection / spread and thus decreasing the need for antibiotics.
- Take special care to educate the diabetics and those with low immunity on prevention of infections . Ensure early detection of infection , through prompt referral and appropriate follow- up.







C4

Mental, Neurological and Substance Use Disorders



PART C

C4 Mental, Neurological and Substance Use Disorders

In this section, you will learn about:

- What is Mental health
- Common mental health disorders
- Your role in identification and facilitating management of common mental disorders
- Your role in promoting mental health

WHAT IS MENTAL HEALTH?

A mentally healthy person can:

- Can think clearly.
- Can enjoy good relationships with others.
- Can cope with the normal stresses of life and solve problems.
- Can work productively and make contributions to the community.

The ASHA should give the following messages to the community for promoting mental health in the community.



Mental health problems are only health conditions that can be prevented and treated with timely intervention. They are not due to any inherent weakness or any reasons that cannot be addressed/treated.

What are mental health disorders?

The mind / brain can become ill just like any other part of the body and have a negative impact on our:

- Ability to feel .
 - Ability to think
 - Ability to work
 - Our relationships with family and others
 - Ability to cope with stress and handling our problems on a day to day basis.
- Mental health problems are treatable medical conditions, not imagination, weakness or effect of unknown causes. Physical and mental health issues are often inter-related and can affect each other.
 - When the mind is stressed, the body may also show problems like headache, stomach ache and poor sleep.
 - Chronic physical illness can also make the person depressed, worried and/or anxious.
 - Mental health conditions usually result from a combination of biological, psychological and social factors. These may include genetic vulnerability, physical illness, brain injury, difficult life experiences and stressful circumstances.

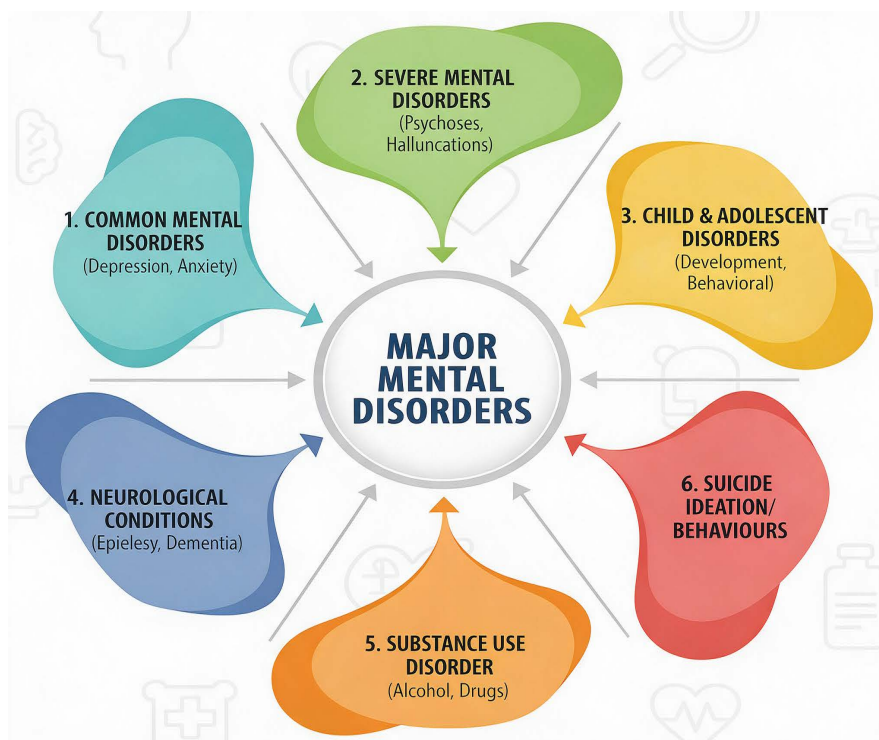
Some key facts about mental health disorders

- These can affect both men and women, and people at any age including children.
- They are common.
- They may not be visible externally by looking at an individual.
- These include conditions like anxiety (excessive fear and worry), depression (unusually sad mood), and more severe behavioural problems like suspiciousness, violence, agitation and other unusual behaviours (psychosis).
- Although stress itself is not considered a mental health disorder, it can contribute to development of these disorders, and therefore needs to be addressed.
- Mental health illness may occur as a brief episode or it may persist for a long time.
- These disorders affect the quality of life and prevent the affected individual from leading a happy and fulfilled life.
- If anyone in the family is suffering from a mental health condition , the other family members also undergo a lot of stress.

For ease of understanding, the disorders are classified in six major groups

Different groups of mental health disorders:

1. Common Mental Disorders
2. Severe Mental Disorders
3. Child and Adolescent Mental Health Disorders
4. Neurological conditions
5. Substance Use Disorder
6. Suicide ideation/behaviours



Causes of Mental Health Disorders

Understanding causes / contributing factors of these disorders will help you in clearing the misconceptions around these disorders and create awareness about the same in your community.



- **Biological factors** can include genetics, brain injury, and chemical imbalance in the brain. Living with a chronic illness can be very stressful and lead to depression.
- **Stressful life events** can contribute to the development of mental health disorders e.g. family conflicts, unemployment, death of a loved one, money problems, infertility and violence.
- **Poverty** with its associated low levels of education non availability of opportunities, poor housing and low income can also be a contributing factor.
- **Difficulties in childhood** such as sexual or physical violence, emotional neglect, or early death of a parent / parents .can be an important contributing factor.
- **Drug, substance and alcohol abuse** can lead to or be a result of mental health disorder.



Recognizing and helping in effective management of Mental Health disorders as an ASHA

Understanding the Stigma and discrimination

All beneficiaries needing care for mental health disorders that restrict their day to day functioning or have an impact on their normal social interactions / life should be referred to CHO for help irrespective of age, sex and other socio economic determinants. Since these conditions also need timely detection, diagnosis and referral, these need to be for and suitably treated /referred. Telemanas is a 24x 7 toll free helpline to provide support to all those who need treatment in any anonymised way.

People refuse to acknowledge these issues and continue to suffer with problems which can otherwise be treated for the lack of clarity on availability of any solutions /treatment in the health system.

Also In certain mental disorders people may think and behave differently.

People are not aware of the facts about mental health disorders and are guided by the myths and misconceptions prevalent in community. There are common myths and misconceptions in the community about mental diseases due to which seeking the care is often foregone or delayed.

Myths and misconceptions around mental health conditions

MYTH	FACT
Mental illness is caused by the evil spirit or supernatural power.	Biological, psychological and social factors are responsible for the causation of mental illness.
Mental illnesses are untreatable.	Mental illnesses are treatable with proper treatment and counselling.
Lack of willpower causes mental illness.	Willpower does get affected due to mental illness but is not a cause of mental illness.
Marriage can cure mental illness.	Marriage cannot cure mental illness; it can act as a stressor.
Mentally ill patients belong to hospitals.	The majority of persons with mental illness can be treated at out-patient settings or primary care settings.
Mental health problems are only seen in illiterate, poor people, elderly , children	Mental health problems may occur to anybody, irrespective of caste, education , age or class.

MYTH	FACT
People with mental illness can never be productive or do normal work like normal people.	People with mental illness on regular treatment and supervision, can very well lead a productive and quality life like any other normal person.
Mental illness is unlike physical illness; the illness is really all in a person's head.	Mental illness is similar to physical illness because both can have biological causes."
Mentally ill people have weak characters since they can't cope with the world in the same way that the rest of us do.	The development of mental illness has nothing to do with a person's character. Mental illness strikes people with all kinds of backgrounds, beliefs, temperament and morals.
10. Once a psychiatric patient, always a psychiatric patient.	A psychiatric patient, with proper treatment, can improve and function well enough in society, if given the right conditions and opportunities.

The ASHA should ensure the celebration of Mental Health Day on 10th October every year in the community. Her role here would be to generate awareness about mental health disorders and their prevention, promote mental health, early detection and adequate referral and dispel myths related to Mental Health.

Stigma/ Discrimination and the measures to reduce them

How does stigma and discrimination affect a person with mental health disorder?	How can stigma and discrimination be reduced?
• He/ She may be rejected by friends, relatives, neighbours and employer • A person who is rejected feels lonely and unhappy and may have poor self-esteem. This aggravates the problem and makes recovery even more difficult	Counsel • Openly talk about mental health disorders in the community and family • Provide accurate information to family members and community groups on what causes mental health disorders, how common they are, and that they can be treated • People with mental disorders should be seen as active and valuable members of the community



How does stigma and discrimination affect a person with mental health disorder?	How can stigma and discrimination be reduced?
• Mental health stigma frequently extends to the families and support systems of affected individuals, often resulting in social isolation, discrimination, and emotional distress. • The presence of social stigma is a primary factor in delaying necessary medical and psychological treatment, both for the individual and for family members showing early signs of mental health disorders	• Counter negative stereotypes and misconceptions surrounding mental health disorders by educating people- • Provide support and facilitate treatment for people suffering from mental health disorders so that they can lead normal healthy lives and participate meaningfully in community. • A community that respects and protects their basic civil, political, economic, social, and cultural rights is essential for promoting mental health and reducing stigma and discrimination against those with mental health problems.

Let us spend more time on myths and misconceptions around mental health conditions as they are an important roadblock in managing these conditions. Let us read the following story

Case study: Understanding and countering community perception of Mental Illness

In the village meeting, some people raised the issue of Shri R who lives on the outskirts of the village . Since last few weeks he is seen talking to himself loudly and making wild gestures. His neighbours were scared and were suggesting that he be taken to the Jhaad phoonk Baba to get rid of the spirit that have possessed him. Others joined in as they also believed this behaviour is caused by evil spirits and that people like him could be dangerous.

ASHA was present in the meeting and she told them that she had also noticed his behaviour and had informed CHO who will be coming the next day to meet him. They would then be taking him to the CHC for assessment by specialist there. This could be a condition where part of brain starts working abnormally due to paucity of some chemicals. The condition can be treated effectively with medicines. Contrary to the belief, very few people with this kind of illness are violent.

One of the elder persons said, “Once a mental patient, always a mental patient.” ASHA smiled and said that with proper treatment, people can recover fully, work, and live normal, productive lives.

Someone said, “Only people who lack willpower or have weak character develop such conditions.” ASHA clarified that mental illness is usually caused by biological, psychological, and social factors, just like many physical illnesses, and most people can be treated through outpatient services or primary care. It had nothing to do with willpower or character. She further added that when a person attempts suicide, it is not cowardice. Suicide attempts are usually a result of severe distress or depression, and such people need extra care, compassion, and timely help, not judgement on the strength of their character.

This was an opportunity as she had the attention of the villagers . She went on to explain mental health conditions can happen to anyone irrespective of their income , education or caste . It is not infectious and does not get transmitted from one person to another.

A villager laughed and said that R was too old otherwise they would have married him so that he could find someone to talk to and this would also cure him of his illness. Others laughed, ASHA also smiled and added that marriage cannot cure mental illness and is not the solution to mental illness. On the contrary it may sometimes even increase stress and worsen the illness.

A parent added, “Children are not born with mental illness, it must be due to bad parenting.” ASHA replied that usually bad parenting does not cause mental health conditions but can contribute to it by failing to provide the required support in coping with whatever is causing the mental health issue.

By the end of the meeting, there was some change in the thinking of those present. ASHA knew these messages will need to be repeated at different platforms and in different settings before the desired change in thought process but a beginning had been made. She also decided to get the CHO to talk in the next meeting.



Let us discuss some of the common mental disorders, how to suspect them and help in their management and prevention of complications.

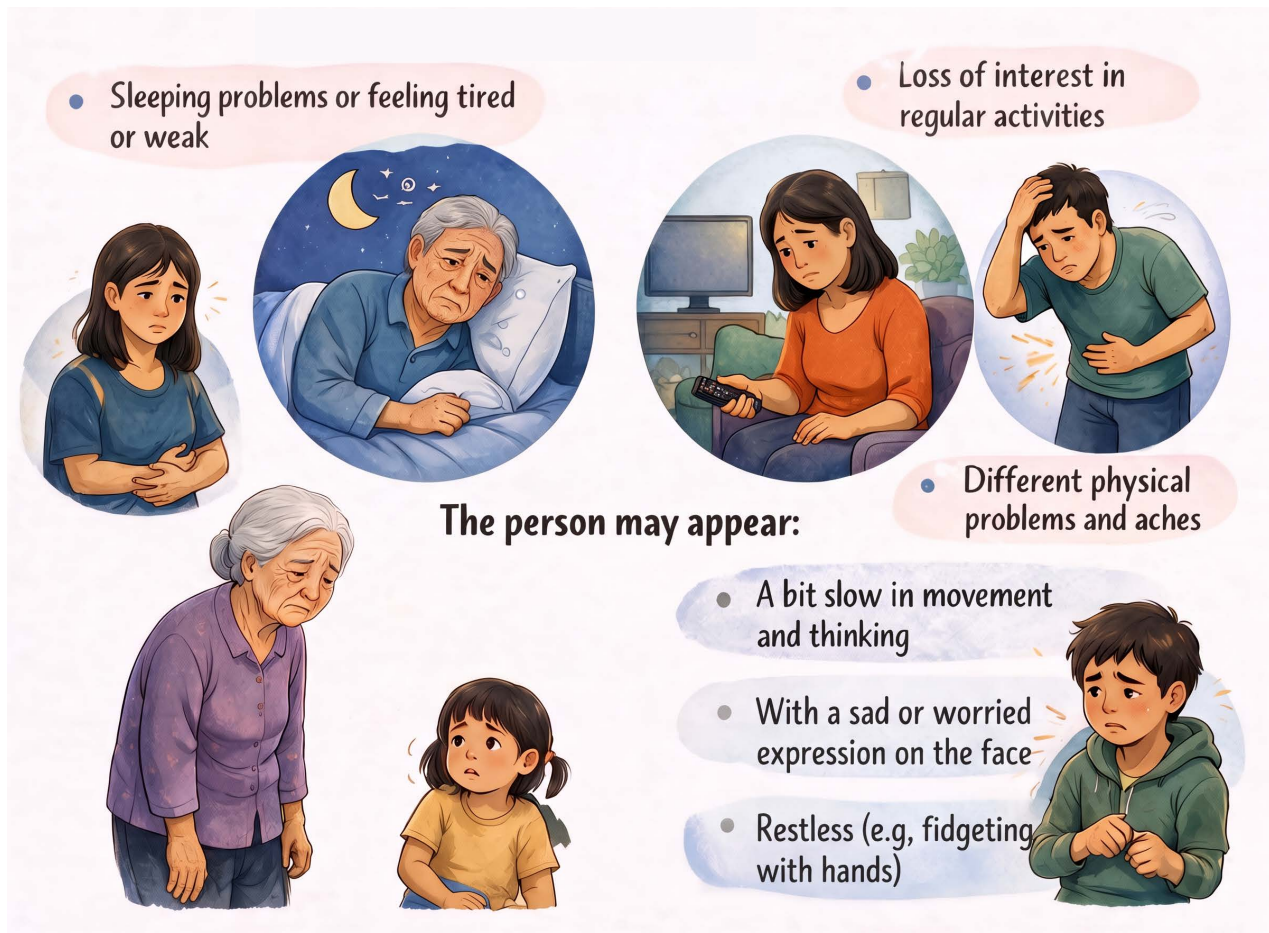
Common Mental Disorders

What are common mental disorders?

It is quite common to suffer from an unusually long-lasting sad mood (Depression) or unusually strong fear or worries (Anxiety).

How will you suspect that someone may be suffering from one of the common mental disorders?

The person may complain about:



1. Depression/Tension/Stress

We all experience short episodes of sadness (e.g., when we have an argument with someone, when we feel lonely, when we fail an exam). **Sadness becomes an illness when it lasts for a prolonged period or starts to interfere with our daily activities and relationships. It is then termed as depression.**

When to suspect depression (Tool for Screening Depression)

As part of this CBAC, you additionally ask two questions related to depression. These two questions are as follows—

PHQ-2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)					

Any individual may experience any of the following symptoms:



Symptom 1: An unusually sad mood or extensive fear remains longer than 2 weeks

- Feelings of sadness, guilt, hopelessness or negative thinking about him/herself ('I can't enjoy anything anymore', 'I am a failure', 'I am a burden', 'I did everything wrong', 'it's my fault', 'it will never get better')
- Unreasonable fears (e.g., the permanent worry that a family member might get ill, recurrent attacks of fear in certain situations)
- Thoughts to be better off dead (suicidal thoughts)

Symptom 2: Physical complaints

- Different non specific aches, e.g, headache.
- Sleeping problems
- Loss of appetite
- Tiredness and loss of energy
- Palpitations, sweating, restlessness

Symptom 3: Complaints that interfere with at least one of the person's daily activities

- The person spends a lot of time at home or in bed
- The person is unable to go to work or do the household
- The person withdraws from his/her family/friends

After administering the questions, **you will refer the individuals who have scored more than 3 to AAM-SHC.** Community Health Officer (CHO) at AAM-SHC will ask the individuals more detailed questions to understand about the symptoms. The patients can also use Tele-Manas helpline for help and support.

Note:

- These questions in the CBAC are only for screening and not for purpose of diagnosis.
- Diagnosis for depression would be confirmed only by the Medical officer/ specialist.



Case study:

During a home visit to Mr. R's house, the family tells ASHA that Mr. R has become very withdrawn, confining himself to his bed most of the day, saying that he is feeling very tired and not taking any interest in family activities. During the recent village festival, he had refused to take the lead in the arrangements (which he used to regularly do before), saying he is feeling tired and does not feel like it.

When ASHA talked to Mr. R, he said that he has no strength to do anything and just wants to lie down, he is feeling very sad and feels there is nothing to continue living for. Mr R has been seeing doctors but has no physical ailment. His Hb levels are also normal.

Questions:

1. What can be the probable disorder in this scenarios and why do you think so?
2. What will you do?

Post Partum Depression

Postpartum depression (PPD) is a common mental health problem that can affect a mother during pregnancy or after childbirth. A mother with PPD may feel persistently sad, hopeless, worried, unusually tired, irritable, or lose interest in things she normally enjoys. She may have difficulty sleeping, eating, caring for herself or the baby, or may feel that she is not a good mother. ASHA can play an important role in early identification and support by regularly talking to mothers and families, observing changes in mood and behaviour, and encouraging mothers to share their concerns without fear or shame. ASHA should provide emotional support, basic counselling, and reassurance, involve a trusted family member when appropriate, and encourage the mother to seek professional help. They should not diagnose or treat depression themselves, but should facilitate timely referral to CHO or mental health professional and follow up to support continued care. If a mother expresses thoughts of harming herself or the baby, urgent referral and immediate support are required.

2. Anxiety disorders

Anxiety disorders: We all experience worry and fear in certain situations (e.g., when we have to perform something new). Fear is a natural reaction to danger and helps us to activate our energies. **Fear becomes a mental health disorder when it is long-lasting, out of proportion to the situation or starts to interfere with our daily activities and relationships. It is called as 'anxiety disorder'.**

For Anxiety, the ASHA can ask the following two questions

GAD-2	Not at all	Several Days	More than half the days	Nearly every day
Over the last 2 weeks how often have you been bothered by the following problems				
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				



ANXIETY DISORDER

It is more than just worry or fear

Anxiety is a health condition that causes excessive fear, worry or nervousness that interferes with daily life.



REMEMBER

Anxiety is common.
It can affect anyone.
It is treatable.
Early help brings relief and recovery.



SIGNS AND SYMPTOMS

1. FEELINGS / MIND



Excessive worry about many things



Feeling restless or on edge



Difficulty concentrating



Poor sleep, trouble falling or staying asleep



Irritable, easily annoyed



Fear of worst happening

2. BODY



Fast heartbeat, palpitations



Breathing fast, shortness of breath



Sweating



Dizziness, feeling faint



Muscle tension, body aches



Stomach upset, nausea, loose motions



Trembling, shakiness

3. BEHAVIOUR



Avoiding people, places or situations



Need for constant reassurance



Withdrawal from family and friends



Difficulty in daily work or activities

WHEN TO SEEK HELP / REFER

- Worry or fear lasts for weeks and affects daily life.
- Panic attacks or severe fear.
- Avoiding daily activities.
- Thoughts of self-harm or hopelessness.
- Not able to sleep, eat or work properly.
- Substance use to reduce worry.



WHAT ASHA CAN DO



Listen with patience and show empathy



Encourage talking about feelings



Motivate for healthy habits – regular sleep, healthy food, physical activity, yoga, breathing exercises



Support to seek help from ANM/doctor at health facility



Follow up and provide continued support



ANXIETY IS TREATABLE – EARLY RECOGNITION, SUPPORT AND TREATMENT CAN HELP THE PERSON LIVE A NORMAL AND PRODUCTIVE LIFE.



I. Common Anxiety Disorders

Generalized Anxiety Disorder (GAD):

The person experiences persistent tension, worry, and is apprehensive about everyday situations, which may be accompanied by physical symptoms such as palpitations, sweating, tightness in the chest, breathlessness, stomach discomfort, and dizziness. These symptoms cause considerable emotional distress and interfere with the person's ability to carry out normal work and daily functioning.

GAD-2 is a screening tool. It does not confirm anxiety disorder. The person should be referred to the CHO/MO for further assessment when symptoms are persistent or interfere with daily life. Tele-Manas helpline is available 24x7 toll free for help in an anonymized way.

Post Traumatic Stress Disorder (PTSD):

This condition usually occurs after a very frightening or stressful event such as death of a close one or a natural disaster. The person has repeated memories or nightmares of the event and these thoughts disturb sleep and daily activities.

Panic attack:

Panic attack is a sudden attack of extreme fear, typically happening without any forewarning.

Symptoms may include



Sudden feeling of heart beating fast



Feeling dizzy or light-headed



Hot flushes, chills or trembling



Feeling of choking or shortness of breath



Breathing too fast (hyperventilation)



Being afraid to die, to faint or to lose control

HOW TO HELP A PERSON WITH A PANIC ATTACK?



- 1** A panic attack may look like a heart attack or an attack of asthma, if you are unsure what is wrong with the person call the ambulance/doctor (especially when it is an older person)



- 2** If possible, move the person to a calm place.



- 3** Reassure and encourage the person to breathe slowly in unison with your own breathing (e.g., breathe in for 3 seconds (count slowly 1, 2, 3), then breathe out for 3 seconds until the person calms down a bit and starts to feel better. Remember: Breathing exercises are the most effective management of panic attacks and should not be delayed.



- 4** Explain to the person that he/ she is experiencing a panic attack and that it is not dangerous and will not cause any physical harm.



- 5** You may now ask the person if he/ she had recent stress.



- 6** Listen carefully, don't judge.



- 7** Stay with the person until he/she feels fully recovered.



- 8** If the person has a known medical illness or is not fully recovering, encourage the person to visit a healthcare provider (CHO at AAM-SHC or MO at PHC). CHO would further screen and refer the individual to Medical Officer as appropriate. MO or specialist can confirm the diagnosis and would advise on further treatment.



- 9** As an ASHA, you should know the treatment options available for these disorders. These are as follows–

Mental Health First Aid



including basic counselling and encouraging self-help-treatments (by ASHAs, MPW-F, CHO)

Advanced Counselling



involving more Psychoeducation and Problem-solving (by PHC-MO)

Psychotherapy & Medications



Psychotherapy (by specialist)



Medications (by PHC-MO or specialist)

- 10** Before referral to the CHO, you can also help the individual by providing psychological first aid, described subsequently.



YOUR CALM SUPPORT CAN HELP SAVE A LIFE.

REASSURE. LISTEN. STAY. HELP.



Case study:

Mr.P is a 22 year old young man who lost his parents when he was still a young boy. He is living with his older brothers' family. The money is scarce. Mr.P has been searching for a job since quite a while, but without any formal education he has not been able to find any work so far. Mr.P wants to get married but without having a job he doesn't see any chances to find a wife.

Mr.P is gradually getting more and more overwhelmed by worries and sometimes wakes up at night sweating and feeling his heart racing. He is no longer able to get a good night sleep and feels increasingly weak during the day. He is becoming hopeless about the future and is beginning to think he is a burden to his brother and he might be better off dead . One day Mr.P tried to end his life by consuming poison (pesticides) rat poison, but luckily his brother stopped him in time.

Questions:

1. What is Mr.P suffering from ? What will you do as an ASHA?
2. What will you advise his brother?

Your role as an ASHA in follow-up and in seeking right treatment while ensuring treatment adherence. Counsel the patient:

- To take his tablets daily in the dosage as prescribed and make regular doctor visits as prescribed
- Never stop medicines without consulting CHO or PHC-MO
- To continuing medication even when he feels better . This will prevent further relapse.
- Side effects may occur in the beginning, they usually disappear after 1-2 weeks.
- Medicines will take a while to make you feel better, wait for 4 weeks, be patient.
- If side effects are very uncomfortable or persistent , or your symptoms worsen do not wait ,go to see the doctor
- If you don't feel better after 4 weeks go to see the doctor.

II. Severe Mental Disorders (SMD)

A person may have unreal experiences such as hearing voices in absence of anyone speaking (hallucinations) . He may have unreal belief that some one is plotting to kill him which may make him behave strangely. This kind of illness is called as Psychoses.

It is important to remember that anyone can get psychosis. It is more common for psychotic disorders to begin in late adolescence or early adulthood, although they can occur at any age.

Factors that may increase the risk include:

- Genetic risk: Having a close family member with a psychotic disorder may increase a person's risk. However, most children of parents with psychotic disorders do not develop psychosis.

- Severe stress: Major or prolonged stress and difficult life experiences may trigger psychosis, particularly in someone who is already vulnerable.
- Cannabis and other drugs: Frequent or heavy cannabis use, especially during adolescence, can increase the risk of psychosis and may trigger psychotic symptoms in vulnerable people.
- Pregnancy and birth-related factors: Certain complications during pregnancy or around birth may increase risk of psychotic disorders later in life.

Common symptoms of psychosis

A person with psychosis can present with following symptoms.

SIGNS AND SYMPTOMS OF PSYCHOSIS

1 Hallucinations:

- Hearing, seeing or sensing things which are not really there. The most common of these symptoms is "hearing voices".
- The voices give orders (most common form of hallucinations)
- Seeing, smelling or tasting things that are not there, strange, body sensations.



2 Delusions:

- Having beliefs unrelated to reality and held with firm conviction. Examples–
- The person may fear that he/ she will be harmed e.g. the person may be afraid that someone wants to poison him/her
- The person may feel that people (including strangers) are laughing at him/her and talking about him/her or that the television is directing special messages to him/her
- The person may also be convinced that he / she is chosen to do great things like healing people, saving the world or spread religion.



3 Laughing at something sad



4 Not showing emotions at all



5 The person may become fearful, irritable or aggressive (e.g. out of the belief someone is going to harm him/her)

- May be agitated, restless, and have disturbed sleep
- Talking more than usual
- Not being able to stay or sit still
- Poor concentration e.g. They cannot follow a conversation or read a book and remember the details as before and /or lack of motivation to do things
- Social withdrawal
- Poor personal hygiene
- Loss of former social skills, talk continuously, have poor concentration incessantly



6 Lack of insight:

- Person has lack of awareness that he/ she may be having an illness and that his behaviour is strange.
- Person may say things which don't make sense to others e.g. Speech may become jumbled or hard to understand as the person may jump from topic to topic in a haphazard manner.
- Person may keep talking to himself/ herself
- Person may dress in a strange way e.g. wearing very warm clothes in summer



Case study:

R is a 35 year old man living with his parents. In his village R is known as “the crazy man”. When going out he is neglectful of his appearance and hygiene and starts talking to himself or suddenly starts shouting at people. But most of the time R stays at home sleeping late and watching TV. His father complains about R as being lazy and not helping in the field.

Some years ago a doctor had prescribed R medicines for hearing voices. But when R felt better he stopped the medicines. Two days ago R broke the TV set as he thought the people in the TV program are influencing his thoughts.

Questions:

1. Why do you think R is behaving like this?
2. What will you do, step by step?

Your role as an ASHA in management:

If you recognize anyone with such symptoms, your role would be to give reassurance to the family and then encourage the person to visit a healthcare provider (CHO at AAM-SHC or MO at PHC). CHO would further screen and refer the individual to Medical Officer as appropriate. MO or specialist shall then carry out detailed analysis.

As an ASHA, you should know the treatment options available for these disorders.

You may face incidences when the person does not want help. This situation is typical for a person in acute psychotic state, due to lack of insight into his / her illness. In such cases,

- Try not to label the illness and say that you can provide help for fears, stress or sleeping problems
- Try to involve the family for encouragement
- Ask your supervisor– CHO/MO for advice

When an individual is diagnosed with psychosis by a specialist, medicines are prescribed to him/her. These are called ‘antipsychotics’ drugs. You as an ASHA have to counsel patient that

- In the first few days the person may feel sedated (sleepy tired) from the medicines
- Some medicines are taken daily, while some long-acting injections are given at intervals prescribed by the doctor
- Some of the medicines may cause side-effects like trembling or stiffness of the body or weight gain .
- Medicines should be taken on a long-term base to prevent further relapses
- Once treatment is initiated, ensure adherence and provide support to the individual along with help from MPW and CHO

Supporting a Person with Psychosis

- Once the person is again in touch with reality you may explain the symptoms of psychosis and encourage small daily activities (do not overburden)

- Watch for
 - Low motivation / sadness / suicidal thoughts , once the person stops having hallucinations / delusions .
 - Sleep problems which may mean relapse in which case refer to the MO / Specialist
- Follow up every 2–4 weeks
- Always involve and support the family

CAUTION:

Although, only a small percentage of people with psychosis may threaten violence, the person may himself / herself feel threatened due to his/her hallucinations and delusions. In that state you are to exercise caution:

- Try to avoid any confrontation and don't go too close to the person.
- Try to create a calm atmosphere to reduce the fear and if possible, ask the person to sit down.
- Talk slowly in calm manner ("nobody wants to harm you, you are safe").
- Call (or let someone else call) ANM/ CHO, a mental health specialist or doctor to come for help.
- Meanwhile, you may ask anyone around for support.
- In emergencies you may have to call the emergency (112) / police for help.



Child and Adolescent Mental Health Disorders

Child and adolescent mental health disorders are conditions that affect intellectual , behavioural, and social development during childhood and adolescence. Some children may have delays or difficulties in intellectual development, while others may have behavioural or emotional difficulties that interfere with their daily life.

Intellectual Disability

Some children develop and learn more slowly than other children. Intellectual disability (ID) is a condition in which a child has difficulties with both intellectual functioning and everyday skills. It usually begins before 18 years of age.

A child with intellectual disability may have difficulty with:

1. Learning and thinking

- Learning new information and skills
- Understanding numbers, time, letters or other concepts
- Understanding, reasoning and solving problems
- Applying what they have learned to new situations

2. Day to day activities and social skills. The child may need more help than other children of the same age with:

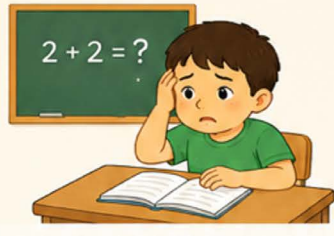
- Communicating and interacting with others
- Dressing, eating, bathing and other self-care activities
- Following instructions , understanding rules and making safe decisions
- Using money and understanding time , travelling safely or using public transport
- Developing age-appropriate social and interpersonal skills
- Learning skills needed for school, work and independent living

Children with intellectual disability can learn and develop new skills, but they may learn more slowly and may need more time, support and repeated practice. The level of support needed varies from child to child.

During home visits, if you observe that a child's development or everyday functioning appears significantly behind that of other children of the same age ,inform the CHO / ANM and encourage the family to visit AAM-SHC/ PHC for a detailed assessment.

How to identify a child with intellectual development disability?

The child will show following signs–

 ● Sit up, crawl, or walk later than other children	 ● Learn to talk later, or have trouble speaking and remembering	 ● Slow to master things like toilet training, dressing, and feeding himself or herself
 ● Have difficulty understanding social rules	 ● Have trouble seeing the results of their actions	 ● Have trouble solving problems and thinking logically
 ● Reduced ability to learn or to meet academic demands	 ● Difficulty in expressive or receptive language	 ● Irritability when frustrated or upset, fluctuating mood and acting-out behavior

Attention Deficit Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD) is a condition in which a child may have difficulty paying attention, sitting still, controlling impulses, or completing tasks. Such children may appear restless, easily distracted, forgetful, or may act without thinking. ASHA can play an important role in early identification and support by observing the child's behaviour, listening to concerns raised by parents and teachers, and identifying children who may need further assessment. ASHA should not diagnose ADHD, but should guide parents to the CHO for assessment and support. They can also counsel families that ADHD is not simply a result of poor parenting or lack of discipline, encourage a supportive and structured home environment, promote regular school attendance and healthy routines, and follow up with the family to ensure that recommended services are accessed.



Behavioural Disorders among children and adolescent

What are behavioural disorders among children and adolescents?

There are different kinds of behavioural disorders. As an ASHA, if you observe a child who is displaying any of the following behaviours consistently, refer the child to AAM-SHC / PHC for assessment and help.



1. INATTENTION

- Fails to give close attention to details
- Makes careless mistakes in schoolwork, at work, or during other activities
- Difficulty in sustaining attention during daily tasks
- Often distracted by external stimuli
- Forgetfulness in daily activities
- Avoiding activities that demand sustained attention
- Does not listen when spoken to directly
- Unable to organize himself/ herself for daily activities
- Loses things frequently



2. HYPERACTIVITY

- Plays with hands and feet while on seat.
- Climbing trees, walls and high areas excessively.
- Has excessive energy and is highly physically active.
- Unable to engage and play in leisure activities quietly.
- Talks excessively.
- Unable to sit in one place.



3. IMPULSIVITY

- Answers before questions are completed.
- Interrupts and intrudes others' activities.
- Unable to wait for his/ her turn.



4. ANGRY AND IRRITABLE MOOD

- Often loses temper
- Is easily annoyed by others
- Is often angry and resentful



5. ARGUMENTATIVE AND DEFIANT BEHAVIOUR

- Often argues with adults or people in authority
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehaviour



6. VINDICTIVENESS

- Is often spiteful or vindictive.
- Has shown spiteful or vindictive behaviour at least twice in the past six months.
- OR aggression to people and animals (often bullies, threatens or intimidates others, often initiates physical violence, which can cause serious physical harm to others).
- May cause a break (breaks into someone else's house, building, or car) or serious deceit (lies to obtain goods, favors, or to avoid obligations).
- Serious violations of rules (stays out at night despite parental prohibitions, runs away from home or from school).



These signs can vary in severity and may affect a child's learning, relationships and daily life. Seek guidance from a health professional if these signs are persistent and causing difficulty.

The ASHA will inform the MPW-F/CHO if they identify a child with any of the above behaviors. The parents of the child needs to be counselled to take timely and appropriately call. The ASHA should seek support from Tele -Manas / CHO for adequate place of referral.

Neurological Disorders

These disorders are related to functioning of brain and we will talk about epilepsy and dementia. Epilepsy is a neurological disorder in which a person has recurrent unprovoked seizures(fits) . Old people may develop dementia, which means loss of memory. In late stages of dementia they may forget the names of their family members and even the way back to their house.

Neurological Symptoms and ASHA's Role in management:

1. Seizure

The person may suddenly fall, become unconscious and start making shaking movements.

- Movements may involve the entire body or remain limited to one arm .part of the body
- Seizure may last for a few minutes
- When unconscious the person may bite his tongue or involuntarily pass urine
- In some type of fits , the person may stay awake but suddenly show a change in behaviour
- After the seizure has stopped the person may still be sleepy / confused for a while

Fits may be caused by high fevers, brain infection, brain tumours, alcohol withdrawal, and other serious medical illness. Therefore, a person with a first seizure needs thorough medical assessment before being labeled as epilepsy . Refer such person urgently to a nearest medical facility with Medical Officer.

A hysterical reaction may also look like a seizure, but the person will never lose consciousness.

Your role as an ASHA in management:

You as an ASHA must have administered CBAC form to all individuals aged 30 years and above in the family . In the CBAC form, there is one question regarding “History of fits”. If a man/woman has said yes to this question then you must refer the person to nearest facility, where Medical Officer is available.

How can you as an ASHA help individuals with epilepsy, fits?

- Educate the person / family about the basic facts about epilepsy
 - Epilepsy is caused by internal factors in the brain, not by evil spirits or supernatural powers.
 - Person with Epilepsy has no effect on the intelligence of an individual .are as intelligent as everyone else.
 - Epilepsy can be treated and fits controlled with regular medicines.
 - Persons with epilepsy with regular medication can lead a healthy and productive life. However, some jobs like driving, operating heavy machinery need to be avoided.
 - Person with epilepsy can get married if both the partners consent . Epilepsy is not passed on to children.
- Refer the individual to AAM-PHC for assessment and treatment , if not on treatment .
- Reinforce the importance of compliance in medication and regular follow-up with the treating doctor.



- Educate about importance of adequate sleep , regular nutritious meals , regular physical activity , restriction on screen time , avoidance of alcohol.
- If the seizures are not controlled , the individual should not drive , work with heavy machinery . This should only be done once the seizures are well controlled and after consulting the treating doctor .
- If a fit occurs while on treatment , consult the doctor as the dose might need readjustment.

How to help if a person is having a seizure (fit):

When a person is having fits

1

Remember that most fits are self-limited and will stop after a few minutes.

2

If a person is unconscious try to turn the person on his/ her side.

3

Ensure that the person does not hurt himself.

4

Don't hold or restrain the person, don't put anything in the person's mouth.

5

If the fit does not stop after 5 minutes, or if another fit starts soon after the first one, call the ambulance immediately.

**This is a medical emergency!
Call for help immediately.**

Most fits stop on their own. Stay calm, keep the person safe, and seek medical advice.

Case study: ASHA Busting Myths about Epilepsy

During a home visit, ASHA was called to help in the neighboring house **where Mr R., a young man, was having a fit.** People were surrounding him and one of them was whispering that he was **possessed by an evil spirit.** They were trying to restrain him and wanted to **put a spoon in his mouth** to stop him from “swallowing his tongue.”

ASHA immediately intervened. She **did not restrain Mr R.,** removed nearby objects, and ensured that he would not fall or get **injured.** She explained that the fit was a result of some temporary changes in brain function and not due to any by supernatural powers. She told them not to insert or pour anything in the mouth as it may choke him .

After the seizure stopped, ASHA counselled the family. She explained that **epilepsy can be treated with medicines,** and that people with epilepsy are **as intelligent as others.** She also clarified that with proper treatment, **Mr R. can work, live normally, get married, and have children.**

2. Dementia

Usually occurs in elderly people (over 60 years). Both men and women can get dementia. A severely alcohol dependent person may get dementia at an earlier age. Dementia may vary in severity , from mild to severe. Dementia has been discussed in the section on elderly care. (Refer Part B).

III. Substance Use Disorder:

Substance use means use of alcohol, tobacco , drugs or other illegal substances like Ganja/ Hashish etc, that can cause harm to the body. When the use becomes **uncontrolled and causes dependence,** it is called **Substance Use Disorder.** This damages a person’s health, behaviour, family life and work.

- 1. Alcohol Use disorder:** Alcohol Use Disorder is a health condition in which alcohol use causes problems in health, family life, work or daily functioning. Dependence is a more severe form of alcohol-related disorder.. Though drinking alcohol is not a mental health issue , alcohol consumption regularly in excessive quantity with dependence is termed a mental health disorder.

Usually people start drinking when they are teenagers because their friends drink and they want to be social (peer pressure). Some people start to drink more alcohol when they feel stressed or can’t sleep. When people start to use alcohol to cope better with their problems they are already in danger of developing an alcohol use disorder.

Alcohol consumption can causes physical and mental health problems along with certain social problems. Some of them are listed below:



Common Health Issues with excessive drinking	Mental health problems caused by high alcohol consumption	Social problems caused by too much alcohol
• Liver problems (alcohol damages the liver which can later cause death, you may recognize the person having a yellowish skin or eyes) • Abdominal swelling, pain, nausea, vomiting. • Impotence • Sensation of numbness in the feet (alcohol damages the nerves) • A higher risk of injuries or accidents • Development of a physical dependence (Has withdrawal symptoms when not drinking) • With chronic use - loss of memory and orientation(alcohol damages the brain) • Epileptic Fits	• Dependence-The person thinks that he/she can perform only after taking alcohol . • Sleeping problems, sad or irritable moods, unfounded fears • Hallucinations (e.g. hearing voices or seeing things) or unreasonable jealousy • Epileptic fits • Increased risk of suicide!	• Arguments about spending too much money on alcohol and not fulfilling household duties • Aggressive or violent behaviors (Increased incidences of domestic violence) • Person may resort to secret drinking • Appearing drunken at work and lack of concentration in work • Becoming unreliable. • Person may lose his/her job

What are dependence / withdrawal symptoms?

They occur when the dependent person doesn't get his/her drink .

- Dependent people often have to get their first drink early in the morning to avoid withdrawal symptoms
- Typical withdrawal symptoms are,
 - Restlessness and irritability
 - Sweating
 - Shaking or trembling of hands
 - Fast heartbeat
 - High blood pressure (red face)

And in severe cases:

- Seeing things not there (hallucinations)
- Disorientation (the person doesn't know where he/she is)
- Seizures (Fits)

In severe cases, it is an emergency and the patient needs medical attention immediately and should be referred and transported to the linked hospital.

Ask: Ask all adults about alcohol use.

Counseling :

- Alcohol harms health and also increases risk of NCDs.
- Avoiding alcohol is best for long-term health
- Even small amounts can cause harm in some people
- We can help you stop drinking

Benefits of quitting alcohol:

- Reduces risk of liver disease and other illnesses
- Improves family life and work ability
- Saves money and protects children from harmful environments

You will refer the individual to MPW/CHO, if you suspect Alcohol Use Disorder. MPW or CHO can ask detailed questions and provide help to that individual.

Case study:

Mr.R is a 42-year-old man living with his wife Mrs.M in the area of an ASHA. Mr.R is known in the village to drink alcohol regularly. One morning, Mrs.M calls the ASHA sounding very worried. She says that since early morning her husband is talking strangely, is very restless, and she is unable to understand what he is saying. She feels scared and does not know what to do.

The ASHA visits their home. She observes that Mr.R is very restless and unable to sit still, is sweating excessively, his hands are shaking and he is speaking continuously in an unusual manner.

On gently speaking to Meena, the ASHA learns that: Mr.R usually drinks large amounts of alcohol every evening and last night he could not drink, as there was no money at home. He has not slept at all during the night and he is complaining of uneasiness, fear since morning.

The wife requests the ASHA to “give some medicine to calm him down”.

Questions:

2. What do you think is the problem?
3. What do these symptoms indicate?
4. What should the ASHA do ?

2. Use of tobacco and other substances:

- Tobacco is used in smoking forms such as beedi and cigarette, and smokeless forms such as paan masala, gutka, khaini, and snuff.
- Other substances include cannabis products like bhang, ganja (weed/grass), charas or hashish.



- Some substances are injected such as opioids and inhaled (glue, solution, whiteners).

Ask: Ask all adults about tobacco use. If the person smokes, ask if smoking happens inside the home.

Counsel :

- Tobacco is harmful to health and also increases risk of NCDs.
- Even small or occasional use is harmful.
- Quitting tobacco is one of the best ways to improve health.
- We can help you quit.

Benefits of quitting:

- Reduces risk of cancer, heart disease, stroke, and lung problems.
- Protects family from smoke.
- Saves money and sets a good example for children.

How can ASHA identify people with substance use problems?

ASHA should suspect substance use disorder if a person:

- Uses alcohol/tobacco/drugs **daily or frequently**.
- Has **shaking of hands, sweating, restlessness**, or poor sleep when not using.
- Needs substance early in the day to feel “normal”.
- Spends a lot of money on substances.
- Has repeated health, family, or work problems.
- Cannot reduce or stop use despite obvious harm.

Management of Substance Use Disorders

ABC approach

A – Ask

- Proactively ask all adults about **alcohol and tobacco use**.
- Ask in a **non-judgemental and respectful** manner.

B – Brief advice

- Clearly explain that substance use harms health and can worsen existing illness and increases the risk of NCDs.
- Emphasize that the choice to quit lies with the person.

Then providing a personalized and nonjudgemental brief advice and cessation support if the person gives a history of substance abuse. We focus on tobacco and alcohol in this.

C – Cessation support

- Encourage the person and build **hope and confidence**.

- Help the person choose strategies like:
 - Avoiding trigger situations.
 - Keeping a simple record of use.
- Explain the **5 D's** to manage craving.
- Cessation support alone can only help in few early cases.

NON-PHARMACOLOGICAL MANAGEMENT OF CRAVING FOR SUBSTANCES – 5 D's –

1. Delay  Delay the use of the substance when the craving starts.	2. Drink water  Drink water when you experience a craving to curb it.	3. Distract  Engage in other activities/hobbies to take the mind away from the substance.	4. Discuss  Talk about craving with family/ friends/ doctors/health workers to prevent relapse.	5. Deep breathing exercises  Practise relaxation exercises such as deep breathing to decrease anxiety and distress and the risk of relapse.
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Remember: Cravings are temporary.

Use the 5 D's – You can stay in control and move towards a healthier life.

Points to Remember

 Relapse is a rule in addiction treatment	 Avoid being judgemental and avoid confrontations
 Suggestions and offers of help will be more readily accepted if it is given in the spirit of concern for health and family well-being	 Remember to follow up with the patient regularly to review the progress.
 When a patient is resistant to quitting, harm reduction strategies and even reducing the amount of use are good.	 Arrange for follow-ups and support by the CHO, ANM and other health workers
 Recovery support for substance abuse disorders can be carried out through ABC approach. This involves health professionals in community or health facility settings proactively asking every adult individual attending the health facility about substance abuse – CBAC form carries following questions related to them. ○ Any type of substance abuse like Smoking/ Alcohol/ Smokeless products like Gutka, Khaini, Sniffed or inhaled products like Whitener, Glue, Petrol, Kerosene/Injectable drugs/ Hukka/ Bidi/ Taudi/ any other area specific addictive substance? Response options are: No or Yes. If Yes, frequency	



IV. Suicide ideation/behaviours:

- Suicide is one of the important risks of long standing mental disorders in India and world over.
- Individuals suffering from mental health disorders are more at risk of suicide attempts.

There are some protective factors, which would help a person to avoid negative thoughts.

These includes:

- Having good relations with family or friends (a good social network).
- Having a job.
- Having an offer of help.
- Having responsibilities such as small children to care for.

It is important to know these factors, as you can identify the risk and communicate regarding the protective factors.

Certain common myths about suicides:

Let's Understand the Truth About Suicide

Correct information can save lives.

Listen with care, support with compassion, help save lives.

MYTH	FACT
1 People who talk about suicide are only seeking attention and will not attempt suicide. 	Talking about suicide can be a warning sign. Always take such statements seriously and offer help. 
2 Asking a person directly, "Are you thinking of ending your life?" may put the idea into their mind or increase the risk of suicide. 	NO. Asking sensitively about suicidal thoughts does not increase the risk. If a person shares serious thoughts of self harm or suicide, seek help from CHO/ANM/ MO immediately. 
3 Once a crisis starts to improve, the risk of suicide is over. 	NO. Suicide risk may persist during recovery. Continued support, observation and follow-up are important, especially after a recent crisis. 

WHAT YOU CAN DO AS A FRIEND AND SUPPORTER



Listen without judgement.



Show care and concern.



Encourage them to seek professional help.



Connect them to the nearest health facility/ mental health services.



Follow up and stay in touch.

Your listening ear and timely support can save a life. **You are not alone. We are here to help.**

Tele-Manas helpline is available 24x7 (14416)

Your role as an ASHA in management:

As an ASHA, your key role related to suicide behaviours is to provide right information to the community members. **If you recognize an individual with existing mental health disorder and suicidal ideation and any other risk factor for suicidal behaviour, provide Mental Health First aid and inform the CHO / MPW .**

CHO/MPW would assess the risk and provide appropriate care.

Mental Health First Aid (Psychological First Aid)

Mental Health First Aid is the help you give to a person with a mental health problem until treatment by a trained doctor / mental health specialist is available or the mental health crisis is resolved. The purpose of this first aid is to—

- Preserve life when a person may be a danger to him / herself or others.
- Provide comfort and relief to the person.
- Prepare the person for further professional treatment.



ESSENTIAL STEPS IN MENTAL HEALTH FIRST AID

Your timely support can save a life.



Be kind. Be present.
You can make a real difference.



1



LISTEN WITHOUT JUDGEMENT

- Give your full attention.
- Let the person talk and express their feelings.

2



ASSESS RISK OF SUICIDE AND HARM TO SELF OR OTHERS

- Ask gently about thoughts of self-harm or suicide.
- Check for any immediate risk to self or others.

3



GIVE REASSURANCE AND INFORMATION

- Reassure the person that help is available.
- Share practical information about support services.

4



ENCOURAGE THE PERSON TO GET APPROPRIATE SUPPORT

- Encourage them to talk to a trusted adult, counsellor, CHO, ANM or doctor.
- Offer to help them seek professional support.

5



ENCOURAGE SELF-HELP, FOLLOW UP AND TREATMENT COMPLIANCE

- Encourage healthy routines and coping strategies.
- Follow up regularly and stay connected.
- Support the person to continue treatment as advised.



Maintain confidentiality.



Show respect and empathy.



Stay calm and patient.



Know where to refer.
Tele-Manas helpline no
14416 or 1800-891-4416



You are not alone. Help is available. Reach out, support and care.

If there is immediate danger or risk, seek help from CHO / ANM / Medical Officer or the nearest health facility right away.



Need help? Contact your ASHA, ANM or nearest health facility.



Steps in Mental Health First Aid

1. Listen without judgement

- Listen with patience and respect .
- Do not judge.
- Speak in a calm and friendly voice in short and clear sentences.
- Encourage the person to tell you about what he/she is doing during the day.
- Encourage the person to talk about his/her fears / suspicions / any other live stressors, actual problems worrying him / her.
- Don't argue with the person about their hallucinations or delusions (accept that these irrational perceptions are real for them, but don't pretend that they are real for you too).
- Avoid confrontation to avoid unpredictable actions.

2. Assess risk of suicide and harm to self or others

- Ask for self harm / suicidal thoughts and if yes, if they have any concrete plans.
- Remember that people with mental disorders are at high risk for suicidal behavior.
- If yes , don't leave the person alone, seek immediate help from your CHO / ANM / MO or anyone who is available till you are able to reach them for guidance.
- Ask if the person is hearing voices commanding the person to harm him/herself or others (if yes, ask for advice from your supervisor or a mental health specialist).
- If a person is threatening violence, call for help.

3. Give reassurance and information

- It is important that the individual and family members are reassured and have right information about the condition, including care options.
- You can tell the patient that he/she has a real medical condition.
- Reassure the person that it is not a shame or weakness of character to have a mental health disorder.
- Assure the person that there are effective treatments available.
- Inform the person that recovery may take a bit of time.
- Assure the person that you are there to help and to follow up.

4. Encourage the person to get appropriate professional help

- As an ASHA, you can encourage the person to consult with Community Health Officer (CHO) or Medical Officer, who knows about mental health disorders. Then you can follow-up by giving ongoing support to the person and his/her family.
- If the person is very unwell i.e. you think they are suicidal or psychotic, (harmful to self/ others) and he/she is refusing to get any help from a doctor, encourage the family to consult with the CHO/MO so that they can explain the situation and ensure professional support.

5. Encourage the person to perform self-help activities and routine that can help relieve the symptoms of mental health disorder such as:

- Adopt healthy diet. Eat the required amount even if appetite is less. Avoid excessive eating of refined sugary / salty / oily foods.
- Practice relaxation and breathing exercises e.g. yoga. Listen to music.
- Undertake regular exercise.
- Avoid alcohol /use of other substances (tobacco, ganja etc).
- Join support groups for women, men, youth.
- Talk to a friend / family.

6. Advice for sleeping problems

- Get enough sleep. Mind needs the sleep to recover from the stresses of daily life.
- Keep to regular hours for going to bed and waking up.
- Avoid daytime naps.
- Avoid tea or coffee after 5 pm.
- It may help you to take a bath before you go to sleep or drink a glass of milk.
- Avoid taking sleeping pills or alcohol for sleeping problem.
- Don't stay in bed if you can't fall asleep, try to do a relaxing activity (such as reading a book, listening to pleasant music, do breathing exercises or yoga).
- A good night sleep is essential to be mentally healthy!

TELE MANAS

Dial the Toll-Free numbers below to get in touch with our Counsellor



14416

OR

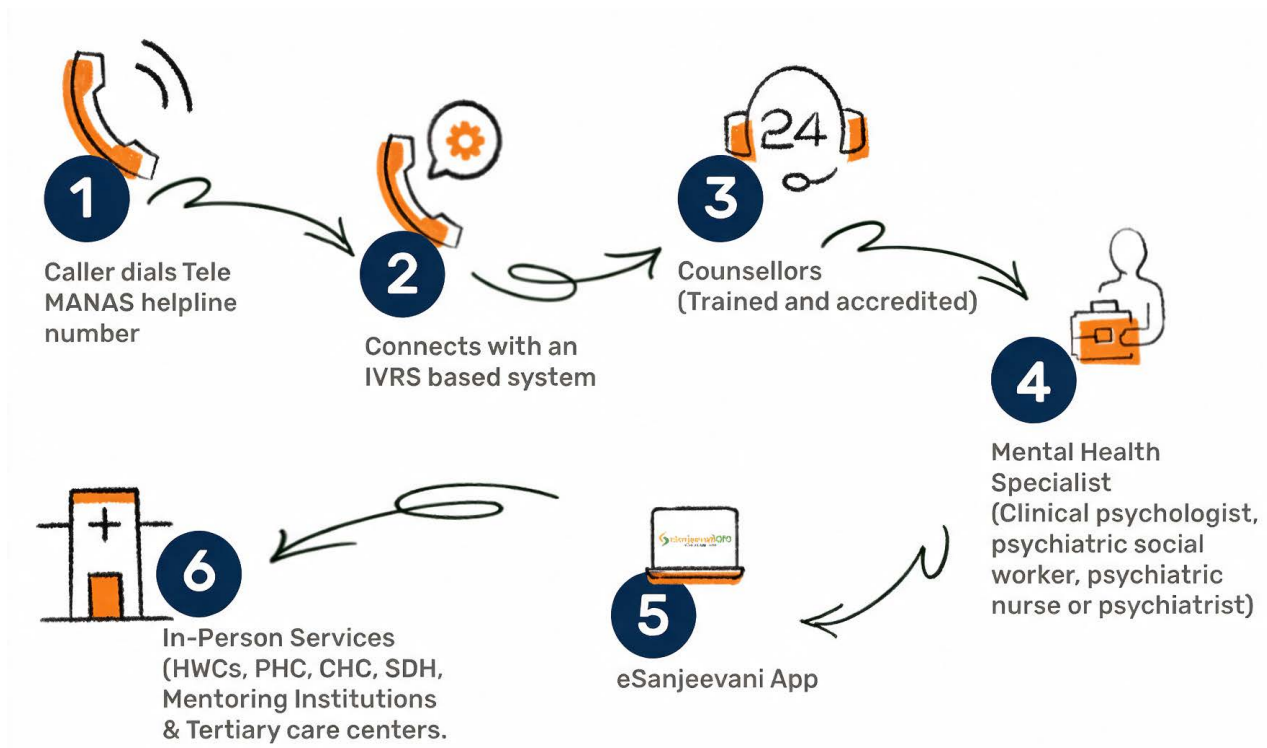


1-800 891 4416

- Public can access the Tele MANAS helpline by dialling above toll-free number or short code. This call is an IVRS based audio calling only, with a timely auto-call back approach. Through the automated callback service, the caller will first be attended to by a trained counsellor.
- Based on the level of care required, the counsellor will either provide the care needed within their capabilities or refer the caller for specialist care.
- If the caller requires specialized care, the call will be handled by a mental health specialist (clinical psychologist, psychiatric social worker, psychiatric nurse, or a psychiatrist). This level of service will contain both audio as well as video-based options.



- In case the caller requires urgent in-person intervention/complex evaluations and management, they will be referred to the nearest in-person service for physical consultation and/or an audio-visual consultation with a specialist will be arranged through e-Sanjeevani. These centers will range from AAM to tertiary care centers as part of the District Mental Health Program.





C5

Management of Common Emergencies, Burns and Trauma



PART C

C5 Management of Common Emergencies, Burns and Trauma

In this section, you will learn about:

- What are common emergencies.
- Prevention of emergencies through community awareness.
- How to identify common emergency conditions in the community.
- The role of ASHA in trauma and emergencies.
- Basic first aid and initial management.
- Timely referral to the linked health facilities.

Emergencies can happen anytime , anywhere and to anyone - at home, on the road, at the workplace, or in the community and they can happen to anyone, at any time - regardless of age, gender, or economic background. Many emergencies can be prevented if people are aware of risks and follow safe practices.

Even when an emergency occur, quick action at the right time can save lives and reduce long-term disability. As an ASHA, you play a very important role in helping your community to stay safe. You are often the first person contacted during an emergency. Your calm response, correct action, and timely referral can make a big difference.

WHAT IS AN EMERGENCY?

An emergency is any health condition that puts a person's life or well-being at risk and needs immediate medical attention. Health emergencies include many situations that can become dangerous if treatment is delayed.

These may include accidents and injuries, or emergencies caused by long-term illnesses such as heart or lung diseases. Among these, trauma (injury due to accidents, falls, burns, etc.) is one of the most common emergencies seen in the community and an important a major cause of illness and death .

What is Emergency Care?

Emergency care means providing quick and correct help to a person during a life-threatening situation until medical treatment is available.

In case of emergencies, the Do's and Don'ts for the ASHA are described



WHAT THE ASHA MUST DO



1 Stay calm.



2 Ensure your own safety first.



3 Give basic first aid only.



4 Call ambulance at **108/112** immediately.



5 Inform CHO/ MO. Arrange early referral.



WHAT THE ASHA MUST NOT DO



1 Panic.



2 Delay referral.



3 Crowd around the patient.



4 Give medicines without advice.



5 Leave the patient alone.



REMEMBER
Your role is



Recognize



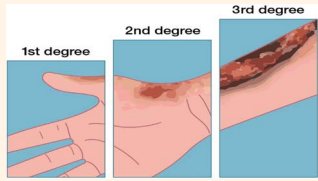
Stabilize

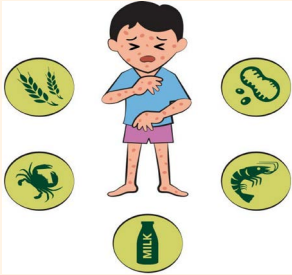


Refer

Management and Prevention of Common Emergency Conditions

Some **common emergency conditions are largely preventable** through awareness and correct practices.

Type of Emergency	Where & How it Commonly Occurs	Prevention / Key Messages for Community
Accidents & Trauma 	Occur at home (falls, cuts), workplaces (machinery, chemicals) roads (traffic accidents), and playgrounds (falls, unsafe play).	- Many accidents can be prevented through safe home design - Adult supervision of children - Use of protective equipment at work - Following traffic rules, wearing helmets and seatbelts
Burns & Scalds 	Burns occur due to fire, hot liquids, steam, electricity, and chemicals.	- Never leave children unattended in kitchen - Switch off stove when not in use - Handle hot liquids carefully - Keep chemicals (acid, lime, cleaners) safely stored - Be safe from pressure cooker steam
Electrocution	Home, outdoors, farms.	- Stay alert while using electrical appliances - Keep appliances away from water; do not touch live wires - Do not handle electrical wires, switches or appliances with wet hands. - Switch off the power before attempting any electrical work. - Keep children away from plug points and make plug points child proof.
Bites (Animal/Snake/Scorpion/Insects, etc) 	Occur in homes, fields, farms, and outdoor areas, especially at night or during rainy seasons.	- Avoid unnecessary contact with animals; - Do not leave children unattended when outdoors; - Wear protective clothing and shoes; Farmers/forest workers should use protective gear

Type of Emergency	Where & How it Commonly Occurs	Prevention / Key Messages for Community
Pregnancy-related Emergencies	During pregnancy, labour, post-delivery.	Dealt in Pregnancy section
Medical Emergencies due to Chronic Diseases	Patients with uncontrolled high blood pressure/blood sugar are at high risk of emergencies like heart attack/stroke.	- Regular BP and blood sugar checks; Take medicines as prescribed; - Follow dietary advice; - Maintain healthy lifestyle; - Regular follow-up visits.
Heat-related Illnesses (Heat Exhaustion/ Stroke)	Occur due to prolonged exposure to high temperatures, especially during summer months.	- Wear light, loose clothes; - Cover head; - Avoid afternoon sun; - Take breaks in shade; - Drink plenty of fluids /water; - Avoid heavy physical work in extremely hot weather.
Cold-related Illnesses (Hypothermia/ Frostbite)	Occur in very cold regions due to prolonged exposure to cold.	- Wear warm multilayer clothing; - Cover hands, feet, ears; - Avoid prolonged exposure to cold; - Consume warm fluids and foods; - Stay physically active
Severe Allergic Reactions 	Occur after exposure to allergens such as certain foods, medicines, insect stings, or environmental triggers. Sometimes not known.	- Identify and avoid known allergens; - Recognize the reaction and seek care immediately
Seizures/Fits	May occur due to epilepsy, injury, infection, stroke.	- Compliance with prescribed drugs - Ensure treatment of epilepsy - Reduce stigma, dispel myths - Prevent head injuries - Ensure full routine immunization



Type of Emergency	Where & How it Commonly Occurs	Prevention / Key Messages for Community
Choking	More common in children due to swallowing small objects like coins, seeds, buttons, toys, or batteries.	- Do not leave children unattended with small objects; - Supervise eating; - Discourage talking/laughing while eating;
Poisoning 	Usually due to accidental ingestion of pesticides, medicines, or cleaning agents kept within reach of children.	- Store chemicals/medicines in locked cabinets; - Keep in original/ well labelled containers; - Discard expired medicines safely - Ensure adequate ventilation of areas when using chemicals;
Near-Drowning	Common among infants and young children near buckets. In water tanks, ponds, wells, or open drains.	- Never leave children unattended near water; - Keep water containers covered; - Avoid intake of alcohol while boating / before swimming .
Acid Burns / accidental or deliberate (Acid Attack)	Occurs when acid or other corrosive substances (such as sulphuric acid/ tezaab, battery fluid, toilet cleaners, industrial chemicals) fall accidentally or deliberately on an individual.	- Store acids and household chemicals safely and out of reach of children - Do not handle corrosive substances carelessly - Create awareness that acid attacks are serious crimes - Encourage immediate medical care and reporting

Your role as an ASHA in Preventing Emergencies:

All the above emergency situations can be prevented to a large extent through **awareness generation and simple precautions**. You play a crucial role in:

- Creating awareness in the community
- Educating families on prevention and safety
- Encouraging early help-seeking behavior

First thing to do in an any Emergency : Call for help immediately:

As soon as you suspect an emergency:

- Call the ambulance service (**102 /112or other state-specific number**).
- Inform the **CHO / the Medical Officer (MO)**.

Stabilization Before Referral

After calling for help, provide basic first aid and prevent the person's condition from worsening before the help arrives or he / she reaches a health facility.

Stabilization includes:

- Giving immediate supportive basic care
- Preventing further harm
- Supporting the person until transport arrives

Stabilization involves two important steps:

- 1. Removing any imminent danger to the person**
- 2. Taking specific measures to stabilize the condition**

Removing from imminent danger:

Before helping the person, you must ensure **scene safety**.

a. Scene safety

It means making sure that **you, the patient, and people around are safe** before giving any help. Sometimes, the person must be moved away from danger, such as:

- Heavy or moving traffic
- Sharp or dangerous objects
- Slippery or sloping ground
- Live electric wires
- Fire or unsafe surroundings

b. Safe Transport of the Injured Person

Once the area is safe, the injured person may need to be moved carefully and correctly.

Do not unnecessarily move a person with suspected spine injury. Keep the head and neck as still as possible and wait for trained help/arrange safe transport.





THE ASHA'S SAFETY DURING STABILIZATION



During emergency care, the ASHA must always **ensure her own safety before approaching the patient.**

Personal safety must always come first before providing care.

1 ASSESS THE SURROUNDINGS



Look for any hazards or risks in the surroundings before approaching the patient.

2 ENSURE NO ACTIVE ELECTRICAL SOURCE

before touching a person with suspected electrocution



- If possible, switch off the power.



OR

- Use a dry, non-conductive object (like a stick, wooden plank or cloth) to separate the person from the source.



3 MAINTAIN HAND HYGIENE AND USE A MASK WHEN REQUIRED



Wear a mask when dealing with respiratory infections like COVID-19.

4 AVOID UNSAFE SITUATIONS ALONE



Do not enter unsafe situations alone, such as dealing with a violent individual.

5 CALL FOR HELP WHEN REQUIRED



CALL
108
/112

Seek help from others or call emergency services whenever the situation is beyond your control.

Special caution for spine or backbone injury!!

If you notice or suspect:

- Deformity of the back or neck
- Severe pain in spine
- Inability to move limbs

Do NOT try to straighten or lay the person flat.

Keep them **in the same position** and wait for trained help.

c. Approach to Stabilization in Trauma Cases

In trauma cases, bleeding can be life-threatening and must be controlled **first**.

Therefore, the approach used is **(H)ABCDE**, not ABCDE.

This assessment should be done **within 1-2 minutes and repeated if the person's condition worsens**.

H: Hemorrhage (bleeding) control

A: Airway

B: Breathing

C: Circulation

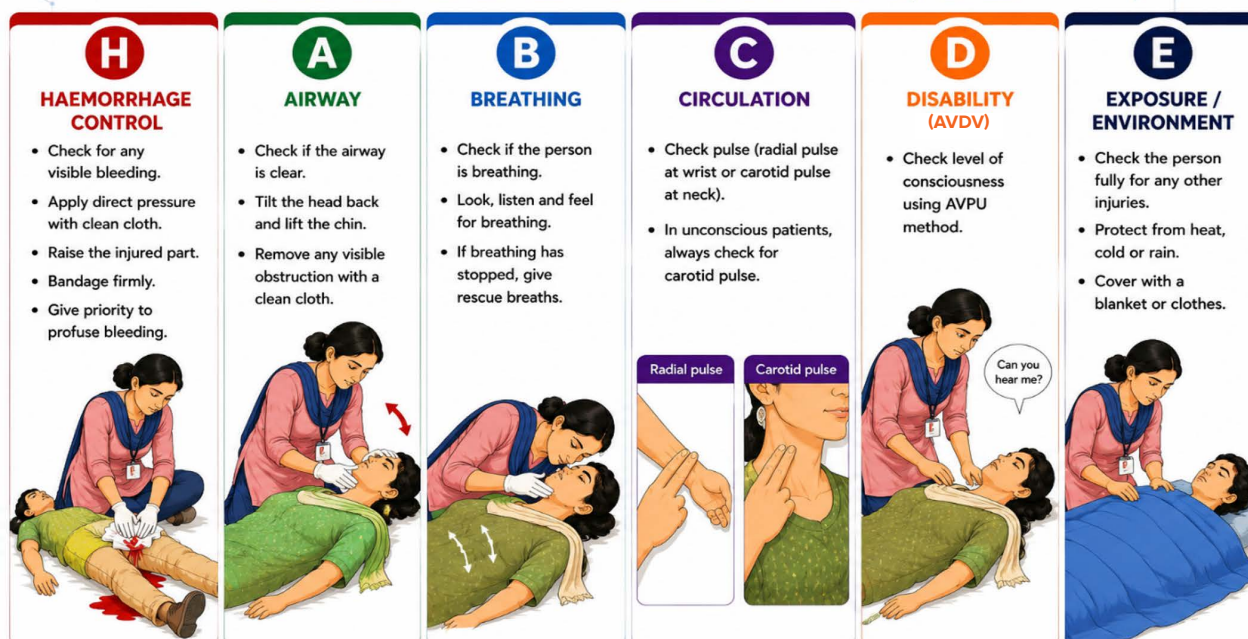
D: Disability

E: Exposure



APPROACH TO STABILIZATION IN TRAUMA CASES

HABCD E TECHNIQUE



H – Haemorrhage / Bleeding Control (See Chart Em):

- Bleeding control is the first and most important step in trauma cases, especially when there is visible and heavy bleeding.
- Profuse or uncontrolled bleeding can be life-threatening and must be given maximum priority.
- For visible external bleeding, apply firm direct pressure with a clean cloth or dressing. Severe or uncontrolled bleeding requires urgent referral.
- Internal bleeding cannot be treated externally and needs urgent medical care. However, the you should still act quickly and arrange referral.

Bleeding can be minor, major, or life-threatening. Heavy and continuous bleeding can lead to shock or death. Bleeding from the neck area is especially dangerous, as it may block the airway. If possible , clean your hands before attempting to stop the bleeding .

ACTIONS NEEDED TO STOP BLEEDING



ASHA'S GUIDE TO STOP BLEEDING, SAVE A LIFE



Quick actions can save lives



- 1 Apply **pressure** on the site of bleeding using whatever clean cloth is available at hand.



- 2 Press continuously for at least **10 MINUTES** giving time for blood to clot.



- 3 Make the person lie down and **raise the injured part** above the level of chest.



- 4 If the bleeding does not stop, **bandage the injured part firmly** but not too tightly as it may restrict circulation to the limb.



Add another layer if it **soaks through**.



- 5 If bleeding is severe, **raise the feet and lower the head** to prevent shock.



- 6 Arrange urgent transport (**call 108/112**) to the nearest AAM/ First Referral Unit and continue pressure until help arrives.



ASHA MUST NOT DO



Do not remove the dressing or frequently check the wound.



Do not tie tourniquet.



Remember to also protect yourself from infection. If you have any open wound on your skin, first cover the wound before helping the victim.



Case study:

An ASHA happens to arrive on a road traffic accident scene. The victim is lying is unconscious and lying on his back .. Because of bleeding from his fore arm someone has tied it with a strip of cloth . Fingers of the hand are slightly blue.

Question:

1. What will you do?

What infections you can get by getting contact with patient in case you have an open wound?

In non-trauma emergencies the H component is not there and you start with the ABCDE approach for assessment and stabilization.

A-Airway:

Check whether the airway (passage from nose and mouth to lungs) is **clear and open**.

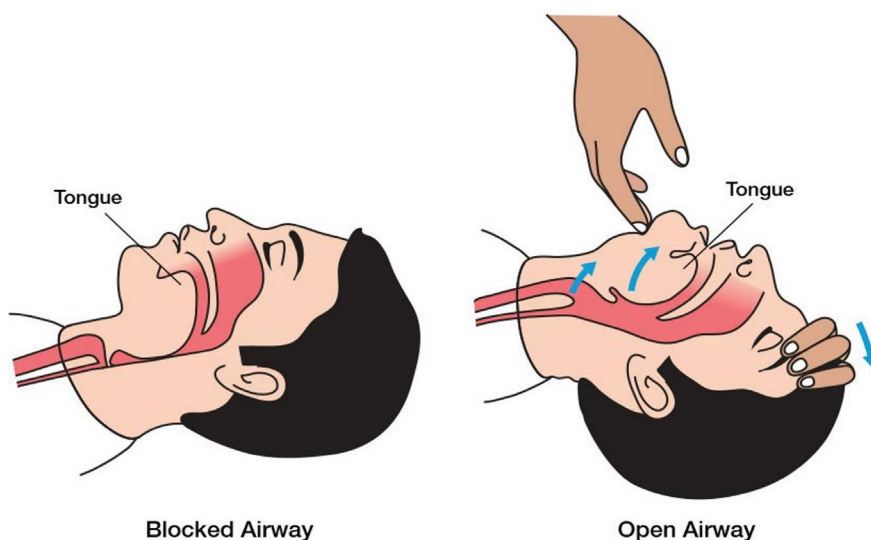
What you should look for:

- Foreign body.
- Blood.
- Vomitus.
- Tongue falling back.

Any of the above could be blocking the airway.

What you should do:

- Open airway- Gently **tilt the head back and lift the chin**.
- Look inside the mouth.
- Remove an object only if it is clearly visible and can be safely removed. Do not put your finger into the mouth blindly.



Caution!!

If there is neck or head injury then only chin lift should be done without turning the head of the person.

B-Breathing:

Check whether the person is breathing normally.

A person can survive only a few minutes without oxygen.

Normal breathing rate:

- Adults: 17-20 breaths per minute
- Infants (children <1 year of age): around 50 breaths per minute
- Children (1-5 years): around 40 breaths per minute

What you should do :

If breathing is irregular or difficult:

- Call for help immediately
- Arrange for oxygen support, if available

If the person is not breathing , refer / call for help immediately. Start CPR/rescue breathing **only if trained** and as per the training provided.

The ASHA should REFER IMMEDIATELY if there is:

- Difficulty breathing
- No breathing
- Blue lips

C- Circulation:

Circulation means the flow of blood in the different parts of the body.

To assess circulation , what you should look for

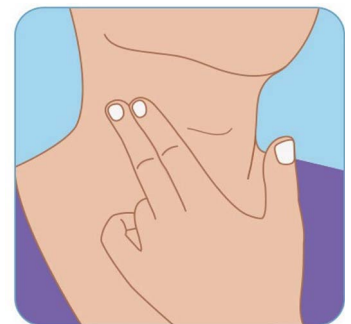
- Pulse
- Cold skin
- Pale skin
- Sweating

Check the pulse to see whether the heart is pumping blood properly. In unconscious persons, always check the carotid pulse.

How to check carotid pulse:

- Carotid pulse - at the side of the neck.
- Place your index and middle fingers on side of the windpipe. Use two fingers, not your thumb.
- Feel just below the angle of the jaw.
- Count beats for 15 seconds.
- Multiply by 4 to get pulse per minute.

Radial pulse – You can check the pulse towards the outer side of the wrist using two fingers.



**Normal adult pulse:
60–90 per minute.**



D- Disability:

Checking Level of Consciousness (AVPU Method)

You should check how alert the person is by **seeing them, speaking and gently stimulating them**. This helps you understand how serious the condition is.

THE AVPU METHOD FOR CHECKING CONSCIOUSNESS

AVPU METHOD (Level of Consciousness)			
A ALERT The victim is aware and is responding to the surrounding on their own.  • Eyes open spontaneously • Able to follow instructions • Able to track objects	V VERBALLY RESPONSIVE The victim's eyes do not open spontaneously. Eyes open only in response to voice or calling his/her name.  • Responds to verbal stimuli (voice/calling name)	P RESPONSIVE TO PAIN The victim's eyes do not open on their own. Responds only if a painful stimulus is given.  • Responds to painful stimulus (e.g. pressure on chest) • May move, moan or cry out	U UNRESPONSIVE (UNCONSCIOUS) The victim does not respond spontaneously and does not respond to verbal or painful stimuli.  • No response to voice • No response to pain • Unconscious

E-Exposure:

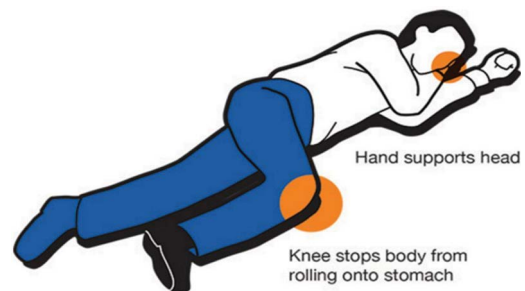
Minimize heat loss by covering the victim's body.

If the victim is unresponsive but breathing, turn them into the recovery position and wait for help to arrive.

Recovery position

The recovery position is when a person is lying down on their side.

Below is a step-by-step depiction of placing the victim in the recovery position.



- Step 1- Kneel beside the person, open his/ her airway by tilting the head and lifting the chin. (Caution: Do not attempt to head-tilt, chin-lift if the person presents with any suspected neck injury like in road-traffic accidents.) Straighten his/ her legs. Place the arm nearer to you at right angles to his/ her body, elbow bent and move the hand palm to the upper side.
- Step 2 - Bring the arm further from you across the chest and hold the hand, palm outwards, against the person's cheek.
- Step 3 - With your other hand, grasp the thigh further from you and pull the knee up, keeping the foot flat on ground. Use your knee to stop the person rolling too far. Holding the person's head against her/ his cheek as they turn supports and protects the head and face.

- Step 4 - Keeping his hand pressed against his/her cheek, pull at the thigh to roll the person towards and on to his side.
- Step 5 - Tilt the head back to make sure the airway remains open. Adjust the hand under the cheek if necessary, so that the head stays in this tilted position.
- Step 6 - Adjust the upper leg, if necessary, so that both the hip and knee are bent at the right angles as shown in the image.

Infant Recovery Position: Cradle the infant in your arms, with the head tilted downwards to prevent the child from choking on its tongue or by inhaling vomit. Maintain this position until you get medical help.



What the ASHA should do:

Use recovery position if unconscious but breathing.

The recovery position will help in keeping their airway clear and the person will be able to breathe properly. If he/she happens to vomit, this position will ensure that he/she doesn't choke. This position prevents the tongue from falling back and blocking the throat. Since the head is slightly lower than the rest of the body, it allows liquids to drain from the mouth, reducing the risk of choking on fluids or vomit. This position should also be used in fits or seizure after the shaking movements have stopped.

What the ASHA should not do:

If you suspect that the victim has suffered injury to the neck or spine, do not attempt the recovery position.

While the ABCDE and scene safety approach is almost universal and can be carried out for every emergency, certain emergency situations require specific measures which are discussed subsequently.



Trauma and Accidents

If the situation is found to be life-threatening, the only focus should be on keeping the victim alive till help arrives. In all cases of emergency your role is to ensure prompt stabilization and safe transport to the nearest appropriate public health facility. The stabilization process should be continued till the arrival of ambulance.

Recognizing life threatening situations / injuries requiring immediate help:

The most common warning signs of a case that is life threatening or requires immediate care, include:

- Bleeding that will not stop.
- Breathing problems (difficulty breathing, shortness of breath, no breathing).
- Change in mental status (such as unusual behavior, confusion, difficulty in waking up/ fainting or loss of consciousness).
- Chest pain.
- Choking.
- Coughing up or vomiting blood.
- Severe injury to any part of the body / injury to head or spine injury, injury to abdomen or other vital organs like eyes.
- Sudden, severe pain anywhere in the body.
- Sudden dizziness, weakness, or change in vision.
- Sudden weakness in any limb or of face.
- Severe abdominal pain.
- Seizures/fits.

Case study:

K (aged 9) falls from his bicycle and complains of severe pain in the arm. You notice swelling, redness, and difficulty in moving the arm. He says the pain increases when the arm is touched or moved.

Question:

1. What should you suspect in this situation, and what immediate step should you take while arranging referral?



Specific measures for Trauma or accident: Major disability / death can be prevented by providing stabilization.

FRACTURE:

You might be able to see the swelling and redness around a bone which could indicate fracture. In case of a suspected fracture you need to immobilize the injured body part of the victim and control bleeding if it is an open bleeding wound.

Immobilization: Immobilization is required to prevent further damage / displacement of the fractured bone whenever a fracture of bone is suspected.

When to suspect a fracture:

- The break may have been felt or heard
- Pain at or near the area of the injury
- Pain when gentle pressure is applied over the area
- Difficult or impossible normal movement of the limb
- Deformity, abnormal twist or shortening of limb
- Swelling over and around the area
- A coarse grating sound if one end of the bone moves against the other

Use RICER approach for suspected fracture:

If a fracture is suspected, the affected body part should be handled very carefully. Movement can worsen the injury and increase pain, bleeding, or damage to surrounding tissues. To reduce further harm before referral, follow the **RICER approach**.

Caution!!

- **Do not rub or massage** the body part where fracture is suspected. This can worsen the injury.
- In case of **severe injury, especially to the neck or spine**, prevent movement of the head and neck. Use rolled towels or folded cloth placed on both sides of the neck, or gently hold the head and neck in the same position.
- If the injured person was involved in a **two-wheeler or motorcycle accident and is wearing a helmet, do not remove the helmet**.

You may carefully open the visor to allow breathing, but avoid moving the head or neck.

R: Rest

I: Ice

C: Compression

E: Elevate

R: Refer



First Aid for Suspected Fractures

Protect the injured part • Reduce swelling • Reach a health facility quickly

Examples of fractures

Upper arm



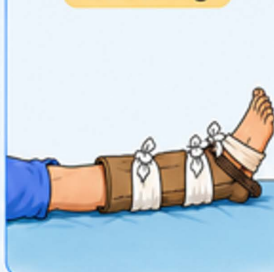
Lower arm



Upper leg



Lower leg



1 Rest and Immobilize

- Rest the affected body part.
- Keep the bone in the same position in which it is found.
- Do not try to straighten or correct it.
- Use splints / folded thick cardboard to immobilize.



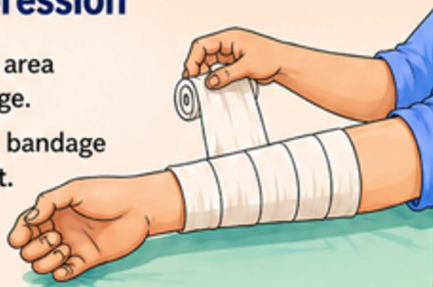
2 Apply ice

- Ice can be applied over the suspected fractured area.
- Apply only if there is no external bleeding.



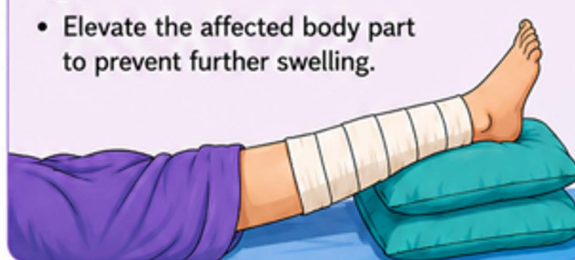
3 Compression

- Compress the area using a bandage.
- Make sure the bandage is not too tight.



4 Elevate the affected part

- Elevate the affected body part to prevent further swelling.



5 Refer immediately

- Refer the person to a Medical Officer / hospital immediately.



Inform CHO



Quick and correct first aid prevents further injury and helps in faster recovery.

Case study:

N slips while working and cuts his leg on a sharp object. He is also having sharp stabbing pain whenever he tries to move his arm. Meanwhile blood is flowing from the cut while waiting for transport.

Question:

1. As an ASHA, what immediate steps will you take to help Nandu until help arrives?

Control of Bleeding: As already discussed above.

Choice of health facility while referring

Refer: Inform the CHO and refer to the linked health facility depending upon the severity/ type of injury and condition of the victim.

Service delivery framework

AAM SHC	AAM PHC / AAM-UPHC (MO is available)	CHC / SDH/ DH / Tertiary Care (MO & Specialist availability)
Superficial wounds, minor cuts, minor bleeding, basic first aid (cleaning, dressing, pressure), and referral if needed	Musculoskeletal injuries (sprains/strains), minor head injury without danger signs*, minor burns, simple wounds requiring suturing, initial assessment and stabilization.	All severe / life-threatening conditions, including: • Severe bleeding, suspected fractures • Head injury with danger signs • Suspected spine injury • Road traffic accidents, fall from height • Injury in pregnancy • Violence, sexual assault, domestic violence

Danger signs in head injury:

- Loss of consciousness (even for a short time)
- Repeated vomiting
- Fits
- Confusion, drowsiness
- Severe or worsening headache
- Bleeding or clear fluid from nose or ear



Follow-up care:

Most cases of emergency and trauma require care after discharge from the health facility. As the ASHA, identify those patients who require follow-up care:

- Provide follow-up care and support the patient and their family whenever required.
- Educate the person on wound care: Major wounds usually take a few weeks to heal completely.
- Ensure that he/she visits the health facility regularly for change in dressing, takes only prescribed medicines regularly and follows good hygiene practices.
- Check for any wound infection. Swelling, redness, foul smelling discharge, pus with or without fever indicate infection. If any of these is present, inform the CHO and refer the patient to the nearest AAM-SHC.
- In case an assistive device is required for any disability that develops later, inform the CHO and facilitate arrangement of such devices from the AAM-PHC
- Check for the status and maintenance of these devices (walking crutches, immobilization devices) and note if any difficulty is being faced by the patient while using them.
- Facilitate by mobilizing them to the AAM-SHC-AAM on designated days.
- In case a patient develops permanent disability, ensure that he/she receives appropriate palliative care.
- Link him/her with the palliative care services provided through the AAM-SHC / PHC. Provide psycho-social support to help the person overcome the crisis.

Prevention and awareness generation at the community level:**Making the home / workplace / vehicles safe.****Key messages for educating the community for prevention of accidents / trauma:**

1. Make sure there are no accident-prone areas in the house (eg. do not let water accumulate on the floor, clean up spills immediately, keep sharp objects like knives and scissors out of reach of children, do not store heavy objects at the edge of shelves, take care of any sharp protruding edges of furniture)
2. Make sure all areas of the house are well lit.
3. Get eyesight checked regularly, especially for older people in the house.
4. Take proper precautions if any occupational hazards are present at workplace (eg. caution while working with heavy machinery, use of safety guards to prevent injury from thresher and cutter while farming, handling of chemicals, live wires etc.)
5. Always stay alert and look in all directions while crossing roads and streets.
6. Always wear seat belt /helmet when traveling in vehicles.
7. Avoid the use of mobile phones while crossing/walking on the roads, driving or riding.
8. When driving vehicles, always follow safety and traffic rules.
9. Teach children to be safe while playing outdoors



Case study:

B was making tea for her guests when the pan with hot tea got toppled and boiling tea fell on her arm. You happen to be in their house.

Question:

1. What would be your immediate reaction?

BURNS

In cases of burns, use the STOP approach:

Quick First Aid Steps for Burns



STRIP

Strip burnt clothes / jewelry.



TURN ON COOL TAP

Turn on **COOL** tap and let the burn wash under cool water for at least 10 minutes.



ORGANIZE

Organize safe referral.



PROTECT

Protect burn with a clean cloth.



DON'TS – AVOID THESE ACTIONS



DO NOT
apply ice
directly over
the burn.



DO NOT
apply any
lotions / creams
over the burn.



DO NOT
attempt to remove
clothing stuck to
the skin that is burnt.



DO NOT
peel away burnt
skin or
blisters.



After providing first aid,
seek medical attention immediately,
especially for large or deep burns.



Recognizing severe / life-threatening situations:

- Severe burning pain
- Redness , blisters , peeling or blackened skin
- Damage to clothes at the contact site
- Swelling of face , lips or eyes
- Eye pain , redness, watering , difficulty in opening the eyes
- Difficulty in breathing (if fumes are inhaled)

Chemical burns due to Acids

Acid burns caused accidentally or deliberately as a result of acid attacks can lead to severe burns, permanent disfigurement, disability, loss of vision, damage to internal organs, and sometimes death. Survivors often face long-term physical, mental, social, and financial challenges.

Management protocol

1. Immediate first aid (Remove the acid)
2. Wash immediately with plenty of clean water. Use running water if possible, continue washing for at least 20-30 minutes.
3. Protect the eyes
4. Remove contaminated clothing and accessories
5. Carefully remove any clothing that may have been exposed to the acid. Avoid pulling clothing over the face if the upper body is affected.
6. Accessories (jewellery, watches, bangles) on the body of the victim need to be removed immediately to prevent any adverse chemical reaction.
7. Cover the Wound: Gently cover the affected area with a sterile, non-stick cloth or a clean cotton material to protect it from infection. Do not apply pressure.
8. Arrange Immediate Referral

Caution: DON'T

- Scrub the skin.
- Use dirty water
- Apply milk, oil, ghee, cream, turmeric, toothpaste, or powder. Only water should be used.

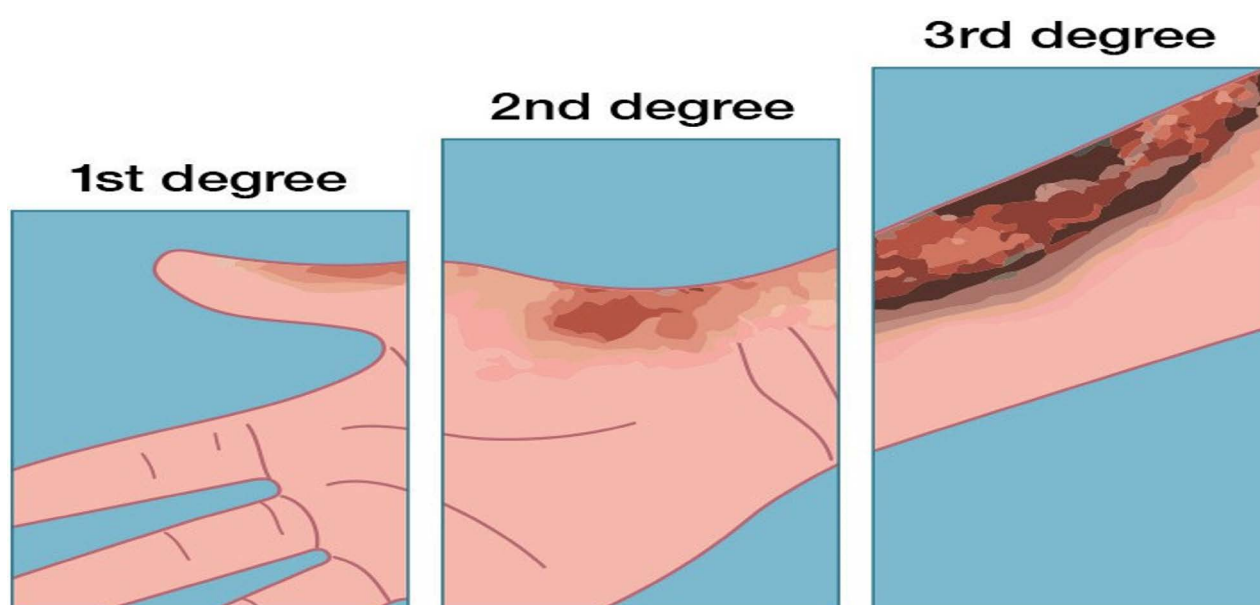
Acid Attack

- Acid attack is a cognizable offence.
- All hospitals (Government and private) must provide free and immediate treatment.
- Provide psychosocial support to the victim and the family.

Refer: Inform the CHO and refer to the linked health facility depending upon the severity of burns.

Service delivery framework for burns:

AAM SHC	AAM PHC (MO is available)	CHC / SDH/ DH / Tertiary Care (MO & Specialist availability)
Minor (superficial) burns – small area burns, redness, no blisters. Give first aid (cool with clean water, cover with clean cloth) and refer if needed.	Moderate burns – superficial burns with blisters, limited area, stable patient. Initial treatment by MO and referral if required.	All severe burns, including: • Deep burns • Large area burns • Burns of face, hands, feet, genital area • Electrical, chemical (acid), or blast burns • Inhalation injury (smoke/steam)



Follow up:

Most cases of extensive burns require care even after discharge from the health facility, for complete recovery. As the ASHA, you will identify patients who require follow up and provide the following care:

- Educate the patient on wound care: Major burn wounds take a few weeks to heal completely.
- Educate the patient not to peel off any blisters.
- Facilitate regular visits to health facility for change in dressing,
- Ensure that he / she takes prescribed medicines regularly and follows good hygiene practices.
- Check for any wound infection or delayed healing . Swelling ,foul smell, pus discharge , pain around the wound indicates infection. There may be fever . If any of these is present, inform CHO and refer to the nearest AAM-SHC / PHC.
- If advised physiotherapy, facilitate the same by mobilizing them to the AAM-SHC / PHC .

- In case a patient develops permanent disability, ensure that he/she receives appropriate palliative care. Link him/her with the palliative care services provided through the AAM-SHC / PHC .
- Provide psycho-social support to help the person overcome the crisis.

Lightning Injuries:

Lightning is a strong electric discharge that occurs during thunderstorms. If lightning strikes or passes close to a person, it can cause serious injury or death. In many cases, the electric current travels over the skin rather than deep inside the body, which is why some people survive. However, lightning can suddenly stop the breathing or affect the heart, leading to cardiac arrest.

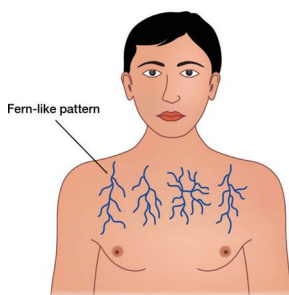
As an ASHA, you must treat **every lightning injury** as a **medical emergency** and ensure **immediate referral**.

How to recognise life-threatening lightning Injury :

If any of the danger signs are present, refer immediately to the nearest appropriate health facility and continue stabilization until help arrives.

In case the person is not breathing or no pulse is felt , proceed with CPR which you will learn later in this section.

Feather-like or fern-shaped marks on the skin (a classical but uncommon sign of lightening injury).



LIGHTNING INJURY – DANGER SIGNS
REFER IMMEDIATELY

Any person struck by lightning should be treated as an **emergency**.

DANGER SIGNS

- Unconscious or not responding
- Not breathing or gasping
- No pulse
- Confusion, abnormal behaviour, or memory loss
- Burns on body
- Weakness or inability to move limbs

Fern-like skin marks may be seen but are not always present.

IF NOT BREATHING
OR NO PULSE
→ START CPR

30 Chest compressions

2 Rescue breaths

REFER IMMEDIATELY TO NEAREST HEALTH FACILITY

- Ensure scene is **safe** before touching the person
- Continue **CPR and care** until help arrives
- DO NOT DELAY REFERRAL!**

Prevention of Lightning Injuries:

Lightning injuries are rare and preventable. As an ASHA, you should spread the following safety messages during community interactions, especially before and during the monsoon season.

A. Prevention of indoor lightning Injuries

Although houses provide some protection, people can still get injured indoors during thunderstorms. Lightning can enter a building through electrical wiring, plumbing and other conductive pathways.

Key messages to share:

- Avoid contact with water during a thunderstorm.
- Do not bathe, shower, wash clothes or utensils, or touch taps.
- Avoid using electrical appliances such as computers, televisions, washing machines, or chargers. Avoid contact with electrical appliances and plugged-in equipment.
- Stay away from windows, doors, balconies and verandas.
- Do not lie on concrete floors or lean against concrete walls, as lightning can travel through metal rods inside concrete.

B. Prevention of Outdoor Lightning Injuries

Encourage people to plan activities safely during the rainy season.

Before going outdoors:

- If thunderstorm warnings are issued, postpone outdoor work or travel.
- Ensure that a safe shelter is available nearby.

When thunder is heard:

- Follow the rule: “When thunder roars, go indoors.”
- Move immediately to a safe, enclosed shelter such as a house, shop, or a closed vehicle with windows shut.

C. If Caught Outdoors with No Safe Shelter

If a person cannot reach a safe shelter quickly, advise the following steps to reduce risk:

- Move away from high or elevated areas such as hills or ridges.
- Stay away from isolated trees.
- Move away from ponds, lakes, rivers, and other water bodies.
- Stay away from objects that conduct electricity such as electric poles, power lines, barbed wire, or windmills
- If in a group, spread out and maintain distance from each other to reduce multiple injuries from a single strike.
- Do not lie flat on the ground.
- Do not take shelter under cliffs or rocky overhangs. Do not remain on open vehicles such as motorcycles or tractors.



Case study:

D has been bitten by a monkey in her school . The wound on her lower leg is small and not very painful . Mother has applied red chilli powder and dressed it. Is that what D requires?

Question:

1. What would you tell the mother to do?

BITES (Animal / Snake bite / Scorpion Insect sting)

Animal bites and scratches are common among both children and adults. Bites from dogs, cats, monkeys, domestic animals (such as cows or horses), and wild animals can transmit **rabies**, a fatal disease caused by a virus present in the saliva of infected animals.

As an ASHA, you should treat all bites and stings as potentially serious and ensure early referral even if the victim appears to be fine. Symptoms from bites and stings can have delayed appearance and the individual should be kept under observation in a health facility so that prompt action can be initiated which may prove to be life saving .

DANGER SIGNS FOR IMMEDIATE REFERRAL OF BITE/STING



DANGER SIGNS AFTER BITE OR STING



REFER IMMEDIATELY



If any of these are present → send immediately to nearest health facility



1. BREATHING / ALLERGY DANGER SIGNS (MOST URGENT)

- Difficulty in breathing / wheezing / noisy breathing
- Swelling of face, lips, tongue, or throat
- Difficulty in speaking or swallowing
- Chest tightness

(Suggests severe allergic reaction / anaphylaxis)



2. GENERAL DANGER SIGNS

- Feeling faint, dizzy, or collapse
- Weakness or not responding properly
- Vomiting or severe restlessness



3. SEVERE BITE / STING FEATURES

- Severe pain or rapidly increasing swelling
- Symptoms spreading beyond bite site
- Bleeding, blistering, or blackening of skin



4. SIGNS OF INFECTION (LATER STAGE)

- Increasing redness, swelling, warmth
- Pus or fever
- Red streaks from wound



5. DO NOT DELAY REFERRAL!

- Increasing redness, swelling, warmth
- Pus or fever
- Red streaks from wound



REFER IMMEDIATELY
to nearest health facility.



DO NOT DELAY REFERRAL!



Snake Bite : In case of a snake bite, follow the RIGHT approach:

RIGHT APPROACH FOR FIRST AID IN CASE OF SNAKE BITE

ACTIONS OF ASHA IN CASE OF A SNAKE BITE



REASSURE:

- Calm the person.
- Most snake bites are from non-poisonous snakes, and even poisonous snakes may not inject venom every time.



IMMOBILISE:

- Keep the bitten limb still and immobilised to slow the spread of venom.



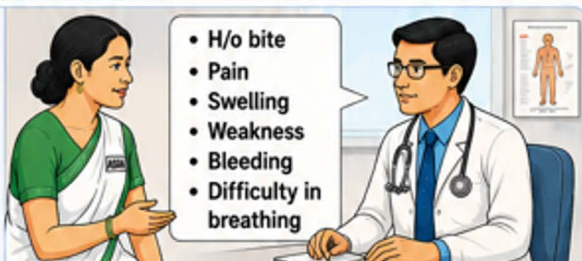
GET TO HOSPITAL IMMEDIATELY:

- Call 108/112 and arrange urgent transport to the nearest linked health facility.



TELL THE DOCTOR:

- Inform the doctor about the bite and the symptoms such as pain, swelling, weakness, bleeding or difficulty in breathing.



⚠ CAUTION IN SNAKE BITE ⚠



Do not tie a tourniquet/ रक्ताबंध (Raktbandh).



Do not cut the wound or try to suck out the venom.



Do not allow the person to walk or move unnecessarily.



In most cases, if the snake has been killed, it may be brought to the hospital for identification to support appropriate treatment; **However, do not delay seeking medical care while trying to find / capture the snake.**



Quick action by ASHA can save lives.

Reassure, Immobilise, Get to Hospital, Tell the Doctor.



Scorpion Sting and Other Insect Bites

- Wash the affected area immediately with soap and clean water.
- Refer the person to the nearest health facility without delay.



SCORPION STING

WHAT TO LOOK FOR





If any of these are present, send immediately to nearest health facility

 **MILD (OBSERVE & REASSURE)**

- Pain at sting site
- Mild swelling or redness

 Most scorpion stings cause only mild symptoms and recover on their own. Keep the person calm and under observation.




 **REFER IMMEDIATELY**

- Excessive sweating
- Vomiting
- Restlessness or irritability
- Fast breathing
- Fast heartbeat
- Drooling / unable to swallow
- Difficulty in breathing
- Severe restlessness or confusion
- Weakness or not responding
- Fits (convulsions)



Excessive sweating



Vomiting



Restlessness / irritability



Fast breathing



Fast heartbeat



Unresponsive / fits



REFER IMMEDIATELY to nearest health facility IF THE PERSON HAS ANY OF THE ABOVE DANGER SIGNS.

WHAT ASHA SHOULD DO



Keep the person calm and reassure.



Keep the person still. Do not move unnecessarily.



Do not give anything by mouth if the person is vomiting, drowsy or unconscious.



Call 108/112 and arrange urgent transport.



Take to the nearest linked health facility immediately.

DO NOT



Do not tie a tourniquet/ रक्तबन्ध (Raktbandh).



Do not cut the wound or try to suck out the venom.



Do not allow the person to walk or move unnecessarily.



Do not apply any paste, oil, or chemical.



Do not kill or bring the scorpion. It is not needed for treatment.

 In most cases, if the snake has been killed, it may be brought to the hospital for identification to support appropriate treatment; However, do not delay seeking medical care while trying to find / capture the scorpion.

 **EARLY RECOGNITION & TIMELY CARE CAN SAVE LIVES. WHEN IN DOUBT, REFER IMMEDIATELY.**

219

Rabies has been dealt with in detail in section on communicable diseases.

In case of bites /stings - Talk to the CHO /ANM and refer:

AAM SHC	AAM PHC (MO is available)	CHC / SDH/ DH / Tertiary Care (MO & Specialist availability)
Minor insect bites/ stings with only local symptoms: • Pain, mild swelling, redness • No breathing difficulty or systemic symptoms • Give basic first aid and observe / refer if needed	Animal bites / stings with moderate symptoms: • Increasing swelling or pain • Vomiting, sweating, restlessness • Non-severe scorpion sting • Assessment by MO and early referral if needed	All severe bites/stings (REFER IMMEDIATELY): • Snake bite (all cases) • Scorpion sting with systemic symptoms • Animal bites (dog, monkey, etc.) requiring PEP • Breathing difficulty, swelling of face/throat • Unconsciousness, fits, weakness

Follow-up care :

Identify patients who have received treatment for bites/stings and require follow-up care . During follow-up visits :

- Educate the patient on wound care
- Ensure that he/she visits the health facility as required for vaccine doses , change in dressing, takes prescribed medicines and follows good hygiene practices.
- Watch for any signs of an infection and refer him/her to the nearest AAM-SHC if there is any sign of infection.

Case study:

B has been bitten by a snake . His friends tried to catch / kill the snake but it escaped . B says he is fine . There are just two small marks on his forearm and he does not want to go to the AAM-PHC which is two hours away.

Question:

1. What would you advise him and facilitate?

Pregnancy related emergencies are dealt with in the Maternal health Section.

New-Born Emergencies are dealt in the Newborn Section

Diabetic Emergencies , Heart Attack , Stroke:

Case study:

K , 65 years old is a known diabetic. She has recently started taking oral medicine for her diabetes. You receive a call from her son that she is sweating and feeling weak and confused.

Question:

1. What will you advise him while you make your way to K's house?

Hypertension and diabetes are the two most common NCDs . With uncontrolled high blood pressure/ Blood sugar , patients can land in complications and life threatening emergencies .

Recognizing serious / life threatening situations:

Some of the general signs that can be considered serious /life threatening are sudden:

- Weakness in arms or legs (usually affects one side of the body)
- Drooping or weakness in one side of face
- Loss of balance, headache, dizziness or loss of consciousness
- Blurring of vision
- Difficulty in speech/inability to speak
- Pain in the chest
- Sweating , tremors , drowsiness , confusion

Diabetic emergencies arise in two situations:

- When the disease is uncontrolled (the patient does not follow low sugar diet or does not take medicines) it leads to very high blood sugar level.
- When the patient on medicines for diabetes and does not eat at the normal scheduled time / or has vomiting , it leads to very low blood sugar level.

Both the conditions are an emergency.

If a person who has a known history of diabetes shows any of these symptoms, refer him/her immediately to the nearest linked health facility.



Low Blood Sugar Level	High Blood Sugar Level
• Sweating • Shakiness / trembling of hands • Hunger • Tiredness • Headache • Dizziness • Confusion / abnormal behavior • Can become unconscious	• Dry mouth • Increased thirst • Frequent urination • Weakness • Headache • Severe dehydration • Nausea and abdominal discomfort • Can go into coma (when blood sugar becomes very high)



LOW BLOOD SUGAR (HYPOGLYCEMIA)

Know the signs • Act fast • Save lives

! RECOGNIZE THESE SIGNS AND HELP IMMEDIATELY

SHAKING OR TREMBLING

The person may have shivering, shaky hands or body.



FASTER HEART RATE

The person may feel their heart beating very fast.



EXTREME HUNGER

The person may feel very hungry and may want to eat more.



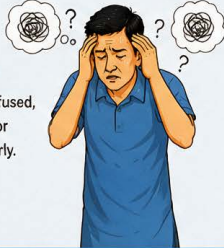
SWEATING

The person may sweat more than usual, even in cool weather.



CONFUSION / DIFFICULTY CONCENTRATING

The person may be confused, unable to think clearly or may not respond properly.



DIZZINESS

The person may feel giddy, light-headed or like the surroundings are moving.



WHAT ASHA SHOULD DO



Stay calm and reassure the person.



Give something sweet immediately – sugar, honey or glucose water.



Wait and check if the person feels better.
If does not improve in fifteen minutes, refer immediately.



If the person is unconscious, do not give anything orally, refer immediately.

REMEMBER

-  Never skip meals.
-  Take medicines only as advised by the doctor.
-  Always carry something sweet (toffee) in your pocket if you have diabetes.

★ EARLY RECOGNITION AND QUICK ACTION CAN PREVENT COMPLICATIONS. YOU CAN SAVE A LIFE! 🏠

222

Management of suspected hypoglycemia:

Low blood sugar can occur in a patient on treatment if meals are delayed or skipped/ extra physical work is done without food/ medicine dose is taken but food intake is less / or there is vomiting, diarrhea/ or reduced food intake for any other reason.

If the person reports any symptoms / signs suggesting hypoglycemia – Advise him / her to take 3–4 teaspoons of sugar dissolved in water OR a sweet drink / glucose water OR 1 tablespoon jaggery / honey

Patient Should feel better in 10-15 minutes . Once improved , give a proper meal or available snack (roti, rice, dal, biscuit, banana).

Advice to never skip meals / Eat regular meals and snacks / Take medicines only as advised / Carry a sweet /sugar/jaggery while travelling or working

If the patient is unconscious , DO NOT give food or liquid by mouth

Place him/her in recovery (side-lying) position

Urgently refer to nearest PHC / AAM / hospital

Inform family and arrange transport immediately

A k/c/o diabetes should be encouraged to keep a “Diabetes Card” in his pocket as and when he/she leaves his house.

Diabetes Card :

Hey I'm Diabetic!

Name

Age

Address

Emergency contact Number

My Medicines

Case study:

R , a 62-year-old woman from your village, was talking normally in the morning. Suddenly, her family notices that her mouth has deviated to one side, she is unable to lift her right arm, and her speech has become unclear. She also complains of dizziness and headache. The family feels she may improve on her own and asks you to wait for some.

Questions:

1. What emergency condition do you suspect ?
2. Which danger signs in this case suggest a life-threatening condition?
3. Where should this woman be referred and why does she need immediate referral without wasting any time?
4. What precautions should be taken while waiting for the ambulance?



Stroke

A stroke occurs when the blood supply to a part of the brain is suddenly interrupted or when a blood vessel in the brain bursts. This leads to damage to brain cells. Early recognition and quick referral can save life and prevent long-term disability.

Recognizing life-threatening situations (Warning signs of stroke):

A person may be suspected to have a stroke if one or more of the following symptoms appear suddenly:

- Weakness or inability to move the arm or leg, usually on one side of the body
- Drooping or weakness of one side of the face, for example mouth deviating to one side
- Difficulty in speaking, slurred speech, or inability to speak or understand speech
- Sudden loss of balance, dizziness or difficulty in walking
- Sudden severe headache, sometimes associated with vomiting
- Sudden blurring or loss of vision in one or both eyes
- Loss of consciousness

These symptoms may appear suddenly and worsen quickly. Even if symptoms seem mild or temporary, they should never be ignored



WARNING SIGNS OF STROKE

A person may be suspected to have a stroke if one or more of the following symptoms appear suddenly:



1 WEAKNESS OR INABILITY TO MOVE THE ARM OR LEG, usually on one side of the body.



5 SUDDEN SEVERE HEADACHE, sometimes associated with vomiting.



2 DROOPING OR WEAKNESS OF ONE SIDE OF THE FACE, for example, mouth deviating to one side.



6 SUDDEN BLURRING OR LOSS OF VISION in one or both eyes.



3 DIFFICULTY IN SPEAKING, slurred speech, or inability to speak or understand speech.



7 LOSS OF CONSCIOUSNESS



4 SUDDEN LOSS OF BALANCE, dizziness or difficulty in walking



ACT FAST!

These signs may appear suddenly and worsen quickly.

SEEK IMMEDIATE MEDICAL HELP

Call Emergency Services (108) or go to the nearest health facility immediately.



Even if symptoms seem mild or temporary, they should never be ignored.



Every minute counts!

★ Early recognition and quick action can prevent complications and save lives.

Caution!!

- Do not give food, water, or medicines by mouth as the person may choke.
- Do not attempt to massage the body or head.
- Do not delay referral even if symptoms improve temporarily.
- Do not try home remedies or traditional treatments.

Early treatment within the first few hours is critical and can significantly reduce disability and death.

Heart Attack / Cardiac Arrest :

A heart attack occurs when blood flow to a part of the heart muscle is suddenly blocked. This can damage the heart and may lead to cardiac arrest (stopping of heart) if not treated urgently.

Recognizing life-threatening situations:

A person may be having a heart attack if they experience:

- **Sudden pain or discomfort in the chest**, often described as pressure, tightness, heaviness or burning
- Pain that may **spread to the left arm, shoulder, neck, jaw or back**
- **Difficulty in breathing or shortness of breath**
- **Loss of consciousness or collapse**
- Sometimes, especially in women, elderly persons or people with diabetes, symptoms may be less typical and include:
 - Excessive sweating
 - Nausea or vomiting
 - Extreme tiredness or weakness
 - Tingling or numbness in arms or legs
 - Feeling anxious or uneasy

If the person is conscious

- Help the person sit or lie in a comfortable position.
- Reassure and keep them calm.
- Loosen tight clothing.
- Do not allow unnecessary movement.

If the person becomes unconscious and is not breathing normally (cardiac arrest)

- Start Cardio-Pulmonary Resuscitation (CPR) immediately.
- Always remember to follow CAB in CPR:



- **C - Circulation:** Start chest compressions
- **A - Airway:** Ensure airway is open
- **B - Breathing:** Provide rescue breaths as trained
- Continue CPR until:
 - The person starts breathing, or
 - Help/ambulance arrives

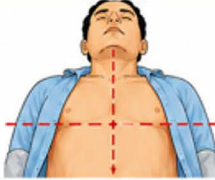
When you are attending to a victim of cardiac emergency like cardiac arrest, the most important step is to allow blood to be pumped by the heart and hence, the suggested protocol for cardiac emergencies is CAB.

CPR IN ADULTS – STEP BY STEP

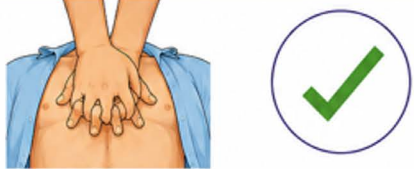
- 1** Place the person on their back on a firm, flat surface. Kneel beside the person.

! Start CPR immediately. Do not delay CPR to move the person to a firm surface.


- 2** Place the heel of one hand in the centre of the victim's chest.


- 3** Place the heel of your other hand on top of the first hand.


- 4** Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs.


- 5** Position yourself vertically above the person's chest, with your arms straight. Compress the chest to a depth of **at least 5 cm** but **not more than 6 cm**.


- 6** After each compression release all the pressure on the chest without losing contact between your hands and sternum.
- 7** Give chest compressions at a rate of **100–120 per minute** (about 2 compressions per second).



100–120 per minute
- 8** The time taken for compression and release should be equal.


- ✓** Continue CPR without interruption until the person shows signs of life or help arrives.



Combine chest compressions with breaths if trained to do so

- Give 30 chest compressions followed by 2 breaths, if trained to provide breaths.
- Continue CPR in a 30:2 ratio, with the shortest possible interruptions
- Continue with chest compression until the person shows signs of life or trained help takes over.

Compressions only CPR

- If you are not trained or unable to give breaths, give compressions only CPR.
- If only chest compressions are being given, these should be continuous at the rate of 100 per minute.
- Stop only if person shows signs of life; otherwise try not to interrupt resuscitation till medical help arrives.

Two-person CPR

- If there are two trained personnel (rescuers) present at the scene, CPR is conducted by both persons in turns. They should coordinate to perform chest compressions. If the rescuers performing CPR are unable to give rescue breaths, compressions only CPR should be done.
- In the two-person CPR, rescuers switch positions after about every two minutes. One of the rescuers is positioned near the chest area and gives chest compressions while the other one is positioned near the head of the victim and gives rescue breath after every 30 compressions. This position allows quick position changing.
- Switching regularly and quickly ensures that the depth and the rate of compressions are adequate. The two-person CPR method allows rescuers to continue performing CPR for a much longer time till the medical help arrives.

Follow-up Care

In cases of NCD related emergencies, the follow-up care would consist of

- Ensuring regular check-ups of the patient
- Educating him / her regarding strict adherence to dietary and lifestyle modification advice and medications.
- Educating regarding possible complications /danger signs

Prevention and Awareness Generation at the Community Level Covered in the section on NCDs.

Climate - exposure related Illness

A. Heat Exhaustion and Heat Stroke

India experiences high humidity, especially in coastal regions, and extreme temperatures, particularly during summers in northern states. Many people spend long hours outdoors for work or their daily activities. Prolonged exposure to heat and sun can lead to excessive sweating, causing loss of water and salts from the body (dehydration). If not corrected in time, dehydration can lead to heat-related illnesses.



The two most common heat-related illnesses are heat exhaustion and heat stroke. As an ASHA, it is important for you to understand these conditions, recognise early warning signs, and take timely action.

Case study:

R works in a busy roadside DHABA near railway station . He is a cook and uses tandoor for making bread . It is June and peak summer . You are having tea at his Dhaba. When he approaches you and says – Didi I am feeling very hot and am having severe headache. You also noticed that even in that heat , he was is not sweating and his skin is hot and dry.

Questions:

5. What do think could be the problem?
6. What will you do?

What is Heat Exhaustion?

In extremely hot environment, heat exhaustion is a warning that the body is unable to cope and is getting overheated. It occurs due to loss of water and salts from the body, from excessive sweating.

- The person feels weak and tired.
- The body temperature and pulse may remain normal initially.
- On touching the skin feels cool and clammy.

People working outdoors, elderly persons and those who do not drink enough fluids are more likely to have it. If recognised early and managed properly, heat exhaustion can be reversed.

What is Heat Stroke?

If heat exhaustion is not treated in time, it can progress to heat stroke, which is a medical emergency.

Heat stroke occurs when:

- The body temperature rises to 104°F (40°C) or higher
- The body loses its ability to regulate temperature

Heat stroke can cause serious damage to vital organs, including the brain, heart, kidneys, and muscles. The severity of damage depends on:

- How high the body temperature rises, and
- How long the person remains exposed to this heat without treatment

A person with suspected heat stroke requires immediate medical attention. Any delay in referral can be life-threatening.

Symptoms of Heat Exhaustion and Heat Stroke

Heat exhaustion	Heat stroke
• Extreme tiredness • Excessive sweating • Headache • Dizziness or fainting • Cool, pale and clammy skin • Pulse is normal or fast • Nausea and / or vomiting • Muscle cramps	• Severe Headache • No sweating • Red, hot and dry skin (feels like fever) • Rapid but strong pulse • Nausea or vomiting • Altered behavior – confused , restless, irritable • Difficulty speaking or walking • May faint, become unconscious. • Seizures/ Fits

Management Protocol

Management of Heat Exhaustion

If you suspect heat exhaustion, your aim is to cool the body and replace lost fluids.

Ensure the following:

- Get the person to lie down in a cool place. If out in the open, shift him / her in the shade.
- Loosen his/her clothing.
- Apply cool, wet cloth on the forehead, neck, arms and other exposed areas of the body.
- Fan the person .
- Give sips of water / ORS slowly.
- If vomiting occurs, refer immediately to the nearest health facility.

Untreated heat exhaustion can progress to heat stroke . So take the required action promptly and observe for improvement.

Management of Heat Stroke:

Heat stroke is a medical emergency. Here the priority is rapid cooling and urgent referral.

What you should do immediately:

- Begin cooling the body at once using cold water sponging or other cooling techniques.
- Continue cooling until the body temperature reduces to about 38°C (100.4°F).
- Do NOT give anything by mouth if the person is unconscious or confused.
- If the person develops fits (seizures), manage as per the fits stabilization protocol and refer urgently.



External Cooling Techniques

What is External Cooling?

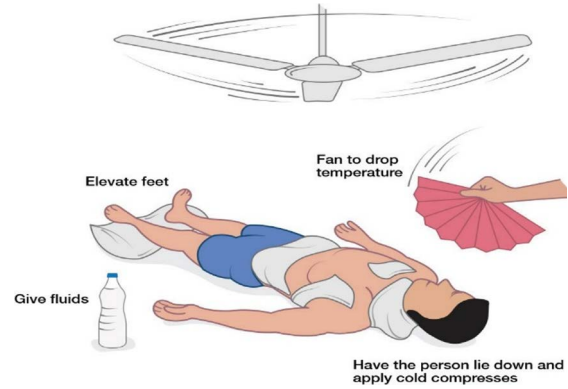
External cooling means removing excess body heat by cooling the skin, using water, air, or cold objects. This is especially important in severe heat illness like heat stroke.

1. Evaporative Cooling

This is the simplest and most practical method in community settings.

How to do it:

- Wet the person's skin by splashing water on the face and body.
- Use an electric fan, hand fan, cloth, dupatta, paper, or magazine to fan the person.
- Fanning helps the water evaporate, which removes heat from the body.



Important Point to Remember:

- In heat stroke, the person may not be sweating.
- Always wet the skin first, then fan.

2. Immersive Cooling

This method is useful if water and vessels are easily available.

How to do it:

- Remove any extra clothing while maintaining privacy .
- Fill a tub / drum or any other large vessel with cold or ice-cold water.
- A conscious patient can be made to sit or lie immersed upto neck in the tub filled with cold water .
- If tub or a sufficiently large vessel is not available make the patient dip his legs and arms in buckets .Apply cold wet cloth on entire body and pour cold water on entire body .

Heat Stroke is an emergency . Refer and ensure quick transfer of the patient to the linked hospital.

Immersive cooling:

IMMERSIVE COOLING (WHOLE BODY COOLING)

Fastest way to lower body temperature in heat stroke

If available and safe, immerse the person in cold water to cool the whole body quickly.

HOW TO DO IT

- 1 Use a tub, large container or clean **drum**.
- 2 Fill it with cool or **cold** water.
- 3 Add ice if available to make the water as cold as possible.
- 4 Gently place the person in the water so that the whole body is covered up to the neck.
- 5 Keep the water cold by adding more ice or cold water as needed.



IMPORTANT POINTS

-  Use the coldest water available if possible.
-  Continue immersion and monitor the person until medical help arrives.
-  Gently move the arms and legs every 1–2 minutes to help cool the body evenly.
-  If full immersion is not possible, keep the body wet with cold water and fan continuously.
-  **Do not leave the person alone while in the water.**

IF A TUB IS NOT AVAILABLE



Pour cold water over the entire body.



Apply cold, wet cloths on the whole body.



Wet the body with cold water and fan continuously.



Use ice packs on the neck, armpits and groin area.



REMEMBER

Continue cooling while arranging for immediate medical care.

 **Heat stroke is a medical emergency. Rapid whole body cooling can save lives.**

COLD EXPOSURE- RELATED ILLNESSES

(Hypothermia and Frostbite)

India has certain extremely cold regions like Himalayan belt, Ladakh, Leh, and Siachen. Prolonged exposure to cold can cause serious medical emergencies.

Any person exposed to extreme cold with symptoms of hypothermia / frostbite should be treated as an emergency and referred immediately.

What is Hypothermia?

Hypothermia occurs when the body temperature falls dangerously low, below 95°F (35°C).

- Normal body temperature is about 98.6°F (37°C).
- In a significant drop in body temperature, the brain and other organs stop functioning properly.
- Hypothermia affects the entire body and can be life-threatening.

Important Point to Remember:

- Hypothermia is not just “feeling cold”.
- It is a medical emergency.

231

What is Frostbite?

Frostbite is a localized injury caused by exposure to freezing temperatures.

- It mainly affects exposed areas or body parts far from the heart
- Commonly affected parts:
 - Fingers
 - Toes
 - Ears
 - Nose
 - Lips

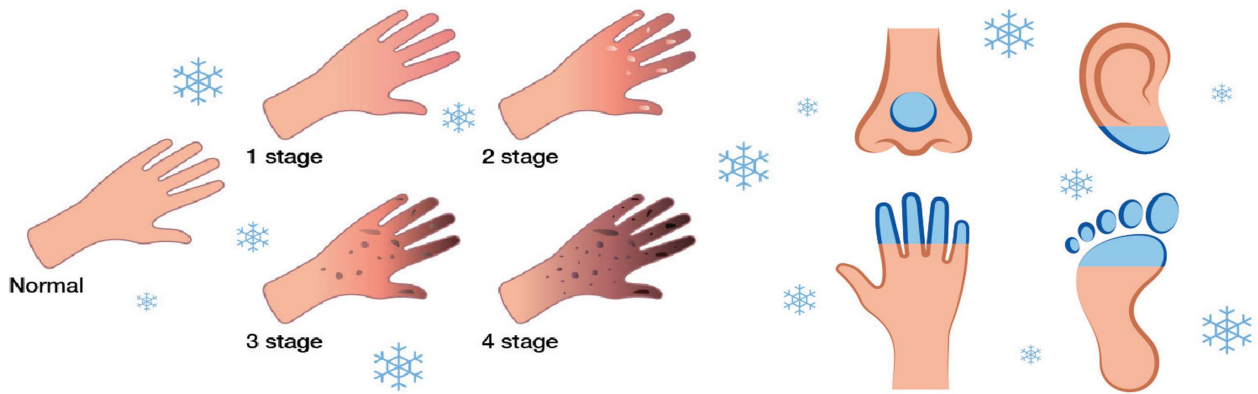
Frostbite occurs when exposure to 0°C (32°F) or lower causes reduced blood flow to different organs leading to tissue damage.

How is Hypothermia Different from Frostbite?

Hypothermia	Frostbite
Affects the whole body	Affects specific body parts
Body temperature drops dangerously	Tissue damage due to freezing
Life-threatening emergency	Can lead to permanent damage to the involved area
A person with frostbite may also have hypothermia Always assess the whole body, not just the affected part	

Recognising life threatening situations

Hypothermia	Frostbite
Adults: Shivering Exhaustion Confusion Fumbling hands Memory loss Slurred speech Drowsiness	Redness or pain in any skin area may be the first sign of frostbite A white or grayish-yellow skin area Skin that feels unusually firm or waxy
Infants: Bright red, cold skin Very low energy	Numbness- victim unable to feel the affected area



Management protocol

Specific Measures- cold exposure

- Move the victim away from the cold exposure to a warm room or shelter.
- You could use hot water bags/ bottles to help warm the affected area.
- Do not use electric warmers or other dry heating sources as these could cause burns.
- Do not rub or make the victim walk or use the affected body part.
- If there are blisters, be careful to not break them or let the victim break them.
- Remove any wet clothing the victim is wearing.
- If the victim is conscious and alert, you could offer warm fluids like tea, warm milk or high energy food like Gur , gur-ground nut gajjak (jaggery / jaggery – ground nut bar) , chocolate etc.
- Keep the body dried and wrapped, including their head and neck, in a warm blanket.
- If the victim is unresponsive on assessment and not breathing , he/she may be in need of CPR or assisted breathing.

Caution!!

A victim of frostbite , often . may not be aware due to numbness of the skin on the affected body part. In such situations, the victim could be prone to self-harm. While stabilizing, you should be careful not to allow the victim to rub, scratch or massage the affected area

Note: If no hot water bottle / blanket or external source of heat is available, help of another person comfortable and willing can be taken to warm the victim through skin-to-skin contact.



Severe Allergic Reactions:

Allergies are common in the community. Many allergic reactions are mild, but some can become severe and life-threatening within minutes. As an ASHA, it is very important for you to recognise early danger signs and act quickly.

Mild Allergic reaction:

- Itching or local rash
- Breathing normal
- Patient alert and stable
- No swelling of face

Refer and advise family to watch for danger signs.

Severe allergic reaction is a sudden and dangerous response of the body that can happen after a person comes in contact with something that does not suit them, such as certain foods, medicines, following vaccination, insect stings, dust, or chemicals. In this condition the throat and breathing passages may swell, the person may find it hard to breathe, speak, or swallow, and the skin can develop itching, redness, or widespread rashes. The person may also feel giddy, vomit, become very weak, or even collapse due to fall in BP. This reaction usually develops within minutes and can take a life if help is delayed.

Management Protocol

Specific Measures

The treatment for allergies is divided into two parts:

History Taking and Symptomatic Treatment

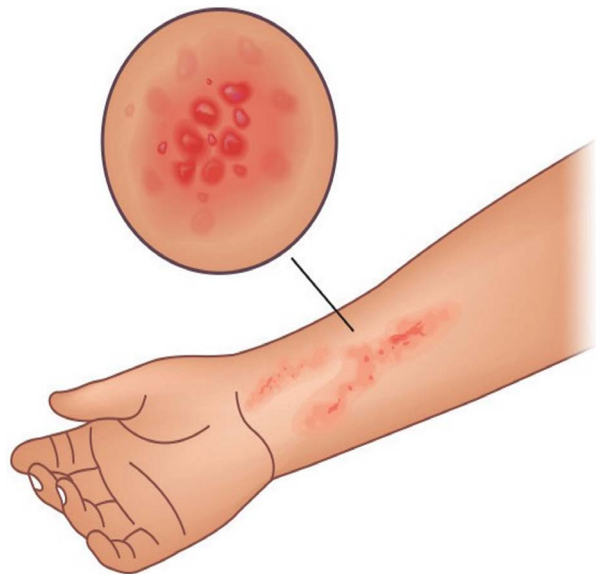
History Taking

If the person is conscious and able to speak, gently ask questions to identify the possible cause of the allergic reaction. This information is important so that the trigger can be communicated to the health facility and person cautioned to avoid the same in future.

You may ask:

- What was the person doing or eating just before the allergy started?
- Did the person take a medicine/ vaccine / ingest a new food or drink / was stung by an insect / come in contact with a chemical – soap / new clothing etc?
- Has the person experienced a similar allergic reaction earlier?
- If yes, what caused the reaction previously?

If the person is **not able to speak**, ask the family members or anyone who was present at the time when the allergy started.



Symptomatic (Supportive) Treatment

Allergic reactions can **worsen rapidly**. Even mild symptoms like redness or itching can progress to a severe reaction within minutes. Therefore, **do not ignore early symptoms**.

Difficulty in breathing, swallowing, swelling of lips/face, hoarseness of voice, or sudden collapse means EMERGENCY and need for immediate referral.

First, call for help immediately:

- Inform the nearest appropriate public health facility
- Inform the ANM/ Community Health Officer (CHO) and ensure prompt referral

While waiting for help to arrive, provide the following supportive care:

- Move the person to a shaded and cool area, as heat can worsen allergic symptoms.
- Lay the person flat and raise the legs slightly, unless breathing becomes difficult.
- Stay with the patient and make them lie on their side if vomiting.
- Reassure the person and help them remain calm.
- Loosen any tight clothing, especially around the neck and chest.
- If hives or itching are present, apply a cool, damp cloth over the affected areas to provide relief.

Caution!!

- Do not allow the patient to stand or walk
- Do not place them in seated, standing, or upright position
- Do not give any other medicine.
- Do not give any food or water to the patient if he/she is breathless or unconscious

Seizures/Fits

Seizures or fits are involuntary uncontrolled movements of whole or part of the body.

Recognising life threatening situations

Fits can occur in both adults and children due to many medical causes. A person having fits requires immediate attention and careful handling.

The fits may be:

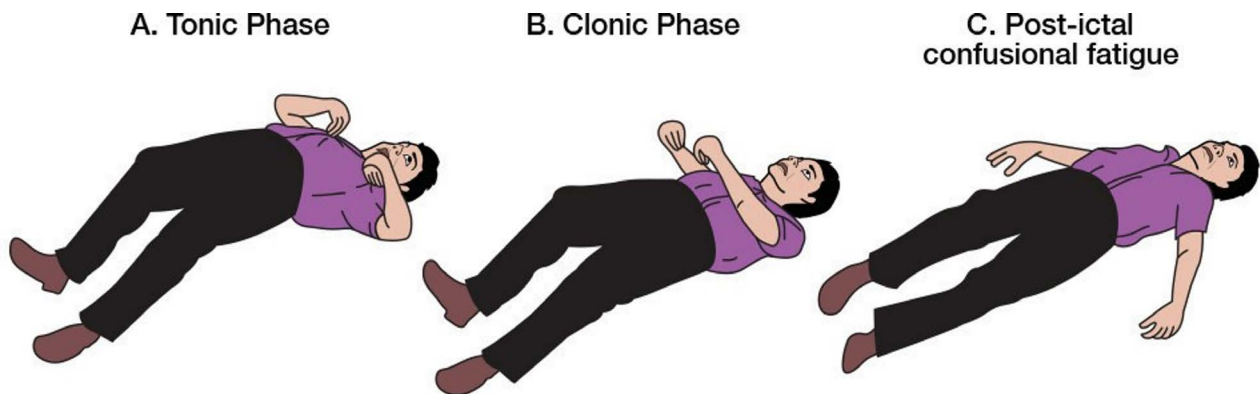
A. Generalized fits

- The whole body is involved
- The person may suddenly fall to the ground
- There is vigorous shaking of arms and legs
- The person may lose consciousness and appear confused after the episode



B. Focal fits

- Only one part or one side of the body is involved
- The person may show repeated movements such as blinking, chewing, lip smacking, or twitching of one arm or leg
- Consciousness may or may not be lost



Management Protocol

If a person is having fits, do not panic. Your role is to protect the person from injury and maintain airway safety until the fits stop.

Follow these steps:

- **Make the surroundings safe**

Remove nearby objects that can cause injury. Place soft items like pillows or folded clothes around the person to prevent harm.

- **Do not restrain movements**

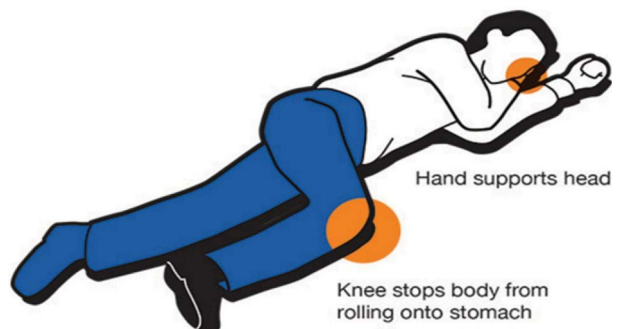
Allow the fits to run their course. Restricting movements can cause injury.

- **Protect the tongue only if safe**

If possible and safe, gently place a clean cloth between the teeth to prevent tongue biting. Do not attempt this if the teeth are tightly clenched.

- **After the fits stop, place the person in recovery position**

This helps keep the airway open and prevents choking, especially if the person vomits.



Caution!!

- Do not attempt to hold the person's mouth open.
- Do not hold the person down or try to stop his/her movements or restrain his/her arms/ legs
- Do not offer the person water or food until he/she is fully alert

Safe transport and Referral: Call for help as soon as you attend the patient and keep CHO informed about the referral. You should move or transport the person only when the seizure has stopped.

Follow-up Care:

- Facilitate visits to the health facility for diagnosis and initiation of required treatment.
- Ensure compliance with the medications prescribed.
- Educate family about need for compliance with medication, safety precautions in case of fit and to report recurrence for review of the drugs / treatment.

CHOKING

Recognizing life threatening situations

Choking occurs when a foreign object (food, liquid, or any small item) enters the wind pipe. A small morsel of food or liquid may be expelled out through vigorous coughing. But bigger chunk may sometimes get stuck in the throat blocking the airway and cutting off oxygen to brain. This is a life threatening situation.

Choking person has:

- Has difficulty in breathing or talking
- Is unable to cough effectively
- Appears panicked and may clutch the throat
- Starts developing a bluish colour of lips, skin, or nails due to lack of oxygen

Management Protocol

Important Principles for ASHAs

- Choose the correct method based on age and condition
- Do not intervene if the person is coughing effectively and able to speak, encourage coughing and observe.
- Do not attempt these techniques if the person is unconscious.



HELP A CHOKING PERSON – 5 BACK BLOWS

If a person is choking (cannot speak, cough or breathe properly), follow these steps:

1 Reassure the person.



2 Bend him/ her forwards so that the head is lower than the chest.



3 Encourage him/ her to cough if possible.



4 Give up to five sharp blows on the back between shoulder blades with the flat of your hands.





 Repeat steps 3 and 4 until the object is removed or the person can cough, speak or breathe.

 If the person becomes unconscious, call for help immediately and start basic life support.

HELP A CHOKING PERSON – ABDOMINAL THRUSTS (HEIMLICH MANEUVER)

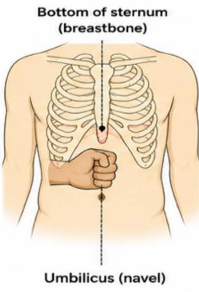
1 Stand behind the victim and put both arms round the upper part of his/ her abdomen.



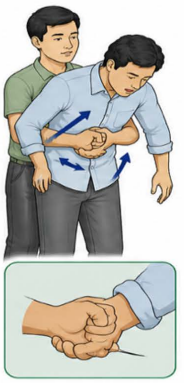
2 Lean the victim forward.



3 Clench your fist and place it between the umbilicus (navel) and the bottom of sternum (breastbone).



4 Grasp this hand with your other hand and pull sharply inwards and upwards.



5 Repeat up to five times.

Repeat up to **5** times



IMPORTANT

- Continue until the object is expelled and the person can cough, speak or breathe.
- If the person becomes unconscious, carefully lower the person to the ground and call for help immediately. Begin basic life support.
- Do not give abdominal thrusts to infants (below 1 year). Use back blows and chest thrusts instead.

If the choking patient is a pregnant woman, place your arms below the chest and above the level of the abdomen.

HELP A CHOKING BABY (BELOW 1 YEAR)

STEP 1

Lay the baby along your forearm

- Place the baby face down along your forearm.
- Support the baby's head and chin with your hand.



STEP 2

Slap him on the back between shoulder blades

- Use less force than for a child.
- Use the heel of one hand to give up to 5 back slaps between the baby's shoulder blades.



NOTE: If the choking patient is unconscious, do not attempt these techniques. Look for and remove the foreign body **ONLY** if it is visible. Refer to the hospital immediately.



Poisoning

Poisoning occurs when a harmful substance enters the body through swallowing, breathing, skin contact, or injection. Poisonous substances are often available at home or in the community, such as pesticides, medicines, cleaning agents, chemicals, or spurious alcohol.

Poisoning can be:

- Accidental (especially in children)
- Intentional (self-harm or substance misuse)



Recognizing life-threatening situations:

The effects of poisoning depend on:

- Type of poison
- Amount taken
- Way of exposure (swallowed, inhaled, skin contact)
- Age, weight, and health condition of the person

Common Warning Signs of Poisoning

A person with poisoning may show one or more of the following symptoms:

- Nausea or vomiting
- Diarrhea
- Skin rash
- Redness, burns, or sores around the mouth
- Dry mouth
- Drooling or foaming at the mouth
- Difficulty in breathing
- Change in size of pupils (very large or very small pupils)
- Confusion or altered behavior
- Fainting or loss of consciousness
- Fits

These symptoms should be treated as serious and warrant immediate

Management Protocol

- Stay calm and reassure the person.
- Inform the CHO, stabilize and arrange immediate referral to the nearest appropriate health facility.
- If the poison was swallowed gently rinse the mouth with clean water (only if the person is conscious).
- If the poison was inhaled , move the person to an open, well-ventilated area to breathe fresh air.
- Keep the person lying comfortably, preferably on their side if drowsy.
- Try to identify the substance involved (container, smell, label) and carry it with the patient safely to the health facility if possible.

Caution!!

- Do not make the person eat or drink anything.
- Forcing vomiting or giving liquids can worsen the poisoning and cause serious complications.

MANAGEMENT PROTOCOL FOR POISONING



Quick actions can save lives. Act fast and seek medical help.

- 1** Stay calm and reassure the person.



- 2** Inform the CHO/ANM/MO, stabilize (if needed) and arrange immediate referral to the nearest appropriate health facility.



- 3** If the poison was swallowed gently rinse the mouth with clean water (only if the person is conscious).



- 4** If the poison was inhaled, move the person to an open, well-ventilated area to breathe fresh air.



- 5** If the poison got into the eye, rinse the eye immediately with clean running water for several minutes. Do not rub the eye.



- 6** Keep the person lying comfortably, preferably on their side if drowsy but breathing normally.



- 7** Try to identify the substance involved (container, smell, label) and carry it with the patient safely to the health facility if possible.



- 8** If poison spills on the skin, remove contaminated clothing and wash the affected skin immediately with plenty of running water. Do not rub or scrub.



CAUTION - DO NOT

- Do not make the person eat or drink anything.
- Do not force vomiting or give liquids.
- This can worsen the poisoning and cause serious complications.



IMPORTANT - REMEMBER

- All poisoning cases need medical attention.
- Do not leave the person alone.
- Act quickly and refer immediately.



In any poisoning case, seek medical help immediately.
FAST ACTION - SAFE REFERRAL - BETTER OUTCOME







C6

Eye Care, ENT & Oral Health



PART C

C6 Eye Care, ENT & Oral Health

Eye Care

In this section, you will learn about:

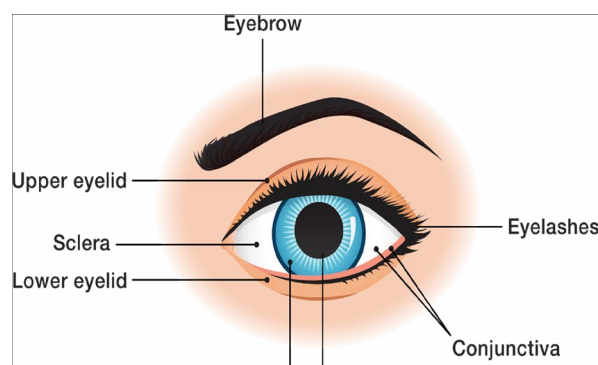
- Basic Structure and Function of Eyes
- Tools for assessing vision problems
- Common Eye problems at community level and their management
- Health Promotion in Eye Care
- Roles of different service providers and your key tasks in providing care for eye problems.

You, as an ASHA, are a very important team member in Ayushman Arogya Mandir (AAM) and will play a crucial role in helping people maintain their normal eyesight and identifying those who have any eye problem.

This section will help you in fulfilling your role as ASHA at the community level.

UNDERSTANDING STRUCTURE OF THE EYE

The eye is a spherical (ball-like) delicate structure placed in the protective bony socket of skull. The outer transparent circular structure allows light to enter the eye through a black hole visible in its center. The rays of light pass through this and go through a transparent lens before they focus on the posterior wall of eye ball. Here they generate signals which go to our brain and are interpreted as images which we see. This is vision or eye sight. The two eyelids and their eye lashes protect the eyes from any injury and keep dirt, dust particles and harmful bright light out. The tears protect them from drying. For the light to enter the eye and make images, outer glass covering and the lens must be transparent and clear.



Human Eye

We have two eyes and together they help us to see the real picture and appreciate the depth and distances.

Your role and responsibilities as an ASHA in eye care:

- Screening for low vision / blindness in the community by using finger counting method and 6/18 vision chart.
- To identify and prepare a line list of all those with poor vision including children and adults living in your service area.
- Mobilize identified individuals / individuals found at risk for further screening to the nearest AAM-SHC/ PHC.
- Mobilise mothers/ caregivers for eye examination of their children (including preterm and low birth weight children) and adolescents for screening for visual acuity at school and Anganwadi levels through RBSK team (0-18 years of age).
- Create awareness in the communities regarding eye care and dispel myths and misconceptions.
- Motivate community members for eye donation.
- Create awareness in the communities on need for early care seeking for eye problems.
- Generate awareness in the communities and mobilize children for Vitamin A prophylaxis and measles immunization.
- Educate and motivate people with chronic conditions like diabetes and hypertension to get their annual eye examinations done at the nearest AAM-PHC/ CHC.
- Assist in organizing community outreach eye care activities such as eye camps through AAM-PHCs and mobilize community members for attending the screening camps .
- Utilise community-based platforms like through VHSNC/ MAS, VHSND/ UHSND and other community level meetings for health talk focusing on eye care.
- Identify conditions such as conjunctivitis (red eye), stye (swelling of eyelid), night blindness, difficulty in seeing or any other eye complaint and refer identified cases with eye/ vision problems for a proper check-up by CHO/ /MO available at the nearest AAM-SHC/ PHC.
- Ensure follow up of patients requiring long term medication for diseases like glaucoma, diabetic retinopathy, post operative patients etc. through home visits.



Administering the CBAC for assessing vision problems

You are aware about the Community Based Assessment Checklist (CBAC). You have used it for assessing risk factors for common Non-Communicable Diseases (NCDs). As part of this CBAC, you would additionally ask questions related to vision.

You will continue to maintain this list for your target population and periodically update it to ensure that they are screened for visual impairment and followed up with required action.

The questions related to vision in the CBAC form are as follows:

Difficulty seeing at night - Yes/ No
Inability to close eyelid - Yes/ No
Persistent puffiness around the eyes - Yes/ No
Cloudy/ blurred vision/ difficulty in reading- Yes/ No
Squint (deviation of one or both eyes) and/ or white reflex in the pupil of either/both eyes) - Yes/ No

- In case, the individual answers 'Yes' to any one of the questions given above in the CBAC, you must refer the individual immediately to the nearest AAM-SHC.
- Pay special attention to those who have problems in seeing normally from a distance or in whom you can see the central black hole has white or greyish color.
- Ensure that you reach the most marginalized population as well as those who have migrated into your area, so that they also get screened and become a part of your line list for follow-up. The list is to be updated at least once a year.

Remember:

Questions included in CBAC related to vision are only for screening individuals with eye conditions and to not diagnose any condition. Diagnosis will be made by Ophthalmic Assistant / MO / Eye Specialist at the health facility.

Please Note:

During your home visits, keep a record of individuals who complain of any difficulty in threading the needle or cleaning the food grains. These individuals will need to be referred to Ophthalmic Assistant at Vision Centre/ Ophthalmologist (Eye Specialist) at CHC / Hospital for testing and use of near vision glasses.

Any patient complaining of sudden loss of vision in one or both the eyes (with or without pain in any eye) should be urgently sent to the nearest referral eye center for further management.

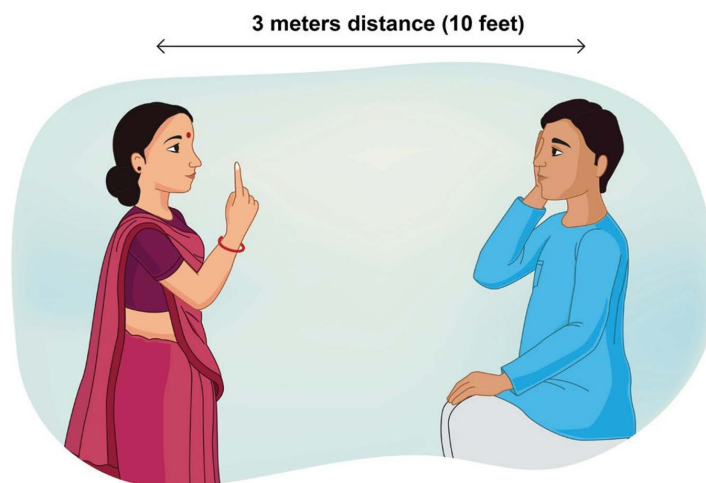
Checking the eyesight to identify people with poor vision in the community

How to detect visual impairment by finger counting method?

You will undertake the finger counting method to check for visual impairment in community members complaining of low vision in population aged 18 years and above.

Instructions

- Stand 3 meters (10 feet) away from the person.
- Ensure that there is sufficient light. Avoid glare.
- The test is done for both eyes separately. Cover one eye completely without pressing on it and test the other eye.
- If the person wears spectacles/glasses for seeing distant (far) vision, ask the person to wear them during the test.
- Hold up any number of your fingers (one, two, three, four or five in any order) at eye level against a plain background.
- Ask the person to tell you how many fingers she/he can see.
- Show different number of fingers 2-3 times and ask the person to tell the number of fingers they see.
- Repeat the test with the other eye.
- Maintain records of all those community members who cannot count fingers at 3 meters in your diary, writing their name, age, result of finger count test separately for both eyes – right eye (R/E) and left eye (L/E).
- Individuals who cannot correctly count fingers at 3 metres with either eye should be referred to the nearest AAM-SHC/PHC or CHC for further assessment by the CHO/ MO/ Eye specialist.
- Prepare a list of referrals and ensure follow-up of these individuals and maintain their records in your diary.
- Individuals who can count fingers at 3 meters (10 feet) with one eye or both the eyes, should then be tested for distant vision using 6/18 Snellen vision chart (E chart).



Finger Counting Method

Checking Distant Vision - Screening for Visual Impairment at community level by ASHA using 6/18 Snellen vision chart (E chart)

- A quick method to determine if distant vision is poor or is lost in any eye is the 6/18 Snellen vision chart (E chart). You will undertake screening of visual impairment using 6/18 Snellen vision chart (E chart) of individuals complaining of low vision but who are able to count fingers by finger counting method.





Vision chart at Community Level (For ASHA - 6/18 Vision Chart)

- Under the Rashtriya Bal Swasthya Karyakram (RBSK), all children and adolescents (0-18 years) are screened for eye and vision related problems at school and anganwadi levels by the RBSK Mobile Health Team.

Material Required

- Vision screening card/chart for 6/18 vision (E chart)
- String or measuring tape for measuring 6 meters (20 feet)
- Pen and record card / recording format
- Referral cards

Your role as an ASHA:

- Find a space that is properly lit (not too dark, not too bright or looking into the sun).
- First show the vision chart close to the person.
- Explain that you will point at one of the Es and they should answer where the 'arms' of the E are pointing (left direction, downward direction, right direction or upward direction).
- Make sure that the person understands by asking them to indicate the direction of the arms.
- If the person normally wears spectacles/ glasses to see in the distance, tell them to wear their glasses during the test.
- Measure the distance – 6 meters (20 feet) from the tree or wall. Mark the spot. Attach the screening card/chart to a wall or a tree. Ensure the test is undertaken after measuring the required distance of 6 meters (20 feet).
- Make the individual stand/sit comfortably.
- The 6/18 Snellen vision chart (E chart) should be at the same level as the person's eyes.
- Ask the person to cover their left eye properly with the palm of their left hand, so that you can test the right eye.
- Stand beside the vision chart and point to one of the Es. Ask the person to point with a finger



Screening for Visual Impairment using 6/18 Snellen vision chart

Source: Dr. Rajendra Prasad Centre

which direction the arms of the E are pointing. Repeat with the other Es.

- If the person does not indicate the correct direction, move to the next E and ask them to point again.
- Now ask the person to cover the right eye properly with the palm of their right hand and repeat the test with the left eye. Undertake the same steps as given above with all the 4 Es.
- Refer the individuals who cannot indicate the correct direction for 3 out of the 4 Es from one eye or both the eyes to the AAM-SHC/ PHC for further assessment . Maintain records of all community members and ensure follow-up of the referred individuals.

Case study 1:

Shri. K is 78 years old. During CBAC assessment, he told you that his vision was cloudy and you found that he could not count your fingers at 10ft. When you looked at his eye with torch, you found that his pupil area was white.

Questions:

1. What do you think is the cause for his blindness?
2. What is the next step to help him?

Case study 2:

Ms. B approached you with her problem. She had noticed that her nine month old baby had white color instead of the black pupillary hole. She also felt that he was not looking at her or reaching out for objects as other kids of his age.

Questions:

1. What do you think is wrong with him?
2. What will you do?

Case study 3:

Mr. D is 42 years old. He goes to work on his bicycle . He was hit by an auto rickshaw from the side. He never saw it coming. Two months ago he had a similar accident, he fell when a car brushed past him. He says he never saw it coming.

Questions:

1. What could be wrong?
2. What needs to be done?

Now let us understand some common eye conditions, and your role as ASHA in preventing/ managing them.



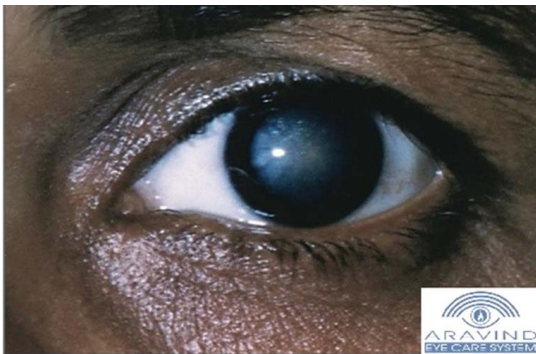
I. Cataract

Cataract is one of the major reasons for low vision/blindness. It is also called as ‘**Safed Motia**’ in Hindi. Usually, it occurs in adults aged more than 50 years, and is mainly a part of ageing process. Sometimes, people who are younger may also develop cataract like in some diabetics, after an eye injury, or long-term term use of some medications.

Rarely , this can also occur in children at birth.

Cataract occurs due to cloudiness of the lens. As we have seen, a clear lens is essential for normal vision.

Let us compare the two eyes. What do you notice? The normal eye has a central black hole. In the second eye, the black hole is replaced with white - or greyish colour. Due to this, light rays will not be able to enter normally and the person will have reduced vision in that eye.



Symptoms of Cataract

Patient complains of:

- Gradual loss of vision in the affected eye.
- Feeling as if there was a hazy glass in front of his / her eyes .
- Having to change his/ her spectacles/ glasses very frequently.
- Difficulty in tolerating very bright light.

Your role as an ASHA in Treatment of Cataract:

- Refer to the AAM-PHC and facilitate the detailed assessment of the individual suspected to have cataract .
- Facilitate access to the required cataract surgery services in the linked hospital.
- Help the operated individual in following the instructions of the operating doctor and taking precautions in post-operative period at home by emphasizing the following during your visits :
 - Use eye drops/ointment exactly as prescribed and do not stop them without medical advice.
 - Do not rub or press the operated eye.
 - Protect the eye from dust, smoke and injury; use protective glasses/eye shield as advised.

- Keep the eye and surrounding area clean and follow the surgeon's instructions regarding bathing and other activities.
- Attend all scheduled follow-up visits.
- Immediately contact/refer to the eye-care facility if there is increasing pain, redness, discharge, swelling or any reduction in vision.

ASHA's role in postoperative period - Reinforce postoperative instructions, check adherence to prescribed eye drops, identify warning symptoms, facilitate referral when required, and support follow-up.

Key Health education messages for the community on Cataract:

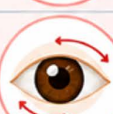
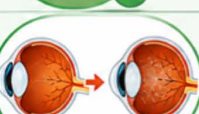
- It is normally seen in elderly people and is a result of ageing. However, it can also occur in younger age groups and in children. Adults with diabetes are more likely to develop cataract at an early age.
- It cannot be cured by putting any eye drops/eye ointment. Cataract can be cured ONLY with eye surgery.
- The eye procedure commonly involves taking out the affected lens from the eye and replacing it with a new artificial lens so that vision can be restored to normal.
- Cataract surgery is safe and done routinely but should only be done in a hospital by an Eye Specialist.
- Delaying the surgery may increase the chance of complications after the surgery.
- Government Hospitals provide free cataract surgeries for those requiring it .
- In adults, who have cataract due to ageing, both eyes may be affected and treatment will be required for both the eyes.

Any individual who has undergone cataract operation in one eye, must be counselled not to neglect the other eye. Refer the individuals to the nearest AAM-SHC for regular check-up of both the eyes.

Going back to the question on previous page , Shri K **as mentioned on previous page has age related cataract.**



⚡ CATARACT: MYTHS & FACTS ⚡

MYTH		FACT	
1	 Cataract can be treated with eye drops.	→	Only surgery can treat cataract. 
2	 Cataract surgery is dangerous.	→	It is one of the safest operations. 
3	 It can take a long time to recover after cataract surgery.	→	Most of the patients have fully restored vision and resume normal activity within one week to one month's time following surgery. 
4	 Cataract is reversible.	→	No. Once the cataract occurs, it is not reversible and it will progress and further reduce vision. 
5	 Cataract surgery can be done only in winter season.	→	Cataract surgery can be done in any season. 



Rarely a new born may have White Eye or cCataract at birth . These infants must be referred and evaluated at AAM-PHC and provided necessary treatment in coordination with RBSK Team

II. Glaucoma

It is also called as '**Kala Motia**' in Hindi. This is known as '**silent thief**' of vision. There are two types of glaucoma – painless and painful. The condition is caused due to an increase in pressure inside the eye.

The painless glaucoma is detected late, and significant vision is lost before diagnosis . Whatever vision is lost, cannot be restored, resulting in blindness.

In painless glaucoma there is-

- Gradual loss of side (peripheral) vision
- Tunnel (central) vision in late stages
- Usually there is no pain in early stages



Normal Vision

Early Stage

Late Stage

The painful glaucoma presents with:

- Sudden severe pain and redness in any one of the eyes.
- Severe Headache.
- Blurring / dimness / loss of vision.
- Nausea or vomiting.
- Colored haloes around light.[EDS1.1]

The patient should immediately be referred to the nearest hospital having Eye specialist.

Following individuals are at a higher risk:

- Age more than 40 years.
- Person having diabetes, high blood pressure, heart disease, high cholesterol.
- If they have family history of glaucoma.



Do you think 42 year old Mr.D from Page No. ___ is suffering from Glaucoma?

Your role as an ASHA in management of Glaucoma and prevention of blindness:

- Educating community members about signs and symptoms of glaucoma.
- Ensure people with family history of glaucoma, history of high blood pressure, diabetes, heart disease or high cholesterol visit the nearest AAM-PHC for screening yearly.
- Ensure that persons reporting symptoms suggestive of glaucoma are seen by the Medical Officer in the nearest AAM-PHC , and are referred to higher facility with eye specialist for detailed eye check-up.



III. Refractive Errors, Presbyopia

Refractive errors (**Drishti Dosh**) occur when light rays do not fall and focus properly to the back of eyes. It is the commonest eye problem and affects all age groups. Uncorrected refractive errors also are one of the commonest causes of low vision problems in India.

Common Symptoms of Refractive Errors

- Blurred vision / difficulty in seeing distant or near objects clearly).
- Eye strain or tiredness, especially after reading or screen use.
- Headache or eye discomfort.
- Frequent blinking, squinting, or rubbing of eyes , or watering of eyes
- Difficulty in reading or holding books very close/ far.
- In children: squint (crossed eyes) or poor school performance.
- An infant does not follow light or moving objects.

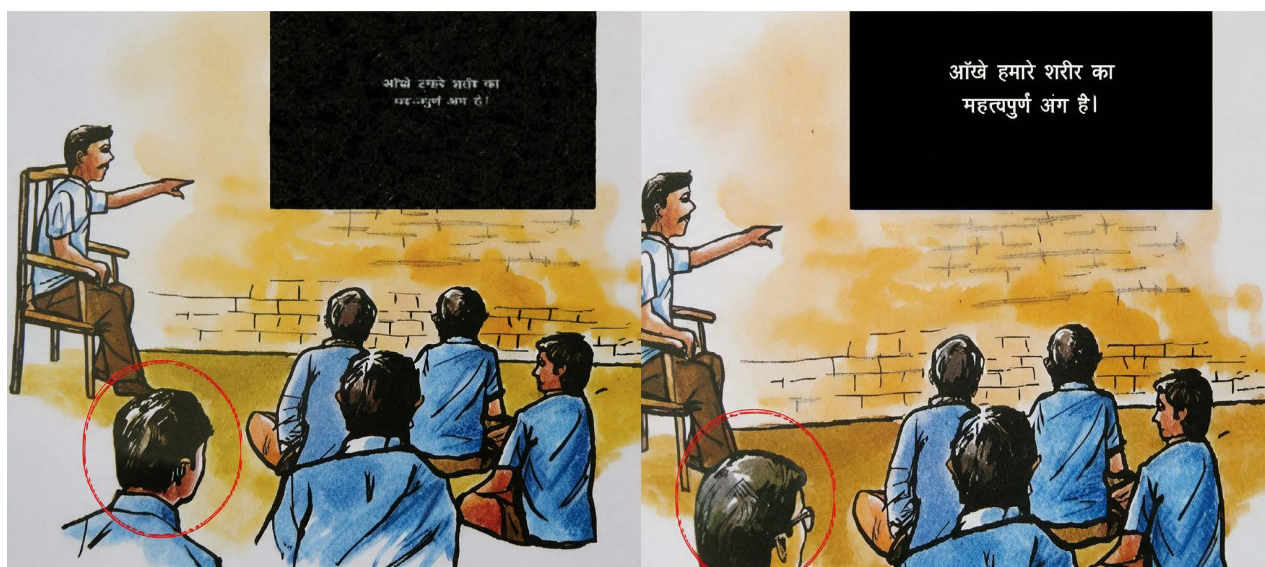
Your role as an ASHA in management of Refractive Errors:

- Screening using Snellen chart 6/18 chart/ Finger counting method at the community level[EDS5.1]
- Refer the patient to AAM-PHC/ Ayushman Shivirs for further diagnosis.
- Once diagnosed, spectacles would be prescribed.
- Explain the importance of wearing the spectacles regularly for correcting their eye problem before it gets worse
- Encourage the community to perform simple eye exercises to reduce eye strain (20-20-20 rule): Every 20 minutes, look away about 20 feet in front of you for 20 seconds.
- Counsel the individuals on the importance of consumption of Vitamin A rich foods and limiting the use of television/ mobile phones, computer and other electronic items to prevent strain to the eyes.

Refractive Errors in children

Difficulty in seeing from distance by a child due to Refractive Error

Easy to see distant board by a child with use of spectacles/glasses



Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

IV. Squint

In this condition, both the eyes look in different directions, also referred as 'crossed eyes'. So, when a child looks at an object, both eyes will align differently. In most cases, the child will only use one eye at a time, thus straining that eye, and losing the benefit of both eyes.

The condition in most of the cases can be noticed by parents/caregivers. This situation can be corrected, if detected early and timely treatment is provided. If you find such individuals in your area or are informed about a child during your home visits by parents/caregivers, you should refer the child at the earliest to the nearest AAM-PHC and coordinate with the RBSK team for further management. Such children will require a detailed eye examination. In case of adults with squint, you must inform the CHO / MO and refer the patient to nearest AAM -SHC/PHC for further management.



Squint

Source: Dr. Rajendra Prasad Centre
for Ophthalmic Sciences

V. Presbyopia (Difficulty in seeing near objects as we get old)

This is an age-related condition and occurs in almost everybody by the age of 40 years. It occurs as with old age, the eye muscles weaken, and the eyes lose the ability focus on near objects. In this case, the person is not able to view near objects properly and finds difficulty in reading. Other activities requiring near vision are also affected such as: sorting rice and pulses/or food grains, threading the needle, reading small print on medicines, seeing the text in mobile phones, etc.

This is diagnosed by the Ophthalmic Assistant or an Eye Specialist. And corrected easily by use of glasses.



Source: Dr. Rajendra Prasad Centre
for Ophthalmic

Your role as an ASHA in Refractive Errors, Squint and Presbyopia:

- Ensure individuals in your community who are suspected to have refractive errors of any type or , have squint, access nearest AAM-PHC.
- Explain the importance of wearing the spectacles regularly for correcting their eye problem before it gets worse.
- Ask the person to visit the nearest AAM-SHC in case of symptoms such as continued redness, watering, eye fatigue, diminished vision following the use of spectacles.
- Counsel the individuals on the importance of consumption of Vitamin A rich foods and limiting the use of television/ mobile phones.
- Encourage the community to perform simple eye exercises to reduce eye strain (20-20-20 rule): Every 20 minutes, look away about 20 feet in front of you for 20 seconds.

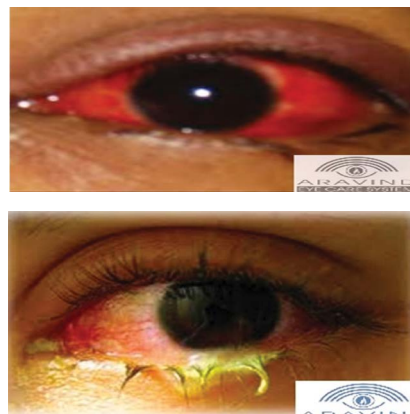
VI. Infections of the Eye

A. Conjunctivitis

It is also commonly known as 'Eye Flu'. It occurs more towards the end of summer and beginning of monsoon season and it spreads from one person to another through fingers, flies, fomites (handkerchief, bath towel, bed sheets/bed covers/pillows, etc. The transmission can be reduced by avoiding sharing of these personal things .

It often affects both eyes and **patient complains of:**

- An itchy sensation in the eyes
- Redness in eyes
- White-yellowish discharge and stickiness of eyelashes
- Swelling of the eyes and eyelids



Your role as an ASHA in management:

- Refer all suspected cases of conjunctivitis and refer to nearest AAM-SHC for management.
- Follow up all cases to ensure treatment compliance and maintaining proper hygiene.
- Avoid self-medication and do not use medicines without medical advice.
- Consult the CHO/ MPW/ Medical Officer available at the nearest AAM -SHC / PHC if the condition does not improve within 3-4 days.
- **Counsel the patient:**
 - Place a cold, damp clean cloth on eye to give a soothing effect.
 - Do not put ghee/ honey/ rose water/ onion extract in the eyes.
 - Frequent washing of hands and face with clean water.
 - Keep separate towel, handkerchief, bed cloth, etc. for every family member.
 - Avoid touching the eyes frequently.
 - Use of sunglasses and avoiding dusty and, places with very bright light.
 - Avoid the use of kajal and surma during an episode of conjunctivitis.
 - Infected individuals should avoid over-crowded places to reduce spread to others.

B. Trachoma

Trachoma is an infectious disease which spreads from one person to another . It mainly affects the eyelids and children can easily get the disease. In adults because of repeated infections earlier in life, the eyelashes can turn inwards and can rub against the front part of the eye resulting in cloudiness, that in turn, can lead to blindness.

How is disease transmitted and how can we prevent its spread?

The disease is transmitted by flies and through close physical contact like while playing, sharing bed , towels, pillows and handkerchiefs with infected person, mothers of infected children . Overcrowding, poor hygienic conditions, stagnant water, practice of open defecation are other risk factors for this disease. Good personal hygiene prevents people from getting this disease.

Signs and Symptoms

- Pain in eyes on blinking
- Redness / irritation / Foreign body sensation in eyes
- Continuous watering from eyes
- Increased sensitivity to bright light
- Appearance of nodules on the inner surface of eyelids (usually upper eyelid)



Nodules on the inner surface of upper eyelid

**Source: Dr. Rajendra PrasadRP Centre
for Ophthalmic Sciences**



Treatment of Trachoma

All suspected cases of trachoma should be referred to the AAM for treatment. The prescribed ointment should be applied as explained in the annexure.

Persons with eyelashes turned inwards should be referred to the nearest AAM-PHC.

Your role as an ASHA in prevention of Trachoma:

- Promote face hygiene among community members by regular bathing and face washing.
- Teach / promote the correct hand washing with soap and clean water.
- Advise use of separate clean towel, linens etc. for each member of family whenever possible.
- Promote use of latrines and educate community members about the harmful effects of open defecation.
- Promote clean environment and removal of fly-breeding settings.

India has eliminated trachoma as a public health problem; however, maintaining facial cleanliness and good hygiene is essential to prevent its recurrence.

C. Sty

What is a Sty?

A sty is like a small, localized swelling on the resulting from a blocked gland. This can occur due to poor hygiene or dust particles blocking the opening of the gland.

Patient complains of:

- Presence of a lump (like a pimple) on the edge of the eyelid.
- Feeling of a foreign body sensation in the eye (particularly with blinking) and watering.
- Redness and painful swelling of the surrounding skin.
- May be thick discharge on the lids and lashes.



Treatment for Sty:

- The most traditional treatment is application of frequent, dry, warm (not too hot) compresses several times a day.
- Topical antibiotic ointment/ drops may be prescribed if needed.
- Persistent or complicated styes may require treatment by an eye specialist, including drainage when indicated.
- Refer if there is reduced vision, severe pain, marked swelling/redness, fever, or redness/ swelling spreading around the eye.
- A child with rapidly increasing eyelid swelling, fever, eye pain, impaired eye movements

or reduced vision requires prompt referral and medical assessment.

Prevention of Sty

- The most effective method of prevention is to keep the eyelids and eyelashes clean. Promote general eye hygiene.
- Person with recurrent sty formation should be referred to the nearest AAM-PHC for assessment.

VII. Vitamin A Deficiency

Vitamin A is one of the micronutrients required by our body. One of its functions is to help in normal vision. Its deficiency occurs most often in children less than five years and also in pregnant women. It is seen especially in poor families, malnourished families, malnourished children, in children with recurrent diarrhea and following a measles episode.

Patient may complain of :

- Not able to see properly when it is dark (Night blindness). Mothers/caregivers can complain that their child stumbles at dusk when it begins to get dark. If not treated, it can lead to dryness of the eye and cornea and progress to blindness.
- There may be a dirty white patch on outer side of the eye as seen in the picture, called as Bitot's's spot in individuals with Vitamin A deficiency.



Bitot's's Spot once formed cannot be removed by Vitamin A treatment.

Your role as an ASHA , in the management/prevention:

- Refer the patients having complaint of night blindness and Bitot's's spot to AAM-SHC/ PHC.
- Monitoring all measles cases in children and ensuring that they receive Vitamin A supplementation.
- Educating and creating awareness among mother/caregiver regarding signs, symptoms of Vitamin A deficiency.
- Ensure Vitamin A prophylaxis in the beneficiaries of her area.
- Advise the mother / caregiver to ensure required number of Vitamin A doses from nearest AAM-SHC/ immunization outreach sessions. Currently, as per National Immunization Schedule, a child receives nine doses of Vitamin A starting from 9 months of age and then every 6 months, till the child attains the age of five years.
- Promote regular consumption of vitamin A rich foods such as milk and milk products, butter, ghee; whole egg, liver, meat, chicken, fish; dark green leafy vegetables like Amaranthus leaves (cholai), drumstick leaves, methi (fenugreek) leaves, spinach (palak), mustard leaves (sarson saag), turnip leaves, coriander, radish leaves, bathua leaves, mint leaves; yellow and orange vegetables and fruits like carrots, tomato, sweet potato (shakarkandi), papaya, mango, apricots (khoomani), dates, etc. and appropriate breastfeeding (colostrum is rich in Vitamin A). Home garden/community garden to grow vitamin rich vegetables and fruits should be encouraged, wherever applicable.





Vitamin A rich foods

VIII. Eye Injuries

Eyes can get injured in accidents, while playing, during festivals (colors / fire worksfireworks), violent fights, in certain occupations like welding / farming. Looking directly at the sun during a Solar Eclipse can also harm the eyes.

Eye injuries can be serious and can lead to permanent loss of vision if not treated promptly.

Your role as an ASHA in management:

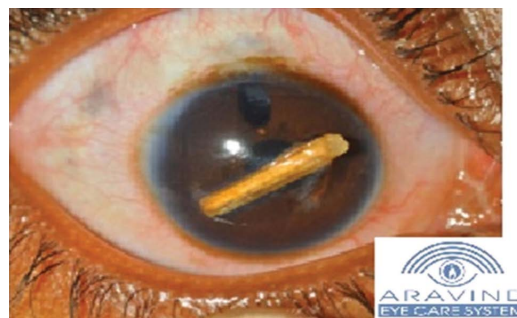
- Provide first aid for all eye injury cases – washing the eyes and keeping them covered with a clean cloth.
- Refer the individual immediately to the nearest AAM-PHC for management. These individuals may also be referred to higher facilities, as required.
- Follow up on all cases after treatment.
- Spread awareness to protect from injury.

Prevent Injuries : Educate the community:

- Keep sharp objects away from children. Teach children to exercise caution while handling sharp pencils , scissors, sharp edged toys. It is important to supervise children while they are playing with toys or games that can be harmful.
- Do not give crackers to children. During Holi, protect eyes from colors. Do not use harmful colors containing chemicals.
- Keep hot liquids out of the reach of children.
- Switch off iron after use and leave at a safe place out of reach of children.
- Use sprays carefully especially of the direction when pointing at the object or area of spray.
- Handle any chemicals including detergents and ammonia with care and wash hands thoroughly immediately after their use.
- Keep all pesticides, fungicides, phenyl, acids and alcohol under lock and key.
- Promote use of eyeglasses / goggles / helmets with front protection in high-risk settings.

Foreign body in the eye:

Foreign bodies can enter the eyes during harvesting season, particles from cutting wood, while travelling on high-speed vehicles, etc. Small particles of charcoal, wood, sand, small sticks of plants, etc. can also enter and settle in the eye. This will lead to irritation in the eyes and can damage the eyesight.



If something falls in the eye:

- Tell the person not to panic. The person should sit quietly and not rub the eyes. The person should not try to remove the foreign body from the eye.
- It is important to wash the eyes gently with plenty of clean water.
- Let the tears wash it away. Most of the time, blinking the eyes and tears are able to clean small superficial foreign body. Do not try to remove the foreign body.
- If a chemical or other harmful substance enters the eye, immediately rinse the eye with plenty of clean, running water and continue washing for at least 15 minutes. Do not rub the eye. Arrange immediate referral to the nearest health facility having eye specialist.
- Do not put any medicines, or traditional eye medicines or any home remedies like ghee, honey, rose water, onion extract, etc. in the eyes.
- Do not bandage, just cover the injured eye with a clean cloth and do not put any pressure on the injured eye.
- Refer the individual to the nearest AAM -PHC for removal of foreign body or first aid . He/ she may require referral to higher facilities where eye specialist is available, if required.
- Eyelashes of individuals might have ticks, /lice, /mites or their eggs. These individuals should be referred to the nearest AAM-SHC/PHC.

Your role as an ASHA in prevention of eye diseases in people with Diabetes:

Diabetes can increase the risk of cataract, glaucoma, and damage to the sensitive inner layer of eye. If left untreated, it can cause permanent loss of vision.

ASHA should:

- Encourage people with diabetes to get their eyes checked regularly, even if they have no vision problems.
- Educate people with diabetes about the importance of keeping their blood sugar under control through healthy lifestyle habits and regular use of medicines as advised by the healthcare provider.
- Encourage them to seek care early if they notice any change in vision.



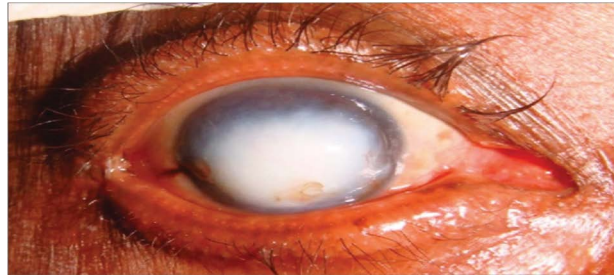
IX. Eye Donation

The front portion of the eye that allows the light through must be transparent. In certain conditions, it becomes white and opaque leading to blindness. Vision of these persons can be restored by replacing this white opaque portion with clear tissue from a normal eye.

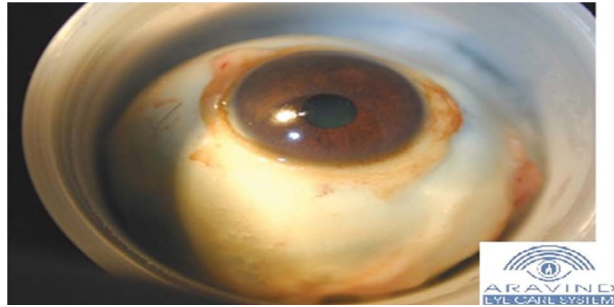
Donating the eyes after death of the individual is referred to as 'Eye Donation'.

An eye donation can help about 3 - 4 people in getting their vision back. There is a huge demand and the supply is not sufficient for the people who need it. You should encourage community members to understand this and agree to donate their eyes after death. Very often the individual agrees, but the relatives have a problem and do not honor their wish after death.

There is no cost involved in eye donation; even the person receiving the cornea does not have to pay any amount. It is a voluntary act and services of removing cornea from the dead person[EDS1.1] and transplanting them in a blind person is done free of cost by the designated hospitals having eye banks.



Whiteness of Cornea leading to blindness



A Donated Eye

(Source: Aravind Eye Hospital, Madurai)

Your role as an ASHA in Eye Donation:

- You along with the other primary health care team members at AAM-SHC / PHC, VHSNC members, MAS, support groups, etc. should motivate community members for Eye donation.
- Organise pledge ceremonies on important village days / festivals about eye donation. Remember, every year, August 25 to September 8 is observed as National Eye Donation fortnight all over our country.
- Facilitate whenever required, for willing families to donate eyes of the deceased persons. Inform the CHO/ MPW/ MO available at the nearest AAM-SHCs / PHC regarding PHC regarding such families.
- Acknowledge the donors and their families in the VHSNC / MAS / JAS and other platforms.

Some Myths and Facts about Eye Donation

MYTH	FACT
1  MYTH: Eye donation causes defect of the face.	 FACT: Removal of eyes does not produce any defect of the face.
2  MYTH: Eye donation interferes with or delays customary final rites.	 FACT: Eye donation does not interfere with or delay final rites, as the process of removing the eyes takes less than 20 minutes.
3  MYTH: Eyes of aged donors are not acceptable.	 FACT: All donor eyes are acceptable irrespective of donor's age.
4  MYTH: An entire eye can be transplanted.	 FACT: Only the cornea can be transplanted for regaining vision.
5  MYTH: Human eyes can be bought or sold.	 FACT: Selling or buying of human eyes is illegal.

A person of any age, sex, religion, caste can donate his/her eyes. Donated eyes are never bought or sold. In your target area, people with diabetes, hypertension and asthma can also donate their eyes after death. Any person can donate their eyes except those with Hepatitis, Human Immunodeficiency Virus (HIV), rabies, blood cancers or stage IV cancers.

Persons who have pledged their eyes, must inform their family members regarding the pledge so that they would be able to contact the nearest eye bank after their death. Even if the pledge has not been done, the family members can still call the eye bank and donate the eyes of the deceased person.

The eyes can be donated at home or hospital after death. The eyes/corneas are taken out by the trained team within 6 hours of death, beyond which time, eyes cannot be donated. For those ready to donate their eyes, the relatives must call up the nearest eye bank at **National toll- free number (24X7) – 1800114770 and 1919 (for metro cities)**. On receiving the call, the team members will visit them within 6 hours of death and collect the eyes/ corneas. It will not lead to any defect of the face.

Precautions to be taken after death for donation of eyes

The family members should take care that there is no wind or breeze where the body of the deceased (dead person) is kept, and the fan should be switched off in that room. This will prevent drying of the eye. The head of the deceased person should be supported by pillow, eyelids should be closed and eyes can be covered with moist cotton piece or ice. This will enable corneas to remain fresh for donation.



List of services to be provided at Community Level

Community Level		
Services	Preventive and Curative care	Responsibilities
Community based services for eye care, counselling and support for beneficiaries seeking care for visual impairment, other eye disorders	- Awareness generation on common eye disorders and the need for early care seeking through VHSNC Plus / MAS, VHSND/ UHSND and other community level meetings. - Clarifying misconceptions related to eye care and eye disorders, including discouraging the use of traditional eye medication or left- over eye drops. Providing Information about - availability of services related of eye treatment at different levels of healthcare.	ASHA with support/ guidance of the CHO / ANM / ASHA facilitator / RBSK team
	To ensure Vitamin A prophylaxis routinely for children under age 6 months to 5 years.	
	Identification/ mobilization of patients at high risk of developing eye complications for screening (including known persons with diabetes and high blood pressure).	
	Follow up of post-operative cataract patients and distribution of spectacles to them.	
	To ensure regular use of spectacles and follow- up biannually in children with refractive error.	
	To enable the elderly and those with Presbyopia to get free spectacles.	
Screening for blindness and Refractive errors	- By ASHA: Screening for Visual Impairment: Less than 6/18 in any eye. - Under the RBSK, all children are screened for visual acuity at school and Anganwadi levels.	Primary Health Care team (in coordination with RBSK team, where needed).
	Record keeping: Maintaining a list of referrals from community who cannot read by 6/18 vision for necessary follow-up.	

Community Level		
Services	Preventive and Curative care	Responsibilities
	Screening of elderly population and identification of those with cataract, presbyopia, symptomatic person with visual impairment, known diabetic patient and person with subnormal vision, red eye and any other eye complaint. Referring and providing support to access required services.	Primary Health Care team (in coordination with RBSK team, where needed).
	Undertake counselling.	
Community screening for congenital disorders	Encourage eye examination for all children who were preterm (less than 37 weeks) or low birth weight (less than 2500 gm) within 30 days of their birth through RBSK, facilitated by ASHA/ ASHA Facilitator.	

Skill: How to put Eye Drops

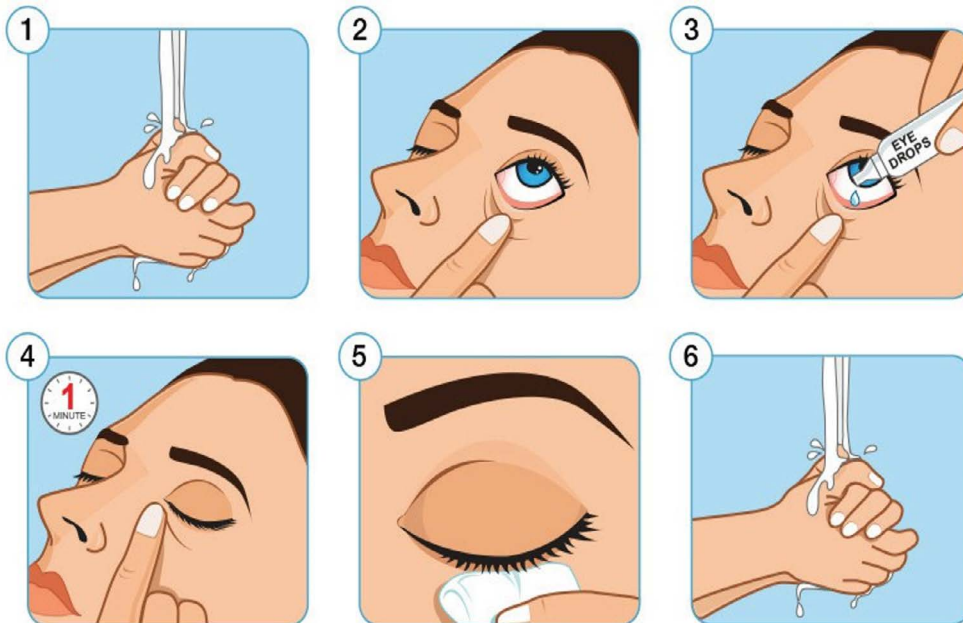
You may counsel the individual or families for following the correct steps given below while applying eye drops.

1. Check that the medication is as prescribed by the doctor and not expired.
2. Wash your hands with soap and clean water before using eye drops.
3. If you also use contact lenses, it is advisable to put your eye drops when you are not wearing contact lenses. Put them back into your eye at least 15 minutes after using eye drops.
4. Do not put the eye drops directly into the eyeball. Tilt your head back, look up and gently pull your lower eyelid down with your finger (this forms a pocket).
5. Hold the bottle close to your eye. Do not let the bottle tip touch your eye, eyelid, eye lashes or skin; if it does, the eye drop bottle will need to be discarded. Eye drops should be put into the eye from a distance.
6. Put only one drop at a time in the pocket made. Squeeze the eye drops into your lower eyelid, without touching your eye.
7. Let go of your eyelid and close your eyes. You should not keep blinking your eyes after putting the eye drop. Individual should not squeeze the eyes tightly as the eye drops will come out.
8. It is normal if you, sometimes, feel the taste of the eye drop in your throat.
9. Keep your eye closed for about one minute after putting the eye drop.
10. Now, put the eye drop in the other eye if suggested by the doctor, following same steps.



11. If you need to put another eye drops as well, then there must be a gap of 5-10 minutes between each eye drop.
12. If you need to apply an eye ointment also then make sure to use it after putting all the eye drops.
13. Wash your hands with soap and clean water after using eye drops.
14. Use eye drops while sitting and while lying down as per the position comfortable to you.
15. You must put the drops at the right time interval as suggested by your medical doctor. If you put the drops every day, you should put it at the same fixed time every day as far as possible.
16. Once the eye drop bottle is open, it must be used within one month. Discard the eye drop bottle after one month of opening (even if it is not empty).
17. Do not use eye drops prescribed to another person/family member.
18. Be careful to not use ear drops into the eyes mistakenly.

How to apply Eye Drops correctly



Skill: How to Apply Eye Ointment correctly

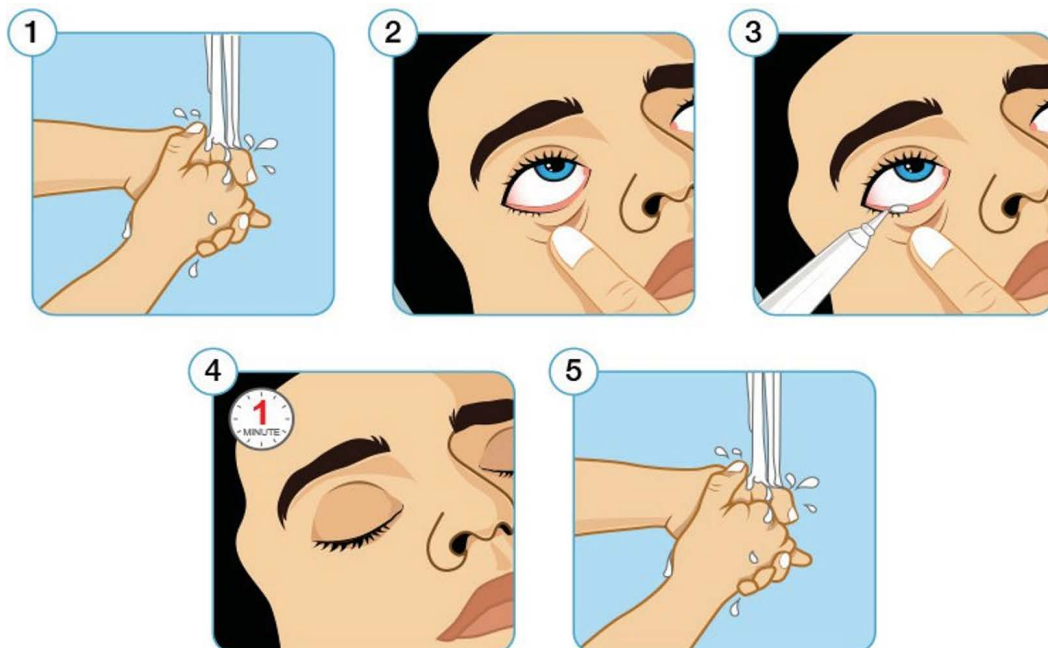
You may counsel the individual or families for following the correct steps given below while applying eye ointment.

1. Check for that the medication is correct and the expiry date of the eye ointment.
2. Wash your hands with soap and clean water before using the eye ointment, to prevent dirt or germs from getting into your eye.
3. Do not put the eye drops directly into the eyeball. Tilt your head back, look up and gently

pull your lower eyelid down with your finger (this forms a pocket).

4. Hold the eye ointment close to your eye. Do not let the tip of the ointment tube touch any part of your eye (eyelid or eye lashes). If it does, the ointment tube will have to be discarded.
5. The quantity of the eye ointment should be just enough (like size of rice/wheat grain). Do **NOT** apply the eye ointment as you apply kajal.
6. Let go of your eyelid and close your eyes. You should not keep blinking your eyes after putting the eye ointment. Individual should not squeeze the eyes tightly as the eye ointment will come out. Wipe away any surplus ointment which may come out.
7. Keep your eye closed for about one minute after putting the eye ointment in one eye. Then, put the ointment in the other eye if suggested by the doctor by following the above steps.
8. Wash your hands with soap and clean water after using the eye ointment.
9. The eye ointment should be applied only after putting all the eye drops.
10. Explain to the individual that their vision will be blurry (not clear) for a few minutes.
11. Close the cap of the ointment tube. Once the eye ointment is open, it must be used only for one month. Discard the eye ointment tube after one month of opening (even if it is not empty).
12. Do not use eye ointment given to another person/family member.
13. You must put the eye ointment at the right time interval as suggested by your medical doctor.

How to apply Eye Drops correctly



Taking care of Ear, Nose and Throat (ENT)

In this section, you will learn about:

- Key roles of the ASHA in ENT care of the community
- Health promotion and preventive hygiene of Ear , Nose and Throat
- Common diseases of ear, nose and throat and your role in their management
- Timely referral and follow-up of those requiring care at the linked higher center

Your role as an ASHA in Eye Donation:

- To identify people with hearing impairment in the area and preparing a line list of all those with hearing loss or reduced hearing including children and adults living in your area.
- Mobilise individuals found at risk (complaint of reduced hearing) for further screening at AAM-SHC by the CHO/MPW/ANM.
- Mobilise the mother/caregivers of all children (including preterm and low birth weight children) and adolescents for screening for hearing examination at Anganwadi and school respectively through RBSK (0-18 years of age).
- Create awareness in the communities regarding unsafe practices being followed while practising nasal and ear hygiene and dangers associated with use of any form of tobacco.
- Create awareness on protection against excessive noise, continuous use of ear phones.
- Educate communities about prevention and treatment of common diseases and infections of the ear, nose and throat.
- Utilise community-based platforms like VHSNC plus/MAS, VHSND/UHSND and other community level meetings for health talks focusing on care of ear, nose and throat; and sensitizing them for inclusion of the hearing impaired in community activities.
- Identify common ENT illnesses like earache and discharge and refer wherever required.
- Follow-up of patients to ensure adherence to treatment, and those requiring long term medication, as well as post-operative patients.
- Counsel family members about their role in supporting hearing impaired and deaf individual.

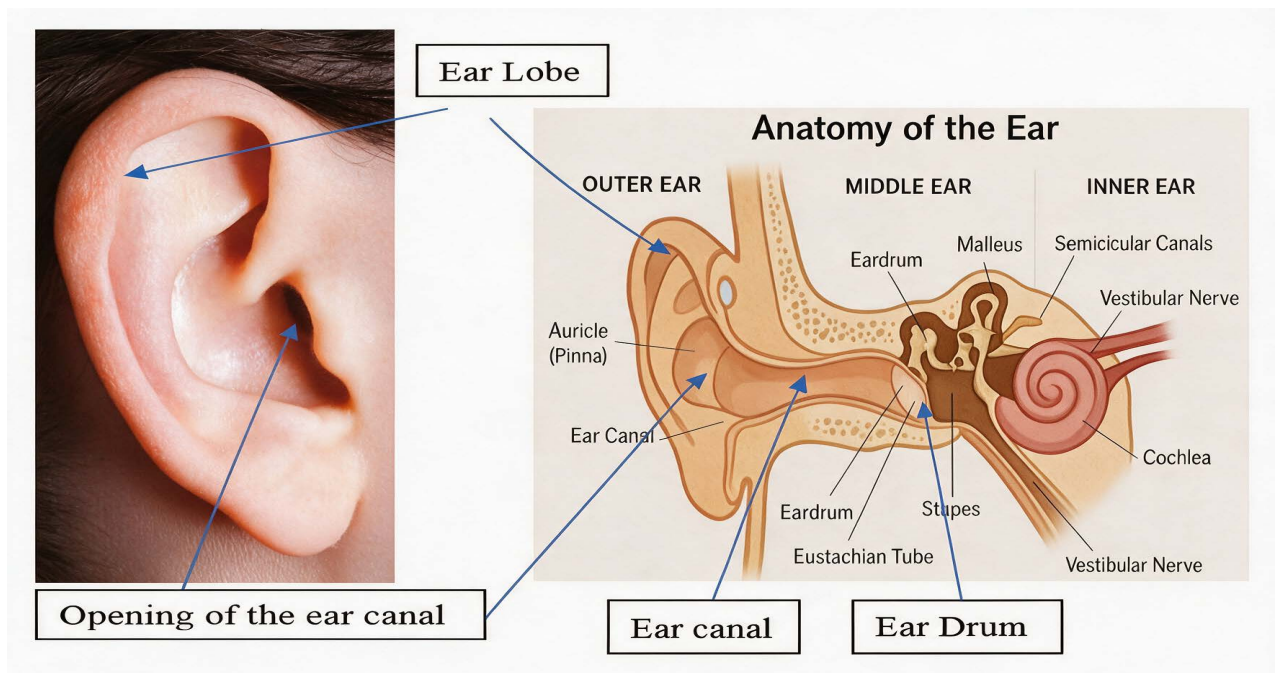
EAR

Hearing is one of the five senses. Imagine what our life would be if we are not able to hear. Ears help us to hear and also maintain our balance.

What does the ear look like?

From outside what we see is the outer part of ear – an opening guarded by the ear lobe. The opening leads into an ear canal. The other end of the canal on the inner side is closed and guarded by a delicate membrane called ear drum. – On the other side of the delicate ear drum is the hearing apparatus . If we put a foreign body or an object like a pencil or a stick, blindly we can rupture the membrane and damage the hearing apparatus.







One important message for community:

Never put anything or allow anyone else to put anything inside your ears – like match sticks , pencils or any other objects as it can damage the ear drum and inner parts of the ear causing deafness / other ear problems.

As an ASHA, you must promote ear hygiene for a healthy ear and hearing. Messages to be given to the community by ASHA for promotion of ear hygiene and the steps for creating a dry mop and using it to clean the ear are given below in Charts.





EAR HYGIENE

MESSAGES FOR THE COMMUNITY



CARE TODAY, HEAR BETTER TOMORROW

1

Do not clean the ear canal with sharp objects, hair pins or ear buds etc.



2

DO NOT put dirty fingers in ears or use dirty cloth to clean the ear.



3

DO NOT swim or wash in dirty water.



4

DO NOT put any unprescribed medication / hot or cold oil / any herbal remedies in your ear.



5

Do not leave cotton wool or any other material in the ear.



6

Teach children NOT to put anything in their ears – seeds, beads, stones, sticks.



7

If there is pain in the ears with or without discharge from the ear, go to AAM-SHC.



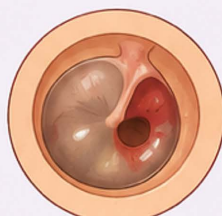
8

Visit the AAM -SHC in case of ear infection. Untreated infection of the ear for a prolonged period can lead to serious complications.



9

Injury to the eardrum must be attended to promptly.



10

Avoid getting exposed to very loud noise for prolonged period or on regular basis.



HEALTHY EARS, HAPPY LIFE!

| Listen well, Live well.



STEPS FOR CREATING AND USING A DRY MOP TO CLEAN THE EAR



DRY MOPPING OF EAR



Clean ears safely. Protect your hearing.

A dry mop is **not** the same as a "cotton bud".

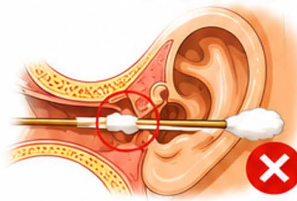
DRY MOP



COTTON BUD



"Cotton buds" must **never** be used to clean ear canals as they are too big and the cotton wool is wound onto the stick too tightly. It can harm the ear drum.



Only clean the **outer ear** gently with a dry mop if there is **discharge** from the ear.



An already dry ear must **not** be cleaned with a dry mop.



HOW TO MAKE A DRY MOP

- 1 Wash your hands with soap and water and dry them.

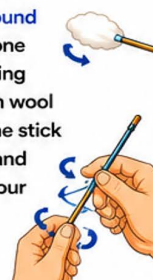


- 2 Pull off a small piece of cotton wool and gently pull it out into an oval shape.



- 3 Put one end of the stick into the centre of the cotton wool.

- Twist the stick **round** and round with one hand whilst holding half of the cotton wool tightly against the stick with the thumb and index finger of your other hand.



- 4 Half of the cotton wool should extend from the end of the stick and form a fluffy, soft tip.



HOW TO USE THE DRY MOP

- 5 Gently pull the ear lobe away from the head. This helps straighten the ear canal. Use the dry mop to clean the outer ear gently.



- 6 The rolled-up piece of cotton wool should be long enough so that when the soft tip is in the ear canal there is still some cotton wool sticking out of the ear canal.

- This is so that you can hold onto the cotton wool and ensure that the cotton wool comes out of the ear canal.



- 7 After completing dry mopping, wash your hands again.



REMEMBER

- Be gentle.
- Do not push the dry mop deep into the ear.
- If pain, discharge or hearing problem persists, visit your AAM-SHC.



SAFE EARS, BETTER HEARING!



Common Ear related Illnesses:

S. No.	What it is and what it looks like	Responsibilities What the ASHA has to convey/do
1.	Ear Wax: There is always a little wax in the ear canal. But if it increases in amount or gets hard, it can block the ear canal partially or fully to cause reduction in hearing and a feeling of discomfort / pain in the ear canal. Patient complains of: Decreased hearing, blocking of ear with pain in ear.	- If pain is there, give paracetamol and refer to the CHO at the AAM-SHC. - Do not insert cotton buds, matchsticks, pins or other objects into the ear.
2.	Boil in the outer ear / in the skin lining the ear canal: - Pulling the earlobe outwards causes pain - Bursting of the boil may lead to pus discharge	- Refer the individual to AAM-PHC/ SHC. - Follow up to ensure that prescribed treatment is taken and ear hygiene is maintained.
3.	Foreign Body in Ear: Children may insert small objects like peanuts/ toy parts/ pins/ pen cap in their ear. Sometimes insects may also enter the ear canal at night. It is harmful since it might rupture the ear drum and lead to infections and problems in hearing. Patient complains of: - History of foreign body insertion - Pain in the ear - May be blood- or blood-stained discharge, if the ear canal or ear drum is injured. - Blocking sensation in ear	- Refer to AAM-SHC. - If foreign body is visible & obvious and can be easily removed, it may be attempted by CHO. Else, he/ she will refer the patient to AAM PHC MO/ ENT surgeon in District Hospital/ Medical College Hospital

S. No.	What it is and what it looks like	Responsibilities What the ASHA has to convey/do
4.	Infection of Ear: Patients complain of: - Severe pain in ear on movement of ear lobe - Redness/ swelling of ear canal - Pus like discharge/ bloody discharge from ear - Deafness/ hearing loss of variable degree/ a sense of fullness - Fever - discharge > 14 days indicates a chronic infection	- Refer to the AAM-SHC/ PHC for further diagnosis and treatment. If pain is present, give paracetamol before referral. - For a long-lasting or repeated ear infection, refer the person to the AAM-PHC. If there is a lot of foul-smelling discharge with fever or headache, refer the person immediately to an ENT specialist at the District Hospital. - Reinforce good ear-care practices, such as keeping the ear dry, gently cleaning the outer ear, avoiding ear buds, and avoiding swimming in pools when there is an ear infection.

Skill: How to use ear drops.

How to Use Ear Drops





Lie down or tilt head with affected ear facing up.



Pull ear up and back to open the ear canal



Clean any visible discharge



Put the prescribed drops into ear



Avoid touching dropper tip



Stay in position for 15 minutes

After each use, securely replace the dropper in the bottle.



Hearing Loss / Reduced Hearing (Simple Guide)

Now let us understand what is hearing loss, its causes, how you can communicate with those with hearing impairment, and what should be your action.

What is hearing loss?

- The person cannot hear well or can hear only loud sounds.
- It can happen at any age — newborns, children, adults, and older people.

Common causes (simple language)

- Some babies are born with hearing loss (dealt with in infant section)
- Old age (after ~65 years) – natural decline in hearing
- Infections of the ear
- Injury or loud explosion
- Very loud sounds for many years (factory work, loud machinery)
- Hole in eardrum
- Tumours (rare)

Why hearing loss is important

- Children may have difficulty in learning, speaking, and socialising.
- For normal functioning of a human being hearing is a necessary requirement.
- Adults may feel isolated, anxious, or depressed.
- Older people may lose independence.
- Communication becomes difficult for everyone.

What should the ASHA Do:

- Ask during home visits: “Do you have difficulty hearing?”
- Check Community-Based Assessment Checklist (CBAC) for “Difficulty in Hearing” and fill yes.

Refer

- If anyone complains of reduced hearing, inform ANM and refer to CHO at AAM-SHC.
- **Follow-Up** After the person returns from the referral centre:
 - Check what treatment was advised.
 - If **surgery** was suggested — encourage and support them to get it done.
 - If **hearing aid** was given — check if they are using it daily and comfortably.

Support

- Encourage family to communicate clearly with the person.
- Ensure the person feels supported, not ignored or isolated.

Raising awareness about deafness in the community :

People with hearing loss often get excluded from the community discourse . It is necessary to make the community aware of how to help people with hearing loss. These individuals must be helped for accessing the health services and required management .

Your role as an ASHA:

Sensitize your community and facilitate holding of a 'Healthy Ear Day' to raise awareness in the community. Involve social, religious and other groups

- Visit schools and talk to teachers and children about hearing loss, its causes, and its effects. Help teachers identify signs of hearing problems in children and encourage them to refer children with possible hearing loss for examination and treatment.
- Encourage parents and teachers to learn and use sign language to communicate with children who have complete or partial hearing loss.
- Encourage the inclusion of hearing-impaired people in the workplace, in education and in society.
- Encourage and support hearing impaired people to form support groups for themselves and their families.

How to communicate with people with reduced hearing / hearing loss

When communicating with adults / children with reduced hearing, always remember:

- Make sure there is good light for the person to can see your face when you speak to them.
- Get the person's attention before you speak to them.
- Try to make sure there are no distractions – especially loud noises.
- Speak clearly and slowly.
- Don't shout and make exaggerated movements.
- Repeat (say again and again) things many times slowly.
- Use gestures, drawings, pictures – point at things.
- Do not over protect the person – they should be encouraged to mix with other people.
- Point to your lips so that they learn to watch how the words are formed – this encourages lipreading.
- Stand close to the person when you speak.
- If the person has a hearing aid , he / she should learn how to use it.



Case study:

During a home visit, ASHA meets 10-year-old child R, who has had intermittent ear discharge for the past two months. His mother says, R complains of mild ear pain when he has mild cold and cough. Sometimes foul-smelling discharge comes out of the right ear. He has difficulty hearing the teacher in class. The family has been putting warm oil drops in his ear as a home remedy. R is otherwise active, has no fever or headache, and is attending school. ASHA suspects chronic ear infection with possible hearing difficulty. She updates his name in the reduced hearing line-list, counsels the mother and plans referral.

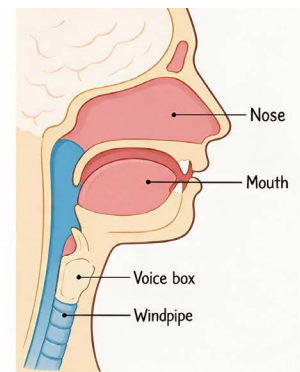
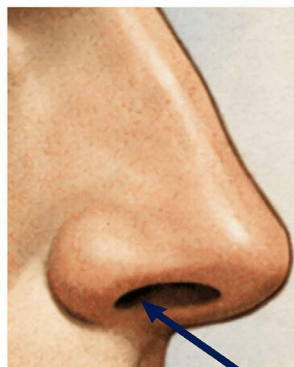


Questions:

1. What warning signs in this case suggest risk of hearing loss?
2. What harmful practice should the ASHA advise the family to stop?
3. Where should the ASHA refer first -AAM SHC or PHC?
4. What follow-up actions should the ASHA ensure after referral?

NOSE

Nose is responsible for our sense of smell. Nose serves as the gateway for the air which we breathe. It has two visible openings called nostrils which open into the nasal cavity which is lined by a pink delicate membrane with very fine hair. This warms the air and traps dust from the air entering the nose. **When we put our finger in the nose, we can injure the pink membrane and cause bleeding or introduce dirt and cause infection.**



Nostril

In this section, we shall discuss:

- How you identify common diseases of the nose and action at you need to take.
- The key messages to the community for prevention of nasal infections and maintenance of nasal hygiene.



NASAL HYGIENE

KEY MESSAGES



The ASHA should advise:

- 1** Always use handkerchief/ clean cloth for cleaning nasal secretion.



- 2** Never put fingers in your nostril, as you might injure the delicate inner lining and cause bleeding from nose (epistaxis).



- 3** Discourage nose picking and do not put any sharp or pointed objects in the nose.



- 4** Cover your mouth and nose with a tissue when you cough or sneeze.



- 5** Maintain distance (at least one arm distance) while sneezing, cleaning nose in public or around people.



- 6** Remember to wash your hands with soap and water after coughing or sneezing.



- 7** Any nasal injury must be treated promptly.



- 8** Avoid steam inhalation whenever there is history of nose bleed.



Good nasal hygiene keeps you healthy and prevents infection.



STEAM INHALATION

Breathe in steam. Feel better.



HOW TO DO



Take hot water in a wide mouth bowl.



Cover your head with a clean towel and bend over the bowl.



Close your eyes and breathe in the steam slowly through your nose and mouth.



Do this for 5–10 minutes.

STEAM INHALATION MAY BE ADVISED BY CHO OR MO IN

1. Common cold with blocked nose



2. Sinusitis – congestion of sinuses



3. Thick nasal discharge



DO NOT DO STEAM INHALATION IF



There is nosebleed or history of recent nosebleed



Immediately after nasal injury or surgery



In children
(Risk of burns)



In elderly persons
(Risk of burns)



In very weak persons
(Risk of burns)

IMPORTANT POINTS



Never leave children alone for it, they might get burns.



Never come too close to hot water bowl.



Take vapours both from nose and mouth.



Steam inhalation helps clear nose and makes breathing easier.
Use safely. Stay healthy.

Role of ASHA in prevention and management of common nose diseases:

S. No.	What it is and what it looks like	Responsibilities What the ASHA has to convey/do
1.	Simple Viral infection of nose Patient complains of: - Watery nasal discharge / Nasal stuffiness/ blockage of nose - Watering from eyes with redness and itching - Malaise, fever and headache	- For fever and headache, give Tab Paracetamol and Refer to AAM-SHC. - Advise Steam inhalation. - Rest and drinking plenty of fluids
2.	Running nose due to allergy: - Watery nasal discharge. - Frequent bouts of sneezing. - Blockage of nose. - Watering from eyes with redness & itching	- Advise to avoid dust and known allergens. - Refer to AAM-SHC where CHO may prescribe anti-allergy medication.
3.	Foul smelling discharge from nose Patient complains of: - Greenish crusts present in nasal cavity. - Foul smell from nose and patient may not be aware of it . - Nasal blockage, bigger than usual nasal cavity, nasal deformity - There might be history of maggots (larvae of flies)	- Refer this person to the AAM-SHC - Follow-up to ensure that prescribed treatment is being followed.
4.	Foreign body in the Nose: This may occur accidentally or while playing, and can be dangerous as it can enter the windpipe and cause choking. Patients complain of: - History of foreign body insertion like peanuts/ toy parts, pen caps, etc. - Difficulty in breathing/ Blocking sensation in nose - Pain in nose - Bleeding may be present if the nostril is injured.	Refer to the ANM/ CHO at the AAM-SHC. The CHO may remove a foreign body if it is clearly visible in the anterior nasal cavity and can be safely removed. If it cannot be safely removed, the patient will be referred to an ENT specialist.
5.	Nosebleed or Bleeding from the nose It is often caused by injury to the inside of the nose, such as from fingernails. It can also occur in people with conditions such as high blood pressure or, rarely, due to a growth or tumour inside the nose.	Follow the steps elaborated in Chart ENT-5



Skill: How to use ear drops.

How to Use Nasal Drops



Blow your nose gently.



Wash your hands thoroughly



Check dropper tip for chips or cracks



Dropper should not touch inside of nostril.



Put the prescribed drops into nose.



Remain in this position for a few minutes.

Case study:

You are on a home visit when a neighbor comes to seek your help.

Her 14 year old14-year-old daughter is having bleeding from her nose. When you reach her house, her daughter is lying flat on her bed and her grandmother is dabbing blood as it trickles out.

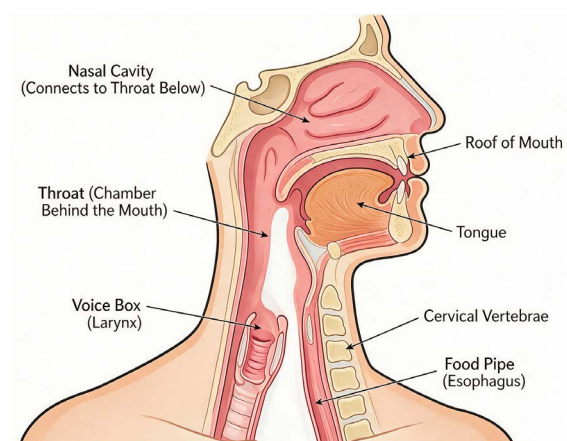
Questions:

1. What will you do immediately?
2. What would you tell the mother?

THROAT

Throat is the chamber behind the mouth, the nasal cavity communicates from above and throat leads into the voice box and the food pipe below.

Key messages for maintenance of throat hygiene and common diseases of the throat are summarized below.

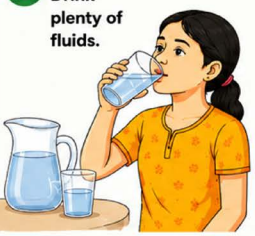
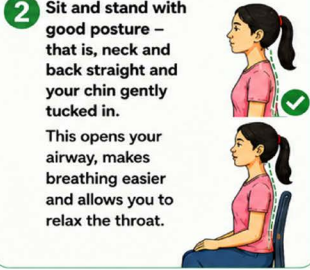
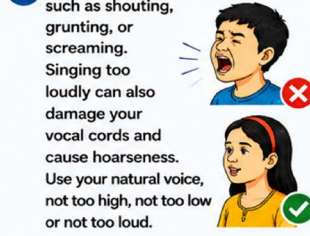


KEY MESSAGES THE ASHA SHOULD GIVE REGARDING THROAT HYGIENE

THROAT HYGIENE

KEY MESSAGES

the ASHA should give to the community

- 1** Drink plenty of fluids.
 
- 2** Sit and stand with good posture – that is, neck and back straight and your chin gently tucked in. This opens your airway, makes breathing easier and allows you to relax the throat.
 
- 3** Breathe through your nose. Mouth breathing dries your throat. Breathing through your nose cleans, warms and moistens the air before it reaches your lungs.
 
- 4** Limit harmful voice use, such as shouting, grunting, or screaming. Singing too loudly can also damage your vocal cords and cause hoarseness. Use your natural voice, not too high, not too low or not too loud.
 
- 5** Do not chew tobacco/ paan/ gutka, smoking cigarette/ bidi as prolonged use can lead to staining of teeth and serious conditions like oral cancer / lung cancer.
 
- 6** If possible, avoid a smoke filled, polluted environment.
 
- 7** Avoid use of medicated/ alcohol containing mouthwash unless advised by doctor.
 

Role of ASHA in prevention and management of common throat diseases:

S. No.	What it is and what it looks like	Responsibilities What the ASHA has to convey/do
1.	 Infection of Tonsils/ Sore throat is seen both in children and adults. Commonest cause is infection by germs - bacteria or virus. Fever with pain in throat , inflamed and swollen tonsils, with or without pus points.	- Advise to drink plenty of fluids - Ask the person to do warm salt water gargles 2-3 times a day. - Tab Paracetamol for pain and fever.SOS. - Refer to the AAM for the MO/ CHO for examination. - Follow up regarding use of antibiotics as prescribed by the MO, if any. - Sometimes children with repeated or severe tonsillitis may require surgery



S. No.	What it is and what it looks like	Responsibilities What the ASHA has to convey/do
2.	Pain in throat with fever with difficulty in swallowing / breathing or noisy breathing can happen because of infection/ swelling of the top of the voice box (epiglottitis). It is a dangerous condition seen in small children. Patient complains of: - Severe pain in throat - Fever - Difficulty in swallowing - Difficulty in breathing or noisy breathing - Muffled thick voice	- Inform ANM and CHO immediately and help with referral urgently to the district hospital. Call 108/ 112 for an ambulance and urgently shift. - In case of fever, sponge the child and given syp. Paracetamol. (the doses explained in Fever section) - Child might need oxygen so do not delay shifting the child.
3.	Foreign body in the air passage: child or adult may swallow something like a coin or small ball/ beads etc, which may get stuck in the back of the throat or the beginning of the air passage. Patients complain of: - Sudden choking - Difficulty in breathing - Cough with blood in the sputum if it is in the air passage	- If the person can cough, ask the person to cough out if it is only in the back of the throat – sometimes the foreign body comes out. - Inform ANM and CHO immediately and help with referral urgently to the district hospital. Call for an ambulance - Attempt first aid measures.

Case study:

During a routine household visit, ASHA meets the a 8-year-old P who has had repeated episodes of throat pain and fever for the last six months. Her mother reports that Pooja develops sore throat every 1–2 months, complains of pain while swallowing, and misses school during these episodes. The family usually gives leftover antibiotics and cough syrup from a chemist without consulting a doctor.



During the current episode, Pooja has mild fever, swollen neck glands, but no breathing difficulty. ASHA observes that the throat appears congested and suspects throat infection. She counsels the family to avoid self-medication, lists P under suspected ENT problem, refers her to the AAM for CHO assessment and further management.

Questions:

- What do you think is the problem ?
- What additional history should the ASHA ask ?
- Which danger signs would make this case an emergency requiring urgent referral?

Oral Health care and common diseases of oral cavity

In this section, you will learn about:

- What can cause oral diseases?
- How to keep mouth and teeth healthy?
- Common diseases of the oral cavity and how to identify them
- Your role in prevention of common diseases of the oral cavity
- When to refer patients

Common health problems affecting the mouth, teeth, gums and tongue include toothache, bleeding gums, mouth ulcers, swelling or difficulty in eating / drinking. Oral cancer remains a major concern due to its high prevalence. Early detection, and timely care can help prevent these problems from becoming worse.

Oral cancer is a serious disease that can affect any part of the mouth including lips and tongue. You as an ASHA can help by educating people about risk factors, identification of early warning signs, and importance of seeking care early.

Your role as an ASHA in promotion of oral health care:

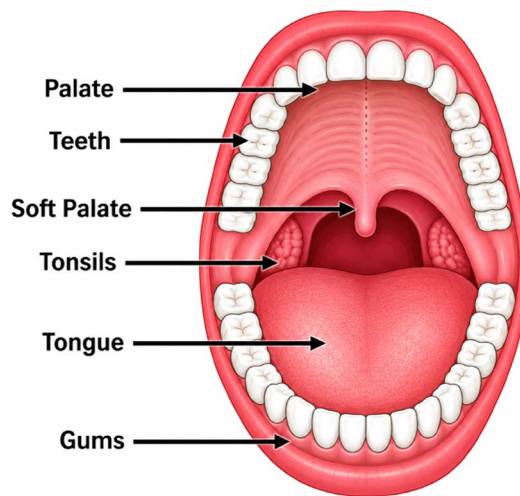
- Making people aware about common dental diseases including the role of poor oral hygiene, faulty diet and use of tobacco in creating dental problems.
- Promoting good oral hygiene, cessation of tobacco chewing / smoking, regular dental checkup (especially among infants, children, elderly, pregnant women and the population with special health care needs) for healthy teeth and gums.
- While assessing the population in your area using CBAC, counsel tobacco users for cessation.
- Ensuring universal screening for Oral Cancers along with CHO and ANM.
- Using the Anganwadi / school platforms for promoting daily proper tooth brushing among school children.
- Educating mothers and motivating pre-school children for hand wash and mouth rinse before and after every meal.
- Co-ordinating and participating in the outreach activities of RBSK along with AAM- SHC/ PHC Teams and the District Mobile dental clinic.
- Mobilization of community members to attend dental screening camps / VHSNDs/ UHNDs.
- Identifying oral / dental illnesses and guiding patients to the nearest AAM-SHC/PHC. Ensuring all follow up visits.
- Provide appropriate guidance and timely referral in cases of dental emergencies and injuries to the face.



ORAL HEALTH

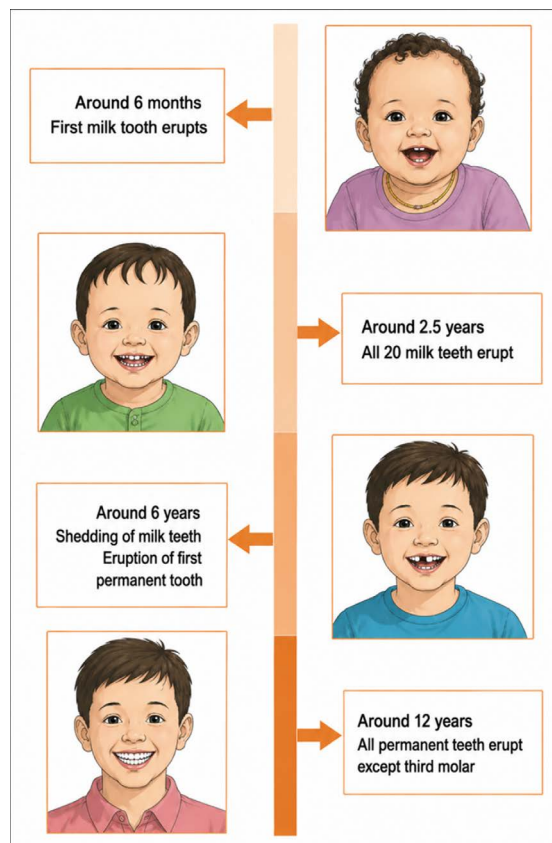
Oral health focuses on keeping the mouth and teeth healthy.

Parts of Mouth



Teeth:

- Milk teeth (baby teeth): These usually start coming in during the first 2 years of life and are gradually replaced by permanent teeth between 6 and 12 years of age.
- Permanent teeth (adult teeth): These usually start coming in around 6–7 years of age and are meant to last throughout life. A healthy adult usually has 32 permanent teeth.



Teeth (Milk and Permanent Teeth)

Promotion of oral hygiene:

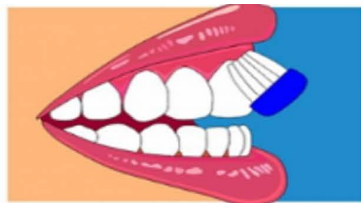
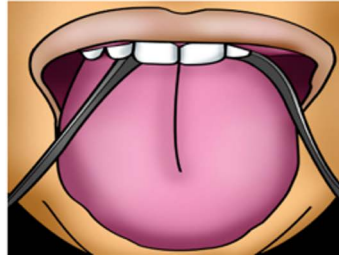
Common oral diseases can be prevented from occurring by helping your population to practice good oral hygiene.

You must promote the following :

1. Good oral hygiene

a. Brushing teeth –

- Brush teeth at least twice a day (after waking up in the morning and before going to sleep at night).
- Brushing teeth before going to sleep is more important since it removes all food particles which would otherwise provide suitable environment for the germs to grow through the night.



1 Place the brush at a 45° angle to the front tooth surface. Bristles must contact both lines of tooth and gum.



2 Move the brush in a small, jiggling, circular motion.



3 Clean the inside surfaces of the back teeth by moving the brush in a small back and forth motion.



4 Clean the inside surfaces of the front upper teeth by tilting the brush vertically using small up and down strokes.



5 Clean the inside surfaces of the front lower teeth by tilting the brush vertically using small up and down strokes.



6 Move the brush in a back and forth motion to clean the biting surfaces.

- Teeth should be brushed for at least two minutes every time with a soft toothbrush and pea sized amount of toothpaste.
- Toothbrush should be changed every three months or when the bristles start to flare.



b. Cleaning tongue

Tongue should be cleaned using the toothbrush or a tongue cleaner while brushing your teeth.

c. Rinsing of mouth after every meal

Rinse the mouth thoroughly with water after every meal especially after eating sugary or sticky foods.

2. Eating right

- Eating too much of sweet and sticky foods should be avoided.
- Snacking between meals should be avoided.
- A healthy diet is essential to maintain healthy teeth and gums. A well-balanced diet should be taken including grains, fruits, vegetables, nuts and dairy products.



3. Stop the use of tobacco

- Use of tobacco in any form (smoked/ chewed) leads to staining of teeth and increases the risk of gum diseases.
- Tobacco consumption can also lead to burning sensation in the mouth while eating, reduced mouth opening, white patches in the oral cavity, and oral cancer.
- All tobacco users should be encouraged and supported to quit, while individuals who have not started using tobacco should be counselled to avoid starting its use.

4. Regular dental check-ups

- Regular dental check-ups help in early detection of oral diseases, making treatment easier and more effective.
- Encourage a regular annual oral health check-up even if there is no problem.
- Seek care promptly if there is toothache , bleeding / swollen gums, loose or broken tooth, any non-healing ulcers , lumps or red/white patches.

5. Oral self-examination

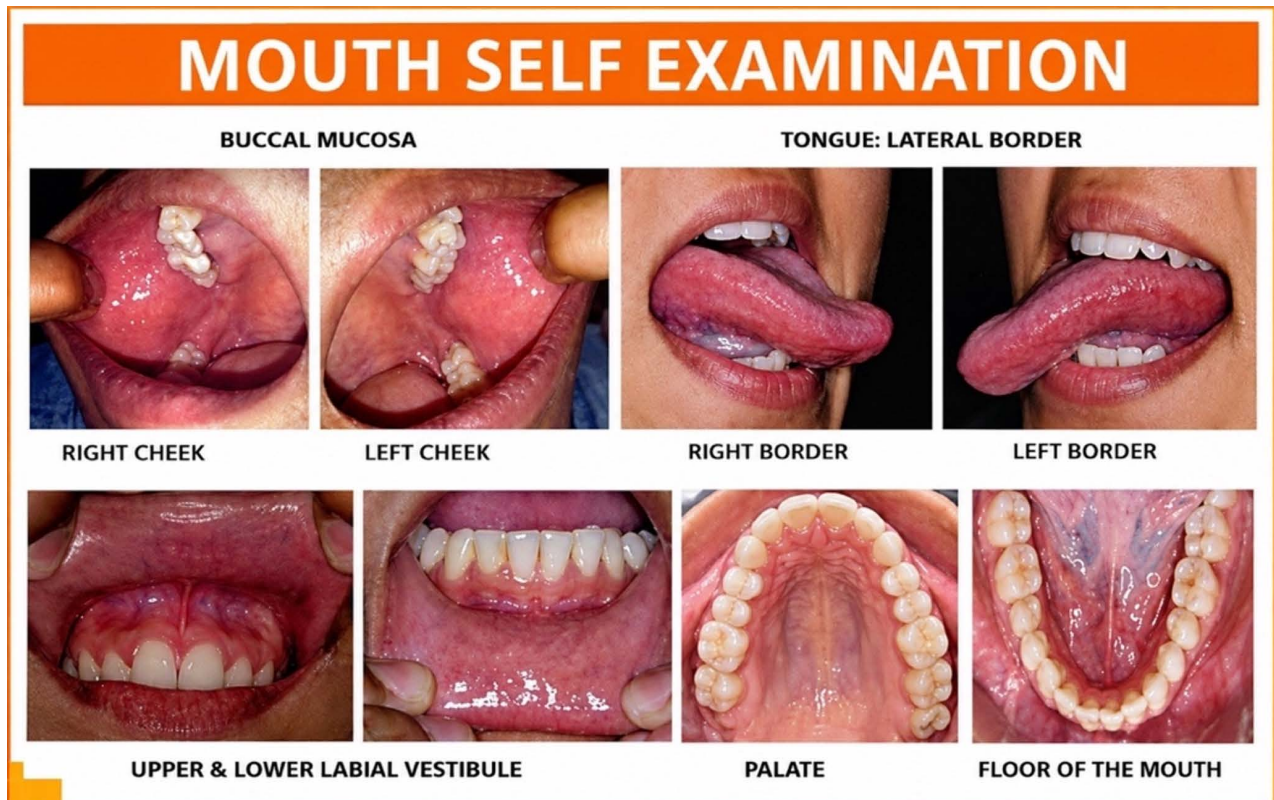
It helps in early detection of oral diseases, including oral cancer. People should be made aware of how to examine their mouth for any white or red patches, non-healing ulcers, lumps, thickened areas or discolouration.

Steps for Oral Self-Examination:

1. Wash your hands.
2. In case of elderly and wearing a denture , remove your denture .
3. Stand in front of a mirror and ensure good lighting.
4. Check the lips and the inner lining of the lips.
5. Examine the inside of both cheeks.

6. Look at the roof of the mouth (hard and soft palate).
7. Examine the tongue. Protrude the tongue to examine the top surface of the tongue.
8. Make the tongue touch the roof up. Check under the tongue.
9. Look at both sides of the tongue.

This should be performed every month. If any abnormality is found, a visit should be made to the nearest AAM-PHC, SHC/PHC, immediately.



ORAL HEALTH FOR EVERY STAGE OF LIFE



It is important to note that oral diseases can be seen in **all age groups starting from infants.**



1 INFANTS



- **Breastfeeding** is important for healthy teeth and strong gums.
- Bottle fed babies can develop gum diseases.



Initiate breastfeeding within an hour after birth



Practice exclusive breastfeeding for the first six months of life



Continue breastfeeding till two years of age

2 CHILDREN



- Children are very vulnerable to get tooth decay.
- This happens because of poor oral hygiene and improper tooth brushing.
- Excessive intake of sweets and junk food adds to this.
- In small children (0–6 years old) cavities sometimes affect upper front teeth and are more common in those who are bottle fed.



3 ADOLESCENTS AND ADULTS



- This is the age when people develop the habit of chewing tobacco or smoking.
- Tobacco consumption can affect oral health in several ways and is leading cause of **oral cancers**.
- Poor oral hygiene and improper tooth brushing can cause several oral health problems.



Say NO to tobacco.
Protect your mouth,
protect your life.

4 ELDERLY



- The main problem in elderly is missing teeth.
- Maintaining oral hygiene and use of properly fitting dentures can prevent gum problems and help elderly in eating properly.
- Many old people also chew tobacco or smoke which makes them prone to development of **oral cancers**.



Maintain oral hygiene daily.



Visit a dentist regularly.



**GOOD ORAL HEALTH THROUGHOUT LIFE
LEADS TO A HEALTHY, HAPPY LIFE!**



Oral Health problems can happen in all age groups:

Certain Myths related to oral health are prevalent in the community and need to be addressed by providing the right information. These are include:



Oral Health – Myths vs Facts

Good oral health = Good overall health



✗ MYTHS (गलत धारणाएँ)	✓ FACTS (सच)
 Oral health has no impact on general health	Good oral health contributes to overall health and well-being. 
 Brushing during pregnancy can worsen the gum bleeding/gum enlargement	Gum disease gets aggravated during pregnancy due to changes in hormone levels. Continue with brushing and consult a dentist for further advice and treatment. 
 Cleft Lip / Palate is caused because of curse or exposure during eclipse	Cleft lip / palatn are congenital conditions with possible multiple causes, including genetic and environmental factors, nutritional deficiency, intake of certain medications / harmful exposure to tobacco / alcohol during pregnancy. 
 Milk teeth should only be brushed after all of them erupt	As soon as the first tooth erupts in the mouth, one must start brushing the tooth/teeth using a baby tooth brush. 
 Cavities on milk teeth can be left untreated as they will shed and new teeth will come in their place.	Cavities if left unfilled, may lead to destruction and loss of milk teeth. Premature loss of milk teeth may lead to chewing and speaking difficulty in children and result in irregular alignment of permanent teeth. 
 Scaling weakens the teeth and loosens them	Scaling removes tarter and calculus only and does not damage the teeth or gums. 
 Tooth extraction can lead to loss of eyesight	Tooth removal has no known impact on the eyesight. 
 Using <i>gul manjan</i>, coal, brick powder, ash, charcoal powder is a better alternative and beneficial to teeth.	These subatances have abrasives that wear out the tooth structure at a fast rate and are not recommended to clean your teeth. 

 Remember for a healthy smile



Brush twice a day with fluoridated toothpaste.



Eat a balanced diet, limit sugary foods and drinks.



Drink plenty of clean water.



Visit a dentist regularly.



Clean mouth, healthy body, happy life!



Start good oral care early. Small steps today – healthy smile for life!

Your role as an ASHA in prevention and management of common oral diseases:

Preventive care, health education, and early detection of oral problems reduces the need for complex treatments later.

As an ASHA, you play a crucial role in promoting oral health in your community. In this section, we will cover how you can identify common oral health conditions, and the advice to be given for management, prevention .

- Tooth decay/ dental caries
- Early Childhood Caries/ Nursing Bottle Caries
- Gum Diseases/ Abnormal Growth or Enlargement of Gums
- Irregular arrangement of teeth and jaws
- Ulcers
- Fungal infection of mouth (Oral thrush)
- Cleft lip or Palate
- Missing tooth/ teeth
- Trauma to the teeth and face
- Oral cancer/ abnormal growth or patch in the oral cavity (also discussed in section of NCDs).

I. Tooth Decay/ Dental Caries

Tooth decay is a bacterial disease affecting the hard structure of the tooth which results in breakdown of the tooth structure leading to cavity formation.

Symptoms and Signs:

- Sensitivity when eating or drinking to hot & cold, sweet & sour.
- Black/ brown discoloration or spots on tooth.
- Cavity/hole on the tooth or in between two teeth.
- Breaking of tooth or tooth surface.
- Food lodgement in the cavity between the teeth.
- Sudden pain involving tooth and may involve area up to ear.



Your advice as ASHA:

- Place a clove or apply clove oil at pain site. Can take Paracetamol for pain if severe.
- Refer to AAM-SHC/ PHC in case you see following:
- Increased sensitivity to hot and cold for more than 2 weeks.
- Pain/swelling.



- Black spot/discoloration/Cavity on tooth surface.
- Advise not to take extremely hot and cold food & drinks .
- Restrict consumption of sugary and sticky diet.
- Do not place camphor/ tobacco/ petroleum products/ salt at the site of pain.
- Do not use sharp objects like pins, needles etc to clean teeth.
- Brush twice and rinsing mouth thoroughly with water after every meal and snacks.

II. Early Childhood Caries/Nursing Bottle caries

Symptoms and Signs:

- The cavities are mostly seen on upper front teeth but can affect other teeth also.
- ECC leads to early loss of milk teeth, delayed eruption of permanent teeth, difficulty in eating, pain, abscess and malnourishment.
- **Causes:** It occurs in children whose teeth are exposed to sugary liquids for long periods of time, e.g., children who fall asleep with a bottle in their mouths or who carry a bottle and drink sweetened liquids throughout the day.

Your advice as ASHA:

- Do not let the baby sleep with a bottle or nipple containing milk or anything sweet in the mouth.
- After each feed, gently clean the baby's gums with a clean, soft, damp cloth. Make sure no milk is left in the mouth.
- Reassure the mother that milk teeth will eventually fall out and be replaced by permanent teeth.



III. Gum Diseases

Gum disease can start when a sticky layer containing germs starts building around the teeth. This causes irritation and swelling of the gums.

The risk further increases if the oral hygiene is poor , person chews or smokes or has some other co-existing disease.

Look for:

- Red and puffy/ swollen / bleeding gums along tooth margin.
- Tooth pain or sensitivity.
- Bad breath.
- Loose teeth or widening of gap between teeth with deposits and discoloration of tooth.



Healthy



Unhealthy

Your advice as ASHA:

- Keep the teeth and gums clean . Brush twice and rinse after meals.
- Refer to person to nearest facility in case red/ swollen or bleeding gums, persistent tooth/ gum pain, visible deposits, loose teeth, pus, or difficulty in eating.



- Advise the person to stop using tobacco in any form.
- For temporary relief from discomfort rinse with clean warm salt water.

IV. Ulcers, white / red patches patch in the oral cavity

Oral Ulcers include all ulcers occurring in the inner lining of mouth/lip/cheek or tongue. Many times, a white patch is formed on tongue and lining of mouth.

Causes:

- Trauma from vigorous brushing, ill-fitting dentures, inner part of cheek or tongue being accidentally bitten by own teeth.
- Sharp or broken tooth, very hot food or drinks.
- Nutritional deficiency (Iron, Folic acid, Vitamin B-12).
- Some infections can also cause oral ulcers.
- Use of tobacco products (smoking, gutkha, khaini, supari).
- Certain medications/chronic diseases.
- Sometimes the cause is not known.



Your advice as ASHA:

- Keep the teeth and gums clean . Brush twice and rinse after meals .
- Stop tobacco / supari/areca nut. Help individual to quit using tobacco products.
- For painful ulcer rinse with clean warm salt water
- Avoid foods that irritate the sore area
- Do not apply tobacco, chemicals or other substances on the ulcer or patch
- Refer for examination if you notice a red or white patch, or an oral ulcer that is increasing in size, recurrent, or associated with swelling/lump, difficulty in opening the mouth or swallowing. An ulcer, red or white patch that does not disappear within 2 weeks must be examined.

V. Irregular arrangement of teeth and jaws:

Irregular arrangement of teeth and jaws may affect the appearance or other functions like speech and chewing. Teeth may be very closely placed/ protruding outwards.



Your advice as ASHA:

- Refer to the CHC/DH.

VI. Fungal Infection of Mouth (Oral Thrush)

Causes/risk factors:

- Often seen in young infants.
- May follow after use of antibiotics.
- Also seen in patients with poorly controlled diabetes, using certain medications or having poor oral/dental hygiene.

Sign & Symptoms:

- Whitish curd like patch
- Burning sensation and pain
- Altered taste.
- Difficulty in chewing or swallowing.
- Foul odour



Your advice as ASHA:

- Advise individuals to maintain good oral hygiene
- Refer to AAM-SHC for assessment and treatment

VII. Cleft lip or Palate

A spilt in the upper lip and/or the roof of the mouth seen at birth that results when the two sides fail to fuse is called cleft.

Cause / predisposition:

- Genetic reasons
- Deficiency of folic acid during pregnancy
- Use of certain medications during pregnancy
- Harmful exposure to smoking and alcohol during pregnancy

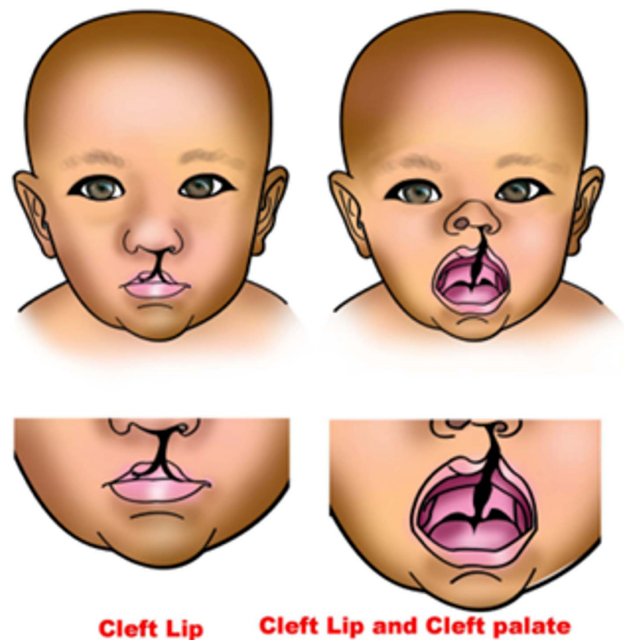
Sign & Symptoms:

- Spilt lip/palate or both
- Difficulty in feeding, swallowing and talking

Your advice as ASHA:

- Facilitate early referral through the CHO/AAM-SHC to the RBSK team/DEIC.
- Counsel the parents that cleft lip and palate are treatable conditions .
- Counsel and support parents on safe feeding practices until the child receives definitive care.
- Ensure referral and assessment if the child has difficulty sucking, choking, repeated nasal regurgitation, prolonged feeds or poor weight gain.

Cleft lip or Palate



Cleft Lip

Cleft Lip and Cleft palate



- Advise pregnant women to avoid intake of alcohol/ smoking during pregnancy.
- Advise pregnant women to take Folic acid / Iron Folic Acid / IFA tablets as advised during pregnancy.

VIII. Missing Tooth/Teeth

Teeth may be lost as a result of injury , in certain diseases or during course of aging.



Missing Anterior Tooth
(Partial Edentulous)



Completely Edentulous



Missing Posterior Teeth
(Partial Edentulous)

Sign & Symptoms: Missing teeth lead to

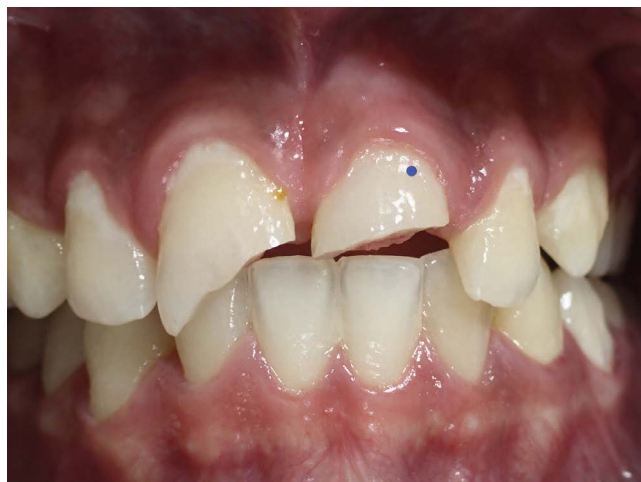
- Difficulty in chewing which can affect the food intake especially in elderly
- Difficulty in speech
- Compromised smile

IX. Injury to the teeth / Fractured tooth

Teeth and face may get injured while playing , accidents , physical violence or fall.

Sign & Symptoms:

- Broken / displaced tooth/ knocked out tooth
- Tooth Pain / sensitivity
- Bleeding from mouth
- Cut / swollen lips , gums
- Difficulty in closing or opening mouth
- Difficulty in chewing / speaking .
- Numbness of lip , mouth or face



Your advice as ASHA:

If a permanent tooth is knocked out : Act quickly , every minute matters

DOs

- Arrest the bleeding with pressure with clean cloth / gauze/cold pack.
- In case of knocked out tooth ,holding it by the upper part ,wash it gently with milk or salt water. Do not scrub .To save it , place the knocked-out tooth /broken tooth fragment in milk / salt water. If nothing is available , in a conscious adult patient , ask the person to keep it in mouth between cheek and gums to keep it moist.

- Refer the patient to nearest health facility with a dentist as soon as possible
- If injury involves face/head, refer to the nearest linked hospital immediately

Don'ts

- Do not throw the tooth or broken fragment
- Do not rub or scrub the tooth
- Do not wrap the tooth in soiled cloth / dry cloth
- Do not let the tooth dry

Long term: Promoting safe environment for preventing trauma

X. Oral Cancer

Oral cancer is a cancer that can develop in the lips, tongue, gums, inner cheeks, floor of the mouth and other parts of the mouth.

Cause / predisposition:

- Tobacco use – smoking and smokeless tobacco
- Areca nut/ betel quid (paan) chewing, with or without tobacco
- Alcohol use, particularly when combined with tobacco
- Chronic irritation/trauma from a sharp tooth or ill-fitting denture
- Poor oral hygiene
- Other factors such as unhealthy diet and some medical conditions may also contribute.

Sign & Symptoms:

- Ulcer or sore in the mouth that does not heal
- White patch or red patch in the mouth
- A lump, thickening or growth in the mouth
- Difficulty opening the mouth
- Difficulty moving/protruding the tongue
- Persistent pain or numbness in the mouth
- Difficulty chewing, swallowing or speaking
- Change in voice
- A lump/swelling in the neck
- Pain referred to the ear
- Unexplained bleeding from the mouth



Your role as an ASHA:

- Educate people about oral cancer and its risk factors.
- Identify people with tobacco/areca-nut use and encourage them to quit.
- Encourage eligible people to participate in oral-cancer screening.
- Recognise suspicious oral lesions or symptoms and facilitate referral to the appropriate health facility as per the screening protocol.
- Follow up with people who have been referred to ensure that they reach the facility.

ASHA advice for the main risk factor : Stop tobacco and areca nut:

- Advise the person to stop all forms of tobacco – smoking as well as chewing tobacco.
- Advise the person to avoid areca nut/supari and betel quid (paan), with or without tobacco.
- Explain that tobacco and areca nut are major risk factors for oral cancer.
- Ask whether the person is willing to quit.
- Distract or divert mind from tobacco towards any other activity like music/reading/ conversing with friends / staying physically active / drink water frequently to keep mouth moist.
- If willing, encourage a quit attempt and facilitate referral to the nearest tobacco-cessation services .
- Support the person if they have difficulty quitting and encourage repeated quit attempts.



C7

Palliative Care



PART C

C7 Palliative Care

In this section you would learn about ::

- What is palliative care?
- Identifying those needing palliative care in your area.
- Your role in provision of palliative care to beneficiaries in your area.
- Your role in facilitating the care givers for providing palliative care.
- Mobilizing the community resources / volunteers for palliative care.

WHAT IS PALLIATIVE CARE?

Palliative care is the active, holistic care of people with life-limiting or life-threatening illnesses and their families.

Ms. S is a 32-year-old lady with advanced breast cancer in your neighbourhood. She has two children aged 8 and 6. Her husband works in a factory as a peon. The treating doctor has told her husband that the disease is not responding to treatment and the patient has short life, not more than 6–9 months. You visited her yesterday. She complained of pain all over the body. She looked very worried. As her ASHA, what can you do to help this patient and her family? Who all can you seek help from?

Shri M is a 34 year old young man. He met with an accident about a month ago in which he seriously injured his back and is now paralyzed from waist down. He was discharged yesterday and has come home. At home he has an old mother, a wife and two children aged 10 and 6 years. He was the sole earning member and till his accident he was running his small stationery shop in the local market. According to you, what kind of problems, is he likely to face? What are the major concerns in the minds of his mother and wife, now that he is home?

It begins from the time of diagnosis, alongside curative treatment, and continues throughout the course of illness, including end-of-life care, and bereavement support for families. It aims

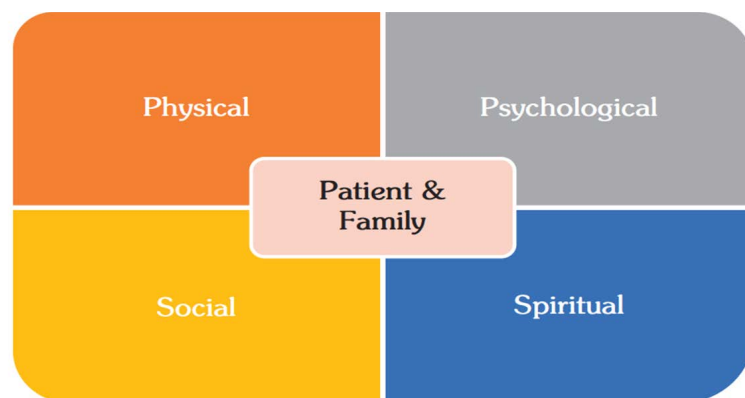
to relieve suffering , facilitate recovery to the extent possible and improve quality of life by managing pain and other distressing symptoms, while addressing psychological, social, and spiritual needs of the individual and the care givers. It ensures comfort, dignity, and holistic well-being of the patient throughout the entire continuum of care.



Palliative care may be required in a wide range of conditions such as :

- i. Stroke
- ii. Cancer
- iii. Certain Neurological disorders
- iv. Certain Chronic respiratory diseases
- v. AIDS / HIV
- vi. Chronic kidney and liver diseases
- vii. Dementia
- viii. Rheumatoid arthritis
- ix. Certain Congenital anomalies
- x. Drug-resistant tuberculosis

Palliative care places the patient as well as their family at the centre of care, views the person holistically, and aims to address physical, emotional, social, and spiritual needs.



Components of Palliative Care



ASHA has a critical role as a part of PHC Team in delivery of home based palliative care.

Home based palliative care is more comfortable for patients when as they are in their familiar surroundings and surrounded by people whom they care about.

It is cost-effective and reduces loss of livelihood for family members. Local support groups and volunteers can be mobilized to support patients and care givers living in their particular area. They would be more willing to do this not only because they may know or have personal ties with the people affected but because it is much easier for neighbors to help each other at home rather than travel long distances to do so.



Who are the members of Palliative Care Team?

Palliative care requires a multidisciplinary team approach along with the support from patient's family. Community-based health workers and volunteers play a critical role in delivering comprehensive and continuous care.

The Home Care : Team consists of professionals trained in Palliative Care namely a Medical officer, a community Health Officer, a Nurse, Multipurpose Health Worker (Female/Male), ASHA



How Does a Home Care Team Function?

- Each team caters for an area served by the SHC-AAM, PHC-AAM.
- ASHA identifies bed-ridden patients and others needing palliative care and shares the information with the MPW/ ANM . This is followed by visit by MPW/ CHO for further assessment using Palliative care screening tool.
- In the first visit the Palliative Care needs of the patient and the family are identified. Urgent issues are addressed during the first visit and the patients are categorized into high, middle and low priorities depending on their palliative care needs.
- The high priority patients are visited once/twice or more often every week. Middle priority patients are visited once a fortnight. Low priority patients are visited once a month. These priorities can change as per the condition of the patient .
- For effective delivery of home based palliative care services the home care team is provided a home care kit. The home care kit is kept at the AAM-SHC . ANM is responsible for maintaining the home care kit , which is kept at the AAM -SHC and regularly replenished from AAM-PHC stores.
- Scope of services in home care: Following services are generally included as part of home care though they may vary from setting to setting.



Services provided as part of homecare



Delivering Palliative care at home in community:

- Identification : While filling the Community Based Assessment Checklist, you will fill a question in the general information section , “Does this person have any of the following : Visible defect / known disability / bed ridden / requires support for Activities of Daily Living” If the answer to any of these is Yes, you will refer to the ANM/ CHO for further assessment.
- Needs assessment : CHO examines the identified person in detail using the tool devised for this assessment.
- Care plan formulation: As per the assessed needs, the team plans the care.
- Palliative interventions are implemented as per the care plan.
- Bereavement support is a part of the palliative care.



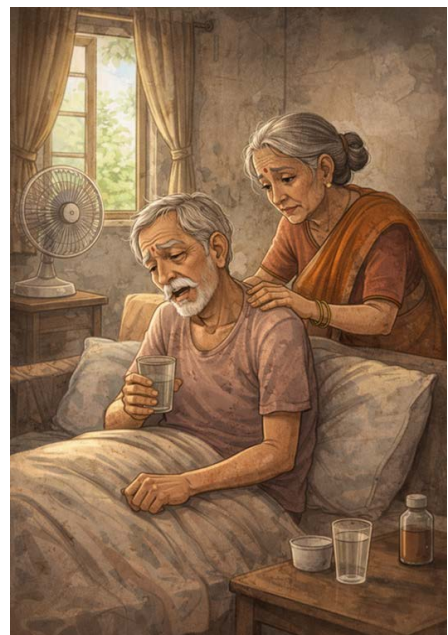
78 year Mr. Y is suffering from loss of memory. He has now stopped eating on his own. He is no longer talking to anyone. He keeps lying in his bed on one side. His wife is finding it difficult to feed and clean him, They do not have children and cannot afford help either. As their ASHA, how can you help ?

DELIVERING PALLIATIVE CARE :

One of the important goals of palliative care is relief of physical symptoms.

Pain relief :

- Pain may continue or recur in people with serious illness, but it can often be reduced with appropriate treatment and support.
- Patients with chronic pain may withdraw, become depressed and quiet and may stop eating.
- It varies from person to person as it has both physical and emotional components. If pain increases, the doctor may need to change the dose or medicine. An increase in dose does not by itself mean addiction.
- The PHC MO leading the team / CHO must be informed so that medications / doses may be revised if required.
- The team may also use certain non-drug methods like physiotherapy, hot and cold packs, and/or massage. Proper positioning, reassurance, diversion therapy ,/



use of art and / music and/or/ engaging with friends and relatives may also help.

Management of breathlessness

- Breathlessness is a symptom commonly seen and can be very distressing to the patient and attendants . It may be reversible in certain conditions and should be checked by a doctor.
- It restricts activities with resulting loss of independence, frustration, anger and depression. Breathlessness at rest can cause anxiety and panic attacks.
- Patients often fear suffocating to death. Explanation and support are important.

Management:

Non-pharmacological (non-drug) treatment-This is very important treatment modality, and the family should be taught about this. These include:

- Propping up with pillows or cushions
- Ensuring good ventilation
- Having calm environment
- Loose, comfortable clothes
- Wiping the face with a wet towel,
- Rubbing the back
- Relaxation techniques like- asking the patient to think about something pleasant
- eg. Certain happy events / fond memories or/ favourite songs .
- Physio therapy in the form of deep breathing, leaning forward and pursed lip breathing

Talking to the patient in a calm and soothing voice helps.

Discussing their fears openly.

Help the family to stay calm and not panic because anxiety spreads quickly gets communicated to the patient and from one family member to another

No patient should die with distressing breathlessness.

There are medicines which can help prevent and treat breathlessness in the dying. The MO should be consulted for the same.

Inform the team about any worsening of breathlessness so that the medical help as per plan can be provided.



Nausea and Vomiting

Nausea is an unpleasant feeling of impending vomiting .

Nausea can cause more misery than vomiting.

Management:

- A calm, reassuring environment away from the sight and smell of food.
- Avoid exposure to foods, which precipitate nausea.
- Give small frequent meals.
- Cold food is tolerated better than hot food.
- Control of bad smell from wound / surroundings if possible. Medications will be required to control severe nausea and vomiting for which CHO / MO will have to be consulted .

Constipation

Constipation is the difficult or painful passage of stools less number of time than usual for the person. Constipation is a common complaint in patients needing palliative care . It can cause bloating and fullness, loss of appetite, and abdominal pain.

Management

Non-drug management:

- For some patients being able to get to the toilet may be more important than the medicines for relief of constipation.
- Timing and privacy
- A squatting position helps .
- As far as possible patients should be encouraged to eat a fibre rich balanced diet and drink plenty of fluid, but this may not be possible in some of the patients receiving palliative care.
- Patient might need medications for severe constipation as prescribed by the doctor.

Diarrhoea

Diarrhoea is defined as the passage of three or more loose stools in 24 hours. Diarrhoea is less common than constipation in patients requiring palliative care.

General Measures

- In case patient has diarrhoea - Increase fluid intake-frequent sipping of water / ORS / Daal water / Lemonade / Coconut water etc.
- Reassurance that most diarrhoea is self-limiting.
- Promote hand and food hygiene strictly (by the patient as well as the care providers) to prevent infective diarrhoea.
- For specific drug treatment - consult the MPO.



Basic Nursing Skills

Competency: Understanding of basic nursing care and procedures in home care setting which can be taught to the care givers. :

Care of the bed ridden patient

Caring for bed-ridden patients can be a challenging task. You are not expected to provide all the care yourself. Your role is to guide and support the family of caregiver who is looking after the patient. You should also assist the CHO/ ANM when they visit the patient at home. Therefore, you should know the basic ways to care for a bedridden patient

In a bed ridden patient, the care includes:

Communication

- Regular Home Visits
- Assessment of symptoms
- Recording and reporting
- Involving the family in the care
- Health education of the family
Demonstrating the care and making a follow up plan
- Airway clearance
- Adequate fluid intake (oral, naso - gastric tube feeding)
- Bowel and bladder care
- Personal hygiene- head to foot care
- Prevention and care of pressure sores
- Exercise

Care of hair and how to give head bath

Stimulating the scalp by massage and brushing improves circulation and keeps hair healthy

Purpose:

- To keep the hair clean and healthy
- To promote the growth of hair and prevent loss of hair
- To prevent itching and infection
- To prevent accumulation of oil, dirt and dandruff
- To provide a sense of well-being
- To destroy lice
- To appear well groomed



Points to remember while giving head bath

- Protect the bed linen and pillow cover with a towel and mackintosh [rubber/plastic sheet]
- Place a mackintosh under the patient's head and neck. Keep one end of the mackintosh in a bucket to receive the water. Wash thoroughly with soap or shampoo
- Rinse thoroughly and dry the hair. Braid the hair into two on each side of the head, behind the ears to make the patient more comfortable when lying on her back
- Patients may be advised short clipping of hair if it's acceptable.

Care of eyes

- Eye secretions may dry on the eyelashes and cause the eyelids to stick together. Soften the dried secretions before cleaning; do not pull them off.
- Clean the eyes gently with clean, boiled-and-cooled water, using a clean, soft swab/ gauze.
- Wipe from the inner corner of the eye towards the outer corner using a single gentle stroke.
- Use a fresh swab for each wipe and a separate swab for each eye to avoid transferring infection.
- Clean the eyes as often as needed to keep them clean and comfortable.

For a patient who is unconscious or has reduced blinking:

- If the eyes appear dry, inform the health-care team, who will advise appropriate lubricating eye drops or ointment. If there is redness, swelling, significant discharge, pain, clouding of the visible surface of eye, or difficulty opening the eye, the caregiver should inform the health-care team.

Care of nose

- Dried secretions around the nostrils may cause discomfort and nasal blockage.
- Soften dried secretions with clean water or normal saline and gently wipe them away with a clean, soft cloth or gauze.
- Do not insert cotton buds, applicators or other objects deep inside the nose.
- If nasal blockage is persistent or causes difficulty in breathing, inform the health-care team.

Care of Ears

- Clean the outer ear and the area behind the ears gently with a clean, soft, damp cloth.
- Do not insert cotton buds, matchsticks, pins or other objects into the ear canal.
- Earwax usually does not require removal. If there is ear pain, discharge, hearing difficulty or suspected impacted wax, seek assessment by the CHO/ medical officer/ appropriate

health professional.

Oral care

For a patient who is conscious and able to participate

- Explain the procedure and encourage the patient to participate as much as possible.
- Assist the patient with brushing the teeth twice daily using a soft toothbrush according to the patient's condition and ability.
- If the patient is able to rinse and spit safely, encourage rinsing the mouth with clean water after meals.
- Gently clean the tongue as tolerated.
- Keep the lips clean and apply a suitable lip moisturiser if they are dry or cracked.
- If the patient uses dentures, remove and clean them regularly and remove them at night, unless otherwise advised by the dental/health-care team.

For a patient who is unable to perform oral care independently:

- Explain the procedure to the patient and caregiver.
- Keep ready: soft toothbrush, fluoride toothpaste, clean water, small basin, towel and lip moisturiser.
- Position the patient upright or in a safe side-lying position, depending on their condition, to reduce the risk of aspiration.
- Assist with toothbrushing gently, using a soft toothbrush.
- If the patient cannot safely rinse and spit, do not pour or squirt water into the mouth. Use only a small amount of fluid and follow the oral-care technique taught by the health-care team.
- Remove excess fluid and oral secretions from the mouth as appropriate.
- Stop the procedure if the patient develops coughing, choking, breathlessness, distress or other signs of aspiration and seek advice from the health-care team.

For an unconscious patient

The caregiver should be taught appropriate oral care by the palliative-care/health-care team. Particular care should be taken to prevent aspiration. Do not pour water into the mouth of an unconscious patient.

When to seek help

ASHA should advise the caregiver to inform the health-care team if the patient develops:

- severe or persistent mouth pain;
- difficulty or inability to swallow;



- bleeding from the mouth;
- oral ulcers or sores that do not heal;
- white patches or other unusual changes in the mouth;
- swelling or pus;
- severe dryness of the mouth;
- difficulty eating or drinking because of oral problems.

Bed bath

Bathing is very important in maintaining and promoting hygiene. It helps:

- To clean the dirt from the body
- To stimulate circulation and prevent pressure sores
- To provide comfort and relieve fatigue
- To induce sleep
- To give the patient a sense of well-being
- To regulate body temperature
- To provide active and passive exercises

General instructions for bed bath

- Maintain privacy.
- Explain the procedure.
- Patient's room should be warm for the comfort of the patient and free of draughts
- All needed equipment should be at hand and conveniently placed- bucket of water, soap, towels, etc.
- Avoid unnecessary exertion for the patient.
- Keep the patient near the edge of the bed to avoid over reaching and straining of the back of the care giver
- Only small area of the body should be exposed and bathed at a time. Cleaning is done from the cleanest area to the less clean area, e.g. upper parts of the body should be cleaned before the lower parts.
- A thorough inspection of the skin especially at the back of the body should be done to find out the early signs of pressure sore. All the skin surfaces should be included in the bathing process with special care in cleaning and drying the creases and folds and the bony prominences, as these parts are most likely to be injured.
- Support should be given to the joints while lifting the arms and legs during cleaning and drying of these areas.
- Wash the hands and feet by immersing them in a basin of water as it helps thorough cleaning of the finger nails and toe nails.
- Remove the soap completely from the body to avoid the drying effect. Clean gently and

pat the skin dry rather than rubbing. Creams/oils/paraffin are used to prevent drying and excoriation of the skin.

- Provide active and passive exercises whenever possible unless contraindicated.
- Cut the nails short if they are long.

Prevention and care of pressure sores

What is a pressure sore?

A pressure sore (pressure ulcer/pressure injury) is damage to the skin and underlying tissues caused by prolonged or repeated pressure, usually over a bony prominence. Pressure, if not relieved, may result in tissue damage.

Persons who are bedbound, have limited mobility, are unable to change position independently, are incontinent, are poorly nourished, or have reduced sensation are at increased risk.

Prevention of pressure sores

ASHA should educate the patient and caregiver to:

- Change the patient's position regularly to relieve pressure from the same area. The frequency should be based on the patient's condition, mobility, skin condition, comfort and advice of the health-care team.
- Pay particular attention to bony prominences, such as the back, hips, heels, ankles, elbows and shoulders.
- Inspect the skin regularly, particularly over pressure points. Look for redness or discoloration, warmth, swelling, hardness/softness, pain, blisters or broken skin.
- Keep the skin clean and dry.
- Take particular care of the skin in patients who have lost control on passage of urine or stools and ensure that the wet clothing and bed linen are changed and kept dry.
- Use pillows, cushions or other pressure-relieving/redistributing devices as advised by the health-care team.
- Ensure that bed linen is clean, dry and free of wrinkles or objects that can cause pressure or friction.
- Encourage adequate nutrition and fluids, unless restricted for medical reasons.
- Do not massage, rub or vigorously stroke areas over bony prominences, particularly if the skin is reddened, painful or fragile.

If a pressure sore is already present

- Relieve pressure by avoiding lying or sitting directly on the sore.
- Keep the wound clean and protect it from contamination.
- Do not remove dead tissue, scabs or slough yourself. Debridement shall be assessed and performed by appropriately trained health-care personnel.



- Do not routinely apply antiseptics or other substances to the wound unless advised by the health-care team.
- The type of dressing should be selected by the health-care team according to the depth and condition of the wound, amount of exudate, location and the patient's comfort. Moist wound-healing dressings are commonly used for appropriate pressure ulcers.
- Continue regular repositioning and pressure relief.

Seek help promptly if:

- the wound is not improving, getting larger or deeper;
- there is increasing redness, swelling, warmth or pain around it;
- there is pus or foul-smelling discharge;
- the patient develops fever or becomes generally unwell;
- there is exposed deeper tissue, muscle or bone.

Active and passive exercises

Regular, appropriate movement can help maintain joint mobility, muscle strength, physical function and comfort. It may help reduce stiffness and complications associated with prolonged immobility.

- Encourage the patient to remain as physically active as their condition permits, incorporating simple movements into daily activities.
- Encourage active exercises when the patient is able to move the limbs.
- If the patient is unable to move a limb adequately, gentle passive movements of the joints may be performed by a trained caregiver, after appropriate guidance from the health-care team.
- Exercises should be gentle, slow and within the patient's comfortable range of movement without causing pain.
- The family should be taught the importance of regular movement and positioning in preventing joint stiffness, reduced mobility.
- Do not exercise a limb if there is severe pain, suspected fracture, acute swelling/inflammation or another condition for which movement has been restricted by the health-care team.
- Seek advice from the CHO/medical officer/physiotherapist when there is significant weakness, paralysis, or difficulty in performing exercises.

Care of the perineum

- Keep the perineal area clean and dry.
- Clean the area after urination or passage of stool , or whenever it is soiled.
- Use clean water and a mild soap/cleanser when needed; avoid vigorous rubbing.
- Clean from front to back, moving from the cleaner urethral area orifice towards the more



contaminated area anal orifice for hygiene.

- Dry gently by patting, not rubbing.
- Change wet or soiled clothes, pads and bed linen promptly.
- Wash hands before and after providing perineal care.

Bowel care

- Encourage regular bowel habits and follow the treatment advised for constipation or diarrhoea.
- Encourage use of a toilet or commode, if the patient can use it safely.
- If a bedpan is required, maintain the patient's privacy, dignity and comfort and assist with positioning and use.
- Provide perineal care after bowel movements and keep the area clean and dry.
- Report persistent constipation or diarrhoea, abdominal pain/distension, vomiting, blood in the stool, or inability to pass stool or gas to the health-care team.

Bed making and changing bed linen

- Wash hands and gather the required clean linen and keep it within reach.
- Maintain privacy and dignity.
- If the linen is wet or soiled, remove it carefully and place it directly in the designated container/bag. Avoid shaking or dusting soiled linen.
- If the patient is able to get out of bed safely, change the linen with the bed empty.
- If the patient must remain in bed:
 - Position the patient safely and comfortably, preferably on one side.
 - Remove the soiled linen from the exposed side and roll it towards the patient.
 - Clean the exposed mattress surface if required and place the clean bottom sheet, keeping it smooth and wrinkle-free.
 - Turn/reposition the patient onto the clean side and remove the remaining soiled linen.
 - Complete the clean sheet and ensure that it is smooth, dry and securely tucked.
 - Replace the top sheet/blanket and pillow cover as required.
- Ensure that the patient is comfortable, safely positioned and adequately covered. Keep frequently used items within the patient's reach.

Important points

- Avoid pulling or dragging the patient across the bed; use appropriate assistance when repositioning.
- For patients who cannot tolerate lying flat, maintain their comfortable position and change the linen in sections without forcing them to lie flat. Top to bottom method of occupied bed making can be used for such patients.



- If the patient is very frail, in severe pain or unable to assist with movement, seek help from another caregiver/health worker rather than attempting the procedure alone.

Recall the story of Ms. S. She cannot go to a hospital as her husband is the only earning member of family and he cannot afford to miss his work. Also her children are too young to take her to hospital. Can she be provided some care

Safe disposal of Biomedical waste: Teaching the care-givers :

During the process of home care , you must ensure that you do not carry infection to the patient and also, you do not acquire infection from the patient while providing care. The family care givers and the home care team members may come into contact with body fluids and wastes that carry germs. Certain precautions are recommended and followed under infection control practices . These include :

1. Washing hands

Wash hands with soap and water before and after providing care, after contact with body fluids or soiled materials, and after removing gloves if using gloves.

2. Use gloves appropriately

- Wear disposable gloves when contact with blood, body fluids, faeces, urine, wounds or soiled materials is anticipated especially if the care giver has cuts or wounds on hands.
- Do not reuse disposable gloves.
- Wash/clean hands after removing gloves.

3. Prevent contact with body fluids

- Cover cuts or wounds on the caregiver's hands.
- Avoid direct contact with blood, vomit, urine, faeces or wound discharge.
- Clean spills promptly using gloves and appropriate cleaning materials as trained by the home care team.

4. Handle used materials safely

- Keep used dressings, diapers and other soiled materials separate from ordinary household waste and dispose of them according to the instructions provided by the home care team.
- Sharps such as needles and lancets must never be placed in household waste. They should be put immediately into an appropriate puncture-resistant sharps container and handed over to the home care team when they visit for disposal at the AAM level.
- Do not recap, bend or break used needles.

5. Keep the environment clean

- Keep the patient's bed, clothing and frequently touched surfaces clean and dry.
- Wash soiled linen separately and handle it carefully; do not shake soiled linen.

⊗ Do not

- Throw any medical waste into the household waste /open garbage.
- Burn or bury biomedical waste.
- Allow children or animals to come into contact with medical waste.
- Reuse disposable needles, syringes or other single-use items.

These precautions must always be used when caring for patients, regardless of their infection status

MAKING THE HOME VISIT:

A caring visit brings comfort, support and dignity to the patients and their families.



1 Know the patient and family well.

Even if the ASHA knows them, she should cross check the names, the disease and socio-cultural status beforehand.



2 Address the patient and family respectfully.

Use polite words, a warm tone and appropriate body language.



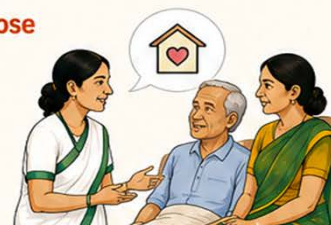
3 Introduce herself and the team members.

Tell your name and the names of other team members with you.



4 Explain the purpose of the visit.

Let them know why you have come and how it will help them.



5 Try to start a friendly conversation.

Talk about general things to make them comfortable and build trust.



6 Listen actively.

Give your full attention, maintain eye contact and do not interrupt.



7 Ask about social, emotional, financial and spiritual problems.

The ASHA may start from the most distressing issue and move on to the others.



Social



Emotional



Financial



Spiritual

8 Respect their comfort and pace.

The patient and family may not share all their feelings during the first visit but may do so later. If they do not want or are uncomfortable discussing a certain topic, they should not be forced. The ASHA can discuss these issues later once a good rapport is built.



9 Allow them to ask questions.

If the ASHA is not very sure about the answers, she may say so. She may discuss with appropriate persons and experts in the team if needed, then answer the queries.



10 She should clearly explain the management plan to the patient and the care giver.



11 If on a follow-up visit, the ASHA should check the management plan.

Do the necessary and appropriate interventions. If there are forms to fill, it can be done later during the visit.



12 The team should plan further follow-up if required and date for next visit.

Communicate this to the patient and family.



PSYCHOSOCIAL AND SPIRITUAL SUPPORT IN PALLIATIVE CARE

One of the most important component of palliative care is providing psychosocial and spiritual support

During the visit by the home care team, Ms.S told them that she used to be a nurse, why did this happen to her ? She was very anxious as to what will happen to her daughters . Who will take care of them and her husband?

Can a communication session be planned with her . Would you like to include her husband in the session ?

- As an ASHA, you will be meeting patients and their families. You can help the patient, who may be struggling with psychosocial and spiritual issues because of a debilitating and life limiting illness. This needs empathic communication.
- Empathetic communication helps the family in coping better, making informed choices, judicious use of scarce resources. It helps them to express emotions and move from denial to acceptance.
- The most valuable thing you can contribute is your presence. Being consciously aware of your own behaviour, what you say and do, and how you conduct yourself, makes the contact with the patient and family meaningful.
- Therefore, you will need to ensure that your beliefs and prejudices do not impede the process of building a rapport with the patient.
- When people get sicker and approach the end of their life's journey, there is often a great deal of spiritual suffering. Each person needs to come to terms with their own losses in their own way. We are there to walk with them in that journey, and not to try and impose our own solutions onto their spiritual struggles by telling them what to think, feel or believe.

Empathetic communication requires basic listening skills and the ability to give an empathic response as required. Therefore before you can help the patient in all sincerity –

You need to :

1. Be an active empathetic listener. An active listener is a person who listens carefully, tries to understand both what the person is saying and how they are feeling, and responds with care and respect. To be an active and understanding listener, you should:
- Observe the surroundings when you enter a patient's home. This can help you understand the patient's situation better.
 - Spend enough time with the patient and family. Do not appear rushed.
 - Listen carefully to what the person says and also notice their feelings, facial expressions, gestures and tone of voice.
 - Encourage and reassure the patient and family. Give them hope, but do not make promises that may not be possible.
 - Provide useful information when the patient or family needs it.
 - Give the person enough time to speak and do not interrupt unnecessarily.



- Active listening helps the patient and family feel heard, understood and supported.
2. You should keep your personal biases aside and communicate without judgement.
 3. You should understand the emotional needs of patients and their families. This is best done by putting yourself in other person's shoes. How would you feel if you were sick and dependent on someone else for even basic tasks? What is it like to nurse someone who requires constant attention?

Ms K is the area ASHA who is making a home visit to a family which has 14 year old Mr. D suffering from an aggressive abdominal cancer. The treatment has not been of help. Deciding to take care of him at home, his parents have brought him home. Homecare team has made one visit . Mr. D's mother, Mrs. P is very upset. She cannot talk openly to Mr. D's father for the fear that he might breakdown. When she sees ASHA, she welcomes her. Just when she is opening up to her, ASHA gets a call from a friend, and she is on phone for two minutes laughing and joking on phone. After the phone call, she tries to restart the conversation, but Mrs. P is appears withdrawn from the conversation. What do you think happened ? How would you have behaved in handled this situation?

The following emotions have been identified as the most likely to influence the behavior of a sick person:

- Anger (Why me?)
- Fear (What will happen to me?)
- Loss (I have lost everything that gave my life value)
- Guilt / Blame (I should have gone earlier to the doctor/ I'm being a burden to the family)
- Shame (How will people now treat me and my family?)
- Grief / Despair (This will only get worse and end in suffering and death)
- Hope (I shall remain pain free and continue to function independently)



Identify the needs of the patient. They may want to-

- Participate in managing their own illness
- Treated with respect
- Heard and to ventilate feelings
- Continue to live with dignity
- Resolve conflicts and be at peace

Common issues faced by the family include-

- Exhaustion and loneliness
- Anxiety and hopelessness leading to depression
- Feeling uncertain about future course of action
- Financial/ resource constraints

Family's needs to-

- Be able to express feelings openly, ask questions and receive honest answers
- Get help to resolve family conflicts, etc.
- Get reassurance and information
- Receive affordable medical, nursing and emotional support

In the Indian situation, we are often faced with dilemmas based on our culture: Who to communicate with? What to communicate? How to communicate?

When to communicate?

While there are no easy answers, as every situation /family differ is unique. As a rule of thumb, the following may be kept in mind:

- Focus on patient and main decision maker.
- Gauge readiness of patient and family to accept the truth.
- Give bad news in small doses. This allows the patient and family time to absorb the information being given.
- Respect silence. Do not rush in. Wait for a response.
- Do not answer direct questions such as, "When will I die?" or "How long do I have?" Instead, explore further.
- Ask a counter question like, "Why do you ask?" or "Is there anything in particular



that you want to do?”

- Do not neglect children as they are also part of the family dynamic.
- **Like anything else, listening needs to be practiced so that it becomes effortless. Here are a few useful tips:**
- Ask open-ended questions like “How are you feeling?” or ‘What is your concern?’
- Reflect on what is being said: “so what you are saying is that you feel very angry because...”
- Clarify / Do not assume

Recognising and responding to psychosocial and spiritual distress:

You must be sensitive to the psychosocial condition of the patient and the caregiver be able to identify psychological trauma and signs of depression. The interaction with the patient and caregiver may reveal spiritual distress because of unresolved family matters, feeling that God has abandoned them, fear of punishment after death, etc. You along with the team can try and address these issues as best as you can. Severity and nature of these issues may sometimes require specialist intervention.

Dealing with emotional issues:

- Most patients will have **anger** which may even be directed at you. The best way to deal with this is to listen without interruption. By the time they finish, they will be relieved of their anger and grateful to you for giving them the opportunity to express themselves.
- **Fear** is another common emotion. If not openly expressed it will continue to grow. Patient's often have unfounded fears that can be relieved through discussion. They should be encouraged to list their fears and prioritise them so that they can be dealt with one at a time. This makes fear more manageable.
- There are patients who become **uncommunicative and withdrawn**. Do not assume that they do not want to talk. Consider why they have withdrawn. Here are a few possibilities:
 - Fear
 - Embarrassment (perhaps due to disfigurement)
 - Depression (sense of worthlessness) ,Feel rejected and lost
 - Anger
 - Denial
 - Suspicion/lack of trust
 - Physical disability (for example have lost voice-box)
- Very often after the death of a patient care givers feel guilty. They feel that they did not do enough: “If only I had had more money?” “If only I could have taken him or her to a particular hospital?” etc. The best way to deal with this is to ask the care giver to make a list of the things they did do for the patient. This will help them realise that they have done a great deal and make them less guilty.
- **Shame and stigma** tend to be associated with diseases such as HIV/AIDS. It is important

to talk openly with the patient and the family and to answer their questions. You will not have answers to all the queries these must be flagged to the other appropriate members of the team.

- **Never forget hope:** It always has a place no matter what the prognosis. Our task is to foster it at all stages but not to give false hope. We must ask the patient / caregiver as to what do they hope for. We may ask: “What is your hope for your loved one?” Usually what patients and care givers are looking for is more control over their situation so that they can move from a feeling of helplessness to one of hope.

There are patients who talk about ending their lives. As a member of the palliative care team, you must be vigilant for this cry for help that can be met with the right medical, nursing, psychosocial and spiritual response. Flag this to the team thus ensuring their access to the appropriate consultant.

This holds true for the bereavement phase also. There may be care givers who are finding it difficult to cope with loss and grief after the death of a loved one. This may be compounded by poverty, especially if the person who died was the main bread-earner.

While grief is natural one should be able to recognise grief that refuses to resolve.

Parents often find it difficult to accept the death of a child. Care givers may also have their own set of spiritual questions at this stage: “How is my loved one?” “Where is he or she now?” “How could God allow this?” “Will I see them again when I die?” Once again, it is not the answers we give that matter as much as how comfortable people are to discuss their deepest feelings with us and thereby find inner peace.

Remember -Palliative Care is incomplete unless we address psychological and spiritual issues of patients and their caregivers.

END OF LIFE CARE

What do you think are the fears faced by a person in final stages of a terminal illness? What do you think can be done to help them in this last part of their journey? Think about these questions independently and share with the group.

Palliative care does not mean that all treatment is stopped in a patient approaching end of life; care is guided by the patient's condition, wishes and goals. End of life care is focused on providing comfort, relief of distressing symptoms, dignity, quality of life to the patient and providing support to the family .

Recognising that the patient may be approaching the end of life the health-care team should explain the situation to the patient and family in a sensitive and understandable manner. A person whom the patient considers important may be included in the discussion, with the patient's consent where possible.



The following changes may occur as a person approaches the end of life:

- Increasing weakness and increasing dependence, often becoming bedbound
- Reduced interest in surroundings and food
- Increasing drowsiness or reduced awareness
- Difficulty in swallowing
- Reduced urine output
- Cold hands and feet
- Changes in breathing, which may become irregular, slow, noisy or interrupted

These changes do not by themselves confirm that death is imminent. The health-care team should assess the patient and guide the family.

Supporting the patient and family

The home-care team should:

- Find out the patient's wishes and preferences, as far as they can be known.
- Discuss the preferred place of care during this phase.
- Understand the concerns and wishes of the family/caregivers.
- Explain what changes they may observe and what they should do if symptoms worsen.
- Provide contact details of the CHO/ANM/medical officer/palliative-care team and emergency services, as appropriate.
- Remember that the patient's and family's wishes may change as the illness progresses.

The goal is to provide individualised care based on comfort and the patient's preferences.

Eating, drinking and mouth care

- If the patient is awake and able to swallow safely, offer small amounts of food or fluids according to the patient's preference and ability.
- Give small sips slowly and allow the patient to swallow before offering more.
- Do not force food or fluids when the patient does not want them or is unable to swallow safely.
- If swallowing becomes difficult, discuss the risk of aspiration with the caregiver and health-care team.
- Continue regular mouth and lip care to relieve dryness and improve comfort.
- What and how much the patient receives should depend on their alertness, ability to swallow, thirst, comfort and overall condition.

If the patient cannot swallow, the need for alternative feeding or hydration should be assessed by the home care team in discussion with the patient/family. Tube feeding or intravenous fluids and their potential benefits and burdens should be discussed, with the family.

Review of medicines

- All medicines should be reviewed regularly by the treating clinician.
- If the patient can no longer swallow, the clinician may prescribe an alternative route of administration, including injectable medicines when appropriate.

Managing common symptoms

Pain

- Continue pain medicines as prescribed and inform the health-care team if pain is not adequately controlled.
- Use appropriate non-drug measures such as comfortable positioning, gentle touch, a calm environment and reassurance.

Breathlessness

- Help the patient into a comfortable position, usually sitting upright or supported as tolerated.
- Ensure good ventilation and use a fan if this is comfortable for the patient.
- Stay with the patient, provide reassurance and remain calm.
- Inform the health-care team if breathlessness is severe or worsening.

Anxiety, restlessness and confusion

- Stay with the patient and provide a calm, familiar environment.
- Look for causes such as pain, urinary retention, constipation, breathlessness or medication effects and inform the health-care team.
- Avoid unnecessary disturbance and provide reassurance.

Noisy breathing

Noisy breathing may occur when saliva and other secretions accumulate in the throat because the patient has become too weak to swallow or cough them up. This can be distressing for relatives even though it is generally not uncomfortable for the dying person.

- Reassure the family that the sound does not necessarily mean that the patient is choking or suffering.
- Gently change the patient's position, such as side-lying, if this is comfortable and helps secretions drain.
- Provide regular mouth care.
- Do not insert fingers or objects deep into the mouth or throat to remove secretions.
- Inform the health-care team if secretions are excessive or appear to be causing distress; medicines may sometimes be prescribed.



Fits

- Keep the patient safe and protect them from injury.
- Do not restrain the patient.
- Do not put a spoon, fingers or any other object into the mouth.
- Continue anti-seizure medicines as prescribed.
- Inform the health-care team promptly in case of first a seizure or seizure lasts longer than usual.

Severe bleeding

Severe bleeding may occasionally occur in a person with advanced illness. The family should be prepared in advance where this is considered a possibility. Contact the health-care team/emergency service immediately for guidance. In the mean time-

- Stay calm and reassure the patient.
- Apply firm, steady pressure to an accessible bleeding site using clean cloths or dressings, where appropriate.
- Dark-coloured towels or sheets may be used to reduce the visual distress caused by blood.
- Contact the health-care team/emergency service immediately for guidance.

Supporting the family

The family may experience considerable emotional distress while caring for a person at the end of life.

The ASHA should:

- Listen to the caregivers' concerns and provide reassurance and emotional support.
- Explain expected changes so that the family is not alarmed by normal changes of the dying process.
- Respect the patient's cultural, religious and spiritual preferences.
- Help the family access the health-care team when additional support is required.

Palliative care is explicitly intended to support both the patient and the family, not only to control physical symptoms.

When the patient becomes unresponsive

An ASHA may be present when a patient becomes unresponsive or may be called by the family.

- Do not attempt to certify or confirm death.
- Check whether the patient responds when spoken to and observe for normal breathing or other obvious signs of life.

- Inform the ANM/CHO/medical officer or designated palliative-care team immediately and follow the local procedure for confirmation and certification of death.
- Let the family have privacy and time with the patient.
- Do not move the body unnecessarily until the health-care team has provided appropriate guidance.

PROVIDING BEREAVEMENT SUPPORT TO THE FAMILY:

Palliative care does not stop with the patient's death. It continues after the death of the patient in the form of bereavement support for the family. Being a resident of the area you would continue to visit the family.

- The family may need support for a few months after death.
- People may grieve from months to couple of years after death before slowly resuming normal life.
- Some people may find it difficult to accept and may need to be referred to a counsellor or psychiatrist.

Are you aware of any potential government and non-government agencies in your area from which a patient / family can get medical / social / financial support for palliative care ? Make a list of all such agencies / platforms and share in the group.

COMMUNITY PARTICIPATION IN PALLIATIVE CARE

Role of Community in Palliative Care - People living with chronic illnesses, a life limiting illness or old age-related problems spend most of their time at home and they are in need of regular care for the rest of their lives. For most, death is preceded by a period of suffering for days, weeks, months or years with a fear of death or abandonment. Most prefer to be cared for in their homes. If mobilized effectively, there are enough resources available in any community to build a 'safety net' around these patients.

The community can contribute in following ways :

1. Through provision of resources (money, manpower, time etc.)
2. By taking responsibility for identifying patients and caring for them.

Benefits of Community Participation in Palliative Care

1. Builds skills, confidence and capacity to support patients and families.
2. Increases awareness and acceptance of palliative care.
3. Helps patients and families cope better with incurable illness.
4. Promotes care, comfort and dignity closer to home.
5. Strengthens the link between the community and health services. Makes health services



more responsive and accountable.

6. **Community volunteers** can play a critical role in providing emotional and social support, basic nursing care, and rehabilitation. They can be involved in awareness programmes, in training the family members / more volunteers , and in helping families access available government resources. Untrained Volunteers can contribute by providing social support e.g., food for patients, spending time with the patient and providing respite to the family, helping in transport, educational support for children. Motivated volunteers trained in palliative care can also get involved in direct patient care.

PALLIATIVE CARE IN NATIONAL HEALTH PROGRAMMES

National Programme for Palliative Care [NPPC]: National Programme for Palliative Care was launched in 2012. The program aims at ensuring availability and accessibility of rational, quality assured pain relief and palliative care to the needy, as an integral part of health care at all levels, aligned to the community requirements.

Palliative Care component in other National Programmes :

National AIDS Control Programme Palliative care has been identified as an important component of HIV management . The focus is on symptom management of patients, psychosocial, spiritual and bereavement support for both patients and families. Home care is an integral part for meeting the palliative care needs of HIV positive patients and families. Peer counsellors, outreach workers , link workers or ASHA are expected to play important role in these services.

National Tuberculosis Elimination Programme has also identified palliative care needs of TB patients especially , those suffering from drug resistant tuberculosis. Palliative care would be offered through the nodal DR-TB centres and / or at the community level under including necessary services like pain relief, psychosocial support, respiratory physiotherapy, nutritional support etc.

Ayushman Bharat Yojana launched in 2018

Palliative care has been included as a part of the expanded range of services under comprehensive Primary Health Care.

Domain	Roles and Responsibilities of ASHA
Identification and Referral	- Identify persons requiring palliative care during household surveys and while filling CBAC. - Share the line list with the ANM/CHO and facilitate referral for cases requiring it.

Domain	Roles and Responsibilities of ASHA
Home-Based Care and Caregiver Support	• Undertake regular home visits as per the care plan. • Help family members provide routine home-based care. • Equip the care givers in performing simple palliative home care skills and help them take suitable decisions and implement the same. • Provide psychosocial support to patients and their families.
Supporting the Home Care Team	• Coordinate with the CHO, ANM, MPW and Medical Officer in planning and conducting home visits. • Share changes in the patient's condition, assist in follow-up, and facilitate timely referral when required. • Escort the patient/family during initial visits to improve linkage with health facilities and service providers.
Facilitating Access to Services and Social Support	• Assist in accessing various services as needed including mobilization of local resources. • Facilitate documentation to avail eligible social welfare schemes and link families with the Gram Panchayat and other relevant agencies.
Community Mobilization and Awareness	• Create awareness about palliative care in the community. • Identify and motivate community volunteers from Youth Groups, Mahila Mandals, cooperatives, NGOs and other local organizations. • Use Village Health Nutrition and Sanitation Committee Plus/ Mahila Arogya Samiti (VHSNC Plus/ MAS) meetings to mobilize community support and facilitate access to Government programs.
Bereavement Support	• Continue psychosocial support to the bereaved family after the patient's death and facilitate referral for additional support when required.







C8

Climate Change and Health



PART C

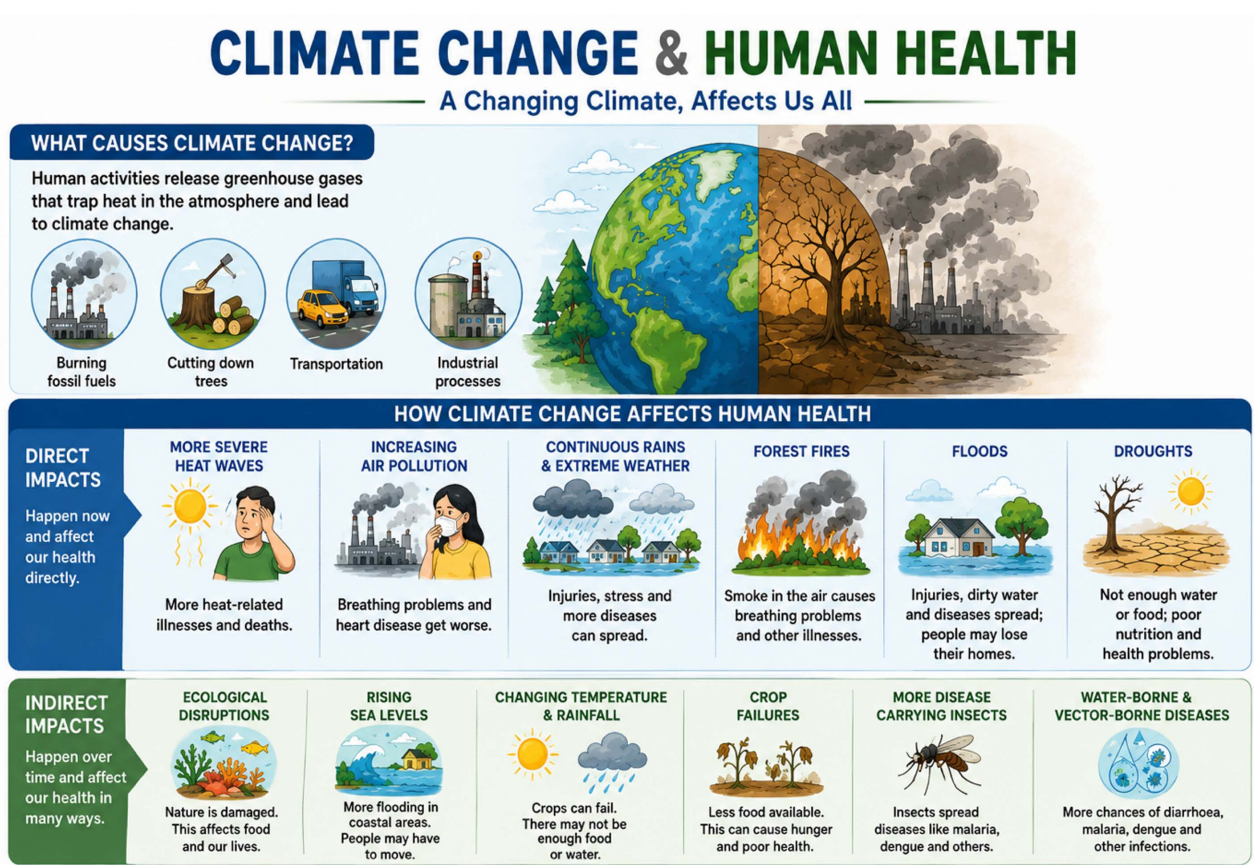
C8 Climate Change and Health

WHAT IS CLIMATE CHANGE?

Climate change means long-term changes in temperature and weather patterns. It can affect our environment and health. Human activities such as burning fuels, cutting down forests and some industrial activities contribute to climate change.

Refer the Chart to understand the causes of climate change and the impact it has on human health and our environment.

CAUSES OF CLIMATE CHANGE AND ITS IMPACT OF HUMAN HEALTH



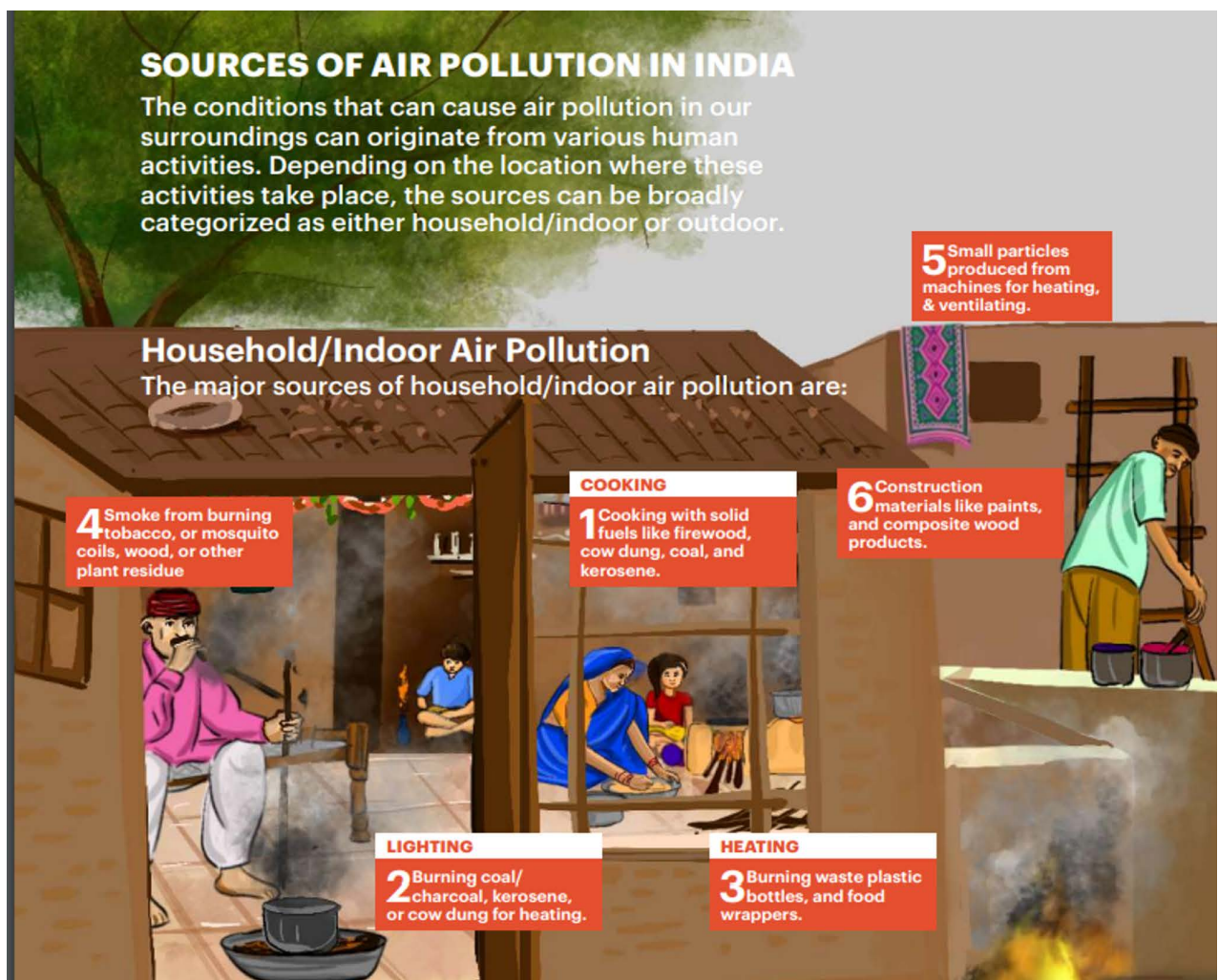
AIR POLLUTION

What is Air Pollution?

- Air pollution occurs when harmful substances such as smoke, gases and tiny particles make the air unsafe to breathe.
- Polluted air contains a mixture of particles, including gases, small solids, and liquid fragments. These particles can enter our bodies and lead to health problems such as asthma, breathing issues, non-communicable diseases like hypertension, stroke, and diabetes, and even adverse pregnancy outcomes.
- Increased sickness means loss of work and wages, absenteeism from school, and a higher burden for medical treatments.

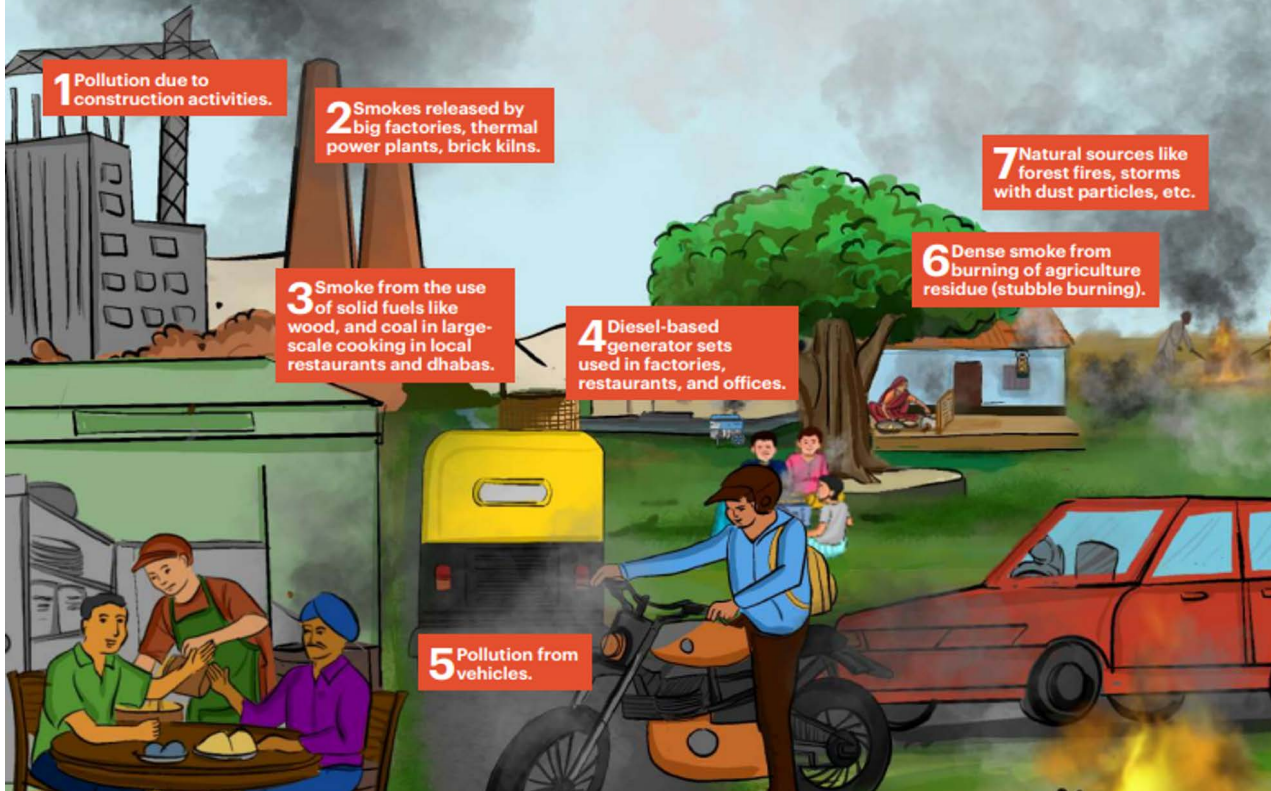
Major sources of indoor and outdoor air pollution are shown in Chart below.

CAUSES OF INDOOR AND OUTDOOR AIR POLLUTION IN INDIA



Outdoor Air Pollution

The major sources of outdoor air pollution.

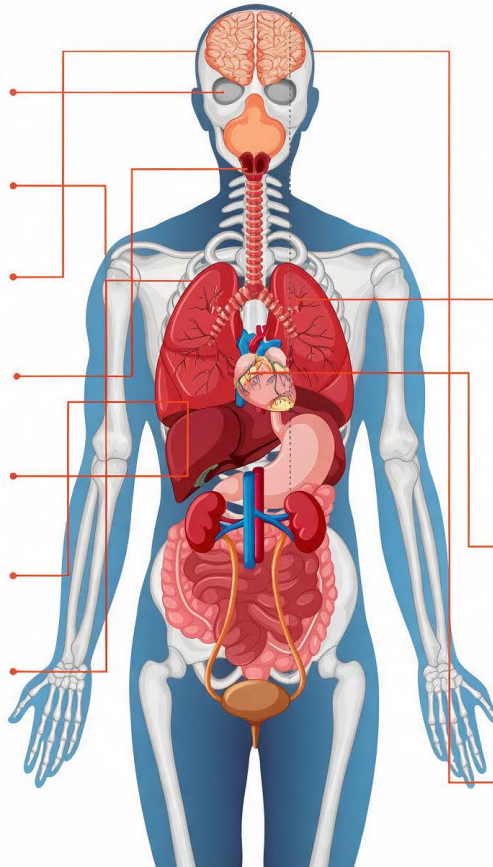


How air pollution can affect our health?

Air pollution can affect everyone, regardless of wealth or location, and the health effects depend on the pollution level and duration of exposure. Air pollutants, not visible to our naked eyes, are all around us and enter our bodies through the nose or mouth. They can go deep into our body, bypassing our natural defences, and can cause serious harm to vital organs like the lungs, heart, and brain.

SHORT-TERM EFFECTS

- Redness and Irritation in Eyes
- Irritation on Skin
- Headache and Giddiness
- Running Nose
- Coughing and Wheezing
- Shortness of Breath
- Chest Pain



LONG-TERM EFFECTS

Respiratory Effects

- Respiratory irritation (coughing, wheezing)
- Pneumonia (lower respiratory infection)
- Asthma
- Severe breathing problems
- Decrease lung growth (in children)
- Decreased lung function
- Lung cancer



Cardiovascular Effects

- Heart disease
- Hypertension
- Stroke



Mental Health Effects

- Anxiety
- Depression

SOME GROUPS ARE MORE SUSCEPTIBLE TO THE EFFECTS OF AIR POLLUTION

SUSCEPTIBLE GROUPS



Elderly people

Weaker lungs and other health conditions make them more vulnerable.



Children under 5 years

Their lungs are still developing and they breathe more air for their size.



Pregnant women

Air pollution can affect the health of both mother and baby.



Those with existing medical conditions

Such as asthma, COPD, heart disease, diabetes and lung infections.



People exposed to indoor air pollution

From cooking with solid fuels (wood, dung, coal) or in poorly ventilated rooms.

OCCUPATIONS



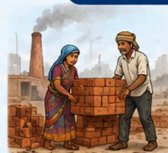
Sanitation workers

Exposed to dust, waste and harmful gases.



Construction workers

Exposed to dust from cement, sand, and building materials.



Brick kiln workers

Exposed to smoke, chemicals and extreme heat.



Roadside vendors

Breathe polluted air for long hours in busy traffic areas.



People who use transport for work

Auto drivers, delivery personnel, drivers and traffic police.



Agricultural workers

Exposed to smoke from crop burning, dust, pesticides and fertilizers.



Protecting Communities from Air Pollution:

As an ASHA, you have an important role in sharing correct information about air pollution, its causes, and its effects on the health of the community. You have to show them how each member of community can contribute to reducing air pollution. Given below are the key messages the ASHA should give to the Community, individuals and families, vulnerable population and sick families.

CLEAN AIR, HEALTHY LIFE – SMALL ACTIONS, BIG IMPACT



1 Explain the importance of ventilation by using windows and chimneys when cooking with biomass fuels indoors.



2 Ensure proper ventilation by opening windows and doors to allow smoke to escape.



3 Encourage families to cook near a window or door to improve ventilation.



4 Avoid burning plastic and rubber waste in or near your home, as it releases harmful smoke.



5 If the house has open space, cook food outside.



6 Avoid smoking indoors or near children, pregnant women, older adults, and other non-smokers.



7 Dispose of waste in designated bins: Green for wet waste and Blue for dry waste.



8 Plant trees to help improve air quality and protect the environment.



9 Use public transport or cleaner-fuel vehicles whenever possible.



10 Switch off your vehicle engine while waiting at traffic signals.



Clean air protects our lungs, our families and our future.

Let's all work together for cleaner air and a healthier life!

MESSAGES FOR INDIVIDUALS AND FAMILIES



1 Use cleaner fuels like LPG, biogas, or a solar cooker



2 Cover eyes, nose, and mouth with a cloth or face mask



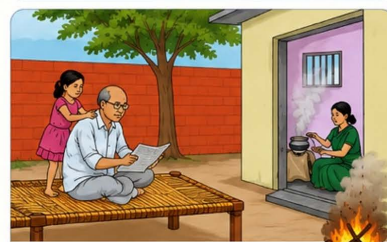
3 Take a break and steps out of the kitchen, whenever possible



4 In case cleaner fuels are not available, use dry wood instead of wet wood for cooking

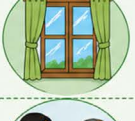


5 If the house is close to the road, close the windows during peak traffic hours



6 Counsel children and the elderly to be away while cooking

MESSAGES FOR VULNERABLE POPULATION

-  **Stay indoors** when pollution level is high (Poor to severe).
-  **Restrict outdoor activities** and avoid heavy exercise on days when air pollution is high. Stay away from areas with heavy traffic or other sources of pollution.
-  **Use Personal protective equipment** like a mask to minimize the risk of exposure. Use a cloth or face mask to cover your nose and mouth.
-  **Close doors and windows** on days when the Air Quality Index (AQI) is severe.
-  **Periodic health checkup** is recommended to identify early signs of respiratory and other pollution related illness.

MESSAGES FOR SICK INDIVIDUALS

-  **Ask the caregiver** to bring the sick family member to the Ayushman Arogya Mandir for consultation with the CHO/ MO. Inform ANM and CHO about the patient.
-  **Ask the patient to wear a mask** while going outside of their homes to avoid further exposure to pollutants.
-  **Ask the patient to drink** ample water and fluids.
-  **Inform the family members** to strictly avoid burning items like mosquito coils, tobacco etc. near the sick individual.
-  **Patient with breathing difficulty**, should avoid going out of the house except for the visit to health facility.

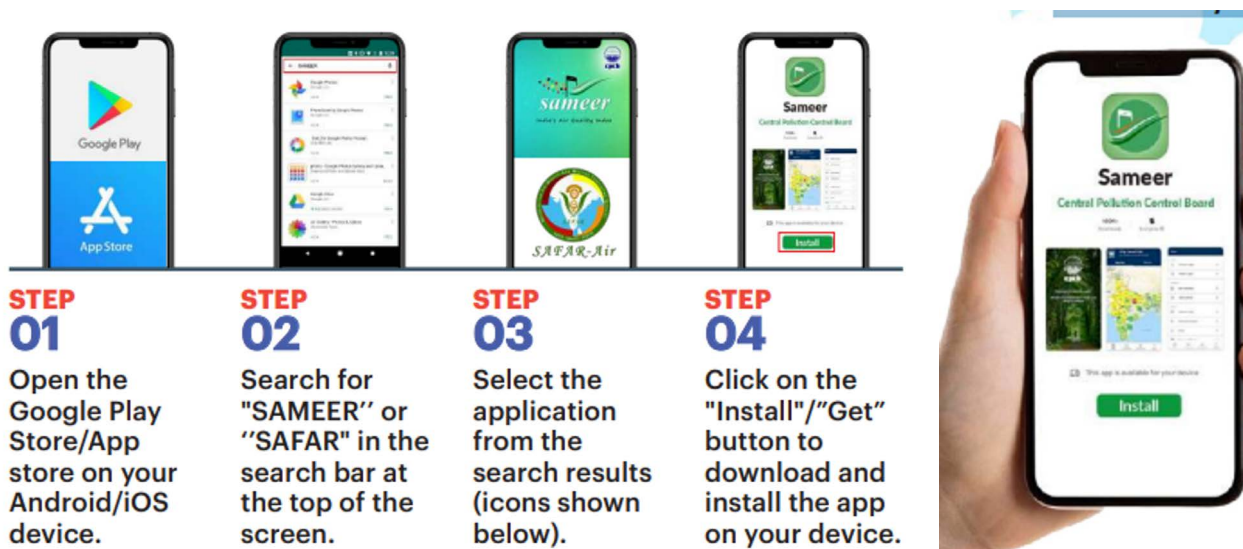
AIR QUALITY INDEX

The Air Quality Index (AQI) tells us how clean or polluted the air is. ASHA can use AQI information to advise people to reduce exposure to air pollution, especially during days with poor air quality. As an ASHA, you can use the AQI to educate your community about the harmful effects of pollution on health and raise awareness especially among vulnerable populations, such as the elderly, children, pregnant women, and those with pre-existing lung diseases.

0-50	GOOD
51-100	SATISFACTORY
101-200	MODERATE
201-300	POOR
301-400	VERY POOR
401-500	SEVERE

You can find air quality information for Indian regions at two websites: <https://ews.tropmet.res.in> and <https://mausam.imd.gov.in>. For regular Air quality updates, download the SAMEER & SAFAR apps from the Play Store.





The messages that the ASHA should give to help the community become more climate resilient are shown in chart below.

KEY MESSAGES TO MAKE A GREEN AND CLIMATE RESILIENT COMMUNITY

What messages should the ASHA convey to the community to promote adoption of **green** and **climate-resilient** measures?

SAVE ENERGY AND REDUCE COSTS



Install LED lights and solar panels to save energy and minimize costs.



Switch off lights, fans and electrical devices when not needed.



Use clean fuels for cooking, such as LPG.



Use public transport to reduce fuel use and pollution.

CONSERVE AND PROTECT WATER



Repair leakages in pipes and taps to prevent water wastage.



Do not waste water while cooking and cleaning.



Ensure treatment of drinking water before consumption.



Install rainwater harvesting systems to conserve water.

REDUCE, REUSE AND MANAGE WASTE



Segregate waste into dry and wet waste at home.



Recycle and reuse old newspapers, magazines and other items.



Do not discard waste in open spaces or burn waste.



Small actions today for a green and clean environment lead to a healthy and climate-resilient tomorrow.



HEAT RELATED ILLNESSES, MANAGEMENT AND PREVENTION

What is Heat Wave?

During hot weather, temperatures can become very high and may cause heat-related illness. Government authorities issue heat-wave warnings when temperatures and weather conditions reach levels that can be harmful to health.

In the context of global warming, extreme weather events are on the rise and heatwaves are projected to increase in number, intensity, and duration with consequent health risks.

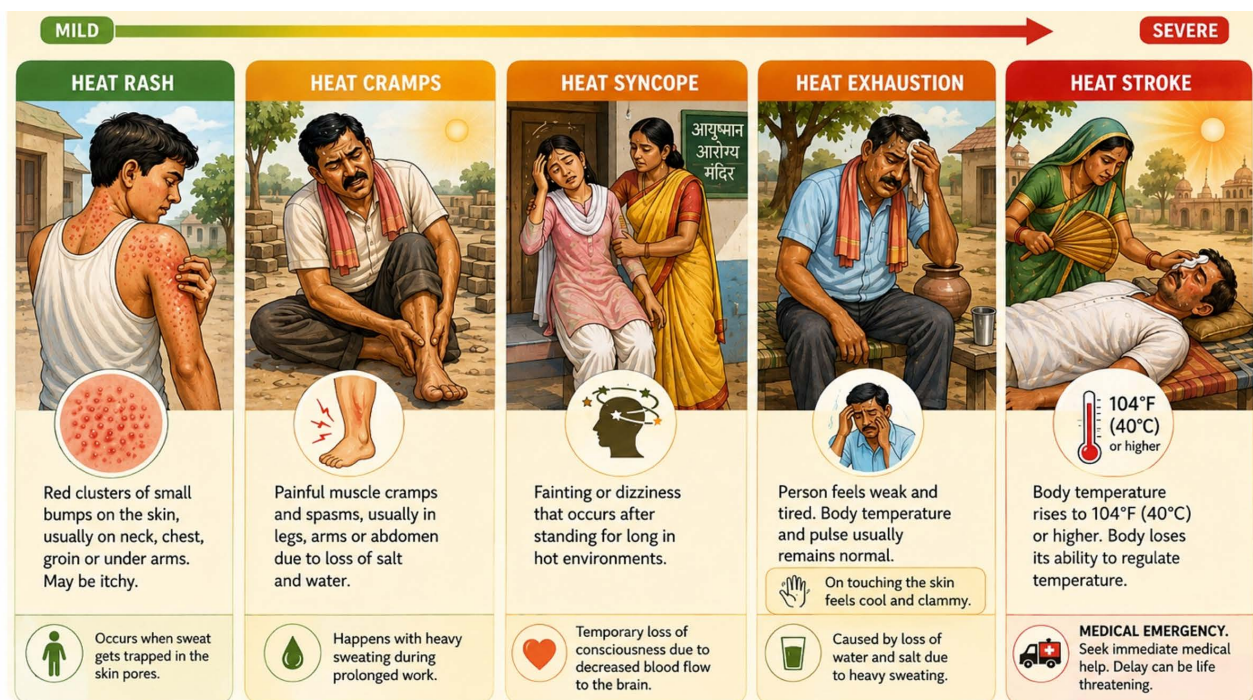
In India, heatwave is considered when the maximum temperature of a given area, in plains reaches 40°C or higher, 37°C or higher for coastal stations, and at least 30°C or higher for hilly regions.

What is Heat Related Illness (HRI)?

Heat-related illnesses happen when the body becomes too hot and cannot cool itself properly. They range from mild problems such as prickly heat and muscle cramps to serious conditions such as heat exhaustion and heat stroke.

In extremely high temperatures and in absence of precautions, body is unable to handle the excessive heat and its temperature starts rising with life threatening effects on its vital organs (heat stroke) .

SPECTRUM OF HEAT RELATED ILLNESSES



Normal human body temperature ranges between 36.4°C to 37.2°C (97.5°F to 98.9°F). In hot climate body tries to loose heat and keep itself cool by sweating. Continuous sweating leads to loss of water and electrolytes from the body and if these are not replenished simultaneously this mechanism also fails and body gives up, over heats, leading to heat stroke.

Some people are at a higher risk:

- Elderly persons
- Pregnant women
- Infants and young children
- Outdoor workers (farmers, construction workers, vendors)
- People with chronic illness, alcohol use

Summer Heat – Key Prevention Messages

Stay Hydrated

- Drink water frequently, even if not thirsty
- Take fluids like lemon water, buttermilk, and other homemade drinks
- Use ORS only when needed (e.g., dehydration), not as a routine drink

Avoid Heat Exposure

- Avoid going out or working in the sun between 12 noon and 4 pm
- Rest in shaded or cool places during peak heat hours

Protect Yourself from Heat

- Wear light-coloured, loose cotton clothes
- Cover the head with a cloth, hat, or umbrella

Keep the Living Area Cool

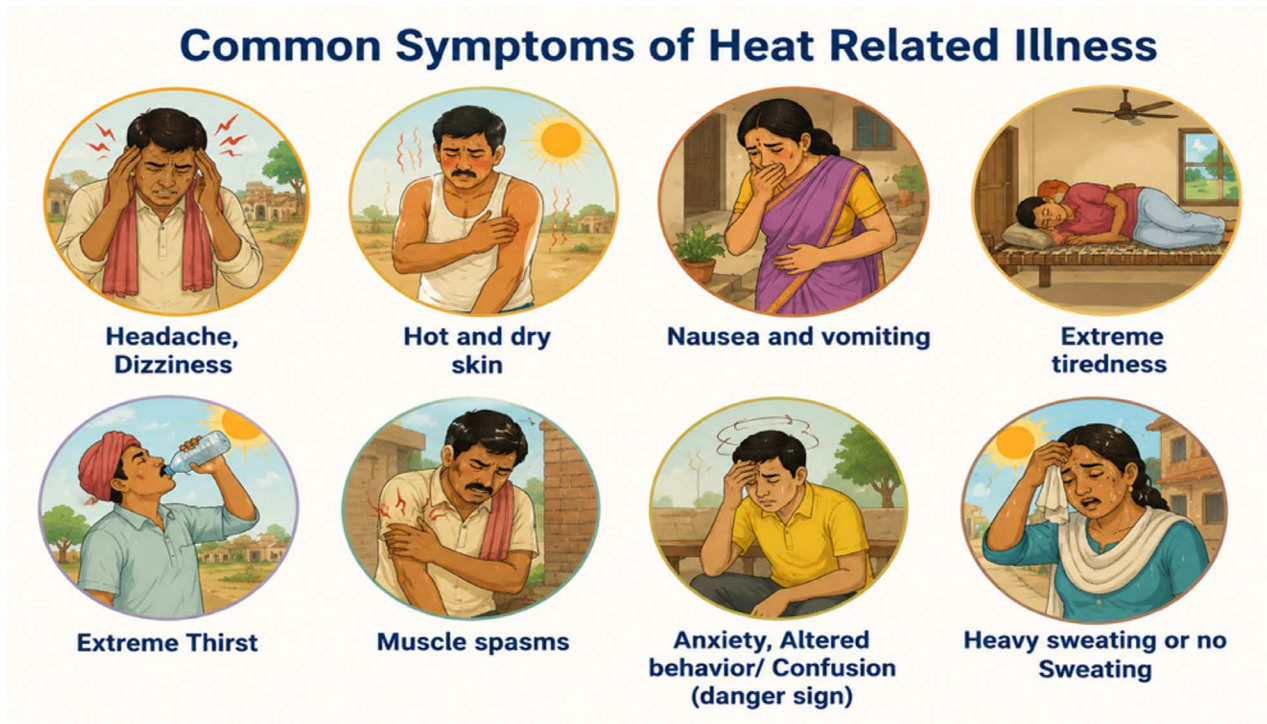
- Ensure good ventilation at home
- Use wet cloths, curtains, or cooling methods to reduce indoor heat
- Protect Vulnerable Groups
- Never leave anyone , especially children or elderly , or pets alone in closed rooms or vehicles
- Check on them frequently during hot weather

Household & Community Actions

- Identify households with **elderly, pregnant women, infants**
- Ensure availability of **safe drinking water**
- Promote use of **ORS packets**
- Encourage community shade areas during heat waves
- Disseminate **heat-wave advisories** issued by local administration



Early Identification of Heat-Related Illness



Your role as an ASHA in Management (First Aid):

A. Prickly Heat – Reddish itchy rash typically over covered areas of body, Advice- Wear clean, light, loose-fitting clothing and calamine lotion may help. CHO may give medicine for relief in itching.

B. Heat Cramps / Heat Exhaustion (Mild to Moderate)

- Shift the person to a **cool, shaded, well-ventilated place**
- Make the person lie down
- Loosen tight clothing
- Give **ORS or clean drinking water** in small sips
- Apply **cool wet cloth** on head, neck, armpits
- Fan the person
- Observe for improvement

If symptoms improve:

- Advise rest, fluids, and avoiding heat exposure for next 24–48 hours

C. Your Role in Heat Stroke (EMERGENCY)

How will you identify Heat Stroke

- Very high body temperature
- Hot, dry skin
- Altered consciousness - Confusion, delirium, unconsciousness

- Fits

Immediate Action (DO NOT DELAY)

You must:

- Treat this as medical emergency
- Shift person immediately to shaded/cool area
- Start active cooling:
 - Sponge body with cool water
 - Fan continuously
 - Apply cold packs to neck, armpits, groin (if available)
- Do NOT give fluids if unconscious
- Arrange urgent referral to nearest health facility / 108 ambulance
- Accompany and facilitate transport
- Inform the CHO /ANM / linked health facility

Details in the section on emergency.

Pay close attention to heat- related news and weather updates.

Impact and preventive measures to protect from Heat for Vulnerable Groups:

Vulnerable population	Impact	Precautionary measures
 Pregnant Women and Lactating Mothers	The signs of heat stress among pregnant women and lactating mothers generally manifest as: • Excessive sweating • Thirst, dry mouth, • Nausea or vomiting ,loss of appetite. • Muscle cramps . • Headache, • Dizziness or weakness • Fast heart beat and weak pulse	• Drink water regularly and carry a water bottle when going outside. • Avoid strenuous physical activity, especially during the hottest part of the day • Rest frequently and stay in a cool or shaded place. • Wear loose, lightweight clothing. • Take a cool shower or bath, or use a cool, damp cloth to cool the body. Seek medical help promptly if dizziness, fainting, confusion, persistent vomiting, difficulty breathing, or other severe symptoms occur.



Vulnerable population	Impact	Precautionary measures
 Outdoor and Indoor physical labor workers	Construction workers, agricultural workers, landscape workers, street hawkers, etc. Factory workers, who may not work outdoors, but are exposed to poorly ventilated and high-heat environment indoors are also at risk of heat stress and heat-related illness. Added risk factors : • Prolonged exposure to heat, either outdoors or near hot machinery • Inadequate protection in the form of hats or appropriate clothing • Inadequate hydration • Nutritional inadequacy • Consumption of tobacco or alcohol • Chronic disease • Advanced age	• At the construction site, ensure availability of water and ORS • Ensure that they are aware and take plenty of fluids . • Protection by hat / caps and appropriate clothing • Work in shade if possible • Working hours to be defined accordingly . Start early in morning when it is cooler and rest during peak heat hours . • Early detection and corrective measures .
 Older Adults, persons with chronic disease, routine medication	Elderly individuals are particularly vulnerable to extreme heat due to age-related changes in their bodies, which can impair their ability to regulate temperature effectively. Health problems that put them at a greater risk include: • Medical conditions involving heart , blood vessels , kidneys • Changes in the skin caused by normal ageing. • Use of drugs, such as diuretics, sedatives, tranquilizers, and high BP medicines • Malnutrition (overweight or underweight) • Drinking alcohol • Limited mobility, can make it hard to move out of hot environments.	• Drink water and other liquids, e.g. buttermilk and lemonade , fresh fruit / vegetable juices, unless advised by a physician to reduce fluid intake. • Do not wait to drink only when thirsty. • Avoid caffeinated and sugary drinks. • Do not consume alcohol. • Dampen clothing and skin by spraying cool water and sit in the breeze from a fan, especially during peak heat hours.

PRECAUTIONARY MEASURES: DOS AND DON'TS FOR PROTECTING
OURSELVES FROM ILL EFFECTS OF HEAT

Heatwave Essentials

Manage the Heat with Simple Tips & Tricks



Stay indoors and in shaded places.



If outdoor activities are necessary, schedule them during cooler times of the day, such as mornings and evenings.



Wear thin loose cotton, light-colored clothes to stay comfortable and cool.



Use an umbrella/hat/cap/towel when outside.



Eat seasonal fruits and vegetables with high water content such as watermelon, cucumber, orange, etc.



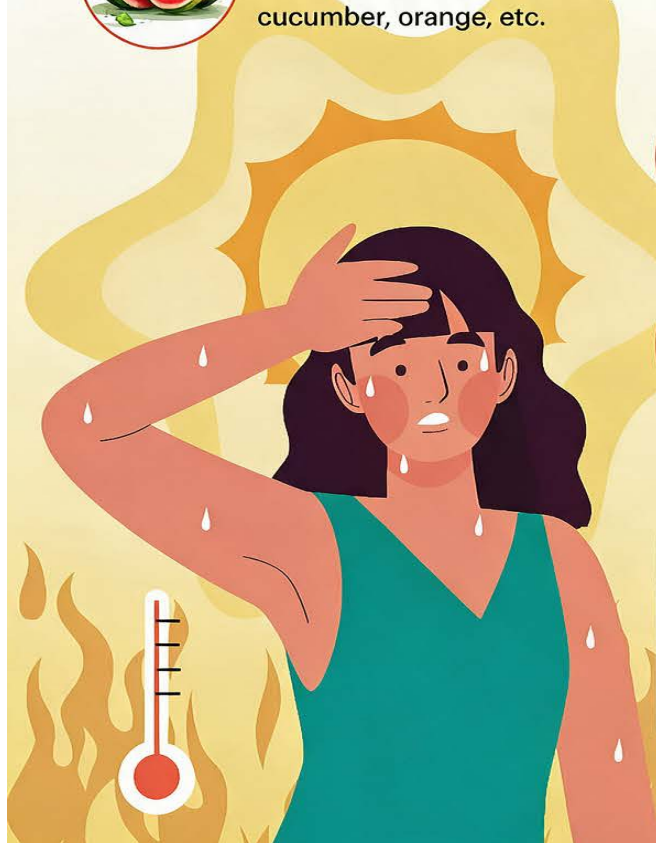
Drink frequently water and salted drinks - lassi, lemon water, and Oral Rehydration Solution (ORS).



Take frequent cool baths and adopt methods to lower room temperature, including using curtains, fans, etc.



Offer immediate medical assistance to needy by creating a cooler environment, applying cold water sponging, and cloth-wrapped ice packs.



Call **108/102** immediately if you find someone with a high body temperature and is either unconscious or confused.

#HeatWavePreparedness





STAY COOL, STAY SAFE

Beat the Heat with Smart Choices!



Avoid getting out in the sun, especially between **12:00 noon** and **03:00 pm**.



Avoid strenuous activities when outside in the afternoon.



Do not go out barefoot.



Avoid cooking during peak summer hours. Open doors and windows to ventilate the cooking area adequately.



Avoid alcohol. Limit excessive caffeine (tea/coffee). Avoid sugary drinks and carbonated soft drinks.



Eat light, fresh meals. Choose fruits, vegetables, salads, soups and dairy foods. Avoid very large or heavy meals and stale food.



Do not leave children or pets in parked vehicles.



Call 108/102 immediately if

you find someone with a high body temperature and is either unconscious, confused, or has seizures.



Stay hydrated, stay cool, and look out for others. Together, we can beat the heat!



Note: Stay informed about local weather updates and heat alerts.

Taking precautions at both household and community levels is crucial to mitigate the impacts of heat, especially during heat waves or periods of elevated temperatures. Individuals and communities can enhance their resilience to heat-related challenges and contribute to a safer and healthier living environment.

COLD EXPOSURE RELATED ILLNESSES (HYPOTHERMIA AND FROSTBITE)

Similar to heat related illnesses, some parts of our country have extremely cold weather and are therefore prone to cold related illnesses especially in the Himalayan regions of Ladakh, Siachen, Leh. If you live in such areas, you might have come across cases where a thumb or a toe goes numb after a long exposure to extreme cold. Any such cases should always be treated as a medical emergency.

These are dealt with in detail in section on emergencies.

EXTREME WEATHER EVENTS

What are Extreme Weather Events (EWE)? Extreme weather events are unusual weather conditions that are much stronger or last longer than normal. These events can cause a lot of problems, like damaging homes, farms, and livestock, and even leading to the loss of lives. Examples include heavy floods, very hot heatwaves, cyclones, and long droughts.

While these changes do happen naturally, **climate change** is making them severe and more frequent. Communities and health services need to be prepared for such events, as they can disrupt everyday life and disrupt health services when they are needed the most.

As ASHAs, you play an important role in spreading awareness and helping the community stay safe during these extreme weather conditions.

Types of EWEs

1. **HEATWAVES:** Extended periods of unusually high temperatures that can lead to heat stress, heat-related illnesses, and even death.
2. **COLDWAVE:** Freezing conditions, can impact agriculture, infrastructure, and human health.
3. **DROUGHTS:** Prolonged periods of abnormally low rainfall or water availability, resulting in water scarcity
4. **HEAVY RAINFALL AND FLOODING:** Intense and prolonged rainfall leading to floods damaging infrastructure, displacing populations, and causing land erosion with detrimental effects on human and animal health and lives.
5. **CLOUD BURST:** A sudden, very heavy rainfall, typically occurring in hilly regions and of short duration, often associated with thunderstorms and flash floods.
6. **CYCLONE:** Heavy rainfall and strong winds moving in circular motion.
7. **WILDFIRES:** An uncontrolled fire that occurs in wild land vegetation and forests.

EMERGENCY PREPAREDNESS

When a disaster strikes, there is very little time to respond, and it is advised to be prepared beforehand for any sudden emergency and follow reliable information including available government helpline numbers.



An emergency preparedness checklist is provided in the Table below.

Emergency Plan	Emergency preparedness checklist If emergency/ disaster warnings are issued
Keep following details handy for all household members: • Out-of-state contacts • Local contacts • Nearest relative • Emergency phone number. • Family doctor • Meeting locations ○ near house ○ in neighborhood	• Gather emergency supplies, including your prescription medicines, non-perishable food and water. • Store at least five liters of water per day for each person and each pet. • Store at least three-day supply of water and food. Utilities and water supply might be disrupted in case of severe weather. • Keep foods that have a long storage life and require little or no cooking, water, or refrigeration. Avoid very salty or spicy food items. • Take care of the dietary needs of babies and other family members requiring special diets. • Keep mobile phone charged. Use SMS for emergency communications. • Collect important documents including Aadhar Card, Ration card and Voter ID card, health/ vaccination records, etc. and store them in a waterproof bag/ container. • Discuss what to do if authorities ask you to evacuate. Plan arrangements for a place to stay with a friend/ relative who lives out of town and/ or learn about shelter locations. • Stay informed through your local radio or television or authentic social media or application for weather updates and emergency information. • Keep a family member informed if you are caught in a disaster. • Know national and local helplines.

Emergency Plan	Emergency preparedness checklist If emergency/ disaster warnings are issued
Prepare an emergency bag: Gather following items in a waterproof bag.	• Drinking water (packed and sealed). • Dry, non-perishable food (e.g., biscuits) • Battery-operated torch. Extra batteries. • Candles and matches/ lighter in a waterproof container. • First aid box, essential medicines, facemask, hand sanitizer. • Prescription medicines. • Chlorine tablets (to purify water). • Knife, scissors, whistle, duct-tape, paper/pencils, battery operated radio. • Mobile phone, charger, power bank. • Emergency reference materials, (e.g., first-aid book/ it's photocopy). • Emergency plan, map, contact numbers, details of family members. • Important documents, extra cash/ valuables. • Extra set of vehicle keys, house keys. • Personal aid e.g., glasses. • Soaps, sanitary pads, wipes, toilet paper, paper towels. • Thick ropes and cords. • Weather-appropriate dry clothes including undergarments, blankets. • Safe, protective footwear







National Health Systems Resource Centre
Ministry of Health and Family Welfare
Government of India