



Ministry of Health & Family Welfare
Government of India



Training Manual on Elderly Care for ASHA

at Ayushman Bharat – Health and Wellness Centres



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Introduction to Elderly Care

Ayushman Bharat Health and Wellness Centres are bringing healthcare services closer to the community and at the same time providing comprehensive healthcare to the people. Along with maternal, child and adolescent health services, an expanded range of service packages are being introduced through the AB-HWCs. Elderly care is an important package among these expanded services.

With improving healthcare quality, increased access to healthcare services and greater awareness among the population, people all over the world are now living longer than before. It has therefore become important to ensure a healthy ageing process along with continued wellness through old age. Simultaneously it is also important to understand health needs of elderly and facilitate care seeking for them. Providing support to the caregivers of the elderly, especially to those who have bed ridden elderly to cater to, is equally essential. The focus is mainly on facilitating access of health services for the elderly, psychosocial support for the elderly and their family, nutritional care and home-based care for bed ridden elderly.

As an ASHA, you are part of Health and Wellness Centre team and closest to the community, you would play a major role in identifying the elderly in need and facilitating health care access for them. You would also be a key member for promoting healthy ageing, ensuring right nutrition and providing psychosocial support.

This module will act as a guide to help you identify various common elderly health conditions and determine what to do in these situations. By the end of this module, you will learn:

- To identify elderly in need of care in the community and facilitate their access to health care
- To conduct home visits for elderly supported and supplemented by MPW(F/M)
- To carry out health promotion and IEC activities regarding elderly care on community platforms
- To identify signs and symptoms for common health problems affecting elderly
- To identify caregivers within or outside the family and link them to the nearest health care facility.

Chapter

1

Identification of Elderly in Need of Care

As per Ministry of Health & Family Welfare, citizens above the age of 60 years are considered to be elderly. With socio-economic development, declining fertility and increase in survival at older ages, the proportion of older people (60 years and above) in general population has increased substantially within a relatively short period of time.

India recorded a significant improvement in life expectancy at birth, which was 47 years in 1969, growing to 60 years in 1994 and 69 years in 2019. The share of population of elderly was 8% in 2015 i.e. 106 million (10 crores plus) across the nation, making India the second largest global population of elderly citizens. Further, it has been projected that by 2050 the elderly population will increase to 19%. Therefore, to identify the health needs of the elderly, it is necessary to understand ageing and age-related changes.

So, first we will understand the process of ageing

What is ageing?

Ageing is a universal phenomenon comprising of gradual loss of cells leading to deterioration of organ functions in a human body. Age related alteration affects across the elderly population and their body function diminishes.

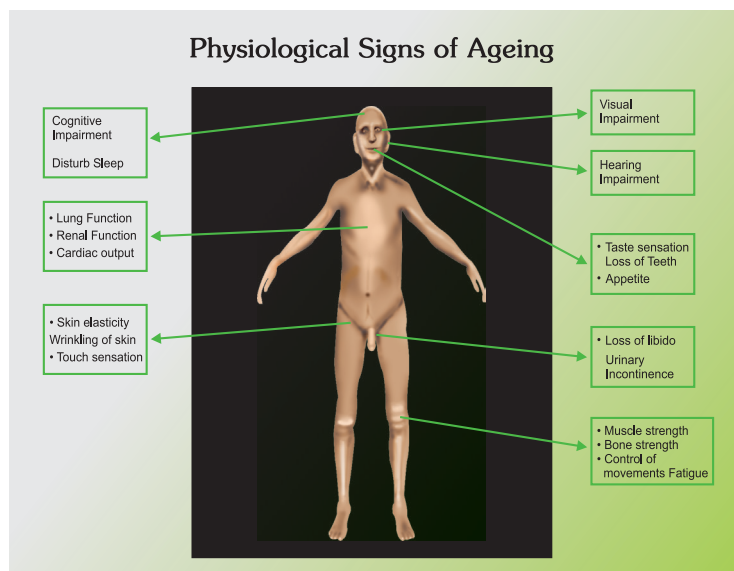
Ageing is not a disease but the elderly population are more susceptible to various diseases due to decreased immune response and poor regenerating capacity.

Age-related changes in human body system

It is important for a caregiver to understand the age-related changes in the human body which will further help in meeting their needs.

What are the signs of ageing?

- Vision impairment
- Hearing impairment
- Disturbed sleep
- Loss of teeth
- Change in taste
- Decline in functions of lungs
- Decline in functions of heart
- Decline in functions of kidney





- Wrinkling of skin
- Decrease in muscle strength
- Decrease in bone strength
- Loss of bladder control
- Loss of appetite
- Decrease in sexual function
- Decrease in memory
- Increase in tiredness

Health risks in older patients

Various risk factors and their ill effects in elderly people have been identified. They are listed in the following table.

No.	Health risks in elderly	Consequences
1	Nutritional deficiencies (over or under nutrition)	Decreased bone mass, immune dysfunction
2	Inadequate consumption of fibre and fruits	Constipation
3	Physical inactivity and sedentary lifestyle	Functional decline, loss of appetite
4	Smoking	Diabetes, cancer, cardiovascular diseases, and lung diseases
5	Excessive alcohol consumption	Decreased rate of metabolism, liver diseases, cancer
6	Drug reaction and polypharmacy	Decreased physical functioning, falls, delirium, renal failure, gastrointestinal and intracranial bleeding
7	Accidents and injuries	Infections, complications, decreased physical functioning

How do you assess the risk in elderly?

Completion of Community Based Assessment Checklist (CBAC) is required for all elderly in the SHC-HWC area. This will be done for each village by ASHA. The section B3 is specific to elderly.

B3: Elderly-specific (60 years and above)	Y/N		Y/N
Do you feel unsteady while standing or walking?		Do you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	
Are you suffering from any physical disability that restricts your movement?		Do you forget names of your near ones or your own home address?	

ASHA will identify all elderly in need of Comprehensive Geriatric Assessment-CPHC if the answer to any of the questions in **Part B3 of CBAC** is ‘Yes’ and will refer to MPW (F/M) for further assessment

Responses will be elicited from the elderly if the person is oriented; otherwise, responses will be taken from the first care giver.

The Operational Guidelines of Elderly care at Health and Wellness Centers envisage mobility-based classification of elderly with three main categories-

1. Mobile elderly
2. Restricted mobile elderly (mobility only with personal assistance /device) and
3. Bed-bound (assistance required in some form)/home bound elderly for any reason and those requiring palliative care or end of life care

Assessment of highrisk of elderly is conducted based on mobility. Services prioritized in the order of bed bound elderly, restricted mobile elderly and mobile elderly.



How would you elicit the age of elderly who do not remember their age? It can be guessed by asking about

- age of the eldest child or grandchild
- historical/political events



Chapter 2

Common Illnesses in Elderly

As people grow old, there are some degenerative conditions that occur. Elderly people are also prone to some diseases. In this chapter, you will learn about a few common health problems in the elderly.

Common conditions in older age include hearing loss, blurred vision/ difficulty in reading, back and neck pain, diabetes, depression, and dementia. Furthermore, as people age, they are more likely to experience several conditions at the same time.

1. Eye problems:

- Elderly people often start having issues with their eyesight as their age progresses. However, it is not necessary that every elderly would have weakened eyesight.
- It needs to be kept in mind that elderly with diabetes may be at the risk of developing weakened eyesight.
- Eyesight for near vision improves and distance vision weakens
- Blurred/weakened vision can limit mobility of elderly, affect interpersonal interactions. It may be a trigger for depression. It often becomes a barrier to accessing information, increases the risk of falls and accidents, and makes driving dangerous.
- Uncontrolled diabetes and increased blood pressure can lead to issues related to eyesight.

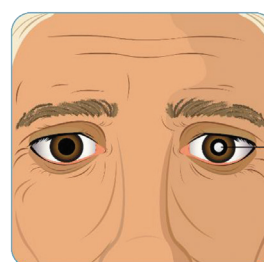
Let's learn about common eye problems in elderly.

a) Difficulty in seeing the objects nearby: Presbyopia

- This is a common complaint among elderly.
- It is a condition that is age related and is commonly starts after the age of 40.
- In presbyopia, the person is not able to view near objects properly and finds difficulty in reading.
- It can be easily corrected by use of spectacles.
- There are ready made spectacles available which provide correction for near vision. .

b) Cataract:

- Cataract is the most common eye problem in the elderly.
- It is a leading cause of blindness across the world and India as well.
- Cataract usually causes gradual loss of sight.
- The pupil; black circle of eye shows chalky white or



Cataract Eye

greenish-grey colour.

- It needs a small surgery where the damaged part (lens) is removed and replaced with new artificial lens.
- No other treatment like eye drops/ spectacles can cure this condition.

2. Issues with hearing:

- As a part of ageing, people may start gradually losing their hearing.
- Many of the elderly could complain about not being able to hear clearly and ask the other person to speak loudly.
- This condition could also bring a lot of irritation to the elderly as well as others around them.
- Untreated hearing loss affects communication and thus may also contribute to social isolation and loss of autonomy.
- Inability to hear properly is often associated with anxiety, depression.
- This may not be understood quickly by the family members and also could be seen as elderly person “being slow”.

Role of ASHA for addressing Loss of Hearing and Vision:

1. Fill out the assessment of difficulty in hearing/ seeing/ reading in the Community Based Assessment Checklist.
2. Reassure them about sensory loss being normal with ageing.
3. Mobilise the elderly to visit the nearby health and wellness centre along with the family members for screening and further management.

Key message regarding Cataract:

1. Cataract is normally seen in elderly people and can be a result of ageing.
2. It cannot be cured by putting some eye drops but will require eye surgery.
3. The surgery commonly involves taking out the affected lens from the eye and replacing it with a new lens so that vision can be restored normal.
4. The procedure is done under local anaesthesia so that eye surgery can be done.
5. The surgery is safe and commonly done. It should be done in a recognized hospital and NOT in the community or PHC.
6. Under National Programme for Prevention and Control of Blindness and Visual Impairment, Government eye hospitals provide free surgeries to affected persons.
7. Both eyes may get affected due to ageing. The surgery may be required in both the eyes.



3. Falls and fractures:

- Elderly people are often at risk of falling.
- Multiple factors like difficulties with vision, balance and mobility, slippery flooring, dim lighting, obstacles, poor stairway design, uneven streets and footpaths, improper use of assistive devices, inappropriate footwear may put elderly individuals at increased risk of falls.
- Falling may cause fractures of bone easily for the elderly since bones grow weaker with ageing.
- Caregivers should be advised to accompany elderly while walking, going for bathing, toilet etc.
- They should also be informed about assistive devices like walking stick, walker etc.
- The family should also be facilitated for getting assistive devices through the health and wellness centre.
- If there is any recent fall that has caused a wound or a bruise, you should notify the CHO. You should also help the MPW(F) in nursing of the wound if any.
- Falls are multifactorial. This may be due to individual-level and environmental factors
- Environmental factors include:
 - ❖ Slippery bathroom
 - ❖ Unsafe floor/staircase
 - ❖ Poor lighting
 - ❖ Unsafe kitchen
 - ❖ Inappropriate use of walkers & crutches
- Individual-level factors include:
 - ❖ Acute illness
 - ❖ lower limb muscle weakness
 - ❖ Medications like sedatives etc
 - ❖ Foot problems
 - ❖ problems in vision and hearing.



Role of ASHA in addressing Falls :

1. Advise family members for support to the elderly while carrying out routine activities
2. Mobilise the elderly and family members to the nearby Health and Wellness Centre for appropriate care.
3. Assess the risk of falls by ruling out environmental and individual-level factors and asking the elderly to stand up and walk to a nearby wall.
4. Complete B3 (according to the latest version of CBAC) section of the individual assessment
5. Record keeping of provision of assistive devices to the beneficiary.
6. Follow up for the fall injury, working of assistive devices and compliance with them.

4. Genitourinary problems

- Most of the elderly suffer from genitourinary problems.
- In case of men, genitourinary problems are commonly due to enlargement of the prostate gland in old age and in women it is mainly due to weak muscles.
- This leads to symptoms like frequent and urgent need to urinate, difficulty in starting urination, weak urine stream, dribbling of urine and inability to completely empty the bladder.
- This may cause significant distress to them. These individuals must be referred to the Medical Officer for treatment.

5. Psychological problems

As age advances in, elderly their routine is disturbed and may experience the following psychological problems:

- Forgetfulness
- Dementia (loss of memory)
- Depression
- Age related memory loss
- Sleep disturbances
- Mood swings etc

ASHA should notify CHO if any of the following signs and symptoms are observed or if informed by the first care giver:

- Withdrawal from social activities
- Lack/ excessive sleep
- Feelings of hopelessness and worthlessness
- Loss of interest in pleasurable things
- Loss of interest in food intake
- Increased confusion
- Neglecting personal care (grooming, bathing, clothing)
- Frequent incidents of irritation and agitation leading to anger outburst.

Activities to assess memory problems in elderly:

- ❖ Recall of day, date and time
- ❖ Food recall
- ❖ Practise button up shirt, calculation of money and coins in purse
- ❖ Encourage elderly to dress up self
- ❖ If literate, they may also be engaged in grocery calculation



Role of ASHA in addressing psychological problems in elderly:

1. Form elderly support groups where elderly would get to interact with their peers.
2. Conduct wellness activities for the support groups or encouraging them for conducting wellness activities themselves.
3. Communicate with the elderly about how they feel and how they have been for the past few days during the home visits.
5. Complete the individual assessment (Part D: PHQ2). *If the total score is more than 3, CHO should be informed.

6. Oral Health Problems

Majority of elderly groups suffer from poor oral health issues

1. Elderly often practice traditional methods of cleaning of teeth which may be inadequate to maintain oral hygiene.
2. Diseases of other parts of the body may also lead to increased risk of oral disease.
3. Adverse side effects of some treatment may also lead to dry mouth, altered sense of taste and smell.
4. Poor oral health results in impaired nutritional status and general health, reduced self-esteem, wellbeing and quality of life
5. ASHA should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:
 - Dry mouth
 - Tooth pain
 - Tooth infection
 - Discoloration of tooth
 - Swelling/infection of gums
 - Bleeding of gums
 - Inability to open mouth

Role of ASHA in addressing Oral health in elderly:

1. Encourage regular oral check-ups by self-examination
2. Check for any signs and symptoms mentioned above and notify CHO

7. Hypertension

- High Blood Pressure, also known as ‘silent killer’ remains silent and undetected unless specifically checked among the elderly.
- Normal range of Blood Pressure among the elderly is 140/90 mm of Hg.
- If undetected, high blood pressure may damage the heart, brain, kidneys and blood vessels

ASHA should notify CHO if any of the following signs and symptoms are observed or if informed by the first care giver:

- ❖ Complaints of headache
- ❖ Increased attacks of sweating, headache and palpitations
- ❖ Breathlessness
- ❖ Bleeding from nose

Role of ASHA in addressing high blood pressure in elderly

1. Ensure that elderly undergo monthly monitoring of blood pressure
2. Motivate elderly in compliance to treatment plan for drugs
3. Advise for regular check up as advised at the AB-HWC
4. Advise for regular physical activity

8. Diabetes

- Similar to hypertension, diabetes is also termed as ‘silent killer’ which gets detected only when it is specifically checked.
- Diabetes can also lead to complications like heart attack or stroke

ASHA should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Frequent urination
- ❖ Increased hunger
- ❖ Excessive thirst
- ❖ Unexplained weight loss
- ❖ Lack of energy
- ❖ Extreme tiredness
- ❖ Lack of interest
- ❖ Lack of concentration
- ❖ Blurred vision
- ❖ Repeated or severe infection like vaginal infections
- ❖ Slow healing of wounds



- ❖ Impotence in men
- ❖ Tingling and numbness in hands and/or feet
- ❖ Foot ulcers
- ❖ Pressure ulcers

Role of ASHA in addressing Diabetes in elderly:

1. Follow-up of the patients referred to the health facilities/referral centres and support them through the consultation and diagnostic processes as required.
2. Compliance to treatment plan for drugs as advised by the medical doctor.
3. Be alert to new signs and symptoms - they may be due to side-effects of the medicines being taken.
4. Ensure regular check-up at the AB-HWC as advised.
5. Ensure that the patient and their family members receive education on diabetes management and lifestyle modifications.
6. Conduct regular home-visits by prioritising those households which are vulnerable and marginalised, where there are treatment defaulters or those who experience complications and bring these cases to the notice of the MPW (F/M), CHO and the Medical Officer.

9. Musculoskeletal Disorders

Musculoskeletal disorders are injuries or disorders of muscles, nerves, joints, tendons, cartilages and spinal discs impairing the movement.

- Accounts for increased morbidity among the elderly population
- Timely recognition may prevent complications including falls and deformities

ASHA should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Joint Pain
- ❖ Difficulty in walking/squatting
- ❖ Swelling in joints
- ❖ Neck pain
- ❖ Back ache

Chapter 3

Health Promotion, Self-Care, and Counselling for Elderly Care

As ASHA, you are the key to raise awareness in your community about the health needs of elderly, promote healthy lifestyle, recognize signs and symptoms for common health problems affecting the elderly, facilitate referral to AB-HWC and follow up.

You will also need to provide information to the community members during home visits and in VHSNC/MAS meetings, with special attention on families having elderly people, regarding promotive, preventive and rehabilitative care of the elderly. This is to facilitate environmental modification, nutritional intervention and physical activities including yoga, lifestyle and behavioral changes in favor of healthy ageing.

This chapter is divided into two:

Part A: Health Promotion and Counselling

Part B: Self Care

Part A: Health Promotion and Counselling

What is Health Promotion?

Health Promotion focusses on

- Keeping people healthy.
- Helping people make changes in lifestyle to prevent diseases
- Motivating behavior change to avoid complications with diseases

Things to keep in mind while interacting with elderly:

1. Be patient with them! Understand that they might have lost some of their ability to hear or see. Raise your voice accordingly but don't shout at them.
2. They might not accept your suggestions immediately. Pursue them slowly for seeking care. Try to pursue the family members and caregivers as well.
3. Encourage them for doing mild physical activity wherever feasible.
4. Respect their autonomy. Ask them whether they need assistance. They might not like to be assumed as weak individuals.
5. Be gentle with them while helping them around.

Counselling an elderly person

- Providing counselling for older persons helps them to deal with the problems of old age, and can also provide the opportunity for enrichment, personal growth, and satisfaction.



- Good counselling approaches build upon a foundation of respect, empathy, and support. A high degree of sensitivity, awareness, and acceptance among health care workers is required for giving care and counselling to elderly.
- Counselling the elderly should address issues of anxiety and stress, related to the losses of their life, particularly the sense of losing control over one's life. It should also help them in understanding and accepting the value and reality of their life, help in decision making and increasing autonomy as well as deal with depression and demoralization.

The objectives of elderly counselling

- To understand the psycho-social and biological problems of old people.
- To help them to solve their problems.
- To enhance wellness in their life.

Key messages for community regarding elderly care:

- Elderly individuals have different health needs. They need to be looked after with care.
- They commonly face loss of sensory functions, commonly sight and hearing. One needs to keep it in mind while interacting with them.
- Everyone in the community should be responsible towards the elderly. As a community we should support and help them around if they need any help.
- If you come across any destitute or single elderly, you should enquire about them, their health and whether they require any support. You should also notify the ASHA/MPW about them.
- Speak to ASHA if you need any support in helping or taking care of elderly in your household. She will be able to help you and also connect you to the health and wellness centre.
- Elderly abuse could happen around you but may stay hidden. If you suspect elderly abuse happening with any individual, within or outside your house, you should immediately report it to the ASHA of the village or to the health and wellness centre.
- You should take initiative in preventing elderly abuse around you.

Key messages for families with elderly individuals:

- Be patient with them! Family members should understand that elderly need to be cared with patience and compassion.
- Elderly may also feel isolated because of reduced hearing and vision. Family members should try and make them feel included in the family functions.
- Speak to ASHA if you need any support in helping or taking care of elderly in your house. She will be able to help you and also connect you to the health and wellness centre.
- You might not be skilled at nursing needs of the elderly (in case of bed bound or restricted elderly). If there is any nursing task like wound care/ catheterization/ changing diapers, contact the ASHA of the village. She will connect the MPW F/M and Health and wellness centre team to your household. They will also train you regarding these tasks.

- Elderly individuals may have many health concerns at the same time. Most of them could be because of ageing. You should accompany them to the health and wellness centre for check-ups.
- In case the elderly is restricted, or bed bound, notify the ASHA about health concerns. She will connect the health and wellness team for home visits.
- Elderly are at higher risk for falls and since their bones are weak even slight injury may result in fracture. Family members need to take care that there are no wet floors, slippery stairs in the house. Elderly should be having proper footwear. They should be accompanied whenever possible.
- Support groups for elderly are created by ASHA of the village. They will help you with interacting with others who also have elderly in their house. These groups will help you regarding taking care of elderly. Such sharing helps with the stress that may come from having to take care of a dependent person. Do join these groups and be a supporter for others as well!
- It could be often exhausting for one person to take care of the elderly constantly. Family members are suggested to take turns to take care of the elderly.

Part B-Self Care

What is self-care and what is your role in self-care related to elderly?

Self-care is one of the best health promotion strategies which means practicing care by the individual himself.

Self-care Practices include the following:

1. Personal hygiene
2. Basic body care
3. Healthy lifestyle

1. Personal hygiene

Personal cleanliness not only protects from infections but also gives dignity and self-esteem. Many of these practices are acquired right from the childhood and others are picked up as the life goes on.

These include:

- Regular teeth brushing
- Bathing, changing clothes, frequent hand washing, combing hairs and caring for the nails and feet etc.



Skin care

a) Problems/conditions which affect skin care	b) Practices in skin care
<ul style="list-style-type: none">• Decreased skin sensation• Less food and water intake• Irritable skin due to allergy, dryness, drugs, etc.• Sweat, urine, fecal matter contamination due to incontinence.• Collection of discharge from wound on skin• External devices- plaster cast, braces, bandage, dressing	<p>Skin care can be done during bath through proper cleansing of skin. In case of mobile elderly, during daily bath-groin ensure that arm pit area, axilla, groin to be kept clean. In presence of wound, special attention required to keep the dressing clean during bath</p>

Hair Care

a) Tips for hair care	b) Conditions requiring special hair care
<ul style="list-style-type: none">• Washing hair with soap/shampoo (once in two to three days in summer and once in week in winters)• Oiling and massaging the scalp• Wide tooth combs will decrease hair breakage.• The comb should be cleaned.• Comb should not be shared by other people.	<ul style="list-style-type: none">• Dandruff- soap/ anti dandruff shampoo should be used.• Hair loss – weak, breaks easily and thinning, regular oiling, washing and tying them loosely.• Pediculosis or lice – bedding, clothes, hair comb, brush should also be clean. In case of lice in hair, anti-lice shampoo, oil should be used

Mouth Care

Mouth care includes care of oral cavity including teeth. teeth care is done by brushing twice daily.

Methods of brushing

Step 1: Put pea size toothpaste over the toothbrush and place at 45-degree angle to the gum.

Step 2: Move the brush back and forth in gentle strokes on the outer surface of the teeth.

Step 3: Brush the inside surfaces of the teeth.

Step 4: Place the brush and tilt on the inside surface of the front teeth and move up and down in strokes

Step 5: Brush the chewing surfaces of all the teeth in both upper and lower jaw.

Use a plastic tongue cleaner or brush to clean the tongue from behind to the front in 4-5 strokes.

Care of feet, hands and nails:

It is required to prevent infection, injury and bad smell.

Method of foot care

Method of foot care is shown below

1. Wash feet daily.
2. Dry between the toes.
3. Creams or lotions can be applied to soften the feet to prevent dryness.
4. Wear moisture resistant socks.
5. Never walk barefoot.
6. Wear shoes that fit well.
7. Check feet for sores, cuts, corns, blisters and redness.



Hand washing

The most important step in caring the hands is by handwashing. Hand washing can prevent several infectious diseases.

Steps of hand washing:



STEP 1: Wet hands and wrists.
Apply soap.

STEP 2: Place right palm over the left or left over the right, interlace the fingers.

STEP 3: Interlock back fingers to opposite fingers

STEP 4: Hold right thumb by left palm, rub in a rotational manner. Repeat the procedure for left thumb with right palm

STEP 5: Rub tops of fingers and thumb of right hand in left palm and vice versa

STEP 6: Interlock the fingers and rub between the fingers

STEP 7: Wash hand up-to the wrist using palm of the other hand

Care of eyes, ears and nose

The eyes, nose and ears do not require much special care but regularly cleaning them is essential to prevent problems like infections and to maintain their functions.

- a) Care of eyes-a common problem of the eyes is secretions that dry on the lashes as crusts
- b) These crusts are softened by placing a cotton ball over lids for some time, then wipe the loosened secretions from inner to outer angle of the eye
- c) Care of ears- a common problem is collection of ear wax





The external ear should be cleaned using sponge cloth.

- Avoid putting any sharp objects like hair pins, pen, pencil or ear bud into the ear. Do not instill any liquid into your ears.
- Avoid getting ears cleaned by local cleaners
- Avoid continuous exposure to loud noise
- Do not use used earphones
- Get your ear examined and treated by trained personnel in ear care

d) Care of nose-The secretions can collect inside the nose, dry into crusts and block the nose.

These crusted secretions can be removed during bath with the help of wet cloth

Care of bowel/ bladder movements:

- These must be ensured at fixed regular timings during the day.
- If there is sudden change in bowel habit it should be reported to the health care provider.
- Constipation is a common problem in elderly but it can be avoided by taking high roughage and fibre diet, drinking adequate amount of water and physical exercise.

Sleep hygiene:

- A sound sleep implies an undisturbed sleep for 6-8 hours.
- Sound sleep is useful for good health.
- It reduces the chances of high blood pressure, high blood sugar, dementia, depression etc.
- A sound sleep can be ensured by several measures such as:
 - Keeping a gap of at least 1-2 hours between dinner and bedtime
 - Avoiding radio and television at bedtime
 - Avoiding daytime naps
 - Adequate daily exercise
 - A calm atmosphere and soft light in the room
 - By observing food discipline and avoiding coffee, tea, alcohol and tobacco use close to bedtime.

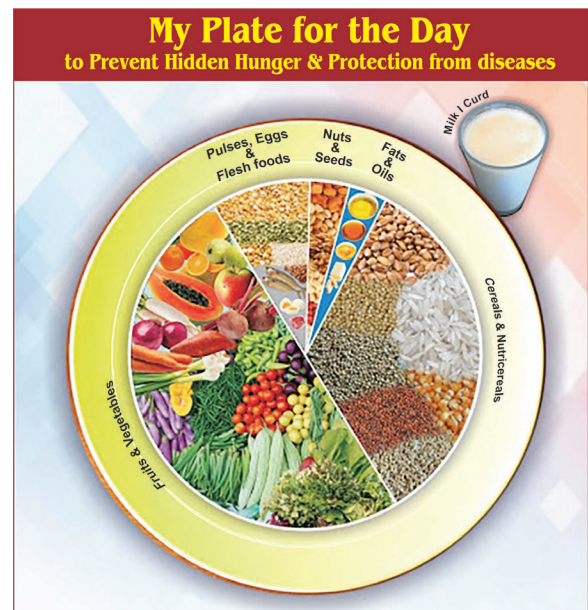
Self-care through healthy lifestyle:

These are best remembered by an acronym based on five hindi words starting with a letters namely Santulit, Shramta, Sakriyata, Samparakta and Sadacharita..

a) **Santulit** implies

- A balanced diet inclusive of different food items like chapatti, rice, vegetables, curd, milk, salad, dal, wateretc. (shown as food pyramid in figure 56). It provides nutrition required for growth and maintenance of body and avoids diet related problems like constipation.

- Moderate amount of salt and sugar.
- Low fat with predominantly unsaturated fat (vegetable source, no animal red meat fat),
- Fruits, dark skinned vegetables and plenty of dietary fibres.
- Adequate liquids (6-8 glasses of water/day)
- Proteins, vitamins and calcium containing food is recommended.
- Prolonged fasting and overeating should be avoided.
- Eat eggs and meat in moderation
- Do not drink alcohol or smoke
- Practice food hygiene and food safety measures



b) **Shramta** implies physical work and exercises.

- Physical exercise is good for physical and mental health and helps in the prevention and control of many diseases like diabetes, osteoporosis and falls, obesity, heart disease and even certain cancers.
- Exercise also enhances sleep and quality of life. Physical work can be occupation related, household related and transport related.



- Exercises can be of aerobic and weight bearing types.

Examples of aerobic exercises are moderate to brisk walking for 30-45 minutes daily for at least 4-5 days every week.

Examples of weight bearing exercises are chair sit ups and climbing stairs.

Extension and rotation exercises.

- c) **Sakriyata** implies active engagement in mental and physical activities other than traditional exercises.

- This could be in the form of pastime and hobbies like gardening, indoor sports such as Carrom, reading new material, solving crossword puzzles, computeractivities and all other practices which actively involve the brain.



- d) **Samparkta** implies social networking, gossiping with friends and relatives, club membership, attending social functions and related events in routine life.

- e) **Sadacharita** implies ethical conduct and positive attitudes for wellbeing and yoga, pranayam and meditation for mental relaxation.

- Spirituality through prayers, divine songs, religious discourses should be encouraged.



Elderly should accept ageing gracefully for their own emotional wellbeing and adapt five “S” of healthy lifestyle to improve quality of life

Safety measures in elderly:

Assessment of sense of hearing, balance, vision and sense of smell in elderly and there by modifying environment for specific sensory deficits

- Avoid pollution, smoke and dust, extreme of weather.
- Avoid driving in cases of low vision, slow reflexes or after taking medications that cause drowsiness.
- Presence of emergency call system such as police helpline no. (100), fire (101), Ambulance (108), women helpline number (1091).
- Presence of assistance devices like cane, walker etc.
- Accidents and falls should be prevented by adopting safety measures Elderly should ensure carrying

Safe home environment

- Adequate lighting in the house
- Guards or side rails should be present at bed, window, stairways and bathroom

- Non slippery floor in bathroom
- Coloring of house should be helpful in defining doors, stairs etc.
- Floor should not be very smooth, floor coverings are preferred
- Furniture should be comfortable and sturdy to allow weight
- Noise should be controlled
- Proper cleanliness should be maintained
- Electric appliances should be shock proof
- Home should be free from pests
- Drugs, pesticides, insecticides etc. should be kept in isolation.
- Use of call bells.



Chapter 4

Service Delivery Framework

Elderly individuals require special care and support. The Primary Health Care Team has the responsibility for providing care for the elderly starting from the community level to the SHC-HWC and PHC-HWC level.

At the community level: ASHA, MPW(M/F) will identify elderly individuals in the community, undertake risk assessment of the elderly, provide counseling and support to the elderly for various health conditions, provide support to the caregivers, enable formation of support groups for the elderly and caregivers, identify and medical conditions and refer to the CHO for further management and provide follow up care.

At the SHC-HWC level: CHO will manage common geriatric ailments and/or refer to appropriate higher centers, arrange for suitable supportive devices from higher centres to the elderly /disabled persons to make them ambulatory, provide counselling and support to elderly and their caregivers.

At the referral centre level: Diagnosis and treatment of complicated conditions, surgical care, rehabilitation and counselling will be provided for the elderly by Medical Officer or specialists.



Key Tasks of ASHA in elderly care:

1. Community level

- Identifying and listing the elderly in the village
- Awareness generation

2. As Continuum of care

- Carrying out household visits
- Risk assessment
- Notification to the CHO
- Home based follow up visits

Key tasks of ASHAs for elderly care: At Community level

1. Identifying and listing the elderly in the village:

As an ASHA, one of your activities is to undertake line listing of households in your village and are therefore aware about how many elderly individuals are there in the village. For elderly care, it is necessary to know how many **elderly persons currently bed-bound, restricted and mobile**. Thus, the identification and listing is an important task. This will also help you to know which household to visit while following up. Mobile elderly and their caregiver should be encouraged to visit health and wellness centres for care seeking. They should also be informed about screening and health camps and mobilised to attend them.

In addition to this, you would identify **destitute elderly, elderly poor and single elderly** in your area and list them. These individuals may require special care. They should also be visited from time to time and provided with psychosocial support. This will also help to establish a communication between the primary health care team and the identified elderly.

2. Awareness generation:

One of your key functions would be to create awareness in the community regarding various aspects of elderly care. You can utilise community platforms like VHSNC/MAS to create awareness about healthy ageing. Apart from sensitizing the community towards the various needs of the elderly, you will also address issues like ways to reduce risk of falls in the elderly, malnutrition in elderly individuals and neglect of care in elderly through advice for geriatric friendly home settings. You can also sensitize caregivers to identify common problems among the elderly and orient them to home-based care. You can also raise awareness regarding the National Programme for Health Care of Elderly and the provisions under the programme.

- a. You will assist the Primary Health Care team in organizing health education camps to address basic issues like personal hygiene maintenance, nutritional counseling and explaining the associated risks to the caregiver. These camps can also serve as platforms to create awareness regarding modifications within the physical home environment to help reduce hazards that cause falls and fractures in the elderly.
- b. You will also utilize home visits to undertake individual and family counseling in households with bed-bound elderly individuals including counseling for the caregivers.

3. Mobilization of Elderly Support groups ‘Sanjeevini’:

Similar to the NCD support groups, Elderly support groups and Elderly Caregiver support groups may also be created to facilitate the goal of achieving healthy ageing in the population. The Elderly support groups will promote social inclusion and the Caregiver support groups would support each other in taking care of the elderly at home. As an ASHA you should try and get at least 2-3 members to get together and tell about goals of the group. These group meetings should be kept



regular according to the members. Once the meetings start, more and more members are hoped to join as the word spreads.



Key tasks of ASHAs for elderly care: In continuum of care

1. **Household visits:** During your home visits for filling CBAC form, you will be able to identify the households where elderly individuals are residing. With the support from MPW(F/M), you can undertake counselling of the elderly and their family members in healthy lifestyle, improved care seeking and increasing supportive environment in families and community.
2. **Risk assessment:** Completion of Community based assessment checklist (CBAC) is required for all the elderly. This is the same one that is carried out for the screening of NCDs. The **section B3 is specific to the elderly** which needs to be filled. You should keep in mind that if a person says “yes” for a question, it does not necessarily mean that they have the disease. Similarly, if a person says “no” for a question, it does not mean that they do not have the disease. You need to build rapport and engage in conversation with the elderly individuals in order to obtain the necessary history for any health condition.
3. **Notification to the CHO:** You should notify to the CHO according to the instructions in the individual assessment form, for increased risk, or if any disease, health condition, malnutrition or case of abuse is suspected. MPW (F/M) will support you for such notifications.
4. **Home based follow up visits:** Follow up for those who have been referred to the CHO or discharged from higher facilities is an important step to ensure continuum of care. In case patient presents with any complain during follow up, you must refer the patient to the nearby health and wellness centre. If the patient is bed bound/ restricted the CHO needs to be notified for home visit.
5. **Compliance to treatment:** For any elderly individual on medication, you must note whether there is compliance for the medication and treatment.
6. **Assistive devices:** In case any elderly individual is prescribed or using any assistive devices or dentures or spectacles, you should ask if they are being used regularly. If there are not being used regularly, you should ask for the reasons of non-usage to the elderly and the caregiver. You should counsel such individuals about importance of regular use. In case the patient still does not continue the use of devices, you will notify the MPW (F/M) and CHO for further assistance.

You should inform the caregivers about regular cleaning of spectacles, dentures and maintaining the devices in good state:

Key points regarding maintenance:

- a. Denture maintenance:
 - Denture should be cleaned regularly.
 - One can use clean water, soap and toothbrush to clean the denture.
 - It should be cleaned gently and take care that it does not fall and break.
 - Denture should be removed in the night and kept in clean water overnight
 - Dentures should be kept away from children's reach
- b. Spectacle maintenance:
 - You should not touch the glasses directly. You should hold them by the side or by the sticks.
 - Lenses/ glasses of the Spectacle should be cleaned by a soft, clean cloth.
 - Spectacles should be always kept in a box when not in use.
- c. Assistive devices (sticks, walker etc.)
 - You should keep the sticks or walker nearby the elderly.
 - They should be kept away from water to avoid rusting.
 - They should be cleaned regularly.

7. **Assisting MPW (F/M) for the nursing tasks:** In case any elderly individual requires nursing care like changing dressing or wound care etc., you may support the caregiver for the same. You will also assist MPW(F) if they carry out any nursing task. You are not required to carry it out on your own.



Annexure I

Community based assessment checklist (CBAC)

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Does this person have any of the following? visible defect/known disability/Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment					
Question	Range		Circle Any	Write Score	
1. What is your age? (in complete years)	0 – 29 years		0		
	30 – 39 years		1		
	40 – 49 years		2		
	50 – 59 years		3		
	≥ 60 years		4		
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never		0		
	Used to consume in the past/ Sometimes now		1		
	Daily		2		
3. Do you consume alcohol daily	No		0		
	Yes		1		
4. Measurement of waist (in cm)	Female	Male			
	80 cm or less	90 cm or less	0		
	81-90 cm	91-100 cm	1		
	More than 90 cm	More than 100 cm	2		
5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week		0		
	Less than 150 minutes in a week		1		
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0		
	Yes		2		
Total Score					
Every individual needs to be screened irrespective of their scores.					
A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritized for attending the weekly screening day					



Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Y/N		Y/N
Shortness of breath (<i>difficulty in breathing</i>)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	Y/N		Y/N
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center			
** If the answer is yes, tracing of all family members to be done by ANM/MPW			

Part C: Risk factors for COPD***Circle all that Apply***

Type of Fuel used for cooking – Firewood/Crop Residue/Cow dung cake/Coal/Kerosene/LPG

Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: 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					
<i>Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)</i>					



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Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

-  <https://instagram.com/ayushmanhwcs>
-  <https://twitter.com/AyushmanHWCs>
-  <https://www.facebook.com/AyushmanHWCs>
-  https://www.youtube.com/c/NHSRC_MoHFW



National Health Systems Resource Centre