





SUPPLEMENTARY BOOK for ASHA

(An Aide to Preparing for Certification)



NATIONAL INSTITUTE OF OPEN SCHOOLING

SUPPLEMENTARY BOOK FOR ASHA (An aide to preparing for Certification)





ACKNOWLEDGEMENTS

The Supplementary book for ASHAs is a workbook based on the contents of the modules that she has been trained in and to prepare her for certification. It represents the painstaking effort put in by a large number of individuals and institutions. Thanks are due to the members of Project Steering Committee (PSC) and Technical Advisory Committee (TAC) for ASHA Certification, who provided valuable insights and feedback in developing this book.

AN INTRODUCTION TO CERTIFICATION AND THE SUPPLEMENTARY BOOK FOR THE ASHA

Congratulations! By registering for the process of ASHA certification, with the National Institute of Open Schooling (NIOS), you have accepted the challenge to be a learner and to be certified according to standards. In this chapter we describe the process of certification and the use of this book.

1. ASHA Certification

The purpose of the certification is to assess your knowledge and skills and build your self confidence and ensure that the care that you provide to the community is of a high quality. The process of certification is divided into three parts:

- 1. Internal Assessment: Once you register with the NIOS, your state will make sure you undergo a refresher training of ten days: divided into two rounds of five days. In the refresher training you will have an opportunity to revise your knowledge and skills, using the Supplementary Book and the training modules that you already have. At the end of the refresher training, you will be assessed. This is called an *Internal Assessment*. The total marks for this component are 30. You will need to score at least 50% that is, 15 marks to pass this.
- 2. Theory examination: This will be conducted by NIOS. The total marks for this component are 30. You will need to score at least 50% that is 15 marks to pass this.
- 3. Practical examination: This will be also conducted by the NIOS, soon after you complete the theory examination. You will be tested in the competencies in which you have already been trained. The total marks for this component are 40. You will need to score at least 24 marks to pass this.

This supplementary book covers a set of competencies which have been taught to you through Modules 1-5 (for those ASHAs selected in the programme before 2013), Induction Module (for those ASHA who were selected after 2013), the content of Modules 6 and 7, Reaching the Unreached and Mobilizing for Action against Gender Based Violence. When you start using this book, you must have all these modules with you. In the next section we will describe the supplementary book and help you to understand how to use it.

2. Using the Supplementary Book

The book has nine chapters covering the knowledge and competencies that you need to fulfil your roles and responsibilities as an ASHA. This book is based on the topics you have learnt during the training you received since you became an ASHA. You are already familiar with the content since you have been trained and have used all this knowledge and skills while working for the past few years. The book serves as an opportunity for revising and refreshing your knowledge and skills.

The book is divided in nine chapters. Each chapter has a number and a title. The title indicates the topic that would be covered in the chapter.

We will now describe the way in which each chapter is organized. In the first part of the chapter we list the objectives of the session and in the second part there are tests designed in different patterns to assess your knowledge and skills.

Part 1

- 1. Objectives of this Session: The objectives explain what you are expected to learn from the chapter. At the end of the training you should refer to these objectives to see if you have learnt all the points.
- 2. Content Reference: This provides the Module number and the section that has the content on the respective knowledge and skills. While using the book you should also read the "refer to" chapter in your module, to clarify your doubts. You should be familiar with the modules before you start reading this book.

Part 2

This section of each chapter includes questions to test your knowledge and skills. The different patterns of questions are:

- **1. Worksheets:** Each chapter has about four to five worksheets. Each worksheet has a set of questions. The questions in the worksheets are of various types. They include:
 - (a) Multiple Choice Questions (MCQ): Each such question has four to five responses listed under it out of which only **one** is the correct answer.

While answering such questions

- Read all the choices for answers given in the question carefully
- Select the most appropriate answer
- Put a Tick mark (✔) against the correct option.

For Example:

Which is the first vaccination a child gets after birth?

- (a) DPT
- (b) Measles
- (c) Vitamin-A
- (d) BCG

The answer to the above question is (d) BCG

Some questions also have responses such as "All of the above" and "None of the above", which you should also consider before placing a tick mark.

(b) Fill in the blanks: In this type of question, you are required to fill in one or more missing words.

For Example:

Early skin to skin contact of the baby with mother prevents

The answer to the above question is *Hypothermia*.

(c) Match the following: In this type of question, you are required to read items in one column and match it to a statement in the other column.

While answering such questions

- Read items/statements given in Column A and Column B carefully
- Match statements in Column A with the statements in Column B for the correct answer.

For Example: Match the different methods of abortion with the duration of pregnancy:

(iii) 7 Weeks

Column A	Column B
(a) Medical Abortion	(i) 12 Weeks
(b) Manual Vacuum Aspiration	(ii) 8 Weeks
(c) Dilatation & Curettage (D & C)	(iii) 7 Weeks
Column A	Column B
(a) Medical Abortion	(i) 12 Weeks
(b) Manual Vacuum Aspiration	(ii) 8 Weeks

You will write the answers as follows:

(c) Dilatation & Curettage (D & C)

(a)-(iii), (b)-(ii), (c)-(i)

(d) Short answer question: In this pattern you are expected to give answers which are one or two words or at most one or two lines. There is space provided for this.

For Example:

Who are the members of a VHSNC?

The answer to the above question is Panchayat Representatives, the ASHA, the AWW, the ANM, community based women collectives, Hand pump mechanic, SHG representative, MGNREGA coordinator, school teacher should be considered as members if they are resident in the village and other community members, particularly women and the marginalized section.

(e) Case studies: Case studies describe common situations encountered in the field. A case study is generally six to eight lines long, describes a specific problem, and has two or three characters. The case-study tests your problem solving ability. At the end of a case study, there are about three to four questions. The questions are based on the information provided in the case study.

While answering such questions:

- Read the case study carefully to understand the issue
- Identify the major problems and their causes
- Read the questions carefully and answer each one to the point

For Example:

Anny is 4 months pregnant and has been coming regularly to you for advice. This morning she came to your house and complained that she had fever, burning sensation when passing urine for the past 2 days and a lot of white discharge from her vagina. She is very uncomfortable and wants your help. When you see her, you touch her neck and find that it is very warm. She looks ill and in pain.

Q1. What problems do you think Anny is having?

.....

-
- *Q2.* What can you do to help her feel better?

.....

The answer to the Question 1 is "Anny has infection – Fever, White discharge and burning sensation while urinating"

The answer to the Question 2 is

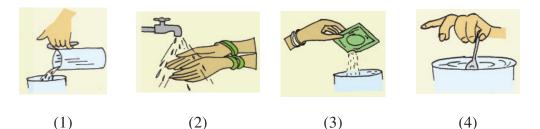
- Advise her to drink plenty of water.
- Tell her to apply gentian violet to her vagina daily.
- If she still has problems, refer her to the PHC.

(f) Listing the correct steps: Many of the skills that you are asked to perform, are taught to you in the form of steps, to help you remember easily. In this type of question, you will be given a particular task and the steps will be listed, but not in the correct order. Your task is to list the steps in the correct order. Sometimes each step could be illustrated by a picture.

While answering such questions

- First look at all the steps listed.
- Then number them in the correct order

Look at the diagram below demonstrating the steps for preparing ORS solution. Arrange the diagrams in a correct sequence.



The answer to the above question is (2) then (3), followed by step (1) and last step is (4).

(g) **True or False:** Here you will find a single statement, with the words True or False below. You have to write either of these based on your understanding.

For Example:

Women whose husbands have multiple sexual partners are at higher risk of getting sexually transmitted infection. True/False

.....

The answer to the above question is True

- 2. Notes: In every page there is blank space in the margins, for you to make notes.
- **3. Answer keys:** At the end of each chapter, there is an Answer key to the questions. It will help you to know the correct answers and also to assess how many questions you have been able to answer correctly. Do not go to the Answer Key till you have attempted all the questions. When you complete the questions and have assessed yourself, look at every question that you got wrong. Go back to the particular chapter in your modules and revise the content. Then attempt the paper another time. You will do better. Keep repeating this again and again till you get all the answers correct.

ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCG	Bacillus Calmette Guerin
BP	Blood Pressure
CHC	Community Health Centre
D&C	Dilatation and Curettage
DPT	Diphtheria, Tetanus and Pertussis
DOTS	Directly Observed Treatment (Short Course)
DT	Diphtheria and Tetanus Toxoid
ECP	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
FRU	First Referral Unit
GP	Gram Panchayat
GV Paint	Gentian Violet Paint
HBNC	Home-Based Newborn Care
Hb	Haemoglobin

Нер В	Hepatitis B
HIV	Human Immuno-deficiency Virus
ICDS	Integrated Child Development Services
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IFA	Iron Folic Acid
IUCD	Intra Uterine Contraceptive Device
IMNCI	Integrated Management of Neonatal Childhood Illness
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LMP	Last Menstrual Period
MDT	Multi-Drug Therapy
MCP	Mother and Child Protection Card
МО	Medical Officer
MPW	Multipurpose Worker
MTP	Medical Termination of Pregnancy
MVA	Manual Vacuum Aspiration
NRC	Nutritional Rehabilitation Centres
OCP	Oral Contraceptive Pills
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PNC	Postnatal Care
PPIUCD	Post Partum Intra Uterine Contraceptive Device
PRI	Panchayati Raj Institution
RDT	Rapid Diagnostic Test

RMP	Registered Medical Practitioner
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SHG	Self Help Group
ST	Scheduled Tribes
STI	Sexually Transmitted Infection
TB	Tuberculosis
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee

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BEING AN ASHA

Objectives of this Session

By the end of this session, the ASHA will learn about:

- The role of an ASHA and responsibilities expected of her.
- The competencies and skills that an ASHA needs to be successful as ASHA.
- Health and its determinants.
- Health and Health Rights.
- The marginalized and her role in ensuring their inclusion in health services.

Content Reference: Module 5, Module 6, Induction module

Being an ASHA

Refer to

- Module 5, ASHA as a Heath Activist
- Induction Module Section-1 (Being an ASHA)
- Module-6 Part A (Being an ASHA)

Write the answer in the space provided under each question. You can also go back to your books to find an answer.

Worksheet 1

Q1. List the three main roles of the ASHA.

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Q2. List five essential activities that an ASHA should undertake in her area.

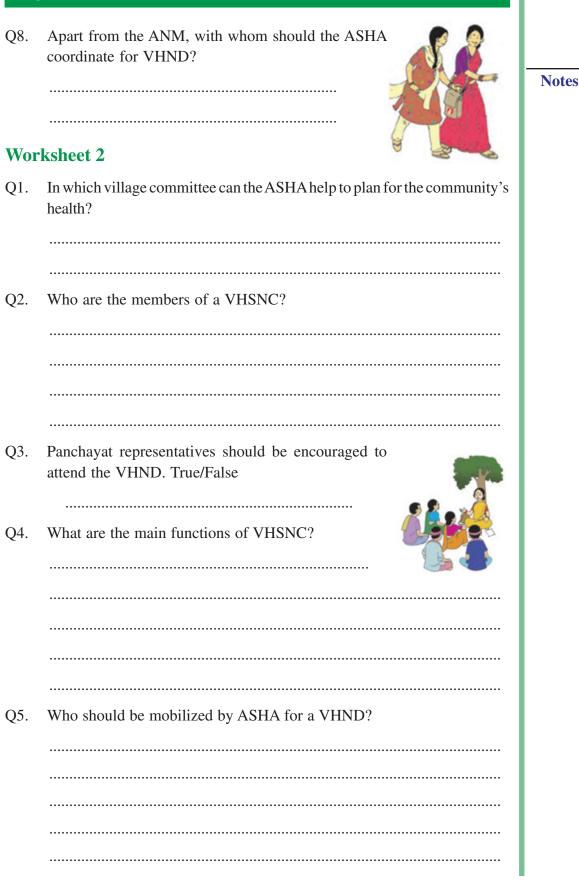
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- Q3. What is the first step in conducting a home visit for a new born? Please tick (✔) the correct option.
 - (a) Gather information to understand the situation
 - (b) Give the mother advice on caring for the baby
 - (c) Examine the baby



- Q4. What values should guide an ASHA in her work? Please tick (\checkmark) the correct option.
 - (a) Treat everybody equally
 - (b) Respect people's traditions and ideas
 - (c) Be a role model
 - (d) All of the above
- Q.5. Name the day on which antenatal care services are given by the Auxilliary Nurse Midwife (ANM) in the village?

Q.6. How often is a Village Health Nutrition Day (VHND) held in your village?





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Notes

- Q6. If a pregnant woman is hesitant to come to the VHND, the ASHA should: Please tick (✔) the correct option.
 - (a) Ignore her
 - (b) Complain about her to the ANM
 - (c) Escort her to the VHND

Worksheet 3

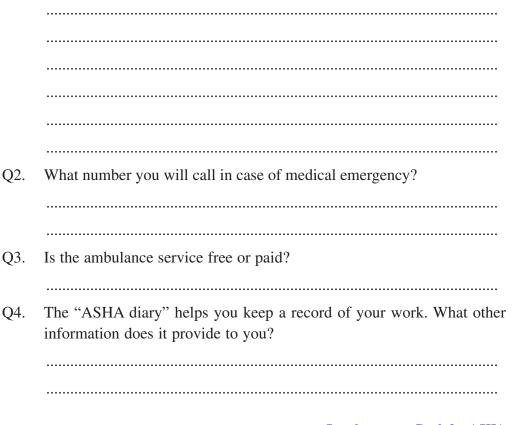
For the exercise below, Refer to the Diary and stock card provided to you.

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

You are the ASHA of Sukna panchayat. There has been a maternal death in the village. The VHSNC has called for a meeting to discuss how these deaths can be prevented. They plan to address the problem of delay in calling or arrival of emergency transport. The newly elected sarpanch tells you (ASHA) that they want to make an action plan for preventing maternal deaths in the village.

Q1. What information can you provide them for better planning?



Case Study B

You looked in your drug kit and noticed that you are running short of Oral Rehydration Salt (ORS) packets and Paracetamol. You have requested the PHC Medical Officer (MO) to refill your kit. At the time of refill, you have 10 tablets of Paracetamol and two ORS packets. The PHC MO refills your kit with 50 tablets of Paracetamol and 20 packets of ORS.



Q1. What record do you maintain in order to show the stock of drugs with you?

-
- Q2. When your drug kit is being refilled, what date should be checked on the medicine?

Q3. Please fill the Drug kit stock card for Paracetamol and ORS packets available with you at this moment

S. No	Name of Drug	Balance	Refill given
1	Paracetamol		
2	ORS packets		

What is a Healthy Community?

Refer to

• Induction Module Section-2 (What is a Healthy Community?)

Write the answer in the space provided under each question. You can also go back to your books to find an answer.

Worksheet 1

Q1. List the common health problems in your village.

.....





Notes

	Being an Asha
Q2.	List three non-health related problems in the village that can lead to poor health.
Q3.	What are the Socio-cultural factors that affect health of a person?
Q4.	What are important causes of malnutrition?
Q5.	Hygienic habits and safe environment contribute to good health and wellbeing of a community? True/ False
Q6.	Which is the government scheme meant for providing supplementary food to children below 6 years of age?
Un	derstanding Rights and Right to Health
Ref	er to
	Module 5, Chapter: Understanding the Human Rights and the Fundamental Rights, Understanding the Meaning of the Right to Health
•]	Induction Module Section-3 (Understanding Rights and Right to Health)

Worksheet 1

- Q1. Which of the following are the fundamental rights of an individual? Please tick (\checkmark) the correct option.
 - (a) Right to Equality
 - (b) Right to Freedom

- (c) Right Against Exploitation
- (d) Right to Freedom of Religion
- (e) All of the above
- Q2. Please tick (\checkmark) the correct option. Right to Health means:
 - (a) Well-equipped hospitals
 - (b) Affordable services
 - (c) No denial of health services
 - (d) All of the above



- Q3. In the public health system, which is the lowest level where you will first find a doctor available?
- Q4. Match the given facility (Column A) with their Population coverage/ Provider/Service Availability (Column B)

	Column A	Column B		
(a)	Health Sub-centre	(i)	Has facilities for surgery/major operations	
(b)	District Hospital	(ii)	A place for monthly review meeting with Medical officer	
(c)	Primary Health Centre	(iii)	ANM	

Q5. A Primary Health Center (PHC) is expected to provide emergency care for sick children. True/False

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.....

Q6. Social and cultural beliefs increase women's vulnerability to infections and illnesses. True/False



- Q7. What can ASHA do to improve women's health and status? Select the most appropriate answer
 - (a) Increasing participation and voice of women
 - (b) Motivating women to take part in decision making
 - (c) Encouraging girls to complete education
 - (d) All of the above

Skills of an ASHA

Refer to

- Module 5, Chapters- Leadership, Communication skills, Decision making skills, Negotiation skills and Coordination skills
- Induction Module Section-4 (Skills of an ASHA)

Write the answer in the space provided under each question. You can also go back to your books to find an answer.

Worksheet 1

Please tick (\checkmark) the correct option.

- Q1. Which of the following skills you require to perform your tasks in the community effectively:
 - (a) Leadership
 - (b) Communication
 - (c) Decision Making
 - (d) Negotiation
 - (e) All of the above
- Q2. Which of the following is true?
 - (a) A leader takes all the decisions herself
 - (b) A leader involves others in decision making
 - (c) A leader follows only what is told to her



- Q3. Which of the following are ways to motivate the community to join hands with you?
 - (a) Being in regular contact with them
 - (b) Giving them responsibility
 - (c) Holding meeting with the community to generate awareness regarding healthy behaviours
 - (d) All of the above
- Q4. Which of the following is an example of verbal communication?
 - (a) Counseling
 - (b) Facial expressions
 - (c) Body posture
- Q5. Which of the following is an example of non-verbal communication?
 - (a) Eye contact
 - (b) Body posture
 - (c) Hand gestures
 - (d) All of the above
- Q6. Which of the following types of communication ASHA needs to use:
 - (a) Verbal communication
 - (b) Non-verbal communication
 - (c) Written communication
 - (d) All of the above



Q7. Negotiation is the process by which two or more parties try to find a mutually acceptable solution to an issue. True/False

.....

Q8. As an ASHA, you are expected to regularly coordinate with various stakeholders and the community. List at least five such stakeholders.



Notes

Being an Asha

Worksheet 2

In the questions below, fill in the blanks by selecting the correct answer from the choices given:

- Q1. When talking to someone, you should
 - (a) Look into the eyes of the person
 - (b) Not look at the person
 - (c) Look down in your book
 - (d) Look at the ground
- Q2. Writing an application to request for the repair of the PHC in your village is a form of communication
 - (a) Verbal
 - (b) Non-verbal
 - (c) Written

Q3. Facial expressions are a form of communication

- (a) Verbal
- (b) Non-verbal
- (c) Written
- Q4. The agenda for a village meeting should be shared
 - (a) At the beginning of the meeting / prior to the meeting
 - (b) At the end of the meeting
 - (c) In the middle of the meeting
- Q5. In a village meeting, the seating arrangement should be such that
 - (a) People sit in different places as they wish
 - (b) People sit in a circle
 - (c) Some people sit on chairs while others sit on the ground

Q6. While organizing a village meeting to discuss the services given by the Anganwadi, which village level functionary should you call for the meeting along with the community?





- Q7. The ASHA is the link between the health care services and the community. Is this statement correct? Yes/No
- Q8. You need to coordinate with some village level functionaries and groups for a successful VHND; who are they?

.....

.....

Worksheet 3

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

You (ASHA) held a village meeting on 25th May to discuss opening of an anganwadi in the village as there is no anganwadi currently. You have called Sidra, the Sarpanch, women with small children, pregnant women, adolescent girls and others to the meeting.

After discussions, everyone agreed that it is very important for improving the nutrition status of the children and that an anganwadi is opened in this village. It is decided that Ashraf, who studies in class eight, will prepare a list of children under six years of age, pregnant women and adolescents in the village. You (ASHA) will support her in doing this survey. After that the Sarpanch will get a proposal passed by the Gram Sabha and along with the survey list, submit it to the Block ICDS office. The women's group offered to help the Sarpanch in this regard. It was decided that the survey would be done by 25th June. The Sarpanch will submit the application in the Block office by 15th July.

Q1. Did the meeting have an agenda? If yes, then what was it?

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Notes

Q2. What responsibility did Ashraf take? Who volunteered to support her?

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- -----
- Q3. What responsibility did the Sarpanch take? Who volunteered to support the Sarpanch?

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- Q4. Was a time limit fixed for the action to be taken?

.....

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Case Study B

Surmi is the ASHA of Mirpur and Guli is the ASHA of Dewanpur village. Both held meetings in their respective villages to discuss how to regularize the visit of the ANM to their villages. Surmi did not inform anyone about the meeting beforehand and called anyone who was available at the village at that time. Once everyone arrived, they sat wherever they got place. Some sat on chairs, some on a platform and some on the ground.

Surmi started the discussion with the people who had assembled. They discussed

that someone should have a talk with the ANM about visiting the village regularly. However, only the men who were present were talking while the women were silent. The men said that someone will speak to the ANM but did not say who will speak to her and when. Then many members got up to leave, saying that they had work to do.The meeting had to end.



On the other hand, Guli organized the meeting with an agenda and informed the villagers and members prior to the meeting. Everybody sat on the ground in a circle. She discussed the issues with both men and women and listened to them carefully. An action plan was developed at the end of the meeting.

Q1. Should Surmi have informed the villagers beforehand about the meeting?

Q2. What should have been the sitting arrangement for the meeting?
Q3. Which is the group that ASHA should pay attention to?
Q4. What two important elements were missing in the action plan?
Q5. List five things that Guli did correctly during the meeting.

Worksheet 4

Case Study A

Sunita's four year old daughter was found to be severely malnourished. Rani is the ASHA of the village. She went to Sunita's house to counsel her regarding the nutrition of her daughter. When she reached her house, Sunita immediately got her the only chair in the house. Rani said that she would sit on the ground

along with Sunita. Rani then started talking to her about her daughter's nutrition. All the time, during interaction, she maintained eye contact with Sunita and her body posture depicted confidence in what she was saying. She responded to what Sunita was saying and her facial expressions also showed that she was listening to what Sunita had to say. At the end, Sunita requested Rani to write her a referral letter for the Block Medical Officer (BMO) regarding admitting her daughter at the Nutrition Rehabilitation Centre.



Q1. What is the first action of Rani's that shows that she respects Sunita and treats her as an equal?

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- Notes
- Q2. What are the three forms of communication that Rani used during her meeting with Sunita?

Q3. What are the three forms of non-verbal communication that Rani effectively used while counseling Sunita?

Case Study B

Rosy is the ASHA of Naitam village. She was conducting a village group meeting to discuss improving participation of pregnant women and women with small children, in the VHND, especially the women from Scheduled Tribe hamlet. She had called women and some men from the hamlet and had also called the Sarpanch. The Sarpanch and other men were given chairs to sit, while the women sat on the ground.

Rosy started the meeting by scolding the women for not going to VHND. She told them that they should take better care of the children. One of the woman said that the anganwadi centre, where VHND takes place, is far from their hamlet. They have to cross a stream that gets flooded during rains. Rosy interrupted them, saying that these were just excuses. She also had her back to them and was constantly talking to the sarpanch. When the women saw that no one



was listening to what they had to say, they all got up and went away. Rosy called after them to come back but they did not listen and walked away.

- Q1. Do you think Rosy is an effective communicator?
 -
- Q2. Was the seating arrangement correct for the meeting?

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Q3. What body posture of Rosy's reflected that she was not interested in listening to what the women had to say?

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.....

Q4. What should have Rosy done to improve the participation of women in VHND?

Worksheet 5

Case Study A

Sarita is ASHA of Khanpur village. Since the last two months, ANM Geeta has been coming late for the VHND due to which VHND gets delayed and starts at 11:00 am

Today they had a VHND in the village but very few beneficiaries turned up. Only one pregnant woman out of five, who were due for ANC, came for the check-up. Two out of eight children due for vaccination turned up.



Q1. As an ASHA, what you could have done to avoid such situation?

Reaching the Unreached

Refer to

Brochure Reaching the Unreached- A Guide for the ASHA to reach the poorest, most marginalized and vulnerable

Write the answer in the space provided under each question. You can also go back to your books to find an answer.

Worksheet 1

Q1. List few types of families that need a special reach out because they normally do not access the health services.



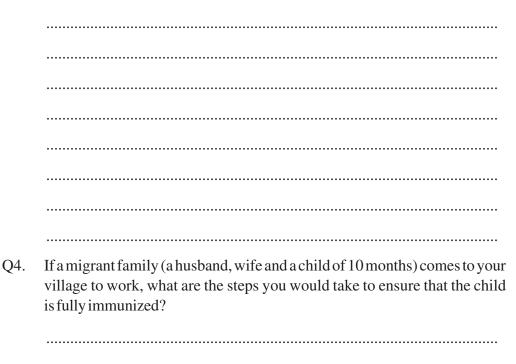


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- Q2. Which of these activities of an ASHA helps the marginalized access the health services? Please tick (✔) the correct option.
 - (a) Raising awareness on health services
 - (b) Encouraging and motivating them to attend VHND and VHSNC meeting
 - (c) Counseling them for their health problems
 - (d) Escorting them for referral services, when needed
 - (e) All of the above



Q3. List the points of the eight fold path to reach the marginalized.



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Worksheet 2

Case Study A

You have recently been selected as an ASHA. The previous ASHA has become an Anganwadi worker. In one of the hamlets, there are Dalit families. While tracking children for immunization you found that there are 12 children and five pregnant women who have not been immunized.

The ANM says that the Dalit families are not cooperative and they don't bring their children during the Village Health and Nutrition Day (VHND) for immunization. She criticizes these families and tells you that this community does not care for its children and women. You go to the hamlet, meet with the families, and asked them the reason for not getting immunization. They informed you that two years back a child died soon after she was immunized. Since then all the families of the hamlet are scared to take their children for immunization.

Q1. The ANM is of the view that the Dalit people do not immunize their children as they don't care for them. What is your explanation?

Q2. What is the reason that the people of the Dalit hamlet are not availing immunization services?
Q3. Changing behaviors is not very easy to do and it needs persistence. List three actions that you would take.

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Case Study B

During home visits in your village, you find that a thirteen month old child, Aamir has missed his measles vaccination as he had migrated with his parents out of your village 2 months ago.

Q1. Which is the record with the family that shows the information regarding immunization?

.....



Q2. What will you do in order to ensure that he (Aamir) receives his measles vaccine?

.....

Case Study C

Mira is a 19 year old, who lives in a hamlet of about six households, which is 2 kms away from the main village where you live. The tradition among these families is that women deliver at home with the help of a dai or older women in the family. You have come to know that Mira is pregnant. You ask your son to take you there by cycle so that you can tell her about the Janani Suraksha Yojana (JSY) and the importance of hospital delivery for her and her baby's health. Even after you spend time explaining this, the older women are not convinced. You decide that Mira's family is not going to listen, and therefore you do not visit the hamlet again.

Q1. As an ASHA, what you could have done to help Mira?

.....

.....

Answer Key: Being an ASHA

Being an ASHA

Worksheet 1

- Ans. 1. A Facilitator of health services
 - A Provider of community level health care
 - An Activist, who builds people's understanding of health rights and enables them to access their entitlements
- Ans. 2. Home Visits
 - Attending the Village Health and Nutrition Day
 - Visits to the health facility
 - Holding village level meeting
 - Maintain records
- Ans. 3. (a) Gather information to understand the situation
- Ans. 4. (d) All of the above
- Ans. 5. Village Health Nutrition Day (VHND)
- Ans. 6. Once in a month
- Ans. 7. Anganwadi/Integrated Child Development Services (ICDS) centre
- Ans. 8. Anganwadi Worker (AWW)

Worksheet 2

- Ans. 1. Village Health Sanitation and Nutrition Committee (VHSNC)
- Ans. 2. Panchayat representatives, the ASHA, the AWW, the ANM, community based women collectives, hand pump mechanic, SHG representative, MGNREGA coordinator, school teacher should also be considered as members if they are resident in the village and other community members, particularly women and the marginalized section
- Ans. 3. True
- Ans. 4. Awareness generation in the community about Sanitation and Nutrition
 - Monitoring of Health Services
 - Reporting and maintaining of Information/ Data of village
 - Make village health plan & follow up action
 - Improve drinking water facilities and cleanliness of village
 - Improve other social determinants of health





- Ans. 5. Pregnant women
 - Mothers for postnatal care
 - Children for immunization
 - Children for growth monitoring
 - Malnourished children
 - TB patients who are on anti- TB drugs
 - Persons with Malaria symptoms
 - Persons with illness
 - Eligible couples who need contraceptive services

Ans. 6. (c) Escort her to the VHND

Worksheet 3

Case Study A

Ans. 1. • Number of pregnant women in the village

- Birth preparedness plan for each pregnant woman
- Number of high risk pregnant women
- Number of health facilities nearby (PHC/CHC) and contact number
- Name of the facilities where services of Gynecologist, Cesarean Section and Blood Transfusion are available for emergency situations
- Identification of transport during medical emergency
- Ans. 2. 108 (Ambulance service) **

NOTE **: The ambulance service may vary from state to state. Your state ambulance service may have a different number

- Ans. 3. Free service
- Ans. 4. Apart from record keeping, ASHA Diary helps in tracking beneficiaries and payments

Case Study B

Ans. 1. Drug Kit Stock Card

Ans. 2. Expiry Date of the medicine

Being an Asha						
Ans. 3.	S. No	Name of Drug	Balance	Refill given		
	1	Paracetamol	10	50		
	2	ORS packets	2	20		

What is a Healthy Community?

Worksheet 1

- Ans. 1. Diarrhoea
 - Pneumonia
 - Fever
 - Cough
 - Problems related to pregnancy
 - Infectious diseases like Malaria

(The problems can be different in your village)

- Ans. 2. Unsafe drinking water
 - Lack of toilets
 - Open defecation
 - Stagnant water

(The problems can be different in your village)

- Ans. 3. Poor education
 - Social and economic inequalities
 - Cultural practices
 - Myths and misconceptions
- Ans. 4. Poverty
 - Improper feeding practices
 - Infections

Ans. 5. True

Ans. 6. Integrated Child Development Services (ICDS)/Anganwadi





Understanding Rights and Right to Health

Worksheet 1

Ans. 1. (e) All of the above

Ans. 2. (d) All of the above

Ans. 3. Primary Health Centre (PHC)

Ans. 4.	(a)	Health Sub-centre	(iii)	ANM
	(b)	District Hospital	(i)	Has facilities for surgery/major operations
	(c)	Primary Health Centre	(ii)	A place for monthly review meeting with Medical officer

(a) - (iii) (b) - (i) (c) - (ii)

Ans. 5. True

Ans. 6. True

Ans. 7. (d) All of the above

Skills of an ASHA

Worksheet 1

Ans. 1. (e) All of the above

- Ans. 2. (b) A leader involves others in decision making
- Ans. 3. (d) All of the above
- Ans. 4. (a) Counseling
- Ans. 5. (d) All of the above
- Ans. 6. (d) All of the above
- Ans. 7. True
- Ans. 8. PRI members
 - ANM
 - AWW
 - Key persons /leaders of the community
 - ASHA Facilitator (Prerak, Sangini)
 - Others: Self Help groups, Mahila Mandals

Worksheet 2

- Ans. 1. (a) Look into the eyes of the person
- Ans. 2. (c) Written
- Ans. 3. (b) Non-verbal
- Ans. 4. (a) At the beginning of the meeting / prior to the meeting
- Ans. 5. (b) People sit in a circle
- Ans. 6. Anganwadi worker
- Ans. 7. Yes
- Ans. 8. ANM
 - AWW
 - SHGs
 - PRI
 - Others like teachers, youth group, Mahila mandals and elderly

Worksheet 3

Case Study A

- Ans. 1. Yes
 - Opening of Anganwadi centre in the village
- Ans. 2. Ashraf took the responsibility of preparing the list of children under six years of age, pregnant women and adolescents in the village
 - You (ASHA) agreed to support her in doing the task
- Ans. 3. Approval of proposal from Gram Sabha
 - The women's group offered their support to Sarpanch

Ans. 4. Yes

- The survey was to be completed by 25th June
- The Sarpanch to submit the application by 15th of July





Case Study B

Ans. 1. Yes

- Ans. 2. All members sitting in a circle on ground or all on chairs
- Ans. 3. Women's group
- Ans. 4. Specific action
 - Responsibility and timeline
- Ans. 5. Organized the meeting with an agenda
 - Informed the villagers and members
 - Everybody sat on the ground in a circle
 - Discussed with both men and women groups and listened to them carefully
 - Developed an action plan at the end of the meeting

Worksheet 4

Case Study A

Ans. 1. Sitting on the ground with Sunita

- Ans. 2. Verbal
 - Non Verbal
 - Written
- Ans. 3. Sitting on the ground with Sunita
 - Maintaining eye contact with Sunita while interacting
 - Body posture depicted confidence in what she was saying

Case Study B

- Ans. 1. No
- Ans. 2. No
- Ans. 3. Rosy had her back towards the women
- Ans. 4. She should have given the women more time to speak and listen to them carefully

Being an Asha

Worksheet 5

Case Study A

- Ans. 1. I would talk to the ANM to find out the reason for late arrival at VHND to resolve the matter
 - I would take up the matter at VHSNC meeting and also at the monthly review meeting at PHC

Reaching the Unreached

Worksheet 1

- Ans. 1. Families belonging to particular caste/groups who are not seen as equals in the community
 - Women headed households
 - Families living in distance hamlet and difficult to reach areas
 - Migrant families
 - Families with physically/mentally challenged children or families with no adult support
 - Families who work as a daily wage labourers
- Ans. 2. (e) All of the above
- Ans. 3. Mapping
 - Prioritizing
 - Communicating
 - Understanding
 - Counseling
 - Persisting
 - Coordinating
 - Mobilizing
- Ans. 4. Visit the family and establish rapport
 - Ask if the child has ever been immunized
 - Ask if they have an immunization card
 - At the next VHND, bring them to the ANM and make sure they get the required vaccine
 - Enroll the child into the Anganwadi centre





Worksheet 2

Case Study A

- Ans. 1. No, the ANM is not correct in her opinion
 - The Dalit families do not immunize their children because of a bad experience in the community two years ago, as a child had died immediately after immunization

Ans. 2. A child died soon after immunization

- Ans. 3. Frequent visits to the poor and marginalized families to counsel them about importance of healthy behaviors in the community
 - Raising awareness on health services available in nearest healthy facility
 - Encourage them to attend the VHSNC meeting, so that their issues and concerns are also heard

Case Study B

Ans. 1. Mother and Child Protection Card (MCP)

*The card may be known by different names in your area (e.g. mamta card, jacha-bacha card, tikakaran card or rasikaran card)

Ans. 2. When the family returns, I will bring the mother and child to the ANM on the Village Health and Nutrition day (VHND) or health facility and ensure that Aamir gets his measles vaccine

Case Study C

- Ans. 1. Repeated visits to Mira's home to motivate her and her family to visit the health facility
 - I could have taken help of ANM to convince the family



2

MATERNAL CARE

Objectives of this Session

By the end of this session, the ASHA will learn about :

- Diagnosing pregnancy using Nischay Kit.
- Determining Last Menstrual Period and Expected Date of Delivery.
- Key components of antenatal check-up.
- Identification of problems and danger signs during the antenatal period and appropriate referral.
- Provide appropriate care for Anaemia.
- Developing plans for birth preparedness.
- Knowledge of safe delivery.
- Understand obstetric emergencies and enable appropriate referral for emergencies.
- Updating Maternal and Child Health Cards with support from the ANM.

Content Reference: Module 6, Maternal Health

Pregnancy Diagnosis and Antenatal Care

Refer to

Module 6, Part B (Maternal Health)

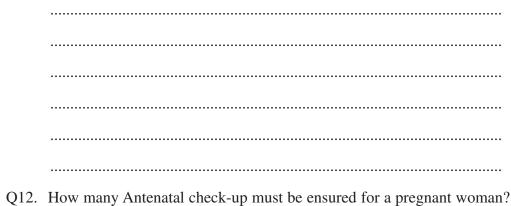
Write the answer in the space provided under each question. You can also go back to your books to find an answer.



Worksheet 1

Give one word answer for the following questions:			
Q1.	What vaccine is given to pregnant women during ANC?		
Q2.	What pills need to be given to all pregnant women during ANC?		
Q3.	What can the ASHA use to confirm pregnancy?		
Q4.	During ANC, what is tested for protein and sugar?		
Q5.	ANC services are provided at the Sub-Centre, PHC, CHC and District Hospital. True/False.		
Q6.	In using the Nishchay kit, if two violet lines are seen in the test region (T) does it mean that the woman is pregnant or not pregnant?		
Q7.	Once you have confirmed that a woman is pregnant, what is the next step that you will suggest to her?		
Q8.	The nearest place for ANC services for a woman is at the District Hospital. True/False.		
Q9.	ANC services are provided by ANM at the Anganwadi Centre during the monthly VHND. True/False.		
Q10.	Please tick (\checkmark) the correct option. In order to determine estimated date of delivery, it is important to know which of the following dates:		

- (a) The first day of the last menstrual period
- (b) The last day of the last menstrual period
- (c) The woman's birthday
- Q11. What are the essential components of antenatal care?



What is the suggested schedule for these antenatal visits?

.....

.....

Q13. List common danger signs during pregnancy.

Q14. What are danger signs during pregnancy that need immediate referral?





Worksheet 2

Write True or False:

Q1. Pregnant women must not eat papaya, cucumber and other fruit during her pregnancy. True/False

.....

Q2. Swelling of feet with headache and double vision is a danger sign in pregnancy. True/False

.....

Worksheet 3

Tick (\checkmark) the correct option from the statements given below:

- Q1. Essential antenatal care includes
 - (a) Regular ANC visits, 2 TT injections, minimum 100 IFA tablets, high risk screening
 - (b) Regular ANC visits, 2 TT injections, 100 IFA tablets, blood test for Hb.
 - (c) Visit to the CHC once in 3 months,3 TT injections, 30 IFA tablets
 - (d) 2 TT injections, IFA tablets, diet advice, blood tests for Hb. and other problems



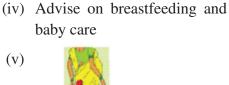
- Q2. Which of the following is not a danger sign in pregnancy?
 - (a) Swelling of feet and face
 - (b) Bleeding from the vagina
 - (c) Sprain of the wrist
 - (d) Fits
- Q3. Information in a Mother and Child Protection Card (MCP) does not contain
 - (a) Weight
 - (b) Diabetes treatment details
 - (c) Baby weight and immunization chart
 - (d) Expected date of delivery



- Q4. When should the MCP card be updated?
 - (a) Every month
 - (b) Every ANC check up
 - (c) Every week
- Q5. Match Column A with related option in column B

Column A

- (a) Danger sign (i)
- (b) Live birth
- (c) Pregnancy test (Nischay Test) (iii) Baby cries, moves limbs at 30
- (d) Hb. is 4 gm/dL
- (e) Post natal care



(v)

.....

СП

(ii) Severe Anaemia

sec and 5 mins

Column B

ТΠ

(S)

Worksheet 4

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Revati of village Herapur got married 6 months ago. She told Mala (ASHA) that she feels tired and has problem of vomiting. Mala asked about her menstrual period.

Q1.	What do you think Revathi's symptoms could be? What comes to your mind?
Q2.	What question should Mala ask about Revati's missed period?
Q3.	What should ASHA do next?





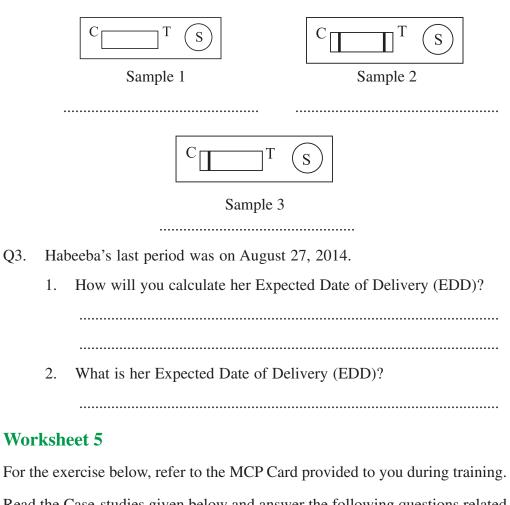
Case Study B

During the monthly ASHA review meeting in Nagoor PHC, Gouri, one of the ANM decided to find out how many ASHAs knew how to do the Nischay kit test. She gave out kits to 3 ASHAs (one of them was you) along with 3 different urine samples from women who had come to the sub centre that morning.

She asked all of them to demonstrate how to do the test. Smita and Mala did it correctly, but Reena got it wrong. Gouri then displayed 3 kits where the test had already been done and explained the meaning of the results.

.....

- Q1. What is the Nischay Kit test used for?
- Q2. How would you explain the results of the 3 tests shown below?



Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Janani lives in Malur village, which is 14 kms from the taluk hospital. The closest PHC is 4 kms away. She is 3 months pregnant and has been registered with the local ANM during the last village visit. Recently you have become an ASHA in that village. She has come to you to find out what she must do to keep healthy during her pregnancy. When you asked her about the MCP Card – Janani did not have one and had not heard about it. You were surprised since the ANM had given all pregnant women, a MCP Card. Then you found that Janani did not get a MCP Card because there was no stock the previous month. You promised Janani that you would help her get one and fill up the details.

Q1. What is an MCP Card?



- Q2. To whom is it given and when?
 -
- Q3. How can Janani and other pregnant women benefit from having a MCP Card?

.....

.....

Case Study B

Sheela, 28 years old girl of a dalit community, is expecting her 3rd baby and is 7 months pregnant now. Her first 2 children were born at home in her mother's village. Now she is in her husband's home and is not going to her mother's house for this delivery. Already the ANM met her some months back and gave her a MCP card. She brought her MCP Card to you to find out about her weight. Someone told her she is too thin and that it will affect the baby. When you saw the card, her weight has been recorded at 4 out of the 5 visits. You also noticed that her blood pressure (BP) has not been recorded, and there are no details of her blood test or tablets taken.

Q1. Sheela's weight at the first visit was 41 kg. At the second visit it was 42 kg, 3rd visit – 42 kg and now after 4th visit it is 43 kg. What can you understand from her weight record?

.....



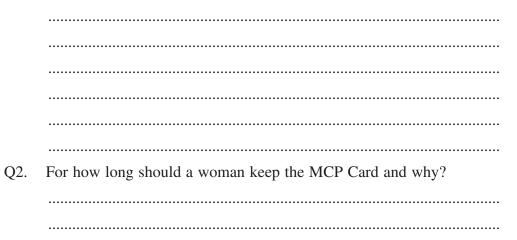


- Notes
- Q2. What are the problems you find with the MCP Card entries? What will you do?

Case Study C

In your village, which has a population of 4000 people, there is a new ASHA who has joined this month. One day, she came to your house with a packet of MCP Cards. She has asked you to explain it to her and to tell her what she must do with the MCP Card

Q1. Look at the MCP Card provided to you and list the sections in the MCP Card.



Worksheet 6

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Tomorrow is VHND day in Vijapur village. The theme for this day is balanced diet for pregnant women. Since you are the ASHA in that area, you have been given the responsibility to demonstrate foods that must be eaten by pregnant women to stay healthy.

Q1. What foods must be included in the diet for a pregnant woman? What foods are not to be given during pregnancy?

.....

.....



Q2.	What food items will you include in your demonstration for those who have Anaemia?
Q3.	How often should a pregnant woman eat in the day?
Q4.	What will you advise a pregnant woman who has vomiting and burning pain in the stomach?

Case Study B

Emma is an ASHA of Beng village. On the day of the VHND she organizes a group meeting of the pregnant women.

Q1. What are the key messages for pregnant women?

Birth Preparedness

Refer to

• Module 6, Part B (Maternal Health)

Worksheet 1

Q1. When should you prepare a birth preparedness plan for every pregnant woman?

.....





- Notes
- Q2. After which month of pregnancy should the birth preparedness plan be reviewed?

Worksheet 2

Read the situations given below and prepare a birth plan for each situation:

Case Study A

Samreena is 4 months pregnant. Her husband brought her to her mother's house in the 4th month itself as they are very worried about this pregnancy. She has had 3 abortions earlier. They went to the PHC in the nearby village to ask the doctor what to do. The doctor examined Samreena and told her to get a MCP Card from the ANM and meet the local ASHA. Samreena and her mother come to you since you are the ASHA in that area. She also has moderate Anaemia according to the blood test done at the PHC.

Q1. Why do you think Samreena is at high risk of developing complications?
Q2. What will you advise her about being ready for the delivery and why?
Q3. When should the birth plan be made?

Case Study B

Sushma is in the seventh month of her first pregnancy when she is able to attend the VHND and gets registered. She has received **o**ne TT this visit and been given

100 tablets of IFA. Her Hb is 9 gm/dL and BP is normal. Her weight is 45 kg. There is a sub-center 2 km away, a 24×7 PHC 20 km away and the district hospital which is a First Referral Unit (FRU) is 30 km away.



Q1. What would you advise and what is the birth plan you would make?



Case Study C

As ASHA you are called to Amina's house when her labour pain started. This is her second pregnancy and by the time you reach over two hour elapses and the bag of water has burst.

Q1. What actions will you take now?

.....

Case Study D

Sophia, from Khowai village, is 8 months pregnant with her 3rd child. She had 2 normal deliveries at home in the past. But this time, she has recently shifted to this village where her husband has got work. The closest PHC is 2 kms away but there is no doctor here now. She does not know many people and will not be able to go to her mother's house for delivery. In her previous pregnancies, the ANM looked after her and helped her during the delivery time in the PHC there. Now, she only knows the ASHA there.

Q1.	What advice can ASHA give her about her place of delivery and why?
Q2.	What are the main points in the birth plan format that she must include?





Notes

Q3. Who else must ASHA include in her plan for a safe pregnancy and delivery?

Management of Anaemia

Refer to

• Module 6, Part B (Maternal Health)

Worksheet 1

State whether the Statement is True/False

- Q1. Pregnant women should not eat green leafy vegetables. True/False
- Q2. A pregnant woman is considered to have Anaemia if her Hemoglobin (Hb.) is less than 11 gm/dL. True/False

.....

Worksheet 2

Short answer type Questions:

Q1. Nausea, constipation and black stool are the common side effects of taking which tablets?

.....

Q2. Anaemia can be detected by measuring the amount of which substance in blood?

.....



Worksheet 3

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

The ANM came to your village with the Hb results of all the pregnant women in your area. You have 4 pregnant women in your area. Listed below are their Hb values.

Write in the table given below, the degree of Anaemia and your advice for each one of them

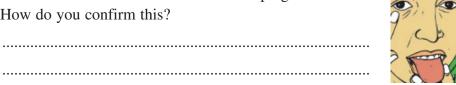
Name	Hb Level	Degree of Anaemia	Your advice
Sophia	7.4 gm/dL		
Thejaswini	11.4 gm/dL		
Kala	6.2 gm/dL		
Sakina	12.4 gm/dL		

Notes

Case Study B

Maya was discussing about nutrition in women's meeting during VHND when a woman asked her a question "What are the best foods to have when your blood is less?" Maya found out that this woman's daughter was 4 months pregnant and was tired all the time. She was 23 years old and was expecting her 4th child. The other three were still small with the oldest only 5 years old. She was still breastfeeding the 3rd child.

Q1. What is the cause of "Anaemia" in the pregnant woman? How do you confirm this?



Q2. List at least 5 foods you would recommend to this woman to improve the blood.

.....

Case Study C

Five of the pregnant women have moderate Anaemia. What specific advice will you give to them about taking their medicines? How will you know if they have got adequate number of tablets?





Identifying complications during Pregnancy and Delivery

Refer to

• Module 6, Part B (Maternal Health)

Worksheet 1

Write one word/sentence answer for the following questions:

Q1. If a pregnant woman comes to you with swelling of face, feet and hands, what will you advise her?

.....

Q2. If a pregnant woman has fever with chills, what do you think she is suffering from?



Q3. A pregnant woman comes to you with weakness, swelling of hands, face and feet and very pale tongue. What is she possibly suffering from?

.....

Q4. If there are danger signs or complications before delivery, then the woman should go to the CHC or District Hospital for delivery. True/False

.....

Q5. If a pregnant woman finds it difficult to see at dusk, what is she suffering from?



Q6. If a pregnant woman has jaundice, she must seek treatment at an institution. True/False

.....

- Q7. At what age is a woman more prone to have complications in pregnancy? Please tick (✔) the correct option.
 - (a) Below 19 years of age
 - (b) Above 40 years
 - (c) In both cases A & B

Q8. Mothers who already have three children are more at a risk to develop complications during delivery. True/False

.....

Q9. Women who have excessive weight or do not gain enough weight during pregnancy may have complications and thus should go for institutional delivery. True/False

Worksheet 2

Categorize the following danger signs to

- Q1. Danger signs that need A) immediate referral and B) that are nonemergency referrals. Write your answer in the box below:
 - Loss of foetal movement /Absence of movement/kicking, severe abdominal pain
 - Night blindness
 - Severe Anaemia
 - Fever
 - Bleeding from vagina
 - Headache/dizziness/blurred vision
 - Swollen face/hands
 - Convulsions/fits

S. No.	Danger Signs that are immediate referral	S. No.	Danger signs that need non-emergency referral





Worksheet 3

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Pushpa, 23 year old is 6 months pregnant with her first child. Her mother in law informed you that Pushpa was not well. On visiting you saw that she had swollen feet and was complaining of severe headache since the previous evening. She has not eaten anything today and is feeling very weak. You saw the MCP Card where high blood pressure was mentioned. The mother said that the ANM had asked them to go to the PHC and show the report to the doctor but they did not go due to family problem.

 Q1.
 What do you think is the problem with Pushpa?

 Q2.
 What advice will you give her and her mother and what will you do to help her?

 Q3.
 What other signs and symptoms will you look for?

Case Study B

Anny is 4 months pregnant and has been coming regularly to you for advice. This morning, she came to your house and complained that she had fever, burning sensation when passing urine for the past 2 days and a lot of white discharge from her vagina. She is very uncomfortable and wants your help. When you see her, you touch her neck and find that it is very warm. She looks ill and in pain.

Q1. What problems do you think Anny is having?

.....



Q2. What can you do to help her feel better?



Case Study C

Sumathi lives in a remote village in Odisha. Every year, at least 15 - 20 people in that village get Malaria and last year, 2 of them died of complications. Komala is a mother of 2 children and is now 4 months pregnant with her 3^{rd} child. Yesterday she had high fever with shivering. Her family came to Sumathi, the ASHA's house to ask for advice.

Q1. What do you think could be the cause of fever in Komala?

Q2. What kind of test should Sumathi advice Komala to get done? Who can do these tests?

- -----
- Q3. If the fever does not improve after 2 days, what should Sumathi do?
- Q4. What advice can the ASHA give to the whole family?

.....

Case Study D

Bilqis is a 25 year old woman from village Faridabad. She had gone regularly for all the checkups and had taken TT injections and IFA tablets as advised by the ANM and ASHA. She is now in the ninth month of her pregnancy. She is very worried that she cannot feel the baby move.

.....

Q1. What could her problems be?





Q2. What should the ASHA advise Bilqis so that both mother and baby can be saved?

.....



Maternal Care

Q3. Where should she be taken and why?

Care during Delivery

Refer to

Module 6, Part B (Maternal Health)

Worksheet 1

Write True or False for statements given below:

Q1. The way to record the correct time of birth is to first record seconds, then minutes and then hours. True/False

.....

.....

.....

Q2. When you observed a newborn baby 30 seconds after birth, it moved and cried. But after 5 minutes when you saw the baby again, it was not moving or crying. This is called a still birth. True/False

.....

Q3. Fundal pressure should be applied for delivering the baby easily. True/False

.....

Q4. There are three stages of labour. True/False

.....

Worksheet 2

Q1. Match the following signs with stage of labour

Column A	Column B
(a) 1 st Stage of Labour	(i) Delivery of the baby
(b) 2 nd Stage of Labour	(ii) Separating out & delivery of placenta
(c) 3 rd Stages of Labour	(iii) Beginning of pain until mouth of the womb is fully open

Q2. What should one use to cut the umbilical cord after a baby is born?

.....

Worksheet 3

Case Study A

You have accompanied Nagma for delivery. She is shouting in pain inside labor room. You noticed that attendant in the labour room is pressing on Nagma's stomach asking her to push.



Q1. What will you tell the attendant?

Case Study B

Shanta, the ASHA brought Lakshmi, a 9 month pregnant woman from Kiredpur village 10 kms away from the PHC for delivery. The staff nurse took her to the labour room and found that the baby's hand was hanging out of the vagina.

.....

Q1. What is the danger sign that you have identified during labour?

Q2. What would you do now?

Case Study C

Yesterday, you went to the PHC with Meena from your village to be with her during her delivery. She had started her pains in the evening and you called the 108 ambulance





Notes

delivered and (c) See that immediate actions are taken for the care of the baby. How do you record the time of birth – what will you include? Q1. Q2. What would you observe in the baby after it is delivered? Q3. What are three immediate actions for the baby soon after it is born? **Case Study D** Carla's baby was delivered at 9 pm, 8 mins and 20 secs. The baby girl looked small but cried after birth. When you checked the weight, it was 2.3 kg. What was the exact time of birth? Q1.

to go to the PHC. The staff nurse told you that you must observe three things: (a) Record the time of birth with a digital watch (b) Observe the baby after it is

Case Study E

Vani went for delivery to the Government Facility- PHC and delivered a normal and healthy baby girl last week. The ASHA visited Vani, the day she came back. Vani told the ASHA that the nurse in the PHC demanded Rs. 1500 for the delivery saying that it is the fees of the hospital.

Q1. Was it true that fees are charged by the PHC?

.....

Q2. What is the objective of Janani Shishu Suraksha Karyakram (JSSK)?

.....

Q3. Which of these services need payment at the hospital?

Services	Yes/No
Delivery and caesarean section	
Transport	
Drug	
Consumables like gloves, syringes etc.	
Diagnostics	
Diet	
Treatment for infant	

.....

Q4. Do you know any other scheme for pregnant women?

Post Partum Care

Refer to

Module 6, Part B (Maternal Health)

Worksheet 1

Short answer type of questions

Q1. What should a baby be fed in the first six months of life?

.....



Q2. Up-to how many weeks after birth is the post partum period?

Q3. List four complications that could develop during the post-partum period.

.....





Q4. What advice would you give to the mother during post partum visits?

.....

Write the schedule of visits for the home care for the newborn and the

.....

Worksheet 2

mother?

Q5.

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Yamini delivered her baby in the PHC 3 days ago. She had a normal delivery and the baby cried soon after it was born. She started breastfeeding her baby that same

day on the advice of the staff nurse. She has come home to her mother's house. The neighbour came to the house yesterday and told her mother to give Yamini only bread and tea. Yamini is feeling tired, she feeds the baby every 3 hours and hardly gets any sleep.



Q1. What should ASHA tell Yamini to do?

Q2. Did the neighbour give correct advice?
Q3. What should the ASHA look for in the mother and baby in each of her visit?

••••••					
•••••		•••••	•••••	•••••	•••••
	•••••	•••••	•••••		•••••

Case Study B

When you returned to the village after attending a marriage, you found out that Nandini had delivered a baby girl yesterday at the District Hospital. She had

severe bleeding before delivery and her labour was prolonged. Since you were the ASHA in the village, you rushed to the hospital to see her and found her very weak. The baby was next to Nandini but she had not even seen the baby as yet. The baby looks very small and you asked the nurse what the baby's weight is. She said it is 1.9 kg. Nandini was sent home when the baby was 3 days old but she had not breastfeed the baby during that period



Q1. What are the problems you can list in Nandini's situation?



Notes

Q4.	How can she keep the baby warm at home?
Q5.	What is the schedule for home visits for Nandini's baby?
Case	Study C
villag	Elina delivered a baby boy last week, all her family members rushed to the e to visit her. She had followed all the instructions of the ASHA regarding
breast	feeding, diet and rest. When the ASHA went to visit

her on day 7, she found that Elina was crying with pain. When she checked her, the ASHA found that she had fever. She has stopped feeding the baby because her left breast was swollen, red and painful.



.....

Q1. What do you think is wrong with Elina?

.....

- Q2. What else should ASHA look for in Elina?
- Q3. What should the ASHA do for Elina?

Q4. Should Elina breastfeed her baby or not? Why?

Notes

Case Study D

Vidya, the ASHA from Omapura village was present at the PHC when Radha delivered a baby boy. The baby weighed 2100 gm. Radha was sent home after 2 days. Vidya went and saw her the day she reached home and again on the 7th and 14th day. When vidya visited the mother and baby on 28th day, the baby weighed 2300 gm and was crying a lot. Radha was feeding the baby but she herself was not allowed to eat any normal food or drink any water by her mother and other elders in the house.

.....

Q1. Would you be worried about this baby? If yes, why? If no, why not?

.....

Q2. Has Vidya followed the correct number of home visits for this family?

Q3. What should Vidya do now to take care of the baby?

.....

Case Study E

Afrah lives in Rangai village. She delivered a baby girl on Monday. Today is the third day and you received a call from Afrah's husband that she is feeling very weak. When you visited her home, you asked about her condition. She informed that she has used seven pads since yesterday night.

Q1. What could be her problem?

.....

Q2. What should you do immediately?

.....



Answer Key : Maternal Care

Notes

Pregnancy Diagnosis and Antenatal Care

Worksheet 1

- Ans. 2. Iron Folic Acids (IFA)
- Ans. 3. Nishchay kit
- Ans. 4. Urine
- Ans. 5. True
- Ans. 6. Pregnant
- Ans. 7. Registration with ANM
- Ans. 8. False
- Ans. 9. True
- Ans. 10. (a) The first day of the last menstrual period
- Ans. 11. Early registration
 - Regular weight check
 - Blood test for Anaemia
 - Urine test for protein and sugar
 - Measure blood pressure
 - One tablet of IFA everyday for three months
 - Treatment for Anaemia
 - Two doses of Tetanus Toxoid (TT) Vaccine
 - Nutrition counseling
 - Birth Planning
 - Identification of danger signs during pregnancy and appropriate intervention

- Ans. 12. Four Antenatal check-ups must be ensured for a pregnant woman Schedule:
 - 1st visit Within 12 weeks (preferably as soon as possible)
 - 2nd visit Between 14 and 26 weeks
 - 3rd visit Between 28 and 34 weeks
 - 4th visit After 36 weeks
- Ans. 13. Jaundice
 - High blood pressure
 - Fever with chills
 - Bleeding
 - Severe Anaemia
 - Women with protein and sugar in their urine
 - Swelling of feet, face and hands
 - Loss of fetal movement
 - Fits or convulsions
- Ans. 14. Vaginal bleeding
 - Swelling of face and hands
 - High blood pressure, headache, dizziness or blurred vision
 - Convulsion or fits
 - Baby stops moving or kicking inside the womb

Worksheet 2

- Ans. 1. False
- Ans. 2. True

Worksheet 3

- Ans. 1. (b) Regular ANC visits, 2 TT injections, 100 IFA tablets, blood test for Hb.
- Ans. 2. (c) Sprain of the wrist
- Ans. 3. (b) Diabetes treatment details

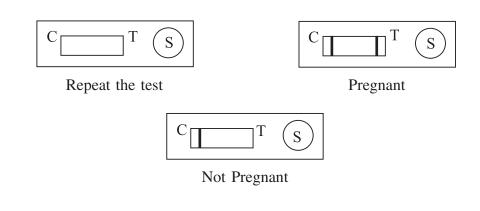




Maternal Care Ans. 4. (b) Every ANC check up Ans. 5. Column A Column B (a) Danger sign (v) (iii) Baby cries, moves limbs at 30 sec (b) Live birth and 5 mins Т (c) Pregnant Test (Nischay Test) (i) СП (S)(d) Hb. is 4 gm/dL (ii) Severe Anaemia (e) Post natal care (iv) Advise on breastfeeding and baby care (e) - (iv) (b) - (iii) (c) - (i) (d) - (ii) (a) - (v) **Worksheet 4 Case Study A** Ans. 1. Revathi might be pregnant. Ans. 2. Mala wanted to know if there is a missed period. Ans. 3. • Use Nischay Kit Determine LMP by asking questions • Calculate Expected Date of Delivery • **Case Study B**

Ans. 1. Pregnancy diagnosis.

Ans. 2.



Ans. 3. 1. • Ask Habbeba about her LMP

- Count nine months after that LMP date
- Add seven days to that date

Ans. 3. 2. In this case the EDD is 3rd June 2015

Worksheet 5

Case Study A

- Ans. 1. Mother and Child Protection Card
- Ans. 2. ANM gives it to pregnant woman at the time of first ANC
- Ans. 3. With the help of MCP card:
 - All the ANC services are recorded
 - Child's immunization is recorded
 - It helps in getting the maternal and child health services when the mother migrates to other areas
 - It helps the service provider in knowing the services given and services to be provided to the mother and child such as ANC, immunization etc.

Case Study B

- Ans. 1. Sheela has gained very little weight during last two visits. She is at risk of giving birth to a low birth weight baby
- Ans. 2. MCP card is not updated-It has only 4 entries of weight out of 5 visits, no record of blood pressure, IFA tablets and blood test
 - Inform ANM and ensure that the MCP card is duly filled and updated

Case Study C

- Ans. 1. Family Identification
 - Pregnancy record
 - Birth record
 - Health Facility details
 - Anganwadi details
 - Immunization record
 - Growth monitoring





- Notes
- Ans. 2. The MCP is provided to the pregnant women on the first ANC visit and is to be maintained till the child completes 5 years of age
 - MCP card maintains the records of the services provided and due for the mother and child

Worksheet 6

Case Study A

- Ans. 1. The diet of pregnant women should contain a mix of cereals, pulses (including beans and nuts), fruits, vegetables, milk, eggs, meat and fish. If possible the mother should be encouraged to add oils, jaggery and liver to the diet
 - All kinds of foods can be given during pregnancy
- Ans. 2. Apart from the regular diet for the pregnant women, anemic women should include an extra quantity of green leafy vegetables, whole pulses, jaggery, ragi, meat and liver etc to their diet. Fruits rich in vitamin C mango, guava, orange and sweet lime etc should also be taken
- Ans. 3. A pregnant woman should be encouraged to eat more food than usual, 4-5 times in a day. She should also drink plenty of fluids
- Ans. 4. Drink plenty of water and have small but frequent meals

Case Study B

- Ans. 1. Get Regular ANCs done including :-
 - Weight check,
 - Hb level check,
 - Urine test,
 - Blood pressure measurement,
 - Two doses of Tetanus Toxoid (TT) vaccine
 - Consume one/two Tablet of IFA every day for three months
 - Take iron-rich foods such as green leafy vegetables, whole pulses, ragi, jiggery, meat and liver and plenty of fruits
 - Rest for minimum two hours in a day.
 - Contact ASHA immediately if you have any of the danger signs during pregnancy

Birth Preparedness

Worksheet 1

- Ans. 1. As early as possible after confirmation of pregnancy
- Ans. 2. Seventh month/third trimester

Worksheet 2

Case Study A

- Ans. 1. Multi-para (more than 3 pregnancies)
 - Previous history of repeated abortions
 - Anaemia
- Ans. 2. Counsel Samreena and her family for institutional delivery
 - Samreena has history of complications in previous pregnancies
- Ans. 3. As soon as pregnancy is diagnosed
 - In this case, now

Case Study B

- Ans. 1. Sushma has not received the required 4 ANC visits
 - She has low weight and moderate Anaemia
 - Take two tablets of IFA daily
 - Come to the VHND of your village regularly
 - Prepare the birth plan in consultation with family focusing on
 - The place of delivery (FRU)
 - Identification of 2 persons for blood donation in case of blood use during delivery and
 - Knowledge that ambulance services/108 must be called as soon as the labor pains starts
 - Another TT to be given



Case Study C

Notes

- Ans. 1 I will discuss the situation with the family and arrange for emergency transport to take the pregnant women to the nearest health facility or Call the ANM in case home delivery occurs.
 - If the delivery is happening at home, you should facilitate a clean delivery space.

Case Study D

- Ans. 1 The ASHA will talk to the ANM and identify the nearest health facility where there is a doctor
 - Arrange the vehicle in which she will go

Ans. 2. • LMP

- EDD
- Past pregnancy history
- Any risk factor
- Nearest PHC, Distance: Time: Cost
- Transport
- Caretaker for children
- Who will accompany her to the facility
- Clothes and blankets
- Money for treatment
- Ans. 3. ASHA could work with the ANM to ensure a safe delivery and make the arrangements in case home delivery happens

Management of Anaemia

Worksheet 1

- Ans. 1. False
- Ans. 2. True

Worksheet 2

Ans. 1. Iron Folic Acid (IFA)

Ans. 2. Haemoglobin/Hb

Worksheet 3

Case Study A

Ans.

Name	Hb Level	Degree of Anaemia	Your advice	
Sophia	7.4 gm/dL	Moderate	2 Tablets of IFA daily/ 100 days. Increase dietary intake of iron rich food	
Thejaswini	11.4 gm/dL	Normal	1 Tab IFA daily/ 100 days	
Kala	6.2 gm/dL	Severe	2 Tab IFA daily/ 100 days. Refer to nearest Health facility. Increase dietary intake of iron rich food.	
Sakina	12.4 gm/dL	Normal	1 Tab IFA daily/ 100 days	

A general advice should be that IFA tablets must be taken regularly, preferably early in the morning on an empty stomach.

Case Study B

- Ans. 1. The pregnant woman is only 23 years old and is pregnant for the fourth time
 - Anaemia is confirmed by blood test
- Ans. 2. Green leafy vegetables
 - Whole pulses
 - Ragi
 - Jaggery
 - Meat and Liver
 - Plenty of fruits containing vitamin C (Mango, Guava, orange)

Case Study C

- Ans. Take at least 200 IFA tablets (two IFA tablets per day for three months)
 - The diet of the pregnant woman should contain a mix of cereals, pulses (including beans and nuts), and vegetables including greens,





Notes

eggs, meat and fish. Meat and nuts are especially good for anemic women

- The pregnant women should be taken to health centers for blood test after one month from last visit
- Check MCP Card or ask pregnant woman to bring along the empty foils of IFA tablets

Identifying Complications during Pregnancy and Delivery

Worksheet 1

- Ans. 1. Refer to hospital
- Ans. 2. Malaria, Refer to hospital
- Ans. 3. Severe Anaemia
- Ans. 4. True
- Ans. 5. Night blindness
- Ans. 6. True
- Ans. 7. (c) In both cases A & B
- Ans. 8. True
- Ans. 9. True

Worksheet 2

Ans. 1.

S. No.	Danger Signs that need immediate referral	S. No.	Danger signs that are non-emergency referral
1.	Bleeding from vagina	1.	Fever
2.	Loss of foetal movement /absence of movement/ kicking, severe abdominal pain	2.	Night blindness
3.	Convulsions/fits	3.	Severe Anaemia
4.	Headache/dizziness/blurred vision		
5.	Swollen face/hands		

Worksheet 3

Case Study A

- Ans. 1. Pushpa has high Blood Pressure
- Ans. 2. Pushpa should eat something immediately
 - She needs immediate advice of a doctor
 - Arrange for referral services
- Ans. 3. Fetal movement
 - Vaginal bleeding
 - Pain or burning when urinating
 - History of present and previous illness

Case Study B

- Ans. 1. Anny has symptoms of urine infection Fever, White discharge and burning sensation while urinating
- Ans. 2. Advise her to drink plenty of water
 - Tell her to apply gentian violet to her vagina daily
 - In case of no relief after two days, then refer to PHC

Case Study C

Ans. 1. It could be Malaria

- Ans. 2. Making a blood smear
 - Using the Rapid Diagnostic Test (RDT)
 - ASHA can do these tests

Ans. 3. Refer to Hospital

- Ans. 4. Sleep under bed net
 - Wear clothes that cover the body to protect from mosquito bite.
 - Use of mosquito repellant

Case Study D

Ans. 1. She cannot feel the baby move, because the baby may be in distress. Ans. 2. Immediately go to a nearest health facility

- Ans. 3. PHC/ CHC/ Dist. Hospital
 - Complication needs immediate action





Care during Delivery

Worksheet 1

Ans. 1. True

Ans. 2. False

Ans. 3. False

Ans. 4. True

Worksheet 2

Ans. 1.

Column A	Column B
(a) 1 st Stage of Labour	(iii) Beginning of pain until mouth of the womb is fully open
(b) 2 nd Stage of Labour	(i) Delivery of the baby
(c) 3 rd Stage of Labour	(ii) Separating out & delivery of placenta
(a) - (iii) (b) - (i)	(c) - (ii)

Ans. 2. New blade

Worksheet 3

Case Study A

Ans. 1. Fundal pressure (pushing on the abdomen) should not be applied

Case Study B

- Ans. 1. Mal-position-: Baby's hand hanging out of the vagina, instead of the head being seen
- Ans. 2. Call for ambulance immediately

Case Study C

- Ans. 1. By using Digital Wrist Watch First record seconds then minutes and then hours
- Ans. 2. Observe the baby at birth or within the first 30 seconds and at 5 minutes after birth for movement of limbs, breathing and crying
- Ans. 3. Dry the baby
 - Wrap and place near mother
 - Immediate breast feeding

Case Study D

Ans. 1. The exact time was 09:08:20

Case Study E

- Ans. 1. No
- Ans. 2. It is a scheme for pregnant women to encourage them for institutional delivery

Ans. 3.

Services	Yes/No
Delivery and caesarean section	No
Transport	No
Drug	No
Consumables like gloves, syringes etc.	No
Diagnostics	No
Diet	No
Treatment for infant	No

Ans. 4. Pregnant women- Janani Suraksha Yojana (JSY)

Post Partum Care

Worksheet 1

- Ans. 1. Exclusively Breastfeeding
- Ans. 2. Up-to Six weeks after birth
- Ans. 3. Excessive bleeding
 - Puerperal Sepsis (Infection)
 - Convulsion, severe headache and blurred vision
 - Aneamia
 - Breast engorgement
 - Perineal Swelling and Infection
 - Post-partum mood changes
 - Foul smelling discharge
 - Post-partum hemorrahage





- Ans. 4. Encourage to rest for six weeks and counsel the family to allow her to rest
 - Encourage to eat more food than usual (at least 4 meals per day) and drink plenty of fluids
 - Identify complications
 - Encourage and support exclusive breastfeeding
 - Help her and her husband choose a contraceptive method
- Ans. 5. For the new born and mother, the recommendation for institutional delivery is to visit on the 3rd day, 7th day, 14th day, 21st day, 28th day and 42nd day.
 - ASHA should also visit on first day in case of home delivery
 - In case of high risk baby, visit daily for first week, once every three days until the baby is 28 days old, and on 42nd day

Worksheet 2

Case Study A

- Ans. 1. Eat more than usual (at least 4 meals per day)
 - Eat all kind of foods pulses and legumes, foods of animal sources.
 - Drink plenty of fluids
 - Take IFA tablets for 3 months
 - Continue breastfeeding
- Ans. 2. No, it was not the correct advice
- Ans. 3. For Mother:
 - Number of times mother takes full meal in 24 hours
 - Any sign of: Excessive Bleeding, Foul smelling discharge and fever, pain in abdomen, blurred vision, Problems related to breastfeeding, Cracked nipple/ painful and/or engorged breast

For Baby:

- Baby protected from cold
- No. of times baby passed urine
- Weight
- Temperature
- Yellowness in eye and skin
- Cracks or redness on the skin fold
- Look for pus on umbilicus

- Active suckling/baby is feeding well
- Pus or pustules on skin
- Cry of the baby
- Signs of sepsis like Limp limbs, baby not feeding, chest indrawing, fever and feels cold to touch
- Distended abdomen
- Respiration rate

Case Study B

- Ans. 1. Prolonged labour
 - Severe bleeding
 - Baby's weight is 1.9 kg
 - Not initiated breastfeeding
 - Weakness/Aneamia
- Ans. 2. Breastfeeding should be started immediately. This should have been done in the hospital and not 3 days after the baby is born
 - Feed the baby every two hours as the baby is low birth weight
 - As the baby is too small, ASHA should help the mother with position during breastfeeding and observe how the baby is suckling
 - If the baby is unable to suckle, then ASHA should help the mother to express breast milk and feed the baby
- Ans. 3. Explain to the mother that the baby is high risk and she would require to take special care of the baby
 - Hand washing before touching and feeding the baby
 - Feeding every 2 hours
 - Provide extra warmth
 - Head should be covered to prevent heat loss
 - Keep the baby very close to the mother's abdomen and chest
 - The baby must be fed more frequently
 - If the baby is unable to suckle, express breast milk and feed the baby
 - Keep the umbilicus clean and dry
 - Do not apply anything on the umbilicus

Notes



Notes

Maternal Care

- Ans. 4. Keep the room warm
 - Close the window
 - By keeping baby very close to mother's abdomen and chest
 - Provide extra warmth by wrapping the baby in several layers of clothing/using warm bag and blanket
 - Head should be covered to prevent heat loss
 - Feed baby every two hourly
 - Do not bath baby until the first seven days
- Ans. 5. Visit daily for the first week
 - Once every three days until the baby is 28 days old, and if the baby is improving once on the 42nd day

Case Study C

Ans. 1. Breast engorgement

Ans. 2. Infection

Ans. 3. • Assess the mother for other sign of complications

- Apply hot fomentation on breast
- Apply gentle massage on breast
- Express milk so that breast will become soft and baby will be able to attach on the breast
- Advise mother to feed the baby regularly from both the sides so that milk will not remain accumulated

Ans. 4. Yes, she should continue breastfeeding even if she is taking an antibiotic

Case Study D

- Ans. 1. Yes, because the baby is a low birth weight baby (less than 2.5kg) and gained only 200 gms in 28 days. The weight gained by the baby should be 300 gms in one month
- Ans. 2. No, Vidya's visit was not correct because she did not visit the newborn on 21st day, she should have visited the child 6 times i.e. 3rd, 7th, 14th, 21st, 28th and 42nd day
- Ans. 3. Vidya should visit the baby once a week in the 2nd month and take the weight every week. She should also counsel the mother and be alert for any signs of illness in the baby. She should ask ANM to visit the child at the earliest

Case Study E

Ans. 1. Excessive bleeding

Ans. 2. Call ambulance and refer her to the nearest health facility



3

HOME BASED NEWBORN CARE

Objectives of this Session

By the end of this session, the ASHA will learn about:

- Observe and assist during the immediate newborn period in case she is present at the time of delivery.
- Observe the baby during the first hour, during the first two days and during the first month to take care of the newborn, support and help the mother to breastfeed, and to keep the baby warm.
- Know what her specific role is during the home visits, and learn how to care for the newborn.

Content Reference: Module 6, Part C-Newborn Health

Care of the Baby at the time of Delivery

Refer to

• Module 6, Part C (Newborn Health)

Trainers should demonstrate on a mannequin how to dry the baby, weigh it, keep it warm and initiate breastfeeding. Materials required for the exercise includes weighing scale, baby warm bag and baby blanket.

Worksheet 1

Fill in the blanks given below:

Q1. If there is no or weak cry of baby at birth or the baby is not able to breathe, it is called



Notes

Q2. Breastfeeding immediately after the delivery will help in quick delivery of and minimizes Q3. Immediately after delivery, the new born should be cleaned with a The baby should be in several layers of clothing depending Q4. upon the Q5. It is recommended that the baby should not be bathed until first days, after birth. Q6. During the weighing of newborn if baby weighs less than then it will come under Red colored zone of weighing machine. Q7. Early skin to skin contact of the baby with mother prevents Worksheet 2 Write True/False for the statements given below: Q1. The newborn baby should be taken to the crowded places. True/ False Q2. Umbilical cord should be kept clamped and clean, till it dries and falls off. True/ False Q3. A newborn baby should be put to the mother's breast even before the placenta is delivered. True/False Q4. Breastfeeding more often helps in production of milk. True/False Not having enough breast milk may be due to mother's anxiety, exhaustion, Q5. and insecurity. True/False Q6. If a baby's weight is in the green zone, the baby is of normal weight. True/False Q7. During summer months, children below 6 months of age should be given water along with breast milk. True/False

Home Based Newborn Care

- Q8. As an ASHA, what action would you take in a newborn for following?
 - (a) Eye care in case of pus discharge
 - (b) Umbilical cord care
 - (c) To keep warm
 - (d) Skin cracks or redness

Worksheet 3

Tick (\checkmark) the correct option from statement given below:

- Q1. For deciding whether a baby is stillborn, which of the following signs should you check?
 - (a) Crying
 - (b) Limb movement
 - (c) Breathing
 - (d) All of the above
- Q2. You weigh a newborn baby and find that her weight comes in the red coloured zone. What will you advise the parents?
 - (a) Go to the hospital/Sick New Born Care Unit (SNCU)
 - (b) No advice
 - (c) Advice for cow's milk to the baby
- Q3. What is the first thing a newborn baby should be fed?
 - (a) Colostrum/first milk/dense yellow breast milk
 - (b) Gutthi
 - (c) Honey
- Q4. In order to ensure warmth, skin to skin care can be provided to newborn by
 - (a) Mother
 - (b) Grandmother
 - (c) Father
 - (d) All of the above







- Q5. When should the weight of the newborn be taken for the first time?
 - (a) As early as possible, but within first 2 days
 - (b) 7 days
 - (c) 14 days
- Q6. A child is two day old and the mother says that not enough milk is coming. What should ASHA do?
 - (a) Check breastfeed to observe mother attachment and positioning of the mother and baby
 - (b) Refer the mother to a doctor
 - (c) Tell her she's doing it wrong



- Q7. Geeta was pregnant for 8 months when she delivered a baby. The baby didn't breathe, cry or move its limbs at birth. This is:
 - (a) Still birth
 - (b) Neonatal death
 - (c) Infant death
 - (d) Abortion

Worksheet 4

Q1.	Write any four signs of breastfeeding going well
Q2.	What is the cause for a sore nipple?
Q3.	Write any four points about the management of soreness in breast?

Home Based Newborn Care



Q4. List any five causes of baby not getting enough milk.

Q5. Engorgement of breasts can be prevented by doing some simple things. Can you enlist two of these?

.....

Worksheet 5

Read the Case-studies given below and answer the following questions related to this situation:

Case Study A

Your friend Meenakshi accompanied Parvati for her delivery and assessed the baby at 30 seconds and 5 minutes, after birth for crying, movement and breathing. This is what she recorded in her book and called it a still birth



Time	30 seconds	5 mins
Crying	No	No
Limb movements	No	No
Breathing	Yes	No

Q1. Has she recorded the information at the correct time?

.....

Q2. Is her record of still birth correct or incorrect? Justify your answer

.....

Case Study B

Shanthi gave birth to a baby girl. The baby was left wet until the placenta came out and wasn't breastfeed until about 4 hours after delivery. At that time, her temperature was $94.4^{\circ}F(34.7^{\circ}C)$



- Q1. What is a newborn's normal temperature?
- Q2. Was the baby's temperature normal or hypothermic?
 Q3. What could be the causes (try to identify at least 3 causes)?

Case Study C

Q3.

Bruce was born in January. He weighed 1.8 kg. He was handed over to his mother soon after delivery. She put him next to her skin, covered him and started breastfeeding. His temperature was 98.2°F (36.8°C).

Q1. What can you say about Bruce's temperature?

What is the normal range of temperature?

- Q2. Would you say Bruce was more at risk of becoming hypothermic? Yes or no? Why?
 -
- ------
- Q4. When do we call it hypothermia?
-
- Q5. What three actions help to prevent hypothermia?

Case Study D

A baby is born normally. In the first hour, what are the things for the birth companion to help the mother with? Demonstrate on a doll/ mannequin how to dry the baby, weigh it, keep it warm and initiate breastfeeding. How would you counsel the mother?



Home Based Newborn Care

Trainer should demonstrate how to weigh the newborn and decide whether the baby is normal or LBW. (This is the part of the practical session.)

Q1. List down any five things you should do as part of first visit to the newborn.

Case Study E

Baby Randhir's weight is 2 kg. His temperature is 96°F; the room has a draught and the family wants to go home just six hours after delivery.

Q1. What problem would you point out to the family?

.....

Q2. What advice would you give?

Case Study F

You visit a mother who has just delivered a baby 7 days ago. Its umbilical cord is normal and dried up. Since it is a hot season, they are also giving the baby some amount of boiled water with sugar added. The mother has some fever and has foul smelling discharge.

Q1. What are the problems?

.....







Q2.	What	would	vour	advice	be?
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Case Study G

Visiting the newborn and mother on the 28th day, you see that mother is normal and baby showing some redness of skin in the folds and crying frequently. Mother is not sure that she has adequate milk and has been supplementing with some cow's milk as well.

Q1. What would your advice be?

Case Study H

Soha delivered a 2.4 kg full term baby three days back. Soha had fever next day and is thus admitted in hospital.

Q1. In this situation, what will be your advice for the baby's feed and to keep the baby warm?

.....

Case Study I

Meera's baby is born at 5:30:05 (5 hours, 30 minutes and 05 second) in morning

Q1. When should you perform the first observation?

Home Based Newborn Care

Q2. When should you perform the 2^{nd} observation?

.....

Case Study J

Baby is born at 8:58 in morning, At the 30 second, it is not crying, breathing or moving. At 9:03 am, baby is breathing weakly.



- Q1. Is this still birth or baby alive?
- Q2. How long the baby should be exclusively breastfed?
- Q3. List down three advantages of giving colostrum to this baby.

.....

.....



ANSWER KEY : HOME BASED NEWBORN CARE

Care of the Baby at the time of Delivery

Worksheet 1

Ans. 1. Asphyxia

- Ans. 2. Placenta, bleeding
- Ans. 3. Soft moist cloth
- Ans. 4. Wrapped, season
- Ans. 5. Seven
- Ans. 6. 2 kg
- Ans. 7. Hypothermia /getting cold

Worksheet 2

- Ans. 1. False
- Ans. 2. True
- Ans. 3. True
- Ans. 4. True
- Ans. 5. True
- Ans. 6. True
- Ans. 7. False
- Ans. 8. (a) Apply tetracycline
 - (b) Should be kept clean and dry
 - (c) Wrapped well, Keep close to mother
 - (d) Apply Gentian Violet paint/Talcum powder

Worksheet 3

Ans. 1. (d) All of the above

- Ans. 2. (a) Go to the hospital/ Sick Newborn Care Unit (SNCU)
- Ans. 3. (a) Colostrum/first milk/dense yellow breast milk

Home Based Newborn Care

- Ans. 4. (d) All of the above
- Ans. 5. (a) As early as possible, but within first 2 days
- Ans. 6. (a) Check breastfeed to observe mother attachment and positioning of the mother and baby
- Ans. 7. (a) Still birth

Worksheet 4

- Ans. 1. Mother's body relaxed, comfortable, confident
 - Baby's mouth well attached, covering most of the areola
 - Lower lip of baby turned outwards
 - Suckling well, deep sucks
 - Baby calm and attached at breast
 - After feed, breast soft, nipple protruding
- Ans. 2. Poor latch-on at breast
- Ans. 3. Improve attachment and/ or position
 - Continue breastfeeding
 - Build mother's confidence
 - Advise her to wash her breast once a day
 - Put a little breast milk on nipples after feeding is finished
 - Wear loose clothing
 - If nipples are red, shiny, flaky, itchy, it may be fungus infection. Apply gentian violet paint to nipples after each breastfeed for five days
- Ans. 4. Delayed initiation of breastfeeding
 - Infrequent feeding
 - Giving fluids other than breast milk
 - Mother's anxiety
 - Exhaustion
 - Inadequate family support
- Ans. 5. Start breastfeeding soon after delivery
 - Feeding often from both the sides
 - Ensure correct attachment
 - Encouraging on-demand feeding





Worksheet 5

Case Study A

Ans. 1. Yes

Ans. 2. Record is incorrect because the baby breathed in first 30 seconds

Case Study B

Ans. 1. 97.0°F – 98.6°F

Ans. 2. Hypothermic

Ans. 3. • Left wet until placenta came out

- Delayed breastfeeding
- Not dried immediately after birth

Case Study C

Ans. 1. Normal range

Ans. 2. Yes, because of low birth weight

Ans. 3. 97.0°F – 98.6°F

Ans. 4. When the baby's temperature is less than 95.9°F, then we call it Hypothermia

Ans. 5. • Hand to mother soon after birth

- Mother place baby next to her skin and covers the baby
- Start breastfeeding early

Case Study D

- Ans. 1. Check whether the baby has any abnormality such as curved limbs, jaundice, and bump on head, cleft lip
 - Body temperature of baby
 - Check if the baby has loose limbs
 - Listen to the cry of the baby
 - Provide care of eyes

Home Based Newborn Care

- Keep umbilical cord dry and clean
- Weigh the baby
- Observe how the baby is sucking at the breast

Case Study E

- Ans. 1. Baby has Low Birth Weight
 - Temperature is already below normal (i.e. $97.0^{\circ}F 98.6^{\circ}F$)
 - There is a risk of baby becoming hypothermic
- Ans. 2. Advice to care for high risk baby- two hourly breastfeeding, keep baby warm and watch for danger signs
 - Advise to stay at the institution at least 48 hours
 - Continuous breastfeeding
 - Mother to eat well

Case Study F

- Ans. 1. Giving the child other fluids other than breast milk
 - Mother has infection
- Ans. 2. Mother to go to PHC
 - Continue breastfeeding
 - Only exclusive breastfeeding
 - Breast milk has all the water needed
 - If baby is urinating 6 times in a day it reflects that baby is getting enough water from mother's milk. If it is less than 6 times, the baby needs more frequent breastfeeding

Case Study G

- Ans. 1. Assure her that the redness is harmless
 - Baby must be kept dry at all times
 - Encourage and praise her. Tell her to feed more often
 - Guide her about the correct positioning for breastfeeding
 - No other milk should be given; the milk can cause Diarrhoea, rashes or other symptoms
 - Breast milk is best for the baby





Case Study H

- Ans. 1. The baby is low birth weight and needs frequent feeds and warmth
 - Mother should continue to breastfeed even if she is ill
 - Place the baby close to mother's skin
 - Cover or put clothes on baby

Case Study I

Ans. 1. 30 second later (5:30:35 in morning)

Ans. 2. At 5:35:05 in morning

Case Study J

Ans. 1. Baby is alive

- Ans. 2. Exclusive breastfeeding for six months
- Ans. 3. Best food for newborn
 - Protects against infections
 - Prevents jaundice





SICK NEWBORN CARE

Objectives of this Session

By the end of this session, the ASHA will learn about:

- Diagnose which babies are at high risk.
- Know which babies can be managed at home.
- Know where to refer high risk newborns.
- Counsel the mother on how to breastfeed a pre-term / Low Birth Weight (LBW) newborn.
- Teach mothers to express milk and feed such babies using a bowl or spoon.

Content Reference: Module 7, Part C-Newborn Health

Worksheet 1

Write True or False for the statements given below:

Q1. Skin to skin contact protects the newborn from becoming cold. True/False
Q2. If the newborn is asphyxiated, mucus should be removed. True/False
Q3. In rural India, one out of every ten newborns develops sepsis. True/False



Notes

Q4.	A pre-term baby is a high-risk baby. True/False
Q5.	A baby is born at 8 months and 10 days. She is a pre-term baby. True/False
Q6.	Breast-feeding should be initiated within first one hour. True/False
Q7.	A baby is born at 8 months and 20 days. She is a pre-term baby. True/False
Q8.	It is necessary to keep a low birth weight baby warm. True/False
Q9.	ASHA should visit high-risk babies daily, if possible, for the first one week. True/False
010	
Q10.	Breast milk contains compounds to fight infection. True/False
Q11.	Green or yellow color thick amniotic fluid is a warning sign that may be the baby is asphyxiated. True/False
Q12.	A child is not able to breast feed. Is this a danger sign? True/False
Q13.	Under JSSK, a pregnant woman can get treatment free of cost. True/False
Q14.	Unclean techniques during delivery can cause sepsis. True/False
Wor	ksheet 2

As an ASHA, what action would you take for following?

.....

If the baby does not cry or breathe within 30 seconds of Q1. delivery, you should start steps for what?



.

Sick Newborn Care

Q2. Two-day-old child has developed jaundice. Under which scheme can he be provided treatment free of cost at a health facility?

.....

Worksheet 3

- Tick (\checkmark) the correct option from the alternatives given below:
- Q1. Small and pre term babies should not be bathed till their weight becomes
 - (a) 2000 gm
 - (b) 2500 gm
 - (c) 1800 gm
- Q2. Low birth weight babies may not be able to breastfeed in the beginning, how would you reccomend mother's milk to be fed to the baby?
 - (a) Using spoon
 - (b) Using bottle
- Q3. If a child weighs 2300 gm at birth then the child's weight is :
 - (a) Normal birth weight
 - (b) Low birth weight
 - (c) Severely underweight
- Q4. A one-month-old child has gained only 250 gm of weight in the month and passes small amounts of urine. This means that she is not getting enough of what?
 - (a) Mother's milk
 - (b) Cow's milk
 - (c) Water
- Q5. Babies with birth weight below how many kilograms need to be referred to a facility?
 - (a) 1800 gm
 - (b) 2300 gm
 - (c) 2500 gm



Notes



Q6. What should a baby be fed in the first six months of life?

- (a) Mother's milk/breast milk
- (b) Packed milk
- (c) Cow milk

Q7. At what temperature will you know that a baby has fever?

- (a) Above 99 degree F
- (b) 98 degree F
- (c) 97 degrees F

Q8. Which is the first vaccination a child gets after birth?

- (a) DPT
- (b) Measles
- (c) Vitamin-A
- (d) BCG

Worksheet 4

Write answer for the following questions in the space provided:

Q1. What are the five advantages of breast milk for a LBW and pre-term baby?
Q2. Why is it important for you to wash your hands before touching the baby?
Q3. If the newborn is asphyxiated, what should you do first?

Sick Newborn Care



Q4. List three signs during labour that could be a sign for asphyxia or sign for development of asphyxia.

.....

Q5. You weigh a newborn baby and find that her weight is in the red coloured zone. List the four points of advice you can give to the parents.

Worksheet 5

Case Study A

Baby Sarala was born at 8 months 10 days of pregnancy. The ASHA was present at the birth. She weighed Sarala and found that her weight was 1.9 kg.

Q1. Is Sarala preterm? Why?
Q2. To what category of weight does Sarala belong?
Q3. Is she at any additional risk? If yes, what are these additional risks?

Worksheet 6

For each case example below, note if the baby is asphyxiated or not

Q1. Angela's baby was born at 12:03. At 30 seconds, it was crying and breathing well. Is it asphyxiated? Yes/No

.....

Q2. Nanda, aged 40, gave birth to her 4th child. It was a long labour. The baby came out limp and was not crying or breathing. Is the baby asphyxiated? Yes/No

.....



Notes

Q3. Mumtaj, 35 years old with 3 children, delivers at 8 months and 15 days. The baby is crying weakly and gasping. Is the baby asphyxiated? Yes/No

.....

Worksheet 7

Write for the questions below, if there is a higher risk of asphyxia?

Q1. Sayra is 32 years old. She went into labour after completing 9 months 20 days of pregnancy. Labour started at 1 pm and she delivered at 11 pm, and it was a dry delivery. Yes/No

.....

Q2. Dhanni is pregnant with her 2nd baby. During the delivery you see the baby coming out with the breech presenting (not the head). Yes/No

.....

Q3. Yamuna had fever in the 7th month, she was diagnosed with Malaria and delivered a baby a week later. Yes/No

.....

Worksheet 8

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

Linda delivered a baby at home on November 30th at 8:20 am. At the time of delivery, she had completed 8 months 5 days gestation. The baby's birth weight was 1 kg 950 gm.

Q1. Was the baby normal or high risk at birth? Why?

-
- Q2. How many times would you visit the baby in the first 28 days?
-
- Q3. What schedule would you follow in first week?

.....

Sick Newborn Care

Case Study B

Rampyari's baby was born a week after the expected date, in the PHC, and weighed 2.900 kg. He was strong and healthy. The ASHA who was there as a Birth Companion helped Rampyari start breastfeeding. The nurse performed the

examination of the newborn after one hour. Mother and baby went home after 48 hours. On the 10th day the mother said the baby was cold. The temperature was 93° F. He was sleeping a lot but still feeding and crying. His abdomen was soft and his limbs flexed. His umbilical had healed and he was breathing well with no chest indrawing.



	Ê	
Notes		

Q1.	How was baby's temperature on the 10 th day? Normal/Less than normal
Q2.	Does the baby have sepsis? Yes/No
Q3.	What signs are present in the baby?
Q4.	What measures can you take to re-warm a baby?
Q5.	What additional advice will you give to the parent?

Case Study C

Radha vomited twice on 17^{th} day but continued to feed. She has normal temperature and has a good cry. On 28^{th} day when ASHA visited Radha, her weight is 2.250 kg.

Q1. Depending on weight of the baby on 28th day, Is the baby Normal/High risk?

.....

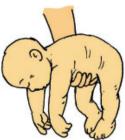


- Notes
- Q2. On 45th day when ASHA visited Radha, her limbs were limp and the mother said the baby felt cold. You took the temperature and it is 94° F (34.4° C). What signs are present in the baby?

Case Study D

Shireen delivered at the sub centre on November 30th at 8:20 am. At the time of delivery she had completed 8 months 5 days of pregnancy. The baby's birth

weight was 1 kg 950 gm. The baby was fine for the first 6 days. On the 7th day, when the ASHA visited the baby at home, she found the baby had stopped suckling and had a distended abdomen. She was breathing well but her cry was weak. Her weight was 1 kg 900 gm. You diagnose sepsis because the baby had stopped feeding and had a distended abdomen.



Q1. What would you do first?
Q2. How will you facilitate referral?
Q3. What is the treatment for this baby (dose and number of days)? If there is a nurse/ANM, they would take the decision, but if there is no other service provider, then you would need to start the appropriate treatment before referral.
Q4. How often would you visit?

Case Study E

Vimal's baby was born in the PHC a week after the expected date and weighed 2.900 kg. He was healthy and strong. You helped Vimal start breastfeeding and the nurse performed the examination at one hour. The mother and baby left the hospital after 48 hours. On the 10th day the mother said the baby was cold. The temperature was 93°F. His weight was 3 kg. He was still feeding and crying but

Sick Newborn Care

he had chest-in drawing. His abdomen was soft and limbs flexed. His umbilical had healed well. You diagnose sepsis.

Q1.	What would you do first?
Q2.	What treatment does this baby need?
Q3.	What do you tell parents before you leave?
Q4.	How often would you visit the household?



Answer Key : Sick Newborn Care

Notes

Care of the Baby at the time of Delivery

Worksheet 1

- Ans. 1. True
- Ans. 2. True
- Ans. 3. True
- Ans. 4. True
- Ans. 5. True
- Ans. 6. True
- Ans. 7. False
- Ans. 8. True
- Ans. 9. True
- Ans. 10. True
- Ans. 11. True
- Ans. 12. True
- Ans. 13. True
- Ans. 14. True

Worksheet 2

- Ans. 1. Asphyxia management
- Ans. 2. Janani Shishu Suraksha Karyakram (JSSK)

Worksheet 3

- Ans. 1. (a) 2000 gm
- Ans. 2. (a) Using spoon
- Ans. 3. (b) Low birth weight
- Ans. 4. (a) Mother's Milk
- Ans. 5. (a) 1800 gm

Sick Newborn Care

- Ans. 6. (a) Mother's milk/breast milk
- Ans. 7. (a) Above 99 degree F
- Ans. 8. (d) BCG

Worksheet 4

- Ans. 1. Has the right nutrients
 - Pre-term babies need more protein
 - Easily digestible
 - Contains factors to fight infection
 - Breastfeeding keeps the baby close to the mother and warm
- Ans. 2. To protect newborn against infections
- Ans. 3. Place baby in position with head slightly extended
 - Place a folded cloth under baby's shoulders to keep the head extended
 - Immediately clean the mouth with clean soft cloth
 - If baby does not breathe, suction the throat with mucus extractor
 - If there is still no breath, suction the nose with mucus extractor
- Ans. 4. Prolonged or difficult labour
 - Dry delivery (no water)
 - Green or yellow colour thick amniotic fluid
 - Cord is wound tightly around the neck
 - Pre-term labour
 - Head does not come out first / Breech Presentation
- Ans. 5. Keep the baby warm by wrapping
 - Place baby close to mother
 - Skin to skin contact method
 - Breast feed every 2 hours
 - Give expressed breast milk using a spoon if baby is unable to suck





Notes

- Do not give a bath until the weight is 2000 gm
- Wash hands before touching baby
- Referral if any danger sign is observed

Worksheet 5

Case Study A

- Ans. 1. Yes, Sarla is Pre-term because gestation period was less than 8 months &14 days
- Ans. 2. She is low birth weight, less than 2500 gm
- Ans. 3. Yes, risk of hypothermia, infection and can have problems with breast feeding

Worksheet 6

Ans. 1. No

Ans. 2. Yes

Ans. 3. Yes

Worksheet 7

Ans. 1. Yes

Ans. 2. Yes

Ans. 3. Yes

Worksheet 8

Case Study A

Ans. 1. • The baby is high risk

- Preterm baby (less than 8 months 14 days)
- Birth weight is less than 2000 gm

Ans. 2. 13 times

Ans. 3. Daily visit for the first week

Sick Newborn Care

Case Study B

- Ans. 1. Less than normal
- Ans. 2. Yes
- Ans. 3. Hypothermia
- Ans. 4. Increase room temperature
 - Remove any wet or cold blankets and clothes
 - Skin to skin contact method
 - Place a warmed cloth on his back or chest. Put on clothes, put in warm bag, with cap, and keep the baby close to the mother

Ans. 5. Refer to SNCU / PHC

Case Study C

Ans. 1. The baby is high risk as weight on 28th day is < 2300 gm

Ans. 2. Signs of Sepsis :

- All limbs limp
- Baby is cold

Case Study D

- Ans. 1. Give first dose of Amoxicillin and refer immediately to SNCU / PHC
- Ans. 2. Ask the parents to go the nearest SNCU / PHC, Call ambulance and accompany them if possible
 - Also inform them about the free treatment under JSSK at public health facilities
- Ans. 3. 1 ml Amoxicillin syrup twice in a day and immediate referral

Ans. 4. Daily for a week and on alternate days till 28 days

Case Study E

Ans. 1. • Explain to the parents that the baby has sepsis and is in serious condition





Notes

- Give first dose of Amoxicillin and refer immediately to SNCU / PHC
- Ans. 2. In case family is not able to go to hospital, give 1.25 ml Amoxicillin syrup twice in a day for seven days and ask the ANM to visit the newborn at the earliest
- Ans. 3. Hand washing before touching and feeding the baby
 - Keep the baby warm
 - Breast feed every two hours
 - Review risk signs and for immediate referral

Ans. 4. Daily visit for a week and on alternate days till 28 days



5

CHILD CARE

Objectives of this Session

By the end of this session, the ASHA will learn about:

- Communicate essential messages for prevention of malnutrition, advice on feeding and on prevention of illness, and on access to health and nutrition services.
- Analyse the causes of malnutrition in a special child the role of feeding practices, role of illnesses, of familial and economic factors and of access to services.
- Counsel families to prevent malnutrition and to reverse malnutrition in children below 5 years.

Content Reference: Module 7, Part A-Child Health and Nutrition

Infant and Young Child Feeding

Worksheet 1

State whether the statement is True or False:

Q1. Malnutrition contributes to more than half of all child deaths in India. True/ False

.....

- Q2. Tick (\checkmark) the correct option. All the following about complementary feeding is true except
 - (a) Soft mashed food
 - (b) 4-5 feeds a day
 - (c) Adding oil or fat to the food
 - (d) Giving multivitamin tablets





Notes

Q3.	Child should be given 'Daal ka pani' as it is easily digestible. True/False
Q4.	Fats and oils should not be added in a child's diet as fats are difficult to digest. True/False
Q5.	A child should not be fed during episode of illness. True/False
Q6.	A one year old child should eat almost half of what her mother eats. True/ False
Q7.	Small children should not be fed green vegetables. True/False
Q8.	A two year old child should be fed only three times a day. True/False
Q9.	If the gap between two children is less than two years, there is a much higher chance of the older child being malnourished. True/False
Wor	•ksheet 2
Give	one word answer for the following questions:
Q1.	For how long should a child be exclusively breastfed?
Q2.	Complementary feeding should be started at what age?
Q3.	Up to what time can breast feeding be continued along with complementary feeding?

.....

Child Care 04. How many feeds are necessary for a one year old child in a day? Please tick (\checkmark) the correct option. Notes (a) 2-3 (b) 4-6 (c) 8-12 Q5. At what age should Vitamin-A be given? At what periods should children be given Albendazole? Q6. Q7. What is the treatment of Anaemia in children? Q8. Lactating mother are given take-home rations till how many months after delivery? Q9. Malnourished children upto 6 years are provided additional rations in the anganwadi. True/False Q10. Where do children between age group of 3-6 years get to eat a cooked meal every day? Q11. Which is the government programme that provides subsidized grains to poor families? Q12. Which village level worker is supposed to undertake growth monitoring? Q13. In nutritional counselling, mother should not be blamed even if the child is malnourished. Yes/No Q14. Tick (\checkmark) the correct option. The best way to develop an understanding of a child's feeding is to ask: (a) What the child eats daily (b) What the child ate in the last 24 hours (c) What does the mother think the child should eat



Notes

Q15.	Is oedema of feet a sign of severe malnutrition in children?
Q16.	Anaemia in children may be a cause of poor appetite. True/False

.....

Woi	•ksheet 3
Q1.	Why is feeding during illness important?
Q2.	What key messages should an ASHA give to a mother to prevent illness in her child?
Q3.	What health services help in preventing malnutrition?
Q4.	What are the services available at Anganwadi centre that can prevent malnutrition in children?
Q5.	What are the seven things to remember about complementary feeding?

O6. List the questions ASHA will ask the family members to assess the reason for the poor nutrition status of the child.



Worksheet 4

The case studies given below are related to Anaemia in the young child. Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

01

One day, when Pakiza 'the ASHA', went to Anganwadi, she noticed that a three old girl, Sudha was sitting in a corner and looked very pale. Pakiza then went to the child's house to meet the mother, and asked her mother whether the child had any problems. Sudha's mother said that she works in the fields and leaves the child at home for the whole day and has to ask her neighbor to feed her in the afternoon with one chapatti and pickle. The mother also complained that the child was tired all the time.

Q1.	What is the problem with Sudha?
Q2.	What are the signs of Anaemia?
Q3.	What advice can Pakiza give to Sudha's mother?

Case Study B

Rama is a mother of a 3 year old boy Amit. Rama's husband is a matchstick maker and earns Rs. 150 per day. You are the ASHA of the village where Rama resides. On VHND day, when Amit was weighed, you noted that his weight was 11kgs.





You asked Rama about the feeding schedule. Rama told you that she feeds baby two times with some vegetable and chapatti. She was very worried that his weight is less than the normal. She told you that her husband purchased food supplements for Amit because she saw in an advertisement that it helps in child's growth. Amit is now fed with one glass milk and half a spoon of this powder once a day.



- Q1. On testing, Amit's Hemoglobin was found to be 9 gm/dL. Is Amit's Hemoglobin normal?
- Q2. What would you advise Rama about Amit's diet?

.....

Q3. Does Amit require these food supplements?

Assessment of Malnutrition

Objectives of this Session

By the end of the session, the ASHA will learn about:

- To know signs of malnutrition in a sick child.
- Be able to classify grades of malnutrition.
- Be able to plot weight for age on a growth chart.

Worksheet 1

Give one word answers for following questions:

Q1. It is possible to suspect malnutrition only by looking at the child. True/False

.....

Q2. How can one find out whether a child is malnourished?

.....

Q3. Raju's 8 month old child eats three times a day along with the family. Is this enough? How many times should the child be fed?

.....



Q4.	What can one add to make rotis or rice more energy dense?
Q5.	Pappu's 15 month old child has just recovered from fever. What will you advise them regarding feeding?
Q6.	Tonic, health drinks and other commercial health foods for children may not improve nutritional status. True/False
Q7.	Which is the government scheme meant for feeding children below 6 years of age?
Q8.	What medicine is to be given for worms in stomach for children?
Q9.	How many albendazole tablets need to be given to a child above two years?
Q10.	Children are likely to become malnourished between the age group of 6 to 18 months. True/False
Q11.	If a child has Anaemia, along with iron and nutritional counseling, what medicine should be given?
Q12.	A child has oedema if on pressing the foot surface a dent is formed. True/False
Q13.	A child looks normal but has a large abdomen. Is she likely to be malnourished?
Q14.	In order to know the nutrition grades, weights of both girls and boys can be plotted on the same chart. True/False
Q15.	Is paleness of palms a sign of Anaemia in children?





- (a) Poverty
- (b) Poor academic performance
- (c) Childhood diseases
- (d) All of the above
- Q17. Match the following weights of children with the right category of malnutrition

Column A Column B

Child Care

- (a) 2 month old girl weighing(i) Normal3.5 kg
- (b) 11 month old female infant (ii) Moderately malnourished weighing 5 kgs
- (c) 2 year old boy weighing (iii) Severely malnourished 10 kgs

.....

Worksheet 2

Q1. List the signs suggesting malnutrition.

.....

.....

.....

Q2. List three conditions in which a malnourished child should be referred to the doctor.

Worksheet 3

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

Nine month old Harry has Diarrhoea. Since birth, his mother has only given him breast milk. At birth his weight was 2900 gm. She has come to you for advice

because she feels her child is very weak. When you see Harry, he looks very small for his age. After checking his weight with AWW, you find that he has severe malnutrition.





Q1.	How will you know that a child has severe malnutrition?
Q2.	For how long should the mother breast feed Harry?
Q3.	What is the ideal time for initiating complementary feeding?
Q4.	Name three foods will you recommend to the mother for feeding Harry.

Case Study B

Meena, a 22 year old lady, is a first time mother. She followed all the advice given by the ASHA and Anganwadi worker. She breastfed the baby till 6 months and started complementary feeding. Now Meena's child is 2 years old and had chicken pox last month. The child's weight fell from 12 kg to 10 kg. Meena is very worried and went to visit the ASHA to find out what to do. The ASHA asked her details about the child's illness and the food Meena fed the baby during and after the illness.

Q1. Why do you think the child lost so much weight?

.....

Q2. What will you advise Meena about feeding the ill child?

.....

.....

Case Study C

Nimmi's little boy Raghu is three and half years old. He was a very active child until the last 3 months. He had diarrhoea 3 months ago. Now, he has cough and cold. He has been losing weight steadily since his diarrhoea.

Nimmi's mother-in law made her starve the child during his illness, saying that his illness would get worse if she fed him. Even after he got better, he had no appetite for a long time. She did not give him anything additional / extra and still continues to breast feed him. Now she is worried about his health.

Q1. What is the reason that Raghu is so weak?

.....



Notes

- Q2. Do you think the advice given by Nimmi's mother-in-law was right and why?
- Q3. What food can the child eat while he is sick?Q4. What advice should be given after a child recovers from illness?

Case Study D

Listed below is information from the Anganwadi register on the weights of some children in the AWC.

Name	Age in months	Sex	Weight in kgs	Name	Age in months	Sex	Weight in kgs
Chitra	11	F	5.4	Hema	26	F	9.5
Hari	32	М	10.1	Charlie	8	М	6.0
Manjula	11	F	6.4	Roopa	14	F	6.2
Omera	24	F	9.5	Ralph	34	М	11.1
Nisha	33	F	9.8	Deepak	32	М	10.4

You are given growth charts for plotting the weights.

According to this list,

Q1. How many children are below 12 months?



Q2. How many children are in the age group 13-36 months?

.....

-
- Q3. How many children have severe malnutrition?
 -

.....

Q4. How many children have moderate malnutrition?

Update on Immunization

Objectives of this Session

By the end of the session, the ASHA will learn about:

- The skill of beneficiary tracking: listing the names and knowing when the next dose is due.
- The skill of ensuring that the child's immunization record is updated.
- Which children are at risk of being excluded from the programme and how to ensure complete coverage.

Worksheet 1

Give one word answers for following questions:

Q1. A child is 9 months. Which is the immunization to be given to her?

.....

- Q2. Name one vaccination a child gets after birth
- Q3. Which is the last vaccination a child receives before the first birthday?

.....

.....

.....

.....

- Q4. At what age is Tetanus Toxoid (TT) vaccine to be given?
- Q5. Which vaccine is given at 5 years of age?
- Q6. Which vaccine is given three times within the first year of a child?
- Q7. Which vaccine is given orally to children?
- Q8. What is given along with measles vaccine?





Notes

Worksheet 2

List all vaccines in the space given below that are to be given at each stage

At the time of birth (within the first 24 hours)	At 6 weeks	At 10 weeks	At 14 weeks	At 9-12 months	At 16-24 months	At 5 years

Fill in the blanks

- Q1. ASHA should make a list of eligible pregnant woman and for vaccination.
- Q2. ASHA must mobilize children below 5 years before VHND to be

Worksheet 3

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

Irfan is an 11 month old child who was born after a Cesarean operation, and his weight was 1.8 kg at birth. When Fathima, the ASHA was checking the records of children in her area, she found out that Irfan's immunization card was blank. She asked his mother if he has received any vaccination. The mother said she did not know but she remembers someone came to the house one Sunday in January and put drops into his mouth and that he was given an injection in the hospital when he was born. She cannot remember any other details.

Q1. What should Fathima tell the mother?

- Q2. Which vaccines should Irfan take?
 - ------
- Q3. What should ANM enter in the MCP card for BCG and OPV0?

Case Study B

One day the ASHA visited all those who had vaccination last Thursday at the

.....

anganwadi centre. When ASHA reached Selvi's house, she complained that her three month old daughter, who had the pentavalent vaccine injection the previous day had a big lump on her thigh and was crying a lot. She cried when the lump was touched.



- Q1. What could have happened to the baby?
 - -----
- Q2. What should ASHA do?

Case Study C

The ANM has come to the village and has just completed vaccinating several pregnant women and is now ready for the children. The ASHA has collected all MCP cards and is calling the children one by one. After all children are vaccinated, the ANM fills up the date in the MCP card against the vaccine received. Below is an example of a card that has been filled up.

.....

Name: Karthik	DOB: 3/9/2014		
Vaccine Name	Date	Vaccine name	Date
BCG	7/9/2014	OPV 1/ Penta 1	23/10/2014
OPV0	7/9/2014	OPV 2/Penta 2	26/11/2014
Нер В	7/9/2014	OPV 3/ Penta 3	24/12/2014

Q1. Today is 24/12/2014. How old is the child?

.....

Q2. Has the child been completely immunized for his age?

.....





Q3. When should the child come again for the next vaccine?

.....

Case Study D

In your village, there are nine children in the age group of 0-1 year. Below are the details of their age and vaccines given. Prepare the due list for the VHND to be organized on 5^{th} June 2015.

S. No.	Name	Date of birth	Vaccines given
1	Guntu	24/04/2015	BCG, OPV0, Hepatitis 0
2	Babu	15/08/2014	BCG, Pentavalent-1,2,3, OPV- 1,2,3 and Measles 1 st dose
3	Pari	20/03/2015	BCG, OPV0, Hepatitis 0, DPT-1, HB-1, OPV 1
4	Meena	3/09/2014	BCG, Pentavalent-1,2,3, OPV- 1,2,3
5	Khalid	10/03/2015	BCG, OPV0
6	Ismail	15/05/2015	No vaccine
7	Ramesh	06/02/2015	BCG, Pentavalent-1,2, OPV-1,2
8	Sunita	15/01/2014	BCG, Pentavalent-1,2,3, OPV- 1,2,3 and Measles 1 st dose
9	Karishma	20/04/2015	No vaccine

S. No.	Name	Vaccines Due
1	Guntu	
2	Babu	
3	Pari	
4	Meena	
5	Khalid	
6	Ismail	
7	Ramesh	
8	Sunita	
9	Karishma	

Assessing the Sick Child

Objectives of this Session

By the end of the session, the ASHA will learn about:

- How to identify general danger signs among sick children.
- Be able to recognize symptoms of common illnesses.
- Enable prompt referral.

Worksheet 1

Give the answers for following questions:

- Q1. A child is not able to breast feed. Is this a danger sign?
- Q2. A child is having convulsions. Is this a danger sign?
- Q3. A five month-old child is not able to breastfeed. What three other symptoms would you look for?

.....

.....

.....

.....

Q4. List the questions that ASHA should ask while examining every sick child.

Worksheet 2

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case study A

Lata is a 2 year old girl, who has fever. She has a running nose and a mild cough. She is not lethargic but is not eating much. The family has consulted the local Registered Medical Practitioner (RMP), who gave her glucose drip and 2 injections. Now they want the ASHA's opinion.







Q1. What are the five things the ASHA should look for?

.....

Q2. What should the ASHA do? List three suggestions.

Case Study B

Q1.

Abdul is a five year old boy who had fever. On the second day he got convulsions. There was no cough, or diarrhoea.

.....

.....



Child Care

Q2. What would be the ASHA's advice?

Is this a danger sign?

Assessing and Classifying Fever

Objectives of this Session

By the end of the session, the ASHA will learn about:

- How to assess the child for fever.
- Identify signs for which urgent referral is required.
- Start the first line of treatment before referral.

Worksheet 1

Give one word answers for following questions:

Q1. Bablu's son has fever and stiff neck. What will you advise him?

.....

Q2. If a child has fever and is not able to move her/his neck that means that he might have which disease?

Q3. Should you refer a child who has only one general danger sign?

Q4. To measure temperature of a child, for how long should you keep the thermometer in the armpit?
Q5. If a child, living in a Malaria endemic area, has fever what should you do

before giving anti-malarial?

Worksheet 2

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

Yasmin is a three month girl who developed a mild fever with cough. She has stopped breastfeeding from the fourth day. She is since then lying quietly, occasionally crying and not playing at all.



- Q1. Is this a danger sign?
- Q2. Classify Yasmin's fever as per the classification taught to you.

.....

Q3. What would the ASHA do?

.....

Case Study B

Rita, a two year old girl has developed fever. She is also having chills/shivering. There was no complaint of cough, cold or Diarrhoea. While visiting households, you (ASHA) also identified a site in the neighborhood, where mosquitoes were breeding and also informed the multipurpose worker.

Q1. What are you suspecting in this case?

Q2. What advice would you give?

.....

.....





		•••••		
•••••	•••••	••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

Management of Diarrhoeal Disease

Objectives of this Session

By the end of the session, the ASHA will :

- Be able to diagnose dehydration and ascertain if referral is required. •
- Learn the skill of preparing and demonstrating ORS use to the mother/ caregiver.
- Learn the skill of counseling the mother for feeding during diarrhoeal episode.

Worksheet 1

Give one word answer for following questions:

Jennifer's daughter has diarrhoea. What should Q1. she be given first of all?



.....

Q2. If a child has diarrhoea and her skin goes back slowly when you pinch it. It means that the child has

.....

Q3. If a child has diarrhoea and vomiting for 14 days, what will you advise?

Eight year old child had diarrhoea for three days. ASHA gave her Q4. cotrimoxazole for two days after which she is fine. For how many days should the ASHA continue to give Cotrimoxazole?

Q5. A five year old child has diarrhoea for three days and now she is lethargic and is not eating or drinking anything. What should you advise?

Child Care 06. Tick (\checkmark) the correct option. When is it important to wash hands? (a) After going to toilet (b) Before cooking Notes (c) Before eating (d) All of the above O7. What kind of drinking water should be given to a malnourished child having recurrent diarrhoea? Q8. If a child has dysentery, with what drug can you start treatment with before referring him to the doctor? Q9. Tick (\checkmark) the correct option. What will you do if a child has diarrhoea for more than 14 days? (a) Refer to hospital (b) Treat with Cotrimoxazole (c) Treat with ORS Q10. In order to make one glass of ORS solution at home, how many teaspoons of sugar and salt should be added? _____ Q11. If a child has diarrhoea and his family has neither sugar, nor ORS packets available, you can give home available fluids like rice water with salt. True/ False Q12. Tick (\checkmark) the correct option. Which of the following is a sign of dysentery? (a) Blood in stool (b) Stiff neck (c) Cough Q13. Sunken eyes, restlessness, drinking eagerly and skin pinch going back slowly are signs of what? Q14. What should home made ORS taste like? Q15. Can you give more than 500ml of ORS to a child weighing 6 kgs? Yes/No _____ Q16. A child has diarrhoea. Should the feeding be continued? Yes/No

.....



Q17.	Tick (\checkmark) the correct option. Which of the following measures can decrease the cases of diarrhoea?
	(a) Safe handling of food
	(b) Sanitary disposal of solid and liquid waste
	(c) Handwashing
	(d) All of the above
Q18.	Access of all households to sanitary toilets and using them regularly can help decrease diarrhoea in village? True/False
Wor	ksheet 2
Q1.	List 3 good practices that help in prevention of diarrhoea.
Q2.	Tick (\checkmark) the correct option. The child who is passing blood in the stool has
	(a) Diarrhoea
	(b) Severe persistent diarrhoea
	(c) Dysentery
	(d) Dehydration
Q3.	What three things will you observe in a child to check whether the child has dehydration?
0.4	
Q4.	Fill the blank spaces given in the table below, for the classification of diarrhoea as
	Severe Dehydration
	Some dehydration
	No dehydration
	Severe persistent diarrhoea
	• Dysentery

	Signs/Symptoms	What is the Status of the child?
А	 A child has two of the following signs present: Lethargic or unconscious Sunken eyes Not able to drink or drinking poorly Skin pinch goes back very slowly 	
В	 A child has two of the following signs present: Restless, irritable Sunken eyes Drinks eagerly, thirsty Skin pinch goes back slowly 	
С	A child does not have enough signs to classify as some or severe dehydration. The child is passing urine normally.	
D	A child having diarrhoea for more than 14 days.	
Е	Mother of the child complained that the baby is also passing blood in the stools.	

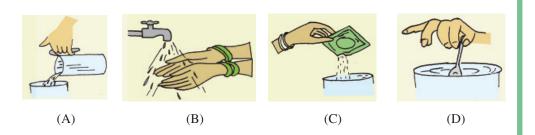


Q5. How will you prepare one glass of ORS at home, if ORS packet is not available?

.....

.....

Q6. Look at the diagram below demonstrating the steps for preparing ORS solution. Arrange the diagrams in a correct sequence.





Q7. Discard ORS fluid if it kept for more than 24 hours. True/ False

.....

Worksheet 3

Categorize the given below cases of diarrhoea

	Description	Write the classification of Diarrhoea
Case 1	Kumkum aged 6 years has diarrhoea for last 15 days. Her stools are semi- solid and she passed stools four to five times a days. There are no signs of dehydration and there is no blood in the stools.	
Case 2	Pappi aged one year has diarrhoea for three days. The stools are very watery and passing frequently. The child has passed much urine twice in last six hours, but of dark yellow colour. The child is irritable and the skin when pinched up goes back slowly. Mouth is dry. Child is very thirsty and drinks water eagerly.	
Case 3	Adley aged 5 years is having diarrhoea for last two days, and there is blood in the stools. There are no signs of dehydration.	
Case 4	Farha aged six months is having diarrhoea for last three days. Stools are watery and there is no blood. Child is otherwise normal, passing urine frequently and breastfeeding well.	

Worksheet 4

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

For the past 2 years, you have been working as an ASHA in Chandanpur village. Your ANM has asked you to talk to a group of mothers about the problem of diarrhoea in children. There were about 20 mothers who are gathered at the meeting. You started explaining the meaning of diarrhoea and its signs. One of the mothers put up her hand and says that her older child heard in school that one must give more food and water during diarrhoea. But according to her mother in-law and others, she was told to starve the child – because if you give more fluids, the child will have more diarrhoea. She asks you what is correct.

Q1. What are the common causes of diarrhoea in children in your area?

..... Q2. What special "fluid" is recommended for children with diarrhoea? Q3. What causes death in children with diarrhoea? Q4. How can you make out that the child has severe dehydration? Q5. What advice will you give the mother about feeding during diarrhoea? Q6. What action will you take in this situation? Q7. How much ORS is to be given to a child of 4 months with weight 5.9 kg having diarrhoea but no dehydration?





Case Study B

Dinesh is a 9 month old boy, who has developed diarrhoea. He is passing urine well and the skin is normal with no signs of dehydration or blood in stools. On the third day of diarrhoea, Dinesh vomits and is also unable to take ORS fluid. After this has lasted four hours, the family consults ASHA.

Q1. What would be the ASHA's advice to the mother?

.....

Management of Acute Respiratory Infection (ARI)

Objectives of this Session

By the end of the session, the ASHA will be :

- Able to diagnose ARI through measuring fever, observing chest indrawing, and breath counting.
- Able to manage mild and moderate ARI with Cotrimoxazole.
- Able to diagnose and refer the severe cases.

Worksheet 1

Give one word answers for following questions:

Q1. A 15 day old child has fever, cough and chest indrawing. What does the child have?



Q2. Three year old Sona has had cold and cough for one day. What will you advise her family?

.....

Q3. Sugar, ginger, lemon, tulsi leaves can be made into a remedy for what condition?

.....

.....

Q4. Chest indrawing means that the lower chest wall goes in when the child breathes in. True/False

Chil	d Care	
Q5.	Tick (\checkmark) the correct option. A two year old child has fast breathing if her breaths per minute are:	
	(a) 35 or more	Notes
	(b) 50 or more	
	(c) 40 or more	
Q6.	Tick (\checkmark) the correct option. A six month old baby has fast breathing if his breaths per minute are:	
	(a) 45 or more	
	(b) 50 or more	
	(c) 60 or more	
Q7.	If a child has pneumonia and does not improve after two days of Cotrimoxazole dose, what will you do?	
Q8.	A child should be given more food after she recovers from illness. True/False	
Wo	rksheet 2	
Q1.	Write the signs of Acute Respiratory Infection (ARI)	
Q2.	Write home management of common cold and cough.	
Wo	rksheet 3	
Q1.	Please tick (\checkmark) the correct option in the situations, which need referral:	
	(a) A child who has had cough for more than 30 days.	
	(h) A shild who has sevel who also has any one of the damage sizes	

- (b) A child who has cough who also has any one of the danger signs
- (c) A child who has cough with fast breathing and chest indrawing.
- (d) All of the above



Q2. Write in the columns below whether the breathing is normal or abnormal

	Situation	Write Is it Normal or Abnormal?
(a)	A baby of 8 weeks with 70 breaths per minutes	
(b)	An infant of 12 weeks with 55 breaths per minutes	
(c)	A child of 12 months with 50 breaths per minutes	
(d)	A child of 18 months with 35 breaths per minute	

Q3. What is the dose of Pediatric Co-trimoxazole in the following situations?

(**1 Tablet Composition**: Sulphamethoxazole 100 mg + Trimethoprim 20 mg,

5ml Syrup Composition: Sulphamethoxazole 200 mg + Trimethoprim 40 mg)

	Situation	Dose of Cotrimoxazole
(a)	A child of 15 months classified as having pneumonia and fever	
(b)	A baby of 3 months old classified as having pneumonia and fever	

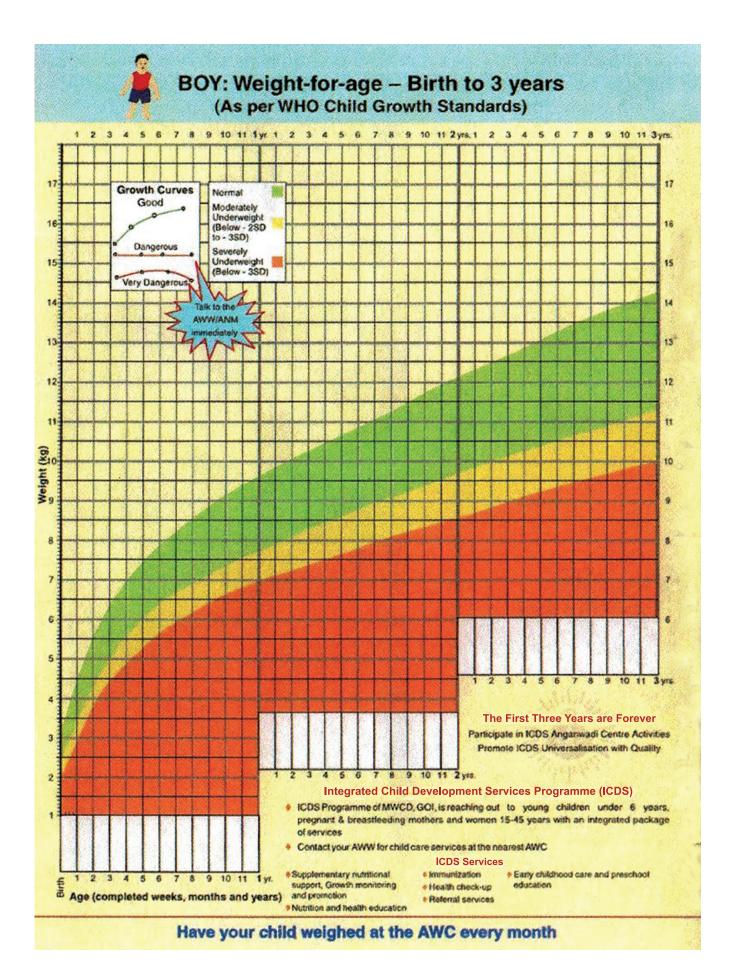
Worksheet 4

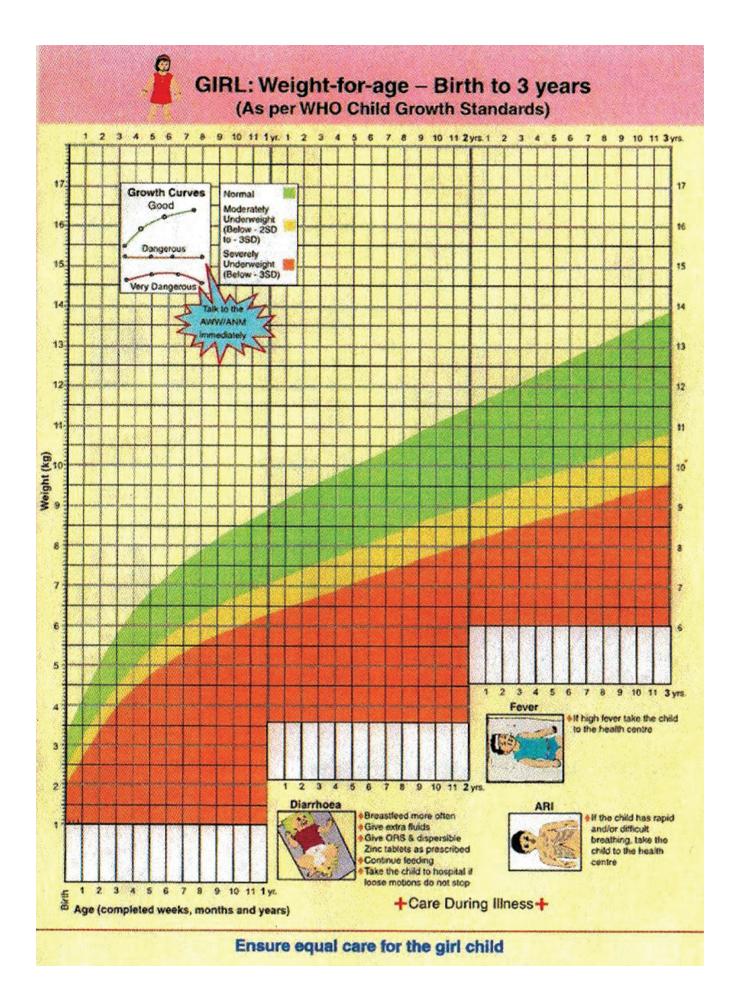
Case Study A

Eleven month old Dhruv has been sick for the past 3 days. His mother works as an anganwadi helper in Pandapura village. She leaves him with his grandmother and goes to the anganwadi every day. At lunch time, she goes to see how he is and feeds him. On the first day, his mother came running to the ASHA saying that her son had a runny nose and fever. The ASHA told her to give some syrup for fever and to continue feeding the child. Today the mother is very worried. Dhruv has fever and noisy breathing. When the ASHA saw him, she noticed that he was breathing very fast. He is coughing a lot and crying too.

Q1.	What do you think is the problem with Dhruv?
Q2.	What are the 2 main signs to check if Dhruv has a serious ARI?
Q3.	How can one count how fast the breathing is?
Q4.	What advice will ASHA give to the mother?









Answer Key : Child Care

Notes

Infant and Young Child Feeding

Worksheet 1

Ans. 1. True

- Ans. 2. (d) Giving multivitamin tablets
- Ans. 3. False
- Ans. 4. False
- Ans. 5. False
- Ans. 6. True
- Ans. 7. False
- Ans. 8. False
- Ans. 9. True

Worksheet 2

Ans. 1. Up to 6 months

- Ans. 2. After six months of age
- Ans. 3. 2 years
- Ans. 4. (b) 4-6
- Ans. 5. 9 months

Ans. 6. Every 6 months

- Ans. 7. One Paediatric Iron and Folic Acid Tablet daily for 3 months
 - Give Albendazole tablet once in six months
- Ans. 8. 6 months
- Ans. 9. True
- Ans. 10. Anganwadi/ICDS centre
- Ans. 11. Public Distribution System(PDS)/Ration
- Ans. 12. Anganwadi worker (AWW) /ICDS Worker
- Ans. 13. Yes

- Ans. 14. (b) What the child ate in the last 24 hours
- Ans. 15. Yes
- Ans. 16. True

Worksheet 3

- Ans. 1. To help recovery from illness
 - To prevent malnutrition
 - To prevent frequent illness

Ans. 2. • Hand washing

- Before feeding the child,
- Before preparing the child's food and
- After cleaning up the child who has passed stools and after toilet use
- Use boiled / clean water for drinking
- Get the child fully immunized
- Child must be supplemented with Vitamin A syrup every sixth month starting from 9th month of age
- Keep children away from infected persons
- Use insecticide treated bed net to prevent Malaria
- Ans. 3. Treatment of illness (Diarrhoea/respiratory infection)
 - Provision of full immunization/vaccination
 - Provision of contraceptive services
- Ans. 4. (a) Supplementary feeding
 - (b) Take home ration
 - (c) Weighing the children to monitor growth
- Ans. 5. Starts at six months
 - Give dal instead of *dal ka pani*
 - Breastfeed four to six times per day
 - Add Fats and Oils
 - Give green and red vegetables





Notes

- Give Milk and add Eggs, Meat & Fish
- Continue feeding during illness and extra feed after recovery
- Ans. 6. What is the nutritional status of the child?
 - What is the child being fed?
 - Did the child fall sick during the past 6 months?
 - What was the treatment given during illness?
 - What difficulties were faced by the family in accessing health services and cost associated with it?
 - Whether the family had access to Anganwadi services?

Worksheet 4

Case Study A

Ans. 1. Sudha may have Anaemia

Ans. 2. • Pallor/Swelling

- Weight loss
- Tiredness
- Frequent illness
- Ans. 3. Visit PHC/VHND to assess Hb levels
 - Feed child with Iron rich foods such as green vegetables, fruit, milk, meat and fish etc.
 - Give IFA-dose (One and half tablet, once a day for 14 days)
 - Give Albendazole for deworming once in (one tab) six month

Case Study B

Ans. 1. No, it is below normal

- Ans. 2. Feed child with locally available fruits, cereals and green leafy vegetables
 - Give IFA-dose (One and half tablet, once a day for 14 days)
- Ans. 3. No, locally available food rich in iron can provide the required amount of iron

Assessment of Malnutrition

Worksheet 1

- Ans. 1. False
- Ans. 2. Nutritional assessment (By observation, history taking- feeding pattern, history of past illness, weighing and growth monitoring)
- Ans. 3. No; 4-6 times
- Ans. 4. Oil/fat
- Ans. 5. Add extra feed
- Ans. 6. True
- Ans. 7. ICDS/Anganwadi
- Ans. 8. Albendazole
- Ans. 9. One
- Ans. 10. True
- Ans. 11. Albendazole
- Ans. 12. True
- Ans. 13. Yes
- Ans. 14. False
- Ans. 15. Yes
- Ans. 16. (d) All of the above
- Ans. 17.

Column A

Column B

- (a) 2 month old girl weighing (ii) Moderately malnourished3.5 kg
- (b) 11 month old female infant (iii) Severely malnourished weighing 5 kgs
- (c) 2 year old boy weighing (i) Normal 10 kgs
- (a) (ii) (b) (iii) (c) (i)

Worksheet 2

Ans. 1. • Child looks very thin, no fat, looks like skin and bones

- Severe wasting of the muscles of the shoulders, arms, buttocks and legs
- Distended(swollen) abdomen
- Swelling of the feet





- Ans. 2. Severely underweight child
 - Underweight child who is not gaining weight for many months
 - Underweight child with fever, chronic cough and persistent Anaemia

Worksheet 3

Case Study A

- Ans. 1. If the child's weight falls in the red colour zone of growth chart, he is severely malnourished
- Ans. 2. Exclusively from birth till 6 months and continued breastfeeding till 2 years
- Ans. 3. After 6 months
- Ans. 4. (i) Semi solid food, (ii) green vegetables / fruit and (iii) dal

Case Study B

Ans. 1. The child lost so much weight because of chicken pox

- Ans. 2. Increase the frequency of feeds to catch up with the lost weight
 - Add fats and oils

Case Study C

- Ans. 1. The diarrhoeal illness and feeding pattern
- Ans. 2. No. Feeding during illness is important to fight against infections and to catch up with the growth
- Ans. 3. The child should be given more semi liquid food (khichdi, dalia) during sickness
- Ans. 4. Child should be fed more than usual

Case Study D

- Ans. 1. Three children (Chitra, Manjula & Charlie)
- Ans. 2. Seven children
- Ans. 3. Three children (Chitra, Charlie & Roopa)
- Ans. 4. Four children (Hari, Manjula, Nisha & Deepak)

Update on Immunization

Worksheet 1

- Ans. 1. Measles
- Ans. 2. BCG/OPV-0/Hepatitis B-'0'
- Ans. 3. Measles
- Ans. 4. 10 years/16 years
- Ans. 5. DPT-2 Booster
- Ans. 6. DPT or Pentavelant
- Ans. 7. Polio
- Ans. 8. Vitamin A

Worksheet 2

At the time of birth (within the first 24 hours)	At 6 weeks	At 10 weeks	At 14 weeks	At 9-12 month	At 16-24 months	At 5 years
BCG, Hep-B-'0'	DPT-1, Hep-B-1 or Penta-1	DPT-2, Hep-B-2 or Penta-2	DPT-3, Hep-B-3 or Penta-3	Measles 1 st dose	1. DPT-1 Booster 2. Measels 2 nd dose	DPT-2 Booster
Oral Polio drops	Oral Polio drops 1 st dose	Oral Polio drops	Oral Polio drops	Oral Polio drops	OPV Booster	

Ans. 1. Children

Ans. 2. Immunized

Worksheet 3

Case Study A

- Ans. 1. Fatima should tell the mother that she must get Irfan immunized for remaining doses of vaccine on VHND
- Ans. 2. Irfan should receive three doses of DPT vaccine or pentavelant along with OPV drops, Measles and Vitamin A syrup
- Ans. 3. ANM must record the date of received BCG and OPV0 in the MCP card

Case Study B

- Ans. 1. This is an adverse effect of immunization in the baby
- Ans. 2. She should refer the child to the ANM and Medical Officer at the PHC





Case Study C

Ans. 1. The child is 3 months 17 days old

5

Ans. 2. Yes, Child has completed immunization for his age

Ans. 3. At 9 months, for measles and Vitamin A syrup

Case Study D

Ans. 1.

S.No.	Name	Due for	
1.	Guntu	OPV 1 and Pentavalent 1 or DPT 1/Hep B	
2.	Babu	No vaccine due	
3.	Pari	OPV 2 and Pentavalent 2 or DPT 2/Hep B 2	
4.	Meena	Measles 1 st dose	
5.	Khalid	OPV 1 and Pentavalent 1 or DPT 1/Hep B 1	
6.	Ismail	BCG, OPV	
7.	Ramesh	OPV 3 and Pentavalent 3	
8.	Sunita	Measles 2 nd dose, DPT-1 Booster, OPV Booster	
9.	Karishma	BCG, OPV 1 and Pentavalent 1 or DPT 1/Hep B	

Assessing the Sick Child

Worksheet 1

- Ans. 1. Yes
- Ans. 2. Yes
- Ans. 3. Child may also have other signs of infections. Others symptoms that you should look are:
 - Does child vomit everything?
 - Has the child had convulsions?
 - Is lethargic or unconscious?

Ans. 4. The ASHA should ask

- Whether child is able to drink or breastfeed?
- Does child vomit everything?
- Has the child had convulsions?
- Is lethargic or unconscious?

Worksheet 2

Case Study A

- Ans. 1. Take the temperature
 - Ask what she ate
 - Ask for vomiting
 - Ask for fits
 - See if the nose is blocked
- Ans. 2. Give Paracetamol (¼, maximum four times a day for three days) for fever
 - Suggest home remedies for cold and cough.
 - Watch for two days, if symptoms worsen, refer

Case Study B

Ans. 1. Yes

Ans. 2. Refer to the facility (PHC / CHC) where doctor is available

Assessing and classifying Fever

Worksheet 1

- Ans. 1. Refer to hospital
- Ans. 2. Meningitis
- Ans. 3. Yes
- Ans. 4. When you hear 3 short beeps and 'F' stops flashing
- Ans. 5. Make a blood smear





Worksheet 2

Case Study A

- Ans. 1. Yes, this is a danger sign
- Ans. 2. Very severe febrile disease
- Ans. 3. Give the first dose of Cotrimoxazole
 - Give one dose of paracetamol to bring down the fever
 - Refer to hospital

Case Study B

Ans. 1. Malaria

- Ans. 2. Make a blood smear
 - Give first dose of anti-malarial, after making a smear
 - Give one dose of paracetamol to bring the fever down (¼ tab of paracetamol, maximum 4 times a day)
 - Continue feeding
 - Follow up in two days if fever persists
 - If fever is present every day for more than seven days, refer the child

Management of Diarrhoeal Disease

Worksheet 1

- Ans. 1. Sugar-salt solution/ORS
- Ans. 2. Dehydration
- Ans. 3. Refer to hospital
- Ans. 4. Five days
- Ans. 5. Refer to hospital
- Ans. 6. (d) All of the above
- Ans. 7. Clean/Boiled drinking water

Child Care

- Ans. 8. Cotrimoxazole
- Ans. 9. (a) Refer to hospital
- Ans. 10. One teaspoon of sugar and one pinch of salt
- Ans. 11. True
- Ans. 12. (a) Blood in stool
- Ans. 13. Dehydration
- Ans. 14. Tears
- Ans. 15. Yes
- Ans. 16. Yes
- Ans. 17. (d) All of the above
- Ans. 18. True

Worksheet 2

- Ans. 1. Use of safe drinking water
 - Hands should be thoroughly washed with soap and water
 - After defecating
 - Before/after touching or preparing food and
 - Before feeding children
 - Use of toilets

If there are no toilets, adults and children should defecate away from houses, paths, water supplies. Faeces should be buried under a layer of soil

- Ans. 2. (c) Dysentry
- Ans. 3. Look for the following signs
 - If eyes are sunken
 - If the child is restless & irritable
 - The child is drinking water or other fluids
 - If the skin pinch goes back slowly



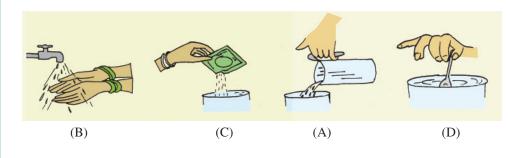


Notes

ns. 4.		
	Signs/Symptoms	What is the Status of the child?
А	A child has two of the following signs present:	
	• Lethargic or unconscious	Savana Dahardastian
	• Sunken eyes	Severe Dehydration
	• Not able to drink or drinking poorly	
	• Skin pinch goes back very slowly	
В	A child has two of the following signs present:	
	• Restless, irritable	
	• Sunken eyes	Some Dehydration
	• Drinks eagerly, thirsty	
	• Skin pinch goes back slowly	
С	A child does not have enough signs to classify as some or severe dehydration. The child is passing urine normally.	No Dehydration
D	A child has diarrhoea for more than 14 days.	Severe Persistent Diarrhoea
Е	Mother of the child complained that the baby is also passing blood in the stools.	Dysentery

Ans. 5. For one glass (200 ml) of water, add a pinch of salt and a spoon of sugar to make the solution

Ans. 6.





Child Care

Child Care

Worksheet 3

Categorize the given below cases of Diarrhoea

	Description	Write the classification of Diarrhoea
Case 1	Kumkum aged 6 years has Diarrhoea for last 15 days. Her stools are semi-solid and she passed stools four to five times a day. There are no signs of dehydration and there is no blood in the stools.	Severe Persistent Diarrhoea
Case 2	Pappi aged one has Diarrhoea for three days. The stools are very watery and passing frequently. The child has passed much urine twice in last six hours, but of dark yellow colour. The child is irritable and the skin when pinched up goes back slowly. Mouth is dry. Child is very thirsty and drinks water eagerly.	Some Dehydration
Case 3	Adley aged 5 years is having Diarrhoea for last two days, and there is blood in the stools. There are no signs of dehydration.	Dysentery
Case 4	Farha aged six months is having Diarrhoea for last three days. Stools are watery and there is no blood. Child is otherwise normal, passing urine frequently and breastfeeding well.	No Dehydration

Worksheet 4

Case Study A

- Ans. 1. Unsafe drinking water
 - Open defecation
 - Unhygienic practices like not washing hands with soap and water
 - After defecating
 - Before/after touching or preparing food and
 - Before feeding children
 - Non availability of toilet/latrine





- Ans. 2. ORS or Home- made ORS.
- Ans. 3. Delay in identification and treatment of severe dehydration in children may cause death
- Ans. 4. The following are the signs in severe dehydration
 - Lethargic or unconscious
 - Sunken eyes
 - Not able to drink or drinking poorly
 - Skin pinch goes back very slowly
- Ans. 5. Continue breastfeeding and complementary feeding according to the child's age
 - Tell the mother to prepare the ORS and give it to the child frequently
 - Child should be fed more than usual
- Ans. 6. The grandmother of the child should be counseled that feeding during diarrhoea is essential as child loses essential minerals during the diarrhoel episode and frequent feeds help him regain the lost nutrients

Ans. 7. Amount of ORS will be 100 ml (Half a cup) after every loose stool

Case Study B

- Ans. 1. Mother should try to continue giving ORS and other fluids
 - Follow up after two days if the child does not improve, refer to doctor

Management of Acute Respiratory Infection (ARI)

Worksheet 1

- Ans. 1. Severe Pneumonia
- Ans. 2. Home care with Ginger and Tulsi leaves
- Ans. 3. Common Cold/Cough
- Ans. 4. True

Child Care

Ans. 5. (c) 40 or more

- Ans. 6. (b) 50 or more
- Ans. 7. Refer to hospital

Ans. 8. True

Worksheet 2

- Ans. 1. Cough
 - Fast breathing or difficulty in breathing
 - Chestindrawing
- Ans. 2. Home remedies- Tulsi leaves and Ginger can be given
 - Keep the child warm
 - Clean the blocked nose by putting nose drops / soft cotton wick/ boiled and cooled glass of water mixed with pinch of salt
 - In case of newborn, exclusively breastfeed for six months and breastfeed frequently and for longer period at each feed
 - Give normal diet to child
 - Increase amount of fluids and give additional meal to the child
 - Small quantity of oils and ghee to be added to the food

Worksheet 3

Ans. 1. (d) All of the above Ans. 2.

S.No.	Write is it Normal or Abnormal and Why?
(a)	Abnormal (50 breaths per minute or more is fast breathing)
(b)	Abnormal (from 2 months up to 12 months, 50 breaths per minutes or more is fast breathing)
(c)	Abnormal (For a child exactly 12 months, 40 breaths per minutes or more is fast breathing)
(d)	Normal (12 months up to 5 years, 40 breaths per minutes or more is fast breathing)





Ans. 3.Dose of Cotrimoxazole(a)3 tablets twice daily for 5 days(b)2.5 ml twice daily for 5 days (half teaspoon)

Worksheet 4

Case Study A

Ans. 1. Pneumonia

Ans. 2. • Breathing very fast

- Fever
- Coughing a lot

Ans. 3. ASHA can count the breath by a watch or timer

- Ans. 4. Give Cotrimoxazole for five days
 - Follow up after two days. If there is no improvement refer to nearest PHC
 - Continue breast feeding and other complimentary feeding

Child Care





WOMEN'S HEALTH AND GENDER CONCERNS

Objectives of the session

By the end of this session, the ASHA will learn about:

- Understand the meaning of Gender and Patriarchy and their linkages with violence.
- Understand the different forms of violence against women and its determinants through the lifecycle approach.
- Identify and analyze signs, symptoms and consequences of violence against women.
- Be familiar with multi –pronged approaches of intervention in cases of violence- legal, collective and psychological.
- To provide awareness, counseling and referral support to women on domestic violence and sexual harassment.
- To address violence against women at the community level with support from VHSNC and women's' group.

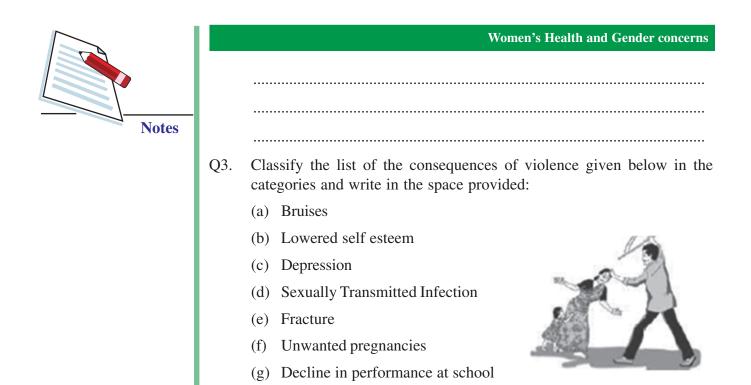
Content Reference: Mobilizing for Action on Violence against Women

Worksheet 1

Q1. In our society, among men and women, who are discriminated against the most?

.....

Q2. List all four forms of violence against women, with one example each.



Physical	Psychological or Mental	Reproductive Consequences	Consequences on Children		

Worksheet 2

(h) Abortion

Choose the correct answer for the statements given below:

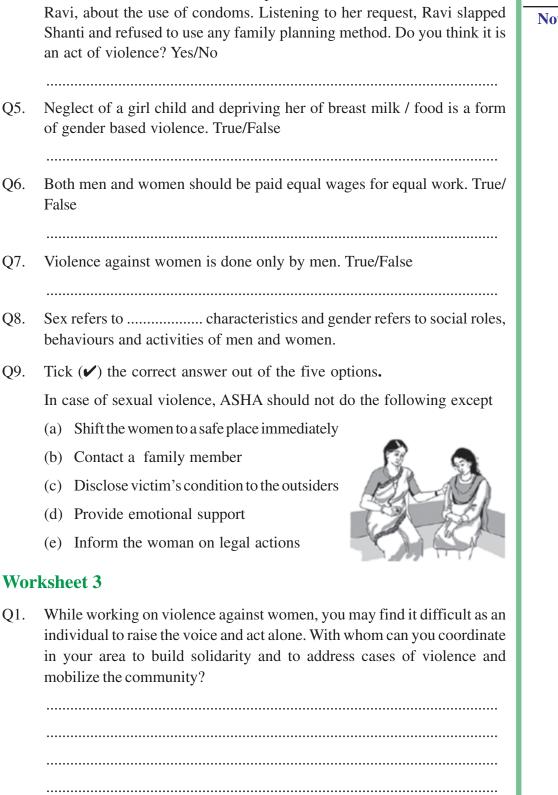
- Q1. Sex without consent of the wife is a form of violence. True/False
 -
- Q2. Violence against women affects only poor women in rural areas. True/ False

.....

Q3. Patriarchy (Unequal social status of women) is the root cause of violence against women in most communities. True/False

.....

Q4.



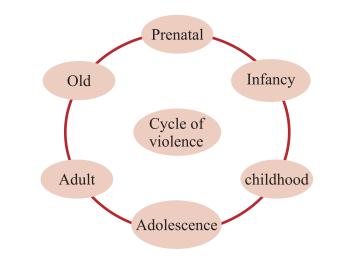
Shanti, 25 years, is a mother of 3 children. ASHA of her village counseled

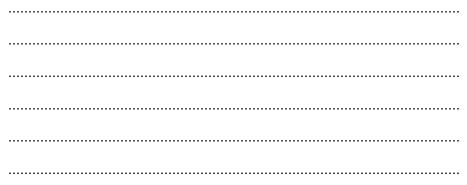
her for various methods of contraception available. She asked her husband





Q2. In the figure below, different stages of women's life are given, write two examples for the act of violence in each of these stages





- Q3. Tick (✔) the correct option. While violence can happen to any woman, some women are particularly vulnerable to violence. Mentioned below are few groups of women, who may be vulnerable to violence
 - (a) Orphaned girls or girls with a single parent
 - (b) Women with alcoholic husbands
 - (c) Old women or those suffering from illness
 - (d) Women from marginalized or minority communities
 - (e) Women in post disaster and conflict situations
 - (f) All of the above



Q4. List six common symptoms /complaints that might indicate violence at home.

Q5. Mentioned below are some forms of violence on women. Write 'Yes' against forms of Sexual violence.

	Forms of violence on women	Yes/No
(a)	Stalking	
(b)	Sex without consent of women by husband	
(c)	Not allowing women to work	
(d)	Eve teasing	
(e)	Making video or taking pictures of girls and sharing via phone/ internet	
(f)	Sexual trafficking	
(g)	Rape	
(h)	Husband & in-laws demanding dowry	
(i)	Slapping	

Worksheet 4

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:





Case Study A

Gulnar was married at the age of 16 to Abrad aged 24. Gulnar is not given sufficient food and has to work in the fields and the house. She is always over-worked and tired. She was already anemic and weak when she became pregnant for the second time. Six-months into the pregnancy as she was particularly tired and worn-out, and dropped off to sleep. She did not hear her husband knocking

on the door. He was let in the house by his mother. Seeing her asleep he shouted at her, abused and kicked her in the stomach. He slapped her again when she served him food, shouting "What sort of food is this? Can't you fulfill even the smallest of responsibilities that are yours?". In two days she had an abortion.



Q1. For this situation, fill the matrix given below.

Act	Age				Site Time		Forms of		
	Victim	Perpetrator	ship			Victim	Perpetrator	Others	Violence

Q2. As an ASHA, what help and support can you provide to Gulnar?

Q3. If Gulnar wishes to take legal action, using which act she can fight?

Case Study B

Sita aged 24 years was married to Ramesh, 26 years who belong to a rich family on 15th October 2011. Initially things were alright but after one year, her husband started drinking and beating her. When she asked him to stop, threatening to leave her, he said, "You can get out of my house, and don't come back here." When she complained to her father-in-law, his reply was "you are getting all facilities to live well. Why do you want to disturb his life?" Sita went to her



parents. Their response stunned her more – "You have to go back to your husband. Once a daughter's palanquin '*doli*' goes to her husband's house, it is only her dead body that comes out." Sita was caught in a dilemma. Why was the house where she grew up, no longer her own? Didn't the parents love her anymore?

- Q1. In your view point, is Sita a victim of violence?
 -
- Q2. If Yes, fill the matrix below for the act of violence.

Act	Age		Age Relation- Site Time		Time		Forms of Violence		
	Victim	Perpetrator				Victim	Perpetrator	Others	violence





Answer Key : Women's Health and Gender Concerns

Worksheet 1

Ans. 1. Women

- Ans. 2. Physical Violence (Beating)
 - Sexual Violence (Rape)
 - Economic Violence (Dowry demand)
 - Emotional Violence (Mental trauma)

Ans. 3.

Physical	Psychological or Mental	Reproductive	Consequences on children
Bruises	Lowered self esteem	Sexually Transmitted Infection	Decline in performance at school
Fracture	Depression	Unwanted Pregnancies Abortion	

Worksheet 2

Ans. 1. True

Ans. 2. False

Ans. 3. True

Ans. 4. Yes

- Ans. 5. True
- Ans. 6. True
- Ans. 7. False

Ans. 8. Biological

Ans. 9. (c) Disclose victim's condition to the outsiders

Worksheet 3

- Ans. 1. Village Health Sanitation and Nutrition Committees (VHSNC)
 - Gram Panchayat
 - Mahila Mandals
 - Women's Self Help groups(SHG)
 - Group of ASHAs working under the same PHC area
- Ans. 2. Prenatal (Sex selection, Sex determination)
 - Infancy (Depriving of breast milk, giving inadequate and poor quality of food)
 - Childhood (Not providing education, forced child marriages)
 - Adolescence (Eve teasing, Rape)
 - Adult (Verbal abuse, Denied access to health care)
 - Old age (Stigma of widowhood, Neglect)
- Ans. 3. (f) All of the above
- Ans. 4. Bruises on the body
 - Vague complaints like pains, numbness, or pain in lower abdomen.
 - Unexplained, spontaneous abortion in pregnant women
 - Attempted suicide or suicidal thoughts
 - Anxiety, fear, depression, self- destructive behaviour
 - Sleeping problems

Ans.	5.
1 1115.	<i>.</i> .

Forms of violence on women	Yes/No
Stalking	Yes
Sex without consent of women by husband	Yes
Not allowing women to work	No
Eve teasing	Yes
Making video or taking pictures of girls and sharing via phone/ internet	Yes
Sexual trafficking	Yes
Rape	Yes
Husband & in-laws demanding dowry	No
Slapping	No
	StalkingSex without consent of women by husbandNot allowing women to workEve teasingMaking video or taking pictures of girls and sharing via phone/ internetSexual traffickingRapeHusband & in-laws demanding dowry





Worksheet 4

Case Study A

Ans. 1.

Act	Age				1- Site Time		Effect			
	Victim	Perpetrator	ship			Victim	Perpetrator	Others	Violence	
Denial of adequate rest and diet during pregnancy, kicking, slapping and abused	18	26	Spouse	House	Continuous since marriage	Early Marriage Early pregnancy Denial of food Anaemic Injury Mental & emotional trauma Loss of baby	Loss of baby	Foetal death	Physical violence Sexual violence Emotional violence	

Ans. 2. ASHA's intervention will vary for each situation.

- Understand Gulnar's situation
- Provide emotional support
- Provide support for medical treatment and follow up for postabortion care
- Build Gulnar's confidence and understand what action she wants to take
 - Contact Gulnar's family members
 - Shift her to a safe place if possible (maternal home/ friends place/ shelter home)
 - Contact an NGO who can provide support and services to help her
- Inform Gulnar on legal actions and rights

Ans. 3. Protection of women with Domestic violence Act 2005

Case Study B

Ans. 1. Yes

Ans. 2.

Act	Age		_		Site Time		Effect		
	Victim	Perpetrator	ship			Victim	Perpetrator	Others	Violence
Beating, no support from her in-laws and parents	24	26 and (Father- in-law Parents)	Spouse Daughter- in-law Daughter	House	Continuous violence since marriage in 2011	Physical injury Mental/ emotional trauma Low self esteem	No effect		Physical violence Emotional Violence





7

ABORTION, FAMILY PLANNING, RTI/STI AND HIV/AIDS

Objectives of this session

By the end of the session, the ASHA will :

- Advise on method, based on duration of pregnancy.
- Understand the risks of unsafe abortions, and know where safe abortion services are available in her area.
- Be able to help women in need of such services to access safe abortion services.
- Be able to identify signs of post abortal complications and advise appropriate referral.
- Be able to counsel for appropriate contraception after the abortion.

Content Reference: Part B, Module 7- Women's Reproductive Health

Safe Abortion

Worksheet 1

Write True or False for the statements given below:

Q1. Only a qualified doctor is allowed to do abortion. True/False

.....



Q2. As an ASHA you must respect the confidentiality of women who come to you seeking information on abortion? True/False

- Q3. If an 18 year old woman goes for an abortion, her parents need to give permission. True/False
 -
- Q4. All government hospitals are expected to provide free abortion services. True/False
 - ------
- Q5. Abortion services should be available at the PHC. True/False
- Q6. A woman seeks abortion at 25 weeks of pregnancy. Is it legal?

Worksheet 2

Tick (\checkmark) the correct option:

- Q1. Which Family planning method is not a spacing method
 - (a) Oral pill
 - (b) IUCD
 - (c) Vasectomy
- Q2. Safe abortion services are available through
 - (a) Any local Registered Medical Practitioner (RMP)
 - (b) Local Dai
 - (c) Primary Health Centre
 - (d) Sub centre
- Q3. How soon after an abortion can contraception be used?
 - (a) Immediately after an abortion
 - (b) After five days of an abortion
 - (c) After 6 week of an abortion
- Q4. Up-to what period are abortions legal?
 - (a) Up-to 20 weeks.
 - (b) Up-to 7 weeks
 - (c) Up-to 12 weeks







- Q5. Abortion is unsafe if it is done:
 - (a) By someone who is not trained
 - (b) With the wrong instruments or medicines
 - (c) Under unclean conditions
 - (d) All of the above
- Q6. Match the different methods of abortion with the duration of pregnancy:

-				1 6 9	
		Column A	Co	olumn B	
	(a)	Medical Abortion	(i)	12 Weeks	
	(b)	Manual Vacuum Aspiration	(ii)	8 Weeks	
	(c)	Diltation & Curettage	(iii)	7 Weeks	
			•••••		
Fill i	n the bla	nks:			
Q1.	Consent of two doctors is required for an abortion after weeks of pregnancy.				
Q2.	Two complications of abortions are and				
Woi	rksheet	3			
Q1.	Write a	any three conditions for which	a wom	an can seek abortion.	
		5			
\mathbf{O}					
Q2.	List an	y five signs of post abortion co	mplica	ations.	
	•••••		•••••		
	•••••		•••••		
	•••••		•••••		
			•••••		
			•••••		
Q3.	How n	nany doctors should give conse	nt for a	an abortion if the pregnancy	
	is of 1	5 weeks?			
Q4.	When	should the ASHA visit a woma	n after	an abortion?	

Q5. Write three points of advice that an ASHA should give to a woman after an abortion?

Worksheet 4

The case studies given below are related to abortion care. Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts.

Case Study A

Latika is a married woman of 25. She has an eight month old baby who is breastfeeding. She restarted her period when the baby was six months old, i.e. two months ago. She has not got her periods since then. She is worried that she is pregnant in spite of using condoms, as she does not want another baby so soon.

Q1. What would you do?

.....

.....

- Q2. Latika and her husband do not want a child right now and have sought an abortion from the PHC Medical Officer. What method of abortion is appropriate for her?
 -

.....

Q3. What are the reasons for choosing this method?

Case Study B

Bella is 19 years old, and was married eight months ago. Her husband calls you one day as she is bleeding heavily, and has fever. Bella tells you that she had missed two periods. Although the health facility was near her village, she went to an untrained provider in the town for an abortion since she did not want anyone in her house to know.

.....

Q1. What do you think happened to Bella and why?

.....



Q2. What should she have done?





Case Study C

Rani is a 19 year old, who is not married. She works in a town near the village. One evening as she was coming home, she was raped by a stranger. Soon Rani found that she was pregnant. She asks you where to go for an abortion.

- Q1. Is it legal for Rani to get an abortion?
 -
- Q2. What advice would you give her?
 -
- Q3. Should you motivate Rani to file a police complaint?

.....

Family Planning

Objectives of the session

By the end of the session, the ASHA will :

- Be able to develop line lists of eligible couples for identification and followup.
- Understand the side effects of the methods to counsel the woman to continue with the method or seek appropriate assistance.
- Be able to assess which methods are suitable for couples/individuals based on their marital status, number of children, child bearing intentions, and the mother's health status, and counsel for method use based on informed choice.
- Be able to counsel for delay in age of marriage, delay in age of first child bearing and in child spacing.
- Provide contraceptive services like: (i) Condoms, (ii) Emergency Contraceptive Pills (ECP), and (iii) Re-supply of Oral Contraceptive Pills (OCP), and maintain sufficient stocks and client records.
- Provide information on where, when and how to access other methods (sterilisation, Intra Uterine Contraceptive Device (IUCD), starting the use of OCP) and provide information on compensation for sterilisation and IUCD services and family planning insurance scheme.
- Assist ANM in follow-up of contraceptive users.
- Identify side-effects and user problems in contraceptive users and counsel and refer appropriately.
- Help poor families access contraception.

Content Reference: Part B, Module 7- Women's Reproductive Health

Worksheet 1

Write True or False for the statements given below:

- Q1. IUCD insertion should be done by trained personnel only after doing a pelvic (internal) examination. True/ False
- Q2. A woman wants to use a spacing method but has severe Anaemia. You can advise her for IUCD insertion? True/ False
- Q3. Male sterilization (Vasectomy/NSV) is a simpler operation than female sterilization (tubectomy).True/False

.....

- Q4. After undergoing vasectomy, a man is unable to have sex or feel sexual pleasure. True/False
 -

.....

Q5. Oral contraceptive pills can be given to women who are breast-feeding? True/False

Q6. If a woman has high blood pressure she can be advised to take oral contraceptive pills. True/False

- Q7. IUCD is a suitable contraceptive for spacing children. True/False
- Q8. Condoms are suitable contraceptives for newly married couples wanting to delay the first child. True/False

.....

.....

Q9. If a woman has jaundice, Mala D should not be suggested? True/False

Q10. Men and women both can undergo sterilization. True/False





Worksheet 2

Please tick (\checkmark) the correct option:

- Q1. How soon after giving birth can a woman undergo sterilization?
 - (a) 48 Hours
 - (b) 3 days
 - (c) 7 days
 - (d) 24 hours
- Q2. Which method should be used as protection against pregnancy as well as STI?
 - (a) Oral Pill
 - (b) Condom
 - (c) Male sterilization/Female sterilization
- Q3. How soon after child birth, can one have PPIUCD insertion?
 - (a) Within 48 hours of delivery
 - (b) 7 days
 - (c) 6 days
- Q4. One condom can be used how many times?
 - (a) Once
 - (b) Several times
 - (c) 4 to 5 times
- Q5. Emergency contraceptive pills need to be taken within how many hours of unprotected intercourse?
 - (a) 24 hours
 - (b) 48 hours
 - (c) 72 hours
- Q6. A couple wants to delay having their next child. What options can you advise them on?
 - (a) Condom
 - (b) OCP
 - (c) IUCD
 - (d) All the above





- Q7. Who among the following is trained to insert an IUCD?
 - (a) ANM
 - (b) AWW
 - (c) ASHA
- Q8. Rajesh and Deepa got married 1 month ago. They do not want to have children immediately. The best method of contraception for them is:
 - (a) Tubectomy
 - (b) Condom
 - (c) Copper T/IUCD
- Q9. The legal age of marriage for a girl is:
 - (a) 21 years
 - (b) 18 years
 - (c) 16 years
- Q10. The legal age of marriage for boys is:
 - (a) 18 years
 - (b) 21 years
 - (c) 25 years
- Q11. Following vasectomy, till how many days the couple should use condom or any other method of contraception?
 - (a) 10 days
 - (b) 60 days
 - (c) 90 days
- Q12. Which of the following are the possible side-effects of oral pills?
 - (a) Nausea
 - (b) Headache
 - (c) Swelling of legs
 - (d) All of the above
- Q13. In which of the following cases, should emergency contraceptive pill not to be used?
 - (a) As spacing between two children
 - (b) Instance of rape
 - (c) Accidental breaking of condom
 - (d) Unprotected sex

Supplementary Book for ASHA



Notes





Q14. Which populations are likely to get left out for family planning services?

- (a) Women headed households
- (b) Widow
- (c) Adolescents
- (d) All of the above

Q15. What is the best way in which ASHA knows that who needs Family Planning?

- (a) Village Register
- (b) Eligible Couple Register
- (c) Due list of children
- (d) Annual Survey

Worksheet 3

- Q1. Write any four types of methods of contraception available in your district?
 Q2. List any four contraindications for taking oral pills.
 -



Q3. Write any three conditions under which a woman should not use an IUCD?

Q4. Occasionally an IUCD can slip out of place. What are the steps that you would counsel a woman on, to check the IUCD strings?

Worksheet 4

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

Roefel lives in Japaihills village and delivered her 2nd live child this morning. She already lost 2 children earlier. She now has a 2 year old son and a newborn baby boy. You are present with her as the accompanying ASHA, and you are chatting with her mother and mother in law as Roefel rests. Her mother says that Roefel is worried whether her child will survive, but want to use a method of family planning.

Q1. What kind of advice will you give Roefel and her family regarding not having more children?

Q2. What method do you think is suitable?

-
- Q3. Can Roefel choose another method? If so what are they?

Case Study B

This week, the topic in the adolescent girls meeting is legal age of marriage. The young girls were shy but very interested in this topic. Their ages vary from 12 - 17 years. About 11 girls have come to attend the meeting. All of them have started menstruating. Three of them had dropped out of school because their parents wanted to get them married.

.....

Q1. What is the message you will give about age of marriage and when to have their first child? Why?

Q2. How will you communicate this message to the young girls so that they are comfortable with your discussing these issues?

.....





Notes

Abortion, Family Planning, RTI/STI and HIV/AIDS

Q3. You noticed that one of the girl named 'Arti' wanted to ask something but was very hesitant. How will you approach 'Arti'?

Case Study C

A few women in your village Kahargaon, were sitting together and were reading a pamphlet. Kaifiya, the ASHA, was passing by and they called her to join them. It was an advertisement of a shop in the town that was giving out some liquid which the woman just had to drink every day, and need not use any other contraceptive. The local women want to know about this new medicine.

Q1. What would you tell about this drug?

.....

.....

Q2. What are the other methods available for contraception?

Case Study D

Hari and his wife Kavita have 3 children and do not want to have any more children. Kavita has been diagnosed with Tuberculosis and is very weak. She is on treatment with DOTS for the past 4 months. Someone told

Kavita that instead of using a contraceptive or undergoing a tubectomy, her husband could have had an operation to prevent having more children. But Hari thinks that this operation would decrease his ability to have sex and sexual pleasure. Kavita wants to learn more about this and went with Hari to the ASHA's house to find out some more information.



Q1. What is this kind of family planning method called?

.....

Q2. Is Hari right about the effect of operation on sexual pleasure?

Q3. Is it a safe method? Who can have it?

.....

Q4. How can Hari find out where this can be done? How much time will the process take?

.....

Q5. Will it affect his work or make him weak?

.....

Case Study E

You were asked to counsel a group of women on taking the oral pill as a contraceptive. About 15 women are in the group, 2 just had a baby in the last month, one has 4 children, 2 of them are recently married and 2 were diagnosed last year with diabetes.

Q1. What all materials will you take to the meeting for the demonstration?

Q2. Who should not be advised for oral pills?

.....

Case Study F

Rani is 17 years old. She is having a relationship with her neighbour Raju. Yesterday evening they had unprotected sex. Both of them were unaware about the methods of contraception.

Rani is very worried as she is unmarried and is afraid of getting pregnant. She requested you to meet her outside the village. She requested you to not tell about this to anybody.

Q1.	How can you help her?
Q2.	What advice would you give to her?





Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)

Objectives of the session

By the end of the session, the ASHA will learn about:

- Understand RTI/STI and HIV/AIDS; prevention, management and treatment.
- Be able to counsel women on protection from RTI/STI and HIV/AIDS.
- Be able to guide women to appropriate facilities for testing and treatment.

Worksheet 1

Write True or False for the statements given below:

Q1.	Sterilization does not protect against sexually transmitted diseases and HIV. True/False
Q2.	Using condom correctly and consistently during intercourse can prevent HIV. True/False
Q3.	HIV is transmitted through mosquito bites. True/False
Q4.	HIV is transmitted through receiving HIV infected blood or blood products. True/False
Q5.	Persons with HIV are at a greater risk of getting Tuberculosis. True/False
Q6.	Does washing genitals with clean water after passing urine help in preventing RTIs? True/False
Q7.	HIV is a sexually transmitted infection. True/False
Q8.	Foul smelling discharge is normal for women. True/False

- Q9. Small amount of white discharge is normal for women. True/False
 -
- Q10. A woman is at risk for a sexually transmitted infection if her husband has signs of a sexually transmitted infection. True/False

.....

Q11. Women whose husbands have multiple sexual partners are at higher risk of getting Sexually Transmitted Infection. True/False

.....

- Q12. Babies born to mothers who are HIV positive are at higher risk. True/False
 -
- Q13. Men who have sex with men are not at risk of getting infected with HIV. True/False
- Q14. Women's reproductive systems are more prone to get infections than men. True/False

.....

.....

Worksheet 2

Tick (\checkmark) the correct option:

- Q1. Signs of reproductive tract infection include
 - (a) Vomiting
 - (b) Cold and cough
 - (c) Rash and swelling in genital area
- Q2. Sexually transmitted infections are spread through
 - (a) Water
 - (b) Air
 - (c) Sexual intercourse
- Q3. Which of the following can transmit HIV
 - (a) Kissing
 - (b) Mosquito bites
 - (c) Sharing clothes
 - (d) HIV positive Mother to fetus









Q4. What should one use for protection from sexually transmitted infection or HIV during sexual intercourse?

Notes

- (a) Condom
- (b) Pills
- (c) IUCDs
- Q5. Which of the following is a Sexually Transmitted Infection?
 - (a) HIV
 - (b) Chicken Pox
 - (c) Measles
- HIV can be prevented by all except Q6.
 - (a) Using condoms during sexual intercourse
 - (b) Avoiding sex with multiple partners
 - (c) Preventing mosquito bites
 - (d) Ensuring safe blood transfusion
- Q7. Which of the following is a Reproductive Tract Infection?
 - (a) HIV
 - (b) Hepatitis-B
 - (c) Pelvic inflammatory disease
- Q8. Match the following

	Column A		Column B	
(a)	White discharge with low abdomen pain	(i)	Oral pill	
(b)	HIV	(ii)	Unsafe abortion	
(c)	Spacing contraceptive	(iii)	Birth spacing	
(d)	At least 3 years between children	(iv)	Symptoms of reproductive tract infections	
(e)	Putting some medicines in vagina to end pregnancy	(v)	Virus	

Q9. List 3 points on which you would give advice to a woman for relief from Reproductive Tract Infections?

Worksheet 3

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case study A

One day, Jahida came to your house. When you asked her how she was, she started crying. You made her sit down and relax and gave her a cup of tea. You then asked her what the matter was. Jahida said that for the past 3 days she has had a lot of itching in her genital area. Since yesterday, she also has painful boils in the same place. She tells you that her husband also has the same problem.

Q1. What do you think is the problem that Jahida has?

.....

Q2. What would you ask her to do?

.....

.....

Case Study B

Ganesh was diagnosed as HIV + four years ago. He got married 3 years ago but did not tell his wife about his HIV status. They have a one and half year old girl. Recently Ganesh told her that he has HIV.

Q1. What will you advise her to do?

.....

Q2. What precautions she should take to prevent getting HIV (if her test is negative)





Answer Key : Abortion, Family Planning, RTI/ STI and HIV/AIDS

Safe Abortion

Worksheet 1

- Ans. 1. True
- Ans. 2. True
- Ans. 3. False
- Ans. 4. True
- Ans. 5. True
- Ans. 6. No

Worksheet 2

Ans. 1. (c)	Vasectomy			
Ans. 2. (c)	Primary Health Centre			
Ans. 3. (a)	Immediately after an abortion			
Ans. 4. (a)	Up-to 20 weeks			
Ans. 5. (d)	All of the above			
Ans. 6. (a)	Medical Abortion	(iii)	7 Weeks	
(b)	Manual Vacuum Aspiration	(ii)	8 Weeks	
(c)	Diltation & Curettage	(i)	12 Weeks	
(a) - (iii) (b) - (ii) (c) - (i)			

Fill in the blanks:

Ans. 1. 12 weeks

Ans. 2. Heavy bleeding and high fever

Worksheet 3

- Ans. 1. Failure of Contraceptive method
 - Pregnancy endangering her life
 - Pregnancy resulting from rape
 - The child will be born with serious birth defects

Ans. 2. • Heavy bleeding

- High fever
- Severe pain in the abdomen
- Fainting
- Foul smelling discharge

Ans. 3. After 12 weeks, two doctors need to sign the consent form

Ans. 4. On day 3 and 7

- Ans. 5. Some bleeding from vagina for up to two weeks is normal
 - Next monthly period will be after 4-6 weeks
 - Immediately inform the ASHA in case of heavy bleeding
 - Use contraception for at least six months
 - Avoid pregnancy for at least six months
 - Drink plenty of fluids
 - Avoid sex or putting anything in the vagina for at least five days after abortion
 - Contact ASHA for any complications

Worksheet 4

Case Study A

- Ans. 1. Use Nischay Kit to confirm the pregnancy
 - If positive, ask her to go to PHC / Public health facility for a safe abortion

Ans. 2. Manual Vacuum Aspiration (MVA)

Ans. 3. Pregnancy is about 8 weeks

Case Study B

Ans. 1. She went to an untrained provider and developed complications

Ans. 2. Gone to the PHC/CHC or a trained medical service provider

Case Study C

Ans. 1. Yes Ans. 2. To go to the PHC Ans. 3. Yes





Family Planning

Worksheet 1

- Ans. 1. True
- Ans. 2. False
- Ans. 3. True
- Ans. 4. False
- Ans. 5. False
- Ans. 6. False
- Ans. 7. True
- Ans. 8. True
- Ans. 9. True
- Ans. 10. True

Worksheet 2

- Ans. 1. (d) 24 hours
- Ans. 2. (b) Condom
- Ans. 3. (a) Within 48 hours of delivery
- Ans. 4. (a) Once
- Ans. 5. (c) 72 Hours
- Ans. 6. (d) All the above
- Ans. 7. (a) ANM
- Ans. 8. (b) Condom
- Ans. 9. (b) 18 years
- Ans. 10. (b) 21 years
- Ans. 11. (c) 90 days
- Ans. 12. (d) All of the above
- Ans. 13. (a) As spacing between two child
- Ans. 14. (d) All of the above
- Ans. 15. (b) Eligible Couple Register

Worksheet 3

- Ans. 1. Pills
 - Condom
 - IUCD, Copper T/ the Loop
 - PPIUCD
 - Sterlization (Male and Female)
- Ans. 2. Woman has jaundice
 - Signs of a stroke
 - Paralysis
 - Heart disease
 - Woman has ever had a blood clot in the veins of her legs
 - If the woman is a smoker
 - Over 35 years old
 - High BP (more than 140/90)

Ans. 3. • Never been pregnant

- Anaemic women (Low Hb)
- Has ever had an infection in
 - Her tubes or uterus, or
 - An infection after giving birth or
 - After having an abortion
- Had a pregnancy in her tubes
- Heavy bleeding and pain during menstrual period
- Ans. 4. Wash hands before checking
 - Squat down and reach as far as she can into the vagina with two fingers
 - Feel for the IUCD strings, but do not pull them
 - Take fingers out and wash hands again





Worksheet 4

Case Study A

Ans. 1. Motivate Roefel to use a contraception method

Ans. 2. Spacing

- Ans. 3. IUCD
 - **Oral Pills**
 - Condoms

Case Study B

- Ans. 1. Marriage: after 18 years of age- Legally
 - First Child: After 21 years of age- Enough time for the girl's body • and mind to mature
- Group Discussion Ans. 2.
 - Listening to their views
 - Informing them about legal age of marriage and
 - Discussing impact of early age at pregnancy •
- Ans. 3. Reassure her that she can speak up or talk to her privately afterwards
 - Discuss with her individually •
 - Visit her home if required •

Case Study C

- Ans. 1. There is no such medicine for contraception and women should not take any such medicine without consultation with ANM or Doctor.
 - The safety of this drug cannot be ensured •

Ans. 2. Many other safe methods of contraception are available

- Pills •
- Emergency Contraceptive pills (only for emergency purposes in • case of unprotected sex)
- Condom
- IUCD, Cooper- T, the Loop •
- PPIUCD
- Sterlization (Male and Female)

Case Study D

- Ans. 1. Sterilisation (Vasectomy/NSV)
- Ans. 2. No. The operation does not change a man's ability to have sex or to feel sexual pleasure.
- Ans. 3. Yes. It is safe and takes only a few minutes.
 - Couple who don't want children anymore can undergo this procedure.
- Ans. 4. By asking ASHA or ANM.
 - It takes only a few minutes
- Ans. 5. No. There is no affect on a man's ability to work.

Case Study E

- Ans. 1. Oral Pills
 - Emergency Contraceptive pills
 - Condoms
 - IUCD
- Ans. 2. Lactating mothers
 - Woman having diabetes

Case Study F

Ans. 1. Give her an emergency contraceptive pill

- Ans. 2. Use condom next time
 - Avoid unprotected sex

Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)

Worksheet 1

Ans. 1. True

- Ans. 2. True
- Ans. 3. False
- Ans. 4. True





Ans. 6.

Ans. 7. True Ans. 8. False

True

True

Ans. 5.

- Ans. 9. True
- Ans. 10. True
- Ans. 11. True
- Ans. 12. True
- Ans. 13. False
- Ans. 14. True

Worksheet 2

Ans. 1. (c) Rash and swelling in genital area Ans. 2. (c) Sexual intercourse Ans. 3. (d) HIV positive mother to fetus Ans. 4. (a) Condom Ans. 5. (a) HIV Ans. 6. (c) Preventing mosquito bites Ans. 7. (c) Pelvic inflammatory disease

Ans. 8.

Column A

- White discharge with lower (a) abdomen pain
- (b) HIV
- Spacing contraceptive (c)
- At least 3 years between children (d)
- Putting some medicines in vagina (e) to end pregnancy
- (a) (iv) (b) - (v) (c) - (i)

Column B

- (iv) Symptoms of Reproductive Tract infection
- (v) Virus
- (i) Oral pill
 - (iii) Birth spacing
 - (ii) Unsafe abortion

(d) - (iii) (e) - (ii)

- Ans. 9. Sit in a pan of clean, warm water for 15 minutes
 - Do not have sex until you feel better
 - Wear cotton next to your genital skin
 - Wash undergarments everyday
 - Pour clean water on genitals after passing urine

Worksheet 3

Case Study A

- Ans. 1. She may have Sexually Transmitted Infection (STI)
- Ans. 2. She and her husband should visit the nearest PHC for consultation with the Medical Officer and take the full treatment

Case Study B

- Ans. 1. Encourage her to go to the facility for getting HIV test for herself and her daughter.
- Ans. 2. Encourage/insist that her husband uses a condom for every sexual encounter





8

MALARIA AND TUBERCULOSIS

Objectives of the session

By the end of the session, the ASHA will learn about:

- Understand and be able to communicate key facts about Malaria and its prevention.
- Making a blood smear and testing blood using a rapid diagnostic test for Malaria.
- Managing fever in the young child and pregnant woman- when to suspect Malaria, how and when to test, when to refer, when and what to treat.
- Understanding spread of TB and methods of diagnosis.
- Supporting treatment of TB and follow-up with patients.

Content Reference: Part D, Module 7- Introduction to Infectious Diseases

Worksheet 1

State True/False for the statements below:

Q1. Malaria affects more frequently and more severely to children below five years and pregnant women. True/False

.....

Q2. Leaving water stagnant will allow mosquitoes to breed. True/False

.....



Q3. Malaria is caused by dirty water. True/False

Malaria and Tuberculosis

- Q4. TB is related to poor living conditions. True/False
 -
- Q5. Women in child bearing age should be counseled to avoid pregnancy while on anti-TB treatment and at least six months after. True/False

.....

Worksheet 2

In the questions below, fill in the blanks by selecting the correct answer from the choices given:

- Q1. Along with fever, another symptom of Malaria is
 - (a) Stomach ache
 - (b) Cough
 - (c) Shivering
- Q2. In order to prevent other than mosquito repellants, a family can use bed net at night during sleeping.
- Q3. If a pregnant woman living in a Malaria endemic area has fever, she should be tested with
- Q4. Tick (✔) the correct option. What does it mean if no lines appear in the RDT kit test?
 - (a) Malaria positive
 - (b) Malaria negative
 - (c) Faulty Rapid Diagnostic kit
- Q5. A person who is is most at risk of contracting and dying of TB.
 - (a) Healthy
 - (b) Malnourished
 - (c) Obese/Fat
- Q6. If a person undergoing DOTs suddenly experiences severe itching and burning in hands and feet then you should
 - (a) Refer her to the doctor
 - (b) Tell her to bathe properly
 - (c) Tell her to apply an ointment
- Q7. TB spreads through
 - (a) Food
 - (b) Water
 - (c) Air





Falciparum Malaria can cause damage to brain, lungs and

Malaria and Tuberculosis

- (a) Heart
- (b) Kidney
- (c) Liver

Worksheet 3

Q8.

Give short answers

Q1.	What causes Malaria?
Q2.	Which test is done to confirm Malaria?
Q3.	Which parasite causes Malaria?
Q4.	Which mosquito carries Malaria parasite?
Q5.	Which type of Malaria is more dangerous?
Q6.	Which type of Malaria can affect the brain?
Q7.	What does it mean when one red line appears in the RDT test kit?
Q8.	What is the meaning of two red lines in the RDT kit test?
Q9.	Can RDT kits be used to diagnose Vivax Malaria?
Q10.	Other than using mosquito repellants, what can one use, in order to prevent Malaria?
Q11.	Which kind of fish eat up mosquito larvae?

Malaria and Tuberculosis

Mala	ria and Tuberculosis	
Q12.	What can be poured on stagnant water to kill mosquito larvae?	
Q13.	Leaves of which plant can be burned to drive away mosquitoes?	Notes
Q14.	If a person has fever with chills and it is not possible to do a blood test, what will you do?	
Q15.	Ramlal has cough for three weeks. What test will you advise him to do?	
Q16.	What kind of TB is detected by sputum test?	
Q17.	Can a family member of TB patient act as the DOTS provider?	
Q18.	Which vaccine is given to children for prevention of TB?	
Q19.	What is the minimum duration for TB treatment?	
Q20.	How many times should the sputum test show a negative result for a patient to be declared cured of TB?	
Q21.	Is loss of appetite a symptom of TB?	
Q22.	Is blood stained sputum a symptom of TB?	
Q23.	What is DOTS?	
Q24.	How is TB diagnosed? Write the name of the test.	
Q25.	Primaquine should not be given to infants and pregnant women. True/False	





Worksheet 4

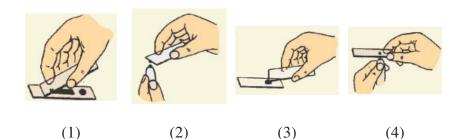
Q1.	List the five ways in which breeding of mosquitoes can be prevented.
Q2.	What are the three roles of ASHA in preventing Malaria?
Q3.	What are the two tests to confirm Malaria?
Q4.	Which three drugs are to be used for treatment of RDT positive Malaria for a 15 year old girl?
Q5.	Write symptoms of TB?
Q6.	What is the role of ASHA in Tuberculosis treatment?

Malaria and Tuberculosis

Q7. What precautions ASHA should take for Anti TB treatment among women?



Q8. Arrange the steps of blood smear test for malaria in correct sequence



Q9. When a TB patient can be confirmed as cured?

Worksheet 5

Read the situations given below. Based on your understanding, answer the questions following each situation. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

It is the rainy season. There are many mosquito-breeding places in Rampur village. This year a new road has been constructed and there are numerous pits that are now filled with water. Four year old Rani lives here with her parents in this village. She has high fever for last 2 days, during the evenings. Her mother

Leela says that she is not eating well. When she gets fever, she also starts shivering. You are the ASHA of this village.

Q1. What illness do you suspect that Rani may have?



Q2. What are the symptoms due to which you think that she has that illness?

.....





Q3.	How will you confirm your suspicion?		
Q4.	What treatment will you start for Rani?		
Q5.	What advice will you give to bring down fever?		
Q6.	What is the advice for prevention?		

Case Study B

In the same village, Maahnoor, aged 3 years, has been diagnosed with Malaria. You (ASHA) have given him Chloroquine, which he has taken for three days. However, he still gets fever daily. His mother Maab, who is six months pregnant, also has high fever with shivering since yesterday.

Q1.	What advice will you give for Maahnoor?
Q2.	What advice will you give for his mother Maab?

Case Study C

Ali lives with his wife and three children in Kotla village. He works in a tailor's shop. You are the ASHA of this village. He used to repeatedly fall ill and coughed a lot. He was also losing weight. You took him to the PHC last month where he was diagnosed with TB. You are as his DOTS provider and have been giving him the medicines for a month. However, Ali has been complaining that after he has started taking the medicines, he has been feeling drowsy and his urine is red-orange in colour. He is worried that he will lose his job, as he is not able to do his work well because of the drowsiness. He wants to stop taking the drugs.

Q1. What will you tell Ali regarding his drowsiness and orange-red urine?

Malaria and Tuberculosis

Q2. What is the most important thing to counsel regarding taking his medicines?

.....

Q 3. What advice regarding food and rest should you give him?

.....

Case Study D

You (ASHA) have just started as a DOTS provider for Rita, who lives in Pendri village with her husband, two children and grandmother. On your visit to their house, you find that the whole family sleeps together in one room. Rita tells you

about her youngest daughter, aged 6 years, who is not gaining weight, gets tired easily and periodically has high fever. She also confides in you and tells you that before she got diagnosed with TB, she and her husband had been trying for a third child. She wants to know whether it is okay for her to get pregnant during treatment.



Q1. What advice will you give for Rita's daughter?

Q2. What will you advise her regarding next pregnancy?

.....





Answer Key: Malaria and Tuberculosis

Worksheet 1

- Ans. 1. True
- Ans. 2. True
- Ans. 3. False
- Ans. 4. True
- Ans. 5. True

Worksheet 2

- Ans. 1. (c) Shivering
- Ans. 2. Malaria
- Ans. 3. Rapid Diagnostic Test (RDT) Kit
- Ans. 4. (c) Faulty Rapid Diagnostic kit
- Ans. 5. (b) Malnourished
- Ans. 6. (a) Refer her to the doctor
- Ans. 7. (c) Air
- Ans. 8. (c) Liver

Worksheet 3

- Ans. 1. Parasite Plasmodium
- Ans. 2. Blood smear tests/Rapid Diagnostic Test (RDT) Kit
- Ans. 3. Plasmodium
- Ans. 4. Female Anopheles
- Ans. 5. Falciparum
- Ans. 6. Falciparum
- Ans. 7. No Falciparum Malaria
- Ans. 8. Falciparum Malaria
- Ans. 9. Yes
- Ans. 10. Mosquito nets
- Ans. 11. Gambusia
- Ans. 12. Oil
- Ans. 13. Neem
- Ans. 14. Give 1st dose of Paracetamol and refer to PHC for blood test
- Ans. 15. Sputum test

Malaria and Tuberculosis

- Ans. 16. Pulmonary TB (lung)
- Ans. 17. No
- Ans. 18. BCG
- Ans. 19. 6 Months
- Ans. 20. Two
- Ans. 21. Yes
- Ans. 22. Yes
- Ans. 23. "Directly Observed Treatment" -Short course
- Ans. 24. Sputum examination
- Ans. 25. True

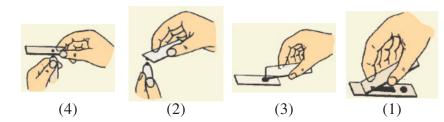
Worksheet 4

- Ans. 1. Spraying insecticide on mosquito's breeding sites
 - Drying up breeding pits
 - Prevent water stagnation
 - Pouring oil on water bodies
 - Cultivation of Gambusia fish in ponds and wells
 - Prevent stagnation of water in drains and canals
- Ans. 2. Generate awareness in the community through home visit and VHSNC meeting focusing on pregnant women and children below 5 years of age
 - Promote use of mosquito's nets and mosquito repellent in the community
 - Preventing mosquito breeding:
 - Spraying insecticide
 - Prevent water stagnation
 - Enable cultivation of Gambusia fish in lakes and ponds
- Ans. 3. Rapid Diagnostic Test (RDT) kit
 - Blood smear examination
- Ans. 4. Choloroquine
 - Primaquine
 - Artesunate





- Ans. 5. Cough with sputum for two weeks or more
 - Chest pain
 - Rise in evening temperature
 - Night sweats
 - Loss of weight
 - Loss of appetite
- Ans. 6. Ensure that TB patients take drugs regularly
 - Ensure complete treatment
 - Ensure that TB patients get their drugs
 - Counsel on side effects of the drugs
 - Counsel on nutritional diet and rest
 - Maintain confidentiality
 - Do counseling in order to ensure-
 - That patient uses clean cloth over his mouth while coughing
 - Make sure patient avoids close contact with children and older people for at least 2 months of starting treatment
 - BCG vaccination for all children at birth
 - Create awareness on TB related symptoms and promote self reporting for examination
- Ans.7. Oral contraceptive should not be advocated as method of contraception when a woman is taking drugs for TB
- Ans. 8.



Ans.9. A patient who is initially sputum smear positive and who has completed treatment and had negative sputum smears on two occasions, one of which was at the end of treatment, is called Cured patient.

Worksheet 5

Case Study A

Ans. 1. Malaria

Malaria and Tuberculosis

- Ans. 2. Shivering
 - Evening fever
- Ans. 3. Making a blood smear
 - Using the Rapid Diagnostic Test (RDT)
- Ans. 4. Give Paracetamol as per age of the patient
 - If RDT is positive, give Chloroquine or Artesunate Combination
 - Refer to PHC
- Ans. 5. Give Paracetamol and continue it as per Doctor's advice after confirmation of Malaria
 - Sponging with tepid water to lower the fever
 - If despite treatment fever does not begin to come down within two or three days, or persists even after a week, referral becomes mandatory
- Ans. 6. Sleep under bed nets
 - Drying up or filling breeding pits in the village
 - Prevent water stagnation

Case Study B

Ans. 1. Refer to hospital

Ans. 2. Refer to hospital as Malaria is more dangerous during pregnancy

Case Study C

- Ans. 1. Reassure Ali and tell him not to worry- This is a side-effect of Isoniazid and Rifampicin, the anti TB drugs
- Ans. 2. Complete the full course of treatment
 - Do not stop the treatment midway
- Ans. 3. Take nutritious food specially high protein diet such as Soyabean, milk, egg, fish and meat
 - Try to rest for at least the first 2 months of treatment

Case Study D

Ans. 1. Refer to PHC for diagnosis

Ans. 2. Avoid pregancy for next six months of TB treatment





9

Village Health Planning

Objectives of the session

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

- Understand the key components and steps in preparing village health plans.
- Identify health priorities/problems in the community and related determinants.
- Collect data using participatory approaches with community and interpret them for specific actions/ intervention.
- Seek support from VHSNC including PRI members, ANM, AWW, SHGs etc.
- Ensure coverage of marginalized and vulnerable families, women and children with services.

Content Reference: Brochure Reaching the Unreached and Induction Module (Section 1)

Worksheet 1

Answer the following questions:

- Q1. In a village, the marginalized families would be those who are
 - (a) Economically better off
 - (b) More educated
 - (c) Have no employment
- Q2. Tick (✔) the correct option. The ASHA in village Patuk, advised a new migrant family in her village to get their child immunized. The family did not agree. What should ASHA do?

- (a) Try again with the help of ASHA facilitator/ANM
- (b) Stop visiting the family
- (c) Complain to the Sarpanch
- Q3. Planning for village level health issues should be done
 - (a) In a village meeting with the participation of community members
 - (b) Only by meeting with the sarpanch, ANM and AWW
 - (c) By the ASHA on her own
- Q4. Tick (✔) the correct option. While planning for distribution of a limited number of mosquito nets, who should be prioritized for receiving the nets?
 - (a) Pregnant women and children
 - (b) Male head of the family
 - (c) Elderly people
- Q5. Public health facilities and services should be accessible to everyone free of cost without any discrimination. True/False

.....

Q6. What role can you (ASHA) play in village level health planning?

.....

Worksheet 2

Read the case studies given below. Based on your understanding, answer the questions related to the situations mentioned below. You may also go back to your modules and trainers to clarify the doubts:

Case Study A

There are 30 children in the age group of 3 years in Kolapur village. Six months back, out of these, two were severely malnourished and 10 were moderately malnourished. Since last three months take home ration has not been distributed









Notes

at the village's anganwadi centre. At the recently held VHND when these children were weighed by the AWW it was found that, two more children have now become severely malnourished and 8 children are moderately malnourished.

Q1. How many children in total were malnourished six months ago, and how many were normal?

.....

Q2. Did malnutrition decrease or increase in the last six months?

.....

Q3. What should be the key components of village level plan to address this issue?

Case Study B

Sariguda village had four deaths due to Malaria this year. Every year, people get Malaria and many have to be hospitalized.

Q1. What points should be discussed during the village level meeting or VHSNC meeting to prevent Malaria in the village?

Q2. How can you help in this situation?

Case Study C

You are the ASHA of Tarapur village, which has two hamlets. One is a tribal hamlet. In the village health-planning meeting, the issue of drinking water is discussed. The people of the tribal hamlet say that they don't have a hand pump in their hamlet and the women have to walk two kilometers daily to get drinking water.

The people of the non-tribal hamlet also say that they need a hand pump though there are already two hand pumps in their hamlet. The Sarpanch who stays in this non-tribal hamlet says that he wants one in front of his house as he always has many guests and officials coming to his house. The Sarpanch also tells you that the village health plan should only include elements of health like



immunization and Malaria and that you should not be discussing drinking water related issues.

Q1.	Where do you think that the hand pump should be installed? Why?	
Q2.	How can this matter be resolved at the village level?	
Q3.	Is the Sarpanch correct in saying that drinking water should not be a part of the village health plan? Why?	

Case Study D

In Faizabad village, there are 110 families out of which 80 families go daily for work in the city. They leave their school going children in the village but take the smaller children, especially the ones who are breastfeeding, everyday to the city. As a result, many children miss their immunization. The families stay at home





Notes

on Sunday as work is closed that day. However, the ANM only comes on the first Tuesday of every month. You (ASHA) want to do a village meeting to make a plan for regularizing immunization in the village.

- Q1. In addition to the villagers, which village level workers/health workers will you call for the meeting?
 -
- Q2. On which children's group, do you think the villagers should focus on, in the health plan?

.....

-
- Q3. On which day of the week will you schedule the meeting in order to ensure participation of the people who should be prioritized to attend?
 -
- Q4. What can ASHA do in this case?

Case Study E

Reshma works as ASHA in Siliyari village where the primary school opens only

2 to 3 days a week as the teacher does not come every day. As a result, the children are also not getting their mid-day-meal daily and five children have also dropped out of school in last one year. Reshma also finds out that about 20 families in the village do not sent their children to school because of irregular opening of school. She decides to raise this problem in the upcoming village meeting



Q1. Do you think it is important for ASHA to raise this issue? Why?

Q2. What should be the key components of village level plan to address this issue?





Answer Key : Village Health Planning

Worksheet 1

Ans. 1.	(c)	Have no employment
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- Ans. 2. (a) Try again with the help of ASHA facilitator/ANM
- Ans. 3. (a) In a village meeting with the participation of community members
- Ans. 4. (a) Pregnant women and children

Ans. 5. True

- Ans. 6. Identification of marginalized/vulnerable section of the village and ensure representation of all hamlets of the village especially the marginalized households
 - Raise important issues from all hamlets during the village level meeting or VHSNC meeting
 - Provide relevant information for better planning e.g. list of malnoursihed children, pregnant women and disabled people etc.

Worksheet 2

Case Study A

- Ans. 1. There were 12 children who were malnourished and 18 were normal.
- Ans. 2. Malnutrition among children increased as now there are four severly malnourished children and eight moderately malnourished children
- Ans. 3. Discussion with AWW to identify reasons for non availability of take home ration at the Anganwadi Centre since last three months
 - Assessment of economic situation of the families and help poor families in provision of food items and /or referral to health centre if required
 - Counselling by ASHAs and AWWs to these families on complementary feeding and prevention of illnesses
 - VHSNC members or other community members can also inform CDPO or higher authorities about this situation/ problem and seek support
 - Regular review of the status of services at Anganwadi centre and follow up on nutrition status of the children should be done

Case Study B

- Ans. 1. Identification of possible breeding sites in the vicinity of the village
 - Promoting measures to stop breeding of mosquitoes spraying insecticides, preventing water stagnation, cultivation of Gambusia fish etc.
 - Promoting use of methods of personal protection from mosquitoes - Use of bed nets and mosquito repellants etc.
 - Status of availability of medicines and materials for diagnosis of Malaria with ASHA
 - VHSNC members or ASHA can also inform the nearest PHC MO about the high number of cases of Malaria and seek support to address the problem
- Ans. 2. Generate awareness in the community on Malaria and preventive measure
 - Share the list of pregnant women and children and people who have developed signs of Malaria in the village in the last month

Case Study C

- Ans. 1. Tribal hamlet, because the non tribal hamlet already has two hand pumps and people from tribal hamlet find it difficult to access them
- Ans. 2. A village level meeting can be called to discuss this matter or the issue can be discussed at the VHSNC meeting
 - During this meeting mapping of all hand pumps in the village should be done to identify areas which have been left out
 - During the meeting representatives from tribal hamlet should be encouraged to raise their problems
 - ASHA can also inform the community about concerns of tribal hamlet and help in building consensus in the village for installation of the new hand pump in tribal hamlet
- Ans. 3. No
 - It must be included in Village health action plan as access to safe drinking water is one of the basic needs for everyone and is also a big determinant of health

Case Study D

Ans. 1. ANM, AWW and MPW





Ans. 2. Smaller children, who accompany their parents and miss immunization sessions

Ans. 3. Sunday

- Ans. 4. ASHA can raise the issue at the village level or VHSNC meeting
 - She can also discuss this issue during her monthly meeting at CHC and PHC to seek help from ANM and PHC MO
 - Discuss with PHC MO and ANM to plan a special immunization session for this group on Sunday
 - Share the list of all children who fail to attend the immunization day and are due for vaccination

Case Study E

- Ans. 1. Yes, because children are being deprived from Government services of free education and mid day meal
- Ans. 2. Discussion with the teacher to assess reasons for irregular opening of the school
 - Share details of children who are not attending school with the community and VHSNC members
 - Encourage parents of children who have dropped out of school and who have not enrolled in school to share their concerns
 - Panchayat representatives or VHSNC members can inform the district level education department officers about the problem and seek support. If required a written complaint can be made at district level
 - A village level campaign or drive can be done to enroll all children in school. This will also put pressure on the department to open school regularly

APPENDIX-1

List of Competencies			
Competencies	Knowledge required	Skill required	
Being an ASHA	 Knowledge about qualities that needs to be inculcated to successfully work as ASHA. Knowledge about village and its dynamics. Clear understanding of role and responsibilities. Knowledge about health and its determinant. Understanding of who are the marginalized and the specific role in ensuring that they are included in health services 	 Conducting a village level meeting. Communication skills – especially interpersonal communication and communication to small groups. Skill of maintaining diary, register and drug kit stock card. Tracking beneficiaries and updating MCH/Immunization card. 	
Maternal Care	 Key components of antenatal care and identification of high risk mothers. Complications in pregnancy that require referral. Detection and management of Anaemia. Facility within reach, provider availability, arrangement for transport, escort and payment. Understanding labour processes (helps to understand and plan for safe delivery). In Malaria endemic areas, identify Malaria in ANC and refer appropriately. Understanding obstetric emergencies and readiness for emergencies including referral. 	 Diagnosing pregnancy using Nischay kit. Determining the Last Menstrual Period (LMP) and calculating Expected Date of Delivery (EDD). Tracking pregnant women and ensuring updated Maternal and Child Health Cards for all eligible women. Developing birth preparedness plans for the pregnant women. Screening of pregnant women for problems and danger signs and referral. Imparting a package of health education with key messages for pregnant women. 	

Competencies	Knowledge required	Skill required
		 Attend and observe delivery and record various events. Recording pregnancy outcomes as abortion, live births, still birth or newborn death. Recording the time of birth in Hrs, Mins and Seconds, using digital wrist watch.
Home Based Newborn Care	 Components of Essential Newborn Care. Importance of early and exclusive breastfeeding. Common problem of initiating and maintaining breastfeeding which can be managed at home. Signs of ill health or a risk in a newborn. 	 Provide normal care at birth (dry and wrap the baby, keep baby warm and initiate breastfeeding). Observation of baby at 30 seconds and 5 minutes for movement of limbs, breathing and crying. Conduct examination of new born for abnormality. Provide care of eyes and umbilicus. Measure newborn temperature. Weigh newborn and assess if baby is normal or low birth weight. Counsel for exclusive breastfeeding. Ability to identify hypothermia and hyperthermia in newborns. Keep newborns warm.
Sick Newborn Care	 Knowledge of risks of preterm and low birth weight. Knowledge of referral of sick. newborns – when and where? 	 Identify low birth weight and preterm babies. Care for LBW, Pre-term babies.

Competencies	Knowledge required	Skill required
		 Identify birth asphyxia (for home deliveries) and manage with mucus extractor. Manage breastfeeding problems and support breast feeding of LBW/Preterm babies. Identification of signs of sepsis and symptomatic management. Diagnose newborn sepsis and manage it with Cotrimoxazole.
Child Care	 Immunization schedule. Child's entitlements in ICDS services. Weaning and adequacy in complementary feeding. Feeding during an illness. Causes of Diarrhoea and prevention of Diarrhoea. Knowledge of signs of Acute Respiratory Infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with Cotrimoxazole (CTM), and refer the severe ones. 	 Planning the home visits – which child to visit and at what frequency. Child immunization tracking skills to ensure complete immunization in the community. Weighing of children below five years of age – assessing grades of malnutrition. Analysis of causes of malnutrition in a specific child- the role of feeding practices, role of illnesses, of familial and economic factors and of access to services. Diagnosis of dehydration and ability to ascertain if referral is required. Skill to make adaption of the message of six essential feeding advice to each household. Skill in preparing and demonstrating ORS use to the mother/caregiver.

Competencies	Knowledge required	Skill required
		 8. Signs of Acute Respiratory "infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with CTM, and refer the severe ones. 9. Skill in counselling the mother for feeding during diarrhoeal episode 10. Testing for Anaemia and ensuring appropriate treatment.
Women's Health and Gender Concerns	 Understanding the life-cycle approach to women's health Understanding the various determinants like nutrition, discrimination, violence affecting women's health at each stage of life. Understanding overt and covert domestic violence and abuse against women and steps to counter/address them. Knowledge of key laws related to women. 	 Communication skills in discussing gender issues in the VHSNCs or women's group meetings. Identifying women at risk for violence and taking appropriate action on a one on one basis or collective action as required. Counseling and referral support for women and families with domestic violence. Be able to disseminate provisions of acts on domestic violence, sexual harassment etc. Support women in breaking silence about violence. Organizing women around issues of violence and gender.
Abortion, Family Planning, RTI/STI and HIV/ AIDS	 Understanding contraceptive needs of women/couples in various categories. Knowledge of: Contraceptives in public sector programmes. 	 Counsel for delay in age of marriage, delay in age of first child bearing and in spacing the second child. Helping vulnerable and marginalized women access contraception.

Competencies	Knowledge required	Skill required
Malaria and Tuberculosis	 Availability of safe abortion services. Post abortion complications and referral. Types and causes of RTI/STI, including HIV/AIDS. Referral facilities for women/ men suspected of RTI/STI. 1. Knowledge about Malaria and its prevention. 2. Protecting pregnant women and the young child from Malaria. 3. How to prevent Tuberculosis. 4. Suspecting Tuberculosis and knowledge of further referral. 	 Supporting women in need of such services to access safe abortion services. Counsel for post abortion contraceptive use. Counsel on safe sexual behaviours Counsel for partner treatment in case of STI. Managing fever in the young child when to suspect Malaria, how and when to test, when to refer, when and how to treat. Being a provider of Directly Observed Therapy – Short Course (DOTS) for TB.
Village Health Planning	 Knowledge of key components of village plans. Understanding of steps in preparing village health plans. Understanding of methods of data collection and PRA. 	 Interpret and use basic data. Identify priorities for the village based on data. Conduct Participatory Rural Appraisal. Include specific actions to ensure coverage of marginalized and vulnerable women and children with services.