Background/Introduction:

The 1st round (1st batch) ASHA, 6 & 7 Module Training was started from 3rd to 11th September and the 2nd batch was started from 16th to 23th September, 2010, respectively.

The venue was at Manipur State AIDS control Society, MACS, Conference Hall, and Female Health Training Centre, R.D Wing, Lamphelpat Imphal, West, Manipur.

Shri, V.Vumlunmang, Commissioner (Health & Family Welfare) was inaugurated the function, and ***Shri,.Dr.Achouba***, HoD, Community Medicine,RIMS,as well as ***Shri, H.Nongyai,*** Regional Coordinator, Community Mobilization was also taking chair.

Shri, P.K.Jha, State Mission Director, was expressed that this ASHA 6 & 7 Module training will be very helpful to all ASHAs.Once this training received by ASHA they could handle a very critical situation and more apparent to teach the community people especially the New born child and Women's health.

Shri P.K Jha, SMD, Manipur

Shri, Dr.K.Rajo Singh, Jt.Director/SNO – ASHA, Manipur

Shri, Dr.K.Rajo Singh, Jt.Director, Family Welfare and ASHA Nodal Officer, gave the key note address and he further highlighted that Manipur state was the first state in India, which has been performed the ASHA 6 & 7 Module training. Therefore it is a great achievement and shows the

great effort for the state especially the ASHA initiative. Once the District trainers training completed the state is tentatively plan the ASHA Facilitators Module training by the month of October, 2010.and the ASHA level training for 1st round was tentatively decided by the month of October & November,2010,and the 2nd round training for ASHA was tentatively decided by the month of February & March,2010.

Key points of 6 & 7 Module Training:

1. ASHA Module 6 and 7 covers topic such as Newborn and Maternal Health, child health and nutrition, and infectious diseases such as Malaria, TB.
2. These Modules are knowledge as well as skill based.
3. Many Common illnesses of new born and child could be managed at home if identified early.
4. ASHA will also be trained on birth preparedness that would contribute to Safe delivery.
5. The module focuses on early identification of any problems related to maternal, newborn and child health, and taking appropriate action (either management of illnesses at home/household level or referral to health facilities).
6. Moreover, this will also contribute to improving maternal, newborn and child health especially in difficult/hard to reach areas.

List of the state and Regional Trainers:

1. ***Mr. Devajit,*** *Consultant - Community Mobilization, RRC – NE States*
2. ***Mrs.M.Memcha Devi****, Dist.Public Health Nursing Officer, Senapati.*
3. ***Mrs.S.Nalini****, Dist.Public Health Nursing Officer, Churchandpur.*
4. ***Mrs.T.Helena*** *Devi, ANM, Mekola, I/W.*

List of the Observers:

1. ***Shri, H.Nongyai****, Regional Co - Ordinator,RRC – NE States*
2. ***Shri, Dr.K.Rajo Singh****, SNO – ASHA, Jt.Director, FW, Govt.of Manipur.*

Coordination & Management:

1. ***Shri, Dr.K.Rajo Singh****, SNO – ASHA, Jt. Director, FW, Govt.of Manipur.*
2. ***Shri, Wahengbam Imo Singh****, State Community Mobilizer,RRC*

Reporting & Documentation:

1. ***Shri, Wahengbam Imo Singh,*** *State Community Mobilizer, RRC – NE States.*

Districts covered:

District covered in the 1st round and 1st batch.	***District Covered in the 1st round and 2nd batch.***
1. *Imphal - west* 2. *Imphal - East* 3. *Thoubal* 4. *Bishnupur* 5. *Tamenglong*	1. *Senapati* 2. *Churchandpur* 3. *Ukhrul* 4. *Chandel* 5. *Tamenglong*

****** One District trainer from Tamenglong, has attended in the 2nd batch, because she could not attend in the 1st batch.***

For 1st and 2nd batch participants retained the following ground rules:

1. *Punctuality*
2. *Silence the phone*
3. *Good communication*
4. *Free and frank*
5. *Respect each other*
6. *Two way communication*
7. *Speak louder*
8. *Non-jugedemental /No cross talk*
9. *Participatory*

10. Start from 9 am to 5 pm

***Training Methodology*:**

The training methodology consist a mixture of lecture methods using power-point presentations, demonstration, participatory methodology such as group work, role play/drama, presentation by the trainees, visits to facility as well as community, and practicing the skills that the participants have learned in classroom, Home assignment and individual diary maintain by the trainees every day.

From 2nd day onward recap of various session learned on previous days were done by the group of participants using participatory methodology such as role play/drama, news-reading etc.

Massage from Shri, K.Rajo Singh, Jt.Director, FW/SNO – ASHA:

***Saves lives*:** About one thirds to half of all deaths of children less than five years of age occur in the first month of life and of these a large number occur in the first day of life. There is enough evidence from all over the world that if appropriate newborn care is given from the moment of birth, almost all of these lives can be saved. After nine months of pregnancy, a mother and family are racked by sorrow and guilt if they lose this precious child, and society has to make every effort to prevent it.

***Importance of newborn care*:** One way of doing so is to promote Institutional delivery- so that a trained nurse or midwife or doctor is available at the moment of birth. However, nation-wide about 40% of births occurring outside institutions. There is enough evidence from all over the world and from India, that a well trained community health volunteer like ASHA can save a significant part of these lives if she were to be available in these critical hours. Even where there is institutional delivery, the mother and child leave for home within one or two days and in the rest of the month, it is up to the ASHA to make the home visit. The data from Gadchiroli in Maharashtra where Community Health Workers such as ASHA were able to provide home based neonatal care (HBNC), resulting in a reduction in neonatal mortality and also a reduction in maternal illness. The major learning from this work was:

- HBNC brings care to the home; all pregnant women and newborns in the community receive care.

- HBNC brings care to the home; all pregnant women and newborns in the community receive care.

- When a newborn is ill, having care at home is often more acceptable to villagers.

- HBNC also includes giving health education to parents and assists them in giving better care to their infants.

- HBNC works in lowering the neonatal and infant mortality rates in poor villages in India, and improving neonatal health

Interaction with ASHAs & District trainees during ASHA,6 & 7 Module Training

In our state also if ASHAs are more and really proactive the IMR & MMR will help to reduce especially very far flung areas in the state.

Day 1: Sessions (Topics & Trainers)

- Introduction ;purpose, structure and agenda
  Mr.Devajit, RRC, on 1st Batch and Dr.K.Rajo Singh, Jt.Director, FW/SNO- ASHA, on 2nd batch
- Principles of participatory training and methods of participatory training
  Trainers: Mr.Devajit & Mrs.Memcha Devi.
- Principle of supportive supervision
  Trainers: Mr.Devajit & Mrs.Memcha Devi.
- Facilitation skills, giving feedbacks and interpersonal perception
  Trainers: Mrs.Helana & Nalini
- Being an ASHA:Role ,Activities, measurable outcomes of ASHA program, essential skills of an ASHA
  Trainers: Mrs. Helena & Mrs.Nalini
- What registers and forms are to be maintained by ASHAs?
  Trainers: Mr.Devajit & Mrs.Memcha Devi

After wind up the Inaugural part Mr.Devajit, RRC, NE, highlighted regarding the purpose of the training, structure and agenda of the training in the 1st batch and for the 2nd batch Dr.K.Rajo Singh, SNO, has done the same session as happened in the 1st batch.

In continuation of the second session of the day the trainers explained and asked to all the participants that:

- Why adult may find being in learning situation difficult?
- Why some adult may not participate?

1. She had explained regarding the Principles of participatory training
2. Some major assumption of this alternative training approach.
3. Experiential learning about the principles of the participatory training and methods of the participatory training and experiential learning cycle.

Why is Supervision Necessary?

- ✓ To ensure that the team achieves the object
- ✓ To provide opportunity for ASHAs to get answers to their questions
- ✓ To support ASHAs in problem solving
- ✓ To provide guidance and education to improve performance
- ✓ Supervision is a continuous process
- ✓ Treaty all people especially workers you are supervising with respect

Principles of Supportive Supervision:

- ✓ Visit the worker at regular intervals
- ✓ inform the ASHA of the date of the visit
- ✓ don't rush the visits
- ✓ use a checklist (or ASHA progress book) to guide the work
- ✓ monthly visit are an excellent opportunity for in service training if needed
- ✓ visits home with ASHAs, talk to mothers
- ✓ from time to time visit village leaders to see what they think of the programme
- ✓ review records and forms

- ✓ Use good communication skills
- ✓ Praise good work; there is always something to praise. This bolsters the worker's self-esteem and trust in you as the supervisor.
- ✓ If there is weakness, identify the cause (insufficient training, insufficient resources (drugs etc), not understanding the task, ASHA discouraged by lack of progress or lack of encouragement, ASHA worried by personal problems).
- ✓ Give feedback (suggestions for improvement) with kindness. The supervisor must provide feedback in such a way that workers respond positively and try to improve their performance.
- ✓ Using the 'sandwich approach', praises accomplishments, gives constructive suggestion to improve work, and ends with praise and encouragement (for motivation).

Further the trainers explained regarding the Management using measurable outcomes.

For the next session on "facilitation skills, giving and receiving feedbacks and interpersonal perception"Mrs.Nalini & Mrs.Helena has taken the session.

Skills of the facilitator that facilitator will understand:

- ➢ Active Listening and good inter-personal communication: including summarization and paraphrasing.
- ➢ How to develop the skill of giving – and receiving feedback – so that their advice is well received and acts as encouragement.
- ➢ How to identify gaps in performance and analyse the causes for the same.
- ➢ Skills of Social Mobilisation.
- ➢ Insight: To develop an insight into their own beliefs and behaviours and assist them in making links between this and their personal growth needed to play a leadership role. To understand the content of the terms: facilitation, supervision and leadership and why the goal of personal growth is leadership.

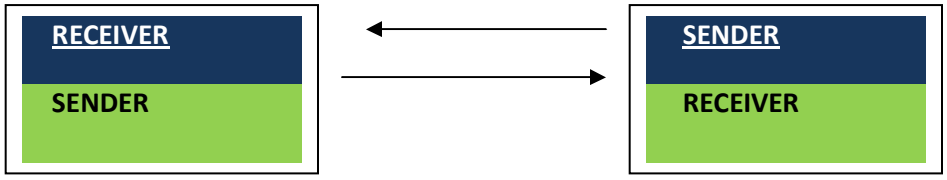
Further the trainers highlighted that what skills need to be as a supervisors:

- ➢ Interpersonal Communication Skills
- ➢ Giving feedback
- ➢ Having an insight/understanding of one and how others perceive you.

What is the communication skill?

- *Communication is the process of sending and receiving information among people.*

The trainers draw the diagram and explained the communication process to all the district trainees



Active Listening - Encouragers or prompters:

The trainers said that there are a number of other facilitation skills, some are non-verbal and some are verbal. These 'encouragers' let the other person know that you are listening to them and that you are concerned, you value what they say and prompt them into talking more on some area of interest.

The trainers wrote it on the board and explained to the District trainers:

- Good eye contact
- Nodding one's head
- Picking up the last word or two of someone else's sentence
- Repeating a sentence, or part of a sentence
- Asking someone "say more about that'
- Stating 'That's good, anyone else has something to add'
- Maintaining eye contact and open body position
- Saying uh huh

Giving and Receiving Feedback:

- Feedback should be constructive; do not give irresponsible and destructive feedback which may scare off the other person
- If the other person is not ready to accept feedback, then do not give it.
- Feedback is most useful if given immediately after the event.
- Be specific in feedback. Avoid general statements, but if used, support general statements with specific examples.
- Use descriptive rather than judgmental language.

- Focus on behaviour that the 'receiver' (i.e. ASHA) can do something about.
- Do not judge actions of the other person. – You were wrong in shouting at me.
- Do not describe other person's feelings, or intentions. – You wanted to hurt me.
- Be direct, clear and to the point but not abrupt or rude.
- Take into account the needs of the receiver as well as your own.
- Plan how to give feedback (think about the best way to give feedback; don't rush right in)
- Giving feedback:

    - use the "sandwich" approach: give positive reinforcement, provide constructive criticism, then end with positive reinforcement/compliments on work
    - be positive and give encouragement for improvement

In between the above topics the trainer has done group work exercise as well as role play among the district trainers.

"Being an ASHA: Role, Activities, measurable outcomes of ASHA program, essential skills of an ASHA" this session also have taken by Mrs.Nalini & Mrs. Helena Devi. First of all they have explained about the ASHA, and objectives. Then they have highlighted on;

- The Role of an ASHA and the activities expected of her.
- The health outcomes that her work should result in.
- The sets of skills that she needs to be effective in.
- The records that she has no maintain.
- The arrangements for her support and supervision.

First of all the trainers explained to all the trainees regarding the Role of ASHA

Role of ASHA:

ASHA is considered to be a healthcare facilitator and provider of a limited range of healthcare services. Health rights would be integral to her work and would be focused in the areas of community mobilisation to improve health status, access to services, and promote people's participation in health programmes.

Activities of an ASHA's:

1. Home Visits:

For two to three hours every day, for at least four or five days a week, the ASHA should visit the families living in her allotted area. Home visits should take place at least once in a month

if not more. Home visits are mainly for health promotion and preventive care. Over time, families will come to her when there is a problem and she would not have to go so often to their houses. Meeting them anywhere in the community /village is enough. However, where there is a child below two years of age or any malnourished child or a pregnant woman, she should visit the families at home for counseling them. Also, if there is a newborn in the house, a series of five visits or more becomes essential

.

2. ***Attending the village Health and Nutrition Day (VHND)***

On one day every month, when the Auxiliary Nurse Midwife (ANM) comes to provide immunization and other services in the village, ASHA will promote attendance by those who need the Anganwadi or ANM services and helps with service delivery.

3. ***Visits to the health facility***

This is usually accompanying a pregnant woman or some other neighbors who requests her services for escort. The visit could also be to attend a training programme or review meeting. In some months, there would be only one visit, in others, there would be more.

4. ***Holding village level meeting***

Holding village level meeting of woman's groups and the Village Health and Sanitation Committee (VHSC), for increasing health awareness and to plan health work.

5. ***Maintain records***

Maintain records which would make her more organized and make her work easier, and help her plan better for the health of the people.

Further the trainers explained regarding the Measurable Outcomes of the ASHA Programme:

In the course of conducting these five activities, the ASHA should ensure the following:

Maternal Health:

1. That every pregnant woman and her family receive health information for promotion of appropriate healthcare practices – diet, rest and for increased use of services which would focus on care in pregnancy, delivery, postnatal care and family planning services.

2. That every pregnant woman avails of antenatal care and postnatal care at the monthly health worker clinic/VHND.

3. That every family with a pregnant woman has made a plan and is prepared for

the event of childbirth.

4. That every couple that needs contraceptive services is counseled on where to avail of the service.

Newborn and Child Health

1. That every newborn is visited as per the schedule, more o_ en if there are problems and receives essential home-based care as well as appropriate referral for the sick newborn.
2. That every family receives the information and support it needs to access immunization.
3. That all families with children below the age of two years are counseled and supported for – prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection.
4. That every child below five years with diarrhoea, fever, Acute Respiratory Infection (ARI) and worms, brought to her ention is counseled on whether referral is immediately required or whether, given the problems of access to a doctor, first contact curative care with home remedies and drugs in her kit, the child can be managed.

Disease Control:

1. That those individuals noticed during home visits as having chronic cough or blindness or a skin patch in a high leprosy block are referred to the appropriate centre for further check-up.
2. That those prescribed a long course of drugs for tuberculosis or leprosy or surgery for cataract are followed up and encouraged to take the drugs or go for surgery.
3. That those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral.
4. That the village and health authorities are alerted to any outbreak of disease she notes during her visits.

Essential Skills for an ASHA

The essential skills that an ASHA requires can be classified into six sets. These are simple skills requiring only a few hours to learn, but they can save thousands of lives. These six sets of skills are given below:

The trainers highlighted the different way of caring:

Maternal Care:

a. Counseling of pregnant women
b. Ensuring complete antenatal care through home visits and enabling care at VHND.
c. Making the birth plan and support for safe delivery

d. Undertaking post-partum visits, Counseling for family planning

Newborn Care when visiting the newborn at home

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

Child Care:

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

Nutrition:

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

Infections:

a. Identifying persons whose symptoms are suggestive of malaria, leprosy, tuberculosis, etc. during home visits, community level care and referral
b. Encouraging those who are put on treatment to take their drugs regularly
c. Encouraging the village community to take collective action to prevent spread of these infections and individuals to protect themselves from getting infected.

Social Mobilisation:

a. Conducting women's group meetings and VHSC meetings
b. Assisting in making village health plans
c. Enabling marginalised and vulnerable communities to be able to access health services.

Qualities that Make an ASHA Effective

For an ASHA to be effective in improving people's access to health services and their health status, an ASHA should:

- Have the knowledge and skills to explain the basic maternal and child health services, educate on preventive and promotive aspects of maternal and child health, and provide some measure of immediate relief and advice if there is any illness.
- Have the knowledge and skills on other general health issues, especially related to common infections, and be able to provide information on access to services and preventive and promotive aspects of healthcare.
- Be friendly and polite with people and known among community, and establish rapport with the family during household visits.
- Be a special friend to the needy, the marginalised, and the less powerful.
- Possess the art of listening.
- Have the skill of coordination with Panchayati Raj Institution (PRI), AWW and ANM.
- Be competent in conducting meetings in the community.
- Be motivated and feel happy and rewarded to help community/serve people.
- Have a positive attitude and be keen to learn new skills.

Conducting a Home Visit:

The purpose of the home visit is to interact with the family, especially the young women of the house, so as to develop a rapport with them, communicate key health messages support them for healthcare practices, identify illness early and provide appropriate advice. In particular, homes with a pregnant woman, or a woman who had an abortion or delivery within the last one month, or with any child below two or any malnourished child needs regular home visits.

The first step:

Is to gather information to understand the situation. You should ask appropriate initial questions, listen to the woman's response actively, and do not interrupt the woman while she is speaking. Once the mother has finished, ask further questions to clarify what she has said. Then seek more information by asking more detailed and probing questions about the duration of illness and the symptoms.

The second step:

Are listening is to first praise the mother for how she is managing and reinforce the correct actions she is taking. Then make suggestions to the mother/woman on what further she needs to do – in short sentences and in clear blocks of information. Repeat the key information to make sure that the mother has understood it. You should ask whether the

All Visits (Basic communication skills to create friendly environment)

- Greeting.
- Explain why she is visiting today.

- Act in a way so family feels they can confide in her.
- Speak in a gentle tone.
- Use simple words in local language.
- Be respectful.
- Praise what the woman is doing correctly and build up her self-confidence.
- Point out why you are discouraging some health practices; do not merely Condemn it or brand it as bad, superstition etc.
- Ask, don't tell.
- Check if the woman has any questions.
- Answer in simple language.
- Thank the woman after the visit and inform the family when you (ASHA) will Return

suggestion is applicable and acceptable, and whether she would be able to implement it. If necessary, ask the woman to repeat what has been suggested. Discuss further and come to an understanding of what can be done

*Then the third step***,** you should discuss and try to correct any misconceptions or rumours.

Finally, you should also arrange for follow-up visit or referral. Do NOT "prescribe" health advice: You need to "counsel." See the examples below:

Gratuitous Ineffective Messages

- To prevent diarrhoea, pay attention to cleanliness.
- Take good care of the child
- Your child is now one year old. You must give it nutritious food

Useful Health Communication Message

- To prevent diarrhoea, please ensure that you wash your hands with soap and water before preparing food or feeding the child and afte cleaning up after defecation.
- Are you able to find enough time to feed the child? To play with the child? Who looks after the child when you are at work?

- Would it be possible for you to give your child an egg daily (or milk, green vegetables etc)? How would you manage it? Can you afford it? Would other children in the family also demand it, and would that create a problem?

Difficult Situations: If the woman is shy

a. Speak of general things to 'warm her up'.
b. Encourage the woman to speak.
c. Praise the woman more to make her confident.
d. Repeat the questions. If the woman is non-cooperative or argumentative

e. Praise the women to make her feel secure.
f. Sympathise with her and be friendly; do not get angry.
g. Spend more time in listening to her.

h. Do not push if the woman is still not immediately receptive but just say that you would like to come again. If the woman is curious and asks many questions
i. Answer her questions in simple language.
j. Explain that you will be coming every month so they can talk again.

Village Health and Nutrition Day (VHND)

VHND is a common platform for allowing the people to access the services of the ANM and the male health worker and of the Anganwadi Centre (AWC). It is held at the AWC once every month. The ANM gives immunisation to the children, provides antenatal care to pregnant women and provides counseling and contraceptive services to eligible couples. In addition, the ANM provides a basic level of curative care for minor illness with referral where needed.
The VHND is an occasion for health communication on a number of key health issues. It should be ended by the members of the PRI, particularly the women members, pregnant women, women with children under two, adolescent girls and general community members. The VHND is to be seen as a major mobilisation event to reinforce health messages. You should provide information on the topics given below during the VHND. These topics can be taken up one by one and completed over a period of one year.

Further the trainers discussed with the trainees regarding the topics which shall be discussing during the VHND and how to make the program a very effective one.

"What register and form are to be maintained by ASHAs?

a. *Village Health Register* in which you will record details of pregnant women, children, 0-5 years, eligible couples and others in need of services.

b. An ASHA diary which is a record of your work and also useful for tracking performance based payments due to you.

c. Maintaining drug kit stocks: You are provided with a drug kit so as to be able to treat minor ailments/problems. The drug kit contains: Paracetomol tablets,
Albendazole tablets, Iron Folic Acid (IFA) tablets, Chloroquine tablets, Oral Rehydration Salts (ORS), and eye ointment. In addition, the kit may contain condoms and oral contraceptive pills, pregnancy testing kits, and malaria testing kits. The contents of the kit may change depending on the needs of the state.

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

Day 2: Sessions: (Topics & Trainers)

- Recap by the Trainees
- Roles and responsibilities of various functionaries and ASHA support and supervision
  Trainers: Mrs.Nalini & Mrs.Memcha
- Introduction to new born Health and care for trainers – 1
  Trainers: Mr.Devajit & Mrs. Helena
- Viewing of the film Nanhi Si jaan and discussion
- Introduction to new born Health and care for trainers – 1
  Trainers: Mr.Devajit & Mrs. Helena
- What is home base new born care?
  Trainers: Mr.Devajit & Mrs.Nalini
- Exam among the district trainees.
  All the trainers

From the second day onwards all the session was started with recap of the previous days through Drama, News readers, and role plays type, so that all the trainees may recall the sessions that have done in the previous days.

Recap session by District Trainees

Recap session by District Trainees

The first session for the 2nd day was on "role and responsibilities of various functionaries and ASHA support and supervision".

Role and responsibilities of various functionaries and ASHA :

ANM:

a. Giving infection TT
b. Attending village health Nutrition day
c. Examination the pregnant women
d. Delivery of pregnant women.

Supervisor:

a. Train the CHW
b. Helps the CHW obtain community Cooperation
c. Regular visit
d. Check the ASHAs register & identifying the problems of ASHA
e. Conduct group health education sessions for pregnant women in every village she covers

TBA:

a. Cooperate with ASHA
b. Practice clean & safe deliveries babies
c. Reinforce health education massage given by CHWs
d. Attends women during labor and deliver babies

Coordinator

a. Guide the trainers 7 supervisor
b. Arrange for supply of ,medicine.
c. Solve difficulty of the team
d. Keeps dialogue in with community leaders

ASHA:

a. ASHA will take steps to **create awareness** and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
b. She will **counsel** women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.
c. ASHA will **mobilize the community and facilitate them in accessing** health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), sanitation and other services being provided by the government.
d. She will **work with the Village Health & Sanitation Committee of the Gram**

Panchayat to develop a comprehensive village health plan.

e. She will arrange **escort/accompany** pregnant women & children requiring treatment/ admission to the nearest pre- identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).
f. ASHA will **provide primary medical care** for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.

g. She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India.
h. She will **inform** about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre.

i. She will promote construction of household toilets under Total Sanitation Campaign.

ASHA support and supervision:

a. For ASHA to be effective and for her skill to be updated she needs both on the job support and refresher trainings
b. Each ASHAs will be supported in the field by an ASHA facilitator
c. The ASHA facilitator will interact with ASHA at least twice if not thrice a month
d. At least one of these interactions will be in the form of a mentoring visit to the hamlet where she provides her services. This would focus on mentoring or on the job training
e. Another one or two interaction would be in a local review meetings this could be held at gram panchyat levelor at the sector level or even at the block level
f. Each of the facilitator will have a clear protocol of activities to follow for the mentoring visit to the ASHAs and for the review meetings.

On the second session of day, Mr.Devajit & Mrs. Helena took the session on "New born health and care for trainers.

First of all they have explained that Home Base Newborn care is the care given at home to the pregnant mother and their children. Again they have explained that what/how and why a newborn health and care will do.

a. Why New born health is important?
b. Why do new born die?
c. What is home base new born care?

Further they have explained that what is the New born health care why it's so important. Again he said that Why do newborns die?

a. 26 million infants are born each year
b. 51 % born at home
c. Even the hospital delivered mother and newborns are sent home < 24 hr. Newborn health care must visit where the neonates are.

The limitation of the Health facilities i.e.

a. Inaccessible
b. Costly
c. Parents unwilling
d. 13 Million neonates need medical care
e. Not enough beds and neonatologists

Some of the components of HBNC/NBHC:

a. Community-families welcome health education & ASHAs & seek care. Community leaders support ASHAs in the village.
b. TBA are to be worked with ASHA
c. CHW/ASHA are trained to care for mother & new born
d. Visit mother in Antenatal period
e. Give health education
f. Coordinate with TBAs & attend delivery
g. manage birth asphyxia
h. Keep baby warm
i. Initiate breastfeeding

j. Examination of the baby(weight, temperature)
k. Visit Home after delivery
l. Give Health Education to parents on how to care the baby
m. Give care to high risk infants & health education to parents
n. Monitor infant growth
o. Diagnose sepsis
p. Diagnose pneumonia
q. Treat wounds with gentian violet
r. treat fever & pain with paracetamol

Before the exam was conducted in both batches the trainers shows a short film which is mainly base on newly born baby and the different sign and symptoms of illness. After watching the film. There was lot of discussion between trainers and trainees.

After the session has taken by the trainers, further they have taken examination among the district trainers as per the day sessions completed in previous day related topics.

Day 3: *(Topics & Trainers)*

- Working in the community and home visit during pregnancy:
  - Talking with women in the community
  - Pregnancy diagnosis using Nischay/determining LMP and EDD using laminated card

  Trainers: Mrs.Memcha & Mrs. Nalini
- Practice sessions by participants divided into 3 groups
  - Pregnancy form 1 & 2.
  - Health problems during pregnancy and referral

  Trainers: Mrs. Helena & Mrs.Nalini

- Working in the community and home visit during pregnancy.Contd…..
  - Health problems during pregnancy and referral

  Trainers: Mr.Devajit

- Practice sessions by participants divided into 3 groups.
  Trainers: All the trainers

Session was started with recap. After that each and every session of the day continued.

The first session of the day was "Working ***in the community and home visit during pregnancy"***. Two trainers Mrs.Memcha & Mrs.Nalini have taken the session. They have explained and shared that Communication guide is also a major one as well as how to handle the various situation in the field or among the women. Further to teach about the different personality like shy, non-cooperative, argumentive /talkative women.

After highlighted and share the details the state trainers divided the district trainees into 3 groups for presentation on;

a. Shy
b. Non-cooperative,
c. Argumentive /talkative women.

Regarding the Pregnancy diagnosis using Nischay/determining LMP and EDD using laminated card.Mrs. Memcha Devi also highlighted that How to diagnose pregnant women using the pregnancy kits like Nischay and how to count LMP and EDD using laminated

card.

As well as the trainers demonstrated on Nischay that how to use it in proper way.

After that the state trainer has identified two district trainees to have role play. In the role play one act as an ASHA and another is suspected pregnant woman, and how to determine LMP by using by circle at festival list and confirmation of pregnancy by using by Nischey kit.

After the session have completed there was a practice session among the trainees divided into 3 groups in regards to LMP and EDD counting.

Mrs. Helena & Mrs.Nalini have taken the session on Practice session by participants, Pregnancy form1 & 2. First of all the trainers explained the purpose of the topic.

Purpose :*Pregnancy form part 1:*

To introduce the ASHAs to new terms and their meaning and when and how to fill up this form.

a. Gestation
b. Abortion
c. Still birth
d. Neonatal dead
e. Live birth
f. Inde

Pregnancy form part 2:

To enable the ASHA to make home visits during pregnancy. To check the pregnant women for specific health problem and to record the details in and complete part 2 of the pregnancy form.

After explaining all and above the topics in details. The state trainers have distributed the pregnancy form part 1 to all the trainees and divided into 3 group and 2 trainees should play the role play and through the role play rest of the group trainees should be filling up the pregnancy part 1 form according to the role play act by 2 trainees (one will act as an ASHA and another one will act as a pregnant mother)

The state trainers had draw a time line in the black board and asked to all the district trainees the correct answer. According to the district trainees answer the state trainers mark in the right circle.

After the excise has completed the state trainer provided the work sheet regarding determine the number of pregnancies and births.

At the session the state trainer has given an exercise regarding the determine abortion, still birth or neonatal death, gestation, live birth and inde,as well as the state trainers gave the case presentation to all the trainees to fill the pregnancy form part 2.

As continuation of the previous session Mr. Devajit has taken the session again on ***Health problems during the pregnancy and referral***.

The major steps which is going to be taken up and care are:

a. ANC
b. Essential components of antenatal care.
c. Where are ANC service provided is need to know
d. Identification of problems and danger signs
e. Management of Anaemia
f. Identified the health problems during pregnancy that need immediate referral or not necessary,

- Emergency referral
- Non - Emergency referral.

The last session of the day was concluded with practice session among the trainees which has been divided into three groups.

Day 4: Sessions: (Topics & Trainers)

- Working in the community and home visit during pregnancy … contd.
  - Birth preparedness
  - Practice of filling up birth preparedness form.

  Trainer: Mrs. Helena
- Essential knowledge for birth companion
  - Time recording
  - Practice session by the participants
  - What happens during birth

  Trainers: Mr.Devajit & Mrs.Helana
- Essential knowledge for birth companion
  - Obstetric emergencies and referral
  - Readiness for emergency
  - Immediate care at birth
  - Initiation of breastfeeding

Trainers: Mr.Devajit & Mrs.Memcha

- Exam :District trainees

Trainers: All trainers were involved during the exam held.

Before starting the session recap of the previous day was conducted by group 2 in the form of news reading.

The session was taken by Mrs. Helena. She has explained about ***working in the community and home visit during pregnancy – birth preparedness.***

Propose:

To provide an opportunity for ASHAs to practice basic communication skills needed to build a cooperative relationship with woman in the community and to experience various situations they may have to face while visiting homes Plan for save delivery:

The trainers said that good communication is a vital for all Community Health workers (ASHAs) during the community visit during pregnant mother as well as to the family members.

Then the trainers asked to all the trainees that - What is Birth Preparedness?

This is a method of planning in advance by the pregnant mother and her family for a safe and comfortable delivery and for care and delivery. You should help every family make this plan in

consultation with the ANM.

What are the choices available to the mother, If there are any danger sign or complications:

a. Identify the nearest Institute (CHC/District hospital) which has the staff and equipment to provide comprehensive energy obstetric and new born care (CEnONC) and counsel the mother and the family to go there.

b. If there no complications: counsel the mother to go to the PHC which is open 24x7,where there is a team of doctors and nurses or ANMs to conduct the delivery and provide care for the mother and newborn. These institutions can manage some complications and transfer immediately to a higher facility if complications requiring surgery or blood transfusion develop. The list of such institutions can be obtained from the ANM.The place should be clean and safe and friendly and have a skilled nurse or doctor at all times. The woman would have to stay there for 48 hours after delivery.

c. If there are no complications and mother and her family are reluctant or unable to go to the 24x7 PHC or if it is too far away: Advise the mother could go the sub centre, provided it is accredited as a delivery centre, Which means the ANM has been trained as a skilled Birth Attendant (SBA) and id available, and there are minimum facilities for delivery.

d. If there are no complications or not a high risk care for developing complications and the mother and family insist on delivery at home, despite counseling: you could work with the ANM to enable a delivery by SBA.This should be agreed to only if you are sure that the family can organize transport and funds at very short notice.

When should a birth preparedness plan be readied:

It should be ready as early as possible after confirming the pregnancy, and in consultation with the family(husband, mother- in – law, or other decision makers)You should review the plan in third trimester(after seventh months)with the family and ANM.At this time, the choice of institution and the transport should be finalished.

The trainers shared the format also to all the trainees:

Format for Individual plans(Birth preparedness:

Name : Age:
Husband's name:
HH Income:
LMP:
EDD:
Past pregnancy history (Include abortion, If any)

Order of pregnancy	Date of delivery(Month and year)	Place of delivery,Home,Sc, PHC,CHC,DH,Pvt.H Or Nursing home	Type of delivery,Naturl, forcep,CS	Birth outcome, Live birth, Stillborn	Age and status of child currently	Any other complications, fever, bleeding
First						
Second						
Third						

a. Any risk factor:
b. Nearest SBA: Phone:
c. Nearest 24 x 7 PHC: Distance : Time: Cost
d. Nearest Sub centre with skill birth attendant
e. Nearest CHC with facilities to manage complications: Distance :Time : Cost
f. Distance to the district hospital.
g. How much is transport going to cost?
h. Is the vehicle fixed: owner?
i. Will we need extra money for the treatment?How to organize it?
j. Who will take care of the children when mother goes to the health facility?
k. Who will company her to the facility?

For the second session of the day Mrs. Helena, has taken the session on "Essential knowledge for birth companion "but Shri, Dr.K.Rajo Singh, Jt.Director FW, was also help out the state trainer to complete the session.

What happens during labour and birth:

The trainer explained that many babies die immediately after birth due to asphyxia in case home delivery, when mild laour pains start, at this time ASH/ANM can initiate respiration with the help of the instruments they have. As well as should encourage the mother for immediate breast feeding.

Signs of labour:

- Pains are irregular at the beginning but become more regular;
- Pains start from the back and move to the front;
- Pains start coming closer together and are stronger (when interval of two pains is 5 minutes then it indicates labour has started)
- Sticky jelly mixed with blood which flows out of vagina;

What is Contraction?

Pains are caused by the muscles in the womb tightening and pulling open the mouth of the womb;

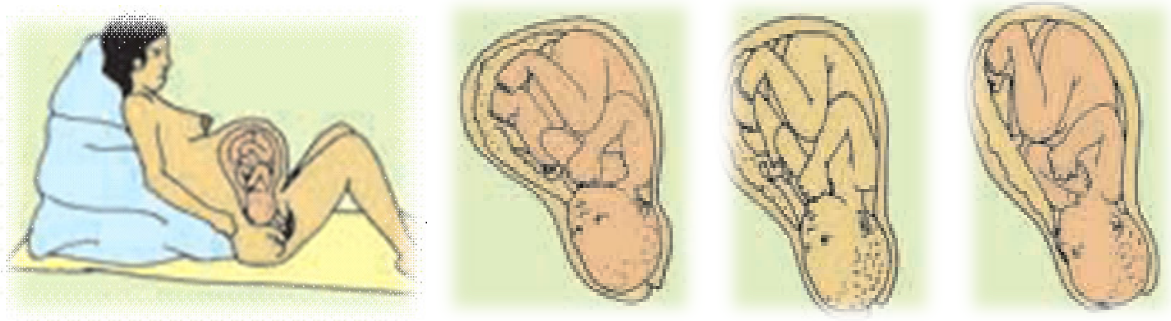
Baby's position at birth:

Most babies are in this position at birth: Head first Sometimes, the baby's bottom or leg or an arm come first. If this happens, it can be a more difficult (or even impossible) delivery for the mother and the baby. The baby is more at risk if its position is not "head first".

The trainer explained the three stages of labour with the picture of a pregnant mother & regarding the process of birth.

1st Stage of labour

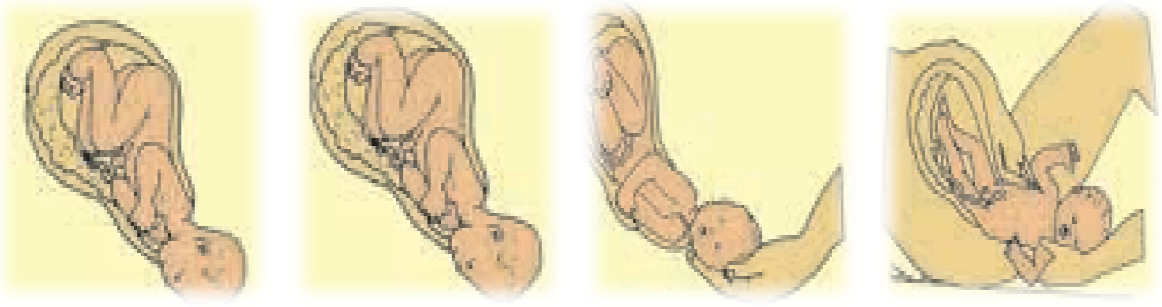
Starts from the beginning of pain until the mouth of the womb is fully open. This happens inside and cannot be seen. The bag of water also breaks at the end of this stage. The fluid is usually clear but may be yellow or green or red. This first stage of labour usually lasts about 8 to 12 hours in the first pregnancy. May take much less time in subsequent pregnancies. Illustration (a) - drawing of side view of a pregnant woman. In illustration (b) - the mouth of the womb is almost closed, and thick. In illustration (c) - the mouth is thinner and is opening little. In (d) - the mouth of the womb is fully open. When the womb is completely open, it is the end of the first stage of labour. At this time, the water bag usually breaks. This first stage of labour usually lasts about 8 to 12 hours. It takes longer if the woman is having her first baby.



(a) (b) (c) (d)

2nd Stage of labour

Contractions push the baby out of the womb: the delivery of the baby. This second stage of labour usually lasts about one hour. During the second stage of labour, the baby moves down the birth canal until the baby's head is showing at the opening of the vagina. After the head is delivered, the shoulders come out and then the rest of the body.



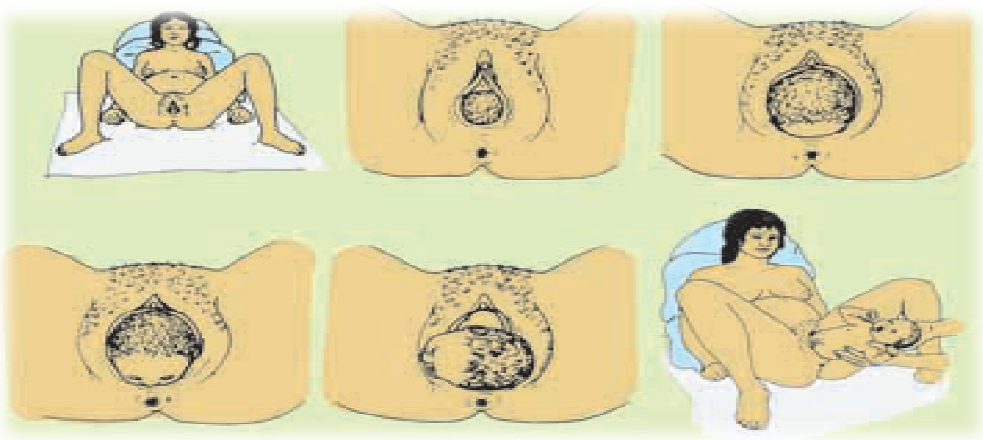
(a) (b) (c) (d)

3rd Stage of labour

The contractions cause the placenta to separate out from the uterus and be pushed out. Delivery of the placenta. The third stage of labour usually takes only a few minutes. if it takes above 20 to 30 minutes there is cause for concern

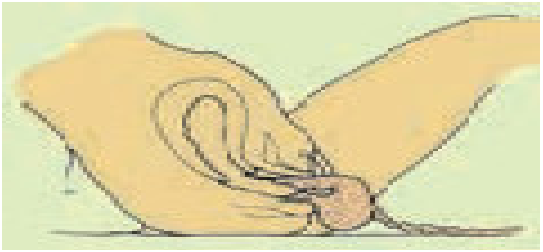
The Process of Delivery

In this process, ASHA can see on the outside when the baby starts to move through the vagina in the process of being born. During each contraction, a little more of the head is seen (a, b, c). The very top of the head comes first, then the eyes, nose and mouth (d). While in most babies, the eyes are facing the floor; sometimes they are born looking towards the ceiling. When the baby's head is out, it turns to one side (e) and the shoulders and rest of the body are delivered (f). Once out, the baby will cry.



Delivery of Placenta

The cord will be connected to the placenta which is still inside the womb. The placenta usually comes out after 15-20 minutes.



Points for you to pay attention to if you are also present at the time of delivery in the institution:

- *It is not necessary to shave the area, or give an enema to the mother at the time of delivery.*
- *All deliveries do not require an episiotomy (cut at the perineal site).*
- *Fundal pressure (pushing on the abdomen) should not be applied.*

- *You should be alert if injections are being given to hasten the delivery process. Such injections can cause a baby who is still born, birth of a baby who is unable to breathe, or even cause the death of the newborn. However, the same injections are advisable after the baby has been born in order to control bleeding after delivery. Only the ANM or doctor should give the injection.*
- *When the mother and baby stay in the hospital and if you are staying with them as a birth companion, she should ensure that the mother and baby are seen by the MO and nurse at least twice a day and whenever required if there are problems.*

After the session has completed the trainers has distributed the birth preparedness form to all the trainees to observe the trainees knowledge that they can fill up the form in correct way.

Outcome of the exercise: out of the total 62 in two batches 57 district trainers could fill up the form very well and in correct form.

Time recording:

1. What is recording and time recording
2. Time reording at birth(hours, minutes and seconds)
3. Time recording at 30 sec.
4. Time recording at 5 mins.

Exercise :

The trainers explained about the time recording then followed with the exercise regarding the time recording hrs.mins.and secs, at 30 secs. And 5 mins.

Outcome :

Most of the district trainers did not face must problem regarding the proper time recording that they could perform very well in correct way.

Essential knowledge for birth companion:

The trainers explained regarding the essential knowledge for birth companion to the trainees. After explaining about the topic the trainers again asked to all the trainees that what are the major essential knowledge for birth companion? Most the trainees answered the same as the trainers explained to them.

Immediate care at birth;

Further the trainers said that just after the baby birth lot of care is most important that many babies die immediately after birth due to asphyxia in case home delivery, when mild laour pains start, at this time ASH/ANM can initiate respiration with the help of the instruments they have. As well as should encourage the mother for immediate breast feeding.Therefor, regular visit and observation is quite needed for that prepare a Schedule of home visit is also required.

- Dry the baby: Immediately after delivery, the newborn should be cleaned with a soft moist cloth and then the body and the head wiped dry with soft dry cloth. The soft white substance with which the newborn is covered is actually protective and should not be rubbed off.
- The baby should be kept close to mother's chest and abdomen.
- The baby should be wrapped in several layers of clothing/woolen clothing depending upon the season.
- The room should be warm enough for an adult to feel just uncomfortable. The room should be free from strong wind.

The purpose of these visits is to ensure that the newborn is keeping warm and breastfed exclusively. Encourage the mother to breastfeed; discourage harmful practices such as bottle feeds, early baths, giving other substances by mouth, and to identify early signs of sepsis of sepsis or other illness in the newborn.

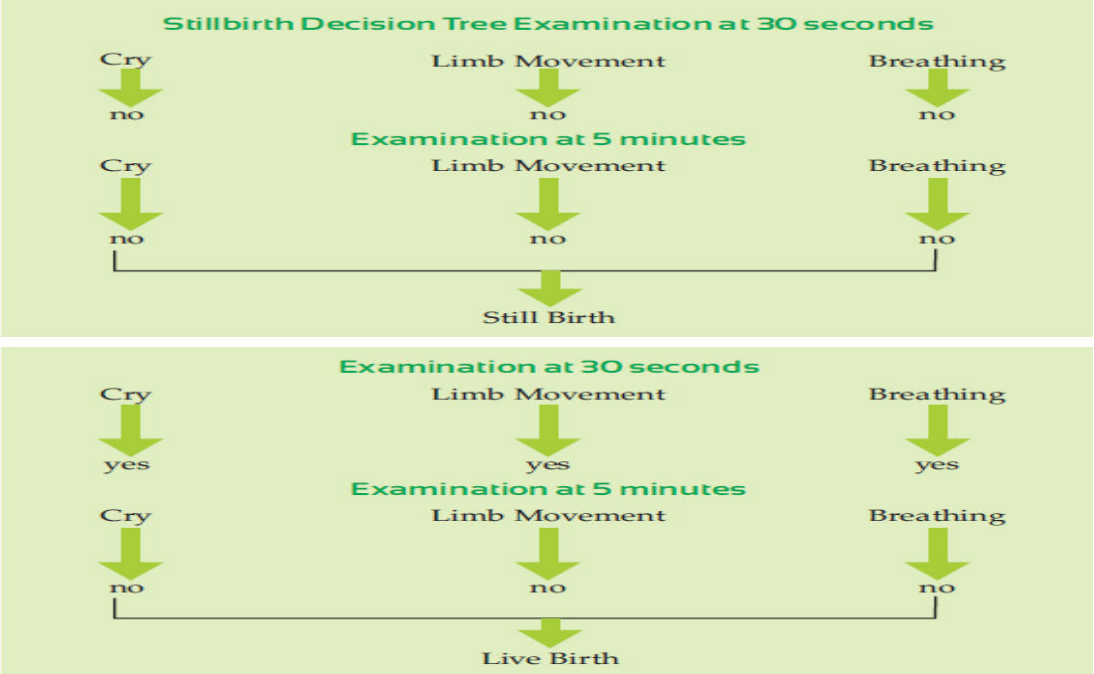
- The newborn requires a visit immediately after birth (or within the first 24 hours), and on day 2, if the baby is born at home.
- If the baby is born at a facility, persuade and support the mother to stay for at least 48 hours, and therefore, the first two visits are taken care of in the institute.However,if you are there with the mother, as a birth companion, then you could be of assistance to the nurse/ANM there.
- If the baby is born in a health facility, or at home, you should visit the baby on Days 3, 7, 14, 21, and 28.
- Additional visits are needed for newborn babies which are LBW, born before term and are risk.

Steps for you to take "just after" the baby is born

If the baby is born at home, or if you are present at the delivery,

- Ask the mother about /observe the fluid after the waters break.
- If the fluid is yellow/green, as soon as the head is seen (even before delivery of complete baby) clean the mouth of the baby with gauze piece.
- As soon as the baby is born, note the time of birth and start counting time.

- Observation of baby at birth or within the first 30 seconds and at 5 minutes after birth for movement of limbs, breathing and crying. The figure below will enable the assessment of whether the newborn should be recorded as a live or still birth. All six have to be "No" to declare a still birth. Even if one is "Yes" the baby should be declared as live birth.
- If there is no cry or weak cry, if there is no breathing or weak breathing or gasping, this condition is called Asphyxia. If the baby is Asphyxiated (does not breathe at birth),and there is no doctor or nurse, you should try to help and this skill is taught to you, in Module 7.However,in many such newborns, your efforts may not make enough difference and you should not feel bad or blame yourself for this.(Management of Asphyxia will be taught in Module 7).



First Examination of the new Born:
You should conduct the first examination within first 24 hours of delivery look for following:

a. Whether the baby has abnormality such as curve limbs, Jaundice, bump on head, cleft lip.
b. How the baby is sucking at the breast.
c. Listen to the cry of the baby.
d. Provide care of eyes, if there is pus/purulent discharge from eyes and no doctor or nurse available, apply tetracycline ointment. Even for normal eyes, tetracycline is used as a preventive, so even in doubt as to whether it is pus, it could be given.
e. Keep umbilical cord dry and clean.

What you should do by visiting a new born?

a. Enquire and fill the mother's information on home visit form.
b. Enquire and fill newborn information on home visit form. These forms help you to think about all the steps you need to take.
c. Take out the necessary equipment from the bag and keep on a clean cloth.
d. Wash your hands well as taught.
e. Then examine the baby – (A) Measure temperature, (B) Weight the baby, and (C) perform other activities in the sequence provided in the newborn home visit form.
f. Provide the care of eyes, skin and cord.
g. Check that the home visit form is filled in complete.

And most important is:

- *hand washing*
- *Measuring the temperature of the baby*
- *Measuring weight of the baby*

Tips to learn weight:

a. If the baby's weight is "in the green zone: baby's weight is normal and can be managed with normal care as described above.
b. If in yellow zone, the baby is mildly under weight, but can be managed at home with extra care as given below (2,5 Kg but above 1.8 Kg).
c. If in the red coloured zone, this means that the baby is very small and must be referred to the health centre. These babies also need extra care as given below (less than 1.8 Kg).

Learn to take care of LBW Baby:

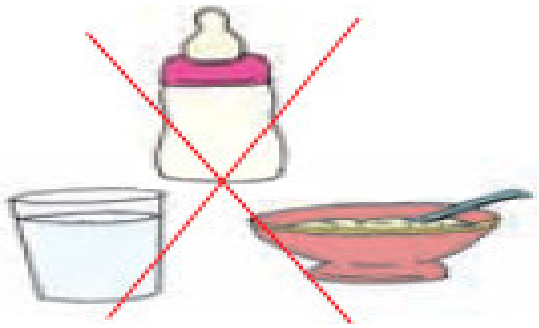
Babies whose weight is in the yellow or red zone are small and require extra care as follows:

a. Provide extra warmth.
b. Family should ensure.

- Baby is wrapped well with thin sheets and blankets.
- The head is covered to prevent heat loss.
- The baby is kept very close to mother's abdomen and chest.
- Warm water filled bottles wrapped in cloth may kept on either side of the baby's blankets, when not being kept close to mother's body.
- The baby must be fed more frequently.

Initiation of breastfeeding:

First of all the trainers' shows the picture of the right breast feeding position to all the trainees.



Benefits of Breastfeeding:

Benefits for the baby

- Early skin-to-skin contact keeps the baby warm.
- It helps in early secretion of breast milk.
- Feeding first milk (colostrums) protects the baby from diseases.
- Helps mother and baby to develop a close and loving relationship.

Benefits for the mother

- Helps womb to contract and the placenta is expelled easily.
- Reduce the risk of excessive bleeding after delivery.

Important facts about breastfeeding:

Start breastfeeding immediately or at least within one hour at birth.

- Give nothing else, not even water.
- Baby should be put to the mother's breast even before placenta is delivered. It is useful for both the baby as well as the mother.
- Breastfeed as o en as the baby wants and for as long as the baby wants.
- Baby should be breastfed day and night at least 8-10 times in 24 hours.
- Feeding more o en helps in production of more milk. The more the baby
- Sucks, more milk is produced.
- Baby should not be given any other liquid or foods such as sugar water,
- honey, ghutti, goat's/cow's milk and not even water.

Correct position of Breastfeeding:

To obtain maximum benefit of breastfeeding, the baby should be held in the

- Correct position and be put correctly to the breast. The baby is in the correct position when:
- While holding the baby, the mother also supports the baby's bo om, and not just the head or shoulders.
- Mother holds the baby close to her body.
- The baby's face is facing the breast, with nose opposite the nipple

After the session completed the trainers took examination for the district trainees in connection with the topics done.

Day 5: Topics & sessions:

- Recap by the district trainees
- Complete delivery form 1
- Complete delivery form 2

Trainers: Mrs.Nalini & Mrs. Helena

- First examination of newborn & care
    - Observation of the new born baby
    - Introducing breastfeeding practices
    - Hand washing techniques
    - Measuring temperature(Skill checklist)
    - Weighting the baby(skill checklist)
    - Care of eyes
    - Umbilical cord and skin

Trainers: Mrs.Memcha & Mr.Devajit

- Practice session by each of the individual participants for weighing, temperature & hand washing

For all district trainees

- First examination form – parts 1 & 2

Trainers: Mrs.Nalini & Mrs. Helena

- Examination

As usual the day's session was started with recap of the previous session by the district trainees. They have presented like a role play style. Its seems that all the participants could understand very easily that had done the day ahead sessions.

The session on complete delivery form 1 & 2 was started with discussion type. The trainers explained the details in regards to the complete delivery form and how to fill up the form.

The trainer shows the form of Delivery form 1 & 2 as well as conducted the case presentation among the district trainees.

Delivery form (part 1)

(Fill the form completely even if it is still birth)

1) When the labour start? Date: _____ early morning / morning afternoon/evening /night, hours:_____ min:_____
2) When did the bag of waters break? Date:_____ early morning /morning/afternoon/evening/night, hours:_____ mins:_____
3) What was the colour of amniotic fluid? White(clear)Reddish/ Green/ Yellow
4) Who conducted the delivery? TBA/Neighbour or family members/Nurse/Doctors Name: _____
5) Did the TBA put hands inside the vagina to help the delivery? Yes/No
6) Was the mother admitted to the hospital before beginning of mild labour pain? Yes/No
    - Was the mother admitted to the hospital because of complication during the delivery? Yes/No
    - What was the nature of the complication? _____
    - Where was the delivery conducted ?Home/SC/PHC/DH/Pvt.H
    - Describe the delivery? Normal/CS/Required stitches/use of forceps

g. Was the doctor or nurse summoned to the hom? Yes / No
If yes, why _____

What treatment was given: Injection/saline/others _____

h. Which part of the baby's body emerged first? Head/Face/Hand/Shoulder/Leg/ Breech
i. Was the cord around the neck? Yes/No
j. When did the baby emerged fully? Date: _____
Record at the birth: (encircle the correct option)

Early morning morning afternoon evening night Time: Hour: _____ Minutes: _____ Seconds: _____

k. Did the baby cry on its own? Yes/No
l. Did TBA make effort to make the baby cry? Yes/no

After showing and explaining the form 1. The trainers again read out the case presentation to all the district trainees listed below:

- *Shanti is 20 years old and is in labour with her second child.*
- *She first started feeling labour pains early the morning, just at dawn today*
- *Today is Friday, January 11,2002,*
- *At about breakfast time, her family sent for the TBA.The TBA called you,the CHW,to come to Shanti's house*
- *You got there at noon. Just as you got there, the contraction grew stronger,a gush of water came out. The color of the fluid was greenish.*
- *The TBA did not put her hands or fingers inside.Shanti but waited.*
- *The labour pains got stronger, and by 3 o'clock the baby 's head could be seen at the opening of Shanti's vagina*
- *The head came out first, then the rest of the baby .The baby, a girl, was delivered at home at 21 minutes after 3 in the afternoon.*
- *There was no cord around the neck*
- *The baby cried on its own; TBA dried the baby.*

Delivery Form 2:

12.

Observations	*At 30 Seconds*	*At 5 minutes*
Cry	*No/Weak/Forceful*	*No/Weak/Forceful*
Breathing	*No/Weak/Forceful*	*No/Weak/Forceful*
Movement	*No/Weak/Forceful*	*No/Weak/Forceful*

m. *Was the baby still birth? Yes/No*
   If yes,Macerated/Fresh
n. *Sex : Male/Female*
o. *Was the single infant born or more than one? Circle the correct number of infants 1, 2,3,*
p. *Was the baby put to breast /breastfeed before the emergence of placenta? Yes/No*
q. *Time at which placenta emerge fully? Hrs_____ Min _____*
r. *Comments/Observations:*

The trainers explained that the form which has been fill up by the CHW,again needs to be check by the supervisor.

Then the second case presentation for form 2 again shared to all the trainees to perform the case presentation by the district trainees.

- *Geeta said she had started having pains when the sun went down*
- *She never went to the hospital but by midnight sent the TBA*
- *By the time you got there was in strong labour and the baby was almost coming out*
- *All of sudden the bag of water broke. You checked your watch and it was 4:15*
- *The colour was clear*
- *The baby's head was showing.*
- *The TBA had to help get the cord from around the baby's neck.*
- *The baby was born at 5:06.The second hand was pointing to the 3.*
- *The baby did not cry at first. The TBA turned it over and patted it's back. Then it started crying.*
- *At 5:06 with the second hand pointing to the 9 you observed the baby(at 30 seconds)*
- *It had a weak cry. It was breathing well, and its arms and legs were moving forcefully.*
- *At 5:11(At 5 minutes after delivery) you checked the baby again .This time the cry was strong, the breathing strong, and the limbs were moving strong. This is a normal baby.*
- *Geeta had heard it was good to breastfeeding early so she started to breastfeed before the placenta came out.*
- *The placenta came out at 5:20.Geeta was feeding the baby well as the TBA cleanup.*

All the district trainees have fill up the form according to the case presentation.

Outcome of the case presentation by the district trainees:

Out of the total 62 districts trainees both in batches (1 & 2) 54 district trainees could fill up correctly. And rest of the 8 district trainees could not fill up same percent correctly.

As continuation of the day 5 second session, the trainers highlighted the following

- *To conduct the first examination within first 24 hrs.of delivery*
- *The family members must take the general precaution.*
- *What are you expected to do during the newborn visit*
- *Proper hand washing before handling the baby.*

- *To weight the newborn baby*
- *Take care of babies less than 2.5 Kg*
- *Measurement of temperature*
- *Umbilical Care*
- *Skill applying the eyes ointment.*

(In this part the trainers demonstrated how to take care of the baby and how to measure the weight & temperature and hand washing techniques)

Regarding the breastfeeding the trainers explained that;

- *Benefits for the baby*
- *Benefits for the mother*
- *Importance facts about breastfeeding*
- *Breastfeeding observation tips*
- *Correct position for breastfeeding*
- *Counseling tips*
- *Why only breastfeeding*
- *Managing common breastfeeding problems*
- *How to expressing the milk by hand etc…*

Further the trainers explained in regards to keeping the new born baby warm and why it is important and when?

Keeping newborn warm and the problem of hypothermia why is it important to keep baby warm after delivery? Babies have difficulty maintaining their temperature at birth and in the first day of life. They come out wet, and lose heat quickly. If they get cold, they use up energy, and can become sick. LBW and pre-term babies are at greater risk of getting cold. When and why do most newborns get cold? Most newborns lose heat in first minute a_ er delivery. They are born wet. If they are le_ wet and naked, they lose a lot of heat to the air. A newborn baby's skin is very thin and its head is big in size compared to its body. It loses heat very quickly from its head. Babies do not have the capacity to keep themselves warm. If the newborn baby is not properly dried, wrapped, and its head is not kept covered, it can lose 2 to 4 degree Celsius within 10-20 minutes.

Example:

If the baby's temperature was 97.7 degree Fahrenheit (36.5 degree Celsius) (normal temperature) at the time of birth and if there was a loss of 2.7 degree Fahrenheit because the baby was not properly dried and covered, the body temperature will become 95 degree Fahrenheit (35.0 degree Celsius), which is below normal. What is the term for a situation when a baby's temperature falls below
normal? When a baby has a temperature below normal, it suffers from hypothermia.
What happens to a baby with hypothermia? A baby who is cold, and has a low temperature (hypothermia) suffers from:

- Decreased ability to suckle at the breast, leading to poor feeding and weakness. Increased susceptibility to infections.
- Increased risk of death, especially in LBW and pre-term babies.

How can you tell if a baby is hypothermic?

- The early sign is cold feet.
- Then, the body becomes cold.
- The best method is to measure the baby's body temperature.

How to keep newborns warm;

- Before delivery, warm up the room (warm enough for adults).
- Immediately a_ er delivery, dry the baby.
- Put a cap on the baby since a lot of heat could be lost though its head.
- Place in skin-to-skin contact with mother.
- Cover or put clothes on the baby, wrap it up with clean cloth, and place it close to its mother.
- Initiate early breastfeeding.
- Bathing for newborns: It is best to wait until the **second day to bathe the baby. One should wait seven days in case of LBW baby.** If the family insists on bathing the first day, please ask them to delay for at least six hours to give the baby time to adjust with its new environment. For small and pre-term babies, do not give a bath until the baby gains weight (this could be few weeks) and weight of baby become 2,000 gm.

- To keep a small baby clean, you can give a light oil massage but making sure that the room is warm and the baby is not le_ uncovered for more than 10 minutes. DO NOT pour oil into any orifice, like the nose or ears at any time.
- Keep baby loosely clothed and wrapped.
- If it is very warm outside, make sure the baby is not too heavily clothed and wrapped; the baby can also get too hot.

How to re-warm a baby getting cold?

<97 degree Fahrenheit (36.1 degree Celsius) or too cold <95 degree Fahrenheit (35.0 degree Celsius)

- Increase the room temperature.
- Remove any wet or cold blankets and clothes.

- Hold the baby with its skin next to its mother's skin (skin-to-skin contact) and place a warmed cloth (not too hot to avoid burns) on its back or chest. As this cloth cools down,

replace it with another warmed one, and repeat until the baby is warmer continue until the baby's temperature reaches the normal range.

- Put on its clothes and its cap, put it in warm bag, and make it lie close to its mother.
- Continue to breastfeed the baby to provide calories and fluids to prevent a drop in the blood glucose level. A common problem in hypothermic babies.

If a baby is too cold <95 degree Fahrenheit (35.0 degree Celsius), follow the above advice,

- Place skin-to-skin, and once the baby is a little warmer, then clothe baby and place in a bed pre-warmed with warm clothes, or a hot stone or hot water bottle. (Remove these articles before putting baby on the bed.)

- In an institutional delivery, there should be a newborn corner available with a radiant warmer or some other suitable heating arrangement where the newborn baby can be kept.

Further the trainers explained regarding the care of eyes, umbilical cord and skin. first they have highlighted the purpose of it:

- To orient CHWs (ASHAs) to provide care measure to newborns at the time of birth and in the first 9 days after delivery to prevent infection.

Again the trainers explained that, to prevent infection in the baby's eyes which could occur during pregnancy, the mother had some vaginal infection even without symptoms.

Than the trainers explained that how to apply the tetracycline eye ointment into the newborn's eyes.

- Gentle pull the baby's eyeslid down.
- Squeeze a thin line of ointment moving from the inside to outside corner of the eyes
- Don't touch the tip of the tube. Put the eye ointment in both eyes at the of the first examination of the baby within (1 hrs) usually once is enough but if the eyes are swollen or push then put the eye ointment two times a day for 5 days. Then the trainers demonstrate how to apply tetracycline.

After that, the trainers call two trainees asked some questions after that, the trainers clarified any doubts of the trainees.

Umbilical Cord:

The trainers explained that how to cut umbilical to prevent infection;

- *First wash hands*

- *Tie to clean to tie the cord*
- *Use a clean blade to cut the cord*

Again the trainers explained that do not apply anything on the umbilical cord and keep clean and keep always dry. If there is pus, use gentian violet 2 time for 5 days.

The trainers asked the trainees any doubts. And again the trainers explained the important things to keep the cord stump neat, clean and dry and nothing else should be put on the cord stump.

Skin care:

The trainers asked the trainees if they have ever seen a baby with a skin rash in the groin or thighs, generally called skin rash. Again asked that, if they knows how this can be prevented? All the trainees' answers were noted down on the board.

Then after the discussion the trainers divided the trainees into 3 groups for practice session that how to apply tetracycline eyes ointment, umbilical care and skin care.

After the session and discussion was completed each every trainees had a practice session in regards to the weighing the baby, hand washing as well as measuring the temperature.

Demonstration on weighing

Demo. Hand washing

Demo. temperature measurement

First examination of the newborn form (Part 1 & 2)

Aim:

- Determine if the baby is preterm.
- Complete the First Examination of Newborn Form
- Complete the Home visit of New born Form

The trainer explained that this is only a rehearsal before they repeat this entire process in a home situation or in a facility with a newborn. Then the trainers distributed few case- studies and said to all the trainees to fill up the form using this as cases, and asked them to fill the following questions:

- They need to write the date of birth of the baby.
- Here they need to write preterm cut –off date. In practice they would take this information from the delivery form. Here they derive it from the date of LMP that is given in the case study. If the date of birth is either the preterm cut –off date or before the preterm cut-off date, then the baby is preterm. Then circle 'Yes'. If baby is not preterm, circle' No'.
- They need to write, in the spaces provided, the date of the exam, when it was conducted – early morning/morning/afternoon/evening/night, and time of the exam in hours. The date of the first examination of baby may be different from the date of birth either if the mother delivers in hospital or returns to the village after a day or two, or when she does not deliver in the village & returns only afterwards. You would notice how this information differs in each of the case studies.

The trainers go through questions 4-7.

The trainer asked the trainees that what is the first feed usually given to babies in their community. If the answer in not breast milk, ask why other liquid or food is given. Discuss the answers. Ask if they had breast fed their own children. Discuss their experiences.

Then the trainer reminds the trainees that in these first months of training, they will only observe and examine the baby. Later in the training, they will be required to take a more active role in teaching & helping mothers to feed and take care of their newborns.

Case Studies:

1. ***Anjana gave birth to a baby girl born on April 20th at 8:10 P.M at home. Her LMP was 20 July. This baby's EDD was 26 April and preterm cut-off date was 3 April.***

    a. *The ASHA performed the first examination of the baby at 9:15PM.*
    b. *Anjana had no complaints. She had no fits. Her BP was normal. There was no excess bleeding.*
    c. *The baby was put to the breast right away at 8:30, and nothing else was given to the baby.*
    d. *The baby suckled strongly.*
    e. *The weight of the baby is 3.0kg.*

f. *The temperature recorded showed normal.*
g. *The umbilical cord was tied and not bleeding.*
h. *Its eyes are clear.*

2. ***Shanti gave birth to a baby girl on February 1, 2010 at 1.00 pm in the afternoon at home.***

   a. *Her last menstrual period could not be ascertained because she got pregnant while breastfeeding her little boy.*
   b. *You are doing the first exam on February 1 at 2 p.m.*
   c. *Shanti did not lose consciousness or have fits, and her bleeding, she says, is normal.*
   d. *The baby was put to the breast at 1.20 pm*
   e. *No other fluids were given.*
   f. *The baby was feeding well, without any problem.*
   g. *The baby's temperature was 98ºF (36.7ºC)*
   h. *Her eyes were clear*
   i. *Her nipple were slightly swollen*
   j. *The umbilical cord was tied correctly and is not bleeding*
   k. *She weighs 2 kg 900 Gms.*

3. ***Banu gave birth to a baby boy on 15th August; 2010.Baby was born in the CHC. There had been some complications at delivery but did not require surgery or blood transfusion.***

   a. *Her LMP was 7th November 2009.*
   b. *You are doing the first examination on 21st August.*
   c. *The baby is breastfeeding – some sugar water has also been given.*
   d. *Baby's temperature is 99 ºF*
   e. *Eyes are clear. Umbilical cord stump looks normal.*
   f. *Weight is 2 kg.*

4. ***Sukhee gave birth to a baby boy on 5th September, 2010. Baby was born in the health sub-center and ASHA visited her there within an hour of the birth.***

   a. *Her LMP was 15th August 2009*
   b. *The birth weight is 1.8 kg.*
   c. *The baby is suckling – but weak.*
   d. *Baby's temperature is 97° F.*

e. *Baby's eyes are clear. Umbilical stump is normal.*

5. ***Anusuya gave birth to a baby girl on March 8th, 2010 at 10.00 pm in a private clinic. Baby and mother returned home next morning and ASHA met them at 7.00 am.***

   a. The mothers EDD had been march 1st 2010.
   b. The birth weight was 3.5kg.
   c. The baby is not yet put to the breast and mother says that there is no milk; hence cow's milk with sugar has been given.
   d. The baby's temperature is 98.8° F
   e. Doubtful swelling and watery ooze from the eye is there.

The trainers said to observed very clear fully at the time of filling up as well as details discussion is also must:

First feed: Write down the first thing the baby has to drink/lick. This may be breast milk but some people give jaggery water, honey, cow's milk, etc

Time of First breastfeed**:** write down the time of the first breastfeed. This may be the same as the first feed above.

How did the baby take the breastfeed**:** circle the appropriate option depending on the following? If the baby's mouth is open wide, the lower lip is turned outwards; it is taking slow deep sucks with some pauses, and you can see or hear it swallowing, the baby is feeding well (forcefully).Observe if the baby is feeding weakly, cannot breast feed &has to be fed with a spoon; or can neither breastfeed nor is able to take milk given by a spoon, encircle the appropriate Option.

Does the mother have breastfeeding problem

See if mother is able to breast feed the baby on first day after delivery, if mother has any problem Write the nature of the problem. E.g. inverted nipples, problem of attachment, problem of position etc. if any such problem is observed help the mother to overcome it. Assist mother in proper attachment and positioning. If mother has inverted nipple which did not protrude after delivery help the mother to massage and bring out nipple.

Guidance to fill form: First Examination of the Baby

1. Body temperature of baby: Record the baby's temperature in the space provided. (If necessary review the session 'How to measure the newborn temperature')
2. Eyes: normal, swelling or pus oozing out: Look at the baby's eyes. Oozing means if something is coming out if the eyes: water' will be clear; pus 'will not be clear, but white or yellowish. Yellowish. Circle the appropriate finding.
3. Is umbilical cord bleeding: There should be on oozing of blood? Circle 'yes' if cord is bleeding. If no then circle' No; If cord is bleeding ASHA should get it tied by a skilled birth attendant. If such is not available then try for at least a trained dai. If even this is not available then the ASHA should herself tie the cord again.
4. Weight: write down weight to nearest 50 grams, or as per the accuracy level of the weighing scale in use (If necessary review the session 'How to weigh newborns ;) also circle the colour seen on scale, red yellow or green.
5. Record : observe and record if the limbs of the baby are limp, feeding is less or has stopped, and whether the cry is weak or has stopped

Note: If ASHA is conducting this examination on the 1st day, she should fill this information based on her observations. IF she is conducting the first examination on any other day, she should fill this information after checking with the mother.

Routine newborn care*:* wrap the baby in a piece of clean and dry cloth, keep the baby warm, do not give bath, keep the baby close to mother and initiate breastfeeding. Write on the form whether these actions were performed

1. Anything unusual, new or different: here you can record anything you find unusual if it is a cleft lip or curved limbs, circle the option if you observe anything else, describe it in the space provided.

Subsequent Visits:

Is the baby crying incessantly or passing urine less than 6 times a day:

Ask the mother about the cry of her bay. If the baby is crying incessantly or if it is passing urine less than 6 times a day, ask mother to feed the baby more frequently, once every two hours.

Are the eyes swollen or with pus: Note any swelling or discharge from eyes. Pus appears thick, 'the muco purulent 'discharge is thinner (see the photograph). If 'yes' ask mother to apply tetracycline ointment into baby's eyes twice a day for 5 days. You will learn how to apply tetracycline later in this workshop.

Weight: Weigh the baby on day 7th, 15th, 28th, and 42nd and record the weight in the space provided.

Temperature (axillary): Measure temperature and write it down. Remember what normal temperature for newborn is. (session – 'How to measure the newborn temperature').

Skin: Pus filled pustules?: If baby has pus filled pustules on the skin treat with gentian violet and observe for signs of sepsis.

Cracks or redness in skin fold**:** rash on skin on any part of the body is usually harmless. The skin cracking or redness between skin fold (thigh/. Axilla/buttocks) can be prevented by keeping baby clean and dry and using talcum powder. If is persists treat with G.V. paint.

Yellowness in eyes or skin(Jaundice) **:** Show the photograph of normal baby and baby with jaundice. If the baby has jaundice the skin appears yellow. If jaundice is present on 1st day or beyond 14th day then it is abnormal jaundice. Refer baby to hospital.

Signs of sepsis: When the baby gets serious infection in its blood, chest, or brain it is called sepsis. This is a serious illness and can cause death. Hence, it is important to carefully observe every baby for any signs suggestive of sepsis. An early recognition of sepsis can save baby's life.

You can learn to recognise sepsis by observing and recording following signs in every newborn. You will record these findings on the Home Visits Form- Signs of Sepsis.

If a particular sign is present on the day of visit mark a (✓) in the column and if it is not present mark a (X). (The column of day 1 should be copied from the First Examination of the New born: Form Part II question 5)

1. ***All limbs limp****:* See how the limbs of the baby are. See the photograph for reference. If on a day of visit all the limbs are limp mark a (✓ in the column.
2. ***Feeding less /stopped***: Ask mother about the feeding of baby and observe. Of it is less or has stopped mark (✓) in the column. If the baby has less number of feeds than usual then it is considered less. If baby does not take any feed for more than 8 hrs then it is called 'stopped feeding'.
3. ***Cry weak/ stopped***: See how is the cry. If baby is sleeping, flick the sole and observe the cry. On flicking sole bay wakes up and cries. If baby does not cry or cries weakly even on flicking the sole then mark (✓) in the column.
4. ***Distended abdomen or mother says baby vomits often****:*
   Abdomen: A normal abdomen (or tummy) is soft to the touch, a bloated abdomen is excessively bulging and is tight (see photograph)

   Baby vomits: Normally baby's throw up some milk. If baby vomits (not just a spit-but most or all of the feed) after each feed for the last three (3) feeds then it is called vomiting. There are two options (distended abdomen or baby vomits) given in point 4 in the form. Even if one of them is present, mark(✓) in the column.

5. ***Mother says baby is cold to touch or the baby's temperature is more than 99˚ F(37.2˚ C):***
   Ask the mother if baby's body is cold to touch. If mother feels that baby's body is colder then mark (✓). Similarly, on measuring baby's temperature if it is more than 99.0˚F(37.2˚ C) then mark(✓) in the column. Presence of any one of these two situation (mother says baby is cold to touch or baby has fever) then mark a ((✓).

6. ***Chest indrawing*****:** Open the shirt and observe the chest ; mark an ✓if chest indrawing is present. Chest indrawing is when the lower part of the baby's chest is sucked in deeply when the baby breathes in. Show the photograph and the video. Sometimes when the normal baby breaths in forcefully, the skin between the ribs in sucked in : this is not NOT chest indrawing.
7. ***Pus on umbilicus*****:** Note if any pus is formed on the umbilicus.
   At this stage, observe and examine baby carefully and fill the form correctly. Practice till you learn management of sick babies, later on in the training.

After the practice session was completed again examination continued among the district trainees.

Note: For each and every exam, practice session and evaluation the trainers give marks according to the performance and answers done and written by the district trainees.

Day 6: Sessions &Topics

Post partum Care: Making Home visit to newborns and mother

- Home visit and home form case presentation,

Thermal Control:

- ***Why newborn keep warm***
- ***How to keep the newborn warm***
- ***How to re warm the cold baby***
- ***Control of newborn temperature in hot weather.***

All the above topics have given to all the district trainees for presentation as well as 3 groups were divided (1st & 2nd Batch) for three rooms and for each room one trainers observed the presentation by the district trainees. As per the presentation skills & performance of the trainees the trainers gives marks to the trainers.

Before the role play and individual presentation by each of the trainees have group discussion and short out the point in better way.

Group discussion session

Group discussion session

Group discussion session

Individual presentation by each trainee.

Apart from the individual presentation by each trainee they have different way of role play and practice session. So that the trainees may improve their skills and how to speak as a trainers. Some of the group shows the role play on how to convince a drunkard's wife, who is pregnant and convince her drunker husband to understand and take care of his wife and give massage for save delivery at health facility as well as beneficiary JSY after delivery. And some group shows the role plays that the mother in law which is highly superstition and always neglected the hospital visit for treatment. But in this role play ASHAs tried to convince the mother in law all the risk delivery at home.

Some group shows how to hand wash in proper way before taking care of a new born baby.

And some of the trainees show the role of an active and very skillful ASHA that can convince the community in regards to pregnant women full ANC and save Institutional delivery and immunization.

Those trainees who couldn't perform presentation properly gave for another chance to practice and present until and unless he/she could perform very well. So that the trainers tried the trainees to perform in best way to present.

ASHA & Pregnant mother

ASHA observed pregnant woman

ASHA Counseling pregnant women

Day 7: Sessions & topics

- Review of ASHA Round 1&2: Agenda and summery, ***Trainers: Mr.Devajit,RRC***
- Planning the ASHAs training (or district) training,programme,equipments,manual and records required, ***Trainers: Mr.Devajit,RRC***
- Supervisor's Module, ***Trainers: Mrs. Helena & Mr.Devajit.***
- ***Site visit to facility, Peadiatric Ward, RIMS, Lamphel.***

Before the Filed visit the trainers explained to all the trainees that what will be more on focus during the institutional as well as community visit. And further the trainers explained regarding the training of ASHA level at their respective districts. It should be happening as soon as the district training of trainers completed otherwise it may be forget all the sessions/topics discussed last couple of 8 days. Again the trainers mentioned the required items of ASHA level training program for the training as well as for ASHAs were listed accordingly:

Checklist / Plan for training of ASHA Module 6 & 7 (ASHAS level)

1. Discussion among District trainers before two days of the training is very much necessary.
2. Finalizing the norms of the training.(Each of the trainer & trainees has to strictly follow the norms)
3. Each of the training days will start with recap of the previous day's activities.
4. Power point presentations on the topics Modules 6 need to be distributed at the end.
5. Nanhi Si Jaan- the film- One copy.
6. Laminated Card for EDD: as per the requirement.
7. EDD Worksheets and EDD worksheets with answers.
8. Exercises to determine abortion, still birth and Neo Natal Death- Xerox copies for all.
9. Pregnancy form Part 1 & 2:– Xerox copies for all the participants (ASHAs).

10. Flip chart Paper- Pencils/ Sharpeners/ Sketch Pen/ Marker (all colors)/ White Board (Sufficient numbers for all the participants (ASHAs).
11. Digital Watch (4 ordinary pieces); Practice sheet for all the participants (ASHAs)
12. Case presentation : Filling the Delivery Form: As per the requirement.
13. Delivery Form Part1& Part 2- Xerox Copies for all the participants (ASHAs)
14. The thermometer and the weighing machine for ASHAs.
15. Measuring Temperature: Skills Checklists as per the requirement.
16. Weighing the Baby: Skills Checklists: as per the requirement.
17. Case presentation: Filling 1st Examination of the new born as per the requirement.
18. First Examination forms Part 1 & 2: Xerox copies as per the requirement..
19. Filling up of home visit format: Xerox copies as per the requirement.
20. Role plays/ songs in the middle of the presentations to make the training lively. Trainers have to prepare as per state/language specific.
21. Ask ASHAs to bring ASHA Diary/ Drug kit Box/ Village Health Register to the training venue.
22. Training Evaluation format: - as per the requirement.
23. Field Supervision form: – Xerox Copies as per the requirement..
24. Newborn Health Care Evaluation: Form as per the requirement.
25. Role plays (Supervision)
26. Supervision forms: - as per the requirement.
27. Evaluating ASHAs behavior & strengths.
28. How to solve problems of ASHAs
29. Johari Windows: Picture need to be photocopied.
30. Formation of the team for field visit. All the teams have to be led by a supervisor.
31. Check the visit sites before the training: the hospital & the community sites
32. Nischay Kit:10 pieces
33. A doll of a child (Plastic Dummy Child Demonstration Kit)has to be arranged from the state)
34. 1x1 meter cotton cloth for wrapping a baby.

What to see in the hospital

- ✓ Observation of the new born
- ✓ Observation of the danger signs in children
- ✓ The treatment of the danger signs
- ✓ Talk to mother of the child on her previous pregnancy.

Format for writing observation report on hospital visit:

- ✓ How many new born we visited:
- ✓ How many child you visited:
- ✓ What is your observation about the new born you visited:
- ✓ What you observe about the danger signs in children or the new born you visited:
- ✓ What are various treatment for the danger signs:
- ✓ How many mothers did you meet during your visit in the hospital:
- ✓ What was your discussion with the mother:
- ✓ Did you discuss about the pregnancy and pregnancy related difficulties with the woman:
- ✓ Why the new born & children came to this hospital? Is there any health facility in your village/ locality?
- ✓ What is the treatment of the health provider in the hospital; satisfactory or not?

What to see in the community sites:

- See how the registers of women who may get pregnant and pregnant woman are maintained by the ASHAs in the village
- Pregnancy form Part 1 & 2: Visit a pregnant woman to observe:
  - ✓ How ASHAs are imparting health education to the pregnant woman
  - ✓ How the pregnancy form is filled up.
- Delivery form 1 & 2 : Visit a new born to observe:
  - ✓ The home delivery room
  - ✓ New Born Examination form: The new born is examined by the ASHAs. Observe & Practice skills like weighing and measuring temperature
  - ✓ How home visit form is filled by ASHAs.
- Visit 2-3 families in which babies were cared for by the ASHAs during the last one year and talk to patients
- Meet the ASHA in her home and see her kit
- Clarify further doubts/ questions by speaking to the ASHAs
  - ✓ What motivates her?
  - ✓ Changes in her position since she became an ASHA?
  - ✓ What is the payment structure?

- Skills of hand washing practices by some of the participants(at least once in Group)
- How to counsel a woman during her pregnancy
- How to counsel a woman for breastfeeding problems (if it is exists)
- How to provide Health Education during pregnancy.
- Visiting of new born and mother
- Talking to the mother- on Problems during Pregnancy after delivery
- Seeing the condition of new born.
- Asking mother about breastfeeding problem: what suggestions you will provide?

- Whether pre term, if yes what measures have been taken
- What measures were taken to the baby after birth?
- What is the role of ASHA in ensuring safe delivery of the mother at facility?
- Did ASHA take care of her during and after delivery? If Yes how? Whether mother received any JSY money?
- Whether baby has developed any major complication?
- Talk to mother of the child on complications on her previous pregnancy-

Health Facilty Visit at Paediactric Department RIMS:

Team Leader during the Visit:

1. *Shri, Dr.K.Rajo Singh,Jt.Director,FW/SNO – ASHA,*
2. *Shri, H.Nongyai, Regional Coordinator, Community Mobilization,RRC – NE States.*
3. *Shri, Wahengbam Imo Singh, State Community Mobilizer, RRC – NE States, Manipur.*
4. *Shri, Devoid, Community Mobilization, RRC – NE States, RRC.*
5. *Mrs.Memcha Devi,DPHNO,Senapati,State trainer*
6. *Mrs.Nalini,DPHNO,CCP*
7. *Mrs.Helana Devi, ANM, Mekola PHC.*

During the Institutional Visit at Peadiatric Ward, RIMS, Lamphel.

Presentation after the visit by the trainees

Observation & practice during the Paedeatric Ward, RIMS, visit by District trainees: During the institutional visit all the district trainees have seen the cases like;

1. Fever
2. Pneumonia
3. Diarrhea
4. Dysentery
5. Mal- nutrition
6. Consequences of birth Asphyxia like fits and seizures.
7. Low birth weight baby.

As well as all the district trainees have seen the management parts in the Paediatric ward, RIMS by the service providers like doctors, nurses and other staffs**.**

We also counsel the mother about the benefits of breast feeding and how to keep the baby warm. We also asked the availibity of activities of ASHAs in their respective villages.

After coming back from the Regional Institute of Medical Science,Paedeatric Department, all the trainees have discussed in their respective group and discussed whenever they have observe and done over in the centre. Afterward all the team leaders of the group have presented regarding they have observed one by one.

After the presentation completed for all the groups the day7th training was concluded.

Day 8: Community visit under Mekola PHC 1st Batch & Khumbong PHC, 2nd batch

During the community visit the following villages were covered:

- *Malom Tulihal Awang Leikai* ***(Lead by: Mrs.Memcha Devi,State trainer****)*
- *Meitram Awang Leikai****(Lead by:*** **Mrs.*****Helena,State trainer****)*
- *Meitram Makha Leikai****(Lead by: Mrs.Nalini, State trainer****)*
- *Kadampokpi Mayai Leikai* ***(Lead by: Dr.K Rajo Singh, SNO – ASHA)***
- Sangaiprou**,*****(Lead by: Mrs.Memcha Devi, State Trainer)***
- *Kuwakeithel****,(Lead by: Wahengbam Imo Singh,CM,State & Mrs. Helena Devi,State trainer)***
- *(Near SC,Sangaiprou****,(Lead by:Devajit,Regional Trainer)***
- (Sangaiprou Kabui Village ***(Lead by: Mrs.Memcha Devi,State trainer)***
- (Kuwakeithel Mayai Koibi***,(Lead by: Mrs.Nalini Devi,State trainer)***

Health facility & Community Visit by the District trainees


Community visit (Home) and interaction with pregnant mother and measuring temperature for the baby

After Coming back from the Health Facility all the group leader have presented as per they have observed during their visit.


Presentation after Community Visit

Observation by the district trainees during the Community visit by District trainees:

1. In some villages the pregnant mother could not take proper nutritional food items due to financial constraints.
2. ASHA are visited to their home for proper caring of health related issues.
3. Escorted the pregnant mothers at the time of ANC and delivery period
4. Sometime family members could not inform ASHA at the time of delivery because labour pain may happen any time. If it's happening at midnight we never inform ASHA and have delivered at any private hospital otherwise in Government hospitals.
5. Some mothers got JSY but some mother still not yet received the JSY.
6. Medicine provided by ASHA could not meet our needs and requirements.

7. Proper birth preparedness like clothes for upcoming newborn

During the community visit at Kuwakeithel under Sangaiprou, SC, found that a pregnant mother prepared dry fish for taking after delivery. In the state most of the delivery mother takes the fish in traditional way (burning the fish properly)

Practice session by the district trainees after coming back from the community visit.

The trainers observed the capability of the trainees regarding the measuring of new born baby and how to take the temperature as well as the steps of the hand washing before the child caring through individual practice session. According to the trainees performance there was marking system.90 % of the trainees could perform the practice session. Those who could not perform the practice session let tried repeatedly until and unless they can perform in proper way.

All the state trainers were also observed the way of the trainees performed the practice session regarding weight measuring of newborn baby, temperature measuring and how to wrapping the new born baby.

Practice session for NBB wrapping

Practice session for temperature measuring

On the last day on the training program there was final round examination for each and every trainee. The full mark of the examination was 100.Out of the total hundred marks if the trainee get at least 34 then the trainee can get through the exam and according to the mark scoring by the trainees may able as direct district trainer for ASHA level training on 6 & 7 module. But the trainee could not get below the level of the pass mark may not be as a district trainer for ASHA level training. But as per the result of the final examination conducted in both 1st & 2nd batches 97% of the district trainers may be capable as direct district trainers on ASHA level training but remaining 3% may not be as direct ASHA level trainer. They may be as a supporter of the district trainer which has been declared as district trainers.


Each of the district trainee were full concentrated for answering the questions

During the final examination was conducted all the State & regional trainers were strictly observed the trainees not to sharing the answers among each trainees.

The overall observations and experiences during the training, and areas of improvement,(1st Batch) By Mr.Nongyai, Regional Coordinator, Community Mobilization, RRC – NE are as follows;

- Overall management and coordination, right from the planning of training was appreciable that lead the training to happen smoothly. Every requirement were available on time throughout the training period that shows effective planning.

- Overall it was a very good and successful training that not only provided knowledge to the participants but also skills and practicing it by going to the community as well as facility. All the expected 31 participants/trainees (100%) attended the training.

- Trainers were very active, cooperative and gave opportunity to all the participants to participate actively.

- Besides briefing with an overview of ASHA Module 6 & 7 training, participants should also have been briefed about various issues/topics covered in Module 1- Module 5 (module wise) on 1st day itself, as most of the participants have not attended the previous trainings. This issue was addressed later on by explaining all the participants through an overview of ASHA training. It will be taken care of in the next batch training.

- Reading materials (ASHA book 6 & 7) were provided to all the participants, but some of the materials like various forms were provided in pieces, which should have been provided in a compiled mode/book version (Spiral). It was agreed by the State that all the appropriate materials in proper serials will be compiled and sent to the respective ASHA/district trainers. The same will be taken care of in the next batch training.

- Training methodologies were mixed of lecture, demonstration, role play etc. State trainers could have incorporated ice-breakers to enhance the participation level of trainees.

- The hours/duration of training per day was very long; it could have been shortened by increasing the number training days by couple of days more. The same was expressed by most of the participants.

- There were no tea breaks, instead teas were served during the time of training to save time, which many a times distracted the participants and lead to loss of concentration in the training. This was shared by the participants too.

- Some of basic things such as Soap and Towel should have been carried during the community visit, as participants were using soap and towel of the family that they have

visited, and participants were feeling uneasy in taking from the family visited and using it.

- All the participants/trainees passed the evaluation i.e. scored more than 60%, and nearly 50% (15 participants) scored more than 85% of total marks. Only 5 (about 15%) participants score less than 75% and were found to be poor in training and presentation skill, which may be recommended to assist other ASHA/District Trainers during ASHA training rather than acting as ASHA trainer.

The overall observations and experiences during the training, and areas of improvement, By Shri, K.Rajo Singh, Jt.Director, FW/SNO – ASHA, in the 2nd batch are as follows:

- All the district trainees in the second batch was not covered on the first day as we have targeted 31 DTs in actual.
- But on the second day the number was 31, till the end of the day.
- All the training materials could provide since the beginning till the end of the day, but regarding the district trainers manual has been provided once but besides that manual the National Health System Resource Centre,Delhi,again provided and instructed to provide that one also to all the district trainers, but due to time bound and budget constraints we could not print it out timely and distribute that new district trainers manual but will prepared it very soon and distribute to all 62 district trainers.
- W.Imo Singh, state community Mobilizer, RRC, render his excellent job and responsibility during the period of 1st & 2nd batch, ASHA Module training.
- All the State trainers & Regional trainer done a great job.
- All the district trainees were also participatory during the training period of 2nd batch.
- Due to band and strike we have lot of tension and frustration to organise the training program very smoothly but it was a very successful state DToTs with excellent skills of the state trainers and well effort of the state community Mobilizer, RRC – NE states.

Annexure.

List of Participants/Trainees (1st Batch)

SN	Name of Trainees	Place of Posting	Designation	District
1	Kh.Molina	CHC,Nambol	PHN	BPR
2	RK.Devala	CHC,Nambol	SN	BPR
3	G.Ranjana	CHC,Moirang	PHN	BPR
4	S.Merina	PHC,Thanga	ANM	BPR
5	M.Shanti Devi	PHSC,Phubala	FHW	BPR
6	A.Aruna Chanu	PHC,Ningthoukhong	FHW	BPR
7	Manira Syed	CHC,Sekmai	PHN	IW
8	Jasmeen Oinam	CHC,Wangoi	PHN	IW
9	Alom umadini	PHC,Phayeng	SN	IW
10	S.Ninasana Chanu	PHC,Khumbong	SN	IW
11	M.Amila Devi	PHC,Khumbong	SN	IW
12	R.K Geetasana	PHSC,Lamdeng	FHW	IW
13	Y.Priyogyni Devi	PHSC,Naoriya Pakhanglakpa	FHW	IW
14	H.Henbi Chanu	PHC,Samurou	SN	IW
15	N.Bimola	PHSC,Nongchup Keithelmanbi	FHW	
16	B.Amusana Devi	PHSC,K/Siphai	ANM	
17	RK.Tamphasana	PHSC,Sekta	ANM	
18	K.Gyaneshwori Devi	PHC,Bashikhong	BPM	
19	R.K.Linthoingambi	PHC,Heingang	BPM	
20	Th.Tamphasana	PHC,Andro	SN	
21	N.Nanda devi	CHC,Sagolmang	HE	
22	A.Gunachandra	CHC,Jiribam	BPM	
23	Mrs.Ruksana	PHC,Oinam Sawombung	ANM	
24	A.Ranjitta Devi	CHC,Heirok	PHN	
25	T.Mombi Devi	PHSC,Uchiwa	FHW	
26	A.Ameeta	CHC,Yairipok	PHN	
27	Akamliu	PHSC,Nrenglong	ANM	
28	Phakhohat(Hatta)	DH,Tamenglong	FHS	
29	Afang Kmei	DH,Tamenglong	PHN	
30	N.S Kenkhemliu	PHC,Tamei	FHW	
31	ID.Alakliu	PHSC,Akhui	ANM	

List of Participants/Trainees (2nd Batch)

Sl.No	*Name*	*Designation*	*Place of Posting*	*District*
1	Neisohoi Hmangte	GNM	PHC,Saikul	SPT
2	D.Mercy	PHN	CHC,Kangpokpi	SPT
3	SR.Behenson Anal	BPM	PHC,Tengnoupal	CDL
4	Charvice Nula	BPM	PHC,Machi	CDL
5	H.Kobor	Chairperson,RKS	DH	CDL
6	Panmei Martha	ANM	PHC,Singngat	CCP
7	Valley Green Roel	ANM	PHSc,Sehlon	CDL
8	Pouning Thungliu riamei	ANM	PHSC,New kaiphemdai	TML
9	Dimkhanman	ANM	PHC,Singngat	CCP
10	P.J Pary	ANM	PHC,Saikot	CCP
11	Lalremrout	GNM	PHC,Singngat	CCP
12	Lhingneichong Hokip	ANM	Panikheti	SPT
13	Lhaineichong	GNM	PHC,Motbung	SPT
14	Ng.Therou	GNM	PHC,Paomata	SPT
15	Lidziisa Lokho	GNM	CHC,Mao	SPT
16	P.S.Mary	ANM	PHC,Oinam	SPT
17	N.Bimolata Devi	PHNO	DIO,Chandel	CDL
18	Achui Konghar	GNM	CHC,Kamjong	UKL
19	K.Adummei	PHN	CHC,Kamjong	UKL
20	G.Thauthannung	BPM	PHC,Singngat	CCP
21	K.Lamsanglian	BPM	PHC,Thanlon	CCP
22	Yaopeila Rumthou	GNM	DH	UKL
23	L.Kaphungwon	GNM	DH	UKL
24	Joyrita Shaiza	GNM	DH	UKL
25	V.Sirala	GNM	DH	UKL
26	Amelia Langhu Anal	GNM	PHC,Chakpikarong	CDL
27	Lalhlempui	ANM	PHC,Semmon	CCP
28	Khollalnei	ANM	PHSC,Kumbipukhri	CCP
29	M.Nengneivah Haokip	SW	NGO	CDL
30	Rita Rangnamei	GNM	PHC,Maram	SPT
31	K.Moikham	CHW	NGO	CDL

Training of ASHA/District Trainers on ASHA Modules 6 and 7, Manipur (1st Batch)
Result of Examination/evaluation for Trainees

Sl.No	Name of Trainees	Place of Posting	Designation	Score (%)	Presentation / Training Skill	Overall Remark
1	Kh.Molina	CHC,Nambol	PHN	87.61%	Stong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
2	RK.Devala	CHC,Nambol	SN	83.80%	Average	Recommended as trainer for ASHAs
3	G.Ranjana	CHC,Moirang	PHN	79.52%	Average	Recommended as trainer for ASHAs (Need to come down to ASHA level)
4	S.Merina	PHC,Thanga	ANM	72.85%	poor	Recommended to assist (very weak to train ASHAs)
5	M.Shanti Devi	PHSC,Phubala	FHW	88.09%	Average	Recommended as trainer for ASHAs
6	A.Aruna Chanu	PHC,Ningthoukhong	FHW	90.47%	Stong	Can train ASHA and take a lead role during training of ASHAs
7	Manira Syed	CHC,Sekmai	PHN	76.19%	Average	Recommended to assist, may take few sessions
8	Jasmeen Oinam	CHC,Wangoi	PHN	89.04%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
9	Alom umadini	PHC,Phayeng	SN	80.95%	Average	Recommended as trainer for ASHAs
10	S.Ninasana Chanu	PHC,Khumbong	SN	78.57%	Average	Recommended to assist, may take few sessions
11	M.Amila Devi	PHC,Khumbong	SN	89.52%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
12	R.K Geetasana	PHSC,Lamdeng	FHW	71.42%	Poor	Recommended to assist (very weak to train ASHAs)
13	Y.Priyogyni Devi	PHSC,Naoriya Pakhanglakpa	FHW	85.71%	Average	Recommended as trainer for ASHAs
14	H.Henbi Chanu	PHC,Samurou	SN	78.57%	Average	Recommended to assist, may take few sessions
15	N.Bimola	PHSC,Nongchup Keithelmanbi	FHW	86.66%	Average	Recommended as trainer for ASHAs
16	B.Amusana Devi	PHSC,K/Siphai	ANM	88.09%	Strong	Recommended as trainer for ASHAs
17	RK.Tamphasana	PHSC,Sekta	ANM	82.38%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
18	K.Gyaneshwori Devi	PHC,Bashikhong	BPM	88.09%	Average	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs

19	R.K.Linthoingambi	PHC,Heingang	BPM	87.61%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
20	Th.Tamphasana	PHC,Andro	SN	79.52%	Average	Recommended as trainer for ASHAs
21	N.Nanda devi	CHC,Sagolmang	HE	76.19%	Average	Recommended to assist, may take sessions on few topics
22	A.Gunachandra	CHC,Jiribam	BPM	91.42%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
23	Mrs.Ruksana	PHC,Oinam Sawombung	ANM	71.42%	Poor	Recommended to assist (very weak to train ASHAs)
24	A.Ranjitta Devi	CHC,Heirok	PHN	72.85%	Poor	Recommended to assist (very weak to train ASHAs)
25	T.Mombi Devi	PHSC,Uchiwa	FHW	70.47%	Poor	Recommended to assist (very weak to train ASHAs)
26	A.Ameeta	CHC,Yairipok	PHN	85.23%	Average	Recommended as trainer for ASHAs
27	Akamliu	PHSC,Nrenglong	ANM	85.23%	Average	Recommended as trainer for ASHAs
28	Phakhohat(Hatta)	DH,Tamenglong	FHS	87.14%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
29	Afang Kmei	DH,Tamenglong	PHN	91.42%	Strong	Recommended as trainer for ASHAs, and can take a lead role in training of ASHAs
30	N.S Kenkhemliu	PHC,Tamei	FHW	79.52%	Poor	Recommended to assist, may take sessions on few topics
31	ID.Alakliu	PHSC,Akhui	ANM	77.61%	Poor	Recommended to assist, may take sessions on few topics

Training of ASHA/District Trainers on ASHA Modules 6 and 7, Manipur (2nd Batch)
Result of Examination/evaluation for Trainees

Sl.No	Name	Designation	Place of Posting	District	Presentation/Training Skills	Mark (%) Written Test	Remarks
1	Neisohoi Hmangte	GNM	PHC, Saikul	SPT	Average	78.3	Recommended as trainer
2	D.Mercy	PHN	CHC, Kangpokpi	SPT	Strong	85.8	Recommended as trainer and take lead role
3	SR.Behenson Anal	BPM	PHC, Tengnoupal	CDL	Average	82	Recommended as trainer
4	Charvice Nula	BPM	PHC, Machi	CDL	Strong	83.6	Recommended as trainer and take lead role
5	H.Kobor	Chairperson, RKS	DH	CDL	Strong	90	Recommended as trainer and take lead role
6	Panmei Martha	ANM	PHC, Singngat	CCP	Strong	85.1	Recommended as trainer and take lead role
7	Valley Green Roel	ANM	PHSC,Sehlon	CDL	Average	77.65	Recommended as trainer
8	Pouning Thungliu riamei	ANM	PHSC,New kaiphemdai	TML	Poor	58.15	Recommended as assistant
9	Dimkhanman	ANM	PHC,Singngat	CCP	Average	64.53	Recommended as assistant (can train few suitable topics)
10	P.J Pary	ANM	PHC,Saikot	CCP	Strong	75.88	Recommended as trainer
11	Lalremrout	GNM	PHC,Singngat	CCP	Strong	78.3	Recommended as trainer
12	Chenneiching haokip	ANM	Panikheti	SPT	Average	73.75	Recommended as trainer
13	Lhaineichong	GNM	PHC,Motbung	SPT	Average	78.3	Recommended as trainer
14	Ng.Therou	GNM	PHC,Paomata	SPT	Strong	83.6	Recommended as trainer and take lead role
15	Lidziisa Lokho	GNM	CHC,Mao	SPT	Strong	83.6	Recommended as trainer and take lead role
16	P.S.Mary	ANM	PHC,Oinam	SPT	Strong	80.85	Recommended as trainer and take lead role
17	N.Bimolata Devi	PHNO	DIO,Chandel	CDL	Strong	82.26	Recommended as trainer and take lead role
18	Achui Konghar	GNM	CHC,Kamjong	UKL	Strong	82.26	Recommended as trainer and take lead role

19	K.Adummei	PHN	CHC,Kamjong	UKL	Strong	87.23	Recommended as trainer and take lead role
20	G.Thauthannung	BPM	PHC,Singngat	CCP	Strong	83.6	Recommended as trainer and take lead role
21	K.Lamsanglian	BPM	PHC,Thanlon	CCP	Strong	88.29	Recommended as trainer and take lead role
22	Yaopeila Rumthou	GNM	DH	UKL	Average	75.53	Recommended as trainer
23	L.Kaphungwon	GNM	DH	UKL	Strong	84.39	Recommended as trainer and take lead role
24	Joyrita Shaiza	GNM	DH	UKL	Average	76.59	Recommended as trainer
25	V.Sirala	GNM	DH	UKL	Average	73.04	Recommended as trainer
26	Amelia Langhu Anal	GNM	PHC, Chakpikarong	CDL	Strong	86.17	Recommended as trainer and take lead role
27	Lalhlempui	ANM	PHC, Semmon	CCP	Strong	86.87	Recommended as trainer and take lead role
28	Khollalnei	ANM	PHSC, Kumbipukhri	CCP	Strong	80.14	Recommended as trainer and take lead role
29	M.Nengneivah Haokip	SW	NGO	CDL	Strong	74.11	Recommended as trainer
30	Rita Rangnamei	GNM	PHC,Maram	SPT	Average	58.86	Recommended as assistant
31	K.Moikham	CHW	NGO	CDL	Poor	46	Not Recommended as trainer or assistant

Checklist / Plan for training of ASHA Module 6 & 7.

1. Discussion among trainers before two days of the training is very much necessary.
2. Finalizing the norms of the training.(Each of the trainer & trainees has to strictly follow the norms)
3. The training preferably should be residential.
4. Each of the training days will start with recap of the previous day's activities.
5. Power point presentations on the topics Modules 6 need to be distributed at the end.
6. Nanhi Si Jaan- the film- One copy.
7. Laminated Card for EDD: 30 Xerox copies
8. EDD Worksheets and EDD worksheets with answers.
9. Exercises to determine abortion, still birth and Neo Natal Death- Xerox copies for all.
10. Pregnancy form Part 1 & 2:– Xerox copies for all the participants.
11. Flip chart Paper- Pencils/ Sharpeners/ Sketch Pen/ Marker (all colors)/ White Board (Sufficient numbers for all the participants).
12. Digital Watch (4 ordinary pieces); Practice sheet for all the participants
13. Case presentation : Filling the Delivery Form: 30 Xerox copies
14. Delivery Form Part1& Part 2- Xerox Copies for all the participants.
15. The thermometer and the weighing machine (the trainer will take with them).
16. Measuring Temperature: Skills Checklists 30 Xerox copies
17. Weighing the Baby: Skills Checklists:30 Xerox copies
18. Case presentation: Filling 1st Examination of the new born(Xerox copies for all)
19. First Examination forms Part 1 & 2: Xerox copies for all the participants.
20. Filling up of home visit format: Xerox copies for all the participants (In module 6 needs to be photocopied for all participants.)
21. Role plays/ songs in the middle of the presentations to make the training lively. Trainers have to prepare as per state/language specific.
22. Ask ASHAs to bring ASHA Diary/ Drug kit Box/ Village Health Register to the training venue.
23. Training Evaluation format: - Xerox copies for all the participants. (In the presentations by trainees).
24. Field Supervision form: – Xerox Copies for all the participants.

25. Newborn Health Care Evaluation: Form 30 Xerox copies
26. Role plays (Supervision)
27. Supervision forms: - Xerox copies for all the participants (as a whole).
28. Evaluating ASHAs behavior & strengths.
29. How to solve problems of ASHAs
30. Johari Windows: Picture need to be photocopied.
31. Formation of the team for field visit. All the teams have to be led by a supervisor.
32. Check the visit sites before the training: the hospital & the community sites
33. Nischay Kit:10 pieces
34. A doll of a child (Plastic Dummy Child Demonstration Kit)has to be arranged from the state)
35. 1x1 meter cotton cloth for wrapping a baby.

Evaluation & Examination papers:

Evaluation1:

1. Module 6 &7 was developed to build competencies on ASHA on improving
    a. maternal and newborn health,
    b. child health and nutrition, and
    c. selected disease control programs,
    d. All the above
2. Which one is not the support structure of ASHA Program?
    a. Block Program Manager
    b. State ASHA Resource Centre,
    c. District and Block Community Mobilizer and
    d. ASHA facilitators (one ASHA facilitator per 20 ASHA).
3. Social Mobilization includes which of the following?
    a. Conducting women group meeting & VHSC meetings
    b. Assisting in making village health plans
    c. Enabling marginalized & vulnerable communities to be able to access health.
    d. All the above
4. What is Participatory training? Give Definition?

5. What are the methods of Participatory Training?

6. Authoritarian supervision includes which of the following?
    a. Showing authority while supervision
    b. Showing Empathy
    c. Showing kindness & empathy
    d. All the above
7. The current IMR in India is:
    a. 55
    b. 66
    c. 70
    d. 80
8. Which of the following diseases causes highest no of Child death?
    a. Diarrhoea
    b. Pneumonia
    c. Malnutrition
    d. All the above
9. The main causes of neo natal deaths are?

a. Preterm
b. Birth asphyxia
c. Infections
d. All the above

10. What is the full form IMR?
    a. Infant Mortality Rate
    b. Infant maternity Rate
    c. Idea mortality rate
    d. All the above
11. How may infants die every year (2008)?
    a. 1.5
    b. 1.9
    c. 20
    d. 3.0
12. Paraphrasing Means what?

13. What is MMR?
    a. Maternal Mortality Rate
    b. Maternal moral Rate
    c. Material mortality Rate
    d. All the above
14. Which is wrong?
    a. Tetanus: vaccination
    b. Diarrhea: ORS
    c. Whopping cough: antibiotic
    d. All the above
15. Define HBNC?
    a. Home based New Born Care
    b. House based new born care
    c. Home based new care
    d. All the above
16. What is child death?
    a. 0-1 year
    b. 0-5 years
    c. 0-2 years
    d. 0-3 years
17. "What is your name" is an
    a. Open question
    b. Close ended question

c. Both
d. Question only?

18. Which of the following is not an activity of ASHA?
    a. Home visit
    b. Attending VHND
    c. Visit to the health facility
    d. Maintain records
19. VHND organized
    a. Monthly basis
    b. Quarterly basis
    c. Every months
    d. One year
20. What are the 5 essential skills for an ASHA?

Evaluation2:

1. What is EDD?
    a. Expected Date of Delivery
    b. Expected delivery Date
    c. Expected Deliverables Diary
    d. All the above
2. What is LMP?
    a. Lateral Manual Period
    b. Last Menstrual Period
    c. Latest Menstrual Period
    d. All the above
3. If the first day of LMP is 10th Deceber2009 the EDD will be
    a. 17th september2010
    b. 10th September 2010
    c. 16th September 2010
    d. 18th September2010
4. The 1st ANC has to be done in

a. Within 12 weeks preferably as soon as pregnancy is suspected
b. Within 13 weeks preferably as soon as pregnancy is suspected
c. Within 12 weeks
d. Within 14 weeks preferably as soon as pregnancy is suspected

5. The formula to count EDD
    - LMP+7 Days+9 months=EDD
    - LMP+6 Days+9 months=EDD
    - LMP+8 Days+9 months=EDD
    - LMP+9 Days+9 months=EDD

6. Which one is not a common symptom of anemia for PW?
    a. Very pale tongue
    b. Weakness
    c. General swelling in body.
    d. Night Blindness
7. If the Pregnant Woman has the fever what ASHA will do?
    a. Refer to hospital
    b. Give paracetamol & refer to PHCs if after 48 hours the fever persist
    c. Give paracetamol
    d. Do not do anything
8. For suspicion on mal presentation what suggestions you will provide?
    a. Ask to talk to ANM
    b. Ask to go to PHC/SC
    c. Ask to go to CHC/DH
    d. Will not tell anything

9. Severe headache and blurred vision or severe headache and spots before the eyes is
    a. Emergency referral
    b. Non Emergency referral
    c. Both
    d. Not at all
10. Module 6 &7 was developed to build competencies on ASHA on improving
    a. maternal and newborn health,
    b. child health and nutrition, and
    c. selected disease control programs,
    d. All the above
11. Which one is not the support structure of ASHA Program?
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    c. Enabling marginalized & vulnerable communities to be able to access health.
    d. All the above

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    a. 55
    b. 66
    c. 70
    d. 80
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    a. Diarrhoea
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    c. Malnutrition
    d. All the above
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    a. Preterm
    b. Birth asphyxia
    c. Infections
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    a. Infant Mortality Rate
    b. Infant maternity Rate
    c. Idea mortality rate

d. All the above

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20. Which of the following is not an activity of ASHA?
    a. Home visit
    b. Attending VHND
    c. Visit to the health facility
    d. Maintain records
21. VHND organized
    a. Monthly basis
    b. Quarterly basis
    c. Every months
    d. One year
22. Determine EDD on the basis of LMP? 10 marks

LMP	**EDD**
2nd January 2007	
12 February 2006	
27th March 2007	
21st November 2006	
20th June2006	
30th April2007	
29th February 2008	
15th August 2006	
30th April 2005	

Evaluation: 3

1. For which of the following reasons you will ask Pregnant Woman to go to ANM? 1 mark
    a. To fill Pregnancy form
    b. To ensure that ANM will come at the time of delivery
    c. To get TT injection
    d. To make ANM feel happy
2. Find out True or False(If true give tick and if false give cross sign)6
    a. Non emergency problems does not need referral
    b. Hb level below 11g/dl is considered to be suffering anemia
    c. Participatory training is trainer oriented.
3. In which of the following deliveries baby and mother may have danger?
    a. Mother has night blindness during pregnancy
    b. Mother taking full meals during pregnancy
    c. Mother has bleeding during pregnancy
    d. Mother taking iron folic during pregnancy
4. Who from your village needs the health care the most? 1 Mark
    a. A small girl studying in school
    b. Sarpanch/chief of the village
    c. New born baby
    d. Old grandfather

5. Can the trained village health worker (like you reduce the NMR and IMR? Yes/No
6. What of the following is danger sign in pregnancy? 1 Mark
    - Night blindness
    - Eating four times in a day
    - Convulsions
    - Skin problem
7. Which of the following is not a danger sign during pregnancy? 1 Mark
    - Bleeding
    - Cough and cold
    - Blurred vision
    - Fits
8. Which of the following is pregnancy period? 1 Mark
    - The period from conceiving to baby coming out
    - The period from conceiving to delivery
    - The period from conceiving to abortion
9. Which of the following is emergency situation? 1 Mark
    - Swollen hands and face

- Malpresentation
- Multiple pregnancy
- Loss of foetal movements
- Burning when urinating

10. Which medicine is used for the treatment of white discharge?
    - Tetracycline
    - Cotrimoxazole
    - Aspirin
    - Paracetamol

11. Answer the following questions:

Write whether the following is abortion, preterm delivery or full term delivery

a. At delivery mother has completed 9 months of pregnancy
   Answer:
b. When baby came out mother had completed 5 months of pregnancy
   Answer:
c. At delivery mother has completed 8 months and 4 days of pregnancy
   Answer:

- In prime when the labour is termed prolonged?
- If labour continues for 10 hours
- If labour continues for 14 hours
- If labour continues for 24 hours

12. How many IFA tablets an anemic pregnant women needs to take daily?
    a) 1 tablets/ day b) 3 tablets/ day c) 2 tablets/day d)None of these
13. What is child death?
    a. 0-1 year
    b. 0-5 years
    c. 0-2 years
    d. 0-3 years
14. What are the various stages of labor? Explain? 3

    1st stage-
    2nd Stage-
    3rd Stage-

Evaluation 4:

1. Anjana gave birth to a baby girl born on April 20th at 8:10 P.M at home. Her LMP was 20 July. This baby's EDD was 26 April. What will be the pre term cut- off date? =
2. What is the normal temperature of New born baby? =
3. Write three symptoms of hypothermia?
    a.
    b.
    c.
4. What should be applied on new born umbilical cord if it is bleeding?
5. What is the temperature of Ice in Fahrenheit? =
6. What food should be given to the baby after its birth? =
7. What care should taken to the new born after birth?
    a.
    b.
8. What are the various steps for measuring temperature?
9. What are the various colors of weighing machine indicates? Write down the weight scale also?
    a.
    b.
    c.
10. Time recording should be counted as
    a. Min: Hours: Sec
    b. Sec: Min :Hours
    c. Hours: Min: Seconds
    d. All the above are true

Evaluation 5:

1. If weight scale shows red colour then
   a. Weight of baby is 2.1 kg to 3 kg
   b. Weight of baby is less than 2 kg
   c. Weight of baby is more than 3 kg
   d. Weight of baby is more than 2.5kg

2. If mother has swelling on hands and face what should be done?

   a. Such thing is common during pregnancy do not pay attention
   b. Mother looks beautiful compliment her
   c. Ask her not to move out else she will catch evils eyes
   d. This is a danger sign send her to hospital
3. What care should be taken at birth to avoid baby getting cold?

   a. Do not give breast feeding to baby till 6 hours after delivery
   b. Do not give baby to mother
   c. Immediately after birth dry and wrap the baby
   d. Give jiggery/honey water to the baby immediately after birth
4. Which of the following is pregnancy period

   - The period from conceiving to baby coming out
   - The period from conceiving to delivery
   - The period from conceiving to abortion
5. Which of the following is emergency situation

   - Swollen hands and face
   - Malpresentation
   - Multiple pregnancy
   - Loss of foetal movements
   - Burning when urinating

Final Evaluation/examination

Total Marks: 100 **Time: 1.5 hours**

1. If mother has swelling on hands and face what should be done?

    e. Such thing is common during pregnancy do not pay attention
    f. Mother looks beautiful compliment her
    g. Ask her not to move out else she will catch evils eyes
    h. This is a danger sign send her to hospital

2. Where the thermometer should be placed for measuring temperature of baby?

    a. In mouth
    b. In armpit
    c. In rectum
    d. Do not measure temperature of baby with thermometer

3. If you are not present at delivery of baby when you should do the first examination of baby/

    a. Within 1 hour after birth
    b. Within 6 hours but after 1 hour after birth
    c. On second day
    d. Immediate after birth after drying the baby

4. Find true & false?(if true give √ and if it is false give X)

- It is recommended that the newborn baby should not be bathed until the 1st seven days.
- ASHA will not be supported in the field by an ASHA facilitator
- The correct position of breastfeeding is while holding the baby, the mother also supports the baby's bottom and not the shoulder.
- Second visit of ANC check up is not at 4 – 6 half months.
- The first stage of labour usually last about 8 -12 hours
- Sore nipple should be wash once a day with soap
- If the discharge smelling, referral on the same day is advisable

- Feedback should be constructive and destructive feedback
- A fresh still bath means the baby died inside the mother's womb only recently
- When F stop flashing and number stop changing after beep
- If the baby was born at 97.7˚F and losses 2.7 degree because it was not properly dried and covered the temp will be 95 ˚F proper the temp which is below normal
- For small and preterm babies, do not give a birth until the baby weight and weight of the baby becomes 2,000 gm
- A Newborn should gain at about 150 -200gm /week
- The newborn requires a visit immediately after birth or within the 1st 24 hrs.and on the day to if the baby is born at home
- Cord should be kept claim for at least 24 hrs after birth the clamp can be removed when cord is dried and occluded

5. **Fill in the blank:**

- If the baby is born in a health facility or at home you should visit the baby on _____
- Placenta usually comes out after _____ months
- If the mother bleeds more than 500 C.C is called _____ _____
- If the discharge is foul smelling refired on the same day is_____
- During the post –pertern period of newborn, the recommended days for ASHA to visit a newborn are_____

6. Shakila gave birth to a baby boy. He was left wet until the placenta came out. He didn't breastfeed until about 4 hours after delivery. At that time, his temperature was 94.4^0 F (34.7^0

1. What is a newborn's normal temperature? =
2. Was the baby's temperature normal or hypothermic? =
3. What could be the causes (try to identify 3 causes?)

a. _____
b. _____
c. _____

7. (**10 marks; ½ marks for each of the questions**)

LM P	EDD
11 July 2003	
1 December 2003	
27 October 2004	
1 July 2004	
7 November 2004	
14 June 2004	
30 November 2004	
23 March 2004	
2 February 2004	
26 January 2004	
15 August 2003	
20 January 2004	
4 May 2003	
3 April 2004	
29 February 2004	
1 January 2005	
30 April 2005	
31 March 2004	
4 September 2004	
15 December 2005	

8. **Worksheet to determine pregnancy outcome**

Put an 'X' on the timeline showing when the baby died and write whether it was an abortion, stillbirth, or neonatal death.

a. Jeena got pregnant in June and lost the pregnancy in August.
b. After 9 months of pregnancy, Meera delivered a baby girl who died after two weeks..
c. Geeta was pregnant for 7 months when she started labour pains. The baby was born but didn't breathe, cry or move its limbs.
d. Neeta got pregnant but started bleeding at 6 months and lost the baby.

9. What is Inde?

=

5. Daramba gave birth to a baby girl in December. The TBA delivered the baby and put her to the side while she waited for the placenta to come out.

After 20 minutes, the placenta came out. The TBA wiped the baby and wrapped it in a cloth. The mother- in- law took the baby to show to the relatives. When she came back an hour later, the baby was put on the bed and she fell asleep. When the baby woke up, she was pale and her feet and body were cold. Her temperature was 94^0 F (34.4^0C). The mother offered the baby her breast but she didn't suckle well. The next day the baby was very weak and they had to call the doctor. The doctor said the baby had pneumonia.

1. Would you say the baby is cold? Yes No
2. Why? What signs does she have?
2. Name four things that could be a cause of the baby's low temperature:
3. What could have been done to prevent the problem? (Give at least six answers.)
4. What is a normal temperature range for newborns? =
6. Write down at least four steps in re-warming the baby:

10. Yasmin is a three month girl who developed a mild fever with cough, but has then stopped breastfeeding from the fourth day. She is since then lying quietly, occasionally crying and not playing at all. Is this a danger sign? What would be the ASHAs advice?

11. Sushma is in the seventh month of her first pregnancy when she is able to attend the VHND and gets registered. She has *received one TT this visit* and been given *100 tablets of IFA*. She has moderate anemia- 9 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 an FRU is 30 km away. What would you advise and what is the birth plan you would make.

12. Sharifa is in the ninth month of pregnancy. This is her second pregnancy. Last pregnancy she had a C-section. This pregnancy is normal. The sub-center is 2 km away, the 24*7 PHC is 20 km away and the FRU in the district hospital is 30 km away. It is difficult to get transport at night time. Her antenatal care is complete and except for haemoglobin of 10 she is normal. What advice ASHA will give?

13. As ASHA you are called to Amina's house when are labour pain starts. This is her second pregnancy and by the time you reach over two hour elapses and the bag of waters has burst. Labour seems to be progressing well. To get transport and begin shifting would take an hour and another half hour to reach the PHC. The sub-center ANM could be called home. You have her mobile number. What steps you will be taking?

14. 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 on it?

15. A baby is born normally at an institution and you are there as the birth companion. The baby is weighed. Demonstrate weighing. The weight is 2 kg. The temperature is taken and it is 96 degrees F; The room has a draft and the family wants to go home just six hours after delivery. What is the advice you would give?

16. You visit a mother who has just delivered a baby 7 days ago. The baby is feeding well- about 6 or seven feeds in the day. Its umbilical cord is normal and dried up. Since it is a hot season, they are also giving some small amount of boiled water with sugar added. The mother has some fever and her discharge is foul smelling. What advice you will be giving?

17. You are visiting a mother with a two month old baby boy, just before they are going back to the husband's house after delivery. Baby is weighing 4 kg and crying often. The mother complains of painful breastfeeding and cracked nipples. What would you advise?

18. You are planning to go to the VHND- but last minute some work has come up. You decide to remind those who have to go there to go with the help of the helper of the anganwadi. Who are the families who have to be so reminded?

19. A 5 month pregnant woman aged 26 years has been experiencing severe head aches, nausea and generalized odema since last week. What advice ASHA will give it to the woman?
20. A 22 year old pregnant woman is unwilling to go for an institutional delivery and has decided to have a home delivery. What are the five cleaning to be followed for home delivery?
21. After the delivery in the hospital, Geetha bleeding seemed to increase. The ANM and doctor were busy attending to other patients, but the ASHA recognized at once that this was a complication. What ASHA will do at that time?

22. Write effective messages which ASHA should deliver to pregnant woman in Counseling for the following questions?
    - To prevent diarrhoea, pay attention to cleanliness.
    - Take good care of the child.
    - Your child is now one year old. You must give it nutritious food.

23. What one should do for conducting a successful VHND?

24. What are those complications that can occur to a pregnant woman during ANC for which the woman need some treatment/ referral?

25. How to plan for a safe home delivery? What ASHA should advise the family?