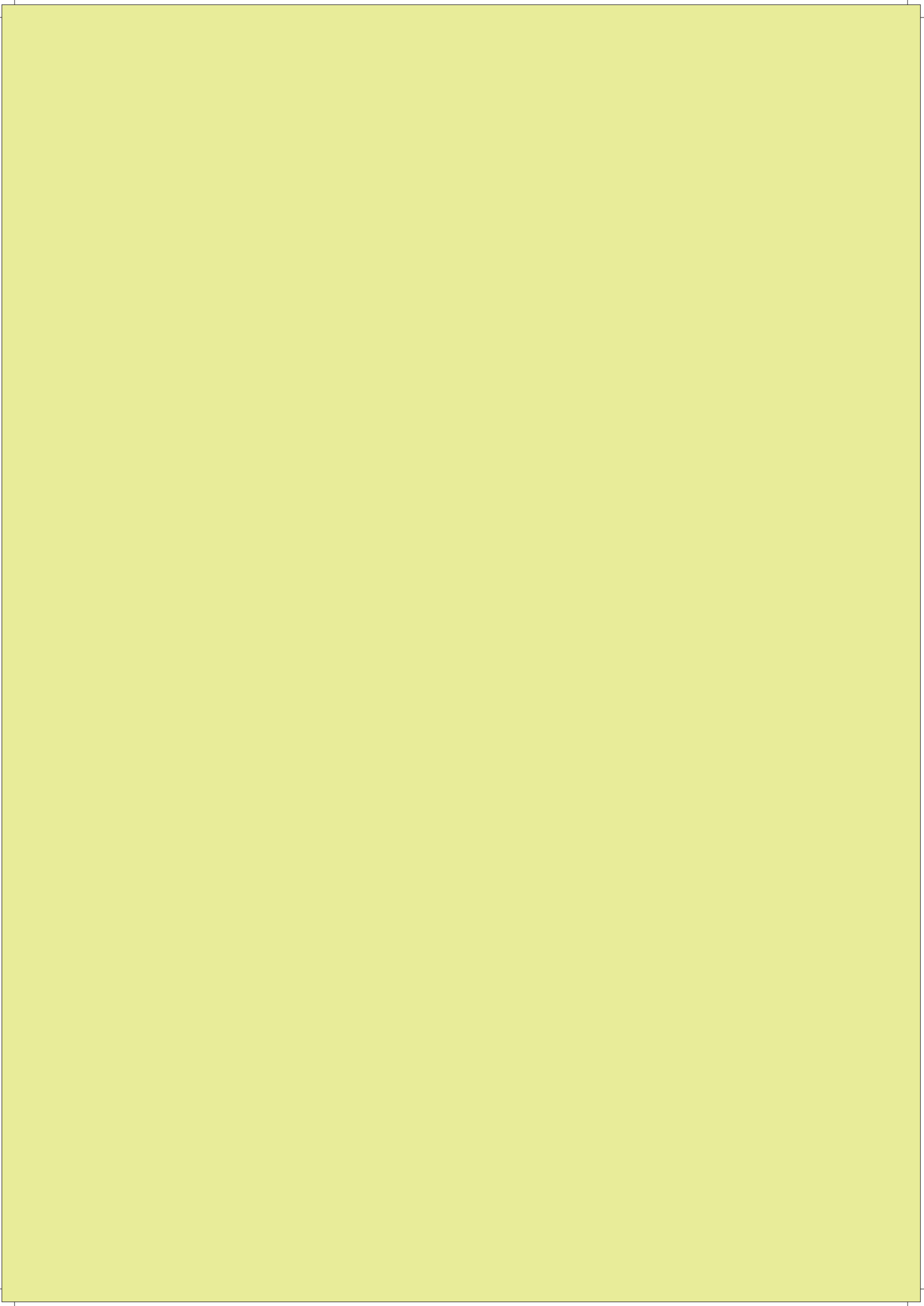




Follow-up After Training on
HBNC+
and Community follow up
of SNCU discharged newborns
(Supportive Supervision)



MODULE FOR ASHA SUPERVISOR



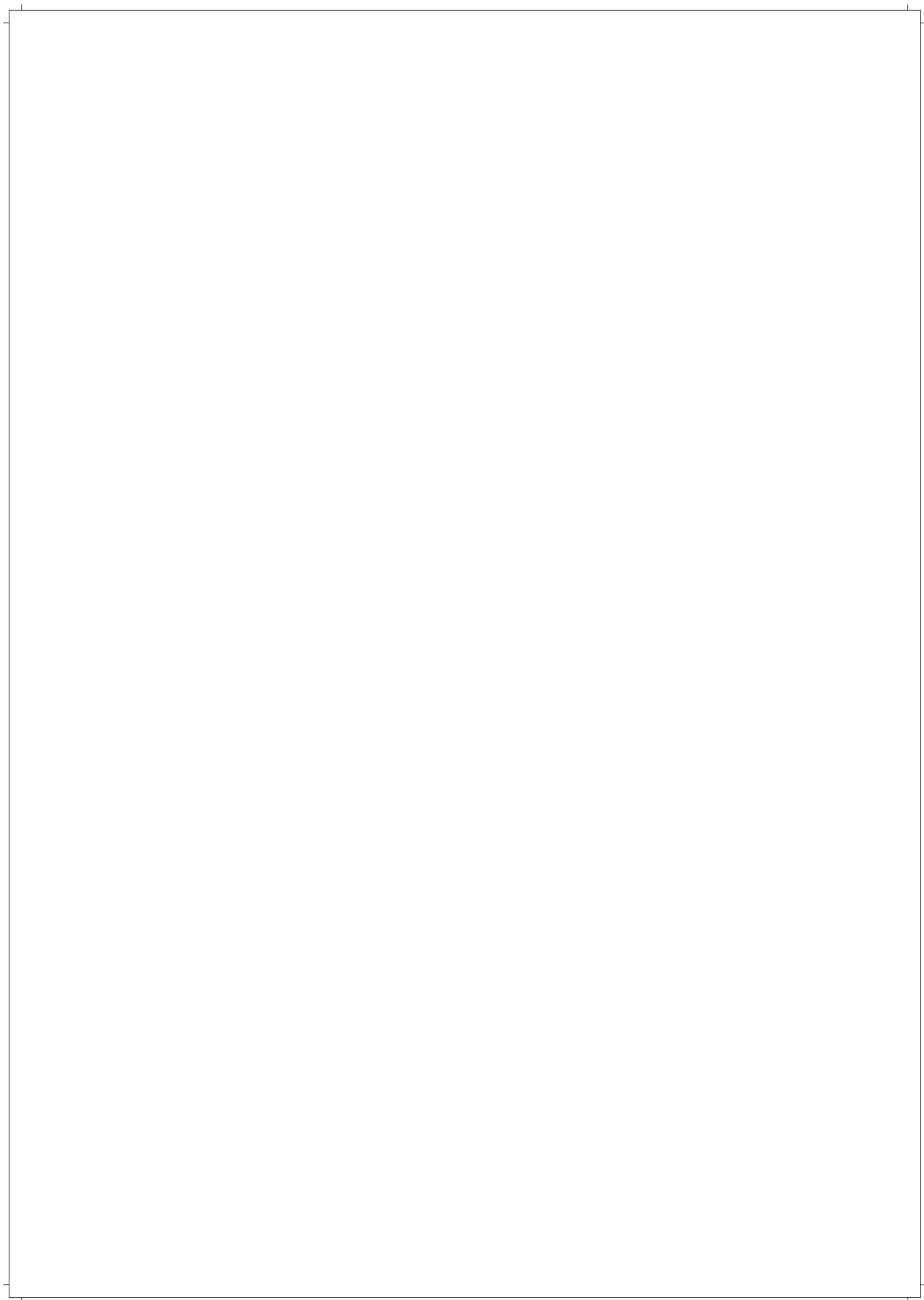
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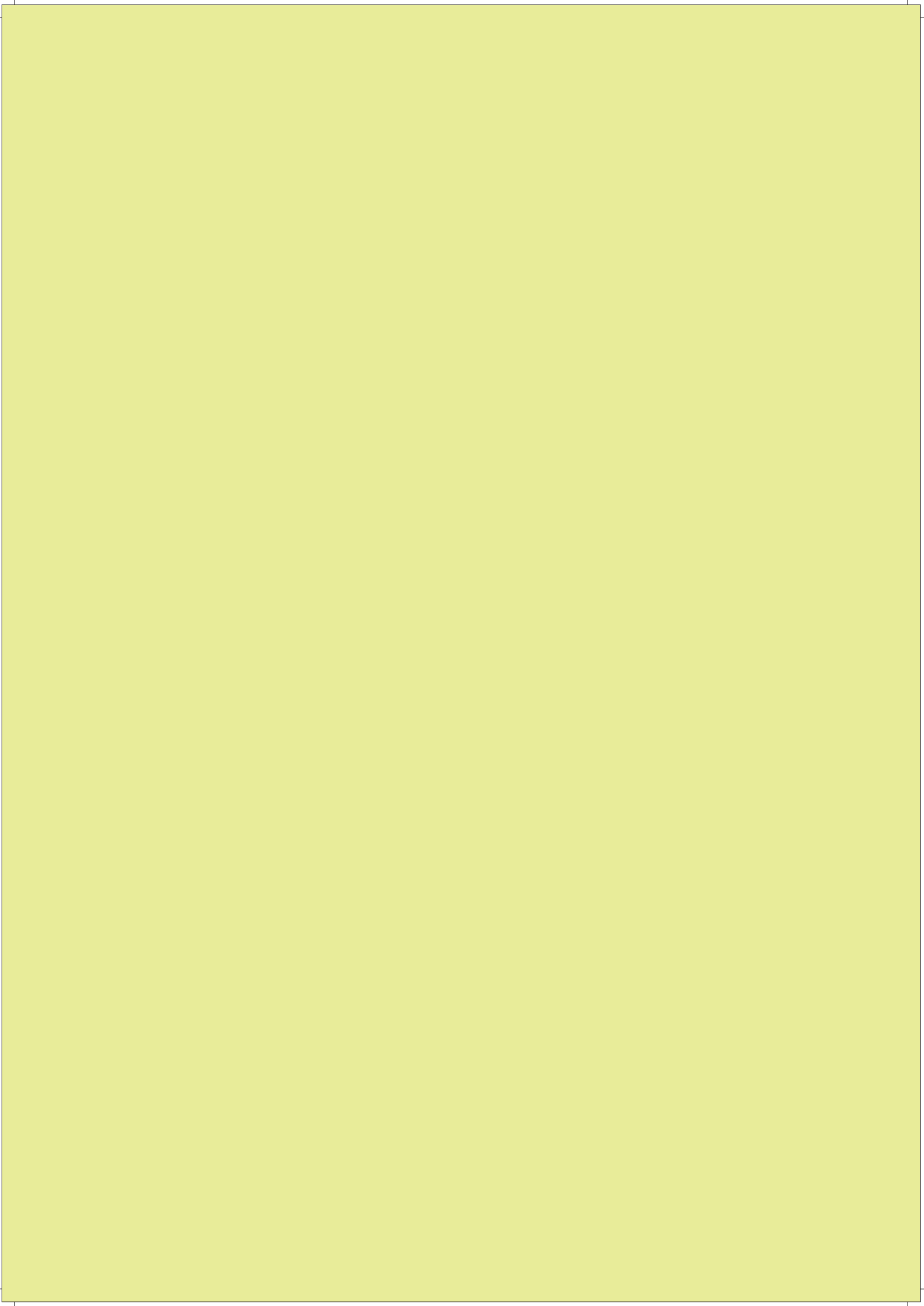
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ANNEXURE-1 Forms (HBNC+)

ANNEXURE-2 Forms (Community Follow Up of SNCU Discharged newborn)

ANNEXURE-3 Practise Exercises





1. Introduction

The training course for HBNC+ is designed to help ASHA acquire skills to IMPROVE CARE AND DEVELOPMENT in an integrated manner more effectively. Similarly SNCU+ trainings were conducted to empower ASHA and ANM provide effective community follow up of SNCU discharged newborns. As the workers have learnt new skills, it may sometimes be difficult for them to utilise it while visiting families. The supervisors can help them to reinforce the learning and apply the skills in their day-to-day working.

Therefore a follow-up training visit at the place of work of the Health Worker, as an integral component of training, is recommended. This is intended to solve the problems faced by the Worker in the implementation of the HBNC+ and community follow up of SNCU discharged newborns. The follow-up training visit will help the coordinator to incorporate the suggestions and strengthen areas where s/he has commonly identified gaps in the skills of the health workers in subsequent trainings.

The first follow-up visit is recommended within four to six weeks of training. This will also ensure supply of medicines and logistics that are required in the practice of HBNC+ and community follow up of SNCU discharged newborns home visitation process and strength record keeping and reporting. After the first follow up visit, subsequent visits should depend on number of supervisors available.

HBNC+ aims to

- Reduce morbidity and mortality associated with common illnesses in children less than five years of age.
- Contribute to early childhood development and healthy growth to realize the full potential of each under five child.

Community follow up of SNCU discharged newborns aims to:

- Reduce morbidity and mortality in newborns saved with very high costs.
- Contribute to early childhood development and healthy growth to realize the full potential of each newborn.

HBNC+ & Community follow up of SNCU discharged newborns implies:

- Involving parents in effective care of newborn and children at home
- Emphasizing prevention of disease through:
 - 4 home visits for HBNC+ in the third, sixth, ninth and twelfth month of life for ensuring growth monitoring, improved nutrition (Exclusive breast feeding and quality complementary feeding), full immunization, Anaemia prophylaxis, ORS distribution and ECCD.
 - 3 home visits additional to HBNC schedule (First as soon as possible, second a week later & 3rd Visit at 6 wks.) for ensuring Compliance with discharge instructions, Promoting care for development, optimal feeding, KMC, Detecting sick newborns and ensuring referral

Objectives of follow-up after training

- To reinforce skills by identifying strengths and weakness and help ASHAs improve and use these skills while providing newborn follow up and child health care.
- To identify problems faced by ASHAs in conducting home visits and help solve these problems,
- To gather information on the performance of ASHAs and the conditions that influence performance.
- To strengthen logistic support (medicines, equipment and supplies)
- To improve record keeping and information system.

This training course is for Supervisors of ASHA including ASHA Facilitator, ANM, Block and District Community Mobilizers and others.

Overview of a follow-up training visit

For effective follow-up training visit, supervisor should follow all the steps in the flow chart.

Depending on the situation at the time of follow-up visit, activities can be adjusted to use the available time efficiently.

Activities During a Follow-up Visit

Plan and prepare for the follow-up after training visit.

Conduct the Follow up visit. Introduce yourself

Review Records

Observe Home Visitation

Reinforce the skills of ASHA

Review supplies, logistics

Solving Problems

Provide feed back and report to higher authority

Discuss the activities





2. Plan and prepare for the follow-up after training visit

2.1 Prepare schedule and inform ASHAs

Each follow-up visit will require about half a day to complete the work in a satisfactory manner without any rush. The supervisor can plan the schedule in such a way that each ASHA is visited at least 3 monthly. This schedule will also allow the supervisor to continue to do her/his normal work without too much of interruption.

Prepare your monthly plan of supervisory visits. You can combine this visit with a supervisory home visit being undertaken for other activities ASHA e.g. HBNC or Immunization motivation. During monthly meeting, inform all ASHA of scheduled visit for the month. Prior information will help ASHA prepare for visit and look forward to it as problem solving exercise. Inform ASHA that for the visit she must carry all HBNC+ and Community follow up of SNCU discharged newborn cards available with her (complete and incomplete) for review. ASHA is also expected to keep ready a list of problems faced by her during

implementation of home visits, so that she may convey these to her supervisor. If an ASHA is not practicing home visitation, she must give reasons for not doing so.

The day before follow-up visit, make sure to read through the training module, recording forms, and the guidelines for follow-up training and practice exercises. This is essential before the initial 2-3 follow-up training visits to gain enough confidence and expertise in doing good quality follow-up visits. The supervisors should also revise the steps involved in follow-up training.

Meet ASHA at a pre decided convenient location (e.g. Anganwadi) at a time convenient to both of you.

2.2 Materials and Supplies required

The materials required for follow-up training are listed below:

- **The training kit** - This includes modules for ASHA to undertake Home Visitation for Home Based Newborn Care + & Community follow up of SNCU discharged newborn.
- **Material for reinforcement of skills of ASHA** - This includes card sorting set and supervisor's manual for follow-up training
- **Recording Forms for HBNC+**
 - Form-1A. HBNC+ Register page- 1 per ASHA.
 - Form-1B. Logistics support form for HBNC+ - 1 per ASHA
 - Form-2. (HBNC+ Home Visit observation forms) – 2 each per ASHA
 - Form-3. Supervisory Summary for HBNC+ Activities- 2 per ASHA
 - Form-4. MPR for ASHA Facilitators
- **Recording Forms for Community follow up of SNCU discharged newborns**
 - Form-1. Community follow up of SNCU discharged newborns Register page- 1 per ASHA.
 - Form-2. MPR for ASHA Facilitators
- **Medicines** - Supplies include ORS, Paediatric IFA, Home visit recording formats and MCP Cards, in sufficient quantities to replenish the ASHAs requirements and for demonstration purposes.

Activity: Review and discuss the material that Supervisor should carry for the follow-up after training visit of ASHA. Look at the various forms and give your comments. If in doubt get it clarified by your facilitator.



3. Conduct Follow-up Visit

There are a number of activities you need to take-up during your follow up visit. A simple flow chart of activities to be done is given below:

- Explain the purpose of visit to ASHA
- Review Records kept by ASHA
- Observe home visitation being done by ASHA
- Build capacity of ASHA through practice exercises (optional)

Stop: Discuss the flowchart of the follow up visits. You may suggest the sequencing.

3.1 Explain the purpose of visit

You should explain the purpose to reassure ASHA that this is not a fault finding exercise, rather this visit will help her solve problems and therefore perform her duties better in a systematic way. Explain to ASHA activities you will undertake (mentioned in the section on 'conduct the follow-up visit').

Begin your conversation with ASHA by:

- Greeting the ASHA
- Explaining the purpose of follow-up visit
- Reassuring that the visit is supportive and not fault finding
- Inquiring about problems faced in implementation of HBNC+

Stop: Role Play on introducing and beginning conversation with ASHA

3.2 Review HBNC+ and Community follow up of SNCU discharged newborn records and logistics support

After introduction of the follow-up visit, ask for registers /records of HBNC+/ Community follow up of SNCU discharged newborn. The record review can give useful information on how the program is progressing. Praise ASHA and proceed further if the records are kept as per guidelines.

Take Form-1A and enter basic information i.e. name of ASHA, name of the PHC, block, and district. This is same as the recording register for you to collect monthly data.

- Fill information on name of infant, sex, date of birth.
- Mention date of home visit by ASHA for each visit, Wt plotted, immunization status, Given ORS or IFA

The record review will help you to know the following:

- Whether the ASHA is able to maintain the records
- Perform home visits on time
- Number of home visits
- Whether the ASHA is doing age appropriate tasks

This form is actually the page of recording register which can be filled during visits and also in review meetings. All this information will be useful to identify strengths and weaknesses in the skills of the ASHA. Complete the section on review of records by stressing on the importance of filling of records every time a child is assessed.

Stop: The participants should look at the Form-1 and discuss

Take Form-1B. Review the supplies

Review the supplies and Fill-in Form-1B. Check if a drug is out of stock and for how long? Replenish the drugs from your stock if required and mention in third column. In column 4, mention the actions required at higher level, like 'replenish the drug' (if you are unable to do). Ensure follow-up for actions to be taken by competent authority.

This review will help you to know the following:

- Whether the ASHA has recording forms and MCP cards
- Whether the ASHA has ORS and IFA

3.3 Observe home visitation for HBNC+

3.3.1 Home Visit Interaction

For home visit, select a child who is preferably

- 6 months of age and whose visit for HBNC+ is due OR
- 9 months of age and whose visit for HBNC+ is due OR
- Any age whose visit for HBNC+ is due OR
- A child who has received visit for HBNC+ in last 2 weeks.

Along with ASHA, introduce yourself to the family and explain the purpose of your visit to the home. Let ASHA begin her work while you observe. Observe carefully and record your observation in **Form 2**. First fill the basic information like name & designation of the ASHA, name of supervisor (your name), date, time spent by ASHA in case management (Do not include the time it took to give feedback and in skills reinforcement), etc. Below this, the form has five columns –

- **First column** - This includes list of Tasks. The text in bold is the question whether the ASHA has performed a particular task or not.
- **Second column** - Record tasks you would have performed in this situation. Taking your tasks as gold standard, tick mark all rows that have bold text. This implies that you have followed all the steps of HBNC+. Observe carefully the ASHA counselling and put a tick mark only if done for the child.
- **Third column** - Record ASHA's performance in this column. For the bold text, if the ASHA has performed then put a tick mark (√), if not performed then put cross mark (×). For counselling, put a tick mark (√) if the ASHA has performed it correctly. If the ASHA has not performed or the process was incorrect, put cross mark (×). E.g, if the ASHA gave IFA to a 3 month old infant, then put tick mark (√) against that task) while (×) against your task.
- **Fourth Column** - Mention the mistakes against the cross marks tick mark (×) in this column. Mistakes can be made either in the process or in counselling, e.g - ASHA counselled for complementary feeding to a 3 months old infant. Mention these mistakes in this column.
- **Action taken** - In this column, you should mention the action you took to reinforce the skills of the ASHA for identified problems.

If the ASHA makes a mistake that can be harmful to the child, then stop her and provide your feedback otherwise let her continue. The feedback should be encouraging and done in a gentle and polite manner. This can prevent ASHA from giving wrong counselling to the mother. But, always take care that mother's respect for ASHA is not undermined by your feedback/counselling of the mother. This can be done by telling the mother that the ASHA has done a very good job but you would like to reinforce and emphasize or perhaps clarify some points.

After she has completed her interaction with mother, praise her for the efforts made, correct mistakes if any, and make sure that the mother gets correct advice.

Note down the time spent in minutes to perform home visit. This is useful to determine the time that home visitation takes. This step helps ASHA to be convinced that it does not take long to perform counselling through HBNC+ approach. You should discuss with the ASHA that initially it might take longer but as she gets skilled, time taken is reduced. If more than one case is observed then new Form 2 should be used.

Stop: Discuss Form 2, Role Play on filling of the form

3.4 Process of providing feedback to ASHA

While providing feedback to the ASHA, use Form-2 filled by you. First give positive feedback on what the ASHA did well. If there is a mistake in counselling, explain to her politely by referring to the relevant section in MCP card. Explain to the ASHA that during each counselling session, she should refer the Job aid and MCP card and not depend on memory alone. This will help her/him to improve and sustain skills.

If the ASHA is making too many mistakes, then you should demonstrate a full case management process and ask the ASHA to practice it on another case in front of you. Enter in Form-2 (action taken column) that a case has been demonstrated. This feedback under supervision will help ASHA to better grasp counselling skills and will give her confidence. Case observation and feedback is the most effective way of reinforcing HBNC+ skills

Stop: Role-play on giving positive feedback to the ASHA

picture required

4. Reinforce knowledge/ skills of ASHA

The supervisor in consultation with ASHA or through assessment should identify selected counselling issues that need reinforcement. These should be revised with the help of MCP card, drills and case studies. Practical guidance should also be provided on children for feeding advice.

Do not carry out practise exercises if cases for home visits are available. The ASHA can be asked to perform another visit. Practice on real children is much more important than any other method.

4.1 Guidance on practice exercises

The following activities can be carried out when you are giving practice exercises to the ASHA.

- Drill for tasks at each visit
- Supervised performance/Demonstration on administration of IFA
- Supervised performance/Demonstration on preparation and administration of ORS solution
- Case histories on feeding problems and their possible solutions
- Card sort exercises

You may use Annexure for these exercises.

picture required

5. Solving Problems

During the visit, specific problems are identified in record keeping, communication/counselling skills and logistic support. The problems relating to counselling skills were addressed immediately after observation of the home visit.

The supportive attitude and problem solving during the visit will increase the motivation and interest of ASHAs in addition to removal of constraints if any. To solve problems, it is important first to list all problems and concerns of the ASHA. Append the list with additional problems you identified during the follow-up. Then classify each problem into one of the three categories:

- Problems that can be solved locally.
- Problem to be solved by the higher authorities.
- Problem that can be addressed by a change in policy

Some examples are illustrated in the table.

| Category | Example | Possible Solution |
|---|---|--|
| Problems that can be solved locally | AWW does not fill in MCPC | Discuss with AWW. If she does not know how to plot on the growth curve teach her |
| Problems to be solved by higher authorities | HBNC+ Forms not provided Irregular supply of ORS packets and IFA | Arrange with higher authorities. Solution might take sometime to implement. |
| Problems that require policy change | Additional allowances/ Increased incentive. | This may take a long time. Find jointly acceptable solution. |

Try to address a few important problems of immediate concern. Make sure to follow up with higher authorities to provide the support needed. Do not be hurried when suggesting solutions. Solve only one problem at a time. Ask checking questions to make sure that ASHA has understood and is willing to implement the solutions.

picture required

6. Summary of the visit

Transfer information from Form-1 (Record Review), Form-2 (Your assessment on home visit) to Form-3. Form 3 has 2 sections. First section about the ASHA Skills and performance.

Second section has 4 columns i.e., strength, problems (weaknesses), action taken and action needed. Under the case management, record your findings for assessment, treatment, counseling and when to return. You should first record the strengths of ASHA in each category and then go to the weakness column. Any additional problems identified during the discussion with ASHA should also be included. Mention the actions you took like drill, demonstration, card sorting, for skill reinforcement, help the ASHA in displaying the timing, replenish the drug, etc. Next step is to summarize actions to be taken with higher authorities.

A copy of the various forms filled, including the summary report should be left with the ASHA. It provides useful information about the status of implementation of HBNC+, problems identified and recommendations made. Keep a copy of all these forms with you.

The purpose of the report is to:

- Know the progress of HBNC+ in the district.
- Any important and recurring problem faced in the implementation of HBNC+
- Action needed by the authorities to solve the problem.

picture required

7. Filling MPR

Now you have come to the last step. After you have done follow-up visit of 6-7 ASHAs in a month, consolidate the findings in Form-4 of all the supervisors and prepare a consolidated report. Mention the problems identified during the follow-up visit and action required at the higher level.

picture required

8. Review HBNC+ and community follow up of SNCU Discharge new born activities with ASHA during meeting

Like other ASHA activities, HBNC+ and community follow up of SNCU Discharge new born must be reviewed during weekly/monthly meeting with ASHAs under your supervision.

Ensure that ASHA bring their filled HBNC+ & community follow up of SNCU Discharge new born cards during the sector meeting (complete and incomplete).

8.1. Points to be reviewed during meeting

1. Coverage of the area: In each ASHA area generally there are 2 new births every month
2. Timeliness of visits
3. Completing visits
4. Regular provision of ORS and IFA to family(HBNC+)
5. Completion of growth chart on the MCP card
6. Regularity and completeness of receipt of incentive
7. Availability of logistics – recording formats, IFA syrup and ORS packets

In addition, provide updates on HBNC+ and community follow up of SNCU Discharge new born during this meeting

8.2 Fill HBNC+ and community follow up of SNCU Discharge new born Register

Use HBNC+ and community follow up of SNCU Discharge new born cards brought by ASHA to fill out the HBNC+ and community follow up of SNCU Discharge new born register format (Annex)

8.3 Generate Monthly Progress Report

Based on HBNC+ Register and community follow up of SNCU Discharge new born Register generate a monthly progress report (MPR) (Annex)

Submit one copy of the MPR to Block Community Mobilizer (BCM) each month.

BCM compiles MPR from Facilitator and submits to District Community Mobilizer (DCM) who compiles and submits report to State.

At each level, report must be analysed for the quality of work and feedback provided to functionary submitting report.

Problems and issues identified must be sorted out as problem solving is a critical part of effective supportive supervision.

For each infant visited in last one month.

[illegible]

Form 1B: Logistic Support

Name of ASHA: _____

Supervisor: _____ Date: _____

| Assessment | Observation | | Actions taken on the spot | Actions required at higher level or as a follow-up |
|---|--|-------------------------------------|---------------------------|--|
| Records | | | | |
| 1. Are adequate number of HBNC+ recording forms available | | | | |
| 2. Is MCP card available | | | | |
| Supplies | Quantity require for next 3 months (No.) | Quantity with ASHA at present (No.) | | |
| 1. ORS packets | | | | |
| 2. IFA Bottles | | | | |

Observation if any:

Form No. 2 - Supervisor case observation form for Home Visit

Name of ASHA: _____

Supervisor: _____ Date: _____

Village/Block/District _____

Time started: _____ Time finished: _____ Time spent by ASHA: _____ min.,

(Use this form while giving feed back to SHA. First, put a tick mark for all the rows in bold letters. Then tick the tasks you would have performed if you were ASHA. Then observe ASHA at work. If the ASHA performs the same task, put (✓) mark in the ASHA column. If ASHA has not performed or is making mistakes mark X.)

| TASKS | Sup. | ASHA | Mistakes observed | Action Taken |
|---|------|------|-------------------|--------------|
| Ensured availability of MCP card | | | | |
| Card not available and provided by ASHA | | | | |
| Card available | | | | |
| Ensured Weighing and plotting | | | | |
| Curve direction upward and mother praised | | | | |
| Curve direction straight or falling and mother advised appropriately | | | | |
| Weight not plotted and ASHA ensured plotting | | | | |
| Ensured appropriate FEEDING | | | | |
| Ensured Exclusive breastfeeding to less than 6months old infant | | | | |
| Advised timely Initiation of complementary feeding to 6months or above infant | | | | |
| Advised adequate amount (frequency and quantity of food) | | | | |
| Advised proper feeding(Active feeding) | | | | |
| Advised safe preparation, storage and feeding(No bottle, Covered, Fresh) | | | | |

| TASKS | Sup. | ASHA | Mistakes observed | Action Taken |
|---|------|------|-------------------|--------------|
| Any other feeding advise | | | | |
| Promoted hand Washing | | | | |
| Advised hand washing using soap | | | | |
| Advised hand washing at appropriate times(Going to toilet, changing nappies, preparation of food etc) | | | | |
| Promoted play and communication | | | | |
| Assessed interaction appropriately (Sensitivity and responsiveness) | | | | |
| Appropriate advise given for age | | | | |
| Gave ORS | | | | |
| Taught method of preparation | | | | |
| Gave Pediatric IFA | | | | |
| Taught measuring correct amount | | | | |
| Child administered one dose | | | | |
| Ensured IMMUNIZATION | | | | |
| Checked immunization as per age | | | | |
| Advised immunization for any drop out | | | | |
| CHECKED MOTHER'S/CARETAKER'S UNDERSTANDING | | | | |

Write comments on quality of discussion between asha/mother

Form 3: Supervisory Summary for HBNC+ Activities

(Fill for each ASHA you observe. Give one copy to ASHA and keep one copy with you)

Name of Worker & designation: _____

Village/Block /district: _____ Date of Birth of child: _____

Date of visit: _____ Name of Supervisor: _____

| 1) Skill of worker | Yes | No | NA |
|---|-----|----|----|
| a) Ensured availability of MCPC | | | |
| b) Ensured weight plotting on MCPC | | | |
| c) Care giver appropriately counselled for feeding | | | |
| d) Care giver appropriately counselled counselled for playing and communication with infant | | | |
| e) Gave ORS and advice accordingly | | | |
| f) Gave pediatric IFA and advice accordingly | | | |
| g) Immunization status correctly assessed | | | |
| h) Care giver appropriately counselled for hand washing | | | |
| i) Checking questions are asked | | | |
| 2) Home Visit for infant performed timely | | | |
| 3) Recording format properly filled | | | |
| 4) Logistic support | | | |
| a) All essential drugs: ORS, IFA Syrup | | | |
| b) MCPC, HBNC+ Recording format are available | | | |

Please tick appropriate choice and mention actions

| Strength | Problems identified Tick mark | Action Taken | Action Required |
|----------|--|--------------|-----------------|
| | 1) Visits not performed on time 2) All children in not visited 3) Shortage of ORS/ IFA/ MCP card/ HBNC+ card 4) Weak counselling skills 5) Any other | | |

Form No. 4: MPR for HBNC+

Name of ASHA supervisors : _____

SHC/PHC/Block/District : _____

| | |
|---|--|
| Total no. of infant visited by ASHA | |
| No. of infants visited with age of 3 months | |
| No. of infants visited with age of 6 months | |
| No. of infants visited with age of 9 months | |
| No. of infants visited with age of 12 months | |
| No. of infants completing all 4 visits in this month | |
| No. of Infants received ORS from ASHA | |
| No. of Infants received IFA from ASHA | |
| No. of infants identified with vaccination drop out in this month | |
| No. of ASHA reported shortage of ORS with them for last one month | |
| No. of ASHA reported shortage of IFA with them for last one month | |

Community follow up of SNCU discharged newborns - Register

| | | |
|--|--|--|
| SI No. | | |
| Name of Baby | | |
| Mother's Name | | |
| Father's Name | | |
| Village | | |
| SHC | | |
| PHC | | |
| DOB | | |
| Sex | | |
| Place of Delivery | | |
| Birth wt. | | |
| Name of SNCU/DH hospital | | |
| Date of admission in SNCU | | |
| Date of discharge from SNCU | | |
| Wt. at the time of discharge from SNCU | | |
| 1st visit (immediate after discharge) | | |
| Date | | |
| Is baby alive (Y/N) if N then mention date of death (DD/MM/YY) | | |
| Does the mother/family have SNCU discharge card (Y/N) | | |
| Is baby exclusively breast fed? (Y/N) | | |
| Weight of the baby on the day of visit | | |
| Does the baby need referral (Y/N) | | |
| 2nd visit (7th day after the first visit) | | |
| Date | | |
| Is baby alive (Y/N) if N then mention date of death (DD/MM/YY) | | |
| Does the mother/family have SNCU discharge card (Y/N) | | |
| Is baby exclusively breast fed? (Y/N) | | |
| Weight of the baby on the day of visit | | |
| Does the baby need referral (Y/N) | | |
| 3rd visit(6 weeks of age) | | |
| Date | | |
| if N then mention date Is baby alive of death (DD/MM/YY) (Y/N) | | |
| Does the mother/family have SNCU discharge card (Y/N) | | |
| Is baby exclusively breast fed? (Y/N) | | |
| Weight of the baby on the day of visit | | |
| Does the baby need referral (Y/N) | | |

FORM 2-MPR for Community follow up of SNCU discharged newborn

| Monthly Report | | | | | | | | |
|----------------------------|------------------|-------------------|-----------------|----------------------------|---------------|--------------------------------------|----------------------------|---|
| PHC | Block | | | | District | | | |
| Name of the newborn/mother | Name of the SNCU | Date of discharge | Wt at Discharge | Status of Newborn | | | | No. of follow up visit provided (Write no.) |
| | | | | Alive (Date of last visit) | Death* (Date) | Referred Y/N If Yes (Date and place) | Received 1st dose of DPT - | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

•Write diagnosis at discharge for all deaths

Annexure-3

1. Drill for tasks during home visitation (HBNC+)

Generic Guidelines

- Praise ASHA for all correct answers
- If the ASHA gives an incorrect answer, correct it and then resume the drill
- Repeat the list of questions or make up additional questions if required

Table: Visit wise list of ASHA TASKS for HBNC+

| Activity | 3 month | 6 Month | 9 month | 12 month |
|--|---------|---------|---------|----------|
| Infant's weight is taken and plotted | Y | Y | Y | Y |
| Decide direction of curve | Y | Y | Y | Y |
| Complementary Feeding initiation | N | Y | | |
| Counsel for adequate complementary feeding | N | Y | Y | Y |
| Promote Hand Washing | Y | Y | Y | Y |
| Breast Feeding Counselling | Y | Y | Y | Y |
| Counselling for ECCD | Y | Y | Y | Y |
| Assess Immunization | Y | Y | Y | Y |
| IFA provision and counselling | N | Y | Y | Y |
| ORS Packet distribution and teaching family to prepare ORS | N | Y | Y | Y |

2. Drill: A) Checking for general danger signs and assessing cough or difficult breathing. HBNC+

Age 2 months up to 5 years

| Questions | Answers |
|--|---|
| A child is age 2 months up to 5 years. What are the steps for checking for general danger signs? | <ul style="list-style-type: none"> • Ask if the child is able to drink or breastfeed. • Ask if there is history of convulsions during the present episode of illness. • Ask if the child vomits everything. • Look to see if the child is lethargic or unconscious. |
| How do you decide that the child is not able to drink or breast feed? | <p>The child is not able to drink at all.</p> <p>The child is too weak to drink when offered fluids or not able to suck or swallow when offered a drink or breast milk.</p> |
| How do you determine that the child is lethargic? | The lethargic child is sleepy when s/he should be awake. |
| How do you find out that the child is unconscious? | The unconscious child may not wake at all. S/he does not respond to touch or to loud noises. The child may stare blankly and appear not to see what is happening. |
| How do you recognize chest indrawing? | The lower chest wall goes in when the child breathes IN. This should happen all the time for chest indrawing to be present. |
| What should you do if you are not sure that chest indrawing is present? | If not sure, ask the mother to change the child's position. If the lower chest wall does not go in when the child breathes IN, the child does not have chest indrawing. |
| Chest indrawing is present most of the time but not present all the time. Will you consider this as chest indrawing? | No, because chest indrawing should be present all the time to be considered positive. |
| A child has chest indrawing when s/he is breastfeeding. Is chest indrawing present? | No, because chest indrawing can appear in normal baby if s/he is breastfeeding. |
| A child 2-months-old has a nose block. ASHA sees chest indrawing. Is it considered to be present or not? | No, nose block can produce false chest indrawing. It should be cleared before deciding if chest indrawing is present or not. |

B) Drill for Very Severe Disease in young infant

| Questions | Answers |
|--|---|
| How do you decide if the young infant has: — Fast breathing? | If breathing rate is 60 or more in second count |
| — Less than normal movements | Movement only when stimulated or no movement |
| — Has Fever | Axillary temperature >37.50C OR Feels hot to touch |
| — Has Low body temperature | Axillary temperature <35.50C OR Feels cold to touch |
| How do you recognize severe chest indrawing? | The lower chest wall goes in when the child breathes IN. This should happen all the time for chest indrawing to be present. |
| What should you do if you are not sure that chest indrawing is present? | If there is any question, ask the mother to change the young infant's position. If the lower chest wall does not go in when the young infant breathes IN, the young infant does not have chest indrawing. |
| Chest indrawing is present most of the time but not present all the time. Will you consider this as chest indrawing? | No, because chest indrawing should always be present to be considered positive. |
| A young infant has chest indrawing when he is breast feeding. Is chest indrawing present? | No, because chest indrawing can appear in a normal baby if he is breast feeding. |
| A young infant 1-months-old has a nose block. Worker sees chest indrawing. Is it considered to be present or not? | No, nose block can produce false chest indrawing. It should be cleared before deciding if chest indrawing is present or not. |

3. Supervised performance/Demonstration: Administration of pediatric IFA

Materials needed:

- IFA Syrup.
- Cup and spoon.
- Water or food, glass of water.
- A child (with mother) not having any danger signs.

(This part may be practiced through a role-play if there is no child for demonstration)

Steps

- Find out the age of the child from the mother.
- Point out that the age of the child is (6 months) therefore the dose is to be given two times weekly.
- Let the ASHA tell that s/he is going to give first dose as a demonstration case; the next dose will be given by mother at home.
- Ask the ASHA to wash hands.
- Demonstrate correct measurement of 20 mg(1ml)
- Summarize the procedure again.
- Tell the ASHA to explain the dose and its timing..
- Ask checking questions to the mother to find out how much she will give, what will she do if the child vomits, has black stool, for how long s/he will give the medicine.

4. Supervised Performance/Demonstration: Preparation and administration of ORS solution

Material Needed:

- Measuring jar (1 litre)
- ORS packets (for 1 litre preparation)
- Spoon
- Bowl
- A big container to dissolve ORS
- Clean water

Steps:

- Check and discuss the precautions to be observed while preparing ORS:
- Ensure cleanliness (hands, container, etc.),
- Correct measurement of water,
- Clean water if required (boil and cool if not sure)
- Mix it well
- Don't keep it for more than 24 hours. Throw away the unused solution and dissolve a new ORS packet

- Give it only by a spoon, frequently (i.e. once every one minute). Larger amounts should not be consumed at one time since this may worsen diarrhoea.
- Let the ASHA:
- wash hands thoroughly with soap and water.
- pour all the powder from one packet into a clean container.
- measure one litre of clean drinking water.
- pour water into the container. Mix well until the powder is completely dissolved.
- Taste the solution - it should not taste too sweet or too salty.

Praise the ASHA for what s/he has done correctly. Correct any mistakes. Repeat if you think ASHA has not learnt the skills of preparing ORS.

5. Supervised Performance/Demonstration: KMC

It is important to keep the young infant warm. Low temperature has an adverse impact on the sick young infant and increases the risk of death.

The best way to maintain temperature warm a baby with low temperature is by placing the baby in skin-to-skin contact with the mother (or any adult). Skin to skin contact can also be used to keep a baby warm during transport and at home.

Teach the mother how to keep the young infant warm:

Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.



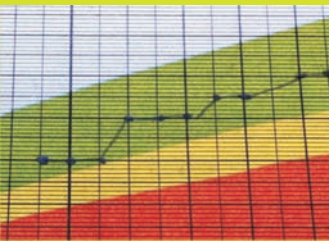
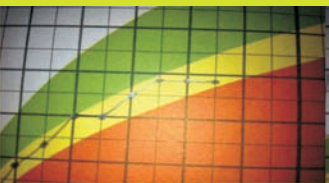
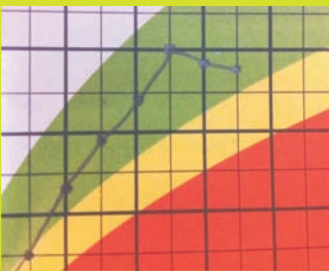

- Provide privacy to the mother.
- Request the mother to sit or recline comfortably.
- Undress the baby gently, except for cap, nappy and socks.
- Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear
- Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.
- Breastfeed the baby frequently.
- If possible, warm the room with a heating device.
- If mother is not available, Skin to Skin contact may be provided by the father or any other adult.

When Skin to Skin contact not possible:

- Keep the room warm with a home heating device
- Clothe the baby in 1-2 layers (Summer)
- Clothe the baby in 3-4 layers (Winter) and cover the head, hands and feet with cap, gloves and socks respectively
- Let the baby and mother lie together on a soft, thick bedding
- Cover the baby and the mother with additional quilt, blanket or shawl in cold weather

6.Exercise on interpreting the growth monitoring curve

Table: Direction of Growth Curve and Actions to be taken

| Column 1 Child | Column 2 Growth curve | Column 3 Column 3 | Column 4 Action (Counsel/Refer) |
|-----------------------|---|--|---|
| Mona, age 1 years | Flat over 3 months but still normal weight for her age |  | Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance. |
| Jagdish, age 6 months | Going down, crossing into the yellow colour |  | Refer to health facility |
| Tara, age 9 months | Going up, continuously and remains in green colour |  | Review feeding, praise what she is doing well and identify feeding problems for bringing about change. |
| Geeta age 9 months | Flat but remains in the yellow colour |  | Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance. |
| Rakesh 3 months | Going down, but remains in the same colour area and no illness |  | Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance. |
| Jamuna age 12 months | Going down has crossed from yellow to brown area. She has diarrhoea |  | Provide ORS packets and refer immediately to health facility |

7. Case histories on feeding problems and their possible solutions (HBNC+)

Guidelines for Case Histories

- Demonstrate the process in Case-1
- Read aloud the case history for practicing feeding problems
- Ask the ASHA to identify the feeding problems and suggest possible solution and provide feedback
- As a supervisor, you should encourage the ASHA to identify and solve the problems on his/her own. S/he will feel encouraged and will gain lot of confidence
- Ask the ASHA to refer to the relevant tables on the chart booklet

Sonam is an 8 months old girl who is breast-fed about 5-6 times per day. S/he is given cow's milk 3 times in the day. S/he drinks about 8 ounces of milk. The mother dilutes the milk by mixing water, which is about the same amount as milk. S/he gives dal (pulses) and vegetable water and a little bit of thin Dalia (porridge) to her. The mother is worried about diarrhoea and indigestion and that is why she is diluting the milk and giving dal water. Sonam has not been growing for the last 2 months and her body weight has hardly increased during this period.

Feeding problems and solutions

- Sonam is getting cow's milk, which is half diluted. Solution -cow's milk should not be diluted. The child can easily digest undiluted cow's milk.
- Sonam is given dal water; thin vegetable soup and thin Dalia. This is low in strength. These foods should never be diluted. This is one reason that Sonam is not gaining weight. Children should get thick foods and these foods should be made rich by adding oil/ghee to them. If the child is strong s/he is less likely to have indigestion or diarrhoea.
- Sonam is not getting enough food. S/he should get more quantity of food as much as s/he can take. After Sonam has finished eating some food should be left in the bowl/plate.

Hari is 1 year and 10 months old. He is eating food three times in the day. He is given family food and shares it with his two brothers. Hari seems hungry after eating since his two brothers who are elder to him seem to take most of the food. His mother occasionally gives him banana, which is 2-3 times per week. Sometimes Hari gets biscuit to eat and that is about twice per week. Hari is given tea in which little milk has been added. His mother believes that tea is very digestible and light for the child.

Feeding problems and solutions

- Hari is sharing the food with other children in the family and they get a bigger share since they are older and stronger than Hari. Hari should get separate serving of enough food. Enough food means that after Hari has finished eating, some food should still be left in the plate.
- Hari is given tea. At this age the child should not be given tea. If tea has to be given then it should be prepared in undiluted milk.
- The snacks that Hari is getting should be given more often i.e. at least once every day. The snacks (Biscuits, Banana in Hari's case) should be given in large quantity as much as the child would take. Make sure that some portion is left after the child has finished eating.

Marukh is 7 months old. S/he is given only cow's milk, which is diluted and given by a bottle. S/he is interested when other members of the family are eating. The mother is scared that s/he will get liver trouble if solid foods are started early in life.

Feeding problems and solutions

- Marukh is getting only cow's milk, which is also diluted with water. S/he should be given undiluted cow's milk.
- A bottle is used in feeding the milk. This should not be done since s/he will develop diarrhoea. Milk should be given by a cup and spoon. Children of any age can drink milk from a cup without any problems.
- Marukh is not given any semi solid foods. If given only cow's milk Marukh will not grow and s/he will develop anaemia. Marukh should be given semi solid foods at least 3 times each day. The foods should be thick and can be made energy rich by adding some oil/ghee (butter oil) to food. The mother should be reassured that Marukh will not develop liver trouble if s/he is given semi solid foods to eat.

8. Card sort exercises

Purpose

To assess the ASHA's knowledge about tasks, and to consult the guidelines if required. It is particularly helpful to use this exercise when no or few cases are available to observe during the visit of the supervisor.

Preparation

Make 4 copies of the task cards on cardboard and cut the cards apart. Copy the 3 coloured labels –Home visit below 6 months, above 6 months and do not know.

Card Sort Exercise 1

- Sit with the ASHA. Explain that in the card sort exercise s/he will practice deciding tasks at each visit.
- Place the label cards Home visit below 6 months, above 6 months and do not know on the table in front of the ASHA. Explain that these are the stack labels for sorting the cards describing tasks at different visits.
- Explain the process using a card. Refer to the stack of cards with tasks, and say:
- "Here are some cards describing tasks. They are for different visits. Please look at each card and decide which task/s are to be performed:
- Pick up a card and read it, discuss the decisions and place the card in the right stack.
- After demonstrating the procedure, hand over a card to the ASHA and ask her/him to decide during which visit/s the task needs to be performed. Continue to give her/him one card at a time and ask her/him to decide the tasks needed.
- Discuss each card that was sorted incorrectly and any cards in the stack Not Sure. For each card, ask the ASHA to try sorting the card again, referring to the participant booklet. Discuss the case to help the ASHA make a correct decision. You may stop the exercise when you are confident that the ASHA can decide treatment correctly.

Cards Select Tasks

| | |
|--|---|
| Exclusive breast feeding | Continued breastfeeding for 2 year |
| Initiate complementary feeding | Hand washing of mother |
| Hand washing of child | Make the child smile |
| Giving IFA | Giving ORS |
| Checking mother is responsive to child's needs | Checking mother is sensitive to child's needs |
| No water with breastfeeding | Feeding 1 catorie food 4-5 times |
| Feeding ½-3/4 catorie food in each sitting | Active feeding |
| Check child has received measles | Check child has received DPT 3 doses |
| Check child has received DPT2 doses | Advise playing hide and seek |
| Looking into the eyes of the child | Plotting weight & Checking direction of curve |
| Play tata and bye bye | Teaching mother how to prepare ORS |
| Checking whether child consumed Iron | Checking whether family used ORS packet |

Label Cards for Card Sort Exercise

