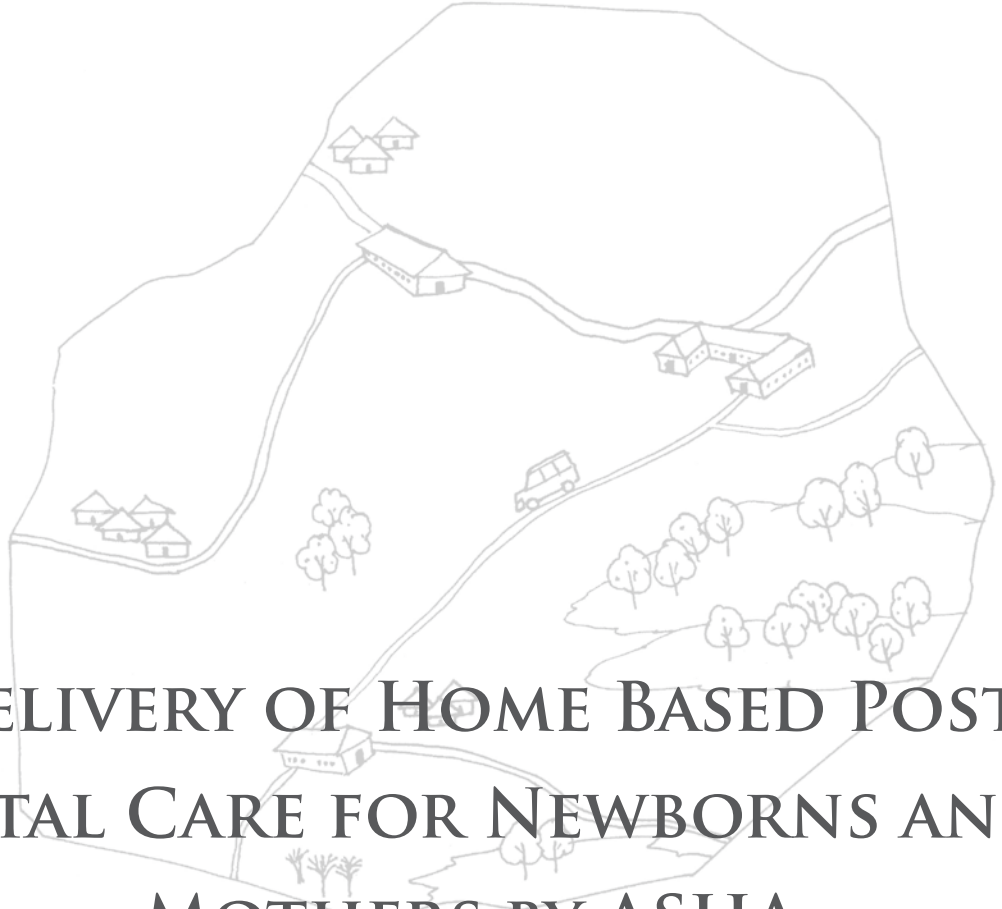


Delivery of Home Based Post Natal Care for Newborns and Mothers by ASHA

Supervisors' Manual

UNOPS

आरोग्यम् सुखसम्पदा

NATIONAL NEONATOLOGY FORUM

NIPI

Acknowledgements

This Manual is meant to be a valuable companion to ASHA Supervisors as they supervise the delivery of Home Based Post Natal Care for mothers and newborns through the ASHAs. It will help the them translate the theoretical learning s/he they have acquired into the actual practice of supervision on the field.

The development and publication of the Manual is the result of the combined efforts of a team of experts at the National Neonatology Forum (NNF) who extended their technical expertise to put it together. The team worked in close association with Department of Pediatrics, AIIMS, the National Institute of Health and Family Welfare (NIHFW) and UNOPS-NIPI. Inputs from the A.N. Sinha Institute of Social Sciences, Patna, Bihar have been invaluable in the making of this Manual. Contributions from SIHFW, Jaipur, Rajasthan and the NGO, Paribartan, Orissa have also been immensely beneficial.

The overall production has been facilitated by UNOPS-NIPI.

Foreword

Evidence supports that majority of the deaths in the Neonatal period occur in the first week of life. The Sample Registration Survey of India, 2009, shows stagnation in the neonatal mortality rate reduction in the country. In fact, in some states there has been a slight increase in the Neonatal Mortality Rate.

JSY has provided tremendous opportunities to Governments to reduce neonatal mortality by reaching health services in the first 48 hours after birth to a large number of women and newborns who earlier had no access to these. However, after the first 48 hours, services need to be reached at home. Home based service delivery has been identified as the weak link in providing a continuum of care to the newborn.

To fill the gap in provision of services at home, several packages to train ASHA and other grassroots health workers in home based care for the newborn have been developed. The WHO-UNICEF Global package is one such. The Government of India has also introduced Module 6-7, that imparts newborn and child care skills to ASHA.

The Division of Neonatology, All India Institute of Medical Sciences, New Delhi and experts from National Neonatology Forum (NNF) along with several others developed the UNOPS-NIPI facilitated seven days comprehensive package for training ASHA. Using this, 15000 ASHAs have been trained and are providing services.

It is well recognized that a supervisory system plays a critical role in developing and maintaining the skills that ASHA learns during her training. Supervisors also help in motivating ASHA, enhancing her capacity further, improving data capture and its quality and act as first line verification of ASHA's home visits.

The current Manual entitled 'Delivery of Home Based Post Natal Care by ASHA – Manual for Supervisors' forms part of a series of Manuals, Checklists and Communication tools developed by Division of Neonatology, AIIMS and experts from National Neonatology Forum (NNF) to enable ASHA provide quality post natal care services to the newborn at home. NIHFW has been a close partner in its creation. The production was facilitated by UNOPS-NIPI.

This Manual will help supervisors of ASHA plan their monthly and daily schedules, understand their tasks in detail and work effectively. This Manual will be used in conjunction with a Facilitator Manual to act as a training tool.

I hope that this module will be useful in enhancing capacity of supervisors for improving quality of HBPNC.

Prof Vinod K. Paul
MD, PhD, FIAP, FAMS
Professor & Head
WHO Collaborating Centre for Training
and Research in Newborn Care
Department of Pediatrics
AIIMS, New Delhi, India

Dr. Ajay Gambhir
Secretary NNF

Dr. Deoki Nandan
Director,
NIHFW
Munirka
Delhi

Acronyms used throughout this Manual

ASHA Accredited Social Health Activist

HBPNC Home Based Post Natal Care

1.	**ANM**	Auxiliary Nurse Midwife
2.	**ANC**	Antenatal Care
3.	**ARI**	Acute respiratory infection
4.	**AWW**	*Anganwadi* Worker
5.	**BCHM**	Block Child Health Manager
6.	**CHC**	Community Health Centre
7.	**CHS**	Child Health Supervisor
8.	**DCHM**	District Child Health Manager
9.	**Deputy CHS**	Deputy Child Health Supervisor
10.	**DHS**	District Health Society
11.	**DLHS**	District Level Household Survey
12.	**DPMU**	District Program Management Unit
13.	**FRUs**	First Referral Units
14.	**ICDS**	Integrated Child Development Services
15.	**IFA**	Iron and Folic Acid
16.	**IMNCI**	Integrated Management of Neonatal and Childhood Illness
17.	**IMR**	Infant Mortality Rate
18.	**IUCD**	Intra Uterine Contraceptive Device
19.	**JSY**	*Janani Suraksha Yojana*
20.	**KMC**	Kangroo mother care
21.	**LHV**	Lady Health Visitor
22.	**LV**	Link Volunteer
23.	**MMR**	Maternal Mortality Rate
24.	**MoH&FW**	Ministry of Health and Family Welfare
25.	**MOIC**	Medical Officer Incharge
26.	**NFHS**	National Family Health Survey
27.	**NGO**	Non-Governmental Organization
28.	**NIHFW**	National Institute of Health and Family Welfare
29.	**NIPI**	Norway India Partnership Initiative
30.	**NMR**	Neonatal Mortality Rate
31.	**NRHM**	National Rural Health Mission
32.	**PHC**	Primary Health Centre
33.	**PNC**	Post Natal Care
34.	**PIP**	Program Implementation Plan
35.	**RCH**	Reproductive and Child Health
36.	**RHFWTC**	Regional Health and Family Welfare Training Centre
37.	**RKS**	*Rogi Kalyan Samiti*
38.	**RMP**	Registered Medical Practitioner
39.	**SC**	Sub Centre
40.	**SHG**	Self Help Group
41.	**SHS**	State Health Society
42.	**SIHFW**	State Institute of Health and Family Welfare
43.	**SPMU**	State Program Management Unit
44.	**SRS**	Sample Registration Survey
45.	**TBAs**	Traditional Birth Attendants
46.	**TFR**	Total Fertility Rate
47.	**TT**	Tetanus Toxoid
48.	**UNICEF**	United Nations Children's Fund
49.	**UNOPS**	United Nations Office for Project Services
50.	**VHND**	Village Health and Nutrition Day
51.	**VHSC**	Village Health and Sanitation Committee
52.	**WHO**	World Health Organization

Common technical words used throughout this Manual

i. **Flip Book:** A booklet with pictures on one side and text on the other side, used as a counseling tool.
ii. **HBPNC or PNC Cards:** Are cards to be used by the ASHAs to record their observations during home visits for PNC.
iii. **Intranatal:** During delivery
iv. **Morbidity:** Illness
v. **Mortality:** Death
vi. **Neonate/New born:** A baby from birth to 28 days of life
vii. **Neonatal:** Relating to the Neonate
viii. **Neonatologist:** A doctor who specializes in Newborn Care
ix. **Neonatal Period:** The period of life from birth to 28 days
x. **Pediatrician:** A children's doctor
xi. **Post Natal:** *After* the delivery of the child up to 42 days
xii. **PNC or Post Natal Care:** Refers to the care the new born and its mother needs after the delivery of the child upto 42 days of it's life. All duties of the ASHA are directed towards providing this care.
xiii. **Pre Natal:** *Before* the delivery of the child
xiv. **Referral:** Sending a sick person to a facility equipped to provide appropriate care
xv. **Referral Centre:** Facility equipped to provide appropriate care to a sick person
xvi. **Referrral Fund:** Financial assistance for sending sick person to and fro from home to referral centre
xvii. **Referral Transport:** Vehicle used for sending sick person to and fro from home to referral centre

Exercise cards: Small pieces of paper used for writing notes

Common terms and indicators used throughout this Manual

Neonate/ Newborn – A child from birth to the first 28 days of life

Infant – A child from birth to 1 year of age

Infant mortality rate (IMR) – Number of infants dying per 1000 live births per year.

Complete immunization – immunized with BCG, OPV (3 doses), DPT (3 doses), Measles

Maternal Mortality Rate (MMR) – Number of mothers dying due to pregnancy related causes (During pregnancy/childbirth/ in upto 42 days thereafter) per one lakh live child births per year.

Low Birth Weight (LBW) – any child born with birth weight < 2500 grams

Neonatal/Newborn mortality rate (NMR) – Number of newborns dying per 1000 live births per year.

Exclusive breastfeeding – Only breastfeed given, no item other than breast milk given for atleast 6 months.

Institutional delivery – Delivery conducted at health centres/hospitals

Who is this Manual meant for?

This Manual is meant for, and is addressed to ASHA Supervisors involved in supervising Home Based post natal Care Services. Since successful supervisory support to the ASHA is imperative to the success of HBPNC itself, all processes of HBPNC have been touched on in the manual.
This manual will provide the framework within which you, the supervisor, must work. But that is not it's only purpose. It will make some of your tasks easier, for example, by suggesting ways in which you can organise your supervisory visits for HBPNC; ways in which the ASHAs can be supported; trained through their difficulties, thus, building on their capacities and achieving the HBPNC objectives all at the same time.

Purpose of this Manual

1. This manual is an outline or a WORKING FRAMEWORK for Home Based Post Natal Care (HBPNC). It spells out clearly the roles and responsibilities of the ASHA Supervisor.
2. It helps the Supervisors, suggesting ways to organise better Home visits and achieve their targets.
3. It can also be used as a FACILITATOR MANUAL to train Supervisors. [A list of steps that the facilitators must follow while training the supervisors has been prepared separately for the facilitators but should be referred to in relation to this manual.]

How to use this Manual

1. Many **short forms** have become common usage in the practice as well as the teaching of activities involved in the Home Based Post Natal Care (HBPNC) program. A list of these abbreviations has been provided on Page 4 and 5 of this manual.
2. Each chapter has an **objective** (this is what you will achieve by the end of the chapter) and **materials** (to be used as aid while learning).
3. A separate instructional guide for the trainer has been provided with this manual.
4. The graphic content (illustrations, figures, flowcharts, tables) of the manual is an extension of it's written content and not their repetition – you should pay equal attention to these.

Objectives of HBPNC Supervision

- To improve the quality of HBPNC service delivery by the building the capacity of the ASHAs
- To streamline the processes involved in the HBPNC system as practiced in the field
- To help integrate the HBPNC intervention within the regular health system in order to provide organized, sustainable and quality care to maximum numbers, thereby making a visible improvement to Infant, Under-5 and Maternal Mortality rates.

Contents

HBPNC Card

Postnatal Care Card

(This part is to filled and retained by the ASHA as reference copy)

Village		**Sub-Center**		**Block**		
Mother's name		**Father's name**		**ASHA's Name**		
Date of delivery		**Place of delivery**	Health Facility / Home	**Sex of baby**	Male / Female	
Mode of delivery	Normal/ Assisted/ CS	**Breastfeeding started**	< 1 hr, 1 - 24 hr, > 24hr	**Birth weight gms**		
Still Birth	Yes / No	**Birth Registration No.**		**Unique ID**		
Birth Preparedness Visit Date:		**Discussed:**	Birth Plan	Institutional Delivery	Referrals	Breast Feeding	Breast Examination

Postnatal Care Card

(To be filled by the ASHA during home visits and handed over to ANM after completion of home visits)

Village		**Sub-Center**		**Block**		
Mother's name		**Father's name**		**ASHA's Name**		
Date of delivery		**Place of delivery**	Health Facility / Home	**Sex of baby**	Male / Female	
Mode of delivery	Normal/ Assisted/ CS	**Breastfeeding started**	< 1 hr, 1- 24 hr, > 24hr	**Birth weight gms**		
Still Birth	Yes / No	**Birth Registration No.**		**Unique ID**		
Birth Preparedness Visit Date:		**Discussed:**	Birth Plan	Institutional Delivery	Referrals	Breast feeding	Breast Examination

No. of Home Visit	**1st Visit**	**2nd visit**	**3rd visit**	**4th visit**	**5th visit**	**6th Visit**
Day of Birth	**(Day 1)**	**(Day 2-3)**	**(Day 5-7)**	**(Day 14-17)**	**(Day 23-28)**	**(Day 42-45)**
Date of Home Visit						
Baby						
Is baby alive? (Yes/No), If not, Date of Death						
Is the baby exclusively breastfed? Y/N						
Was anything else given in last 24 hrs? Y/N						
Is there any breast/ nipple problem? Y/N						
Is the baby sucking effectively? Y/N						
Has the baby passed urine? (Y/N)						
Has the baby passed stool? (Y/N)						
Is the baby covered well and warm? Y/N						
Look for Danger signs? Mention Y/N						
Convulsions/Fits						
Fast Breathing (60 or more per minute)						
Chest Indrawing						
Not able to feed or stopped feeding well						
Temperature more than 37.5 Or less than 35.4						
Poor Activity/Lethargy						
Birth Weight less than 2000 gm						
10 or more Skin Pustules Or One large boil						
Yellow soles or palms						
Is the baby having any local illnesses? Y/N						
Less than 10 skin pustules						
Pus from or Redness around Umbilicus						
Pus discharge from Eyes						
Was the baby bathed? (Y/N)						
Has the baby received BCG? Y/N						
Has the baby received OPV? Y/N						
Weight of baby (gms)						
Temperature of baby						
Respiratory Rate						
Is there any other problem?						
Mother						
Is the mother alive? If not, Date of Death						
Look for any danger signs? Mention Y/N						
Heavy Bleeding						
Fever						
Convulsions/Fits						
Severe Pain Abdomen						
Is there any foul smelling discharge? Y/N						
Is there any other problem? (Passage of urine, stool etc.)						
Referral						
Does the baby need referral? (Y/N)						
Does the mother need referral? (Y/N)						
Counseling & Assistance						
Baby care						
Mother care including adequate food & rest						
Exclusive breastfeeding						
Family planning						
Hygiene						
Death registration (if applicable)						
Any Remarks						
Signature of ASHA						
Signature of Mother/Family member						
Supervisor's signature						

Referral Information (where applicable)

Who was referred?	Referred where?	Did they go? If Yes, where did they go?	Transport arranged with Asha funds? Y/N	Result of Referral	Did ASHA accompany

NOTE: *ASHA should wash hands with soap and water before touching the baby during each visit*

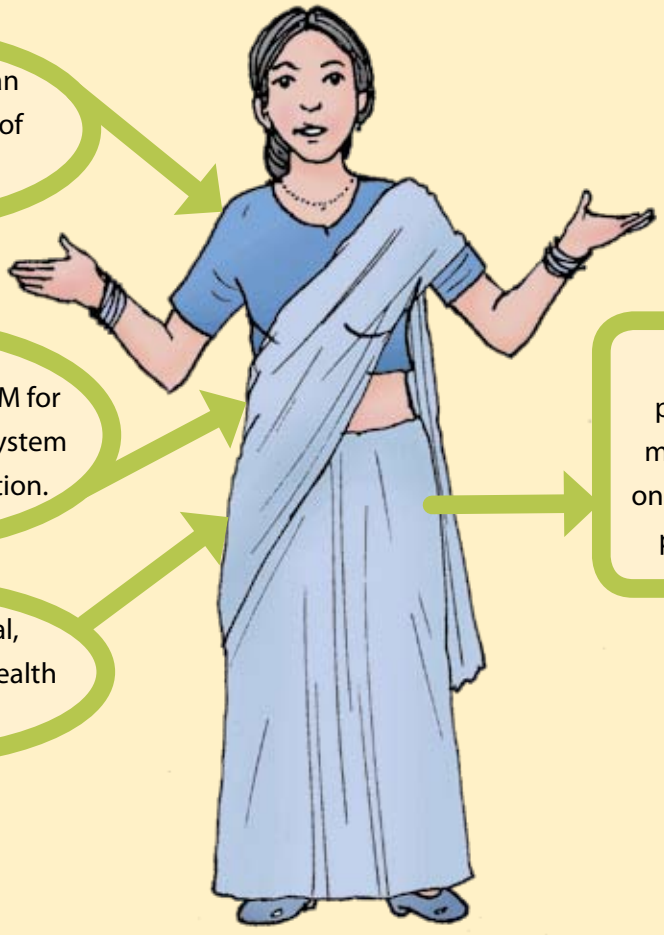
Who is ASHA?

The **Accredited Social Health Activist (ASHA)** scheme was launched under the National Rural Health Mission (NRHM) in 2007. This scheme forms one of the pillars of NRHM today. An ASHA is typically:

a local village woman with at least 8 years of schooling

trained under the NRHM for 28 days in Health, PRI system and Water and Sanitation.

trained in maternal, newborn and child health issues



Each ASHA caters to a population of 1000. There may be 1 or 2 or 3 ASHAs in one village depending on the population of the village.

While ASHAs are well versed in basic maternal care issues, the time devoted specifically to newborn care during their basic training is very limited. *Training packages in newborn and related maternal care* have therefore been created for them.

Chapter 1:
Components of the Home Based Post Natal Care package (Recap)

Objective of the session

To recap the components of the Home based post natal care services

A. Introduction

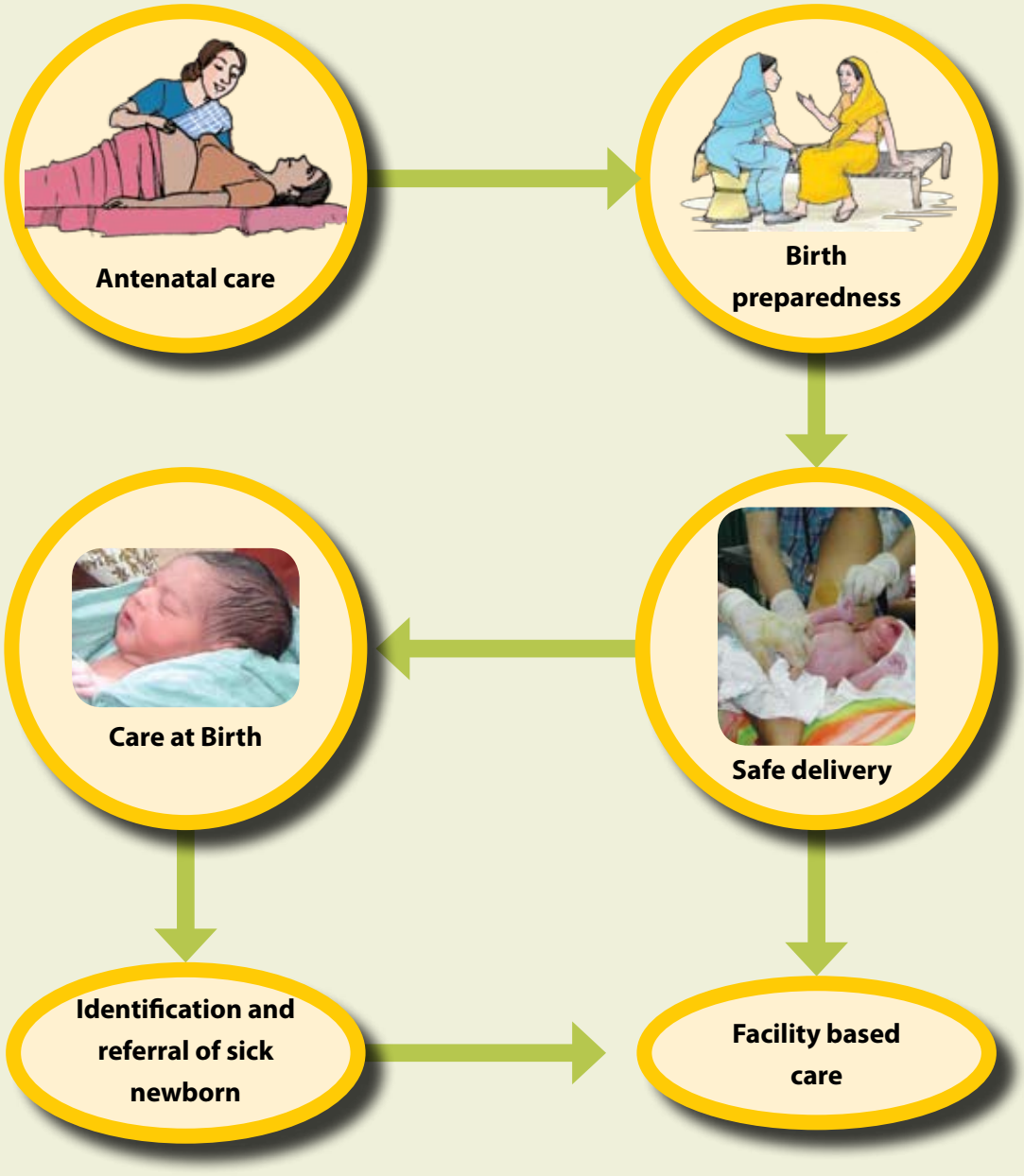
The death of a child is a sad event. It is a loss not only for the family of the child but also for future of a country. In our country, many children die before reaching the age of 5 years. This is called Under 5 Mortality. In 2010, as in the years before, many of the children who died, lost their lives due to preventable causes. Of those who died before reaching 5 years of age, 75% died within their first year of birth. And of those who died within their first year, a majority lost their lives within the first one month of their life.

The first month of life is called the post natal period for the mother and the newborn and is the most critical time in the life of a child where s/he faces maximum risk of death. Among the most common causes of death, in the the post natal period, are infections like Pneumonia. Children who are born with a birth weight of less than 2.5 Kgs are at higher risk.

B. Key Components of the Home based Post Natal Care intervention:

1. Establishing leadership and setting up a core committee for the intervention
2. Capacity building of the ashas
3. Delivery of quality home based essential newborn and maternal care services
4. Logistics support
   - i. Provision of kit
   - ii. Referral transport fund
5. Data collection and reporting
6. Asha incentive payment modalities
7. Monitoring and verification system
8. Supportive supervision
9. Other supporting systems
10. Institutional arrangements

Chain of service for mothers and newborns



Chapter 2:
What is ASHA's role in HBPNC?

Objectives of the session

After the session, you should be able to –

1. Recap the outputs to be delivered by the ASHA
2. Explain the strategies involved in training the ASHA

A. Outputs to be delivered by the ASHA as a part of her duties under HBPNC

An ASHA undertakes 7 home visits per new born child in her area. She must ensure that

1. Breastfeeding is initiated/started early
2. BCG and Zero dose polio are given to the new born
3. Birth weight is recorded
4. Birth Registration is done
5. Maternal and Neonate Deaths are recorded
6. Sick Children are identified and referred
7. Key messages on new born care and maternal care (including birth spacing) are provided to the Mother and other Family Members.

B. HBPNC training for ASHAa

Before the ASHAs in your area start going on home visits, you must ensure that they are trained in Home Based Post Natal Care and have the competencies, knowledge and skill mentioned in the table on the facing page.

Competencies required of the ASHA to be able to provide Home Based Post Natal Care Services

Competencies	Knowledge	Skills
General competencies	▪ Knowledge about qualities needed to work successfully as an ASHA ▪ Knowledge about her role *viz-a-viz* the role of the ANM and the AWW ▪ Clear understanding of roles and responsibilities for providing home based post natal care ▪ Understanding of the importance of home visits at critical times for improving neonatal and maternal survival. ▪ Importance of cleanliness for infection prevention	▪ Communication skills ▪ Understanding of the post natal (HBPNC) card to ensure that it is filled completely and correctly in order to maintain a record of home visits
Maternal Care	▪ Birth preparedness ▪ General care of the mother during the postpartum period. ▪ Common problems related to breasts and nipples ▪ Understanding of the danger signs in the mother in the post natal period ▪ How to prepare for referral ▪ Maternal Nutrition and birth spacing	▪ How to make a birth plan ▪ Management of common problems related to breasts and nipples ▪ Recognizing danger signs in the mother in the post natal period ▪ Preparedness for referral ▪ Recording the outcome of pregnancy
Newborn Care	▪ Components of essential newborn care – feeding, thermal care, cord and skin care, Importance of early initiation of and exclusive breastfeeding ▪ Common problems relating to initiation of breastfeeding and breastfeeding at home ▪ Danger signs in the newborn ▪ Signs of local illness in the newborn and management with GV paint ▪ Promoting good hygiene for prevention of infections ▪ Immunization of the baby ▪ Common concerns related to newborns ▪ How to refer a newborn and warmth and breastfeeding during transportion ▪ Preparing for hospital stay ▪ Providing additional care for low birth weight babies	▪ Provide normal care at birth (dry and wrap the baby, keep baby warm, initiate breastfeeding) ▪ Provide care for eyes and umbilicus ▪ Measure Temperature of the newborn and identify those with abnormal temperature ▪ Kangaroo mother care ▪ Weigh the newborn and identify low birth weight babies. ▪ Proper positioning and attachment for initiating and maintaining breastfeeding ▪ Expressing breast milk and feeding the LBW with Paladai ▪ Counting the breathing rate of the newborn and identifying those with fast breathing and chest indrawing ▪ Making a referral plans for referring sick newborns

C. Activities of ASHA to provide Post Natal Care at home:

The ASHA must undertake 7 home visits per newborn, the visit schedule being:

Before delivery (8th Month)

The visit during the 8th month is called the Birth preparedness visit. During this visit, ASHA is expected to:

- Counsel the family about JSY scheme and institutional delivery
- Prepare a birth plan

Ensure that the mother has a JSY beneficiary card and an ANC card

Visit schedule after delivery:

1st visit	**Day 1- Day of birth**
2nd visit	**Day 2-3 after birth**
3rd visit	**Day 5-7 after birth**
4th visit	**Day 14-17 after birth**
5th visit	**Day 23-28 after birth**
6th visit	**42-45 days after birth**

During the visits 'after delivery', the ASHA will examine the baby, ensuring that it is warm by making sure that it is wrapped properly, provide cord and skin care, assist in starting breastfeeding, identify if any problems exist and guide accordingly, counsel the mother and the family about avoiding bathing, about care and nutrition for the mother and about family planning. She will also guide the family about the immunization schedule, the VHND and the place and time it is to be held.

Visit Based tasks to be undertaken by ASHA

		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
S.No	**Tasks**	**Day 1 of birth**	**Day 3 after birth**	**Day 7 after birth**	**Day 14 after birth**	**Day 28 after birth**	**Day 42 after birth**
1.	Examine the baby for Alertness Activity Breathing Color Temperature Jaundice Skin and umbilical sepsis	√	√	√	√	√	√
2.	Record weight 	√	√	√	√	√	√
3.	Assess and Counsel for feeding 	√	√	√	√	√	√
4.	Check and Counsel for birth registration		√	√			
5.	Check and Counsel for BCG and 0 dose of OPV 	√	√	√	√	√	√

6.	Counsel the mother on nutrition, hygiene and spacing				√	√	√
7.	Counsel mothers/ caregiver on Breastfeeding, Keeping baby warm, cord care, Hygiene, Delayed bathing, Danger signs for the baby and mother 	√	√	√	√	√	√
8.	Examine mother for heavy vaginal bleeding, fever, pain, problem with urination and breast problems	√	√	√	√	√	√
9.	***Look for danger signs in mother and baby and decide and counsel on referral***	***√***	***√***	***√***	***√***	***√***	***√***
Role of ANM		***1. Identify facilities and/or medical personnel for referrals.*** ***2. Support ASHA/AWW in developing the referral system in the village*** ***3. Random validation of home visits*** ***4. Ensure availability of referral funds with the ASHAs***					
Role of Block Health Supervisor		***1. Identify facilities and/or medical personnel for referrals.*** ***2. Support ASHA/AWW in developing the referral system in the village*** ***3. Random validation of home visits*** ***4. Ensure availability of referral funds with the ASHAs***					

Further details in "Delivery of Home based Post Natal Care to Mothers and Newborns by ASHA – Facilitators Manual".

Chapter 3:
Who is an HBPNC Supervisor?

Objectives of the session

After the session, you should be able to –

1. List the roles you must abide by as supervisors
2. Explain what training, qualities and personal skills are required for a supervisor's job
3. Quantify the number of ASHAs per supervisor and the station of posting of the supervisor
4. Describe the training process of supervisors

A. Profile of ASHA Supervisor

The ASHA supervisors are generally

Educated women and men who have the **experience** and an **understanding** of working in the health system.
Existing ANMs may act as supervisors if need be.

good communicators and **team players**, so they may establish a good working relationship with all the parties involved in the HBPNC service provision.

ANMs are the natural supervisors of ASHA. However, they are generally overburdened with work and are unable to find dedicated time for providing support to ASHA of the intensity needed. It has been difficult to find a suitable supervisory cadre within the health system for providing intensive technical and administrative supervision for the ASHAs in the field. In states that have ASHA Supervisors in place, they can be used for the purpose. However, where there is no such cadre, you may select an external agency in the form of an NGO or Govt institution, medical college etc to provide this support for 1-2 years to build the capacity of ASHA after which others may be identified i.e. second ANM.

In case an external agency is selected by the state, the broad role of the selected agency/organization would be to provide post training supervision by placing 'Block Monitors' to support ASHAs.

To be an effective supervisor it is imperative that you understand all the roles and responsiblities of the ASHA. You form part of the 'On-job mentoring and supervision' component of the HBPNC package. **It is suggested that for quality supervision you should have a maximum of 30 ASHAs to supervise.**

Supervision will be done through field visits to each ASHA at least once a month. Therefore, the ideal place for placing the supervisor would be the PHC (population approx. 30,000). Supervisor will plan his/her visit based on the ASHA visit schedule. Residing in any location that is more than 30 minutes drive from the headquarters is highly discouraged.

B. Training the Supervisor

This training may be organized as a special event or you may be required to attend the ASHA training program. Once trained, you can become an observer of subsequent batches and can help in maintaining the quality of ASHA training by helping and supporting the organizers. Those of you who are interested capable may even act as trainers for the ASHAs.

Suggested Training Schedule

Must be trained in Home Based Post Natal Care and must possess the same competencies and skills as the ASHAs. (Suggested duration of training is 5 days)

→ Develop supervisory skills (Suggested duration of training is 2 days)

C. Tasks of the ASHA Supervisor

Your primary role is to provide the ASHA with supportive supervision. The tasks that need to be undertaken for fulfilling this role are as follows:

Task 1:	**Understanding the work area and estimating the workload of the supervisor (Chapter 4)**
Task 2:	**Guidelines for planning monthly activities and undertaking home visits (Chapter 5)**
Task 3:	**Identify and encourage the strengths and correct the weaknesses of ASHAs (Chapter 6)**
Task 4:	**Initiate and encourage capacity building in ASHAs by revising learnt skills and teaching new skills (Chapter 6)**
Task 5:	**Ensure correct and complete filling of all PNC cards (Chapter 7)**
Task 6:	**Promote timely submission of completed HBPNC Cards by the ASHA to the ANM/Block (Chapter 7)**

Task 7:	**Identify and flag coordination, logistic, financial and administrative issues related to HBPNC (Chapter 8)**
Task 8:	**Support ASHA in identifying referral facilities and establishing a smooth referral system in the village (Chapter 9)**
Task 9:	**Keep records and submit these to the appropriate authorities regularly (Chapter 10)**
Task 10:	**Help ASHA build a good rapport with the ANM and AWW (Chapter 11)**
Task 11:	**Support in organizing maternal and child health related trainings for the ASHAs**

Stipend and Allowances

The Sipend of the supervisor is decided upon by the state depending on the applicable pay structure. It is highly recommended that Supervisors be provided travel and communication support to cover their costs for the month. Ensure that the supervisors have checklists and other materials.
(Details in Delivery of HBPNC byASHA, Manual for Program Managers UNOPS-NIPI, 2011).

Structure of Reporting and Feedback

The diagram on page 22 on the next page depicts the flow of information from the ASHA supervisor to the State level through two channels highlighted in Blue and Yellow colours respectively.

The portion of the Diagram in **Blue (right side)** depicts the flow of information from the ASHA Supervisor to the State level in the case where the **regular health system** is the one providing Supportive Supervision for HBPNC to the ASHA Supervisor. To elaborate:

The ASHA is at the lowest level in the HBPNC hierarchy and therefore closest to the mother and her newborn. She is the one gathering all the information from the field. The Supervisor collects this information from her using the Forms A & B. These forms (A & B) are basically checklists that remain with the Supervisor for later reference. They also provide the inputs required in preparing Form D.

Form D, which is the comprehensive monthly reporting format for the supervisors, is then shared with the MOIC of the Block facility through the Block Program Manager, who further submits it to the Chief District Medical Officer (CDMO) through the District Program Manager.

The CDMO prepares form E which is a compilation of all the forms Ds received from the Blocks.

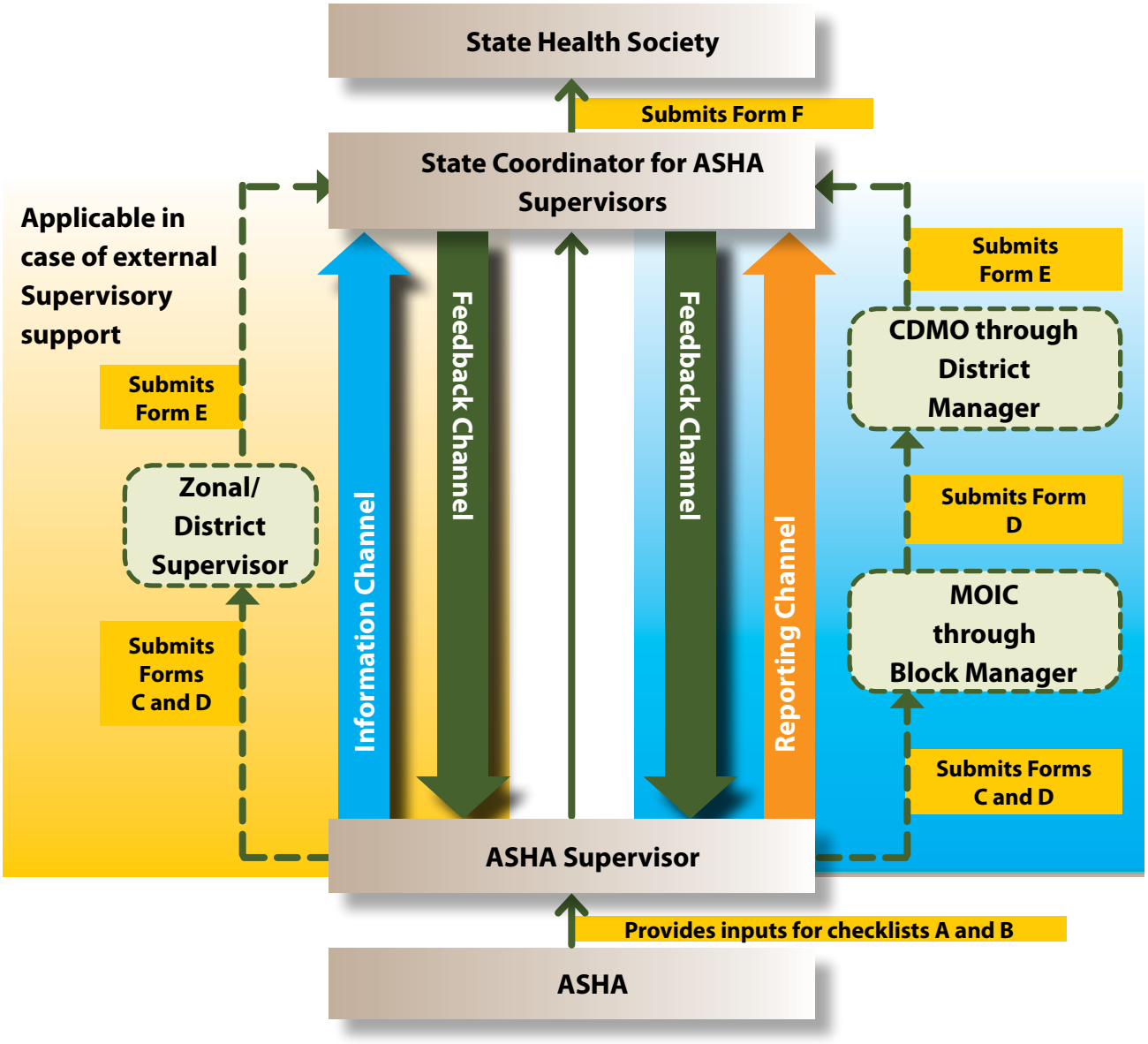
The State Coordinator for the HBPNC Supervision prepares the Form F which is a compilation of all the Forms Es collected from the various districts.

Form C is the form for recording the monthly tour program, submitted as an advance plan in the beginning of a month and then later as a report, at the end of the month. This is to be shared with the Block officials.

The portion in **yellow (left)** is the information and feedback channel in case an **external supervisory system** has been out in place. In this case, the ASHA supervisors placed through the external agency will use the same channel for reporting. However, they will also pass all information collected to the external agency, for their support and feedback.

A Zonal/District Coordinator when placed helps the District Program Manager.

A State Coordinator similarly, helps the State Health Society by providing support for preparing the Form E and in providing feedback.



Chapter 4:
Understanding the work area and estimating the workload of the supervisor (task 1)

Objective of the session

After the session, you should be able to –

1. List important area related information and it's source
2. Understand how to calculate your workload
3. Prepare a map of the area, understanding it's utility in the context of your work

A. Area related information relevant for the Supervisor

As a supervisor, you must have a variety of area related information and compile it in such a manner that it is available at your fingertips. This includes the following lists:

i. Number of ASHAs in your area with their contact numbers
ii. List and contact numbers of Pediatricians (children's doctors) in the area
iii. List and contact numbers of 24X7 health facilities (government and private)
iv. Distance from each ASHA's area to the closest children's specialist (government and private)
v. Available modes of transport with contact numbers of cooperative vehicle owners in your area

Note: i, ii and iii can be collected from the PHC and Block from the ANM and Block Program Manager.

Population, geographical boundaries and terrain

When you are assigned to an area, you should know –

- It's geographical boundaries.
- The number and location of villages in it. You can get this information from the Block headquarters or from the PHC map available at the PHC/Block.
- The terrain of your area (plains, hills, rivers etc). This will help you estimate your travel time and this

will help in planning your activities to have maximum reach and impact. This is especially relevant for difficult terrains since a major part of your job will then be spent reaching ASHAs, doctors and families et cetera.

- The population of your area and this can be collected from the area PHC. (The population given in the census is what is used in the health system.)
- The religious and caste profiles of your area population. This information helps identify pockets that need more support.

Once you are familiar with the terrain, the geographical and other information of your area, it is time to calculate your work load. *[Your work load, along with an estimation of time required per task (including travelling time) will determine how you will plan your days in order to meet your targets.]*

B. Estimating your workload and that of the ASHAs under your supervision and assessing the population covered under HBPNC services within an area

To calculate and undertand your workload and that of each ASHA in your area, you need to know some of the commonly used terms in relation to maternal and child health.

The calculation of your workload requires that you know:

- How many ASHAs you need in your area and how many you actually have; and
- How many newborns and sick newborns you are required to track in a month

For every 1000 population, there must be one ASHA (in some states, there is an ASHA for each hamlet). If one ASHA is having to oversee more than a 1000 of your population, some pockets in the population are bound to get missed. This means that the area under you will then not be fully covered under the HBPNC.

Generally, there would be 20 to 30 ASHAs under your supervision.

Let us now calculate the number of newborns in an area:

This is calculated using the Crude Birth Rate of the district/state. (The Crude Birth Rate (CBR) is the number of births per thousand population per year and can be obtained from the Block/PHC).

$$\textbf{Number of births in the area} = \frac{\textbf{Population of the area X Crude Birth Rate of the area}}{\textbf{1000}}$$

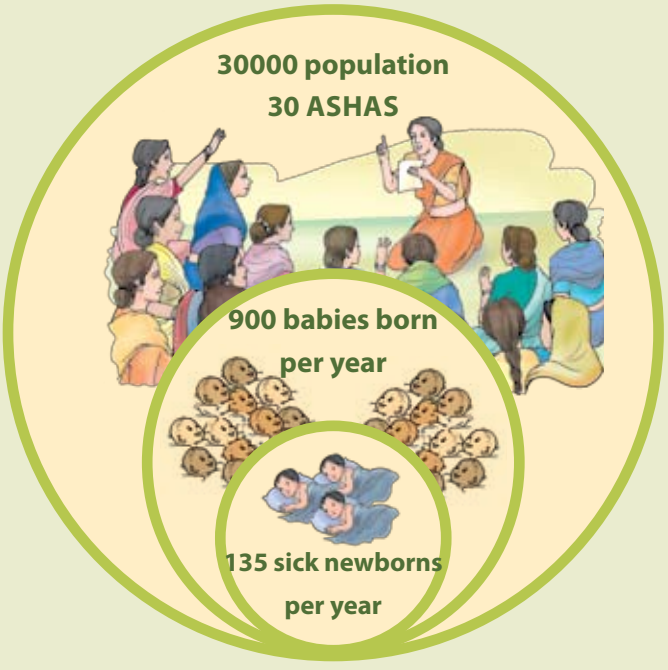
For example:

Mid year population of a PHC: 30,000

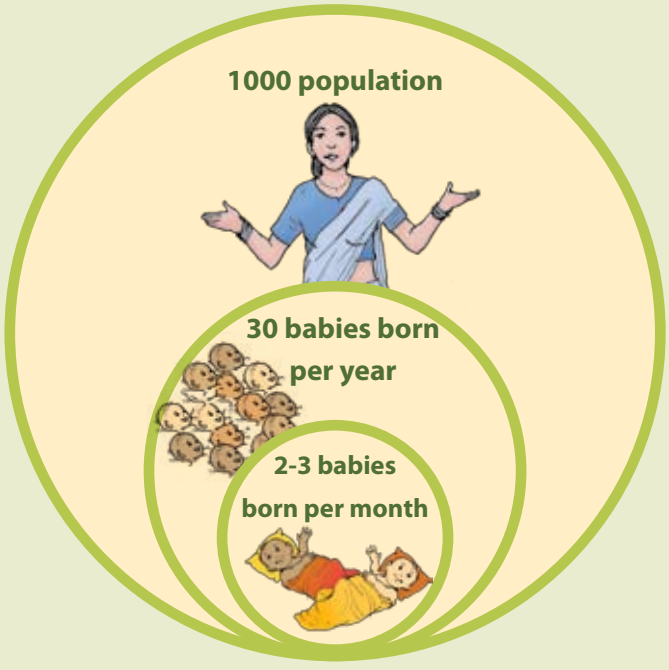
Crude Birth Rate: 30 per thousand of population

So, the number of births in the area will be $= \frac{30000 \text{ X } 30}{1000} = 900$ per year

WORKLOAD OF EACH SUPERVISOR



WORKLOAD OF EACH ASHA



The diagram depicts the workload of a supervisor based at a PHC with 30 ASHAs under her/him and in an area with a birth rate of 30 per thousand population. In this case, in one year's time, there will be 900 deliveries in the supervisor's area (PHC area).

Using the same formula, in a population of a 1000, an ASHA will generally see 30 newborns per year, or 2-3 newborns per month (30/12 months). This means that if you have 20 ASHAs with you, you will be tracking about 600 newborns and their mothers each year and about 50 newborns every month.

On an average, about 15% of the newborns will fall sick in a year. So, if there are 900 babies born in your area, 135 of these will be sick and are likely to need referral.

It is not necessary that each ASHA will have exactly 1000 population under her. In fact, very often, the population may vary from 700-800 to up to 1500.

DO NOT use the number of ASHAs to estimate your population as this may lead to gross errors.

Exercise 1: The population of your area is 35,000. You have 31 ASHAs under your supervision. The Birth rate of the district is 20 per year. Make your calculations and answer the following questions:
Are the number of ASHAs adequate for your area?
What is the workload of each ASHA per year and per month?
How many babies will be born in your area in the year?
How many of these babies are likely to fall sick?

C. Mapping as a tool for documentation and analysis

Mapping an area is an excellent way of getting a clear picture of an area and activities in it. Collect the block map with names of villages from the Block HQ. If such a map is not available, you can always hand draw one easily as long as you have an idea of your area.

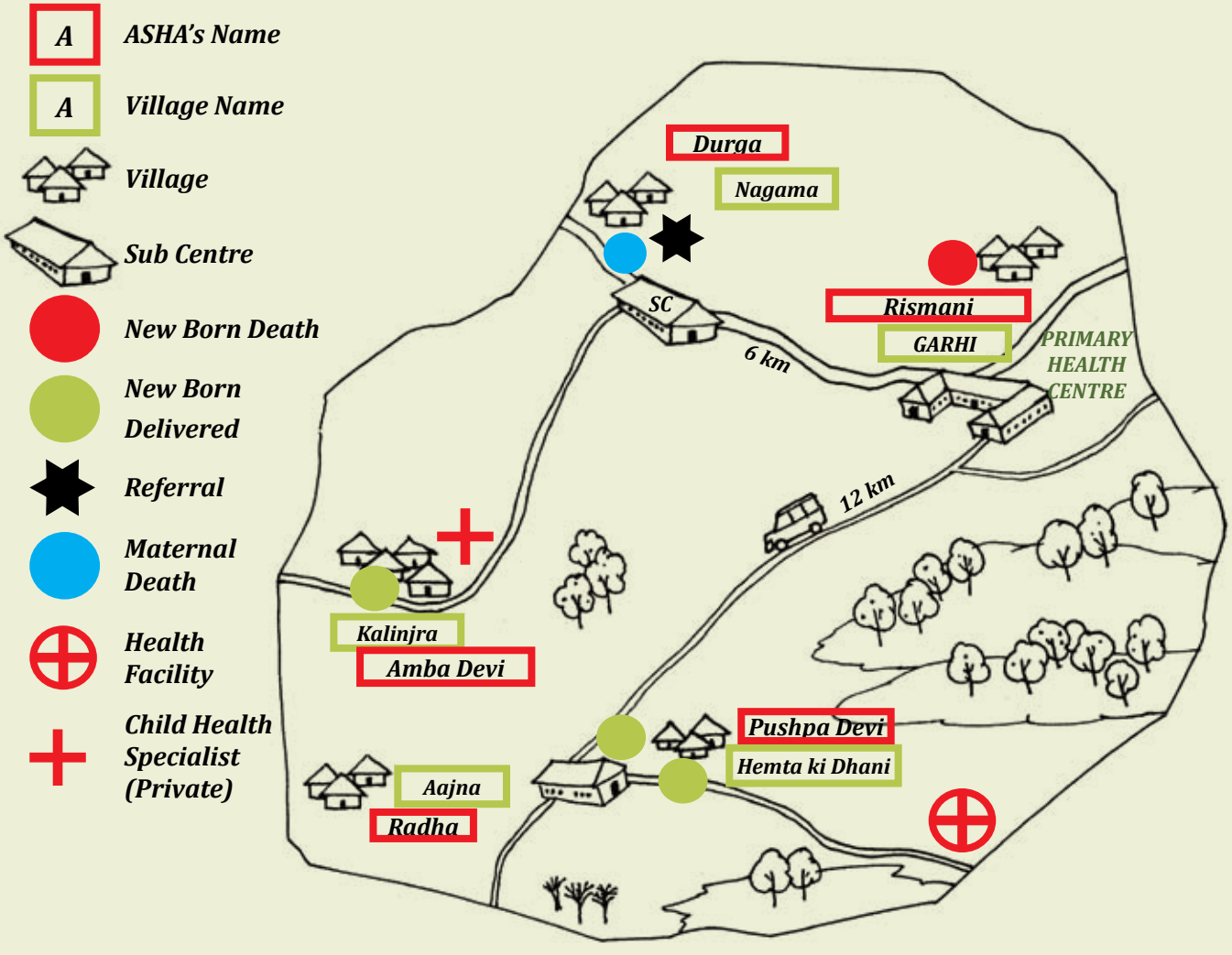
How and what to map

Information may be marked on the map by writing on it and/or putting coloured spots/bindis.

One can map the following information:

I. ASHAs by their names and location

ii. Births – As the ASHAs report deliveries and newborns, mark them on the map with a dot of colour or a *bindi*. You can get this information when you make your routine visits to the ASHAs every month. If for some reason, you are unable to collect it from some ASHAs in a month, you



Note: The above map is just an example of a good map. The symbols are not as per standard protocol and supervisors have the liberty to use their own symbols for representation.

can always collect it from the PNC cards submitted at the PHC by those ASHAs. The PNC card will give you both the name of ASHA and the village where the baby was born.

iii. Newborn referrals
iv. Newborn deaths
v. Maternal deaths
vi. 24X7 health facilities and other referral centres
vii. Child health specialists (private)
viii. Distance of each village from the referral centres (PHC/Pediatricians etc)
ix. Type of transport available in each village/hamlet

D. Use of mapping

- Mapping helps you know at a glance how many babies are born in a particular period in your area.
- It helps you cross check the work of the ASHAs under you: If an ASHA is not visiting the field or there is no ASHA in a certain area, the area will be blank for newborns. If an ASHA is falsifying data by over reporting, you will be able to identify that too.
- Assessing coverage of HBPNC – At the end of 3 months, you will have a clear idea if the areas under you are not being covered by the ASHAs or if the ASHA of a particular area is not working properly and/or not filling or submitting the PNC cards.
- The routes of the villages and distances can also be plotted along with the kind of transport available. (This is for your convenience. It can also be done on a different map.)

Exercise 2 – Use the map of the block to plot the following – Births, referrals, deaths of newborns and mothers, pediatricians, health facilities, local transport availability, and village wise distance from health facilities. This exercise may be done with the help of data sheet 2 and the map provided in the annexure.

Chapter 5:
Guidelines for planning monthly activties and undertaking home visits (task 2)

Objective of the session

After the session, you should be able to –

1. Explain in detail some methods of collecting information to prepare the monthly visit schedule.
2. List priorities for visiting the ASHAs.
3. List the articles to be carried during a field visit.
4. Demonstrate the activities to be undertaken while visiting an ASHA.
5. Demonstrate how to observe an ASHA at work and how to keep a record of these observations.
6. Fill form A correctly and completely.
7. Fill Form B correctly and completely.

Supervisor's Monthly Tasks

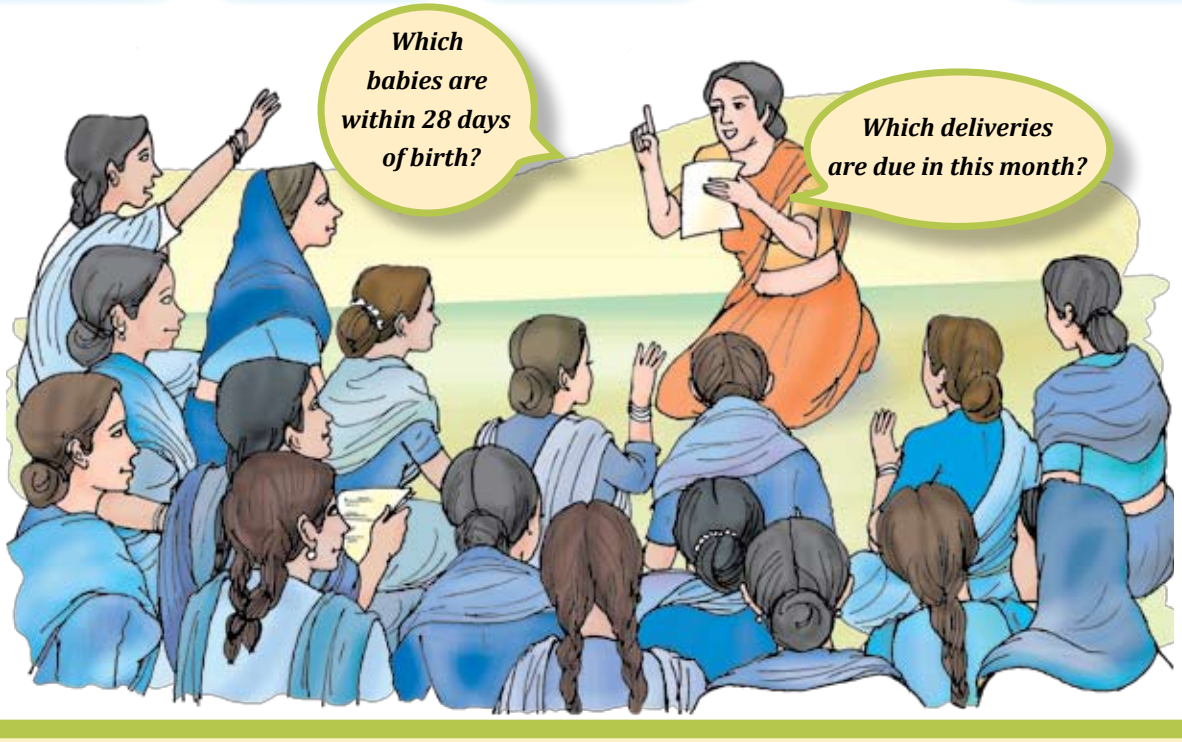
- ✓ Visit all ASHAs at least once.
- ✓ Follow up on all sick new borns and record referral outcomes.
- ✓ Check all PNC cards.
- ✓ Attend sector meetings.
- ✓ Attend review meetings.
- ✓ Meet all ANMs and facilitate the verification of the ASHA's home visits by them.

A. Preparing a monthly schedule for visiting ASHA

The plan for visits should be made in coordination with the ASHAs of an area. The ANM and Block Child Health Manager/Block Program Manager of the area must be informed of the plan every month.

Setting priorities for undertaking home visits with ASHA

1. ***Give top priority to visiting newborns within the first 7 days of life.***
2. ***Visit sick newborns discharged from the hospital.***
3. ***Visit low birth weight newborns,***
4. ***Visit pregnant women for the birth preparedness visit.***
5. ***Visit home deliveries.***



How to collect information for preparing the monthly visit plan during the monthly sector meeting:

- Consult with ASHAs during the monthly sector meeting to know which deliveries are due or have taken place in the last month, which newborns have been discharged from the hospital after sickness and which newborns are LBW
- Keep in constant touch with the ASHAs in charge of pregnant mothers due for delivery and try to visit them immediately after delivery.
- Make sure that you accompany some ASHAs due to make birth preparedness visits in the 8th month from time to time.
- Be vigilant to visit the ASHAs located the farthest from the headquarters and (those in areas that are difficult to reach) in the initial days of the month and maintain regular contact with them.

  The areas farthest from the headquarters often get left out and are unable to access services. Ensure that this does not happen for HBPNC.

Note: Remember, initially, for a few months, all ASHAs must be paid a visit at least once a month.
With time, you will be able to differentiate between the strong and the weak ASHAs. You can then take the decision to visit the weaker ASHAs more often and the strong ones less frequently.

- While preparing for the visit to an ASHA, consult your notes and observations about that ASHA from the previous visit. Confirm your visit with the ASHA over the phone/meeting.
- Each visit requires minimum ½ a day.
- Visit at least one house with each ASHA. If time permits, you may visit more than one house.
- DO NOT rely merely on the PHC register to check which deliveries have taken place in the month. This way you will miss out on home deliveries and on the women who have delivered in other PHCs. In the interest of improving the coverage of HBPNC within your area, you need to take home deliveries into account and plan home visits for them as well.
- DO NOT try to plan field visits based on the ASHA' s and your convenience. This may not work to the benefit of the newborns.

B. Preparing for a visit

- For the visit, select a house with a newborn where no previous visit has been performed.
- Always try to select a house scheduled for a regular PNC visit (e.g. on day 3 or 7 for any newborn).
- Remember to carry all necessary articles. A list is given below.
- When you contact an ASHA to set up a time and location for a meeting, remind her to carry the filled PNC cards with her. Or else, check these cards at the ASHA's home.

Things to be carried by the supervisor to the field:

<table>
<tr>
<td> 
Copies of the forms A&B (one per ASHA to be visited)</td>
<td rowspan="2"> 
Thermometer</td>
<td rowspan="2"> 
Weighing Scale</td>
<td> 
Records of the previous visit to the ASHA</td>
</tr>
<tr>
<td> 
Flip Chart for the ASHA</td>
<td> 
Diary to keep notes</td>
</tr>
</table>

C. Review the PNC cards available with ASHA

While on visit to an ASHA, review the PNC cards available with her (these will be forms of babies born within the last 42 days that the ASHA has not yet completed and submitted to the ANM). The information given in the PNC cards will be recorded in Form A (attached in the Annexure).

Utility of Form A

Filling out Form A will help you determine

- Whether the ASHA is able to maintain the PNC cards properly.
- Whether the ASHA is performing home visits on time.
- The number of babies/ mothers identified with danger signs.
- The number of cases referred to health facilities or to the ANM.
- Whether the ASHA is giving correct information/ advice to the family regarding the newborn and maternal care.

Activities to be undertaken while on a home visit

It is likely that you will meet the ASHA at a predetermined location.

- Greet her appropriately
- Explain the objectives of your visit.
- Reassure her that the visit is supportive and not for finding faults.
- Review the PNC cards available with her by the method given in Chapter 7.
- Inquire about the problems she might be facing – in conducting home visits/ payments/ task performance/coordination with other staff et cetera.

When you, along with the ASHA, reach a newborn's/mother's home:

- You and the ASHA must greet the family members appropriately.
- Explain the purpose of your visit to the family.
- Allow the ASHA to perform her tasks without interference.
- Keep notes on all relevant observations about the ASHA's performance.
- **Observe the ASHA at work and fill out the necessary record (Form B).**
- After the visit is complete, thank the family.
- Accompany the ASHA to a predetermined location (e.g. *Anganwadi* Centre/ ASHA's home) where you can give her feedback and counsel her, building her capacity, if required.
- After the session, thank the ASHA and ask her if she needs anything. Inform her of your next visit.

Chapter 6:
Identify and encourage the strengths and correct the weaknesses of ASHAs, revision of learnt and teaching of new skills (tasks 3 and 4)

Objective of the session

After the session, you should be able to –

1. Understand what is meant by supportive supervision
2. Explain how to identify the strengths and weaknesses of an ASHA using Form B
3. Demonstrate how to provide positive feedback and encouragement to ASHAs
4. Explain which mistakes committed by the ASHA must be corrected during the home visit and which should be corrected later and how?
5. Explain the methods and list the platforms for revision of learnt skills and teaching of new skills

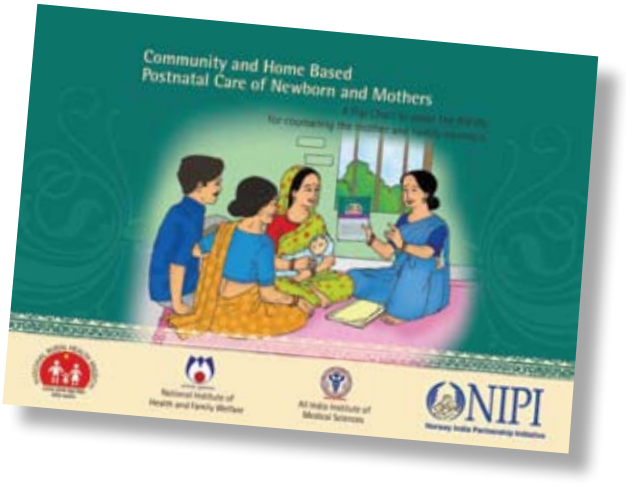
A. Supportive Supervision and Capacity Building

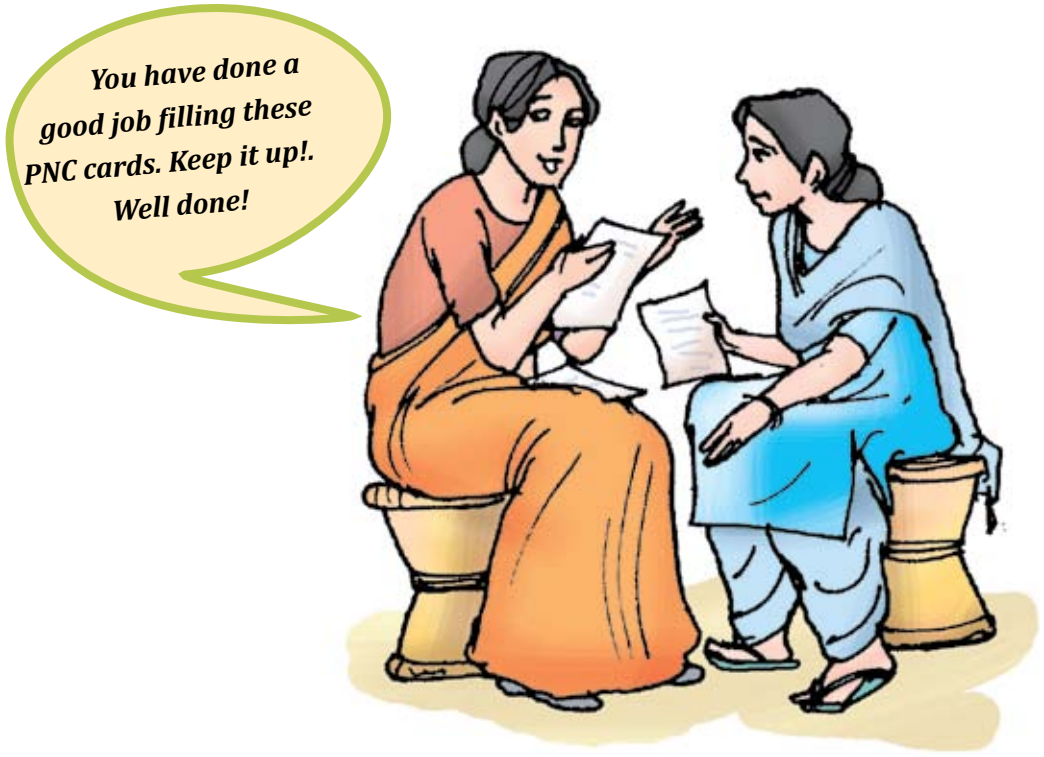
How to Identify and reinforce the strengths of ASHAs

As you observe the ASHA at work and fill in Form B, you will be able to assess her performance. You will know what she is doing correctly and where she is going wrong. While talking to the ASHA later, always start with positive feedback on what she did well. This will make for a positive and constructive relationship between the two of you – encouraging her to work better, and keep her motivated. This point is explained in greater detail using 'Role plays' later in this chapter.

Multiple ways can be used to help ASHA revise her skills.

- These include showing her the videos used in her training.
- The Flip chart may be used to remind her of points she may be forgetting.
- The sector meeting is a good platform for capacity building in groups e.g. a video dealing with a common issue may be shown in the sector meeting. Similarly, explanation of vital issues like the card deposition process, or danger signs in mothers and newborns may be revised with the entire group.





How to Identify and correct the weaknesses of ASHAs

If during a home visit you observe an ASHA making a mistake that does not have an immediate impact on the health of the baby, you can correct the ASHA, once the visit is over. For very critical mistakes e.g. if the ASHA counts the breathing rate wrong (>60/min when it is only 54), you repeat the procedure yourself and gently request the ASHA to observe while you do the activity correctly.

Never reprimand the ASHA in front of the family. This may take away the respect the family has for the ASHA and she will face difficulties with that household during her later visits. Revise what ASHA has learnt repeatedly and teach her new skills.

If an ASHA is weak at a certain skill, it is vital to **demonstrate** the skill correctly to her and make her practice the same. Just telling her verbally will not solve the problem. For example, If an ASHA is not good at counseling, you can demonstrate good counseling by making a home visit with her. Or, get her in touch with an ASHA who is good at counseling and let the better ASHA demonstrate.

***Peer to Peer* learning works well. A good ASHA is a useful resource to teach other ASHAs.**

Role Play 1 – What is your style of supervision?

Objectives

After the role play, you should be able to internalize –

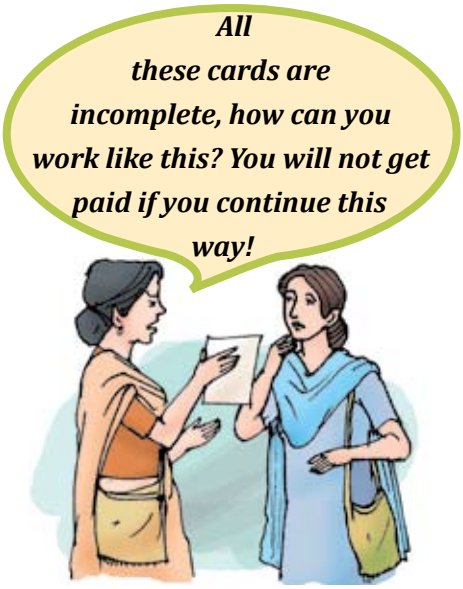
1. The essentials of Supportive Supervision.
2. The effectiveness of Supportive Supervision towards improving the functioning of the ASHA.

Characters –

1. **Susheela (Supervisor at PHC Rajgarh)**
2. **Usha (ASHA at PHC Rajgarh)**
3. **Rani (Supervisor at PHC Surajgarh)**
4. **Begum (ASHA at PHC Surajgarh)**

Situation 1

Susheela, the Supervisor at PHC Rajgarh, has checked last month's PNC cards submitted by Usha (an ASHA of her area). She notices that several cards are incomplete, especially about the questions regarding danger signs. Susheela calls Usha and tells her rudely to improve herself. She threatens that Usha will not be paid if she does not do her work properly. Usha starts crying and says that she does not understand how to fill the cards. Susheela tells her to read the Flip chart properly and learn from it. The next month Susheela sees that the cards submitted by Usha are better but still not complete.



Situation 2

Rani, the Supervisor at PHC Surajgarh, has checked last month's PNC cards submitted by Begum (an ASHA of her area). She notices that several cards are incomplete, especially about the questions regarding danger signs. Rani calls Begum and sits with her in the Anganwadi. She asks Begum about her difficulty in filling cards. Begum tells her that she does not understand how to fill the cards. In a friendly manner, Rani goes through each line of the card with Begum. She explains everything. Begum is happy and thanks her. Next month the cards are complete.

Role Play 2 – The supervisor meets the ASHA

Objectives

After the role play, you should be able to demonstrate how to –

1. Greet and introduce yourself to the ASHA properly.
2. Inform the ASHA about the purpose of your visit and reassure her that the visit is to support her and not to find faults in her work.
3. Check the PNC forms available with ASHA and fill Form A.

Characters –

1. **Abha (ASHA Supervisor of Deeg village)**
2. **Reena (ASHA of Deeg village)**
3. **Laxmi (mother of a newborn)**
4. **Dolly (the newborn baby)**

Situation:

Abha, the supervisor of village Deeg, visits Reena, the ASHA at her home. She greets her cordially and introduces herself. Then, she explains the purpose of her visit to the ASHA. She interacts with her and asks her if she likes her job and if she has any problems in her work. She requests Reena to get the filled PNC cards that she has with her. She checks these PNC cards and fills Form A using the Tally sheet.

Role Play 3 – Conducting a Home Visit with an ASHA

Objectives

After the role play, you should be able to -

1. Greet the mother and inform her about the purpose of your visit.
2. Observe the ASHA interacting with the mother and examining the baby, without interfering.
3. Fill Form B using the available information.

Situation:

(This situation is a continuation of the situation given in Role Play 2). Abha accompanies the local ASHA, Reena to Laxmi's home. Laxmi has a 3 day old newborn born in the nearby PHC. Reena is visiting for the first time. Abha observes Reena interacting with the mother. Reena asks about the health of both, the mother and the baby. She asks about the birth details. Then she asks all the questions in the PNC card and fills out the card. She examines the baby and the mother and fills the relevant columns of the PNC card. She finds that the baby is healthy, weighs 3 Kgs, and is on exclusive breast feed. She was initiated on breast feed within 1 hour of birth. She has passed stool and urine and has not been given a bath. The Umbilical cord is clean and dry. Reena then uses the Flip Book to counsel the mother on breast feed, keeping the baby warm, and on caring for herself. Abha observes everything and fills Form B.

Role Play 4 – Advising the ASHA

Objectives

After the role play, you should be able to demonstrate how to –

1. Give positive feedback to ASHAs.
2. Correct mistakes after the home visit.
3. Use the Flip book to counsel and teach the ASHA.

Characters –

1. **Vijay (ASHA Supervisor)**
2. **Rani (ASHA of Deeg village)**
3. **Parvati (mother of a newborn)**
4. **Gudiya (the newborn baby)**

Special Instructions: In this situation, it is important to clearly demonstrate that the ASHA had missed out on counseling the mother about not bathing the newborn till 7 days after birth. The Supervisor should notice this vital omission, and counsel the ASHA later, using the Flip book on how to keep the baby warm.

Situation:

Vijay, the Supervisor visits a newborn's home with Rani, an ASHA of Deeg village. Parvati, the mother had delivered a baby 3 days back, in the nearby PHC. Rani is visiting her for the first time. Vijay observes Rani interacting with the mother. Rani asks about the health of the mother and the baby. She asks about the birth details. Then she asks all the questions in the PNC card and fills the card. She examines the baby and the mother and fills the relevant columns of the PNC card. Rani weighs the baby and finds that she is healthy, weighs 3 Kgs, and is on exclusive breast feed. She was initiated on breast feed within 1 hour of birth and has passed stool and urine. The Umbilical cord is clean and dry. The baby was given a bath on Day 1 of birth. Rani hears this and does not correct this mistake made by the family. She then uses the Flip Book to counsel the mother on breast feed. The Supervisor observes and fills Form B. Afterwards, Vijay and Rani go to the nearby *Anganwadi* where Vijay first gives the positive points of his feedback to Rani, and then corrects her mistake. He uses the Flip Chart to teach her ways of keeping newborns warm.

Role Play 5 – Be aware that the family also observes

Objectives:

1. How to observe the ASHA during a field visit.
2. How to correct the mistakes the ASHA makes without humiliating the ASHA in front of the family.
3. How to revise the skills with the ASHA and build her capacity.

Characters:

1. **Vinay – ASHA Supervisor**
2. **Lalli Devi – ASHA**
3. **Sunita Devi – mother of newborn**

Situation:

Vinay, an ASHA Supervisor, has accompanied Lalli Devi, an ASHA, to the home of Sunita Devi, mother of a 3 day old baby. He finds that Lalli Devi has not washed her hands before handling the baby. She starts weighing the baby without checking for the zero error on the weighing scale. He quietly observes the whole process. After the process, he takes the weight of the newborn himself in the correct manner while gently explaining the right way to Lalli Devi. After the visit, he goes through all the processes with Lalli Devi at the nearby Anganwadi. He demonstrates hand washing and makes her practice it.

Chapter 7:
Correct, complete filling and timely submission of all PNC cards (tasks 5 and 6)

Objective of the session

After the session, you should be able to –

1. Explain the three methods by which a supervisor can promote correct and complete filling of the HBPNC cards.
2. Explain the importance of getting the PNC cards submitted on time.
3. Help the ASHAs make card submission plans.

A. Ensuring correctness and completeness of the HBPNC cards

Correct and complete PNC cards are an important sign of good supervisory support.

At different stages during supervision, you will get a chance to check the PNC cards for completion and correctness.

The instances where you can do so are:

1. At the home of the ASHA or at any other pre-determined place: The ASHA can get all the PNC cards she has with her.
2. While accompanying an ASHA on a home visit: You can ensure that the PNC card the ASHA is using presently is filled correctly and completely.
3. At the card deposition centre: It is expected that at the end of a month, you will check at least one filled PNC card submitted by each ASHA for completeness and correctness. This can be done on a fixed day of the month at the PHC where the cards are submitted. Sort out the cards received from ASHAs and make a separate pile for each ASHA. Now pick one card from each pile at random. This way you will check at least one PNC card per ASHA.

Using these methods, eventually you shall be able to cover all the filled PNC cards. As you observe and correct the mistakes of the ASHAs, whether in a group or individually, the ASHAs keep improving and fill the cards in a better fashion each time.

Supervisor checking and sorting PNC cards

B. Promoting timely submission of PNC cards

- ASHAs must be encouraged to submit the filled PNC cards to the ANM as soon as possible. This will, among other things, help facilitate timely payment of her card linked incentive. The submissions can be done during the VHND or during the sector meetings each month.
- Identify such a day for submission when the ANM can be available to verify the submitted cards.

Chapter 8:
Identify and highlight administrative issues related to HBPNC (task 7)

Objective of the session

After the session, you should be able to –

1. Understand how to address logistic issues.
2. Explain the flow of funds to the ASHA.
3. Understand how to address issues related to the financial processes.
4. List out common misunderstandings regarding payments to ASHAs.
5. Demonstrate how to fill Form D.

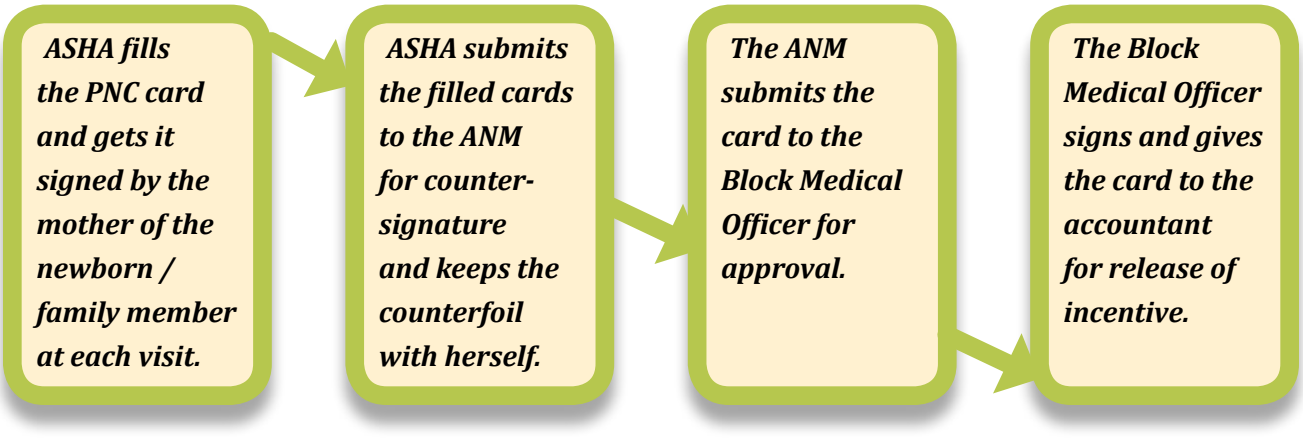
A. Logistic issues

- While on the visit to an ASHA, review the supplies and equipments that she is using.
- Check the equipment for correct functioning (e.g. weighing scale, thermometer et cetera).
- Make timely requisition of supplies and requirements. (The items in the ASHA kit are supplied through the state government. Items, such as the Thermometer are purchased at the block level. The weighing scale and Flip chart used are available only from the district authorities. It is important that requisitions be made in a timely manner so that nothing falls short while the ASHAs are doing their work).

B. Financial issues

- **For each filled PNC card, the ASHA must be paid Rupees 200/-.**

Process of release of incentive to ASHA



- For no reason should the payment of an ASHA be stopped.
- Identify financial problems, such as irregular payments, through discussions with the ASHAs and from the PHC records.

Some common reasons for non-payment of incentive and actions to be taken:

S. No.	Reasons for non-payment of incentive	Action to be taken
1	Funds not reached PHC/Block	Inform parent agency who will take up the matter with SHS and NIPI
2	ASHA submits the PNC cards without the sign of any family member (of the homes she has visited)	Cross check all PNC cards available with ASHA while on a home visit and randomly check at least one submitted card by each ASHA at the Block. Give feedback to the ASHA and ensure that she corrects the mistake.
3	ANM refuses to sign the PNC card submitted by an ASHA	Help in building a better rapport between the ASHAs and the ANM. Inform the ANM about the job responsibilities of the ASHAs in HBPNC and their contribution to the process. Take the ANM on a home visit to illustrate your point if need be. Inform her about her role in the process and the importance of her signature. If none of these methods work, inform the BCHM.
4	Suspected fraud in the card (fraudulent signatures of family and/or ANM)	Take up the matter with the ASHA under suspicion and ask her gently the reason for her committing the fraud. Try to solve the problem and stress on the point that the mistake should not be repeated.
5	Issues with the Accountant	Inform BCHM
6	ASHA has not completed all 6 visits	If the ASHA has mentioned genuine reasons for not making the scheduled visits, she must still be paid the due incentive.

C. Monthly Report of observations, problems and solutions - Filling Form D

Form D will be submitted by you each month, to the MOIC through the Block Child Health Manager (or the Block Program Manager in his/her absence). A copy of the same is to be submitted to the parent agency. This form enables you to bring all relevant problems to the notice of the authorities. Form D (along with the instructions on how to fill it) has been provided in the Annexure of this manual.

D. Raising concerns and finding solutions

It is important to enlist problems, if any, and to classify each of these into one of these categories:

- Problems that you can address yourself (e.g. poor coordination between an ANM and ASHA or the lack of community support for the ASHA).

- Problems that can be solved locally, at Block level and below: e.g. purchase of a Thermometer.
- Problems that need to be solved by the district and above level authorities: e.g. lack of funds for payment of incentive to ASHAs.
- Problems that can only be addressed by a change in policy at state level and above: e.g. ASHAs are dissatisfied with the amount of incentive they get or ANMs ask for an incentive for validation of home visits.

The problems that can be solved by you must be sorted out as soon as possible. However, these too can be brought to the notice of the block authorities if you are unable to handle them for some reason.

Through Form D, you can bring all other problems to the notice of the Block Manager, the Medical Officer and the Zonal/District Supervisor. Make sure that you follow up on the problems. Facilitate and support the block authorities in solving all those issues that can be solved by them at their level. The District supervisor can raise the more complex issues with the higher authorities.

Chapter 9:
Support ASHA in identifying referral facilities and establishing a smooth referral system in the village (task 8)

Objective of the session

After the session, you should be able to –

1. Understand the duties of the ASHA, the ANM and the AWW and promote coordination between them to facilitate a smooth referral system in the village.
2. Understand the need for a referral system and how you can support the ASHAs in establishing this system.

As mentioned earlier, about 15 % of newborn babies are likely to fall sick. These children need to be referred to proper medical facilities.
The Referral must be done to a facility that:

▪ **Is easily approachable**	▪ **Has a Pediatrician**	▪ **Is a 24-hour facility**

Typically in a district, there will be very few such Government facilities. You must have a list of these facilities with contact numbers. Such a list can be prepared in coordination with the ASHA, the ANM and the Managers. This list must also be provided to the ASHAs by you.

To establish a good referral system you must:

- Help ASHA make a list with contact numbers of all the people in the village who own private vehicles and are cooperative enough to lend/hire out these vehicles in case of need. In case a Government Ambulance service is available, its contact number should be present with the ASHA.
- Always take feedback about the referral from ASHA.
- Make sure that a list of 24X7 medical facilities is available with the ASHA for emergencies that might fall outside of usual working hours.

In some states, a referral fund for the newborn is provided to the ASHA for supporting a family financially. Information and guidelines regarding this fund and its use are provided by the state government. Access this information through the BCHM and pass it on to the ASHA.

Chapter 10:
Keep records and submit these to the appropriate authorities regularly (task 9)

Objective of the session

After the session, the participants should be able to –

1. Understand the utility of forms A, B, C, D, E and F.
2. Understand the frequency at which each of these are to be submitted and to whom.

Fill out all the required forms A, B, C and D correctly and completely. Make timely submissions of the same to the authorities.

The frequency of submission of the forms and the persons to whom these have to be submitted are mentioned at the top of each form. Instructions on filling them have been provided at the reverse/last page of each form.

At a glance table for each form and the action it requires (along with the page number of where it is in this manual) is given below:

Form	Description	Course of action	Page No.
A	PNC card Review Form	To be kept with the supervisor as a checklist and for later reference	49
B	Checklist for field visit by HBPNC Supervisors	To be kept with the supervisor as a checklist and for later reference	51
C	Advance Tour Plan and Monthly Travel Summary	To be submitted to the Block Manager at the beginning and at the end of each month	55
D	Monthly reporting format of HBPNC Supervisor	To be submitted to the MOIC through the Block Manager with a copy to the District/Zonal ASHA Supervisor	57
E	Monthly reporting format for the Zonal/District Supervisor	To be submitted to the State Health Society by the district authorities	59
F	Monthly Reporting format for State Coordinator	To be submitted by the State ASHA HBPNC Coordinator to the State Health Society	60

Chapter 11:
Help ASHA build a good rapport with the ANM and AWW (task 10)

Objective of the session

After the session, you should be able to –

1. Enumerate the tasks of the ANM and the AWW
2. Explain the integration between the tasks of the ASHA, the ANM and the AWW

See the facing page for descprition of duties chart of the ANM, the ASHA and the AWW.

The figure depicts:

The ANM, ASHA, ASHA supervisor counselling a reluctant mother for referral of her sick baby.

At Block level, the MOIC is in charge of all programs. The Block Program Manager reports to the MOIC and provides support for data collection, compilation and analysis. The Block Manager also provides support for administrative issues. The field staff like ANM, ASHA Supervisors and other health functionaries report to the MOIC. The Manager acts as an intermediary between the two.

Description of Duties

ANM

- Keeps record of all pregnant women in the area and conducts ANC
- Conducts deliveries (if trained as SBA) and keeps record
- Helps in birth and death registration
- Conducts Post Natal Check-ups for mothers
- Supports AWW in growth monitoring
- Provides Family planning options to couples
- Conducts Immunization
- Verifies at least two home visits done by ASHA
- Reviews and supervises ASHA
- Supports ASHA in establishing a referral system in each area
- Facilitates the payment of incentive to ASHA by verifying PNC card
- Keeps record of and verifies utilization of Referral funds maintained by ASHA
- Manages flexi funds

ASHA

- Uses record of all pregnant women of the area to visit them for motivating for ANC and counselling for birth preparedness
- Motivates for Safe delivery
- Motivates for birth and death registration
- Makes visits at home for Post Natal care for mothers and newborns
- Checks weight of the newborn and keeps ANM informed
- Motivates family for immunization
- Counsels women for family planning
- Establishes a referral system for referring sick newborns and mothers
- Manages referral funds

AWW

- Keeps record of all pregnant women in the area to counsel for Nutrition and organizes ANC to be done by ANM
- Keeps record of all Under 5 children and provides nutrition supplementation
- Organizes immunization to be done by ANM
- Does growth monitoring and maintains growth charts

*Tasks of the Block and District Managers in HBPNC are given in the 'Devivery of HBPNC for M&N – Manual for Program Managers'.

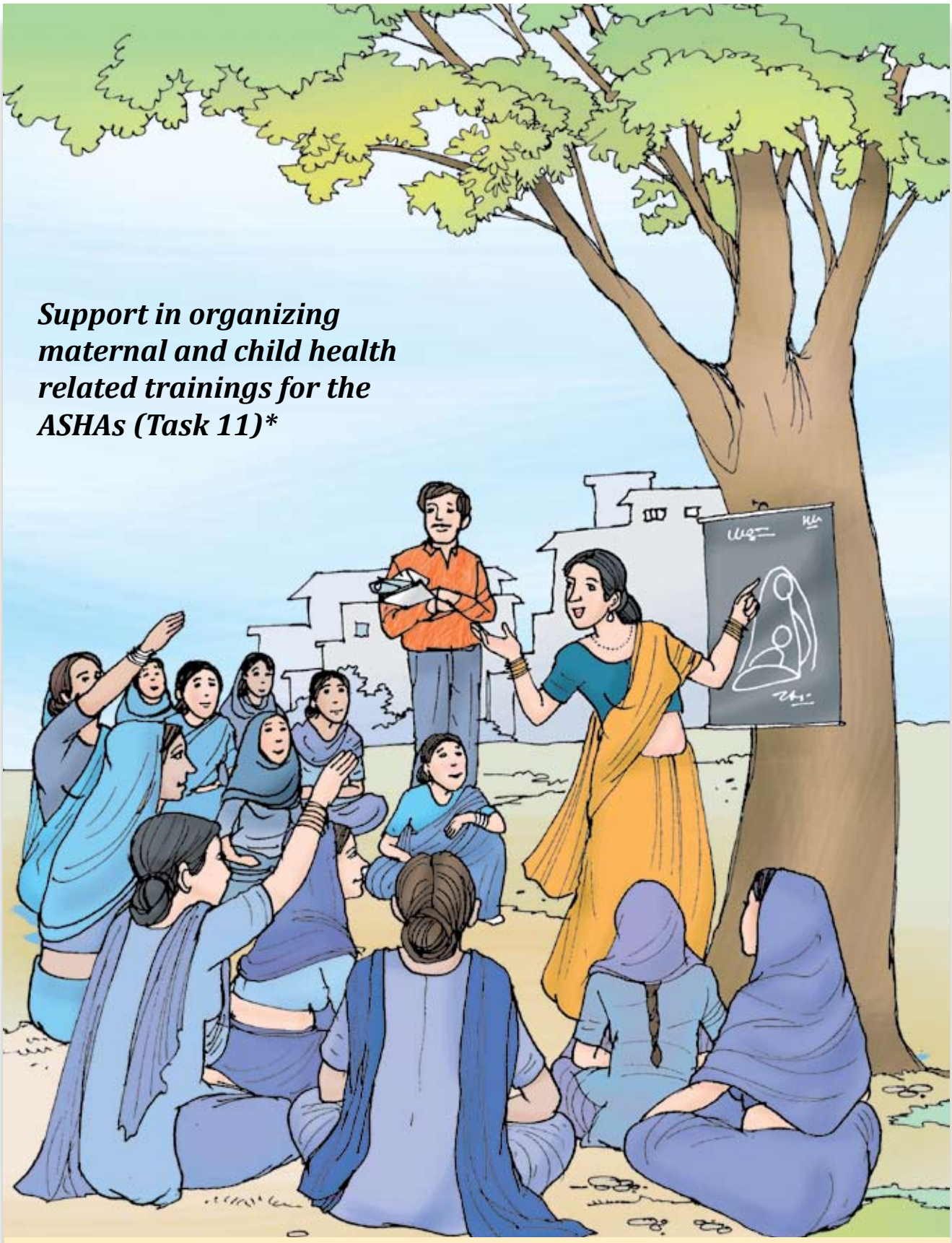
The ANM is a natural supervisor for the ASHA. Some states have ASHA coordinators and other such cadres in place for supporting ASHAs and for coordinating between the ANM and the ASHA.

Each ANM is in-charge of a population of 5000 and is likely to have 5 or 6 ASHAs working with her. It is vital to develop a good understanding between ASHA and ANM. In discussions with ASHAs and the ANM, you will get an idea of the kind of relationship they share. Good coordination between them will facilitate better post natal care, facilitate the ASHA's incentive payments, and facilitate a better referral system for the sick newborn and its mother. To achieve this –

1. Support the BPM to organise an 'Orientation in HBPNC' for the ANMs
2. Encourage the ANM to accompany you on your visits to the ASHAs.This will help her understand the role of the ASHA in HBPNC.

Organize at least two meetings in a month (besides the VHND meetings) between the ANM and the ASHAs in your area. During this meeting the ANM will ask the ASHAs about their progress. She can make note of the number of pregnant women and newborns in her area and make sure that her ASHAs have visited all of them. The ANM can also use this forum to plan her supervisory visits to homes with the ASHAs.

The *Anganwadi* workers and ASHA are like sisters in the health system. The ASHA helps the *Anganwadi* worker by motivating women for ANC and Immunization. The ASHA also keeps track of malnourished children. She is expected to use the information available at the *Anganwadi* for follow up. She is also expected to use the *Anganwadi* as her base.



Male supervisor observes ASHA training taking place.

**Details given in the 'Delivery of Home Based Post Natal Care for Mother and Newborns by ASHA – Organiser's Manual'*

Annexure

Form A – PNC Card Review Form
(Checklist to be filled by the ASHA supervisor for later reference)

(Review all PNC cards available with ASHA at the time of visit. Many of these are likely to be incomplete cards and will pertain to babies born in the same month, and in the last month.)

Name of the ASHA		Village	
Name of the Supervisor		Block	
Date of Follow up		District	
Date on which ASHA received PNC training			
PNC cards available with ASHA		YES / NO	

If yes, review of PNC cards available with ASHA:

S. No. of PNC card	Date of birth of the baby	Weight recorded in how many visits/No. of visits made	Temperature recorded in how many visits/ No. of visits made	Birth prepared-ness visit made (Y/N)	Day of life at visit					
					1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit
1										
2										
3										
4										
5										

Referral details

		Name of sick persons identified	Danger sign identified	Referred (Yes/No)
Newborn	1			
	2			
Mother	1			
	2			

Problems found with record keeping after review of PNC cards

Sl. No. of PNC card	Problem identified	Action taken

Signature of supervisor **Date**

How to fill Form A

1. Enter the basic information, i.e. name of ASHA, your name (supervisor), date of follow up visit, name of the village, PHC, Block and District and date on which ASHA received training in PNC.
2. Review each PNC card and fill in the following details into the table –
   - Date of Birth – given in discharge card in case of hospital delivery.
   - Weight recorded in how many visits/No. of visits made – If ASHA has made 5 visits and recorded weight in only 4 visits you will write 4/5 here.
   - Temperature recorded in how many visits/No. of visits made – Similarly, if ASHA has made 3 visits and recorded Temperature in only 2, you will write 2/3 here.
6. Birth preparedness visit made (Y/N) – If the PNC card entry indicates that the ASHA has made a birth preparedness visit, this will be answered with 'Y', else it will be 'N'.
7. Mention how old the baby was (in days) when the ASHA visited it. Record this information for every visit that the ASHA makes. This will highlight the timeliness of the ASHA's visits.
8. Check the PNC forms for babies/ mothers with danger signs found and actions taken – referral etc. In case of any discrepancy in the number of sick mothers/newborns identified and referred, check with the ASHA to confirm.
9. Mention the problem you observed during the record review: Problems in filling the form, not assessing the newborn/ mother's problem correctly, wrong advice etc. Discuss these problems with the ASHA and help her in solving them.

Form B – Checklist for home visit by ASHA Supervisors

(To be filled during each visit – one form for each home visit)

Name of Supervisor:							Date of visit.		
Sub-Centre:							Block:		
ASHA's name:							Joining date of ASHA in NRHM .		
Name of ANM who supervises this ASHA?									
How many days training has ASHA had on HBPNC?									
Which Home visit by ASHA is this?	**1**	**2**	**3**	**4**	**5**	**6**			
General Information									
Was birth weight of newborn recorded? Y/N							Birth Weight (gms)		
Is birth registration done? Y/N							Still Birth – Y/N		
Baby Alive – Y/N							Mother Alive – Y/N		
Did the ASHA visit the baby in the first 24 hours after birth? Y/N									
Has the ASHA made the other scheduled visits? Y/N									
Was the mother visited for birth preparedness? Y/N									
Did ASHA weigh the baby during previous visits? Y/N									
Did ASHA asses the following <u>correctly</u>-									
▪ Temperature of baby Y/N									
▪ Activity of the baby Y/N									
▪ Colour of baby Y/N									
▪ Breath rate of baby Y/N									
▪ Whether baby is well covered Y/N									
▪ Weight of the baby Y/N									
▪ Signs of local illness Y/N									
According to ASHA, did the baby having any danger signs? Y/N									
▪ If yes, was baby referred? Y/N									
▪ Hospital identified for referral? Y/N									
▪ Transport provided for referral? Y/N									
▪ Referral Slip filled properly? Y/N									
Verify if ASHA has filled in information of the flowing correctly in the PNC during the previous home visits									
▪ Initiation of breast feeding within one hour of birth Y/N									
▪ First bath of the baby Y/N									
▪ Passage of urine and stools by the baby Y/N									
Did ASHA ask the following about baby -									
▪ Baby's immunization with BCG & OPV? Y/N									
▪ Exclusive breastfeeding of the baby? Y/N									
▪ Was anything else given to the baby besides breast milk? Y/N									
▪ Any other problem? Y/N									
Did ASHA ask the following about mother -									
▪ Danger Signs in the mother Y/N									
→ Heavy bleeding Y/N									
→ Severe pain in abdomen Y/N									
→ Fever Y/N									
→ Convulsions/Fits Y/N									

▪ Foul smelling discharge?	
▪ Passing urine/ stool normally?	
▪ Taking adequate rest & food?	
▪ Does the mother have any breast/ nipple problem?	
▪ Does the mother have any other problem?	
According to ASHA:	
▪ Did the mother have any danger signs? Y/N	
▪ If yes, was mother referred? Y/N	
▪ Hospital identified for referral? Y/N	
▪ Transport identified for referral? Y/N	
▪ Referral Slip filled properly? Y/N	
Did ASHA counsel the family/mother on the following -	
▪ Baby care	
→ Keeping the baby warm Y/N	
→ Exclusive breast feeding Y/N	
→ Handwashing and hygiene Y/N	
→ Care of cord Y/N	
→ Care of eyes Y/N	
→ Immunization Y/N	
→ Prevention of infection Y/N	
→ Danger signs Y/N	
▪ Mother care	
→ Diet Y/N	
→ Rest Y/N	
→ Hygiene Y/N	
→ Resumption of sexual intercourse Y/N	
→ Contraception Y/N	
→ Danger signs Y/N	
▪ Birth registration Y/N	
▪ Death registration (if death occured) Y/N	
Did the ASHA use the flip chart for counseling? Y/N	
Did the ASHA use appropriate chart for counseling? Y/N	
Did the ASHA check mother's understanding? Y/N	
Logistics	
Did ASHA have the following in working condition –	
▪ Weighing scale Y/N	
▪ Thermometer Y/N	
▪ Flip Chart Y/N	
Did ASHA have enough number of PNC cards? Y/N	
Did ASHA have enough number of referral slips? Y/N	

Low Birth Weight	
▪ Correctly identified a LBW Y/N	
▪ Counsel on Frequent breast feeding Y/N	
→ Assessment regarding adequacy of feeding	
▪ Counsel on Thermal care Y/N	
→ Assessment for the need for KMC Y/N	
▪ Counsel on Prevention of infection Y/N	
▪ Identify Danger sign Y/N	
Payment of incentive to ASHA	
• In the last 3 months, how many PNC cards has the ASHA submitted?	
• In the last 3 months, ASHA has received incentive for how many cards?	
• ASHA received the last payment after how many days of submission of PNC card?	
Feedback given to ASHA by Supervisor	

Signature of Supervisor

How to fill Form B

One Form B is to be used for one visit for each ASHA, when you accompany her on the home visit for PNC. Enter the identification information first. Then quietly observe the activities of ASHA on her HBPNC visit and fill the Form.

Form B is a checklist for the Supervisor's use and is self explanatory. It can be understood as you read through it.

Form C – Advance Tour Program & Monthly Travel Summary of the ASHA Supervisor

(Columns 1,2 & 3 to be filled in duplicate at the **beginning** of the month and one copy submitted to the Block Child Health Manager/Block Program Manager. Keep one copy with yourself)

(Columns 4 & 5 to be filled at the **end** of the month in duplicate and one copy submitted to the Block Child Health Manager/Block Program Manager. Keep one copy with yourself)

Name of Supervisor	
Block	
District	

Month		Year	

Advance Tour Program (ATP)			Monthly Tour Summary (MTS)	
Date	**Place to be visited**	**Purpose**	**Place actually visited**	**Purpose**

Signature of Supervisor

What to fill in Form C?

Form C is the Advance Tour Plan and the Monthly Travel Summary that must be submitted by the supervisor to the reporting authority (MOIC/BCHM/BPM) at the beginning of the month and at the end respectively.

At the beginning of the month, the Supervisor must plan for the month's visits. The plan will include scheduled visits to ASHA, sector meetings, VHNDs, other meetings, et cetera. Whatever the schedule may be, it needs to be entered here and shared with the Block Child Health Manager for information. A copy must be shared with the District/Zonal Coordinator of the Supervisor.

At the end of the month, the same plan must be submitted with the Monthly Travel Summary part filled in. If there have been any changes in the Monthly Travel Plan, these must be entered here and the reason for change explained. This will be submitted to the District/Zonal Supervisor only.

Form D – Monthly Reporting Format for ASHA Supervisor

(To be filled in duplicate. One copy to be submitted to the MOIC through the BCHM or BPM [when BCHM is not available] and one copy to be submitted to Zonal Supervisor/District Supervisor. Keep one copy with yourself)

Name of Supervisor:	**Block:**
ASHA visit details	
No. of ASHAs planned to be visited:	No. of ASHAs actually visited:
No. of ASHAs making timely visits:	
No. of mothers with danger signs:	No. referred:
No. of babies with danger signs:	No. referred:
Maternal deaths:	Newborn deaths:
Names of non working ASHAs:	
Any major concerns reported by ASHAs:	
Logistic issues	
1) Weighing scales:	
2) Thermometer:	
3) PNC Cards:	
4) Referral slips:	
PNC Card Analysis	
No. of PNC cards deposited by the ASHAs:	No. of these cross checked:
Major problems identified in filling the cards:	
No of data entries validated (cards) by the supervisor:	
Any issues with data entry:	
Sector meetings	
No. of ASHAs that attended the sector meeting:	
Common issues/problems identified in discussion with ASHA:	
Actions taken:	

Financial issues
How many ASHAs have not received payment for more than 2 months after submitting the cards:
Reasons for non payment:
Actions taken:
How many ASHAs need replenishment of referral funds:
No. of HBPNC trainings attended by the supervisor:
Any other issues to be discussed:

Signature of Supervisor

How to fill Form D?

The supervisor must put in their identification data.

The first section of the form contains details of visits to ASHAs.

1. The supervisor must enter the number of ASHA they had planned to visit and how many of those they have actually been able to visit in the month.
2. The information on number of mother and babies referred can be collected during the sector meeting by asking the ASHA about these.
3. Maternal deaths and newborn deaths are recorded in the PNC cards and the information can be verified by asking the ASHA during the sector meeting.
4. The Supervisor will know the names of ASHAs not performing up to mark through consultation with the ANMs and by making the HBPNC visits.
5. Logistics issues are those related to supply of materials needed by the ASHAs. These include the Thermometer, the Weighing scale, GV paint, Soap, Flip Books and booklets for reference for the ASHA. If any of these have to be replenished, the MOIC has to be informed through this form.
6. The supervisor must check how many PNC cards have been deposited by their ASHAs in the month in question. (All the PNC cards are available with the accountant.)
7. The supervisors must cross check at least one PNC card submitted by an ASHA of their area.
8. They should note down the major problems identified with filling the PNC cards.
9. The PNC card data is entered in a software at the block level. The data must be cross checked by the Supervisor. A few cards may be randomly selected and the entry of these cards checked with that done on the computer and matched.
10. All sector meetings must be attended by the supervisor. The number of ASHAs attending must also be noted in this form.
11. If any major issues are raised by the ASHAs during the sector meetings, or the supervisor observes deficiencies in their work and discusses these in the sector meeting, this too can be noted in the form.
12. The supervisor must ask ASHAs (during the sector meeting), how many of them have not received their payments even 2 months after submitting the cards. Note the number in the form. Note the reasons for non-payment too. The reasons can be identified in discussion with the MO, the BCHM and the Accountant.

Form E – Monthly reporting format for the CDMO/Zonal/District Supervisor

Month and year of reporting:	
Name of Area/District:	
Population of area:	Expected deliveries in the month:
No. of trainings attended by the Supervisor in this month:	
A. ASHA visits	
% of ASHAs supervised this month (No. of ASHAs supervised/No. of ASHA in the district)	
No. of mothers identified with danger signs:	Referred:
No. of babies identified with danger signs:	Referred
B. PNC Cards	
No. of PNC cards submitted by ASHAs:	
No. of PNC cards cross checked by the Supervisors:	
C. Sector meetings	
Common issues/problems identified by supervisors in discussion with ASHAs:	
Actions taken to rectify these:	
D. Administrative/Financial	
Were there any administrative problems (logistics, ASHAs not working, strikes, coordination issues etc)?	
In which Block:	
Actions taken to rectify:	
Names of PHCs/blocks where ASHAs have not received payment for more than 2 months after submittimg the cards:	
What are the reasons for non payment?	
No. of ASHAs that need replenishment of referral funds:	
Any other issue related to HBPNC?	

Signature of CDMO/Zonal/District Supervisor/CS(CMO)

Form F – Monthly Reporting format for State Coordinator

(One form will be submitted for each district)

Month and year of reporting:	Name of District:
Population of district:	Expected deliveries in the month:
No. of trainings attended by the Supervisors in the month:	
A. ASHA visits	
% of ASHAs supervised this month (No. of ASHAs supervised/No. of ASHA in the district):	
No. of mothers identified with danger signs:	Referred
No. of babies identified with danger signs:	Referred
B. PNC Cards	
No. of PNC cards submitted by ASHAs:	
No. of PNC cards cross checked by the Supervisors:	
C. Sector meetings	
Common issues/problems identified by supervisors in discussion with ASHAs:	
Actions taken to rectify these:	
D. Administrative / Financial	
Were there any administrative problems (logistics, ASHAs not working, strikes, coordination issues etc)?	
In which Block:	
Actions taken to rectify:	
Names of PHCs/blocks where ASHAs have not received payment for more than 2 months after submittimg the cards:	
What are the reasons for non payment?	
No. of ASHAs that need replenishment of referral funds:	
Any other issue related to HBPNC?	

Signature of State Coordinator

Data Sheet 1 – Data for plotting on the map

Village	Name of ASHA	No. of Births in the month	Referrals	Death of newborn	Death of mother	Type of Health facility	Distance from PHC	Transport to PHC/ Pediatrician	Name of Private Pediatrician
1	Meena	2	0	1	1	SHC	2 kms	Local bus, Motorcyle	Dr. Kumar
2	Sheela	3	1	0	0	24X 7 PHC	0 kms	Ambulance	Nil
3	Savitri	1	0	0	0	SHC	3 kms	Private car	Dr. Anil
4	Begum	1	0	0	0	Nil	4 kms	Rickshaw	Nil

Blank Map