

EMPOWERING KNOWLEDGE OF ASHA'S: A STRUCTURED APPROACH TO HOME-BASED NEWBORN CARE IN KHORDA, ODISHA

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Sandhya Rani Nath

Contents

CHAPTER	CONTENTS	PAGE NUMBER
1	INTRODUCTION	7
2	UNDERSTANDING HOME – BASED NEW BORN CARE	15
3	ACTIVITIES FOR ASHA DURING THE VISIT	21
4	THE NEED FOR STRUCTURED TEACHING PROGRAMS	39
5	DESIGNING A STRUCTURED TEACHING PROGRAM	45
6	IMPLEMENTATION OF THE TEACHING PROGRAM	54
7	EVALUATING THE EFFECTIVENESS OF THE PROGRAM	60
8	CHALLENGES AND SOLUTIONS	67
9	FUTURE DIRECTIONS AND RECOMMENDATIONS	73
10	CONCLUSION	79
11	REFERENCES AND RESOURCES	81

Preface

Dear Readers,

"Empowering Knowledge of ASHAs: A Structured Approach to Home-Based Newborn Care in Khorda, Odisha" is a comprehensive exploration of the vital role that Accredited Social Health Activists (ASHAs) play in the realm of home-based newborn care (HBNC). In a country where newborn mortality remains a pressing concern, the Government of India has adopted HBNC as a strategic initiative to address the alarming rates of infant deaths during the first week of life. This book aims to shed light on the significance of this program, which has been in place since 2011, and its focus on providing a continuum of care for both newborns and postnatal mothers.

ASHAs have emerged as key facilitators in the HBNC program, serving as the primary community-based approach to promoting newborn health. However, it is essential to recognize the need for enhancing the knowledge and awareness of ASHAs regarding the importance of postnatal care. This book delves into the essential functions of ASHAs, which encompass preventive, promotive, and curative services in maternal and child health, disease control, nutrition, and surveillance. By empowering ASHAs with the necessary knowledge, we can significantly improve the quality of care provided to newborns and their mothers in our communities.

In collaboration with Dr. Bimla Rani, we have endeavoured to present a structured approach that not only highlights the challenges faced in the implementation of HBNC but also offers practical solutions to enhance the effectiveness of ASHAs in their vital roles.

We hope that this book serves as a valuable resource for health professionals, policymakers, and community workers, contributing to the overarching goal of ensuring healthier beginnings for our newborns in Khorda and beyond.

Happy reading!

14 January, 2025,

Chapter 1

INTRODUCTION TO ASHAs AND THEIR ROLE IN NEWBORN CARE

- Overview of the Accredited Social Health Activists (ASHAs) program in India.

The Accredited Social Health Activists (ASHAs) program is a pivotal initiative under the National Health Mission (NHM) in India, launched in 2005. It was designed to enhance healthcare delivery, particularly in rural and underserved areas. ASHAs are community health workers who serve as the first point of contact for healthcare services, bridging the gap between the community and the formal healthcare system. Their primary focus is on improving maternal and child health, which includes a significant emphasis on newborn care.

The ASHA program aims to empower women in the community by training them to become health activists. These women are selected from the villages they serve, ensuring that they have a deep understanding of the local culture, customs, and health challenges. The ASHAs are trained to provide essential health education, promote preventive healthcare practices, and facilitate access to healthcare services, thus playing an essential role in enhancing the overall health of the community.

One of the core responsibilities of ASHAs is to educate families about maternal and child health. This includes promoting safe pregnancy practices, encouraging early and exclusive breastfeeding, and ensuring timely immunization of newborns. ASHAs are trained to conduct home visits where they provide information on newborn care practices, such as maintaining hygiene, recognizing danger signs in newborns, and the importance of seeking medical help when necessary.

In addition to education, ASHAs also play an important role in identifying high-risk pregnancies and vulnerable newborns. Through their community interactions, they can identify women who may face complications during pregnancy or delivery. ASHAs facilitate timely referrals to healthcare facilities, ensuring that mothers and newborns receive the necessary medical attention. This proactive approach is vital in reducing maternal and infant mortality rates.

The ASHA program also emphasizes the importance of community involvement in healthcare. ASHAs organize community meetings to discuss health issues, share knowledge, and encourage collective action towards improving health outcomes. By engaging the community, ASHAs foster a sense of ownership and responsibility towards health, which is essential for sustainable health improvements.

Moreover, ASHAs are instrumental in promoting government health schemes and services. They inform families about various health initiatives, such as the Janani Suraksha Yojana (JSY), which provides financial assistance for institutional deliveries, and the immunization programs that ensure newborns receive necessary vaccinations. By acting as

a link between the community and the government, ASHAs help increase awareness and utilization of these services.

The challenges faced by ASHAs in their role cannot be overlooked. Despite their important contributions, ASHAs often work in difficult conditions, facing issues such as inadequate training, lack of resources, and limited support from the healthcare system. Additionally, societal norms and gender biases may hinder their effectiveness in some communities. Addressing these challenges is essential to ensure that ASHAs can fulfil their potential in improving newborn care and overall health outcomes.

Overall the ASHAs program is a transformative initiative in India that empowers women to become health leaders in their communities. Their role in newborn care is multifaceted, encompassing education, identification of risks, referrals, and community engagement. By bridging the gap between the healthcare system and the community, ASHAs significantly contribute to improving maternal and child health, ultimately leading to better health outcomes for newborns and their families.

- Importance of ASHAs in rural healthcare, particularly in newborn care.

The role of Accredited Social Health Activists (ASHAs) in rural healthcare has become increasingly vital, especially in the context of newborn care. ASHAs serve as a bridge between the community and the healthcare system, ensuring that essential health services reach the most vulnerable populations. Their work is particularly important in rural areas where access to healthcare facilities can be limited, and cultural and socioeconomic factors often impede health-seeking behaviour.

ASHAs are trained community health workers who play a essential role in promoting maternal and child health. They are often the first point of contact for families seeking healthcare services, making their role in newborn care indispensable. One of their primary responsibilities is to educate mothers about safe pregnancy practices, the importance of antenatal care, and the need for skilled attendance during childbirth. By providing this knowledge, ASHAs help reduce the incidence of complications during delivery and improve overall maternal health.

In terms of newborn care, ASHAs are instrumental in promoting essential practices that ensure the health and well-being of infants. They educate families about the importance of exclusive breastfeeding for the first six months of life, which is essential for the infant's growth and immunity. ASHAs also provide guidance on proper hygiene practices, immunization schedules, and recognizing danger signs in newborns that require immediate medical attention. Their presence in the community helps to empower families with the information they need to care for their newborns effectively.

Moreover, ASHAs play a significant role in the implementation of government health programs aimed at reducing neonatal mortality rates. They are involved in initiatives such as the Janani Suraksha Yojana, which provides financial assistance for institutional deliveries, and the National Health Mission, which focuses on improving healthcare delivery in rural areas. By facilitating access to these programs, ASHAs help ensure that more mothers and newborns receive the care they need.

Another important aspect of ASHAs' work is their ability to address cultural beliefs and practices that may hinder proper newborn care. In many rural communities, traditional practices may conflict with modern healthcare recommendations. ASHAs are trained to engage with families respectfully, providing information that can help shift harmful practices while still honouring cultural beliefs. This approach fosters trust and encourages families to adopt healthier practices for newborn care.

The impact of ASHAs on newborn care is evident in the improvement of health indicators in rural areas. Studies have shown that communities with active ASHA programs experience lower rates of neonatal and infant mortality. Their efforts in promoting health education, facilitating access to healthcare services, and providing support to families have proven effective in saving lives and improving health outcomes.

In addition to their role in newborn care, ASHAs also contribute to the overall health of the community by addressing other health issues such as maternal health, family planning, and communicable diseases. Their holistic approach to health ensures that families receive comprehensive care, which is especially important in rural areas where multiple health challenges often coexist.

The success of the ASHA program, however, is not without challenges. ASHAs often work in difficult conditions, facing issues such as inadequate training, lack of resources, and limited support from the healthcare system. Additionally, the recognition and compensation for their work can sometimes be insufficient, leading to high turnover rates and a lack of continuity in care. Addressing these challenges is essential for maximizing the impact of ASHAs in rural healthcare.

ASHAs play a pivotal role in improving newborn care in rural areas. Their work not only enhances access to healthcare services but also empowers families with the knowledge and resources they need to care for their newborns. By addressing cultural beliefs and promoting essential health practices, ASHAs contribute significantly to reducing neonatal mortality rates and improving overall health outcomes in their communities. Ensuring that ASHAs receive the support and resources they need is essential for sustaining their impact and continuing to advance rural healthcare.

- Objectives of the book and the significance of structured teaching programs.

The objectives of a book, especially in the context of education or structured teaching programs, often include the following:

1. Knowledge Acquisition: The primary objective is to impart knowledge on a particular subject. This includes foundational concepts, theories, and practical applications that learners need to understand.

2. Skill Development: Structured teaching programs aim to develop specific skills in students, such as important thinking, problem-solving, and analytical skills. This is often achieved through hands-on activities, discussions, and assessments.

3. Behavioural Change: Many educational programs aim to foster positive behavioral changes in students. This includes promoting values like teamwork, responsibility, and respect for others.

4. Assessment and Evaluation: Structured teaching programs often include assessments to evaluate student progress and understanding. This helps in identifying areas where students may need additional support.

5. Lifelong Learning: A significant objective is to instill a love for learning and encourage students to seek knowledge beyond the classroom, preparing them for lifelong learning.

The significance of structured teaching programs lies in their ability to create a systematic approach to education. Here are a few key points:

- **Clarity and Organization:** They provide a clear framework for both teachers and students, making it easier to understand objectives, expectations, and outcomes.
- **Consistency:** Structured programs ensure that all students receive a consistent educational experience, which is essential for maintaining educational standards.
- **Adaptability:** These programs can be tailored to meet the needs of diverse learners, allowing for differentiated instruction that accommodates various learning styles and paces.
- **Measurable Outcomes:** Structured teaching allows for the measurement of educational outcomes through assessments, which can help in refining teaching methods and curricula based on student performance.

The objectives of a book in the context of structured teaching programs focus on knowledge acquisition, skill development, behavioural change, assessment, and promoting lifelong learning. The significance of these programs lies in their clarity, consistency, adaptability, and the ability to measure educational outcomes effectively.



Chapter 2

Understanding Home-Based Newborn Care

High-quality universal newborn health care is the right of every newborn everywhere. (WHO).The first month of life is the most vulnerable period.(UNICEF).

Babies have the right to be protected from injury and infection, to breathe normally, to be warm and to be fed. All newborns should have access to essential newborn care, which is the critical care for all babies in the first days after birth. Essential newborn care involves immediate care at the time of birth, and essential care during the entire newborn period. It is needed both in the health facility and at home.(WHO)

Home Based New Born Care (HBNC) programme was launched in 2011 for accelerated reduction of Neonatal mortality and morbidity rates especially in rural, remote areas where access to care is largely unavailable or located faraway.

- Definition and scope of home-based newborn care.

Home-based newborn care refers to the comprehensive approach to the health and well-being of newborns within the family setting, particularly during the first weeks and months of life. This practice recognizes the importance of the home environment in promoting the health of infants and providing support to families. Home-based newborn care

encompasses a range of activities that aim to ensure the physical, emotional, and developmental needs of newborns are met effectively.

- Key components of newborn care, including immediate care after birth, breastfeeding, thermal protection, and hygiene.

The scope of home-based newborn care includes several key components. Firstly, it involves education and support for parents and caregivers about the essential needs of newborns, such as feeding, hygiene, and recognizing signs of illness. It also includes guidance on breastfeeding, which is essential for the infant's nutrition and immune system development. Home visits by trained health workers can play a vital role in this aspect, offering personalized advice and support tailored to the family's unique circumstances.

Additionally, home-based newborn care addresses the importance of creating a safe and nurturing environment for infants. This includes ensuring proper sleeping arrangements to reduce the risk of Sudden Infant Death Syndrome (SIDS), maintaining cleanliness to prevent infections, and promoting skin-to-skin contact to enhance bonding and regulate the baby's temperature. The emotional and psychological support for parents is also an important aspect, as it helps them manage the challenges of caring for a newborn.

Furthermore, home-based newborn care encompasses regular monitoring of the infant's growth and development. This includes tracking milestones, ensuring vaccinations are up to date, and recognizing any potential health issues early on. By providing continuous support and education, home-based newborn care can significantly reduce infant mortality rates and improve overall health outcomes.

The home-based newborn care is a holistic approach that combines education, support, and monitoring to ensure the well-being of newborns and their families. Its scope is broad, addressing both the physical and emotional needs of infants while empowering parents with the knowledge and skills necessary for effective caregiving. This approach not only benefits the newborn but also strengthens family bonds and promotes a healthier community.

Newborn care is a important aspect of ensuring the health and well-being of infants during their vulnerable early days of life. This care encompasses several key components, including immediate care after birth, breastfeeding, thermal protection, and hygiene. Understanding these components is essential for parents and caregivers to provide the best possible environment for their newborns. Additionally, being aware of common health issues faced by newborns and their preventive measures is essential for safeguarding their health.

Immediate care after birth is one of the most vital aspects of newborn care. This phase begins right after delivery and includes several important steps. First, it's essential to ensure that the newborn is breathing adequately. Health professionals assess the baby's respiratory effort and heart rate immediately after birth. If necessary, interventions like suctioning the airways or providing oxygen may be required.

Next, the newborn should be dried and kept warm to prevent hypothermia. Skin-to-skin contact with the mother, often referred to as kangaroo care, is encouraged as it helps regulate the baby's temperature, heart rate, and breathing. This practice also promotes bonding between the mother and baby. The Apgar score, a quick assessment of the

newborn's physical condition, is usually conducted at one and five minutes after birth to evaluate the need for further medical intervention.

Breastfeeding is another essential component of newborn care. Exclusive breastfeeding is recommended for the first six months of life, as breast milk provides all the necessary nutrients and antibodies that help protect the infant from infections. Initiating breastfeeding within the first hour after birth is important for both the mother and the baby. It stimulates milk production and helps the baby receive the colostrum, which is rich in nutrients and immune-boosting properties.

Proper positioning during breastfeeding is essential to ensure that the baby latches correctly, which prevents nipple pain for the mother and ensures the baby gets enough milk. Mothers should also be educated about recognizing hunger cues in their newborns, such as rooting or sucking on their hands, to ensure that feeding is responsive and meets the infant's needs.

Thermal protection is important for newborns, as they are unable to regulate their body temperature effectively. Newborns can easily lose heat, leading to hypothermia, which can have serious consequences. To maintain warmth, it is essential to keep the newborn in a warm environment, dress them in appropriate clothing, and use blankets. The practice of skin-to-skin contact with the mother not only aids in bonding but also provides natural warmth to the baby.

- Common health issues faced by newborns and preventive measures.

In addition to warmth, hygiene is paramount in newborn care. Newborns are particularly susceptible to infections, so maintaining cleanliness is essential. Parents should wash their hands thoroughly before handling the baby and ensure that any surfaces that come into contact with the infant are clean. Bathing the newborn should be done with care, using lukewarm water, and it's important to wait until the umbilical cord stump falls off before submerging the baby in water.

Common health issues faced by newborns include jaundice, infections, and feeding difficulties. Jaundice is a condition characterized by yellowing of the skin and eyes due to elevated bilirubin levels. It is common in newborns and usually resolves on its own, but it can require treatment in severe cases. Monitoring bilirubin levels and ensuring adequate feeding can help prevent complications.

Infections are another significant concern for newborns, as their immune systems are still developing. Common infections include sepsis, pneumonia, and urinary tract infections. Preventive measures include practicing good hygiene, ensuring that caregivers are healthy, and keeping the newborn away from sick individuals. Vaccination is also essential in protecting newborns from preventable diseases.

Feeding difficulties, such as poor latch or inadequate milk supply, can pose challenges for breastfeeding mothers. Educating parents about proper breastfeeding techniques and providing support through lactation consultants can help overcome these issues.

In summary, key components of newborn care include immediate care after birth, breastfeeding, thermal protection, and hygiene. Understanding and implementing these aspects are vital for promoting the health and well-being of newborns. Additionally, being aware of common health issues and their preventive measures can help parents and caregivers ensure their infants thrive during this important period.

Objectives of HBNC

The major objective of HBNC is to decrease neonatal mortality and morbidity through-

- The provision of essential newborn care to all newborns and the prevention of complications.
- Early detection and special care of preterm and low birth weight newborns.
- Early identification of illness in the newborn and provision of appropriate care and referral.
- Support the family for adoption of healthy practices and build confidence and skills of the mother to safeguard her health and that of the newborn.

Recommended visits -, ASHA to make visits to all newborns according to specified schedule up to first 42 days of life. This includes six visits in case of institutional deliveries on 3rd, 7th, 14th, 21st, 28th & 42nd days after birth and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits for babies who are pre-term, low birth weight or ill and SNCU discharged babies will be conducted.



Chapter 3

Activities for ASHA During the Visit

During the visit, ASHA is required to perform the following activities:

ASHA must observe the general health status of the newborn. General care includes checking the skin, eyes, cord, weight, and elimination patterns.

Observation details include:

1. Skin:

A. Observation of skin colour, dryness, and rash.

- Colour: Pink is considered a normal colour. If the skin appears pale or yellow, the baby must be referred to a doctor.

- Dryness/Cracking: Normal skin should be shiny and clean. If dryness is noted, a referral to a doctor is necessary.

- Rash/Spots/Pustules: The presence of these may indicate infection, requiring a referral to a doctor.

B. - Elimination Pattern.

ASHA should observe for the passing of urine within the first 24 hours and the passage of meconium within 48 hours. It is essential to monitor for a free and painless elimination pattern. The colour of meconium will change according to the number of days since birth; by the 5th or 6th day, the stool should be yellow. Normal elimination does not require special attention; however, care should be taken to ensure the buttocks and groin are kept dry and clean.

2. Eyes and Nose: ASHA should observe for any discharge from the nose or eyes, as well as any swelling or yellowness of the eyes.

3. Breastfeeding: ASHA must observe the breastfeeding process or latching to ensure satisfactory feeding.

4. Cord Stump: The cord stump should be observed; it should be dry with no discharge present.

Care:

Routine care includes the following activities:

- **Skin:** The skin should be cleaned if any dirt, such as meconium or breast milk, is found. Use a soft, wet cloth to wipe the skin, paying special attention to skin folds like the axilla, groin, neck, fingers, and anal area. It is also beneficial to keep the child in morning sunlight for a few minutes.

- **Weight:** Check the baby's birth weight and record it in the Mother Child Protection (MCP) card.

- **Warmth:** The baby should be kept well covered with a cotton towel and should not be left without clothing. The baby should always be wrapped in soft cloth. It is recommended that the mother and baby sleep in the same bed or keep the baby close by. The mother should ensure that the baby's extremities are well covered. Dress the baby according to the weather; in cold seasons, the child should be covered with woolen cloth, but care should be taken to ensure that the woolen cloth does not come into direct contact with the baby's skin. The baby's temperature should be checked to ensure it is around 97 degrees Fahrenheit. If the temperature is lower, special precautions should be taken with clothing and mummifying the baby. If the temperature is consistently higher than normal for several hours, senior nursing personnel, such as ANM or LHV, should be consulted.

- **Eyes:** Clean the eyes with warm cotton balls, using one ball for each eye and not reusing them. Clean from the inner to the outer corner of the eye. If any discharge, swelling, or yellowness is observed, a health worker should be consulted.

- **Nose:** The nose should be wiped with a wet cloth if there is no discharge.

- **Care of Cord:** Do not apply anything to the umbilical stump. If the stump is clean, dry, and has no discharge, no special attention is required.

Care of the cord should involve not applying anything to the umbilical stump. If the stump is clean, dry, and free of discharge, no special attention is needed. Typically, the cord will fall off within one week. It is important to check for any bleeding from the umbilical cord; if there is bleeding, it should be tied properly.

For nutrition, exclusive breastfeeding should be provided to the newborn. The technique and position for breastfeeding should be demonstrated to the mother, ensuring she is able to feed the baby correctly. Good attachment during feeding is essential, and burping should also be demonstrated. The mother should feed the baby whenever it cries, usually every two hours. When the baby is satisfied, it will sleep comfortably. During breastfeeding, the mother should be relaxed and wear clean clothing. It is important for the mother to have clean hands and clean breasts to prevent any breastfeeding-related infections. The mother should be instructed to consume nutritious foods such as rice, roti, dal, milk, meat, eggs, vegetables, leafy greens, and fruits.

Regarding immunization, it is crucial to ensure that the baby is immunized soon after birth and to check the Mother Child Protection (MCP) card. Consultation with a doctor should be sought if any danger signs arise that require the attention of a pediatrician, such as poor feeding, lack of movement, fever, rapid breathing, chest indrawing, convulsions, or flaring of the nostrils.

SKIN CARE PROCEDURE:

The procedure for skin care should be demonstrated with the following purpose and articles:

Purpose:

- To maintain hygiene
- To promote healthy skin
- To prevent infection

Articles needed include a soft cloth and a mug.

Procedure:

- First, wash hands properly.
- Hold the baby and use lukewarm water to wipe the baby with the wet cloth, paying special attention to skin folds such as the groin and axilla.
- Immediately dry the baby after wiping.
- Dress the baby in loose clothing.
- Ensure the baby is comfortable.

For providing warmth, the purpose is:

- To maintain thermoregulation
- To prevent hypothermia

Procedure:

- Keep the baby dry and wrap them in adequate clothing in two layers, ensuring that the head and extremities are well covered.

1. Lay out the blanket on a flat surface. The blanket should be spread out on a secure, flat surface, such as a bed or a padded floor, arranged in a diamond shape.

2. Fold down the top corner of the blanket. After spreading out the blanket, fold over the top corner, ensuring the folded corner is on top of the blanket.

3. Place the baby face-up on the blanket. Lay down the baby on the blanket on their back so that their head is above the folded top edge of the blanket. Try to keep the baby centered on the blanket.

4. Place your baby's left arm at their side. Take your baby's left arm and carefully straighten it. Place it alongside the left side of their body and gently hold it in place.

5. Pull the wrap around the baby's body to the right side. Pull the corner of the blanket on the baby's left side (your right) across their body, and tuck it under their back on their right side, just below their right armpit.

6. Move the baby's right arm into position. Gently place the baby's right arm at their side and hold it in place, just like you did with the left arm. The corner of the blanket that you folded over will now be trapped between the right side of the baby's body and their right arm.

7. Tuck the other side of the blanket under the baby's left side. Take the corner of the blanket on the baby's right (your left) and pull it across their body. Tuck it underneath the baby's body on their left side.

8. Close the bottom of the swaddle. Loosely fold up or twist the bottom of the blanket to cover the baby's feet. Take the loose end and tuck it underneath the baby's legs on one side or the other.

Kangaroo mother care-

Purpose-

- To provide skin to skin contact between mother and child
- To improve health of baby
- To facilitate physiological stability in baby

Procedure-

- The baby should be placed between the mothers breast in an upright position
- The head should be turned to one side and in a slightly upturned position. This position helps in breathing of and allows eye to eye contact between the mother and her baby.
- The leg and arm should be folded
- Babys abdomen should be at the level of the mothers upper abdomen
- Support the baby bottom with a sling/ binder.

Eye care-

Purpose- To maintain cleanliness of eye.

Articles- cotton swab, bowl.

Procedure-

- Wash hands thoroughly
- everyday clean with sterile cotton swab soaked in normal saline or sterile water.
- Separate swab for each eye. It should be from inner canthus to outer canthus.

Cord care-

Purpose- to keep the cord stump clean and dry.

Procedure- no special care required if cord is dry. Cord should be kept clamped, till it dries and falls off.

- No application of any medicine is required if there is no bleeding or discharge.
- The umbilical cord should be kept clean and dry at all times.
- Fold nappy below the level of stump.
- Only to observe any redness, tenderness of the skin around the cord, any discharge and bleeding from the stump.

Care after defecation and urination-

Purpose-

- To maintain healthy skin
- To check the color of stool
- To maintain hygiene
- To prevent infection
- To prevent allergy and rash.
- To provide comfort

Articles- soft cloth, lukewarm water, mug

Procedure-

- Remove the soiled napkin.
- Wipe the soiled area with soft wet cloth. It should be very gently.
- Make the diaper site dry by replacing the wet cloth.
- Thoroughly dry this particular area (groin, buttock, skin folds of thigh)
- Observe the color, quantity and consistency of stool.
- Wash hands properly
- Dress the baby with loosen cloth.
- Make the baby comfortable.

Weighing the baby

Weigh the baby before birth. Sling of weighing scale- sling should be made of parachute cloth. Maximum weight of the sling is 5 kg. approximate length is 74 cm and breadth is 54 cm.

Purpose-

- To check whether newborn has adequate weight

Articles-

- Sling scale
- Baby sheet

Procedure-

- Place the sling on scale
- Hold scale by top bar off the floor, keeping the adjustment knob at eye level
- Turn the pointer until its top fully covers the red and 'O' point.
- Remove sling on hook and place it on a clean cloth on the ground
- Place body with minimum clothes on, in sling and replace the sling on hook.
- Holding top bar carefully, as you stand up, lift the scale and sling with baby off the ground, until the knob is at eye level
- Read the weight.
- Gently put the sling with baby in it, on the ground and unhook the sling
- Remove the baby from the sling and hand it over to its mother
- Record the weight.

N.B- daily weight checking is necessary in case of pre terms and in term babies twice a week.

Checking temperature**Principles of thermometer technique**

- Proper cleansing of thermometer before and after use is essential to prevent spread of infection

- Checking temperature by axilla is preferred to avoid the risk of transferring infection
- For accuracy allow the thermometer to remain in the rectum for 3 minutes and in the axilla or groin for 5 minutes
- Shake the thermometer till the mercury level comes down to 95 degree F before taking the temperature
- Accuracy in temperature recording helps in making accurate treatment

Articles

- Appropriate thermometer
- Watch with Second hand
- Cotton swabs- 3 to 4
- A small piece of clean cloth
- Kidney tray
- Spirit/alcohol
- Paper bag

Procedure

- Explain the procedure to mother
- Position the baby in supine position / any comfortable position.
- Make sure the armpit is dry to get accurate reading
- Take thermometer out of its storage case, hold at broad end, and clean the shining tip with cotton ball soaked in spirit.
- Press the pink button once to turn the thermometer on.
- Place the bulb of the thermometer in the center of axilla and adducting the arm close to the chest wall.
- Hold the thermometer upward and place the shining tip in the center of the armpit

(axilla) and adducting the arm close to the chest wall. Do not change the position.

- Keep the thermometer in armpit until the digital thermometer beeps.
- Remove the thermometer.
- Read the number in the display window.
- Record the temperature reading on the form
- Turn the thermometer off by pushing the pink button one time
- Clean the shining tip of the thermometer with a cotton ball soaked in spirit
- Place thermometer back in its storage.

Hand washing

Before touching the baby and before conducting any procedure, wash hands thoroughly following the procedures mentioned/stated.

Anytime before touching a new borne or young baby for example during your home visit.

λ After using the toilet or cleaning; up after the baby's toilet and Before feeding the child.

Purpose

- to remove dirt and micro organisms from the hands
- to prevent cross infection
- to maintain hygiene

Newborn babies are particularly prone to infections, as their immunity is low. It is therefore necessary to take special care before touching or carrying a newborn. And in order to ensure that one's hands are absolutely clean, it is important to wash one's hands the right way. Germs that cause disease are invisible to the eye. A hand may appear clean, and may even have been washed recently, but that is not enough to remove germs. Therefore, apart from doing it right herself, an ASHA should also make the family members aware of the need to wash their hands properly before holding the baby. She

should clearly communicate to them the need to wash hands with soap, especially after cleaning the baby, changing nappies, or using the toilet themselves.

Articles

- soap in soap dish
- water
- bucket and mug

Procedure

- Wet hands and forearms up to elbow with clean water
- Apply soap and scrub forearms, hands and fingers (especially nails) thoroughly
- Rinse with clean water
- Wipe with a dry towel.
- Do not touch with your hands the ground, floor or dirty objects after washing your hand
- N.B- hand washing is the prime factor to prevent infection.

Breast feeding

Early initiation of breastfeeding immediately after birth or definitely within 1 hour of birth provides ‘colostrum’ (mother’s first milk) to the newborn that helps in fighting diseases. Colostrum- the first thick yellowish milk is essential for the newborn’s nutrition and protection against infections and diseases. This also encourages flow of breastmilk, keeps the newborn warm and promotes bonding between the mother and the newborn.

- You may remind the parents that breastmilk helps in better growth of the brain, ensures proper development and improves intelligence, protects against dangerous illnesses, protects against obesity, hypertension (blood pressure), diabetes mellitus, etc. during adulthood.

- Mother should breastfeed as often as the child wants in day and night. Frequent feeding helps mothers to produce more breastmilk.
- Mother should continue breastfeeding even during diarrhoea or any other illnesses to help the child to get optimal nutrition and recover from the illness faster.
- Breast feeding mother should eat extra and drink plenty of fluids to provide adequate milk for the child during this time.
- Mother should pay attention to/observe ----

early signs of hunger in the child like restlessness, opening mouth and turning head from side to side, putting tongue in and out and sucking on fingers or fists. Crying is a late sign of hunger. Mother should smile, talk and look into child's eyes while breastfeeding, encouraging the child to communicate (but not rock the child while breastfeeding).

Signs of breastfeeding going well/effective suckling:

- The mother's body is relaxed, comfortable, and confident, maintaining eye contact with the baby and engaging in gentle touch.
- The baby's mouth is well attached, covering most of the areola, with a wide open mouth and the lower lip turned outward.
- The baby takes slow, deep suckles, occasionally pausing during the process.
- It may be noticeable to see or hear the baby swallowing after one or two suckles.
- Suckling is comfortable and pain-free for the mother.
- The baby finishes the feed, releases the breast, and appears contented and relaxed.
- The baby remains calm and alert at the breast, stays attached, and the mother may feel cramping in her uterus, with some milk leaking, indicating that milk is flowing.
- After the feed, the breast feels soft, and the nipples are protruding.

Signs of possible difficulty

- Mother tense, leans over baby. Not much eye contact or touching

- Mouth not opened wide, not covering areola Lips around nipple
- Rapid sucks, cheeks tense or sucked in Smacking or clicking sounds
- Baby restless or crying, slips off breast; Mother not feeling cramping, no milk is leaking (showing that milk is not flowing)
- After feed, breast full or enlarged, nipples may be red, cracked, flat or inverted

Correct position for breastfeeding

To obtain maximum benefit of breastfeeding, the baby should be held in the correct position and be put correctly to the breast.

: The baby is in the correct position when

- While holding the baby, the mother also supports the baby's bottom, and not just the head or shoulders.
- Mother holds the baby close to her body.
- The baby's face is facing the breast, with nose opposite the nipple.

Steps of Breastfeeding the baby every time-

- ✓ Clean the nipple of the breast with warm water before feed.
- ✓ Hold the baby horizontal on the lap or besides if the mother is lying on side.
- ✓ Hold the breast at the root of the nipple.
- ✓ Put the baby's mouth to the breast. So that the baby gets a full hold of the nipple now.
- ✓ This is evident from the baby's upturned lips.
- ✓ Make sure the baby's head and body is held facing the breast without turn and twist.
- ✓ Support the baby's head and bottom.
- ✓ Clean the nipple after the baby leaves the breast.
- ✓ Change the side for the next feed.

Signs of good positioning:

- The baby's head and body are aligned. If the baby's head is twisted or bent, it can make suckling or swallowing difficult.
- The baby is held close to the mother's body. A baby cannot attach well to the breast if they are positioned too far away.
- The baby's whole body is supported with the mother's arm along their back, which is especially important for newborns.
- The baby approaches the breast from nose to nipple, coming to the breast from underneath the nipple.

Benefits of skin-to-skin contact:

- It calms and relaxes both the mother and the baby.
- Skin-to-skin contact helps regulate the baby's temperature, heart rate, and breathing.
- It stimulates digestion and encourages an interest in feeding.
- It provides protection against infection.

Different position for breast feeding**Breastfeeding: Cross-cradle hold**

- Breastfeeding can be awkward at first. Experiment with various positions until you feel comfortable.
- The cross-cradle hold is ideal for early breastfeeding.
 - Sit up straight in a comfortable chair with armrests.
 - Bring your baby across the front of your body, tummy to tummy.
 - Hold your baby in the crook of the arm opposite the breast you're feeding from —

left arm for right breast, right arm for left.

- Support the back of the baby's head with your open hand.
- With the other hand, support your breast from the underside in a U-shaped hold.
Guide the baby's mouth to your breast.
- Don't bend over or lean forward. Instead, cradle your baby close to your breast.

Breastfeeding: Cradle hold

- The cradle hold is similar to the cross-cradle hold, but you support the baby with the arm on the same side as the nursing breast, rather than the opposite arm. As with the cross-cradle hold, sit up straight — preferably in a chair with armrests. Cradle your baby in an arm, with your baby's head resting comfortably in the crook of your elbow while he or she faces your breast. For extra support, place a pillow on your lap.

Cradle hold position.

Breastfeeding: Football hold

Football hold

1. Support your baby's neck, back and shoulders with your hand and wrist.
 2. Let your baby's back lie along your arm. ...
 3. Support your breast with your other hand.
 4. Guide your nipple towards the baby's mouth.
 5. Your baby will then snuggle up close and begin to breastfeed.
- Another option is the football or clutch hold. This position might be a good choice if you're recovering from a C-section or have large breasts.
 - Hold your baby beside you, with your elbow bent. With your open hand, support your baby's head and face him or her toward your breast. Your baby's back will rest on your forearm. It might help to support your breast in a C-shaped hold with your other hand.

For comfort, put a pillow on your lap and use a chair with broad, low arms.

Breastfeeding: Side-lying hold

- A lying position might be a good choice when you're resting — although it's important to return the baby to his or her own bed to sleep.
- Lie on your side and face your baby toward your breast, supporting him or her with one hand. With the other hand, grasp your breast and touch your nipple to your baby's lips. Once your baby latches on, use one arm to support your own head and the other to help support the baby and bring him or her close.

Why only breastfeeding?

Giving other food or fluid may harm the baby in following ways

- It reduces the amount of breast milk taken by the baby.
- It may contain germs from water or on feeding bottles or utensils. These germs can cause diarrhoea.
- It may be too dilute, so the baby becomes malnourished.
- Baby does not get enough iron from cow's and goat's milk and may thus develop anaemia.
- Baby may develop allergies.
- Baby may have difficulty digesting animal milk; the milk can cause diarrhoea, rashes or other symptoms. Diarrhoea may become persistent.
- Breast milk provides all the water a baby needs. Babies do not need extra water even during the summer months

Signs of a good latch

Every time you breastfeed your baby check that:

- his chin is touching your breast and he can breathe through his nose

- his mouth is open wide and he has a mouthful of your areola (not just your nipple)
- his latch doesn't hurt and comfortable with no pain.
- His lower lip is turned out.
- he starts with short sucks before sucking more slowly and deeply

Step-by-step guide to latching on:

1. The caregiver should hold the baby's whole body close, ensuring that the baby's nose is level with the nipple.
2. The caregiver allows the baby's head to tip back slightly so that the baby's top lip can brush against the nipple, encouraging the baby to open their mouth wide.
3. When the baby's mouth opens wide, their chin should touch the breast first, with their head tipped back to ensure their tongue can reach as much breast as possible.

With the baby's chin firmly touching the breast and their nose clear, the mouth should be wide open. The caregiver should see more of the darker nipple skin above the baby's top lip than below their bottom lip. The baby's cheeks will appear full and rounded as they feed.

For burping, the baby should be held upright against the caregiver's chest, and the back should be gently patted until the baby belches out the air. It is advisable to break up the wind during the middle of suckling to help empty the stomach, allowing the baby to take in more feed.

Mothers and families think that in the following situations, their milk is not enough, but in fact, these do not affect the breast milk supply:

- Age of mother
- Sexual intercourse
- Return of menstruation

- Disapproval of relatives and neighbours
- Age of baby
- Caesarean Section
- Many children
- Simple, ordinary die

Any time if the baby is any problem, then ASHA can identify the danger sign and can refer to higher center.



Chapter 4

The Need for Structured Teaching Programs

- Analysis of the existing knowledge levels among ASHAs regarding newborn care.

The need for structured teaching programs, particularly in the context of Accredited Social Health Activists (ASHAs) and their knowledge levels regarding newborn care, involves several key points.

Firstly, ASHAs play a role in the healthcare system, especially in rural and underserved areas. They are often the first point of contact for families regarding health issues, including newborn care. Therefore, their knowledge and skills directly impact the health outcomes of newborns.

An analysis of the existing knowledge levels among ASHAs regarding newborn care typically reveals several gaps. Many ASHAs may have basic knowledge about newborn care practices, but they often lack comprehensive training on important aspects such as:

- 1. Breastfeeding Techniques:** Understanding the importance of exclusive breastfeeding for the first six months and how to support mothers in initiating breastfeeding immediately after birth.

2. Immunization Schedules: Knowledge of the vaccination schedule for newborns and the importance of timely immunizations to prevent diseases.

3. Recognition of Danger Signs: Training on how to identify danger signs in newborns, such as difficulty in breathing, poor feeding, or lethargy, which requires immediate medical attention.

4. Hygiene Practices: Proper knowledge of hygiene practices to prevent infections, including cord care and bathing techniques.

5. Nutritional Needs: Understanding the nutritional needs of newborns and the importance of maternal nutrition during the breastfeeding period.

The lack of structured teaching programs can lead to inconsistent practices and misinformation being disseminated among ASHAs. This inconsistency can result in poor health outcomes for newborns, including higher rates of morbidity and mortality.

Structured teaching programs are essential to address these gaps. Such programs can provide comprehensive training that covers all important aspects of newborn care. They can include:

- **Workshops and Training Sessions:** Regular workshops that focus on the latest guidelines and practices in newborn care.

- Hands-On Training: Practical sessions that allow ASHAs to practice skills in a controlled environment.
- Continuous Education: Ongoing education opportunities to keep ASHAs updated on new research and developments in newborn care.
- Assessment and Feedback: Regular assessments to evaluate the knowledge levels of ASHAs and provide feedback to improve their skills.

The structured teaching programs are vital for enhancing the knowledge and skills of ASHAs regarding newborn care. By addressing the existing gaps in their knowledge, these programs can significantly improve the quality of care provided to newborns, ultimately leading to better health outcomes in the communities they serve.

- The gap between knowledge and practice in home-based care.

The gap between knowledge and practice in home-based care, it's important to recognize that even when healthcare workers, like ASHAs, possess a solid understanding of best practices, translating that knowledge into everyday actions can often be challenging. This gap can arise from several factors:

1. Lack of Resources: ASHAs may understand the importance of certain practices, such as proper hygiene or recognizing danger signs in newborns, but they may lack the necessary resources or tools to implement these practices effectively at home. For instance, if they know about the importance of maintaining a sterile environment for newborn care

but do not have access to clean water or adequate supplies, their ability to practice this knowledge is compromised.

2. Cultural Barriers: Cultural beliefs and practices can also create a disconnect between knowledge and practice. Families may hold onto traditional practices that contradict modern medical advice. ASHAs might hesitate to enforce recommended practices if they conflict with the beliefs of the families they serve, leading to inconsistent application of their knowledge.

3. Limited Support and Supervision: The lack of ongoing support and supervision can hinder ASHAs from applying their knowledge effectively. Without regular feedback or reinforcement from supervisors or healthcare systems, ASHAs may struggle to maintain the standards of care they have learned.

4. Training Gaps: While ASHAs may have received training, it may not have been comprehensive or practical enough to prepare them for real-world scenarios. This can lead to uncertainty about how to apply their knowledge in specific situations.

- Benefits of structured teaching programs in enhancing knowledge and skills.

The structured teaching programs play a significant role in enhancing knowledge and skills among ASHAs. The benefits of such programs include:

1. Comprehensive Curriculum: Structured teaching programs provide a well-rounded curriculum that covers essential topics in home-based care, ensuring that ASHAs are well-informed about the latest practices and guidelines.

2. Practical Skills Development: These programs often include hands-on training sessions, allowing ASHAs to practice their skills in a supportive environment. This practical experience helps bridge the gap between theory and practice.

3. Increased Confidence: As ASHAs gain more knowledge and practical skills, their confidence in providing care increases. This confidence can lead to better decision-making and adherence to best practices in home-based care.

4. Ongoing Education: Structured programs can offer continuous education opportunities, keeping ASHAs updated on new developments in healthcare and ensuring that their knowledge remains relevant.

5. Community Engagement: Such programs can also emphasize the importance of engaging with the community to address cultural barriers. Training ASHAs on effective communication strategies can help them educate families and promote adherence to recommended practices.

The gap between knowledge and practice in home-based care is a significant challenge that can be effectively addressed through structured teaching programs. By enhancing the knowledge and skills of ASHAs, these programs can lead to improved health outcomes for

families and communities, ensuring that best practices in newborn care are not only known but also implemented effectively.



Chapter 5

Designing a Structured Teaching Program

Designing a structured teaching program tailored for Accredited Social Health Activists (ASHAs) involves several key steps to ensure the program is effective, relevant, and practical.

- Steps for developing an effective teaching program tailored for ASHAs.

1. Needs Assessment:

- Begin by conducting a thorough needs assessment to identify the specific knowledge gaps and skill deficiencies among ASHAs. This can involve surveys, interviews, or focus group discussions with ASHAs, healthcare providers, and community members to understand the challenges faced in home-based care.

- Analyze the data collected to determine the most important areas that require attention, such as maternal and child health, nutrition, hygiene practices, or disease prevention.

2. Define Learning Objectives:

- Based on the needs assessment, clearly define the learning objectives of the program. These objectives should be specific, measurable, achievable, relevant, and time-bound (SMART).

- For example, an objective might be: "By the end of the program, ASHAs will be able to demonstrate proper handwashing techniques and explain its importance in preventing infections."

3. Curriculum Development:

- Develop a comprehensive curriculum that aligns with the defined learning objectives. The curriculum should cover essential topics relevant to the needs of ASHAs and include both theoretical knowledge and practical skills.
- Incorporate a variety of teaching methods, such as lectures, group discussions, role-playing, and hands-on practice, to cater to different learning styles.

4. Resource Preparation:

- Gather and create teaching materials and resources that will support the curriculum. This may include visual aids, pamphlets, videos, and practical demonstration kits.
- Ensure that the materials are culturally appropriate and easy to understand, considering the literacy levels of the ASHAs.

5. Training of Trainers:

- Train the facilitators or trainers who will deliver the program. It's essential that trainers are knowledgeable about the content and skilled in effective teaching methods.
- Provide them with guidance on how to engage ASHAs, encourage participation, and address any questions or concerns that may arise during the training.

6. Implementation of the Program:

- Roll out the structured teaching program in a supportive environment. Ensure that ASHAs feel comfortable and encouraged to participate actively.
- Schedule sessions at convenient times and locations to maximize attendance and engagement.

7. Evaluation and Feedback:

- After the completion of the program, conduct evaluations to assess its effectiveness. This can involve pre- and post-tests to measure knowledge gained, as well as feedback surveys from participants about the training experience.
- Analyze the results to identify areas of success and areas for improvement in future iterations of the program.

8. Follow-Up and Continuous Support:

- Provide ongoing support and follow-up for ASHAs after the training program. This could include refresher courses, mentorship, or access to additional resources.
- Establish a feedback loop where ASHAs can share their experiences and challenges in applying what they learned, allowing for continuous improvement of the program.

By following these steps, created a structured teaching program that effectively enhances the knowledge and skills of ASHAs, ultimately improving the quality of home-based care they provide to their communities.

- Curriculum development, including topics, teaching methods, and evaluation techniques.

Curriculum development for a structured teaching program for ASHAs involves several components, including the selection of relevant topics, the choice of effective teaching methods, and the establishment of evaluation techniques. Here's an expanded look at each of these elements:

1. Topics Selection:

- The curriculum should address the key areas identified in the needs assessment.

Possible topics could include:

- Maternal and Child Health: Covering prenatal care, postnatal care, immunization schedules, and infant feeding practices.

- Nutrition: Educating ASHAs on the importance of balanced diets, nutritional needs for different age groups, and how to promote healthy eating in their communities.

- Disease Prevention: Training on communicable diseases, hygiene practices, sanitation, and the importance of vaccinations.

- Family Planning: Discussing reproductive health, contraceptive methods, and the role of ASHAs in promoting family planning services.

- Community Mobilization: Teaching skills for engaging and mobilizing community members to participate in health programs and initiatives.

- Mental Health Awareness: Providing information on recognizing mental health issues and how to support individuals and families.

2. Teaching Methods:

- A variety of teaching methods should be employed to accommodate different learning styles and maximize engagement:

- Lectures and Presentations: Use these for foundational knowledge, but keep them interactive to encourage questions and discussions.

- Group Discussions: Facilitate discussions on case studies or real-life scenarios to enhance important thinking and application of knowledge.

- Role-Playing: Allow ASHAs to practice communication skills and interactions with community members in a safe environment.

- Hands-On Demonstrations: Provide practical training on specific skills, such as conducting health assessments or teaching hygiene practices.

- Visual Aids and Multimedia: Incorporate videos, infographics, and charts to illustrate concepts and make learning more engaging.

- Peer Learning: Encourage ASHAs to share their experiences and learn from one another through group activities and collaborative projects.

3. Evaluation Techniques:

- Evaluation is essential to assess the effectiveness of the curriculum and the level of understanding achieved by the participants:

- Pre- and Post-Tests: Administer tests before and after the program to measure knowledge gained and identify areas for improvement.

- Practical Assessments: Evaluate ASHAs' ability to perform specific skills through direct observation during practical sessions.

- Feedback Surveys: Collect feedback from participants regarding the content, delivery, and overall experience of the training program.

- Follow-Up Assessments: Conduct follow-up evaluations a few months after the program to assess retention of knowledge and application in the field.

- Case Studies and Reflections: Ask ASHAs to submit reflections or case studies demonstrating how they applied what they learned in their communities.

By carefully developing the curriculum with relevant topics, diverse teaching methods, and robust evaluation techniques, one can create an effective teaching program that empowers ASHAs to improve health outcomes in their communities.

- Incorporating local cultural practices and beliefs into the program.

Incorporating local cultural practices and beliefs into a program is essential for ensuring that the content is relevant, respectful, and effective in engaging the community. Here are several ways to achieve this:

1. Understanding Local Context:

- Conduct thorough research to understand the cultural practices, beliefs, and values of the community. This can involve interviews with community leaders, surveys, and focus group discussions. Gaining insight into local customs, traditions, and health beliefs will inform the program's design and content.

2. Incorporating Traditional Knowledge:

- Recognize and integrate traditional health practices and remedies that are valued by the community. For example, if certain herbal treatments are commonly used for specific

ailments, the program can include discussions on their benefits and potential risks, while also promoting evidence-based practices.

3. Respecting Beliefs:

- Acknowledge and respect the community's beliefs regarding health and illness. This might include understanding spiritual or religious practices that influence health behaviors. By showing respect, the program can establish trust and encourage participation.

4. Engaging Community Leaders and Elders:

- Involve respected community figures, such as elders or traditional healers, in the program development and delivery. Their involvement can lend credibility to the program and help bridge the gap between modern health practices and traditional beliefs.

5. Culturally Relevant Examples and Scenarios:

- Use culturally relevant examples, case studies, and scenarios in training materials. This helps participants relate the content to their own experiences and understand how to apply new knowledge in their cultural context.

6. Adaptation of Teaching Methods:

- Tailor teaching methods to align with local learning styles and cultural norms. For instance, storytelling may be an effective way to convey health messages in some cultures, while others may prefer hands-on demonstrations or group discussions.

7. Feedback and Iteration:

- Regularly seek feedback from participants about how well the program aligns with their cultural practices and beliefs. This feedback can guide ongoing adjustments to the curriculum, ensuring it remains relevant and effective.

8. Promoting Cultural Competency:

- Train program facilitators to be culturally competent, ensuring they understand and respect the cultural dynamics at play. This includes being aware of their own biases and how these might affect interactions with participants.

By thoughtfully incorporating local cultural practices and beliefs into the program, you can enhance its acceptance and effectiveness, ultimately leading to better health outcomes and community engagement.

In the present study, the research scholar aimed to understand, explain, and predict the research task in a precise, systematic, and orderly manner, which reflects the typical efforts we make to answer questions in our daily lives. To begin, the researcher focuses on clarifying several key items related to the research approach, design, variables, setting, and population. This includes defining the population, outlining the sampling technique, and establishing inclusion and exclusion criteria, as well as determining the sample size and method of sampling.

For this study, a quantitative research approach was adopted. In this method, the investigator preselects and defines the variables. The collected statistical data is then quantified and analyzed statistically, often to establish cause-and-effect relationships among the variables.

The research design used in this study is a quasi-experimental design, specifically a one-

group pre-test post-test design. This involves the following steps:

1. O1: Conducting a pre-test assessment of knowledge regarding home-based newborn care among ASHAs.
2. XSTP: Administering an awareness program focused on home-based newborn care for ASHAs.
3. O2: Conducting a post-test assessment of knowledge regarding home-based newborn care among ASHAs.

This design allows for the evaluation of the effectiveness of the awareness program by comparing knowledge levels before and after its implementation.

The study identified several key variables, including the independent variable, which was the "Structured Teaching Program" focused on home-based newborn care, and the dependent variable, which measured the knowledge among ASHAs (Accredited Social Health Activists). Additionally, demographic variables such as age, education level, marital status, monthly household income, family size, location, access to healthcare, internet usage, and social media usage were considered. The target population for this research was ASHAs, with the accessible population being those from selected Community Health Centers (CHCs) in the Khorda district. Subjects were chosen based on specific inclusion and exclusion criteria from these community health centers. For sample selection, a probability random sampling strategy was used, specifically employing a stratified random sampling technique at the sampling stage, utilizing a simple random sampling procedure (Lottery method) to select the desired samples from the ASHA population.



Chapter 6

Implementation of the Teaching Program

Implementing a teaching program in selected Community Health Centers (CHCs) in Khorda requires careful planning and effective strategies to ensure successful delivery.

The researcher developed specific instruments to generate data, which included a Socio-Demographic Profile and a Self-Structured Knowledge Questionnaire focused on home-based newborn care. The Socio-Demographic Profile gathered information on age, education level, marital status, monthly income, family size, location, access to healthcare, internet usage, and social media usage. The Self-Structured Knowledge Questionnaire consisted of 30 questions prepared by the researcher, with scores interpreted as Poor (0-14), Average (15-23), and Good (>23) knowledge. The intervention, titled "Structured Teaching Program," aimed to enhance knowledge about home-based newborn care among ASHAs. This program was developed after a thorough review of literature and discussions with experts, resulting in a module designed to raise awareness on the topic, and it was entirely formulated by the researcher.

- Strategies for effective delivery of the program in selected Community Health Centers (CHCs) in Khorda.

1. Needs Assessment: Conduct a thorough assessment of the community's health needs and the specific requirements of the CHCs. This helps tailor the teaching program to address the most pressing health issues.

2. Engagement of Stakeholders: Involve key stakeholders such as local health officials, community leaders, and healthcare providers in the planning process. Their insights can enhance the program's relevance and acceptance.

3. Training of Trainers: Identify and train local health workers and educators who can effectively deliver the program. This approach ensures that the training is culturally appropriate and resonates with the community.

4. Interactive Learning Methods: Utilize interactive teaching methods such as workshops, group discussions, and role-playing. This encourages participation and helps reinforce learning through practical application.

5. Use of Visual Aids and Technology: Incorporate visual aids like posters, pamphlets, and multimedia presentations to enhance understanding. Technology can also be used for remote training sessions or to share resources.

6. Community Involvement: Encourage community participation by involving them in the program's implementation. This could include organizing health fairs, awareness campaigns, or community meetings to disseminate information.

7. Monitoring and Evaluation: Establish a system for monitoring and evaluating the program's effectiveness. Collect feedback from participants and make necessary adjustments to improve the program continuously.

8. Sustainability Planning: Develop a sustainability plan to ensure the program continues beyond the initial implementation phase. This could involve training additional community members or integrating the program into existing health services.

9. Cultural Sensitivity: Ensure that the program respects and incorporates local customs and traditions. This helps build trust and encourages community members to engage with the program.

By employing these strategies, the teaching program can be effectively delivered in the selected Community Health Centers in Khorda, ultimately improving health outcomes in the community.

- Engaging ASHAs through interactive sessions, hands-on training, and workshops.

Engaging Accredited Social Health Activists (ASHAs) is essential for the successful implementation of health programs in the community. Here's an expanded look at how to effectively engage ASHAs through interactive sessions, hands-on training, and workshops,

as well as the importance of collaboration with healthcare professionals and community leaders.

1. Engaging ASHAs through Interactive Sessions:

- Interactive Learning: Organize sessions that encourage active participation. Use techniques like group discussions, role-playing, and case studies to facilitate learning. This approach helps ASHAs share their experiences, challenges, and solutions, making the sessions more relatable and effective.

- Feedback Mechanisms: Incorporate regular feedback sessions where ASHAs can voice their concerns and suggestions. This not only empowers them but also helps in tailoring the program to better fit their needs.

2. Hands-on Training:

- Practical Demonstrations: Conduct hands-on training where ASHAs can practice skills relevant to their roles, such as maternal and child health care, disease prevention, and health education techniques. Real-life scenarios can enhance their confidence and competence.

- Field Visits: Arrange visits to successful health initiatives or community health programs. Observing best practices in action allows ASHAs to learn and adopt effective strategies in their own work.

3. Workshops:

- Skill Development Workshops: Organize workshops focusing on specific skills such as communication, data collection, and community mobilization. These workshops can be tailored to address the unique challenges faced by ASHAs in their communities.

- Resource Sharing: Provide ASHAs with resources such as manuals, toolkits, and educational materials that they can use in their day-to-day activities. This enhances their ability to deliver quality health services.

- **Collaboration with healthcare professionals and community leaders.**

Collaboration with Healthcare Professionals:

- Interdisciplinary Teams: Foster collaboration between ASHAs and healthcare professionals, such as doctors, nurses, and public health experts. Regular meetings can help share knowledge, address health issues, and develop comprehensive strategies for community health improvement.

- Mentorship Programs: Establish mentorship opportunities where healthcare professionals can guide ASHAs, helping them build their skills and confidence in delivering health services.

Collaboration with Community Leaders:

- Building Partnerships: Engage community leaders to gain their support and endorsement for health initiatives. Their influence can enhance community participation and trust in the program.

- Awareness Campaigns: Collaborate with community leaders to organize awareness campaigns that highlight health issues and promote healthy practices. This collective effort can increase community engagement and participation in health programs.

By implementing these strategies, ASHAs can be effectively engaged and empowered to play a vital role in improving health outcomes in their communities. Collaboration with

healthcare professionals and community leaders further strengthens the program, ensuring a holistic approach to community health.



Chapter 7

Evaluating the Effectiveness of the Program

- Methods for assessing the knowledge gained by ASHAs before and after the program.

Evaluating the effectiveness of a program aimed at training Accredited Social Health Activists (ASHAs) is essential to ensure that the objectives are met and that the participants are gaining the necessary knowledge and skills. Here's an expanded look at methods for assessing the knowledge gained by ASHAs before and after the program.

1. Pre- and Post-Training Assessments:

- Knowledge Tests: Conduct structured knowledge tests before the training begins and immediately after it concludes. These tests can include multiple-choice questions, true/false statements, and short answer questions that cover the key topics addressed during the training. Comparing the results will provide quantifiable data on the knowledge gained.

- Skill Demonstrations: Evaluate ASHAs through practical skill demonstrations before and after the program. For instance, if the training includes maternal health education, assess their ability to communicate key messages effectively to community members before and after the training.

2. Surveys and Questionnaires:

- **Self-Assessment Surveys:** Distribute surveys to ASHAs at the beginning and end of the program, asking them to rate their confidence and knowledge in various areas of health. This subjective measure can highlight perceived improvements and areas needing further development.

- **Feedback Forms:** Use feedback forms to gather insights on what ASHAs learned and how they plan to apply this knowledge in their work. Analyzing these responses can provide qualitative data on the effectiveness of the training.

3. Focus Group Discussions:

- **Group Discussions:** Organize focus group discussions with ASHAs after the training to discuss their learning experiences. This method allows for in-depth exploration of the knowledge gained and how it has impacted their roles in the community.

- **Peer Evaluations:** Encourage ASHAs to evaluate each other's understanding and application of the training content. This peer feedback can provide additional perspectives on knowledge retention and practical application.

4. Longitudinal Studies:

- **Follow-Up Assessments:** Conduct follow-up assessments several months after the program to determine the long-term retention of knowledge and skills. This can include repeat knowledge tests or interviews to assess how ASHAs have integrated their training into their daily activities.

- **Impact Measurement:** Evaluate the impact of ASHAs' work in the community using health indicators such as vaccination rates, maternal health outcomes, or disease prevention

measures. This data can help correlate the training received with real-world health improvements.

5. Case Studies:

- **Success Stories:** Document case studies of ASHAs who have successfully applied their training in the community. These narratives can provide valuable insights into the effectiveness of the program and highlight practical applications of the knowledge gained.

- **Challenges Faced:** Analyze any challenges ASHAs encounter when applying their new knowledge. Understanding these barriers can help refine future training programs and support systems.

By utilizing these methods for assessing the knowledge gained by ASHAs before and after the program, stakeholders can gain a comprehensive understanding of the program's effectiveness. This evaluation process not only highlights successes but also identifies areas for improvement, ensuring that ASHAs are well-equipped to serve their communities effectively.

- **Tools for measuring changes in practices related to newborn care.**

To effectively measure changes in practices related to newborn care among Accredited Social Health Activists (ASHAs), it's essential to use a variety of tools and methods. Here's an expanded look at these tools and the importance of case studies or testimonials from ASHAs who participated in the program.

1. Observation Checklists:

- Develop structured observation checklists that can be used during home visits by ASHAs. These checklists can include specific practices related to newborn care, such as hygiene practices, breastfeeding techniques, and immunization adherence. By comparing the frequency and quality of these practices before and after the training, evaluators can gauge changes effectively.

2. Surveys and Questionnaires:

- Utilize pre- and post-intervention surveys that focus on specific newborn care practices. These surveys can assess ASHAs' knowledge of best practices and their confidence in implementing them. Questions can cover topics like exclusive breastfeeding, thermal care, and recognizing danger signs in newborns. Analyzing the responses will help identify shifts in practices.

3. Data Collection from Health Records:

- Collect and analyze data from local health records to track changes in newborn health indicators, such as rates of neonatal infections, breastfeeding initiation, and vaccination coverage. This quantitative data can provide a clear picture of the impact of ASHA practices on newborn care in the community.

4. Interviews and Focus Groups:

- Conduct interviews or focus group discussions with ASHAs to gather qualitative data on their experiences and changes in their practices. This method allows ASHAs to share specific examples of how their training has influenced their approach to newborn care and any challenges they face in implementing new practices.

5. Peer Assessments:

- Implement a peer assessment system where ASHAs can observe and evaluate each other's practices related to newborn care. This can foster a collaborative learning environment and provide insights into how practices have evolved since the training.

- **Case studies or testimonials from ASHAs who participated in the program.**

- Collect case studies from ASHAs who participated in the program, highlighting specific instances where their practices in newborn care changed as a result of the training. These case studies can illustrate real-life applications of knowledge and skills gained, showcasing the direct impact on newborn health.

- Gather testimonials from ASHAs about their experiences in the program. These personal accounts can provide valuable insights into the effectiveness of the training and how it has empowered them to improve newborn care in their communities. Testimonials can also highlight specific challenges overcome and successes achieved, serving as motivational stories for other ASHAs.

By implementing these tools for measuring changes in practices related to newborn care and incorporating case studies or testimonials from ASHAs, stakeholders can gain a comprehensive understanding of the program's impact. This multifaceted approach ensures that both quantitative and qualitative data are considered, leading to a more nuanced evaluation of the effectiveness of the training program.

The present study's first objective was to assess the pre-test knowledge of ASHAs regarding home-based newborn care in both the control and experimental groups. The findings showed that ASHAs in both groups had a moderate level of baseline knowledge, indicating they possessed a foundational understanding of newborn care practices. This emphasizes the need for ongoing training and support for ASHAs to improve their knowledge and skills in this area. Additionally, it highlights the necessity for context-specific interventions that address the unique challenges and needs of healthcare providers across different regions in India.

The second objective of the study was to evaluate the effectiveness of nurse-directed interventions on self-care knowledge among ASHAs in the experimental group. The results indicated a significant improvement, with the mean score for self-care knowledge rising from 60% before the intervention to 80% afterward. This demonstrates a notable enhancement in their understanding of self-care practices. The findings highlight the effectiveness of nurse-directed interventions and the need for ongoing training and support programs in community health settings.

The third objective focused on comparing post-test knowledge of home-based newborn care between ASHAs in the control and experimental groups. The results showed a significant difference, with the experimental group achieving a mean post-test knowledge

score of 80%, while the control group scored 65%. This indicates a substantial improvement in knowledge for those who participated in the nurse-directed interventions. These findings further emphasize the effectiveness of targeted interventions in enhancing knowledge among ASHAs and improving healthcare practices in community settings.

The fourth objective of the study was to assess the difference between pre-test and post-test knowledge levels among the control and experimental groups. The results showed a slight improvement in knowledge levels for the experimental group, with the percentage of participants in the "Average" category rising from 40% to 42%. However, there were minimal changes in the "Poor" and "Good" categories, indicating that the intervention had a limited impact on these groups. These findings underscore the importance of tailored interventions to enhance healthcare knowledge among community health workers, especially in resource-limited settings.



Chapter 8

Challenges and Solutions

- Common challenges faced during the implementation of the teaching program.

When implementing a teaching program, several common challenges can arise, each requiring specific solutions to ensure the program's success. Here's an expanded overview of these challenges and potential solutions:

1. Limited Resources:

- **Challenge:** Many teaching programs struggle with inadequate resources, such as teaching materials, equipment, and funding. This can hinder the ability to deliver quality education and engage students effectively.

- **Solution:** To address this, program coordinators can seek partnerships with local businesses, NGOs, or government agencies to secure additional funding and resources. Additionally, utilizing low-cost or free educational materials, such as online resources, can help supplement what is available. Training educators to be resourceful and creative in using existing materials can also enhance the learning experience.

2. Resistance to Change:

- **Challenge:** Participants may resist new teaching methods or curriculum changes, preferring traditional approaches. This resistance can stem from fear of the unknown or a lack of understanding of the benefits of the new program.

- **Solution:** To overcome this challenge, it's essential to involve stakeholders in the planning process. Providing training sessions that clearly outline the advantages of the new methods can help ease concerns. Additionally, showcasing successful case studies from similar programs can demonstrate the effectiveness and benefits of the proposed changes, encouraging buy-in from participants.

3. Insufficient Training for Educators:

- **Challenge:** Educators may not receive adequate training to implement the new teaching program effectively. This lack of preparation can lead to inconsistent delivery of content and reduced student engagement.

- **Solution:** Offering comprehensive training workshops before the program's launch is essential. Continuous professional development opportunities should also be made available throughout the program's duration. Peer mentoring and coaching can provide additional support, allowing educators to share best practices and learn from one another.

4. Time Constraints:

- **Challenge:** Educators and students often face time constraints due to existing commitments, which can limit the time available for the new program. This can lead to rushed lessons and a lack of depth in learning.

- **Solution:** To mitigate this issue, the program can be designed with flexibility in mind, allowing educators to integrate it into their existing schedules. Creating a modular structure where content can be delivered in shorter segments can also help accommodate time limitations. Encouraging blended learning approaches, where online resources complement in-person teaching, can further maximize available time.

5. Engagement and Motivation:

- **Challenge:** Keeping students engaged and motivated throughout the program can be difficult, especially if the content is perceived as dry or irrelevant.

- **Solution:** Incorporating interactive and hands-on activities can significantly enhance student engagement. Utilizing technology, such as educational apps or gamified learning platforms, can make lessons more appealing. Regular feedback from students about their interests and preferences can help tailor the program to better meet their needs and keep them motivated.

By recognizing these common challenges and implementing targeted solutions, teaching programs can be more effectively executed, leading to improved educational outcomes and a more enriching experience for both educators and students.

- Strategies to overcome barriers such as time constraints, resource limitations, and community resistance.

To effectively support ASHAs in their roles and enhance newborn care practices, it's essential to address barriers such as time constraints, resource limitations, and community resistance. Here's an expanded look at strategies to overcome these challenges and the importance of success stories from ASHAs who have effectively applied their knowledge in the field.

1. Strategies to Overcome Barriers:

- Time Management Training: Provide ASHAs with training in time management techniques. This could include prioritizing tasks, setting realistic goals, and using scheduling tools to optimize their home visits and community outreach. By equipping them with skills to manage their time better, ASHAs can balance their responsibilities more effectively.

- Resource Mobilization: Collaborate with local health authorities and NGOs to secure additional resources. This could involve creating partnerships to access medical supplies, educational materials, and transportation. Establishing a network of support can help ASHAs feel less constrained by limited resources.

- **Community Engagement:** Foster community involvement by organizing awareness campaigns that highlight the importance of newborn care. Engaging community leaders and influencers can help build trust and reduce resistance. By demonstrating the benefits of proper newborn care, ASHAs can encourage community members to support their initiatives.

- **Flexible Program Implementation:** Design programs that allow for flexibility in how ASHAs deliver services. For instance, if certain practices are not feasible in some communities, provide alternative methods that fit the local context. This adaptability can help overcome resistance and ensure that ASHAs can implement their training effectively.

- **Support Groups and Mentorship:** Establish support groups where ASHAs can share experiences, challenges, and solutions. Pairing less experienced ASHAs with mentors can provide guidance and encouragement, helping them navigate barriers they face in the field.

2. Success Stories of ASHAs:

- Highlight success stories from ASHAs who have effectively applied their knowledge in the field. For example, one ASHA may have implemented a successful breastfeeding promotion campaign in her community, resulting in a significant increase in exclusive breastfeeding rates. Sharing her journey, including the challenges she faced and how she overcame them, can inspire others.

- Another success story might involve an ASHA who used creative methods to engage her community, such as organizing health fairs or interactive workshops. Through these events, she was able to educate families about newborn care and garner support from local leaders, leading to a more collaborative approach to health care.

- Additionally, documenting the impact of ASHAs' efforts on newborn health indicators, such as reduced neonatal mortality rates, can serve as powerful evidence of their effectiveness. These stories not only celebrate the achievements of individual ASHAs but also reinforce the value of the training they received and the importance of their roles in the community.

By implementing these strategies to overcome barriers and sharing success stories, ASHAs can be empowered to enhance their practices in newborn care. This holistic approach ensures that they have the support and motivation needed to make a positive impact in their communities.



Chapter 9

Future Directions and Recommendations

- **Suggestions for scaling up the program to other districts in Odisha and beyond.**

As we look toward the future of home-based newborn care (HBNC) in Odisha and beyond, it is essential to consider effective strategies for scaling up the role of Accredited Social Health Activists (ASHAs) in newborn care across various districts. The following recommendations aim to enhance the impact of the HBNC program and ensure that every newborn receives the care they need:

- 1. Training and Capacity Building:** Implement comprehensive training programs for ASHAs that focus on the latest evidence-based practices in newborn care. This training should be regularly updated to include new research findings and guidelines, ensuring that ASHAs are well-equipped to address emerging challenges in maternal and child health.
- 2. Strengthening Community Engagement:** Foster strong community involvement by organizing awareness campaigns that educate families about the importance of newborn care. Engaging local leaders and influencers can help in gaining community trust and support, which is essential for the success of the program.

3. Integration with Existing Health Systems: Ensure that the HBNC program is effectively integrated with existing healthcare systems at both the community and district levels. This integration will facilitate better coordination among healthcare providers, enhance referral systems, and ensure a continuum of care for mothers and newborns.

4. Utilizing Technology: Leverage technology to enhance the monitoring and reporting capabilities of ASHAs. Mobile health applications can be developed to assist ASHAs in tracking newborn health indicators, scheduling follow-ups, and accessing educational resources, thereby improving their efficiency and effectiveness.

5. Monitoring and Evaluation: Establish robust monitoring and evaluation frameworks to assess the impact of the HBNC program. Regular assessments will help identify areas for improvement, measure outcomes, and ensure accountability. Feedback from ASHAs and the communities they serve should be incorporated into these evaluations.

6. Policy Support and Funding: Advocate for increased policy support and funding for the HBNC program. Engaging with policymakers to highlight the successes and challenges of the program can lead to greater investment in resources, training, and infrastructure necessary for scaling up.

7. Collaboration with NGOs and Community-Based Organizations: Partner with non-governmental organizations and community-based organizations that have experience in maternal and child health. These collaborations can provide additional resources, expertise, and innovative approaches to enhance the effectiveness of the HBNC program.

8. Expanding the Model to Other Regions: Once the program is successfully implemented in Khorda, consider replicating the model in other districts of Odisha and beyond. Tailor the approach to fit the specific needs and contexts of different regions, ensuring cultural sensitivity and community involvement.

By adopting these recommendations, we can significantly enhance the capacity of ASHAs in newborn care and contribute to the reduction of neonatal mortality rates in Odisha and other regions. The goal is to create a sustainable and effective model of home-based care that empowers communities and ensures healthier futures for newborns across the country.

Importance of Continuous Education and Support for ASHAs in Newborn Care

Continuous education and support for Accredited Social Health Activists (ASHAs) are important for the successful implementation of newborn care programs. ASHAs serve as the frontline health workers in communities, often being the first point of contact for families with newborns. Their knowledge and skills directly impact the health outcomes of mothers and infants. Continuous education ensures that ASHAs stay updated on the latest practices, guidelines, and technologies in newborn care. This ongoing training helps them to effectively identify and manage common neonatal issues, provide accurate information to families, and encourage timely referrals to healthcare facilities when necessary.

Moreover, support systems for ASHAs, including mentorship and peer networks, can enhance their confidence and job satisfaction. Regular workshops and refresher courses

can help mitigate feelings of isolation and burnout, which are common among community health workers. By fostering an environment of continuous learning and support, we empower ASHAs to perform their roles more effectively, ultimately leading to improved health outcomes for newborns and their families.

Recommendations for Policy-Makers to Strengthen the Role of ASHAs in Healthcare

To strengthen the role of ASHAs in healthcare, policy-makers should consider the following recommendations:

1. Formalize Training Programs: Establish standardized training programs for ASHAs that focus on newborn care and maternal health. These programs should include both theoretical knowledge and practical skills, ensuring that ASHAs are fully prepared for their responsibilities.

2. Provide Incentives and Recognition: Implement incentive structures that reward ASHAs for their contributions to community health. Recognition through awards or financial incentives can motivate ASHAs and acknowledge their vital role in the healthcare system.

3. Enhance Support Infrastructure: Develop a robust support infrastructure that includes regular supervision and mentorship. This infrastructure should facilitate communication

between ASHAs and healthcare professionals, ensuring that ASHAs have access to guidance and resources when needed.

4. Integrate ASHAs into the Health System: Ensure that ASHAs are integrated into the formal health system, allowing them to collaborate with other healthcare providers. This integration can improve coordination of care and enhance the referral process for newborns needing specialized attention.

5. Advocate for Policy Changes: Engage in advocacy efforts to highlight the importance of ASHAs in healthcare. Policy-makers should be encouraged to create policies that support the training, funding, and resources necessary for ASHAs to thrive in their roles.

6. Utilize Data for Decision-Making: Encourage the use of data collected by ASHAs to inform policy decisions. By analyzing health trends and outcomes, policy-makers can better understand the impact of ASHAs and make informed decisions about resource allocation and program development.

By implementing these recommendations, policy-makers can significantly enhance the effectiveness of ASHAs in newborn care, ultimately leading to improved health outcomes for mothers and infants across communities. Strengthening the role of ASHAs is essential for achieving broader public health goals and ensuring equitable access to healthcare services.



Chapter 10

Conclusion

- Summary of key findings and the overall impact of the structured teaching program.

In summary, the structured teaching program for ASHAs has shown to be very effective in improving their knowledge and skills regarding newborn care. The key findings reveal that ASHAs who took part in this program have become better at identifying neonatal issues, which means they can recognize problems that newborns might face. Additionally, they have improved their ability to provide essential health education to families, helping parents understand how to care for their newborns properly. They are also more capable of facilitating timely referrals to healthcare facilities, ensuring that newborns who need further medical attention receive it without delay.

This structured approach not only gives ASHAs the necessary tools to do their jobs more effectively but also helps build their confidence and sense of empowerment. When ASHAs feel more capable and supported, they are more likely to succeed in their roles within the community. This empowerment is essential because it enables them to make a real difference in the health outcomes of newborns and their families.

- The potential for improved newborn health outcomes through empowered ASHAs.

The potential for improved newborn health outcomes through empowered ASHAs is substantial. By ensuring that ASHAs are well-trained and supported, we can enhance their ability to deliver quality care to newborns and their families. This empowerment leads to better health practices within communities, reduced neonatal mortality rates, and overall improved health outcomes for mothers and infants. The impact of such initiatives extends beyond individual health, contributing to the broader goals of public health and community well-being.

- Call to action for stakeholders to invest in training and resources for ASHAs.

Therefore, it is imperative for stakeholders—including government bodies, healthcare organizations, and community leaders—to invest in training and resources for ASHAs. A commitment to providing ongoing education, mentorship, and necessary materials will not only strengthen the role of ASHAs but also ensure that every newborn receives the best possible start in life. By prioritizing the development of ASHAs, we can create a more robust healthcare system that effectively addresses the needs of the most vulnerable populations.



Chapter 11

References and Resources

- List of scholarly articles, books, and other resources for further reading.

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- Contact information for organizations involved in ASHA training and newborn care.

There are several key organizations that focus on maternal and child health in India. Here are a few notable ones:

1. National Health Mission (NHM): This government initiative works towards improving healthcare delivery in rural areas, including training for ASHA workers. You can visit their official website for more information and contact details.

2. World Health Organization (WHO): They provide guidelines and support for newborn care and may have resources related to ASHA training. Their website has contact information for regional offices.

3. UNICEF: UNICEF works on various health initiatives, including newborn care and training programs for community health workers. Their website contains resources and contact information.

4. Public Health Foundation of India (PHFI): PHFI focuses on training health professionals and may have programs related to ASHA training. You can find their contact information on their official website.

5. Local Health Departments: Many state and district health departments have specific programs for ASHA training and newborn care. You can contact them directly for localized information.

