Summer Training at
"SEARCH"
(9th April to 1st June-2012)

To Design a Draining Manual for Home Based Maternal Care

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Under the Guidance of
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Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
Jaipur
2012

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Certificate

This to certify that Dr. Priya Kashyap from Institute Of Health Management Research, Jaipur has undergone Summer Training from SEARCH, Gadchiroli, Maharashtra from 9th April to 1st June 2012.

The candidate herself carried out the project. Her approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement and is recommended for the award of post graduate diploma in health and hospital management.

I wish her success in all her future endeavors.

Dr. P.R Sodani, Ph. D
Dean Training & Academic and Students Affairs
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Acknowledgement

I would like to express my sincere gratitude towards all those who have helped me in gathering valuable information and support during the term of my short tenure at SEARCH , Gadchiroli, Maharashtra. Especially Dr Baitulye sir HOD, HBNC(Home based new born care) who was instrumental in shaping my plan of action at every moment of needed. His dynamic leadership and guidance helped me to achieve this learning from Search.

I give my sincere regards also go to Our director of the program of HBMC who gave me the great opportunity of interning at SEARCH . I would like to express sincere thanks to Dr Yogesh sir, Medical and research officer who provided me an immense support and enough time to learn in this regional area.

Miss Pragya singh a internee at Search Office for making the study practically possible for me and who always served as an proactive initiator in all of the data's and information which I needed for my study.

I am very thankful to all the Anjana Tai for giving me her time during conducting field visits; without their effort and translation of vernacular language in to the language which was comfortable for me this study would not have been possible.

And last but not the least; want to give my sincere thanks to Dr.Barun Kanjilal sir, Professor in IIHMR my mentor, who always provided his valuable suggestions and advice during this whole period, with his kind guidance and availability during the whole period make this report valuable.

CONTENT

PART-1: ABOUT INTERNSHIP

SECTION-A
About
Society for Education, Action and Research in Community Health (SEARCH)

“I shall give you a talisman. When faced with a dilemma as to what your next step should be, Remember the most wretched and vulnerable human being you ever saw. The step you contemplate should help him! "
"------Mahatma Gandhi

SEARCH (Society for Education, Action and Research in Community Health) is a Non-government organization registered as a public trust and charitable society in India (Reg. No: MH 35-85-GAD, F-224-GAD). It was founded in 1985 by a doctor couple, Abhay Bang and Rani Bang. Inspired by the life and philosophy of Mahatma Gandhi, trained respectively as a Physician and a gynecologist, and after studying at the Johns Hopkins University USA, for their Master of Public Health, Drs. Bang returned to India. Their dream was to develop an institution of community health which provided health care to the local population, and generated knowledge for the global community by way of research."Think globally, act locally!"

Mission

The mission of SEARCH is expressed in its name, "Society for Education, Action and Research in Community Health."The mission of SEARCH is to work with marginalized communities to identify their health needs, develop community empowering models of health care to meet these health needs, to test these models by way of research studies, and then to make this knowledge available to others by way of training and publications. Thus the mission of SEARCH includes community health care, research and training.

Vision

Realization of 'Aarogya-Swaraj', i.e. people's health in people's hands, by empowering individuals and communities to take charge of their own health, and thereby, help them achieve freedom from disease as well as dependence.

“In Search of Health Care for Rural and Tribal People”

The philosophy:

SEARCH believes that an important role for the voluntary organizations is path finding or research. "Research" in the context of SEARCH means to identify the problems of people and to develop new and appropriate solutions.

As the name suggests, the philosophy at SEARCH can be summarized as follows:

- Initiate a dialogue with the community by living with them.

- Select the health problems, which are their priorities.
- Rigorously investigate the problem applying epidemiological methods.
- Find a solution that is feasible and effective at the community level.
- Train the manpower from the community to implement those solutions using appropriate
- Management practices.
- Create a model that is replicable on a larger scale in places facing similar problems.
- Do social advocacy on a larger scale to sensitize the community to the problem, find the Solutions and train organizations to replicate the model.

Using this approach "SEARCH" has been able to make some important breakthroughs in the public health problems of India, and the World.

The Approach:

- Go to the people
- Live among them
- Love them
- Listen to them
- Learn from them
- Begin with what they know
- Build up on what they have

The Method:

- Identify the unattended health problems of the populations by living among them, Listening to them, and conducting epidemiological studies.
- Provide community-based health care by developing the human potential in the villages.
- Design new ways of health care delivery for the unattended priority problems and Conduct population-based research trials of these interventions.

- Influence national and global health policies based on the new knowledge and solutions developed in the laboratory of 100 villages in Gadchiroli District.

Representative Organizational footprints:

- Conducted community based study concerning the prevalence of gynecological diseases amongst rural women .Research paper published in the leading medical Journal:
- 'Lancet' and proved to be a global pioneer. Highlighted the reproductive problems of women and ultimately changed the global policy at the Cairo conference, from Population control to Women's Reproductive Health.
- Leveraged upon the concept of Traditional Birth Attendants (TBA) in reproductive health care of the rural women and developed a program of Reproductive Health.
- Studied the perceptions of women regarding various issues of reproductive health and the related practices and published in form of a renowned book, 'KANOSA'. 'Putting Women
- First' is a recent publication which was hailed globally and also referred to as a course Material which Influenced the WHO guidelines on women health.
- Conducted a participatory study measuring the magnitude of alcohol use in Gadchiroli district and its ill effects. Led to a mass movement in the district culminating into prohibition of alcohol in the district in 1993 resulting in 60% reduction in the alcohol consumption equivalent to the savings worth Rs.120 million annually
- Established a Birth and Death recording system in the community laboratory of 100 villages. Recorded the actual Infant Mortality Rate (IMR) and established Pneumonia as the commonest cause of child death.
- Recognized Newborn Mortality as the main challenge. Developed an approach of training village health workers to provide mother and newborn care at home. Conducted the Home- based neonatal care field trial. It reduced the IMR to 39. Results were published in the Lancet. This became a global pioneer. Based on this developed a training program on Home- based Neonatal care which is now widely adopted even by state governments.
- Conducted community based study concerning the prevalence of gynecological diseases Amongst rural women .Research paper published in the leading medical Journal:'Lancet

- The '**Home- based Neonatal care**' program replicated at 7 NGO sites in Maharashtra, in

five pilot sites in five states by the Indian Council of Medical Research and at other sites in Nepal, Bangladesh and Pakistan. The replication process is also starting at pilot sites in eight African nations. The government of India is also adopting the same training package for training of 100,000 ASHAs in five states.

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Section-B

Assigned Learning activities at "SEARCH"

To fulfill the purpose of learning as a major part of summer internship and gain the field exposure by observing and interacting with various level of worker is the main objective of this section. A brief report about each activity given below:-

- **Field Visit with Health supervisor and chief supervisor**: (5 days) Understand the various activities of supervisor at field, services provided and the methods of research activity.
- **Stay at Arogya Dutt's Home** :(3 days) Village stay & learn about her work as a village health worker & HBNC project. Conducted a pilot survey on oral hygiene.
- **Visit with MMU:(**3days) Learn how to organize regular camps for MMU and what are the problems faced by them .
- **Posting at Maa Dantesweri hospital:** Understand the various activities of a tribal friendly hospital and discuss with various stake holders .
- **Posting at alcohol and tobacco control and de-addiction centre :(**1 day) Know the research activity going on and how the camps conducted at village level .Interact with each members and learn from their personal experiences.
- **Surgery camp & mental health camp:** As a part of management team and known how to conduct such camps.
- **Posting at adolescence reproductive and health education department :**(1day) know about the Tarunyavan-the school health education.
- **Posting at dept. of home based maternal ,neonatal &child heath:**(3day) Know details about the HBN &MC program and its replication in various areas

- **Presentation:** At research club and at m-health department &Attain five sessions of research club and journal club**.**
- **One Day Visit to Hemal kasa:**Interact with the Ramon Magsaysay Award winner Dr.Prakash Amte & Dr.Mandakini Amte and discuss about the tribal health and various health related

projects by them. Also visit the 100 bedded tribal hospital and know about the functioning of the charity hospital by interact with the coordinator of hospital.

Interactive sessions At "SEARCH"

The main objective of this section of summer internship is to meet and interact personally with various professionals and learn from their experience and gain insight which may help in future to grow the carrier. It also helps to acquire some knowledge about the field and the current practices in public health and various managerial aspects of public health. Following great and experienced personals I meet during my summer internship at search.

Dr. Abhaya bang :(Founder of SEARCH) Morning walk with him and discuss about my carrier and about the current scenario of geriatric health, health care call centers in India**.**

Dr. Rani bang (Founder of SEARCH). Interact during evening prayer and discuss about rural non-maternal health issues.

Dr.Anand Bang:(coordinator &Medical research officer):discuss about the various research activities at SEARCH in nut shell .

Mr. Mahesh Deshmukh:(Deputy Director – SEARCH & HOD research):know the study and controlled areas of SEARCH research area and learn basics of STATA software application.

Tushar Khorgade, Deputy Director, SEARCH & HODTribal development :Discuss various aspects of tribal health and tribal friendly hospitals.

Mr. Venkatesh Iyer Chief coordinator - 'Living University' Mentor & MHO :
About the mental health Status of rural peoples and mental health OPD for rural peoples at SEARCH

Dr. Sanjay Baitule HOD : HBNC(Home Based New-born Care):The path of HBNC and HBMNC project and is future perspectives.

Mr. Amrut Bang Chief coordinator for NIRMAN: Discussed with him about involvement of Rural youth in improvement of health status of villages as volunteers.

Group interaction with Mr. Santosh Sawalkar HOD - Department for De- addiction, Mr. Yogesh Kalkonde Physician and Research officer ,Dr. Vaibav Agnave, chief medical officer and coordinator, mobile medical unit and discuss about various projects and their experiences at SEARCH. Also know about the progression of various research activities.

The Research at SEARCH:

The "SEARCH" as a research oriented organization already completed number of research projects and disseminated the findings through national and international publications. There are ten number of major research projects completed and four researches are going on where as number of new projects are already designed and plan to conducted very soon. The core focus area of research is maternal and child health. In this sector number of path breaking research conducted by SEARCH and provided new insights and new directions in public health. Besides this SEARCH always try to solve the health need of community and has conducted number of Researches on alcohol consumption & de-addiction, tobacco consumption, adolescence health and education .hence the programs are:-

- Woman and child health
- Alcohol and tobacco prevention and de-addiction
- Adolescence education
- Mental health
- Tribal health, education and development
- Tribal and rural friendly hospital

The SEARCH selected Gadchiroli district of Maharashtra a state of India as its research area where all the pilot studies and research projects are conducted. The Gadchiroli district having mix type population of both tribal and rural people with a approximate percentage of 40 and 60.In this district the research area restricted to only 86 villages .These 86 villages are mainly non tribal villages. The selection of non tribal villages for research proposal is due to generalize the research findings and replicates a successful project in other part of district, state and throughout India. A slight modification also required for tribal area replication which was not possible if the primary research was conducted on tribal villages.

The 86 villages are broadly divided into two areas like Study Area &Control area.

The study Area:

There are 39 villages under study area. The study area represents the villages where the research related intervention or program activity is going on or conducted. At the village level for a population village health worker (Male or female or both) are involved in provide the program/research related health care services to the target population. These village level health workers are called as "**Arogya doot (male/female)".**

The Control Area:

For a comparative research project always a control arm (area) needed along with the intervention area. The control area of SEARCH form by 47 villages (non-tribal) of Godchiroli district having almost similar socio-economical, environmental factors which may influence the research results and outcomes. There is no intervention program work in this area. The programs by other organizations like government are going on as usual. In these villages only male Arogya dutt are present and they mainly involve in collection of information regarding the longitudinal vital statistics data collection

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Section C:

Learning's from Internship

Search has undertaken various community participation approaches such as Breadth counter usage, introduction of Arogyadoot, Danteshwari sevak model, Daru mukti sangathan, jatra, de-addiction program….etc). Hence these approaches made me learn key aspects necessary for a successful community mobilization they are :-

- The process of problem identification should not merely be of intellectual character but should have a strong emotional element, because of pain , suffering and the sharing of hardship should be involved for community mobilization
- For a successful community participatory approach everybody should understand what was being done but also why and how for the results to be widely accepted.
- The problem should be tackled with the people not for them

- The participatory research an action may be applicable in situations where a problem of common concern exists, even if it is not expressed. Hence problem of participatory approach is applicable in tackling the deficiencies in water supplies and could not be adopted in basic research for vaccine development when only few people are affected.

- The ultimate purpose of the public health research is to generate knowledge and research

- Through the organization research methodology I learnt the reasons for the selection of a specific control ,study area and the significance of participatory approach only in the tribal areas of the district

Part-2

Assigned project work at SEARCH

Section 1

Training manual for Home Based maternal care

Introduction

Who is ASHA ?

The Accredited Social Health Activist (ASHA) scheme was launched under the National Rural Health Mission (NRHM) in 2007. This scheme forms one of the pillars of NRHM today. An ASHA is typically: a local village woman with at least 8 years of schooling she is trained under the NRHM for 28 days in Health (maternal, newborn and child health issues), PRI system and Water and Sanitation. Each ASHA caters to a population of 1000. There may be 1 or 2 or 3 ASHAs in one village depending on the population of the village. While ASHAs are well versed in basic maternal care issues, the time devoted specifically to newborn care during their basic training is very limited. Training packages in newborn and related maternal care have therefore been created for them.

Among 40 lakhs death of new borns 10 lakhs of death occur in India. India also accounts for 22% of maternal deaths. Hence to provide services to 250 lakh new borns and 270 lakh pregnant women 5 lakhs of ASHA's are working under NRHM. Though, the success of the program lie in the quality of the training provided to them regarding the home based maternal care catering to the curative aspect of the various diseases which occur in post natal care such as pelvic pain , vaginal wounds , Sec PPH , Urinary tract infection, Sepsis and caeser wounds which has a major implication in maternal mortality after delvery.

Therefore to provide training to the VHW , SEARCH devised a training manual for their volunteers(Arogyadoot)in their study area. Drastically contributing in reduction of maternal mortality in the given region

But till now there is no available training manual for ASHA which caters for the home based treatment by ASHA for such critical diseases, this manual aims to fill that lacunae by mainly

catering to the diagnosis, management of three disease namely, pelvic pain, vaginal wounds and caser wound by using aids such as case studies, model role play, multiple choice questions, descriptive questionnaire, assessment case studies and many more. This training manual provides them with ample information regarding their diagnostic criteria, signs and symptoms, medicinal information,

Who are the arogyadoot?

Arogyadoot were the female and male volunteers assigned by Gadchiroli in their experimental Area .The work of female Arogyadoot is providing home based maternal care and other health care services. They were given 18 medicines by SEARCH and could administer IM injections as they gave vit K injections on 1month of pregnancy and in neonatal sepsis gave IV of gentamicin. They give 5 ANC visit before delivery and post delivery they give visits on 3rd or 4th, 5th, 7th, 8th and on 9h day if the baby and mother is normal. If not then, they give daily visit to them for 7 days followed by an alternate day visit for further 13 days.

While, male Arogyadoot are actively involved in collection of various information /data required for the research activity to provide home based neonatal and maternal care (postnatal, delivery and antenatal care).

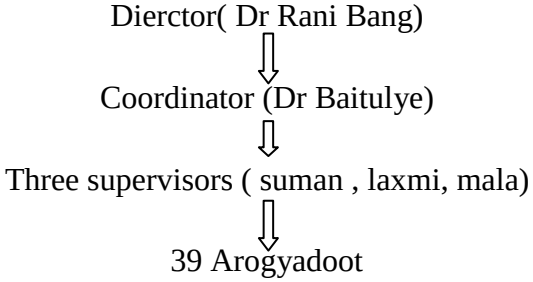
Selection:-

Community leaders were asked to give 3 names from their community of the females who were married had two children, was the resident of the community and had studied from 4^{th} to 7^{th} class. The initial 3 days were for the registration. On 4^{th} day they gave a test on reading skills, writing skills, behavior, memory and their attitude.

Training:-

In the first year they had a step ladder training in which every month for 3 to 4 days they were taught three subjects which included the usage of the medicine. After these subjects were taught a test was conducted in which they needed to secure at least 90% marks .once secured the required marks they were sent to the field for rest 26 days to practice the theory. There 60 to 70% of work was done in the field .apart from the main training they were given refresher training every 2 months in which they discussed the cases and certain disease which they encountered least and further discussed about its treatment schedule ex Birth Asphyxia which occur in 10 in 100 cases such that they don't forget. After every 2 months training a test was conducted .if in case they secured less marks they were made to learn again and their scores were further evaluated till they secure desired scores.

Supervision and Accountability :-



In 1st year the coordinator visited three villages each day to supervise. The Arogyadoot gave initial 10 injections in front of the coordinator. After the 1st year 3 Supervisors were made out of the 43 Arogyadoot and each of them were given 13 villages which they had to monitor in1 month. The supervision was first done by supervisors and a record was maintained through the case management form meant for each beneficiary which then decided their payment. Each Arogyadoot cover one village. Ideally in a study are each village has 2 Arogyadoot (1 male & 1 female) if the villages were small then one Arogyadoot may cover more than one village. A supervisor ideally over headed 4-5 Arogyadoot and guided, supported &overhead the work of Arogyadoot and collected the information forms, receipts, registers etc. from them. Beside this supervisor are also involved in cross checking of the collected information. This was then further checked by the coordinator Dr Baitulye for HBMC.

Strengths:- 0% attrition rate was observed among Arogyadoot. 0% failure rate in injecting IM and IV was observed. Reduction of IMR from 121 (1985) to 70(1994) to 25 (2010).there was Increase in in the diagnosis of Pneumonia from 54% to 82%. More than 3000 cases of pneumonia have been treated by these workers with less than 1% case fatality rate and pneumonia mortality declined by 75%

Objective: - To design a training manual on the home based maternal care for Pelvic Pain, Vaginal Wounds and caser wounds by ASHA on the basis of similar manual designed for Arogyadoot , SEARCH, Gadchiroli

Methodology

The training manual was designed under three sections namely:-

a) Section 1 :-Local beliefs and terminologies about the disease
b) Section 2:- Diagnosis of the disease
c) Section 3 :- Management of the disease

Each of the section has been explained in detail.

1. Local beliefs and terminologies about the disease

Objective:

To give ASHAs an opportunity to talk about their understanding of the disease and list the terms used to identify the problem. This will help them in diagnosing, taking care and referring the cases of the given disease

Specific Objective:

At the end of session ASHAs will be able to:

1) To prepare a glossary of terms related with the disease

2) To prepare a list of the causes and effects (complaints and complications) of the disease during pregnancy, on mother based on the understanding of the ASHAs.

For understanding the local beliefs and terminologies of the trainees a preparation of the session will be conducted which would include listing of causes for aggravation of the disease during pregnancy and its effects on moth end the new born (Complaints and Complications)by the trainers to initiate and lead the discussion. This would then be followed by large and small group discussions in which ASHA's would be asked about their understanding of the disease its causes and complications. This would then be followed by the evaluation of the session

Objective	**Assessment Method**	**Output**
To Prepare a glossary of terms related with disease , its causes and	Completeness, variety of the terms in the list prepared by the	Refined and consolidated glossary of the terms

effects	trainee, compared to the standard list prepared by the trainer	
To Prepare a list of causes and effects of the disease after delivery, according to the best of ASHA's knowledge for mother and baby.	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated list of causes and effects of disease after delivery.

1. Diagnosis of the disease

Objective:

To orient ASHA's in diagnosis of the disease so that she can manage that disease in the community.

Specific Objectives:

1. To enlist the symptoms and signs of vaginal wound with the help of ASHA.
2. To List and diagnose each diagnostic criteria of disease.
3. To diagnose a case using the diagnostic criteria.

Materials required:-

Material requirement is minimal requiring sketch pens, chalk, computer and various training aids such as handout and power point presentation of case presentation with standard answers, diagnostic criteria, assessment case studies with and without answers, model role play script , model role play scenario for trainers and trainee, case ideas for ASHA's for history and diagnosis, history and examination form, puzzle of symptoms and diagnostic criteria, question paper of with and without answers on diagnosis.(refer annexure 1)

Training methods: (Refer annexure 1)

I. Discussion with VHWs about field experience:

II. Refreshing the form for symptoms and signs:

- PowerPoint presentation for history and diagnosis with questions and answers

III. Diagnostic criteria of vaginal wound:

- Participatory presentation: power point presentation with questions and answers
- Case presentation by trainer on diagnosis using diagnostic criteria
- Role Play by Trainers:
- Case idea with and without answers
- History and diagnosis form filling presentation

IV. Assessment methods*:*

- Role play scenario by VHWs:
- Role play based on case ideas by VHWs
- Case study to VHW on diagnosis without answers
- Question Paper on Diagnostic feature and Diagnosis of Disease
- Puzzle on Diagnostic feature and Diagnosis of Disease

V. Summary

VI. Spot evaluation methods

Objective	**Assessment Method**	**Output**
Diagnose of the disease	Assessment Case study, Assessment Question Paper Puzzle Role play scenario	Completed Case study. Completed Question paper. Completed puzzle and role play

3. Management of the disease

Objective: To train every VHWs in prevention and management of a given disease by life style modifications and treatment.

Specific Objectives:

1) To explain with reasons and teach mother the life style modifications.
2) To be able to treat using medicines.
3) To Identify referral criteria and refer
4) To assist high risk mother in preventing disease.

Material required :- (Refer annexure 1)

Material requirement is minimal requiring sketch pens, chalk, computer and various training aids such as handout and power point presentation of medicine; model case presentations for managing cases, form of case management , an evaluation of management questionnaire with answers for trainers, multiple choice questionnaire, descriptive Question Paper on form filling with standard answers for trainees, Puzzle with standard answers for trainees, medicinal questionnaire , case management pamphlet , History and diagnosis of form filling case study and Evaluation of treatment questionnaire with and without questionnaire (refer annexure 1)

1) **Training Method: (**Refer Annexure 1for details)

a) Large group discussion:

ASHA's will then be asked to share their field experiences, which were most common and could be connected with their own experience of pregnancy, about the diagnostic criteria of the case, did they face any difficulty during diagnosis and what was the mothers reaction during diagnosing . The trainer will list all the on the blackboard management strategy of each symptom as told by the trainees in a grid format

b) Participatory Presentation: Instructions on form filling Medicines

ASHA's will be explained form filling with the help of handout and PPT and they will be asked if hey have any difficulty.

c) Role Play by Trainers:

A demonstration of Model role play will be done by trainers in order to explain and counsel mothers about the disease with clarification of the doubts.

d) Role play by VHWs:

Role play would require two volunteers they would discuss and present the role play. Other group would commenting on all the role play presented by the groups. One trainer will note all he discussions which would provide an opportunity to record their experiences. He will also note his experiences and clarify doubts of the trainees.

e) Case idea for Role Play:

This training aid will require max 4 groups of VHW and 4 trainers as a facilitator. VHW's will be given 4 case ideas. The facilitator will facilitate the group discussion and provide clarifications as and when required. The role play will be presented by each group. Furthermore the trainer will then note the discussions on the role plays

f) Case presentation by trainer on management:

A power point presentation will be presented on the on a case .The trainer after displaying will then ask questions related to the case and its management including the medicines and its dosage. The answers will then be provided with clarifications accordingly.

g) Assessment Methods:

a) Assessment case study for management:

Case studies will be given to each VHW by the facilitator. The case study will have questions without answers. After the questions are answered by VHW, it will be crosschecked by exchange of paper and the answers will be provide by the trainer through his handout. Each case study will now discussed and clarifications will be provided for them by the trainer.

b) Assessment MCQ paper for case management:

A multiple choice questions regarding the medecines and its differential diagnosis will be provided to the VHW. the question paper after completion will be exchanged , scored and correct answers will be discussed with the trainer who is also the facilitator of the session

c) Assessment descriptive question paper for case management:

Descriptive questionnaire will include the terminologies, diagnostic criteria, differential diagnosis of the disease. The question paper will be distributed and will be crosschecked and scored

d) Assessment Puzzle for Case management

The puzzle for case management will be distributed and the correct answers will be displayed. The sheets will be scored and the correct answers will be discussed with clarifications.

e) **Assessment descriptive question paper on medicines:**

The question paper will comprise of descriptive questions regarding the medicines to be given during the signs and symptoms, in what dosage , its frequency and medicines to be given during side effects . it will also include those side effects he patient need to be referred to the health facility

f) Summary:

This part of session will include the summary of the complete session that is its major signs and symptoms,diagnostic criteria , differential diagnosis, medicinal informations, side effects of the medicines. it will also include the life style modifications for preventing and treating the disease

Evaluation:

Objective	Assessment Method	Output
1) List the symptoms and signs of disease .List diagnostic criteria of PP vaginal wound and do the diagnosis.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
2) To state with reasons which life style modifications and medications will help and prevention and treatment of PP vaginal wound.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
3) Convince the mother for these lifestyle modifications and medicine.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.

Section 2

Learning's from dissertation

Designing the training manual made me learn about significance of participatory learning approach. It taught me the importance of assessing the needs of trainee before designing the training manual. If the current subject does not fall in their need, then motivate them to learn by recognizing the importance of the subject. While the training objective should state what will be accomplished after training and should be in the light of needs identified. The training program should include the topic that adds to or builds on the existing knowledge of audience, should be relevant to the present context and less familiar to the trainees. The message should be pitched at

higher level and different methods of training helps in generating interests among the trainers. Furthermore, informing the trainers what is expected out from them and evaluation of the success of the program through various training tools also pays and important role**.**

Annexure-1

Training manual

For

Home Based Maternal Care

Acronyms / Abbreviations

SEARCH-Society for Education Action and Research in Community Health

HBMC-Home base maternal care

ASHA-Accredited Social Health Activist

VHW-Village Health Worker

PPH-Post Partum Hemorrhage

UTI-Urinary Tract Infection

CPM-Chlorphenramine malete

ANC-Anti Natal Care

PNC-Post Natal Care

PP-Pelvic Pain

BP-Blood Pressure

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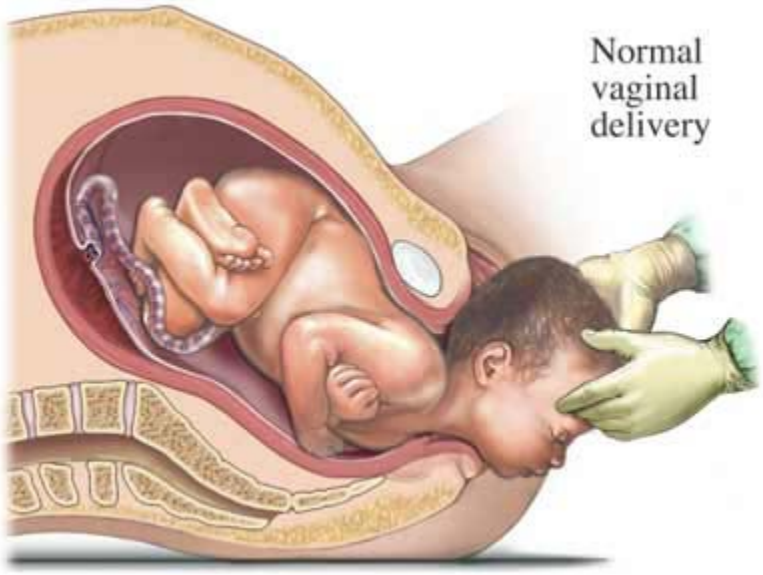

MODULE 1: VAGINAL WOUNDS

Session 1

Local beliefs and terminologies about vaginal wounds

Purpose:

To give ASHAs an opportunity to talk about their understanding of pelvic pain and list the terms used to identify the problem. This will help them in diagnosing, taking care and referring the cases of vaginal wounds.

Objectives:

At the end of session ASHAs will be able to:

1) Prepare a glossary of terms related with vaginal wounds, its causes and effects

2) Prepare a list of the causes and effects (complaints and complications) of vaginal wounds during pregnancy, on mother based on the understanding of the ASHAs.

Material

1) Sketch Pen
2) Century papers/ Flip Charts
3) 100 pages Note Books
4) Chalk
5) Blackboard
6) LCD
7) Laptop
8) Board for displaying Flip Chart paper.

Preparation:

1) Have enough notebooks to be given to each ASHA.
2) 20 Century Papers for summarizing the discussions of the groups twice.
3) 10 Sketch pens
4) The trainer will have a list of general causes and effects (Complaints and Complications) of vaginal wounds to initiate or to lead the discussion.
5) The trainer will have a list of causes of increased vaginal pain during pregnancy and its effects (Complaints and Complications) on mother during PNC, just to initiate and lead the discussion
6) The trainer will have a list of effects of increased vaginal pain on baby during PNC, to initiate and lead the discussion.

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Training Methods:

Instructions to trainers:

Large Group discussion (15 min)

1. Gather the trainees in a large group.
2. Initiate the discussion by asking the trainees what they understand by the term vaginal wounds
3. Has any ASHA seen the patient of vaginal wounds?
4. What are the causes of vaginal wounds according to them?
5. What are the complaints of these patients of vaginal wounds?
6. What according to you are the effects and complications of increased pelvic pain on body?
7. Write down the answers on a flip chart paper displayed on a board.
8. Try to involve all ASHAs. Take care not to give opportunity to a chosen few otherwise others may feel neglected and will mentally withdraw from the session.
9. Complete the list. The list may include(lower abdominal stomach pain, pain around or below vagina ,watery discharge etc).
10. Refine and consolidate the list using the trainer's list on computer.

11. This will be used in subsequent session for distributing to the ASHA and for documentation of the process.

Small group discussion (30 min)

1. Divide the ASHAs in group of 5 each, total 6 groups.
2. One trainer will sit with each of the group.
3. Ask them to identify the effects on mother and her complaints caused by vaginal wounds during PNC and make a list.
4. Ask them to identify the effects on baby and the complaints caused by vaginal wounds during PNC and make a list.
5. Ask one representative from each group to present the discussion from their group.
6. During the presentations, simultaneously keep making list of these effects and complaints on the Flipchart displayed on the board and keep adding to it.
7. Check their lists with the lists on computer prepared by the trainer.
8. Refine and consolidate.
9. This will be used in subsequent session for distributing to the ASHA and for documentation of the process

Evaluation of the session:

Objective	**Assessment Method**	**Output**
Prepare a glossary of terms related with emesis, its causes and effects	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated glossary of the terms
Prepare a list of causes and effects of vaginal wound after delivery, according to the best of their knowledge for mother and baby.	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated list of causes and effects of vaginal wound after delivery.

Session 2:

Diagnosis of vaginal wound

Purpose:

To orient VHWs in diagnosis of vaginal wound so that she can manage vaginal wound in the community.

Objectives:

At the end of the session each VHW will be able to,

1) List the symptoms and signs of vaginal wound.
2) List and diagnose each diagnostic criteria of vaginal wound.
3) Using the diagnostic criteria diagnose a case vaginal wound.

Material:

1) HO and PPT of diagnostic criteria of vaginal wound: Training Aid.
2) PPT and HO of standard Case presentation with standard answers for trainers on
3) PPT and HO of Assessment case studies with answers for trainers and without answers for the VHWs vaginal wound: Training Aid
4) HO of One Model role play script for trainers for History taking: Training Aid
5) HO One Model Role play scenario for VHW to perform: Training Aid
6) HO of case ideas for VHWs for role play to ask history and diagnose vaginal wound
7) (4 case ideas).
8) Copies of the vaginal wound History and Examination form: Training Aid
9) HO of a puzzle which has all symptoms and diagnostic criteria of vaginal wound
10) A QP for VHW and with and without standard answers for trainers on diagnosis of vaginal wound

11) LCD
12) Computer
13) Sketch pens
14) Chalk
15) Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per VHWs.

2) Power Point Presentations.

3) Each VHW has her Pen.

4) HO of model role for group to perform.

Training methods:

Discussion with VHWs about field experience:

Instruction to trainers:

1) Gather all the VHW's in a large group.
2) Ask them about their experience of filling the form.
3) Ask them to refer to the post partum forms with them.
4) Whether they are facing any difficulties, if yes, then what? What should be done to solve those difficulties?
5) Who have seen which feature in post partum mothers? What was the experience?
6) Which features according to them are common?
7) Are they facing any difficulties in vaginal examination? If yes, what? What should be done to solve those difficulties?

Refreshing the form of symptoms and signs:

Group discussion:

Instruction to trainers:

1) Ask the VHWs to refer to their Home Visit form. See the questions which are asked to the mother for collecting information.

2) Ask them to read each question one by one.

3) Ask one VHW from group randomly the meaning and explanation of each question.

4) Ask other VHWs to comment on the answer given by first VHW.

5) Finally ask again whether they have any difficulty in these questions and examination.

Diagnostic criteria of vaginal wound:

Participatory presentation:

Instruction to trainers:

1) Gather all the VHW's in a large group.

2) Distribute HO of the diagnostic criteria of vaginal wound to each VHW.

3) Display the PPT of diagnostic criteria as in the content box.

4) Explain one by one each point in the diagnostic criteria.

5) Ask if anyone has any queries. If yes, provide clarifications.

Case presentation by trainer on diagnosis of vaginal wound using diagnostic criteria:

Instruction to trainers:

1) The trainer will display the PPT of each case presentation one by one.

The case presentations are total 3.

2) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.

3) Ask questions based on the case presentation.

4) Note the answers.

5) Correct and provide clarifications wherever required.

6) At the end of session again ask whether they have any queries.

7) Accordingly provide clarifications

Role Play by Trainers:

Instruction to trainers:

1) The trainers will have the HO of model role play,
2) They will demonstrate the role play, from history taking to examination.
3) At the end they will ask whether the VHWs have any queries.
4) Accordingly they will provide clarifications.

Assessment methods:

1) Ask the VHWs whether they have understood all the signs of vaginal wound and whether they will be able to diagnose PP Sepsis.

2) If they feel confident, start assessment of the session using following tools.

Role play by VHWs:

Instruction to trainers:

1) Ask 2 VHWs to volunteer.

2) Give the HO of model script/ role play scenario.

3) Each trainer will also have HO of each role play scenario.

4)Allow the VHWs 10 minutes to discuss.

5) The trainer can facilitate the discussion and provide clarifications.

6) Now tell each group to present the role play.

7) Ask other groups to comment on role play presented by each group.

8) Allow discussion on role play presented by each group.

9) One trainer will also note the discussion as this provides good opportunity to record their experiences.

10) The trainer will also record their observations from the role play presented.

11) Ask if anyone has any queries.

12) Accordingly provide clarifications.

Role play based on case ideas by VHWs:

Instruction to trainers:

1) Divide the VHWs in 4 groups.

2) To each group the HO of model script/ role plays case idea.

3) Each trainer will also have HO of each role play case idea.

4) Allow each group 10 minutes to discuss.

5) Now tell each group to present the role play.

6) Ask other groups to comment on role play presented by each group.

7) Allow discussion on role play presented by each group.

8) One trainer will also note the discussion as this provides good opportunity to record their experiences.

9) The trainer will also record their observations from the role play presented.

10) Ask if anyone has any queries.

11) Accordingly provide clarifications.

Case study to VHW on diagnosis of PP pelvic pain:

Instruction to trainers:

1) Distribute the HO of case studies to each VHW.

2) Allow them 20 minutes to fill the case studies.

3) Collect after 20 minutes.

4) Display the PPT of each case study.

5) Discuss each question one by one.

6) Provide clarification to each of their queries.

Question Paper on Diagnostic feature and Diagnosis of Disease:

Instruction to trainers:

1) Distribute the HO of question papers to each VHW.

2) Allow them 20 minutes to finish the question paper.

3) Collect after 20 minutes.

4) Display the PPT of question paper.

) Discuss each question one by one.

6) Provide clarification to each of their queries.

Puzzle on Diagnostic feature and Diagnosis of Disease:

Instruction to trainers:

1) Distribute the HO of puzzle to each VHW.

2) Allow them 20 minutes to finish the question paper.

3) Collect after 20 minutes.

4) Display the PPT of question paper.

5) Discuss each question one by one.

6) Provide clarification to each of their queries.

Summary:

1) What are the various diagnostic features to be covered in Breast diagnosis?
2) What is definition of each diagnostic features (Ask one by one)?
3) What are the diagnostic criteria for PP sepsis

Objective	**Assessment Method**	**Output**
Diagnose of PP pelvic pain	Assessment Case study, Assessment Question Paper	Completed Case study. Completed Question paper.

Spot evaluation methods:

1) Ask each VHW to exchange their papers.
2) Now one by one discuss each case study and each question and provide correct answer and clarification.
3) Ask VHWs to score the papers they have.
4) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Training Aid :1 Diagnostic criteria

Diagnostic Criteria

- During the birth of the child the vagina stretches
- However, vagina can sufficiently stretch but at times it tears
- This tear then appears as a wound called as vaginal wound
- Hence during vaginal wound the region below the vagina or around the vagina pains
- The area may become red , hot , appearance of blisters, seen as an open wound or teared
- If the mother is having temperature more than 99.4 F or is having foul smelling / pus discharge from vagina or pain in second part of stomach or pain in pressing uterus. If any one of the symptom is present then diagnose it as sepsis.

Training Aid 2 :- Diagnostic Case Presentation:- (with answers)

Diagnostic Case Presentation(with answers)

Karishma Kapoor of Bodli village delivered few days back. It's her 3 rd day of delivery. Since then she is having pain on either side of vagina. She has no urine problem and changed 3 pads today. Vaginal area is hot to touch and has developed some blisters. She is not having any pus discharge neither her stomach aching in 2nd part.

Ques :- what problem Karishma is having?

Ans :-

1. She has having pain around vagina
2. Vaginal area is hot and has blisters

Ques :- Is karishma suffering from sec PPH?

Ans :- No

Ques :- Is she suffering from urine infection?

Ans :- No

Ques :- Is she suffering from sepsis?

Ans :- No as she is not having pin in stomach and has no discharge.

Ques Is she suffering from vaginal wound?

Ans :- Yes

Nalini is the resident of Mudjha village . It's her 5th day of delivery .she suffered from tear in vaginal region. Now, she is having pain below the vagina and pain in 2nd part of the stomach. She is having foul smelling discharge since 2 days. She is having no urine problem. She changes 3 pads daily. She is having temperature of 101.4 F

Ques :- what problems Nalini suffer from?

Ans :-

- she is having pain in 2nd part of the stomach and in pelvic region
- she is having Fever
- she is having foul smelling discharge

Ques :- Is she having Sec PPH ?

Ans :- No

Ques :- Is she having urine infection?

Ans :- No

Ques :- Is she having Sepsis ?

Ans :- Yes as she is having foul smelling discharge , pain in stomach and high temperature.

Ques :- Is she having vaginal wound?

Ans :- vaginal infection had resulted in sepsis symptoms hence the diagnosis is of sepsis.

Amisha Patel is the resident of Kaneri village . She delivered yesterday. Today she is having pain around her vaginal region. She has no foul smelling discharge. She has no temperature and no pain in stomach. She has no urine problem and changes 3 pads. Though she feels her vaginal region has become a bit hard and hot

Ques :- what are the problems of Amisha Patel?

- she is having pain around her vaginal region.
- Her vaginal area had become hot and hard.

Ques :- what disease is Amisha suffering from ?

Ans :- vaginal wound

Ques :- Is the mother suffering from sepsis?

Ans :- No

Raveena Tandon resident of Pulkhal village has delivered three days back its her 4^{th} day of delivery she is suffering cracks during her delivery. Hence she is suffering from vaginal pain from two days. Today she is having temperature and pain in stomach and she is felling very weak

Ques :- what is the problem with Raveena ?

Ans :-

- she is having pain in vagina
- She had high temperature
- She is also having pain in stomach and is feeling very weak.

Ques :- since when Raveena is having pain around her vagina?

Ans :- she is having pain since two days .

Ques :- Since when she is having pain in stomach and temperature ?

Ans :- Today

Ques :- what is the diagnosed disease?

Ans :- Sepsis

Diagnostic Case Presentation:- (without answers)

Diagnostic Case Presentation(with answers)

Karishma Kapoor of Bodli village delivered few days back. It's her 3 rd day of delivery. Since then she is having pain on either side of vagina. She has no urine problem and changed 3 pads today. Vaginal area is hot to touch and has developed some blisters. She is not having any pus discharge neither her stomach aching in 2nd part.

Ques :- what problem Karishma is having?

Ques :- Is karishma suffering from sec PPH?

Ques :- Is she suffering from urine infection?

Ques :- Is she suffering from sepsis?

Ques Is she suffering from vaginal wound?

Nalini is the resident of Mudjha village . It's her 5th day of delivery .she suffered from tear in vaginal region. Now, she is having pain below the vagina and pain in 2nd part of the stomach. She is having foul smelling discharge since 2 days. She is having no urine problem. She changes 3 pads daily. She is having temperature of 101.4 F

Ques :- what problems Nalini suffer from?

Ques :- Is she having Sec PPH ?

Ques :- Is she having urine infection?

Ques :- Is she having Sepsis ?

Ques :- Is she having vaginal wound?

Amisha Patel is the resident of Kaneri village . She delivered yesterday. Today she is having pain around her vaginal region. She has no foul smelling discharge. She has no temperature and no pain in stomach. She has no urine problem and changes 3 pads. Though she feels her vaginal region has become a bit hard and hot

Ques :- what are the problems of Amisha Patel?

Ques :- what disease is Amisha suffering from ?

Ques :- Is the mother suffering from sepsis?

Raveena Tandon resident of Pulkhal village has delivered three days back its her 4^{th} day of delivery she is suffering cracks during her delivery. Hence she is suffering from vaginal pain from two days. Today she is having temperature and pain in stomach and she is felling very weak

Ques :- what is the problem with Raveena ?

Ans :-

Ques :- since when Raveena is having pain around her vagina?

Ques :- Since when she is having pain in stomach and temperature ?

Ques :- what is the diagnosed disease?

Training Aid 3 :- Model Role Play

Maliaka: hey! Hello sister how are you?

ASHA : hey Maliaka I am very fine !

Maliaka: Please come in.!

ASHA : You had your lunch?

Maliaka: Yes just had it. Was thinking to meet you

ASHA : why any problem? Is your kid fine?

Maliaka: Yes, he is fine. But I am not fine

.

ASHA : what happened?

Maliaka: I am having pain around my vaginal region since yesterday and today it has further increased

ASHA : ok. Do you have any urine problem like burning urination or frequent urination?

Maliaka: No

ASHA: Did you have any temperature or any pus or any foul smelling discharge or stomach ache in 2nd part?

Maliaka: No not as such

ASHA: How many pads did you change since yesterday morning bath and today morning bath?

Maliaka: Three pads and do not have excessive bleeding

ASHA : Is your vaginal area hot, red or have blisters?

Maliaka: yes on touching it is hotter than before but has no blisters

ASHA: ok

Maliaka: Is everything fine?

ASHA : yes Maliaka you gave good information. You are suffering from Vaginal wound

Maliaka: is anything to fear about?

ASHA: No it is not a fatal situation. I will give you some medicines one to take for 3 days and other to apply for 7 days and everything will get alright

.

Maliaka: Thanks you relieved me

ASHA : If you have any other problem or your problem increases then do call me positively

Maliaka: Sure

Training Aid 4 :- Case Idea:-

Case Idea

Bipasha Basu is the resident of Amirjha village. Her vaginal region is paining since yesterday on 2nd day pain was normal and bearable but on 3rd it further increased. Moreover the problem further aggravated with foul smelling discharge which was oozing out from vagina.

Sona the resident of bodli Village delivered 3 days back. It's her 4th day of delivery. She did not have any temperature or any other problem but she had blisters in her vaginal region and her either sides of vagina was painful

Nandini has delivered. Her vaginal region is warm and is red . she is not having any other problem like increased temperature or stomach pain . she is not having any urine problem neither any symptoms of Sec PPH.

Shri Devi delivered in Pulkha village. After her delivery initially she had severe vaginal pain . While, on next day she had foul smelling discharge and temperature with severe weakness. She did not have any urine problem neither of SEC PPH

Training Aid 9 :- Model Role Play Scenario

Madhuri has delivered. It's her 3rd day after delivery. She did not have any urine problem neither she is having any discharge or heavy bleeding. But , since she is having vaginal pain since 2nd day after her delivery which is further getting aggravated.

Training Aid 6 :- Diagnostic Questionaire (with answers)

Ques 1:- what are the signs of vaginal wound?

Ans :- Pain around vagina or below vagina, area around vagina becomes red, hot , blisers appear around the vagina

Ques 2:- what will be the diagnosis if together with the above symptoms there is any one of the below symptoms like pus discharge or foul smelling water discharge or there is increase in temperature more than 99.4F or pain on pressing the uterus?
Ans :- Sepsis

Ques 3:- why does vaginal area pain after delivery?
Ans :- During delivery there occurs vaginal tear which then later result in wound called as vaginal wound.
Ques 4:- Does the women have vaginal wound if her stomach aches in second part of abdomen?
Ans :- No

Ques5. If woman after sixth day of her delivery changes six pads and has pain in second part of the stomach. Does she have vaginal wound?
Ans : No (she is having PPH)

Ques 6. After third day of her delivery, if a woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?
Ans : No(she is having sepsis)

Diagnostic Questionaire (without answers)

Ques 1:- what are the signs of vaginal wound?

Ques 2:- what will be the diagnosis if together with the above symptoms there is any one of the below symptoms like pus discharge or foul smelling water discharge or there is increase in temperature more than 99.4F or pain on pressing the uterus?

Ques 3:- why does vaginal area pain after delivery?

Ques 4:- Does the women have vaginal wound if her stomach aches in second part of abdomen?

Ques5. If woman after sixth day of her delivery changes six pads and has pain in second part of the stomach. Does she have vaginal wound?

Ques 6. After third day of her delivery, if a woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?

Training Aid 7 :- Puzzle for the diagnosis of vaginal wound

W	E	R	T	X	H	X	S	F	O	E	S	A
V	A	G	I	N	A	L	S	E	P	S	I	S
A	A	K	D	E	R	T	Y	U	E	D	X	R
G	J	G	D	Q	W	E	R	T	N	U	D	T
I	B	L	I	S	T	E	R	S	W	I	S	Y
N	H	F	J	N	B	N	K	I	O	J	A	U
A	G	R	H	R	A	G	H	U	U	T	A	I
L	F	T	G	F	F	L	Y	Y	N	O	F	O
P	S	Y	F	C	E	T	T	T	D	H	V	P
A	D	J	T	D	S	F	R	E	H	D	C	K
I	T	P	U	Y	Y	R	W	Q	A	E	D	J
N	G	T	H	Y	I	L	K	Y	T	R	R	H
G	J	M	N	B	V	C	X	Z	A	D	F	G

Answers :- Vaginal pain , Vaginal Tear, Vaginal Sepsis, Hard , Open wound, Red , Hot , Blisters

					H				**O**			
V	**A**	**G**	**I**	**N**	**A**	**L**	**S**	**E**	**P**	**S**	**I**	**S**
A	**A**				**R**				**E**			
G		**G**							**N**			
I	**B**	**L**	**I**	**S**	**T**	**E**	**R**	**S**	**W**			
N				N					**O**			
A					**A**				**U**	**T**		
L						**L**			**N**	**O**		
P							**T**		**D**	**H**		
A								**E**		**D**		
I									**A**	**E**		
N										**R**		

Training Aid 8:- History and Diagnosis Form

History and Diagnosis form for the inspection of vaginal area								
After delivery	2nd day	3rd day	7th day	15th day	28th day	Supervisor visit	Other visit 1	Other visit 2
Does it pain below vagina or on either side of vagina	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
How is the Vaginal area: red, hot, hard, open wound ,cracks, pus, water blood oozing ,it's fine. Stitches(ask, check and write)								
If mother is suffering from any of the above problems then do the diagnosis of "vaginal wound" Has the treatment form been filled ?	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary

Session 3:

Management of vaginal Wound

Purpose:

To train VHWs in prevention and management of PP vaginal wound by life style modifications and treatment.

Objectives:

At the end of the session, each VHW will be able to:

1) Explain with reasons and teach mother the life style modifications.
2) Treat PP vaginal wound using medicines.
3) Identify referral criteria and refer
4) Assist high risk mother in preventing PP vaginal wound.

Material:

1) PPT and HO of medicine.
2) PPT and HO of form of case management
3) PPT of 1 model case presentations for managing cases of PP vaginal wound
4) PPT and HO of an evaluation of management questionnaire with answers for trainers.
5) PPT and HO of a pamphlet questionnaire with answers for trainers
6) PPT and HO of form filling case studies.(4 case studies)
7) PPT and HO of MCQ paper on PP vaginal wound MM
8) PPT and HO of descriptive QP on PP vaginal wound form filling with standard answers for trainers
9) PPT and HO of Puzzle of PP vaginal wound MM with standard answers for trainers
10) PPT and HO of vaginal wound diagnosis and treatment
11) PPT and HO of case management pamphlet
12) PPT and HO of History and diagnosis of form filling case study
13) PPT and HO on Evaluation of treatment questionnaire with and without questionnaire

14) LCD
15) Computer
16) Sketch pens
17) Chalk
18) Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per VHW

2) Power Point Presentations

3) Each VHW has her Pen.

4) HO of model role for group to perform

Training Method:

Large group discussion:

Instruction to trainers:

1) Gather all VHWs in large group.
2) Ask everyone to have their form opened to refer.
3) Ask everyone to read the symptoms of PP vaginal wound one by one.
4) Ask VHWs what symptoms they have observed in the field and complained by the mothers.
5) Ask them which symptoms according to their experience were most common. Ask them to connect with their own experience from their pregnancy.
6) List these out on the board.
7) For each of symptoms ask the VHWs how it can be prevented or treated. The trainer will list on the black board each symptom and management strategy told by VHW in a grid format. Save this for documentation and further part of the session.
8) Ask VHWs what are the diagnostic criteria for PP vaginal wound.
9) Ask them did they face any difficulty in diagnosing a case of PP vaginal wound.
10) Ask them what the response of mothers was when VHWs made this diagnosis.
11) The trainer will write this on the board and document.

Participatory Presentation:

Instruction to trainers:

1) Distribute the HO of consent and each lifestyle modifications with explanations, reasons and how the VHW will counsel the mothers.
2) Ask them to read it first themselves.
3) Now display the PPT of consent and lifestyle modifications and explain each modification.
4) While explaining this, refer to the information documented during group discussion with them. If there are some contradictions with the information provided by them, explain the reason.
5) Ask them if they have any difficulties. If yes, provide further explanations.
6) Now ask one by one each VHW to read the HO to remember and understand it.

Participatory Presentation:

Instruction to trainers:

1) Now distribute the HO of medication. Also display the PPT of HO of medication.
2) Ask them to read it first themselves.
3) Explain each point in medication.
4) Ask them if they have any difficulties. If yes, provide further explanations.
5) Now ask one by on each VHW to read the HO to remember and understand it.
6) Now distribute the HO of management form. Ask them to read it first themselves.
7) Now distribute the HO of instructions on filling the form. Ask them to read it first themselves.
8) Now display the PPT of HO of management form and explain point in the form.
9) While explaining this, refer to the HO of instructions of form filling.
10) Ask them if they have any difficulties. If yes, provide further explanations.
11) Now ask one by on each VHW to read the HO of instructions of form filling to remember and understand it.

Role Play by Trainers:

Instruction to trainers:

- The trainers will have the HO of model role play.
- They will demonstrate the role play of explaining and counseling the mother by VHW.
- At the end they will ask whether the VHWs have any queries.
- Accordingly they will provide clarifications

Role play by VHWs:

Model Role Play

Instruction to trainers:

1) Ask 2 VHWs to volunteer.
2) To them give the HO of model role play script of PP vaginal wound.
3) Each trainer will also have HO of each role play scenario.
4) Allow the VHWs 10 minutes to discuss.
5) Now tell each group to present the role play.
6) Ask other groups to comment on role play presented.

7) Allow discussion on role play presented by each group.

8) One trainer will also note the discussion as this provides good opportunity to record their experiences.

9) The trainer will also record their observations from the role play presented.

10) Ask if anyone has any queries.

11) Accordingly provide clarifications.

Case idea for Role Play:

Instructions to trainers:

1) Divide the VHWs in 4 groups.

2) To each group the HO of case idea of PP caesar wound.

3) Each trainer will also have HO of each role play scenario.

4) Each trainer to join 1 group.

5) Allow the VHWs 10 minutes to discuss.

6) The trainer can facilitate the discussion and provide clarifications.

7) Now tell each group to present the role play.

8) Ask other groups to comment on role play presented by each group.

9) Allow discussion on role play presented by each group.

10) One trainer will also note the discussion as this provides good opportunity to record their experiences.

11) The trainer will also record their observations from the role play presented.

12) Ask if anyone has any queries.

13) Accordingly provide clarifications

Case presentation by trainer on management:

Instruction to trainers:

1) The trainer will display the PPT of model case management presentation one by one. The case presentations are 1.
2) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.
3) Ask questions based on the case presentation.
4) Note the answers.

5) Correct and provide clarifications wherever required.
6) At the end of session again ask whether they have any queries.
7) Accordingly provide clarifications.

Assessment Methods:

Assessment case study for management:

Instruction to trainers:

1) Distribute the HO of case studies to each VHW.
2) Allow them 20 minutes to fill the case studies.
3) Collect after 20 minutes.
4) Now display the PPT of these case studies.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each case study and each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment MCQ paper for case management:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.
4) Now display the PPT of this QP..
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.

8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment descriptive question paper for case management:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.
4) Now display the PPT of this QP.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment Puzzle for Case management of PP vaginal wound:

Instruction to trainers:

1) Distribute the HO of puzzle to each VHW.
2) Allow them 20 minutes to complete the puzzle.
3) Collect after 20 minutes.
4) Now display the PPT of this puzzle..
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications

Assessment descriptive question paper on medicines:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.
4) Now display the PPT of this QP.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Summary:

1. What are the various main complaints to be asked for vaginal wound?
2. What are the diagnostic criteria for vaginal wound?
3. What are the life style modifications for preventing and treating PP vaginal wound?
4. What is the medicine for treating PP vaginal wound?

Evaluation:

Objective	**Assessment Method**	**Output**
1) List the symptoms and signs of PP vaginal wound 2) List diagnostic criteria of PP vaginal wound and do the diagnosis.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
3) To state with reasons which life style modifications and medications will help and prevention and treatment of PP vaginal wound.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.

4) Convince the mother for these lifestyle modifications and medicine.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.

Spot evaluation methods:

1. Ask each VHW to exchange their papers.
2. Now one by one discuss each case study and each question and provide correct answer and clarification.
3. Ask VHWs to score the papers they have.
4. At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Training Aid :1 HO of Medicine

Medicinal Information

Brufen

Name of medicine: BRUFEN

Form of the medicine: tablet

Dose of medicine: 400 mg

Results of the medicine: it reduces pain.

How to take the medicine: take one tablet in morning, afternoon and evening.

Other information

- Medicine to be taken with food.
- If medicine is taken before meals or empty stomach it might cause nausea/vomiting these type of difficulty might happen.
- Medicine should be kept in a neat place.
- Medicine should be kept away from water and dust.

- Don’t let small children touch the medicine.

Side effects of the medicine:-

- Nausea, vomiting
- Body rashes
- Acidity
- Dizziness

Steps to be taken if side effects occur:-

- If above written side effects are mild then none of the side effects are fatal.
- Arogyadoot will take care and visit regularly to see for the occurrence of any side effects.
- If you suffer from any of the above side effects then do call an arogyadoot.
- If a side effect gets severe then immediately stop the medicine.
- If body rashes appear then immediately ask arogyadoot to advice the mother to visit the doctor for consultation.
- If after the discontinuation of the medicine for one or two days, there is reduction in side effects then ask arogyadoot to advice for the discontinuation of the medicine.
- Even after stopping the medicine for two days if, the side effect persists, then ask arogyadoot to advice the mother to visit the doctor

G.V. Paint

Name of medicine: G.V.Paint

Form of the medicine: ointment

Results of the medicine: it reduces skin infection

How to take the medicine: applied twice in morning and night around and on the wound

Other information

- Medicine not to be ingested
- Medicine should be kept in a neat place.
- Medicine should be kept away from water and dust.

- Don’t let small children touch the medicine.

Perinorm

Name of medicine: Perinorm

Form of the medicine: Table

Results of the medicine: It reduces the side effects such as nausea and vomiting that occur due to brufen medicine

How to take the medicine: take one tablet in morning, afternoon and evening.

Other information

- Medicine to be taken half an hour before meals.
- Medicine should be kept in a neat place.
- Medicine should be kept away from water and dust.
- Don’t let small children touch the medicine.

CPM

Name of medicine: CPM

Form of the medicine: Tablet

Dosage of the medicine: 25 mg

Results of the medicine: It reduces the side effects such as itching and body rashes that occur due to brufen medicine

How to take the medicine: take one tablet in morning, afternoon and evening.

Other information

- Even after giving CPM the allergy do not reduce in 2 days then discontinue Brufen tablet and give CPM tablet for 7 days. Even after 7 allergy does not reduce then advice mother to go to the hospital
- Medicine should be kept in a neat place.
- Medicine should be kept away from water and dust.
- Don’t let small children touch the medicine.

Training Aid :2 :- Case Presentation

Case presentation

Geeta resident of Kaneri village delivered. During her delivery she suffered from vaginal tear. This then resulted in vaginal wound. She did not have any temperature and discharge. She had no signs of urinary tract infection or Sec PPH. She was given Brufen for 7 days twice daily. She was also asked to clean her wound with Luke warm water thrice daily.

Ques :- what problem did Geeta had?

Ans :- she was suffering from vaginal wound.

Ques :- what treatment was given to her?

Ans :- she was given Brufen medicine and G.V.Paint to apply.

Ques :- Brufen medicine has to be taken for how many days?

Ans :- it has to be taken maximum to maximum for 5 days

Ques :- what does it do?

Ans :- it relieves pain.

Radha is suffering from Vaginal Wounds. She was having pain having pain in second part of stomach since yesterday and had foul smelling discharge too. She was then diagnosed of Sepsis and her treatment of sepsis was started.

Ques :- what problem did Radha had?

Ans :- she suffered from vaginal wounds

Ques:- was she suffering from any other problem?

Ans :- she suffered from sepsis.

Ques :- For which disease the treatment was then given ?

Ans :- It was given for sepsis.

Case presentation(without answers)

Geeta resident of Kaneri village delivered. During her delivery she suffered from vaginal tear. This then resulted in vaginal wound. She did not have any temperature and discharge. She had no signs of urinary tract infection or Sec PPH. She was given Brufen for 7 days twice daily. She was also asked to clean her wound with Luke warm water thrice daily.

Ques :- what problem did Geeta had?

.

Ques :- what treatment was given to her?

Ques :- Brufen medicine has to be taken for how many days?

Ques :- what does it do?

Radha is suffering from Vaginal Wounds. She was having pain having pain in second part of stomach since yesterday and had foul smelling discharge too. She was then diagnosed of Sepsis and her treatment of sepsis was started.

Ques :- what problem did Radha had?

Ques:- was she suffering from any other problem?

Ques :- For which disease the treatment was then given ?

Training Aid 3 :- Case Idea

Case Idea

1. Mudjha village resident Mrs Suchita Langoore has delivered. She then suffered from vaginal path tear which later resulted in a wound. ASHA started its treatment after the diagnosis of the disease and for this problem she was taught how to take Brufen and apply G.V. paint

2. Pulkhal village resident Mrs Tarabai Kavede has delivered. She then suffered from vaginal path tear which later resulted in a wound. ASHA did the diagnosis and started her treatment. Moreover , she also explained her what care needs to be taken .

3. Indrana village resident Mrs Archana jengate has delivered. She then suffered from vaginal path tear which later resulted in a wound. ASHA did the diagnosis and started her treatment. She also explained about the side effects which this disease can cause on mother.

Training Aid 4 :- Model Role Play Scenario

Model Role Play Scenario

Kenari village resident Mrs Nalini Mude has delivered. She then suffered from vaginal path tear which later resulted in a wound. ASHA did the diagnosis and started her treatment. Mother was also explained about the side effects which this disease can cause on her child.

Training Aid 5 :- Descriptive Questionaire

Descriptive questionnaire(with answers)

Ques :- what is the treatment given for vaginal wounds?

Ans :-

- Brufen 400mg medicine thrice daily after meals for 5 days
- Application of G.V.Paint twice daily in morning and night for 7 days
- Washing the wound thrice daily with Luke warm water

Ques :- what side effects can occur due to Brufen medicine?

Ans : It may result in itching , body rash, nausea and vomiting

.

Ques :- which medicine has to be taken if nausea or vomiting occur ?

Ans :- it has to be taken three times daily half an hour before meals.

Ques :- Can Brufen tablet be taken along with Perinorm?

Ans :- Yes

Ques :- Which medicine has to be given if itching or body rashes appear?
Ans :- CPM

Ques :- How CPM medicine need to be given?
Ans :- A 25 mg medicine is given thrice a day for 7 days along with Brufen Medicine and J.V. Paint

Ques :- If even after the intake of CPM for 2 days the itching does not subside then what should be done?
Ans :- Then discontinue the Brufen medicine and take CPM thrice a day for 7 days.

Ques :- If even after the intake of medicine for 7 days the symptoms does not subside then?
Ans :- Then refer the mother to the Hospital
Ques :- if on 3rd day there is no improvement and signs of sepsis occur then what steps need to be taken?
Ans :-

- Do the diagnosis of sepsis and fill the treatment form
- Fill the refer form refer slip and refer the mother to the hospital

Ques :- If mother is suffering from Post Partum Blood Pressure then what ASHA should do?
Ans :-

- Call Dr baitulye to confirm the diagnosis
- If the diagnosis is confirmed fill the treatment form, refer form and refer slip

Descriptive questionnaire(without answers)

Ques :- what is the treatment given for vaginal wounds?

Ques :- what side effects can occur due to Brufen medicine?

Ques :- which medicine has to be taken if nausea or vomiting occur ?

Ques :- Can Brufen tablet be taken along with Perinorm?

Ques :- Which medicine has to be given if itching or body rashes appear?

Ques :- How CPM medicine need to be given?

Ques :- If even after the intake of CPM for 2 days the itching does not subside then what should be done?

Ques :- If even after the intake of medicine for 7 days the symptoms does not subside then?

Ques :- if on 3rd day there is no improvement and signs of sepsis occur then what steps need to be taken?

Ques :- If mother is suffering from Post Partum Blood Pressure then what ASHA should do?

Training Aid 6 :- MCQ for the management of vaginal wound

MCQ for the management of vaginal wound

Ques :- when the Perinorm medicine should be taken?

- 0.5 hr After meals
- 1 hr before meals
- 1 hr after meals
- **0.5 hr before meals**

Ques :- What care should be taken by mother to heal the wound ?

- Take the medicine accoding to the told method by ASHA
- Clean the wound nicely with Luke warm water thrice a day
- Use clean pads dried in sun, cut nails, clean hands, eat nicely thrice a day
- **All of the above**

Ques :- If mother suffers from urine infection along with vaginal wound what should be done ?

- Give the treatment for UTI only
- Give the treatment for vaginal wound only
- **Give both the treatment simultaneously**
- Do not give any treatment

Ques :- If the paient is having both Sec PPh and vaginal wound what should be done?

- Give the treatment for Sec PPH only
- Give the treatment for vaginal wound only
- **Give both the treatment simultaneously**
- Do not give any treatment

Ques :- If the patient has suffered from Sepsis what should be done ?

- Give the treatment
- **Refer the mother to hospital**
- Call Dr Baitulye
- Do not for the treatment

Ques :- If the patient is havic pelvic pain and vaginal wound should the treatment be given simultaneously?

- **Yes**
- No
- Don't know
- Not necessary

Training Aid 7 : Form filling case study :

Form Filling Case Study -1

- Nagri village resident Mrs Durga Ramesh Banbale was diagnosed of Vaginal Wounds by ASHA on 11/05/08
- Durga signed the consent form
- On 1st , 3rd day , 5th day vaginal area pain remains the same while on 7th day the resides to normal
- On 1st, 3rd day the pus discharge was the same. On 5th day blood flow is decreased and on 7th day there was no bleeding
- There was no foul smelling discharge
- Mother did not have any stomach ache
- Mother had temperature on 1st and 3rd day but had no temperature on 5th and 7th day
- On 1st day temperature was 100.5 F, 3rd day it was 100.6 F, on 5th day 99.2 F, 7th day 98.5 F
- On 1st day BP was 118-78 , 3rd day 120-80 , 5th day 118-70 and on 7th day it was 112-76mm of Hg on an average
- On 1st day and 3rd day wound was warm. on 5th day and 7th day wound was normal
- Uterus was neither tender on palpation
- Fill the form according to the case study
- Mother was explained regarding the messages given in pamphlet and the information of medicines
- Daily for 7 days 3 times a day Brufen was taken and twice a day J.V. Paint was applied
- She did not take any other treatment
- On any day no other disease neither any danger signs were diagnosed due to which any action was not taken
- Mother did not suffer from any medicinal side effects due to which any treatment was taken
- Mother was not referred to any hospital. Hence refer form was not filled neither refer slip was required
- Wound got better
- On the given date Write about the visit day in the form

Form filling case study -2

- Porla village resident Mrs Archana Atram was diagnosed of Vaginal Wound on 09/05/08
- Archana signed on the consent form
- On the 1st , 3rd and 5th day the pain was same while, on 7th day it did not pain at all

- On 1st and 3rd day pus discharge was similar . while, On 5th day blood flow is decreased and on 7th day there was no bleeding
- There was no foul smelling discharge
- Mother had temperature on 1st and 3rd day but had no temperature on 5th and 7th day
- On 1st day temperature was 101.2 F, 3rd day it was100.5 F, on 5th day98.9 F, 7th day98.5 F
- On 1st day BP was112.75, 3rd day 118.80, 5th day 120.80 and on 7th day it was 116.75 mm of Hg on an average
- On 1st day and 3rd day wound had cracks. on 5th day and 7th day wound was normal
- Uterus was neither tender on palpation
- During treatment there was no stomach ache
- Fill the form according to the case study
- Mother was explained regarding the messages given in pamphlet and the information of medicines
- Daily for 7 days 3 times a day Brufen was taken and twice a day J.V. Paint was applied
- 3 times daily vaginal area was cleaned with Luke warm water
- She did not take any other treatment
- On any day no other disease neither any danger signs were diagnosed due to which any action was not taken
- Mother did not suffer from any medicinal side effects due to which any treatment was taken
- Mother was not referred to any hospital. Hence refer form was not filled neither refer slip was required
- On 7th day Wound got better

Form filling case study -3

- Vasa village resident Deepali Digamber Narule was diagnosed of vaginal wounds by ASHA on 10/05/08
- Deepali signed on the consent form
- On the 1st , 3rd and 5th day the pain at the side of vagina was same while, on 7th day it did not pain at all
- On 1st day water like discharge was similar . while, On 3rd 5th day and 7th day it was not there
- On 1st and 3rd. There was foul smelling discharge . while 5th day and 7th day it was not there
- Mother had no temperature during the two visits
- On 1st day temperature was 98.5 F, 3rd day it was97.8 F, on 5th day 97.9 F, 7th day98.2 F
- On 1st day BP was 100-70, 3rd day108-72 , 5th day 97.9 and on 7th day it was 98.2 mm of Hg on an average

- On 1st day and 3rd day vaginal area was hard. on 5th day and 7th day it was normal
- Uterus was not tender on palpation neither could be touched by hand
- Mother did not have stomach ache
- Fill the form according to the case study
- Mother was explained regarding the messages given in pamphlet and the information of medicines
- Daily for 7 days 3 times a day Brufen was taken and J.V. Paint to be applied every morning and night
- 3 times daily vaginal area was cleaned with Luke warm water
- She did not take any other treatment
- On any day no other disease neither any danger signs were diagnosed due to which any action was not taken
- Mother did not suffer from any medicinal side effects due to which any treatment was taken
- Mother was not referred to any hospital. Hence refer form was not filled neither refer slip was required
- Wound got better
- On the given date Write about the visit day in the form

Training Aid 8 :- Treatment formTreatment form

Mother name:-_____ Village_____

Name of ASHA_____

Date of Diagnosis: / /20

Mother's husband consent form

I_____ village _____ myself/my wife is suffering from pelvic pain whose diagnosis has been done by ASHA .This disease can be dangerous this information has been given to me through ASHA.ASHA has given advice to me/ my wife to visit the hospital .But I cannot go to the hospital hence, I request ASHA and grant her permission to give me / my wife medicinal treatment .I have an idea that any time side effects due to the medicines might occur and even the given medicine might increase the disease. This information has already been given to me by ASHA. Hence, in this case ASHA will not be held responsible.

s. no	Day of treatment	1	3	5	8	other	other
	Ask						
1)	1) vaginal area/ side of vagina paining? 1. No 2. less 3. same / increased						
2)	Is there blood / Pus /Water discharge? 1. No 2. less 3. same / increased						
3)	From vagina does Pus/ Water /foul smelling discharge goes?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
4)	Does stomach ache? 0,1,2						
5)	During two visits of ASHA did temperature come ?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	Check						
1)	temperature						
2)	BP						
3)	Vaginal area : 1. red 2. hard 3. warm 4.boils 5. open wound 6. cracks 7. stiches 8. wound in fine						
4)	Can the uterus be touched by hand and on pressing pains						
5)	Does stomach ache on pressing? 0,1,2						
	Action						
1)	If mother says that she has temperature but on checking he temperature comes below 99.4 then again visit her within 24 hrs						

2)	Temperature / foul smelling discharge or pus like water discharg/ uterus pains on palpation/or stomach ache in 2nd part : if mother havng any 2 of the above signs then was that diagnosed as sepsis and treatment was started?	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
	Treatment						
1)	was the pamphlet completely explained?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
2)	was the mother explained about the medicines?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
3)	was th evaginal area cleaned with clean Luke warm water?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
4)	Was G.V.Paint applied?	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night
5)	was Brufen medicine taken?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
6)	if mother did not medicine then write the reason						
7)	write Other disease/ danger signs if present .						
8)	Other disease / danger signs then write appropriate actions taken	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
9)	if any treatment for Other disease / danger signs taken then write them in the treatment form.	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
	Other						
	Is mother suffering from		Yes / no	Yes / no	Yes / no	Yes / no	Yes / no

	vomitting/nausea/ rashes/itching?						
	If apart from those mentioned above any other disease present then write						
	Was appropriate treatment done for the disease?		Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential

Reason for referral:- no healing of wound/ increase in wound/Post partum BP/ Danger signs / if any other write:-
For referring was the refer form and the refer filled? Yes / no / not essential
date of referral:

Result:- wound has completely healed/ wound is better/ wound did not heal / Post partum BP was diagnosed / Sepsis treatment was started/ Referred to the hospital/ Refused the referral/ other disease was diagnosed /mother did not take complete medicine.

If anything else then write:-_____

For the supervisor			
1)	Did ASHA gave a regular visit according to the decided schedule	Yes / no	Day of treatment
2)	Is Diagnosis proper?	Yes / no	
3)	Is treatment proper?	Yes / no	Day of visit
4)	Did ASHA gave appropriate advice to mother?	Yes / no	
5)	According to the checklist marks given to the ASHA? Secured marks:		
6)	After treatment Form: complete / incomplete		
7)	Sign		

Training aid 9 : Filled Treatment form according to the case study

Case Study :- 1

s. no	Day of treatment	1	3	5	8	other	other
	Ask						
1)	1) vaginal area/ side of vagina paining? 1. No 2. less 3. same / increased		3	3	1		
2)	Is there blood / Pus /Water discharge? 1. No 2. less 3. same / increased		3	2	1		
3)	From vagina does Pus/ Water /foul smelling discharge goes?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
4)	Does stomach ache? 0,1,2	0	0	0	0		
5)	During two visits of ASHA did temperature come ?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	Check						
1)	temperature	100.5F	100.6F	99.2F	98.5F		
2)	BP	118-70	120-80	118-70	112-76		
3)	Vaginal area : 1. red 2. hard 3. warm 4.boils 5. open wound 6. cracks 7. stiches 8. wound in fine	3	3	8	8		
4)	Can the uterus be touched by hand and on pressing pains	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
5)	Does stomach ache on pressing? 0,1,2	0	0	0	0		
	Action						

1)	If mother says that she has temperature but on checking he temperature comes below 99.4 then again visit her within 24 hrs						
2)	Temperature / foul smelling discharge or pus like water discharg/ uterus pains on palpation/or stomach ache in 2nd part : if mother havng any 2 of the above signs then was that diagnosed as sepsis and treatment was started?	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
	Treatment						
1)	was the pamphlet completely explained?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
2)	was the mother explained about the medicines?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
3)	was the vaginal area cleaned with clean Luke warm water?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
4)	Was G.V.Paint applied?	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night
5)	was Brufen medicine taken?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
6)	if mother did not medicine then write the reason						
7)	write Other disease/ danger signs if present .						
8)	Other disease / danger signs then write appropriate actions taken	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	l	
9)	if any treatment for Other disease / danger signs taken then write them in the treatment form.	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential

Other							
	Is mother suffering from vomitting/nausea/ rashes/itching?		Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	If apart from those mentioned above any other disease present then write						
	Was appropriate treatment done for the disease?		Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential

Case study - 2

s. no	Day of treatment	1	3	5	8	other	other
	Ask						
1)	1) vaginal area/ side of vagina paining? 1. No 2. less 3. same / increased		3	3	1		
2)	Is there blood / Pus /Water discharge? 1. No 2. less 3. same / increased		3	2	1		
3)	From vagina does Pus/ Water /foul smelling discharge goes?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
4)	Does stomach ache? 0,1,2	0	0	0	0		
5)	During two visits of ASHA did temperature come ?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	Check						
1)	temperature	101.2 F	100.5 F	98.9 F	98.5 F		

2)	BP	112.75	118.80	120.80	116.75		
3)	Vaginal area : 1. red 2. hard 3. warm 4.boils 5. open wound 6. cracks 7. stiches 8. wound in fine	3	3	8	8		
4)	Can the uterus be touched by hand and on pressing pains	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
5)	Does stomach ache on pressing? 0,1,2	0	0	0	0		
	Action						
1)	If mother says that she has temperature but on checking he temperature comes below 99.4 then again visit her within 24 hrs						
2)	Temperature / foul smelling discharge or pus like water discharg/ uterus pains on palpation/or stomach ache in 2nd part : if mother havng any 2 of the above signs then was that diagnosed as sepsis and treatment was started?	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
	Treatment						
1)	was the pamphlet completely explained?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
2)	was the mother explained about the medicines?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
3)	was the vaginal area cleaned with clean Luke warm water?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
4)	Was G.V.Paint applied?	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night

5)	was Brufen medicine taken?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
6)	if mother did not medicine then write the reason						
7)	write Other disease/ danger signs if present .						
8)	Other disease / danger signs then write appropriate actions taken	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	1	
9)	if any treatment for Other disease / danger signs taken then write them in the treatment form.	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
Other							
	Is mother suffering from vomitting/nausea/ rashes/itching?		Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	If apart from those mentioned above any other disease present then write						
	Was appropriate treatment done for the disease?		Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential

Case Study :- 3

s. no	Day of treatment	1	3	5	8	other	other
	Ask						
1)	1) vaginal area/ side of vagina paining? 1. No 2. less 3. same / increased		3	3	1		
2)	Is there blood / Pus /Water discharge? 1. No 2. less 3. same / increased		1	1	1		

3)	From vagina does Pus/ Water /foul smelling discharge goes?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
4)	Does stomach ache? 0,1,2	0	0	0	0		
5)	During two visits of ASHA did temperature come ?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	Check						
1)	temperature	98.5 F	97.8	97.9f	98.2F		
2)	BP	100-70	108-72F	97.9F	98.2F		
3)	Vaginal area : 1. red 2. hard 3. warm 4.boils 5. open wound 6. cracks 7. stiches 8. wound in fine	2	2	8	8		
4)	Can the uterus be touched by hand and on pressing pains	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
5)	Does stomach ache on pressing? 0,1,2	0	0	0	0		
	Action						
1)	If mother says that she has temperature but on checking he temperature comes below 99.4 then again visit her within 24 hrs						
2)	Temperature / foul smelling discharge or pus like water discharg/ uterus pains on palpation/or stomach ache in 2nd part : if mother havng any 2 of the above signs then was that diagnosed as sepsis and treatment was started?	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
	Treatment						
1)	was the pamphlet completely explained?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
2)	was the mother explained about the medicines?	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no	Yes / no

3)	was the vaginal area cleaned with clean Luke warm water?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
4)	Was G.V.Paint applied?	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night	morning/ night
5)	was Brufen medicine taken?	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night	morning/ evening/ night
6)	if mother did not medicine then write the reason						
7)	write Other disease/ danger signs if present .						
8)	Other disease / danger signs then write appropriate actions taken	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	l	
9)	if any treatment for Other disease / danger signs taken then write them in the treatment form.	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential
Other							
	Is mother suffering from vomitting/nausea/ rashes/itching?		Yes / no	Yes / no	Yes / no	Yes / no	Yes / no
	If apart from those mentioned above any other disease present then write						
	Was appropriate treatment done for the disease?		Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential	Yes / no/ not essential

Training aid 10 : History and diagnosis during form filling

1. **General information:**
   - In the home visit form according to the decided criteria do the diagnosis of vaginal wounds

- Explain the women after delivery and her relatives that this problem is vaginal wounds

2. Give disease related information to mother and her relatives:

- I doubt that the mother is suffering from vaginal wounds/ delivery site wound and sepsis. this disease may be dangerous
- I have G.V. Paint which on applying may reduce the infection and wound may heal. I also have Brufen tablet which decreases pain. I cannot assure that mother can get completely cured. If, you are ready I can start with the treatment. For starting the treatment you have to sign the consent form. If there is no relief from the treatment and it's the time for you to visit the hospital I'll tell you accordingly
- After applying you will get immediate relief .till the time you don't get relief I will give my regular visit to you.

3. Explain the information written in the pamphlet

- Explain the topics written in the pamphlet to the mother and her relatives in the pamphlet there is information regarding the effects of vaginal wounds on the mother and her child, it says what simple measures mother can take in order to avoid the infection(for ex. Using clean pads, hygiene etc) , about the major signs and what measues ASHA takes regarding the disease is explained in the pamphlet
- After explain ask mother and her relatives if they have any question. If they have any answer them.
- Stick the pamphlet at an appropriate position
- Tell the mother and her husband to daily read the pamphlet and follow its instructions
- According to the pamphlet ask mother has how many signs she has? Ask this question on every visit
- Explain mother the paper regarding the information on medicines

4. Treatment steps:

- In the treatment form fill the starting information
- Before starting the information take sign of mother or her husband on the consent form
- On the 1^{st}, 3^{rd}, 5^{th}, 7^{th} day give home visit and fill the treatment form. If mother problem increases, or other problem arise or if there is occurrence of major signs then give one more visit.
- Advice them to clean the vaginal wind with clean Luke warm water 3 times a day
- Apply G.V. paint around vagina and on the wound in morning and in evening
- This treatment need to be continued for 7 days
- Mother should take Brufen medicine 3 times a day after meals for days

- If after taking Brufen tablet if mother is having nausea or vomiting then ask her to take perinorm tablet 3 times a day half an hour before meals. Perinorm tablet to be taken till Brufen continuous.
- Put the medicine in the plastic container in the compartments of morning, afternoon and night
- Ask Mother to take medicines according to the taught method
- After starting the treatment if on 3rd day complications such as, pain ,pus/ blood /water like fluid discharge does not decrease or the wound is getting severe or foul smelling discharge is oozing out of the wound then explain mother and her relatives that the given medicine does not work. Hence, it is essential for mother to take her to hospital. Give refer slip to form fill the form.
- If mother does not visit to the referred hospital then you continue your treatment and call supervisor.
- During the treatment also tell mother and her relatives to visit the hospital. If mother or her relatives refuse to visit the hospital then continue your treatment for 7days . After 7 days in any condition do not continue the medicine. If the complications arise or the condition get worse advice them to visit the hospital.
- If after 7 days the problem persists then write about the problem in the home visit form write about regular home visit information
- During the treatment when supervisor visit your village then give her complete information regarding the treatment
- Supervisor after meeting the ASHA will check the treatment form according to the checklist if it has been filled properly. Explain the ASHA peacefully about the mistakes done by her note them down. Write the secured marks by ASHA and her mistakes in the treatment form and sign on it.
- If you have any problem then talk to Dr Baitulye

5) Care to be taken while filling treatment form:-

Treatment form has 9 parts

1) consent
2) ask information
3) checking mother
4) action
5) treatment
6) other
7) referral
8) result

9) supervisor form

To ask information

- According to the taught method fill information regarding every question asked from mother
- After asking these questions we come to know that if the problem remains the same has increased or has become better. Or if she has any other signs (e.g. Sepsis)

To Check

- According to the taught method measure mother's temperature. If increased temperature then revisit her after 24 hrs .
- Measure mother BP two times in 5 minutes, takes it average and write in the form. With the help of stethoscope measure systolic BP if it comes more than 140 or if systolic comes more than 90 then give another visit within 24 hrs other write this in other visits
- Check the vaginal area and see whether the wound is red / hard / warm / boils/ open wound/area has cracked / open stitches / fluid oozing / bleeding / it's fine
- Check stomach and uterus according to the taught method.

Action: -

- Do the diagnosis according to the taught method
- If there is temperature , foul smelling watery or pus discharge or If on pressing stomach aches in 2nd part of the abdomen or uterus is painful. If among the above signs any 2 exist then do the diagnosis of sepsis and fill the treatment form
- Do the diagnosis if mother is suffering from post natal high blood pressure. If she is havin g high BP the call Dr Baitulye . if he confirmed the diagnosis then fill the treatment form, refer slip and refer form

  .

Treatment:-

- On every home visit explain all messages written in the pamphlet to mother and encircle 'yes' in the form
- On every home visit explain all information regarding Brufen tablet and J.V. Paint to mother and encircle 'yes' in the form
- Tell mother that the vaginal area need to be cleaned 3 times aday with Luke warm water . if cleaning then encircle morning , evening and night
- Ask mother that according to the advised method did she apply J.V. Paint and took Bufen medicine in morning, evening and night after meals? if taken then encircle it

- If mother has stopped taking medicine then ask her the reason and write I the form if mother stopped taking it by mistake then explain her properly again to continue her medicine again and write this in the form
- If there are danger signs in the main after delivery form then check mother for every danger sign. How many danger signs mother has according to the diagnostic criteria? if there then write them in the treatment form and take appropriate steps.

Other:-

- Ask questions from the form
- Nausea, vomiting, burning sensation in stomach ,rashes , itching these are the side effects of Brufen tablet. If the side effects occur there is no need to panic. If mother suffers from nausea , vomiting problem then according to the taught method give her Perinorm medicine
- If mother is suffering from itching, rashes then this the allergy due to Brufen tablet , so explain this to her and give CPM medicine 3 times a day for 7 days. Continue Brufen tablet. Even after giving CPM the allergy do not reduce in 2 days then discontinue Brufen tablet and give CPM tablet for 7 days. Even after 7 allergy does not reduce then advice mother to go to the hospital

Referral:-

- If mother has been referred to visit hospital due to any reason then do fill the refer slip. After mother comes from the hospital give a visit to her and fill the refer form and write "yes "in the form. If mother did not visit the hospital then encircle "not essential" in the form.

Result: - At the last in the form, what all results have come encircle them. You do not have to encircle only one result. If more than one result has come then encircle all of them accordingly.

Training aid 11 : Questionnaire for management of vaginal wound

Questionnaire

Ques 1 :- write the harmful effects of vagina wound on mother?

Ans 1:-

1. Postnatal sepsis
2. Vaginal sepsis

3. Urine tract infection
4. Delayed healing after delivery

Ques 2 :- The two side effects which the mother could suffer because of the above diseases?

Ans :-

1. Blood infection
2. Infection

Ques 3 :- what care need to be taken for mother suffering from above diseases?

Ans :-

1. Daily bath with Luke warm water, cut nails, clean hands with soap and keep other hygiene
2. Clean the pads nicely and dry them in sun
3. Clean the wound three times a day with clean Luke warm water
4. According to the taught method apply G.V. PAINT ON THE VAGINAL WOUND
5. In a day atleast three times take 3 times meals nicely
6. Take the medicine according to the told method by ASHA.
7. If danger signs develop then call ASHA immediately
8. If below written signs appear call ASHA immediately such as foul smelling discharge, pus like water, stomach ache, pain in vaginal area, open stitches, temperature, any abnormal growth around the vaginal area, increased bleeding , problem in breast feeding the baby, complete body rashes.

Ques 4 :- what steps to be taken by ASHA for above complications? Write 4 points.

Ans :-

1. Give regular visit and take care of her and see if the problem remains the same , decreases or increased and see whether it can be treated through the taught method

Training Aid 11 :- PPT of Diagnostic Questionaire

Questionnaire.pptx

Training Aid 12 :- Puzzle for the management of pelvic pain (with answers)

Puzzle for the Management of vaginal wound

A	C	P	M	R	T	U	L	K	J	H	G	F	S
P	O	S	T	P	A	R	T	U	M	B	P	W	A
P	N	S	E	S	D	L	F	G	H	A	Q	E	Q
L	S	X	W	V	C	N	L	J	H	J	K	R	W
Y	E	B	R	A	Z	C	L	E	A	N	P	A	D
G	N	C	T	L	S	K	L	Y	R	B	Y	T	E
V	T	N	Y	I	Q	H	J	F	V	G	T	Y	E
P	F	M	U	A	A	D	W	H	D	H	Y	U	R
A	O	H	I	N	S	D	F	O	S	U	E	U	T
I	R	Y	O	T	E	R	T	Y	U	K	W	J	Y
N	M	T	P	U	S	A	X	C	V	N	B	M	J
T	H	R	I	C	E	M	E	A	L	S	D	F	H

ANSWERS: Apply GV Paint, consent form, post partum BP, wash wound , clean pad, allergy , thrice meal, CPM, Cut Nail

A	C	P	M										
P	O	S	T	P	A	R	T	U	M	B	P		
P	N					L							
L	S		W				L						
Y	E			A		C	L	E	A	N	P	A	D
G	N			L	S				R				
V	T			I		H				G			
P	F			A			W				Y		
A	O			N				O					
I	R			T					U				
N	M			U						N			
T	H	R	I	C	E	M	E	A	L		D		

MODULE 1: PELVIC PAIN

MODULE 1: PELVIC PAIN

Session 1

Local beliefs and terminologies about pelvic pain

Purpose:

To give ASHAs an opportunity to talk about their understanding of pelvic pain and list the terms used to identify the problem. This will help them in diagnosing, taking care and referring the cases of pelvic pain.

Objective:

At the end of session ASHAs will be able to:

1) Prepare a glossary of terms related with pelvic pain, its causes and effects

2) Prepare a list of the causes and effects (complaints and complications) of pelvic pain during pregnancy, on mother and baby, based on the understanding of the ASHAs.

Material

- Sketch Pen
- Century papers/ Flip Charts
- 100 pages Note Books
- Chalk
- Blackboa rd
- LCD
- Laptop
- Board for displaying Flip Chart paper.

Preparation:

- Have enough notebooks to be given to each ASHA.
- 20 Century Papers for summarizing the discussions of the groups twice.
- 10 Sketch pens
- The trainer will have a list of general causes and effects (Complaints and Complications) of pelvic pain to initiate or to lead the discussion.
- The trainer will have a list of causes of increased pelvic pain during pregnancy and its effects (Complaints and Complications) on mother during PNC, just to initiate and lead the discussion

- The trainer will have a list of effects of increased pelvic pain on baby during PNC, to initiate and lead the discussion.

Training Methods:

Instructions to trainers:

Large Group discussion (15 min)

12. Gather the trainees in a large group.
13. Initiate the discussion by asking the trainees what they understand by the term pelvic pain.
14. Has any ASHA seen the patient of pelvic pain?
15. What are the causes of pelvic pain according to them?
16. What are the complaints of these patients of pelvic pain?
17. What according to you are the effects and complications of increased pelvic pain on body?
18. Write down the answers on a flip chart paper displayed on a board.
19. Try to involve all ASHAs. Take care not to give opportunity to a chosen few otherwise others may feel neglected and will mentally withdraw from the session.
20. Complete the list. The list may include(lower abdominal stomach pain, back pain, watery discharge etc).
21. Refine and consolidate the list using the trainer's list on computer.
22. This will be used in subsequent session for distributing to the ASHA and for documentation of the process.

Small group discussion (30 min)

10. Divide the ASHAs in group of 5 each, total 6 groups.
11. One trainer will sit with each of the group.
12. Ask them to identify the effects on mother and her complaints caused by pelvic pain during PNC and make a list.
13. Ask them to identify the effects on baby and the complaints caused by pelvic pain during PNC and make a list.
14. Ask one representative from each group to present the discussion from their group.
15. During the presentations, simultaneously keep making list of these effects and complaints on the Flipchart displayed on the board and keep adding to it.
16. Check their lists with the lists on computer prepared by the trainer.
17. Refine and consolidate.
18. This will be used in subsequent session for distributing to the ASHA and for documentation of the process

Evaluation of the session:

Objective	Assessment Method	Output
Prepare a glossary of terms related with emesis, its causes and effects	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated glossary of the terms
Prepare a list of causes and effects of pelvic pain after delivery, according to the best of their knowledge for mother and baby.	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated list of causes and effects of pelvic pain after delivery.

Session 2:

Diagnosis of Post partum pelvic Pain

Purpose:

To orient VHWs in diagnosis of Pelvic pain so that she can manage PP pelvic pain in the community.

Objectives:

At the end of the session each VHW will be able to,

4) List the symptoms and signs of PP pelvic pain.
5) List and diagnose each diagnostic criteria of PP pelvic pain.
6) Using the diagnostic criteria diagnose a case PP pelvic pain.

Material:

1) HO and PPT of symptoms of PP pelvic pain: Training Aid
2) HO and PPT of diagnostic criteria of PPP pelvic pain: Training Aid.
3) PPT and HO of standard Case presentation with standard answers for trainers on diagnosis of PP pelvic pain (Total 2) : Training Aid
4) PPT and HO of Assessment case studies with answers for trainers and without answers for the VHWs PP pelvic pain (4 case studies): Training Aid

5) HO of One Model role play script for trainers for History taking: Training Aid
6) HO One Model Role play scenario for VHW to perform: Training Aid
7) HO of case ideas for VHWs for role play to ask history and diagnose PP pelvic pain (4 case ideas).
8) Copies of the PP pelvic pain History and Examination form: Training Aid
9) HO of a puzzle which has all symptoms and diagnostic criteria of PP pelvic pain
10) A QP for VHW and with and without standard answers for trainers on diagnosis of PP pelvic pain.
11) LCD
12) Computer
13) Sketch pens
14) Chalk
15) Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per VHWs.
2) Power Point Presentations.
3) Each VHW has her Pen.
4) HO of model role for group to perform.

Training methods:

Discussion with VHWs about field experience:

Instruction to trainers:

1) Gather all the VHW's in a large group.
2) Ask them about their experience of filling the form.
3) Ask them to refer to the post partum forms with them.
4) Whether they are facing any difficulties, if yes, then what? What should be done to solve those difficulties?
5) Who have seen which feature in post partum mothers? What was the experience?
6) Which features according to them are common?
7) Are they facing any difficulties in abdominal examination? If yes, what? What should be done to solve those difficulties?

Refreshing the form of symptoms and signs:

Group discussion:

Instruction to trainers:

1) Ask the VHWs to refer to their Home Visit form. See the questions which are asked to the mother for collecting information.
2) Ask them to read each question one by one.
3) Ask one VHW from group randomly the meaning and explanation of each question.
4) Ask other VHWs to comment on the answer given by first VHW.

5) Finally ask again whether they have any difficulty in these questions and examination.

Diagnostic criteria of PP pelvic pain:
Participatory presentation:
Instruction to trainers:
1) Gather all the VHW's in a large group.
2) Distribute HO of the diagnostic criteria of PP pelvic pain to each VHW.
3) Display the PPT of diagnostic criteria as in the content box.
4) Explain one by one each point in the diagnostic criteria.
5) Ask if anyone has any queries. If yes, provide clarifications.

Case presentation by trainer on diagnosis of PP pelvic pain using diagnostic criteria:
Instruction to trainers:

1) The trainer will display the PPT of each case presentation one by one. The case presentations are total 3.
2) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.
3) Ask questions based on the case presentation.
4) Note the answers.
5) Correct and provide clarifications wherever required.
6) At the end of session again ask whether they have any queries.
7) Accordingly provide clarifications

Role Play by Trainers:
Instruction to trainers:

1) The trainers will have the HO of model role play,
2) They will demonstrate the role play, from history taking to examination.
3) At the end they will ask whether the VHWs have any queries.
4) Accordingly they will provide clarifications.

Assessment methods:
1) Ask the VHWs whether they have understood all the signs of PP pelvic pain and whether they will be able to diagnose PP Sepsis.
2) If they feel confident, start assessment of the session using following tools.

Role play by VHWs:
Instruction to trainers:
1) Ask 2 VHWs to volunteer.
2) Give the HO of model script/ role play scenario.
3) Each trainer will also have HO of each role play scenario.
4)Allow the VHWs 10 minutes to discuss.

5) The trainer can facilitate the discussion and provide clarifications.
6) Now tell each group to present the role play.
7) Ask other groups to comment on role play presented by each group.
8) Allow discussion on role play presented by each group.
9) One trainer will also note the discussion as this provides good opportunity to record their experiences.
10) The trainer will also record their observations from the role play presented.
11) Ask if anyone has any queries.
12) Accordingly provide clarifications.

Role play based on case ideas by VHWs:

Instruction to trainers:

1) Divide the VHWs in 4 groups.
2) To each group the HO of model script/ role plays case idea.
3) Each trainer will also have HO of each role play case idea.
4) Allow each group 10 minutes to discuss.
5) Now tell each group to present the role play.
6) Ask other groups to comment on role play presented by each group.
7) Allow discussion on role play presented by each group.
8) One trainer will also note the discussion as this provides good opportunity to record their experiences.
9) The trainer will also record their observations from the role play presented.
10) Ask if anyone has any queries.
11) Accordingly provide clarifications.

Case study to VHW on diagnosis of PP pelvic pain:

Instruction to trainers:

1) Distribute the HO of case studies to each VHW.
2) Allow them 20 minutes to fill the case studies.
3) Collect after 20 minutes.
4) Display the PPT of each case study.
5) Discuss each question one by one.
6) Provide clarification to each of their queries.

Question Paper on Diagnostic feature and Diagnosis of Disease:

***Instruction to trainers*:**

1) Distribute the HO of question papers to each VHW.
2) Allow them 20 minutes to finish the question paper.
3) Collect after 20 minutes.
4) Display the PPT of question paper.

5) Discuss each question one by one.
6) Provide clarification to each of their queries.

Puzzle on Diagnostic feature and Diagnosis of Disease:

***Instruction to trainers*:**

1) Distribute the HO of puzzle to each VHW.
2) Allow them 20 minutes to finish the question paper.
3) Collect after 20 minutes.
4) Display the PPT of question paper.
5) Discuss each question one by one.
6) Provide clarification to each of their queries.

Summary:

1) What are the various diagnostic features to be covered in pelvic pain?
2) What is definition of each diagnostic features (Ask one by one)?
3) What are the diagnostic criteria for PP sepsis

Objective	**Assessment Method**	**Output**
Diagnose of PP pelvic pain	Assessment Case study, Assessment Question Paper	Completed Case study. Completed Question paper.

Spot evaluation methods:

1) Ask each VHW to exchange their papers.
2) Now one by one discuss each case study and each question and provide correct answer and clarification.
3) Ask VHWs to score the papers they have.
4) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Training aid 1: symptoms of Pelvic pain:-

Female pelvic symptoms can include:

- Pain that ranges from mild to severe.
- Pain that ranges from dull to sharp.
- Severe cramping during periods.
- Pain during sex.
- Pain when you urinate or have a bowel movement.

Symptoms that can accompany pelvic pain, depending on the cause, include:

- Blood in the urine or stool.
- Vaginal bleeding after intercourse.
- Heavy or irregular vaginal bleeding

Training aid 2: History and diagnosis pelvic pain

- In pregnancy due to fetus size of uterus increases.
- After delivery uterus size regains its usual small size.
- Uterus shrinks to regain its small size.
- It takes 10 days for uterus to shrink completely to its normal size.
- This must also be your experience that within abdomen uterus gets small in 10 days.
- Due to uterus shrinkage there is pain in abdomen and lower back of the women.
- According to the taught method 2 part of abdomen pains.
- This pain remains for 10 days.
- In our terms this pain is called as pelvic pain.
- That's why arogyadoot ask questions from women regarding pain (as per the information given below)
- Accordingly pelvic pain is diagnosed.

Pelvic pain: questions in the form are as given below:

1. Where does your stomach ache?
2. Is there any bacterial infection?
3. Is there any bleeding after pregnancy?
4. Is UTI infection present?

How to ask questions from mother and fill the form:

1. **Where does your stomach ache?**
   - Did you ask the same question form mother while, asking information regarding the uterine infection.
   - Do you have stomach ache?
   - And if, the abdominal pain is in part 1 or in part 2 , this information has already been filled above.
   - Write that answer here.
   - For example: if women says that her stomach aches and according to your examination stomach ache is in part 2 , then fill this in the form

2. **Is there any bacterial infection?**
   - Sometimes even in urinary tract infection ache is in part 2 of stomach
   - You have been taught about the signs and diagnosis of bacterial infection.
   - Accordingly you have already mentioned about the diagnoses in the form for the presence or the absence of bacterial infection.
   - Hence, it has been written in the form yes if sec PPH is present and no if it is absent.

3. **Do you have secondary PPH?**
   - If the women have secondary PPH then her stomach ache's in second part of stomach.
   - It has been taught to you the diagnosis and signs of secondary PPH.
   - Accordingly you have already mentioned about the diagnoses in the form for the presence or the absence of sec PPH.
   - Hence, it has been written in the form yes if sec PPH is present and no if it is absent.

4. **Is urinary tract infection present?**
   - If the woman has urinary tract infection then her stomach pains in second part of abdomen.
   - Urinary tract infection signs and diagnosis has already been taught to you.
   - Accordingly you have already mentioned about the diagnoses in the form for the presence or the absence of urinary tract infection.
   - Hence, it has been written in the form yes if sec PPH is present and no if it is absent.

Pelvic pain diagnosis results:

I. Mother has pain and difficulty in second part of stomach.
II. Mother does not have any infection.
III. Mother does not have secondary post partum hemorrhage.

IV. Mother does not have urinary tract infection.
V. If mother has pelvic pain then do the diagnosis and write yes in the form

Training aid 3: Case presentation

Case Presentation

- Gita has delivered
- Today is her 2nd day of delivery
- Gita stomach is aching
- On pressing her stomach aches in 2nd part
- Gita is not suffering from uterine infection
- Gita is not suffering from urine infection
- Gita is not suffering from Sec PPH
- Gita changed only two pads
- Gita's body temperature is of 99.2 F
- Gita has cold and cough

Ques :- Is Gita suffering uterine infection?

Ans :- No

Ques :- Is Gita suffering urine infection?

Ans :- No

Ques :- Is Gita suffering Sec PPH?

Ans :- No

Ques :- Is gita suffering from any problem ?

Ans :- Gita is suffering from pelvic pain because she is not suffering from urine infection , uterine infection and Sec PPH.

Training Aid 4: Model role play

Model role play

Arogyadoot: Hello shevanta ! How are you?
Shevanta : I am fine . Please come in.
Arogyadoot: How are you and your kid's health?
Shevanta : My kid is good but, am not feeling well.
Arogyadoot: what happened?
Shevanta : My stomach is aching.
Arogyadoot: since when your stomach is aching?
Shevanta: After delivery.
Arogyadoot: Do you have any other difficulty?
Shevanta : No
Arogyadoot: is there any difficulty in urination? Like burning sensation or drop drop urination .
Shevanta : no my urine is clear.
Arogyadoot : is there any increase in temperature or any pain in right and left side of uterus?
Shevanta: no it does not pain there only my lower abdomen pains.
Arogyadoot : Is there excess of menstrual bleeding?
Shevanta: no from yesterday I changed only two pads.
Arogyadoot: ok, right now I will check your stomach.
Shevanta : what will you find after examination.
Arogyadoot: you don't have any serious disease you have pelvic pain will give you medicine. After taking medicines you will feel better and if you have any problem or your problem increases then, immediately send me a message and I will come.
Shevanta : ok. Do give a visit tomorrow.
Arogyadoot: ok. I'll come positively tomorrow to see you.

Training Aid 5:- **Case idea**

I. Its sunita's third day after delivery. Her stomach is aching from tomorrow. she has a mild weakness and no other problem.

II. Its anita's second day after delivery she has no urine and uterine infection. She changes tow pads daily. Her stomach is aching since yesterday.

III. Lalita had a delivery yesterday. Since then, she has no temperature, urine or uterine infection but has severe stomach pain

Training Aid 6 :- **Diagnosis Questionnaire: Pelvic Pain**
(with answers)

Name of Arogyadoot: _____
Village: _____

Total Marks	19
Secured Marks	

Ques 1: How many days do the uterus usually takes to reduce to its small size?
Ans : 10 days

Ques 2. Where does the abdomen pain during the shrinkage of uterus?
Ans: It pains in part second of lower abdomen.

Ques 3. How many days does this pain persist?
Ans : 10 days

Ques 4. What are the diagnostic criteria of pelvic pain and how many are they?
Ans : There are 4 diagnostic criteria:

I. Mother has pain and difficulty in part 2 of stomach
II. Mother does not have any bacterial infection
III. She has no urine infection
IV. Secondary Post partum hemorrhage is absent

Ques 5. Does the mother with stomach pain in part 1 have pelvic pain?
Ans: No

Ques6. If woman after sixth day of her delivery changes six pads and has pain in second part of the stomach. Does she have pelvic pain?
Ans : No

Ques 7. After third day of her delivery, if a woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?
Ans : No

Ques 8. If a woman has severe burning sensation during urination, passes urine every 2 hrs and has pain in second part of the stomach, does she have pelvic pain?
Ans: No

Ques 9. Does the woman have pelvic pain if on 5th day of her delivery she changes one pad and she has pain in the first part of her stomach?
Ans: No

Ques 10. The woman on 6th day of her delivery changes 2 pads and has pain second part of her stomach. Do the women have pelvic pain?
Ans : Yes

Ques 11. If a mother has a temperature of 101.5 degrees and has pain in second part of her stomach, is she suffering from pelvic pain?
Ans: No

Ques 12. If a mother has a temperature of 99 degrees and has pain in second part of her stomach, is she suffering from pelvic pain?
Ans : Yes

Ques 13. If a mother has giddiness and has pain in second part of her stomach , can it be called as pelvic pain?
Ans: Yes

Ques 14. . If a mother has nausea and has pain in second part of her stomach , can it be called as pelvic pain?
Ans: Yes

Diagnosis Questionnaire: Pelvic Pain

(without answers)

Name of Arogyadoot: _____
Village: _____

Ques 1: How many days do the uterus usually takes to reduce to its small size?

Ques 2. Where does the abdomen pain during the shrinkage of uterus?

Ques 3. How many days does this pain persist?

Ques 4. What are the diagnostic criteria of pelvic pain and how many are they?

Ques 5. Does the mother with stomach pain in part 1 have pelvic pain?

Ques6. If woman after sixth day of her delivery changes six pads and has pain in second part of the stomach. Does she have pelvic pain?

Ques 7. After third day of her delivery, if a woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?

Ques 8. If a woman has severe burning sensation during urination, passes urine every 2 hrs and has pain in second part of the stomach, does she have pelvic pain?

Ques 9. Does the woman have pelvic pain if on 5th day of her delivery she changes one pad and she has pain in the first part of her stomach?

Ques 10. The woman on 6th day of her delivery changes 2 pads and has pain second part of her stomach. Do the women have pelvic pain?

Ques 11. If a mother has a temperature of 101.5 degrees and has pain in second part of her stomach, is she suffering from pelvic pain?

Ques 12. If a mother has a temperature of 99 degrees and has pain in second part of her stomach, is she suffering from pelvic pain?

Ques 13. If a mother has giddiness and has pain in second part of her stomach , can it be called as pelvic pain?

Ques 14. . If a mother has nausea and has pain in second part of her stomach , can it be called as pelvic pain?

Training aid 7 :-Diagnostic study (assessment case study)

Diagnostic Case Study

Case Study 1

Raveena is the resident of Bodli village she has delivered yesterday. She is not suffering from any stomach pain nor her uterus is paining no palpation. She changed 3 pads yesterday and 2 pads today. She is having a temperature of 98.4F she is having dizziness since morning. Raveena gave her milk to child and did not feel any weakness

Ques :- Is Raveena suffering from pelvic pain?

Ans :- no

Ques :- Is Raveena suffering from Sec PPH?

Ans :- No, because she is having normal blood flow.

Ques :- Is Raveena suffering from UTI?

Ans :- No, because she has no urine problem

Ques :- Is Raveena having sepsis?

Ans :- No because she is not having high temperature, foul smelling discharge, bleeding, pain in abdomen.

Case Study 2

Bipasha Basu resident of Mudjha village delivered 2 days back. Today is her 3rd day of delivery. She is having severe pain in 2nd part of abdomen. She changed 3 pads today. Pain is just the same as it was on 1st day. She is having no urine problem neither she is having any foul smelling discharge.

Ques:- what is Bipasha's problem?

Ans :- she is having pain in 2nd part of stomach.

Ques :- Is she having urine infection?

Ans :- No

Ques :- Is she having se PPH ?

Ans :- No

Ques :- Is she having sepsis ?

Ans :- No

Ques :- Is she having Pelvic pain ?

Ans :- Yes

Case study 3

Karishma kapoor has delivered 4 days back. Its her 5th day of delivery. She is having pain in 2nd part of her stomach. She is having temperature of 101.5 F. she is feeling giddy since yesterday. She has no foul smelling discharge. She has changed 2 pads today and has no urine problem.

Ques :- what is Bipasha's problem?

Ans :- 1) pain in 2nd part of stomach.

2) Fever and giddiness

Ques :- Is she having urine infection?

Ans :- No

Ques :- Is she having sec PPH ?

Ans :- No

Ques :- Is she having Pelvic pain ?

Ans :- No

Ques :- Is she having sepsis ?
Ans :- Yes because she has fever along with pain in 2nd part of stomach.

Case study 4

Madhuri Dixit has delivered 3 days back. It's her 4th day of delivery. She is having pain in 2nd part of her stomach. She is having temperature of 99.5 F. she is feeling weakness and insomnia. she has pus discharge. She has changed 5 pads today and has no urine problem. She also has cough and cold since 3 days

Ques :- what is Madhuri's problem?

Ans :- 1) pain in 2nd part of stomach.

2) Fever
3) Pus discharge
4) Insomnia and headache

Ques :- Is she having urine infection?

Ans :- No

Ques :- Is she having sec PPH ?

Ans :- No

Ques :- Is she having Pelvic pain ?

Ans :- No

Ques :- Is she having sepsis ?

Ans :- Yes because she has fever along with pain in 2nd part of stomach.

Training Aid 8 :- Model Role PLay

Amisha Patel is the resident of Khursa village has delivered. It's her 3rd day of her delivery she is suffering from pain in 2nd part of her stomach. She has no urine infection .she changed 3 pads today. She is having a temperature of 99.2F .She has no fever and no pus discharge. She having cold and cough since today morning.

Training Aid 9:- History and Diagnosis

History and Diagnosis form for Pelvic Pain								
After delivery	2nd day	3rd day	7th day	15th day	28th day	Supervisor visit	Other visit 1	Other visit 2
If Stomach pains is in second part of the stomach. But, she is not suffering from Sepsis. Do the diagnosis for pelvic pain. Was this the diagnosis?	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Was treatment form filled If she has pelvic pain?	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary
History and Diagnosis form for Pelvic Pain								
After delivery	2nd day	3rd day	7th day	15th day	28th day	Supervisor visit	Other visit 1	Other visit 2
If Stomach pains is in second part of the stomach. But, she is not suffering from Sepsis. Do the diagnosis for pelvic pain. Was this the diagnosis?	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Was treatment form filled If she has pelvic pain?	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary

Training Aid 10 :- Puzzle for the Diagnosis of pelvic pain

N	W	E	R	T	Y	U	I	O	P	L	K	H	J
O	M	H	Y	T	R	E	W	S	D	F	G	H	G
P	N	B	N	L	K	J	H	S	D	D	F	H	F
U	T	E	R	U	S	S	H	R	I	N	K	S	D
S	B	D	I	I	G	H	N	J	L	A	J	E	S
D	V	D	U	J	G	H	G	T	P	U	T	C	A
I	C	G	Y	N	R	T	W	F	O	S	S	O	Z
S	T	O	M	A	C	H	A	C	H	E	W	N	X
C	Z	H	T	H	T	E	J	R	I	A	E	D	C
H	A	J	R	B	Y	H	R	E	U	D	T	P	V
A	S	K	F	V	C	D	E	T	Y	R	G	A	B
R	D	L	D	S	W	E	H	F	H	G	G	R	N
G	F	R	E	W	S	C	V	B	N	M	H	T	M
E	G	H	J	K	P	O	I	U	Y	R	E	D	H

1) No pus discharge

1. Pus Discharge
2. Uterus shrinks
3. Nausea
4. Second part
5. Stomach ache

N													
O													
P													
U	T	E	R	U	S	S	H	R	I	N	K	S	
S										A		E	
D										U		C	
I										S		O	
S	T	O	M	A	C	H	A	C	H	E		N	
C										A		D	
H												P	
A												A	
R												R	
G												T	
E													

Training Aid 11 :- diagnostic case presentation

Case Presentation

- Meena has delivered .
- Today is her 5th day of delivery
- She has a temperature of 101.5 F
- She changes 2 pads daily
- She has pain in 2nd part of stomach
- She is having Foul smelling discharge
- She is not suffering from Sec PPH
- She is feeling giddy

Ques :- what problems meena have?

Ans :- 1) high temperature
2) foul smelling discharge
3) pain in 2nd part of stomach
4) cold and cough since 3 days

Ques :- Is Meena suffering from sec PPH?

Ans :- No

Ques :- Is Meena suffering from urine infection?

Ans :- No

Ques :- Is Meena suffering from pelvic pain?

Ans :- No

Ques :- Is Meena suffering from sepsis?

Ans :- Yes because of the above symptoms.

Session 3

Management of Pelvic Pain

Purpose:

To train VHWs in prevention and management of PP pelvic pain by life style modifications and treatment.

Objectives:
At the end of the session, each VHW will be able to;

1. Explain with reasons and teach mother the life style modifications.
2. Treat PP pelvic pain using medicines.
3. Identify referral criteria and refer
4. Assist high risk mother in preventing PP pelvic pain.

Material:

1. PPT and HO of medicine.
2. PPT and HO of form of case management
3. PPT of 1 model case presentations for managing cases of PP pelvic pain
4. PPT and HO of an evaluation of management questionnaire with answers for trainers.
5. PPT and HO of a pamphlet questionnaire with answers for trainers
6. PPT and HO of form filling case studies.(4 case studies)
7. PPT and HO of MCQ paper on PP pelvic pain MM
8. PPT and HO of descriptive QP on PP pelvic pain form filling with standard answers for trainers
9. PPT and HO of Puzzle of PP pelvic pain MM with standard answers for trainers
10. PPT and HO of pelvic pain diagnosis and treatment
11. PPT and HO of case management pamphlet
12. PPT and HO of History and diagnosis of form filling case study
13. PPT and HO on Evaluation of treatment questionnaire with and without questionnaire
14. LCD
15. Computer
16. Sketch pens
17. Chalk
18. Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per
1. VHW
2) Power Point Presentations
3) Each VHW has her Pen.

4) HO of model role for group to perform

Training Method:

Large group discussion:

Instruction to trainers:

12) Gather all VHWs in large group.
13) Ask everyone to have their form opened to refer.
14) Ask everyone to read the symptoms of PP pelvic pain one by one.
15) Ask VHWs what symptoms they have observed in the field and complained by the mothers.
16) Ask them which symptoms according to their experience were most common. Ask them to connect with their own experience from their pregnancy.
17) List these out on the board.
18) For each of symptoms ask the VHWs how it can be prevented or treated. The trainer will list on the black board each symptom and management strategy told by VHW in a grid format. Save this for documentation and further part of the session.
19) Ask VHWs what are the diagnostic criteria for PP pelvic pain.
20) Ask them did they face any difficulty in diagnosing a case of PP pelvic pain.
21) Ask them what the response of mothers was when VHWs made this diagnosis.
22) The trainer will write this on the board and document.

Participatory Presentation:

Instruction to trainers:

7) Distribute the HO of consent and each lifestyle modifications with explanations, reasons and how the VHW will counsel the mothers.
8) Ask them to read it first themselves.
9) Now display the PPT of consent and lifestyle modifications and explain each modification.
10) While explaining this, refer to the information documented during group discussion with them. If there are some contradictions with the information provided by them, explain the reason.
11) Ask them if they have any difficulties. If yes, provide further explanations.
12) Now ask one by one each VHW to read the HO to remember and understand it.

Participatory Presentation:

Instruction to trainers:

12) Now distribute the HO of medication. Also display the PPT of HO of medication.
13) Ask them to read it first themselves.
14) Explain each point in medication.
15) Ask them if they have any difficulties. If yes, provide further explanations.

16) Now ask one by on each VHW to read the HO to remember and understand it.
17) Now distribute the HO of management form. Ask them to read it first themselves.
18) Now distribute the HO of instructions on filling the form. Ask them to read it first themselves.
19) Now display the PPT of HO of management form and explain point in the form.
20) While explaining this, refer to the HO of instructions of form filling.
21) Ask them if they have any difficulties. If yes, provide further explanations.
22) Now ask one by on each VHW to read the HO of instructions of form filling to remember and understand it.

Role Play by Trainers:

Instruction to trainers:

1) The trainers will have the HO of model role play.
2) They will demonstrate the role play of explaining and counseling the mother by VHW.
3) At the end they will ask whether the VHWs have any queries.
4) Accordingly they will provide clarifications

Role play by VHWs:

Model Role Play

Instruction to trainers:

1) Ask 2 VHWs to volunteer.
2) To them give the HO of model role play script of PP pelvic pain.
3) Each trainer will also have HO of each role play scenario.
4) Allow the VHWs 10 minutes to discuss.
5) Now tell each group to present the role play.
6) Ask other groups to comment on role play presented.
7) Allow discussion on role play presented by each group.
8) One trainer will also note the discussion as this provides good opportunity to record their experiences.
9) The trainer will also record their observations from the role play presented.
10) Ask if anyone has any queries.
11) Accordingly provide clarifications.

Case idea for Role Play:

Instructions to trainers:

1) Divide the VHWs in 4 groups.
2) To each group the HO of case idea of PP pelvic pain.
3) Each trainer will also have HO of each role play scenario.
4) Each trainer to join 1 group.
5) Allow the VHWs 10 minutes to discuss.

6) The trainer can facilitate the discussion and provide clarifications.
7) Now tell each group to present the role play.
8) Ask other groups to comment on role play presented by each group.
9) Allow discussion on role play presented by each group.
10) One trainer will also note the discussion as this provides good opportunity to record their experiences.
11) The trainer will also record their observations from the role play presented.
12) Ask if anyone has any queries.
13) Accordingly provide clarifications

Case presentation by trainer on management:

Instruction to trainers:

1) The trainer will display the PPT of model case management presentation one by one. The case presentations are 1.
2) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.
3) Ask questions based on the case presentation.
4) Note the answers.
5) Correct and provide clarifications wherever required.
6) At the end of session again ask whether they have any queries.
7) Accordingly provide clarifications.

Assessment Methods:

Assessment case study for management:

Instruction to trainers:

1) Distribute the HO of case studies to each VHW.
2) Allow them 20 minutes to fill the case studies.
3) Collect after 20 minutes.
4) Now display the PPT of these case studies.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each case study and each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment MCQ paper for case management:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.

4) Now display the PPT of this QP..
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment descriptive question paper for case management:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.
4) Now display the PPT of this QP.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment Puzzle for Case management of PP pelvic pain:

Instruction to trainers:

1) Distribute the HO of puzzle to each VHW.
2) Allow them 20 minutes to complete the puzzle.
3) Collect after 20 minutes.
4) Now display the PPT of this puzzle..
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications

Assessment descriptive question paper on medicines:

Instruction to trainers:

1) Distribute the HO of QP to each VHW.
2) Allow them 20 minutes to complete the QP.
3) Collect after 20 minutes.
4) Now display the PPT of this QP.
5) Ask each VHW to exchange their papers.
6) Now one by one discuss each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Summary:

1) What are the various main complaints to be asked for PP pelvic pain?
2) What are the diagnostic criteria for gastritis?
3) What are the life style modifications for preventing and treating PP pelvic pain?
4) What is the medicine for treating PP pelvic pain?

Evaluation:

Objective	Assessment Method	Output
5) List the symptoms and signs of PP pelvic pain 6) List diagnostic criteria of PP pelvic pain and do the diagnosis.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
7) To state with reasons which life style modifications and medications will help and prevention and treatment of PP pelvic pain.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
8) Convince the mother for these lifestyle modifications and medicine.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.

Spot evaluation methods:

5) Ask each VHW to exchange their papers.
6) Now one by one discuss each case study and each question and provide correct answer and clarification.
7) Ask VHWs to score the papers they have.
8) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Training Aid 1: HO of medicine

Information regarding medicines

Name of medicine: BRUFEN
Form of the medicine: tablet

Dose of medicine: 400 mg
Results of the medicine: it reduces pain.
How to take the medicine: take one tablet in morning, afternoon and evening.

Other information

- Medicine to be taken with food.
- If medicine is taken before meals or empty stomach it might cause nausea/vomiting these type of difficulty might happen.
- Medicine should be kept in a neat place.
- Medicine should be kept away from water and dust.
- Don't let small children touch the medicine.

Side effects of the medicine:-

- Nausea, vomiting
- Body rashes
- Acidity
- Dizziness

Steps to be taken if side effects occur:-

- If above written side effects are mild then none of the side effects are fatal.
- Arogyadoot will take care and visit regularly to see for the occurrence of any side effects.
- If you suffer from any of the above side effects then do call an arogyadoot.
- If a side effect gets severe then immediately stop the medicine.
- If body rashes appear then immediately ask arogyadoot to advice the mother to visit the doctor for consultation.
- If after the discontinuation of the medicine for one or two days, there is reduction in side effects then ask arogyadoot to advice for the discontinuation of the medicine.
- Even after stopping the medicine for two days if, the side effect persists, then ask arogyadoot to advice the mother to visit the doctor

Training aid: 2 **Evaluation of case management**

(with answers)

Name of ASHA:-_____

A. Which form should be filled for the treatment of pelvic pain?
Ans:- treatment form

B. Where will you write about the check up in the treatment form if mother has problem on the day apart from the decided days?

Ans:- In any other visit day

C. After starting the treatment if diagnosis of any other disease also occurs then, in which form it should be written?

Ans:-

1. In the home visit form write in other day check up part.
2. In the treatment form of the disease which has occurred

D. Which pills have to be given for the treatment of pelvic pain?

Ans:-

1. CPM
2. Cifran 500mg
3. **Brufen 400 mg**
4. Metharzine

E. If due to the given medicine patient is having nausea and vomiting then which medicine should be given?

Ans:-

1. Salt sugar water
2. **Perinorm**
3. Chloroquinine
4. Vitamin A

F. Bruphen tablet has to be given for how many days?

Ans:-

1. **3 times a day after meals**
2. 4 times a day before meals
3. 4 times aday before meals
4. Whenever you put the pad

G. Bruphen medicine should be given for how many days?

Ans:- Maximum to maximum for 5 days

H. If due to bruphen medicine itching occurs then which medicine should be given ?

Ans:-

1. Doxi
2. **CPM**
3. Fulrozolidine
4. GBH

I. If mother feels nausea and vomiting should bruphen tablet be stopped?

Ans:-

1. Yes
2. Don't know
3. **No**
4. Ask supervisor

J. After the diagnosis of uterine infection and during its treatment should bruphen treatment be stopped ?

Ans:-

1. Yes
2. Don't know
3. **Both treatment to be continued**
4. After completion of one treatment start the next

K. Treatment should be continued for how many days?

Ans:-

1. Till the bleeding stops
2. Till supervisor's visit
3. Till mother takes the medicine
4. **Till 5 days**

L. If patient is suffering from both pelvic pain and sec PPH then what should be done?

Ans:- treatment of both the pelvic pain and sec PPH should be done

M. What should be done if mother stops the medicine on her own?

Ans:-

1. Ask them their reason for stopping the medicine and write in the form
2. If the medicine has been stopped for a wrong reason then explain her to restart the treatment

N. When to fill the referral form?

Ans:- after the completion of the treatment from the hospital/ doctor.

O. If after treatment more than one results come then how many should be encircled?

Ans:- encircle all the results which have come.

P. If after 5 days pelvic pain remains the same and none of the symptoms of sepsis occur then what should be done?

Ans:-

1. Explain mother and her relatives that the given medicine does'nt work
2. Due to the above reason ask them to stop the medicine and take her to hospital
3. If her family members does not take her to the hospital still , you continue your daily visit

Evaluation of case management
(without answers)

Name of ASHA:-_____

A. Which form should be filled for the treatment of pelvic pain?

B. Where will you write about the check up in the treatment form if mother has problem on the day apart from the decided days?

C. After starting the treatment if diagnosis of any other disease also occur then, in which form it should be written?

D. Which pills have to be given for the treatment of pelvic pain?

E. If due to the given medicine patient is having nausea and vomiting then which medicine should be given?

F. Bruphen tablet has to be given for how many days?

G. Bruphen medicine should be given for how many days?

H. If due to bruphen medicine itching occurs then which medicine should be given ?

I. If mother feels nausea and vomiting should bruphen tablet be stopped?

J. After the diagnosis of uterine infection and during its treatment should bruphen treatment be stopped ?

K. Treatment should be continued for how many days?

L. If patient is suffering from both pelvic pain and sec PPH then what should be done?

M. What should be done if mother stops the medicine on her own?

N. When to fill the referral form?

O. If after treatment more than one results come then how many should be encircled?

P. If after 5 days pelvic pain remains the same and none of the symptoms of sepsis occur then what should be done?

Training Aid :- 3 Pamphlet Questionnaire

Name of ASHA:-_____ Village:-
_____

Total marks	15
Secured Marks	

A. In pelvic pain what are the two side effects that appear?
   Ans :-
   1. Anorexia
   2. Total child negligence

B. What are the two main effects of pelvic pain in children?
   Ans:-
   1. Malnutrition
   2. Infection

C. What ASHA should do for pelvic pain?
   Ans:-
   1. Give a daily visit keep a watch and take care of the patient
   2. Explain them how to take bruphen medicine
   3. If there is any other problem , then according to the taught method do its diagnosis ,treatment and take care of them
   4. Give the health education Regarding Pelvic pain and danger signs

D. What steps ASHA has to take for the disease of pelvic pain?
   Ans:-
   1. Daily ask them to take bath with Luke warm water, cut their nails, clean hands daily and keep other things clean as well.
   2. Clean the pads properly and they should be dried in sun
   3. Drink daily at least 10 glasses of water/tea
   4. Daily at least have three times meals nicely
   5. According to the taught method ASHA should give them medicine
   6. ASHA should tell them if any of the danger appear she should be approached immediately
   7. If the below given signs such as :-bad smelling water, pus like water, bleeding, difficulty in breast feeding the baby, felling severe weakness , nausea ,vomiting, whole body rashes and itching appear then she should immediately call ASHA

Training Aid 7:- Form filling case study

FORM FILLING CASE STUDY 1

- Meda village resident Mrs Shalu Prakash Jhade was diagnosed of pelvic pain by ASHA on 11/05/08
- Shalu signed on the consent form
- On first and third day her stomach ache was just the same but there was no pain on 5th day
- On first day there was no foul smelling water discharge but on 3rd and 5th day there was discharge
- On first day during the visit of ASHA there was no temperature on 3rd day there was temperature but on 5th day there was no temperature
- For the 4th and 5th question, on 1st and 3rd day she used pads 3 times a day
- The stopped bleeding never restarted again
- On 1st day she had a temperature of 99.2 F , on 3rd 100.8 F and on 5th day 98.4 F
- On 1st day she had a BP of 100.70 , on 3rd 100-68 mm of Hg and on 5th day 102-72 mm of Hg
- On 1st day uterus could not be touched with hand, on 3rd day it could be touched and it pains too, on 5th day also it was paining
- On 1st and 3 rd day the pain remained the same on pressing the stomch while on 5th day it did not pain
- Form filling should be done after reading the case study
- In the pamphlet give all messages and explain them information regarding their daily medicine
- Mother took the Brufen tablet thrice daily(morning, evening and night) for 5 days according to the method taught to them by ASHA
- On 3rd and 5th day diagnosis of sepsis took place and ASHA took appropriate steps
- Mother did not have any side effects due to the bruphen pills. Hence, no treatment was required for it
- There was no requirement for referral
- On third day mother was diagnosed for sepsis and treatment was started

Form filling case study 2

- Bodli village resident Mrs Sanjeevni Sanjay Atram diagnosed of pelvic pain by ASHA on 17/05/08. Hence she signed her consent form for seeking treatment from ASHA
- 1st day the pain remained the same, on 2nd day it reduced and on 3rd day it did not pain
- There was no discharge of water
- During the two visits of ASHA there was normal body temperature
- She uses 3 pads daily
- Since day before yesterday she is changing 3 pads daily
- The stopped bleeding restarted again
- On 1st day temperature was 99.2F, on 3rd day it was 98.5 F while ,on 5th day it was 97.3 F temperature
- On 1st day BP was 110.78 ,on 3rd day it was 112.76 while on 5th day it was 110.70 mm of Hg
- Uterus cannot be touched by hand neither it pain

- 1st day pain remains the same3rd day it reduces while on 5th day the pain subsides
- Stomach does not ache on pressing
- Form was filled after reading the case study
- In the pamphlet explain all the medicinal information and all other messages to mother
- According to the explained method by ASHA mother took the treatment 3 times a day for 5 days
- Neither any other disease nor any major signs appeared. Hence, any type of treatment or action steps were not required
- Therefore mother did not take any treatment from anywhere
- Mother did not suffer from any kind of side effects of medicine due to which she did not seek any treatment
- Hospital referral was not required
- Hence ,Pelvic pain got better

Form filling case study 3

- Chandna village resident Mrs Vishakha Vasudev Mandavi diagnosed of pelvic pain by ASHA on 12/05/08
- Vishakha signed on the treatment form
- 1st day her stomach pain remained the same,3rd and 5th day it did not pain
- There was no foul smelling water like discharge
- During the two visits by ASHA mother did not have any temperature
- Today in morning till bath mother changed 5 pads in her 1st day, on 3rd day 4 pads and on 5th day 2 pads
- Since tomorrow morning till bath mother in her 1st day changed 3 pads, on 3rd day 2 pads and on 5th day 1 pad
- The stopped bleeding did not start again
- On 1st day temperature was 97.5 F, on 3rd day it was 98.2 F while on 5th day it was 98.8 F temperature
- On 1st day BP was 90-70 mm of Hg ,on 3rd day it was 98-70 mm of Hg while on 5th day it was 100-70 mm of Hg
- On 1st day uterus could be touched with hand and on pressing was painful in 2nd part of stomach . It did not occur on any other day
- On 1st day stomach pain remained the same on the 3rd and 5th day it did not pain
- The form is filled after reading the case study
- In the pamphlet explain all the medicinal information and all other messages to mother
- According to the explained method by ASHA mother took all medicines

- On 1st sepsis was diagnosed and ASHA took action according to the taught method while, on 3rd and 5th day no treatment was required
- Mother did not take any treatment
- Mother did not suffer from any medicinal side effects therefore no treatment was required
- Referral of mother was not required

Result :- pelvic pain got better and sepsis was also diagnosed

Form filling case study 4

- Khursa village resident Mrs Vaishali Namdev Kumre diagnosed of pelvic pain by ASHA on 18/05/08

- Consent form was signed
- 1st day her stomach pain remained the same,3rd day the pain reduced while, on 5th day it did not pain
- There was no foul smelling water like discharge or pus discharge
- Mother did not have temperature on any of the days
- In 4th and 5th questions mother during her treatment days used two pads daily
- On 1st day temperature was 98.9 F, on 3rd day it was 98.5 F while on 5th day it was 97.4 F temperature
- On 1st day BP was 110-70 mm of Hg ,on 3rd day it was 112-72 mm of Hg while on 5th day it was 108-74 mm of Hg
- uterus could not be touched with hand
- on pressing the uterus it did not pain on any of the days
- no pain in stomach on pressing
- no pain was present
- The form is filled after reading the case study
- In the pamphlet explain all the medicinal information and all other messages to mother
- According to the explained method by ASHA mother took Bruphen medicine for 5 days
- Neither any other disease nor any major signs appeared. Hence, any type of treatment or action steps was not required. Therefore, mother did not take any treatment from anywhere.
- Mother did not suffer from any medicinal side effects therefore no treatment was required and patient was also not referred to any hospital
- After the treatment pelvic pain got better

Training aid 5:- case study of management of pelvic pain

Case idea

1. Savita after two days of her delivery suffered from pelvic pain. ASHA gave Bruphen as a treatment and she was explained about the side effects it may cause to her baby

2. Kavita after three days of her delivery suffered from pelvic pain. ASHA gave Bruphen as a line of treatment she was explained about the side effects it may cause to her baby.

3. Mamita after 12 hrs of her delivery suffered from pelvic pain. ASHA gave Bruphen as the line of treatment to her and explained her about the normal care which has to be taken by her regarding this disease.

4. Mamita after 24 hrs of her delivery suffered from pelvic pain. ASHA gave Bruphen as the line of treatment to her and explained her what care to be taken during pelvic pain.

Training Aid 6:- Case management form:-

PELVIC PAIN:- Treatment Form

Mother name:-_____ Village_____

Name of ASHA_____ Date of Diagnosis: / /20

Mother's husband consent form

I_____ village _____ myself/my wife is suffering from pelvic pain whose diagnosis has been done by ASHA .This disease can be dangerous this information has been given to me through ASHA.ASHA has given advice to me/ my wife to visit the hospital .But I cannot go to the hospital hence, I request ASHA and grant her permission to give me / my wife medicinal treatment .I have an idea that any time side effects due to the medicines might occur and even the given medicine might increase the disease. This information has already been given to me by ASHA. Hence, in this case ASHA will not be held responsible.

SS

Day of treatment	1	3	5	

History/Examination/Treatment Date				
1) Stomach ache: 1. No 2. Remain same/ increased 3. Decreased	1 2 3	1 2 3	1 2 3	
2)During the two visits by ASHA did she have body temperature	yes/ No	Yes/ No	Yes/ No	
3) Measure the temperature and write				
4) Can uterus be touched by hand and does it pain on pressing	yes/ No	yes/ No	yes/ No/	
5) Pain: 1. No 2.remain same/ increased 3. Decreased	1 2 3	1 2 3	1 2 3	
6) Does your stomach ache on pressing?	0 1 2	0 1 2	0 1 2	
7) Temperature/foul smelling water and pus like discharge/sec PPH if mother has any above written problem then you do treatment and diagnosis of the sepsis. Is she suffering from the disease?	Yes/ No	Yes/ No	Yes/ No	
8) Was treatment pamphlet and all medicines were explained and given?	Yes/ No	Yes/ No	Yes/ No	
9) if you took brufen pill then encircle following?	morning/ evening/ night	morning/ evening/night	morning/ evening/night	
10)Is mother having vomiting/nausea/itching/red rashes or any other problem. If, yes than then write.	Yes/ No	Yes/ No	Yes/ No	
11)was an appropriate treatment given for it ?	Yes/ No	Yes/ No	Yes/ No	
12) Reason of referring	Is advice of referring followed?			Yes/ No/not essential
	Date of going to hospital			/ / 20
Is referal slip filled? Yes /no/ not essential	Date of referring / / 20			

For Supervisor

Was the diagnosis proper?	Yes / no	date of visit : / / 20

Training aid 7 :- Sample of filled treatment form

(according to the case study given above)

Model 1 :- According to case study 1

Day of treatment	1	3	5	
History/Examination/Treatment				
1) Stomach ache: 1. No 2. Remain same/ increased 3. Decreased	1 (2) 3	1 (2) 3	(1) 2 3	
2)During the two visits by ASHA did she have body temperature	yes/ (No)	(Yes)/ No	Yes/ (No)	
3) Measure the temperature and write	99.2F	100.8F	98.4F	
4) Can uterus be touched by hand and does it pain on pressing	yes/ (No)	(yes)/ No	(yes)/ No	
5)Uterus Pain: 1. No 2.remain same/ increased 3. Decreased	(1) 2 3	1 (2) 3	1 (2) 3	

6) Does your stomach ache on pressing?	0 (1) 2	0 (1) 2	(0) 1 2	
7) Temperature/foul smelling water and pus like discharge/sec PPH if mother has any above written problem then you do treatment and diagnosis of the sepsis. Is she suffering from the disease?	Yes/ (No)	(Yes)/ No	(Yes)/ No	
8) Was treatment pamphlet and all medicines were explained and given?	(Yes)/ No	(Yes)/ No	(Yes)/ No	
9) if she took brufen pill then encircle following?	~~morning~~/ evening ~~night~~	morning/ evening/night	~~morning~~/ ~~evening~~/~~night~~	
10)Is mother having vomiting/nausea/itching/red rashes or any other problem. If, yes than then write.	Yes/ (No)	Yes/ (No)	Yes/ (No)	
11)was an appropriate treatment given for it ?	Yes/ No	Yes/ No	Yes/ No	
12) Reason of referring	Is advice of referring followed?			Yes/ No/(not essential)
	Date of going to hospital			/ / 20
Is referal slip filled? ~~*Yes /no/ not essential*~~	Date of referring / / 20			

Model 2 :- According to case study 2

Day of treatment	1	3	5	

History/Examination/Treatment Date				
1) Stomach ache: 1. No 2. Remain same/ increased 3. Decreased	1 (2) 3	1 2 (3)	(1) 2 3	
2)During the two visits by ASHA did she have body temperature	yes/ (No)	Yes/ (No)	Yes/ (No)	
3) Measure the temperature and write	99.2F	98.2F	98.5 F	
4) Can uterus be touched by hand and does it pain on pressing	yes/ (No) /not applicable	yes/ (No) /not applicable	yes/ (No) /not applicable	
5) Pain: 1. No 2.remain same/ increased 3. Decreased	1 2 3	1 2 (3)	(1) 2 3	
6) Does your stomach ache on pressing?	(0) 1 2	(0) 1 2	(0) 1 2	
7) Temperature/foul smelling water and pus like discharge/sec PPH if mother has any above written problem then you do treatment and diagnosis of the sepsis. Is she suffering from the disease?	Yes/ (No)	Yes/ (No)	Yes/ (No)	
8) Was treatment pamphlet and all medicines were explained and given?	(Yes)/ No	(Yes)/ No	(Yes)/ No	
9) if u took brufen pill then encircle following?	~~morning~~/ evening ~~night~~	morning/ evening/night	~~morning~~/ ~~evening~~/~~night~~	
10)Is mother having vomiting/nausea/itching/red rashes or any other problem. If, yes than then write.	Yes/ (No)	Yes/ (No)	Yes/ (No)	
11)was an appropriate treatment given for it ?	Yes/ No	Yes/ No	Yes/ No	
12) Reason of referring	Is advice of referring followed?			Yes/ No/(not essential)
	Date of going to hospital			/ / 20
Is referal slip filled? Yes /no/ (not essential)	Date of referring / / 20			

Model 3 :- According to case study 3

Day of treatment	1	3	5	
History/Examination/Treatment Date				
1) Stomach ache: 1. No 2. Remain same/ increased 3. Decreased	1 (2) 3	1 2 (3)	(1) 2 3	
2)During the two visits by ASHA did she have body temperature	yes/ (No)	Yes/ (No)	Yes/ (No)	
3) Measure the temperature and write	99.2F	98.2F	98.5 F	
4) Can uterus be touched by hand and does it pain on pressing	yes/ (No) not applicable	yes/ (No) not applicable	yes/ (No) not applicable	
5) Pain: 1. No 2.remain same/ increased 3. Decreased	1 (2) 3	1 2 (3)	(1) 2 3	
6) Does your stomach ache on pressing?	(0) 1 2	(0) 1 2	(0) 1 2	
7) Temperature/foul smelling water and pus like discharge/sec PPH if mother has any above written problem then you do treatment and diagnosis of the sepsis. Is she suffering from the disease?	Yes/ (No)	Yes/ (No)	Yes/ (No)	
8) Was treatment pamphlet and all medicines were explained and given?	(Yes)/ No	(Yes)/ No	(Yes)/ No	
9) if u took brufen pill then encircle following?	(morning/ evening night)	(morning/ evening/night)	(morning/ evening/night)	
10)Is mother having vomiting/nausea/itching/red rashes or any other problem. If, yes than then write.	Yes/ (No)	Yes/ (No)	Yes/ (No)	
11)was an appropriate treatment given for it ?	Yes/ No	Yes/ No	Yes/ No	
12) Reason of referring	Is advice of referring followed?			Yes/ No/(not essential)
	Date of going to			/ /

	hospital			20
Is referal slip filled? Yes /no/ not essential	Date of referring / / 20			

Model 4 :- According to case study 4

Day of treatment	1	3	5	
History/Examination/Treatment Date				
1) Stomach ache: 1. No 2. Remain same/ increased 3. Decreased	1 (2) 3	1 2 (3)	(1) 2 3	
2)During the two visits by ASHA did she have body temperature	yes/ (No)	Yes/ (No)	Yes/ (No)	
3) Measure the temperature and write	99.2F	98.2F	98.5 F	
4) Can uterus be touched by hand and does it pain on pressing	yes/ (No) not applicable	yes/ (No) not applicable	yes/ (No) not applicable	
5) Pain: 1. No 2.remain same/ increased 3. Decreased	1 (2) 3	1 2 (3)	(1) 2 3	
6) Does your stomach ache on pressing?	(0) 1 2	(0) 1 2	(0) 1 2	
7) Temperature/foul smelling water and pus like discharge/sec PPH if mother has any above written problem then you do treatment and diagnosis of the sepsis. Is she suffering from the disease?	Yes/ (No)	Yes/ (No)	Yes/ (No)	
8) Was treatment pamphlet and all medicines were explained and given?	(Yes)/ No	(Yes)/ No	(Yes)/ No	
9) if u took brufen pill then encircle following?	~~morning~~/ evening ~~night~~	morning/ evening/night	morning/ evening/night	
10)Is mother having vomiting/nausea/itching/red rashes or any other problem. If, yes than then write.	Yes/ (No)	Yes/ (No)	Yes/ (No)	
11)was an appropriate treatment given for it ?	Yes/ No	Yes/ No	Yes/ No	
12) Reason of referring	Is advice of referring followed?			Yes/ No/(not essential)
	Date of going to hospital			/ / 20
Is referal slip filled? Yes /no/ (not essential)	Date of referring / / 20			

Training aid 8 :- HO of Diagnosis and Treatment of pelvic pain

Diagnosis and Treatment

1.General information:

- In the home visit form according to the decided criteria do the diagnosis of pelvic pain
- Explain the women after delivery and her relatives that this problem is pelvic pain

5. Give disease related information to mother and her relatives:

- I doubt that the mother is suffering from pelvic pain, this disease is not dangerous. After delivery uterus reduces to its small size and throw blood and other contents on its own. Due to which it pains
- I have Brufen tablet which on applying may reduce the pain. I cannot assure that mother can get completely cured. If, you are ready I can start with the treatment. For starting the treatment you have to sign the consent form. I'll tell you when If, there is no relief from the treatment and it's time for you to visit the hospital
- After taking you will get immediate relief .Till, the time you don't get relief I will give my regular visit to you.

Explain the information written in the pamphlet

- Explain the topics written in the pamphlet to the mother and her relatives in the pamphlet there is information regarding the effects of pelvic pain on mother, it says what simple measures mother can take in order to avoid the infection, about the danger signs and what measure ASHA takes regarding the disease is explained in the pamphlet. According to the given information in the pamphlet if mother behaves in the told method then she will immediately feel relieved from the problem
- After explaining ask mother and her relatives if they have any question. If they have any answer them.
- Stick the pamphlet at an appropriate position
- Tell the mother and her husband to daily read the pamphlet and follow its instructions
- According to the pamphlet ask mother has how many signs she has? Ask this question on every visit
- Explain mother the paper regarding the information on medicines

Treatment steps:

- In the treatment form fill the starting information
- Before starting the information take sign of mother or her husband on the consent form
- On the 1st, 3rd, 5th, 7th day give home visit and fill the treatment form. If mother problem increases, or other problem arise or if there is occurrence of major signs then give one more visit.
- Give Brufen tablet after meals 3 times a day for 5 days
- Put the medicine in the plastic container in the compartments of morning, afternoon and night
- Ask mother to take medicine on the fixed time according to the taught method
- According to the taught method give a regular home visit and keep an eye on her illness
- If any of the danger signs appear or the difficulty increase then immediately call ASHA
- If on 3rd day mother problem remains the same or the problem increases and if she has no signs of sepsis or sec PPH and is suffering from some other disease. She is not having pelvic pain. Explain mother and her relatives that the given medicine is not working and refer her to the hospital
- If mother did not visit the hospital then continue Brufen tablet for remaining days and give regular visit. Call supervisor immediately.
- After starting the treatment again ask them to visit the hospital. Give the Brufen tablet maximum to maximum for 5 days .see, has mother as developed any signs of sepsis? If yes then immediately start the treatment for sepsis. If pelvic pain problem remains the same till 5 days and uterine sepsis or any danger signs does not exist then stop the treatment. Explain mother and her relatives that it is necessary to visit the hospital .even after telling them they do not visit hospital then write information in the main home visit form
- When supervisor visits your village tell her about the mother
- Supervisor with ASHA will give visit to the mother and will check if the treatment form is proper according to the checklist. Mistakes done by ASHA will be noted down and will be explained to her peacefully. The secured marks by ASHA and the mistakes will be noted in the treatment form and further signed on the form

Care to be taken while filling treatment form:-

Treatment form has 9 parts

10) consent
11) ask information
12) checking mother

13) action
14) treatment
15) other
16) referral
17) result
18) supervisor form

To ask information

- According to the taught method fill information regarding every question asked from mother
- After asking these questions we come to know that if the problem remains the same has increased or has become better. Or if she has any other signs (e.g. Sepsis, sec PPH)

To Check

- According to the taught method measure mother's temperature
- Measure mother BP two times in 5 minutes, takes it average and write in the form. With the help of stethoscope measure systolic BP if it comes more than 140 or if systolic comes more than 90 then give another visit within 24 hrs other write this in other visits
- Check stomach and uterus.

Action: - Take action according to the written method in the form

- Mother has temperature or not do its diagnosis
- According to the criteria do the diagnosis of sec PPH, if mother is suffering from sec PPH then fill the treatment form for Sec PPH
- If mother has "after delivery hypertension "or does not have it, do diagnoses for that. If she has after delivery hypertension then call Dr Baitulye .if he confirm the diagnosis then fill the treatment form , refer slip and refer form.
- Sepsis diagnosis: - if according to the diagnostic criteria in the form if the diagnosis of sepsis has been done, fill sepsis treatment form. Close the pelvic treatment form filling after writing the result

Treatment:-

- On every home visit explain all messages written in the pamphlet to mother and encircle 'yes' in the form
- On every home visit explain all information regarding Brufen tablet to mother and encircle 'yes' in the form
- Ask mother that according to the advised method did she take Bufen medicine in morning, evening and night after meals? if taken then encircle it

- If mother has stopped taking medicine then ask her the reason and write I the form if mother stopped taking it by mistake then explain her properly again to continue her medicine again and write this in the form
- If there are danger signs in the main after delivery form then check mother for every danger sign. How many danger signs mother has according to the diagnostic criteria? if there then write them in the treatment form and take appropriate steps.
- If mother suffering from any other disease (For e.g. vaginal disease, urine problem, breast problem, vaginal wound, Caesar wounds) any signs/problem ask about them and check. If mother has any problem then in main home visit form write in other days visit and do appropriate checking. See is mother suffering from any other disease according to the diagnostic criteria? If it's there then write the name of the disease in the treatment form and start its treatment.
- If mother does not have any other danger signs or other disease then encircle ' not necessary' in the form
- Ask mother that for any other disease or the danger signs if she any is taking treatment from someone. Ask her if she is taking treatment from you. If she is taking any treatment then according to the taught method fill other treatment form. If she is not taking any treatment then write in the form ' not necessary '

Other:-

- Ask questions from the form
- Nausea, vomiting,burning sensation in stomach ,rashes , itching these are the side effects of Brufen tablet. If the side effects occur there is no need to panic. If mother suffers from nausea , vomiting problem then according to the taught method give her Perinorm medicine
- If mother is suffering from itching, rashes then this the allergy due to Brufen tablet , so explain this to her and give CPM medicine 3 times a day for 7 days. Continue Brufen tablet. Even after giving CPM the allergy do not reduce in 2 days then discontinue Brufen tablet and give Perinorm tablet for 7 days. Even after 7 allergy does not reduce then advice mother to go to the hospital

Referral:-

- If mother has been referred to visit hospital due to any reason then do fill the refer slip. After mother comes from the hospital give a visit to her and fill the refer form and write "yes"in the form. If mother did not visit the hospital then encircle "not essential" in the form.

Result: - At the last in the form, what all results have come encircle them . You do not have to encircle only one result. If more than one result have come then encircle all of them accordingly.

Total marks	17
Secured Marks	

Training Aid 9 :- Evaluation of treatment questionaire

Evaluation of treatment questionaire

Name of ASHA :_____ **Village :- _____**

Ques 1:- how many times Brufen tablet has to be taken?

Ans :-

Ques 2 :- what advice has to be give while taking Brufen tablet?

Ans :-

1.
2.
3.
4.

Ques 3 :- how many days Brufen tablet has to be taken?

Ans:-

Ques 4 :- Brufen tablet is of how many milligrams?

Ans :-

Ques 5 :- what is the function of brufen tablet?

Ans:-

Ques 6 :- what side effects can occur due to Brufen medicine?

Ans:-

1.
2.
3.
4.

Ques 7 :- if side effects occur due to Brufen medicine then what should be done ?

Ans :-

1. 4.
2.

3.

Training aid 10 :- history and diagnosis form filling case study

History and Diagnosis of form filling case study

Case study - 1

Resident of pulkha village Mrs. Narmada Narate delivered 2 days ago. Her stomach is in 2nd part. She has not suffering from sepsis or Sec PPH .she has no urine problem. Since 5 days she is suffering from cough.

Case study – 2

Resident of Mudjha village Mrs. Chaya Thakare delivered 4 days ago. From 5th day she is having burning sensation in urine and drop drop urination. Her stomach does not ache. She daily changes two pads daily and is not suffering from sepsis.

Case study – 3

Resident of kenari village Mrs. Pushpa Mude delivered 10 days ago. She has temperature and her stomach is also aching. She changes 2 pads daily. Therefore she has uterine sepsis. Her urine is clear and has no urine problem.

Case study – 4

Resident of Indrana village Mrs. Yashodha Jegada delivered day after tomorrow .since her delivery her stomach is aching she has no other problem. She daily changes 3 pads daily and has no uterine infection or urine infection.

Training aid 10 :- PPT of form filling case study:-C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt History and Diagnosis of form filling case study.pptx

Training aid 11:- Pamphlet management of pelvic pain :-

PELVIC PAIN
PAMPHLET

1. **Side effects on mother**
   A. Anorexia
   B. Mother getting careless towards her child

2. **Side effects on the child**
   A. Mother can either die of stomach ache or might severe weakness due to which she could not breast feed her baby. Hence, her child suffers from malnutrition
   B. Due to which child might suffer from sepsis
3. **What ASHA can do?**
   A. Give a visit daily to mother regularly to enquire how is she feeling ?. to check Is it getting worse? Or is just the same. They will take care and do the treatment according to the taught method
   B. Explain her how Brufen tablet is to be taken
   C. Is there any other disease? will take care and do the treatment that disease as well according to the taught method
   D. Will provide health education to mother and her relatives about Pelvic pain and its danger signs and will advice them to call ASHA immediately if any of these signs occur
4. **Ordinary care to be taken by mother**
   A. Take bath with Luke warm water, cut your nails, clean your hands with soap and keep any other hygiene as well
   B. Use clean hygienic pads
   C. Daily drink min to min 10 glasses of water/ tea
   D. Eat at least 3 times full stomach
   E. Take medicine according to the told method by ASHA
   F. call ASHA immediately if any of these signs occur
   G. if any of below written signs appear immediately call ASHA: foul smelling water, pus like watery discharge, temperature, bleeding, difficulty in breast feeding the baby ,severe weakness ,rashes on complete body or itching
   H.

Training aid 12 :- Management of Pelvic pain descriptive questionnaire

Total Marks-
Scored Mark-

Name of ASHA :- **Village-**

Ques :- what are the symptoms of pelvic pain?

Ans:- Pain in 2nd part of the stomach

Ques 2:- which medicine is to be given during pelvic pain and its dosage?

Ans :- Brufen 400mg 3 times a day after meals for 5 days

Ques 3:- If along with pain 2nd part of stomach patient complains of temperature or pus discharge or bleeding, foul smelling discharge or insomnia, severe weakness any one of the above symptoms then what diagnosis you will do ?

Ans :- Sepsis

Ques 4 :- If due to bruphen medicine itching occurs then which medicine should be given ?
Ans :- CPM
Ques 5 :- If due to bruphen medicine nausea occurs then which medicine should be given ?
Ans :- Perinorm.
Ques 6 : After the diagnosis of uterine infection and during its treatment should bruphen treatment be stopped ?
Ans:-Both treatment to be continued
Ques 7:- Treatment should be continued for how many days?
Ans :-Till 5 days

Management of Pelvic pain descriptive questionnaire

(Without answers)

Ques :- what are the symptoms of pelvic pain?
Ques 2:- which medicine is to be given during pelvic pain and its dosage?
Ques 3:- If along with pain 2nd part of stomach patient complains of temperature or pus discharge or bleeding, foul smelling discharge or insomnia, severe weakness any one of the above symptoms then what diagnosis you will do ?
Ques 4 :- If due to bruphen medicine itching occurs then which medicine should be given ?
Ques 5 :- If due to bruphen medicine nausea occurs then which medicine should be given ?
Ques 6 : After the diagnosis of uterine infection and during its treatment should bruphen treatment be stopped ?
Ques 7:- Treatment should be continued for how many days?

Training aid 13 :- MCQ for management of Pelvic Pain

Ques 1 :- what is the function of Bufen medicine?

- It kill the infection
- **It reduces pain**
- It gives energy
- It brings sleep

Ques 2:- If patient is suffering from both pelvic pain and sec PPH then what should be done?

- **Treatment of both the pelvic pain and sec PPH should be done.**
- Treatment of only pelvic pain should be continued
- Both the treatment should be stopped
- Treatment of only PPH should be continued

Ques 3 :- If after treatment more than one results come then how many should be encircled?

- Encircle only one
- **Encircle all the results which have come**
- Encircle the last one
- Encircle the first one

Ques 4 :-If the patient is having pain in second part of stomach and is having burning urination and frequently goes to toilet in every 1 hr. what will the treatment be given for?

- Sepsis
- **Urinary tract infection**
- Pelvic pain
- Sec PPH

Ques 5 :- which disease management has to be followed if the patient has pain in 2nd part of stomach and foul smelling discharge or pus discharge ?

- Sec PPH
- Pelvic Pain
- UTI
- **Sepsis**

Ques 6 :- If mother feels nausea and vomiting should bruphen tablet be stopped?

Ans:-

- Yes
- Don't know
- **No**
- Ask supervisor

Ques 7:- If patient is suffering from both pelvic pain and urinary tract infection then what should be done?

- **Treatment of both the pelvic pain and sec PPH should be done.**
- Treatment of only pelvic pain should be continued
- Both the treatment should be stopped
- Treatment of only PPH should be continued

Training aid 14 :- Model case presentation:-(2 cases)

Case Presentation

Kareena is the resident of Mudjha village. She was diagnosed of pelvic pain on second day of her delivery and was given Brufen tablet 400 mg thrice a day after meals. Next day she suffered from nausea and vomiting. ASHA examined her and gave Perinorm together with Brufen. Kareena got better and was relieved from a pelvic pain

Ques1 :- what was Kareena Kapoor diagnosed on 2nd day?

Ans :- she was diagnosed of Pelvic Pain

Ques 2 :- what was she given?

Ans :- She was given Brufen medicine thrice a day after meals

Ques 3:- what side effects did she have?

Ans 3 :- she had nausea and vomiting

Ques 4 which medicine was given?

Ans :- she was Perinorm

Ques 5 :- was the Brufen discontinued?

Ans 5 :- No, it was given together with Brufen

Case Presentation

- Meena has delivered .
- Today is her 5th day of delivery
- She has a temperature of 101.5 F
- She changes 2 pads daily
- She has pain in 2nd part of stomach
- She is having Foul smelling discharge
- She is not suffering from Sec PPH
- She is feeling giddy

Ques :- what problems meena have?

Ans :- 1) high temperature
2) foul smelling discharge
3) pain in 2nd part of stomach
4) cold and cough since 3 days

Ques :- Is Meena suffering from sec PPH?

Ans :- No

Ques :- Is Meena suffering from urine infection?

Ans :- No

Ques :- Is Meena suffering from pelvic pain?

Ans :- No

Ques :- Is Meena suffering from sepsis?

T	D	E	T	Y	U	H	N	V	M	X	Z	Z	T
H	Y	G	I	E	N	E	S	P	S	D	D	B	T
R	Y	R	Z	C	F	E	C	L	A	C	C	G	D
E	U	V	D	D	D	S	A	U	I	F	A	R	X
E	K	V	R	W	S	E	C	K	T	G	S	E	N
T	T	D	F	F	M	D	G	E	C	N	D	S	Y
I	G	F	P	R	F	S	V	W	H	R	A	Z	F
M	S	G	E	J	C	D	C	A	I	E	Y	I	Z
E	A	T	R	N	I	C	E	R	N	G	J	Z	L
S	F	H	I	H	C	F	V	M	G	B	M	D	Z
A	S	S	N	A	S	A	G	B	R	U	F	E	J
D	L	U	O	E	W	Q	A	A	H	T	R	F	T
A	N	O	R	E	X	I	A	T	J	N	H	V	S
Y	K	K	M							X	C	B	X

Puzzle for management of pelvic pain

Ans :- Yes because of th

Answers :-

1. Perinorm
2. After meals
3. Brufen
4. Three times a day
5. Anorexia
6. Luke warm bath
7. Cut nail
8. CPM
9. No infection
10. Eat nice
11. Itching (side effect of Brufen)

T									M				
H	Y	G	I	E	N	E		P	S				
R							C	L					
E							A	U	I				
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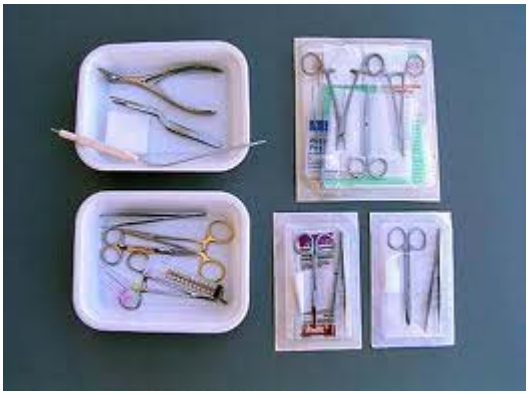
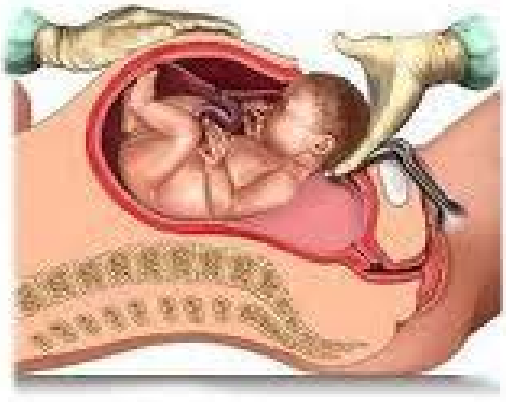
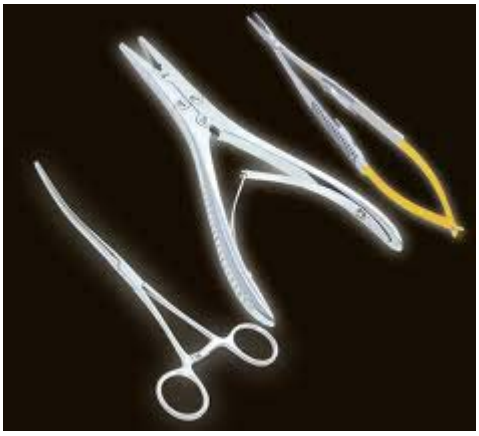


Module 3:- Caesar Wound





MODULE 1: CAESAR WOUNDS

Session 1
Local beliefs and terminologies about Caesar wounds

Purpose:
To give ASHAs an opportunity to talk about their understanding of Caesar wounds and list the terms used to identify the problem. This will help them in diagnosing, taking care and referring the cases of Caesar wounds.

Objective:
At the end of session ASHAs will be able to:
1) Prepare a glossary of terms related with Caesar wounds, its causes and effects
2) Prepare a list of the causes and effects (complaints and complications) of Caesar wounds during pregnancy, on mother and baby, based on the understanding of the ASHAs.

Material

9) Sketch Pen
10) Century papers/ Flip Charts
11) 100 pages Note Books
12) Chalk
13) Blackboa rd
14) LCD
15) Laptop
16) Board for displaying Flip Chart paper.

Preparation:

7) Have enough notebooks to be given to each ASHA.
8) 20 Century Papers for summarizing the discussions of the groups twice.
9) 10 Sketch pens
10) The trainer will have a list of general causes and effects (Complaints and Complications) of Caesar wounds to initiate or to lead the discussion.
11) The trainer will have a list of causes of increased Caesar wounds during pregnancy and its effects (Complaints and Complications) on mother during PNC, just to initiate and lead the discussion
12) The trainer will have a list of effects of increased Caesar wounds on baby during PNC, to initiate and lead the discussion.

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Training Methods:

Instructions to trainers:

Large Group discussion (15 min)

23. Gather the trainees in a large group.
24. Initiate the discussion by asking the trainees what they understand by the term Caesar wounds.
25. Has any ASHA seen the patient of Caesar wounds?
26. What are the causes of Caesar wounds according to them?
27. What are the complaints of these patients of Caesar wounds?
28. What according to you are the effects and complications of increased Caesar wounds on body?
29. Write down the answers on a flip chart paper displayed on a board.
30. Try to involve all ASHAs. Take care not to give opportunity to a chosen few otherwise others may feel neglected and will mentally withdraw from the session.
31. Complete the list. The list may include(lower abdominal stomach pain, back pain, watery discharge etc).
32. Refine and consolidate the list using the trainer's list on computer.
33. This will be used in subsequent session for distributing to the ASHA and for documentation of the process.

Small group discussion (30 min)

19. Divide the ASHAs in group of 5 each, total 6 groups.
20. One trainer will sit with each of the group.
21. Ask them to identify the effects on mother and her complaints caused by Caesar wounds during PNC and make a list.
22. Ask them to identify the effects on baby and the complaints caused by Caesar wounds during PNC and make a list.
23. Ask one representative from each group to present the discussion from their group.
24. During the presentations, simultaneously keep making list of these effects and complaints on the Flipchart displayed on the board and keep adding to it.
25. Check their lists with the lists on computer prepared by the trainer.
26. Refine and consolidate.
27. This will be used in subsequent session for distributing to the ASHA and for documentation of the process

Evaluation of the session:

Objective	Assessment Method	Output
Prepare a glossary of terms related with emesis, its causes and effects	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated glossary of the terms
Prepare a list of causes and effects of Caesar wounds after delivery through caesarean-section through C- section, according to the best of their knowledge for mother and baby.	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated list of causes and effects of Caesar wounds after delivery through caesarean- section through C-section.

Session 2:
Diagnosis of Caesar wounds

Purpose:
To orient VHWs in diagnosis of Caesar wounds so that she can manage PP Caesar wounds in the community.

Objectives:
At the end of the session each VHW will be able to,

1) List the symptoms and signs of PP Caesar wounds.
2) List and diagnose each diagnostic criteria of PP Caesar wounds.
3) Using the diagnostic criteria diagnose a case PP Caesar wounds.

Material:
1) HO and PPT of symptoms of PP Caesar wounds: Training Aid
2) HO and PPT of diagnostic criteria of PPP Caesar wounds: Training Aid.
3) PPT and HO of standard Case presentation with standard answers for trainers on diagnosis of PP Caesar wounds (Total 2) : Training Aid
4) PPT and HO of Assessment case studies with answers for trainers and without answers for the VHWs PP Caesar wounds (4 case studies): Training Aid
5) HO of One Model role play script for trainers for History taking: Training Aid
6) HO One Model Role play scenario for VHW to perform: Training Aid
7) HO of case ideas for VHWs for role play to ask history and diagnose PP Caesar wounds (4 case ideas).

8) Copies of the PP Caesar wounds History and Examination form: Training Aid
9) HO of a puzzle which has all symptoms and diagnostic criteria of PP Caesar wounds
10) A QP for VHW and with and without standard answers for trainers on diagnosis of PP pelvic pain.
11) LCD
12) Computer
13) Sketch pens
14) Chalk
15) Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per VHWs.
2) Power Point Presentations.
3) Each VHW has her Pen.
4) HO of model role for group to perform.

Training methods:

Discussion with VHWs about field experience:

Instruction to trainers:

8) Gather all the VHW's in a large group.
9) Ask them about their experience of filling the form.
10) Ask them to refer to the post partum forms with them.
11) Whether they are facing any difficulties, if yes, then what? What should be done to solve those difficulties?
12) Who have seen which feature in post partum mothers? What was the experience?
13) Which features according to them are common?
14) Are they facing any difficulties in abdominal examination? If yes, what? What should be done to solve those difficulties?

Refreshing the form of symptoms and signs:

Group discussion:

Instruction to trainers:

1) Ask the VHWs to refer to their Home Visit form. See the questions which are asked to the mother for collecting information.
2) Ask them to read each question one by one.
3) Ask one VHW from group randomly the meaning and explanation of each question.
4) Ask other VHWs to comment on the answer given by first VHW.
5) Finally ask again whether they have any difficulty in these questions and examination.

Diagnostic criteria of PP Caesar wounds:

Participatory presentation:

Instruction to trainers:

1) Gather all the VHW's in a large group.
2) Distribute HO of the diagnostic criteria of PP Caesar wounds to each VHW.

3) Display the PPT of diagnostic criteria as in the content box.
4) Explain one by one each point in the diagnostic criteria.
5) Ask if anyone has any queries. If yes, provide clarifications.

Case presentation by trainer on diagnosis of PP Caesar wounds using diagnostic criteria:
Instruction to trainers:

1) The trainer will display the PPT of each case presentation one by one. The case presentations are total 3.
2) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.
3) Ask questions based on the case presentation.
4) Note the answers.
5) Correct and provide clarifications wherever required.
6) At the end of session again ask whether they have any queries.
7) Accordingly provide clarifications

Role Play by Trainers:
Instruction to trainers:

5) The trainers will have the HO of model role play,
6) They will demonstrate the role play, from history taking to examination.
7) At the end they will ask whether the VHWs have any queries.
8) Accordingly they will provide clarifications.

Assessment methods:

1) Ask the VHWs whether they have understood all the signs of PP Caesar wounds and whether they will be able to diagnose PP Sepsis.
2) If they feel confident, start assessment of the session using following tools.

Role play by VHWs:
Instruction to trainers:

1) Ask 2 VHWs to volunteer.
2) Give the HO of model script/ role play scenario.
3) Each trainer will also have HO of each role play scenario.
4)Allow the VHWs 10 minutes to discuss.
5) The trainer can facilitate the discussion and provide clarifications.
6) Now tell each group to present the role play.
7) Ask other groups to comment on role play presented by each group.
8) Allow discussion on role play presented by each group.
9) One trainer will also note the discussion as this provides good opportunity to record their experiences.
10) The trainer will also record their observations from the role play presented.
11) Ask if anyone has any queries.
12) Accordingly provide clarifications.

Role play based on case ideas by VHWs:

Instruction to trainers:

1) Divide the VHWs in 4 groups.
2) To each group the HO of model script/ role plays case idea.
3) Each trainer will also have HO of each role play case idea.
4) Allow each group 10 minutes to discuss.
5) Now tell each group to present the role play.
6) Ask other groups to comment on role play presented by each group.
7) Allow discussion on role play presented by each group.
8) One trainer will also note the discussion as this provides good opportunity to record their experiences.
9) The trainer will also record their observations from the role play presented.
10) Ask if anyone has any queries.
11) Accordingly provide clarifications.

Case study to VHW on diagnosis of PP Caesar wounds:

Instruction to trainers:

1) Distribute the HO of case studies to each VHW.
2) Allow them 20 minutes to fill the case studies.
3) Collect after 20 minutes.
4) Display the PPT of each case study.
5) Discuss each question one by one.
6) Provide clarification to each of their queries.

Question Paper on Diagnostic feature and Diagnosis of Disease:

***Instruction to trainers*:**

1) Distribute the HO of question papers to each VHW.
2) Allow them 20 minutes to finish the question paper.
3) Collect after 20 minutes.
4) Display the PPT of question paper.
) Discuss each question one by one.
6) Provide clarification to each of their queries.

Puzzle on Diagnostic feature and Diagnosis of Disease:

***Instruction to trainers*:**

1) Distribute the HO of puzzle to each VHW.
2) Allow them 20 minutes to finish the question paper.
3) Collect after 20 minutes.
4) Display the PPT of question paper.
5) Discuss each question one by one.
6) Provide clarification to each of their queries.

Summary:

4) What are the various diagnostic features to be covered in Breast diagnosis?

5) What is definition of each diagnostic features (Ask one by one)?
6) What are the diagnostic criteria for PP sepsis

Objective	Assessment Method	Output
Diagnose of PP Caesar wounds	Assessment Case study, Assessment Question Paper	Completed Case study. Completed Question paper.

Spot evaluation methods:

9) Ask each VHW to exchange their papers.
10) Now one by one discuss each case study and each question and provide correct answer and clarification.
11) Ask VHWs to score the papers they have.
12) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Training Aid 1:- Diagnostic criteria

- During the birth of the child through caesarean- section
- In which a doctor creates a surgical incision in the abdomen to deliver a baby
- Wound infections after a Caesarean section develop when bacteria on the skin gain entry and then multiply inside the skin.
- There is pain around the wound area
- The area may become red , hot , appearance of blisters, seen as an open wound or teared
- If the mother is having temperature more than 99.4 F or is having foul smelling / pus discharge from vagina or pain in second part of stomach or pain in pressing uterus. If any one of the symptom is present then diagnose it as sepsis.

Training Aid 3 :- Diagnostic Case Presentation:- (with answers)

Diagnostic Case Presentation(with answers)

Amrita arora of Bodli village delivered through caesarean- section few days back. It's her 3 rd day of delivery. Since then she is having pain on either side of her wound. She has no urine problem and changed 3 pads today. The area is hot to touch and has developed some blisters. She is not having any pus discharge neither her stomach aching in 2nd part.

Ques :- what problem Amrita is having?

Ans :-

3. She has having pain around her caesarean area
4. The area is hot and has blisters

Ques :- Is Amrita suffering from sec PPH?

Ans :- No

Ques :- Is she suffering from urine infection?
Ans :- No

Ques :- Is she suffering from sepsis?
Ans :- No as she is not having pin in stomach and has no discharge.

Ques Is she suffering from Caesar wound?
Ans :- Yes

Nandita is the resident of Mudjha village . It's her 5th day of delivery through caesarean- section. she suffered infection around the incision area. Hence ,she is having pain below the area and pain in 2nd part of the stomach. She is having foul smelling discharge since 2 days. She is having no urine problem. She changes 3 pads daily. She is having temperature of 101.4 F

Ques :- what problems is suffer from?
Ans :-

- she is having pain in 2nd part of the stomach and in pelvic region
- she is having Fever
- she is having foul smelling discharge

Ques :- Is she having Sec PPH ?
Ans :- No

Ques :- Is she having urine infection?
Ans :- No

Ques :- Is she having Sepsis ?
Ans :- Yes as she is having foul smelling discharge , pain in stomach and high temperature.

Ques :- Is she having Caesar wound?
Ans :- the Caesar wound has resulted in the infection which has further resulted in sepsis symptoms hence the diagnosis is of sepsis.

Kareena Kapoor is the resident of Kaneri village . She delivered through caesarean- section yesterday. Today she is having pain around her caesarean region. She has no foul smelling discharge. She has no temperature and no pain in stomach. She has no urine problem and changes 3 pads. Though she feels her caesarean section has become a bit hard and hot

Ques :- what are the problems of Kareena Kapoor?

- She is having pain around her incision area
- Her area has become hot and hard.

Ques :- what disease is Kareena Kapoor suffering from ?
Ans :- ceasar wound

Ques :- Is the mother suffering from sepsis?
Ans :- No

Maliaka Arora resident of Pulkhal village has delivered through caesarean- section three days back. Its her ^{4th} day of delivery .she is suffered infection in the region . Hence she is suffering from pain from two days. Today she is having temperature and pain in stomach and she is felling very weak

Ques :- what is the problem with Maliaka Arora?
Ans :-

- she is having pain in caesarean region .
- She had high temperature
- She is also having pain in stomach and is feeling very weak.

Ques :- Since when Maliaka Arora is having pain around her caesarean region?
Ans :- she is having pain since two days .

Ques :- Since when she is having pain in stomach and temperature ?
Ans :- Today

Ques :- what is the diagnosed disease?
Ans :- Sepsis

Mahima Arora resident of Amirjha village delivered through caesarean section .On 15^{th} of May . On 16^{th} she had pain around caesarean area .which further got increased on 17^{th}. Due to the pain she was not able to do her daily activity. She was feeling weak. On 18^{th} she further felt that the region has become hard and some blisters have erupted around vagina.

Ques :- what is the problem of Mahima ?
Ans :-

- she is having pain around her caesarean section
- Region has become hard and blisters have erupted

Ques :- Did she have any stomach pain?
Ans :- No

Ques :- Did she have any temperature or discharge?

Ans :- No

Ques : Is she suffering from sepsis?
Ans :- No

Ques :- What is she suffering from ?
Ans :- Caesar wound

Amrita Arora is the resident of Bodli . After her delivery through caesarean section. she did not have any urine problem. She changed 4 pads on the 1st day, 3 pads on the 3rd day and was not bleeding excessively. She had no discharge and no temperature but had pain in her caesarean region which is increasing **.**

Ques :- what is the problem of Amrita?
Ans : Pain in caesarean region

Ques :- is she having any other problem ?
Ans :- No

Ques :- why is she having pain in her caesarean region after delivery?
Ans :- During her delivery their might have occurred some infection which then resulted in wound.

Training Aid 4 : Diagnostic Case Presentation:- (without answers)

Diagnostic Case Presentation(without answers)

Amrita arora of Bodli village delivered through caesarean- section few days back. It's her 3 rd day of delivery. Since then she is having pain on either side of her wound. She has no urine problem and changed 3 pads today. The area is hot to touch and has developed some blisters. She is not having any pus discharge neither her stomach aching in 2nd part.

Ques :- what problem Amrita is having?

Ques :- Is Amrita suffering from sec PPH?

Ques :- Is she suffering from urine infection?

Ques :- Is she suffering from sepsis?

Ques Is she suffering from Caesar wound?

Nandita is the resident of Mudjha village . It's her 5th day of delivery through caesarean- section. she suffered infection around the incision area. Hence ,she is having pain below the area and pain in 2nd part of the stomach. She is having foul smelling discharge since 2 days. She is having no urine problem. She changes 3 pads daily. She is having temperature of 101.4 F

Ques :- what problems is suffer from?

Ques :- Is she having Sec PPH ?

Ques :- Is she having urine infection?

Ques :- Is she having Sepsis ?

Ques :- Is she having Caesar wound?

Kareena Kapoor is the resident of Kaneri village . She delivered through caesarean- section yesterday. Today she is having pain around her caesarean region. She has no foul smelling discharge. She has no temperature and no pain in stomach. She has no urine problem and changes 3 pads. Though she feels her caesarean section has become a bit hard and hot

Ques :- what are the problems of Kareena Kapoor?

Ques :- what disease is Kareena Kapoor suffering from ?

Ques :- Is the mother suffering from sepsis?

Maliaka Arora resident of Pulkhal village has delivered through caesarean- section three days back. Its her ^{4th} day of delivery .she is suffered infection in the region . Hence she is suffering from pain from two days. Today she is having temperature and pain in stomach and she is felling very weak

Ques :- what is the problem with Maliaka Arora?

Ques :- Since when Maliaka Arora is having pain around her caesarean region?

Ques :- Since when she is having pain in stomach and temperature ?

Ques :- what is the diagnosed disease?

Mahima Arora resident of Amirjha village delivered through caesarean section .On 15th of May . On 16th she had pain around caesarean area .which further got increased on 17th. Due to the pain she was not able to do her daily activity. She was feeling weak. On 18th she further felt that the region has become hard and some blisters have erupted around vagina.

Ques :- what is the problem of Mahima ?

Ques :- Did she have any stomach pain?

Ques :- Did she have any temperature or discharge?

Ques : Is she suffering from sepsis?

Ques :- What is she suffering from ?

Amrita Arora is the resident of Bodli . After her delivery through caesarean section. she did not have any urine problem. She changed 4 pads on the 1st day, 3 pads on the 3rd day and was not bleeding excessively. She had no discharge and no temperature but had pain in her caesarean region which is increasing **.**

Ques :- what is the problem of Amrita?

Ques :- is she having any other problem ?

Ques :- why is she having pain in her caesarean region after delivery?

Training Aid 5 :- PPT of case presentation
..\Desktop\search\HBMC\Diagnostic Case Presentation.pptx

Training Aid 6 :- Model Role Play

Model Role Play

Maliaka: hey! Hello sister how are you?

ASHA : hey Maliaka I am very fine !

Maliaka: Please come in.!

ASHA : You had your lunch?

Maliaka: Yes just had it. Was thinking to meet you

ASHA : why any problem? How did your caesarean delivery go about?

Maliaka: Yes,it went fine . But I am not fine

.

ASHA : what happened?

Maliaka: I am having pain around my caesarean section since yesterday and today it has further increased

ASHA : ok. Do you have any urine problem like burning urination or frequent urination?

Maliaka: No

ASHA: Did you have any temperature or any pus or any foul smelling discharge or stomach ache in 2nd part?

Maliaka: No not as such

ASHA: How many pads did you change since yesterday morning bath and today morning bath?

Maliaka: Three pads and do not have excessive bleeding

ASHA : Is the area hot, red or have blisters?

Maliaka: yes on touching it is hotter than before but has no blisters

ASHA: ok

Maliaka: Is everything fine?

ASHA : yes Maliaka you gave good information. You are suffering from Caesarean wound

Maliaka: is anything to fear about?

ASHA: For this you have to visit the hospital. I'll refer you for that

.

Maliaka: Thanks you relieved me

ASHA : If you delay the problem might increase

Maliaka: Sure . I'll positively visit

Training Aid 6: PPT of Model Role play:-
..\Desktop\search\HBMC\model role play.pptx

Training Aid 7 :- Case Idea:-

Case Idea

Bipasha Basu is the resident of Amirjha village. she delivered through caesarean section.The incision area is paining since yesterday .on 2nd day pain was normal and bearable but on 3rd it further increased. Moreover the problem further aggravated with foul smelling discharge which was oozing out from wound.

Sona the resident of bodli Village delivered through caesarean- section 3 days back. It's her 4th day of delivery. She did not have any temperature or any other problem but she had blisters in her incision area and her either sides of area was painful

.
Nandini has delivered through caesarean- section. Her incision section is warm and is red . she is not having any other problem like increased temperature or stomach pain . she is not having any urine problem neither any symptoms of Sec PPH.

Shri Devi delivered through caesarean- section in Pulkha village. After her delivery through through C-section initially she had severe pain . While, on next day she had foul smelling discharge and temperature with severe weakness. She did not have any urine problem neither of SEC PPH

.
Training Aid 8 :- PPT of Case idea:- ..\Desktop\search\HBMC\case idea.pptx

Training Aid 9 :- Model Role Play Scenario

Model Role Play Scenario

Madhuri has delivered through caesarean- section. It's her 3rd day after delivery through. She did not have any urine problem neither she is having any discharge or heavy bleeding. But , since 2nd day after her delivery she is having pain around the incision area which is further getting aggravated.

Training Aid 10 :- PPT of Model Role Play Scenario

..\Desktop\search\HBMC\rolr play scenario.pptx

Training Aid 11 :- Diagnostic Questionaire (with answers)

Diagnostic Questionaire (with answers)

Ques 1:- what are the signs of caesarean wound?

Ans :- Pain around incision or below incision .Area becomes red, hot , blisers appear

Ques 2:- what will be the diagnosis if together with the above symptoms there is any one of the below symptoms like pus discharge or foul smelling water discharge or there is increase in temperature more than 99.4F or pain on pressing the uterus?
Ans :- Sepsis

Ques 3:- why does caesarean area pain after delivery through caesarean- section ?

Ans :- During delivery through caesarean- section there occurs infection which then later result in wound called as caesarean wound.

Ques 4:- Does the women have caesarean wound if her stomach aches in second part of abdomen?
Ans :- No

Ques 5. After third day of her delivery through caesarean- section .if the woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?
Ans : No(she is having sepsis)

Diagnostic Questionaire (without answers)

Ques 1:- what are the signs of caesarean wound?

Ques 2:- what will be the diagnosis if together with the above symptoms there is any one of the below symptoms like pus discharge or foul smelling water discharge or there is increase in temperature more than 99.4F or pain on pressing the uterus?

Ques 3:- why does incision area pain after delivery through caesarean- section ?

Ques 4:- Does the women have caesarean wound if her stomach aches in second part of abdomen?

Ques 5. After third day of her delivery through caesarean- section through C-section, if a woman has pus-like discharge and she has pain in the second part of her stomach, is she suffering from pelvic pain?

Training Aid 12 :- PPT of Diagnostic Questionaire (with answers)

..\Desktop\search\HBMC\Diagnostic Questionnaire.pptx

Training Aid 13 :- History and Diagnosis Form:-

History and Diagnosis form for the inspection of Caesar wounds								
After delivery	2nd day	3rd day	7th day	15th day	28th day	Supervisor visit	Other visit 1	Other visit 2
Does the Caesar wound pain?	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
How is the Vaginal area: red, hot, hard, boils, open wound ,cracks, pus, water blood oozing ,it's fine. Stitches(ask, check and write)								
If mother is suffering from any of the above problems then do the diagnosis of "Caesar wound" Has the treatment form been filled?	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary	Yes/no/ not necessary

Session 3:
Management of Caesar Wound

Purpose:
To train VHWs in management of Caesar Wound through referral

Objectives:

At the end of the session, each VHW will be able to;

5) Identify referral criteria and refer

Material:

19) PPT and HO of medicine.
20) PPT and HO of form of case management
21) PPT of 1 model case presentations for managing cases of PP caesar Wound
22) PPT and HO of an evaluation of management questionnaire with answers for trainers.
23) PPT and HO of a pamphlet questionnaire with answers for trainers
24) PPT and HO of form filling case studies.(4 case studies)
25) PPT and HO of MCQ paper on PP caesar Wound MM
26) PPT and HO of descriptive QP on PP caesar Wound form filling with standard answers for trainers
27) PPT and HO of Puzzle of PP caesar Wound MM with standard answers for trainers
28) PPT and HO of caesar Wound diagnosis and treatment
29) PPT and HO of case management pamphlet
30) PPT and HO of History and diagnosis of form filling case study
31) PPT and HO on Evaluation of treatment questionnaire with and without questionnaire

32) LCD
33) Computer
34) Sketch pens
35) Chalk
36) Duster

Preparation:

1) Have enough copies of the handouts of case studies and Question Papers one set per VHW
2) Power Point Presentations
3) Each VHW has her Pen.
4) HO of model role for group to perform

Training Method:

Large group discussion:

Instruction to trainers:

23) Gather all VHWs in large group.
24) Ask everyone to have their form opened to refer.
25) Ask everyone to read the symptoms of PP caesar Wound one by one.
26) Ask VHWs what symptoms they have observed in the field and complained by the mothers.
27) Ask them which symptoms according to their experience were most common. Ask them to connect with their own experience from their pregnancy.
28) List these out on the board.
29) Ask VHWs what are the diagnostic criteria for caesar Wound.
30) Ask them did they face any difficulty in diagnosing a case of caesar Wound.
31) Ask them what the response of mothers was when VHWs made this diagnosis.

32) The trainer will write this on the board and document.

Participatory Presentation:

Instruction to trainers:

23) Now distribute the HO of management form. Ask them to read it first themselves.
24) Now distribute the HO of instructions on filling the form. Ask them to read it first themselves.
25) Now display the PPT of HO of management form and explain point in the form.
26) While explaining this, refer to the HO of instructions of form filling.
27) Ask them if they have any difficulties. If yes, provide further explanations.
28) Now ask one by on each VHW to read the HO of instructions of form filling to remember and understand it.

Role Play by Trainers:

Instruction to trainers:

1. The trainers will have the HO of model role play.
2. They will demonstrate the role play of explaining and counseling the mother by VHW.
3. At the end they will ask whether the VHWs have any queries.
4. Accordingly they will provide clarifications

Role play by VHWs:

Model Role Play

Instruction to trainers:

1) Ask 2 VHWs to volunteer.
2) To them give the HO of model role play script of PP caesar Wound.
3) Each trainer will also have HO of each role play scenario.
4) Allow the VHWs 10 minutes to discuss.
5) Now tell each group to present the role play.
6) Ask other groups to comment on role play presented.
7) Allow discussion on role play presented by each group.
8) One trainer will also note the discussion as this provides good opportunity to record their experiences.
9) The trainer will also record their observations from the role play presented.
10) Ask if anyone has any queries.
11) Accordingly provide clarifications.

Case idea for Role Play:

Instructions to trainers:

1) Divide the VHWs in 4 groups.
2) To each group the HO of case idea of caesar Wound.
3) Each trainer will also have HO of each role play scenario.
4) Each trainer to join 1 group.
5) Allow the VHWs 10 minutes to discuss.
6) The trainer can facilitate the discussion and provide clarifications.
7) Now tell each group to present the role play.
8) Ask other groups to comment on role play presented by each group.

9) Allow discussion on role play presented by each group.
10) One trainer will also note the discussion as this provides good opportunity to record their experiences.
11) The trainer will also record their observations from the role play presented.
12) Ask if anyone has any queries.
13) Accordingly provide clarifications

Case presentation by trainer on management:

Instruction to trainers:

8) The trainer will display the PPT of model case management presentation one by one. The case presentations are 1.
9) Simultaneously each trainer will also have the HO of each case presentation, including questions in it and the model answers.
10) Ask questions based on the case presentation.
11) Note the answers.
12) Correct and provide clarifications wherever required.
13) At the end of session again ask whether they have any queries.
14) Accordingly provide clarifications.

Assessment Methods:

Assessment case study for management:

Instruction to trainers:

9) Distribute the HO of case studies to each VHW.
10) Allow them 20 minutes to fill the case studies.
11) Collect after 20 minutes.
12) Now display the PPT of these case studies.
13) Ask each VHW to exchange their papers.
14) Now one by one discuss each case study and each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment MCQ paper for case management:

Instruction to trainers:

9) Distribute the HO of QP to each VHW.
10) Allow them 20 minutes to complete the QP.
11) Collect after 20 minutes.
12) Now display the PPT of this QP..
13) Ask each VHW to exchange their papers.
14) Now one by one discuss each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment descriptive question paper for case management:

Instruction to trainers:

9) Distribute the HO of QP to each VHW.

10) Allow them 20 minutes to complete the QP.
11) Collect after 20 minutes.
12) Now display the PPT of this QP.
13) Ask each VHW to exchange their papers.
14) Now one by one discuss each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Assessment Puzzle for Case management of PP caesar Wound:

Instruction to trainers:

9) Distribute the HO of puzzle to each VHW.
10) Allow them 20 minutes to complete the puzzle.
11) Collect after 20 minutes.
12) Now display the PPT of this puzzle..
13) Ask each VHW to exchange their papers.
14) Now one by one discuss each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide clarifications

Assessment descriptive question paper on medicines:

Instruction to trainers:

9) Distribute the HO of QP to each VHW.
10) Allow them 20 minutes to complete the QP.
11) Collect after 20 minutes.
12) Now display the PPT of this QP.
13) Ask each VHW to exchange their papers.
14) Now one by one discuss each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide clarifications.

Summary:

7) What are the various main complaints to be asked for caesar Wound?
8) What are the diagnostic criteria for caesar Wound ?

Evaluation:

Objective	Assessment Method	Output
9) List the symptoms and signs of caesar Wound 10) List diagnostic criteria of caesar Wound and do the diagnosis.	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.
11) Convince the mother for referal	a) Role plays by trainer and VHW. b) Case studies	a) Answered case studies b) Observations of the trainers of the role plays.

Spot evaluation methods:

13) Ask each VHW to exchange their papers.
14) Now one by one discuss each case study and each question and provide correct answer and clarification.
15) Ask VHWs to score the papers they have.
16) At the end of session again ask whether they have any queries. Accordingly provide
17) clarifications.

Training Aid 1 :- Form filling case study

Form filling case study

Form Filling Case Study -1

- Nagri village resident Mrs Durga Ramesh Banbale was diagnosed of Vaginal Wounds by ASHA on 11/05/08
- Durga signed the consent form
- On 1st , 3rd day , 5th day incision area pain remains the same while on 7th day the resides to normal
- On 1st, 3rd day the pus discharge was the same. On 5th day blood flow is decreased and on 7th day there was no bleeding
- There was no foul smelling discharge
- Mother had temperature on 1st and 3rd day but had no temperature on 5th and 7th day
- On 1st day temperature was 100.5 F, 3rd day it was 100.6 F, on 5th day 99.2 F, 7th day 98.5 F
- On 1st day BP was 118-78 , 3rd day 120-80 , 5th day 118-70 and on 7th day it was 112-76mm of Hg on an average
- On 1st day and 3rd day wound was warm. on 5th day and 7th day wound was normal
- Uterus was neither tender on palpation
- Fill the form according to the case study
- Mother was explained regarding the messages given in pamphlet and the information of about the referral.
- Mother went to the hospital and received adequate treatment
- Hence refer form was filled and refer slip was required
- Wound got better
- On the given date Write about the visit day in the form

Training Aid 2 :- Treatment form

Treatment Form

Mother name:-_____ Village_____

Name of ASHA_____ Date of Diagnosis: / /20

Was the refer slip filled after advising them to visit the doctor? Yes / No

Hs the treatment of Doctor /Nurse started ? Yes / No

Date of starting the treatment : / / 20

Sr no.	Treatment day	1	3	8	other
	Ask / check/ treat				
1)	Does the either side of Caesar pains? 1) No 2) less 3) remainssame / increase	1 2 3	1 2 3	1 2 3	1 2 3
2)	From the wound is there is Pus dischrage / water discharge/ bleeding? 1) No 2) less 3) same / increase	1 2 3	1 2 3	1 2 3	1 2 3
3)	Does from the Caesar wound foul smelling / pus like water discharge oozes out ?	yes /No	yes /No	yes /No	yes /No
4)	the area around Caesar is :- 1. red 2. hard 3. Warm 4. Boils 5. Open wound 6. Cracks 7. stiches 8. wound is better	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
5)	Moher is regularly taking Medicine given by doctor / nurse	yes /No	yes /No	yes /No	yes /No
6)	If mother is having Nausea / Vomitting /Itching /Red rashes then write	yes /No	yes /No	yes /No	yes /No
7)	Has nurse / doctor given an appropriate treatment ?	yes /No/not essential	yes /No/not essential	yes /No/not essential	yes /No/not essential

8) Reason of referring	Is advice of referring followed?			Yes/ No/not essential
	Date of going to hospital			/ / 20
Is referal slip filled? Yes /no/ not essential	Date of referring / / 20			

Result:- wound has completely healed/ wound is better/ wound did not heal / Post partum BP was diagnosed / Sepsis treatment was started/ Referred to the hospital/ Refused the referral/ other disease was diagnosed /mother did not take complete medicine.

If anything else then write:-_____

For the supervisor			
1)	Did ASHA gave a regular visit according to the decided schedule	Yes / no	Day of treatment:
2)	Is Diagnosis proper?	Yes / no	
3)	Is treatment proper?	Yes / no	Day of visit:
4)	Did ASHA gave appropriate advice to mother?	Yes / no	
5)	According to the checklist marks given to the ASHA?		Secured marks:
6)	After treatment Form:	complete / incomplete	
7)	Sign		

Training Aid 3 :- Filled Treatment form

Case study 1

Mother name:-____ _____ Village_____

Name of ASHA_____ Date of Diagnosis: / /20

Was the refer slip filled after advising them to visit the doctor? Yes / No

Hs the treatment of Doctor /Nurse started ? Yes / No

Date of starting the treatment : / / 20

Sr no.	Treatment day	1	3	8	other
	Ask / check/ treat				
1)	Does the either side of Caesar pains? 1) No 2) less 3) remainssame / increase	1 2 3	1 2 3	1 2 3	1 2 3
2)	From the wound is there is Pus dischrage / water discharge/ bleeding? 1) No 2) less 3) same / increase	1 2 3	1 2 3	1 2 3	1 2 3

3)	Does from the Caesar wound foul smelling / pus like water discharge oozes out ?	yes /No	yes /No	yes /No	yes /No
4)	the area around Caesar is :- 1. red 2. hard 3. Warm 4. Boils 5. Open wound 6. Cracks 7. stiches 8. wound is better	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
5)	Moher is regularly taking Medicine given by doctor / nurse	yes /No	yes /No	yes /No	yes /No
6)	If mother is having Nausea / Vomitting /Itching /Red rashes then write	yes /No	yes /No	yes /No	yes /No
7)	Has nurse / doctor given an appropriate treatment ?	yes /No/not essential	yes /No/not essential	yes /No/not essential	yes /No/not essential

8) Reason of referring :- Caesar wound	Is advice of referring followed?			Yes/ No/not essential
	Date of going to hospital			/ / 20
Is referal slip filled? Yes /no/ not essential	Date of referring 11 / 10 / 2012			

Training aid 4:- Treatment form in Excel sheet:

-..\Desktop\search\HBMC\Caesar wounds\Book1 treatment form vw.xlsx

Annexure :1

Section 2 :- Diagnosis of Vaginal wound

Training Aid 1 : :- Diagnostic Criteria v w.pptx

Training Aid 2 :- case presentation.pptx

Training Aid 3: model role play script.pptx

Training Aid 4 :- case idea.pptx

Training Aid 5 : case idea.pptx

Training Aid 6 :- **diagnostic questionaire.pptx**

Section 3:- Management of Vaginal Wound

Training Aid: 1 :-medicinal questionaire.pptx

Training Aid 2 :-management case presentton.pptx

Training Aid 3 :-management case idea.pptx

Training Aid 4 :- role play scenario.pptx

Training Aid 5 :- search\HBMC\vaginal wounds\Descriptive questionnaire.pptx

Training Aid 8 :- ..\Documents\Book1 treatment form vw.xlsx

Training Aid 11 :- Questionnaire.pptx

Annexure -2

Section 2 :- Diagnosis of Pelvic Pain

Training aid 1:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\pelvic symptoms ppt.pptx

Training Aid 2 :-search\HBMC\Pelvic Pain\Training aid 2_Diagnostic Pelvic Pain.ppt

Training aid 3 : C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of diagnostic Case Presentation pelvic pain 1.pptx

Training aid4: C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\PPT OF ROLE PLAY_pelvic pain.pptx

TrainingAid 5:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of Case idea.pptx
Training Aid 6:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt diagnosis Questionnaire.pptx
Training Aid 7:- :-C:\Users\Student\Desktop\search\HBMC\Pelvic_Pain\ppt_Diagnostic_Case Study.pptx
Training Aid 8:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt Model Role Play Scenario.pptx

Training Aid 9:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt history and diagnosis form.pptx

Training Aid 11:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of diagnostic Case Presentation 2.pptx

Section 2 :- Management of Pelvic Pain

Training Aid 1 :- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\Information Regarding Medicines PPT pelvic pain.pptx

Training Aid 2:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt questionaire medicinal.pptx

Training Aid 3:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt Form Filling Questionnaire.pptx

Training Aid 4:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\PPT_TREATMENT FORM pelvic pain.pptx

Training aid 5:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of Case idea.pptx

Training aid 6:- search\HBMC\Pelvic Pain\case management form pelvic pain.xlsx

Training aid 7:- search\HBMC\Pelvic Pain\PPT_TREATMENT FORM pelvic pain.pptx

Training Aid 8:-search\HBMC\Pelvic Pain\ppt of diagnosis and treatment.pptx

Training Aid 9:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt Evaluation of treatment questionaire.pptx

Training Aid 10:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt History and Diagnosis of form filling case study.pptx

Training Aid 11:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of pamphlet.pptx

Training Aid 12:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt Evaluation of treatment questionaire.pptx

Training Aid 13:- search\HBMC\Pelvic Pain\ppt MCQ for management of Pelvic Pain.pptx

Training Aid 14:- C:\Users\Student\Desktop\search\HBMC\Pelvic Pain\ppt of diagnostic Case Presentation 2.pptx

Annexure: 1

Section 2:- Diagnosis of Caesar wound

Training Aid 1:- ..\Desktop\search\HBMC\Caesar wounds\Diagnostic Criteria.pptx

Training Aid 5 :- ..\Desktop\search\HBMC\Diagnostic Case Presentation.pptx

Training Aid 6: ..\Desktop\search\HBMC\model role play.pptx

Training Aid 8 :- **..\Desktop\search\HBMC\case idea.pptx**

Training Aid 10 **..\Desktop\search\HBMC\rolr play scenario.pptx**

Training Aid 12 :- **..\Desktop\search\HBMC\Diagnostic Questionnaire.pptx**

Section 3:- Management of Caesar wound

Training aid 4:- -..\Desktop\search\HBMC\Caesar wounds\Book1 treatment form vw.xlsx