



सत्यमेव जयते  
Government of India

Ministry of Health and Family Welfare



## **TRAINING MANUAL FOR COMMUNITY HEALTH WORKERS- IDENTIFICATION AND TREATMENT OF HEAT-RELATED ILLNESSES**



**National Programme  
on Climate Change  
and Human Health**



**Ministry of Health  
and Family Welfare**  
Government of India



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## 1. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA) IN THE HEALTH SYSTEM

ASHA is a community health volunteer who resides in her own village thus building a local community connection with the health system. After the selection, based on a rigorous process, the ASHA receives training on a variety of health services including maternal and child health services as well as those corresponding to various national programs including infectious and chronic diseases.

The ASHA is to make visits to the families living in the community, in the urban area for 2-3 hours every day, a week for at least 4-5 days. If it is a large village, then a certain number of households can be selected. Home visits are mainly meant for health promotion and awareness. However, consultation on regular basis should be there for households with a child below two years of age, any malnourished child, or a pregnant woman. Also, if there is a new born in the house, a series of seven visits or more becomes essential. Further, family counselling is also advised.

When ANM workers are about to visit villages for immunisation and other services, ASHAs role is to promote attendance by those who need the Anganwadi or ANM services and support in service delivery. Further, the ASHA may accompany a pregnant woman or some other neighbour who requests her services for escort to the hospital. The visit could also be to attend a training programme, workshop, or a review meeting. They are responsible for increasing the health awareness by holding village-level meetings of women's groups, and the Village Health Sanitation and Nutrition Committee (VHSNC). Maintain records to help organise work, so that further activities can be planned.

### Important tasks to be performed by ASHAs-

- Maternal Care
- Child care
- Nutrition
- Infection
- Increasing health awareness

All of these tasks need a set of specific skills like leadership, communication, decision-making, counselling, and coordination. A few essential values include-

- Politeness
- Treating everyone equally
- Responsibility
- Eagerness to learn

### ASHA Support and Supervision

ASHAs need support and mentoring while working in the community, to continuously improve their skills and also participate in refresher training to increase efficiency. Support to the ASHAs is primarily provided by-

### ASHA Facilitators

For every 10 to 20 ASHAs, there is one facilitator. A review meeting is held by the ASHA facilitator, in order to interact before the visit to the households for the provision of services.

### Auxillary Nurse Midwife

The ANM provides services at the first level of the health system, which is the sub-centre. On the Village Health and Nutrition Day (VHND), a major mobilisation event, in addition to being the platform for reinforcing health messages. Here, the ASHAs along with ANMs can provide information based on the experience gained during different training programmes to the community.

### Village Health and Sanitation and Nutrition Committee (VHSNC)

An institution providing a platform for taking ‘local level community action’ for monitoring the health status, sanitation, nutrition, and also to undertake local level health planning. This committee includes the Panchayat representatives, the Anganwadi worker, the Auxillary Nurse Midwives, and other community members, particularly women, and the marginalised.

#### ***Organising work***

The ASHAs are to maintain a systematic record of the work by using the following tools-

### Village Health Register

In this, details of pregnant women, 0-5-year-old children, eligible couples, and others, in need of services can be recorded.

#### **Diary**

It is a record of the work conducted and is also useful for tracking performance-based payment.

## 2. ROLE OF ASHA DURING THE HEATWAVE

Health Action Plan was developed to address the necessary actions to be taken by various systemic functionaries in the management of heat waves. ASHA has an important role to play in spreading awareness about heat waves, reducing or preventing heat-related illnesses, identifying heat-related illnesses, and directing affected individuals towards appropriate treatment, either at home or in a healthcare facility, depending on the type and severity of heat-related illnesses.

ASHA receives various information, education, and communication materials that they can use to impart training to the community members and ensure the last-mile coverage of heat wave awareness. The duties of the ASHA with respect to the heat wave can be divided into three phases, according to the pre-heat, heat, and post-heat seasons. These are elaborated below-

#### ***Phase 1 – Pre-heat season***

- Procure training materials from the appropriate authorities and organise training sessions for various groups in the community
- Orient *Mamta Divas* in this phase towards the upcoming heat season and advise pregnant women and mothers of young children on heat management and heat stress prevention
- Advise pregnant women and accompany them to the closest sub-centre or a PHC for a pre-heat antenatal check-up, and ensure that at least one ANC is completed

- Identify individuals with chronic diseases, under routine medication, and other at-risk individuals and make them aware of the case-specific precautions during the heat season
- Coordinate with other village-level actors to ensure that the drinking water facilities are adequate
- Identify healthcare facilities of different care levels close to the village and establish linkages with the care providers there
- Identify means of transportation in the village to healthcare facilities, including ambulance and other means of transport
- Establish the ease of access and affordability of these means of transportation
- In the urban areas, explain the urban heat island effect to the community members and advise them to plan their activities accordingly
- Coordinate with the closest healthcare facility and the ANM to ensure sufficient stock of heat first-aid materials such as ice packs and oral-rehydration solution in the ASHA drug kit

Some sections of the population are more vulnerable to heat compared to others and face specific risks. The ASHA is to explain these to the following specific groups in detail and make them aware of the dangers of heat wave-

### Pregnant and lactating women

1. Dehydration due to loss of electrolytes from perspiration and irregular water intake
2. Increased painful constipation
3. Hormonal changes due to pregnancy and dehydration increase the risk of urinary tract infections
4. Heat exhaustion
5. Decrease of amniotic fluid level
  - a. Birth defects
  - b. Miscarriage
  - c. Pre-term labour
6. Reduced milk volume in lactating mothers

### Elderly persons

1. Elderly persons who live alone and do not have a support system
2. They may forget to take their medication on time which can worsen their health during extreme heat
3. Some routine medication can cause dehydration and should be checked by a doctor
4. Elderly persons engaged in physical labour and outdoor work are at increased risk of heat exhaustion and heat stroke
5. They may not sweat or feel thirsty due to which heat stress can go unnoticed
6. If an elderly person has a kidney condition, they need to discuss it before increasing the fluid intake with a doctor
7. If an elderly person takes a salt-restricted diet for maintaining blood pressure, they may suffer from electrolyte loss during the heat season

## **Infants and young children**

1. Advise lactating mothers to drink more water and non-sugary, non-caffeinated, non-alcoholic drinks such as buttermilk, fresh fruit juice, etc. during the heat season
2. Advise mothers to not put the baby to sleep in the direct sun or in a poorly ventilated area
3. Advise mothers to remove thick padding from the infant's bedding
4. Help mothers plan their outdoor activities such that they and the infant are not exposed during peak heat hours
5. Explain to the mothers and older children to perform only light physical activities and avoid outdoor activities during the peak heat hours and humid days

## **Phase 2 – During the Heat season**

The ASHA's job requires her to go outdoors and visit the homes of community members. While this ensures community-level monitoring for heat-related illness, it also places a heat burden on the ASHA herself. Therefore, it is necessary that the ASHA takes all the precautions against heat exhaustion and heat stroke. Where possible, the ASHA can also conduct assessments via phone and visit or accompany individuals unable to self-care or experiencing an adverse health event.

During the heat season, the ASHA should be vigilant in identifying heat stress in the members of the community, provide appropriate first-aid, and direct the affected individual to the closest healthcare facility.

### **General signs and symptoms of heat stress**

1. Looking unwell and more irritable than usual
2. Pale and clammy skin
3. Sleepy and floppy
4. Dark coloured urine
5. Intense thirst

In case of a heat stroke, the following signs appear-

6. Rising body temperature
7. Rapid breathing
8. Vomiting

### **Pregnant and lactating women**

1. Thirst, dry mouth, loss of appetite, chills, and fatigue
2. Heat cramps
3. Headache, dizziness, fast & weak pulse

### **Infants and young children**

1. Refusal to feed
2. Excessive irritation and unable to soothe
3. Less wet nappies than normal
4. Prickly red rash on the skin
5. Swollen hands, feet, and ankles
6. High fever above 104°F

7. Vomiting
8. High heart-beat

The following general precautionary measures should be observed by all the individuals in the community, including the ASHA herself during the heat season-

### General Precautions during the heat season

1. Drink plenty of water, even when not thirsty
2. Wear loose-fitting, white or light-coloured clothing made of cotton/linen/khadi
3. Avoid wearing synthetic clothes
4. Pay attention to the temperature and heat-related news, heat alerts, and heat advisories issued by the government
5. Do the outdoor work outside of peak heat hours
6. Shower or bathe in cool water, not cold water
7. Do not drink tea or coffee in excess
8. Do not consume alcoholic drinks
9. Do not eat spicy food
10. Eat water-enriched fruits and vegetables like watermelon, muskmelon, oranges, mausambi, cucumber
11. Eat bananas to replace the lost magnesium and potassium to get rid of the heat cramps
12. Do the heavy-stress household activities in the early morning or in the evening, after peak heat hours
13. Carry an umbrella when going outside
14. Wear long sleeved-clothing in the sun and cover the head with a light-coloured hat or a breathable scarf
15. Keep windows open during the night to till early morning
16. For instant cooling after coming from outside, put your wrist under a cold running water tap or pour little water on the face or back of the neck
17. Whenever your body finds it difficult to manage the heat, take shower or soak your feet in cold water

### Phase 3 – Post-heat season

- Report the cases of heat stress identified and managed in the community to the closest healthcare facility
- Review the IEC material received and provide feedback regarding the same to the higher authorities
- Reinforce the heat messaging for the next heat season to the community members, during the Village Health and Nutrition Days
- Coordinate with other community-level representatives, government functionaries, and NGOs to report on the availability of cooling areas and drinking water facilities in the community
- Coordinate with the ANM and AWW to review, if any regular health and nutrition monitoring was affected during the heat season



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