



OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand, G. S. Road, Christianbasti, Guwahati – 781005
Website: <https://nhm.assam.gov.in> :: Phone No: 0361-2340236/39 :: Email Id: mdnrhmasm@gmail.com

No: NHM/CP/CORRESPONDENCE/2126/2016-17/-Pt-III/ 11046
(ECF: 167634)

Dated: 6/7/2021

From: Dr. Lakshmanan S, IAS,
Mission Director,
National Health Mission, Assam

To:
The Joint Director of Health Services &
Member Secretary, District Health Society
(All Districts)

Sub: Community Processes Operational Guidelines 2021-22

Sir/Madam,

With reference to the subject cited above, this is to inform you that the district wise physical and financial allocation along with operational guidelines on Community Processes, NHM, Assam for the financial year 2021-22 has been prepared for implementation of the activities in the State as per approval of Gol. The district wise budget allocations against each of the activity / FMR code along with the guidelines are enclosed herewith.


The district should strictly follow all the financial norms and guidelines for implementation of the approved activities. For any clarification regarding implementation of the activities the respective owner of the activity may be contacted. Regarding any changes / developments in the implementation plan, the matter will be communicated to the districts.

It is also to inform not to make any change in the allocation among different FMR codes without approval of the undersigned. Owner of activity should be the one indicated in the RoP against each activity. He/She will be responsible for the implementation of the activities and the performance (both physical & financial) should be reported every month.

You are therefore requested to circulate the Community Processes Operational Guidelines, 2021-22 to all the concerned immediately for immediate and effective implementation.

Enclosed: As stated above

Yours faithfully,


(Dr. Lakshmanan S, IAS)
Mission Director,
National Health Mission, Assam
Date: ___/___/2021



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Memo No: NHM/CP/CORRESPONDENCE/2126/2016-17/-Pt-II/11047-58 6/07/2021
Copy to:

1. Principal Secretary (Autonomous council)/ Deputy Commissioner cum chairman, DHS, (All districts) for kind information.
2. The Executive Director, NHM, Assam, for information.
3. OSD, NHM Assam for information.
4. Director of Health Services, Assam for information.
5. Director of Health Services (FW), Assam for information.
6. The Director, Finance & Accounts, NHM, Assam, for information.
7. SPM, NHM Assam for information.
8. All SPO/SNO, SPM, Consultant, SFM, Component In - charges SPMU, NHM, Assam for information.
9. PS to Hon'ble Minister of Health and Family Welfare, Dispur for kind appraisal of Hon'ble Minister of Health and Family Welfare, Govt. of Assam.
10. PS to Principal Secretary Health & FW Department, Dispur for appraisal of the Principal Secretary to Govt of Assam
11. The DPMU (All Districts), for information and necessary action.
12. Office Copy.

[Handwritten signature]

Mission Director,
National Health Mission, Assam



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Community Processes Guidelines 2021-22



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Contents for Community Process RoP 2021-22								
SL	FMR Code	Particulars	RoP 2021-22 Approval (in lakhs)	State Allocation (in lakhs)	District Allocation (in lakhs)	Implementing officer at State HQ	Implementation at District / Block Level	Page No.
1		Introduction to Community Processes						3
2		Guidelines for Selection of new / replaced ASHA						6
3		Guidelines for the payment of Additional Rs.1000/- to ASHAs (State Govt)						7
4	3.1.1.6.1	ASHA Incentives for routine activities	7520.16	0.00	7520.16	SCM/APM	DCM / BCM	11
5	3.1.2.4	Certification of ASHA by NIOS	97.36	0.00	97.36	SCM	DCM / BCM	15
6	3.1.2.10	Any Other (Orientation & reviews of DCM BCM, AMG meeting etc.)	17.60	5.12	12.48	SCM/APM	DCM / BCM	35
7	3.1.3.1	Supervision Cost by ASHA facilitators (9 months)	2394.90	0.00	2394.90	HRD/SCM/APM	DCM /DAM/ BCM/BAM	42
8	3.1.3.2	Support Provision to ASHA Uniform	141.00	141.00	0.00	SCM		
9	3.1.3.3	Awards to ASHA's/Link workers	157.25	0.00	157.25	SCM	DCM / BCM	47
10	3.2.4.2	JAS Training	52.29	1.99	50.30	SCM	DCM / BCM	53
11	4.1.6	VHSNC Untied Fund	1407.45	2.47	1404.98	SCM	DCM / DAM/BCM/BAM	57
12	16.1.3.1.4	Mobility cost for ASHA resource center / ASHA Mentoring Group	1.08	1.08	0.00	SCM/APM		
13	16.1.3.3.5	Mobility Support for DCMs	12.96	0.00	12.96	SCM	DCM	63
14	16.1.3.4.4	Monthly review meeting of ASHA Supervisors	39.92	0.00	39.92	SCM/APM	DCM / BCM	66
15	18.2.1	Time Motion Analysis of ASHA & ASHA Supervisors	6.11	6.11	0.00	SCM		
16	3.1.2.1	Induction training of ASHAs	27.37	0.00	27.37	APM	DCM / BCM	70
17	3.1.2.2	Module VI & VII training of ASHAs	68.76	0.00	68.76	APM	DCM / BCM	77
18	3.1.2.3	Supplementary training for ASHAs	193.39	0.00	193.39	APM	DCM / BCM	86
19	3.1.2.7	Training of ASHA facilitator (Refresher Training of ASHA Supervisor)	50.95	0.00	50.95	APM	DCM / BCM	94
20	3.1.2.8	Trainings Under HBYC	224.28	0.00	224.28	APM	DCM / BCM	102
21	12.7.2	Printing of ASHA Master Claim form	8.79	0.00	5.86	APM	DCM / BCM	107
22	3.1.3.5	PMJJBY & PMSBY	106.26	106.26	0.00	APM		
GRAND TOTAL			12527.88	264.03	12263.85			



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INTRODUCING COMMUNITY PROCESSES

Recognizing the importance of community participation in making the health program implementation successful in terms of improved health seeking behaviour and sustainability of the intervention, under National Health Mission (NHM), Community Processes component has been made as an integral part. The key objective of community process is to promote public health and bringing public health in the midst of people, thus in simple words community ownership of health. The community processes component include- Accredited Social Health Activist (ASHA), Village Health Sanitation & Nutrition Committee (VHSNC), Rogi Kalyan Samiti (RKS) and Community Action for Health (CAH).

In order to strengthen community processes intervention, as per guideline, Assam also engaged about 32546 ASHAs both in Rural as well as Urban areas. ASHA is a community volunteer and she gets various performance-based incentives against the task she does plus routine and recurring incentive of Rs. 2000/month. ASHAs are the torchbearers and serving as a bridge between community and health care service providers and most importantly, she is the first port of call for addressing the health issues in the community. Because of her critical role, she is highly respected by community members, which motivates her to be an active part of the health system.

ASHA Support Structure in the state:

ASHAs are mentored by a cadre of total 2661 ASHA Supervisors in Assam, each ASHA supervisor mentoring around 10 to 20 ASHAs. Under each Block PHC (BPHC), Block Community Mobilizer (BCM) is positioned and is responsible for mentoring/hand holding ASHAs/ASHA Supervisors. The BCMs are supported, guided, mentored by the District Community Mobilizer (DCM) in each district. At state level, there is Community Process Cell, which is mandated to implement the approved activities under NHM through working closely with district team members.

The community processes journey so far:

Assam has successfully selected and trained 32546 ASHAs (both in rural and urban set up) to serve the community and cater their basic health needs. ASHAs are trying to take the health care services to the door step of the community. ASHAs have been trained on Induction module for 8 days and then Module 6 & 7 for 20 days. During the whole training, ASHAs are oriented on different thematic areas and on home based new born care (HBNC). HBNC intervention is helping in identifying the sick new born/infant and to refer them to appropriate centre for treatment.

VHSNCs (Village Health Sanitation & Nutrition Committee): This committee is headed by the PRI member and ASHA being the member secretary and convener is responsible for conducting the meeting every month. Assam has 28149 VHSNCs, and all VHSNCs have Bank Accounts and VHSNCs receive annual untied fund. All the members are trained in the handbook for VHSNC members. The VHSNC members are also being trained on HWC monitoring.



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The Key Priority Areas for the Financial Year 2021-22:

1. **Induction training** (for 8 days) for the replaced and absorbed ASHAs (earlier link worker). Induction training for the ASHAs is given to imbibe the basic knowledge before giving them more specialized training like, HBNC, HBYC etc.
2. Quality roll out of **Module 6 & 7 training** for the ASHAs, who completed Induction Training. In this training, ASHAs are taught 4 critical skills (hand washing, taking temperature, weighing new born and wrapping). So, it is to be ensured that enough practice is done by each ASHA during training.
3. **Refresher training on Module 6 & 7** for ASHAs belonging to districts contributing high IMR &MMR.
4. **Refresher training of all ASHA Supervisors.**
5. **ASHA Certification under NIOS:** The ASHAs, who have been trained on all the 4 rounds of module 6 & 7 training are encouraged to appear for NIOS (National Institute of Open Schooling) certification where her knowledge, skills are tested both practically & written by external evaluators. More than 3500 ASHAs have already appeared for the NIOS certification exams and in the current financial year another 1410 ASHAs are targeted for 2021-22 keeping in mind the pandemic protocols.
6. **HWC monitoring by VHSNC Members:** A pictorial feedback tool is developed to monitor the HWCs by the VHSNC members as a form of social audit to see the availability of manpower, medicines and services under Community Action for Health initiative. The VHSNC monitoring teams are actively involved in the trained HWC SC.
7. **HBYC training:** Home Based Care for Young Child training is to train the ASHAs beyond HBNC i.e. HBNC Plus, during the period from 3 to 15 months. The ASHAs will be taught newer skills for identification of normal growth of a child and also nutritional needs as per age. The new MCP card is also introduced. ASHAs, ASHA Supervisors of the identified blocks are to be trained on HBYC.
8. **Regular supportive supervision:** DCMs, BCMs are to go for regular field visit and the key findings of the tour to be shared with the Jt. DHS of the district, DPM and a **copy to be shared to SCM and APM for information and further guidance.**
9. **Regular submission of CP Matrix and ASHA Performance Monitoring (APM):** DCMs and BCMs are to ensure that bi-annual CP matrix (as per revised format) and quarterly report is submitted to the APM on time without fail. Before sending the reports to state, quality of data is to be seen and correct data is to be entered and sent.
10. **Time motion study of ASHA Supervisors.**



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District Wise No. of Rural / Urban ASHAs

ASHA & ASHA Supervisor Breakup					
SN	District	Rural ASHAs	Urban ASHAs	Total ASHAs	ASHA Supervisor (Rural) In position
1	Baksa	950	0	950	95
2	Barpeta	1610	0	1610	145
3	Bongaigaon	700	52	752	67
4	Cachar	1745	81	1826	152
5	Chirang	742	0	742	54
6	Darrang	978	0	978	71
7	Dhemaji	746	0	746	64
8	Dhubri	1566	85	1651	119
9	Dibrugarh	1218	81	1299	95
10	Dima Hasao	238	0	238	20
11	Goalpara	1025	42	1067	93
12	Golaghat	1057	0	1057	95
13	Hailakandi	715	0	715	64
14	Jorhat	912	55	967	83
15	Kamrup Metro	211	465	676	17
16	Kamrup Rural	1744	0	1744	152
17	Karbi Anglong	707	32	739	62
18	Karimganj	1205	30	1235	97
19	Kokrajhar	1377	0	1377	127
20	Lakhimpur	1273	35	1308	99
21	Morigaon	948	0	948	79
22	Nagaon	1682	60	1742	136
23	Nalbari	775	0	775	64
24	Sivasagar	746	28	774	68
25	Sonitpur	1099	61	1160	101
26	Tinsukia	1346	57	1403	110
27	Udalguri	1065	0	1065	99
28	Biswanath	760	26	786	69
29	Charaideo	460	22	482	42
30	Hojai	701	0	701	59
31	Majuli	298	0	298	24
32	South Salmara	345	0	345	6
33	West Karbi Anglong	390	0	390	33
	Total:	31334	1212	32546	2661



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GUIDELINES FOR SELECTION OF NEW / REPLACED ASHA

As we all aware that the ASHA is the first port of call for any health-related demands for the unreached living in community, therefore keeping that in mind a well-defined process should be adopted for selecting the right ASHA, who will be responsive to the community whole heartedly. The following key points have to be followed while selecting an ASHA.

Selection Criteria:

- Emphasis will always be given on 1 ASHA per 1000 population. However, in difficult, hilly and tribal belts the ratio may be relaxed depending on the habitation.
- The ASHA selected should be a woman resident of the concerned village in the age category of 25 to 45 years who should be a married /widow/divorced woman.
- She should have minimum education qualification up to 8th class, should have strong communication skill, leadership quality and willingness to reach to the community. The education criterion may be relaxed only if no suitable candidate is found.

Selection Process:

- The District Health Society will designate a District Nodal Officer (ASHA Nodal Officer), who will ensure selection as per guideline.
- The district Nodal Officer should establish proper linkage with the NGOs and other departments for facilitating the selection.
- The District Health Society would also designate a Block Nodal Officer (preferably SDM & HO or 2nd MO of the Block who will be held responsible for facilitating the selection process.
- The District Nodal Officer will brief the Block Nodal Officer and ASHA Supervisor on the selection criteria and importance of proper selection.
- ASHA Supervisor will conduct focussed group discussion (FGD) with the community. In each FGD importance of selecting woman with interest in social work should be emphasised. ASHA Supervisor will visit same village three times to cover majority of population with focus on under privileged group, SC and ST population. After discussion they select name of three women and will hand over to Gram Sabha under signature of Block Nodal Officer.
- Subsequently meeting of the Gram Sabha should be covered to select one out of the three shortlisted names. The minutes of the approval process in Gram Sabha should be recorded. The name of the selected ASHA will be forward the same to District Nodal Officer. The District Nodal Officer will forward the same to the undersigned.



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Guidelines for the payment of Additional Rs.1000/- to ASHAs (State Govt).

SI	Activity	Rate of Incentive
1	Line Listing of Adolescent and linkage with WIFS	100
2	Identification of SAM Children using MUAC Tape	50
3	Line listing of Screened children under RBSK by Mobile Health Team in her area	50
4	Facilitation of High Risk Pregnancy identification and line listing	100
5	Follow up of Full ANC with complete routine examination of each pregnant women	100
6	Mobilization for screening of HIV of all pregnant women	50
7	Identification of Malaria/Dengue/JE cases and line listing	100
8	Identification of TB Cases and line listing	100
9	Updating of MCP Card and ensuring opening of bank A/c of beneficiary registered in her area	50
10	Participation in NCD screening in her area	100
11	Ensuring supplement of IFA to under 5 children and line listing	50
12	Follow-up of full immunization with JE, MR, Rota Virus, Vitamin A etc and line listing	100
13	Identification of number of under 5 children with diarrhea traced and distributed ORS during the month and line listing	50
Total		1000



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Activity no 1: Line Listing of Adolescent and linkage with WIFS:

The ASHAs should be responsible for line listing of all the out of school adolescent girls (10-19 years) and out of school children (5-10 years) in her area on monthly basis and will ensure the IFA supplementation to them. ASHA should ensure consumption of 8 - 10 blue IFA tablets by every out of school adolescent girl and 8 – 10 pink IFA tablets by every out of school children. The ASHA Supervisor will ensure proper line listing and supplementation of IFA. The ASHA should do this activity with complete collaboration and cooperation with the AWW. The consumption report should be included in the prescribed AWC and ANM monthly reporting formats. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 2: Identification of SAM Children using MUAC Tape:

Every month, each ASHA jointly with AWWs will screen all the children (6 months – 5 years) in her area using MUAC Tape and identify the children with SAM (<11.5 cm by MUAC Tape). The screening can be done at VHND / AWCs or through home visits. Children identified with SAM should be referred to the nearest NRCs or DH/CHC/FRU/BPHC for further medical assessment and admission to NRC. The list of identified children with SAM shall be verified by ASHA Supervisor and ANM on monthly basis. ASHA will also follow up with the families on regular basis for ensuring treatment at NRCs (if required) and provide counseling on IYCF practices. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 3: Line listing of Screened children under RBSK by Mobile Health Team:

The ASHAs shall be responsible for preparation of a line list every month for the children screened, referred and treated by RBSK Mobile Health Team in her population. The line list prepared shall be verified by the ASHA Supervisor, ANM and Block Programme Assistant. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 4: Facilitation of High Risk Pregnancy identification and line listing:

The ASHAs should play an active role in facilitation of High Risk Pregnancy Identification within her population via household visit or during VHNDs, the detected High-Risk Pregnancies should be line listed every month and submitted during the monthly PHC review meeting. The line list should be verified by the ASHA Supervisor and ANM. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 5: Follow up of Full ANC with complete routine examination of each pregnant women:

The ASHAs in every month should ensure the receipt of full ANC services as scheduled for each pregnant woman in her population, she should ensure timely completion of all the due routine examination as per guidelines and ensure recording the same in the MCP card. The ASHA Supervisor and ANM shall verify that each pregnant woman is followed up by the ASHA. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.



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Activity no 6: Mobilization for screening of HIV of all pregnant women:

The ASHAs in every month should mobilize the pregnant women in her population for screening of HIV. The ASHA should facilitate at least one test preferably during the registration of pregnancy. The claim should be made in the master claim form by the ASHA which would be verified by the ASHA Supervisor and ANM and submitted to the responsible officer for processing and payment.

Activity no 7: Identification of Malaria/Dengue/JE cases and line listing:

The ASHAs should every month prepare a line list of all the identified Malaria/Dengue/JE cases in her population during household visits or VHND. The list prepared should be verified by the ASHA supervisor and ANM and the suspected cases should be referred to higher facility. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 8: Identification of TB Cases and line listing:

The ASHAs in every month should facilitate identification and referral of patients having a history of cough for more than 2 weeks in her population and prepare a line list of the identified cases. The ASHA Supervisor and ANM should verify the referrals and check the line list prepared by the ASHA. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 9: Updating of MCP Card and ensuring opening of bank A/c of beneficiary registered in her area:

The ASHAs in every month should update the MCP cards of the pregnant women in her population as per the treatment, follow up or development administered to the beneficiary. The ASHA should ensure completeness of the MCP card as per actual in the particular month. The ASHA Supervisor and ANM should verify the completeness of the MCP card. Moreover, the ASHAs should motivate and ensure opening of bank account for beneficiaries not having one (during 1st ANC) so as to facilitate payments like JSY etc. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 10: Participation in NCD screening in her area:

The ASHAs in every month in her population should be responsible for:

- i. Population enumeration
- ii. Mobilization of the eligible population that is greater than or equal to 30 years of age for screening at the sub center level.
- iii. Follow up of diagnosed cases for routine treatment at PHC level.

The ASHA Supervisor and ANM should verify the mobilization and follow up process. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.



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Activity no 11: Ensuring supplement of IFA to under 5 children and line listing:

The ASHAs in every month should be responsible for preparing the line listing of all the under 5 children in her area and ensure Iron Folic Acid Supplementation is received by the entire target under 5 children as per guideline for administration of IFA. The ASHA Supervisor will ensure the line list is prepared and the same is verified with the ANM. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 12: Follow-up of full immunization with JE, MR, Rota Virus, Vitamin A etc and line listing:

After vaccination activity on Wednesday, the ASHA should do the follow up visit in every Thursday to the concerned household in her area to ensure full immunization and line listing. The ASHA should also prepare a line list of the due children for TT/Td vaccination at the age of 10 years and 16 years. The ASHA Supervisor should verify the line list along with the ANM. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

Activity no 13: Identification of number of under 5 children with diarrhea traced and distributed ORS during the month and line listing:

The ASHAs in every month should be responsible for identification and distribution of ORS to under5 children traced with diarrhea and preparation of line list for the same. The ASHAs should also ensure that under 5 children with diarrhea to Sub Center and above health institution for treatment with Zinc. The ASHA Supervisor should verify the line list along with the ANM. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment



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ROUTINE INCENTIVES OF RS. 2000/- TO ASHAs

Payment Guidelines

FMR: 3.1.1.6.1



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Activity: Routine incentives of Rs. 2000/- to ASHAs - FMR: 3.1.1.6.1

Responsible officer:
At State Level: SCM/APM
At District Level: DCM/BCM

Guideline for payment of incentives for routine activities of ASHA:

FMR Code	SI No	Activity	Rate of Incentive
3.1.1.6.1	1	Mobilizing and attending Village Health and Nutrition Day	Rs 200/-
	2	Convening and guiding monthly Village Health Sanitation and Nutrition meeting	Rs 150/-
	3	Attending PHC Review Meeting	Rs 150/-
		a) Line listing of household done at beginning of the year and updated after every six months	Rs 1500/- (Rs.300x5)
		b) Maintaining village health register and supporting universal registration of births and deaths	
		c) Preparation of due list of children to be immunized updated on monthly basis	
		d) Preparation of list of ANC beneficiaries to be updated on monthly basis	
		e) Preparation of list of eligible couples updated on monthly basis	

For activity no 1: The ASHA will organize the VHND on the due date in her area. She will ensure proper cleanliness of the AWC before the scheduled date of the VHND. She will prepare the due list of beneficiaries and ensure their participation on the day of VHND. The ASHA Supervisor will ensure the proper arrangement of the VHND by the concerned ASHA and she will also verify the due list prepared by ASHA in coordination with the ANM and ensure participation during the day of VHND. She will certify in the prescribed format and forward it to the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.

For activity no 2: The ASHA will fix the date of VHSNC meeting every month in consultation with the PRI member. She will prepare the agenda of the meeting on the basis of the need of the village. She will ensure the participation of the PRI member along with other members of the committee. The minutes and attendance sheet of the meeting convened should be maintained by the ASHA. The ASHA Supervisor will verify the minute and attendance sheet of the meeting and certify in the prescribed format and forward it to the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.



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For activity no 3: The ASHA should attend monthly meeting along with Dairy and HBNC Module. The ASHA Supervisor will maintain the attendance sheet and certify in the prescribed format and forward it to the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.

For activity no 4:

- a) The ASHA will maintain the linelisting in the dairy provided to her. The ASHA Supervisor will verify the line listing done by her concerned ASHAs and ensure the same in coordination with the ANM and PRI member. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- b) The ASHA will maintain the village health register on monthly basis and ensure registration of each case of birth and death. The ASHA Supervisor will verify the village health registers of her concerned ASHAs and ensure the same in coordination with the ANM and PRI member. She will also ensure the registration of birth and death case reported by ASHA. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- c) The ASHA will prepare the due list of children up to 16 years of age and record it on monthly basis. The due list needs to be presented during VHND and ensure the vaccination as per the due list. The ASHA Supervisor will verify the due list prepared by her concerned ASHAs in coordination with ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- d) The ASHA will prepare the list of beneficiaries (pregnant women) for the ANC to be provided. During VHND she will ensure that the due ANCs are provided and will also follow up of the missed ANCs so that it can be provided at SC. The ASHA Supervisor will verify the list of beneficiaries (pregnant women) prepared by her concerned ASHAs in coordination with the ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- e) The ASHA will prepare the list of eligible couple in her village. It also needs to be ensured that the list is updated every month. The ASHA Supervisor will verify the list of eligible couple prepared by her concerned ASHAs in coordination with the ANM and PRI member. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.

Financial:

- a) On receipt of the claims form from ASHA supervisor the PHC account BAM will verify the same and the payment shall be made by DBT.
- b) Separate register to be maintained for the purpose and all financial guidelines to be follow.
- c) The expenditure shall be booked under FMR Code: **3.1.1.6.1 RoP 2021-22**



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District wise breakup for Routine Incentives for ASHA:

ASHA Routine Incentives @ Rs. 2000/- pm for 12 months FMR: 3.1.1.6.1				
SI	District	No of Rural ASHA	District wise Allocation as per approved ASHA @2000 per ASHA for 12 Months	In Lakh
1	Baksa	950	22800000	228.00
2	Barpeta	1610	38640000	386.40
3	Bongaigaon	700	16800000	168.00
4	Cachar	1745	41880000	418.80
5	Chirang	742	17808000	178.08
6	Darrang	978	23472000	234.72
7	Dhemaji	746	17904000	179.04
8	Dhubri	1566	37584000	375.84
9	Dibrugarh	1218	29232000	292.32
10	Dima Hasao	238	5712000	57.12
11	Goalpara	1025	24600000	246.00
12	Golaghat	1057	25368000	253.68
13	Hailakandi	715	17160000	171.60
14	Jorhat	912	21888000	218.88
15	Kamrup Metro	211	5064000	50.64
16	Kamrup Rural	1744	41856000	418.56
17	Karbi Anglong	707	16968000	169.68
18	Karimganj	1205	28920000	289.20
19	Kokrajhar	1377	33048000	330.48
20	Lakhimpur	1273	30552000	305.52
21	Morigaon	948	22752000	227.52
22	Nagaon	1682	40368000	403.68
23	Nalbari	775	18600000	186.00
24	Sivasagar	746	17904000	179.04
25	Sonitpur	1099	26376000	263.76
26	Tinsukia	1346	32304000	323.04
27	Udalguri	1065	25560000	255.60
28	Biswanath	760	18240000	182.40
29	Charaideo	460	11040000	110.40
30	Hojai	701	16824000	168.24
31	Majuli	298	7152000	71.52
32	South Salmara	345	8280000	82.80
33	West Karbi Anglong	390	9360000	93.60
Total:		31334	752016000	7520.16



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**National Institute of Open Schooling (NIOS) CERTIFICATION OF
ASHAs**

FMR: 3.1.2.4



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Activity: NIOS Certification of ASHAs FMR: 3.1.2.4

Responsible officer:
At State Level: SCM
At District Level: DCM/BCM

NIOS (National Institute of Open Schooling) certification of ASHAs is a process of certifying the ASHAs of their competency and an advanced training module developed by NHM in collaboration with NIOS. In this process an ASHA is trained for 10 days on a special module derived from the earlier ASHA modules. The ASHAs has to appear for practical evaluation and written exam after passing which she becomes NIOS certified ASHA. This is indeed a career opportunity for ASHAs to progress to higher levels in the sector of service delivery under public health domain.

District wise budget breakup:

Sl	District	Target No of ASHAs to be trained in 2021-22	No of Batches @ 30 participants	A	B	C	D	E	F=A+B+C+D+E	In lakh
				Batch cost for 5 days refresher training @ Rs. 88775/-	Batch cost for another 5 days refresher training @ Rs. 88775/-	Costing for 2 days external Evaluation of ASHAs by NIOS (Practical Skills Examination & theory examination Per batch @ 29600/-	Registration Fee New AVI	4 members inspection cost for 5 DTS, per day 500/-per	Total District Allocation	
1	Nagaon	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
2	Golaghat	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
3	Jorhat	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
4	Darrang	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
5	Kamrup Metro	150	5	443875.00	443875.00	148000.00	0.00	0.00	1035750.00	10.36
6	Dhemaji	60	2	177550.00	177550.00	59200.00	0.00	0.00	414300.00	4.14
Total		1410	47	4172425.00	4172425.00	1391200.00	0.00	0.00	9736050.00	97.36



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Model Budget Breakup for Refresher Training:

Budget for 10 days refresher training on ASHA Module for NIOS certification					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(inRs.)			(inRs.)
1	TA for Participants subject to actual	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750
5	Training Material (folder, note Pad, Pen, Pencil, Highlighter etc.)	75	37	1	2775
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
A	Total amount for one batch (in Rs.)				88775

Model Budget Breakup for 2 days days external Evaluation of ASHAs by NIOS (Practical Skills Examination & theory examination:

SI No	Component	Unit cost	Unit	Duration	Total Amount
		(inRs.)			(inRs.)
1	DA to Participants	100	30	2	6000
2	Honorarium for Resource Persons	300	3	2	1800
3	Accommodation for the participants including(L/F)	150	33	2	9900
4	Training Material (folder, note Pad, Pen, Pencil, Highlighter etc.)				
5	Working lunch, snacks and Tea	150	33	2	9900
6	Venue hiring Charge	1000	1	2	2000
A	Total amount for one batch (in Rs.)				29600



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Agenda for 10- days Refresher Training for ASHA

ASHA CERTIFICATION

TIME	TOPIC
	DAY-1
30 min	Registration
30 min	Welcome and Experience Sharing
60 min	Overview of ASHA Certification programme:- <ul style="list-style-type: none"> - Introduction to ASHA Certification programme - Objectives of the training workshop - Introduction to Supplementary book - Examination Strategy for ASHAs planned by State as internal evaluation and NIOS as external evaluation.
90 min	Being an ASHA <ul style="list-style-type: none"> - Roles of ASHA - Activities / Tasks of an ASHA. - Qualities that make an ASHA effective/ values of an ASHA - Filling of worksheet given in the Supplementary guide for this topic
90 min	Being an ASHA <ul style="list-style-type: none"> - Healthy community - Understanding rights and right to health - Filling of worksheet given in the Supplementary guide for this topic
90 min	Being an ASHA <ul style="list-style-type: none"> - Skills of ASHA – leadership and communication skills - Filling of worksheet given in the Supplementary guide for this topic
	DAY-2
30 min	Recap of previous day sessions
90 min	Being an ASHA <ul style="list-style-type: none"> - Skills of ASHA- decision making skills, negotiation skills and coordination skills - Filling of worksheet given in the Supplementary guide for this topic
90 min	Being an ASHA <ul style="list-style-type: none"> - Reaching the unreached - Filling of worksheet given in the Supplementary guide for this topic
180 min	Maternal Health <ul style="list-style-type: none"> - Pregnancy diagnosis, ANC components and danger signs/ complications during the antenatal period - Management of anaemia - Filling of worksheet given in the Supplementary guide for this topic - Practice of calculating LMP / EDD - Practice of diagnosing pregnancy using Nishchay kit
	DAY-3
30 min	Recap of previous day sessions
45 min	Mock test / exam of sessions covered
120 min	Maternal Health <ul style="list-style-type: none"> - Birth preparedness for a safe delivery - Management of anaemia - Identifying complications during pregnancy and delivery - Care during delivery



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	- Filling of worksheet given in the Supplementary guide for this topic
60 min	Maternal Health - Post-partum care including complications - Filling of worksheet given in the Supplementary guide for this topic
90 min	Newborn health - Care of baby at the time of delivery - Examining the new born at birth, 30 seconds and 5 minutes - Filling of worksheet given in the Supplementary guide for this topic - Practice for calculating the timing for new born- birth, 30 seconds and 5 minutes
60 min	Newborn health - Filling of home- visit form (using revised HBNC Forms)
DAY-4	
30 min	Recap of previous day sessions
180 min	Newborn health - Demonstration and practice of weighing the newborn - Demonstration and practice of measuring temperature - Demonstration and practice of umbilical cord care - Demonstration and practice of eye care - Filling of worksheet given in the Supplementary guide for this topic
90 min	Newborn health - Breastfeeding and common breastfeeding problems - Filling of worksheet given in the Supplementary guide for this topic
60 min	Newborn health - Demonstration and practice of Hand- washing
DAY-5	
30 min	Recap of previous day sessions
90 min	Newborn health - Keeping the new-born warm and the problem of hypothermia - Demonstration and practice of keeping new-born warm - Filling of worksheet given in the Supplementary guide for this topic
240 min	Practice of all skills covered during 5 days of training
60 min	Mock test / exam of sessions covered during 5 days of training
DAY-6	
30 min	Recap of previous day sessions (if training is continuous for 10 days)
120 min	Newborn health – sick newborn care - Identifying high risk baby - Breastfeeding low birth weight / pre-term babies - Asphyxia diagnosis and management - Demonstration on use of mucus extractor - Filling of worksheet given in the Supplementary guide for this topic
60 min	Newborn health –sick newborn care - Neonatal sepsis- diagnosis and management - Filling of worksheet given in the Supplementary guide for this topic
120 min	Child care- child health and nutrition - Infant and young child feeding



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	<ul style="list-style-type: none"> - Assessment of malnutrition - Nutrition counselling - Practice of using growth charts - Filling of worksheet given in the Supplementary guide for this topic
90 min	Child care- child health and nutrition <ul style="list-style-type: none"> - Update on immunization - Use of mother and child protection (MCP) card - Filling of worksheet given in the Supplementary guide for this topic
	DAY-7
30 min	Recap of previous day sessions
60 min	Child care- child health and nutrition <ul style="list-style-type: none"> - Assessing the sick child for danger signs and recognizing symptoms of common illnesses - Assessing and classifying fever - Demonstration and practice of measuring fever using thermometer - Filling of worksheet given in the Supplementary guide for this topic
90 min	Child care- child health and nutrition <ul style="list-style-type: none"> - Management of diarrheal disease - Demonstration of home-based ORS and ORS packet - Filling of worksheet given in the Supplementary guide for this topic
90 min	Child care- child health and nutrition <ul style="list-style-type: none"> - Diagnosis and management of acute respiratory infection (ARI) - Demonstration of counting respirations (brief count) of the child - Filling of worksheet given in the Supplementary guide for this topic
60 min	Women's reproductive health <ul style="list-style-type: none"> - Safe abortion - Family planning - Filling of worksheet given in the Supplementary guide for this topic
60 min	Child care- child health and nutrition <ul style="list-style-type: none"> - Practice of home-based ORS and ORS packet - Practice of counting respirations (brief count) of the child
	DAY-8
30 min	Recap of previous day sessions
120 min	Women's health & gender concerns <ul style="list-style-type: none"> - Gender and patriarchy and their linkages with violence - Forms of violence and life cycle approach of violence - Matrix of violence - Identifying women who are vulnerable to violence - Signs and symptoms and consequences of violence - Awareness, counselling and referral support to vulnerable women - Filling of worksheet given in the Supplementary guide for this topic
60 min	Women's reproductive health <ul style="list-style-type: none"> - Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) - Filling of Worksheet given in the Supplementary guide for this topic
90 min	Introduction to Infectious Diseases- Malaria <ul style="list-style-type: none"> - Key facts and treatment of Malaria - Demonstration of Rapid Diagnostic Test (RDT) Kit for Malaria (As per state



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	context) - Demonstration of making a blood smear slide for Malaria (As per state context) - Filling of Worksheet given in the Supplementary guide for this topic
120 min	Introduction to Infectious Diseases- Malaria - Practice of Rapid Diagnostic Test (RDT) Kit for Malaria (As per state context) - Practice of making a blood smear slide for Malaria (As per state context)
	DAY-9
30 min	Recap of previous day sessions
60 min	Introduction to Infectious Diseases- Tuberculosis - Understanding spread of TB and diagnosis - Treatment of TB patients - Filling of Worksheet given in the Supplementary guide for this topic
120 min	Village Health Planning (VHSNC) - Filling of Worksheet given in the Supplementary guide for this topic
45 min	Mock test/ exam of sessions covered
180 min	Practice of all skills
	DAY-10
240 min	Internal Assessment by State- Skill Test- Essential/ compulsory skills and random skills including viva and demonstration
30-45 min	Theory/ Written Examination

Note: Please refer to Modules- Module-5, Module-6, Module-7, Induction Module, mobilizing for action against Gender- Based violence, Village Health Sanitation and Nutrition Committee (VHSNC), reaching the Unreached Brochure in addition to Supplementary guide during the Refresher Training.

The trainers may conduct the activities/ exercises / case studies given in the Trainer Notes for better understanding of the topic. Trainers must ensure that all the material required for each session is available before conducting the session. The material required for each session is given in the Trainer Notes and Supplementary guide.



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Address to District Trainers:

Dear District ASHA Trainers,

As you all know that ASHAs from your respective districts have been chosen for the certification by NIOS in this phase of ASHA certification programme, hence we have a expectation that all the ASHAs will be certified by the NIOS with all your expertise guidance and regular & dedicated support.

We assume that the district ASHA trainers have emphasized on all the essential skills, random skills and demonstrations during the refresher training which is an essential part of ASHA certification. Again, this is an earnest request to all the district ASHA trainers to pay more attention in the following skills as listed below to help ASHAs in getting them certified by the NIOS.

Essential skills

1. Hand washing
2. Keeping the newborn baby warm (wrapping the baby)
3. ORS preparation (Home-made and ORS packet)
4. Weighing the newborn baby
5. Temperature measurement



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Random skills including viva and demonstration

For Viva-

1. Tracking beneficiaries and updating MCH/MCP card
2. Diagnosing the Last Menstrual Period (LMP) and calculating Expected Date of Delivery (EDD)
3. Observation of newborn at birth, 30 seconds and 5 minutes for movement of limbs, breathing and crying
4. Conduct examination of newborn for abnormality
5. Provide care of eyes and umbilicus
6. Counsel for exclusive breastfeeding
7. Ability to identify hypothermia in newborns
8. Diagnose and management of newborn sepsis
9. Assessing grades of malnutrition (plotting and use of growth chart)
10. Diagnosis of dehydration and ability to ascertain if referral is required
11. Skill to make adaption of the message of six complementary feeding advises to each household
12. Signs of Acute Respiratory Infections (ARI) – during fever, chest in drawing, breath counting; and ability to manage mild vs. moderate ARI with Cotrimoxazole and refer the severe ones
13. Skill in counseling the mother for feeding during diarrheal episode
14. Testing for anemia and ensuring appropriate treatment
15. Counsel for delay in age of marriage, delay in age of first child bearing and in spacing the second child.

Demonstration

1. Diagnosing Pregnancy using Nishchay Kit
2. Diagnosis of Malaria-
 - a) Rapid Diagnostic Test (RDT) Kit
 - b) Blood Smear

NB: This is to be noted that one more round of refresher training will be conducted for the ASHAs before the commencement of NIOS certification at the District Training Sites accredited by the NIOS.



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Internal Evaluation by State for ASHAs

The internal evaluation is expected to be undertaken during the 10 days Refresher training of ASHAs- either on last one and a half days or on last two days as decided by the State (this is included in the 10 days refresher training of ASHAs). The ASHAs are expected to be evaluated on Technical skills/Practical skills (Essential skills and Random skills including viva) and Theory. This is very similar to the evaluation of State and District Trainers. As given in the Supplementary guide, the maximum marks of this evaluation will be 30, with 50% pass percentage, coming to passing as 15 marks. All ASHAs getting 15 marks and above out of total 30 marks, will be considered pass in the internal evaluation.

The suggested modality of conducting the evaluation is as follows:

1. Technical (Practical) skills assessment:

The assessment of technical/practical skills can be conducted on any of the last two days of the training. The technical/practical skills assessment will be of 30 marks, as per the Supplementary guide.

It is expected to be conducted in 5 skill corners established for the skills demonstration. Skills corner should have required quantity of material/equipment's necessary to perform the demonstration. The technical/practical skills assessment has been divided into 2 parts-

- A. Skill test I(Essential/Compulsory skills) and**
- B. Skill test II (Random skills including viva and demonstration)**

A. Skill test I:The essential/ compulsory skill test will comprise of five essential/compulsory skills. Each of the skill carries 05 marks(so total of 25 marks out of 30 marks) and will involve steps, which needs to be performed in a correct sequence. *The Skill Checklist for ASHAs is annexed.* The details of skills are mentioned in the table below-

Sl. No.	Name of the skills	Skill corner	Materials required
1	Hand washing(<i>can be conducted in the open premises</i>)	1 st skill corner	Bucket, mug, soap, running water and one volunteer (<i>for pouring the water</i>)
2	Temperature measurement	2 nd skill corner	Digital thermometer, spirit, cotton, baby mannequin, paper, pen/pencil and dustbin
3	Newborn weighing	3 rd skill corner	Weighing scale, cloth, baby mannequin, paper and pen/pencil
4	Keeping the Newborn warm	4 th skill corner	Baby mannequin and warm blanket
5	Preparation of ORS-using ORS packet and home-based ORS	5 th skill corner	ORS packet, clean water, spoon, ladle (<i>to mix the contents</i>), 200 ml glass, 1 litre jar/bottle, big bowl, salt, sugar, bucket and dustbin



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Method:

- (i) All the ASHAs will be divided into four-five groups with 4-5 ASHAs allotted to one evaluator/examiner.
- (ii) Each of the 5 skill corners will have one examiner for assessment. ASHAs will demonstrate the required skill in that skill corner, one by one and proceed to the next skill corner. This will continue till each ASHA has demonstrated all the 5 skills. In this way, the assessment will be simultaneously conducted in the 5 skill corners.
- (iii) Each skill and steps involved in the skills are standardized by giving them equal marks. This indicates that-
 - Full marks for the step: If done as per the standards/checklist (*skill checklist for ASHAs shared by NHSRC which is annexed in this document*). Each skill will be of 5 marks with 0.5 (1/2) marks allocated for each step
 - No marks for the Step: Not done as per the standards/checklist or any missing step

B. Skill test II: The Random skill assessment will include viva and demonstration. It will require the ASHA to perform any one skill from the list of random skills (*Trainers will have to prepare paper chits of all random skills and examiners will ask ASHAs to pick one chit*). Each skill carries 05 marks and will involve steps which needs to be performed in a correct sequence. The skills are-

For Viva-

- Tracking beneficiaries and updating MCH/MCP card
- Diagnosing the Last Menstrual Period (LMP) and calculating Expected Date of Delivery (EDD)
- Observation of new-born at birth, 30 seconds and 5 minutes for movement of limbs, breathing and crying
- Conduct examination of new-born for abnormality
- Provide care of eyes and umbilicus
- Counsel for exclusive breastfeeding
- Ability to identify hypothermia in new-borns
- Diagnose and management of new-born sepsis
- Assessing grades of malnutrition (use of growth chart)
- Diagnosis of dehydration and ability to ascertain if referral is required
- Skill to make adaption of the message of six complementary feeding advises to each household
- Signs of Acute Respiratory Infections (ARI) – during fever, chest in drawing, breath counting; and ability to manage mild vs moderate ARI with Cotrimoxazole and refer the severe ones
- Skill in counselling the mother for feeding during diarrhoeal episode
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Demonstration(*the steps are given in the skill checklist for ASHA in this document*)

- Diagnosing Pregnancy using Nishchay Kit
- Diagnosis of Malaria(***in malaria endemic states***)-
 - a) Rapid Diagnostic Test (RDT) Kit
 - b) Blood Smear

Method:

- (i) All the ASHAs will be divided into four-five groups. Each group will have 4-5 ASHAs allotted to one evaluator/examiner in one skill corner.
- (ii) From the given list of above random skills (including viva and demonstration), the ASHA will have to perform any one skill randomly picked through chits. The examiner will refer to the Module 6 and 7, to ask details about each topic. Each ASHA will answer the viva question or demonstrate the skill in that skill corner and the examiner will score them accordingly (out of 5 marks). In this way, the assessment will be simultaneously conducted in the 5 skill corners.
- (iii) The ASHA will be assessed based on the standardized steps as given in the Module 6 and 7 or skill checklist for ASHAs(*for demonstration only*)i.e.
 - Full marks for the step: If done as given in the Module 6 and 7 or skill checklist for ASHAs(*for demonstration only*)
 - No marks for the Step: Not done as given in the Module 6 and 7 or skill checklist for ASHAs(*for demonstration only*)or any missing step

***** Note-** The combined marks obtained by ASHAs from Skill test I (Essential/Compulsory skills) and Skill test II (Random skills including viva and demonstration)- from total of 30 marks, should be shared by state with NIOS as Internal Evaluation of ASHAs.

2. Theory assessment:

State may undertake theory evaluation of the ASHAs, as this will be a useful exercise for the ASHA while sitting for the final external evaluation conducted by NIOS. Theory examination can be of 30 marks and the allotted time can be 30-45 minutes. This can be administered on the last day of the Refresher training. The question paper can include various types/formats as decided by the State- Multiple Choice Questions; Fill the blanks, True/False, Match the following, Short answer type questions, Long answer type questions and Case studies. The marks of ASHAs theory examination should be recorded and maintained in a data base by the state for future reference

Method:

Theory question paper of 30 marks will be administered to the ASHAs and the time allotted will be 30-45 minutes.

Internal Evaluation Detail:

Type of Assessment	Maximum Marks	Pass Percentage	Pass Marks
Internal Evaluation by State	30 marks	50% of 30 marks	15 marks



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Appendix

Skill Checklists (For ASHAs)

Essential/Compulsory skill

1. Hand Washing - Demonstration

	Checklist	Marks allocated	Score
1	Remove rings, bangles and wrist watch	0.5	
2	Wet hands and forearm up to elbow and fingers	0.5	
3	<i>Apply soap on wet hands and forearm up to elbow and fingers-</i>	(02)	
i	Scrub hands	0.5	
ii	Scrub fingers/ thumbs	0.5	
iii	Scrub wrist	0.5	
iv	Scrub forearm	0.5	
4	Wash your hands thoroughly with clean water	0.5	
5	Do not use towel or any cloth to dry the hands	0.5	
6	Air-dry with hands up - elbow facing the ground	0.5	
7	Do not touch the ground or dirty objects after washing hands	0.5	
	Total	05	



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Essential/Compulsory skill

2. Temperature Measurement– Demonstration

	Checklist	Marks allocated	Score
1	Take thermometer out and hold at broad end	0.5	
2	Clean the shining tip with cotton ball soaked in spirit	0.5	
3	Press the button to turn on thermometer. You may see “188.8” flash in the centre of the display window, then a dash (-), then the last temperature taken and then three dashes (---) and a flashing “F” in the upper right corner.	0.5	
4	Hold the thermometer upward and Place the shining tip in the centre of the armpit.	0.5	
5	Place your arm to support baby’s arm. Do not change the position	0.5	
6	Look at the display and Wait till continuous beeps are heard	0.5	
7	Remove thermometer if “F” stops flashing, and number stops changing	0.5	
8	Read and record the temperature	0.5	
9	Turn off thermometer by pushing the round or colored button	0.5	
10	Clean the shining tip of the thermometer with a cotton ball soaked in spirit and Place thermometer back in the case	0.5	
	Total	05	



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Essential/Compulsory skill

3. Weighing the new-born – Demonstration

	Checklist	Marks allocated	Score
1	Place the sling on scale	0.5	
2	Hold scale by top bar keeping the adjustment knob at eye level	0.5	
3	Turn the screw until its top fully covers the red and '0' is visible	0.5	
4	Remove sling from the hook and place it on a clean cloth placed on the ground/cot/table	0.5	
5	Place baby with minimum clothes in the sling and put the sling on hook	0.5	
6	Holding top bar carefully, as you stand up, lift the scale and baby off the ground till the knob is at eye level	0.5	
7	Read the weight	0.5	
8	Gently put the sling with baby in it, on the ground/cot/table and unhook the sling	0.5	
9	Gently take out the baby from the sling and hand over to the mother	0.5	
10	Record the weight and inform the mother about baby's weight	0.5	
	Total	05	



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Essential/Compulsory skill

4. Keeping the new-born warm – Wrapping the baby – Demonstration

	Checklist	Marks allocated	Score
1	Keep the room warm: (warm enough for adults)	0.5	
2	Close all windows in the room	0.5	
3	Before wrapping the baby make sure baby is dry	0.5	
4	Make sure baby is clothed properly and head is covered	0.5	
-5	Take a clean blanket Fold it from its top edge	0.5	
-6	Gently keep the baby on the blanket	0.5	
7	Cover the baby's head with the folded edge	0.5	
8	Wrap baby's foot with the blanket	0.5	
-9	Cover baby from either side of the blanket	0.5	
10	Give the baby back to mother and advise her to keep the baby close to herself	0.5	
	Total	05	



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Essential/Compulsory skill

5. ORS preparation – using ORS packet and home-based ORS- Demonstration

	Checklist	Marks allocated	Score
	Using ORS packet		
1	Check the expiry date of the ORS Packet and ensure that the ORS packet is not damaged	0.5	
2	Pour all the ORS powder into a container having capacity of 1 litre	0.5	
3	Measure 1 litre of clean drinking water (preferably boiled and cooled)	0.5	
4	Stir well until the powder is mixed thoroughly and check if the solution tastes like tears	0.5	
5	Inform the family that ORS should be stored in a closed container and should be used within 24hours of preparation.	0.5	
	Sub total	2.5	
	Home-based ORS		
1	Measure one glass (200 ml) of clean drinking water (preferably boiled and cooled)	0.5	
2	Add one leveled tea spoon of sugar in the glass of water	0.5	
3	Add one pinch (taken with three fingers) of salt in the glass of water	0.5	
4	Stir well until the powder is mixed thoroughly and check if the solution tastes like tears	0.5	
5	Inform the family that ORS should be stored in a closed container and should be used within 24hours of preparation.	0.5	
	Sub total	2.5	
	Total	05	



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Random Skill

1. Diagnosis of Pregnancy using Nishchay Kit - Demonstration

	Checklist	Marks allocated	Score
1	Collect the morning urine in clean and dry glass or in a plastic bottle	0.5	
2	Check for expiry date of the kit and ensure that the kit is intact	0.5	
3	Keep the Nishchay kit on a flat surface	0.5	
4	Take two drops of urine in the sample well	0.5	
5	Wait for 5 minutes	0.5	
6	If two violet color lines come in the test region (T), then the woman is pregnant	0.5	
7	If the violet colour line in the test region (T) is one only, then the woman is not pregnant	0.5	
8	Dispose the used Nishchay kit properly	0.5	
9	Depending on the following results of the test what advice will you give to the woman-	(1)	
i.	Negative result – Advice on family planning methods and help her choosing the most appropriate method	0.5	
ii	Invalid result- Repeat the test	0.5	
	Total	05	



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Random Skills

2. Diagnosis of Malaria – Demonstration

a) Rapid Diagnostic Test (RDT) Kit

	Checklist	Marks allocated	Score
1	Check for expiry date of the kit. Open the foil pouch and check that the desiccant inside is still blue. If not, discard the test. Remove the test strip and the small tube or loop from the foil pouch and place them on clean dry surface Take out the buffer solution and the dropper. Place a new test tube in the multiple well plate	0.5	
2	Select the second or third finger of the left hand. Select the site of the puncture: Side of the ball of the finger, not too close to the nail bed	0.5	
3	Make a puncture at the site Allow the blood to come up automatically. Do not squeeze the finger	0.5	
4	Place lancet in trash container	0.5	
5	Touch the tip of the tube or the loop to the blood drop on the finger and Let a small quantity of blood (a small drop) come up in the tube or the loop	0.5	
6	Touch the tube or the loop to the test strip just below the arrow mark to place the blood there. <i>If there is a paper, where Plasmodium falciparum is written, remove it and place the blood, where it was</i>	0.5	
7	Place tube/loop in the trash container	0.5	
8	Using the dropper, place 4 drops of buffer solution into a new test tube	0.5	
9	Now place the test strip containing blood in the buffer solution with the arrow pointing down.	0.5	
10	Observe after 15 minutes and record the result Place test strip and test tube in the trash container	0.5	
	Total	05	



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Blood Smear

	Checklist	Marks allocated	Score
1	Select the second or third finger of the left hand. Select the site of the puncture: Side of the ball of the finger, not too close to the nail bed	0.5	
2	Make a puncture at the site: Allow the blood to come up automatically. Do not squeeze the finger	0.5	
3	Hold the slide by its edges	0.5	
4	Touch the drop of blood with a clean slide from below. Collect three drops for thick smear	0.5	
5	Touch another new drop of blood with the edge of a clean slide for preparing the thin smear	0.5	
6	Spread the first drop of blood with the corner of another slide to make a circle or a square about 1cm to make the thick smear	0.5	
7	Bring the edge of the slide carrying the second drop of blood to the surface of the first slide, wait until the blood spreads along the whole edge	0.5	
8	Push the slide forward by holding it at an angle of about 45° with rapid but not too brisk movement to make the thin smear	0.5	
9	Write with a pencil the slide number on the thin film, Wait until the thick film is dry	0.5	
10	Dispose of the lancet and cotton swabs in the trash container	0.5	
	Total	05	



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DISTRICT LEVEL QUARTERLY REVIEW MEETING OF BCMS / BPHC
WISE MONTHLY MEETING OF ASHAS

FMR: 3.1.2.10



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FMR: 3.1.2.10 Activity: District Level quarterly review meeting of BCMs

Responsible officer:

At State Level: SCM/APM

At District Level: DCM

Assam has a total of 149 health blocks and in each block, there is one Block Community Mobilizer placed to mentor the ASHA Supervisors and ASHAs. The BCMs have a diverse role of mobilizing, mentoring and supportive supervision of the ASHA Supervisors and ASHA and therefore it is utmost necessary to handhold and mentor the BCMs. Hence the districts should conduct a quarterly review meeting of the BCMs and initiate appropriate necessary intervention for smooth running of the community processes activities.

Guidelines for conducting quarterly review meeting of BCMs

- The meeting should be conducted at the end of every quarter, which the BCMs should compulsorily attend along with all the necessary documents.
- The meeting should be conducted at district level and should be chaired by the Jt. DHS along with DPMU officials the DCM being the convener of the meeting.
- The standard set of items to be discussed are:
 - i. ASHA Payment & Performance Monitoring System (APPMS)
 - ii. HMIS vs APPMS comparative performance.
 - iii. ASHA Performance Monitoring (APM)
 - iv. HBNC & referral performance / HBYC performance.
 - v. Status of Maternal and Infant Death and the status of report filing;
 - vi. Status of the observation of DAYS of the preceding months;
 - vii. ASHA Drug kit refilling review.
 - viii. Review of HBNC kit functionality (ASHA wise review)
 - ix. VHSNC monthly meetings / VHND performances;
 - x. Rogi Kalyan Samitis functioning.
 - xi. Field visit reports;
 - xii. Social Security and other grievances of ASHAs.
 - xiii. Filing system & approval of activities in written from SDM&HO.
 - xiv. Upsurge of any disease in the community / cluster and reporting there of;
 - xv. Social Audit, if applicable
 - xvi. Any other relevant point.
- Proper minutes should be maintained and to be circulated at all levels. (It is suggested to keep records using file, if you want you can keep in register too but file maintenance is must)
- A time bound action taken report should be collected from the BCMs with mandatory forwarding letter from the SDM&HOs.
- Proper approval from appropriate authority is necessary if the BCM is unable to attend the quarterly review.



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District wise budget details:

Quarterly Review meeting of BCM at District level				
Sl No	District	No of Health Block	Cost @ Rs.2160/- per participant for 4 quarters	In lakh
1	Baksa	6	12960.00	0.13
2	Barpeta	7	15120.00	0.15
3	Biswanath	3	6480.00	0.06
4	Bongaigaon	4	8640.00	0.09
5	Cachar	8	17280.00	0.17
6	Charaideo	2	4320.00	0.04
7	Chirang	2	4320.00	0.04
8	Darrang	4	8640.00	0.09
9	Dhemaji	5	10800.00	0.11
10	Dhubri	5	10800.00	0.11
11	Dibrugarh	6	12960.00	0.13
12	Dima Hasao	3	6480.00	0.06
13	Goalpara	5	10800.00	0.11
14	Golaghat	5	10800.00	0.11
15	Hailakandi	4	8640.00	0.09
16	Hojai	2	4320.00	0.04
17	Jorhat	6	12960.00	0.13
18	Kamrup M	5	10800.00	0.11
19	Kamrup R	12	25920.00	0.26
20	Karbi Anglong	4	8640.00	0.09
21	Karimganj	5	10800.00	0.11
22	Kokrajhar	4	8640.00	0.09
23	Lakhimpur	6	12960.00	0.13
24	Majuli	1	2160.00	0.02
25	Marigaon	3	6480.00	0.06
26	Nagaon	9	19440.00	0.19
27	Nalbari	4	8640.00	0.09
28	Sibsagar	6	12960.00	0.13
29	Sonitpur	4	8640.00	0.09
30	South Salmara	2	4320.00	0.04
31	Tinsukia	4	8640.00	0.09
32	Udalguri	3	6480.00	0.06
33	West Karbianglong	4	8640.00	0.09
Grand Total		153	330480.00	3.30



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Model budget breakup:

Quarterly Review meeting of BCM at District level					
SN	Components	Unit Cost	Unit	Duration	Total
1	TA for Participants (Subject to Actual)	200	153	4	122400
2	DA to Participants	100	153	4	61200
3	Note Pad, folder pen etc.	40	153	4	24480
4	Working lunch, snacks and Tea	200	153	4	122400
Total for 153 Participants					330480



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Activity: ASHA level BPHC Monthly meeting

FMR: 3.1.2.10:

Responsible officer:

At State Level: SCM/APM

At District Level: DCM

Assam has a total of 32546 ASHAs and 2661 ASHA Supervisors serving the community health needs and bridging the gaps between the community & health services. Though all ASHAs & ASHA Supervisors have been trained in the essential modules and skills, over the passage of time some polishing is necessary to sustain the same and help the ASHAs serve the community better which includes correctness of information and timely intervention as per need. So, to properly handhold the ASHAs and ASHA supervisors a monthly BPHC level ASHA & ASHA Supervisor meeting is to be conducted as below:

Guidelines for conducting ASHA level BPHC monthly meeting.

- The meeting should be conducted every month either at the beginning or ending of the month (preferably at a fixed date or day of month) and all ASHAs & ASHA Supervisors should compulsorily be present.
- The meeting should be mandatorily bechaired by the SDH&HO along with the BPMU personnel; BCM being the convener of the meeting.
- The standard set of items to be discussed during the meeting are:
 - i. ASHA Incentives Non-claimed ASHAs, ASHAs Claiming only routine incentives.
 - ii. ASHAs inactive in some particular activities.
 - iii. Discussion & demonstration of HBNC & other lifesaving skills.
 - iv. Random verification of HBNC & other activities conducted during the month and referral of sick new-born and verification with ASHA Performance Monitoring report.
 - v. Verification and checking of ASHA Performance monitoring indicators.
 - vi. Practical Skill test:
 - a. HBNC Skill test - hand washing weighing, temperature etc.
 - b. Baby wrapping.
 - c. Breastfeeding.
 - d. ORS preparation & directions of use.
 - e. Albendazole usage & dosage.
 - f. IFA administration for various age groups.
 - vii. Review of immunization status.
 - viii. Maintenance of ASHA diary and various line listings as necessary to maintain in line with the routine incentives & state govt incentive.
 - ix. Verification of VHSNC meeting records (minutes) along with the cross verification of vouchers and cash books every month. Also review the spending whether done through proper meeting and approval of VHSNC members or not.
 - x. HMIS vs APPMS comparative performance.
 - xi. HBYC performance.
 - xii. Status of Maternal and Infant Death and the status of report filing;
 - xiii. Status of the observation of DAYS of the preceding months;



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- xiv. VHSNC monthly meetings / VHND performances;
- xv. Social Security and other grievances of ASHAs.
- xvi. Filing system & approval of activities in written from SDM&HO.
- xvii. Upsurge of any disease in the community / cluster and reporting there of;
- xviii. Family planning activities.
- xix. Umbrella programme performance.
- xx. Any other relevant topic.

- Proper minutes should be maintained and to be circulated at all levels. (It is suggested to keep records using file, if you want you can keep in register too but file maintenance is must);
- A time bound action taken report should be collected from the ASHA Supervisors by BCM and the same to be submitted to SDM&HOs;



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District wise budget breakup:

Sl No	District	No of Health Block	Cost per BPHC Monthly meeting per month @Rs 500/- per meeting	Frequency (Months)	Cost	In lakh
1	Baksa	6	3000.00	12	36000.00	0.36
2	Barpeta	7	3500.00	12	42000.00	0.42
3	Biswanath	3	1500.00	12	18000.00	0.18
4	Bongaigaon	4	2000.00	12	24000.00	0.24
5	Cachar	8	4000.00	12	48000.00	0.48
6	Charaideo	2	1000.00	12	12000.00	0.12
7	Chirang	2	1000.00	12	12000.00	0.12
8	Darrang	4	2000.00	12	24000.00	0.24
9	Dhemaji	5	2500.00	12	30000.00	0.3
10	Dhubri	5	2500.00	12	30000.00	0.3
11	Dibrugarh	6	3000.00	12	36000.00	0.36
12	Dima Hasao	3	1500.00	12	18000.00	0.18
13	Goalpara	5	2500.00	12	30000.00	0.3
14	Golaghat	5	2500.00	12	30000.00	0.3
15	Hailakandi	4	2000.00	12	24000.00	0.24
16	Hojai	2	1000.00	12	12000.00	0.12
17	Jorhat	6	3000.00	12	36000.00	0.36
18	Kamrup M	5	2500.00	12	30000.00	0.3
19	Kamrup R	12	6000.00	12	72000.00	0.72
20	Karbi Anglong	4	2000.00	12	24000.00	0.24
21	Karimganj	5	2500.00	12	30000.00	0.3
22	Kokrajhar	4	2000.00	12	24000.00	0.24
23	Lakhimpur	6	3000.00	12	36000.00	0.36
24	Majuli	1	500.00	12	6000.00	0.06
25	Marigaon	3	1500.00	12	18000.00	0.18
26	Nagaon	9	4500.00	12	54000.00	0.54
27	Nalbari	4	2000.00	12	24000.00	0.24
28	Sibsagar	6	3000.00	12	36000.00	0.36
29	Sonitpur	4	2000.00	12	24000.00	0.24
30	South Salmara	2	1000.00	12	12000.00	0.12
31	Tinsukia	4	2000.00	12	24000.00	0.24
32	Udalguri	3	1500.00	12	18000.00	0.18
33	West Karbianglong	4	2000.00	12	24000.00	0.24
Grand Total		153			9,18,000	9.18



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SUPERVISION COST BY ASHA SUPERVISORS

FMR: 3.1.3.1



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Activity: SUPERVISION COST BY ASHA SUPERVISORS

FMR: 3.1.3.1

Responsible officer:

At State Level: HRD/SCM/APM

At District Level: District DCM/DAM/BCM/BAM

Assam has a total of 31334 rural ASHAs and in order to mentor them, being an important part of the ASHA support mechanism are the 2661 ASHA Supervisors. For every 10 to 20 rural ASHAs there is one ASHA supervisor. The ASHA Supervisors main role is to handhold the ASHAs under her and also hands on support to the ASHAs. The ASHA Supervisors are also responsible for overall supervision of the ASHAs under her and also verification of the claims for performance-based incentives claimed by ASHAs every month.

ASHA Supervisor Visit Charges per month
Rs. 7500/- per month (6000+1500)
(Rs. 300/- Per Visit X 25 Days= Rs. 7500/-)



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District wise budget breakup:

Supervision cost by ASHA Supervisors FMR: 3.1.3.1						
SI	District	No of ASHA Supervisors	A Cost of Supervision @ Rs. 300/- pd for 20 days i.e. Rs. 6000/- pm per ASHA Svr	B **Performance Incentive @ Rs. 300/- pd for 5 days i.e. Rs. 1500/- pm per ASHA Svr	C=A+B TOTAL	In Lakh
1	Baksa	95	6840000.00	1710000.00	8550000.00	85.50
2	Barpeta	145	10440000.00	2610000.00	13050000.00	130.50
3	Bongaigaon	67	4824000.00	1206000.00	6030000.00	60.30
4	Cachar	152	10944000.00	2736000.00	13680000.00	136.80
5	Chirang	54	3888000.00	972000.00	4860000.00	48.60
6	Darrang	71	5112000.00	1278000.00	6390000.00	63.90
7	Dhemaji	64	4608000.00	1152000.00	5760000.00	57.60
8	Dhubri	119	8568000.00	2142000.00	10710000.00	107.10
9	Dibrugarh	95	6840000.00	1710000.00	8550000.00	85.50
10	Dima Hasao	20	1440000.00	360000.00	1800000.00	18.00
11	Goalpara	93	6696000.00	1674000.00	8370000.00	83.70
12	Golaghat	95	6840000.00	1710000.00	8550000.00	85.50
13	Hailakandi	64	4608000.00	1152000.00	5760000.00	57.60
14	Jorhat	83	5976000.00	1494000.00	7470000.00	74.70
15	Kamrup Metro	17	1224000.00	306000.00	1530000.00	15.30
16	Kamrup Rural	152	10944000.00	2736000.00	13680000.00	136.80
17	Karbi Anglong	62	4464000.00	1116000.00	5580000.00	55.80
18	Karimganj	97	6984000.00	1746000.00	8730000.00	87.30
19	Kokrajhar	127	9144000.00	2286000.00	11430000.00	114.30
20	Lakhimpur	99	7128000.00	1782000.00	8910000.00	89.10
21	Morigaon	79	5688000.00	1422000.00	7110000.00	71.10
22	Nagaon	136	9792000.00	2448000.00	12240000.00	122.40
23	Nalbari	64	4608000.00	1152000.00	5760000.00	57.60
24	Sivasagar	68	4896000.00	1224000.00	6120000.00	61.20
25	Sonitpur	101	7272000.00	1818000.00	9090000.00	90.90
26	Tinsukia	110	7920000.00	1980000.00	9900000.00	99.00
27	Udalguri	99	7128000.00	1782000.00	8910000.00	89.10
28	Biswanath	69	4968000.00	1242000.00	6210000.00	62.10
29	Charaideo	42	3024000.00	756000.00	3780000.00	37.80
30	Hojai	59	4248000.00	1062000.00	5310000.00	53.10
31	Majuli	24	1728000.00	432000.00	2160000.00	21.60
32	South Salmara	6	432000.00	108000.00	540000.00	5.40
33	West Karbi Anglong	33	2376000.00	594000.00	2970000.00	29.70
Total:		2,661	191592000.00	47898000.00	239490000.00	2394.90

NB: ** Only to be released based upon fulfillment of certain performance parameters and guidelines as illustrated



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ASHA Supervisor's additional incentive (Performance linked)

ASHA Supervisors play a vital role in mentoring the ASHAs engaged under them by regular handholding and providing the necessary supportive supervision in carrying out different activities by an ASHA, be it ANC Care, HBNC, HBYC, Family Planning, nutrition, Immunization, NCD care etc. In order to further enhance the performance of ASHAs and ASHA Supervisors, a strategy has been chalked out for providing additional incentive to those ASHA Supervisors who's ASHAs are performing better than a particular benchmark, and it is seen in field that more the focused guiding, mentoring is done by ASHA Supervisor, better is the performances of ASHAs. ASHA Supervisors have been getting Rs. 7500 per month (Rs. 6000 from NHM and Rs. 1500 from state's budget). To increase the accountability of ASHA Supervisors towards ASHAs working under each ASHA Supervisor, state has decided for enhancing number of days visit of ASHA Supervisor by another 5 days (i.e. Rs. 300 x 5=Rs. 1500 p.m. but linked to performances)

Further, state proposes that the additional 5 days visit honorarium will not be given flat to each ASHA Supervisor, rather it will be linked to performance-based incentive.

Thus, other than their ongoing total honorarium of Rs. 7500 per month, each of the ASHA Supervisor will be entitled to get 10% additional incentive (with a maximum cap of Rs. 1500 per month) out of the average total monthly incentives of ASHAs (other than monthly routine and recurring incentive) working under her. On introducing this plan of making additional performance based incentive to ASHA Supervisors, it is expected that the quality of frequency of mentoring, guiding by ASHA Supervisors to ASHAs will improve, as each one of them will work closely with their ASHAs so that all ASHAs under her submit monthly claim on time and get their due incentives, which will give each ASHA Supervisor an additional incentive of 10% of the total average earning of ASHAs under her with a maximum cap of Rs. 1500 per month. This strategy will result competition among ASHA supervisors to perform better, which will eventually improve the program performances. This will also help to streamline the timely submission of ASHA's claims at Block PHC followed by cross checking of claims and settlement of claims of ASHAs by crediting their due incentive in ASHA's Bank account using PFMS mode.

The average income of the ASHAs under a particular ASHA Supervisor will be taken into account for payment of additional incentive of ASHA Supervisors. The total income of all the ASHAs under an ASHA Supervisor will be taken into consideration after subtracting the routine and recurring incentives. From the total income of ASHAs (after subtracting the routine and recurring incentives), 10% the total amount will be given as additional performance incentive of the respective ASHA Supervisor with a maximum cap of Rs. 1500 per month.



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Illustration cum guidance note for making payment of additional ASHA Supervisor Performance Incentive:

Refer to TABLE 1 below:

A= Number of ASHAs under an ASHA Supervisor.

B= Total income (Including Routine Incentives) of ASHAs under an ASHA Supervisor.

C= Total number of ASHAs multiplied by Routine & recurring incentive earned (Both Gol & State Govt) per month by one ASHA. i.e. $C = A \times \text{Rs. } 3000$. For e.g: if there are 7 ASHAs under an ASHA Supervisor then $C = A \times 3000$ where $A=7$ ASHAs therefore Rs. 21000.

D= Actual earnings excluding Routine Incentives. i.e. $D = B - C$. For e.g.: if the 7 ASHAs under ASHA supervisor “A” earned Rs. 30000 including routine and recurring incentives then D will be Rs. 30000 (total incentive) minus 21000 (total routine incentive) earned by ASHAs under an ASHA supervisor i.e. Rs.9000. ($D=30000-21000=9000$)

E=10% of D (With a maximum cap not exceeding Rs.1500). For example, if the ASHAs under ASHA Supervisor “A” earns a total of Rs. 9000 excluding their Routine Incentives then ASHA Supervisor “A” will earn performance incentive of Rs. 900 which is 10% of D. However, in case of ASHA Supervisor “D” and ASHA Supervisor “E” and their ASHAs earned Rs. 20000 and Rs.60000 respectively (other than routine and recurring incentive) then 10% of the amount become Rs. 2000 and Rs. 6000; but in those case, ASHA Supervisor “D” and ASHA Supervisor “E” will get maximum Rs. 1500, as per norms.

TABLE 1:

Sample Illustration for payment of additional ASHA Supervisor incentive based on performance						
Sl	ASHA Supervisor Name	A	B	$C=A \times 3000$ 0 RI	$D=B-C$	$E=10\%$ of D (with Max Rs.1500 Cap)
		No of ASHAs under ASHA Supervisor	Total income of ASHAs Including routine incentives	Total Routine Incentive earned (Rs. 3000/- per ASHA)	Actual earnings excluding Routine Incentives i.e. Rs.3000/- (Rs. 2000 GOI + Rs. 1000 State Gov)	Incentive for ASHA Supervisor i.e. 10% to Actual earning with a maximum cap of Rs. 1500/- per month per ASHA Svr
1	ASHA Supervisor A	7	30000	21000	9000	900
2	ASHA Supervisor B	12	51000	36000	15000	1500
3	ASHA Supervisor C	17	55000	51000	4000	400
4	ASHA Supervisor D	15	65000	45000	20000	1500 (Max Cap)
5	ASHA Supervisor E	20	120000	60000	60000	1500 (Max Cap)



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ASHA CONVENTION

FMR: 3.1.3.3



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Activity: ASHA Convention – FMR: 3.1.3.3

Responsible officer:

At State Level: SCM

At District Level: DCM/BCM

ASHA convention is an event at the district level which is conducted every year to celebrate the achievements of an ASHA. It is a way of thanking and recognizing her hard work at the field level and also an effort to understand her grievances. The best performing ASHA are recognized based on various parameters at the district as well as block levels so as to motivate other ASHAs to put more efforts and perform well.

GUIDELINE FOR CONDUCTING “ASHA CONVENTION”

1. A 5-member district level committee should be constituted involving the chairperson of District Health Society as chairperson and Jt. DHS as member secretary.
2. The committee shall decide the date of ASHA convention and best available spacious venue in the district.
3. All the ASHA & ASHA Supervisor should be informed well in advance about the objectives, date and venue of convention within the budget provision.
4. Transportation facility (both pick up & drop back) should be arranged for all ASHA & ASHA Supervisor from Block to the venue of convention.
5. Emergency medical facility and security arrangement should be ensured at the venue.
6. Facility for drinking water and hygienic & clean wash room should be ensured at the venue.
7. All the ASHA & ASHA Supervisor should be provided with light refreshment, tea and lunch etc.
8. Proper sitting arrangement should be ensured for all participants.
9. 3 nos. of best performing ASHA should be selected from the each BPHC of the district following the selection criteria for best ASHA and awarded. Refer the selection guideline placed at annexure III.
10. The date of ASHA convention should be informed to undersigned in advance.
11. A brief report, minutes, photographs etc. must be shared with undersigned within one week of completion of event.
12. The expenditure for conducting ASHA Convention should be incurred from **FMR code: 3.1.3.3, RoP 2021-22** as per guidelines and norms.



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District Wise Budget Breakup for ASHA Convention: Cost per ASHA:

ASHA Convention FMR: 3.1.3.3						
SN	District	Rural ASHAs	Urban ASHAs	Total ASHAs	Cost of ASHA Convention @Rs. 483.16/- per ASHA	In lakh
1	Baksa	950	0	950	459002.00	4.59
2	Barpeta	1610	0	1610	777887.60	7.78
3	Bongaigaon	700	52	752	363336.32	3.63
4	Cachar	1745	81	1826	882250.16	8.82
5	Chirang	742	0	742	358504.72	3.59
6	Darrang	978	0	978	472530.48	4.73
7	Dhemaji	746	0	746	360437.36	3.60
8	Dhubri	1566	85	1651	797697.16	7.98
9	Dibrugarh	1218	81	1299	627624.84	6.28
10	Dima Hasao	238	0	238	114992.08	1.15
11	Goalpara	1025	42	1067	515531.72	5.16
12	Golaghat	1057	0	1057	510700.12	5.11
13	Hailakandi	715	0	715	345459.40	3.45
14	Jorhat	912	55	967	467215.72	4.67
15	Kamrup Metro	211	465	676	326616.16	3.27
16	Kamrup Rural	1744	0	1744	842631.04	8.43
17	Karbi Anglong	707	32	739	357055.24	3.57
18	Karimganj	1205	30	1235	596702.60	5.97
19	Kokrajhar	1377	0	1377	665311.32	6.65
20	Lakhimpur	1273	35	1308	631973.28	6.32
21	Morigaon	948	0	948	458035.68	4.58
22	Nagaon	1682	60	1742	841664.72	8.42
23	Nalbari	775	0	775	374449.00	3.74
24	Sivasagar	746	28	774	373965.84	3.74
25	Sonitpur	1099	61	1160	560465.60	5.60
26	Tinsukia	1346	57	1403	677873.48	6.78
27	Udalguri	1065	0	1065	514565.40	5.15
28	Biswanath	760	26	786	379763.76	3.80
29	Charaideo	460	22	482	232883.12	2.33
30	Hojai	701	0	701	338695.16	3.39
31	Majuli	298	0	298	143981.68	1.44
32	South Salmara	345	0	345	166690.20	1.67
33	West Karbi Anglong	390	0	390	188432.40	1.88
Total		31334	1212	32546	15724925.36	157.25



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Good performing ASHA selection guideline (for Block Level)

Selection of Best performing ASHA should be done by the Block selection committee under the chairman of the SDM&HO with the following members:

1. SDM & HO – Chairman
2. BPM – Member Secretary
3. BAM – Member
4. BCM – Member
5. ASHA Supervisor (2 Nos)- Member

The committee will be responsible for selection of 3 nos. of Best Performing ASHAs following the below mentioned criteria based on performance during 2021-22:

- ✓ Highest number of attendance in VHND in her allotted area with coverage of minimum 90% to 100% beneficiaries (both children and pregnant women) for immunization.
- ✓ Highest number of coverage of beneficiaries for immunization during 3 rounds of Special Immunization Drive (SID).
- ✓ Highest number of attendance in VHSNC meeting with involvement of PRI member and other member of the VHSNC.
- ✓ Highest number of attendance in PHC/ sectoral level meeting.
- ✓ Highest number of institutional delivery supported and brought to the facility.
- ✓ Highest number of incentive claimed including the monthly routine incentive.
- ✓ Highest numbers of NCD patients under continuous follow up and have been taking NCD drugs regularly;
- ✓ Highest number of permanent sterilization done from her area;
- ✓ Highest number of couples protected through temporary family planning methods. This data must corroborate with the supply of temporary family planning items, she took from BPHC and her distribution records;

Note: While selecting the best performing ASHAs the committee shall go through a rigorous process and necessary documentation to be done and to be forwarded the same to the District level Committee for further necessary action.



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Good performing ASHA selection guideline (for District Level)

Selection of good performing ASHA should be done by the District selection committee under the chairman of the Joint Director of Health Services with the following members:

6. Jt. DHS – Chairman
7. DPM – Member secretary
8. DAM – Member
9. DCM – Member

The committee will be responsible for selection of 3 good performing ASHAs following the below mentioned criteria based on performance during 2021-22,

- ✓ Highest number of incentive claimed including the monthly routine incentive as per the ASHA Payment and Performance Monitoring System (APPMS)
- ✓ Highest number of attendance in VHND in her allotted area with coverage of minimum 90% to 100% beneficiaries (both children and pregnant women) for immunization.
- ✓ Highest number of coverage of beneficiaries for immunization.
- ✓ Highest number of attendance in VHSNC meeting with involvement of PRI member and other member of the VHSNC.
- ✓ Highest number of attendance in PHC/ sectoral level meeting.
- ✓ Highest number of institutional delivery supported and brought to the facility.
- ✓ Highest number of incentive claimed including the monthly routine incentive.
- ✓ Highest numbers of NCD patients under continuous follow up and have been taking NCD drugs regularly;
- ✓ Highest number of permanent sterilization done form her area;
- ✓ Highest number of couples protected through temporary family planning methods. This data must corroborate with the supply of temporary family planning items, she took from BPHC and her distribution records;

Note: While selecting the best performing ASHAs, the committee shall go through a rigorous process and necessary documentation to be done and forwarded the same to the State.



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Model Agenda for District ASHA Convention

1. Various schemes supported by ASHAs and their involvement and performance.
2. Sharing analysis report of activity wise ASHA incentives and ASHA Payment System.
3. Problem of delay on ASHA Incentives and how innovatively this was addressed.
4. Reference of poor coverage area to District Media expert for effective IEC.
5. The immediate ASHA Support Structure available at periphery and block level and their role, ASHA Help Desk, ASHA Rest room.
6. Grievances redressal of ASHAs, 104 ASHA Help line.
7. Feedback from ASHAs about any exemplary work, done by ASHA.
8. How maternal health and child health improved because of catalytic role played by ASHAs in the district and what more to be done;
9. Any other District specific matters.



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JAS (Jan Arogya Samiti Training) under SC HWC & PHC HWC

FMR: 3.2.4.2



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Activity: JAS (Jan Arogya Samiti) members Training under SC & PHC HWCs

FMR: 3.2.4.2

Responsible officer:

At State Level: SCM

At District Level: DCM/BCM

The JAS Guidelines and DO letter received from GoI vide DO No. 2-18015/4/2020-NHM-II (Part III) dated Oct 23rd 2020. As per the Guideline above Jan Arogya Samitis are to be formed at every SC – HWCs and PHC- HWCs. The JAS will be the institutional counterpart of RKS in a SC HWC and the PHC level RKS committees.

In all 2432 HWCs, the new committee in the name of Jan Arogya Samiti is being formed and restructured. As such State plans to orient these new JAS members for 2 days using the MoHFW module on JAS. The State ToT will be done followed by district ToT and finally training of JAS members. The budget for conducting the training is shown below. Training for 5 members from each JAS committee is planned for training. Training is planned for 101 batches that should be conducted by strictly adhering to the below mentioned guiding notes.

Guiding Notes for rolling out Training of JAS members:

Batch Strength: 25 (+ /- 5 members)

- The training shall only be rolled out once the State Level ToT is complete. The agenda and training guidelines will be shared accordingly.
- The participants for the JAS training should be the active & knowledgeable members from each JAS falling under the SC Health & Wellness Center.
- A minimum of 5 members from each JAS should be trained and accordingly the venue should be decided.
- The training should be conducted only by the personnel trained during State ToT.
- The number of participants for each batch should be 20-25 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.
- Prior to the training the trainers of the particular district should sit together & prepare the lessons to be covered during the training.
- A proper agenda for the training should be prepared and shared during the training.
- All the participants should be provided with the Guidelines of JAS, a pen, writing pad & folder.
- Arrangement of food (Breakfast, Lunch, Tea & snacks) should be taken care of.
- A training completion report is to be provided once the training has been completed.
- After the Participants have been trained the respective JAS Members they should undertake periodical reviews and which should be chaired by the CHO.
- The training calendar should be shared by the district to the undersigned.



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District wise Budget Breakup:

JAS member Training FMR: 3.2.4.2							
Sl	District	No of HWCs	Per JAS 5 members each	Batches	25% of total batches (to be trained)	Total cost @ Rs. 49800/- per batch	In lakh
1	Baksa	87	435	15	3	149400.00	1.49
2	Barpeta	172	860	29	6	298800.00	2.99
3	Biswanath	18	90	3	1	49800.00	0.50
4	Bongaigaon	71	355	12	3	149400.00	1.49
5	Cachar	74	370	12	3	149400.00	1.49
6	Charaideo	15	75	3	1	49800.00	0.50
7	Chirang	45	225	8	2	99600.00	1.00
8	Darrang	81	405	14	3	149400.00	1.49
9	Dhemaji	64	320	11	2	99600.00	1.00
10	Dhubri	76	380	13	3	149400.00	1.49
11	Dibrugarh	195	975	33	8	398400.00	3.98
12	Dima Hasao	51	255	9	2	99600.00	1.00
13	Goalpara	93	465	16	4	199200.00	1.99
14	Golaghat	26	130	4	1	49800.00	0.50
15	Hailakandi	70	350	12	3	149400.00	1.49
16	Hojai	10	50	2	1	49800.00	0.50
17	Jorhat	135	675	23	6	298800.00	2.99
18	Kamrup	309	1545	52	12	597600.00	5.98
19	Kamrup Metropolitan	48	240	8	2	99600.00	1.00
20	Karbi Anglong	46	230	8	2	99600.00	1.00
21	Karimganj	92	460	15	4	199200.00	1.99
22	Kokrajhar	71	355	12	3	149400.00	1.49
23	Lakhimpur	74	370	12	3	149400.00	1.49
24	Majuli	8	40	1	1	49800.00	0.50
25	Marigaon	25	125	4	1	49800.00	0.50
26	Nagaon	150	750	25	6	298800.00	2.99
27	Nalbari	61	305	10	3	149400.00	1.49
28	Sibsagar	43	215	7	2	99600.00	1.00
29	Sonitpur	20	100	3	1	49800.00	0.50
30	South Salmara Mancachar	36	180	6	2	99600.00	1.00
31	Tinsukia	72	360	12	3	149400.00	1.49
32	Udalguri	68	340	11	3	149400.00	1.49
33	West Karbi Anglong	26	130	4	1	49800.00	0.50
Grand Total		2432	12160	405	101.00	5029800.00	50.30



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Model Budget Breakup:

Training of Jan Arogya Samiti members on the JAS Guideline					
FMR: 3.2.4.2					
SN	Component	Unit Cost	Unit	Duration	Total
1	TA for Participants subject to actual	250	30	2	15000
3	Honorarium to Resource person	500	3	2	3000
4	Working lunch, snacks and Tea	300	33	2	19800
5	Venue hiring Charge	1000	1	2	2000
6	Training Materials; bag, pen, writing pad, checklist	100	30	1	3000
7	Manual printing cost	200	30	1	6000
8	Public Address system / genset hiring charge	1000	1	1	1000
Total amount for one batch @ 30 participants per batch(in Rs.)					49800



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VHSNC UNTIED FUND

FMR: 4.1.6



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Activity: VHSNC Untied fund

FMR: 4.1.6

Responsible officer:

At State Level: SCM

At District Level: DCM/DAM/BCM/BAM

NHM provides an annual untied fund to all the VHSNC. The main purpose of the untied fund is to use it as a catalyst for the improvement of Health Scenario at the village level. It is expected that the VHSNC should leverage funds from other source too. Every village is encouraged to contribute additional funds to the Village Health Sanitation and Nutrition Committee. This may be in terms of money or labour.

Guidelines for the VHSNC Untied fund:

- The VHSNC can use these funds for any purpose aimed at improving the health of the village. Nutrition, education, sanitation, environmental protection, public health measures are key areas where this fund could be utilized. Decision on the utilization of funds should be taken during the VHSNC meetings and should be used on the following principles:
- The fund shall be used for activities that benefit the community and not just one or two individuals.
- However, in some cases such as that of a destitute women or very poor household, the untied grants could be used to meet their health care needs and facilities access to care. For example, one VHSNC identified a suspected pneumonia patient who did not have money to go to the CHC for treatment. The VHSNC provided funds for her treatment at the CHC and one of the members also accompanied her and her family to the CHC for support.
- The fund shall not be used for works or activities for which an allocation of fund is available through PRI or other departments and duplication of activities on which funds are used should be avoided. For example, the fund should not be used in activities like construction of roads or drainage system in the village as these activities are already budgeted in their respective departments like Rural development, PHED or Forest Department.
- In special circumstances the district could give a direction or a suggestion to all VHSNC to spend on a particular activity –but even then, it should be approved first by the VHSNC.
- VHSNCs will not be directed to contract with specific service providers for specific activities, regardless of the nature of the activity. If the VHSNC wants to engage someone for providing emergency transport, neither health department staff nor anyone else can direct it to buy the machine from any particular shop or give the contract for referral transport to any particular service provider.
- All payment from the untied grant must be done through the VHSNCs directly to the service provider. This means that no one, not even the health department staff can



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collect money from the VHSNC for payments to a service provider. The VHSNC should not make any payments directly.

Managing the Untied Fund:

- The management of fund is completely in the hands of VHSNC.
- The utilization of the funds has to be transparent and should involve a participatory decision-making process.
- Decision taken on expenditure should be documented in the minutes during meetings. It is preferably adopted as a written resolution that is read out and then incorporated into the minutes in the meeting where there was adequate quorum.
- The member secretary should be allowed to spend small amounts on necessary and urgent activities, of up to Rs. 1000, for which details of activity, bill and vouchers should be submitted in the next VHSNC meeting and a post facto approval of the committee should be taken. This is important for emergency cases.

Accounting for the Untied Village Fund:

- VHSNC has to present an account of its activities and expenditures in the Bi-annual meeting of Gram Sabha and the quarterly meeting of the Gram Panchayat in which the plan and the budget of the Gram Panchayat is discussed.
- The annual statement of the Expenditure, prepared by VHSNC, will be forwarded by the Gram Panchayat to the appropriate block level functionaries of NHM.
- All vouchers related to expenditures must be maintained for upto three years, by the VHSNC and should be made available to Gram Sabha, or audit or inspection team appointed by district authorities. After that the Statement of Expenditure should be maintained for 10 years.
- The VHSNC should be allowed a period of 12 months after transfer of untied funds, to spend the funds. In case of delayed fund receipts, VHSNCs need to be given a six-month to spend funds beyond financial year end. When final accounts are presented unspent funds are to be regarded as unsettled advances and district will top-up funds on the unsettled advances.
- **The PRI member (President) and ASHA (Member Secretary and convener) should keep monthly records of any kind of expenditure incurred and which should be only through proper VHSNC meeting decision (2/3rd of members present). The Cash book, vouchers and meeting minutes should be maintained synchronously on a monthly basis. Unless extremely necessary, withdrawal of lump amounts from the account should be avoided but should be done in smaller amounts as per needs.**



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Indicative list of activities that may be undertaken with the help of untied fund:

The VHSNC should prepare the plan to address the health and its determinant issues in the village area. The suggestive expenditure of the annual untied fund is given below:

- As a revolving fund from which households could draw in times of need to be returned in installments thereafter.
- For any village level public health activity like cleanliness drive, sanitation drive, school health activities, ICDS, Anganwadi level activities, household surveys etc.
- In extraordinary case of a destitute women or very poor household, the village Health, Sanitation & Nutrition Committee untied grants could even be used for health care need of the poor household.
- The untied grant is a resource for community action at the local level and shall only be used for community activities that involve and benefit more than one household. Nutrition, Education & Sanitation, Environmental Protection and Public Health Measures shall be key areas where these funds could be utilized.
- Every village is free to contribute additional grant towards the Village Health Sanitation & Nutrition Committee. In village where the community contributes financial resources to the VHSNC untied grant of Rs. 10,000/-, (subject to budget provision in RoP) additional incentive and financial assistance to the village could be explored. The intention of this untied grant is to enable local action and to ensure that Public Health activities at the village level receive priority attention.
- In order to tap the malaria incidents, fund can be utilized in source reduction for the reduction of breeding of mosquitoes.
- Incidental expenses (tea, biscuits in monthly VHSNC meetings)
- Emergency transport for poor patients – where regular arrangements fall.

All the above activities are indicative only. The untied fund is provided to the VHSNC is to use for activities which will promote collective good. This fund is given to the VHSNC to use, as they deem proper. The committee has the responsibility towards the community and should utilize the fund with utmost transparency and accountability. The district/ BPHC should not place undue restrictions or give ad-hoc directions with regard to the use of untied funds.

State has planned to award the best performing VHSNCs (1 per district) based on the annual performances of the committees. The award will be awarded to the VHSNC which has worked with strict adherence to the guidelines provided and due weightage will be given to VHSNCs which has done extraordinary work with regards to community mobilization and who has introduced best practices and brought sustainable change in community level health care management.



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District wise budget:

District Wise Allocation of VHSNC Fund FY 2021-22 under FMR- 4.1.6							
Sl No	District	Revenue Villages (Dist wise)	Average opening balance of District as on 01.04.2021 (in Rs.)	Average Allocation per VHSNC Dist wise (Excluding VHSNC having above Rs. 5300/- opening Balance (in Rs.))	Total Opening balance at District as on 01.04.2021	District wise allocation of VHSNC Fund for FY 2021-22	In Lakhs
1	Baksa	692	506.55	4973.45	473621.98	4650178.02	46.50
2	Barpeta	855	361.07	5118.93	541608.00	7678392.00	76.78
3	Biswanath	938	579.23	4927.76	421682.27	3567698.40	35.68
4	Bongaigaon	571	524.56	4955.09	348834.93	3295133.08	32.95
5	Cachar	1,183	744.83	4825.42	1138837.45	7271913.55	72.72
6	Charaideo	327	562.46	4917.54	255355.00	2232565.00	22.33
7	Chirang	511	891.70	4695.04	624191.07	3230190.23	32.30
8	Darrang	541	501.27	4978.73	461670.00	4585410.00	45.85
9	Dhemaji	2,244	187.53	5285.09	139894.00	3942675.00	39.43
10	Dhubri	913	457.39	5022.61	710318.94	7800121.06	78.00
11	Dibrugarh	1,369	840.05	4685.04	979497.74	5514291.26	55.14
12	Dima Hasao	695	1268.38	4260.44	301875.02	1005464.38	10.05
13	Goalpara	838	899.91	4880.12	872017.00	4616595.00	46.17
14	Golaghat	1,125	1810.37	3783.28	1765109.35	3635731.15	36.36
15	Hailakandi	358	160.82	5319.18	109681.00	3627679.00	36.28
16	Hojai	401	988.40	4607.65	676068.73	3105559.27	31.06
17	Jorhat	605	2452.77	4021.80	2501828.92	3213416.29	32.13
18	Kamrup M	219	168.85	5311.15	35627.00	1120653.00	11.21
19	Kamrup R	1,088	914.00	4638.48	1445028.83	7268494.67	72.68
20	Karbi Anglong	2,552	830.36	4681.91	469986.40	2640595.60	26.41
21	Karimganj	1,161	1169.03	4770.40	1321004.52	5070931.48	50.71
22	Kokrajhar	1,081	426.92	5092.10	563109.12	6680837.38	66.81
23	Lakhimpur	1,180	328.40	5151.60	339893.30	5331906.70	53.32
24	Majuli	248	782.11	4697.89	171283.00	1028837.00	10.29
25	Morigaon	638	492.03	4987.97	439378.37	4454261.63	44.54
26	Nagaon	1,008	818.99	4849.23	1282538.91	7477506.35	74.78
27	Nalbari	470	514.79	4985.07	383005.77	3693934.23	36.94
28	Sibsagar	549	481.84	5045.68	336322.82	3496653.84	34.97
29	Sonitpur	946	865.82	4641.53	887467.00	4729715.00	47.30
30	South Salmara	184	191.06	5288.94	58845.00	1628995.00	16.29
31	Tinsukia	1,175	538.00	4942.00	688096.44	6320823.56	63.21
32	Udalguri	804	592.47	4887.53	604914.00	4990166.00	49.90
33	West Karbianglong	680	743.23	4820.74	248238.62	1590845.38	15.91
TOTAL		28149			21596830.49	140498169.51	1404.98



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Analysis of VHSNC Untied fund:

VHSNCs having opening balance above Rs. 5,500/- &Rs.10,000/- as on 01.04.2021						
SI No	District	No. of VHSNCs having More than 5500/- opening balance as on 01.04.2021	A No. of VHSNCs having More than 10000/- opening balance as on 01.04.2021	B Total amount of accounts above Rs. 10000/- (in.Rs)	C=(Ax10000) Unit Cost per annum@ Rs. 10000/- each (in Rs.)	D=(B-C) Excess fund above Rs. 10000/- lying in account (in Rs.)
1	Baksa	0	0	0.00	0.00	0.00
2	Barpeta	0	0	0.00	0.00	0.00
3	Bongaigaon	0	0	0.00	0.00	0.00
4	Cachar	17	1	10500.00	10000.00	500.00
5	Chirang	9	2	24475.16	20000.00	4475.16
6	Darrang	0	0	0.00	0.00	0.00
7	Dhemaji	0	0	0.00	0.00	0.00
8	Dhubri	0	0	0.00	0.00	0.00
9	Dibrugarh	7	1	15543.00	10000.00	5543.00
10	Dima Hasao	2	0	0.00	0.00	0.00
11	Goalpara	17	10	221727.00	100000.00	121727.00
12	Golaghat	13	1	31910.30	10000.00	21910.30
13	Hailakandi	0	0	0.00	0.00	0.00
14	Jorhat	60	11	176506.75	110000.00	66506.75
15	Kamrup M	0	0	0.00	0.00	0.00
16	Kamrup R	10	4	60296.00	40000.00	20296.00
17	Karbi Anglong	1	1	14383.00	10000.00	4383.00
18	Karimganj	57	14	182067.00	140000.00	42067.00
19	Kokrajhar	3	1	17706.00	10000.00	7706.00
20	Lakhimpur	0	0	0.00	0.00	0.00
21	Morigaon	0	0	0.00	0.00	0.00
22	Nagaon	36	1	11100.00	10000.00	1100.00
23	Nalbari	0	0	0.00	0.00	0.00
24	Sibsagar	5	0	0.00	0.00	0.00
25	Sonitpur	1	0	0.00	0.00	0.00
26	Tinsukia	0	0	0.00	0.00	0.00
27	Udalguri	0	0	0.00	0.00	0.00
28	Biswanath	1	0	0.00	0.00	0.00
29	Charaideo	0	0	0.00	0.00	0.00
30	Hojai	7	3	46232.00	30000.00	16232.00
31	West Karbianglong	3	1	10700.00	10000.00	700.00
32	South Salmara	0	0	0.00	0.00	0.00
33	Majuli	0	0	0.00	0.00	0.00
TOTAL		249	51	823146.21	510000.00	313146.21



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MOBILITY SUPPORT FOR DCM

FMR: (16.1) 16.1.3.3.5



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Activity: MOBILITY SUPPORT FOR DCM

FMR: (16.1) 16.1.3.3.5

Responsible officer:
At State Level: SCM
At District Level: DCM

Being a District Community Mobilizer attracts the need to visit the community in the form of field visits every month. Thus in order to facilitate the DCMs for visiting the community mobility support is being provided. The mobility support can be claimed by a DCM only if the following guidelines are met.

Guidelines for Monitoring visits by DCMs:

- The DCMs should undertake at least 8 monitoring visits in a month to be eligible to claim the monthly mobility support.
- During the visit the DCM should monitor all the parameters related to his or her TOR.
- The DCMs out of the 8 visits shall visit at least 3 hard to reach areas.
- Special emphasis to be given to the home delivery pockets while planning for the monitoring visits.
- The DCMs should monitor at least 10% of the total VHSNCs, their functioning, frequency of meetings, minute maintenance, attendance, fund utilization, vouchers & purchase approvals of the committee for any commodity or service.
- The DCMs should monitor 10% of HBNC visits by ASHAs along with the concerned BCM to ensure quality HBNC and provide handholding support as and when required. The districts under HBYC should similarly monitor HBYC visits as well.
- The DCMs along with the BCMs & BDMs should check that the HBNC data with the actual visits done by the ASHAs and ensure proper reporting of the same to the HMIS portal.
- Regarding HBNC, data triangulation should be done by the DCMs regarding home visits by ASHAs by cross verifying vouchers with the MCP card and actual interview with the beneficiary.
- The DCMs should mandatorily visit VHNDs every Wednesday while ensuring that the session is undertaken as per the prepared micro plan.
- The DCMs while visiting any BPHC or any sector level facility where ASHA claims are collected should check 10% of the master claim forms of ASHAs and should verify that the same is thoroughly checked and verified for supporting documents and signed by competent authority before payment;
- The DCMs should verify that all the ASHAs are receiving their incentives timely;



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District wise budget breakup:

Monitoring & Mobility Support for DCM FMR: (16.1) 16.1.3.3.5						
Sl	District	No of DCM	No of Days per month monitoring field visit	8 days for 12 Months	Approval @ Rs. 500/- per day	In Lakh
1	Baksa	1	8	96	48000	0.48
2	Barpeta	1	8	96	48000	0.48
3	Bongaigaon	1	8	96	48000	0.48
4	Cachar	1	8	96	48000	0.48
5	Chirang	1	8	96	48000	0.48
6	Darrang	1	8	96	48000	0.48
7	Dhemaji	1	8	96	48000	0.48
8	Dhubri	1	8	96	48000	0.48
9	Dibrugarh	1	8	96	48000	0.48
10	Dima Hasao	1	8	96	48000	0.48
11	Goalpara	1	8	96	48000	0.48
12	Golaghat	1	8	96	48000	0.48
13	Hailakandi	1	8	96	48000	0.48
14	Jorhat	1	8	96	48000	0.48
15	Kamrup Metro	1	8	96	48000	0.48
16	Kamrup Rural	1	8	96	48000	0.48
17	Karbi Anglong	1	8	96	48000	0.48
18	Karimganj	1	8	96	48000	0.48
19	Kokrajhar	1	8	96	48000	0.48
20	Lakhimpur	1	8	96	48000	0.48
21	Morigaon	1	8	96	48000	0.48
22	Nagaon	1	8	96	48000	0.48
23	Nalbari	1	8	96	48000	0.48
24	Sivasagar	1	8	96	48000	0.48
25	Sonitpur	1	8	96	48000	0.48
26	Tinsukia	1	8	96	48000	0.48
27	Udalguri	1	8	96	48000	0.48
Total:		27	Cost		1296000	12.96



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MONTHLY REVIEW MEETING OF
ASHA SUPERVISORS
FMR: (16.1) 16.1.3.4.4



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Activity: MONTHLY REVIEW MEETING OF ASHA SUPERVISORS

FMR: (16.1) 16.1.3.4.4

Responsible officer:

At State Level: SCM

At District Level: DCM/BCM

The monthly meetings of the ASHA Supervisors are very important as these meetings create a platform to discuss about the existing gaps that are identified in the work field and it also ensures the possible solutions to address the gaps. Further it enables the skills of the ASHA Supervisors as well as strengthens the supportive supervision mechanism. The following points may be emphasized in order to make the monthly meetings more effective and fruitful.

Guideline for Monthly Meeting of ASHA Supervisors at BPHC level

- The ASHA Supervisors should be invited for the meeting once in a month and ideally the venue should be the concerned BPHC.
- The ideal batch strength for the meeting should be 30 to 35 nos. If in case more nos. of ASHA Supervisors are there in the concerned BPHC the meeting may be called for 2-3 days depending on the no of ASHA Supervisors.
- The meeting should be convened by the concerned SDM & HO or MO I/c of the BPHC in presence of the DCM, BCM, BPM and emphasize should be given so that each and every activity carried out by them can be discussed thoroughly.
- There should be a specific agenda of such monthly meetings and it is to be designed in such a way so that every activity is covered with adequate time. The copy of agenda should be intimated to each ASHA Supervisors and resource person so that relevant reading/training materials can be carried to the meeting.
- While preparing the agenda it should be kept in mind that topic on family planning intervention (PPFP limiting method and male sterilization (NSV)) is also highlighted.
- There should be a session on capacity building of the ASHA Supervisors and it can be decided based on the performance of each ASHA Supervisor, gaps identified in the training. Different topics from ASHA 6th and 7th module can also be planned by the DCM/BCM in each monthly meeting and such session should be taken by the concerned trainers of that BPHC.
- There should also be a session on ASHA Performance Monitoring. The report submitted by the ASHA Supervisors to the BPHC should be reviewed and emphasize should be given to identify the weak ASHAs based on the performance of the 10 indicators highlighted in the report and strategy should be worked out to strengthen those weak ASHAs to improve the indicators.
- During the meeting HBNC should be the prime focus of discussion. The monthly reports of HBNC should be reviewed. The quality of information incorporated in the report should be thoroughly discussed and a monitoring committee may be formed to



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cross check the data provided in the reporting format by randomly visiting some of the households.

- The status of incentive payment including the Rs 2000/- + Rs 1000/- (GOI & State Govt) routine incentive to ASHAs should also be incorporated in the agenda. The detail of nos. of ASHAs paid incentive in the previous month and also the reason for non-payment of ASHAs should be discussed.
- Monthly VHND arranged by the ASHAs should be reviewed by the SDM & HO and other block officials during the meeting. The services provided, and the gaps identified while conducting the VHND should be addressed.
- Activities of VHSNC including the VHSNC meeting should also be included in the agenda of the monthly meeting. The status of the VHSNC meeting should be discussed and the difficulties & challenges faced by them while convening the VHSNC meeting needs to be addressed by the block officials
- The monthly meeting status of ASHAs at sector level as well as at the SC level should also be one of the topics in the agenda and should be discussed in detail so that issues/challenges faced by them can be addressed.
- There also needs to be a discussion on supportive supervision mechanism and extensive exercise should be carried out to prepare the supportive supervisory plan by the ASHA Supervisors for the next month and it should be randomly verified.
- Session on replenishment of drug kit can also be covered during the meeting as ASHA Supervisors are expected to assess the drug kit stock of their ASHAs. The stock status should be informed by the ASHA Supervisors to the MO I/c/BCM/BPM 4-5 days before the meeting so that systematic refilling process can be discussed during the meeting. Also, the components of the drug kit need to be provided in detail by the DCM/BCM.
- New orders or guidelines pertaining to ASHA programme if any needs to be disseminated by Block officials during the monthly meeting. Also, if any grievances are raised by them needs to be documented and forward the same to the district grievance committee for proper action and follow up.
- The proceeding of the monthly meeting along with attendance sheet need to be recorded by the identified focal person and submitted to the SDM & HO, BPM, BCM for assessment of quality of the meeting convened and also it will help in reviewing the topics covered during the meeting.
- The BCM of the BPHC should be the overall organizer of the meeting. In case BCM is not there, BPM will be responsible for organizing the meeting.



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District wise budget breakup:

Monthly Review Meeting of ASHA Facilitators with BCM at Block Level FMR: (16.1) 16.1.3.4.4					
SN	District	No. ASHA Supervisor	Unit Cost per ASHA Svr @ Rs.125/- for 12 Months= 125x12	Total Budget to District	In Lakh
1	Baksa	95	1500	142500	1.43
2	Barpeta	145	1500	217500	2.18
3	Bongaigaon	67	1500	100500	1.01
4	Cachar	152	1500	228000	2.28
5	Chirang	54	1500	81000	0.81
6	Darrang	71	1500	106500	1.07
7	Dhemaji	64	1500	96000	0.96
8	Dhubri	119	1500	178500	1.79
9	Dibrugarh	95	1500	142500	1.43
10	Dima Hasao	20	1500	30000	0.30
11	Goalpara	93	1500	139500	1.40
12	Golaghat	95	1500	142500	1.43
13	Hailakandi	64	1500	96000	0.96
14	Jorhat	83	1500	124500	1.25
15	Kamrup Metro	17	1500	25500	0.26
16	Kamrup Rural	152	1500	228000	2.28
17	Karbi Anglong	62	1500	93000	0.93
18	Karimganj	97	1500	145500	1.46
19	Kokrajhar	127	1500	190500	1.91
20	Lakhimpur	99	1500	148500	1.49
21	Morigaon	79	1500	118500	1.19
22	Nagaon	136	1500	204000	2.04
23	Nalbari	64	1500	96000	0.96
24	Sivasagar	68	1500	102000	1.02
25	Sonitpur	101	1500	151500	1.52
26	Tinsukia	110	1500	165000	1.65
27	Udalguri	99	1500	148500	1.49
28	Biswanath	69	1500	103500	1.04
29	Charaideo	42	1500	63000	0.63
30	Hojai	59	1500	88500	0.89
31	Majuli	24	1500	36000	0.36
32	South Salmara	6	1500	9000	0.09
33	West Karbi Anglong	33	1500	49500	0.50
Total		2661	49500	3991500	39.92



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INDUCTION TRAINING OF REPLACED ASHAS

FMR CODE: 3.1.2.1

Approved Amount: Rs. 27.37 L

Activity: Induction training of replaced ASHAS – FMR: 3.1.2.1

Responsible officer:

At State Level: Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

Guidelines for conducting training on ASHA Induction Module for newly selected / replaced ASHAS

1. The participants of the training on “ASHA Induction Module” will be the newly selected ASHAS.
2. The contents of ASHA induction module will be covered in 8 days. The topics that have to be covered during the training are provided in agenda. (Annexure-I)
3. The training has to be residential and may be conducted at the BPHC/District level depending on the number of trainees (ASHAs).
4. Except for emergency situations no trainees will be allowed to stay outside during the training period. In emergency situations permission of leave have to be availed through the training in charge.
5. Only the district trainers of ASHA Induction module will impart the training to the new ASHAS.
6. The expenditure to be incurred as per NHM norms and within the limit of budget provision.
7. No honorarium will be allowed to any in house officials.
8. The activities which needs to be ensured before conducting the training, during the training and after the training are as below:

A) Before the training:

- I. Conduct a discussion with all the district trainers for effective rolling out of the training.
- II. Inform the ASHAS and resource persons about the date and venue of the training in advance
- III. Ensure the availability of ASHA induction module for all the participants and resource persons.
- IV. Ensure the availability of other training materials (training bag, pen, pencil, sharpener, eraser, art paper, sketch pen, markers, projector etc) as per the number of trainees.
- V. Ensure the availability of agenda and distribute among the trainees and resource persons.
- VI. Ensure proper sitting arrangements for the trainees in such a way so that while writing notes or exams they (the trainees) do not find it difficult.
- VII. Make arrangement for emergency medical services
- VIII. Make a plan of arrival and departure of the trainees and resource persons and also make necessary arrangement of their payments (TA/DA/RP Honorarium as per norms)

B) During the training:

- I. Provide the training schedule to each participant and resource persons and it should be ensured that the training should be started as per the stipulated time mentioned in the training schedule.
- II. Ensure that the attendance of the trainees is recorded
- III. It should be ensured that all the training materials are ready before starting the training.



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- IV. Start the day with a prayer followed by recap of the previous day.
 - V. The topics mentioned in the training schedule should be properly followed by the trainers.
 - VI. The training should be conducted as per the training methods (role play, group discussion, lecture method etc) required depending on the topic that is going to be covered
 - VII. While conducting the training the trainers should emphasize on adult learning method for more effective learning.
 - VIII. For active participation of the trainees the trainers should focus on more question-answer session so that the group is engaged.
 - IX. Necessary Xerox materials should be provided to each trainee by the authority as per request of the trainers.
 - X. Entertainments like songs, recitation etc should be carried out among the participants for refreshing up their sessions.
 - XI. Evaluation should be conducted for the trainees to measure the depth of knowledge and skills acquired during the sessions learnt.
- C) After the training:**
- I. ASHAs should be allowed to go to the field and should be supported by the trainers of ASHA induction module (DCM, BCM, ASHA Supervisors etc) as well as who was present during the training (BPM, HE, BEE, LHV etc)
 - II. On job support should be provided especially by the ASHA Supervisors and BCMs so that their confidence level is raised while interacting with the beneficiaries and necessary improvements can be made.
 - III. While conducting VHND, VHSNC meeting etc they should be supported by the ASHA Supervisors and BCMs so that they are able to establish a good rapport with the community and other stake holders
 - IV. They should be involved in the ASHA monthly meeting that is conducted in the PHC level as well as at the SC level and should be given enough space to raise their concerns and doubts and it should be ensured that their issues are addressed with utmost respect.
- 9. Documentation of the training:**
- I. Attendance register should be maintained on daily basis. There should be provision of pre- lunch and post-lunch attendance of the trainees as well as the trainers.
 - II. Group photographs of the training batch along with the banner should be taken. Each training activity inside or outside the training venue should be captured. If any role plays, group discussions are conducted during the training it should also be photographed and shared with the district as well as with the state.
 - III. A summary report of the training under the signature of Jt. DHS/SDM & HO should be sent to state/district within 15 days of completion of training.
 - IV. A training in-charge should be designated for ensuring the quality of the training and documentation of the training
- 10. Monitoring and supportive supervision:**
- I. A district/block level monitoring committee should be constituted under the chairmanship of Jt DHS/SDM & HO for effective monitoring of the training thereby ensuring the quality of training





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Note:

-  The training guideline has to be followed strictly. Violation of the training guideline will lead to disciplinary action.
-  Those who have undergone state level ToT on ASHA Induction Module will only conduct the ASHA training.

District wise budget breakup:

Induction Training for replaced ASHAs FMR: 3.1.2.1				
Sl	District	No of ASHA	Cost of training @ Rs. 4663.3/- per participant	In lakh
1	Baksa	10	46633.33	0.47
2	Barpeta	34	158553.32	1.59
3	Bongaigaon	12	55960	0.56
4	Cachar	32	149226.66	1.49
5	Chirang	20	93266.66	0.93
6	Darrang	30	139899.99	1.4
7	Dhemaji	10	46633.33	0.47
8	Dhubri	21	97929.99	0.98
9	Dibrugarh	20	93266.66	0.93
10	Dima Hasao	6	27980	0.28
11	Goalpara	15	69950	0.7
12	Golaghat	15	69950	0.7
13	Hailakandi	15	69950	0.7
14	Jorhat	30	139899.99	1.4
15	Kamrup Metro	27	125909.99	1.26
16	Kamrup Rural	15	69950	0.7
17	Karbi Anglong	12	55960	0.56
18	Karimganj	28	130573.32	1.31
19	Kokrajhar	16	74613.33	0.75
20	Lakhimpur	25	116583.33	1.17
21	Morigaon	25	116583.33	1.17
22	Nagaon	45	209849.99	2.1
23	Nalbari	6	27980	0.28
24	Sivasagar	22	102593.33	1.03
25	Sonitpur	16	74613.33	0.75
26	Tinsukia	22	102593.33	1.03
27	Udalguri	15	69950	0.7
28	Biswanath	13	60623.33	0.61
29	Charaideo	0	0	0
30	Hojai	15	69950	0.7
31	Majuli	0	0	0
32	South Salmara	9	41970	0.42
33	West Karbi Anglong	6	27980	0.28
TOTAL		587	2737376.47	27.37



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Model Budget Breakup for Induction training:

Budget Detail: Budget Details for ASHA 8 days Induction Module Training for replaced and absorbed ASHAs					
Sl No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(inRs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to participants	100	30	8	24000
3	Honorarium to Resource Persons	300	3	8	7200
5	Accommodation for the participants including(L/F)	200	33	8	52800
6	Training material (Folder, pen, pad, highlighter etc)	100	33	1	3300
7	Foods (Breakfast, Working lunch, snacks &tea)	150	33	8	39600
8	Venue charge(If Needed)	1000	1	1	1000
A	Total for 1 batch (30 participants)				139900
	Cost Per participant				4663.3



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Agenda for 8 Days Induction Training:

Day 1		
Time	Topics	Facilator
10.00 a.m. -11.00 a.m.	Welcome	
	Introduction/ Knowing Self	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.15 p.m.	Being an ASHA/ Activities of an ASHA	
12.15 a.m. -1.30 p.m.	Value system in Society and Role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Mechnism of ASHA Support and supervision	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Adult Learning & Participatory Training	
Day 2		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	VHND & VHSNC - how to conduct meeting and role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Healthy Community & Understanding Health Rights	
12.30 p.m. -1.30 p.m.	Leadership Skill	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Communication skill	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Decision Making skill	
Day 3		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Negotiation Skill	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Coordination Skills	
12.30 p.m. -1.30 p.m.	Knowing anout Health , Hygiene and Illness	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Role of ASHA in common Health Problem	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	TB and role of ASHA	
Day 4		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Malaria and role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -1.30 p.m.	Maternal Health and role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -4.00 p.m.	Newborn Health and role of ASHA	



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4.00 pm-5.00 p.m	Evaluation	
Day 5		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Malnutrition Management - Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Malnutrition Management - Role of ASHA	
12.30 p.m. -1.30 p.m.	Immunization and role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart	
Day 6		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Common Child hood illness and role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Demonstration of hand washing technique and practice	
12.30 p.m. -1.30 p.m.	Demonstration of ORS preparation and practice	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Adolscent Health - Role of ASHA	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Adolscent Health - Role of ASHA	
Day 7		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	RTI/STI and Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	RTI/STI and Role of ASHA	
12.30 p.m. -1.30 p.m.	HIV-AIDS and Role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	ASHA drug Kit and process of refilling	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	How to conduct ASHA monthly meeting at PHC and SC level	
Day 8		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Preventing unwanted pregnancies - Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	



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11.15 a.m. -12.30 a.m.	Method of Family Planning	
12.30 p.m. -1.30 p.m.	Safe abortion	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -2.45 p.m.	Discussion on ASHA incentive	
2.45 p.m. -4.15 p.m.	Final Evaluation	
4.15 p.m. -4.30 p.m.	Planning to work in field and valedictory (Tea to be served in between)	



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MODULE VI & VII TRAINING OF ASHAS (Module 6 & 7 training of ASHAs)

FMR: 3.1.2.2

Approved Amount: Rs. 68.756 L

Responsible officer:

At State Level: Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

Guidelines for conducting 1st round, 2nd round, 3rd round and 4th round of ASHA Module 6th & 7th Training for newly selected/ replaced ASHAs

1. The contents of the ASHA training module 6th & 7th will be covered in four rounds over 20 days (5+5+5+5). Topics to be covered under four rounds of training are given in annexure.
2. As the number of new ASHAs is not very high in the concerned district, hence the training may be conducted at district level. However the district may decide to conduct it in BPHC level also.
3. All the rounds of training will be of five days each and fully residential. No participant will be allowed to stay outside of the arranged venue as well as no leave will be granted (Excluding emergencies) during the training period.
4. In case of any emergency the trainee (ASHA) has to get the leave approved by the training in charge with full justification.
5. The accommodation arrangements for trainers as well as trainees have to be arranged nearby the training venue.
6. ASHA trainers trained at zonal level by State Trainers shall only conduct the ASHA training.
7. Each of the training days will start with recap of the previous day's activities.
8. **Pre-training**
 - 8.1 Intimate all the ASHAs about date and venue of training in advance.
 - 8.2 Plan for ASHAS arrival at training venue.
 - 8.3 Build a positive environment for training by making comfortable, secure and clean training venue and accommodation.
 - 8.4 Arrange all the materials required for imparting training .(Projector, white board marker, flipchart, cardboard, sketch pen, wiper etc. as per provided checklist)
 - 8.5 Make arrangement for emergency medical facilities.
 - 8.6 Ensure you have all the training materials required for conducting training and handover to trainers and trainees.
 - 8.7 Make the training session plan and give a copy to all resource Person and Participants.
 - 8.8 Make sure that the batch size should not exceed more than 30 participants
9. **During training**
 - 9.1 Training will be residential and all ASHAs should be present for all the session of the training which will enable them for practicing their learned skills after the formal session and discuss with their peers.



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- 9.2 Trainers should eat, sit, sing and play with ASHAs. This will give them feeling that they are the members of the group.
- 9.3 There should be a u-shaped sitting arrangement so that more interaction can be conducted.
- 9.4 Songs and games should be used as both relaxation techniques but also to inculcate a feeling of solidarity and oneness with each others.
- 9.5 Share the training schedule with each participant.
- 9.6 Trainers should ensure that all the training material required for training is available before starting the session.
- 9.7 Considering the educational back ground of ASHA s they are not used to long hour's class room teaching .The trainers should learn when the group is losing interest. The trainers should keep group engaged by asking questions which will promote active participation.
- 9.8 Training should start each day at the stipulated time.
- 9.9 Plan their departure in advance and make arrangement for payment etc.

10 Post Training :

- 10.1 ASHAs should be supported in the field by the DCM, ASHA Supervisor, BPM, BCM, LHV, BEE (Especially who have undergone training on module 6 & 7) so that the skill of ASHAs are improved.
- 10.2 During the monthly meeting of ASHAS at PHC level, ASHAs should be encouraged to raise their doubts and concerns, so that the issues and doubts can be addressed.

11 The Training should be under the supervision of a designated training in charge.

NOTE: Those who have been selected & Trained as ASHA module 6th& 7th trainers shall only conduct the training.



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District wise budget breakup:

6th & 7th Module Training of replaced ASHAs FMR: 3.1.2.2								
Sl	District	Round 1 Participants	Round 2 Participants	Round 3 Participants	Round 4 Participants	TOTAL PARTICIPANTS	Participant Cost @2928.33	In lakh
1	Baksa	10	10	10	10	40	117133.32	1.17
2	Barpeta	34	34	34	34	136	398253.29	3.98
3	Bongaigaon	12	12	12	12	48	140559.98	1.41
4	Cachar	32	32	32	32	128	374826.62	3.75
5	Chirang	20	20	20	20	80	234266.64	2.34
6	Darrang	30	30	30	30	120	351399.96	3.51
7	Dhemaji	10	10	10	10	40	117133.32	1.17
8	Dhubri	21	21	21	21	84	245979.97	2.46
9	Dibrugarh	20	20	20	20	80	234266.64	2.34
10	Dima Hasao	6	6	6	6	24	70279.99	0.70
11	Goalpara	15	15	15	15	60	175699.98	1.76
12	Golaghat	15	15	15	15	60	175699.98	1.76
13	Hailakandi	15	15	15	15	60	175699.98	1.76
14	Jorhat	30	30	30	30	120	351399.96	3.51
15	Kamrup Metro	27	27	27	27	108	316259.96	3.16
16	Kamrup Rural	15	15	15	15	60	175699.98	1.76
17	Karbi Anglong	12	12	12	12	48	140559.98	1.41
18	Karimganj	28	28	28	28	112	327973.30	3.28
19	Kokrajhar	16	16	16	16	64	187413.31	1.87
20	Lakhimpur	25	25	25	25	100	292833.30	2.93
21	Morigaon	25	25	25	25	100	292833.30	2.93
22	Nagaon	45	45	45	45	180	527099.94	5.27
23	Nalbari	6	6	6	6	24	70279.99	0.70
24	Sivasagar	22	22	22	22	88	257693.30	2.58
25	Sonitpur	16	16	16	16	64	187413.31	1.87



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6th & 7th Module Training of replaced ASHAs FMR: 3.1.2.2								
Sl	District	Round 1 Participants	Round 2 Participants	Round 3 Participants	Round 4 Participants	TOTAL PARTICIPANTS	Participant Cost @2928.33	In lakh
26	Tinsukia	22	22	22	22	88	257693.30	2.58
27	Udalguri	15	15	15	15	60	175699.98	1.76
28	Biswanath	13	13	13	13	52	152273.32	1.52
29	Charaideo	0	0	0	0	0	0.00	0.00
30	Hojai	15	15	15	15	60	175699.98	1.76
31	Majuli	0	0	0	0	0	0.00	0.00
32	South Salmara	9	9	9	9	36	105419.99	1.05
33	West Karbi Anglong	6	6	6	6	24	70279.99	0.70
Total:					587	587	2348	68.76

Model Budget Breakup:

Budget details for ASHA Module 6th& 7th Round 1,2, 3 & 4 FMR: 3.1.2.2					
Sl No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	50	37	1	1850
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
Total amount for one batch (in Rs.)					87850
Per participant Cost					2928.33



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Agenda for 1st Round Training:

Total Time needed: (49 hrs. in 5 days)

Welcome & Introduction 0.30 hrs

Section 1: Being an ASHA – 3hrs

- Role of ASHA 30 mins
- Activities of ASHA 30 min
- Measureable outcomes of the ASHA Programme 30 min
- Essential Skills of an ASHA 30 min
- Qualities that make an ASHA effective 30 min
- ASHA support and supervision 30 min

Section 2: Working in the community & home visit during pregnancy - 11.30 hrs

Talking with women in the community (practice) 1hr

- Using the Nischay Kit 1hr 30 min
- Determining the LMP and EDD using the printed chart 1hr 30 min
- Home visiting & necessary actions with the use of the pregnancy form- Part I 2hr
- Home visiting & necessary actions with the use of the pregnancy form- Part II 2hr 30 min
- Health problem during pregnancy and referral 1 hr
- Birth preparedness 1 hr

Section 3: Delivery, maternal emergencies and referrals 5hr 30min

- Essential knowledge of birth companion 2hr 15 min
- Maternal care: introduction to obstetric emergencies and referral 1hr 30min
- Maternal care: readiness for emergencies 45min
- Completing the delivery form 1hr

Section 4: Home Based New Born Care: 11hrs

- Introduction to Home Based Newborn Care 1hr30min
- Immediate care at birth: initiation of breastfeeding and completing the delivery form[items 9a to 13] 1hr 30min
- Introducing effective breastfeeding practice 1hr 45 min
- How to measure newborn temperature 1hr
- How to weigh the newborn 2hr
- Care of the eyes, umbilical cord & skin 1hr
- First examination of the newborn; filling the form part I 1hr
- First examination of the newborn; filling the form part II 3hrs

Section 5: 1hr 30min

- Summary of the training 30 min
- Planning for work in the community 1hr



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Section 6: 10hr

- Supportive monitoring skills
- Use of checklist

Agenda for 2nd Round Training of ASHAs:

Total Time needed: (35 hrs. in 5 days)

Review of field experience after the Training Workshop one: 1 hr 30 mins

Section 1: Making Home Visits to Newborns and Mothers: 5.20 hrs

- Post partum care: Home visits and the Home Visit Form: 1 hr 50 min
- Case presentation: Evaluating the ability to fill in the Home Visit Form: 1 hr

Section 2: Thermal Control: 7 hrs

- Why keep the newborn warm? : 1 hr 45 min
- How to keep the newborn warm? : 1 hr 45 min
- How to re-warm a cold baby? : 1 hr 45 min
- Control of newborn temperature in hot weather and management of fever: 1 hr 45 min

Section 3: Child health and Nutrition: 16 hrs

- Common childhood problems and the case management process: 1 hr.
- Assessing the sick child: Danger signs : 1 hr.
- Assessing and Classifying ARI, diarrhea, fever and malnutrition: 10 hrs
- Infant and Young Child Feeding: 3 hrs
- Immunization: 1 hr

Section 4: ASHA roles and Responsibilities: 6 hrs

Village health and Nutrition day (VHND) 2 hrs

What records do the ASHA maintain? 4 hrs

Section 5: 1.30 hr.

Training Workshop 2: Summary

Planning for work in the community



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Agenda 3rd round training of ASHA Module 6th and 7th

Day:1			
Sl No	Time	Topic	Facilitator
1	30 minutes	Welcome & Introduction	
2	1 hr	Experience sharing of round 1 & 2 and field visit (Home visit) experience sharing by ASHAs	
3	3hr	Recap/Revision of contents of 1 st and 2 nd round training and skill revision (practice by ASHAs)	
4	30 minutes	Pre-training evaluation	
5	30 minutes	Planning for day 2	
Day:2			
1	15 minutes	Prayer and recap of previous day	
2	45 minutes	High risk assessment and the management of LBW/Pre-term babies Session1: Low Birth Weight/Pre-term and it's risk	
3	1 hr 15 min	High risk assessment and the management of LBW/Pre-term babies Session2: How to care for the LBW/Preterm and Newborn	
4	1 hr	High risk assessment and the management of LBW/Pre-term babies Session3: Feeding LBW and Pre-term babies	
5	1 hr 30 minutes	High risk assessment and the management of LBW/Pre-term babies Session4: Explaining care of LBW infant to mother	
6	1 hr 45 min	High risk assessment and the management of LBW/Pre-term babies Session5: Identifying high risk babies	
7	30 min	Planning for day 3	
Day: 3			
	15 minutes	Prayer and Recap of previous day	
	1 hr 30 min	Birth Asphyxia: Diagnosis and early management with mucus extractor Session 1: How to identify an asphyxiated baby at birth	
	2 hr	Birth Asphyxia: Diagnosis and early management with mucus extractor Session 2: Managing asphyxia using mucus extractor	
	2 hr	Birth Asphyxia: Diagnosis and early management with mucus extractor Session 3: Assessment: Diagnosis and early management of birth asphyxia	
	30 min	Planning for day 4	
Day 4			
	15 minutes	Prayer and Recap of previous day	
	1 hr 30 min	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 1: Diagnosis Neonatal Sepsis	
	1 hr 30 min	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 2: Treating Neonatal Sepsis	
	1 hr	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 3: Management of newborn with chest withdrawing	
	1 hr 30 min	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 4: Filling in the forms	



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	1 hr 30 min	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 5: Assessment of case study	
	30 min	Planning for day 5	
Day 5			
	15 minutes	Prayer and Recap of previous day	
	1 hr 15 min	Women's Reproductive Health: Session 1: Safe abortion	
	1 hr	Women's Reproductive Health: Session 2: Family Planning	
	1 hr	Women's Reproductive Health: Session 3: RTI/STDs	
	1 hr	Evaluation of the ASHAs based on the contents taught (Written/oral)	
		Valedictory	

Points to be noted:

- ✓ In between the sessions timings for tea-breaks and lunch break has to be decided and provided to the ASHAs accordingly.
- ✓ Showing of IMNCI video and video on chest withdrawing on day 3rd and on day 4th respective needs to be ensured.

Agenda for Round 4 ASHA training		
	Time	
Day 1	9:30 am to 10:00 am	Welcome and Introduction
	10:00am to 12:15 pm	Experience Sharing
	11: 00pm to 11:15 pm	Tea
	12:15pm to 1:30 pm	Understanding Gender
	1:30 pm to 2:15 pm	Lunch
	2:15 pm to 3:45 pm	Understanding Patriarchy
	3:30 pm to 3:45 pm	Tea
	3:45pm to 4:30 pm	Cycle of Violence
	4:30pm to 5:00 pm	Explaining Matrix of Violence and dividing groups
Day 2	9.30 am to 1:00pm	Group work on Matrix of Violence
	11:00 pm to 11:15 pm	Tea
	1:00 pm to 1:45 pm	Lunch
	1:45 pm to 2:45 pm	Presentation of group work on Matrix of Violence and discussion
	2:45 pm to 3:15 pm	Identifying women who are vulnerable to violence



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Agenda for Round 4 ASHA training		
	3:15pm to 3:30 pm	Tea
	3:30 pm to 4:00pm	Signs and symptoms of violence
	4:00pm to 4:30 pm	Consequences of Violence against Women
	4:30 pm to 5:30 pm	Role of ASHA in addressing violence against women
Day 3	9:30am to 11:00pm	Group work on Intervene in case of Violence against Women
	11:00 am to 11:15 pm	Tea
	11:15 am to 12:00	Intervene in case of Violence against Women- Case Studies presentation and discussion on Role of ASHA
	12:00 to 12:30 pm	Ensuring safety for yourself
	12:30 pm to 1:30 pm	Legal measures to prevent Violence against Women
	1:45pm to 2:15 pm	Lunch
	2:15 pm to 4:00 pm	Women’s reproductive health (Revision of RTI/ STI, Safe abortion, family planning)
	4:00 pm to 4:15 pm	Tea
	4:15 pm to 5:30 pm	Tuberculosis
Day 4	9:30 am to 11: 00 am	Malaria
	11:00am to 11:15 am	Tea
	11:15 pm to 5:30 pm	Infant and Young Child Feeding and assessment of Malnutrition
Day 5	10.00 am to 1:00 pm	Revision of skills for Newborn and sick child (Viewing of Skill CD and practice)
	11:15 am to 11:30 am	Tea
	1:00pm to 1:45 pm	Lunch
	1:45 pm to 3:45 pm	Evaluation of skills covered in earlier rounds
	3:45 pm to 5:30 pm	Evaluation



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REFRESHER TRAINING TO ASHAS
FOR DISTRICTS WITH HIGH MMR & IMR
FMR: 3.1.2.3
Approved Amount: Rs. 193.39 L

Refresher training to ASHAs for districts with high MMR & IMR– FMR: 3.1.2.3

Responsible officer:

At State Level: Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

Guidelines for Conducting Refresher training for ASHAs

Refresher training for ASHAs is done every year in phase manner to ensure that the skill level and competency of ASHAs is intact. Assam has a high load of home deliveries in some particular pockets hence training is proposed for the ASHAs belonging to high home delivery pockets which would result in increased institutional delivery and mitigate the risk.

1. The contents of refresher training for ASHAs will be covered in 5 days. Topics to be covered are given in annexure I.
2. Training has to be arranged at the District level.
3. Training will be fully residential. No participant will be allowed to stay outside the arranged venue as well as no leave will be granted (Excluding emergencies) during the training period.
4. In case of any emergency, the trainee has to get the leave approved by the training in Charge with proper justification.
5. The accommodation arrangements for trainers as well as trainees have to be arranged at the District level.
6. Block Trainers trained at Zonal level by the State Trainers will only conduct the ASHA training. For the topic of RCH register & MCTS web portal, district may utilize the service of DDM & ADDM.
7. Each of the training days will start with recap of the previous day's activities.
8. Pre – training:
 - a. Intimate all the ASHAs about the date and venue of the training in advance so that they can be available prior to the training.
 - b. Inform the required set of trainer for the training and ensure their availability.
 - c. Inform all the ASHAs to bring the training aids provided during the earlier Modular training of 6&7 (Thermometer, Weighing scale, Flip book etc.)
 - d. Build a positive environment for training by making comfortable, secured and clean



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- training venue and accommodation.
- e. Arrange all the materials required for imparting training. (Projector, white board with marker, flipchart, cardboard, sketch pen, wiper etc. as per provided checklist)
 - f. Arrangement of Television/Desktop/Laptop must be kept at the training venue so that Skill CD along with videos on ARI, Diarrhoea, Breastfeeding can be displayed.
 - g. Make arrangement for emergency medical facilities.
 - h. Plan their departure in advance and make arrangement for payment etc.
9. Before starting of the training
- a. Conduct discussion with the trainers before the training for conducting effective and quality training.
 - b. Ensure about the availability of all the training materials required for conducting training and distribute the required materials to the trainee.
 - c. Make the training session plan and give a copy to all Resource Person and the participants.
 - d. Ideal batch size for the training is 30 participants in each batch.
10. Before Conducting training:
- a. Training will be residential and all the ASHAs should be present for all the session of the training. This will give them an opportunity to recapture the practice of their learned skills after the formal session and discuss with their peers.
 - b. Trainers should eat, sit, sing and play with the participants and develop the supervisory skill in them.
 - c. Songs and games should be used as both relaxation techniques but also to inculcate a feeling of solidarity and oneness with each other.
 - d. Provide training schedule to each participants.
 - e. Trainers should ensure that all the training material required for training material required for training is available before starting of the session of the 1st day.
 - f. Skill CD should be shown to the participants and enough practice should be carried out.
 - g. Necessary practice materials should be prepared and distributed to both the trainees as well as trainers in local language.
 - h. The trainers should keep group engaged by asking questions which will promote active participation.
 - i. Training session should start each day at the stipulated time.
 - j. Conduct written and practical evaluation after completion of the training.
 - k. In the training, 1 session should be conducted on importance of MCTS registration. All the participants should be informed properly to support and explain ASHAs to collect self phone number of PW or husband and the same should be updated in the RCH register.
11. After the training:
- a. ASHAs should be supported at the field by the DCM, BPM, LHV, ANM, BEE (especially who have undergone training on module 6 & 8) so that the ASHAs can improve their skills.
 - b. On the job support should be provided to the trainee.
 - c. During the monthly meeting, ASHAs are encouraged to raise their doubts and concerns so that it can be addressed.
12. Documentation of the training:
- a. Attendance register should be kept at the training center where attendance of all the participants should be kept. All the participants should sign the attendance register before



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entering the training hall/venue in the morning hour and before leaving the class room after completion of the day session in the evening.

- b. Group photo of each batch along with the training banner should be taken and kept along with the attendance register as a record. Photographs of some other class room activities should be taken for documentation and same should be shared with the state.
- c. Pre and post test should be conducted and result should be kept as record. The same record should be shared with the state within 15 days of completion of the training along with the training report.
- d. A summary report of the training under the signature of the Jt. DHS cum Member Secy./ASHA Nodal Officer should be sent along with the relevant photocopy of other necessary documents should be sent to state within 15 days of completion of the training.

13. Jt. DHS/ ASHA Nodal officer of the district will be in charge of the training and DPM/DCM/ DME will coordinate and ensure quality training program.

Note:

- ❖ The training guideline has to be followed strictly. Disciplinary action will be taken against those who will not follow the prescribed guideline.
- ❖ Those who have been selected & trained as ASHA module 6th & 7th trainers shall only take part as trainer in the training.

District wise budget breakup:

Refresher training to ASHAs for districts with high MMR & IMR FMR: 3.1.2.3					
Sl	District	No of ASHAs	Batch	Cost per Batch @ 36650	In Lakh
1	Bongaigaon	752	25	1447500.00	14.48
2	Darrang	978	33	1910700.00	19.11
3	Dhemaji	746	25	1447500.00	14.48
4	Dibrugarh	1299	43	2489700.00	24.90
5	Golaghat	1057	35	2026500.00	20.27
6	Hailakandi	715	24	1389600.00	13.90
7	Lakhimpur	1308	44	2547600.00	25.48
8	Morigaon	948	32	1852800.00	18.53
9	Nalbari	775	26	1505400.00	15.05



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10	Tinsukia	1403	47	2721300.00	27.21
Total		9981	334	19338600.00	193.39

Model Budget Breakup:

Refresher training of ASHA FMR: 3.1.2.3					
Sl No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to Participants	100	30	3	9000
3	Honorarium for Resource Persons	300	3	3	2700
4	Accommodation for the participants including(L/F)	150	33	3	14850
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	50	30	1	1500
6	Working lunch, snacks and Tea	150	33	3	14850
8	Venue hiring Charge	1000	1	3	3000
Total amount for one batch (in Rs.)					57900



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Agenda for Refresher training of ASHAs

Agenda for Refresher training ASHAs		
	Time	Topic
Day 1	9:00 am to 9:30 am	Welcome and Introduction
	9:30am to 10.30 am	Experience Sharing
	10:30am to 11:00 am	Determining LMP and EDD using the printed chart
	11:00 am to 11:15 am	Tea
	11:15 am to 12:15 am	Health problems during pregnancy and referral
	12:15 am to 01:00 pm	Preparing mother for delivery/ Birth preparedness
	1:00 pm to 1:45 pm	Lunch
	1:45pm to 2:30 pm	Maternal care: Introduction to obstetric emergencies and referral
	2:30pm to 3:00 pm	Maternal Care: Readiness for Emergencies
	3:00 pm to 3:30pm	Immediate care at birth, initiation of breastfeeding
	3:30pm to 3:45 pm	Tea
	3:45 pm to 4:30 pm	Introducing effective breast feeding practice
	4:30 pm to 5:00 pm	Care of the eyes, umbilical cord and skin
Agenda for Refresher training of ASHAs		
	Time	Topic
Day 2	9.00 am to 9:30am	Recap of Previous day
	9:30 am to 10:00 am	How to measure the newborn temperature
	10:00 am to 10:30 am	How to weigh the newborn



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Agenda for Refresher training ASHAs		
	Time	Topic
	10:30am to 11:00 am	Why keep the newborn warm and how to keep the newborn warm
	11:00 am to 11:15 am	Tea
	11:15 am to 11:45 am	Control of newborn temperature in hot weather and management of fever
	11:45 am to 12:15pm	Common childhood problems and the case management process
	12:15 pm to 1:00 pm	Assessing the sick child : Danger signs
	1:00 pm to 1:45 pm	Lunch
	1:45pm to 2:30 pm	Assessing and Classifying ARI, diarrhea, fever and malnutrition
	2:30 pm to 3:00 pm	Infant and Young Child Feeding
	3:00 pm to 3:30pm	Immunization
	3:30 pm to 3:45 pm	Tea
	3:45 pm to 4:30 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies
	4:30 pm to 5:00 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies
Agenda for Refresher training of ASHAs		
	Time	Topic
Day 3	9:00am to 9:30am	Recap of Previous day
	9:30 am to 10:30 am	Diagnosis and management of birth asphyxia
	10:30 am to 11:30am	Diagnosing and management of neonatal sepsis



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Agenda for Refresher training ASHAs			
	Time	Topic	
	11:30am to 11:45 am	Tea	
	11:45 am to 12:15 pm	Management of newborns with chest in-drawing	
	12:15 am to 01:00 pm	Management of Acute respiratory infection (ARI)	
	1:00pm to 1:45 pm	Lunch	
	1:45 pm to 2:30 pm	Management of Diarrheal Disease	
	2:30 pm to 3:00 pm	Malaria	
	3:00 pm to 3:15 pm	Tea	
	3:15 pm to 4:15 pm	Tuberculosis	
	4:15 pm to 5:00 pm	Village health and Nutrition day (VHND)	
Day 4	9:00 am to 9: 30 am	Recap of Previous day	
	9:30am to 11:00 pm	Women’s reproductive health (Revision of RTI/ STI, Safe abortion, family planning)	
	11:00 am to 11:15 am	Tea	
	11:15 am to 11:45 am	Understanding Gender, Patriarchy & Cycle of Violence	
	11:45 am to 12:15 am	Signs and symptoms of violence, Consequences of Violence against Women	
	Agenda for Refresher training of ASHAs		
	Time	Topic	
	12:15 pm to 1:00 pm	Identifying women who are vulnerable to violence	
	1:00pm to 1:45 pm	Lunch	
	1:45 pm to 2:30 pm	Role of ASHA in addressing violence against women	



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Agenda for Refresher training ASHAs		
	Time	Topic
	2:30 pm to 3:00 pm	Legal measures to prevent Violence against Women
	3:00 pm to 3:15 pm	Tea
	3:15 pm to 4:00 pm	VHSNC, Role & responsibility of ASHAs, meeting minutes
	4:00 pm to 5:00 pm	Revision of skills for Newborn and sick child (Viewing of Skill CD and practice e.g. Handwash, weighing & use of thermometer)
Day 5	9:00 am to 9:30 am	Recap of Previous day
	9:30am to 10:30 pm	Incentives of ASHA in different activities, ASHA Incentive Payment mechanism
	10:30 am to 11:00 am	ASHA Drug kit & refilling mechanism
	11:00 am to 11:15 am	Tea
	11:15 am to 1:00 pm	RCH register & MCTS web portal
	1:00pm to 1:45 pm	Lunch
	1:45 pm onwards	Evaluation, Valedictory/Disbursement of TA/DA to participants.



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REFRESHER TRAINING OF ASHA SUPERVISORS

FMR: 3.1.2.7

Approved Amount: Rs. 50.95 L

Activity: Refresher Training of ASHA Supervisor – FMR: 3.1.2.7

Responsible officer:

At State Level: Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

ASHA Supervisors are a vital part for the ASHA cadre as they are responsible for mentoring the ASHAs. They are the 1st supervisory layer above the ASHAs and hence the skill set of an ASHA Supervisor need to be of superior quality. Every year in phase manner the ASHA Supervisors are trained hence refreshing their skill set.

Guidelines for Conducting Refresher training for ASHA Supervisors

1. The contents of refresher training for ASHA Supervisors shall be completed in 3 days. Both the module 6th and 7th shall be used as module for refresher training. The topics to be covered during the refresher training are mentioned in annexure I.
2. The Training has to be conducted at the BPHC level and it has to be fully residential. Accommodation arrangement for the trainees as well as the trainers has to be made at BPHC level.
3. Expect for the emergency ground, neither any leave will be granted nor shall any participant be allowed to stay outside the training venue during the training period.
4. In case of any emergency, the trainee has to get the leave approved by the training in charge with proper justification.
5. Block Trainers trained at Zonal level by the State Trainers will only conduct the ASHA Supervisors training. For the topic of RCH register & MCTS web portal, district may utilize the service of BDM.
6. Each of the training days will start with a prayer and recap of the previous day's activities.
7. **Pre – training:**
 - a. Intimate all the ASHA Supervisors about the date and venue of the training in advance so that they can be available prior to the training.
 - b. Each BPHC shall meet with the trainers for effective planning of the training and ensure the availability of the trainers.
 - c. Inform all the ASHA Supervisors to bring the training aids provided during the earlier Modular training of 6 & 7 (Thermometer, Weighing scale, Flip book etc.)
 - d. Build a positive environment for training by making comfortable, secured and clean



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training venue and accommodation.

- e. Arrange all the materials required for imparting training. (Projector, white board with marker, flipchart, cardboard, sketch pen, wiper etc. as per provided checklist)
- f. Arrangement of Television/Desktop/Laptop must be kept at the training venue so that Skill CD along with videos on ARI, Diarrhoea, and Breastfeeding can be displayed.
- g. Ensure the availability of all the raining materials required for conducting the training.
- h. Make the training session plan and give a copy to all Resource Person and the Participants.
- i. The ideal batch size for the training should be restricted to 30 participants in each batch.
- j. Make arrangement for emergency medical facilities.
- k. Plan their departure in advance and make arrangement for payment etc.

8. During the training

- a. Prepare a training agenda and provide the same to each participant.
- b. Skill CD should be shown to the participants and enough practice should be carried out.
- c. Trainers should eat, sit, sing and play with the participants and develop the supervisory skill in them.
- d. Songs and games should be used as both relaxation techniques but also to inculcate a feeling of solidarity and oneness with each other.
- e. Necessary practice materials should be prepared and distributed to both the trainees as well as trainers in local language.
- f. The trainers should keep group engaged by asking questions which will promote active participation.
- g. Training session should start each day at the stipulated time.
- h. Conduct written/oral/practical evaluation during the training and after completion of the training.
- i. Games/energizers/entertainment programmes to be conducted throughout the training programme.
- j. During the training extra session on MDR, CDR, MCTS registration should be conducted. All the ASHA Supervisors should be explained on the importance of collecting self phone number of PW or husband and the same should be updated in the RCH register.

9. After the training:

- a. ASHA Supervisors should be supported at the field by the DCM, BPM, LHV, ANM, BEE (especially who have undergone training on module 6th & 7th) so that the ASHA Supervisors can improve their skills.
- b. On the job support should be provided to the trainee.
- c. After the training, the trainee should hand hold the ASHA during the field level activities.
- d. During the monthly sectoral level meeting, ASHA Supervisors are encouraged to raise their doubts and concerns so that it can be addressed.
- e. Special skill demonstration and practice should be conducted during the sectoral level ASHA meetings for improvement in skills and building confidence.



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10. Documentation of the training:

- a. Attendance register should be kept at the training center where attendance of all the participants should be kept. All the participants should sign the attendance register before entering the training hall/venue in the morning hour and before leaving the class room after completion of the day session in the evening.
- b. Group photo of each batch along with the training banner should be taken and kept along with the attendance register as a record. Photographs of some other class room activities should be taken for documentation and same should be shared with the State/District.
- c. Pre and post test should be conducted and result should be kept as record. The same record should be shared with the state within 15 days of completion of the training along with the training report.
- d. A summary report of the training under the signature of the Jt. DHS cum Member Secy./ASHA Nodal Officer should be sent along with the relevant photocopy of other necessary documents should be sent to state within 15 days of completion of the training.

11. SDM & HO/BPHC I/C/Block ASHA Nodal officer of the block will be in charge of the training and BPM/BCM will coordinate and ensure quality training program.

12. District level officials including the Jt. DHS of the district and members of DPMU(DPM/DCM/DME/DDM/DAM) shall constitute a monitoring team and supervise the training programme in each of the BPHCs to ensure quality of the training conducted.

13. Note:

14. The training guideline has to be followed strictly. Disciplinary action will be taken against those who will not follow the prescribed guideline.

15. Those who have been selected & trained as ASHA module 6th & 7th trainers shall only take part as ASHA trainer in the training.



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District wise budget breakup:

3 days Refresher Training for ASHA Supervisor 3.1.2.7					
SN	District	No. ASHA Supervisor	Total no. of Training batches	Total Amount In Rs.	Total Amount in Lakh
1	Baksa	95	3	173700.00	1.74
2	Barpeta	145	5	289500.00	2.90
3	Bongaigaon	67	2	115800.00	1.16
4	Cachar	152	5	289500.00	2.90
5	Chirang	54	2	115800.00	1.16
6	Darrang	71	2	115800.00	1.16
7	Dhemaji	64	2	115800.00	1.16
8	Dhubri	119	4	231600.00	2.32
9	Dibrugarh	95	3	173700.00	1.74
10	Dima Hasao	20	1	173700.00	0.58
11	Goalpara	93	3	173700.00	1.74
12	Golaghat	95	3	115800.00	1.74
13	Hailakandi	64	2	173700.00	1.16
14	Jorhat	83	3	57900.00	1.74
15	Kamrup Metro	17	1	289500.00	0.58
16	Kamrup Rural	152	5	115800.00	2.90
17	Karbi Anglong	62	2	173700.00	1.16
18	Karimganj	97	3	231600.00	1.74
19	Kokrajhar	127	4	173700.00	2.32
20	Lakhimpur	99	3	173700.00	1.74
21	Morigaon	79	3	173700.00	1.74



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3 days Refresher Training for ASHA Supervisor 3.1.2.7					
SN	District	No. ASHA Supervisor	Total no. of Training batches	Total Amount In Rs.	Total Amount in Lakh
22	Nagaon	136	5	289500.00	2.90
23	Nalbari	64	2	115800.00	1.16
24	Sivasagar	68	2	115800.00	1.16
25	Sonitpur	101	3	173700.00	1.74
26	Tinsukia	110	4	231600.00	2.32
27	Udalguri	99	3	173700.00	1.74
28	Biswanath	69	2	115800.00	1.16
29	Charaideo	42	1	57900.00	0.58
30	Hojai	59	2	115800.00	1.16
31	Majuli	24	1	57900.00	0.58
32	South Salmara	6	1	57900.00	0.58
33	West Karbi Anglong	33	1	57900.00	0.58
Total		2661	88	5095200.00	50.95

Model budget breakup:

3 days Refresher Training for ASHA Supervisor FMR: 3.1.2.7					
SN	Component	Unit Cost	Unit	Duration	Total
1	TA for Participants subject to actual	200	30	2	12000
2	DA to Participants	100	30	3	9000
3	Honorarium for Resource Persons	300	3	3	2700
4	Accommodation for the participants including(L/F)	150	33	3	14850
5	Training Material (folder, note Pad, Pen, Pencil, Highlighter etc.)	50	30	1	1500
6	Working lunch, snacks and Tea	150	33	3	14850
8	Venue hiring Charge	1000	1	3	3000
A	Total amount for one batch (in Rs.)				57900



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Agenda for Refresher training ASHA Supervisors		
Day	Time	Topic
Day 1	9:00 am to 9:30 am	Welcome and Introduction
	9:30am to 10.15 am	Experience Sharing
	10:15am to 10:45 am	Determining LMP and EDD using the printed chart
	10:45 am to 11:00 am	Tea
	11:00 am to 12:00 am	Health problems during pregnancy and referral
	12:00 am to 12:45 pm	Preparing mother for delivery/ Birth preparedness
	12:45 pm to 1:30 pm	Maternal care: Introduction to obstetric emergencies and referral
	1:30 pm to 2:00 pm	Lunch
	2:00pm to 2:30 pm	Maternal Care: Readiness for Emergencies
	2:30 pm to 3:00pm	Immediate care at birth, initiation of breastfeeding
	3:00pm to 3:30 pm	Introducing effective breast feeding practice
	3:30 pm to 4:00 pm	Care of the eyes, umbilical cord and skin
	4:00 pm to 4:15 pm	Tea
	4:15 pm to 4:45 pm	How to measure the newborn temperature
	4:45 pm to 5:15 pm	How to weigh the newborn
5:15 pm to 5:45 pm	Why keep the newborn warm and how to keep the newborn warm	



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Agenda for Refresher training of ASHA Supervisors

Day	Time	Topic
Day 2	9.00 am to 9:15 am	Recap of Previous day
	9:15 am to 9:30 am	Control of newborn temperature in hot weather and management of fever
	9:30 am to 10:00 am	Common childhood problems and the case management process
	10:00 am to 10:30 am	Assessing the sick child : Danger signs
	10:30 am to 10:45 am	Tea
	10:45 am to 11:15 am	Assessing and Classifying ARI, diarrhea, fever and malnutrition
	11:15 am to 11:45 am	Infant and Young Child Feeding
	11:45 am to 12:15 pm	Immunization
	12:15 pm to 12:45 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies
	12:45pm to 1:15 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies
	1:15 pm to 1:30 pm	Diagnosis and management of birth asphyxia
	1:30 pm to 2:00 pm	Lunch
	2:00 pm to 2:20 pm	Diagnosing and management of neonatal sepsis
	2:20 pm to 2:40 pm	Management of newborns with chest in-drawing
	2:40 pm to 3:00 pm	Management of Acute respiratory infection (ARI)
	3:00 pm to 3:20 pm	Management of Diarrheal Disease
	3:20 pm to 3:45 pm	Tea
	3:45 pm to 4:15 pm	Malaria
4:15 pm to 4:45 pm	Tuberculosis	
4:45 pm to 5:15 pm	RCH register & MCTS web portal	



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Agenda for Refresher training of ASHA Supervisors		
Day	Time	Topic
Day 3	9:00am to 9:15am	Recap of Previous day
	9:15 am to 9:45 am	Village health and Nutrition day (VHND)
	9:45 am to 10:15am	Women’s reproductive health (Revision of RTI/ STI, Safe abortion, family planning)
	10:15 am to 10:45 am	Understanding Gender, Patriarchy & Cycle of Violence
	10:45 am to 11:15 pm	Tea
	11:15 am to 11:45 pm	Signs and symptoms of violence, Consequences of Violence against Women
	11:45 pm to 12:15 pm	Identifying women who are vulnerable to violence
	12:15 pm to 12:30 pm	Role of ASHA in addressing violence against women
	12:30 pm to 1:00 pm	Legal measures to prevent Violence against Women
	1:00 pm to 1:30 pm	VHSNC, Role & responsibility of ASHAs, meeting minutes
	1:30 pm to 2:00 pm	Lunch
	2:00 pm to 2:15 pm	Revision of skills for Newborn and sick child (Viewing of Skill CD and practice e.g. Handwash, weighing & use of thermometer)
	2:15 pm to 2:30 pm	Incentives of ASHA in different activities, ASHA Incentive Payment mechanism
	2:30 pm to 2:45 pm	ASHA Drug kit & refilling mechanism
	2:45 pm to 3:00 pm	Evaluation, Valedictory/Disbursement of TA/DA to participants
	3:30 pm to 3:45 pm	Tea



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HBYC TRAINING to ANMs/ MPWs/ ASHA Supervisors & ASHAs

FMR: 3.1.2.8

Approved Amount: Rs. 224.28 L

Activity: HBYC TRAINING to ANMs/ MPWs/ ASHA Supervisors & ASHAs –

Responsible officer:

At State Level: Consultant Nutrition / Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

There are many tasks that you as an ASHA are already undertaking to address the health and nutrition needs of newborns, infants and children up to the age of five years. You are undertaking 6/7 home visits to provide Home Based Newborn Care (HBNC) up to 42 days after the birth. In case of low birth weight (LBW) babies, Special Newborn Care Unit (SNCU)/Newborn Stabilization Unit (NBSU) and Nutrition Rehabilitation Centre (NRC) discharged babies, day of discharge is counted as day 1 of home visit schedule and the six remaining home visits are completed as per HBNC visit schedule i.e. 3rd, 7th, 14th, 21st, 28th and 42nd day from the day of discharge. The HBNC visits enabled continuity of care and ensured survival of the new born.

However, the period after the first 42 days to the first few years of life is also important. After this period your visits and child's contact with the health systems is limited to immunization, in case of illness or for management of malnutrition. It has also been observed that around 3 months of age and beyond, problems such as discontinuation of breastfeeding, delay in initiation or incomplete complementary feeding beyond six months, poor care seeking for sickness, etc. arise. In addition, poor hygiene and sanitation and poor child rearing practices in the home during this period may also lead to sub-optimal physical growth and development of the child. Through structured home visits, these issues can be identified early and appropriate actions can be taken, thus reducing the adverse impact of these factors.

To provide support for nutrition and early childhood development, the Home Based Care for Young Child (HBYC) has been launched as part of the National Health Mission and POSHAN Abhiyaan of the Ministry of Women and Child Development.

Guiding notes for rolling out the HBYC Training:

Batch Strength: 30 (+ /- 5 members)

- The training should be residential.
- The participants for the batch of HBYC training should consist of ANM, MPW, ASHA Supervisor and ASHAs.
- The training should be conducted only by the personnel trained during State ToT.
- The number of participants for each batch should be 30 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.



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- The venue should be located preferably near the BPHC for ease of access during the training.
- Prior to the training the trainers of the particular district should sit together & prepare the lessons to be covered during the training.
- A proper agenda for the training should be prepared and shared during the training.
- All the participants should be provided with the operational guidelines, handbooks etc, a pen, writing pad & folder.
- Arrangement of food (Breakfast, Lunch, Tea & snacks) should be taken care of.
- A training completion report is to be provided once the training has been completed.
- The training calendar should be shared by the district to the undersigned.

District wise budget breakup:

5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC FMR: 3.1.2.8								
Sl	District	ANM	MPW	AS	ASHA	Total Participants training to be proposed in PIP 2021-22	Batches to be proposed in PIP 2021-22 @35 per batch	Total budget(@ Rs.124600/- per batch) in Lakhs
1	Baksa	318	47	95	950	0	0	0.00
2	Barpeta	610	170	145	1610	0	0	0.00
3	Darrang	384	106	71	978	0	0	0.00
4	Dhubri	475	100	119	1651	0	0	0.00
5	Goalpara	349	100	93	1067	0	0	0.00
6	Hailakandi	218	38	64	715	0	0	0.00
7	Karimganj	392	75	97	1235	0	0	0.00
8	Udalguri	271	42	99	1065	0	0	0.00
9	Nagaon	528	176	136	1742	1291	37.0	46.10
10	Cachar	564	112	152	1826	1327	38.0	47.35
11	Jorhat	295	110	83	967	728	21.0	26.17
12	Sonitpur	370	96	101	1160	864	25.0	31.15
13	Morigaon	304	81	79	948	706	20.0	24.92
14	Biswanath	282	92	69	786	615	18.0	22.43



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5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC FMR: 3.1.2.8								
Sl	District	ANM	MPW	AS	ASHA	Total Participants training to be proposed in PIP 2021-22	Batches to be proposed in PIP 2021-22 @35 per batch	Total budget(@ Rs.124600/- per batch) in Lakhs
15	Hojai	188	69	59	701	509	15.0	18.69
16	Majuli	68	34	24	298	212	6.0	7.48
17	South Salmara	102	46	6	345	0	0	0.00
Total		5718	1494	1492	18044	6252	180	224.28

Batch Composition	
ASHA	25
ASHA Supervisors	3
MPW	2
ANM	5
Total	35

Model Budget Breakup:

5 Days District level Training of ASHA, AF, ANM & MPW on HBYC					
SN	Head of expenditure	Unit Cost (In Rs)	Unit	Duration	Total (In Rs)
1	TA for Participants (on actual)	200	35	2	14000
2	DA for Participants	100	35	5	17500
	Honorarium for RP	300	3	5	4500
	TA for RP	300	3	2	1800
3	Accommodation for participant (including Breakfast & Dinner)	250	35	5	43750
4	Accommodation for RP (including Breakfast & Dinner)	350	3	5	5250
5	Training Material (Folder, Pad, Pen, Chart paper, Pencils etc.)	50	40	1	2000
6	Working Lunch, snacks, Tea	150	40	5	30000
	Venue Hiring	1,000	1	5	5000
8	Banner	800	1	1	800
Total					124600

Agenda for conducting HBYC Training:



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DAY -1	Time	Trainers
Registration	9.00 - 9.45	
Welcome and Introduction	9.45 - 10.00	
Background and Rationale for HBCY including POSHAN Abhiyaan	10.00 - 10.45	
TEA Break	10.45 -10.11	
Operational Guideline of HBYC	11.00-11.45	
Introduction of ASHA Handbook on HBYC and Training Strategy and Roll out of the ASHA Training on HBYC (Session on Handbook for ASHA on HBYC and Use of Job Aid)	11.45 – 1.00	
Role and responsibilities of ASHA, AWW & ANM in HBYC and Support of ASHA Supervisor	1.00– 2.00	
Lunch Break	2.00 - 2.45	
Planning for Home visit for HBYC	2.45 – 3.30	
Tea Break	3.30-3.45	
Addressing Social Vulnerability to improve coverage of children under the HBYC	3.45 – 4.45	
Orientation to the NEW MCP Card	3.45 – 5.30	
DAY 2		
RECAP	9.00 – 9.30	
Orientation to the NEW MCP Card (Continue)	9.30 – 10.30	
WASH	10.30 – 11.30	
TEA Break	11.30 – 11.45	
Early Childhood Development	11.45 – 1.30	
Lunch Break	1.30 – 2.15	
Full Immunization and Immunization Details in MCP Card	2.15 – 3.45	
Lunch Break	3.45 – 4.00	
Exclusion Breastfeeding	4.00 – 5.00	
DAY 3		
RECAP	9.00 – 9.30	
Role play on counselling for Exclusive Breastfeeding and Feedback by the Participants and Resource Persons	9.30 – 12.30	
TEA Break	12.30 – 12.45	
Complementary Feeding and Continuation of Breastfeeding	12.45 – 1.45	



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Lunch Break	1.45 – 2.15	
Iron And Folic Acid Supplementation	2.15 – 3.00	
Skill Demonstration and Practice for Dispensing IFA using Auto-Dispenser	3.00 – 4.00	
Growth Monitoring	4.00 - 5.00	
DAY 4		
RECAP	9.00 – 9.30	
Case Base Practice on Specific Counselling Message to Caregiver base on interpretation of Growth Chart plotting	9.30 – 1.45	
Lunch Break	1.45 – 2.15	
Management of Sick Child during Home Visit- Recap of Skill for ORS, use and dose of medicines	2.15 – 3.00	
TEA Break	3.00 - 3.15	
Family Planning	3.15 - 4.15	
Family Planning	5.00 – 6.00	
DAY 5		
RECAP	9.00- 9.30	
Post Training g Evaluation	9.45 - 11.45	
Feed Back on Training Programme	11.45 - 12.45	
Closing of Training	12.45 - 1.30	



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PRINTING OF ASHA MASTER CLAIM FORM

FMR: 12.7.2

Activity: Printing of ASHA Master Claim form – FMR: 12.7.2

Approved Amount: Rs. 5.86 L

Responsible officer:

At State Level: Asha Program Manager

At District Level: District Community Mobilizer / Block Community Mobilizer

A master claim form is a form which facilitates the ASHAs to combine all her monthly incentives against the activities conducted by her in a single tabular format. This form is a convenient way to organize her incentives which also helps the person verifying the forms to easily cross check and also input the same in APPMS system.

Specification for printing of Master Claim form

Description	Rate per form
1/2 demy, 80 GSM Maplitho, Black & White both side printing	Rs. 1.50/- per form



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District Wise budget breakup

Sl	District	TOTAL ASHA	Target for 12 months	Total Cost @Rs.1.50 per form	In lakhs
1	Baksa	950	11400	17100.00	0.17
2	Barpeta	1610	19320	28980.00	0.29
3	Bongaigaon	752	9024	13536.00	0.14
4	Cachar	1826	21912	32868.00	0.33
5	Chirang	742	8904	13356.00	0.13
6	Darrang	978	11736	17604.00	0.18
7	Dhemaji	746	8952	13428.00	0.13
8	Dhubri	1651	19812	29718.00	0.30
9	Dibrugarh	1299	15588	23382.00	0.23
10	Dima Hasao	238	2856	4284.00	0.04
11	Goalpara	1067	12804	19206.00	0.19
12	Golaghat	1057	12684	19026.00	0.19
13	Hailakandi	715	8580	12870.00	0.13
14	Jorhat	967	11604	17406.00	0.17
15	Kamrup Metro	676	8112	12168.00	0.12
16	Kamrup Rural	1744	20928	31392.00	0.31
17	Karbi Anglong	739	8868	13302.00	0.13
18	Karimganj	1235	14820	22230.00	0.22
19	Kokrajhar	1377	16524	24786.00	0.25
20	Lakhimpur	1308	15696	23544.00	0.24
21	Morigaon	948	11376	17064.00	0.17
22	Nagaon	1742	20904	31356.00	0.31
23	Nalbari	775	9300	13950.00	0.14
24	Sivasagar	774	9288	13932.00	0.14
25	Sonitpur	1160	13920	20880.00	0.21
26	Tinsukia	1403	16836	25254.00	0.25
27	Udalguri	1065	12780	19170.00	0.19
28	Biswanath	786	9432	14148.00	0.14
29	Charaideo	482	5784	8676.00	0.09
30	Hojai	701	8412	12618.00	0.13
31	Majuli	298	3576	5364.00	0.05
32	South Salmara	345	4140	6210.00	0.06
33	West Karbi Anglong	390	4680	7020.00	0.07
Total:		32546	390552	585828.00	5.86