

# COMMUNITY PROCESSES OPERATIONAL GUIDELINES 2022-24



राष्ट्रीय स्वास्थ्य मिशन  
बांष्ट्रीय स्वास्थ्य अभियान, असम





OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM

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

10744

Dated: 11/08/2022

From: Dr. M.S. Lakshmi Priya, IAS,  
Mission Director,  
National Health Mission, Assam

To: 1. The Principal Secretary of Autonomous Council, BTC/DHAC/KAAC, \_\_\_\_\_ District.  
2. The Deputy Commissioner (All Districts)  
3. The Joint Director of Health Services & Member Secretary, District Health Society (All Dist)

Sub: Community Processes Operational Guidelines 2022-24

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 2022-24 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 impelmentation 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, 2022-24 to all the concerned immediately for immediate and effective implementation.

Yours Sincerely

(Dr. M.S. Lakshmi Priya, IAS)  
Mission Director,  
National Health Mission, Assam  
Date: 11/08/2022

Memo No: NHM/ASHA/CAH/3115/2016-17/

10745-53

Copy to:

1. The Executive Director, NHM Assam, for information.
2. The OSD, NHM Assam for information.
3. Director Health services, Assam, Hengrabari, Guwahati
4. Director Health services (FW), Assam, Hengrabari, Guwahati
5. Director Finance & Accounts, NHM Assam
6. All SPO/SNO, SPM, Consultants, SFM, Component Heads / In Charges, SPMU, NHM Assam for information
7. PS to Hon'ble Minister Health & Family Welfare deptt for kind appraisal to the Hon'ble Minister H&FW, Govt of Assam.
8. PS to The Principal Secretary, Health & FW Department, Govt of Assam for kind appraisal of the Principal Secretary.
9. The DPMU, NHM (All Districts) for information and necessary action.

Mission Director,  
National Health Mission, Assam

**Community Processes Guidelines 2022-24**



# Operational Guidelines for Community Processes 2022-24

Summary of Community Processes RoP 2022-24								
			2022-23			2023-24		
SL	FMR Code	Particulars	RoP 2022-23 Approval (in lakhs)	State Allocation (in lakhs) 22-23	District Allocation (in lakhs) 22-23	RoP 2023-24 Approval (in lakhs)	State Allocation (in lakhs) 23-24	District Allocation (in lakhs) 23-24
1	HSS.3-159-1	ASHA Incentives for routine activities	7520.00	0.00	7520.00	7520.00	0.00	7520.00
2	HSS.3-159-2	Induction training of ASHAs	34.00	0.00	34.00	31.23	0.00	31.23
3	HSS.3-159-3	Module VI & VII training of ASHAs	89.58	22.4	67.19	82.25	20.56	61.69
4	HSS.3-159-4	Supplementary training for ASHAs	294.53	294.53	0.00	293.55	293.55	0.00
5	HSS.3-159-5	Certification of ASHA by NIOS	99.43	99.43	0.00	99.43	99.43	0.00
6	HSS.3-159-6	Training of ASHA facilitator (Refresher Training of ASHA Supervisor)	65.43	0.00	65.43	65.43	0.00	65.43
7	HSS.3-159-7-b	Trainings Under HBYC	211.61	9.31	202.30	200.86	0.00	200.86
8	HSS.3-159-8	Any Other (Orientation & reviews of DCM BCM, AMG meeting etc.)	19.27	5.80	13.46	19.27	5.80	13.46
9	HSS.3-159-9 a&B	Supervision Cost by ASHA facilitators (12 months)	2407.50	0.00	2407.50	2407.50	0.00	2407.50
10	HSS.3-159-10	Support Provision to ASHA Uniform	153.04	153.04	0.00	153.04	153.04	0.00
11	HSS.3-159-11	Awards to ASHA's/Link workers (ASHA Convention)	157.25	0.00	157.25	157.25	0.00	157.25
12	HSS.3-159-12	Social Security	96.74	96.74	0.00	96.74	96.74	0.00
13	HSS.3-159-13	ASHA Retirement Benefit Scheme	0.00	0.00	0.00	113.00	113.00	0.00
14	HSS.3-159-14	Replenishment of HBNC Kit for ASHAs	31.33	31.33	0.00	0.00	0.00	0.00
15	HSS.3-159-15	Printing of ASHA & ASHA Supervisor diary	51.01	51.01	0.00	0.00	0.00	0.00
16	HSS.3-159-16	Printing of ASHA Modules and Master Claim form	14.71	3.00	11.72	14.47	2.75	11.72
17	HSS.3-159-17	Monthly review meeting of ASHA Supervisors with BCMS	55.97	0.00	55.97	55.97	0.00	55.97
18	HSS.3-161	JAS Training	72.46	1.94	70.52	71.17	0.00	71.17
19	HSS.3-163-1	Smart Phones for ASHAs	1627.30	1627.30	0.00	1507.10	1507.10	0.00
20	HSS.3-163-2	Award for best performing VHSNC in each block	10.71	10.71	0.00	10.71	10.71	0.00
21	HSS.3-163-3	Award for best performing ASHA in each block	21.42	21.42	0.00	21.42	21.42	0.00
22	HSS.3-163-4	ASHA & ASHA Supervisor Wrist Band for anemia control	3.52	3.52	0.00	0.00	0.00	0.00
23	HSS.14-199-5	VHSNC Untied Fund	1407.45	0.15	1407.30	1407.45	0.15	1407.30
<b>GRAND TOTAL</b>			<b>14444.26</b>	<b>2431.63</b>	<b>12012.64</b>	<b>14327.84</b>	<b>2324.25</b>	<b>12003.58</b>

# Operational Guidelines for Community Processes 2022-24

## KEY DELIVERABLES for 2022-24

Sl. No.	Indicator Type	Indicator Statement	Indicator	Target 2022-23	Target 2023-24	Source of Data
148	Output	JAS functioning	Numerator: Number of JAS conducted at least 10 meetings in a year Denominator: Total operational AB-HWCs	100%	100%	AB HWC Portal
150	Output	Functioning of VHSNC (in rural areas)	Numerator: Number of VHSNCs that conducted at least 10 meetings in the year (against the norm of minimum one meeting every month) Denominator: Total VHSNCs formed	100%	100%	AB-HWC Portal
151	Output	AB-HWC primary healthcare team's incentives	a) Numerator: Number of AB- HWCs whose primary healthcare teams have received timely incentives (Performance Linked Payment and Team Based Incentives) minimum 12 times a year Denominator: Total number of operational AB-HWCs	100%	100%	AB-HWC Portal
151	Output	AB-HWC primary healthcare team's incentives	b) Numerator: Number of ASHAs who received timely incentives(Routine-recurring and program incentives) minimum 12 times a year Denominator: Total number of in-position ASHAs	100%	100%	AB-HWC Portal

# Operational Guidelines for Community Processes 2022-24

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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 2675 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.

# Operational Guidelines for Community Processes 2022-24

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## The Key Priority Areas for the Financial Year 2022-23:

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 low performing ASHAs, those having very less monthly income against the activities.
4. **Refresher training of all ASHA Supervisors.**
5. Special focus on reduction of MMR & IMR across Assam.
6. **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 4400 ASHAs have already appeared for the NIOS certification exams and in the current financial year another 1400 ASHAs are targeted for 2022-23.
7. **HBYC training:** Home Based Care for Young Child training is to train the ASHAs beyond HBNC 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 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 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. Award to Best performing ASHAs & VHSNCs.
11. Mobile phone for ASHAs as a digital job aid.

# Operational Guidelines for Community Processes 2022-24

## 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	Bajali	290	0	290	23
3	Barpeta	1320	0	1320	122
4	Bongaigaon	700	52	752	67
5	Cachar	1745	81	1826	152
6	Chirang	742	0	742	54
7	Darrang	978	0	978	71
8	Dhemaji	746	0	746	64
9	Dhubri	1566	85	1651	119
10	Dibrugarh	1218	81	1299	95
11	Dima Hasao	238	0	238	20
12	Goalpara	1025	42	1067	93
13	Golaghat	1057	0	1057	95
14	Hailakandi	715	0	715	64
15	Jorhat	912	55	967	83
16	Kamrup Metro	211	465	676	17
17	Kamrup Rural	1744	0	1744	152
18	Karbi Anglong	707	32	739	62
19	Karimganj	1205	30	1235	97
20	Kokrajhar	1377	0	1377	127
21	Lakhimpur	1273	35	1308	99
22	Morigaon	948	0	948	79
23	Nagaon	1682	60	1742	136
24	Nalbari	775	0	775	64
25	Sivasagar	746	28	774	68
26	Sonitpur	1099	61	1160	101
27	Tinsukia	1346	57	1403	110
28	Udalguri	1065	0	1065	99
29	Biswanath	760	26	786	69
30	Charaideo	460	22	482	42
31	Hojai	701	0	701	59
32	Majuli	298	0	298	24
33	South Salmara	345	0	345	20
34	West Karbi Anglong	390	0	390	33
	<b>Total:</b>	<b>31334</b>	<b>1212</b>	<b>32546</b>	<b>2675</b>



# Operational Guidelines for Community Processes 2022-24

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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 8<sup>th</sup> 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 2<sup>nd</sup> 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.

# Operational Guidelines for Community Processes 2022-24

## 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
<b>Total</b>		<b>1000</b>

# Operational Guidelines for Community Processes 2022-24

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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.

## **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

# Operational Guidelines for Community Processes 2022-24

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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 1<sup>st</sup> 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.

# Operational Guidelines for Community Processes 2022-24

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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



# Operational Guidelines for Community Processes 2022-24

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**ROUTINE INCENTIVES OF RS. 2000/- TO ASHAs**

**Payment Guidelines**

**FMR: HSS.3 -159-1**

# Operational Guidelines for Community Processes 2022-24

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

**FMR: HSS.3 -159- 1**

**Responsible officer:**

**At State Level: SCM**

**At District Level: DCM/BCM**

### Guideline for payment of incentives for routine activities of ASHA:

FMR Code	SI No	Activity	Rate of Incentive
HSS.3 Activity 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.

**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

# Operational Guidelines for Community Processes 2022-24

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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: HSS.3 -159-1**

# Operational Guidelines for Community Processes 2022-24

## District wise breakup for Routine Incentives for ASHA:

ASHA Routine Incentives @ Rs. 2000/- pm for 12 months FMR: HSS.3 -159-1				
SI	District	No of Rural ASHA	District wise Allocation as per approved ASHA @2000 per ASHA for 12 Months	In Lakh
1	Baksa	950	22800000.00	228.00
2	Bajali	290	6960000.00	69.60
3	Barpeta	1320	31680000.00	316.80
4	Bongaigaon	700	16800000.00	168.00
5	Cachar	1745	41880000.00	418.80
6	Chirang	742	17808000.00	178.08
7	Darrang	978	23472000.00	234.72
8	Dhemaji	746	17904000.00	179.04
9	Dhubri	1566	37584000.00	375.68
10	Dibrugarh	1218	29232000.00	292.32
11	Dima Hasao	238	5712000.00	57.12
12	Goalpara	1025	24600000.00	246.00
13	Golaghat	1057	25368000.00	253.68
14	Hailakandi	715	17160000.00	171.60
15	Jorhat	912	21888000.00	218.88
16	Kamrup Metro	211	5064000.00	50.64
17	Kamrup Rural	1744	41856000.00	418.56
18	Karbi Anglong	707	16968000.00	169.68
19	Karimganj	1205	28920000.00	289.20
20	Kokrajhar	1377	33048000.00	330.48
21	Lakhimpur	1273	30552000.00	305.52
22	Morigaon	948	22752000.00	227.52
23	Nagaon	1682	40368000.00	403.68
24	Nalbari	775	18600000.00	186.00
25	Sivasagar	746	17904000.00	179.04
26	Sonitpur	1099	26376000.00	263.76
27	Tinsukia	1346	32304000.00	323.04
28	Udalguri	1065	25560000.00	255.60
29	Biswanath	760	18240000.00	182.40
30	Charaideo	460	11040000.00	110.40
31	Hojai	701	16824000.00	168.24
32	Majuli	298	7152000.00	71.52
33	South Salmara	345	8280000.00	82.80
34	West Karbi Anglong	390	9360000.00	93.60
<b>Total:</b>		<b>31334</b>	<b>752016000.00</b>	<b>7520.00</b>

FY	Target	Budget
2022-23	31334	7520.00
2023-24	31334	7520.00

# Operational Guidelines for Community Processes 2022-24

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## INDUCTION TRAINING OF REPLACED ASHAS

FMR: HSS.3-159-2



# Operational Guidelines for Community Processes 2022-24

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## INDUCTION TRAINING OF REPLACED ASHAS

**FMR CODE: HSS.31159-2:**

**Responsible officer:**

**At State Level: SCM**

**At District Level: District Community Mobilizer / Block Community Mobilizer**

### **Guidelines for conducting training on ASHA Induction Module for newly selected / replaced ASHAs**

Batch Strength: 40 (+ -5 participants)

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.
- 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.

# Operational Guidelines for Community Processes 2022-24

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- 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

## **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.**

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

Induction Training for replaced ASHAs FMR: HSS.3-159-2				
Sl. No	District	No of ASHAs Replaced	Cost @ Rs. 5677.5/- per participant	In lakh
1	Baksa	12	68130.00	0.68
2	Barpeta	25	141937.50	1.42
3	Bongaigaon	17	96517.50	0.97
4	Cachar	30	170325.00	1.70
5	Chirang	12	68130.00	0.68
6	Darrang	11	62452.50	0.62
7	Dhemaji	20	113550.00	1.14
8	Dhubri	16	90840.00	0.91
9	Dibrugarh	24	136260.00	1.36
10	Dima Hasao	8	45420.00	0.45
11	Goalpara	18	102195.00	1.02
12	Golaghat	20	113550.00	1.14
13	Hilakandi	9	51097.50	0.51
14	Jorhat	17	96517.50	0.97
15	Kamrup Rural	30	170325.00	1.70
16	Kamrup Metro	25	141937.50	1.42
17	Karbi Anglong	14	79485.00	0.79
18	Karimganj	20	113550.00	1.14
19	Kokrajhar	20	113550.00	1.14
20	Lakhimpur	30	170325.00	1.70
21	Morigaon	25	141937.50	1.42
22	Nagaon	37	210067.50	2.10
23	Nalbari	7	39742.50	0.40
24	Sonitpur	15	85162.50	0.85
25	Sivsagar	17	96517.50	0.97
26	Tinsukia	25	141937.50	1.42
27	Udalguri	28	158970.00	1.59
28	Biswanath	14	79485.00	0.79
29	Charaideo	12	68130.00	0.68
30	Majuli	8	45420.00	0.45
31	Hojai	8	45420.00	0.45
32	South Salmora	14	79485.00	0.79
33	West Karbi Anglong	11	62452.50	0.62
<b>Total</b>		<b>599</b>	<b>3400822.50</b>	<b>34.01</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

Induction Training for replaced ASHAs				
Sl. No	District	No of ASHAs Replaced 2023-24	Cost @ Rs. 5677.5/- per participant	In lakh
1	Baksa	11	62452.50	0.62
2	Barpeta	18	102195.00	1.02
3	Bongaigaon	16	90840.00	0.91
4	Cachar	25	141937.50	1.42
5	Chirang	11	62452.50	0.62
6	Darrang	10	56775.00	0.57
7	Dhemaji	19	107872.50	1.08
8	Dhubri	15	85162.50	0.85
9	Dibrugarh	23	130582.50	1.31
10	Dima Hasao	7	39742.50	0.40
11	Goalpara	17	96517.50	0.97
12	Golaghat	19	107872.50	1.08
13	Hilakandi	8	45420.00	0.45
14	Jorhat	16	90840.00	0.91
15	Kamrup Rural	25	141937.50	1.42
16	Kamrup Metro	24	136260.00	1.36
17	Karbi Anglong	13	73807.50	0.74
18	Karimganj	19	107872.50	1.08
19	Kokrajhar	19	107872.50	1.08
20	Lakhimpur	27	153292.50	1.53
21	Morigaon	24	136260.00	1.36
22	Nagaon	36	204390.00	2.04
23	Nalbari	6	34065.00	0.34
24	Sonitpur	14	79485.00	0.79
25	Sivsagar	16	90840.00	0.91
26	Tinsukia	24	136260.00	1.36
27	Udalguri	27	153292.50	1.53
28	Biswanath	13	73807.50	0.74
29	Charaideo	11	62452.50	0.62
30	Majuli	7	39742.50	0.40
31	Hojai	7	39742.50	0.40
32	South Salmora	13	73807.50	0.74
33	West Karbi Anglong	10	56775.00	0.57
<b>Total</b>		<b>550</b>	<b>3122625.00</b>	<b>31.23</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>		
<b>2022-23</b>	599	34.01		
<b>2023-24</b>	550	31.23		

# Operational Guidelines for Community Processes 2022-24

## Model Budget Breakup for Induction training:

Budget Detail: Budget Details for ASHA 8 days Induction Module Training for replaced ASHAs					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(inRs. )			(inRs.)
1	TA to participants ( subject to actual )	200	40	2	16000.00
2	DA to participants	100	40	8	32000.00
3	Honorarium to Resource Persons	500	3	8	12000.00
5	Accommodation for the participants including	250	43	8	86000.00
6	Training material (Folder, pen, pad, highlighter etc)	100	43	1	4300.00
7	Foods (Breakfast, Working lunch, snacks &tea)	200	43	8	68800.00
8	Venue hiring charge	1000	1	8	8000.00
<b>A</b>	<b>Total for 1 batch ( 40 participants)</b>				<b>227100.00</b>
	<b>Per participant cost</b>				<b>5677.50</b>

**NB: District may adjust the breakup as per convenience**



# Operational Guidelines for Community Processes 2022-24

## 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	
4.00 pm-5.00 p.m	Evaluation	
Day 5		

# Operational Guidelines for Community Processes 2022-24

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	
<b>Day 6</b>		
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	
<b>Day 7</b>		
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	
<b>Day 8</b>		
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	
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)	

## MODULE VI & VII TRAINING OF ASHAS

FMR:HSS.3-159-3

# Operational Guidelines for Community Processes 2022-24

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## **MODULE VI & VII TRAINING OF ASHAS**

**FMR: HSS.3-159- 3**

### **Responsible officer:**

**At State Level: SCM**

**At District Level: District Community Mobilizer / Block Community Mobilizer**

### **Guidelines for conducting 1<sup>st</sup> round, 2<sup>nd</sup> round and 3<sup>rd</sup> round of ASHA Module 6<sup>th</sup> & 7<sup>th</sup> Training for newly selected/ replaced ASHAS**

Batch Strength: 40 (+ -5 participants)

1. The contents of the ASHA training module 6<sup>th</sup> & 7<sup>th</sup> 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.

#### **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.
- 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.

# Operational Guidelines for Community Processes 2022-24

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- 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 6<sup>th</sup>& 7<sup>th</sup> trainers shall only conduct the training.**



# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

6th & 7th Module Training of replaced ASHAs							
Sl	District	Round 1	Round 2	Round 3	TOTAL PARTICIPANTS	Cost @ Rs. 3738.75/- per participant	In Lakh
1	Baksa	12	12	12	36	134595.00	1.35
2	Barpeta	25	25	25	75	280406.25	2.80
3	Bongaigaon	17	17	17	51	190676.25	1.91
4	Cachar	30	30	30	90	336487.50	3.36
5	Chirang	12	12	12	36	134595.00	1.35
6	Darrang	11	11	11	33	123378.75	1.23
7	Dhemaji	20	20	20	60	224325.00	2.24
8	Dhubri	16	16	16	48	179460.00	1.79
9	Dibrugarh	24	24	24	72	269190.00	2.69
10	Dima Hasao	8	8	8	24	89730.00	0.90
11	Goalpara	18	18	18	54	201892.50	2.02
12	Golaghat	20	20	20	60	224325.00	2.24
13	Hilakandi	9	9	9	27	100946.25	1.01
14	Jorhat	17	17	17	51	190676.25	1.91
15	Kamrup Rural	30	30	30	90	336487.50	3.36
16	Kamrup Metro	25	25	25	75	280406.25	2.80
17	Karbi Anglong	14	14	14	42	157027.50	1.57
18	Karimganj	20	20	20	60	224325.00	2.24
19	Kokrajhar	20	20	20	60	224325.00	2.24
20	Lakhimpur	30	30	30	90	336487.50	3.36
21	Morigaon	25	25	25	75	280406.25	2.80
22	Nagaon	37	37	37	111	415001.25	4.15
23	Nalbari	7	7	7	21	78513.75	0.79
24	Sonitpur	15	15	15	45	168243.75	1.68
25	Sivsagar	17	17	17	51	190676.25	1.91
26	Tinsukia	25	25	25	75	280406.25	2.80
27	Udalguri	28	28	28	84	314055.00	3.14
28	Biswanath	14	14	14	42	157027.50	1.57
29	Charaideo	12	12	12	36	134595.00	1.35
30	Majuli	8	8	8	24	89730.00	0.90
31	Hojai	8	8	8	24	89730.00	0.90
32	South Salmora	14	14	14	42	157027.50	1.57
33	West Karbi Anglong	11	11	11	33	123378.75	1.23
<b>Total:</b>		<b>599</b>	<b>599</b>	<b>599</b>	<b>1797</b>	<b>6718533.75</b>	<b>67.19</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24

6th & 7th Module Training of replaced ASHAs							
Sl	District	Round 1	Round 2	Round 3	TOTAL PARTICIPANTS	Cost @ Rs. 3738.75/- per participant	In Lakh
1	Baksa	11	11	11	33	123378.75	1.23
2	Barpeta	18	18	18	54	201892.50	2.02
3	Bongaigaon	16	16	16	48	179460.00	1.79
4	Cachar	25	25	25	75	280406.25	2.80
5	Chirang	11	11	11	33	123378.75	1.23
6	Darrang	10	10	10	30	112162.50	1.12
7	Dhemaji	19	19	19	57	213108.75	2.13
8	Dhubri	15	15	15	45	168243.75	1.68
9	Dibrugarh	23	23	23	69	257973.75	2.58
10	Dima Hasao	7	7	7	21	78513.75	0.79
11	Goalpara	17	17	17	51	190676.25	1.91
12	Golaghat	19	19	19	57	213108.75	2.13
13	Hilakandi	8	8	8	24	89730.00	0.90
14	Jorhat	16	16	16	48	179460.00	1.79
15	Kamrup Rural	25	25	25	75	280406.25	2.80
16	Kamrup Metro	24	24	24	72	269190.00	2.69
17	Karbi Anglong	13	13	13	39	145811.25	1.46
18	Karimganj	19	19	19	57	213108.75	2.13
19	Kokrajhar	19	19	19	57	213108.75	2.13
20	Lakhimpur	27	27	27	81	302838.75	3.03
21	Morigaon	24	24	24	72	269190.00	2.69
22	Nagaon	36	36	36	108	403785.00	4.04
23	Nalbari	6	6	6	18	67297.50	0.67
24	Sonitpur	14	14	14	42	157027.50	1.57
25	Sivsagar	16	16	16	48	179460.00	1.79
26	Tinsukia	24	24	24	72	269190.00	2.69
27	Udalguri	27	27	27	81	302838.75	3.03
28	Biswanath	13	13	13	39	145811.25	1.46
29	Charaideo	11	11	11	33	123378.75	1.23
30	Majuli	7	7	7	21	78513.75	0.79
31	Hojai	7	7	7	21	78513.75	0.79
32	South Salmora	13	13	13	39	145811.25	1.46
33	West Karbi Anglong	10	10	10	30	112162.50	1.12
<b>Total:</b>		<b>550</b>	<b>550</b>	<b>550</b>	<b>1650</b>	<b>6168937.50</b>	<b>61.69</b>

# Operational Guidelines for Community Processes 2022-24

FY	Target	Budget
2022-23	1797	67.19
2023-24	1650	61.69

## Model Budget Breakup:

Model Breakup for 6th & 7th Module trainings					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		( in Rs. )			( in Rs.)
1	TA to participants ( subject to actual )	200	40	2	16000
2	DA to Participants	100	40	5	20000
3	Honorarium for Resource Persons	500	3	5	7500
4	Accommodation for the participants including(L/F)	250	43	5	53750
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	100	43	1	4300
6	Working lunch, snacks and Tea	200	43	5	43000
8	Venue hiring Charge	1000	1	5	5000
<b>A</b>	<b>Total amount for one batch of 40 participants (in Rs.)=</b>				<b>149550.00</b>
	<b>Cost per participant</b>				<b>3738.75</b>

**NB: District may adjust the breakup as per convenience**

# Operational Guidelines for Community Processes 2022-24

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## Agenda for 1<sup>st</sup> 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

#### Section 6: 10hr

- Supportive monitoring skills
- Use of checklist

# Operational Guidelines for Community Processes 2022-24

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## Agenda for 2<sup>nd</sup> 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

# Operational Guidelines for Community Processes 2022-24

## Agenda 3<sup>rd</sup> round training of ASHA Module 6<sup>th</sup> and 7<sup>th</sup>

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 <sup>st</sup> and 2 <sup>nd</sup> 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	
	1 hr 30 min	Neonatal Sepsis: Diagnosis and Management with Cotrimoxazole Session 5: Assessment of case study	
	30 min	Planning for day 5	

# Operational Guidelines for Community Processes 2022-24

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 3<sup>rd</sup> and on day 4<sup>th</sup> respective needs to be ensured.



# Operational Guidelines for Community Processes 2022-24

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**REFRESHER TRAINING OF ASHA SUPERVISORS**

**FMR: HSS.3-159-6**

# Operational Guidelines for Community Processes 2022-24

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## **REFRESHER TRAINING OF ASHA SUPERVISORS**

### **Activity: Refresher Training of ASHA Supervisor**

### **FMR: HSS.3-159-6:**

#### **Responsible officer:**

**At State Level: SCM**

**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 1<sup>st</sup> 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**

Batch Strength: 40 (+ -5 participants)

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 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

# Operational Guidelines for Community Processes 2022-24

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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.

## **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

# Operational Guidelines for Community Processes 2022-24

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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.

Note:

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

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

3 days Refresher Training for ASHA Supervisor				
SN	District	No. ASHA Supervisor	Cost Approved per participant @ Rs.815 per participant for 3 days	In Lakhs
1	Baksa	95	232275.00	2.32
2	Bajali	23	56235.00	0.56
3	Barpeta	122	298290.00	2.98
4	Bongaigaon	67	163815.00	1.64
5	Cachar	152	371640.00	3.72
6	Chirang	54	132030.00	1.32
7	Darrang	71	173595.00	1.74
8	Dhemaji	64	156480.00	1.56
9	Dhubri	119	290955.00	2.91
10	Dibrugarh	95	232275.00	2.32
11	Dima Hasao	20	48900.00	0.49
12	Goalpara	93	227385.00	2.27
13	Golaghat	95	232275.00	2.32
14	Hailakandi	64	156480.00	1.56
15	Jorhat	83	202935.00	2.03
16	Kamrup Metro	17	41565.00	0.42
17	Kamrup Rural	152	371640.00	3.72
18	Karbi Anglong	62	151590.00	1.52
19	Karimganj	97	237165.00	2.37
20	Kokrajhar	127	310515.00	3.11
21	Lakhimpur	99	242055.00	2.42
22	Morigaon	79	193155.00	1.93
23	Nagaon	136	332520.00	3.33
24	Nalbari	64	156480.00	1.56
25	Sivasagar	68	166260.00	1.66
26	Sonitpur	101	246945.00	2.47
27	Tinsukia	110	268950.00	2.69
28	Udalguri	99	242055.00	2.42
29	Biswanath	69	168705.00	1.69
30	Charaideo	42	102690.00	1.03
31	Hojai	59	144255.00	1.44
32	Majuli	24	58680.00	0.59
33	South Salmara	20	48900.00	0.49
34	West Karbi Anglong	33	80685.00	0.81
<b>Total</b>		<b>2675</b>	<b>6540375.00</b>	<b>65.40</b>

# Operational Guidelines for Community Processes 2022-24

District wise budget breakup 2023-24: 3 days Refresher Training for ASHA Supervisor				
SN	District	No. ASHA Supervisor	Cost Approved per participant @ Rs.815 per participant for 3 days	In Lakhs
1	Baksa	95	232275.00	2.32
2	Bajali	23	56235.00	0.56
3	Barpeta	122	298290.00	2.98
4	Bongaigaon	67	163815.00	1.64
5	Cachar	152	371640.00	3.72
6	Chirang	54	132030.00	1.32
7	Darrang	71	173595.00	1.74
8	Dhemaji	64	156480.00	1.56
9	Dhubri	119	290955.00	2.91
10	Dibrugarh	95	232275.00	2.32
11	Dima Hasao	20	48900.00	0.49
12	Goalpara	93	227385.00	2.27
13	Golaghat	95	232275.00	2.32
14	Hailakandi	64	156480.00	1.56
15	Jorhat	83	202935.00	2.03
16	Kamrup Metro	17	41565.00	0.42
17	Kamrup Rural	152	371640.00	3.72
18	Karbi Anglong	62	151590.00	1.52
19	Karimganj	97	237165.00	2.37
20	Kokrajhar	127	310515.00	3.11
21	Lakhimpur	99	242055.00	2.42
22	Morigaon	79	193155.00	1.93
23	Nagaon	136	332520.00	3.33
24	Nalbari	64	156480.00	1.56
25	Sivasagar	68	166260.00	1.66
26	Sonitpur	101	246945.00	2.47
27	Tinsukia	110	268950.00	2.69
28	Udalguri	99	242055.00	2.42
29	Biswanath	69	168705.00	1.69
30	Charaideo	42	102690.00	1.03
31	Hojai	59	144255.00	1.44
32	Majuli	24	58680.00	0.59
33	South Salmara	20	48900.00	0.49
34	West Karbi Anglong	33	80685.00	0.81
<b>Total</b>		<b>2675</b>	<b>6540375.00</b>	<b>65.40</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>		
<b>2022-23</b>	2675	<b>65.40</b>		
<b>2023-24</b>	2675	<b>65.40</b>		

# Operational Guidelines for Community Processes 2022-24

## Model budget breakup:

Model Breakup for ASHA Supervisor Refresher training					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		( in Rs. )			( in Rs.)
1	TA to participants ( subject to actual )	200	40	2	16000
2	DA to Participants	100	40	3	12000
3	Honorarium for Resource Persons	500	3	3	4500
4	Accommodation for the participants including(L/F)	250	43	3	32250
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	61	43	1	2623
6	Working lunch, snacks and Tea	200	43	3	25800
8	Venue hiring Charge	1000	1	3	3000
<b>A</b>	<b>Total amount for one batch of 40 participants (in Rs.)=</b>				<b>96173.00</b>
	<b>Cost for 68 batches</b>				<b>6539764.00</b>
	<b>Per participant Cost for 3 days</b>				<b>2444.77</b>

# Operational Guidelines for Community Processes 2022-24

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
	<b>10:45 am to 11:00 am</b>	<b>Tea</b>
	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
	<b>1:30 pm to 2:00 pm</b>	<b>Lunch</b>
	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
	<b>4:00 pm to 4:15 pm</b>	<b>Tea</b>
	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



# Operational Guidelines for Community Processes 2022-24

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
	<b>10:30 am to 10:45 am</b>	<b>Tea</b>
	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
	<b>1:30 pm to 2:00 pm</b>	<b>Lunch</b>
	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
	<b>3:20 pm to 3:45 pm</b>	<b>Tea</b>
	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	

# Operational Guidelines for Community Processes 2022-24

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
	<b>10:45 am to 11:15 pm</b>	<b>Tea</b>
	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
	<b>1:30 pm to 2:00 pm</b>	<b>Lunch</b>
	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
	<b>3:30 pm to 3:45 pm</b>	<b>Tea</b>

# Operational Guidelines for Community Processes 2022-24

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**HBYC TRAINING to ANMs/ MPWs/ ASHA Supervisors & ASHAs**

**FMR: HSS.3-159 -7-b**

# Operational Guidelines for Community Processes 2022-24

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

**FMR: HSS.3-159-7-b**

**Responsible officer:**

**At State Level: Consultant CH / SCM**

**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: 40 (+ /- 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 40 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.
- 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.

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

HBYC									
5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC FMR: <u>HSS.3-159 7-b</u>									
Sl no	District	Target				TOTAL Participants	No of batches @ 40 participants per batch	Cost @ Rs. 144500/- per batch	In lakhs
		ASH A	AS	ANM	MP W				
1	Baksa	122	4	94	10	230	6	867000.00	8.67
2	Bajali	9	0	21	1	31	1	144500.00	1.45
3	Barpeta	51	0	118	4	173	4	578000.00	5.78
3	Darrang	75	0	96	17	188	5	722500.00	7.23
4	Dhubri	180	18	48	30	275	7	1011500.00	10.12
5	Goalpara	100	15	30	15	160	4	578000.00	5.78
6	Hailakandi	32	0	0	0	32	1	144500.00	1.45
7	Karimganj	30	0	0	0	30	1	144500.00	1.45
8	Udalguri	35	26	122	70	253	6	867000.00	8.67
9	Nagaon	174	14	53	20	261	7	1011500.00	10.12
10	Cachar	183	15	55	8	260	7	1011500.00	10.12
11	Jorhat	97	8	28	11	144	4	578000.00	5.78
12	Sonitpur	116	10	34	9	169	4	578000.00	5.78
13	Morigaon	95	8	30	7	140	4	578000.00	5.78
14	South Salmara	265	15	55	15	350	9	1300500.00	13.01
15	Majuli	0	0	0	0	0	0	0.00	0.00
16	Hojai	70	6	15	5	96	2	289000.00	2.89
17	Biswanath	79	7	32	9	126	3	433500.00	4.34
18	Kokrajhar	344	32	30	4	410	10	1445000.00	14.45
19	Chirang	186	14	17	2	217	5	722500.00	7.23
20	Bongaigaon	188	17	19	5	228	6	867000.00	8.67
21	Kamrup Rural	436	38	66	24	564	14	2023000.00	20.23
22	Tinsukia	351	28	28	7	413	10	1445000.00	14.45
23	Dhemaji	187	16	22	6	231	6	867000.00	8.67
24	Nalbari	194	16	36	11	257	6	867000.00	8.67
25	Golaghat	264	24	36	8	332	8	1156000.00	11.56
<b>Total</b>		<b>3861</b>	<b>329</b>	<b>1082</b>	<b>296</b>	<b>5568</b>	<b>140</b>	<b>20230000.00</b>	<b>202.30</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC									
Sr.no	District	Target				Total Participants training to be proposed in PIP 2022-23	Batches to be proposed in PIP 2023-24 @40 per batch	Total budget @ Rs. 144500/- per batch	In lakh
		ASHA	AS	ANM	MPW				
1	Baksa	0	0	0	0	0	0	0.00	0.00
2	Bajali	9	0	21	1	31	1	144500.00	1.45
3	Barpeta	51	0	118	4	173	4	578000.00	5.78
3	Darrang	75	0	96	17	188	5	722500.00	7.23
4	Dhubri	180	18	48	30	275	7	1011500.00	10.12
5	Goalpara	100	15	30	15	160	4	578000.00	5.78
6	Hailakandi	0	0	0	0	0	0	0.00	0.00
7	Karimganj	0	0	0	0	0	0	0.00	0.00
8	Udalguri	35	26	122	70	253	6	867000.00	8.67
9	Nagaon	0	0	0	0	0	0	0.00	0.00
10	Cachar	0	0	0	0	0	0	0.00	0.00
11	Jorhat	0	0	0	0	0	0	0.00	0.00
12	Sonitpur	0	0	0	0	0	0	0.00	0.00
13	Morigaon	0	0	0	0	0	0	0.00	0.00
14	South Salmara	0	0	0	0	0	0	0.00	0.00
15	Majuli	0	0	0	0	0	0	0.00	0.00
16	Hojai	0	0	0	0	0	0	0.00	0.00
17	Biswanath	0	0	0	0	0	0	0.00	0.00
18	Kokrajhar	344	32	30	4	410	10	1445000.00	14.45
19	Chirang	186	14	17	2	217	5	722500.00	7.23
20	Bongaigaon	188	17	19	5	228	6	867000.00	8.67
21	Kamrup Rural	436	38	66	24	564	14	2023000.00	20.23
22	Tinsukia	351	28	28	7	413	10	1445000.00	14.45
23	Dhemaji	187	16	22	6	231	6	867000.00	8.67
24	Nalbari	194	16	36	11	257	6	867000.00	8.67
25	Golaghat	264	24	36	8	332	8	1156000.00	11.56
26	Karbi Anglong	185	16	27	8	236	6	867000.00	8.67
27	West Karbi Anglong	98	8	11	3	120	3	433500.00	4.34
28	Dima Hasao	60	5	18	4	87	2	289000.00	2.89
29	Kamrup Metro	169	4	44	5	222	6	867000.00	8.67
30	Dibrugarh	325	24	41	12	402	10	1445000.00	14.45
31	Lakhimpur	327	25	41	10	402	10	1445000.00	14.45
32	Charaideo	121	11	19	4	154	4	578000.00	5.78
33	Sivasagar	194	17	35	9	255	6	867000.00	8.67
<b>Total</b>		<b>4076</b>	<b>351</b>	<b>923</b>	<b>258</b>	<b>5607</b>	<b>139</b>	<b>20085500.00</b>	<b>200.86</b>
<b>FY</b>		<b>Target</b>			<b>Budget</b>				
<b>2022-23</b>		140			202.30				
<b>2023-24</b>		139			200.86				

# Operational Guidelines for Community Processes 2022-24

## Model Budget Breakup:

Budget Breakup @ 40 participants in 1 batch					
5 Days District /Sub-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	40	2	16000.00
2	DA for Participants	100	40	5	20000.00
3	Honorarium for RP	500	3	5	7500.00
4	TA for RP	300	3	2	1800.00
5	Accomodation for participant (including Breakfast & Dinner)	250	43	5	53750.00
6	Accomodation for RP (including Breakfast & Dinner)	350	3	5	5250.00
7	Training Material (Folder, Pad, Pen, Chart paper, Pencils etc.)	50	43	1	2150.00
8	Working Lunch, snacks, Tea	150	43	5	32250.00
9	Venue Hiring	1,000	1	5	5000.00
10	Banner	800	1	1	800.00
<b>Total for 1 batch of 40 participants</b>					<b>144,500.00</b>

# Operational Guidelines for Community Processes 2022-24

## Agenda for conducting HBYC Training:

<b>DAY -1</b>	<b>Time</b>	<b>Trainers</b>
Registration	9.00 - 9.45	
Welcome and Introduction	9.45 - 10.00	
Background and Rationale for HBCY including POSHAN Abhiyaan	10.00 - 10.45	
<b>TEA Break</b>	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	
<b>Lunch Break</b>	2.00 - 2.45	
Planning for Home visit for HBYC	2.45 – 3.30	
<b>Tea Break</b>	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	
<b>DAY 2</b>		
RECAP	9.00 – 9.30	
Orientation to the NEW MCP Card (Continue)	9.30 – 10.30	
WASH	10.30 – 11.30	
<b>TEA Break</b>	11.30 – 11.45	
Early Childhood Development	11.45 – 1.30	
<b>Lunch Break</b>	1.30 – 2.15	
Full Immunization and Immunization Details in MCP Card	2.15 – 3.45	
<b>Lunch Break</b>	3.45 – 4.00	
Exclusion Breastfeeding	4.00 – 5.00	
<b>DAY 3</b>		
<b>RECAP</b>	9.00 – 9.30	
Role play on counselling for Exclusive Breastfeeding and Feedback by the Participants and Resource Persons	9.30 – 12.30	
<b>TEA Break</b>	12.30 – 12.45	
Complementary Feeding and Continuation of Breastfeeding	12.45 – 1.45	
<b>Lunch Break</b>	1.45 – 2.15	
Iron And Folic Acid Supplementation	2.15 – 3.00	



# Operational Guidelines for Community Processes 2022-24

Skill Demonstration and Practice for Dispensing IFA using Auto-Dispenser	3.00 – 4.00	
Growth Monitoring	4.00 - 5.00	
<b>DAY 4</b>		
<b>RECAP</b>	9.00 – 9.30	
Case Base Practice on Specific Counselling Message to Caregiver base on interpretation of Growth Chart plotting	9.30 – 1.45	
<b>Lunch Break</b>	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	
<b>TEA Break</b>	3.00 - 3.15	
Family Planning	3.15 - 4.15	
Family Planning	5.00 – 6.00	
<b>DAY 5</b>		
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	

# Operational Guidelines for Community Processes 2022-24

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

**FMR: HSS.3-159-8**

# Operational Guidelines for Community Processes 2022-24

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## **Activity: District Level quarterly review meeting of BCMs**

**FMR: HSS.3-159-8**

**Responsible officer:**

**At State Level: SCM**

**At District Level: DCM**

Assam has a total of 153 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.
  - 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, 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.

# Operational Guidelines for Community Processes 2022-24

## District wise budget details 2022-23:

Quarterly Review meeting of BCM at District level				
SI No	District	No of Health Block	Cost @ Rs.2800/- per participant for 4 quarters	In lakh
1	Baksa	6	16800.00	0.17
2	Bajali	2	5600.00	0.06
3	Barpeta	5	14000.00	0.14
4	Biswanath	3	8400.00	0.08
5	Bongaigaon	4	11200.00	0.11
6	Cachar	8	22400.00	0.22
7	Charaideo	2	5600.00	0.06
8	Chirang	2	5600.00	0.06
9	Darrang	4	11200.00	0.11
10	Dhemaji	5	14000.00	0.14
11	Dhubri	5	14000.00	0.14
12	Dibrugarh	6	16800.00	0.17
13	Dima Hasao	3	8400.00	0.08
14	Goalpara	5	14000.00	0.14
15	Golaghat	5	14000.00	0.14
16	Hailakandi	4	11200.00	0.11
17	Hojai	2	5600.00	0.06
18	Jorhat	6	16800.00	0.17
19	Kamrup M	5	14000.00	0.14
20	Kamrup R	12	33600.00	0.34
21	Karbi Anglong	4	11200.00	0.11
22	Karimganj	5	14000.00	0.14
23	Kokrajhar	4	11200.00	0.11
24	Lakhimpur	6	16800.00	0.17
25	Majuli	1	2800.00	0.03
26	Marigaon	3	8400.00	0.08
27	Nagaon	9	25200.00	0.25
28	Nalbari	4	11200.00	0.11
29	Sibsagar	6	16800.00	0.17
30	Sonitpur	4	11200.00	0.11
31	South Salmara	2	5600.00	0.06
32	Tinsukia	4	11200.00	0.11
33	Udalguri	3	8400.00	0.08
34	West Karbianglong	4	11200.00	0.11
<b>Grand Total</b>		<b>153</b>	<b>428400.00</b>	<b>4.28</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget details 2023-24:

Quarterly Review meeting of BCM at District level				
SI No	District	No of Health Block	Cost @ Rs.2800/- per participant for 4 quarters	In lakh
1	Baksa	6	16800.00	0.17
2	Bajali	2	5600.00	0.06
3	Barpeta	5	14000.00	0.14
4	Biswanath	3	8400.00	0.08
5	Bongaigaon	4	11200.00	0.11
6	Cachar	8	22400.00	0.22
7	Charaideo	2	5600.00	0.06
8	Chirang	2	5600.00	0.06
9	Darrang	4	11200.00	0.11
10	Dhemaji	5	14000.00	0.14
11	Dhubri	5	14000.00	0.14
12	Dibrugarh	6	16800.00	0.17
13	Dima Hasao	3	8400.00	0.08
14	Goalpara	5	14000.00	0.14
15	Golaghat	5	14000.00	0.14
16	Hailakandi	4	11200.00	0.11
17	Hojai	2	5600.00	0.06
18	Jorhat	6	16800.00	0.17
19	Kamrup M	5	14000.00	0.14
20	Kamrup R	12	33600.00	0.34
21	Karbi Anglong	4	11200.00	0.11
22	Karimganj	5	14000.00	0.14
23	Kokrajhar	4	11200.00	0.11
24	Lakhimpur	6	16800.00	0.17
25	Majuli	1	2800.00	0.03
26	Marigaon	3	8400.00	0.08
27	Nagaon	9	25200.00	0.25
28	Nalbari	4	11200.00	0.11
29	Sibsagar	6	16800.00	0.17
30	Sonitpur	4	11200.00	0.11
31	South Salmara	2	5600.00	0.06
32	Tinsukia	4	11200.00	0.11
33	Udalguri	3	8400.00	0.08
34	West Karbianglong	4	11200.00	0.11
<b>Grand Total</b>		<b>153</b>	<b>428400.00</b>	<b>4.28</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>		
<b>2022-23</b>	153	4.28		
<b>2023-24</b>	153	4.28		

# Operational Guidelines for Community Processes 2022-24

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## Model budget breakup:

Quarterly Review meeting of BCM at District level					
SN	Components	Unit Cost	Unit	Duration (no of Qtr)	Total
1	TA for Participants (Subject to Actual)	200	153	4	122400
2	DA to Participants	200	153	4	122400
3	Note Pad, folder pen etc.	50	153	4	30600
4	Working lunch, snacks and Tea	250	153	4	153000
	<b>Total for 153 BCM</b>				<b>428400</b>

# Operational Guidelines for Community Processes 2022-24

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## **Activity: ASHA level BPHC Monthly meeting**

**FMR: HSS.3-159-8**

### **Responsible officer:**

**At State Level: SCM**

**At District Level: DCM**

Assam has a total of 32546 ASHAs and 2675 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;
  - 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.

# Operational Guidelines for Community Processes 2022-24

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- 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;

<b>FY</b>	<b>Target</b>	<b>Budget</b>
<b>2022-23</b>	153	9.18
<b>2023-24</b>	153	9.18



# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

BPHC level monthly ASHA meeting						
SI 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	Bajali	2	1000.00	12	12000.00	0.12
3	Barpeta	5	2500.00	12	30000.00	0.3
4	Biswanath	3	1500.00	12	18000.00	0.18
5	Bongaigaon	4	2000.00	12	24000.00	0.24
6	Cachar	8	4000.00	12	48000.00	0.48
7	Charaideo	2	1000.00	12	12000.00	0.12
8	Chirang	2	1000.00	12	12000.00	0.12
9	Darrang	4	2000.00	12	24000.00	0.24
10	Dhemaji	5	2500.00	12	30000.00	0.3
11	Dhubri	5	2500.00	12	30000.00	0.3
12	Dibrugarh	6	3000.00	12	36000.00	0.36
13	Dima Hasao	3	1500.00	12	18000.00	0.18
14	Goalpara	5	2500.00	12	30000.00	0.3
15	Golaghat	5	2500.00	12	30000.00	0.3
16	Hailakandi	4	2000.00	12	24000.00	0.24
17	Hojai	2	1000.00	12	12000.00	0.12
18	Jorhat	6	3000.00	12	36000.00	0.36
19	Kamrup M	5	2500.00	12	30000.00	0.3
20	Kamrup R	12	6000.00	12	72000.00	0.72
21	Karbi Anglong	4	2000.00	12	24000.00	0.24
22	Karimganj	5	2500.00	12	30000.00	0.3
23	Kokrajhar	4	2000.00	12	24000.00	0.24
24	Lakhimpur	6	3000.00	12	36000.00	0.36
25	Majuli	1	500.00	12	6000.00	0.06
26	Marigaon	3	1500.00	12	18000.00	0.18
27	Nagaon	9	4500.00	12	54000.00	0.54
28	Nalbari	4	2000.00	12	24000.00	0.24
29	Sibsagar	6	3000.00	12	36000.00	0.36
30	Sonitpur	4	2000.00	12	24000.00	0.24
31	South Salmara	2	1000.00	12	12000.00	0.12
32	Tinsukia	4	2000.00	12	24000.00	0.24
33	Udalguri	3	1500.00	12	18000.00	0.18
34	West Karbianglong	4	2000.00	12	24000.00	0.24
<b>Grand Total</b>		<b>153</b>			<b>9,18,000</b>	<b>9.18</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

BPHC level monthly ASHA meeting						
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	Bajali	2	1000.00	12	12000.00	0.12
3	Barpeta	5	2500.00	12	30000.00	0.3
4	Biswanath	3	1500.00	12	18000.00	0.18
5	Bongaigaon	4	2000.00	12	24000.00	0.24
6	Cachar	8	4000.00	12	48000.00	0.48
7	Charaideo	2	1000.00	12	12000.00	0.12
8	Chirang	2	1000.00	12	12000.00	0.12
9	Darrang	4	2000.00	12	24000.00	0.24
10	Dhemaji	5	2500.00	12	30000.00	0.3
11	Dhubri	5	2500.00	12	30000.00	0.3
12	Dibrugarh	6	3000.00	12	36000.00	0.36
13	Dima Hasao	3	1500.00	12	18000.00	0.18
14	Goalpara	5	2500.00	12	30000.00	0.3
15	Golaghat	5	2500.00	12	30000.00	0.3
16	Hailakandi	4	2000.00	12	24000.00	0.24
17	Hojai	2	1000.00	12	12000.00	0.12
18	Jorhat	6	3000.00	12	36000.00	0.36
19	Kamrup M	5	2500.00	12	30000.00	0.3
20	Kamrup R	12	6000.00	12	72000.00	0.72
21	Karbi Anglong	4	2000.00	12	24000.00	0.24
22	Karimganj	5	2500.00	12	30000.00	0.3
23	Kokrajhar	4	2000.00	12	24000.00	0.24
24	Lakhimpur	6	3000.00	12	36000.00	0.36
25	Majuli	1	500.00	12	6000.00	0.06
26	Marigaon	3	1500.00	12	18000.00	0.18
27	Nagaon	9	4500.00	12	54000.00	0.54
28	Nalbari	4	2000.00	12	24000.00	0.24
29	Sibsagar	6	3000.00	12	36000.00	0.36
30	Sonitpur	4	2000.00	12	24000.00	0.24
31	South Salmara	2	1000.00	12	12000.00	0.12
32	Tinsukia	4	2000.00	12	24000.00	0.24
33	Udalguri	3	1500.00	12	18000.00	0.18
34	West Karbianglong	4	2000.00	12	24000.00	0.24
<b>Grand Total</b>		<b>153</b>			<b>9,18,000</b>	<b>9.18</b>

# Operational Guidelines for Community Processes 2022-24

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## SUPERVISION COST BY ASHA SUPERVISORS

FMR: HSS.3-159-9- a&b

# Operational Guidelines for Community Processes 2022-24

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## Activity: SUPERVISION COST BY ASHA SUPERVISORS

FMR: HSS.3-159-9-a&b

**Responsible officer:**

**At State Level: HRD/SCM**

**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 2675 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.

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

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

Supervision cost by ASHA Supervisors						
Sl	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 Based 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	Bajali	23	1656000.00	414000.00	2070000.00	20.70
3	Barpeta	122	8784000.00	2196000.00	10980000.00	109.80
4	Bongaigaon	67	4824000.00	1206000.00	6030000.00	60.30
5	Cachar	152	10944000.00	2736000.00	13680000.00	136.80
6	Chirang	54	3888000.00	972000.00	4860000.00	48.60
7	Darrang	71	5112000.00	1278000.00	6390000.00	63.90
8	Dhemaji	64	4608000.00	1152000.00	5760000.00	57.60
9	Dhubri	119	8568000.00	2142000.00	10710000.00	107.10
10	Dibrugarh	95	6840000.00	1710000.00	8550000.00	85.50
11	Dima Hasao	20	1440000.00	360000.00	1800000.00	18.00
12	Goalpara	93	6696000.00	1674000.00	8370000.00	83.70
13	Golaghat	95	6840000.00	1710000.00	8550000.00	85.50
14	Hailakandi	64	4608000.00	1152000.00	5760000.00	57.60
15	Jorhat	83	5976000.00	1494000.00	7470000.00	74.70
16	Kamrup Metro	17	1224000.00	306000.00	1530000.00	15.30
17	Kamrup Rural	152	10944000.00	2736000.00	13680000.00	136.80
18	Karbi Anglong	62	4464000.00	1116000.00	5580000.00	55.80
19	Karimganj	97	6984000.00	1746000.00	8730000.00	87.30
20	Kokrajhar	127	9144000.00	2286000.00	11430000.00	114.30
21	Lakhimpur	99	7128000.00	1782000.00	8910000.00	89.10
22	Morigaon	79	5688000.00	1422000.00	7110000.00	71.10
23	Nagaon	136	9792000.00	2448000.00	12240000.00	122.40
24	Nalbari	64	4608000.00	1152000.00	5760000.00	57.60
25	Sivasagar	68	4896000.00	1224000.00	6120000.00	61.20
26	Sonitpur	101	7272000.00	1818000.00	9090000.00	90.90
27	Tinsukia	110	7920000.00	1980000.00	9900000.00	99.00
28	Udalguri	99	7128000.00	1782000.00	8910000.00	89.10
29	Biswanath	69	4968000.00	1242000.00	6210000.00	62.10
30	Charaideo	42	3024000.00	756000.00	3780000.00	37.80
31	Hojai	59	4248000.00	1062000.00	5310000.00	53.10
32	Majuli	24	1728000.00	432000.00	2160000.00	21.60
33	South Salmara	20	1440000.00	360000.00	1800000.00	18.00
34	West Karbi Anglong	33	2376000.00	594000.00	2970000.00	29.70
<b>Total:</b>		<b>2,675</b>	<b>192600000.00</b>	<b>48150000.00</b>	<b>240750000.00</b>	<b>2407.50</b>
<b>NB: ** Only to be released based upon certain performance parameters and guidelines</b>						

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

Supervision cost by ASHA Supervisors						
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 Based 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	Bajali	23	1656000.00	414000.00	2070000.00	20.70
3	Barpeta	122	8784000.00	2196000.00	10980000.00	109.80
4	Bongaigaon	67	4824000.00	1206000.00	6030000.00	60.30
5	Cachar	152	10944000.00	2736000.00	13680000.00	136.80
6	Chirang	54	3888000.00	972000.00	4860000.00	48.60
7	Darrang	71	5112000.00	1278000.00	6390000.00	63.90
8	Dhemaji	64	4608000.00	1152000.00	5760000.00	57.60
9	Dhubri	119	8568000.00	2142000.00	10710000.00	107.10
10	Dibrugarh	95	6840000.00	1710000.00	8550000.00	85.50
11	Dima Hasao	20	1440000.00	360000.00	1800000.00	18.00
12	Goalpara	93	6696000.00	1674000.00	8370000.00	83.70
13	Golaghat	95	6840000.00	1710000.00	8550000.00	85.50
14	Hailakandi	64	4608000.00	1152000.00	5760000.00	57.60
15	Jorhat	83	5976000.00	1494000.00	7470000.00	74.70
16	Kamrup Metro	17	1224000.00	306000.00	1530000.00	15.30
17	Kamrup Rural	152	10944000.00	2736000.00	13680000.00	136.80
18	Karbi Anglong	62	4464000.00	1116000.00	5580000.00	55.80
19	Karimganj	97	6984000.00	1746000.00	8730000.00	87.30
20	Kokrajhar	127	9144000.00	2286000.00	11430000.00	114.30
21	Lakhimpur	99	7128000.00	1782000.00	8910000.00	89.10
22	Morigaon	79	5688000.00	1422000.00	7110000.00	71.10
23	Nagaon	136	9792000.00	2448000.00	12240000.00	122.40
24	Nalbari	64	4608000.00	1152000.00	5760000.00	57.60
25	Sivasagar	68	4896000.00	1224000.00	6120000.00	61.20
26	Sonitpur	101	7272000.00	1818000.00	9090000.00	90.90
27	Tinsukia	110	7920000.00	1980000.00	9900000.00	99.00
28	Udalguri	99	7128000.00	1782000.00	8910000.00	89.10
29	Biswanath	69	4968000.00	1242000.00	6210000.00	62.10
30	Charaideo	42	3024000.00	756000.00	3780000.00	37.80
31	Hojai	59	4248000.00	1062000.00	5310000.00	53.10
32	Majuli	24	1728000.00	432000.00	2160000.00	21.60
33	South Salmara	20	1440000.00	360000.00	1800000.00	18.00
34	West Karbi Anglong	33	2376000.00	594000.00	2970000.00	29.70
<b>Total:</b>		<b>2,675</b>	<b>192600000.00</b>	<b>48150000.00</b>	<b>240750000.00</b>	<b>2407.50</b>

NB: \*\* Only to be released based upon certain performance parameters and guidelines

FY	Target	Budget
2022-23	2675	2407.50
2023-24	2675	2407.50

# Operational Guidelines for Community Processes 2022-24

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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.

# Operational Guidelines for Community Processes 2022-24

## 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						
SI	ASHA Supervisor Name	A	B	C=Ax3000 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 incentive s	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)



# Operational Guidelines for Community Processes 2022-24

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**ASHA CONVENTION**

**FMR: HSS.3-159-11**

# Operational Guidelines for Community Processes 2022-24

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**Activity: ASHA Convention – FMR: HSS.3-159-11**

**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: HSS.3-159-11** as per guidelines and norms.

# Operational Guidelines for Community Processes 2022-24

## District Wise Budget Breakup for ASHA Convention: Cost per ASHA 2022-23:

ASHA Convention FMR: <u>HSS.3-159-11</u>						
S N	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	Bajali	290	0	290	140116.40	1.40
3	Barpeta	1320	0	1320	637771.20	6.38
4	Bongaigaon	700	52	752	363336.32	3.63
5	Cachar	1745	81	1826	882250.16	8.82
6	Chirang	742	0	742	358504.72	3.59
7	Darrang	978	0	978	472530.48	4.73
8	Dhemaji	746	0	746	360437.36	3.60
9	Dhubri	1566	85	1651	797697.16	7.98
10	Dibrugarh	1218	81	1299	627624.84	6.28
11	Dima Hasao	238	0	238	114992.08	1.15
12	Goalpara	1025	42	1067	515531.72	5.16
13	Golaghat	1057	0	1057	510700.12	5.11
14	Hailakandi	715	0	715	345459.40	3.45
15	Jorhat	912	55	967	467215.72	4.67
16	Kamrup Metro	211	465	676	326616.16	3.27
17	Kamrup Rural	1744	0	1744	842631.04	8.43
18	Karbi Anglong	707	32	739	357055.24	3.57
19	Karimganj	1205	30	1235	596702.60	5.97
20	Kokrajhar	1377	0	1377	665311.32	6.65
21	Lakhimpur	1273	35	1308	631973.28	6.32
22	Morigaon	948	0	948	458035.68	4.58
23	Nagaon	1682	60	1742	841664.72	8.42
24	Nalbari	775	0	775	374449.00	3.74
25	Sivasagar	746	28	774	373965.84	3.74
26	Sonitpur	1099	61	1160	560465.60	5.60
27	Tinsukia	1346	57	1403	677873.48	6.78
28	Udalguri	1065	0	1065	514565.40	5.15
29	Biswanath	760	26	786	379763.76	3.80
30	Charaideo	460	22	482	232883.12	2.33
31	Hojai	701	0	701	338695.16	3.39
32	Majuli	298	0	298	143981.68	1.44
33	South Salmara	345	0	345	166690.20	1.67
34	West Karbi Anglong	390	0	390	188432.40	1.88
<b>Total:</b>		<b>31334</b>	<b>1212</b>	<b>32546</b>	<b>15724925.36</b>	<b>157.25</b>

# Operational Guidelines for Community Processes 2022-24

## District Wise Budget Breakup for ASHA Convention: Cost per ASHA 2023-24:

ASHA Convention FMR: <u>HSS.3-159-11</u>						
S N	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	Bajali	290	0	290	140116.40	1.40
3	Barpeta	1320	0	1320	637771.20	6.38
4	Bongaigaon	700	52	752	363336.32	3.63
5	Cachar	1745	81	1826	882250.16	8.82
6	Chirang	742	0	742	358504.72	3.59
7	Darrang	978	0	978	472530.48	4.73
8	Dhemaji	746	0	746	360437.36	3.60
9	Dhubri	1566	85	1651	797697.16	7.98
10	Dibrugarh	1218	81	1299	627624.84	6.28
11	Dima Hasao	238	0	238	114992.08	1.15
12	Goalpara	1025	42	1067	515531.72	5.16
13	Golaghat	1057	0	1057	510700.12	5.11
14	Hailakandi	715	0	715	345459.40	3.45
15	Jorhat	912	55	967	467215.72	4.67
16	Kamrup Metro	211	465	676	326616.16	3.27
17	Kamrup Rural	1744	0	1744	842631.04	8.43
18	Karbi Anglong	707	32	739	357055.24	3.57
19	Karimganj	1205	30	1235	596702.60	5.97
20	Kokrajhar	1377	0	1377	665311.32	6.65
21	Lakhimpur	1273	35	1308	631973.28	6.32
22	Morigaon	948	0	948	458035.68	4.58
23	Nagaon	1682	60	1742	841664.72	8.42
24	Nalbari	775	0	775	374449.00	3.74
25	Sivasagar	746	28	774	373965.84	3.74
26	Sonitpur	1099	61	1160	560465.60	5.60
27	Tinsukia	1346	57	1403	677873.48	6.78
28	Udalguri	1065	0	1065	514565.40	5.15
29	Biswanath	760	26	786	379763.76	3.80
30	Charaideo	460	22	482	232883.12	2.33
31	Hojai	701	0	701	338695.16	3.39
32	Majuli	298	0	298	143981.68	1.44
33	South Salmara	345	0	345	166690.20	1.67
34	West Karbi Anglong	390	0	390	188432.40	1.88
<b>Total:</b>		<b>31334</b>	<b>1212</b>	<b>32546</b>	<b>15724925.36</b>	<b>157.25</b>

FY	Target	Budget
<b>2022-23</b>	32546	157.25
<b>2023-24</b>	32546	157.25

# Operational Guidelines for Community Processes 2022-24

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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 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 to be forwarded the same to the District level Committee for further necessary action.

# Operational Guidelines for Community Processes 2022-24

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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.

# Operational Guidelines for Community Processes 2022-24

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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.

## Additional Points for ASHA Convention

1. It is ok to arrange a few cultural events but programmatic aspects should also be explored such as: HBNC performance, referral, HBYC if applicable, NCD performance, VHND performance, VHSNC meeting quality etc. for eg: block level performance / SC level performance to be displayed or narrated orally.
2. The ASHAs should only wear their ASHA dresses (Uniform) for attending the event.
3. The Awards should be based strictly on programmatic performance and APPMS / APM reports.
4. It is advised to display the indicators along with data via projector / or orally narrated for which the ASHA is awarded so that there is no confusion.
5. No cash rewards are to be entertained whatsoever.
6. The event should comply with the Covid 19 protocols and preferably all should wear masks.
7. The event should start off with the National Anthem and end with Assamese Jatiya Sangeet (O mur Apunar Dekh)
8. Proper decorum of the event should be maintained at all times.
9. Use of loudspeakers should be avoided.
10. ASHA grievances should be discussed and substantial solutions to be provided.
11. Deceased ASHAs should be honored during the event.

# Operational Guidelines for Community Processes 2022-24

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**PRINTING OF ASHA MASTER CLAIM FORM**

**FMR: HSS.3-159-16**



# Operational Guidelines for Community Processes 2022-24

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## **PRINTING OF ASHA MASTER CLAIM FORM**

**FMR: HSS.3-159-16**

**Responsible officer:**

**At State Level: SCM**

**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**

<b>Description</b>	<b>Rate per form</b>
1/2 demy, 80 GSM Maplitho, Black & White both side printing	Rs. 3.00/- per form

# Operational Guidelines for Community Processes 2022-24

## District Wise budget breakup 2022-23:

Printing of Master Claim form for ASHAs					
SI	District	TOTAL ASHA	Target for 12 months	Total Cost @Rs.3.00 per form	In lakhs
1	Baksa	950	11400	34200.00	0.34
2	Bajali	290	3480	10440.00	0.10
3	Barpeta	1320	15840	47520.00	0.48
4	Bongaigaon	752	9024	27072.00	0.27
5	Cachar	1826	21912	65736.00	0.66
6	Chirang	742	8904	26712.00	0.27
7	Darrang	978	11736	35208.00	0.35
8	Dhemaji	746	8952	26856.00	0.27
9	Dhubri	1651	19812	59436.00	0.59
10	Dibrugarh	1299	15588	46764.00	0.47
11	Dima Hasao	238	2856	8568.00	0.09
12	Goalpara	1067	12804	38412.00	0.38
13	Golaghat	1057	12684	38052.00	0.38
14	Hailakandi	715	8580	25740.00	0.26
15	Jorhat	967	11604	34812.00	0.35
16	Kamrup Metro	676	8112	24336.00	0.24
17	Kamrup Rural	1744	20928	62784.00	0.63
18	Karbi Anglong	739	8868	26604.00	0.27
19	Karimganj	1235	14820	44460.00	0.44
20	Kokrajhar	1377	16524	49572.00	0.50
21	Lakhimpur	1308	15696	47088.00	0.47
22	Morigaon	948	11376	34128.00	0.34
23	Nagaon	1742	20904	62712.00	0.63
24	Nalbari	775	9300	27900.00	0.28
25	Sivasagar	774	9288	27864.00	0.28
26	Sonitpur	1160	13920	41760.00	0.42
27	Tinsukia	1403	16836	50508.00	0.51
28	Udalguri	1065	12780	38340.00	0.38
29	Biswanath	786	9432	28296.00	0.28
30	Charaideo	482	5784	17352.00	0.17
31	Hojai	701	8412	25236.00	0.25
32	Majuli	298	3576	10728.00	0.11
33	South Salmara	345	4140	12420.00	0.12
34	West Karbi Anglong	390	4680	14040.00	0.14
<b>Total:</b>		<b>32546</b>	<b>390552</b>	<b>1171656.00</b>	<b>11.72</b>

# Operational Guidelines for Community Processes 2022-24

## District Wise budget breakup 2023-24:

Printing of Master Claim form for ASHAs					
Sl	District	TOTAL ASHA	Target for 12 months	Total Cost @Rs.3.00 per form	In lakhs
1	Baksa	950	11400	34200.00	0.34
2	Bajali	290	3480	10440.00	0.10
3	Barpeta	1320	15840	47520.00	0.48
4	Bongaigaon	752	9024	27072.00	0.27
5	Cachar	1826	21912	65736.00	0.66
6	Chirang	742	8904	26712.00	0.27
7	Darrang	978	11736	35208.00	0.35
8	Dhemaji	746	8952	26856.00	0.27
9	Dhubri	1651	19812	59436.00	0.59
10	Dibrugarh	1299	15588	46764.00	0.47
11	Dima Hasao	238	2856	8568.00	0.09
12	Goalpara	1067	12804	38412.00	0.38
13	Golaghat	1057	12684	38052.00	0.38
14	Hailakandi	715	8580	25740.00	0.26
15	Jorhat	967	11604	34812.00	0.35
16	Kamrup Metro	676	8112	24336.00	0.24
17	Kamrup Rural	1744	20928	62784.00	0.63
18	Karbi Anglong	739	8868	26604.00	0.27
19	Karimganj	1235	14820	44460.00	0.44
20	Kokrajhar	1377	16524	49572.00	0.50
21	Lakhimpur	1308	15696	47088.00	0.47
22	Morigaon	948	11376	34128.00	0.34
23	Nagaon	1742	20904	62712.00	0.63
24	Nalbari	775	9300	27900.00	0.28
25	Sivasagar	774	9288	27864.00	0.28
26	Sonitpur	1160	13920	41760.00	0.42
27	Tinsukia	1403	16836	50508.00	0.51
28	Udalguri	1065	12780	38340.00	0.38
29	Biswanath	786	9432	28296.00	0.28
30	Charaideo	482	5784	17352.00	0.17
31	Hojai	701	8412	25236.00	0.25
32	Majuli	298	3576	10728.00	0.11
33	South Salmara	345	4140	12420.00	0.12
34	West Karbi Anglong	390	4680	14040.00	0.14
<b>Total:</b>		<b>32546</b>	<b>390552</b>	<b>1171656.00</b>	<b>11.72</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>			
<b>2022-23</b>	32546	11.72			
<b>2023-24</b>	32546	11.72			

# Operational Guidelines for Community Processes 2022-24

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**MOBILITY SUPPORT FOR DCM**

**FMR: HSS.3-159-17**

# Operational Guidelines for Community Processes 2022-24

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## **Activity: MOBILITY SUPPORT FOR DCM**

### **FMR: HSS.3-159-17**

#### **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;

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

Monitoring & Mobility Support for DCM						
SI	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
28	Biswanath	1	8	96	48000	0.48
29	Charaideo	1	8	96	48000	0.48
30	Hojai	1	8	96	48000	0.48
31	Majuli	1	8	96	48000	0.48
32	South Salmara	1	8	96	48000	0.48
33	West Karbi Anglong	1	8	96	48000	0.48
	<b>Total:</b>	<b>33</b>		<b>Cost</b>	<b>1584000</b>	<b>15.84</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

Monitoring & Mobility Support for DCM						
SI	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
28	Biswanath	1	8	96	48000	0.48
29	Charaideo	1	8	96	48000	0.48
30	Hojai	1	8	96	48000	0.48
31	Majuli	1	8	96	48000	0.48
32	South Salmara	1	8	96	48000	0.48
33	West Karbi Anglong	1	8	96	48000	0.48
<b>Total:</b>		<b>33</b>	<b>Cost</b>		<b>1584000</b>	<b>15.84</b>

FY	Target	Budget
<b>2022-23</b>	33	15.84
<b>2023-24</b>	33	15.84

# Operational Guidelines for Community Processes 2022-24

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## **Activity: MONTHLY REVIEW MEETING OF ASHA SUPERVISORS**

**FMR: HSS.3-159-17**

**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 6<sup>th</sup> and 7<sup>th</sup> 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 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



# Operational Guidelines for Community Processes 2022-24

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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.

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2022-23:

Monthly Review Meeting of ASHA Facilitators with BCM at Block Level					
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	Bajali	23	1500	34500	0.35
2	Barpeta	122	1500	183000	1.83
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	20	1500	30000	0.30
33	West Karbi Anglong	33	1500	49500	0.50
<b>Total</b>		<b>2675</b>		<b>4012500</b>	<b>40.13</b>

# Operational Guidelines for Community Processes 2022-24

## District wise budget breakup 2023-24:

Monthly Review Meeting of ASHA Facilitators with BCM at Block Level					
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	Bajali	23	1500	34500	0.35
2	Barpeta	122	1500	183000	1.83
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	20	1500	30000	0.30
33	West Karbi Anglong	33	1500	49500	0.50
<b>Total</b>		<b>2675</b>		<b>4012500</b>	<b>40.13</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>			
<b>2022-23</b>	2675	40.13			
<b>2023-24</b>	2675	40.13			

# Operational Guidelines for Community Processes 2022-24

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

**FMR: HSS.3-161**

# Operational Guidelines for Community Processes 2022-24

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

### FMR: HSS.3-161

#### 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 23<sup>rd</sup> 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 has been 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 was done in 2021-22 for 101 batches. Training is planned for another ToT followed by 109 batches taking 3 members from each HWC PHC & HWC SC that should be conducted by strictly adhering to the below mentioned guiding notes.

**Note: All facilities belonging to rural as well as urban setup should be compulsorily included in this training as per priority.**

### Guiding Notes for rolling out Training of JAS members:

Batch Strength: 40 (+/- 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 training shall be preferably the president, secretary and active members of the JAS committee.
- 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 40 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.

# Operational Guidelines for Community Processes 2022-24

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- After the Participants have been trained the respective JAS Members they should undertake periodical reviews and which should be chaired by the MO/ CHO at PHC /SC levels.
- The training calendar should be shared by the district to the undersigned.

# Operational Guidelines for Community Processes 2022-24

## District wise Budget Breakup 2022-23:

Sl	District	No of HWCs	Per JAS 3 members each	Batches trained during 2021-22	Members trained during @30 per batch 2021-22	Members to be trained in 2022-23 @ 40 per batch	Batches for 2022-23	Cost @ 64700/- per batch	In lakhs
1	Baksa	87	261	3	90	171	4	258800.00	2.59
2	Barpeta	172	516	6	180	336	8	517600.00	5.18
3	Biswanath	18	54	1	30	24	1	64700.00	0.65
4	Bongaigaon	71	213	3	90	123	3	194100.00	1.94
5	Cachar	74	222	3	90	132	4	258800.00	2.59
6	Charaideo	15	45	1	30	15	1	64700.00	0.65
7	Chirang	45	135	2	60	75	2	129400.00	1.29
8	Darrang	81	243	3	90	153	4	258800.00	2.59
9	Dhemaji	64	192	2	60	132	3	194100.00	1.94
10	Dhubri	76	228	3	90	138	3	194100.00	1.94
11	Dibrugarh	195	585	8	240	345	10	647000.00	6.47
12	Dima Hasao	51	153	2	60	93	2	129400.00	1.29
13	Goalpara	93	279	4	120	159	4	258800.00	2.59
14	Golaghat	26	78	1	30	48	1	64700.00	0.65
15	Hailakandi	70	210	3	90	120	4	258800.00	2.59
16	Hojai	10	30	1	30	0	0	0.00	0.00
17	Jorhat	135	405	6	180	225	7	452900.00	4.53
18	Kamrup	309	927	12	360	567	14	905800.00	9.06
19	Kamrup Metropolitan	48	144	2	60	84	5	323500.00	3.24
20	Karbi Anglong	46	138	2	60	78	2	129400.00	1.29
21	Karimganj	92	276	4	120	156	4	258800.00	2.59
22	Kokrajhar	71	213	3	90	123	3	194100.00	1.94
23	Lakhimpur	74	222	3	90	132	3	194100.00	1.94
24	Majuli	8	24	1	30	-6	1	64700.00	0.65
25	Marigaon	25	75	1	30	45	1	64700.00	0.65
26	Nalbari	61	183	3	90	93	2	129400.00	1.29
27	Sibsagar	43	129	2	60	69	3	194100.00	1.94
28	Sonitpur	20	60	1	30	30	1	64700.00	0.65
29	South Salmara Mancachar	36	108	2	60	48	1	64700.00	0.65
30	Tinsukia	72	216	3	90	126	4	258800.00	2.59
31	Udalguri	68	204	3	90	114	3	194100.00	1.94
32	West Karbi Anglong	26	78	1	30	48	1	64700.00	0.65
<b>Grand Total</b>		<b>2282</b>	<b>6846</b>	<b>95</b>	<b>2850</b>	<b>3996</b>	<b>109</b>	<b>7052300.00</b>	<b>70.52</b>

# Operational Guidelines for Community Processes 2022-24

## District wise Budget Breakup 2023-24:

Sl	District	Batches for 2023-24	Cost @ 64700/- per batch	In lakhs
1	Baksa	4	258800.00	2.59
2	Barpeta	8	517600.00	5.18
3	Biswanath	1	64700.00	0.65
4	Bongaigaon	3	194100.00	1.94
5	Cachar	4	258800.00	2.59
6	Charaideo	1	64700.00	0.65
7	Chirang	2	129400.00	1.29
8	Darrang	4	258800.00	2.59
9	Dhemaji	3	194100.00	1.94
10	Dhubri	3	194100.00	1.94
11	Dibrugarh	10	647000.00	6.47
12	Dima Hasao	2	129400.00	1.29
13	Goalpara	4	258800.00	2.59
14	Golaghat	1	64700.00	0.65
15	Hailakandi	4	258800.00	2.59
16	Hojai	0	0.00	0.00
17	Jorhat	7	452900.00	4.53
18	Kamrup	10	647000.00	6.47
19	Kamrup Metropolitan	5	323500.00	3.24
20	Karbi Anglong	2	129400.00	1.29
21	Karimganj	4	258800.00	2.59
22	Kokrajhar	3	194100.00	1.94
23	Lakhimpur	3	194100.00	1.94
24	Majuli	1	64700.00	0.65
25	Marigaon	1	64700.00	0.65
26	Nagaon	5	323500.00	3.24
27	Nalbari	2	129400.00	1.29
28	Sibsagar	3	194100.00	1.94
29	Sonitpur	1	64700.00	0.65
30	South Salmara Mancachar	1	64700.00	0.65
31	Tinsukia	4	258800.00	2.59
32	Udalguri	3	194100.00	1.94
33	West Karbi Anglong	1	64700.00	0.65
<b>Grand Total</b>		<b>110</b>	<b>7117000.00</b>	<b>71.17</b>
<b>FY</b>	<b>Target</b>	<b>Budget</b>		
<b>2022-23</b>	109	70.52		
<b>2023-24</b>	110	71.17		



# Operational Guidelines for Community Processes 2022-24

## Model Budget Breakup:

JAS Training					
SN	Component	Unit Cost	Unit	Duration	Total
1	TA for Participants subject to actual	250	40	2	20000
3	Honorarium to Resource person	500	3	2	3000
4	Working lunch, snacks and Tea	300	43	2	25800
5	Venue hiring Charge	1000	1	2	2000
6	Training Materials; bag, pen, writing pad, checklist	100	43	1	4300
7	Manual printing cost	200	43	1	8600
8	Public Address system / genset hiring charge	1000	1	1	1000
<b>Total amount for one batch @ 40 participants per batch(in Rs.)</b>					<b>64700</b>

# Operational Guidelines for Community Processes 2022-24

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**VHSNC UNTIED FUND**

**FMR: HSS.14-199-5**

# Operational Guidelines for Community Processes 2022-24

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## Activity: VHSNC Untied fund

**FMR: HSS.14-199-5**

**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 VHSNC committees

Village Health Sanitation and Nutrition Committee (VHSNC) under NHM Assam is a community led platform to work collectively for the betterment of health and health determinants of a village. It is a committee based on the principles of local self-governance, where the community can make decisions based on their local healthcare needs. VHSNCs are also a platform to have convergence with various other line departments and to prepare and achieve positive health outcomes.

So in order to facilitate effective functioning of VHSNCs the existing guideline is modified and mentioned below:

### Guidelines for conducting the VHSNC Meeting:

- The date of VHSNC meetings should be fixed on the 15<sup>th</sup> of every month or the 2<sup>nd</sup> Sunday of a month. This will ensure efficient planning and better attendance of the committee members, as all the members will know the fixed date of the meeting and will keep themselves available. *However if the 15<sup>th</sup> is a Wednesday, and as on that day VHSNC is conducted the subsequent date shall be selected as per convenience.* The DCM, BCMs ASHA Supervisors and ASHAs should ensure that the meetings are held on that particular date without fail.
- Out of the total members, at least 2/3<sup>rd</sup> members should attend the VHSNC meeting. The presence of the VHSNC President (PRI member) is a must. ASHA has to facilitate maximum attendance.
- The VHSNC meeting should preferably be held at a community hall or open space where the members as well as other persons can witness the entire process. This will ensure voluntary participation and dissemination of important information amongst others for healthy living.
- The VHSNC meeting should be conducted with by following the VHSNC Handbook for Members. However any other emerging health issues are always encouraged to be discussed
- The VHSNC **meeting minutes** should be prepared during the meeting and ASHAs should be responsible for keeping the minutes and get it signed from the members at the end of the meeting.

# Operational Guidelines for Community Processes 2022-24

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- The VHSNC meeting minutes, cash book & statement of expenditure should be kept in the format as suggested in the VHSNC Handbook for Members. (refer annexures)
- The District & Block officials need to attend maximum VHSNCs as per the plan prepared to ensure quality discussion in the meeting. For this Block should prepare a VHSNC meeting plan and need to visit listed VHSNCs in a phased manner.
- The State Nodal officer for the district and team also need to attend the VHSNC meeting during their District visit.
- ASHA Supervisor and BCM must attend VHSNC meeting to observe / understand and to add value added support. The findings of such meetings should be uploaded in the Swasthya Sewa Dapoon portal.
- CHOs are to attend all VHSNC meetings fall under the SC-HWC and need to discuss issues related to overall healthcare improvement of villagers, sharing of relevant health information etc. Thus CHO can become custodian of health for the villages.
- VHSNC members need to explore / mobilize local resources so as to solve many of their listed problems or seek intervention from higher authority that requires attention.
- There should be at least 50% women members in the committee.
- At the end of every 6 months, on the day of VHSNC meeting (i.e. 15<sup>th</sup> day of 6<sup>th</sup> month) a Jan Samwad should be conducted by the VHSNC committee where the committee will share all the records and works done during the last 6 months publicly and will also take guidance for better performance in coming days. The Block level personnel must attend the Jan Samwads and should add important information, direction during the samwad.

# Operational Guidelines for Community Processes 2022-24

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## Guidelines for the VHSNC Untied fund:

NHM provides a maximum annual untied fund of Rs. 10,000/- 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 (VHSNC). This may be in terms of money or labour.

- The VHSNC can use these funds for any purpose aimed at improving the health scenario of the village. Nutrition, education, sanitation, environmental protection, public health measures are key areas where this fund could be utilized. However any other need based activities can also be taken up by the VHSNC after proper ratification of the proposal by the VHSNC members.
- 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 collect money from the VHSNC for payments to a service provider. The VHSNC should not make any payments directly.

# Operational Guidelines for Community Processes 2022-24

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## 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 (2/3<sup>rd</sup> 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.**

# Operational Guidelines for Community Processes 2022-24

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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.

# Operational Guidelines for Community Processes 2022-24

## District wise budget:

District Wise Allocation of VHSNC Fund FY 2022-23							
Sl No	District	Villages as per LG Directory update	Average opening balance of District as on 01.04.2022 (in Rs.)	Average Allocation per VHSNC Dist wise (Excluding VHSNC having above Rs. 5000/- opening Balance (in Rs.))	Total Opening balance at District as on 01.04.2022	District wise allocation of VHSNC Fund for FY 2022-23	In Lakhs
1	Baksa	693	559.90	4883.10	523508.12	4565696.88	45.66
2	Bajali	211	490.47	4986.00	146650.00	1480842.00	14.81
3	Barpeta	643	432.67	5018.20	517906.50	5996750.40	59.97
4	Biswanath	942	37.85	5405.15	27479.00	3924139.00	39.24
5	Bongaigaon	571	415.69	5027.31	276431.14	3343163.87	33.43
6	Cachar	1,183	534.77	5151.65	855634.83	7943846.67	79.44
7	Charaideo	327	349.34	5093.66	159299.00	2322709.00	23.23
8	Chirang	511	822.27	4774.62	575587.47	3261068.09	32.61
9	Darrang	541	636.74	4889.08	598534.67	4517510.64	45.18
10	Dhemaji	2,243	396.42	5055.99	295731.42	3766715.06	37.67
11	Dhubri	943	438.47	5004.53	658137.93	7511805.07	75.12
12	Dibrugarh	1,369	994.97	4599.19	1002927.48	5270676.13	52.71
13	Dima Hasao	695	880.82	4751.95	209434.20	1097699.75	10.98
14	Goalpara	838	724.80	4897.41	703052.00	4603561.00	46.04
15	Golaghat	1,125	816.08	4727.96	795674.50	4543567.50	45.44
16	Hailakandi	358	169.42	5324.07	115547.00	3599072.00	35.99
17	Hojai	402	1388.76	4596.47	951301.33	2927951.20	29.28
18	Jorhat	605	2816.88	3787.40	2383077.26	2336825.28	23.37
19	Kamrup Metro	219	172.03	5270.97	36299.00	1112174.00	11.12
20	Kamrup Rural	1,088	1071.59	4604.02	1795981.63	7467720.87	74.68
21	Karbi Anglong	2,552	1035.93	4558.45	587372.90	2516264.10	25.16
22	Karimganj	940	859.81	4839.95	969004.00	5246507.10	52.47
23	Kokrajhar	1,081	474.72	5029.78	627105.93	6609136.81	66.09
24	Lakhimpur	1,180	374.37	5087.98	387473.13	5245710.87	52.46
25	Majuli	234	734.64	4708.36	160886.50	1031130.50	10.31
26	Morigaon	638	401.35	5041.65	361617.66	4542525.34	45.43
27	Nagaon	1,007	667.34	4847.95	1045060.91	7616132.94	76.16
28	Nalbari	470	498.44	4971.29	370343.39	3673781.61	36.74
29	Sivasagar	549	751.36	4726.58	530461.63	3318056.37	33.18
30	Sonitpur	942	668.57	4774.43	682611.52	4874691.48	48.75
31	South Salmara	154	527.78	4915.22	135639.45	1263211.55	12.63
32	Tinsukia	1,175	308.22	5138.46	394212.80	6566950.20	65.67
33	Udalguri	804	501.68	4941.32	512211.75	5045091.25	50.45
34	West Karbi Anglong	680	690.41	4825.36	229907.98	1587543.62	15.88
<b>TOTAL</b>		<b>27913</b>			<b>19622104.03</b>	<b>140730228.14</b>	<b>1407.30</b>



# Operational Guidelines for Community Processes 2022-24

District Wise Allocation of VHSNC Fund FY 2023-24				
SI No	District	Villages as per LG Directory update	District wise allocation of VHSNC Fund for FY 2022-23	In Lakhs
1	Baksa	693	4565696.88	45.66
2	Bajali	211	1480842.00	14.81
3	Barpeta	643	5996750.40	59.97
4	Biswanath	942	3924139.00	39.24
5	Bongaigaon	571	3343163.87	33.43
6	Cachar	1,183	7943846.67	79.44
7	Charaideo	327	2322709.00	23.23
8	Chirang	511	3261068.09	32.61
9	Darrang	541	4517510.64	45.18
10	Dhemaji	2,243	3766715.06	37.67
11	Dhubri	943	7511805.07	75.12
12	Dibrugarh	1,369	5270676.13	52.71
13	Dima Hasao	695	1097699.75	10.98
14	Goalpara	838	4603561.00	46.04
15	Golaghat	1,125	4543567.50	45.44
16	Hailakandi	358	3599072.00	35.99
17	Hojai	402	2927951.20	29.28
18	Jorhat	605	2336825.28	23.37
19	Kamrup Metro	219	1112174.00	11.12
20	Kamrup Rural	1,088	7467720.87	74.68
21	Karbi Anglong	2,552	2516264.10	25.16
22	Karimganj	940	5246507.10	52.47
23	Kokrajhar	1,081	6609136.81	66.09
24	Lakhimpur	1,180	5245710.87	52.46
25	Majuli	234	1031130.50	10.31
26	Morigaon	638	4542525.34	45.43
27	Nagaon	1,007	7616132.94	76.16
28	Nalbari	470	3673781.61	36.74
29	Sivasagar	549	3318056.37	33.18
30	Sonitpur	942	4874691.48	48.75
31	South Salmara	154	1263211.55	12.63
32	Tinsukia	1,175	6566950.20	65.67
33	Udalguri	804	5045091.25	50.45
34	West Karbi Anglong	680	1587543.62	15.88
<b>TOTAL</b>		<b>27913</b>	<b>140730228.14</b>	<b>1407.30</b>

# Operational Guidelines for Community Processes 2022-24

## Analysis of VHSNC Untied fund:

VHSNCs having opening balance above Rs. 5,500/- &Rs.10,000/- as on 01.04.2022							
SI No	District	Total Opening balance at District as on 01.04.2022	No. of VHSNCs having More than 5500/- opening balance as on 01.04.2022	A No. of VHSNCs having More than 10000/- opening balance as on 01.04.2022	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	523508.12	0	0	0.00	0.00	0.00
2	Bajali	146650.00	1	0	0.00	0.00	0.00
3	Barpeta	517906.50	0	0	0.00	0.00	0.00
4	Bongaigaon	276431.14	0	0	0.00	0.00	0.00
5	Cachar	855634.83	20	8	135124.00	80000.00	55124.00
6	Chirang	575587.47	9	3	34857.42	30000.00	4857.42
7	Darrang	598534.67	3	0	0.00	0.00	0.00
8	Dhemaji	295731.42	1	0	0.00	0.00	0.00
9	Dhubri	658137.93	0	0	0.00	0.00	0.00
10	Dibrugarh	1002927.48	29	2	10144.69	20000.00	-9855.31
11	Dima Hasao	209434.20	7	0	0.00	0.00	0.00
12	Goalpara	703052.00	12	3	38303.00	30000.00	8303.00
13	Golaghat	795674.50	7	1	33126.15	10000.00	23126.15
14	Hailakandi	115547.00	2	0	0.00	0.00	0.00
15	Jorhat	2383077.26	101	4	93007.11	40000.00	53007.11
16	Kamrup Metro	36299.00	0	0	0.00	0.00	0.00
17	Kamrup Rural	1795981.63	32	12	183475.00	120000.00	63475.00
18	Karbi Anglong	587372.90	11	1	15549.00	10000.00	5549.00
19	Karimganj	969004.00	24	7	94135.00	70000.00	24135.00
20	Kokrajhar	627105.93	5	2	53004.13	20000.00	33004.13
21	Lakhimpur	387473.13	1	0	0.00	0.00	0.00
22	Morigaon	361617.66	0	0	0.00	0.00	0.00
23	Nagaon	1045060.91	18	1	17018.00	10000.00	7018.00
24	Nalbari	370343.39	1	0	0.00	0.00	0.00
25	Sivasagar	530461.63	3	0	0.00	0.00	0.00
26	Sonitpur	682611.52	0	0	0.00	0.00	0.00
27	Tinsukia	394212.80	0	0	0.00	0.00	0.00
28	Udalguri	512211.75	0	0	0.00	0.00	0.00
29	Biswanath	27479.00	0	0	0.00	0.00	0.00
30	Charaideo	159299.00	0	0	0.00	0.00	0.00
31	Hojai	951301.33	33	17	223571.18	170000.00	53571.18
32	West Karbi Anglong	229907.98	3	0	0.00	0.00	0.00
33	South Salmara	135639.45	0	0	0.00	0.00	0.00
34	Majuli	160886.50	0	0	0.00	0.00	0.00
<b>TOTAL</b>		<b>19622104.03</b>	<b>323</b>	<b>61</b>	<b>931314.68</b>	<b>610000.00</b>	<b>321314.68</b>

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