



OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM

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

Dated: 10/06/2024

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 2024-26**

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 2024-26 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, 2024-26 to all the concerned immediately for immediate and effective implementation.

Yours Sincerely

[Signature]
(Dr. M.S. Lakshmi Priya, IAS)
Mission Director,
National Health Mission, Assam
Date: 10/06/2024

Memo No: NHM/ASHA/CAH/3115/2016-17/ *F23-31*

Copy to:

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

[Signature]
Mission Director,
National Health Mission, Assam

Community Processes Guidelines 2024-26

Operational Guidelines for Community Processes 2024-26

Summary of Community Processes RoP 2024-26								
			FY 2024-25			FY 2025-26		
SL	FMR Code	Particulars	RoP Approval 2024-25	State Allocation	District Allocation	RoP Approval 2025-26	State Allocation	District Allocation
1	HSS.3-159-1	ASHA Incentives for routine activities	7770.24	0	7770.24	7770.24	0	7770.24
2	HSS.3-159-2	Induction training of ASHAs	58.29	0	58.29	57.26	0	57.26
3	HSS.3-159-3	Module VI & VII training of ASHAs	352.37	0	352.37	149.03	0	149.03
4	HSS.3-159-4	Supplementary training for ASHAs	247.3	247.3	0	247.3	247.3	0
5	HSS.3-159-5	Certification of ASHA by NIOS	120.84	91.44	29.4	0	0	0
6	HSS.3-159-6	Training of ASHA facilitator (Refresher Training of ASHA Supervisor)	81.57	0	81.57	81.57	0	81.57
7	HSS.3-159-8	BPHC level monthly AAA Meeting	37.63	23.86	13.77	37.63	23.86	13.77
8	HSS.3-159-9	Supervision Cost by ASHA facilitators (12 months)	2889	0	2889	2889	0	2889
9	HSS.3-159-10	Support Provision to ASHA Uniform	267.6	267.6	0	165.62	165.62	0
10	HSS.3-159-11	Awards to ASHA's/Link workers (ASHA Convention)	162.61	0	162.61	162.61	0	162.61
11	HSS.3-159-12	Social Security	136.44	7.33	129.11	136.44	7.33	129.11
12	HSS.3-159-13	Printing of ASHA & ASHA Supervisor diary	0	0	0	74.45	74.45	0
13	HSS.3-159-14	Printing of ASHA Modules and Master Claim form	81.13	81.13	0	75.85	75.85	0
14	HSS.3-159-15	Monthly review meeting of ASHA Supervisors with BCMS	124.82	84.69	40.13	124.82	84.69	40.13
15	HSS.3-161	JAS Training	32.35	0	32.35	32.35	0	32.35
16	HSS.3-163-1	Smart Phones for ASHAs	390.29	390.29	0	--	--	--
17	HSS.3-163-2	Award for best performing VHSNC in each block	10.71	10.71	0	10.71	10.71	0
18	HSS.3-163-3	Award for best performing ASHA in each block	21.42	21.42	0	21.42	21.42	0
19	HSS.3-163-4	ASHA Incentive for ABHA ID generation	146.46	146.46	0	146.46	146.46	0
20	HSS.3-163-5	Development of ASHA Mobile App	20	20	0	--	--	--
21	HSS.14-199-5	VHSNC Untied Fund	1407.45	1407.45	0	1407.45	1407.45	0
GRAND TOTAL			14358.52	2799.68	11558.84	13590.21	2265.14	11325.07

Operational Guidelines for Community Processes 2024-26

KEY DELIVERABLES for 2024-26

Sl. No.	Indicator Type	Indicator Statement	Indicator	Target 2024-25	Target 2025-26	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%	State Report
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%	State Report

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 includes- 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 33656 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 33656 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 2024-26

The Key Priority Areas for the Financial Year 2024-26:

1. **Induction training** (for 8 days) for the replaced and new ASHAs. 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. 10612 ASHAs have already been certified by the NIOS certification exams and in the current financial year another 12000 ASHAs are targeted for certification.
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 to ASHA Supervisors and new ASHAs.

Operational Guidelines for Community Processes 2024-26

District Wise No. of Rural / Urban ASHAs

Sl	District	Rural ASHA	Urban ASHA	Previous Approved	New ASHA rural	New Non nuhm Urban	New Urban	Grand Total
1	Baksa	950	0	950	20	0	0	970
2	Barpeta	1610	0	1610	176	17	0	1803
3	Biswanath	760	26	786	0	0	0	786
4	Bongaigaon	700	52	752	0	0	0	752
5	Cachar	1745	66	1811	19	0	0	1830
6	Charaideo	460	22	482	3	0	0	485
7	Chirang	742	0	742	0	0	0	742
8	Darrang	978	0	978	69	0	0	1047
9	Dhemaji	746	0	746	31	0	0	777
10	Dhubri	1566	85	1651	126	0	6	1783
11	Dibrugarh	1218	81	1299	9	1	0	1309
12	Dima Hasao	238	0	238	16	0	0	254
13	Goalpara	1025	42	1067	83	0	0	1150
14	Golaghat	1069	0	1069	3	0	0	1072
15	Hailakandi	715	0	715	30	0	0	745
16	Hojai	701	0	701	55	19	0	775
17	Jorhat	912	55	967	0	0	0	967
18	Kamrup Rural	1744	0	1744	38	0	0	1782
19	Kamrup Metro	211	465	676	3	0	28	707
20	Karbi Anglong	707	32	739	0	5	0	744
21	Karimganj	1205	30	1235	0	0	0	1235
22	Kokrajhar	1377	0	1377	0	0	0	1377
23	Lakhimpur	1249	35	1284	0	0	0	1284
24	Majuli	310	0	310	0	0	0	310
25	Morigaon	948	0	948	106	0	0	1054
26	Nagaon	1682	60	1742	166	0	7	1915
27	Nalbari	775	0	775	17	0	0	792
28	Sivasagar	746	28	774	0	0	0	774
29	Sonitpur	1099	61	1160	0	0	0	1160
30	South Salmara	345	0	345	65	0	0	410
31	Tinsukia	1346	57	1403	0	0	0	1403
32	Udalguri	1065	0	1065	0	0	0	1065
33	West Karbi Anglong	390	0	390	7	0	0	397
Total		31334	1197	32531	1042	42	41	33656

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GUIDELINES FOR SELECTION OF NEW / REPLACED ASHA

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

Selection Criteria:

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

Selection Process:

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

Operational Guidelines for Community Processes 2024-26

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

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

Operational Guidelines for Community Processes 2024-26

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 registration

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of pregnancy. The claim should be made in the master claim form by the ASHA which would be verified by the ASHA Supervisor and ANM and submitted to the responsible officer for processing and payment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ROUTINE INCENTIVES OF RS. 2000/- TO ASHAs

Payment Guidelines

FMR: HSS.3 -159-1

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

FMR: HSS.3 -159- 1

Responsible officer:

At State Level: APM

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 prescribed

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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**

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District wise breakup for Routine Incentives for ASHA:

ASHA Routine Incentives @ Rs. 2000/- pm for 12 months						
SI	District	No of Rural ASHA	New Approved ASHAs	Total Rural ASHAs	District wise Allocation as per approved ASHA @2000 per ASHA for 12 Months	In Lakh
1	Baksa	950	20	970	23280000.00	232.80
2	Bajali	290	0	290	6960000.00	69.60
3	Barpeta	1320	176	1496	35904000.00	359.04
4	Biswanath	760	0	760	18240000.00	182.40
5	Bongaigaon	700	0	700	16800000.00	168.00
6	Cachar	1745	19	1764	42336000.00	423.36
7	Charaideo	460	3	463	11112000.00	111.12
8	Chirang	742	0	742	17808000.00	178.08
9	Darrang	978	69	1047	25128000.00	251.28
10	Dhemaji	746	31	777	18648000.00	186.48
11	Dhubri	1566	126	1692	40608000.00	406.08
12	Dibrugarh	1218	9	1227	29448000.00	294.48
13	Dima Hasao	238	16	254	6096000.00	60.96
14	Goalpara	1025	83	1108	26592000.00	265.92
15	Golaghat	1069	3	1072	25728000.00	257.28
16	Hailakandi	715	30	745	17880000.00	178.80
17	Hojai	701	55	756	18144000.00	181.44
18	Jorhat	912	0	912	21888000.00	218.88
19	Kamrup Metro	211	3	214	5136000.00	51.36
20	Kamrup Rural	1744	38	1782	42768000.00	427.68
21	Karbi Anglong	707	0	707	16968000.00	169.68
22	Karimganj	1205	0	1205	28920000.00	289.20
23	Kokrajhar	1377	0	1377	33048000.00	330.48
24	Lakhimpur	1249	0	1249	29976000.00	299.76
25	Majuli	310	0	310	7440000.00	74.40
26	Morigaon	948	106	1054	25296000.00	252.96
27	Nagaon	1682	166	1848	44352000.00	443.52
28	Nalbari	775	17	792	19008000.00	190.08
29	Sivsagar	746	0	746	17904000.00	179.04
30	Sonitpur	1099	0	1099	26376000.00	263.76
31	South Salmara	345	65	410	9840000.00	98.40
32	Tinsukia	1346	0	1346	32304000.00	323.04
33	Udalguri	1065	0	1065	25560000.00	255.60
34	West Karbi Anglong	390	7	397	9528000.00	95.28
Total:		31334	1042	32376	777024000.00	7770.24

FY	Target	Budget
2024-25	32376	7770.24
2025-26	32376	7770.24

INDUCTION TRAINING OF ASHAS

FMR: HSS.3-159-2

Operational Guidelines for Community Processes 2024-26

INDUCTION TRAINING OF ASHAS

FMR CODE: HSS.31159-2:

Responsible officer:

At State Level: APM

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.
- 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



Operational Guidelines for Community Processes 2024-26

- 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 2024-26

District wise budget breakup 2024-25:

Induction Training for replaced ASHAs				
Sl. No	District	No of Replaced ASHAs requiring training 2024-25	Cost @ Rs. 7397.50/- per participant	In lakh
1	Baksa	10	73975.00	0.74
2	Bajali	10	73975.00	0.74
3	Barpeta	40	295900.00	2.96
4	Biswanath	40	295900.00	2.96
5	Bongaigaon	22	162745.00	1.63
6	Cachar	30	221925.00	2.22
7	Charaideo	10	73975.00	0.74
8	Chirang	12	88770.00	0.89
9	Darrang	40	295900.00	2.96
10	Dhemaji	20	147950.00	1.48
11	Dhubri	40	295900.00	2.96
12	Dibrugarh	10	73975.00	0.74
13	Dima Hasao	14	103565.00	1.04
14	Goalpara	10	73975.00	0.74
15	Golaghat	12	88770.00	0.89
16	Hilakandi	10	73975.00	0.74
17	Hojai	10	73975.00	0.74
18	Jorhat	18	133155.00	1.33
19	Kamrup Metro	30	221925.00	2.22
20	Kamrup Rural	30	221925.00	2.22
21	Karbi Anglong	30	221925.00	2.22
22	Karimganj	40	295900.00	2.96
23	Kokrajhar	20	147950.00	1.48
24	Lakhimpur	30	221925.00	2.22
25	Majuli	20	147950.00	1.48
26	Morigaon	30	221925.00	2.22
27	Nagaon	40	295900.00	2.96
28	Nalbari	10	73975.00	0.74
29	Sivsagar	30	221925.00	2.22
30	Sonitpur	20	147950.00	1.48
31	South Salmara	20	147950.00	1.48
32	Tinsukia	20	147950.00	1.48
33	Udalguri	40	295900.00	2.96
34	West Karbi Anglong	20	147950.00	1.48
Total		788	5829230.00	58.29

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26:

Induction Training for new & replaced ASHAs				
Sl. No	District	No of Replaced ASHAs requiring training 2025-26	Cost @ Rs. 7397.50/- per participant	In lakh
1	Baksa	10	73975.00	0.74
2	Bajali	10	73975.00	0.74
3	Barpeta	40	295900.00	2.96
4	Biswanath	35	258912.50	2.59
5	Bongaigaon	22	162745.00	1.63
6	Cachar	30	221925.00	2.22
7	Charaideo	10	73975.00	0.74
8	Chirang	12	88770.00	0.89
9	Darrang	38	281105.00	2.81
10	Dhemaji	20	147950.00	1.48
11	Dhubri	38	281105.00	2.81
12	Dibrugarh	10	73975.00	0.74
13	Dima Hasao	14	103565.00	1.04
14	Goalpara	10	73975.00	0.74
15	Golaghat	12	88770.00	0.89
16	Hilakandi	10	73975.00	0.74
17	Hojai	10	73975.00	0.74
18	Jorhat	18	133155.00	1.33
19	Kamrup Metro	30	221925.00	2.22
20	Kamrup Rural	30	221925.00	2.22
21	Karbi Anglong	30	221925.00	2.22
22	Karimganj	40	295900.00	2.96
23	Kokrajhar	20	147950.00	1.48
24	Lakhimpur	30	221925.00	2.22
25	Majuli	20	147950.00	1.48
26	Morigaon	30	221925.00	2.22
27	Nagaon	35	258912.50	2.59
28	Nalbari	10	73975.00	0.74
29	Sivsagar	30	221925.00	2.22
30	Sonitpur	20	147950.00	1.48
31	South Salmara	20	147950.00	1.48
32	Tinsukia	20	147950.00	1.48
33	Udalguri	40	295900.00	2.96
34	West Karbi Anglong	20	147950.00	1.48
Total		774	5725665.00	57.26

Operational Guidelines for Community Processes 2024-26

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	400	43	8	137600.00
6	Training material (Folder, pen, pad, highlighter etc)	100	43	1	4300.00
7	Foods (Breakfast, Working lunch, snacks &tea)	250	43	8	86000.00
8	Venue hiring charge	1000	1	8	8000.00
A	Total for 1 batch (40 participants)				295900.00
	Per participant cost				7397.50

FY	Target	Budget
2024-25	788	58.29
2025-26	774	57.26

Operational Guidelines for Community Processes 2024-26

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		

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9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Malnutrition Management - Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Malnutrition Management - Role of ASHA	
12.30 p.m. -1.30 p.m.	Immunization and role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart	
Day 6		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Common Child hood illness and role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	Demonstration of hand washing technique and practice	
12.30 p.m. -1.30 p.m.	Demonstration of ORS preparation and practice	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	Adolscent Health - Role of ASHA	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	Adolscent Health - Role of ASHA	
Day 7		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	RTI/STI and Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
11.15 a.m. -12.30 a.m.	RTI/STI and Role of ASHA	
12.30 p.m. -1.30 p.m.	HIV-AIDS and Role of ASHA	
1.30 p.m. -2.15 p.m.	Lunch	
2.15 p.m. -3.30 p.m.	ASHA drug Kit and process of refilling	
3.30 p.m. -3.45 p.m.	Tea	
3.45 p.m. -5.00 p.m.	How to conduct ASHA monthly meeting at PHC and SC level	
Day 8		
9.30 a.m. -9.45 a.m.	Recap	
9.45 a.m. -11.00 a.m.	Preventing unwanted pregnancies - Role of ASHA	
11.00 a.m. -11.15 a.m.	Tea	
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 2024-26

MODULE VI & VII TRAINING OF ASHAS

FMR: HSS.3-159- 3

Responsible officer:

At State Level: APM

At District Level: District Community Mobilizer / Block Community Mobilizer

Guidelines for conducting 1st round, 2nd round and 3rd round of ASHA Module 6th& 7th

Training for newly selected/ replaced ASHAs

Batch Strength: 40 (+ -5 participants)

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

Operational Guidelines for Community Processes 2024-26

- 9.6 Trainers should ensure that all the training material required for training is available before starting the session.
- 9.7 Considering the educational back ground of ASHA s they are not used to long hour's class room teaching .The trainers should learn when the group is losing interest. The trainers should keep group engaged by asking questions which will promote active participation.
- 9.8 Training should start each day at the stipulated time.
- 9.9 Plan their departure in advance and make arrangement for payment etc.

10 Post Training :

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

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

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

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2024-25:

6th & 7th Module Training of New & replaced ASHAs FY 2024-25								
SI	District	Total New & Replaced ASHAs (Round 1)	Total New & Replaced ASHAs (Round 2)	Total New & Replaced ASHAs (Round 3)	Total New & Replaced ASHAs (Round 4)	TOTAL PARTICIPANTS	Total Cost	In Lakh
1	Baksa	30	30	30	30	120	577650.00	5.78
2	Bajali	10	10	10	10	40	192550.00	1.93
3	Barpeta	216	216	216	216	864	4159080.00	41.59
4	Biswanath	40	40	40	40	160	770200.00	7.70
5	Bongaigaon	22	22	22	22	88	423610.00	4.24
6	Cachar	49	49	49	49	196	943495.00	9.43
7	Charaideo	13	13	13	13	52	250315.00	2.50
8	Chirang	12	12	12	12	48	231060.00	2.31
9	Darrang	109	109	109	109	436	2098795.00	20.99
10	Dhemaji	51	51	51	51	204	982005.00	9.82
11	Dhubri	166	166	166	166	664	3196330.00	31.96
12	Dibrugarh	19	19	19	19	76	365845.00	3.66
13	Dima Hasao	30	30	30	30	120	577650.00	5.78
14	Goalpara	93	93	93	93	372	1790715.00	17.91
15	Golaghat	15	15	15	15	60	288825.00	2.89
16	Hilakandi	40	40	40	40	160	770200.00	7.70
17	Hojai	65	65	65	65	260	1251575.00	12.52
18	Jorhat	18	18	18	18	72	346590.00	3.47
19	Kamrup Metro	33	33	33	33	132	635415.00	6.35
20	Kamrup Rural	68	68	68	68	272	1309340.00	13.09
21	Karbi Anglong	30	30	30	30	120	577650.00	5.78
22	Karimganj	40	40	40	40	160	770200.00	7.70
23	Kokrajhar	20	20	20	20	80	385100.00	3.85
24	Lakhimpur	30	30	30	30	120	577650.00	5.78
25	Majuli	20	20	20	20	80	385100.00	3.85
26	Morigaon	136	136	136	136	544	2618680.00	26.19
27	Nagaon	206	206	206	206	824	3966530.00	39.67
28	Nalbari	27	27	27	27	108	519885.00	5.20
29	Sivsagar	30	30	30	30	120	577650.00	5.78
30	Sonitpur	20	20	20	20	80	385100.00	3.85
31	South Salmara	85	85	85	85	340	1636675.00	16.37
32	Tinsukia	20	20	20	20	80	385100.00	3.85
33	Udalguri	40	40	40	40	160	770200.00	7.70
34	West Karbi Anglong	27	27	27	27	108	519885.00	5.20
Total:		1830	1830	1830	1830	7320	35236650.00	352.37

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26

6th & 7th Module Training of replaced ASHAs FY 2025-26								
SI	District	Round 1 for replaced ASHAs	Round 2 for replaced ASHAs	Round 3 for replaced ASHAs	Round 4 for replaced ASHAs	TOTAL PARTICIPANTS	Total Cost	In Lakh
1	Baksa	10	10	10	10	40	192550.00	1.93
2	Bajali	10	10	10	10	40	192550.00	1.93
3	Barpeta	40	40	40	40	160	770200.00	7.70
4	Biswanath	35	35	35	35	140	673925.00	6.74
5	Bongaigaon	22	22	22	22	88	423610.00	4.24
6	Cachar	30	30	30	30	120	577650.00	5.78
7	Charaideo	10	10	10	10	40	192550.00	1.93
8	Chirang	12	12	12	12	48	231060.00	2.31
9	Darrang	38	38	38	38	152	731690.00	7.32
10	Dhemaji	20	20	20	20	80	385100.00	3.85
11	Dhubri	38	38	38	38	152	731690.00	7.32
12	Dibrugarh	10	10	10	10	40	192550.00	1.93
13	Dima Hasao	14	14	14	14	56	269570.00	2.70
14	Goalpara	10	10	10	10	40	192550.00	1.93
15	Golaghat	12	12	12	12	48	231060.00	2.31
16	Hilakandi	10	10	10	10	40	192550.00	1.93
17	Hojai	10	10	10	10	40	192550.00	1.93
18	Jorhat	18	18	18	18	72	346590.00	3.47
19	Kamrup Metro	30	30	30	30	120	577650.00	5.78
20	Kamrup Rural	30	30	30	30	120	577650.00	5.78
21	Karbi Anglong	30	30	30	30	120	577650.00	5.78
22	Karimganj	40	40	40	40	160	770200.00	7.70
23	Kokrajhar	20	20	20	20	80	385100.00	3.85
24	Lakhimpur	30	30	30	30	120	577650.00	5.78
25	Majuli	20	20	20	20	80	385100.00	3.85
26	Morigaon	30	30	30	30	120	577650.00	5.78
27	Nagaon	35	35	35	35	140	673925.00	6.74
28	Nalbari	10	10	10	10	40	192550.00	1.93
29	Sivsagar	30	30	30	30	120	577650.00	5.78
30	Sonitpur	20	20	20	20	80	385100.00	3.85
31	South Salmara	20	20	20	20	80	385100.00	3.85
32	Tinsukia	20	20	20	20	80	385100.00	3.85
33	Udalguri	40	40	40	40	160	770200.00	7.70
34	West Karbi Anglong	20	20	20	20	80	385100.00	3.85
Total:		774	774	774	774	3096	14903370.00	149.03

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FY	Target	Budget
2024-25	7320	352.37
2025-26	3096	149.03

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)	400	43	5	86000
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	100	43	1	4300
6	Working lunch, snacks and Tea	250	43	5	53750
7	Venue hiring Charge	1000	1	5	5000
A	Total amount for one batch of 40 participants (in Rs.)=				192550.00
	Cost per participant				4813.75

NB: District may adjust the breakup as per convenience

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Agenda for 1st Round Training:

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

Welcome & Introduction 0.30 hrs

Section 1: Being an ASHA – 3hrs

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

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

Talking with women in the community (practice) 1hr

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

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

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

Section 4: Home Based New Born Care: 11hrs

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

Section 5: 1hr 30min

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

Section 6: 10hr

- Supportive monitoring skills
- Use of checklist

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Agenda for 2nd Round Training of ASHAs:

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

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

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

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

Section 2: Thermal Control: 7 hrs

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

Section 3: Child health and Nutrition: 16 hrs

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

Section 4: ASHA roles and Responsibilities: 6 hrs

Village health and Nutrition day (VHND) 2 hrs

What records do the ASHA maintain? 4 hrs

Section 5: 1.30 hr.

Training Workshop 2: Summary

Planning for work in the community

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

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

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Day 5			
	15 minutes	Prayer and Recap of previous day	
	1 hr 15 min	Women's Reproductive Health: Session 1: Safe abortion	
	1 hr	Women's Reproductive Health: Session 2: Family Planning	
	1 hr	Women's Reproductive Health: Session 3: RTI/STDs	
	1 hr	Evaluation of the ASHAs based on the contents taught (Written/oral)	
		Valedictory	

Points to be noted:

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

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

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

NIOS ASHA Certification

FMR: HSS.3-159-5

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NIOS ASHA Certification:

FMR: HSS.3-159-5:

Responsible officer:

At State Level: SCM

At District Level: District Community Mobilizer / Block Community Mobilizer

NIOS Certification is a benchmark of quality for the ASHAs and ASHA Supervisors in the districts. As per mandate of Govt of India all ASHAs and ASHA Supervisors need to appear for NIOS certification exam, hence 12000 ASHAs & ASHA Supervisors are proposed to appear for the NIOS certification written and practical examination. Fund has been allocated for the resource persons and the candidates who will be appearing for the practical exam. Regarding the practical exam there will be one day internal and one day external evaluation.

The NIOS exam is conducted every quarter, the date of exam is communicated beforehand. The target provided to the districts is for the entire financial year (2024-25). However, a district may decide to divide the target throughout the FY or if there is provision may appear the candidates at once. The financial allocation may accordingly be used against the batches consumed.

FMR Code: HSS.3.159-5				
SI No	Name of District	Allocation to District for NIOS exams 2024-25 (No of ASHAs)	Allocated batches	Cost per batch @9800/- per batch
1	Baksa	300	8	78400.00
2	Barpeta	800	20	196000.00
3	Biswanath	400	10	98000.00
4	Bongaigaon	240	6	58800.00
5	Cachar	700	17	166600.00
6	Charaideo	200	5	49000.00
7	Chirang	300	8	78400.00
8	Darrang	330	8	78400.00
9	Dhemaji	60	2	19600.00
10	Dhubri	700	17	166600.00
11	Dibrugarh	600	15	147000.00
12	Dima Hasao	90	2	19600.00
13	Goalpara	400	10	98000.00
14	Golaghat	120	3	29400.00
15	Hilakandi	130	3	29400.00
16	Hojai	500	13	127400.00
17	Jorhat	100	3	29400.00
18	Kamrup	800	20	196000.00
19	Kamrup Metro	330	8	78400.00
20	Karbi Anglong	220	6	58800.00
21	Karimganj	700	17	166600.00
22	Kokrajhar	700	17	166600.00
23	Lakhimpur	200	5	49000.00
24	Majuli	120	3	29400.00
25	Morigaon	700	17	166600.00
26	Nagaon	250	6	58800.00
27	Nalbari	150	4	39200.00
28	Sivsagar	400	10	98000.00
29	Sonitpur	400	10	98000.00
30	South Salmara	70	2	19600.00
31	Tinsukia	400	10	98000.00
32	Udalguri	500	13	127400.00
33	West Karbi Anglong	90	2	19600.00
Total		12000	300	2940000.00

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Model Breakup:

Internal & External Evaluation of ASHAs Model breakup					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(inRs.)			(inRs.)
1	Honorarium for Resource Persons	200	3	2	1200.00
2	Working lunch, snacks and Tea	100	43	2	8600.00
Amount for one batch (per batch 40 participants) Rs.					9800.00

Guidelines for NIOS certification examination Practical (External & Internal evaluation)

Address to District Trainers:

Dear District ASHA Trainers,

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

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

Essential skills

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

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Random skills including viva and demonstration

For Viva-

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

Demonstration

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

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Internal & External Evaluation by State for ASHAs

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

The suggested modality of conducting the evaluation is as follows:

1. Technical (Practical) skills assessment:

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

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

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

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

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

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Method:

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

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

For Viva-

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

Demonstration (*the steps are given in the skill checklist for ASHAs in this document*)

- Diagnosing Pregnancy using Nishchay Kit

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- Diagnosis of Malaria (*in malaria endemic states*)-

a) Rapid Diagnostic Test (RDT) Kit

b) Blood Smear

Method:

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

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

2. Theory assessment:

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

Method:

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

Internal Evaluation Detail:

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

Skill Checklists (For ASHAs)

Essential/Compulsory skill

1. Hand Washing - Demonstration

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

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Essential/Compulsory skill

2. Temperature Measurement– Demonstration

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

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Essential/Compulsory skill

3. Weighing the new-born – Demonstration

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

Essential/Compulsory skill

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

	Checklist	Marks allocated	Score
1	Keep the room warm: (warm enough for adults)	0.5	
2	Close all windows in the room	0.5	
3	Before wrapping the baby make sure baby is dry	0.5	
4	Make sure baby is clothed properly and head is covered	0.5	

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-5	Take a clean blanket Fold it from its top edge	0.5	
-6	Gently keep the baby on the blanket	0.5	
7	Cover the baby's head with the folded edge	0.5	
8	Wrap baby's foot with the blanket	0.5	
-9	Cover baby from either side of the blanket	0.5	
10	Give the baby back to mother and advise her to keep the baby close to herself	0.5	
	Total	05	

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Essential/Compulsory skill

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

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

Operational Guidelines for Community Processes 2024-26

Random Skill

1. Diagnosis of Pregnancy using Nishchay Kit - Demonstration

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

Operational Guidelines for Community Processes 2024-26

Random Skills

2. Diagnosis of Malaria – Demonstration

a) Rapid Diagnostic Test (RDT) Kit

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

Operational Guidelines for Community Processes 2024-26

Blood Smear

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

REFRESHER TRAINING OF ASHA SUPERVISORS

FMR: HSS.3-159-6

Operational Guidelines for Community Processes 2024-26

REFRESHER TRAINING OF ASHA SUPERVISORS

FMR: HSS.3-159-6:

Responsible officer:

At State Level: APM

At District Level: District Community Mobilizer / Block Community Mobilizer

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

Guidelines for Conducting Refresher training for ASHA Supervisors

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 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.

Operational Guidelines for Community Processes 2024-26

- 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 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.

Operational Guidelines for Community Processes 2024-26

- 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 2024-26

District wise budget breakup 2024-25:

3 days Refresher Training for ASHA Supervisor				
SN	District	No. ASHA Supervisor	Cost Approved per participant @ Rs.3049.33 per participant for 3 days	In Lakhs
1	Baksa	95	289686.35	2.90
2	Bajali	23	70134.59	0.70
3	Barpeta	122	372018.26	3.72
4	Bongaigaon	67	204305.11	2.04
5	Cachar	152	463498.16	4.63
6	Chirang	54	164663.82	1.65
7	Darrang	71	216502.43	2.17
8	Dhemaji	64	195157.12	1.95
9	Dhubri	119	362870.27	3.63
10	Dibrugarh	95	289686.35	2.90
11	Dima Hasao	20	60986.60	0.61
12	Goalpara	93	283587.69	2.84
13	Golaghat	95	289686.35	2.90
14	Hailakandi	64	195157.12	1.95
15	Jorhat	83	253094.39	2.53
16	Kamrup Metro	17	51838.61	0.52
17	Kamrup Rural	152	463498.16	4.63
18	Karbi Anglong	62	189058.46	1.89
19	Karimganj	97	295785.01	2.96
20	Kokrajhar	127	387264.91	3.87
21	Lakhimpur	99	301883.67	3.02
22	Morigaon	79	240897.07	2.41
23	Nagaon	136	414708.88	4.15
24	Nalbari	64	195157.12	1.95
25	Sivasagar	68	207354.44	2.07
26	Sonitpur	101	307982.33	3.08
27	Tinsukia	110	335426.30	3.35
28	Udalguri	99	301883.67	3.02
29	Biswanath	69	210403.77	2.10
30	Charaideo	42	128071.86	1.28
31	Hojai	59	179910.47	1.80
32	Majuli	24	73183.92	0.73
33	South Salmara	20	60986.60	0.61
34	West Karbi Anglong	33	100627.89	1.01
Total		2675	8156957.75	81.57

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26:

3 days Refresher Training for ASHA Supervisor				
SN	District	No. ASHA Supervisor	Cost Approved per participant @ Rs.3049.33 per participant for 3 days	In Lakhs
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7	Darrang	71	216502.43	2.17
8	Dhemaji	64	195157.12	1.95
9	Dhubri	119	362870.27	3.63
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11	Dima Hasao	20	60986.60	0.61
12	Goalpara	93	283587.69	2.84
13	Golaghat	95	289686.35	2.90
14	Hailakandi	64	195157.12	1.95
15	Jorhat	83	253094.39	2.53
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33	South Salmara	20	60986.60	0.61
34	West Karbi Anglong	33	100627.89	1.01
Total		2675	8156957.75	81.57

FY	Target	Budget
2024-25	2675	81.57
2025-26	2675	81.57

Operational Guidelines for Community Processes 2024-26

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)	400	43	3	51600
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	61	43	1	2623
6	Working lunch, snacks and Tea	250	43	3	32250
8	Venue hiring Charge	1000	1	3	3000
A	Total amount for one batch of 40 participants (in Rs.)=				121973.00
Cost Per participant					3049.33

Operational Guidelines for Community Processes 2024-26

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

Operational Guidelines for Community Processes 2024-26

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

Operational Guidelines for Community Processes 2024-26

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

BI MONTHLY MEETING OF ASHA, ANM & AANGANWADI WORKER

FMR: HSS.3-159-8

Operational Guidelines for Community Processes 2024-26

Activity: BPHC Level Bi- Monthly meeting of ASHA, ANM & Anganwadi Worker

FMR: HSS.3-159-8

Responsible officer:

At State Level: APM/SCM

At District Level: DCM

At Block Level: BCM

Assam has a total of 33656 ASHAs and 2675 ASHA Supervisors serving the community health needs and bridging the gaps between the community & health services along with the ANMs who look after the service delivery part at the SC level or higher and to substitute the efforts Anganwadi workers at the AWCs.

Though the AAA work in tandem with each other, it is noticed that time to time interaction and review keeps the skills of the trio more in shape.

Hence, a bi- monthly review cum orientation meeting of the three i.e. the ASHA, ANM and Anganwadi worker is provided so as to ensure that the skills of them are polished from time to time and new developments are incorporated into their skill set.

Guidelines for conducting BPHC Level Bi - Monthly meeting of ASHA, ANM & Anganwadi Worker

- The meeting should be conducted every alternate month either at the beginning or ending of the month (preferably at a fixed date or day of month) and all ASHAs ANMs and Anganwadi workers should be present.
- The meeting should be mandatorily be chaired by the SDH&HO along with the BPMU personnel; BCM being the convener of the meeting along with the assistance of ASHA Supervisors.
- 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.

Operational Guidelines for Community Processes 2024-26

- 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.
- xvii. Upsurge of any disease in the community / cluster and reporting there of;
- xviii. Family planning activities.
- xix. Nutrition.
- xx. Umbrella programme performance.
- xxi. 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 one wants s/he can keep in register too but file maintenance is must);
- A time bound action taken report should be compiled by the BCM and the same to be submitted to SDM&HOs;

FY	Target	Budget (In lakhs)
2024-25	153	13.77
2025-26	153	13.77

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2024-25:

BPHC level bi monthly AAA Meeting						
Sl No	District	No of Health Block	Cost per BPHC Monthly meeting per month @Rs 1500/- per meeting	Frequency (Months) every alternate month	Cost	In lakh
1	Baksa	6	9000.00	6	54000.00	0.54
2	Bajali	2	3000.00	6	18000.00	0.18
3	Barpeta	5	7500.00	6	45000.00	0.45
4	Biswanath	3	4500.00	6	27000.00	0.27
5	Bongaigaon	4	6000.00	6	36000.00	0.36
6	Cachar	8	12000.00	6	72000.00	0.72
7	Charaideo	2	3000.00	6	18000.00	0.18
8	Chirang	2	3000.00	6	18000.00	0.18
9	Darrang	4	6000.00	6	36000.00	0.36
10	Dhemaji	5	7500.00	6	45000.00	0.45
11	Dhubri	5	7500.00	6	45000.00	0.45
12	Dibrugarh	6	9000.00	6	54000.00	0.54
13	Dima Hasao	3	4500.00	6	27000.00	0.27
14	Goalpara	5	7500.00	6	45000.00	0.45
15	Golaghat	5	7500.00	6	45000.00	0.45
16	Hailakandi	4	6000.00	6	36000.00	0.36
17	Hojai	2	3000.00	6	18000.00	0.18
18	Jorhat	6	9000.00	6	54000.00	0.54
19	Kamrup M	5	7500.00	6	45000.00	0.45
20	Kamrup R	12	18000.00	6	108000.00	1.08
21	Karbi Anglong	4	6000.00	6	36000.00	0.36
22	Karimganj	5	7500.00	6	45000.00	0.45
23	Kokrajhar	4	6000.00	6	36000.00	0.36
24	Lakhimpur	6	9000.00	6	54000.00	0.54
25	Majuli	1	1500.00	6	9000.00	0.09
26	Marigaon	3	4500.00	6	27000.00	0.27
27	Nagaon	9	13500.00	6	81000.00	0.81
28	Nalbari	4	6000.00	6	36000.00	0.36
29	Sibsagar	6	9000.00	6	54000.00	0.54
30	Sonitpur	4	6000.00	6	36000.00	0.36
31	South Salmara	2	3000.00	6	18000.00	0.18
32	Tinsukia	4	6000.00	6	36000.00	0.36
33	Udalguri	3	4500.00	6	27000.00	0.27
34	West Karbi Anglong	4	6000.00	6	36000.00	0.36
Grand Total		153			13,77,000	13.77

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26:

BPHC level bi monthly AAA Meeting						
SI No	District	No of Health Block	Cost per BPHC Monthly meeting per month @Rs 1500/- per meeting	Frequency (Months)	Cost	In lakh
1	Baksa	6	9000.00	6	54000.00	0.54
2	Bajali	2	3000.00	6	18000.00	0.18
3	Barpeta	5	7500.00	6	45000.00	0.45
4	Biswanath	3	4500.00	6	27000.00	0.27
5	Bongaigaon	4	6000.00	6	36000.00	0.36
6	Cachar	8	12000.00	6	72000.00	0.72
7	Charaideo	2	3000.00	6	18000.00	0.18
8	Chirang	2	3000.00	6	18000.00	0.18
9	Darrang	4	6000.00	6	36000.00	0.36
10	Dhemaji	5	7500.00	6	45000.00	0.45
11	Dhubri	5	7500.00	6	45000.00	0.45
12	Dibrugarh	6	9000.00	6	54000.00	0.54
13	Dima Hasao	3	4500.00	6	27000.00	0.27
14	Goalpara	5	7500.00	6	45000.00	0.45
15	Golaghat	5	7500.00	6	45000.00	0.45
16	Hailakandi	4	6000.00	6	36000.00	0.36
17	Hojai	2	3000.00	6	18000.00	0.18
18	Jorhat	6	9000.00	6	54000.00	0.54
19	Kamrup M	5	7500.00	6	45000.00	0.45
20	Kamrup R	12	18000.00	6	108000.00	1.08
21	Karbi Anglong	4	6000.00	6	36000.00	0.36
22	Karimganj	5	7500.00	6	45000.00	0.45
23	Kokrajhar	4	6000.00	6	36000.00	0.36
24	Lakhimpur	6	9000.00	6	54000.00	0.54
25	Majuli	1	1500.00	6	9000.00	0.09
26	Marigaon	3	4500.00	6	27000.00	0.27
27	Nagaon	9	13500.00	6	81000.00	0.81
28	Nalbari	4	6000.00	6	36000.00	0.36
29	Sibsagar	6	9000.00	6	54000.00	0.54
30	Sonitpur	4	6000.00	6	36000.00	0.36
31	South Salmara	2	3000.00	6	18000.00	0.18
32	Tinsukia	4	6000.00	6	36000.00	0.36
33	Udalguri	3	4500.00	6	27000.00	0.27
34	West Karbi Anglong	4	6000.00	6	36000.00	0.36
Grand Total		153			13,77,000	13.77

SUPERVISION COST BY ASHA SUPERVISORS

FMR: HSS.3-159-9

Operational Guidelines for Community Processes 2024-26

Activity: SUPERVISION COST BY ASHA SUPERVISORS

FMR: HSS.3-159-9

Responsible officer:

At State Level: HRD/APM/SCM

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

Assam has a total of 32376 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.

ASHA Supervisor Visit Charges per month
Rs. 9000/- per month (7500+1500)
{Rs. 300/- Per Visit X (25+5) Days= Rs. 9000/-}

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2024-25:

Supervision cost by ASHA Supervisors 25 days +5 days						
Sl	District	No of ASHA Supervisors	A Cost of Supervision @ Rs. 300/- pd for 25 days i.e. Rs. 7500/- 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	8550000.00	1710000.00	10260000.00	102.60
2	Bajali	23	2070000.00	414000.00	2484000.00	24.84
3	Barpeta	122	10980000.00	2196000.00	13176000.00	131.76
4	Biswanath	69	6210000.00	1242000.00	7452000.00	74.52
5	Bongaigaon	67	6030000.00	1206000.00	7236000.00	72.36
6	Cachar	152	13680000.00	2736000.00	16416000.00	164.16
7	Charaideo	42	3780000.00	756000.00	4536000.00	45.36
8	Chirang	54	4860000.00	972000.00	5832000.00	58.32
9	Darrang	71	6390000.00	1278000.00	7668000.00	76.68
10	Dhemaji	64	5760000.00	1152000.00	6912000.00	69.12
11	Dhubri	119	10710000.00	2142000.00	12852000.00	128.52
12	Dibrugarh	95	8550000.00	1710000.00	10260000.00	102.60
13	Dima Hasao	20	1800000.00	360000.00	2160000.00	21.60
14	Goalpara	93	8370000.00	1674000.00	10044000.00	100.44
15	Golaghat	95	8550000.00	1710000.00	10260000.00	102.60
16	Hailakandi	64	5760000.00	1152000.00	6912000.00	69.12
17	Hojai	59	5310000.00	1062000.00	6372000.00	63.72
18	Jorhat	83	7470000.00	1494000.00	8964000.00	89.64
19	Kamrup Metro	17	1530000.00	306000.00	1836000.00	18.36
20	Kamrup Rural	152	13680000.00	2736000.00	16416000.00	164.16
21	Karbi Anglong	62	5580000.00	1116000.00	6696000.00	66.96
22	Karimganj	97	8730000.00	1746000.00	10476000.00	104.76
23	Kokrajhar	127	11430000.00	2286000.00	13716000.00	137.16
24	Lakhimpur	99	8910000.00	1782000.00	10692000.00	106.92
25	Majuli	24	2160000.00	432000.00	2592000.00	25.92
26	Morigaon	79	7110000.00	1422000.00	8532000.00	85.32
27	Nagaon	136	12240000.00	2448000.00	14688000.00	146.88
28	Nalbari	64	5760000.00	1152000.00	6912000.00	69.12
29	Sivasagar	68	6120000.00	1224000.00	7344000.00	73.44
30	Sonitpur	101	9090000.00	1818000.00	10908000.00	109.08
31	South Salmara	20	1800000.00	360000.00	2160000.00	21.60
32	Tinsukia	110	9900000.00	1980000.00	11880000.00	118.80
33	Udalguri	99	8910000.00	1782000.00	10692000.00	106.92
34	West Karbi Anglong	33	2970000.00	594000.00	3564000.00	35.64
Total:		2,675	240750000.00	48150000.00	288900000.00	2889.00

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26:

Supervision cost by ASHA Supervisors 25 days +5 days						
Sl	District	No of ASHA Supervisors	A Cost of Supervision @ Rs. 300/- pd for 25 days i.e. Rs. 7500/- 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	8550000.00	1710000.00	10260000.00	102.60
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4	Biswanath	69	6210000.00	1242000.00	7452000.00	74.52
5	Bongaigaon	67	6030000.00	1206000.00	7236000.00	72.36
6	Cachar	152	13680000.00	2736000.00	16416000.00	164.16
7	Charaideo	42	3780000.00	756000.00	4536000.00	45.36
8	Chirang	54	4860000.00	972000.00	5832000.00	58.32
9	Darrang	71	6390000.00	1278000.00	7668000.00	76.68
10	Dhemaji	64	5760000.00	1152000.00	6912000.00	69.12
11	Dhubri	119	10710000.00	2142000.00	12852000.00	128.52
12	Dibrugarh	95	8550000.00	1710000.00	10260000.00	102.60
13	Dima Hasao	20	1800000.00	360000.00	2160000.00	21.60
14	Goalpara	93	8370000.00	1674000.00	10044000.00	100.44
15	Golaghat	95	8550000.00	1710000.00	10260000.00	102.60
16	Hailakandi	64	5760000.00	1152000.00	6912000.00	69.12
17	Hojai	59	5310000.00	1062000.00	6372000.00	63.72
18	Jorhat	83	7470000.00	1494000.00	8964000.00	89.64
19	Kamrup Metro	17	1530000.00	306000.00	1836000.00	18.36
20	Kamrup Rural	152	13680000.00	2736000.00	16416000.00	164.16
21	Karbi Anglong	62	5580000.00	1116000.00	6696000.00	66.96
22	Karimganj	97	8730000.00	1746000.00	10476000.00	104.76
23	Kokrajhar	127	11430000.00	2286000.00	13716000.00	137.16
24	Lakhimpur	99	8910000.00	1782000.00	10692000.00	106.92
25	Majuli	24	2160000.00	432000.00	2592000.00	25.92
26	Morigaon	79	7110000.00	1422000.00	8532000.00	85.32
27	Nagaon	136	12240000.00	2448000.00	14688000.00	146.88
28	Nalbari	64	5760000.00	1152000.00	6912000.00	69.12
29	Sivasagar	68	6120000.00	1224000.00	7344000.00	73.44
30	Sonitpur	101	9090000.00	1818000.00	10908000.00	109.08
31	South Salmara	20	1800000.00	360000.00	2160000.00	21.60
32	Tinsukia	110	9900000.00	1980000.00	11880000.00	118.80
33	Udalguri	99	8910000.00	1782000.00	10692000.00	106.92
34	West Karbi Anglong	33	2970000.00	594000.00	3564000.00	35.64
Total:		2,675	240750000.00	48150000.00	288900000.00	2889.00

Operational Guidelines for Community Processes 2024-26

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).

For the FY 2024-26 state has received approval for another additional 5 days i.e. 25+5 days hence (Rs. 7500+Rs. 1500)= Rs. 9000.

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. 9000 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 2024-26

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

ASHA CONVENTION

FMR: HSS.3-159-11

Operational Guidelines for Community Processes 2024-26

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

Responsible officer:

At State Level: APM/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 2024-26

District Wise Budget Breakup for ASHA Convention: Cost per ASHA 2024-25:

SN	District	Rural ASHAs	Urban ASHAs	Total ASHAs	Cost of ASHA Convention @Rs. 483.16/- per ASHA	In lakh
1	Baksa	970	0	970	468665.20	4.69
2	Bajali	290	0	290	140116.40	1.40
3	Barpeta	1496	17	1513	731021.08	7.31
4	Biswanath	760	26	786	379763.76	3.80
5	Bongaigaon	700	52	752	363336.32	3.63
6	Cachar	1764	66	1830	884182.80	8.84
7	Charaideo	463	22	485	234332.60	2.34
8	Chirang	742	0	742	358504.72	3.59
9	Darrang	1047	0	1047	505868.52	5.06
10	Dhemaji	777	0	777	375415.32	3.75
11	Dhubri	1692	91	1783	861474.28	8.61
12	Dibrugarh	1227	82	1309	632456.44	6.32
13	Dima Hasao	254	0	254	122722.64	1.23
14	Goalpara	1108	42	1150	555634.00	5.56
15	Golaghat	1072	0	1072	517947.52	5.18
16	Hailakandi	745	0	745	359954.20	3.60
17	Hojai	756	19	775	374449.00	3.74
18	Jorhat	912	55	967	467215.72	4.67
19	Kamrup Metro	214	493	707	341594.12	3.42
20	Kamrup Rural	1782	0	1782	860991.12	8.61
21	Karbi Anglong	707	32	739	357055.24	3.57
22	Karimganj	1205	30	1235	596702.60	5.97
23	Kokrajhar	1377	5	1382	667727.12	6.68
24	Lakhimpur	1249	35	1284	620377.44	6.20
25	Majuli	310	0	310	149779.60	1.50
26	Morigaon	1054	0	1054	509250.64	5.09
27	Nagaon	1848	67	1915	925251.40	9.25
28	Nalbari	792	0	792	382662.72	3.83
29	Sivsagar	746	28	774	373965.84	3.74
30	Sonitpur	1099	61	1160	560465.60	5.60
31	South Salmara	410	0	410	198095.60	1.98
32	Tinsukia	1346	57	1403	677873.48	6.78
33	Udalguri	1065	0	1065	514565.40	5.15
34	West Karbi Anglong	397	0	397	191814.52	1.92
Total:		32376	1280	33656	16261232.96	162.61

Operational Guidelines for Community Processes 2024-26

District Wise Budget Breakup for ASHA Convention: Cost per ASHA 2025-26:

SN	District	Rural ASHAs	Urban ASHAs	Total ASHAs	Cost of ASHA Convention @Rs. 483.16/- per ASHA	In lakh
1	Baksa	970	0	970	468665.20	4.69
2	Bajali	290	0	290	140116.40	1.40
3	Barpeta	1496	17	1513	731021.08	7.31
4	Biswanath	760	26	786	379763.76	3.80
5	Bongaigaon	700	52	752	363336.32	3.63
6	Cachar	1764	66	1830	884182.80	8.84
7	Charaideo	463	22	485	234332.60	2.34
8	Chirang	742	0	742	358504.72	3.59
9	Darrang	1047	0	1047	505868.52	5.06
10	Dhemaji	777	0	777	375415.32	3.75
11	Dhubri	1692	91	1783	861474.28	8.61
12	Dibrugarh	1227	82	1309	632456.44	6.32
13	Dima Hasao	254	0	254	122722.64	1.23
14	Goalpara	1108	42	1150	555634.00	5.56
15	Golaghat	1072	0	1072	517947.52	5.18
16	Hailakandi	745	0	745	359954.20	3.60
17	Hojai	756	19	775	374449.00	3.74
18	Jorhat	912	55	967	467215.72	4.67
19	Kamrup Metro	214	493	707	341594.12	3.42
20	Kamrup Rural	1782	0	1782	860991.12	8.61
21	Karbi Anglong	707	32	739	357055.24	3.57
22	Karimganj	1205	30	1235	596702.60	5.97
23	Kokrajhar	1377	5	1382	667727.12	6.68
24	Lakhimpur	1249	35	1284	620377.44	6.20
25	Majuli	310	0	310	149779.60	1.50
26	Morigaon	1054	0	1054	509250.64	5.09
27	Nagaon	1848	67	1915	925251.40	9.25
28	Nalbari	792	0	792	382662.72	3.83
29	Sivsagar	746	28	774	373965.84	3.74
30	Sonitpur	1099	61	1160	560465.60	5.60
31	South Salmara	410	0	410	198095.60	1.98
32	Tinsukia	1346	57	1403	677873.48	6.78
33	Udalguri	1065	0	1065	514565.40	5.15
34	West Karbi Anglong	397	0	397	191814.52	1.92
Total:		32376	1280	33656	16261232.96	162.61

FY	Target	Budget
2024-25	33656	162.61
2025-26	33656	162.61

Operational Guidelines for Community Processes 2024-26

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 2024-26

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 2024-26

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.

HSS.3.159-12
SOCIAL SECURITY

Operational Guidelines for Community Processes 2024-26

Name of the Activity: Social Security

Whether it is new/ongoing activity: Continued

FMR Code: HSS.3.159-12

Activity owner:

At State Level: APM

At Districts: DCM/ BCM

Justification:

1. **PMJJBY:-**

PMJJBY is an Insurance Scheme offering life insurance cover for death (Rs. 2 lac) due to any reason. It would be a one-year cover, renewable from year to year. ASHA and ASHA Supervisor whose age is in between **18 years (completed) and 50 years** will be eligible for the scheme.

Sl. No	Eligibility	Benefits	Premium	Sum Insured
a.	ASHA and ASHA Supervisor, whose age is in between 18-50 years	Death	Rs.436/- per annum	Rs. 2 lac

2. **PMSBY:-**

PMSBY is an Accident Insurance Scheme offering insurance coverage in case of accidental death and disability. It would be a one-year cover, renewable from year to year. ASHAs and ASHA Supervisors in the age group of **18 to (60/70 yrs which is eligible) will be entitled for this scheme.** The benefits under PMSBY are mentioned below.

Sl. No	Eligibility	Benefits	Premium	Sum Insured
a.	ASHA and ASHA Supervisor, whose age is in between 18 to (60/70 yrs which is eligible)	Death	Rs.20/- per annum	Rs. 2 lac
b.		Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot		Rs. 2 lac
c.		Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot		Rs. 1 lac

Operational Guidelines for Community Processes 2024-26

PMJJBY District wise breakup 2024-25:

PMJJBY										
S.No	District	Total Rural ASHA	Total Urban ASHA	Total ASHA (Rural+Urban)	Nos. Of ASHAs Enrolled for PMJJBY	Fund required @RS.436/- (Revised) for PMJJBY	Total ASHAS Supervisors	Nos. Of ASHA Supervisors Enrolled for PMJJBY	Fund required @RS.436/- (Revised) for PMJJBY	Total Fund Required PMJJBY (ASHA & ASHA Supervisor)
1	Baksa	950	0	950	773	337028.00	95	88	38368.00	375396.00
2	Bajali	290	0	290	261	113796.00	23	22	9592.00	123388.00
3	Barpeta	1320	0	1320	1198	522328.00	122	122	53192.00	575520.00
4	Bongaigaon	700	52	752	414	180504.00	67	65	28340.00	208844.00
5	Cachar	1745	81	1826	1337	582932.00	152	121	52756.00	635688.00
6	Chirang	742	0	742	413	180068.00	54	19	8284.00	188352.00
7	Darrang	978	0	978	641	279476.00	71	57	24852.00	304328.00
8	Dhemaji	746	0	746	685	298660.00	64	49	21364.00	320024.00
9	Dhubri	1566	85	1651	1249	544564.00	119	94	40984.00	585548.00
10	Dibrugarh	1218	81	1299	1298	565928.00	95	75	32700.00	598628.00
11	Dima Hasao	238	0	238	210	91560.00	20	19	8284.00	99844.00
12	Goalpara	1025	42	1067	1000	436000.00	93	90	39240.00	475240.00
13	Golaghat	1057	0	1057	860	374960.00	95	91	39676.00	414636.00
14	Hailakandi	715	0	715	613	267268.00	64	57	24852.00	292120.00
15	Jorhat	912	55	967	946	412456.00	83	83	36188.00	448644.00
16	Kamrup Metro	211	465	676	490	213640.00	17	17	7412.00	221052.00
17	Kamrup Rural	1744	0	1744	1687	735532.00	152	152	66272.00	801804.00
18	Karbi Anglong	707	32	739	648	282528.00	62	50	21800.00	304328.00
19	Karimganj	1205	30	1235	888	387168.00	97	65	28340.00	415508.00
20	Kokrajhar	1377	0	1377	812	354032.00	127	75	32700.00	386732.00
21	Lakhimpur	1273	35	1308	1090	475240.00	99	85	37060.00	512300.00
22	Morigaon	948	0	948	948	413328.00	79	77	33572.00	446900.00
23	Nagaon	1682	60	1742	1416	617376.00	136	105	45780.00	663156.00
24	Nalbari	775	0	775	622	271192.00	64	60	26160.00	297352.00
25	Sivasagar	746	28	774	638	278168.00	68	55	23980.00	302148.00
26	Sonitpur	1099	61	1160	963	419868.00	101	93	40548.00	460416.00
27	Tinsukia	1346	57	1403	810	353160.00	110	84	36624.00	389784.00
28	Udalguri	1065	0	1065	785	342260.00	99	75	32700.00	374960.00
29	Biswanath	760	26	786	754	328744.00	69	69	30084.00	358828.00
30	Charaideo	460	22	482	368	160448.00	42	37	16132.00	176580.00
31	Hojai	701	0	701	599	261164.00	59	52	22672.00	283836.00
32	Majuli	298	0	298	42	18312.00	24	2	872.00	19184.00
33	South Salmara	345	0	345	269	117284.00	20	13	5668.00	122952.00
34	West Karbi Anglong	390	0	390	253	110308.00	33	21	9156.00	119464.00
Total		31334	1212	32546	25980	11327280.00	2675	2239	976204.00	12303484.00

Operational Guidelines for Community Processes 2024-26

PMJJBY District wise breakup 2025-26:

PMJJBY										
S.No	District	Total Rural ASHA	Total Urban ASHA	Total ASHA (Rural+Urban)	Nos. Of ASHAs Enrolled for PMJJBY	Fund required @RS.436/- (Revised) for PMJJBY	Total ASHAS Supervisors	Nos. Of ASHA Supervisors Enrolled for PMJJBY	Fund required @RS.436/- (Revised) for PMJJBY	Total Fund Required PMJJBY (ASHA & ASHA Supervisor)
1	Baksa	950	0	950	773	337028.00	95	88	38368.00	375396.00
2	Bajali	290	0	290	261	113796.00	23	22	9592.00	123388.00
3	Barpeta	1320	0	1320	1198	522328.00	122	122	53192.00	575520.00
4	Bongaigaon	700	52	752	414	180504.00	67	65	28340.00	208844.00
5	Cachar	1745	81	1826	1337	582932.00	152	121	52756.00	635688.00
6	Chirang	742	0	742	413	180068.00	54	19	8284.00	188352.00
7	Darrang	978	0	978	641	279476.00	71	57	24852.00	304328.00
8	Dhemaji	746	0	746	685	298660.00	64	49	21364.00	320024.00
9	Dhubri	1566	85	1651	1249	544564.00	119	94	40984.00	585548.00
10	Dibrugarh	1218	81	1299	1298	565928.00	95	75	32700.00	598628.00
11	Dima Hasao	238	0	238	210	91560.00	20	19	8284.00	99844.00
12	Goalpara	1025	42	1067	1000	436000.00	93	90	39240.00	475240.00
13	Golaghat	1057	0	1057	860	374960.00	95	91	39676.00	414636.00
14	Hailakandi	715	0	715	613	267268.00	64	57	24852.00	292120.00
15	Jorhat	912	55	967	946	412456.00	83	83	36188.00	448644.00
16	Kamrup Metro	211	465	676	490	213640.00	17	17	7412.00	221052.00
17	Kamrup Rural	1744	0	1744	1687	735532.00	152	152	66272.00	801804.00
18	Karbi Anglong	707	32	739	648	282528.00	62	50	21800.00	304328.00
19	Karimganj	1205	30	1235	888	387168.00	97	65	28340.00	415508.00
20	Kokrajhar	1377	0	1377	812	354032.00	127	75	32700.00	386732.00
21	Lakhimpur	1273	35	1308	1090	475240.00	99	85	37060.00	512300.00
22	Morigaon	948	0	948	948	413328.00	79	77	33572.00	446900.00
23	Nagaon	1682	60	1742	1416	617376.00	136	105	45780.00	663156.00
24	Nalbari	775	0	775	622	271192.00	64	60	26160.00	297352.00
25	Sivasagar	746	28	774	638	278168.00	68	55	23980.00	302148.00
26	Sonitpur	1099	61	1160	963	419868.00	101	93	40548.00	460416.00
27	Tinsukia	1346	57	1403	810	353160.00	110	84	36624.00	389784.00
28	Udalguri	1065	0	1065	785	342260.00	99	75	32700.00	374960.00
29	Biswanath	760	26	786	754	328744.00	69	69	30084.00	358828.00
30	Charaideo	460	22	482	368	160448.00	42	37	16132.00	176580.00
31	Hojai	701	0	701	599	261164.00	59	52	22672.00	283836.00
32	Majuli	298	0	298	42	18312.00	24	2	872.00	19184.00
33	South Salmara	345	0	345	269	117284.00	20	13	5668.00	122952.00
34	West Karbi Anglong	390	0	390	253	110308.00	33	21	9156.00	119464.00
Total		31334	1212	32546	25980	11327280.00	2675	2239	976204.00	12303484.00

Operational Guidelines for Community Processes 2024-26

PMSBY District wise breakup 2024-25:

PMSBY									
S.No	District	Total Rural ASHA	Total Urban ASHA	Total ASHA (Rural+Urban)	Nos. Of ASHAs Enrolled for PMSBY	Fund required @RS.20/- (Revised) for PMSBY	Nos. Of ASHA Supervisors Enrolled	Fund required @RS.20/- (Revised) for PMSBY	Total Fund Required under PMSBY (ASHA & ASHA Supervisor)
1	Baksa	950	0	950	785	15700.00	95	1900.00	17600.00
2	Bajali	290	0	290	290	5800.00	23	460.00	6260.00
3	Barpeta	1320	0	1320	1320	26400.00	122	2440.00	28840.00
4	Bongaigaon	700	52	752	733	14660.00	65	1300.00	15960.00
5	Cachar	1745	81	1826	1536	30720.00	132	2640.00	33360.00
6	Chirang	742	0	742	606	12120.00	50	1000.00	13120.00
7	Darrang	978	0	978	701	14020.00	62	1240.00	15260.00
8	Dhemaji	746	0	746	746	14920.00	64	1280.00	16200.00
9	Dhubri	1566	85	1651	1502	30040.00	109	2180.00	32220.00
10	Dibrugarh	1218	81	1299	1298	25960.00	94	1880.00	27840.00
11	Dima Hasao	238	0	238	221	4420.00	19	380.00	4800.00
12	Goalpara	1025	42	1067	1000	20000.00	90	1800.00	21800.00
13	Golaghat	1057	0	1057	1045	20900.00	93	1860.00	22760.00
14	Hailakandi	715	0	715	483	9660.00	40	800.00	10460.00
15	Jorhat	912	55	967	946	18920.00	83	1660.00	20580.00
16	Kamrup Metro	211	465	676	490	9800.00	17	340.00	10140.00
17	Kamrup Rural	1744	0	1744	1701	34020.00	52	1040.00	35060.00
18	Karbi Anglong	707	32	739	699	13980.00	38	760.00	14740.00
19	Karimganj	1205	30	1235	893	17860.00	67	1340.00	19200.00
20	Kokrajhar	1377	0	1377	1052	21040.00	102	2040.00	23080.00
21	Lakhimpur	1273	35	1308	1280	25600.00	99	1980.00	27580.00
22	Morigaon	948	0	948	947	18940.00	77	1540.00	20480.00
23	Nagaon	1682	60	1742	1371	27420.00	134	2680.00	30100.00
24	Nalbari	775	0	775	757	15140.00	62	1240.00	16380.00
25	Sivasagar	746	28	774	638	12760.00	55	1100.00	13860.00
26	Sonitpur	1099	61	1160	1101	22020.00	97	1940.00	23960.00
27	Tinsukia	1346	57	1403	955	19100.00	69	1380.00	20480.00
28	Udalguri	1065	0	1065	664	13280.00	75	1500.00	14780.00
29	Biswanath	760	26	786	754	15080.00	69	1380.00	16460.00
30	Charaideo	460	22	482	486	9720.00	40	800.00	10520.00
31	Hojai	701	0	701	700	14000.00	58	1160.00	15160.00
32	Majuli	298	0	298	42	840.00	2	40.00	880.00
33	South Salmara	345	0	345	57	1140.00	3	60.00	1200.00
34	West Karbi Anglong	390	0	390	280	5600.00	21	420.00	6020.00
Total		31334	1212	32546	28079	561580.00	2278	45560.00	607140.00

Operational Guidelines for Community Processes 2024-26

PMSBY District wise breakup 2025-26:

PMSBY									
S.No	District	Total Rural ASHA	Total Urban ASHA	Total ASHA (Rural+Urban)	Nos. Of ASHAs Enrolled for PMSBY	Fund required @RS.20/- (Revised) for PMSBY	Nos. Of ASHA Supervisors Enrolled	Fund required @RS.20/- (Revised) for PMSBY	Total Fund Required under PMSBY (ASHA & ASHA Supervisor)
1	Baksa	950	0	950	785	15700.00	95	1900.00	17600.00
2	Bajali	290	0	290	290	5800.00	23	460.00	6260.00
3	Barpeta	1320	0	1320	1320	26400.00	122	2440.00	28840.00
4	Bongaigaon	700	52	752	733	14660.00	65	1300.00	15960.00
5	Cachar	1745	81	1826	1536	30720.00	132	2640.00	33360.00
6	Chirang	742	0	742	606	12120.00	50	1000.00	13120.00
7	Darrang	978	0	978	701	14020.00	62	1240.00	15260.00
8	Dhemaji	746	0	746	746	14920.00	64	1280.00	16200.00
9	Dhubri	1566	85	1651	1502	30040.00	109	2180.00	32220.00
10	Dibrugarh	1218	81	1299	1298	25960.00	94	1880.00	27840.00
11	Dima Hasao	238	0	238	221	4420.00	19	380.00	4800.00
12	Goalpara	1025	42	1067	1000	20000.00	90	1800.00	21800.00
13	Golaghat	1057	0	1057	1045	20900.00	93	1860.00	22760.00
14	Hailakandi	715	0	715	483	9660.00	40	800.00	10460.00
15	Jorhat	912	55	967	946	18920.00	83	1660.00	20580.00
16	Kamrup Metro	211	465	676	490	9800.00	17	340.00	10140.00
17	Kamrup Rural	1744	0	1744	1701	34020.00	52	1040.00	35060.00
18	Karbi Anglong	707	32	739	699	13980.00	38	760.00	14740.00
19	Karimganj	1205	30	1235	893	17860.00	67	1340.00	19200.00
20	Kokrajhar	1377	0	1377	1052	21040.00	102	2040.00	23080.00
21	Lakhimpur	1273	35	1308	1280	25600.00	99	1980.00	27580.00
22	Morigaon	948	0	948	947	18940.00	77	1540.00	20480.00
23	Nagaon	1682	60	1742	1371	27420.00	134	2680.00	30100.00
24	Nalbari	775	0	775	757	15140.00	62	1240.00	16380.00
25	Sivasagar	746	28	774	638	12760.00	55	1100.00	13860.00
26	Sonitpur	1099	61	1160	1101	22020.00	97	1940.00	23960.00
27	Tinsukia	1346	57	1403	955	19100.00	69	1380.00	20480.00
28	Udalguri	1065	0	1065	664	13280.00	75	1500.00	14780.00
29	Biswanath	760	26	786	754	15080.00	69	1380.00	16460.00
30	Charaideo	460	22	482	486	9720.00	40	800.00	10520.00
31	Hojai	701	0	701	700	14000.00	58	1160.00	15160.00
32	Majuli	298	0	298	42	840.00	2	40.00	880.00
33	South Salmara	345	0	345	57	1140.00	3	60.00	1200.00
34	West Karbi Anglong	390	0	390	280	5600.00	21	420.00	6020.00
Total		31334	1212	32546	28079	561580.00	2278	45560.00	607140.00

FY	Target	Budget
2024-25	35221.00	129.11
2025-26	35221	129.11

MONTHLY REVIEW MEETING OF ASHA SUPERVISORS

FMR: HSS.3-159-15

Operational Guidelines for Community Processes 2024-26

Activity: MONTHLY REVIEW MEETING OF ASHA SUPERVISORS

FMR: HSS.3-159-15

Responsible officer:

At State Level: APM/SCM

At District Level: DCM/BCM

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

Guideline for Monthly Meeting of ASHA Supervisors at BPHC level

- The ASHA Supervisors should be invited for the meeting once in a month and ideally the venue should be the concerned BPHC.
- The ideal batch strength for the meeting should be 30 to 35 nos. If in case more nos. of ASHA Supervisors are there in the concerned BPHC the meeting may be called for 2-3 days depending on the no of ASHA Supervisors.
- The meeting should be convened by the concerned SDM & HO or MO I/c of the BPHC in presence of the DCM, BCM, BPM and emphasize should be given so that each and every activity carried out by them can be discussed thoroughly.
- There should be a specific agenda of such monthly meetings and it is to be designed in such a way so that every activity is covered with adequate time. The copy of agenda should be intimated to each ASHA Supervisors and resource person so that relevant reading/training materials can be carried to the meeting.
- While preparing the agenda it should be kept in mind that topic on family planning intervention (PPFP limiting method and male sterilization (NSV)) is also highlighted.
- There should be a session on capacity building of the ASHA Supervisors and it can be decided based on the performance of each ASHA Supervisor, gaps identified in the training. Different topics from ASHA 6th and 7th module can also be planned by the DCM/BCM in each monthly meeting and such session should be taken by the concerned trainers of that BPHC.
- There should also be a session on ASHA Performance Monitoring. The report submitted by the ASHA Supervisors to the BPHC should be reviewed and emphasize should be given to identify the weak ASHAs based on the performance of the 10 indicators highlighted in the report and strategy should be worked out to strengthen those weak ASHAs to improve the indicators.
- During the meeting HBNC should be the prime focus of discussion. The monthly reports of HBNC should be reviewed. The quality of information incorporated in the report should be thoroughly discussed and a monitoring committee may be formed to cross check the data provided in the reporting format by randomly visiting some of the households.
- The status of incentive payment including the Rs 2000/- + Rs 1000/- (GOI & State Govt) routine incentive to ASHAs should also be incorporated in the agenda. The detail

Operational Guidelines for Community Processes 2024-26

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 2024-26

District wise budget breakup 2024-25:

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
Total		2675		4012500	40.13

Operational Guidelines for Community Processes 2024-26

District wise budget breakup 2025-26:

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
Total		2675		4012500	40.13
FY	Target	Budget			
2024-25	2675	40.13			
2025-26	2675	40.13			

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

FMR: HSS.3-161

Operational Guidelines for Community Processes 2024-26

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

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 23rd 2020. As per the Guideline above Jan Arogya Samitis are to be formed at every SC – AAMs and PHC- AAMs. The JAS will be the institutional counterpart of RKS in a SC AAM and the PHC level RKS committees.

In all AAMs, 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.

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 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 AAM.
- 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.
- 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 2024-26

District wise Budget Breakup 2024-25:

Sl	District	Batches for 2024-25	Cost @ 64700/- per batch	In lakhs
1	Baksa	2	129400.00	1.29
2	Barpeta	2	129400.00	1.29
3	Biswanath	2	129400.00	1.29
4	Bongaigaon	1	64700.00	0.65
5	Cachar	2	129400.00	1.29
6	Charaideo	1	64700.00	0.65
7	Chirang	1	64700.00	0.65
8	Darrang	1	64700.00	0.65
9	Dhemaji	2	129400.00	1.29
10	Dhubri	2	129400.00	1.29
11	Dibrugarh	2	129400.00	1.29
12	Dima Hasao	1	64700.00	0.65
13	Goalpara	2	129400.00	1.29
14	Golaghat	1	64700.00	0.65
15	Hailakandi	1	64700.00	0.65
16	Hojai	1	64700.00	0.65
17	Jorhat	1	64700.00	0.65
18	Kamrup	2	129400.00	1.29
19	Kamrup Metropolitan	2	129400.00	1.29
20	Karbi Anglong	1	64700.00	0.65
21	Karimganj	2	129400.00	1.29
22	Kokrajhar	2	129400.00	1.29
23	Lakhimpur	2	129400.00	1.29
24	Majuli	1	64700.00	0.65
25	Marigaon	1	64700.00	0.65
26	Nagaon	2	129400.00	1.29
27	Nalbari	1	64700.00	0.65
28	Sibsagar	1	64700.00	0.65
29	Sonitpur	2	129400.00	1.29
30	South Salmara Mancachar	1	64700.00	0.65
31	Tinsukia	2	129400.00	1.29
32	Udalguri	2	129400.00	1.29
33	West Karbi Anglong	1	64700.00	0.65
Grand Total		50	3235000.00	32.35

Operational Guidelines for Community Processes 2024-26

District wise Budget Breakup 2025-26:

Sl	District	Batches for 2024-25	Cost @ 64700/- per batch	In lakhs
1	Baksa	2	129400.00	1.29
2	Barpeta	2	129400.00	1.29
3	Biswanath	2	129400.00	1.29
4	Bongaigaon	1	64700.00	0.65
5	Cachar	2	129400.00	1.29
6	Charaideo	1	64700.00	0.65
7	Chirang	1	64700.00	0.65
8	Darrang	1	64700.00	0.65
9	Dhemaji	2	129400.00	1.29
10	Dhubri	2	129400.00	1.29
11	Dibrugarh	2	129400.00	1.29
12	Dima Hasao	1	64700.00	0.65
13	Goalpara	2	129400.00	1.29
14	Golaghat	1	64700.00	0.65
15	Hailakandi	1	64700.00	0.65
16	Hojai	1	64700.00	0.65
17	Jorhat	1	64700.00	0.65
18	Kamrup	2	129400.00	1.29
19	Kamrup Metropolitan	2	129400.00	1.29
20	Karbi Anglong	1	64700.00	0.65
21	Karimganj	2	129400.00	1.29
22	Kokrajhar	2	129400.00	1.29
23	Lakhimpur	2	129400.00	1.29
24	Majuli	1	64700.00	0.65
25	Marigaon	1	64700.00	0.65
26	Nagaon	2	129400.00	1.29
27	Nalbari	1	64700.00	0.65
28	Sibsagar	1	64700.00	0.65
29	Sonitpur	2	129400.00	1.29
30	South Salmara Mancachar	1	64700.00	0.65
31	Tinsukia	2	129400.00	1.29
32	Udalguri	2	129400.00	1.29
33	West Karbi Anglong	1	64700.00	0.65
Grand Total		50	3235000.00	32.35

FY	Target	Budget (Lakhs)
2024-25	50	32.35
2025-26	50	32.35

Operational Guidelines for Community Processes 2024-26

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
Total amount for one batch @ 40 participants per batch(in Rs.)					64700

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