



OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM
Saikia Commercial Complex, G. S. Road, Christianbasti, Guwahati - 781005
Ph. No. 0361 – 2340236:: Fax No. 0361 – 2340238
Website : <https://nhm.assam.gov.in>

Community Processes Guidelines 2019-20



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Contents for Community Process RoP 2019-20								
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10	3.1.2.8	Trainings Under HBYC	169.85	2.06	167.79	SCM	DCM / BCM	119
11	3.1.2.9	Any Other (Orientation & reviews of DCM BCM, AMG meeting etc.)	18.06	18.06	0.00	SCM	DCM / BCM	
12	3.1.3.1	Supervision Cost by ASHA facilitators (12 months)	2009.30	2009.30	0.00	HRD/SCM	DCM / BCM	
13	3.1.3.2	Support Provision to ASHA (Uniform)	137.79	137.79	0.00	SCM / BME	DCM / BCM	
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15	3.2.4.2	H&WC Monitoring by VHSNC Training	21.59	0.00	21.59	SCM	DCM / BCM	94
16	3.2.4.5	Training of RKS Members	29.89	0.00	29.89	SCM	DCM / BCM	99
17	3.3.2	VISHWAS	73.78	0.00	73.78	SCM	DCM / BCM	104
18	4.1.6	VHSNC Untied Fund	989.81	989.81	0.00	SCM	DCM / BCM	
19	6.2.6.1	New ASHA Drug Kits	9.84	9.84	0.00	SCM / DSM	DCM / BCM	
20	6.2.6.3	New ASHA HBNC Kits	5.90	5.90	0.00	SCM / BME	DCM / BCM	
21	12.7.1	Printing of ASHA Diary	42.70	42.70	0.00	SPM 1/ SCM	DCM / BCM	
22	12.7.2	Printing of ASHA Modules and formats	31.48	27.35	4.13	SPM 1/ SCM	DCM / BCM	109
23	16.1.3.1.4	Mobility cost for ASHA resource center / ASHA Mentoring Group	1.08	1.08	0.00	SCM	DCM / BCM	
24	16.1.3.3.5	Mobility Support for DCMs	25.92	0.00	25.92	SCM	DCM	112
25	16.1.3.4.4	Monthly review meeting of ASHA Supervisors	43.16	0.00	43.16	SCM	DCM / BCM	115
GRAND TOTAL			11937.07	3566.18	8370.89			



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Introducing Community Processes

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

In order to strengthen community processes intervention, as per guideline, Assam also engaged about 32546 ASHAs both in Rural as well as Urban areas. ASHA is a voluntary worker and she gets various performance-based incentives against the task she does. 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 2877 ASHA Supervisors in Assam, each ASHA supervisor mentoring around 10 ASHAs. Under each Block PHC (BPHC), Block Community Mobilizer (BCM) is positioned and is responsible for guiding/hand holding support to ASHAs/ASHA Supervisors. The BCMs are supported, guided, mentored by the District Community Mobilizer (DCM) in each district. At state level, there is a Community Process Cell, which is responsible for implementation of the approved activities under NHM through working closely with district team members.

The community processes journey so far:

ASHA:- Assam has successfully selected and trained 32000 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 Module 1 to 5 for 23 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 27673 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 VISHWAS and an HWC monitoring.



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The key priority areas for the financial year 2019-20:

1. **Induction training** (for 8 days) for the replaced and absorbed ASHAs (earlier link worker). Induction training for the ASHAs is given to imbibe the basic knowledge before giving them more specialized training like, HBNC, HBYC etc.;
2. Quality roll out of **Module 6 & 7 training** for the ASHAs, who have 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. **Participatory Learning and Action (PLA) Training** for the Tea Garden ASHAs / ASHA Supervisors and Trainers. It is expected that after the PLA training, community participation will increase in tea garden areas, which is low now.
4. **Refresher training on Module 6 & 7** for the ASHAs, who belong to the blocks contributing to high home deliveries.
5. **ASHA Certification under NIOS:** The ASHAs who have been trained on all the 4 rounds of module 6 & 7 training are encouraged to appear for NIOS (National Institute of Open Schooling) certification where her knowledge, skills are tested both practically & written by external evaluators. More than 1900 ASHAs have already appeared for the NIOS certification exams and in the current financial year another 3600 ASHAs is targeted.
6. **HWC monitoring by VHSNC Members:** A pictorial feedback tool is developed to monitor the HWCs by the VHSNC members as a form of social audit to see the availability of manpower, medicines and services under Community Action for Health initiative. Training of the VHSNC members on the same is to be done.
7. **VISHWAS training:** Village Based Initiative to Synergize Health Water and Sanitation (VISHWAS) as the name suggests is a training for celebration of 11 thematic days, which is none else than village level convergence and strengthening of the existing VHSNC committees.
8. **HBYC training:** Home Based Care for Young Child training is to train the ASHAs beyond HBNC i.e. during the period from 3 months 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.
9. **RKS Training:** Training for the RKS members is to be done as per the guideline and as per the direction, which will go from state office. After the training, it has to be emphasized that each of the facility (where RKS training is done) prepares the facility level institutional developmental plan to ensure the judicious use of fund available with the facility and also for designing a comprehensive plan.
10. **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- HQ for information and further guidance.
11. **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 APM is submitted to the SCM on time without fail. Before sending the reports to state, quality of data is to be seen and correct data is to be sent.



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District wise no. of Rural / Urban ASHAs

ASHA DISTRICT WISE BREAKUP					
Sl	District	No of Rural ASHA	Link workers absorbed as Rural ASHAs	Urban ASHAs	Total ASHAs
1	Baksa	950	0	0	950
2	Barpeta	1552	58	0	1610
3	Bongaigaon	700	0	52	752
4	Cachar	1745	0	81	1826
5	Chirang	725	17	0	742
6	Darrang	978	0	0	978
7	Dhemaji	746	0	0	746
8	Dhubri	1911	0	85	1996
9	Dibrugarh	1218	0	81	1299
10	Dima Hasao	238	0	0	238
11	Goalpara	1025	0	42	1067
12	Golaghat	1030	27	0	1057
13	Hailakandi	689	26	0	715
14	Jorhat	1210	0	55	1265
15	Kamrup Metro	211	0	465	676
16	Kamrup Rural	1744	0	0	1744
17	Karbi Anglong	1097	0	32	1129
18	Karimganj	1205	0	30	1235
19	Kokrajhar	1357	20	0	1377
20	Lakhimpur	1036	237	35	1308
21	Morigaon	919	29	0	948
22	Nagaon	2383	0	60	2443
23	Nalbari	775	0	0	775
24	Sivsagar	1206	0	50	1256
25	Sonitpur	1859	0	87	1946
26	Tinsukia	1346	0	57	1403
27	Udalguri	1065	0	0	1065
Total:		30,920	414	1212	32546



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 the 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 a very 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.



**Guidelines for the payment of Additional Rs.1000/-
to ASHAs by 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



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

The ASHAs should be responsible for line listing of all the out of school adolescent girls (10-19 years) and out of school children (5-10 years) under her population on monthly basis and will ensure the supplementation of IFA 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 in her area. 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 in her area:

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.



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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 women in her population, she should also ensure timely completion of all the routine examination due within the particular month 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 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.



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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.

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

The ASHAs in every month should be responsible for line listing of all the under 5 children in her population 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 verify the same with the ANM. The claim should be made in the master claim form by the ASHA and submitted to the responsible officer for processing and payment.

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

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

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

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



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ROUTINE INCENTIVES OF RS. 2000/- TO ASHAS
Payment Guidelines
FMR: 3.1.1.6.1



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

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

Guideline for payment of incentives for routine activities of ASHA:

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

For activity no 1: The ASHA will organize the VHND on the due date in her area. She will ensure proper cleanliness of the AWC before the scheduled date of the VHND. She will also prepare the due list of beneficiaries and ensure participation of the same 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.



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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 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 the ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- d) The ASHA will prepare the list of beneficiaries (pregnant women) for the ANC to be provided. During VHND she will ensure that the due ANCs are provided and will also follow up of the missed ANCs so that it can be provided at SC. The ASHA Supervisor will verify the list of beneficiaries (pregnant women) prepared by her concerned ASHAs in coordination with the ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- e) The ASHA will prepare the list of eligible couple in her village. It also needs to be ensured that the list is updated every month. The ASHA Supervisor will verify the list of eligible couple prepared by her concerned ASHAs in coordination with the ANM and PRI member. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.

Financial:

- a) On receipt of the claims form from ASHA supervisor the PHC account BAM will verify the same and the payment shall be made by DBT.
 - b) Separate register to be maintained for the purpose and all financial guidelines to be follow.
 - c) The expenditure shall be booked under FMR Code: **3.1.1.6.1 RoP 2019-20**
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District wise breakup for Routine Incentives for ASHA:

ASHA Routine Incentives @ Rs. 2000/- pm for 12 months FMR: 3.1.1.6.1				
Sl	District	No of Rural ASHA	District wise Allocation as per approved ASHA @2000 per ASHA for 12 Months	In Lakh
1	Baksa	950	22800000	228.00
2	Barpeta	1552	37248000	372.48
3	Bongaigaon	700	16800000	168.00
4	Cachar	1745	41880000	418.80
5	Chirang	725	17400000	174.00
6	Darrang	978	23472000	234.72
7	Dhemaji	746	17904000	179.04
8	Dhubri	1911	45864000	458.64
9	Dibrugarh	1218	29232000	292.32
10	Dima Hasao	238	5712000	57.12
11	Goalpara	1025	24600000	246.00
12	Golaghat	1030	24720000	247.20
13	Hailakandi	689	16536000	165.36
14	Jorhat	1210	29040000	290.40
15	Kamrup Metro	211	5064000	50.64
16	Kamrup Rural	1744	41856000	418.56
17	Karbi Anglong	1097	26328000	263.28
18	Karimganj	1205	28920000	289.20
19	Kokrajhar	1357	32568000	325.68
20	Lakhimpur	1036	24864000	248.64
21	Morigaon	919	22056000	220.56
22	Nagaon	2383	57192000	571.92
23	Nalbari	775	18600000	186.00
24	Sivsagar	1206	28944000	289.44
25	Sonitpur	1859	44616000	446.16
26	Tinsukia	1346	32304000	323.04



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27	Udalguri	1065	25560000	255.60
Total:		30,920	742,080,000	7,420.80

**INDUCTION TRAINING OF ASHAS ABSORBED
FROM LINK WORKERS AND REPLACED ASHAS**

FMR CODE: 3.1.2.1



Activity: Induction training of ASHAs absorbed from LINK WORKERS and replaced ASHAs – FMR: 3.1.2.1

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

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

A) Before the training:

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



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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
- 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:



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- 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.

District wise budget breakup:

Induction Training for ASHAs absorbed from Link workers and replaced ASHAs FMR: 3.1.2.1					
Sl	District	Target ASHAs requiring Induction training	Allocated ASHAs for Induction training @ 50% of target	Cost of training @ Rs. 4663.3/- per participant	In Lakh
1	Baksa	10	10	46633.3	0.47
2	Barpeta	103	51	237829.8	2.38
3	Bongaigaon	40	20	93266.6	0.93
4	Cachar	35	17	79276.6	0.79
5	Chirang	11	6	27980.0	0.28
6	Dhubri	30	15	69950.0	0.70
7	Dibrugarh	9	5	23316.7	0.23
8	Dima Hasao	11	6	27980.0	0.28
9	Goalpara	28	14	65286.6	0.65
10	Golaghat	15	7	32643.3	0.33
11	Hailakandi	37	18	83939.9	0.84
12	Jorhat	27	13	60623.3	0.61
13	Kamrup Metro	14	7	32643.3	0.33
14	Kamrup Rural	20	10	46633.3	0.47
15	Karbi Anglong	12	6	27980.0	0.28
16	Karimganj	35	17	79276.6	0.79
17	Kokrajhar	25	12	55960.0	0.56
18	Lakhimpur	247	124	578252.9	5.78
19	Morigaon	29	15	69950.0	0.70
20	Nagaon	67	34	158553.2	1.59
21	Nalbari	15	7	32643.3	0.33



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22	Sivsagar	60	30	139899.9	1.40
23	Sonitpur	9	5	23316.7	0.23
24	Tinsukia	34	17	79276.6	0.79
25	Udalguri	22	11	51296.6	0.51
Total:		945	477	2224408.4	22.24

Model Budget Breakup for Induction training:

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



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	



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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		
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	



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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)	



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MODULE VI & VII TRAINING OF ASHAS

FMR: 3.1.2.2



Activity: Module 6 & 7 training of ASHAs FMR: 3.1.2.2

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

1. The contents of the ASHA training module 6th & 7th will be covered in four rounds over 20 days (5+5+5+5). Topics to be covered under four rounds of training are given in annexure.
2. As the number of new ASHAs is not very high in the concerned district, hence the training may be conducted at district level. However the district may decide to conduct it in BPHC level also.
3. All the rounds of training will be of five days each and fully residential. No participant will be allowed to stay outside of the arranged venue as well as no leave will be granted (Excluding emergencies) during the training period.
4. In case of any emergency the trainee (ASHA) has to get the leave approved by the training in charge with full justification.
5. The accommodation arrangements for trainers as well as trainees have to be arranged nearby the training venue.
6. ASHA trainers trained at zonal level by State Trainers shall only conduct the ASHA training.
7. Each of the training days will start with recap of the previous day's activities.



8. Pre-training

- 8.1 Intimate all the ASHAs about date and venue of training in advance.
- 8.2 Plan for ASHAS arrival at training venue.
- 8.3 Build a positive environment for training by making comfortable, secure and clean training venue and accommodation.
- 8.4 Arrange all the materials required for imparting training .(Projector, white board marker, flipchart, cardboard, sketch pen, wiper etc. as per provided checklist)
- 8.5 Make arrangement for emergency medical facilities.
- 8.6 Ensure you have all the training materials required for conducting training and handover to trainers and trainees.
- 8.7 Make the training session plan and give a copy to all resource Person and Participants.
- 8.8 Make sure that the batch size should not exceed more than 30 participants

9 During training

- 9.1 Training will be residential and all ASHAs should be present for all the session of the training which will enable them for practicing their learned skills after the formal session and discuss with their peers.
- 9.2 Trainers should eat, sit, sing and play with ASHAs. This will give them feeling that they are the members of the group.
- 9.3 There should be a u-shaped sitting arrangement so that more interaction can be conducted.
- 9.4 Songs and games should be used as both relaxation techniques but also to inculcate a feeling of solidarity and oneness with each others.
- 9.5 Share the training schedule with each participant.

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

10 Post Training :

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

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

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



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District wise budget breakup:

SI	District	Round 1		Round 2		Round 3		Round 4		Total Cost for Round 1,2,3 & 4 @ Rs.2928/- per participant	In Lakh
		Target ASHA Round 1	ASHA Allocation for Round 1 @ 75%	Target Round 2	ASHA Allocation for Round 2 @ 75%	Target Round 3	ASHA Allocation for Round 3 @ 75%	Target Round 4	ASHA Allocation for Round 4 @ 75%		
1	Baksa	10	8	10	8	10	8	70	52	222553.08	2.23
2	Barpeta	103	88	103	88	103	88	225	168	1265038.56	12.65
3	Bongaigaon	40	30	40	30	40	30	84	63	448034.49	4.48
4	Cachar	35	26	35	26	35	26	66	49	371897.91	3.72
5	Chirang	11	8	11	8	11	8	31	24	140559.84	1.41
6	Darrang	0	0	0	0	0	0	42	32	93706.56	0.94
7	Dhemaji	0	0	0	0	0	0	0	0	0.00	0.00
8	Dhubri	30	23	30	23	30	23	185	138	606164.31	6.06
9	Dibrugarh	9	7	9	7	9	7	22	16	108348.21	1.08
10	Dima Hasao	11	8	11	8	11	8	18	14	111276.54	1.11
11	Goalpara	28	21	28	21	28	21	46	34	284048.01	2.84
12	Golaghat	15	11	15	11	15	11	52	39	210839.76	2.11
13	Hailakandi	37	28	37	28	37	28	49	37	354327.93	3.54
14	Jorhat	27	20	27	20	27	20	453	330	1142048.70	11.42
15	Kamrup	14	11	14	11	14	11	85	63	281119.68	2.81



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	Metro										
16	Kamrup Rural	20	15	20	15	20	15	114	86	383611.23	3.84
17	Karbi Anglong	12	9	12	9	12	9	17	12	114204.87	1.14
18	Karimganj	35	26	35	26	35	26	123	92	497816.10	4.98
19	Kokrajhar	25	19	25	19	25	19	195	146	594450.99	5.94
20	Lakhimpur	247	185	247	185	247	185	280	210	2240172.45	22.40
21	Morigaon	29	22	29	22	29	22	70	52	345542.94	3.46
22	Nagaon	67	50	67	50	67	50	665	460	1786281.30	17.86
23	Nalbari	15	11	15	11	15	11	66	50	243051.39	2.43
24	Sivsagar	60	45	60	45	60	45	94	70	600307.65	6.00
25	Sonitpur	48	36	48	36	48	36	135	100	609092.64	6.09
26	Tinsukia	34	26	34	26	34	26	73	55	389467.89	3.89
27	Udalguri	22	17	22	17	22	17	171	128	524171.07	5.24
Total:		984	750	984	750	984	750	3431	2520	13968134.10	139.68

Model Budget Breakup:

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



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 2 hr 30 min
- Health problem during pregnancy and referral 1 hr
- Birth preparedness 1 hr

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



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- 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



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



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- 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

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	



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		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	
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)	



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	Valedictory	
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Points to be noted:

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

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



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	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
	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



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	11:00am to 11:15 am	Tea
	11:15 pm to 5:30 pm	Infant and Young Child Feeding and assessment of Malnutrition
Day 5	10.00 am to 1:00 pm	Revision of skills for Newborn and sick child (Viewing of Skill CD and practice)
	11:15 am to 11:30 am	Tea
	1:00pm to 1:45 pm	Lunch
	1:45 pm to 3:45 pm	Evaluation of skills covered in earlier rounds
	3:45 pm to 5:30 pm	Evaluation



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PLA TRAINING
For TEA GARDEN ASHA / ASHA Supervisors &
ASHA Trainers
FMR CODE: 3.1.2.3

Activity: PLA TRAINING For TEA GARDEN ASHA / ASHA Supervisors & ASHA Trainers FMR: 3.1.2.3

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

Participatory Learning and Action

Introduction of PLA: Participatory Learning and Action is an approach that can help to bring community together to identify, understand and address the common health problems in the community. The process comprises of a series of meeting cycles, in which group are encouraged to discuss, learn and engage in participatory decision-making that will lead to action to address local problems and also able to improve their problem-solving skill for better Reproductive, Maternal, New-born and Child Health.

Purpose of the module: This module will help ASHA/AS to learn the process of conducting PLA meetings systematically in your village to improve the health of the community. The focus of this module is to address the health issues, bases on your learning from the previous training modules such as ASHA training Module 6 & 7. As part of the PLA cycle, you will conduct meetings with community groups comprising of all women and men, adolescent girls and boys, pregnant and lactating women, other community health workers in your coverage area.



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Conducts the PLA meeting by using the methodologies explained each section adapt as per local context and make the process as participatory as possible.

District trainer will be trained the ASHA Supervisors on using the module in three rounds of 5 days each. During the training the methodologies for conducting the meeting will be discussed in details. The First 2 rounds would cover details of 18 PLA meetings i.e 9 meetings per round and the 3rd round would cover methodologies for 10 meetings.

Phase of Participatory Learning and Action: PLA meeting cycle has four phases and each phase has several meetings, **In the first phase:** Participant will prioritize their problems by using picture cards. **In the Second phase:** Will discuss about possible solutions and come up with strategies.

Organizing the PLA meeting:

Every ASHA will organize one PLA meeting in her coverage area per month. The meeting should be organized in a manner that all community members find it convenient to attend the meeting. The meetings should be organize using the following **principles**.

- a) It is convenient for maximum people to attend the specifically members from marginalized communities.
- b) Location for the meeting can be alternated to cover the entire population.
- c) Location preferably in an open space where people can join in freely.
- d) Participant of the community members to be non- incentivised.
- e) Duration of the meeting in between one to two hours.
- f) PLA meeting should be open for all.
- g) Meeting method will be facilitation, not didactic or teaching.
- h) Break down the barrier between expert and community.
- i) Regular review meeting with ASHA Facilitators gather the feedback to improve further meeting, opportunity for data maintain, bridging the gaps and taking corrective action.

Supportive Mechanisms

- 1) ASHA Facilitators will use monthly cluster meetings with ASHAs as a forum to introduce the PLA methods. The cluster meeting will also be used to practice and plan for PLA meetings as well as to discuss the issues in conducting the PLA meeting.
 - 2) During the induction phase of PLA (First month), ASHA Facilitator will conduct 20 meetings in one month i.e one ASHA one meeting per ASHA.
 - 3) In, subsequent months (Second month onwards), all ASHA Facilitators will conduct 10 PLA meeting with 10 different ASHAs in her Supervisor area. The remaining 10 ASHAs from neighbouring villages would participate in these meeting led by ASHA Facilitator. Base on their observation, ASHAs will conduct meeting on the same topic in her village in the same month independently. The PLA topic should be same for all ASHA under an ASHA Facilitator in a month.
-



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- 4) In the next month, ASHA Facilitator would conduct meeting on the third topic in the other 10 villages (with ASHA who conducted meeting in their area independently) in the similar manner. Over a period of two months, a ASHA Facilitator will conduct 20 meetings, one meeting each with ASHA in her Supervisor area.

Rolling Out of PLA: (by using “ODD and EVEN” arrangement.)

- a) This arrangement will allow the ASHA Facilitators to conduct PLA meeting in 10 villages under her area, while the ASHAs of the village learn by observation.
- b) All the villages under the ASHA Facilitators will be numbered. (i.e1, 2,3....)
- c) For the First PLA meeting, the ASHA Facilitator will conduct 10 meeting in 10 “ODD” numbered villages (i.e 1,3,5,7 etc), while the ASHA of the particular villages will assist her (another AHSA) and learns.
- d) ASHA from “EVEN” numbered villages will also attend the above meeting and learn on- job.
- e) ASHAs of the neighbouring “EVEN” numbered villages after observing the meeting, she will conduct similar meeting in her village.
- f) In the second month (meeting number 2), all ASHA Facilitators will conduct 10 PLA meeting in the “EVEN” numbered villages (2,4,6 etc), while the “ODD” numbered villages will now observe and conduct the meeting in their villages.
- g) Over a period of two months

Meeting Content:

- Meeting No. 1 Introduction to the PLA cycle
 - Meeting No. 2 Understanding the issue inequity
 - Meeting No. 3 Identifying common health problems in the community
 - Meeting No. 4 Prioritizing the problems
 - Meeting No.5 finding the causes and discussing the solution
 - Meeting No. 6 Exploring and choosing feasible strategies
 - Meeting No. 7 Taking responsibilities for implementing strategies
 - Meeting No. 8 Village community meeting (i.e Big meeting like a festival where all the stake holders will invite and attend the meeting. ASHA and ASHA Facilitators will address the common problem for possible help from the stake holders means Deferent Depts)
 - Meeting No.9 Strategies for improving nutrition among women
 - Meeting No. 10 Complication during the Pregnancy and appropriate referral
 - Meeting No. 11 Planning for safe birth
 - Meeting No. 12 New complication and care practice
 - Meeting No. 13 Post natal complication and care
 - Meeting No. 14 Exclusive breast feeding practice
 - Meeting No. 15 Management of high risk baby
 - Meeting No. 16 Identification and classification of neonatal infection
 - Meeting No. 17 Malnutrition in mother and child
 - Meeting No. 18 Important of timely introduction of complementary feeding.
-



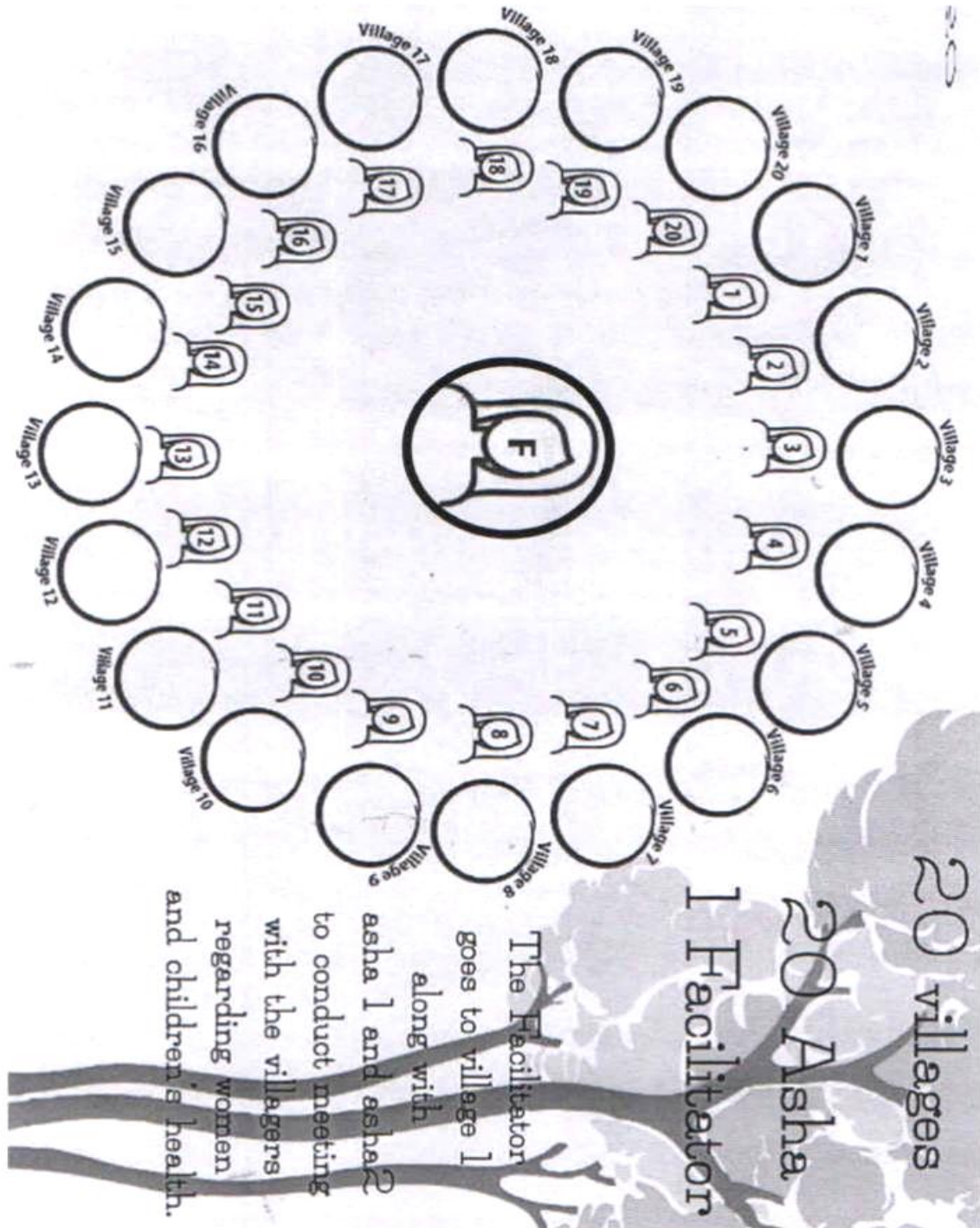
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Guiding Note:





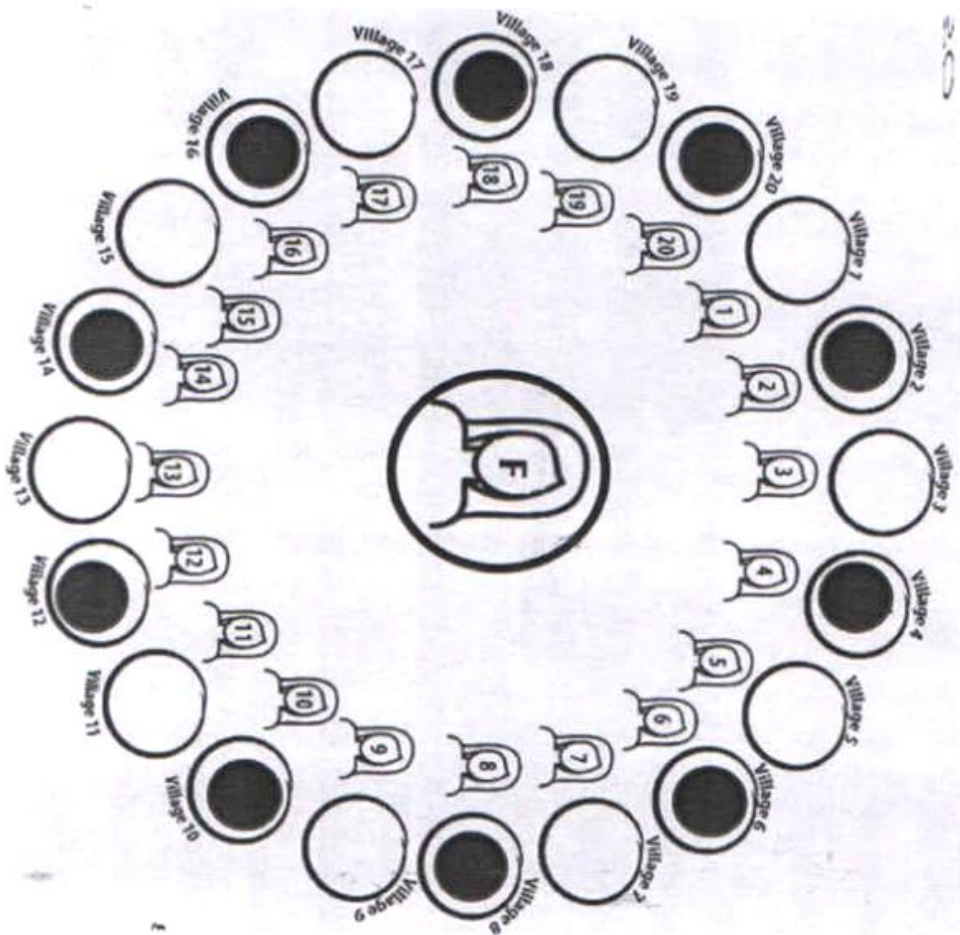
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'ODD AND EVEN' DESIGN



- ASHA Facilitator conducts PLA meetings in **10 EVEN** numbered villages in the first month
- ASHAs from the neighbouring **ODD** numbered villages attend the meetings and get '**on-the-job training**'
- The '**on-the-job trained**' ASHAs then conduct PLA meetings in their own respective villages

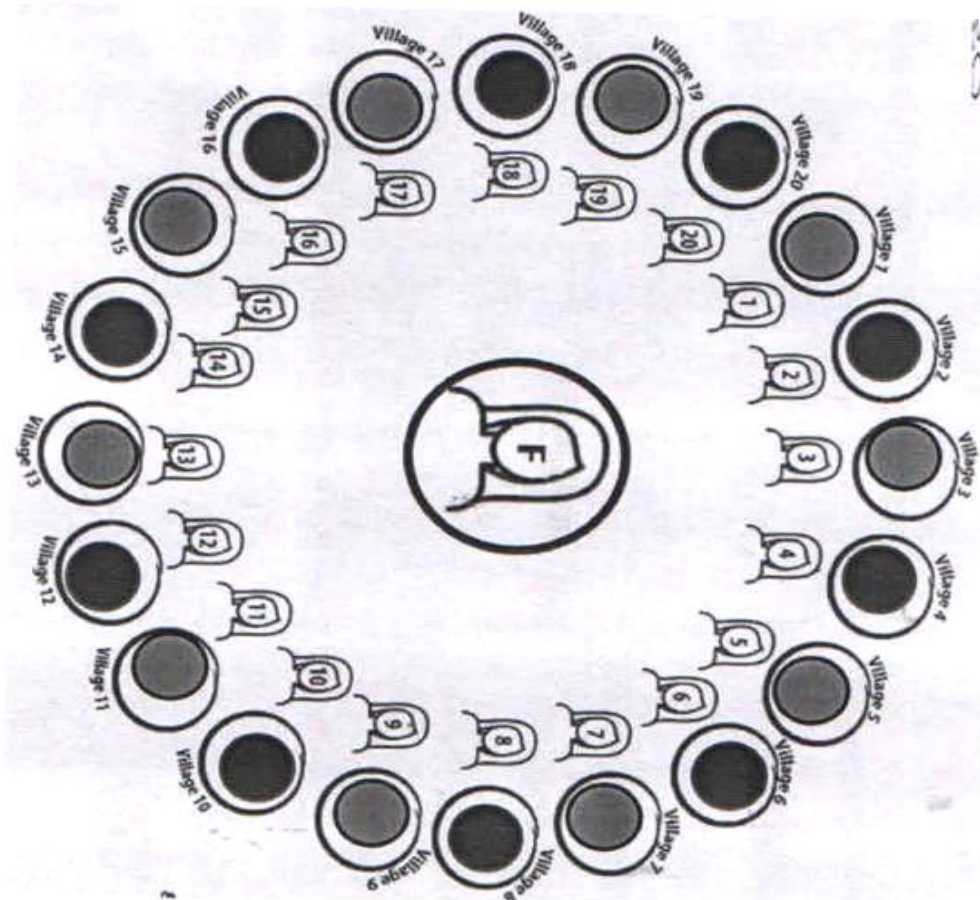


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- In the second month, ASHA Facilitator continues the same process in the **ODD** numbered villages.
- 'On-the-job trained' ASHAs conduct PLA meetings in their respective **EVEN** numbered villages
- And the cycle continues



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District Wise budget breakup:

FMR: 3.1.2.3 Part I								
1st Round 5 days PLA Training to ASHA Supervisors of Tea Garden Districts								
S I	District	No of ASHA Supervisor	ASHA Trainers	Total Participants	Target Batches	Allocated Batches @ 50% of target	Batch @ 87850/- per batch	In Lakh
1	Dibrugarh	114	18	132	4	2	175700.00	1.76
2	Golaghat	101	18	119	4	2	175700.00	1.76
3	Jorhat	113	18	131	4	2	175700.00	1.76
4	Sivsagar	118	22	140	5	3	263550.00	2.64
5	Tinsukia	126	12	138	5	2	175700.00	1.76
Total:		572	88	660	22	11	966350.00	9.66

Part II:

FMR: 3.1.2.3 Part II						
5 days PLA for ASHA in the 5 tea garden districts (Round 1)						
SN	District	Total No of ASHAs	Target Batches	Allocated Batches @ 50% of target	Cost of Training @ 87850 per batch	In Lakh
1	Dibrugarh	377	13	5	439250.0	4.39
2	Golaghat	150	5	3	263550.0	2.64
3	Jorhat	145	5	2	175700.0	1.76
4	Sivsagar	228	8	3	263550.0	2.64
5	Tinsukia	268	9	5	439250.0	4.39
Total:		1,168	39	18	1581300.0	15.81



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Model Budget Breakup:

PLA training for ASHA Supervisor, ASHA Trainers & ASHAs of Tea Garden Districts. FMR: 3.1.2.3					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	50	37	1	1850
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
Total amount for one batch (in Rs.)					87850



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Name of the Participant:

Marks:

Name of Block:

Name of District:

General Questions on PLA

Marks: (65)

- | | |
|---|---|
| 1) How many meetings are there in the PLA meeting cycle? | 1 |
| 2) How many phases does the PLA cycle have? | 1 |
| 3) What is done in the third phase of the cycle? | 1 |
| 4) How many round of training will the ToT at District level have? | 1 |
| 5) How Many rounds of training will the ASHA Supervisors Undergo? | 1 |
| 6) Mention any three principles used in PLA? | 1 |
| 7) Mention 4 qualities that are required by an ASHA while conducting PLA meeting in the community? | 1 |
| 8) If attendance in a PLA meeting is less than 10, cancelling the meeting and rescheduling the meeting is worthwhile? | 1 |
| Ans: True / False (Make circle on right answer) | |
| 9) Name any 5 methodsthat are used for facilitating PLA meeting? | 5 |
| 10) PLA helps to establish the problems in the community? | 1 |
| Ans: True / False (make circle on right answer) | |

Questions related to meeting

- | | |
|--|---|
| 11) What do you understand from the “piggy-back” game? (Make circle on right answer) | 1 |
| a. Community is responsible for solving problem. | |
| b. Government is responsible for solving problem. | |
| c. Both Government and community are responsible | |
| d. All of the above. | |
| 12) PLA meetings are all about individual problem solving? | 1 |
| Ans: True / False (Make circle on right answer) | |



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- 13) After which question will the “women residing in the hard to reach area” stop in the Power walk game? 1
- 14) At the end of “Power Walk” game. (Make circle on right answer) 1
- a) Questions are first asked to the characters and then to the community.
- b) Questions are first asked to the community and then to the characters.
- 15) What is written behind all the problem picture cards? 2
- 16) Describe briefly the use of “Blank Cards”. 2
- 17) What do two pebbles in the voting game signify? 1
- 18) What is the correct sequence of Activities in the meeting on prioritizing common health problems in the community? 1
- a. To encourage women to recall the main discussion from the previous meeting (.....)
- b. Conducting the “Voting Game” for choosing the most common / serious problem in their community (.....)
- c) To help the participants identify the picture cards again (.....)
- d) Discussion regarding the local practices and beliefs of the prioritized problem. (.....)
- 19) On what basis will the community prioritize the problem? 1
- (Make circle on right answer)
- a. common in the community b. Serious/ risky c. All the above
- 20) Which among these should also be kept in mind while making stories using prioritized problem? (Tick mark relevant answers) 1
- a. Should be lengthy
- b. Happy ending
- c. Cultural practices leading to prioritized problem should be included.
- d. All the identified problems should be included
- 21) What is the purpose of ‘But why’ game? 1
- 22) Which game is played for arriving at solutions during the PLA cycle? 1
- 23) What is the purpose of ‘But how’ game? 1
-



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- 24) What does the first brick in the “bridge game” represent? 1
- 25) Strategies for solving the prioritized problem will be identified by the (Make circle on right answer) 1
- a. Members attending the PLA meeting
 - b. ASHA conducting the PLA meeting
 - c. During the cluster review meetings
- 26) The ASHA will take all responsibility for implementation of strategies. 1
- Ans: True / False (Make circle on right answer)
- 27) Name any three outcomes of the community meeting. 3
- 28) What do the colors in the chain game signify? 4
- a. Red
 - b. Green
 - c. Yellow
 - d. Blue
- 29) What does the community learn from “Voting with the feet” game? 1
- 30) What are the three delays related to maternal deaths? 3
- 31) Pre- lacteal feed can lead to 2
- 32) Season when most newborn babies die? 1
- 33) “Sequencing” game is used for (Make circle on right answer) 1
- a. Planning for safe birth
 - b. Choosing appropriate referrals
 - c. Post natal care
- 34) Burping helps to? 2
- 35) High risk babies include (tick mark appropriate answers) 1
- a. Twins
 - b. Breech
 - c. Caesarean baby
 - d. Cleft lip
- 36) One month baby Rita has one big abscess; will be classified as (Make circle on right answer) 1
-



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- a. PSBI
 - b. LBI
- 37) 5 days old new born has discharge from eyes (Make circle on right answer) 1
- a. PSBI
 - b. LBI
- 38) What is meant by the first 1000 days? 2
- 39) Intergenerational under nutrition cycle can be broken at these levels 1
- a. During pregnancy
 - b. in infancy
 - c. Adolescent period
 - d. All the above



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5 DAYS REFRESHER TRAINING OF ASHAS
IN HIGH HOME DELIVERY POCKETS
FMR: 3.1.2.3



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**Activity: 5 DAYS REFRESHER TRAINING OF ASHAS IN HIGH HOME DELIVERY
POCKETS – FMR: 3.1.2.3**

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

Guidelines for Conducting Refresher training for ASHAs

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

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



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



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leaving the class room after completion of the day session in the evening.

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

Note:

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



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District wise budget breakup:

Refresher training of ASHAs in high home delivery pockets FMR: 3.1.2.3						
District & Block	Total Home Deliveries April 2018 to January 2019	No of ASHAs in the Block	Target Number of Batches	Allocated batches @ 50% of target	Cost of Training @ 87850 per batch	In Lakh
BARPETA	3331					
BARPETA ROAD	268	106	4	2	175700.00	1.76
CHENGA	308	245	8	4	351400.00	3.51
MANDIA	2225	354	12	6	527100.00	5.27
NAGAON	530	230	8	4	351400.00	3.51
Bongaigaon	256					
Boitamari	256	139	5	3	263550.00	2.64
Chirang	318					
BALLAMGURI	166	392	13	6	527100.00	5.27
Sidlli	152	350	12	6	527100.00	5.27
Darrang	756					
JALJALI	413	248	8	4	351400.00	3.51
KHARUPETIA	343	414	14	7	614950.00	6.15
Dhubri	12421					
Chapar	787	161	5	3	263550.00	2.64
Dharmasala BPHC	2781	324	11	5	439250.00	4.39
Gazarikandi	2408	274	9	5	439250.00	4.39
Raniganj	2294	360	12	6	527100.00	5.27
South Salmara	3928	322	11	5	439250.00	4.39
Dima Hasao	87					
District HQ	42	75	3	2	175700.00	1.76
LANGTING BPHC	45	65	2	2	175700.00	1.76
Goalpara	285					
Lakhipur	285	285	9	4	351400.00	3.51
Hailakandi	647					
Katlicherra BPHC	394	204	7	4	351400.00	3.51
Lala BPHC	181	198	6	3	263550.00	2.64
Kamrup (M)	45					
SONAPUR	45	211	7	4	351400.00	3.51
Karbi-Anglong	405					
Umpanai	190	55	2	1	87850.00	0.88
Zirikinding	151	35	1	1	87850.00	0.88



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Karimganj	3594					
Girishganj	714	136	5	3	263550.00	2.64
Nilambazar	1249	244	8	4	351400.00	3.51
Patherkandi	792	335	11	5	439250.00	4.39
R.K. Nagar	793	328	11	5	439250.00	4.39
Kokrajhar	248					
Balajan	83	392	13	6	527100.00	5.27
Gossaigaon	165	333	11	5	439250.00	4.39
Morigaon	441					
Jhargaon	269	277	9	4	351400.00	3.51
Laharighat	172	368	12	6	527100.00	5.27
Nagaon	1568					
BARAPUJIA	273	189	6	3	263550.00	2.64
KATHIATOLI	262	302	10	5	439250.00	4.39
LANKA	1033	336	11	5	439250.00	4.39
Nalbari	106					
Mukalmua	106	223	7	4	351400.00	3.51
Sonitpur	282					
Dhekiajuli	194	346	12	6	527100.00	5.27
Block Total	24297	8856	295	148	13001800.00	130.02



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Model Budget Breakup:

Refresher training of ASHA FMR: 3.1.2.3					
Sl No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750
5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	50	37	1	1850
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
Total amount for one batch (in Rs.)					87850



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Agenda for Refresher training of ASHAs

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



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Agenda for Refresher training of ASHAs		
	Time	Topic
Day 2	9.00 am to 9:30am	Recap of Previous day
	9:30 am to 10:00 am	How to measure the newborn temperature
	10:00 am to 10:30 am	How to weigh the newborn
	10:30am to 11:00 am	Why keep the newborn warm and how to keep the newborn warm
	11:00 am to 11:15 am	Tea
	11:15 am to 11:45 am	Control of newborn temperature in hot weather and management of fever
	11:45 am to 12:15pm	Common childhood problems and the case management process
	12:15 pm to 1:00 pm	Assessing the sick child : Danger signs
	1:00 pm to 1:45 pm	Lunch
	1:45pm to 2:30 pm	Assessing and Classifying ARI, diarrhea, fever and malnutrition
	2:30 pm to 3:00 pm	Infant and Young Child Feeding
	3:00 pm to 3:30pm	Immunization
	3:30 pm to 3:45 pm	Tea
	3:45 pm to 4:30 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies
4:30 pm to 5:00 pm	High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies	



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Agenda for Refresher training of ASHAs		
	Time	Topic
Day 3	9:00am to 9:30am	Recap of Previous day
	9:30 am to 10:30 am	Diagnosis and management of birth asphyxia
	10:30 am to 11:30am	Diagnosing and management of neonatal sepsis
	11:30am to 11:45 am	Tea
	11:45 am to 12:15 pm	Management of newborns with chest in-drawing
	12:15 am to 01:00 pm	Management of Acute respiratory infection (ARI)
	1:00pm to 1:45 pm	Lunch
	1:45 pm to 2:30 pm	Management of Diarrheal Disease
	2:30 pm to 3:00 pm	Malaria
	3:00 pm to 3:15 pm	Tea
	3:15 pm to 4:15 pm	Tuberculosis
Day 4	4:15 pm to 5:00 pm	Village health and Nutrition day (VHND)
	9:00 am to 9: 30 am	Recap of Previous day
	9:30am to 11:00 pm	Women's reproductive health (Revision of RTI/ STI, Safe abortion, family planning)
	11:00 am to 11:15 am	Tea
	11:15 am to 11:45 am	Understanding Gender, Patriarchy & Cycle of Violence
11:45 am to 12:15 am	Signs and symptoms of violence, Consequences of Violence against Women	



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Agenda for Refresher training of ASHAs		
Time	Topic	
12:15 pm to 1:00 pm	Identifying women who are vulnerable to violence	
1:00pm to 1:45 pm	Lunch	
1:45 pm to 2:30 pm	Role of ASHA in addressing violence against women	
2:30 pm to 3:00 pm	Legal measures to prevent Violence against Women	
3:00 pm to 3:15 pm	Tea	
3:15 pm to 4:00 pm	VHSNC, Role & responsibility of ASHAs, meeting minutes	
4:00 pm to 5:00 pm	Revision of skills for Newborn and sick child (Viewing of Skill CD and practice e.g. Handwash, weighing & use of thermometer)	
Day 5	9:00 am to 9: 30 am	Recap of Previous day
	9:30am to 10:30 pm	Incentives of ASHA in different activities, ASHA Incentive Payment mechanism
	10:30 am to 11:00 am	ASHA Drug kit & refilling mechanism
	11:00 am to 11:15 am	Tea
	11:15 am to 1:00 pm	RCH register & MCTS web portal
	1:00pm to 1:45 pm	Lunch
	1:45 pm onwards	Evaluation, Valedictory/Disbursement of TA/DA to participants.



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NIOS CERTIFICATION OF ASHAs

FMR: 3.1.2.4



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Activity: Induction training of ASHAs absorbed from LINK WORKERS and replaced ASHAs

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

District wise budget breakup:

Sl	District	Target No of ASHAs to be trained in 2019-20	50% Allocation Against Target	No of Batches	A	B	C	D	E	F=A+B+C+D+E	In lakh
					Batch cost for 5 days refresher training @ Rs. 88775/-	Batch cost for another 5 days refresher training @ Rs. 88775/-	Costing for 2 days external Evaluation of ASHAs by NIOS (Practical Skills Examination & theory examination Per batch @ 29600/-	Registration Fee New AVI	4 members inspection cost for 5 DTS, per day 500/-per member	Total District Allocation	
1	Nagaon	600	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
2	Dhemaji	600	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
3	Golaghat	600	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
4	Jorhat	600	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
5	Kamrup Metro	600	300	10	887750.00	887750.00	296000.00	0.00	0.00	2071500.00	20.72
6	Darrang	300	0	0	0.00	0.00	0.00	20000.00	2000.00	22000.00	0.22
7	Dibrugarh	300	0	0	0.00	0.00	0.00	20000.00	2000.00	22000.00	0.22
Total		3600	1500	50	4438750.00	4438750.00	1480000.00	40000.00	4000.00	10401500.00	104.02



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Model Budget Breakup for Refresher Training:

Budget for 10 days refresher training on ASHA Module for NIOS certification 3000 participants and 3 RPs					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA for Participants subject to actual	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750
5	Training Material (folder, note Pad, Pen, Pencil, Highlighter etc.)	75	37	1	2775
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
A	Total amount for one batch (in Rs.)				88775

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

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



Agenda for 10- days Refresher Training for ASHA

ASHA CERTIFICATION

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



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



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



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

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

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



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Address to District Trainers:

Dear District ASHA Trainers,

Darrang, Dhemaji, Dibrugarh, Golaghat, Jorhat & Nagaon

As you all know that 300 numbers of ASHAs from your respective districts have been chosen for the certification by NIOS in this phase of ASHA certification programme, hence we have a expectation that all the ASHAs will be certified by the NIOS with all your expertise guidance and regular & dedicated support.

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

Essential skills

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



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Random skills including viva and demonstration

For Viva-

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

Demonstration

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

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



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Internal Evaluation by State for ASHAs

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

The suggested modality of conducting the evaluation is as follows:

1. Technical (Practical) skills assessment:

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

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

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

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



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

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 newborn at birth, 30 seconds and 5 minutes for movement of limbs, breathing and crying



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- Conduct examination of newborn for abnormality
- Provide care of eyes and umbilicus
- Counsel for exclusive breastfeeding
- Ability to identify hypothermia in newborns
- Diagnose and management of newborn 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 ASHA appended in this document*)

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

Method:

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

Please Note- The combined marks obtained by ASHAs from Skill test I (Essential/Compulsory skills) and Skill test II (Random skills including viva and



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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/practice for the ASHA while sitting for the final external evaluation conducted by NIOS.

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

Method:

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

Internal Evaluation Detail:

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



Appendix

Skill Checklists (For ASHAs)

Essential/Compulsory skill

1. Hand Washing - Demonstration

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



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Essential/Compulsory skill

2. Temperature Measurement– Demonstration

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



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Essential/Compulsory skill

3. Weighing the newborn – Demonstration

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



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Essential/Compulsory skill

4. Keeping the newborn warm – Wrapping the baby – Demonstration

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



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Essential/Compulsory skill

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

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



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Random Skill

1. Diagnosis of Pregnancy using Nishchay Kit - Demonstration

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



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Random Skill

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 come up automatically. Do not squeeze the finger	0.5	
4	Place lancet in trash container	0.5	
5	Touch the tip of the tube or the loop to the blood drop on the finger and Let a small quantity of blood (a small drop) come up in the tube or the loop	0.5	
6	Touch the tube or the loop to the test strip just below the arrow mark to place the blood there. <i>If there is a paper, where Plasmodium falciparum is written, remove it and place the blood, where it was</i>	0.5	
7	Place tube/loop in the trash container	0.5	
8	Using the dropper, place 4 drops of buffer solution into a new test tube	0.5	
9	Now place the test strip containing blood in the buffer solution with the arrow pointing down.	0.5	
10	Observe after 15 minutes and record the result Place test strip and test tube in the trash container	0.5	
	Total	05	



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



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REFRESHER TRAINING OF ASHA SUPERVISORS

FMR: 3.1.2.7



Activity: Refresher Training of ASHA Supervisor – FMR: 3.1.2.7

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

Guidelines for Conducting Refresher training for ASHA Supervisors

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



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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, Breastfeeding can be displayed.
- g. Ensure the availability of all the raining materials required for conducting the training.
- h. Make the training session plan and give a copy to all Resource Person and the Participants.
- i. The ideal batch size for the training should be restricted to 30 participants in each batch.
- j. Make arrangement for emergency medical facilities.
- k. Plan their departure in advance and make arrangement for payment etc.

8. During the training

- a. Prepare a training agenda and provide the same to each participants.
- 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:



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- a. Attendance register should be kept at the training center where attendance of all the participants should be kept. All the participants should sign the attendance register before entering the training hall/venue in the morning hour and before leaving the class room after completion of the day session in the evening.
 - b. Group photo of each batch along with the training banner should be taken and kept along with the attendance register as a record. Photographs of some other class room activities should be taken for documentation and same should be shared with the State/District.
 - c. Pre and post test should be conducted and result should be kept as record. The same record should be shared with the state within 15 days of completion of the training along with the training report.
 - d. A summary report of the training under the signature of the Jt. DHS cum Member Secy./ASHA Nodal Officer should be sent along with the relevant photocopy of other necessary documents should be sent to state within 15 days of completion of the training.
11. SDM & HO/BPHC I/C/Block ASHA Nodal officer of the block will be in charge of the training and BPM/BCM will coordinate and ensure quality training program.
12. District level officials including the Jt. DHS of the district and members of DPMU(DPM/DCM/DME/DDM/DAM) shall constitute a monitoring team and supervise the training programme in each of the BPHCs to ensure quality of the training conducted.
13. Note:
14. The training guideline has to be followed strictly. Disciplinary action will be taken against those who will not follow the prescribed guideline.
15. Those who have been selected & trained as ASHA module 6th & 7th trainers shall only take part as ASHA trainer in the training.

District wise budget breakup:

3 days Refresher Training for ASHA Supervisor 3.1.2.7					
SN	District	No. ASHA Supervisor	Total no. of Training batches	Total Amount In Rs.	Total Amount in Lakh
1	Barpeta	149	5	289500.00	2.90
2	Baksa	97	3	173700.00	1.74
3	Darrang	82	3	173700.00	1.74
4	Dhubri	176	6	347400.00	3.47
5	Goalpara	97	3	173700.00	1.74
6	Hailakandi	67	2	115800.00	1.16
7	Udalguri	95	3	173000.00	1.73
Total		763	25	1446800.00	14.47



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Model budget breakup:

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



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



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



Agenda for Refresher training of ASHA Supervisors

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



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ASHA CONVENTION

FMR: 3.1.3.3



Activity: ASHA Convention – FMR: 3.1.3.3

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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 informed to undersigned in advance.
11. A brief reports, minutes, photographs etc. must be shared with undersigned within one week of completion of event.



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12. The expenditure for conducting ASHA Convention should be incurred from **FMR code: 3.1.3.3, RoP 2019-20** as per guidelines and norms.

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

ASHA Convention FMR:3.1.3.3				
Sl	District	No of ASHA	Allocation to District @ 483/- per ASHA	In Lakhs
1	Baksa	935	451758.34	4.52
2	Barpeta	1507	728128.15	7.28
3	Bongaigaon	690	333383.16	3.33
4	Cachar	1745	843121.18	8.43
5	Chirang	717	346428.59	3.46
6	Darrang	964	465770.10	4.66
7	Dhemaji	746	360440.34	3.60
8	Dhubri	1836	887089.10	8.87
9	Dibrugarh	1218	588493.75	5.88
10	Dima Hasao	238	114993.03	1.15
11	Goalpara	1015	490411.46	4.90
12	Golaghat	1030	497658.92	4.98
13	Hailakandi	689	332900.00	3.33
14	Jorhat	1210	584628.44	5.85
15	Kamrup Metro	211	101947.60	1.02
16	Kamrup Rural	1737	839255.87	8.39
17	Karbi Anglong	1097	530030.91	5.30
18	Karimganj	1193	576414.65	5.76
19	Kokrajhar	1309	632461.68	6.32
20	Lakhimpur	1036	500557.90	5.01
21	Morigaon	911	440162.40	4.40
22	Nagaon	2376	1147000.00	11.47
23	Nalbari	753	363822.49	3.64
24	Sivasagar	1206	582695.78	5.83
25	Sonitpur	1859	898201.88	8.98



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26	Tinsukia	1346	650338.74	6.50
27	Udalguri	1045	504906.38	5.05
Total:		30,619	14793000.85	147.93

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 2019-20:

- ✓ 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 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.

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 District level committee.



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 January 2018 to December 2018,

- ✓ 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.

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



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Model Agenda for District ASHA Convention

1. Various schemes supported by ASHAs and their involvement and performance.
2. Sharing analysis report of activity wise ASHA incentives and ASHA Payment System.
3. Problem of delay on ASHA Incentives.
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.
8. Any other District specific matters.



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HEALTH & WELLNESS CENTER MONITORING BY
VHSNC MEMBERS

FMR: 3.2.4.2



Activity: HEALTH & WELLNESS CENTER MONITORING BY VHSNC MEMBERS
FMR: 3

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

H&WC Monitoring by VHSNC members under Community Action for Health is training the VHSNC members on a feedback form and monitor an H&WCs resources and functionality. The community feedback form is centered towards the community ownership of health services ensuring community participation which also acts as a bi- monthly social audit system. A great opportunity to introduce the services availed by NHM to the community under Ayushman Bharat initiative.

Guiding Notes for rolling out H&WC Monitoring by VHSNC Members:

Batch Strength: 30 (+ /- 5 members)

- The participants for the H&WC Monitoring by VHSNC Members training should be the 3 active & knowledgeable members from each VHSNC falling under the ambit of the Target Health & Wellness Center.
- No VHSNC & its members which is not covered by the H & WC should be included for the training.
- The training should be conducted only by the personnel trained during State ToT.
- The number of participants for each batch should be 30 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.
- The venue should be located near the Health & Wellness Center for ease of access during the training.
- The training should accommodate at least 1 session each day for practical hand holding & practice.



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- 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 Tool developed, 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 VHSNC Members they should undertake periodical visits in teams and assess the H & WC.
- The report generated by the tool may be shared with the BPHC I/C & BPMU/ DPMU
- The training calendar should be shared by the district to the undersigned.

District wise Budget Breakup:

FMR: 3.2.4.2							
Proposal of approved amount of RoP 2019-20							
Sl	Dist	H&WC	VHSNCs 5 per H&wc	Total Participants No of H&WCx5 VHSNC per H&WC x 3members per VHSNC	Batches	Total Cost	In Lakh
1	Baksa	10	50	150	5	177000.00	1.77
2	Barpeta	15	75	225	8	283200.00	2.83
3	Darrang	15	75	225	8	283200.00	2.83
4	Dhubri	43	215	645	20	708000.00	7.08
5	Goalpara	19	95	285	9	318600.00	3.19
6	Hailakandi	17	85	255	8	283200.00	2.83
7	Udalguri	6	30	90	3	106200.00	1.06
Total		125	625	1875	61	2159400.00	21.59

Model Budget Breakup:

District Level Training of VHSNC members on H & WC Monitoring for Aspirational Districts					
FMR: 3.2.4.2					
SN	Component	Unit Cost	Unit	Duration	Total
1	TA for Participants subject to actual	250	30	2	15000
2	Feedback form printing cost	100	30	1	3000



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3	Honorarium to Resource person	500	3	2	3000
4	Working lunch, snacks and Tea	150	33	2	9900
5	Venue hiring Charge	1000	1	2	2000
6	Training Materials; bag, pen, writing pad, checklist	50	30	1	1500
7	Public Address system / genset hiring charge	1000	1	1	1000
Total amount for one batch @ 30 participants per batch(in Rs.)					35400

Training of the VHSNC members on Health and Wellness Centre (HWC)

Participants-VHSNC members

Batch size: 30

Number of days: 2

Facilitators: 2

Day 1

Time	Sessions	Remarks
11.00 am-11.30 am	Session 1: Introduction to the Ayushman Bharat <ul style="list-style-type: none"> Comprehensive Primary Health Care Health and Wellness Centres National Health Protection Scheme Atal Amrit Abhiyan 	Brief of the governments' initiative to provide primary health care, its major components and the entitlements under each initiative for the people.
11.30 am-12.30 pm	Session 2: Health and Wellness Centres <ul style="list-style-type: none"> What and where Health promotion and prevention Curative service provisions Service providers Referral services Role of the VHSNC members in strengthening the HWC functioning 	Details to be shared with the participants based on the HWC booklet
12.30 pm-1.00 pm	Session 3: Atal Amrit Abhiyan (National Health Protection Scheme) <ul style="list-style-type: none"> Provisions of the scheme Who can avail What are the benefits of the schemes How the people can avail its benefits 	Provide details of the scheme. Distribute the enrollment form, teach members on how to fill, where the eligible people can get treatment. Documentation required availing the benefits.
1.00 pm- 2.30 pm	Lunch	
2.30 onwards	Visit to the Health and Wellness Centre Objective- <ul style="list-style-type: none"> Know your service providers Understand the role of the service providers- 	



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	<p>Community Health Officer, Multipurpose Worker (M and F) and Lab technician</p> <ul style="list-style-type: none"> • Know about services provided • Take a round of the HWC to observe- <ul style="list-style-type: none"> ○ Services provided ○ Facilities available <ul style="list-style-type: none"> ✓ Equipments ✓ Laboratory and Drug store ✓ Delivery room ○ General area (sitting arrangements, toilet, water and electricity) ○ Information display around the HWCs ○ Citizen Charters 	
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Day 2

Time	Sessions	Remarks
11.00 am-12.00 noon	Session 1: Sharing of the experiences from the visit of the HWC	
12.00 noon-1.00 pm	Session 2: Understanding the monitoring tool	
1.00 pm- 2.30 pm	Lunch	
2.30 onwards	<p>Session 3: Monitoring of the HWC (Visit to the Health and Wellness Centre to monitor)</p> <ul style="list-style-type: none"> • Members fill the monitoring tool by observations. • Discussion within the monitors of the findings on each component. • Sharing of the observations with the CHO and other staff members. Discuss the ways to resolve the gaps identified. Record the discussions and action points in the tool kit. • Briefing by the trainers on the follow up actions. 	



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ROGI KALYAN SAMITI TRAINING

FMR: 3.2.4.5



Activity: ROGI KALYAN SAMITI TRAINING - FMR: 3.2.4.5

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

Rogi Kalyan Samitis (RKS) are health facility based committees established under the National Rural Health Mission (NRHM) and continued under the National Health Mission (NHM). The main purpose of RKS is to hold hospital administration and management accountable for ensuring access to equitable high quality services without financial hardship to service users and to enable community oversight in functioning of health facilities. Hence training is planned for the formation, functioning, proper utilization of funds and maintenance of records etc for all districts.

Guiding Notes for rolling out “Rogi Kalyan Samiti” training:

Batch Strength: 30 (+ /- 5 members)

- The participants for the RKS training should be the (a) Facility In Charge, (b) One MO/Staff Nurse/LHV of the facility, (c) Accountant of the Health Facility & (d) One RKS member from other stakeholder departments like ICDS, PHED etc. Moreover the BPMU level personnel namely the *Block Programme Manager, Block Community Mobilizer, Block Accounts Manager & Block Data Manager* should participate in at least one batch of the 2 days training, preferably when the training is being conducted in his/her BPHC or nearby facility.
- The training should be conducted only by the person trained during State ToT.
- The number of participants for each batch should be 30 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.



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- The venue should not be located too far away for the participants as this would attract low attendance.
- Prior to the training the trainers of the particular district should sit together & prepare the lessons to be covered during the training.
- The training should be conducted as per the agenda provided, timings should be strictly maintained.
- All the participants should be provided with the RKS Module, 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 health facilities should adopt the standard practices such as record keeping reporting etc. as mentioned in the RKS Module.
- Proper monitoring of the training should be done by representatives of the district so as to maintain the quality of the training.
- The training calendar should be shared by the district to the undersigned.

District Wise Budget Breakup:

Training of RKS Members District wise breakup FMR: 3.2.4.5							
SI No.	Name of the District	Total HI	Training of HI allocated for 2019-20	Participants 4 per HI	Batches	Cost @ 36900/- per batch	In Lakh
1	Baksa	45	23	92	3	110700	1.11
2	Barpeta	60	30	120	4	147600	1.48
3	Bongaigaon	33	16	64	2	73800	0.74
4	Cachar	33	16	64	2	73800	0.74
5	Chirang	28	14	56	2	73800	0.74
6	Darrang	42	21	84	2	73800	0.74
7	Dhemaji	27	13	52	2	73800	0.74
8	Dhubri	53	26	104	4	147600	1.48
9	Dibrugarh	40	20	80	3	110700	1.11
10	Dima Hasao	14	7	28	1	36900	0.37
11	Goalpara	45	22	88	3	110700	1.11
12	Golaghat	46	23	92	3	110700	1.11
13	Hailakandi	17	8	32	1	36900	0.37
14	Jorhat	52	26	104	4	147600	1.48
15	Kamrup (Metro)	49	25	100	3	110700	1.11
16	Kamrup (Rural)	84	42	168	6	221400	2.21
17	Karbi Anglong	51	26	104	3	110700	1.11
18	Karimganj	35	18	72	2	73800	0.74
19	Kokrajhar	49	24	96	3	110700	1.11
20	Lakhimpur	35	18	72	2	73800	0.74
21	Morigaon	42	21	84	3	110700	1.11
22	Nagaon	96	48	192	6	221400	2.21



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23	Nalbari	59	30	120	4	147600	1.48
24	Sivasagar	52	26	104	4	147600	1.48
25	Sonitpur	67	34	136	5	184500	1.85
26	Tinsukia	28	14	56	2	73800	0.74
27	Udalguri	30	15	60	2	73800	0.74
Total		1212	606	2424	81	2988900	29.89

Model Budget breakup:

RKS Training FMR:3.2.4.5					
SN	Component	Unit Cost	Unit	Duration	Total
1	Manual Printing Cost	50	30	1	1500
2	TA for Participants subject to actual	200	30	2	12000
3	DA to Participants	100	30	2	6000
4	Honorarium to Resource person	500	3	2	3000
5	Working lunch, snacks and Tea	150	33	2	9900
6	Venue hiring Charge	1000	1	2	2000
7	Training Materials; bag, pen, writing pad, checklist	50	30	1	1500
8	Public Address system / genset hiring charge	1000	1	1	1000
Total amount for one batch @ 30 participants per batch(in Rs.)					36900



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Agenda for RKS Training:

DAY 1		
Time /Date	Session/Activity	Speaker/Facilitator
9.00am - 9.15am	Welcome Address and Objective	
9.15am - 10.00am	Health care Service Delivery in India	
10.00am- 10.45am	National health Mission & Community Ownership	
10.45am - 11.00am	TEA BREAK	
11.00am to 11.45am	Issues and Challenges and how to make RKS more effective /Sikkim RKS assessment Findings	
11.45am to 12.30pm	Purpose and Objective of RKS	
12.30pm to 1.15 pm	Institutional Development Plan by RKS	
1.15 pm to 1.45 pm	Structure and Composition of RKS	
1.45 pm to 2.30 pm	LUNCH	
2.30 pm to 4:00	Ensuring equality and social inclusion in Delivery of Health	
4.00 pm to 4.15 pm	TEA BREAK	
4.15 pm to 5.15 pm	Functions of RKS	
DAY 2		
9.00 am to 9.30 am	RKS fund utilization and challenges	
9.30 am to 10.30 am	Financial Management and Accounting	
10.30 am to 10.45am	TEA BREAK	



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10.45 am to 11.30am	Group Presentation by Group A *Health care Service Delivery in India *Purpose and Objective of RKS *Functions of RKS	
11.30 am to 12.30pm	Group Presentation by Group B * National Health Mission and Community Ownership *Ensuring Equity and Social inclusion in Delivery of Health Functions of RKS * RKS Fund utilization and its Challenges	
12.30 pm to 1.45 pm	LUNCH	
1.45 pm to 2.30 pm	RKS Training Roll Out Strategy	
2.30 pm to 3.15 pm	Feedback , Way forward & Valedictory	

**VILLAGE BASED INITIATIVE TO SYNERGIZE
HEALTH WATER AND SANITATION (VISHWAS)**



FMR: 3.3.2

Activity: VISHWAS VILLAGE BASED INITIATIVE TO SYNERGIZE HEALTH WATER AND SANITATION – FMR: 3.3.2

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

‘VISHWAS’ (Village based Initiative to Synergise Health, Water and Sanitation) – an initiative to be carried out under the leadership of VHSNCs and will build a collective initiative at community level, for improving Water, sanitation and Hygiene situation and its impact on Health and quality of life. It will strengthen convergent action in integration with various initiatives under Swachh Bharat Mission (SBM), and will also build the institutional capacity of VHSNCs to fulfill their roles as visualized in the original design. It has 11 thematic areas which will be celebrated by the VHSNCs every month. Training is hence proposed on how to conduct the thematic days and celebrate VISHWAS Campaign.

Guiding Notes for rolling out “VISHWAS” training:

Batch Strength: 30 (+ /- 5 members)

- The participants for the VISHWAS training should be the **ASHA & other 4 young, active and knowledgeable members of the VHSNC**, if the VHSNC has more than 1 ASHA then both should be trained in the same.
- The training should be conducted only by the DCM/ BCM/ person trained during State ToT.



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- The number of participants for each batch should be 30 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.
- The venue should not be located too far away for the participants as this would attract low attendance.
- 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 VISHWAS Module, 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 VHSNCs should celebrate the VISHWAS campaign days in a ceremonial manner as per the Guidebook principles.
- The fund for celebrating the Campaign days may be used from the VHSNC untied fund.
- Proper monitoring of the training should be done by representatives of the district so as to maintain the quality of the training.
- The training calendar should be shared by the district to the undersigned.

District wise Budget Breakup:

District Wise Budget Breakup for VISHWAS Training FMR: 3.3.2						
SL	District	VHSNCs	Members	Batches	Cost @ 25800/- per batch	In Lakh
1	Cachar	276	1380	46	1186800	11.87
2	Chirang	126	630	21	541800	5.42
3	Dhubri	288	1440	48	1238400	12.38
4	Goalpara	180	900	30	774000	7.74
5	Hailakandi	126	630	21	541800	5.42
6	Karbi Anglong	174	870	29	748200	7.48
7	Karimganj	192	960	32	825600	8.26
8	Nagaon	354	1770	59	1521400	15.21
Total		1716	8580	286	7378000	73.78

Model Breakup:

VISHWAS Training to VHSNC Members					
SI	Component	Unit Cost	Unit	Duration	Total



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1	Honorarium to Resource Person	350	2	2	1400.00
2	Accommodation to Participants	264	33	2	17450.40
3	Training Material	150	33	1	4950.00
4	Hall Hiring Charge	1000	1	2	2000.00
Total for 1 Batch					25800

Agenda 2 days training on VISHWAS to VHSNC Members

Agenda of Training on VISHWAS Campaign		
Time	Topic	Resource Person
Day 1		
9:00am -9:30am	VHSNC - A status update and introduction to VHSNC Guidelines 2013	
9:30 a.m. - 9:40 a.m.	Tea Break	
9:40 a.m. – 10:10 a.m.	An introduction to the Handbook of VHSNC members	
10:10am -11:10am	Background of VISHWAS Campaign	
	Structure of VISHWAS Campaign - An introduction	
11:10 a.m. – 12:00pm	Structure of VISHWAS Campaign - An introduction: Continued	
12:00pm-1:00pm	Campaign Day 1 - Annual Planning Day for VISHWAS Campaign	
1:00pm- 1:45pm	Lunch Break	
1:45pm – 2:30 pm	Campaign Day 2 - Village Health & Sanitation Day	



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	(Components of Village Cleanliness and linkages between Hygiene, Sanitation and Health)	
2:30pm-3:15pm.	Campaign Day 3 - Open Defecation Free (ODF) Village Day	
3:15pm-4:00pm	Campaign Day 4 - Hand Washing Day	
4:00pm - 4:15pm	Tea Break	
4:15pm- 5:00pm	Campaign Day 5 - School and Anganwadi Sanitation Day	
End of Day 1		

Agenda of Training on VISHWAS Campaign		
Day 2		
9:00am-9:45am	Campaign Day 6 - Liquid and Solid Waste Management Day	
9:45am – 10:30am	Campaign Day 7 - Individual and Home Hygiene Day	
	(Safe water and food handling, better upkeep of drinking water)	
10:30am- 10:45am	Tea Break	
10:45am- 11:30am	Campaign Day 8 - Health Awareness Day / Healthy Life Style Day	
11:30am – 12:15pm	Campaign Day 9 - Vector Control Day	
12:15pm – 1:00pm	Campaign Day 10 - Celebration day for Swachhata Champions	
1:00pm – 1:45pm	Campaign Day 11 - Gram Sabha on Sanitation & Cleanliness	
1:45pm-2:30pm	Lunch Break	



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2:30pm- 3:30pm	Support and Supervision and Reporting Systems	
	PRA Tools	
3:30pm – 3:40pm	Tea Break	
3:40 p.m. – 4:10 p.m.	Group Practice Sessions	
4:10 p.m-5:10pm	Written Exam	
5:10pm – 6:00pm	Discussion on implementation	

PRINTING OF ASHA MASTER CLAIM FORM

FMR: 12.7.2



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

Responsible officer:

At State Level: State Programme Manager /State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

Specification for printing of Master Claim form

Description	Rate per form
1/2 demy, 80 GSM Maplitho, Black	Rs. 1.50/- per form



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District Wise budget breakup

District Wise ASHA Breakup FMR: 12.7.2							
SN	District	Total No of ASHAs	Master Claim forms required for 12 months	Cost for Printing @Rs. 1.5/- per form	In Lakh	Approval for 75% of the total target	In Lakh
1	Baksa	935	11220	16830.00	0.17	12622.5	0.13
2	Barpeta	1507	18084	27126.00	0.27	20344.5	0.20
3	Bongaigaon	690	8280	12420.00	0.12	9315	0.09
4	Cachar	1745	20940	31410.00	0.31	23557.5	0.24
5	Chirang	717	8604	12906.00	0.13	9679.5	0.10
6	Darrang	964	11568	17352.00	0.17	13014	0.13
7	Dibrugarh	1218	14616	21924.00	0.22	16443	0.16
8	Dhemaji	746	8952	13428.00	0.13	10071	0.10



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9	Dima Hasao	238	2856	4284.00	0.04	3213	0.03
10	Dhubri	1836	22032	33048.00	0.33	24786	0.25
11	Goalpara	1015	12180	18270.00	0.18	13702.5	0.14
12	Golaghat	1030	12360	18540.00	0.19	13905	0.14
13	Hailakandi	689	8268	12402.00	0.12	9301.5	0.09
14	Jorhat	1210	14520	21780.00	0.22	16335	0.16
15	kamrup Metro	211	2532	3798.00	0.04	2848.5	0.03
16	Kamrup Rural	1737	20844	31266.00	0.31	23449.5	0.23
17	Karbi Anglong	1097	13164	19746.00	0.20	14809.5	0.15
18	Karimganj	1195	14340	21510.00	0.22	16132.5	0.16
19	Kokrajhar	1307	15684	23526.00	0.24	17644.5	0.18
20	Lakhimpur	1036	12432	18648.00	0.19	13986	0.14
21	Morigaon	911	10932	16398.00	0.16	12298.5	0.12
22	Nagaon	2383	28596	42894.00	0.43	32170.5	0.32
23	Nalbari	746	8952	13428.00	0.13	10071	0.10
24	Sivsagar	1206	14472	21708.00	0.22	16281	0.16
25	Sonitpur	1859	22308	33462.00	0.33	25096.5	0.25
26	Tinsukia	1346	16152	24228.00	0.24	18171	0.18
27	Udalguri	1045	12540	18810.00	0.19	14107.5	0.14
TOTAL		30619	367428	551142.00	5.51	413356.5	4.13

MOBILITY SUPPORT FOR DCM



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FMR: 16.1.3.3.5

Activity: MOBILITY SUPPORT FOR DCM - FMR: 16.1.3.3.5

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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

Guidelines for Monitoring visits by DCMs:

- The DCMs should undertake at least 8 monitoring visits in a month to be eligible to claim the monthly mobility support.
- During the visit the DCM should monitor all the parameters related to his or her TOR.
- The DCMs out of the 8 visits shall visit at least 3 hard to reach areas.



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

The DCMs should verify that all the ASHAs are receiving their incentives timely.

District wise budget breakup:

Monitoring & Mobility Support for DCM FMR: 16.3					
Sl	District	No of DCM	No of Days per month monitoring field visit	8 days for 12 Months	Approval @ Rs. 1000/- per day
1	Baksa	1	8	96	96000
2	Barpeta	1	8	96	96000
3	Bongaigaon	1	8	96	96000
4	Cachar	1	8	96	96000
5	Chirang	1	8	96	96000
6	Darrang	1	8	96	96000
7	Dhemaji	1	8	96	96000
8	Dhubri	1	8	96	96000



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9	Dibrugarh	1	8	96	96000
10	Dima Hasao	1	8	96	96000
11	Goalpara	1	8	96	96000
12	Golaghat	1	8	96	96000
13	Hailakandi	1	8	96	96000
14	Jorhat	1	8	96	96000
15	Kamrup Metro	1	8	96	96000
16	Kamrup Rural	1	8	96	96000
17	Karbi Anglong	1	8	96	96000
18	Karimganj	1	8	96	96000
19	Kokrajhar	1	8	96	96000
20	Lakhimpur	1	8	96	96000
21	Morigaon	1	8	96	96000
22	Nagaon	1	8	96	96000
23	Nalbari	1	8	96	96000
24	Sivasagar	1	8	96	96000
25	Sonitpur	1	8	96	96000
26	Tinsukia	1	8	96	96000
27	Udalguri	1	8	96	96000
Total:		27	Cost		2592000



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MONTHLY REVIEW MEETING OF
ASHA SUPERVISORS
FMR: 16.1.3.4.4

Activity: MONTHLY REVIEW MEETING OF ASHA SUPERVISORS – FMR: 16.1.3.4.4

Responsible officer:

At State Level: State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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



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- 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 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.



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- 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 needs 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.

District wise budget breakup:

FMR: 16.1.3.4.4					
SN	District	A No. ASHA Supervisor	B Unit Cost per ASHA Svr @ Rs.125/- for 12 Months= 125x12	C=AxB Total Budget to District	In Lakh
1	Barpeta	149	1500.00	223500.00	2.24
2	Baksa	97	1500.00	145500.00	1.46
3	Bongaigaon	70	1500.00	105000.00	1.05
4	Cachar	162	1500.00	243000.00	2.43
5	Chirang	55	1500.00	82500.00	0.83



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6	Darrang	82	1500.00	123000.00	1.23
7	Dibrugarh	114	1500.00	171000.00	1.71
8	Dhemaji	73	1500.00	109500.00	1.10
9	Dima Hasao	20	1500.00	30000.00	0.30
10	Dhubri	176	1500.00	264000.00	2.64
11	Goalpara	97	1500.00	145500.00	1.46
12	Golaghat	101	1500.00	151500.00	1.52
13	Hailakandi	67	1500.00	100500.00	1.01
14	Jorhat	113	1500.00	169500.00	1.70
15	kamrup Metro	18	1500.00	27000.00	0.27
16	kamrup Rural	162	1500.00	243000.00	2.43
17	Karbi Anglong	96	1500.00	144000.00	1.44
18	Karimganj	114	1500.00	171000.00	1.71
19	Kokrajhar	131	1500.00	196500.00	1.97
20	Lakhimpur	106	1500.00	159000.00	1.59
21	Morigaon	83	1500.00	124500.00	1.25
22	Nagaon	204	1500.00	306000.00	3.06
23	Nalbari	71	1500.00	106500.00	1.07
24	Sivsagar	118	1500.00	177000.00	1.77
25	Sonitpur	177	1500.00	265500.00	2.66
26	Tinsukia	126	1500.00	189000.00	1.89
27	Udalguri	95	1500.00	142500.00	1.43
Total		2877	Cost	4315500.00	43.16



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HBYC TRAINING to ANMs/ MPWs/ ASHA
Supervisors & ASHAs
FMR: 3.1.2.8

Activity: HBYC TRAINING to ANMs/ MPWs/ ASHA Supervisors & ASHAs –
FMR: 3.1.2.8

Responsible officer:

At State Level: Consultant Nutrition / State Community Mobilizer

At District Level: District Community Mobilizer / Block Community Mobilizer

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



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28th and 42nd day from the day of discharge. The HBNC visits enabled continuity of care and ensured survival of the new born.

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

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

Guiding notes for rolling out the HBYC Training:

Batch Strength: 30 (+ /- 5 members)

- The training should be residential.
- The participants for the batch of HBYC training should consist of ANM, MPW, ASHA Supervisor and ASHAs.
- The training should be conducted only by the personnel trained during State ToT.
- The number of participants for each batch should be 30 per batch with an upper and lower limit of +5 or -5.
- The participants are to be informed well in advance regarding the training timing & venue.
- The venue should be located preferably near the BPHC for ease of access during the training.
- Prior to the training the trainers of the particular district should sit together & prepare the lessons to be covered during the training.
- A proper agenda for the training should be prepared and shared during the training.
- All the participants should be provided with the operational guidelines, handbooks etc, a pen, writing pad & folder.
- Arrangement of food (Breakfast, Lunch, Tea & snacks) should be taken care of.
- A training completion report is to be provided once the training has been completed.
- The training calendar should be shared by the district to the undersigned.

District wise budget breakup:

5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC FMR: 3.1.2.8



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SI	District	Total ANMs	Total MPWs	Total AFs	Total ASHAs	Total Participants	Total Batches	50% allocated Batches @ 30 participants per batch	Cost @ Rs.87850/- per batch	In Lakh
1	Baksa	328	47	97	950	1422	36	19	1669150.00	16.69
2	Barpeta	626	170	149	1610	2555	64	33	2899050.00	28.99
3	Darrang	400	106	82	978	1566	39	21	1844850.00	18.45
4	Dhubri	595	146	176	1996	2913	73	38	3338300.00	33.38
5	Goalpara	368	100	97	1085	1650	41	22	1932700.00	19.33
6	Hailakandi	227	38	67	715	1047	26	14	1229900.00	12.30
7	Karimganj	414	75	114	1235	1838	46	24	2108400.00	21.08
8	Udalguri	277	42	95	1065	1479	37	20	1757000.00	17.57
Total		3235	724	877	9634	14470	362	191	16779350.00	167.79

Model Budget Breakup:

5 Days Training of ASHAs,AFs, ANMs & MPWs on HBYC FMR: 3.1.2.8					
SI No	Component	Unit cost	Unit	Duration	Total Amount
		(in Rs.)			(in Rs.)
1	TA to participants (subject to actual)	200	30	2	12000
2	DA to Participants	100	30	5	15000
3	Honorarium for Resource Persons	300	3	5	4500
4	Accommodation for the participants including(L/F)	150	33	5	24750



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5	Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.)	50	37	1	1850
6	Working lunch, snacks and Tea	150	33	5	24750
8	Venue hiring Charge	1000	1	5	5000
Total amount for one batch (in Rs.)					87850

Agenda for conducting HBYC Training:

DAY -1	Time	Trainers
Registration	9.00 - 9.45	
Welcome and Introduction	9.45 - 10.00	
Background and Rationale for HBCY including POSHAN Abhiyaan	10.00 - 10.45	
TEA Break	10.45 -10.11	
Operational Guideline of HBYC	11.00-11.45	



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Introduction of ASHA Handbook on HBYC and Training Strategy and Roll out of the ASHA Training on HBYC (Session on Handbook for ASHA on HBYC and Use of Job Aid)	11.45 – 1.00	
Role and responsibilities of ASHA, AWW & ANM in HBYC and Support of ASHA Supervisor	1.00– 2.00	
Lunch Break	2.00 - 2.45	
Planning for Home visit for HBYC	2.45 – 3.30	
Tea Break	3.30-3.45	
Addressing Social Vulnerability to improve coverage of children under the HBYC	3.45 – 4.45	
Orientation to the NEW MCP Card	3.45 – 5.30	
DAY 2		
RECAP	9.00 – 9.30	
Orientation to the NEW MCP Card (Continue)	9.30 – 10.30	
WASH	10.30 – 11.30	
TEA Break	11.30 – 11.45	
Early Childhood Development	11.45 – 1.30	
Lunch Break	1.30 – 2.15	
Full Immunization and Immunization Details in MCP Card	2.15 – 3.45	
Lunch Break	3.45 – 4.00	
Exclusion Breastfeeding	4.00 – 5.00	
DAY 3		
RECAP	9.00 – 9.30	
Role play on counselling for Exclusive Breastfeeding and Feedback by the Participants and Resource Persons	9.30 – 12.30	
TEA Break	12.30 – 12.45	
Complementary Feeding and Continuation of Breastfeeding	12.45 – 1.45	
Lunch Break	1.45 – 2.15	
Iron And Folic Acid Supplementation	2.15 – 3.00	
Skill Demonstration and Practice for Dispensing IFA using Auto-Dispenser	3.00 – 4.00	
Growth Monitoring	4.00 - 5.00	
DAY 4		
RECAP	9.00 – 9.30	



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

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