

TRAINING PROGRAMME

10.1 INTRODUCTION

The National Health Mission envisioned universal access to health, with a strong focus on community involvement. This was to enhance the people's participation in health and enable action on its various social determinants. ASHA and Village Health Sanitation and Nutrition Committees have been the key instruments for achieving this goal. Today 8.8 lakh ASHAs have been selected across the country and the number of Village Health Sanitation and Nutrition Committees (VHSNC) exceeds 5.5 lakhs.

10.2 ASHA PROGRAMME

The ASHAs are the central feature of National Rural Health Mission's community process component. The programme has evolved tremendously over the past ten years and has contributed significantly to the achievements of NRHM.

The key ASHA programme developments of the year 2014-15 have been:

- Introduction of the Handbook on "Action against violence against Women" and trainer's notes for the handbook;
- Dissemination of policy guidelines for Community Processes in Urban Areas;
- Development of Induction Training Modules for ASHAs and Mahila Aarogya Samitis (MAS) in Urban Areas;
- Initiation of the process of ASHA Certification;
- Operationalization of Grievance Redressal Mechanism for ASHAs across most States and
- Introduction of Direct bank transfers for ASHA Payments through Publicly Financed Management Systems (PFMS).

10.3 ASHA SELECTION

The country has ASHAs in place in 33 States and UTs except in the States of Goa, Puducherry and the Union Territory of Chandigarh. During last year, State of Himachal Pradesh initiated selection of ASHAs in the State and process is currently underway in the State. Over the last year some States (like Madhya Pradesh, Rajasthan, Gujarat, Haryana, Jammu & Kashmir, Punjab, Maharashtra and West Bengal) have selected new ASHAs to address gaps against expected needs. As on September, 2014, there were about 901895 ASHAs in position. With the launch of National Urban Health Mission, selection of ASHAs in urban areas is underway across all States.

10.4 ASHA TRAINING (Training of Trainers)

Training of Module 6 & 7 has progressed across most States and is at varying stages i.e. different rounds of Module 6 & 7 are currently underway. Total number of qualified State trainers in Round 1 ToT is 417 and in Round 2 is 337. Overall 13735 District trainers have been trained in Round 1 ToT and 9767 in Round 2 ToT. During last year Handbook for ASHAs on "Action against violence against Women" and accompanying trainer notes

were developed in response to demands from the States. This handbook has been included in Round 3 ToT of trainers and Round 4 training of ASHAs in addition to other topics of Module 6 & 7. Round 3 ToT of State trainers has been completed for Uttarakhand, Jharkhand, Punjab, Gujarat, Delhi, Arunachal Pradesh, Manipur, Meghalaya, Mizoram,

Nagaland, Assam, Sikkim and Tripura. Training of ASHAs in Round 3 of Module 6 & 7 is near completion in Uttarakhand and in seven North Eastern States (all except Assam). Round 3 training is underway in all other States except Uttar Pradesh and Rajasthan, where round 1 & 2 training is underway. (See table below for details of training status)

S. N.	States/UTs Name	ASHA Selected	Training of ASHAs								
			Mod.1	Mod.2	Mod.3	Mod.4	Mod.5	Mod. 6 & 7			
								Round 1	Round 2	Round 3	Round 4
1	Bihar	84860	68592	52859	52859	52859	76071	76071	63609	45038	0
2	Chhattisgarh	66672	61378	62113	63579	63702	63505	66023	66023	66023	66023
3	Himachal Pradesh*	16888	0	0	0	0	0	0	0	0	0
4	Jammu & Kashmir	11263	9500	9500	9500	9500	8630	7248	0	0	0
5	Jharkhand	40964	40115	40115	40115	40115	40964	37045	37271	34231	0
6	Madhya Pradesh	56800	49789	48379	47915	46685	51053	56240	47794	30883	0
7	Odisha	43427	43350	43350	43350	43350	43235	42481	42335	39925	0
8	Rajasthan	52173	40310	40310	33811	33797	73446	43545	24225	0	0
9	Uttar Pradesh	136094	135191	129150	129150	129150	121640	26195	21042	0	0
10	Uttarakhand	11086	11086	11086	11086	11086	8978	10064	10381	10286	1751
11	Arunachal Pradesh	3795	3682	3683	3559	3632	3643	3632	3426	3344	316
12	Assam	30508	28618	28585	28544	28497	28422	29257	29560	13137	0
13	Manipur	3878	3878	3878	3878	3878	3878	3878	3878	3878	0
14	Meghalaya	6354	6258	6258	6258	6258	5588	5927	5873	5710	2924
15	Mizoram	987	987	987	987	987	987	987	987	987	0
16	Nagaland	1887	1507	1570	1538	1588	1690	1576	1570	1624	0
17	Sikkim	666	666	666	666	666	666	666	666	666	666
18	Tripura	7367	7367	7367	7367	7367	7367	7276	7276	7188	0
19	Andhra Pradesh	42681	42681	42681	42681	42681	42681	33603	27374	0	0
20	Goa	0	0	0	0	0	0	0	0	0	0
21	Gujarat	34186	29335	28775	28438	28253	27665	30816	30196	26904	24033
22	Haryana	17271	19030	18589	18589	18589	16412	16114	15637	0	0
23	Karnataka	34860	29916	29916	29916	29916	29916	29833	29833	28472	28472
24	Kerala	31829	33209	31712	30709	29913	29045	25975	0	0	0
25	Maharashtra	58924	58771	58299	57482	56717	52247	43874	29128	11683	0
26	Punjab	18344	16375	16375	16375	16375	16403	16243	16243	16363	0
27	Tamil Nadu	3905	2650	2650	2650	2650	2650	2307	2456	2142	1953
28	Telangana	28019	28019	28019	28019	28019	28019	24485	21682	0	0
29	West Bengal	49303	42211	41163	40165	39163	37577	45166	41266	40012	0
30	A & N Islands	407	407	407	407	407	407	407	407	407	407
31	Chandigarh	0	0	0	0	0	0	0	0	0	0
32	D & N Haveli	180	180	180	180	180	180	180	180	0	0
33	Daman & Diu	78	68	68	68	69	69	55	55	0	0
34	Delhi	6129	4176	2992	3568	3568	4764	4088	3412	0	0
35	Lakshadweep	110	110	110	110	110	110	110	110	110	110
36	Puducherry	0	0	0	0	0	0	0	0	0	0
	Total	901895	819412	791792	783519	779727	827908	691367	583895	389013	126655

Source: MIS, Sept., 2014

*For Himachal Pradesh Link Workers are selected.

10.5 ASHA SUPPORT

Over last three years States have made good progress in setting up support structures but most States have not been able to address the shortfall against the persistent vacancies. Six out of eight high focus States have support structures at State, District, Block and Sub-block levels except Odisha and Uttar Pradesh which have support structures at State, District and Sub-block level. In North Eastern States, support structures at minimum three levels have been set up in all States except Sikkim and Mizoram. ASHA facilitators are in place in all NE States except Nagaland. State of Assam has support structures at all four levels. Among the Non High Focus States only Haryana and Maharashtra have support structures at four levels, Karnataka and Punjab at three levels and Gujarat at two levels. In other Non-High Focus States dedicated support structures has not been set up beyond the State level and the programme is managed by existing staff at all other levels.

Following the training of trainers for ASHA facilitators last year, all States which have selected ASHA facilitators have either completed training of selected ASHA facilitators or are about to complete the training in Handbook for ASHA facilitators except for Gujarat and Karnataka. Subsequently the number of States undertaking performance monitoring of ASHAs have increased from 15 to 21 during last year.

States have also made substantial progress in setting up grievance redressal system for ASHAs by either setting up grievance redressal committee or instituting toll free numbers/help-lines to register complaints. Grievance Redressal Committees have been set up at district level in States of Bihar, Jharkhand, Maharashtra, Odisha, Uttarakhand, Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Arunachal Pradesh, Tripura, Manipur, Haryana and Sikkim. States of Delhi, Jammu &

Kashmir, Assam and Karnataka have started toll free numbers so that ASHAs can register complaints at no expenses whereas Rajasthan has a separate landline number at State level to receive complaints. Uttarakhand and Mizoram have also installed complaint box at all three levels i.e. Block, District and State level where ASHAs can drop in their complaints, while Mizoram has set up such drop box at every PHC level. In Chhattisgarh grievances are addressed through ASHA support structure and VHSNCs where VHSNC members try to resolve all grievances or forward it to Block level/Jan Samwad. While progress has been made in instituting mechanisms for grievance redressal, more needs to be done in terms of feedback and action.

10.6 ASHA INCENTIVES

Under the National Rural Health Mission (now the National Health Mission) ASHAs are envisaged as honorary volunteers. They are given performance based incentives for tasks performed by them to provide compensation for the time and effort put in by them. Currently she receives performance based incentives for over 30 specific tasks that have been approved at the national level. The Ministry has also taken up steps to ensure that ASHAs receive a significant amount as incentives for which Mission Steering Group (MSG) has approved revision of rates of some existing ASHA incentives as well as introduction of new incentives including for routine activities such as maintaining village health records. The incentives for routine and recurrent tasks would ensure that each ASHA earns at least Rs. 1000/- per month subject to her carrying out the routine tasks.

Payment mechanisms have been streamlined and almost all States have started making payments either in cheque or bank transfer mode. More than 90% ASHAs have bank accounts across all high focus and non- high focus States. To address the

issue of delayed payments, Ministry of Health & Family Welfare (MoHFW) has introduced a system of PFMS linked single window payment of ASHAs across States.

In addition to performance linked monetary incentives, States have introduced various non-monetary incentives for ASHAs. This is in recognition of the high levels of ASHA commitment, achievement and the potential to play a broader role in the community. Some of these efforts include—provision of social security measures for ASHAs, supporting ASHAs for admissions in ANM courses and education advancement, setting up of rest rooms and help desks for ASHAs, felicitating best performing ASHAs with awards and providing items like uniforms, ID cards, bicycles, CUG sims and mobile phones.

10.7 NIOS CERTIFICATION

To enhance competency and professional credibility of ASHAs under NHM certification of ASHAs by knowledge and skill assessment has been approved by the MSG for ASHAs. The certification is to be done by National Institute of Open Schooling (NIOS). The components of the programme to be taken up for accreditation/certification includes Training curriculum, State Training Sites/District Training Sites, ASHAs and ASHA Facilitators.

The MoHFW has signed an agreement with the NIOS to standardize the curriculum for a set of competencies, accredit the training sites and trainers and certify the ASHA. This is for the quality of the ASHAs work and the services she provides to the community meet a defined benchmark. Three levels of certification have been envisaged: Level-1 Entry Certification: Those already on the job—more like an identity and entry for phase 2. Corresponds to modules 1 to 5 or 8 day induction module; Level - 2 Intermediate Certification: corresponds to skills in

Modules 6 & 7 and Level 3 Certification: (Advanced) special skills-general community health nurse; mental health, screening for NCD, disability, advanced RCH etc.

10.8 CAREER PROGRESSION

As part of career progression for the ASHA, States have been requested to identify those ASHAs who aspire to obtain academic qualification for Class X or Class XII and to support their registration with the National Institute of Open School (NIOS) under NRHM. States have also been requested to give priority in admissions into ANM/GNM Training Schools to those ASHAs who are otherwise eligible.

10.9 VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNC)

Following the launch of revised guidelines for VHSNC as part of Guidelines for Community Processes released in 2013 as part of the revised guidelines VHSNCs are envisaged as a standing/sub-committee of the Panchayat. The Handbook for VHSNC members and Trainer Notes for VHSNC trainers have also been developed to strengthen VHSNCs. As per the MIS, September, 2014; around 5.12 lakh VHSNCs have been constituted and around 4.99 lakh VHSNCs have operational bank accounts.

State	Number of VHSNCs Constituted	Number of VHSNCs with operational Bank Accounts
High Focus States	273335	262000
North Eastern States	45693	44436
Non High Focus States	192955	192917
Union Territories	434	433
Total	512417	499786

Source: MIS, Sept., 2014

10.10 CENTRALLY SPONSORED SCHEME OF "BASIC TRAINING OF ANM/LHV"

Availability of qualitative services to the community depends largely upon the efficacy with which health functionaries discharge their responsibilities, which, in turn would depend mainly upon their education and training. Department of Family Welfare had recognized the crucial role of training of health personnel in providing effective and efficient health care to the rural community from the very beginning of the Five Year Plans. The pre-service and in-service training for different categories of health personnel are imparted through the following schemes/activities:

- ANMs/LHVs play a vital role in MCH and Family Welfare Service in the rural areas. It is, therefore, essential that the proper training to be given to them so that quality services be provided to the rural population.
- For this purpose 333 ANM/MPHW (Female) schools with an admission capacity of approximately 13,000 and 34 promotional training schools for LHV/Health Assistant (Female) with an admission capacity of 2600 are imparting pre-service training to prepare required number of manpower to man the Sub centers, PHC, CHC, Rural Family Welfare Centers and Health posts in the country. The duration of training programme of ANM is 1&1/2 years and minimum qualification required for this course is 10+2 pass. Senior ANM with five years of experience is given six months promotional training to become LHV/Health Assistant (Female). The role of HA (Female) is to provide supportive supervision and technical guidance to the ANMs in sub-centres. Curricula of these training courses are provided by the Indian

Nursing Council. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012.

- Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs. 8360.54 lakhs has been released till December, 2014.

10.11 CENTRALLY SPONSORED SCHEME OF "BASIC TRAINING FOR MULTI-PURPOSE HEALTH WORKER (MPHW) (MALE)"

The Basic Training of MPHW (M) scheme was approved during 6th Five-Year Plan and taken up by Government of India (GoI) in 1984, as a 100% Centrally Sponsored Scheme (CSS). There are 49 basic training schools of MPHW (Male). Duration of course is 1 year and on successful completion of the training, the candidate is posted as MPHW (M) at the sub-centre. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012.

Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs. 1349.33 lakhs has been released till December, 2014.

10.12 MAINTENANCE OF HEALTH AND FAMILY WELFARE TRAINING CENTRE (HFWTC)

49 HFWTCs were established in the country in order to improve the quality and efficiency of the Family Planning Programmes and to bring the change in the attitude of the personnel engaged in the delivery of health services through in service training programmes. These training centres are supported under Centrally Sponsored Scheme of "Maintenance of HFWTCs".

Key role of these training centres is to conduct various in-service training programmes of Department of Family Welfare. Apart from in-service education some of the selected centres has an additional responsibility of conducting the basic training of MPHW's course where MPW training centers are not available. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012

Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs. 2019.68 lakh has been released till December, 2014.

10.13 REPRODUCTIVE AND CHILD HEALTH(RCH) TRAINING

National Institute of Health and Family Welfare (NIHFW) - Report of Training Activities under NRHM for the Year 2014-15: National Institute of Health & Family Welfare (NIHFW) has been identified as the Nodal Institute for training under NHM and RCH-II, till October, 2014. NIHFW has pursued responsibilities of organizing National Level Training Courses and coordination of the NRHM/RCH training activities with the help of 22 Collaborating Training Institutions (CTIs) in various parts of the country. Four more institutions i.e. RHFUTC at Srinagar, Jammu & Kashmir; RIHFW at Haldwani, Uttarakhand; Regional Institute of Paramedical and Nursing Sciences (RIPANS) at Aizawl and Institute of Public Health (IPH) at Ranchi, Jharkhand have been approved to function as CTIs. The activities conducted by NIHFW during the year 2014-15 are as follows:

- Reviewed and prepared comments on training component of the first draft and revised draft

PIPs of all 35 States for finalization of SPIPs;

- On behalf of NIHFW, consultants from RCH Unit attended NPCC meetings for all the 35 States/UTs conducted at Nirman Bhawan for finalizing approval of States/UTs' PIPs for the year 2014-15;
- *Monitoring Visits:* Monitoring visits were undertaken to validate the Comprehensive Training Plan (CTP) by the State, monitor training progress, ensure quality of training being maintained and utilization of trained persons at different health facilities in States. Monitoring quality of training was done using structured checklists through visits to districts and various peripheral facilities. Different trainings including Integrated EmOC training, SBA Integrated training, BEmOC, SBA, SBA TOT, MTP/MVA, RMNCH, NSSK, F-IMNCI, IMNCI, IYCF, RTI/STI, ARSH, Minilap, IUCD, Immunization and for various categories of health personnel were observed in a number of States. Feedback based on those observations was sent to each State for improvement and shared with MoHFW.
- Consultants visited State headquarters and training centres. During this period Consultants at NIHFW visited 22 States/UTs including 17 headquarters visits & 28 districts and 55 districts of 14 States were covered by Consultants at CTIs. Some of these districts were visited number of times for observation of different trainings.
- Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for District Level Medical Officers (DMOs), 109 officers were trained during 2013-14 and 54 were trained during 2014-15 and 16 are undergoing training.

Consolidated Thematic area-wise total achievements are given in the table placed below:

Consolidated Thematic Area wise total Training Achievements in the country RCH-II/NRHM (2014-15)				
Thematic Areas	Annual Training Load 2014-15	Training Achievement (Apr.-Sept., 2014)	% of achievement (Apr.-Sept., 2014)	Progress from April, 2005
Maternal Health	56466	17420	31	254677
Child Health	415194	56469	14	785622
Family Planning	50741	7257	14	205312
Adolescent Health (ARSH)	577755	4663	1	140506
National Disease Control Programme	84414	13262	16	404587
Other Training	242910	31698	13	446956
Total	1427483	130769	9.16	2237660

