

**TRAINING &  
TRAINING  
INSTITUTIONS**

**Chapter**

**9**

## 9.1 INTRODUCTION

The ASHA programme is vital to achieve the goal of increasing community engagement with the health system and is one of the key components of the National Rural Health Mission (NRHM)/National Health Mission (NHM).

Over the last eleven years, the ASHA programme has evolved substantially, responding to local context and national priorities. ASHAs act as an effective bridge between health services and community and are able to influence health seeking behaviours of the community in areas of maternal and newborn care, child care and communicable diseases.

The Ministry of Health & Family Welfare has recently launched Operational guidelines on Prevention, Screening and Control of Common Non-Communicable Diseases and Operational Framework on Management of Common Cancers. These guidelines envisage ASHA as a part of Comprehensive Primary Health Care team who will be responsible for rolling out population based screening for common Non-Communicable Diseases and providing comprehensive primary health care at SHC level. ASHAs will be trained for complete enumeration of population, mobilizing community for screening and follow up on treatment adherence.

The Mission Steering Group of National Health Mission has also recommended inclusion of Participatory Learning and Action (PLA) in ASHA programme. Training of ASHA facilitators and ASHAs has been envisaged for ten States with poor RCH indicators (Assam; Bihar; Chhattisgarh;

Jharkhand; Madhya Pradesh; Meghalaya; Odisha; Rajasthan; Uttarakhand and Uttar Pradesh).

## 9.2 ASHA SELECTION

The ASHAs are in place in 36 States and UTs except in Goa. During last year, the programme has been expanded in urban areas of Chandigarh and Puducherry and process of selection of ASHAs is underway. As on June, 2016 about 945794 ASHAs are in place across these states.

After the launch of the ASHA programme in the urban areas under NUHM, 44344 ASHAs have been selected across States. Most States have made good progress in selection of ASHAs in urban areas except in States of Uttar Pradesh, Mizoram, Tamil Nadu, West Bengal and Andaman & Nicobar Islands, where selection is yet to be initiated.

## 9.3 ASHA TRAINING

Training of Module 6 & 7 has progressed across most States and is at varying stages of completion. At National level, 458 State trainers have been trained in Round 1, 352 in Round 2 and 254 in Round 3. At state level about 11,411 ASHA trainers have been trained in Round 1; 10,607 in Round 2 and 2620 in Round 3. Round 3 TOT of Module 6 & 7 which also includes the Handbook for ASHAs on "Action against violence against Women", has been completed for all States except for Himachal Pradesh and Uttar Pradesh. Training of ASHAs in Round 3 of Module 6 & 7 is near completion in Chhattisgarh, Jharkhand, Odisha, Uttarakhand, in seven North Eastern States (all except Assam), Karnataka, Punjab and West Bengal. Round 4 training of ASHAs have begun in 20

States and is near completion in Chhattisgarh, Manipur, Mizoram, Nagaland, Sikkim, Tripura,

Karnataka, Punjab. (See Table-1 below for status of ASHAs who received training Modules)

Status of ASHAs who received training Modules and Round wise (as on June, 2016)

Table-1

S. No.	States/UTs	Mod.1	Mod.2	Mod.3	Mod.4	Mod.5	Mod.6 & Mod 7			
							Round 1	Round 2	Round 3	Round 4
1	Bihar	68592	52859	52859	52859	78336	78336	67725	55818	7148
2	Chhattisgarh	61378	62113	63579	63702	63505	66169	66169	66169	66169
3	Himachal Pradesh	7515	7515	7515	7515	7515	5074	2950	0	0
4	Jammu & Kashmir	11775	11775	11775	11775	11775	11510	11453	0	0
5	Jharkhand	40115	40115	40115	40115	40964	37045	37271	37190	31945
6	Madhya Pradesh	49789	48379	47915	46685	58091	55416	55019	47682	9759
7	Odisha	44855	44855	44855	44855	44855	42485	42415	42597	17951
8	Rajasthan	40310	40310	33811	33797	75255	44960	37374	22810	9595
9	Uttar Pradesh	135191	129150	129150	129150	129150	89231	88575	596	0
10	Uttarakhand	10420	10420	10420	10420	8978	10420	10420	10420	9927
11	Arunachal Pradesh	3682	3683	3567	3632	3643	3669	3424	3424	2803
12	Assam	28618	28585	28544	28497	28422	29257	29560	29095	25381
13	Manipur	3878	3878	3878	3878	3878	3878	3878	3878	3878
14	Meghalaya	6258	6258	6258	6258	5588	5891	5873	5710	4199
15	Mizoram	908	908	908	908	908	908	908	908	908
16	Nagaland	1507	1570	1538	1588	1690	1576	1570	1624	1593
17	Sikkim	641	641	641	641	641	641	641	641	641
18	Tripura	7367	7367	7367	7367	7367	7276	7276	7188	3975
19	Andhra Pradesh	33769	33769	33769	33769	33769	35908	34331	21020	11080
20	Goa	0	0	0	0	0	0	0	0	0
21	Gujarat	29283	28723	28361	28174	27587	34331	33622	33019	31762
22	Haryana	20385	19944	19944	19944	17767	16151	15674	0	0
23	Karnataka	34320	34320	34320	34320	34320	29651	29651	29651	29651
24	Kerala	33209	31712	30709	29913	29045	25972	0	0	0
25	Maharashtra	58771	58299	57842	56717	52247	56535	53080	35983	77
26	Punjab	16375	16375	16375	16375	16403	16319	16319	16416	16324
27	Tamil Nadu	2650	2650	2650	2650	2650	2307	2456	2142	1953
28	Telangana	28019	28019	28019	28019	28019	24497	22149	8077	0
29	West Bengal	42211	41163	40165	39163	37577	48576	47613	46186	31522
30	A & N Islands	407	407	407	407	407	407	407	407	407
31	Chandigarh	39	39	39	39	39	0	0	0	0
32	D & N Haveli	241	241	241	241	241	241	241	0	0
33	Daman & Diu	68	68	68	69	69	55	55	0	0
34	Delhi	0	0	0	0	0	0	0	0	0
35	Lakshadweep	110	110	110	110	110	110	110	110	102
36	Puducherry	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>822656</b>	<b>796220</b>	<b>787714</b>	<b>783552</b>	<b>850811</b>	<b>784802</b>	<b>728209</b>	<b>528761</b>	<b>318750</b>

## 9.4 ASHA SUPPORT

The supportive institutional network at State level and below has expanded rapidly in the past few years, as States have increasingly become cognizant of the necessity of a strong support structure to enhance the community processes component. All high focus States except Odisha have support structures at all four levels (State/District/Block & Sub-block). North Eastern States have 3-4 levels of support structures except Sikkim. Among non-high focus States, Karnataka and Maharashtra have dedicated support structure at all four levels. Punjab has a dedicated support cadre at State, District and Block levels. Gujarat also has selected ASHA Facilitators at the field level while Delhi has selected District ASHA Coordinators. States of Andhra Pradesh, Telangana, West Bengal, Tamil Nadu, Jammu and Kashmir and Kerala have no dedicated support systems below the State level and use the existing programme structures to manage and support the ASHA programme.

ASHA Facilitators are the most critical link of the support structure as they provide direct on the job supervision and mentoring to ASHAs. All States except Nagaland, West Bengal, Tamil Nadu, Andhra Pradesh, Delhi, Telangana, Jammu and Kashmir and Kerala, have selected ASHA Facilitators. In these States on the job mentoring support to ASHAs is provided by ANMs.

All States which have selected ASHA Facilitators have either completed training of selected ASHA Facilitators or are in process of completion of training in Handbook for ASHA Facilitators. Subsequently, the number of States undertaking performance monitoring of ASHAs have increased from 15 to 21 during last year.

Substantial progress is seen over last few years in setting up of Grievance redressal system. About 21 States (Bihar, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh, Uttarakhand, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim, Tripura, Andhra Pradesh, Delhi, Haryana, Jammu & Kashmir, Kerala, Maharashtra, Punjab and Telangana) have set up district level Grievance Redressal Committees. State of Chhattisgarh uses a toll free number for ASHAs to register complaints while Himachal Pradesh has entrusted the District

Level Vigilance Committee (DLVMC) with the responsibility of managing grievances of ASHAs. In order to strengthen this process States have also been advised to set up Complaints Committee or Cell headed by woman as per the Vishakha guidelines in January, 2016.

## 9.5 ASHA INCENTIVES

ASHA is an "honorary Volunteer" who receives performance linked incentives. Performance based incentives for ASHAs vary across the States based on local context and demographics. Currently there are about 35 nationally approved incentives for activities in area of maternal, newborn, child health, family planning and infectious diseases which are common in most of the States. Most States have initiated payment of incentives of Rs. 1000 pm for routine and recurring activities to ASHAs during the year 2015-16.

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 has introduced a system of PFMS linked single window payment of ASHAs across States. However delays in payments specifically for incentives linked with activities of NVBDCP, RNTCP and NLEP are common and remain unresolved. States are also supported to provide non-monetary incentives to ASHAs. Currently PFMS linked payments of ASHA incentives have been initiated in States of Bihar, Jharkhand (4 districts), Madhya Pradesh (42 districts), Odisha, Uttar Pradesh, Arunachal Pradesh, Assam, Manipur, Gujarat, Haryana, Maharashtra, Punjab (11 districts) and West Bengal (few blocks). States of Uttarakhand, Andhra Pradesh and Delhi are in process of setting up mechanisms for linking payments with PFMS.

In addition to the performance based incentives, some States have also introduced fixed monthly honorarium for ASHAs. These States are - Sikkim (Rs. 3000 pm), Kerala (Rs.1500 pm), Rajasthan (Rs. 1600 pm through ICDS), Haryana (Rs. 500 pm), and West Bengal (Rs. 1500 pm). States of Karnataka, Meghalaya, provide 100% while Chhattisgarh gives 50% and Tripura provides 33% of matching amount



of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.

States are also supported to provide non-monetary incentives to ASHAs. Many States have also distributed uniforms, umbrella, torch light, bag and I Card to ASHAs. Few States have provided cycle to ASHAs, e.g. Jharkhand, Assam, Odisha, Madhya Pradesh, three districts of West Bengal and two districts of Bihar. To facilitate communication with ASHAs, CUG Sim, mobile phones and radio have been provided to ASHAs, e.g. - CUG SIM given in Madhya Pradesh, Mobile phones in Uttar Pradesh, Meghalaya and Nagaland and Radio in Nagaland and Assam. Most States also felicitate good performing ASHAs with awards during ASHA Sammelans/ Meetings organized at district and Block levels.

Some States are in the process of setting up rest rooms for ASHAs at public hospitals to facilitate their stay during their visit to the health facilities, viz. Bihar, Meghalaya, Jammu & Kashmir, Karnataka and Sikkim. Help Desks have also been set up at Chhattisgarh, Jharkhand, Uttarakhand and in few pilot areas of Manipur.

States of Jharkhand, Chhattisgarh, Assam and Kerala have also provided social security measures to ASHAs. These schemes provide support in terms of medical and life insurance to ASHAs and their families. States of Chhattisgarh and Kerala have also built in provisions for scholarships for children's education. States of Delhi and Sikkim have facilitated enrolment of 60% ASHAs in National Pension Scheme while States of Gujarat and Madhya Pradesh has facilitate enrollment of ASHAs in Pradhan Mantri Bima Yojana.

## 9.6 NATIONAL INSTITUTE OF OPEN SCHOOL(NIOS) CERTIFICATION

Under the agreement between MoHFW and NIOS for ASHA Certification, the institutional framework has been consolidated with formation of Project Steering Committee at MoHFW. A Technical Advisory Committee was formed for Standardization of Curriculum. A Technical Advisory Committee has been formed to develop guidelines for Trainers & Training Sites Accreditation.

The standardization of curriculum has been completed incorporating the content of ASHA Modules 1-5/Induction Module, ASHA Module 6 & 5, Mobilizing Action for Violence against Women and Reached the Unreached. A Supplementary Book, in English, has been developed for ASHA, as aide to preparing for Certification. The book has been translated in Hindi while translation in regional languages is underway. The Guidelines for Accreditation of Training Sites & Trainers for ASHAs have been developed and disseminated to all States.

Selected districts from twelve States are being taken up in Phase I of ASHA Certification, wherein approximately 20,000 ASHAs will be certified during the financial year 2016-17. The States are Chhattisgarh, Karnataka, Gujarat, Arunachal Pradesh, Sikkim, Tripura, Assam, Jharkhand, West Bengal, Delhi, Uttarakhand and Punjab.

NIOS has setup an ASHA Cell at national level comprising of one Project Director, two Assistant Project Directors and two administrative staff.

The pool of trainers has been created as National Resource Team at NHSRC. The team has been given a five-day orientation process for ASHA Certification. About 55 States trainers from Arunachal Pradesh, Assam, Delhi, Jharkhand, Karnataka, Punjab, Sikkim, Tripura, Uttarakhand and West Bengal have been accredited by NIOS.

## 9.7 CAREER OPPORTUNITIES

As part of career progression for the ASHA, States were 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 of Bihar, Jharkhand, Chhattisgarh, and Delhi support ASIAs for enrolment in education equivalency programmes.

States have also been requested to give priority in admissions into ANM/GNM Training Schools to those ASHAs who are otherwise eligible. Provisions for giving weight-age to ASHAs for enrolment of ASHAs in ANM/GNM schools have been made in Chhattisgarh, Jharkhand, Madhya Pradesh,

Uttarakhand, Jammu & Kashmir, Maharashtra, Arunachal Pradesh, Assam and Tripura.

About 1996 ASHAs have been enrolled in ANM and GNM courses across these States (except Jammu & Kashmir and Tripura) and 34 in B.Sc nursing in Chhattisgarh. Of the total 2030 ASHAs, 674 have completed their courses and 519 have been employed as ANM and Nurses. In addition, about 431 ASHAs in Haryana have obtained admission in ANM/GNM courses through their own efforts without any facilitation from State. 229 of these have completed their courses and 52 have received employment.

### 9.8 VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNCs) AND MAHILA AROGYA SAMITIS (MASs)

Following the launch of revised guidelines for VHSNC as part of Guidelines for Community Processes released in 2013, the revised guidelines for 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 June, 2016; around 5.12 lakh VHSNCs have been constituted and around 4.91 lakh VHSNCs have operational bank accounts.

The NUHM framework launched in 2013, envisaged a women collective/samiti in the urban slums/slum like settlements as leadership platforms for community level actions. As per guidelines, one MAS is to be constituted at the level of 50-100 households. MAS are expected to generate demand, ensure optimal utilization of services, increase community ownership and sustain ability and establish community based monitoring system. Process of formation of MAS has been initiated across States and so far 50911 MAS have been formed. (see Table-II below for status of VHSNCs constituted with operational Bank Accounts under NRHM)

### 9.9 GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRHFWT)

Established in 1964 with financial support from Ford Foundation, Government of India and Government of

Table-II

#### Status of VHSNCs constituted / with operational Bank Accounts under NRHM (as on June, 2016)

Sl. No.	State/UTs	VHSNCs	VHSNCs operational
1	Bihar	8316	8316
2	Chhattisgarh	19180	19180
3	Himachal Pradesh	3243	3243
4	Jammu & Kashmir	6857	6821
5	Jharkhand	30012	30012
6	Madhya Pradesh	49567	49567
7	Odisha	45407	45407
8	Rajasthan	43440	35000
9	Uttar Pradesh	51914	51413
10	Uttarakhand	10284	10284
11	Arunachal Pradesh	3772	3219
12	Assam	27673	27673
13	Manipur	3878	3878
14	Meghalaya	6349	6055
15	Mizoram	830	830
16	Nagaland	1324	1324
17	Sikkim	641	641
18	Tripura	1038	1038
19	Andhra Pradesh	12940	12940
20	Goa	260	222
21	Gujarat	17633	17633
22	Haryana	6049	6049
23	Karnataka	26087	26084
24	Kerala	19692	19692
25	Maharashtra	40022	40022
26	Punjab	12956	13020
27	Tamil Nadu	15015	15064
28	Telangana	8933	8933
29	West Bengal	38766	27864
30	A&N Island	275	275
31	Chandigarh	22	22
32	D&N Haveli	51	0
33	Daman & Diu	28	28
34	Delhi	0	0
35	Lakshadweep	9	9
36	Puducherry	100	83
<b>All India</b>		<b>512563</b>	<b>491841</b>

Tamil Nadu, the Health and Family Welfare Training Centre at GIRHFWT is one of 47 HFWTCs in the country. It trains Health and allied manpower working in PHC, Corporations / Municipalities and Tamil Nadu Integrated Nutrition Projects. During the year 2015-16, 23 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE) and 30 admitted during 2016-17.

Gandhigram Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The RHTTI has undertaken following activities during 2016-17:

- i) Health Visitor Course (Promotional Training for ANM/MPHW (F) (6 months)-10 trained during 2015-16 and 30 admitted during 2016-17.
- ii) Short term training in community health nursing: total 503 were trained during 2015-16 and 292 till 30.11.16 during 2016-17.

The Central Unit of Gandhigram has been established to provide guidance to the teaching faculties of the Regional Family Planning Training Centres and the Central Family Planning Field Units functioning in the four southern States. The other functions assigned to this unit are:

- Training of District level Extension Educators as well as Extension Educators employed by the Ministries of Defense and Railways in the southern States.
- To provide technical guidance to the Regional Family Planning Training Centres and the Central Family Planning Field Units in the Southern Zone.
- Any other duties assigned from time to time by this Department according to the programme needs.

### 9.10 REPRODUCTIVE AND CHILD HEALTH (RCH) TRAINING

National Institute of Health & Family Welfare (NIHFW) has been identified as the Nodal Institute for training under NHM and RCH-II, till March, 2017. 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. RHFWTC 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 2016-17 are as follows:

- Reviewed and prepared comments on training component of the draft and supplementary/additional PIPs for finalization on SPPs and submission to MoHFW.
- On behalf of NIHFW, Consultants/Sr. Consultant/Nodal Officer from the RCH Unit attended NPCC meetings conducted at Nirman Bhawan for finalizing the approval of States/UTs PIPs for the year 2016-17.

### 9.11 NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE (NIHFW)

NIHFW an autonomous and apex technical institute under the Ministry of Health & Family Welfare, Government of India. Educational activities of the Institute are formulated to meet the basic public health education requirements and promote academic excellence in the fields of health and family welfare programmes in the country. With 10 seats, the three-year duration Post-Graduate Degree Course (MD in Community Health Administration) is affiliated to the University of Delhi and recognized by the Medical Council of India (MCI). The course has been continuing since 1969.

- Diploma in Health Administration: This two-year duration Post-Graduate Diploma in Health Administration is affiliated to the University of Delhi and is recognised by MCI. PGDHA has an in-take capacity of six students a year.
- Post-Graduate Diploma in Public Health Management (PGDPHM): Started by the Institute in 2008 in collaboration with Public Health Foundation of India and supported by the MoHFW. This one-year duration course has 30 seats for national candidates and 10 for



international candidates. The objective of the course is to sharpen the skills of Public Health Managers working at various levels.

- One-year duration Diploma Course in Health and Family Welfare Management through distance learning has 91 students in the academic session 2016-2017.
- One-year duration Diploma Course in Hospital Management through distance learning has 251 students in the current academic session.
- One-year duration Diploma Course in Health Promotion through distance learning has 111 students in 2016-17.
- Ph.D. Programme: Presently, ten students are pursuing their Doctoral work from different universities of the country.
- Summer Training: Two students were enrolled and completed their summer training programme in the institute during the year 2016-17.
- New Initiatives in Post-Graduate Courses: The Institute, with the support of European Union funded Institutional and Technical Support (ITS) Project, has also developed five new courses viz. (i) Professional Development Course in Management, Public Health and Health Sector Reforms for Senior Medical Officers on e-learning mode; (ii) Programme Management and Support Unit for Programme Managers on e-learning mode; (iii) Diploma in Health Communication through distance learning for graduates as well as for those working in health

sector; (iv) Diploma in Applied Epidemiology for Medical Officers, Surveillance Officers and Epidemiologists; and (v) Diploma in Public Health Nutrition for graduates working in health sector. With a maximum intake capacity of 100 students in each course, the later three courses have been rolled out from the academic session 2015-16. Eight, thirty and thirteen students have taken admission in these courses respectively.

### 9.12 FAMILY WELFARE TRAINING & RESEARCH CENTRE (FWT&RC), MUMBAI

The Family Welfare Training & Research Centre, Mumbai is a Central Training Institute meant for conducting training on National Health Programmes/Schemes and key public health issues and challenges for health personnel from all over the country. Two academic fully residential training courses viz., Diploma in Health Promotion Education (DHPE) and Post-graduate Diploma in Community Health Care (PGDCHC) are carried out. Research on various important Public Health topics are also being undertaken to support decision making for improving National Health Programmes and health care delivery system to achieve Sustainable Development Goals by 2030. Yellow Fever Vaccination Centre has been established to facilitate vaccination of international travelers going to yellow fever endemic countries. The second campus of FWTRC is under construction at New Panvel, Navi Mumbai for expanding the Centre's activities and to develop better infrastructure for enhancing the quality and quantity of training.