Chapter 10

# TRAINING PROGRAMME

## 10.1 INTRODUCTION

The National Rural 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 exceeds 5.5 lakhs.

## 10.2 ASHA PROGRAMME

In the last eight years ASHA programme has evolved and made progress in significant ways. A mechanism of systematic training built within the programme design, is intended to ensure continuous learning, enhancement of skills and strengthens the ASHA as a community level facilitators, activist and a care provider. As a result, ASHAs are undertaking a wide range of activities which include- counselling on improved health practices, motivating married couples to ensure birth spacing, prevention of illness and complications and appropriate curative care or referrals in pregnant women, new born, young children as also for malaria, tuberculosis and other conditions. New roles for ASHA have been visualized this year in programmes like Rashtriya Bal Swasthya Karyakram and National Iron-plus initiative and in other areas such as non-communicable diseases and addressing violence against women at the community level. To enable ASHAs perform these roles effectively most states have established the institutional structures required for training and support at the state, district and block levels.

The key ASHA programme developments of the year 2013-14 have been:

- Dissemination of revised guidelines for Community Processes (comprising of guidelines for ASHA, VHSNC and the common support structure for these programmes).
- Implementation of Performance Monitoring system for ASHAs.
- Setting up of Grievance Redressal mechanism in districts across the states.
- Introduction of Induction Module for newly selected ASHAs- A consolidated Module comprising of Modules One to Five.
- Approval of the process of ASHA Certification by NIOS.
- Training of ASHAs in Uttarakhand in disaster preparedness.

## 10.3 ASHA SELECTION

ASHAs are in place, in all states except in Goa, Puducherry, Himachal Pradesh the non-tribal areas of Tamil Nadu and the Union Territory of Chandigarh. During this year, the Himachal Pradesh has also started the process of selection of ASHAs. Selection is around 90% of the total required based on a normative population coverage of one per 1000. During the last year, states have streamlined the mechanisms for performance monitoring of ASHAs, maintenance of ASHA data base and regular programme reviews and update which has enabled them to identify the drop out and non-functional ASHAs.

**Table: 1 ASHA Selection:**

| State | Proposed Number of ASHAs | ASHAs selected | % Selection |
|---|---|---|---|
| High Focus States | 525357 | 469311 | 89.33 |
| North Eastern States | 55788 | 54498 | 97.69 |
| Non High Focus States | 357671 | 310307 | 86.76 |
| Union Territories | 870 | 806 | 92.64 |
| **Total** | **939686** | **834922** | **88.85** |

## 10.4 ASHA TRAINING

The trainer pool for ASHA training has been effectively strengthened. Training of State trainers in Round 1 and Round 2 for Modules 6 and 7 is complete in almost all states. All states completed Round 1 TOT (Training of Trainers) for ASHA Trainers this year. The total Number of qualified state trainers in Round 1 is 407 and for Round 2 it is 283. Overall, 13403 District/ASHA trainers have undergone training in Round 1 TOT and 7162 in Round 2 TOT. The states are right now in various stages of completing different rounds of Modules 6 and 7 and the number of ASHAs Trained in the first two rounds of Modules 6 and 7 shows a substantial increase. (See Table 2 for details of ASHA Training). To reinforce the skills acquired in Module 6 and 7 a refresher training for ASHAs is also underway in the state of Uttarakhand. The state also trained 2283 ASHAs and 154 ASHA Facilitators in the four disaster affected districts of Rudraprayag, Chamoili, Uttarakashi and Pithoragarh in disaster response.

**Table 2: ASHA Training:**

| Training Status | | | | | | |
|---|---|---|---|---|---|---|
| Percentage of ASHAs trained against selected | | | | | | |
| State Name | ASHA Selected | Up to Module 4 | Module 5 | Module 6 and 7 | | |
| | | | | Round 1 | Round 2 | Round 3 |
| Table 1A: High Focus States | | | | | | |
| Bihar | 83826 | 63.06 | 87.37 | 87.37 | 66.24 | 19.44 |
| Chhattisgarh* | 66179 | 87.31 | 87.31 | 84.06 | 81.75 | 87.19 |
| Jharkhand | 39380 | 90.59 | 104.02 | 93.24 | 94.58 | 53.26 |
| Madhya Pradesh | 50571 | 90.52 | 90.73 | 95.77 | 77.75 | 12.36 |
| Odisha | 43363 | 99.20 | 100.02 | 97.96 | 88.68 | 52.49 |
| Rajasthan | 46773 | 96.44 | 90.08 | 61.94 | 16.80 | 0.00 |
| Uttar Pradesh | 128611 | 100.42 | 94.58 | 16.49 | 8.17 | 0.00 |
| Uttrakhand | 10608 | 104.51 | 84.63 | 97.22 | 94.87 | 96.24 |
| **Total-1A** | **469311** | **89.59** | **92.47** | **67.54** | **53.93** | **28.59** |

| Table 1B: North Eastern States | | | | | | |
|---|---|---|---|---|---|---|
| Assam | 29694 | 95.97 | 95.72 | 98.05 | 89.81 | 20.62 |
| Arunachal Pradesh | 3761 | 95.88 | 96.86 | 96.49 | 87.82 | 83.09 |
| Manipur | 3878 | 100.00 | 100.00 | 98.09 | 98.09 | 98.09 |
| Meghalaya | 6258 | 99.87 | 89.29 | 94.14 | 93.85 | 81.83 |
| Mizoram | 987 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| Nagaland | 1887 | 90.09 | 68.68 | 73.56 | 74.56 | 86.06 |
| Sikkim | 666 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| Tripura | 7367 | 100.00 | 100.00 | 97.12 | 95.14 | 95.30 |
| **Total 1B** | **54498** | **97.16** | **95.14** | **96.58** | **91.23** | **52.24** |
| **Table 1C: Non High Focus States** | | | | | | |
| Andhra Pradesh | 64827 | 100 | 100.00 | 88.92 | 70.11 | 0.00 |
| Delhi | 4044 | 84.72 | 111.40 | 69.14 | 45.18 | 0.00 |
| Gujarat | 33117 | 83.72 | 84.75 | 91.35 | 86.16 | 70.73 |
| Haryana* | 16841 | 99.47 | 65.98 | 75.52 | 13.76 | 0.00 |
| Jammu and Kashmir | 10683 | 84.25 | 77.69 | 64.79 | 0.00 | 0.00 |
| Karnataka | 30175 | 100 | 100.00 | 98.36 | 98.36 | 88.68 |
| Kerala | 28242 | 102.84 | 102.84 | 87.00 | 0.00 | 0.00 |
| Maharashtra | 55975 | 101.12 | 93.34 | 61.36 | 28.12 | 10.14 |
| Punjab | 16812 | 97.40 | 97.57 | 96.62 | 96.62 | 0.00 |
| Tamil Nadu** | 6204 | 88.86 | 88.86 | 26.71 | 26.71 | 25.32 |
| West Bengal | 43387 | 90.26 | 86.61 | 95.47 | 82.33 | 44.90 |
| **Total 1C** | **310307** | **96.23** | **92.74** | **83.22** | **57.09** | **24.79** |
| **Table 1D: Union Territories** | | | | | | |
| Andaman and Nicobar Island | 407 | 100.00 | 100.00 | 66.83 | 66.83 | 0.00 |
| Dadra and Nagar Haveli | 208 | 41.83 | 41.83 | 32.69 | 21.63 | 0.00 |
| Lakshadweep | 110 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Daman & Diu | 81 | 77.78 | 77.78 | 0.00 | 0.00 | 0.00 |
| **Total 1D** | **806** | **69.11** | **69.11** | **42.18** | **39.33** | **0.00** |

* Haryana has trained its ASHAs in NIPI's Home Based Post natal and New born Care Model in two rounds.

** Tamil Nadu has trained ASHAs in a state specific adaptation of module 6 and 7.

## 10.5 ASHA SUPPORT

Status of support structures showed substantial improvement and four levels of support structures have been set up in Assam, Haryana, Maharashtra and all high focus states except UP and Odisha. Three levels of programme specific support structures exist in six North Eastern states, two High Focus and two Non-High Focus States.

ASHA facilitators provide on the job supervision and mentoring and one facilitator has been selected for a cluster of 10-40 ASHAs in all high focus states and all north east states except Nagaland. In all non-high focus states on the job mentoring is provided to ASHAs by ANMs except in Haryana, Gujarat, Maharashtra and Punjab which have selected facilitators.

This year about 150 personnel from the High Focus, North Eastern and Non High Focus States (except Kerala, Tamil Nadu and Jammu and Kashmir) were trained in-Performance Monitoring of ASHAs, ASHA data base management and on all the aspects of supportive supervision. Subsequently training of ASHA Facilitators has been completed in all North Eastern States, four High Focus states such as- Bihar, Chhattisgarh, Jharkhand and Uttarakhand and the non-high focus states of Punjab and Haryana. It is underway in the remaining states. Performance Monitoring reports for ASHA functionality are now being received from all North Eastern States, Jharkhand, Uttarakhand, Madhya Pradesh, Delhi, Karnataka and Punjab.

## 10.6 ASHA PAYMENTS

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 MoHFW is planning to introduce a system of PFMS linked single window payment of ASHAs across all the states. In addition to the performance based incentives a number of non-monetary incentives in the form of welfare packages for ASHAs, supporting enrolment in National Open School, ASHA help desks etc. are also being offered by MoHFW. The first Mission Steering Group (MSG) meeting of the National Health Mission approved several new incentives for the ASHA programme including an incentive amount of Rs. 1000 for a set of routine and recurrent activities regardless of population coverage. Thus an ASHA can receive Rs. 1000 for conducting a VHSNC meeting, organizing the VHND, attending monthly review meetings at the PHC, and undertaking routine tasks such as maintaining and updating population registers etc.

## 10.7 VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNC)

To strengthen VHSNC and enable both ASHA and VHSNC to function in a coordinated manner, a revised set of guidelines were released by the Ministry of Health and Family Welfare this year. These guidelines provide a comprehensive framework for establishing a common support structure for both ASHA and VHSNCs and also include set of principles to strengthen community processes. In addition training strategy and manuals for training VHSNC members is also being finalized by the MoHFW.

## 10.8 COMMUNITY ACTION FOR HEALTH

The Advisory Group for Community Action (AGCA) is an advisory body set up under National Rural Health Mission (NRHM) in 2005. The body consists of civil society experts working at the community level in the field of public health. The mandate given to the AGCA is to advise on developing community partnership and ownership for the Mission, provide feedback based on ground realities, to inform policy decisions and develop new models of Community Action and recommend for further adoption/extension to the national/state governments. With the launch of National Health Mission encompassing the NRHM and the National Urban Health Mission (NUHM) as its Sub-Missions, the mandate of AGCA has been extended to provide technical and policy inputs to NUHM also.

## 10.9 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 imported 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 Health Assistant (Female) is to provide supportive supervision and technical guidance to the ANMs in sub-centres. Curriculam 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. 1385.38 lakhs has been released till March, 2014.

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

The Basic Training of MPHW (Male) scheme was approved during 6th Five-Year Plan and taken up by Govt. of India in 1984, as a 100% centrally sponsored scheme. 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 Multi-Purpose Health Worker (Male) 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. 1385.38 lakhs has been released till March, 2014.

## 10.11 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. 2085.68 lakhs has been released till March, 2014.

## 10.12 REPRODUCTIVE AND CHILD HEALTH TRAINING

**National Institute of Health and Family Welfare (NIHFW) - Report of Training activities under NRHM for the Year 2013-14:** National Institute of Health & Family Welfare (NIHFW) has been identified as the Nodal Institute for training under NRHM and RCH-II, till 31st March 2015. 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 2013-14 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 2013-14.
- Central Training Plan (CTP) for training under NRHM for the entire country was developed for 2013-14 based on approved budget and was uploaded on NIHFW's website.
- **Monitoring Visits:** Monitoring visits were under taken 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) 175 Medical Officers were trained during 2012-13 & 109 were trained during 2013-14.

Consolidated thematic area-wise total achievement are given in the table placed below:

**Consolidated Thematic area wise total Training achievements in the Country RCH-II/NRHM (2013-14)**

| Thematic Areas | Annual Training Load 2013-14 | Training Achievement (Apr.-Sep. 2013) | GAP | % of Achievement |
|---|---|---|---|---|
| Maternal Health | 97677 | 37268 | 60409 | 38.15 |
| Child Health | 349400 | 82977 | 266423 | 23.74 |
| Family Planning | 60714 | 19638 | 41076 | 32.34 |
| ARSH | 364930 | 57041 | 307889 | 15.63 |
| National Disease Control Programme | 72523 | 29069 | 43454 | 40.08 |
| Other Trainings | 195064 | 71386 | 123678 | 36.60 |