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सत्यमेव जयते

SPEED POST

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

No. L.19017/20/2014-UH
Dated the 28th October, 2014

To

Principal Secretary (Health & Family Welfare (All States & UTs)
Mission Director, NHM (All States & UTs)

Dear Sir/Madam,

Please find enclosed a copy of "Induction Training Module for ASHAs in Urban Areas", which was released during the State Health Secretaries Conference held on 9.10.2014 at AIIMS, New Delhi.

All the ASHAs upon their selection are required to undergo an eight day Induction Training course before they can start doing their job. The existing resource pool of master trainers at state and district levels and the institutes accredited for training of rural ASHAs, can be utilized for conducting the trainings of urban ASHAs. NGOs may also be involved, provided their trainers are accredited for conducting ASHA training. The suggested agenda for the eight day induction training program is enclosed at Annexure-I. You may make suitable changes as deemed appropriate.

Upon completion of the induction training, the ASHAs are required to undergo training in Modules 6 and 7 over four rounds of five days each. The list of competencies for ASHAs in urban areas would be similar to those for rural ASHAs with some additional competencies which have been addressed on the Induction Module. All ASHAs would be trained in a set of competencies related to basic maternal, newborn and child health and nutrition, reproductive health and infectious diseases such as Malaria and Tuberculosis. The competency matrix is also enclosed at Annexure II. NHSRC is preparing the Hindi version of the module.

You are requested to bring out the local language version of the module and ensure that all the newly selected ASHAs are properly trained.

You may also like to seek further support of National Health Systems Resource Center (NHSRC) in this regard.

Yours Sincerely

(Nikunja B. Dhal)

Enclosure:

1. Agenda for the induction training
2. Matrix of Training Competencies

CC: ED, NHSRC

Agenda for ASHA Training in Induction Module

Day 1

9:30 - 10:00 am	Introduction
10:00 - 1:00pm	Participatory training Methods
11:15 - 11:30am	Tea Break
1:00 - 1:45 pm	Lunch break
1:45 - 3:45 pm	Being an ASHA
3:45 - 4:00 pm	Tea Break
4:00 - 5:30 pm	What is a healthy community

Day 2

9:30 - 10:00 am	Review of previous day
10:00 - 1:00pm	Understanding right and right to health
11:15 - 11:30am	Tea Break
1:00 - 1:45 pm	Lunch break
1:45 - 5:30 pm	Skills of ASHA
3:30 - 3:45 pm	Tea break

Day 3

9:30 - 10:00 am	Review of previous day
10:00 - 1:00 pm	Knowing about health, hygiene and illness
11:00 - 11:15am	Tea break
1:00 - 1:45 pm	Lunch break
1:45 - 5:30 pm	Practice Sessions
3:45 - 4:00 pm	Tea break

Day 4

9:30 - 10:00 am	Review of previous day
10:00 - 1:00pm	Dealing with common health problems
11:15 - 12:00	Tea break
1:00 - 1:45 pm	Lunch break
1:45 - 5:00 pm	Common diseases
3:30 - 3:45 pm	Tea break

Day 5

9:30 - 10:00 am	Review of previous day
10:00 - 1:00pm	Maternal Health
11:15 - 12:00	Tea Break
1:00 - 1:45 pm	Lunch Break
1:45 - 5:30 pm	New born Health
3:30 - 3:45 pm	Tea Break

Day 6

9:30 - 10:00 am	Review of previous day
10:00 - 3:30pm	Infant and Young Child Nutrition
11:15 - 11:30	Tea Break
1:00 - 1:45 pm	Lunch Break
3:30 - 3:45pm	Tea Break
3:45 - 5:30 pm	Adolescent Health

Day 7

9:30 - 10:00 am	Review of previous day
10:00 - 1:00pm	RTI & STI Preventing unwanted pregnancies and safe abortion
11:15 - 12:00	Tea Break
1:00 - 1:45 pm	Lunch Break
2:00 - 5:30 pm	Practice Session
3:30 - 3:45 pm	Tea to be served during practice session

Day 8	
9:30 - 10:00 am	Review of previous day
10:00 - 1:00pm	Practice Session
11:15 - 11:30	Tea to be served during practice session
1:00 - 2:00 pm	Lunch Break
2:00 - 4:30 pm	Evaluation
4:30 - 5:00 pm	Closing and way forward

TRAINING COMPETENCIES

Competencies	Knowledge required	Skill required
General competencies	<ul style="list-style-type: none"> • Knowledge about qualities that need to be inculcated to successfully work as ASHA • Knowledge about her area and its dynamics • Clear understanding of role and responsibilities • Understanding of who are the marginalized and the specific role in ensuring that they are included in health services 	<ul style="list-style-type: none"> • Conducting a slum level meeting involving MAS members • Communication skills – especially interpersonal communication and communication to small groups • Skill of maintaining diary, register and drug kit stock card. • Tracking beneficiaries and updating MCH/Immunization card.
Maternal Care	<ul style="list-style-type: none"> • Key components of antenatal care and identification of high risk mothers • Complications in pregnancy that require referral • Detection and management of anaemia • Facility within reach, provider availability, arrangement for transport, escort and payment • Understanding labour processes (helps to understand and plan for safe delivery) • In malaria endemic areas, identify malaria in ANC and refer appropriately • Understanding obstetric emergencies and readiness for emergencies including referral 	<ul style="list-style-type: none"> • Diagnosing pregnancy using Nischay kit • Determining the Last Menstrual Period (LMP) and calculating Expected Date of Delivery (EDD) • Tracking pregnant women and ensuring updated Maternal Health Cards for all eligible women • Developing birth preparedness plans for the pregnant woman. • Screening of pregnant woman for problems and danger signs and referral • Imparting a package of health education with key messages for pregnant women • Attend and observe delivery and record various events • Recording pregnancy outcomes as abortion, live births, still birth or newborn death) • Recording the time of birth in Hrs, Min and Seconds, using digital wrist watch
Home Based Newborn care	<ul style="list-style-type: none"> • Components of Essential Newborn Care • Importance of early and exclusive breastfeeding • Common problem of initiating and maintaining breastfeeding which can be managed at home • Signs of ill health or a risk in a newborn 	<ul style="list-style-type: none"> • Provide normal care at birth (dry and wrap the baby, keep baby warm and initiate breastfeeding) • Observation of baby at 30 seconds and 5 minutes for movement of limbs, breathing and crying • Conduct examination of new born for abnormality. • Provide care of eyes and umbilicus • Measure newborn temperature • Weigh newborn and assess if baby is normal or low birth weight • Counsel for exclusive breastfeeding • Ability to identify hypothermia and hyperthermia in newborns • Keep newborns warm
Sick New Born Care	<ul style="list-style-type: none"> • Knowledge of risks of preterm and low birth weight. • Knowledge of referral of sick newborns – when and where? 	<ul style="list-style-type: none"> • Identify low birth weight and preterm babies. • Care for LBW, Pre-term babies • Identify birth asphyxia (for home deliveries) and manage with mucus extractor • Manage breastfeeding problems and support breastfeeding of LBW/Preterm babies • Identification of signs of sepsis and symptomatic management. • Diagnose newborn sepsis and manage it with Cotrimoxazole

Child care	<ul style="list-style-type: none"> • Immunisation schedule • Child's entitlements in ICDS services • Weaning and adequacy in complementary feeding • Feeding during an illness • Causes of diarrhoea and prevention of diarrhoea • Knowledge of signs of Acute Respiratory Infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with CTM, and refer the severe ones. 	<ul style="list-style-type: none"> • Planning the home visits- which child to visit and at what frequency • Child immunisation tracking skills to ensure complete immunisation in the community. • Weighing of children below five years of age- assessing grades of malnutrition. • Analysis of causes of malnutrition in a specific child- the role of feeding practices, role of illnesses, of familial and economic factors and of access to services. • Diagnosis of dehydration and ability to ascertain if referral is required • Skill to make adaption of the message of six essential feeding advice to each household • Skill in preparing and demonstrating ORS use to the mother/caregiver • Signs of Acute Respiratory infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with CTM, and refer the severe ones. • Skill in counselling the mother for feeding during diarrhoeal episode • Testing for anaemia and ensuring appropriate treatment.
Women's Health and gender concerns	<ul style="list-style-type: none"> • Understanding the life-cycle approach to women's health • Understanding the various determinants like nutrition, discrimination, violence affecting women's health at each stage of life. • Understanding overt and covert domestic violence and abuse against women and steps to counter/address them. • Knowledge of key laws related to women 	<ul style="list-style-type: none"> • Communication skills in discussing gender issues in MAS or women's group meetings. • Identifying women at risk for violence and taking appropriate action on a one on one basis or collective action as required. • Counselling and referral support for women and families with domestic violence. • Be able to disseminate provisions of acts on domestic violence, sexual harassment etc. • Support women in breaking silence about violence. • Organising women around issues of violence and gender
Abortion, Family Planning, RTI/STI and HIV/AIDS	<ul style="list-style-type: none"> • Understanding contraceptive needs of women/couples in various categories • Knowledge of contraceptives in public sector programmes • Knowledge of availability of safe abortion services. • Knowledge of post abortion complications and referral • Knowledge of types and causes of RTI/STI, including HIV/AIDS • Knowledge of referral facilities for women/men suspected of RTI/STI 	<ul style="list-style-type: none"> • Counsel for delay in age of marriage, delay in age of first child bearing and in spacing the second child • Helping vulnerable and marginalized women access contraception. • Supporting women in need of such services to access safe abortion services. • Counsel for post abortion contraceptive use • Counsel on safe sexual behaviours • Counsel for partner treatment in case of STI
For High Malaria areas or high prevalence of TB	<ul style="list-style-type: none"> • Knowledge about Malaria and its prevention • Protecting pregnant women and the young child from malaria • How to prevent tuberculosis, 	<ul style="list-style-type: none"> • Managing fever in the young child- when to suspect malaria, how and when to test, when to refer, when and how to treat. • Being a provider of Directly Observed Therapy- Short Course (DOTS) for TB

	<ul style="list-style-type: none"> • Suspecting tuberculosis and knowledge of further referral 	
Vulnerability Assessment and Mapping	<ul style="list-style-type: none"> • Knowledge of "Who are Vulnerable"? • Three types of vulnerability based on residential, social and occupational criteria • Knowledge of different vulnerable groups according to the criteria • Understanding the importance of reaching those groups and identifying their health burdens and needs 	<ul style="list-style-type: none"> • Interpret and use basic data or information • Identify priorities for the area based on data • Conduct community meetings periodically • Identify vulnerable groups through 'Vulnerability Assessment Tool' • Include specific actions to ensure coverage of marginalized and vulnerable groups with services