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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. – 7(67)/2016 – NHM- I
Dated the 17th January 2017

Dear Mission Director,

Kindly refer to this Ministry's D.O. of even number dated 11th January 2017. As a follow up to the same, please find enclosed the training strategy for ASHAs, ASHA facilitator and ANMs for rolling out the population based screening of common NCDs.

The national pool of trainers for ASHAs would be trained by NHSRC, while also working with the states to train state trainers by deputing national trainers to state sites or conducting training for state trainers at national sites. The national trainers for ANM training would be drawn from existing pool of national trainers of NPCDCS, Skilled Birth Attendants and Skill Labs. In addition to separate training sessions, this strategy also envisages one day joint training of ASHAs and ANMs as part of a frontline worker team in operational aspects of the prevention, screening and control of NCDs.

For rolling out the programme, it is critical to prioritise the training of the ASHAs, ASHA facilitator and ANMs and ensuring that it is completed in a timely manner. You may contact Dr Rajani Ved, Advisor, NHSRC email: rajani.ved@gmail.com in case of any clarification.

With regards,

Yours sincerely,

(Manoj Jhalani)

Encl: As stated above

To,

Mission Directors – All States and UTs

Training strategy for ASHA, ASHA facilitators and ANMs for Rolling out population based screening for Common Non-Communicable Diseases.

I. Background:

This note is intended to guide State and District Programme Managers in the training of ASHAs/ ASHA Facilitators and ANMs to facilitate the roll out of population based screening for common Non-communicable diseases – Hypertension, Diabetes and Common Cancers (Oral, Breast and Cervix). Population based screening for common NCDs is also a step towards expansion of the package of services for comprehensive primary health care delivered at Sub Health Centre and in Primary Health Centres.

The note is divided into two sections - Part A deals with the training of the ASHAs and ASHA Facilitators and Part B, with the training of the ANM and Lady Health Visitor (LHV). So far, training for ASHA and ANM have been held separately. However, within the paradigm of Comprehensive Primary Health Care, ASHAs and ANMs would work as part of a frontline worker team, so that their joint efforts could accelerate health outcomes.

Their roles are complementary yet distinct. The competencies therefore are also different. The role of the ASHA is in mobilization for screening, health promotion, and follow up. The ANM is required to be skilled in undertaking the components of clinical examination for screening, reporting, referral and follow up.

While the skill based training for each is to be taken separately for durations specified in the note, the final day of ASHA training will also include the ANMs of the particular Sub Centres to which the ASHAs are affiliated, so that joint training is enabled. Both ASHA and ANM are jointly trained in two aspects- (i) individual roles and (ii) the role of the team in operational aspects of the screening, prevention and control of NCDs. To facilitate this, it is advisable that training of ANMs is completed prior to the training of affiliated ASHAs.

Part A: Training Strategy for ASHA/ASHA Facilitators:

(i) Levels of Training:

Table 1 Training of ASHA and ASHA Facilitators

Cadre	Site	Duration	Responsibility
National trainers	National training sites	Two days	National Health Systems Resource Centre (NHSRC)
State Trainers	National /State training sites	Three days	Trained by national trainers, supported by NHSRC and the State ASHA Resource Centre/ State Programme Management Unit.
Training of District (ASHA) trainers	State training sites	Three days	Trained by state trainers, supported by the State ASHA resource centre/State Programme Management Unit.
Training of	District/Sub district	Five Days	District ASHA Trainers supported by

ASHAs and ASHA Facilitators Training Batch size: 30 (28 ASHAs + 2 AFs)	training sites	(with ANM attending the last day for joint team training)	District Nodal officers for ASHA programme/ District Programme Management Unit

Trainers: Thus far, ASHA training has been undertaken by a team of three trainers- two with social mobilization background, and one with clinical background. Trainers for ASHAs have been drawn from NGOs/Freelance trainers and from the health system - Block Extension Educators (BEE) and Health Education officers, AYUSH doctors, ANMs/LHVs and Medical Officers. These teams can also serve to train ASHA in NCDs, and state must continue to ensure that at least one of the three trainers is an LHV/experienced ANM or an AYUSH medical officer who has undergone the requisite Training of Trainers.

Sequence of Training: The national pool of trainers for ASHAs would be trained by NHSRC. NHSRC would also work with the states to train state trainers, by deputing the national trainers to state sites or conducting training for state trainers at national sites. State trainers would then undertake training for the District ASHA trainers at state training sites. The district ASHA trainers would train ASHA and ASHA facilitators at the identified district and sub district sites.

Training sites: Training for ASHAs will be done at multiple sites at state and district/sub district levels. The identified sites should have adequate facilities for training, boarding and lodging arrangements. For training of ASHA trainers, ASHAs and ASHA Facilitators, it would be preferable, where possible, that training is organized at those training sites which have been certified by the National Institute for Open Schooling (NIOS) under the ASHA certification programme.

***Training Methodology*:**
The training would be imparted through classroom teaching using participatory methods including case studies and field practice. The training would also include practicum sessions for screening of known cases with Diabetes and Hypertension, oral visual examination and self-breast examination. For this, a visit to the health facility would be organized for the trainees.

In trainings, active participation and open discussions will be particularly focused on. Case studies and examples will be used for understanding different situations and possible interventions to be done for screening of NCDs.

Training Material: The training module on NCDs for ASHAs would be made available to ASHA and ASHA Facilitator during the training. The trainers would be provided with the ASHA training module and Trainer notes. The training modules and trainer's notes would be translated in local regional languages.

***Training Evaluation*:** Pre-and post-test assessment would be conducted at all levels. Post training evaluation would comprise of assessment of knowledge and skills. The qualifying criteria for trainers at each level would be – 60% in theory evaluation and 70% in skill

assessment. The records of results of post training evaluation be maintained at the training sites to aid in certification of Level- 2 certification of ASHAs.

Post training Support: ASHA facilitators and ANMs would provide post training support and on the job mentoring to ASHAs. During the cluster meetings and village visits, ASHA facilitators would provide on the job mentoring to ASHAs by conducting joint home visits to resistant / non-compliant families and vulnerable households to enable ASHAs to achieve universal coverage of screening and follow up. ANMs would provide technical support to ASHAs and support her in completing population enumeration, health promotion and follow up with the individuals with positive diagnosis and risk factors.

Part B: Training Strategy for ANMs:

(i) Levels of Training:

Table 2 Training of ANMs

Cadre	Site	Duration	Responsibility
National trainers	National sites: includes NIHFW, and medical colleges	Two days	NSHRC, NIHFW, NCD cell and DGHS.
State Trainers	National/Regional / State training sites: includes NIHFW, SIHFW and medical colleges	Two days	Trained by National trainers, supported by NHSRC, NIHFW and NPCDCS
Training of District pool	SIHFW / State medical colleges	Two days	Trained by state trainers, supported by the SIHFW, State NPCDCS cell and State Programme Management Unit
Training of ANMs * Training Batch size: 25 (20 ANM + 4 -5 LHVs)	BSc/ GNM nursing colleges located in close proximity of district and sub divisional hospitals	Three Days**	District ANM Trainers supported by District NCD cell and DPMU

* LHVs associated with the ANMs should also attend the training along with ANMs at the District training sites

**One additional day of joint training of ANMs will be conducted with ASHAs of their SHC, at ASHA training sites.

Trainers: Trainer team for ANMs would comprise of trainers having an academic background of both general and special clinical skills. The National Trainers for ANM training would be drawn from existing pool of national trainers of NPCDCS, SBA and Skill Labs. Similarly, State trainers would be identified from the existing pool of state level trainers of NPCDCS, SBA and Skill labs.

The district level / ANM training team will include two core trainers - Medical Officers and Senior faculty of BSc and GNM nursing schools. Each team will be supplemented with a minimum of two trainers to conduct the skill based session in their area of expertise, these trainers would be Gynaecologist and Dentist/ Surgeon.

Sequence of Training:

A national pool of trainers would be trained by NIHFW and NHSRC in collaboration with faculty trained through the NPCDCS. NHSRC would work with the states to train state trainers, by deputing the national trainers to State sites or conducting training for state trainers at National/Regional sites. State trainers would then undertake training for the District trainers at state sites. The district trainers would train ANMs at identified district training sites.

Training Sites: Training of National Trainers will be done at NIHFW or Medical colleges that have been identified as National Training Sites. Training of state trainers will be organized at National or Regional or State sites which can be NIHFW, SIHFW or medical colleges. The District/ ANM trainers would be done at state training sites – SIHFW or State Medical Colleges.

Training sites for ANMs at district level would be identified based on availability of adequate case loads for practical demonstration and boarding/ lodging facilities for residential training. A well-equipped BSc/ GNM nursing college which is located in close proximity of district and sub divisional hospitals.

Training Methodology: The focus of training would be to develop skills of history taking, clinical examination and health promotion among ANM. Training methods will include lectures, clinical case demonstration and case study presentations. The practicum sessions would include skills for screening of Diabetes, hypertension, oral visual examination and clinical breast examination.

***Training Evaluation*:** Pre-and post-test assessment would be conducted at all levels. The post training evaluation should comprise of both knowledge and skills i.e. theory and skill assessment. The qualifying criteria for trainers at each level would be – 60% in theory evaluation and 70% in skill assessment. It is important to note that only qualified trainers would be eligible to conduct training sessions at the next level.

At the level of ANMs, the qualifying criteria would be 50% in theory and 60% in skills. The ANMs who meet the qualifying criteria in the evaluation would be eligible for undertaking screening of NCDs. The ANMs and trainers who are not able to qualify in the evaluation successfully would have to participate in another training batch before they can initiate the screening of NCDs.

Training Material: The training module on NCDs for ANMs would be made available to ANMs in their regional language during the training

Post Training Support: Post training support to ANMs would be provided by Lady Health Visitor on a regular basis. LHVs would be trained along with ANMs so that they are also equipped with the skills and competencies and are able to provide onsite mentoring and support. This could be done through undertaking visits to SHCs on NCD screening day to

provide on the job support to ANMs and through monthly meetings for problem solving and monitoring. Visits to SHCs should be planned such that one LHV is able to cover all ANMs in her catchment area over a period of two months.

District / ANM trainers should also be engaged in providing hands on support to ANMs by conducting refresher training sessions at PHC monthly meetings.

Getting Started:

Step 1. Identify national training sites and national trainers

Step 2. States to identify state trainers and district trainers

Step 3. Orientation of National training team/experts

Step 4. States to identify state training sites and initiate strengthening of the sites

Step 5. Training of state trainers at national training sites

Step 6. District trainers and Resource persons to be identified and recruited by the district training team.

Step 7. Train the district trainers

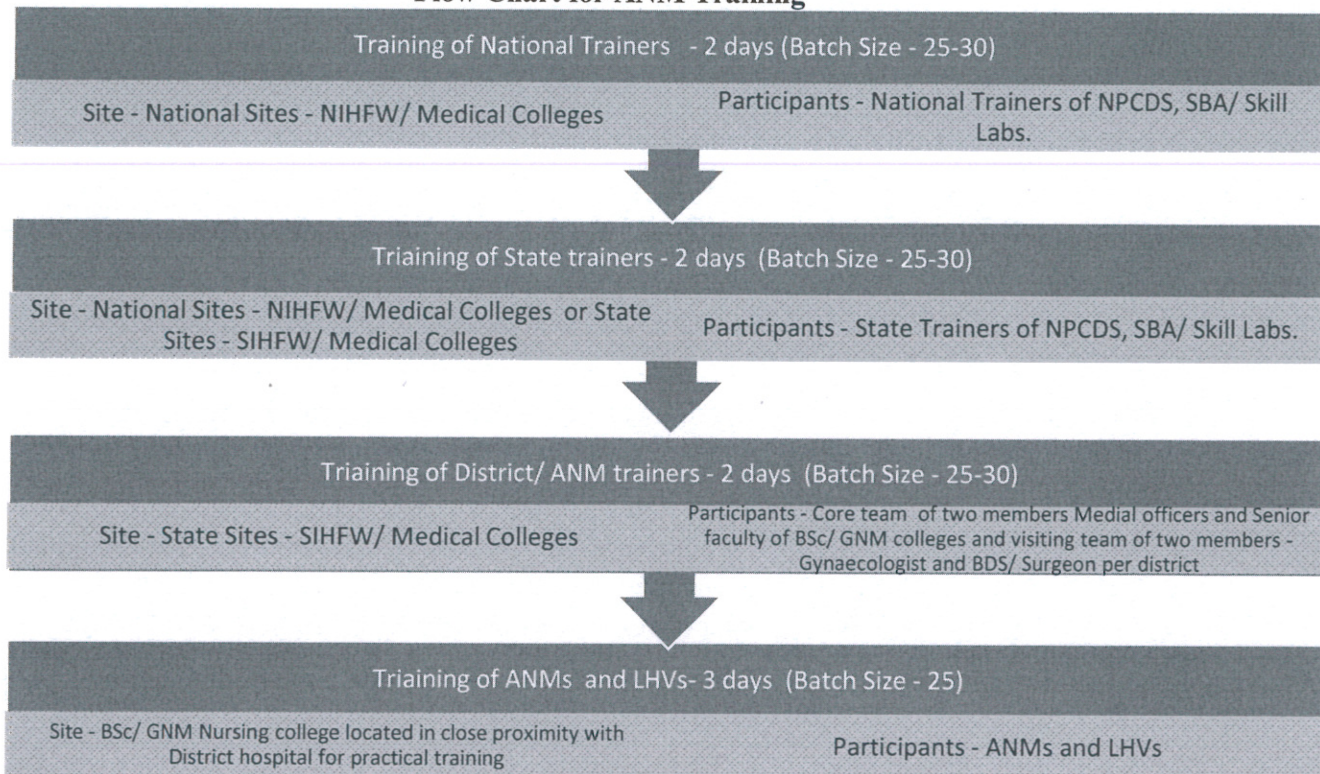
Step 8a. Training of ANMs

Step 8b. Training of ASHAs and ASHA facilitators.

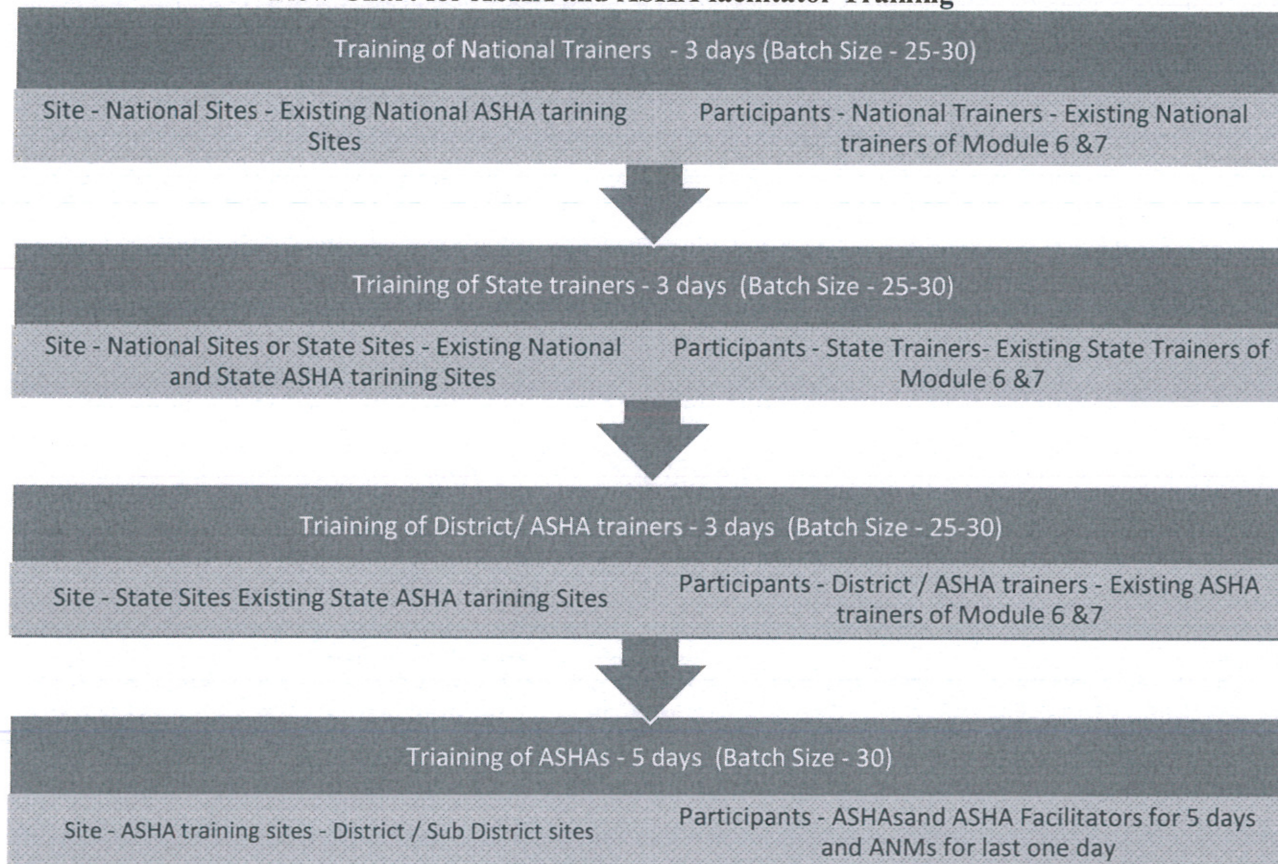
VI. List of reference material for trainers-

- Operational Guidelines for Prevention, Screening and Control of common Non-Communicable Diseases.
- Operational Framework Management of Common Cancers
- NPCDCS Operational Guidelines

Flow Chart for ANM Training



Flow Chart for ASHA and ASHA facilitator Training



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