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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

D.O. No. A-110033/56/10-Trg
August 5, 2010

Subject:- 6th and 7th modules for ASHAs – Skills that save lives.

Dear *Shri Saranya,*

As you may recall, the training of ASHAs on 6th and 7th modules relating to home-based newborn and maternal care was discussed in detail in the Bhopal Workshop. The detailed modalities for rolling out the programme which includes training of State level trainers, district level trainers, ASHA facilitators and ASHA workers were also explained in detail.

The National Health System Resource Centre (NHSRC) has been interacting with all the States and has also undertaken sensitisation visits to some of the States to facilitate planning for roll out of the training. They have also finalized the training schedules of State level trainers at different locations and collecting names of the officials who will be participating in the training programme. They have also requested you for deputing the ASHA Programme Manager and the training coordinator for a two-day Workshop in New Delhi on 11&12 August 2010.

I am enclosing the activity and time line for rolling out the 6th and 7th modules. This mentions in detail the activities required to be taken up and their time frame. A note on the management structure for ASHA roll out is also enclosed. Copies of the 6th and 7th modules were provided in the Bhopal Workshop and will be sent to you by NHSRC separately.

On the issue of budgetary requirement, a standard budget package for 20 days of ASHA training and post-training support and supervisory cost for one Block is enclosed. This is normative for guidance and the actual requirement may be less. In case the training is to be conducted through a voluntary organization, then additional amount would be involved towards institutional overhead. Under annual PIP Rs. 10,000 per ASHA is provided taking into account 15 days training in a year. Since the required 20 days of training on 6th and 7th modules will be spread over two years this can be easily accommodated within the amount available under NRHM for ASHA training and supervision. The costs of training and communication material and the ASHA kits could be met out of IED budget or from the training budget.

The following would be key issues for effective roll out of the 6th and 7th modules:

- 1 Proper selection of training institution and training of the trainers at State and district levels
- 2 Developing an effective system for mentoring and monitoring before and after training to see effectiveness of the module
- 3 Assigning a dedicated team at the State and district levels to ensure timely and proper roll out of the programme.

NHSRC will be directly in touch with you in regard to the roll out of the programme. You are requested to kindly monitor the roll out of the programme personally to ensure that it is done in time and effectively.

Yours sincerely,



(P.K. Pradhan)

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Activities and Timeline for Rolling out ASHA Modules 6 and 7

- Categories to be trained over successive Rounds of training to complete Modules 6 and 7 training.

Category of Trainer	Number of days in Round 1	Number of days in Round 2	Number of days in Round 3	Number of days in Round 4
State Trainer	16 days (Ten days theory and six days field immersion)	Eight days (four months after Round 1)	Seven days (four months after Round 2)	NA
District Trainer	Ten Days	Five days (four months after Round 1)	Five days (four months after Round 2)	NA
ASHA Facilitator	Ten Days	Five days (three months after Round 1)	Five days (four months after Round 2)	Five days (four months after Round 3)
ASHA	Five Days	Five days (three months after Round 1)	Five days (four months after Round 2)	Five days (three months after Round 3)

Activities Table:

S.No	Action	Deadline	Responsibility	Guidelines
1	Identifying a team of nine state trainers (will suffice to train ASHA trainers in 18 districts over a three month period). For additional districts, state will need to identify additional trainers @ three trainers per every six districts.	List to be sent to MOHFW and NHRSC by July 30, 2010,	State Health Society, in consultation with NHRSC	Annexure 1: Criteria for state trainer selection, Annexure 2: Format for biodata of individual state trainers Annexure 3: Format for database of state trainers.
2	Selection of three state training sites to serve as sites for training district training teams and for the future to serve as best practice sites for community processes: ASHA training, WHSC training, etc. A team of three state trainers will be located in these sites	August 20, 2010	State Health Society with support from NHRSC. Field appraisal of these sites by members of the National ASHA Mentoring Group/NHRSC	Annexure 4: Criteria for selection of state training sites
3	Training of state Trainers in Round 1:	August and September	NHRSC to coordinate with State Health Society and selected national sites.	NHRSC will contact states and national sites and keep them informed of details and preparation.
4	Orientation of state programme managers (two per state) and development of training calendar. Will be conducted in two batches: for twelve states first and then for remaining states.	August 11-12, 2010	Workshop at NHRSC, Delhi, State Health Society to arrange to send: 1. Director, ASHA Resource Center or ASHA Programme Manager 2. ASHA Programme – Monitoring Mgr.	NHRSC will contact states and keep them informed of details and preparation

5	Selection of District trainers @ two trainers per block and a team of five district resource persons (total of 25 per district in a normative district of ten blocks)	August 31, 2010	State to work with local NGOs, training organizations, and members of State ASHA Mentoring Group to identify members of District Training Team	Annexure 5: Criteria for district trainer selection, Format for biodata of individual district trainers- same as Annexure 2 Format for database of district trainers: same as Annexure 3
6	Translation and printing of ASHA modules into regional languages	August 31,2010	For languages other than Hindi, this is the responsibility of the state. NHSRC will provide soft copies of the English and Hindi modules. State is responsible for printing	PDF versions of English and Hindi available with NHSRC- will be sent to the states by July 16, 2010 Hindi translation to be ready by August 15, 2010
7	Translation and printing of Trainer modules into regional languages	August 31,2010	For languages other than Hindi, this is the responsibility of the state. NHSRC will provide soft copies of the English and Hindi trainer manuals. State is responsible for printing	PDF versions of English and Hindi available with NHSRC- will be sent to the states by August 10, 2010.
8	Selection of training sites for ASHA and facilitators within the district. Roughly about five sites, each capable of handling two batches of ASHA training simultaneously would be required, so that ten batches of ASHA training in the	August 31, 2010	State-ASHA Resource Center, with support from ASHA Mentoring Group, and District Mobilizers.	Annexure 6: Criteria for District training site

	district can be handled every week.		
9	Training Of District Training teams: - this will take place in the three state sites (Identified in Step 2). Each site can train teams from two districts every month, and the three sites can train District Training Teams from 24 districts in four months.	September 2010 to December 2010	State Health Society-ASHA Resource Center, with support from National Trainers, supported through NHSRC and state trainers.
10	Translation and printing of ASHA communication kit	September 15, 2010	State Health Society/ASHA Resource Center
11	Procurement of ASHA drug kit	September 15, 2010	State Health Society/ASHA Resource Center
12	Full fledged ASHA Resource Center in all states to manage programme	September 15, 2010	State Health Society
13	Distribution of ASHA modules, Communication kit and drug kit to district for ASHA training	September 20, 2010	State Health Society/ASHA Resource Center
14	Orientation of programme managers at district and block levels	September 20, 2010	State trainers with support from National trainers
15	Training of ASHA Facilitators: one ASHA facilitator/20 ASHA; in a normative district of 10 blocks and 10 lakh population one district with 1000 ASHAS would have 50 ASHA facilitators, which can be trained in two batches, by the four members of the district team.	September 25, 2010	District Trainers with support from State Trainers.

16	<p>Training of ASHA: In a normative district of 10 blocks and 10 lakh population one district would have 1000 ASHAs in the district or 100 ASHAs per block. Thus the two trainers in a block would train 4 to 5 batches of ASHAs, sequentially, which would take 5 weeks to complete, including mop up rounds. The two trainers would spend all five weeks only on training activity on a full time basis.</p>	<p>September 25 through December in districts as and when the district training teams are trained.</p>	<p>State-ASHA resource center with support from District and block community mobilizers</p>
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- Priority for states is to roll out the training in the poor performing districts; the training load, sequence and actions are developed on this basis, additional trainers and sites will be needed to scale up to the entire state and that can be done subsequently.
- State trainers (nine in most states, could increase in larger states) will be trained in batches through August and September in selected national training sites. All state trainers must be full time. After they conduct the district training, they are expected to visit the sites where ASHA training is taking place and evaluate the District training team members.
- One team of state trainers (three trainers per team), can train the District Training Teams of six districts, in three months (each training is for ten days and a batch size of about 25).
- Once a district training team is trained, four to six trainers train the ASHA facilitators of that district (25 per batch) in two batches, and the rest can initiate ASHA training, within one week of their own training.

