Guidelines for Accreditation of Training Sites and Trainers for ASHA Training under the National Health Mission

1. Introduction

1.1. National Rural Health Mission (NRHM), launched in 2005, introduced 'ASHA' as a key component of its strategy to achieve its outcomesto address the health care needs of the rural population. NRHM has now been subsumed as a Sub-Mission of the National Health Mission with the National Urban Health Mission (NUHM) as its other Sub-Mission.

1.2. The ASHA is a woman who is selected by the community, educated upto class X, which could be relaxed in areas where women with this qualification is not available, as in tribal, or remote or underserved areas. All ASHAs are expected to undergo modular training to acquire the necessary knowledge, skills and competencies that enables them to perform their three roles of facilitator, activist and community level care provider. In addition continuing or refresher training is also conducted to prevent loss of acquired skills and knowledge.

2. Why Certification

2.1. The certification of ASHAs has been envisaged to provide a legal and administrative framework within which the ASHA would be eligible and responsible for providing community level care for a range of illnesses. This would enhance the competency and professional credibility of ASHAs, allow her to use a set of drugs and point of care diagnostics appropriate to that level of care and also provide an assurance to the community on the quality of services being provided by the ASHA. Above all, it would promote a sense of self recognition and worth within the ASHA.

3. Components of Certification

3.1. There are four program components that would be certified / accredited. These are:-

(i) Training curriculum
(ii) Training Sites
(iii) Trainers
(iv) ASHAs and ASHA Facilitators

4. Institutional Framework for Accreditation/Certification

4.1. A tripartite arrangement between the Ministry of Health and Family Welfare (MOHFW), National Health Systems Resource Centre (NHSRC) and the National institute of Open Schooling (NIOS) to undertake the process accreditation of trainers and training sites and certification for ASHAs, is intended to ensure improvement in the quality of training and enable desired programme outcomes.

4.2. The Project Steering Committee is the advisory body for implementing the roll out of ASHA Certification.Under the supervision of Project Steering Committee, two committees would function, (a) Technical Advisory Committee for 'Standardization of Curriculum' for ASHA Certification and (b) Accreditation Guidelines Committee - for Sites and Trainers (State and District level).

4.3. In the roll out of certification, Ministry of Health and Family Welfare (MoHFW) would provide the overall policy and funding support to the process. National Health Systems Resource Center (NHSRC) and National Institute of Open Schooling (NIOS)would be responsible for overall technical oversight of the processes of accreditation and certification, to ensure conformity with broader programme principles and certification of state trainers and training sites. NIOS would also be responsible for the certification of ASHAs.

5. Accreditation of State Training Sites

5.1. NHSRC would be responsible for undertaking the process of accreditation of state training sites in the following manner.

5.2. Steps

- The eligibility criteria for qualifying as a training site are placed as Annexure I.
- The states would develop a database of state training sites that are ready to be taken up for accreditation, based on the criteria.
- Any Government training institute or a non-government institution (registered as a society or a public trust) can be a training site provided it meets the relevant eligibility criteria.
- The state would intimate MoHFW / NHSRC about the status of readiness.
- NHSRC, in consultation with states, would develop a calendar for accreditation of training site

5.3. Process

5.3.1. **Submission of Documents:** The states (through MD, NHM) have to submit the copy of necessary documents to MoHFW, for preliminary scrutiny whether the training institution is eligible to be considered for accreditation. The documents will include:

a) Registration of agency

b) Turnover of the agency and annual audited statement of accounts for the last 3 yrs

(*Government organizations like SIHFW, CHC and PHC which could serve as training are not required to submit any document of registration and turnover of agency*).

c) Proof of the agency's presence in the state (Regional presence will also be considered)

d) Details of partnerships with training NGOs in the districts, and documented proofof such partnerships with each.

e) Experience of field level work / community level health or social sector development work including training / capacity building.
f) Access to community health programmes with a strong and active ongoing community health worker intervention
g) Details of infrastructure for training or be able to demonstrate access to an appropriate training venue which has the capacity to run two batches of 25-30 ASHAs at a time, with adequate residential facilities and training infrastructure. This would include minimum but not limited to the following: training rooms/hall with good lighting, tables, chairs, LCD facilities, refreshments, good access to toilets (separate for ladies & gents), single/double bedrooms with toilet facilities, meals, power back up.In case of external arrangement for residential facility, documentary proof like rental agreement etc. To be submitted.
h) Evidence of MoU/other instruments with state trainers who are active trainers in Community Processes programmes.
i) Undertaking by the agency of not being black listed by any Government body

5.3.2. Inspection

a) The documents would be scrutinized by a Screening Committee, comprising of members from MoHFW, NIOS, TAC and NHSRC. For the institutions recommended by the Screening Committee, inspection shall be done by the designated team authorized by Project Steering Committee with regard to the fulfilment of conditions of accreditation.
b) The inspection team would carry a copy of the supporting documents. An undertaking by the agency of not being black listed by any Government body is also to be provided for inspection. The team would be required to verify all the details and documents in original.
c) The team would assess the suitability of the institution on the basis of pre-defined parameters.General standards for accreditation of site shall be as per Annexure II.
d) The inspection team would submit their report on the prescribed format of Inspection report (Annexure II)along with the photographs for each evaluated component of the site.

5.3.3. Consideration by Project Steering Committee

a) The Project Steering Committee shall consider the recommendations of the Inspection teams. A site would be accredited if it:-

i. Qualifies all non-negotiable parameters
ii. Scores more than 75% on desirable parameters

b) Where the site is accredited, it shall be intimated to the institute in writing by MoHFW / NHSRC, along with terms and conditions, if any, which are required to be completed by site before the start of the training.
c) NIOS would issue the certificate to training sites based on recommendations of Project Steering Committee.
d) The accreditation would be valid for a period of four years and subsequently would need to be renewed.

5.3.4. Withdrawal of Accreditation- The state should regularly monitor the accredited sites. Based on observations and recommendations of state, the accreditation of the site can be withdrawn in the following cases:-

1. Where misrepresentation or suppression of material facts and particulars.
2. In case of following irregularities:

a) Cancellation of batches of planned training without one week prior notice.

b) Non-maintenance of records of training- No. of trainings, no. of participants, date and days of training and finances-funds received from organizers and stocks received from State organizer.

c) Deterioration of physical facilities and unwillingness to improve them to meet minimum requirements in terms of satisfactory lecture rooms, hall, toilet and overall infrastructure.

d) Abetting unfair means in examination.

e) Any other misconduct in connection with training, examination for accrediting State trainers and other assigned tasks which in the opinion of state warrants immediate withdrawal of accreditation of the site.

f) Utilizing site for any other kind of course using name of NHSRC or State agency.

g) Any other financial irregularities

6. Accreditation of District Training Sites

6.1. The state would be responsible for undertaking the process of accreditation of District training sites in a similar manner, following the above steps. The 'Accreditation Committee' at State level should comprise of Certified State Trainers as members, for certifying the district training sites and certifying the district (ASHA) trainers.

Annexure I

Criteria for Qualifying as a State / District Training Site

Sl No	Criteria	Details
1	Registration of agency	More than3 years
2	Turnover of the agency and annual audited statement of accounts.	The turnover of the agency should have been Rs. 25 lakhs at least once in the last 3 yrs for State Training site and Rs. 5 lakhs at least once in the last 3 yrs for District Training site
3	Training site availability	Can be owned or rented
4	Experience in sector	Social sector, development work, health including training / capacity building
5	Type of Training experience	Specific - Community Health Workers General - Health
6	Details of infrastructure for training or be able to demonstrate access to an appropriate training venue	Capacity to run two batches of 25-30 participants at a time, with adequate residential facilities and training infrastructure
7	Years of Training Experience	5 to 10 years of related training experience for State Training site and 3-5 years of related training experience for District Training site

Annexure II

Criteria – Accreditation of State Sites

SECTION I: NON-NEGOTIABLE CRITERIA			
Sl. No.	**Items**		**Score**
Agency's Profile			
1	Registration	More than 3 years/Govt. Site Less than 3 years	5 0
2	Type of Site	Own Rented	5 0
3	Willingness to provide site for training for	More than 3 years Less than 3 years	5 0
4	Turnover of the agency – Rs. 25 lakhs at least once in the last 3 yrs	Yes No	5 0
5	Partnership with Govt./NGOs	Yes No	5 0
6	Experience of field work/community health programmes **Or** Experience of conducting trainings of Health/ ICDS Department	Yes No	5 0
7	Location of the site should be such that any health facility and community are easily accessible	Yes No	5 0
8	Single / double rooms with bed and a table,to accommodate atleast25-30 participants at a time, with adequate residential facilities and training infrastructure Or Consortium with other organizations / training agencies for such arrangement	Yes No	5 0
			40
SECTION II: PREFERABLE CRITERIA			
Infrastructure			
1	Atleast two training halls with capacity of seating 30-35 participants each	Yes No	5 0

2	One Hall large enough to comfortably conduct group activity/ session	Yes No	5 0
3	Sign boards for facilities e.g. Lecture room 1, Lecture room 2, Hall, Washrooms	Yes No	5 0
4	Well Ventilated rooms	Yes No	5 0
5	Toilets (Separate for Male & Females) with following facilities: 1. Running water 2. Towel 3. Soap 4. Dustbin *All of the above must be available for score it as 5	Yes No	5 0
6	Regular supply of electricity/power back up	Yes No	5 0
			30
Food/Refreshment Arrangements			
1	Drinking water facility	Yes No	5 0
3	Breakfast and Lunch with Tea/coffee facility Kitchen and Cook available/Could be arranged from near by	Yes No	5 0
			10
Logistics			
1	Following logistics shall be made available: 1. White Board, Marker pen/Black Board , sufficient stock of chalks 2. Audio Visual aids with availability of Projector and Screen 3. Stationery items (papers, pens, markers etc.) 4. Accessibility of photocopier machine 5. Mike & Speakers 6. Tables (with additional one round table) and Chair/Desks:Tables should have enough space for writing, place for equipment and materials 7. Paper for participants	Score 1 1 1 1 1 1 1	Write the score /7
2	**Communication kit** Flip books Situation card Posters Audio-Visual Aids Film on ASHA IEC Material for JSSK, JSY,	**Score** (out of ten for the no. of items available)	Write the score /10

	HBNC, RBSK, RKSK		
			20
Human Resource			
1	**Staff at Training Site** Office Assistant Pantry Assistant Cleaner	**Score** (out of three for the no. of staff available)	/3
			3
Attained Score			
Maximum Score		**100**	
Percentage			

***** Given the context, for accreditation of District Training Sites, an undertaking from State government regarding meeting of mandatory criteria and requisite score on desirable criteria needs to be submitted by the 'Accreditation Committee' to the Project Steering Committee.

Guidelines for Accreditation of Agencies Associated with ASHA Training (Trainers) Under National Rural Health Mission

1. Certification of State Trainers

1.1. NHSRC/NIOS would be responsible for undertaking the process of certification of state trainers.

1.2. A 'supplementary book' is being developed that would be based on the following modules:-

- ASHA Module 6 & 7
- Induction Module (Module 1-5)
- Reaching the Unreached
- Handbook on Mobilizing for Action on Violence against Women.

1.3. The 'supplementary book' will include case studies based on the content of the above Modules.The above modules should be used as reference material while reading the supplementary book. The case studies will focus on skill testing and problem solving approach, and will also include worksheets, and questions which will help build up the ASHA's practice for the final theory examination with each chapter including a reference link to ASHA modules.

1.4. NHSRC would conduct refresher trainings for state trainers to familiarize them with the content of the supplementary book.

1.5. **Steps**

- NHSRC in consultation with the states would develop a database of state trainers (format placed as Annexure I) who have successfully completed ASHA Module 6 & 7 training and have been actively involved in training ASHA trainers (atleast two batches of all three rounds).
- The eligibility criteria for qualifying as a state trainer are placed as Annexure II.
- The technical knowledge as well as training skills of state trainers would be tested and assessed.
- The set of competencies on which the trainers would be assessed is placed as Annexure III.
- A team of resource from national resource pool would serve as assessors for State trainers.
- The trainers who meet these eligibility criteria can immediately apply for certification. For new trainers, keeping other criteria same, he/she can be taken up for accreditation as soon as they complete training of two batches of three rounds each for ASHA Trainers.

1.6. NHSRC would conduct refresher training in order to deliver the content of supplementary book.The final scores of State trainers would be complied and NIOS would issue the certificate to trainers based on recommendations of Project Steering Committee.

2. Certification of District Trainers

2.1. The State would be responsible for undertaking the process of accreditation of District trainers in a similar manner, following the above steps. The format for compiling database for district trainers is placed as Annexure I. The eligibility criteria for qualifying as District Trainer are placed as Annexure II. The trainers who meet these eligibility criteria can immediately apply for certification. For new trainers, keeping other criteria same, he/she can be taken up for accreditation as soon as they complete training of two batches of four rounds each for ASHAs.

2.2. The 'Certification Committee' at State level should comprise of 'Certified' State Trainers as members, for accrediting the initial batches of district trainers. Subsequently the 'Certified' district (ASHA) trainers can be engaged to assess district trainers of another district. Those ASHA trainers who successfully pass the assessment will act as trainers for ASHA refresher trainings in their particular districts. For the practical examination, district (ASHA) trainers of one district would be assessed by the district (ASHA) trainers of another district from same state.

Annexure I

Format for Database of State / District Trainers Associated with ASHA Training

Sl. No.	Name	Educational Qualifications	Associated with ASHA Training in State Since	Details of ToT undergone (Round I, II,III)	Details of batches trained (Round with dates)	Other Training related experience

Annexure II

Criteria for Qualifying as a State Level Trainer

- Should have substantial experience in training and with a nursing/clinical /socialbackground. Medical degree, Diploma in nursing,
- At least seven to ten years of experience as a trainer. Retired staff nurses, nurse/ANM tutors could also be considered
- Willingness to work as a trainer in this program full time for at least 03 years
- Ready to travel to sub district areas

Criteria for Qualifying as a District (ASHA) Level Trainer

- Diploma in nursing (ANM), AYUSH, retired staff nurse, and nurse/ANM tutors. Or Post Graduate in public health diploma/Social work/Social Science.
- Ready to travel to block and sector level.
- Must belong to same district.

Annexure III

List of Training Competencies

Competencies	Knowledge required	Skill required
General Competencies	1. Knowledge about qualities that need to be inculcated to successfully work as ASHA. 2. Knowledge about village and its dynamics. 3. Clear understanding of role and responsibilities. 4. Understanding of who are the marginalized and the specific role in ensuring that they are included in health services	1. Conducting a village level meeting. 2. Communication skills – especially interpersonal communication and communication to small groups. 3. Skill of maintaining diary, register and drug kit stock card. 4. Tracking beneficiaries and updating MCH/Immunization card.
Maternal Care	1. Key components of antenatal care and identification of high risk mothers. 2. Complications in pregnancy that require referral. 3. Detection and management of anaemia. 4. Facility within reach, provider availability, arrangement for transport, escort and payment. 5. Understanding labour processes (helps to understand and plan for safe delivery). 6. In malaria endemic areas, identify malaria in ANC and refer appropriately. 7. Understanding obstetric emergencies and readiness for emergencies including referral.	1. Diagnosing pregnancy usingNischay kit. 2. Determining the Last MenstrualPeriod (LMP) and calculating Expected Date of Delivery (EDD). 3. Tracking pregnant women and ensuring updated Maternal and Child Health Cards for all eligible women. 4. Developing birth preparedness plans for the pregnant woman. 5. Screening of pregnant woman for problems and danger signs and referral. 6. Imparting a package of health education with key messages for pregnant women. 7. Attend and observe delivery and record various events. 8. Recording pregnancy outcomes as abortion, live births, still birth or newborn death). 9. Recording the time of birth in Hrs, Min and Seconds, using digital wrist watch.
Home Based Newborn Care	1. Components of Essential NewbornCare. 2. Importance of early and exclusivebreastfeeding. 3. Common problem of initiating andmaintaining breastfeeding whichcan be managed at home. 4. Signs of ill health or a risk in anewborn.	1. Provide normal care at birth (dryand wrap the baby, keep baby warm and initiate breastfeeding). 2. Observation of baby at 30 secondsand 5 minutes for movement of limbs, breathing and crying. 3. Conduct examination of new born for abnormality. 4. Provide care of eyes and umbilicus. 5. Measure newborn temperature.

		6. Weigh newborn and assess if babyis normal or low birth weight. 7. Counsel for exclusive breastfeeding. 8. Ability to identify hypothermia andhyperthermia in newborns. 9. Keep newborns warm.
Sick New Born Care	1. Knowledge of risks of preterm andlow birth weight. 2. Knowledge of referral of sick.newborns – when and where?	1. Identify low birth weight andpreterm babies. 2. Care for LBW, Pre-term babies. 3. Identify birth asphyxia (for home deliveries) and manage with mucusextractor. 4. Manage breastfeeding problemsand support breastfeeding of LBW/Preterm babies. 5. Identification of signs of sepsis andsymptomatic management. 6. Diagnose newborn sepsis andmanage it with Cotrimoxazole.
Child Care	1. Immunization schedule. 2. Child's entitlements in ICDSservices. 3. Weaning and adequacy incomplementary feeding. 4. Feeding during an illness. 5. Causes of diarrhea andprevention of diarrhea. 6. Knowledge of signs of AcuteRespiratory Infections (ARI) – fever,chest in drawing, breath counting;and ability to manage mild Vsmoderate ARI with Cotrimoxazole (CTM), and refer the severe ones.	1. Planning the home visits-whichchild to visit and at what frequency. 2. Child immunization tracking skillsto ensure complete immunization in the community. 3. Weighing of children below fiveyears of age- assessing grades ofmalnutrition. 4. Analysis of causes of malnutritionin a specific child- the role offeeding practices, role of illnesses,of familial and economic factorsand of access to services. 5. Diagnosis of dehydration andability to ascertain if referral isrequired. 6. Skill to make adaption of themessage of six essential feedingadvice to each household. 7. Skill in preparing anddemonstrating ORS use to themother/caregiver. 8. Signs of Acute Respiratory `` infections (ARI) – fever, chest in drawing,breath counting; and ability tomanage mild Vs moderate ARI withCTM, and refer the severe ones. 9. Skill in counselling the mother forfeeding during diarrhoeal episode 10. Testing for anaemia and ensuringappropriate treatment.

Women's Health and Gender Concerns	1. Understanding the life-cycleapproach to women's health 2. Understanding the variousdeterminants like nutrition,discrimination, violence affectingwomen's health at each stage oflife. 3. Understanding overt and covertdomestic violence and abuseagainst women and steps tocounter/address them. 4. Knowledge of key laws related towomen.	1. Communication skills in discussinggender issues in the VHSNCs orwomen's group meetings. 2. Identifying women at risk forviolence and taking appropriateaction on a one on one basis orcollective action as required. 3. Counseling and referral support forwomen and families with domesticviolence. 4. Be able to disseminate provisionsof acts on domestic violence,sexual harassment etc. 5. Support women in breaking silenceabout violence. 6. Organizing women around issuesof violence and gender.
Abortion, Family Planning, RTI/ STI and HIV/ AIDS	1. Understanding contraceptive needsof women/couples in variouscategories. 2. Knowledge of: Contraceptives in public sectorprogrammes. Availability of safe abortion services. Post abortion complications andreferral. Types and causes of RTI/STI,including HIV/AIDS. Referral facilities for women/mensuspected of RTI/STI.	1. Counsel for delay in age of marriage,delay in age of first child bearing andin spacing the second child. 2. Helping vulnerable andmarginalized women accesscontraception. 3. Supporting women in need of suchservices to access safe abortionservices. 4. Counsel for post abortioncontraceptive use. 5. Counsel on safe sexual behaviours 6. Counsel for partner treatment incase of STI.
For High Malaria Areas or High Prevalence of TB	1. Knowledge about Malaria and itsprevention. 2. Protecting pregnant women andthe young child from malaria. 3. How to prevent tuberculosis. 4. Suspecting tuberculosis andknowledge of further referral.	1. Managing fever in the young childwhento suspect malaria, how andwhen to test, when to refer, whenand how to treat. 2. Being a provider of DirectlyObserved Therapy- Short Course(DOTS) for TB.
Village Health Planning	1. Knowledge of key components ofvillage plans. 2. Understanding of steps inpreparing village health plans. 3. Understanding of methods of datacollection and PRA.	1. Interpret and use basic data. 2. Identify priorities for the villagebased on data. 3. Conduct Participatory RuralAppraisal. 4. Include specific actions to ensurecoverage of marginalized andvulnerable women and childrenwith services.