



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



Integrated Training for Ayushman Arogya Mandir Primary Healthcare Team



Knowledge & Competence Translating to Care
2026





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जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

India's journey towards a *Swasth Bharat* is central to building a *Viksit Bharat*. Under the leadership of the Hon'ble Prime Minister, Shri Narendra Modi Ji, the Government has made health a top priority—ensuring that every citizen has access to inclusive, affordable and quality healthcare. The National Health Policy of 2017 has shifted the focus from treating illness to promoting wellness, from hospitals to community care and from private spending to publicly funded services.

To build a strong foundation for implementation of its policies, Government is expanding its focus from infrastructure to include and prioritize building a skilled and compassionate health workforce. Quality training—both before service and during service—has been at the heart of this effort. A skilled health workforce is crucial for achieving Universal Health Coverage, patient trust and quality service delivery. In today's age of technology, human effort and digital innovation must go hand in hand. The Prime Minister's vision of Karmayogi Bharat calls for a future-ready citizen-centric workforce. Ayushman Arogya Mandirs are the perfect platform to make this vision a reality, which are envisaged to function as a platform providing affordable, accessible and quality health care through skilled health workforce.

Through the Integrated Training Modules for Primary Healthcare Teams at AAM, we are combining capacity building with digital tools to create resilient, responsive, future ready and empowered health staff. This ensures that learning is continuous, practical, and directly linked to better service delivery. What makes this initiative truly special is that it reflects India's values—respectful care, empathy, equity and inclusion. It is not just about health programmes; it is about the dignity and well-being of every citizen.

As we move forward in the Amrit Kaal, strong primary healthcare will remain the cornerstone of a healthy, productive and self-reliant India. I am confident that together we will ensure that the benefits of development reach every village, every household and every citizen.

(Jagat Prakash Nadda)

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पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव

PUNYA SALILA SRIVASTAVA, IAS
Secretary



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Message

"Viksit Bharat" envisages a "Swasth Bharat" where our citizens have healthy, long and fulfilling lives. Our health systems are competent, committed, and confident in meeting our aspiration. This confidence stems from India's continuous investment in health and in the broader social determinants of well-being, ensuring holistic care for all citizens.

Our efforts are directed towards building a health system that is resilient, self-sufficient, and globally competent. Achieving these three core characteristics required transformation. The National Health Policy of 2017 laid the foundation for this transformation, emphasizing good governance, quality human resources, sustained financing, and community participation.

The Ayushman Bharat – Ayushman Arogya Mandirs (AAM) are a direct outcome of this transformed vision. They represent a shift from basic curative care to comprehensive, promotive, preventive, and rehabilitative services delivered close to where people live. At the heart of this vision lies a well-trained health workforce. Realizing it demands that our primary healthcare teams are equipped not only with knowledge, but also with hands-on skills, clinical competencies, and person-centred approaches that modern primary healthcare requires.

The Integrated Training Strategy and Modules, being launched under the National Health Mission, marks a defining shift in how we strengthen our health workforce. By moving away from fragmented, programme-specific trainings towards a unified, competency-based, blended learning approach, we are preparing our health workers to serve as holistic providers of primary care, rather than as functionaries of individual vertical programmes.

Decentralisation of training through Regional Training Institutes, Medical and Nursing Colleges, and district-level Skill Labs ensures that quality training is brought closer to health workers. This reduces disruption to service delivery while dramatically expanding reach. The integration of digital learning through the iGOT Karmayogi platform further enhances this initiative, enabling our workforce to learn at their own pace and apply their skills in supervised, hands-on settings.

I call upon all States and Union Territories to embrace this transition with urgency and purpose—to map training resources, strengthen trainer networks, and ensure that every member of the AAM team is trained, certified, and empowered.

I am sure we will achieve our goal for a primary healthcare system that each one of us can trust.

Date : 23.4.26
Place : New Delhi

Punya Salila
(Punya Salila Srivastava)

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega

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आराधना पटनायक, भा.प्र.रो.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)



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स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



MESSAGE

India is among the few nations that has made bold, sustained investments in strengthening its health systems. A defining milestone came in 2018, when the flagship programme *Ayushman Bharat - Comprehensive Primary Health Care* was launched. The Government of India backed this vision with substantial funding, leading to a rapid expansion of Ayushman Arogya Mandirs across the country. A new cadre of Community Health Officers was introduced at the sub-centre level, making quality care closer to home a reality. With CHOs, ANMs, ASHAs, medicines, and diagnostics available at AAMs, healthcare delivery became more comprehensive. Importantly, this model went beyond curative care, embedding wellness into its design. Specialist consultations began reaching communities through telemedicine and AAM Shivirs, while Mobile Medical Units carried all twelve service packages to the most remote areas. The system became more equitable, inclusive, and responsive.

The next milestone was envisioned in January 2025 during the *Manthan Shivir*, where the idea of *Integrated Training* was introduced. It recognized that strengthening the capacity of our frontline healthcare workforce is central to achieving Universal Health Coverage (UHC), as outlined in the National Health Policy 2017. Quality primary healthcare depends on equipping those at the first point of contact with the right knowledge, skills, and attitudes.

In line with this commitment, the Ministry of Health & Family Welfare has developed the *Integrated Training Module (ITM)* for Primary Healthcare Teams at Ayushman Arogya Mandirs. A key innovation is the rationalization of programme-specific trainings into a single integrated framework. Over 32 trainings across national health programmes- including RMNCAH+N, NTEP, NLEP, NVBDCP, NCDs, and others - have been woven into a cohesive curriculum. This reduces the burden of multiple trainings on health workers and ensures holistic learning that reflects the realities of comprehensive primary care. Drafting these modules for all five cadres at the primary healthcare level has been a bold and transformative exercise.

A blended-learning approach has been adopted for Medical Officers, Community Health Officers, Staff Nurses, and ANMs through the *iGOT Karmayogi* platform, followed by immersive, hands-on training at Regional and State Training Institutes with skill laboratories nationwide. For ASHAs, training will continue to be delivered in physical settings at the block and district levels.

The launch of this Integrated Training Module marks a significant milestone in the National Health Mission's journey towards Universal Health Coverage. I urge all States and Union Territories to adopt this framework with commitment and sincerity, ensuring that every citizen - regardless of where they live- benefits from skilled, compassionate, and comprehensive care at their nearest Ayushman Arogya Mandir.

Together, this integrated approach represents an investment in people, in systems, and in the promise of a healthier nation - where comprehensive, quality primary healthcare is not merely an aspiration, but a lived reality for every community across India.

(Aradhana Patnaik)

Dated: 28th April, 2026

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega

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भारत सरकार
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कर्तव्य भवन-1, नई दिल्ली-110001
Government of India
Ministry of Health & Family Welfare
Kartavya Bhawan-1, New Delhi-110001



Message

The Ministry of Health and Family Welfare (MoHFW), Government of India, under the National Health Mission (NHM), remains firmly committed to strengthening India's public health system, and the operationalization of Ayushman Arogya Mandir (AAM) under Ayushman Bharat has been a transformative step towards institutionalizing Comprehensive Primary Health Care (CPHC).

A robust and resilient health system is contingent upon the availability of a competent, skilled, and responsive health workforce. In this context, capacity building of frontline healthcare providers assumes critical importance in ensuring effective service delivery and improved health outcomes. Recognizing this, the Ministry has developed the **Integrated Training Modules for the Primary Healthcare Team** at AAM, as a strategic initiative towards systemic strengthening of human resources for health.

This initiative signifies a deliberate shift from fragmented, programme-driven training approaches to a **comprehensive, competency-based, and role-aligned capacity building framework**, designed to meet the evolving needs of primary healthcare delivery. The modules encompass the key cadres of—Medical Officers, Community Health Officers, Staff Nurses, ANMs/MPWs, and ASHAs—and are aligned with their respective roles and responsibilities across the continuum of care and the twelve expanded packages of CPHC services.

Importantly, this initiative contributes to health system strengthening by enhancing **service readiness, standardization of care, quality assurance mechanisms, and continuity of care**, while also strengthening core public health functions including surveillance, programme implementation, digital health utilization, and community engagement. Leveraging digital platforms of SASHAKT and iGOT for training delivery, management and monitoring, further enables improved governance.

I am confident that the Integrated Training for the Primary Healthcare Team will serve as a critical enabler in strengthening the primary healthcare system by enhancing workforce competencies, improving service delivery standards, and fostering greater community trust in public health institutions. This initiative will significantly contribute to the realization of the vision of Ayushman Bharat and the broader goal of ensuring accessible, affordable, and quality healthcare for all.


(Sibin C.)

Dated: 27th April, 2026



Prof. (Dr.) Pragya Sharma

MBBS, MD (Community Medicine), MBA

FIPHA

Executive Director



National Health Systems Resource Centre

राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र

Ministry of Health and Family Welfare

Government of India



Message

The National Health Mission (NHM), under the stewardship of the Ministry of Health and Family Welfare (MoHFW), has steadfastly pursued its mandate of building a resilient, equitable, and quality-assured primary healthcare system across India. Central to this mission is the unwavering recognition that the competence, confidence, and conduct of the frontline health workforce are the bedrock upon which universal health coverage must be constructed.

Historically, capacity building of healthcare functionaries at primary health facilities has been governed by a fragmented, program-centric paradigm — wherein training interventions were designed, financed, and delivered in silos, each addressing a single vertical program or a narrow clinical domain. The Integrated Training Modules address this critical gap by consolidating over **20 erstwhile standalone program-specific trainings** into a single, coherent, cadre-specific framework, anchored in the **Framework of Roles, Activities, and Competencies (FRAC)** model. Crucially, these modules integrate **soft skills alongside technical competencies** — including communication, counselling, interpersonal dynamics, beneficiary-centered care, and professional conduct — acknowledging that quality service delivery is as much a function of empathy and interaction as of clinical expertise.

The rollout strategy embraces a structured **blended, learner-centric pedagogy**: digital pre-learning via the **iGOT Karmayogi platform** for MOs, CHOs, SNs, and ANMs; with ASHAs continuing in physical mode at block and district levels.

I extend my deepest appreciation to the MoHFW program divisions, all State and UT governments, Regional Training Institutes, development partners, and the dedicated NHSRC technical team whose collective intellectual rigor and field-grounded insights have shaped these modules. I call upon all States and UTs to embrace this training with the urgency it deserves. Together, we have the opportunity to elevate the primary healthcare workforce to a standard befitting India's ambition of achieving Universal Health Coverage.


Prof. (Dr.) Pragya Sharma



**Integrated Training
for
Ayushman Arogya Mandir
Primary Healthcare Team**

A Paradigm Shift in Capacity Building

The Vision:

At the heart of the National Health Mission (NHM) lies a resolute commitment to strengthening the foundations of India's public health system—**by empowering those who serve on its frontlines**. Through a thoughtfully designed strategy, the Ministry of Health and Family Welfare (MoHFW) seeks to **build the competencies of primary healthcare teams at the Ayushman Arogya Mandir (AAM)**, enabling them to deliver not just services, but assurance, dignity, and quality care to every citizen. Anchoring this transformation is the development of the **integrated, competency-based, and beneficiary-centric training framework** for five pivotal cadres—

- Medical Officers (MOs)
- Staff Nurses (SNs)
- Community Health Officers (CHOs)
- Multipurpose Workers—Female (MPW-Fs)/ Auxiliary Nurse Midwives (ANMs)
- Accredited Social Health Activists (ASHAs) and ASHA- Facilitators (ASHA-F)

Each element of this training is carefully aligned with their distinct roles across the twelve expanded packages of comprehensive primary healthcare services. By weaving together previously fragmented learning into a unified Integrated Training Module, the approach not only streamlines existing trainings but also ensures that knowledge is holistic, relevant, and deeply connected to compassionate care delivery.

From Field Insights to Policy Action: Reimagining Capacity

Evidence from the field through successive Common Review Mission (CRM) reports has time and again pointed to persistent gaps between the availability of human resources and their ability to deliver quality care on the ground. Across states, frontline providers were found to need competencies and skills to deliver the expanded service packages, especially in areas such as NCD management, elderly care, mental health and other public health functions. Even where infrastructure and staffing norms are met, gaps in adherence to protocols and quality service delivery, highlight a deeper issue—service delivery is not merely about adding numbers, but about provisioning care respectfully and responsibly with equity and efficiency.

These findings collectively underscored an urgent need to reimagine India's capacity building framework—not as a one-time training input, but as a sustained, practice-oriented system with inbuilt mentoring and supportive supervision structures that nurtures skills over time.

The need for this paradigm shift in capacities of health workers was also voiced during the Manthan Shivir held in January 2025. Thus, the mandate and political will are very much supportive of such a change in the training fabric of health workers especially at primary care level and frontlines where communities interact the most.

Strengthening the capabilities of primary health care teams through a structured, hands-on, and integrated training approach—supported by mentoring, supportive supervision, and periodic skill validation—is not just a technical necessity, but a moral imperative. Investing in their capacity is, in essence, an investment in the quality of care experienced by millions, and in the credibility of the public health system itself.

Designing Capacity: From Development to Delivery

The integrated training is anchored in the **Framework of Roles, Activities, and Competencies (FRAC)** model—a structured yet dynamic approach that ensures training is not only comprehensive but purposefully aligned with the real-world responsibilities of each cadre within the primary healthcare team. By systematically identifying skill gaps and mapping them to expected functions, the FRAC model enables a seamless connection between what is taught and what is practiced on the ground.

At its core, FRAC translates organizational vision into actionable clarity. It defines roles as the distinct positions within the health system, activities as the responsibilities that bring these roles to life, and competencies as the essential knowledge, skills, and behaviours required to perform them effectively. Together, these elements create a cohesive blueprint for building a capable, confident, and responsive workforce.

Guided by this framework, the training is designed to equip healthcare providers with the competencies necessary to deliver high-quality, person-centred care. It goes beyond knowledge transfer, incorporating robust assessment and certification processes that reinforce learning, build confidence among trainees, and uphold the standards of quality.

To nurture continuous learning and sustained skill development, a blended, learner-centric approach has been embraced.

- For Medical Officers, Community Health Officers, Staff Nurses, and Auxiliary Nurse Midwives (ANM/MPW), the **journey begins with digital pre-learning through the iGOT Karmayogi platform**—laying the groundwork for deeper engagement.
- This will be followed by **immersive, hands-on training at Regional Training Institutes and district skill laboratories**, where knowledge transforms into practice.
- For **ASHAs and ASHA- Facilitators**, who remain the vital bridge between communities and the health system, training continues to be **delivered in physical settings at the block and district levels**, preserving the strength of interpersonal learning and community connection.

Together, this approach represents more than a training strategy—it is an investment in people, in systems, and in the promise of a healthier nation. By strengthening the capabilities of those who care, NHM moves closer to realizing a future where comprehensive, compassionate, and quality primary healthcare is not an aspiration, but a lived reality for every community across India.

To ensure that the strength of this training is retained from the national level to the last mile, a suite of standardized modules, presentations, videos, and learning resources has been developed—serving as **a unified blueprint for implementation** across the country.

Recognizing that meaningful transformation must be rooted in local strength, the training ecosystem is being progressively decentralized. States and Union Territories are being enabled to take the lead, supported by a robust network of Regional Training Institutes and skill laboratories. These training sites encompass Medical Colleges, Nursing Colleges, Skill labs developed for the National Emergency Life-Saving Skills (NELS) and DAKSH/ DAKSHATA/ BEmONC trainings, existing training infrastructure available with State Institutes of Health and Family Welfare (SIHFW) and State Health Systems Resource Centre (SHSRC) - boosting the utilization and enabling further strengthening of these institutions as a learning ground for primary healthcare teams across the country.

States/ UTs are supporting the identification of eminent regional training institutions and have **shared nominations of 169 institutions till date** (Annexure 1). These include 66 Medical Colleges



(including 53 NELS labs), 76 Nursing Colleges, 4 SIHFWs and 22 Skill labs/ other training institutions. The National teams are in process of shortlisting and visiting these to finalize the institutions most suitable for hosting the Regional ToTs for each cadre across the North, South, East, West, North-East and Central Regions of the country.

Parallely, the existing pool of program-specific and comprehensive primary healthcare trainers will be further strengthened through decentralized Regional and State-level Training of Trainers (ToTs). This approach will create a multi-skilled cadre of facilitators, capable of delivering high-quality, skill-based, in-person training with consistency and impact across diverse settings.

National orientation of Master Trainers by MOHFW/ NHSRC and Experts



Regional level Training of State Trainers

5-6 states in the region would be nominating 5-6 State Master Trainers for each state. Thus, a cohort of 35-40 State trainers would be trained per Regional ToT by National Trainers.



State level Training of District Trainers

State trainers would further train District trainers in the Regional/State Training Institutions and Skill Labs, with supervision from National Trainers/MoHFW/ NHSRC.



Training of AAM Teams at Training Institutions and Skill Labs

From Learning to Lasting Impact

The training will not conclude in the classrooms or the skill labs- **it must translate into sustained improvements in service delivery at the facility and community levels.** To support this transition, a structured **post-training mentoring and follow-up mechanism** will be established.

The regional and state trainers will also be engaged to provide supportive supervision through **on-site visits, tele-mentoring, and peer-learning platforms**, enabling the primary healthcare teams to refine their skills in real-world settings. Digital platforms will facilitate continuous engagement, case discussions, refresher learning, and problem-solving support.

Additionally, **a training needs assessment** in the trained health workers will be conducted after a period of six months of training roll-out **to inform priorities for the refresher integrated training.** This continuum of learning—extending beyond initial training—will ensure that health workers remain confident, competent, and responsive to the evolving needs of the communities they serve.

Building Quality into Every Learning Experience

Ensuring the quality of training delivery is central to the success of the integrated training.

This will encompass standardization of training materials and facilitator guides, certification of trainers and trainees, leveraging the technical expertise of regional training institutions, and building in structured assessment mechanisms.

Training sessions will be monitored through a combination of digital tracking on the SASHAKT and iGOT Karmayogi platforms. **Pre- and post-training assessments** will provide measurable indicators of learning outcomes. In addition, participant feedback from the Regional ToTs, State ToTs and training of the primary healthcare team will be leveraged to identify gaps, inform continuous improvements, and ensure that training remains relevant, effective, and aligned with national health priorities. **The National Team shall not only conduct 6 regional ToTs per cadre, but also provide support and observe the State ToTs** using standardized checklists to assess fidelity to content and pedagogy.

Planning for Scale: Role of States/ UTs

States/ UTs need to undertake a structured and time-bound planning process to ensure effective roll-out of the integrated training. This begins with the timely identification of Regional Training Institutions/ eminent State and District Training Institutions, supported by an assessment of their infrastructure, faculty, and skill-lab capacity. States are encouraged to leverage institutions such as SIHFWs and district skill labs for training support, and SHSRCs for technical support and quality assurance.

Parallely, states must create a robust pool of trained human resources by nominating State trainers across all cadres, ensuring an adequate number of trainers per cadre to support cascade trainings. Appointment of a dedicated state-level nodal officer is critical to anchor coordination, streamline communication, and oversee implementation.

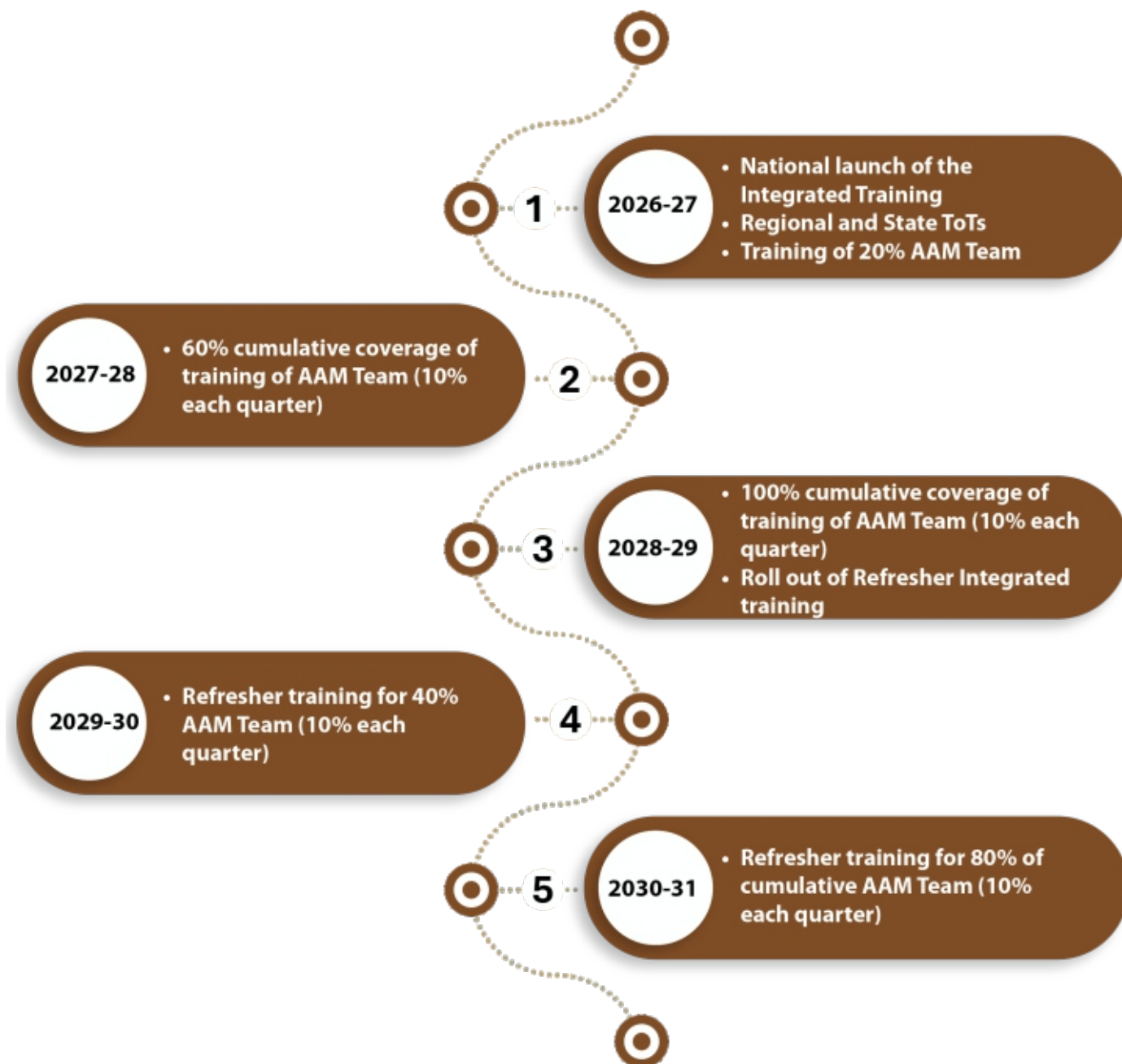
Further, states are expected to develop an annual training calendar aligned with the integrated training approach, incorporating phased targets, blended learning components, and prioritization



of newly recruited or untrained personnel. This planning must be embedded within the Programme Implementation Plans (PIPs), ensuring financial provisioning as per existing norms and alignment with national timelines.

In addition to pre-training preparedness, states must carefully plan for seamless execution and post-training continuity. This includes facilitating logistics such as travel, TA/DA, and administrative support for trainees and trainers, as well as ensuring onboarding on digital platforms for the online learning phase. States/ UTs should also strategically phase out existing program-specific trainings while maintaining service continuity during the transition period. Planning of trainings and data reporting through the SASHAKT portal will be essential to sustain training quality and track progress towards achieving full coverage of the primary healthcare workforce.

The Roadmap Ahead





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Integrated Training for Medical Officers at Ayushman Arogya Mandir

*Empowering Medical Officers for
Comprehensive, Compassionate Primary Health Care*

2026

Empowering Over 40,000 Medical Officers at the Frontlines of India's Primary Healthcare System

This Integrated Training is designed to strengthen the capabilities of over 40,000 Medical Officers serving across Ayushman Arogya Mandir Primary Health Centres (AAM-PHCs) in rural areas, as well as AAM-Urban Primary Health Centres (AAM-UPHCs) and AAM-Urban Sub Health Centres (AAM-USHCs) in urban settings. Anchored in the vision of comprehensive primary healthcare, the programme equips Medical Officers with the knowledge, skills, and confidence to deliver comprehensive, person-centred care across diverse populations and contexts. By unifying and strengthening training efforts at scale, it seeks to enhance the quality, consistency, and impact of healthcare delivery across the nation.

The Journey with the Blended Learning Program

CHAPTER 1: YOUR AYUSHMAN AROGYA MANDIR, YOUR COMMUNITY

This chapter lays the foundation of compassionate primary healthcare, helping the Medical Officer connect deeply with the vision of comprehensive care and the community they serve. It brings together an understanding of team roles, social determinants of health, and the values of ethical, effective communication. At its core, it inspires providers to see beyond illness—to the person, the family, and the community. It introduces the ENGAGE approach to inculcate the paradigm shift from 'illness' to 'wellness' in every interaction of the Medical Officers with the beneficiaries. ENGAGE stands for-

- **E – Envisioning Wellness:** Cultivating a forward-looking vision of health by identifying and aligning care goals that promote overall well-being for the individual.
- **N – Needs Assessment:** Undertaking a holistic assessment of the individual's needs, within the context of their family and community, to inform responsive and relevant care.
- **G – Goal-Setting for Promotion and Prevention:** Defining actionable goals that advance health promotion, prevent disease, and reduce the risk of complications.
- **A – Action for Responsive Care:** Delivering timely, comprehensive, and person-centred clinical care tailored to the individual's needs.
- **G – Guided Continuum of Care:** Ensuring continuity through effective referrals, follow-up, and seamless coordination across levels of care.
- **E – Evaluation and Records for Quality Improvement:** Strengthening quality and safety through systematic documentation, ongoing evaluation, and continuous improvement of care processes.

CHAPTER 2: THE GOLDEN START TO LIFE – CARE DURING PREGNANCY AND CHILDBIRTH

Focusing on the critical first 270 days, this chapter guides the Medical Officer through the continuum of maternal and newborn care. From antenatal to postnatal services, including safe childbirth and abortion care, it emphasizes timely, respectful, and evidence-based interventions. The ENGAGE framework anchors care for pregnant women that is both clinically sound and deeply human-centred.



CHAPTER 3: PERSON-CENTRIC LIFE-CYCLE APPROACH

This chapter journeys across the lifespan, from newborns to the elderly, reinforcing a truly person-centric model of care. It integrates preventive, promotive, and curative services tailored to each life stage, supported by structured approaches like ENGAGE and comprehensive assessments. By doing so, it enables the Medical Officer to provide continuous, holistic care that evolves with the individual's needs.

- **Newborn:** The newborn stage focuses on ensuring a safe and responsive start to life through timely interventions and vigilant care. From essential newborn practices to early identification of danger signs and prompt referral, the approach emphasizes preparedness, precision, and protection during this most vulnerable phase.
- **Child:** In the child stage, the emphasis shifts to nurturing growth, development, immunization, and resilience through holistic assessment and timely care. Integrating IMNCI protocols with a vision of wellness, it enables early detection of illness while promoting healthy practices that shape long-term outcomes.
- **Adolescent:** Adolescent care is approached with sensitivity and respect, recognizing this phase as a bridge between childhood and adulthood. Through structured assessments and a focus on health promotion, it addresses both physical and psychosocial needs, while identifying and supporting those at higher risk.
- **Adult:** For adults, the focus is on accessible, efficient, and person-centred care that addresses both acute conditions and reproductive health needs. It supports timely management of common illnesses while promoting informed choices and continuity of care.
- **Elderly:** Elderly care is rooted in dignity, independence, and healthy ageing, addressing the complex and evolving needs of this population. Through comprehensive assessments and targeted interventions, it emphasizes prevention, functional ability, and compassionate management of chronic and age-related conditions.

CHAPTER 4: CROSS-CUTTING DOMAIN – COMMUNICABLE DISEASES

Addressing the persistent and emerging burden of infectious diseases, this chapter equips Medical Officers with the knowledge and skills for prevention, early detection, and effective management of communicable diseases. It spans key public health priorities—from tuberculosis to vector-borne diseases—while emphasizing surveillance, outbreak response, and the One Health approach. The focus remains on safeguarding both individual and community health.

CHAPTER 5: CROSS-CUTTING DOMAIN – NON-COMMUNICABLE DISEASES

This chapter confronts the growing challenge of non-communicable diseases through a comprehensive and integrated lens. It covers the major conditions such as diabetes, hypertension, common cancers, and other NCDs (COPD, NAFLD, CKD), as well as mental health, sickle cell disease and thalassemia- promoting early screening, continuity of care, and lifestyle modification. The approach underscores long-term patient engagement and improved quality of life.

CHAPTER 6: CROSS-CUTTING DOMAIN – EMERGENCY MANAGEMENT

Designed to build confidence in critical moments, this chapter prepares Medical Officers to respond swiftly and effectively to emergencies. From trauma and medical crises to paediatric



and climate-related emergencies, it emphasizes life-saving skills and systematic assessment. It also integrates medico-legal responsibilities, ensuring care that is both prompt and accountable.

CHAPTER 7: CROSS CUTTING DOMAIN- PALLIATIVE AND REHABILITATIVE CARE

This chapter brings a compassionate dimension to care, focusing on improving quality of life for patients requiring palliative and rehabilitative care. It guides Medical Officers in pain management, symptom relief, and end-of-life care, while also supporting families through bereavement. Rooted in dignity and empathy, it extends care beyond cure and discusses care for persons with disability as well.

CHAPTER 8: DIGITAL HEALTH AND DATA MANAGEMENT

Recognizing the power of data in strengthening health systems, this chapter equips Medical Officers with essential digital competencies. From telemedicine to HMIS and data interpretation, it emphasizes on accurate reporting, informed decision-making, and accountability. It positions technology as a key enabler of efficient and responsive healthcare delivery.

CHAPTER 9: COMMUNITY ENGAGEMENT AND OUTREACH

This chapter highlights the transformative role of community participation in health outcomes. It explores strategies for effective communication, behaviour change, and community mobilization through community platforms like the Village Health Sanitation and Nutrition Committees, Jan Arogya Samitis and Mahila Arogya Samitis, and discusses participatory tools. By fostering trust and collaboration, it empowers Medical Officers to co-create healthier communities.

CHAPTER 10: EFFICIENT MANAGEMENT AT AAM

Focusing on leadership and system efficiency, this chapter prepares Medical Officers to manage people, processes, and resources effectively. It covers aspects from self-care and team dynamics to quality assurance, logistics, and disaster preparedness. Ultimately, it strengthens the Medical Officer's role as both a clinician and a health system leader.



The six-day immersive training experience: Agenda

DAY 1: MONDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:15 am	08:45 am: Arrival at venue		
	Welcome dear Medical Officers!		
	Registration	15 mins	
09:15 - 09:30 am	Pre-test	15 mins	Google-form based MCQ test
09:30 - 10:15 am	Inauguration and Objectives and overview of the training		
10:15 – 10:25 am	Thought for the day	10 mins	Video- attitudes
10:25 – 10:45 am	Ice breaking activity	20 mins	Communicating with each other
10:45 - 11:00 am	Tea Break		
Let us begin by understanding the vision of Ayushman Bharat, and your crucial role in it!			
11:00 – 11:45 am	Roles and Responsibilities of the AAM Medical Officer (yes, you!) and your team - Providing Comprehensive Primary Healthcare to our communities	45 mins	Interactive Discussion, Trigger scenario & Recap Discussion GAME – spider web of relationships
11:45 am – 12:45 pm	Let us learn to ENGAGE-! Provision of person-centred primary healthcare	60 mins	Group work: Lifecycle stages, ENGAGE approach, Whole person and patient-centred care
12:45 – 01:00 pm	Why did Mrs. X die?	15 mins	Video + reflections
01:00 - 01:45 pm	Lunch Break		
Safeguarding the health of our mother and children- The Golden Start to Life			
01:45 – 02:15 pm	SS1: Antenatal Care- Abdomen palpation & FHS, High-risk pregnancy identification, Labour room tray preparation	30 mins	Rotation of participants in 6 skill stations over next 3 hours. 25 mins at each with demonstrations and back demonstrations + 5 mins for reflections.
02:15 - 02:45 pm	SS2: Intrapartum Care Cervical Dilatation, Partograph plotting, Safe Childbirth Checklist (SCC) introduction	30 mins	
02:45 – 03:15 pm	SS3: Intrapartum Care Normal Delivery	30 mins	
03:15 – 03:45 pm	SS4: Intrapartum Care AMTSL and Respectful maternity care (RMC)	30 mins	
03:45 – 04:00 pm	Tea Break	15 mins	
04:00 - 04:30 pm	SS5: Complication Management: Eclampsia + Catheterization	30 mins	
04:30 – 05:00 pm	SS6: Complication Management PPH management + IV insertion	30 mins	
Honing our soft skills and ethics			
05:00 - 05:30 pm	Verbal and non-verbal communication Ethics and values- Applied Principles of Medical Ethics, Confidentiality, Privacy, Informed Consent	30 mins	Video-based discussion Scenario- based discussion
05:30 – 05:45 pm	Reflections and Feedback	15 mins	
	End of Day 1		



DAY 2: TUESDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:15 am	08:55 am: Arrival at venue		
	Welcome back!		
	Recap of Day 1	15 mins	Discussion
Let us continue discussing your role in safeguarding newborn and child health			
09:15 – 09:45 am	SS 7: ESSENTIAL NEWBORN CARE- Purpose, Immediate Care and Delayed Care	30 mins	Rotation in 3 stations: Skill demonstration Hands-on practices on mannequin
09:45 – 10:15 am	SS 8: Newborn Resuscitation	30 mins	
10:15 – 10:45 am	SS 9: Breastfeeding, Kangaroo Mother Care	30 mins	
10:45 - 11:00 am	Tea Break		
11:00 – 11:45 am	SS 10: Comprehensive Newborn Screening at Birth: Head-to-Toe Examination of Newborn & Detection of visible birth defects using poster	45 mins	Group discussion, Videos, Case Scenarios
11:45 – 01:00 pm	Integrated Management of Newborn & Childhood Illnesses: Training using IMNCI Booklet	75 mins	Case based (colour coded) management of common illnesses using IMNCI Chart booklet for MO -Case-based scenario -Skill videos
01:00 - 01:45 pm	Lunch Break		
01:45 – 03:30 pm	Integrated Management of Newborn & Childhood Illnesses: Training using IMNCI Booklet	105 mins	Using IMNCI Chart booklet for MO -Case-based scenario -Skill videos
03:30 – 03:45 pm	Home Based Newborn and Child Care – Orientation to program	15 mins	PPT and Discussion
03:45 – 04:00 pm	Tea Break		
04:00 – 04:30 pm	Growth Monitoring: MCP Card use, plotting and interpretation	30 mins	Case based scenarios - Group work
04:30 – 05:00 pm	Infant and Young Child Feeding: Complementary feeding, management of poor weight gain	30 mins	Case based scenarios - Group work
Honing our soft skills			
05:00 - 05:30 pm	Counselling Skills: Steps in Counselling using various methods	30 mins	Scenario- based discussions related to maternal and child health
05:30 – 05:45 pm	Reflections and Feedback	15 mins	
	End of Day 2		

DAY 3: WEDNESDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:15 am	08:55 am: Arrival at venue		
	Welcome back!		
	Recap of Day 2	15 mins	Discussion
09:15 – 09:30 am	Thought for the day	15 mins	Video
Your role in building healthier futures: Care of children, Adolescents and their Nutrition			
09:30 – 10:45 am	IMMUNISATION MANAGEMENT SKILLS: Cold Chain management, Surveillance of VPD, AEFI management, Microplanning, Records & Reporting	75 mins	Scenario-based Group work & Discussion
10:45 - 11:00 am	Tea Break		
11:00 – 11:45 am	Skills For Anaemia Prevention & Management	45 mins	PPT/ Discussion
11:45 – 01:00 pm	HEADSS Assessment of Adolescent- Risk Identification & Management of Common Problems	75 mins	Think-Pair-Share, Case based group work
01:00 - 01:45 pm	Lunch Break		
01:45 – 02:45 pm	Family Planning Counselling using the GATHER Approach, and role of MO in FP services	60 mins	Scenario-based group discussions and role plays
Comprehensive approach to the adult population			
02:45 – 03:15 pm	SS 11: General and Head-to- toe examination	30 mins	Skill stations with demonstrations in groups
03:15 – 03:45 pm	SS 12: ENT, Eye and Oro-dental examination	30 mins	
03:45 – 04:00 pm	Tea Break		
04:00 – 05:00 pm	DIAGNOSTIC SKILLS Algorithmic approach to 10 common problems	60 mins	Case-based Discussion – Group Work
Honing our soft skills			
05:00 - 05:30 pm	Consultation Skills: Modified Calgary Cambridge method with communication skills, patient centred whole-person approach, shared decision making	30 mins	Discussion with PPT (5), Skill Demo with role play (10) Skill Practice in groups of 3 – using scenarios & checklists (15)
05:30 – 05:45 pm	Reflections and Feedback	15 mins	
	End of Day 3		



DAY 4: THURSDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:15 am	08:55 am: Arrival at venue		
	Welcome back!		
	Recap of Day 3	15 mins	Discussion
09:15 – 09:30 am	Thought for the day	15 mins	Video
Your role in disease elimination and preventing pandemics			
09:30 – 10:30 am	Towards a TB-Mukt Bharat: Overview of TB Management	60 mins	PPT and Case-based Learning
10:30 – 10:45 am	Leprosy Elimination: Patient examination, nerve assessment and management of leprosy	15 mins	Case-discussion and Case-based Learning
10:45 - 11:00 am	Tea Break		
11:00 am – 01:30 pm	Kings/ Queens of Communicable Disease Control! Quiz covering Case Based Discussions on management of: VBDs: Malaria, Kala Azar, Dengue, Chikungunya, JE, LF Viral hepatitis Zoonotic diseases: Rabies, scrub typhus, etc and One Health HIV and STIs	150 mins	2 rounds: First round- Group based case scenarios Second round- Rapid Fire QnA
01:30 - 02:15 pm	Lunch Break		
02:15 – 03:15 pm	From Medical Officer to Medical Detective: Outbreak prevention and management	60 mins	Case scenario-based group work
Let’s talk: Fighting the stigma of mental health diseases			
03:15 – 03:45 pm	Screening: Alcohol misuse screening tool, PHQ-9 questionnaire, early identification, referral, follow-up	30 mins	Screening using common MNS tools for early identification, management, referral, follow-up
03:45 – 04:00 pm	Tea Break		
Honing our Soft skills - Leadership is an action, not a position			
04:00 – 05:30 pm	Are Leaders born or made? Leadership Skills: Motivation and supportive supervision Team Building exercises Conflict Management	90 mins	Discussions, role plays and group work
05:30 – 05:45 pm	Reflections and Feedback	15 mins	
	End of Day 4		

DAY 5: FRIDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:15 am	08:55 am: Arrival at venue		
	Welcome back!		
	Recap of Day 4	15 mins	Discussion
09:15 – 09:30 am	Thought for the day	15 mins	Video
09:30- 09:45 am	Logical and Legible: Prescription writing Skills, Do’s and don’ts	15 mins	Peer learning Exercise
Tackling the hidden piece of the iceberg: Your role in our fight against NCDs			
09:45 – 10:15 am	SS 13: HTN Screening and Management protocols, including hypertensive emergency	30 mins	Demo of BP measurement and Case-based Learning
10:15 – 10:45 am	SS 14: DM Screening and Management protocols	30 mins	Demo of blood glucose, and urine protein/ ketone measurement and Case-based discussion
10:45 - 11:00 am	Tea Break		
11:00 – 11:20 am	SS 15: Breast Cancer screening	20 mins	Rotation between 4 stations- videos/ demo and back demo on mannequins/ app use and data interpretation
11:20 – 11:40 am	SS 16: Cervical Cancer Screening	20 mins	
11:40 – 12:00 pm	SS 17: Oral cancer screening	20 mins	
12:00 – 12:20 pm	SS 18: NP-NCD Portal use	20 mins	
12:20 – 12:30 pm	Reflections on Skill stations	10 mins	
12:30 – 01:00 pm	Case based discussions: COPD, CKD, NAFLD	30 mins	Case based discussions and exercises such as FiB4 Calculation
01:00 - 01:45 pm	Lunch Break		
Saving lives in the nick of time: Your role in Emergency Care Management			



Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
01:45 – 02:45 pm	SS 19: Basic Life Support: CPR	25 mins	Skill Practice in groups of 3 – using scenarios & Checklists
	SS 20: Airway Management and Choking Heimlich’s manoeuvre, Airway Management and Endotracheal intubation	25 mins	
	Self-reflection on skills learnt	10 mins	
02:45 – 03:45 pm	SS 21: Management of Trauma and Burns Triage, stabilizing, splinting, referral and transportation Burns– Initial management, Stabilization & Referral	25 mins	
	SS 22: Management of Bites and Poisoning Cases of Snake bite and Poisoning – Initial management, Stabilisation & Referral	25 mins	
	Self-reflection on skills learnt	10 mins	
03:45 – 04:00 pm	Tea Break	15 mins	
04:00 – 05:00 pm	SS 23: Management of Medical and Surgical Emergencies Management of Acute Chest Pain with ECG interpretation	25 mins	
	SS 24: Management of Medical and Surgical Emergencies Triage Identification and referral of Stroke and Acute abdomen	25 mins	
	Self-reflection on skills learnt	10 mins	
Unleashing your inner artist for Health Promotion and Disease Prevention			
05:00 – 05:30 pm	Principles of IEC and BCC – Group challenge for effective IEC	30 mins	
05:30 – 05:45 pm	Reflections and Feedback	15 mins	
	End of Day 5		

DAY 6: SATURDAY

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:00 - 09:10 am	08:55 am: Arrival at venue		
	Welcome back!		
	Recap of Day 5	10 mins	Discussion
09:10 – 09:30 am	A fit start to the final day: Yoga for the body and mind	20 mins	Demonstrations
Compassionate Care for the vulnerable groups			
09:30 – 09:40 am	Care of a Person with Disability (PWD)	10 mins	Food for thought- group discussion
09:40 – 10:10 am	CGA – Comprehensive Geriatric Assessment - Diagnosis, Treatment Initiation, Follow-up & Referral	30 mins	Case-based Learning, skills for CGA
10:10 – 10:40 am	Management of Geriatric Giants, and other common elderly health issues	30 mins	Case-based discussion
10:40 - 10:55 am	Tea Break		
10:55 – 11:20 am	Medical Certification of Death and Medicolegal protocols	25 mins	Case- based discussions
11:20 – 11:50 am	Breaking bad news: Compassionate and empathetic communication, bereavement support	30 mins	Skill Practice in groups of 3 – using scenarios & Checklists
11:50 am – 12:30 pm	Palliative Care Pain Scoring, Problems to be managed in Palliative care	40 mins	PPT, case-based discussion Unleashing your inner artist for Health Promotion and Disease Prevention
12:30 – 01:00 pm	Group challenge for effective IEC: Presentations and judgement of IEC/ BCC	30 mins	Group presentations
01:00 - 01:45 pm	Lunch Break		
Data and Technology Solutions for my AAM			
01:45 – 02:45 pm	Telemedicine, Digital platforms, Data Surveillance & Understanding data	60 mins	Worksheet & Groupwork
Building a culture of Quality, Compassion and Community			
02:45 – 03:15 pm	NQAS certification for my AAM: Cleanliness, Infection control, BMW, Patient-friendliness, access, patient rights	30 mins	PPT, Discussion, games for BMW
03:15 – 03:45 pm	Self-Care: Time Management and Anger Management	30 mins	Group work and role play
03:45 – 04:00 pm	Tea Break		
04:00 – 04:15 pm	Post-test	15 mins	Google-form based MCQ test
04:15 – 04:30 pm	Vision board: Planning for my AAM and Community – Roadmap to UHC	15 mins	Short-, medium- and long-term plans
04:30 – 04:45 pm	Sharing the vision Reflections, Feedback for the training	15 mins	Voluntary activity
04:45 – 05:00 pm	Valedictory Ceremony	15 mins	Certificate distribution
	End of Training		



Skills Mapping – Skills that the training will cover

1. YOUR AYUSHMAN AROGYA MANDIR, YOUR COMMUNITY (CHAPTER 1)

S. No.	Skills
1)	Effective Communication Skills – for the patients, team and rapport building with the community
2)	Communication for family participatory care
3)	Counselling skills
4)	Consultation Skills
5)	Medical Ethics

2. THE GOLDEN START TO LIFE: CARE DURING PREGNANCY AND CHILDBIRTH (CHAPTER 2)

S. No.	Skills
6)	Abdominal Palpation and Foetal Heart Sound (FHS) Auscultation
7)	Administration of Magnesium sulphate for Severe pre-eclampsia/Eclampsia
8)	Antenatal corticosteroid uses for pre-term
9)	Introduction to the Safe Childbirth Checklist (SCC) – 4 Checkpoints
10)	Triaging based on History, Examination and decision for level of care
11)	Checklists for Abdominal examination, Gestational Age estimation and conducting PV examinations
12)	Assessment of Cervical Dilatation and Effacement
13)	Partograph Plotting
14)	Preparing for Safe Delivery – Labour Room Readiness and Trays
15)	Normal Delivery
16)	Active Management of the Third Stage of Labour (AMTSL)
17)	Rapid Initial Assessment and Management of Shock
18)	Checklist for Management of 2nd and 3rd Stage of Labour: Normal Delivery, ENBC and AMTSL
19)	Management of Post-Partum Haemorrhage (PPH)
20)	Postpartum Family Planning (PPFP) Counselling

3. CARE OF THE NEWBORN (CHAPTER 3.1)

S. No.	Skills
21)	Essential Newborn Care - Immediate Care and Delayed Care
22)	Newborn Resuscitation - Basic
23)	Kangaroo Mother Care
24)	Breastfeeding
25)	Comprehensive Newborn Screening at Birth Head-to-Toe Examination of Newborn & Detection of visible birth defects
26)	Management of Newborn as per IMNCI
27)	Mother- Child Protection Card Use
28)	Management of poor weight gain

4. CARE OF THE CHILD (CHAPTER 3.2)

S. No.	Skills
29)	IMNCI Assessment of a Sick Child (2 months – 5 years) Using the IMNCI Algorithm
30)	IMNCI Assessment of a Sick Young Infant (0 – 2 Months)
31)	Managing Severe Dehydration in Children (Plan C)
32)	Managing a Child with Severe Pneumonia / Respiratory Distress Before Referral
33)	Managing Severe Acute Malnutrition (SAM) with Medical Complications
34)	Infant and Young Child Feeding (IYCF) Counselling: Breastfeeding Assessment and Support
35)	Complementary Feeding Counselling and Management of Feeding Problems
36)	Childhood Immunization — Microplanning, safe administration and AEFI management
37)	Iron Folic Acid (IFA) Supplementation, Vitamin A and Deworming in Children
38)	Assessing and Supporting Child Development Using the MCP Card and IMNCI Recommendations

5. CARE OF AN ADOLESCENT (CHAPTER 3.3)

S. No.	Skills
39)	Comprehensive Adolescent Health Assessment Using HEADSSS Framework
40)	Assessing Pubertal Development & Growth Monitoring
41)	Nutritional Assessment & Counselling for Adolescents
42)	Management of Nutritional Anaemia & Deficiency Disorders



S. No.	Skills
43)	Screening & First Response to Adolescent Mental Health Problems
44)	Counselling Adolescents — Communication & Behaviour Change
45)	Menstrual Health Assessment & Management
46)	RTI/STI Screening, Adolescent Pregnancy & Contraceptive Counselling
47)	Screening for Substance Use & Brief Intervention in Adolescents
48)	Promoting Adolescent Life Skills, Healthy Lifestyle & Injury Prevention
49)	Running an Adolescent-Friendly Health Centre (AFHC) at the PHC
50)	Adolescent Immunisation & National Programme Integration

6. CARE OF AN ADULT PERSON (CHAPTER 3.4)

S. No.	Skills
51)	Three-Stage Assessment & Vital Signs in Adults
52)	Approach to Fever — Systematic Assessment & Rational Management
53)	Headache — Classification, Red Flags & Management
54)	Red Eye- differential diagnosis and management
55)	Acute and Chronic URTI / LRTI, including common ENT conditions — Early Detection, Triage & Treatment
56)	Management of epistaxis and other ENT conditions
57)	Nausea, vomiting and diarrhoea management
58)	Anaemia — Classification, Investigation & Treatment
59)	Jaundice, GI Bleeding & Diarrhoea
60)	LUTS, Groin Swellings & management of common Breast Problems
61)	Management of common gynaecological problems
62)	Provision of Family Planning services, Counselling & After-Effect Management
63)	Assessment and triage of diminished vision
64)	Management of common ear problems and hearing loss
65)	Back Pain, Joint Pain & Body Pain — Triage & Management

7. CARE OF ELDERLY (CHAPTER 3.5)

S. No.	Skills
66)	Conducting Comprehensive Geriatric Assessment (CGA)
67)	Pain Assessment in Cognitively Impaired Elderly (PAINAD)



S. No.	Skills
68)	Stabilizing an elderly with Stroke Patient Before Referral
69)	Managing Severe Hypoglycaemia in Elderly Diabetics
70)	Managing Acute Exacerbation of COPD
71)	Diagnosing and Managing Urinary Incontinence
72)	Managing Frailty and Malnutrition
73)	Safe Prescribing and Polypharmacy Review
74)	Screening and Managing Depression in Elderly
75)	Identifying and Responding to Elder Abuse
76)	Running a Weekly Fixed-Day Geriatric Clinic

8. CROSS CUTTING DOMAINS: COMMUNICABLE DISEASES (CHAPTER 4)

S. No.	Skills
77)	Differential Diagnosis of Fever cases
78)	Diagnosis and management of Vector Borne Diseases (Malaria, Filariasis, Kala-Azar and Post Kala-Azar Dermal Leishmaniasis (PKDL), Dengue and chikungunya and Japanese Encephalitis.
79)	Vector control planning (IRS, source reduction)
80)	Diagnosis, Red Flags and management of Mycobacterial Infection (Tuberculosis and Leprosy)
81)	Diagnosis and management of HIV and STIs
82)	Counselling (for HIV and STDs) & testing and referral - Adherence to treatment protocol
83)	Diagnosis and management of Zoonotic Diseases
84)	Assessment of jaundice, viral hepatitis, risk factors and management
85)	Outbreak investigation & response planning



9. CROSS CUTTING DOMAINS: NON-COMMUNICABLE DISEASES & MENTAL HEALTH (CHAPTER 5)

S. No.	Skills
86)	Correct BP Measurement Technique
87)	Capillary Blood Glucose Testing (Glucometer)
88)	Measuring BMI, Waist Circumference & Waist-Hip Ratio
89)	3-Stage Patient Assessment for NCD
90)	Oral Visual Examination (OVE) for Oral Cancer Screening
91)	Visual Inspection with Acetic Acid (VIA) for Cervical Cancer
92)	Clinical Breast Examination (CBE) & Breast Self-Examination Teaching
93)	ECG Interpretation – LVH, STEMI, Arrhythmia Recognition
94)	Peripheral Neuropathy Assessment (Diabetic Foot Examination)
95)	Dipstick Urinalysis for Proteinuria & Micro-albuminuria
96)	BEFAST Stroke Rapid Assessment & Emergency Stabilisation
97)	PHQ-9 Administration & Scoring for Depression Screening
98)	Screening and diagnosis for Common Mental Diseases
99)	Suicide Risk Assessment
100)	Tobacco Cessation Counselling
101)	CBAC Scoring & NCD Risk Communication to Community
102)	Diabetes & Hypertension Patient Counselling (Diet, Exercise, Foot Care)
103)	Prescribing & Monitoring Antidepressants at PHC Level
104)	Management of Sickle Cell disease patient
105)	Alcohol Detoxification Protocol at PHC Level
106)	Thalassemia screening and management

10. EMERGENCY CARE (CHAPTER 6)

S. No.	Skills
107)	Initial Emergency Assessment: (H)ABCDE Approach & Triage
108)	Adult BLS — CPR & Automated External Defibrillator (AED)
109)	Airway Management
110)	Trauma Primary Survey — Haemorrhage Control & Fracture Stabilisation
111)	Burns Assessment & Initial Management
112)	Recognition & Management of Shock (All Types)
113)	Heimlich's Manoeuvre

S. No.	Skills
114)	Anaphylaxis — Recognition & Emergency Management
115)	Acute Coronary Syndrome — STEMI & NSTEMI
116)	Palpitations — Dangerous Arrhythmia Recognition
117)	Acute Stroke — BEFAST Recognition
118)	Seizures & Status Epilepticus
119)	Acute Breathlessness — Triage & Emergency Management
120)	Diabetic Emergencies — DKA & Hypoglycaemia
121)	Hypertensive Emergency
122)	Acute Poisoning
123)	Snakebite Management
124)	Scorpion Sting Management
125)	Animal / insect bite management
126)	Heat Stroke Management
127)	Disaster Triage (START/4-Colour) & Mass Casualty Management
128)	Safe Referral (ISBAR)
129)	Acute Abdomen management at PHC

11. PALLIATIVE AND REHABILITATIVE CARE (CHAPTER 7)

S. No.	Skills
130)	Palliative Care Screening using Screening Tool
131)	Comprehensive Clinical Assessment of Palliative Care Patient
132)	Pain Assessment using Visual Analogue Scale (VAS) & WHO Analgesic Ladder
133)	Oral Morphine Prescribing for Severe Pain
134)	Urinary Catheterization
135)	Ryle's Tube (Nasogastric Tube) Insertion
136)	Wound Care and Dressing (including Pressure Sores)
137)	Ascites Tapping (Paracentesis)
138)	Holistic Care Plan Development for Palliative Patients
139)	Breaking Bad News using SPIKES Protocol
140)	End-of-Life Care & Bereavement Support Counselling



12. DIGITAL HEALTH AND DATA MANAGEMENT (CHAPTER 8)

S. No.	Skills
141)	Telemedicine & e-Sanjeevani use
142)	NCD Portal & Disease Management
143)	HMIS & Data Governance
144)	JANANI application & Maternal/Child Health data interpretation
145)	Disease Surveillance (IDSP-IHIP)
146)	AAM portal and NIKSHAY use

13. COMMUNITY ENGAGEMENT AND OUTREACH (CHAPTER 9)

S. No.	Skills
147)	Conducting a Community Needs Assessment using PRA Tools (Social Mapping, Seasonal Calendar, Problem Ranking)
148)	Facilitating Meetings of Community Platforms like VHSNC / JAS / MAS
149)	Organizing and Conducting an Ayushman Arogya Shivar
150)	Designing an IEC / BCC Campaign for Health Behaviour Change
151)	Conducting a Focus Group Discussion (FGD) with Community Members
152)	Interpersonal Communication (IPC) and Counselling Techniques for Health Promotion
153)	Community-Based Surveillance: Fever Cluster Detection, Line-Listing and Outbreak Reporting
154)	Group Facilitation Skills for Community Meetings and Stakeholder Engagement
155)	Facilitating a Patient Support Group Session for NCD / Chronic Disease / other Patients
156)	Intersectoral Coordination: Conducting a Joint Planning Meeting with Panchayat / Line Departments

14. EFFICIENT MANAGEMENT AT AAM (CHAPTER 10)

S. No.	Skills
157)	SMART Goal Setting
158)	Time Management
159)	Stress & Burnout Management
160)	Anger Management



S. No.	Skills
161)	Supportive Supervision
162)	Conflict Management
163)	Infrastructure & Facility Readiness
164)	IPC & BMW Management
165)	Inventory & Supply Chain
166)	Logistics & Supply Chain (FPLMIS/DVDMS)
167)	Grievance Redressal
168)	Disaster Preparedness & Response
169)	Quality Management (QI & NQAS)

Rationalization of Existing Trainings under the Integrated Training Framework

1. RMNCAH+N (REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH + NUTRITION)

1. Daksh and Dakshata Training
2. Orientation on RBSK
3. Navjaat Shishu Suraksha Karyakram (NSSK)
4. Integrated Management of Neonatal and Childhood Illness (IMNCI)
5. Orientation on Child Death and Still Birth Review
6. Weekly Iron and Folic Acid Supplementation (WIFS)
7. Nutrition – MAA Training
8. MO Handbook Training – Immunization
9. Family Planning trainings (FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB, PTK)
10. Oral Pills Training



2. COMMUNICABLE DISEASES

1. National Tuberculosis Elimination Programme (NTEP)
2. National Leprosy Eradication Programme (NLEP)
3. National Viral Hepatitis Control Programme (NVHCP)
4. National Vector Borne Disease Control Programme (NVBDCP)
5. Prevention and Control of Leptospirosis
6. Rabies Prevention & Animal Bite Management
7. Training on Snakebite Envenoming
8. Outbreaks, Surveillance & Public Health Response training

3. NON-COMMUNICABLE DISEASES

1. National Program for NCDs - related Trainings
2. National Mental Health Programme
3. National Programme for Health Care of the Elderly (NPHCE)
4. National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
5. National Programme for Prevention and Control of Deafness (NPPCD)
6. National Oral Health Programme
7. National Sickle Cell Anaemia Elimination Mission
8. Thalassemia Management
9. Climate Change and Health (NPCCHH)
10. National Program on Palliative Care

4. OTHER (CROSS-CUTTING / SYSTEMS / COMPREHENSIVE CARE)

1. CPHC – All Packages (including Eat Right)
2. AAM, FP-LMIS, NCD Portal, Digital Platforms like e-Sanjeevani
3. Orientation of Health Systems and NUHM
4. Training on Medico-legal Protocols





स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



Integrated Training for Staff Nurse at Ayushman Arogya Mandir



**Empowering Staff Nurses for comprehensive,
compassionate, and patient-centered care delivery**

2026

Empowering Staff Nurses at the Frontlines of India's Primary Healthcare System

The Staff Nurse training module is a competency-based capacity building programme designed to strengthen the delivery of Comprehensive Primary Health Care (CPHC) services across Ayushman Arogya Mandir facilities in both rural and urban settings. Anchored in the FRAC Framework (Framework of Roles, Activities & Competencies), it defines the roles of Staff Nurses, aligns key service delivery activities with required competencies, and equips them with the knowledge and skills needed for effective performance. The training follows a blended learning approach, beginning with a digital pre-learning phase on the iGOT Karmayogi platform, where participants complete structured modules and a mandatory pre-assessment to build foundational knowledge.

This is followed by facilitator-led contact training focused on strengthening practical competencies through classroom sessions, skill demonstrations, simulations, and case-based discussions. Continuous assessment is integrated throughout the training, and certification is awarded only upon successful completion of both phases and demonstration of required competencies. Overall, the programme builds clinical, public health, and managerial capacities, ensuring that Staff Nurses are well-equipped to deliver quality, person-centred primary healthcare in alignment with national health priorities.

The Journey with the Blended Learning Program

CHAPTER 1: STRENGTHENING COMPREHENSIVE PRIMARY HEALTH CARE THROUGH AYUSHMAN AROGYA MANDIR

This chapter provides the policy framework and operational orientation for Staff Nurses in delivering Comprehensive Primary Health Care through Ayushman Arogya Mandir. It details the expanded service package covering promotive, preventive, curative, rehabilitative, and palliative care. Norms related to infrastructure, human resources, essential drugs, and diagnostics as per IPHS 2022 are outlined. The chapter guides Staff Nurses on population enumeration, empanelment, and community profiling for effective service planning. It clearly defines their roles in clinical care, public health functions, and community engagement. Emphasis is placed on health promotion, wellness activities, and continuum of care. Quality assurance mechanisms and adherence to national standards are included. Integration of digital health platforms for reporting and service delivery is also emphasized.

CHAPTER 2: NEWBORN AND CHILD HEALTH

This chapter equips Staff Nurses with competencies required for delivering comprehensive newborn and child health services at the primary care level. It covers essential newborn care, immunization, growth monitoring, and management of common childhood illnesses. Emphasis is placed on early identification of risk factors and timely referral. Preventive and promotive interventions, including nutrition and breastfeeding support, are detailed. The role of Staff Nurses in ensuring continuity of care, counselling, and follow-up is clearly defined. Recording and reporting using national digital platforms are included. The chapter aligns service delivery with national child health programme protocols. It strengthens the capacity of Staff Nurses to improve child health outcomes.



CHAPTER 3: ADOLESCENT HEALTH

This chapter focuses on building the capacity of Staff Nurses to address the comprehensive health needs of adolescents. It includes physical, reproductive, nutritional, and mental health components. The chapter outlines adolescent-friendly health services, including counselling and outreach. Key areas such as menstrual hygiene, substance use prevention, and promotion of healthy behaviours are covered. Screening and early identification of psychosocial issues are emphasized. The role of Staff Nurses in counselling, service provision, and referral is defined. Community and school-based engagement strategies are included. The chapter promotes delivery of accessible and youth-responsive health services.

CHAPTER 4: MATERNAL HEALTH

This chapter provides detailed guidance for Staff Nurses on delivering maternal health services across antenatal, intranatal, and postnatal stages. It includes early registration, routine antenatal care, and risk identification. Management of normal pregnancy and identification of complications are outlined. Safe delivery practices and postnatal care services are emphasized. Maternal nutrition, anaemia prevention, and birth preparedness are integral components. The role of Staff Nurses in ensuring quality care and timely referral is clearly defined. Documentation and digital tracking mechanisms are included. The chapter aligns with national maternal health guidelines and standards.

CHAPTER 5: NON-COMMUNICABLE DISEASES:

This chapter strengthens the role of Staff Nurses in prevention, screening, and management of non-communicable diseases. It includes hypertension, diabetes, and common cancers under population-based screening. Risk assessment and early detection strategies are emphasized. The chapter details management protocols, follow-up care, and referral pathways. Health promotion and lifestyle modification counselling are included. The role of Staff Nurses in patient education, monitoring, and continuity of care is highlighted. Recording and reporting through national platforms are covered. The chapter supports integrated NCD service delivery at primary care level.

CHAPTER 6: ELDERLY CARE

This chapter focuses on equipping Staff Nurses to provide comprehensive healthcare services to the elderly population. It includes screening, assessment, and management of common geriatric conditions. Emphasis is placed on maintaining functional ability, mental health, and quality of life. Preventive, promotive, and curative aspects of elderly care are covered. The chapter includes home-based care, follow-up, and referral linkages. Roles of Staff Nurses in delivering respectful and age-sensitive care are specified. Documentation and monitoring requirements are included. The chapter promotes inclusive and accessible geriatric care services.

CHAPTER 7: PALLIATIVE CARE

This chapter prepares Staff Nurses to deliver palliative care services at the primary healthcare level. It includes pain management, symptom control, and supportive care for patients with life-limiting illnesses. The chapter emphasizes improving quality of life through holistic care. Psychological, social, and emotional support for patients and families are included. Community and home-based care approaches are detailed. The role of Staff Nurses in providing compassionate and



coordinated care is defined. Referral mechanisms to higher facilities are outlined. The chapter promotes patient-centred and dignified care practices.

CHAPTER 8: COMMUNICABLE DISEASES

This chapter builds competencies of Staff Nurses in prevention and management of communicable diseases. It includes surveillance, early detection, and case management protocols. Infection prevention and control practices are emphasized. The chapter outlines reporting systems and outbreak response mechanisms. Integration with national disease control programmes is included. The role of Staff Nurses in patient awareness, case tracking, and follow-up is defined. Recording and reporting requirements are detailed. The chapter strengthens public health response at the primary level.

CHAPTER 9: CLIMATE CHANGE AND DISASTER MANAGEMENT

This chapter equips Staff Nurses with knowledge and skills to address health impacts of climate change and disasters. It includes identification of climate-sensitive health risks and vulnerable populations. Preparedness, mitigation, and response strategies are outlined. The chapter defines roles of Staff Nurses during emergencies and disasters. Community awareness and resilience-building approaches are included. Surveillance and reporting during emergencies are emphasized. Coordination with health systems and stakeholders is detailed. The chapter enhances readiness for public health emergencies.

CHAPTER 10: SUPPLY CHAIN MANAGEMENT IN PUBLIC HEALTH

This chapter outlines the role of Staff Nurses in managing supply chains for drugs, diagnostics, and consumables. It includes procurement processes, storage practices, and inventory management. The chapter emphasizes uninterrupted availability of essential supplies. Record-keeping, stock monitoring, and reporting mechanisms are detailed. Responsibilities of Staff Nurses in logistics and resource management are clearly defined. Quality assurance and rational use of supplies are highlighted. Use of digital systems for inventory tracking is included. The chapter ensures efficiency and accountability in service delivery.

CHAPTER 11: NATIONAL ONE HEALTH PROGRAMME FOR PREVENTION AND CONTROL OF ZOOSES

This chapter builds the capacity of Staff Nurses to address zoonotic diseases through a One Health approach. It includes coordination across human, animal, and environmental health sectors. The chapter outlines surveillance, prevention, and control strategies for priority zoonotic diseases. Early identification, reporting, and response mechanisms are emphasized. Roles of Staff Nurses in awareness generation and case management are defined. Intersectoral coordination and data sharing are included. Documentation and use of surveillance systems are detailed. The chapter strengthens preparedness and response to zoonotic health threats.

The ten-day immersive training experience: Agenda

DAY 1

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Registration, Welcome and opening session (introduction, participants' expectations, training norms, goal and objectives of training, agenda, orientation to training package)	30 mins	Interactive presentation and facilitation
10:00 - 10:30 am	Pre-training knowledge assessment	30 mins	Observation
10:30 - 11:15 am	Know your community, demographics, diseases pattern and Overview of CPHC	45 mins	Interactive presentation and Video
Tea to be served during the session			
11:15 am - 12:15 pm	Life cycle approach and role of Nurse in strengthening CPHC	60 mins	Interactive presentation, Group work and Video
12:15 - 13:15 pm	Quality assurance	60 mins	Interactive presentation and exercise
13:15 - 13:45 pm	Lunch break	30 mins	
Infant (0-1 Year) and Children (1-5 year)			
13:45 - 14:30 pm	Introduction to newborn and child health program	45 mins	Interactive presentation and facilitation
14:30 - 15:00 pm	Newborn care corner under FBNC	30 mins	Group discussion and video (Organizing labor room)
15:00 - 15:30 pm	Skill: Essential Newborn care	30 mins	Group discussion and video
15:30 - 16 :30 pm	Skill: Newborn Resuscitation under Navjat Shishu Suraksha karyakram (Theory as Pre-read and demonstration, redemonstration during session) by use of NSSK flipbook	60 mins	Demonstration, Video and Redemonstration
16:30 - 17:00 pm	Comprehensive newborn screening (Tea to be served during the session)	30 mins	Interactive presentation, Use of Job aid and Video
17:00 - 17:15 pm	Recording and reporting in newborn case sheet	15 mins	Discussion by use of Case sheet and NSSK flipchart
17:15 - 18:15 pm	Demonstration on Breast feeding KMC and soft skills	60 mins	Demonstration on mannequin and Role play
18:15 - 18:30 pm	Wrap up of Day 1	15 mins	



DAY 2

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00 - 9:30 am	Recap	30 mins	Quiz / presentation / OSCE / Discussion on assignments
9:30 - 10:15 am	Birth dose Immunization Skill BCG Vaccination by Intra dermal Injection and Hepatitis -B (Intramuscular Injection) by Use of AD syringe	45 mins	Demonstration
10:15 - 11:00 am	Soft skills related to Discharge planning, Discharge advice and Neonatal transport	45 mins	Role play
Tea to be served during the session			
11:00 - 11:30 am	Role of Staff Nurse in Immunization	30 mins	Group discussion and role play
11:30 am - 12:00 pm	Microplanning and Managing cold chain	30 mins	Role play and Group discussion
12:00 - 12:30 pm	Conducting RI session	30 mins	Use of Checklist and Job aid
12:30 - 13:00 pm	AEFI and reporting	30 mins	Interactive presentation and Demonstration through AEFI kit
13:00 - 13:30 pm	Soft Skill: Managerial role record and reporting in routine immunization and UWIN	30 mins	Interactive discussion
13:30 - 13:45 pm	Counselling Skill on Routine immunization key messages and follow up	15 mins	Role play
13:45 - 14:15 pm	Lunch Break	30 mins	
14:15 - 14:45 pm	IMNCI approach and introduction to colour coded Chart booklet	30 mins	Discussion by using Color-coded chart booklet
14:45 - 15:15 pm	Management of young Infant up to 2 months PSBI: Skill Respiration Rate counting, Looking for chest Indrawing and Assessment of temperature	30 mins	Reading module, Skill demonstration, Video
15:15 - 15:45 pm	Assessment of Young Infant for Diarrhoea Skill: Assessment and classification of diarrhoeal diseases ORS preparation	30 mins	Reading module and Skill demonstration
15:45 - 16:30 pm	Exercise: Classify Feeding problem and low weight for age Skills: Anthropometric assessment (Weight, Height, MUAC)	45 mins	Demonstration and Video
16:30 - 17:15 pm	Assessment care of Sick Child –(2-5 Years of age) Classify and treat child with cough and difficult breathing Skill: Pulse Oximetry ,O2 therapy and IM injection technique Pneumonia and Danger sign	45 mins	Demonstration and Video



Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
17:15 - 17:35 pm	Skill: Safe injection practices	20 mins	Demonstration
17:35 - 17:45 pm	Assess Child for Fever – Including Malaria	10 mins	
17:45 - 18:15 pm	Growth monitoring – Growth chart, skills plotting on Growth chart and Interpretation	30 mins	Demonstration /OSCE
18:15 - 18:30 pm	Wrap up of Day 2	15 mins	



DAY 3

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00-9:30	Recap	30 mins	Quiz / presentation / OSCE
9:30-10:00	Treat the young infant and counselling mother for referral	30 mins	Role play and chart booklet
Tea to be served during the session			
10:00-10:15	Counselling and follow up Children with Sick cell and Thalassemia diseases	15 mins	Role play
10:15 -11:00	Children with Mental health disorders	45 mins	Case scenario and role play
11:00-11:30	Communicable diseases in children Skills: RDK for Malaria and Sputum collection	30 mins	Skill Demonstration
11:30-12:00	Eye disorders in Children, skills Administration of Eye drops, First aid for foreign body in Eye	30 mins	Discussion and Skill demonstration
12:00-12:30	ENT disorders in Children, skills administration of Ear Drops and First aid for Nasal Bleeding	30 mins	Discussion and Skill demonstration
12:30-13:00	Oral disorders in children	30 mins	Discussion
13:00-14:00	Emergency and first aid care for common paediatric emergencies Skill: IV Injection, CPR, Choking relief manoeuvre	60 mins	Discussion, Skill demonstration
14:00-14:30	Lunch break	30 mins	
14:30-15:15	Soft skills for child health (Communication, counselling, Ethical practice and professionalism)	45 mins	Role play and case-based scenarios
15:15-16:00	RKSK program	45 mins	Interactive presentation and facilitation Case scenario
16:00-17:00	Organization of AFHC Clinic and Skill: Adolescent assessment by HEADS tool, NCD screening, Mental Health (PHQ -9/SRQ -20), BMI, communication and counselling skills	60 mins	Interactive presentation Role play and Demonstration
17:00-17:30	Orientation on Maternal Health program including Care compassion and RMC	30 mins	Interactive Presentation Case based scenario
17:30-18:15	Role of Staff Nurse in Maternal Health care	45 mins	Discussion and Role play
18:15 -18:30	Wrap up of Day 3	15 mins	



DAY 4

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00-9:30	Recap	30 mins	Quiz / presentation / OSCE
9:30-10:30	Skills related to Antenatal care Confirmation of Pregnancy by UPT, Calculation of EDD Haemoglobin estimation by digital hemoglobinometer History taking and Physical examination (Height, Weight)	60 mins	Demonstration, Video and OSCE
Tea to be served during the session			
10:30-11:00	ANC profile skills, Urine Albumin sugar, POC test – Malaria, Dengue, HBsAg, Sick cell HIV, VDRL / Syphilis and OGTT	30 mins	Demonstration, Video and OSCE
11:00-11:45	Abdominal Examination including Gestational week estimation Fundal height, Abdominal girth, Foetal Heart sound and 4 manoeuvres of ANC examination	45 mins	Demonstration and OSCE
Tea to be served during the session			
11:45 -12:30	ANC counselling by role play by using soft skills including RMC and empathy	45 mins	Case scenario and Role play
12:30-13:00	Sickle cell anaemia in Pregnancy	30 mins	Case based discussion and presentation
13:00-14:00	Intrapartum care Skills, Organization of Labor room and Triaging PV examination , Plotting partograph	60 mins	Case scenario Demonstration / Re-demonstration / OSCE
14:00-14:30	Lunch break	30 mins	
14:30-15:30	Conducting Delivery , AMTSL	60 mins	Demonstration / Redemonstration OSCE
15:30-16:30	Skills related to Management of complication during pregnancy labor and postpartum Management of PPH MGSO4 administration, Initial management of Eclampsia	60 mins	Demonstration / Redemonstration OSCE
16:30-17:30	Post natal assessment including mental health screening and Infection prevention / Disinfection practices for Labor Room	60 mins	Demonstration / Redemonstration OSCE
17:30-18:15	Communicable diseases and Oral conditions in Pregnancy	45 mins	Interactive presentation and discussion
18:15-18:30	Wrap up of Day 4	15 mins	



DAY 5

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00-9:30	Recap	30 mins	Quiz / presentation / OSCE
9:30 -10:15	Orientation on Family planning program including use of Job aids (HTSP, Return of fertility, Initiation and effectiveness of FP methods	45 mins	Interactive presentation and discussion
Tea to be served during the session			
10:15-11:15	Skills: Family planning Counselling (GATHER / BRAIDED / Balanced counselling Strategy approach)	60 mins	Role play and Discussion
11:15-12:30	PPIUCD insertion, IUCD insertion, MPA administration	75 mins	Demonstration, OSCE and Video
12:30-13:00	Oral pills administration by using Job aids	30 mins	Discussion by using Job aid
13:00-14:00	Comprehensive Abortion Care	60 mins	Interactive presentation and discussion
14:00-14:30	Lunch break	30 mins	
14:30-15:15	Overview of NCD program	45 mins	Interactive presentation and discussion
15:15-15:45	Role and responsibilities of Staff Nurse	30 mins	Discussion and Role play
15:45-16:30	Opportunistic screening by using CBAC form (Waist circumference, BMI, screening)	45 mins	Demonstration and discussion
16:30-17:15	NCD counselling and Overview of Hypertension and Diabetes Skill Estimation of Blood pressure skills and Management protocol	45 mins	Interactive presentation and facilitation Group work
17:15-17:45	NP NCD portal	30 mins	Hands on session
17:45-18:15	Overview of Oral cancer and skill Oral visual examination	30 mins	Interactive presentation and Demonstration
18:15-18:30	Wrap up of Day 5	15 mins	

DAY 6

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00-9:30	Recap	30 mins	Quiz / presentation /OSCE
9:30-10:00	Overview of Breast cancer and skill BSE	30 mins	Interactive presentation and Demonstration
Tea to be served during the session			
10:00-10:45	Overview of Cervical cancer and Skill VIA	45 mins	Interactive presentation and Demonstration
10:45-11:45	NCD related Emergency, Oral, Eye, ENT and Neurological conditions	60 mins	Interactive presentation and discussion
11:45-12:45	NPHCE program, Ageing, Health problems of elderly and Role of Staff Nurse	60 mins	Interactive presentation, Discussion
12:45-13:45	Common illness in Elderly including Geriatric Giants	60 mins	Interactive presentation, Discussion
13:45-14:15	Lunch Break	30 mins	
14:15- 15:15	Comprehensive Geriatric Assessment Section 3: - 10-minute Comprehensive Screening (GDS, ADL, GPCOG, Fall assessment, Elderly abuse assessment) Section 4: Physical examination (Weight, Height Measurement of body temperature, Pulse, RR, BP, Waist circumference, Hip circumference, Nutritional assessment)	60 mins	Interactive presentation, discussion and demonstration
15:15-16:00	Health promotion, self-care and counselling in Elderly	45 mins	Role play
16:00-17:00	Skills related to Basic Nursing care for Elderly Care of the bed-ridden patient, Nasogastric Feeding Pressure sore	60 mins	Interactive presentation, Video and Demonstration
17:00-17:45	Overview of Palliative care program and role of Staff Nurse	45 mins	Interactive presentation Case based scenario
17:45-18:15	Home care	30 mins	Group Discussion and role play
18:15-18:30	Wrap up of Day 6	15 mins	



DAY 7

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00 - 9:30 am	Recap	30 mins	Quiz / presentation / OSCE
9:30 - 10:30 am	Counselling and psychosocial support in Palliative care	60 mins	Job aid, Role play and Case based discussion
Tea to be served during the session			
10:30 - 11:15 am	Assessment and management of Pain	45 mins	Case based discussion and Interactive presentation
11:15 am - 12:00 pm	Nursing care for common Symptom management	45 mins	Interactive presentation and case-based discussion
12:00 - 13:00 pm	Nursing procedures for palliative care Pressure sore care, Stoma care, tracheostomy routine / Skin care, Bowel management, compression bandaging, Subcutaneous Infusion, Care for Urinary catheter	60 mins	Videos and Demonstration
13:00 - 13:30 pm	Care of dying	30 mins	Interactive presentation and Group discussion
13:30 - 14:00 pm	Lunch break	30 mins	
14:00 - 14:30 pm	Palliative care tools	30 mins	
14:30 - 15:30 pm	Communicable diseases (NVBD, NTEP and NVHCP) including Skills Use of RDK, Sputum collection	60 mins	Interactive presentation
15:30 - 16:15 pm	Communicable diseases (NLEP, NRCP and NACP) including skills Screening for leprosy and HIV testing and counselling Skills	45 mins	Interactive presentation Role play and Case based discussion
16:15 - 16:45 pm	Role of Staff Nurse in Communicable diseases control	30 mins	Interactive presentation facilitation, Discussion and Role play
16:45 - 17:15 pm	NMHP and Mental health promotion	30 mins	Interactive presentation Case based scenario
17:15 - 18:15 pm	Mental health disorders (CMD, SMD, Substance use) by use of Tool PHQ -9, MMSE, SRQ-20, AUDIT	60 mins	Interactive session
18:15 - 18:30 pm	Wrap up of Day 7	15 mins	

DAY 8

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00 - 9:30 am	Recap	30 mins	Quiz / presentation / OSCE
9:30 - 10:15 am	NPCCHH program and role of Staff Nurse	45 mins	Interactive presentation, discussion and role play
Tea to be served during the session			
10:15 - 10:45 am	Impact of climate change on Vulnerable population	30 mins	Interactive presentation and discussion
10:45 - 11:45 am	Recognizing Climate sensitive illness (Heat related illness, Air pollution and Vector borne) Skill Heat stroke management and screening of ARI, emergency preparedness	60 mins	Interactive presentation, discussion and demonstration
11:45 am - 12:00 pm	Drought and Nutrition linked illness	15 mins	Interactive presentation and discussion
12:00 - 12:45 pm	Disaster management and role of Staff Nurse Skill: Emergency Response & Triage for Mass Casualty Event	45 mins	Interactive presentation, discussion and demonstration
12:45 - 13:15 pm	Community education and behaviour change	30 mins	Role play and discussion
13:15 - 13:45 pm	Climate resilient Health Facility	30 mins	Interactive presentation and discussion
13:45 - 14:15 pm	Lunch Break	30 mins	
14:15 - 15:00 pm	Supply chain management and role of Staff Nurse	45 mins	Interactive presentation, Role play and Case based discussion
15:00 - 16:00 pm	Inventory management (Indenting, forecasting, Buffer stock, receipt of drugs, Documentation and storage)	60 mins	Interactive presentation, Critical thinking and case-based discussion
16:00 - 16:15 pm	Tea break	15 mins	
16:15 - 16:45 pm	Inventory control techniques	30 mins	Presentation and discussion
16:45 - 17:45 pm	Documentation (Stock Register / Consumption register and Hands on training on DVDMS / E-Aaushadhi	60 mins	Discussion and live demonstration
17:45 - 18:15 pm	Storage requirements of Essential medicines	30 mins	Presentation and discussion
18:15 - 18:30 pm	Wrap up of Day 8	15 mins	



DAY 9

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00 - 9:30 am	Recap	30 mins	Quiz / presentation / OSCE
9:30 - 11:30 am	Role of Staff Nurse in Emergency burn and trauma care Attending to cases referred from AAM SHC/ Community (AVPU scale, ABCDE approach, Bleeding control)	120 mins	Interactive presentation, Demonstration and case-based discussion
Tea to be served during the session			
11:30 am - 12:30 pm	CPR for adult /Child / Infant Skills related to Trauma and accident (Major /minor wound bleeding, Fracture, Spinal injury, Head trauma, Chest /Abdomen injury Bandaging skills)	60 mins	Interactive presentation, Demonstration and case-based discussion
12:30 - 13:30 pm	First aid treatment for Bites, Anaphylaxis, Burns	60 mins	Interactive presentation, Demonstration and case-based discussion
13:30 - 14:00 pm	Lunch Break	30 mins	
14:00 - 14:45 pm	Choking/ foreign body ingestion including Heimlich manoeuvre	45 mins	Interactive presentation, Demonstration and case-based discussion
14:45 - 15:45 pm	Poisoning, Seizure and Drowning	60 mins	Interactive presentation Role play and Case based discussion
15:45 - 17:00 pm	ENT skills: Nasal drops administration, Ear wax removal, Dry Mopping, make a dry mop, make a wick and performing the tuning fork tests	75 mins	Interactive presentation, Demonstration and case-based discussion
17:00 - 18:15 pm	Eye Skills: Application of Ointment /eye drops, Cleaning of Eyelids in conjunctivitis, Applying Dry Warm Compress, Applying an Eye Cover or Pad for Eye Injuries, Removal of superficial foreign bodies in the Eye	75 mins	Interactive presentation and facilitation, Video and Demonstration
18:15 - 18:30 pm	Wrap up of Day 9	15 mins	



DAY 10

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:00 - 9:30 am	Recap	30 mins	Quiz / presentation / OSCE
9:30 - 11:00 am	Use of Soft skills across life cycle approach	90 mins	Interactive presentation, problem-based discussion
Tea to be served during the session			
11:00 am - 12:00 pm	Snake bite and Rabies under One health program including Skills First aid, Wound management, ARV administration	60 mins	Interactive presentation and facilitation, Video and Demonstration
12:00 - 13:00 pm	Zoonotic Diseases and AMR	60 mins	Interactive presentation and discussion
13:00 - 13:30 pm	Role of Staff Nurse in One health IDSP /IHIP	30 mins	Discussion and role play
13:30 - 14:00 pm	Lunch break	30 mins	
14:00 - 14:45 pm	Team building exercises for Primary health care staff	45 mins	Interactive presentation , Role play , Case based discussion, Learning games
14:45 - 15:45 pm	Health promotion and wellness for primary health care (Data capturing on AAM portal)	60 mins	Interactive presentation and facilitation, Video and Demonstration
15:45 - 16:15 pm	Digital platforms used for primary health care	30 mins	Interactive presentation / Demonstration
16:15 - 16:30 pm	Tea break	15 mins	
16:30 - 17:00 pm	Post test	30 mins	Facilitation of session by trainers
17:00 - 18:00 pm	Closing remarks and way forward	60 mins	



Skills Mapping – Skills that the training will cover

1. CHILD HEALTH (NEWBORN & INFANT)

S. No.	Skills
1)	Emergency Triage of Newborn
2)	Newborn Resuscitation (NBR)
3)	Use of Radiant Warmer
4)	Temperature Measurement
5)	Severe Hypothermia Management
6)	Breastfeeding Technique
7)	OG Tube Feeding
8)	Oxygen Therapy
9)	Phototherapy
10)	Neonatal Seizure Management
11)	Chest Indrawing Assessment
12)	Breathing Rate Count

2. ADOLESCENT HEALTH

S. No.	Skills
13)	HEADS Assessment
14)	PHQ-9 / SRQ-20
15)	Counselling Skills

3. MATERNAL HEALTH

S. No.	Skills
16)	Abdominal Exam
17)	Hb Estimation
18)	Urine Testing
19)	RDTs (HIV, Malaria etc.)
20)	Labor Room Prep
21)	Normal Delivery
22)	AMTSL
23)	MgSO ₄ Administration

S. No.	Skills
24)	PPH Management
25)	IV Line Insertion
26)	IUCD Insertion
27)	FP Counselling
28)	DMPA Injection

4. NON-COMMUNICABLE DISEASES

S. No.	Skills
29)	CBAC Screening
30)	Diabetes Screening
31)	BP Measurement
32)	Cancer Screening

5. EYE CARE

S. No.	Skills
33)	Eye Drops/Ointment
34)	Eye Cleaning
35)	Eye Pad
36)	Foreign Body Removal

6. ENT CARE

S. No.	Skills
37)	Nasal Drops
38)	Ear Wax Removal
39)	Tuning Fork Test

7. ORAL CARE

S. No.	Skills
40)	Oral Exam
41)	Brushing Technique



8. INFECTION PREVENTION & CONTROL

S. No.	Skills
42)	Handwashing
43)	PPE
44)	Instrument Processing
45)	BMW Segregation

9. EMERGENCY CARE

S. No.	Skills
46)	CPR (Adult/Child/Infant)
47)	ABCDE Approach
48)	Fracture Stabilization
49)	Burn Care
50)	Choking

10. ELDERLY CARE

S. No.	Skills
51)	Geriatric Assessment
52)	NG Feeding

11. PALLIATIVE CARE

S. No.	Skills
53)	Pain Assessment
54)	Pressure Sore Care
55)	Catheter Care
56)	Tracheostomy Care

12. COMMUNICABLE DISEASES

S. No.	Skills
57)	Sputum Collection
58)	Leprosy Screening

S. No.	Skills
59)	HIV Counselling
60)	Dehydration Assessment

13. MENTAL, NEUROLOGICAL & SUBSTANCE USE

S. No.	Skills
61)	SRQ-20 / PHQ-9
62)	MMSE
63)	Yoga Module

14. CLIMATE CHANGE AND DISASTER MANAGEMENT

S. No.	Skills
64)	Heat stroke management
65)	Screening for acute respiratory infection

Rationalization of Existing Trainings under the Integrated Training Framework

1. RMNCAH+N (REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH + NUTRITION)

1. Dakshata Training
2. Orientation on comprehensive newborn screening at delivery points under RBSK
3. Navjaat Shishu Suraksha Karyakram (NSSK)
4. Integrated Management of Neonatal and Childhood Illness (IMNCI)
5. Orientation on Child Death and Still Birth Review
6. Weekly Iron and Folic Acid Supplementation (WIFS)
7. Nutrition – MAA Training
8. MO Handbook Training – Immunization
9. Family Planning trainings (FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB, PTK)
10. Oral Pills Training



2. COMMUNICABLE DISEASES

1. National Tuberculosis Elimination Programme (NTEP)
2. National Leprosy Eradication Programme (NLEP)
3. National Viral Hepatitis Control Programme (NVHCP)
4. National Vector Borne Disease Control Programme (NVBDCP)
5. Prevention and Control of Leptospirosis
6. Rabies Prevention & Animal Bite Management
7. Training on Snakebite Envenoming
8. Outbreaks, Surveillance & Public Health Response training

3. NON-COMMUNICABLE DISEASES

1. National Program for NCDs related Trainings
2. National Mental Health Programme
3. National Programme for Health Care of the Elderly (NPHCE)
4. National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
5. National Programme for Prevention and Control of Deafness (NPPCD)
6. National Oral Health Programme
7. Sickle Cell Disease
8. Thalassemia Management
9. Climate Change and Health (NPCCHH – impact on disease patterns)
10. Palliative Care

4. OTHER (CROSS-CUTTING / SYSTEMS / COMPREHENSIVE CARE)

1. CPHC – All Packages (including Eat Right)
2. AAM, FP-LMIS, NCD Portal, Digital Platforms
3. Orientation of National Health Programmes
4. Training on Medico-legal Protocols





स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



Integrated Training for Community Health Officer at Ayushman Arogya Mandir



**Empowering Community Health Officers for
Comprehensive, Compassionate and Community-Centered
Primary Health Care Delivery**

2026

Empowering Community Health Officers at the Frontlines of India's Primary Healthcare System

This integrated training initiative is designed to strengthen the capabilities of **Community Health Officers (CHOs)** serving across Ayushman Arogya Mandir – Sub Health Centres in rural areas. Anchored in the vision of comprehensive primary healthcare, the programme equips CHOs with the knowledge, skills, and confidence to deliver continuous, person-centred care at the community level.

Recognizing the CHO as a key provider of primary care services, this initiative focuses on enhancing their ability to deliver promotive, preventive, and basic curative care, while ensuring effective referral linkages. By strengthening training efforts at scale, it aims to improve the quality, consistency, and reach of healthcare services, ultimately contributing to better health outcomes across communities.

The Journey with the Blended Learning Program

CHAPTER 1: CHO AND AYUSHMAN AROGYA MANDIR

This chapter lays the foundation for delivering compassionate and comprehensive primary healthcare at the Ayushman Arogya Mandir (AAM). It helps the Community Health Officer (CHO) understand their central role as a primary care provider, a team coordinator, and a vital link between the health system and the community. The CHO works closely with ASHAs, ANMs, and other frontline workers to ensure coordinated and continuous service delivery. The chapter emphasizes the importance of understanding social determinants of health, practicing ethical care, and building strong communication skills. It encourages the CHO to look beyond individual illness and adopt a holistic approach that addresses the needs of individuals, families, and the wider community, thereby fostering trust and long-term engagement.

CHAPTER 2: THE PERSON-CENTRIC LIFE-CYCLE APPROACH

This chapter focuses on enabling the Community Health Officer (CHO) to deliver integrated, continuous, and person-centred care across all stages of life, ensuring a seamless continuum of promotive, preventive, and basic curative services. It emphasizes that each age group has unique health needs, beginning with newborns and infants, where priority is given to essential newborn care, breastfeeding, immunization, growth monitoring, and early identification of danger signs and 'at-risk' conditions. For young and older children, the focus shifts to nutrition, developmental monitoring, immunization, and management of common childhood illnesses, along with promotion of healthy behaviours. Adolescent care addresses physical, mental, and reproductive health needs with sensitivity, confidentiality, and life skills education. Adult care includes management of common illnesses, reproductive health services, screening for non-communicable diseases, and promotion of healthy lifestyles. Care of the elderly emphasizes screening and management of chronic conditions, functional assessment, rehabilitation, and support for healthy ageing. Across all life stages, the CHO ensures early detection of health issues, continuity of care, appropriate referral, and active engagement with families and communities, thereby strengthening comprehensive primary healthcare delivery.

CHAPTER 3: ENSURING A GOLDEN START TO LIFE – SKILLS FOR FIRST 1000 DAYS

This chapter strengthens the CHO's role in improving maternal and child health outcomes during



the critical first 1000 days, spanning from pregnancy to the child's second year of life. It highlights the importance of health promotion through counselling on nutrition, breastfeeding, birth preparedness, and maternal wellbeing. The CHO is trained to provide antenatal and postnatal care, identify risk factors early, and ensure timely follow-up. Special attention is given to the identification and referral of high-risk pregnancies, ensuring that complications are managed appropriately. The chapter also focuses on the delivery of routine antenatal care services, including monitoring, supplementation, and counselling. Ensuring continuum of care is central, with the CHO facilitating seamless transitions from pregnancy to childbirth and early childhood through effective tracking and follow-up. Accurate documentation and record-keeping are emphasized as essential tools for monitoring progress and ensuring service continuity.

CHAPTER 4: COMMUNICABLE DISEASES

This chapter equips the CHO with the knowledge and skills required for the prevention, early detection, and management support of communicable diseases at the community level. It emphasizes the importance of active surveillance, timely reporting, and early identification of symptoms to prevent disease spread. The CHO plays a key role in supporting diagnosis, ensuring treatment adherence, and conducting follow-up within the community. The chapter covers major public health priorities, including vector-borne diseases, tuberculosis and other infections, HIV/AIDS, sexually transmitted and reproductive tract infections, zoonotic diseases, and viral hepatitis. It also introduces concepts such as antimicrobial resistance, environmental health, and the One Health approach. The CHO is trained to participate effectively in outbreak response and to act as a crucial link between the community and the public health surveillance system.

CHAPTER 5: NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

This chapter addresses the growing burden of non-communicable diseases and mental health conditions, highlighting the CHO's role in providing continuous and community-based care. It focuses on population-based screening, early diagnosis, and management of conditions such as hypertension, diabetes, and common cancers including oral, breast, and cervical cancers. The chapter also emphasizes lifestyle modification, including healthy diet, physical activity, and reduction of risk factors such as tobacco and alcohol use. Mental health is given due importance, with the CHO trained to identify common mental disorders, provide basic counselling, and facilitate referral services. Long-term follow-up, treatment adherence, and improving quality of life are key components.

CHAPTER 6: EMERGENCY MANAGEMENT

This chapter prepares the CHO to effectively handle emergencies at the primary care level by recognizing danger signs, providing initial stabilization, and ensuring timely referral. It builds confidence in delivering basic life-saving interventions and responding promptly to medical and injury-related emergencies. The CHO is trained to assess situations quickly, provide immediate care within their scope, and coordinate referrals to higher facilities. Proper documentation and communication are emphasized to ensure continuity of care. The focus remains on rapid response and efficient management to reduce morbidity and mortality.



CHAPTER 7: PALLIATIVE & REHABILITATIVE CARE

This chapter introduces the principles of palliative and rehabilitative care, emphasizing the CHO's role in improving the quality of life for individuals with chronic or life-limiting conditions. It focuses on providing basic pain and symptom management, supporting patients and families through home-based care, and addressing emotional and psychological needs. The CHO also facilitates referrals for advanced care when required and supports rehabilitation to improve functional ability. The approach is rooted in compassion, dignity, and continuity, ensuring that care extends beyond treatment to overall wellbeing.

CHAPTER 8: CROSS CUTTING DOMAINS

This chapter covers key cross-cutting areas that strengthen primary healthcare delivery and improve overall system efficiency. It includes digital health and data management, climate change and its impact on health, disaster preparedness, and the One Health approach. The CHO is trained to use digital tools for data recording, reporting, and teleconsultation, ensuring accuracy and accountability. The chapter emphasizes intersectoral coordination, surveillance systems, and the use of data for planning and decision-making. These domains support comprehensive, resilient, and responsive healthcare delivery at the community level.

CHAPTER 9: COMMUNITY ENGAGEMENT, OUTREACH AND COMMUNICATION

This chapter focuses on the CHO's role in engaging with the community to promote health awareness and encourage positive health behaviours. It emphasizes the importance of building trust and fostering participation through community platforms such as Village Health Sanitation and Nutrition Committees, Jan Arogya Samitis, and Mahila Arogya Samitis. The CHO conducts outreach activities, health education sessions, and behaviour change communication initiatives. The chapter also highlights the importance of intersectoral coordination and community-based planning. By strengthening community engagement, the CHO ensures that healthcare services are responsive, inclusive, and effective.

CHAPTER 10: EFFICIENT MANAGEMENT AT AAM

This chapter prepares the CHO to ensure the efficient functioning of the Ayushman Arogya Mandir by managing people, processes, and resources effectively. It emphasizes the importance of self-care and maintaining work-life balance to sustain performance. The CHO is also responsible for coordinating with the healthcare team, providing supportive supervision, and ensuring a positive work environment. Effective management of logistics, drugs, equipment, and records is highlighted as essential for uninterrupted service delivery. The chapter also focuses on quality assurance and continuous improvement, positioning the CHO as both a healthcare provider and a leader at the primary care level.



The ten-day immersive training experience: Agenda

DAY 1

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Registration, Welcome and pre-test (introduction, participants' expectations, training norms, goal and objectives of training, agenda, orientation to training package)	30 mins	Interactive presentation and facilitation
10:00 - 10:30 am	Inauguration and setting the training expectations	30 mins	Interactive
10:30 - 11:15 am	Ayushman Arogya Mandir- Vision & Services	45 mins	Interactive presentation
11:15 - 11:30 am	Tea break	15 mins	
11:30 am - 12:15 pm	Role of CHO (public health, clinical and managerial)	45 mins	Interactive presentation, Group discussion
12:15 - 13:00 pm	Know your team (ASHA, ANM, MO)	45 mins	Role play
13:00 - 13:30 pm	Know your community, Population empanelment	30 mins	Group exercise
13:30 - 14:15 pm	Lunch break	45 mins	
14:15 - 15:15 pm	Soft skills for effective communication	60 mins	Interactive presentation, Role play
15:15 - 16:00 pm	Principles of care (whole-person, empathy etc.)	45 mins	Use of job aids, Video
16:00 - 17:00 pm	Determinants of health Tea serving- simultaneously	60 mins	Interactive presentation, Group work



DAY 2

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 minutes	Interactive discussion, Rapid quiz, Experience sharing
10:00 - 11:00 am	ANC & High-Risk Pregnancy	60 minutes	PPT + Case-based discussion, Clinical decision-making
11:00 - 11:15 am	Tea break	15 minutes	
11:15 am - 12:15 pm	PNC & Continuum of Care	60 minutes	Facilitated group discussion, Scenario-based learning
12:15 - 13:30 pm	Essential Newborn Care	75 minutes	Interactive Demonstration, Group discussion
13:30 - 14:15 pm	Lunch	45 Minutes	
14:15 - 15:30 pm	HBNCC	75 minutes	Simulation-based training, Role play, Field-based scenarios
15:30 - 16:30 pm	Newborn Danger Signs & Referral	60 minutes	Algorithm-based learning, Case scenarios, Decision-making exercises
16:30 - 17:30 pm	Skill Practice	60 minutes	OSCE Hands-on skill stations, Facilitator feedback



DAY 3

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 mins	Discussion, Quiz
10:00 - 11:15 am	IMNCI Approach	75 mins	Demonstration
11:15 - 11:30 am	Tea Break	15 mins	
11:30 am - 12:30 pm	Nutrition, Growth monitoring	60 mins	Interactive presentation, practice session
12:30 - 13:30 pm	Immunization & AEFI	60 mins	Case based discussions, Video
13:30 - 14:15 pm	Lunch	45 mins	
14:15 - 15:15 pm	Developmental delay screening	60 mins	Interactive presentation, Group exercise, discussions
15:15 - 16:15 pm	Child health case scenarios	60 mins	Case studies, Group work
16:15 - 17:00 pm	Integration with 12 packages Tea serving- simultaneously	45 mins	Interactive presentation, case scenarios



DAY 4

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:30 – 10:00 am	Recap	30 mins	Interactive discussion, Rapid quiz, Knowledge reinforcement
10:00 – 11:00 am	Adolescent Health	60 mins	Interactive lecture, facilitated discussion, Experience sharing
11:00 – 11:15 am	Tea Break	15 mins	
11:15 am – 12:30 pm	RKSK & Counselling	75 mins	Role play, Scenario-based counselling practice, Feedback session
12:30 – 13:30 pm	Mental Health in Adolescents	60 mins	Case-based learning, Guided discussion, Problem-solving exercises
13:30 – 14:15 pm	Lunch	45 mins	
14:15 – 15:30 pm	Family Planning Methods	75 mins	Demonstration, Hands-on practice, Skill station learning
15:30 – 16:30 pm	Counselling for FP	60 mins	Simulation-based training, Structured counselling practice
16:30 – 17:00 pm	Case-based Learning	30 mins	Case discussion, Group reflection, Decision-making exercises

DAY 5

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 mins	Discussion, Quiz
10:00 - 11:00 am	Hypertension and Diabetes	60 mins	Interactive presentation, hands on session
11:00 - 11:15 am	Tea Break	15 mins	
11:15 am - 12:45 pm	Cancer screening (Oral, Breast and Cervical)	90 mins	Demonstration, hands on practice
12:45 - 13:30 pm	CVD and Stroke	45 mins	Interactive presentation, Group discussion
13:30 - 14:15 pm	Lunch	45 mins	
14:15 - 15:15 pm	Mental health disorders	60 mins	Interactive presentation, Group exercise
15:15 - 16:00 pm	Substance use disorders	45 mins	Interactive presentation, Group exercise
16:00 - 17:30 pm	Use of CBAC, NCD Counselling, Upward and Downward follow up Tea serving- simultaneously	90 mins	Hands on practice, Group discussion, Role play



DAY 6

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 pm	Recap	30 mins	Rapid quiz, Interactive discussion, Knowledge reinforcement
10:00 – 11:30 pm	Viral Hepatitis	90 mins	Interactive presentation, facilitated group discussion, Case-based discussion
11:30 – 11:45 am	Tea Break	15 mins	
11:45 am – 13:30 pm	Vector-Borne Diseases	105 mins	Interactive presentation, Case-based discussion, Group discussion, Experience sharing
13:30 – 14:00 pm	Lunch	30 mins	
14:00 – 16:00 pm	TB	120 mins	Interactive presentation, Case-based discussion, Group exercise, Problem-solving
16:00 – 18:00 pm	Leprosy	120 mins	Interactive presentation, Group exercise, Scenario-based learning



DAY 7

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 mins	Discussion, Quiz
10:00 - 11:30 am	HIV/AIDS & STIs	90 mins	Interactive Presentation, Group exercise
11:30 - 11:45 am	Tea Break	15 mins	
11:45 am - 13:30 pm	Zoonotic Diseases	105 mins	Simulation, Interactive Presentation
13:30 - 14:15 pm	Lunch	45 mins	
14:15 - 15:15 pm	Infection prevention and control	60 mins	Interactive presentation, Group discussion
15:15 - 16:15 pm	Reporting & Line listing	60 mins	Interactive demonstrations
16:15 - 17:30 pm	Hands on session/ Skill practice Tea serving- simultaneously		



DAY 8

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
09:30 – 10:00 am	Recap	30 mins	Rapid quiz, Interactive discussion, Knowledge reinforcement
10:00 – 11:00 am	Geriatric Health	60 mins	Interactive Presentation, Facilitated discussion
11:00 – 11:15 am	Tea Break	15 mins	
11:15 – 12:30 pm	Common Geriatric Conditions	75 mins	Case-based discussion, Clinical reasoning exercises
12:30–13:30 pm	Palliative Care Principles	60 mins	Facilitated discussion, Scenario-based learning
13:30 – 14:15 pm	Lunch	45 mins	
14:15–15:15 pm	Home-based Care	60 mins	Role play, Group discussion, Practical scenarios
15:15–16:15 pm	Rehabilitation Services	60 mins	Group work, Problem-solving exercises
16:15–17:00 pm	Family & Community Support	45 mins	Case-based learning, Scenario-based discussion, Decision-making exercises

DAY 9

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 mins	Discussion, Quiz
10:00 - 11:30 am	One Health & AMR	90 mins	Group work, Skill stations
11:30 - 11:45 am	Tea Break	15 mins	
11:45 am - 13:30 pm	Disease Surveillance & Outbreak investigation	105 mins	Hands on session
13:30 - 14:15 pm	Lunch break	45 mins	
14:15 - 15:15 pm	Acute Illness Management	60 mins	Presentations, Case scenario, Group discussion
15:15 - 16:15 pm	Emergency Management & Lifesaving skills	60 mins	Interactive presentation, Group discussion, Case scenario
16:15 - 17:30 pm	Hands on session/ Skill station	75 mins	



DAY 10

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
9:30 - 10:00 am	Recap	30 mins	Discussion, Quiz
10:00 - 11:00 am	Digital Health Ecosystem	60 mins	Demonstration
11:00 - 11:15 am	Tea Break	15 mins	
11:15 am - 13:00 pm	Portals used by CHO, Recording and Reporting	105 mins	Interactive presentation, Hands on session
13:00 - 13:45 pm	Lunch break	45 mins	
13:45 - 14:15 pm	Supply Chain Management	30 mins	Case scenario, Group discussion
14:15 - 15:15 pm	Community platforms and Community engagement	60 mins	Interactive presentation, Group discussion, Case scenario
15:15 - 16:15 pm	Quality Assurance (NQAS)	60 mins	Group exercise
16:15 - 16:45 pm	Post test & feedback	30 mins	
16:45 - 17:30 pm	Valedictory followed by tea	45 mins	

Skills Mapping – Skills that the training will cover

1. CARE OF NEWBORN & INFANT (0–1 YEAR)

S. No.	Skills
1)	Neonatal Resuscitation
2)	Breastfeeding Counselling
3)	KMC
4)	Immunization Counselling
5)	IMNCI
6)	Due list & follow-up

2. CHILD HEALTH (1–5 YEARS)

S. No.	Skills
7)	Growth & Nutrition Assessment
8)	Development Assessment
9)	ORS Preparation
10)	Caregiver counselling

3. ADOLESCENT HEALTH

S. No.	Skills
11)	HEADSS Assessment
12)	Substance Use Counselling (5A's)
13)	Menstrual Hygiene Counselling
14)	GATHER

4. REPRODUCTIVE & MATERNAL HEALTH

S. No.	Skills
15)	ANC Examination
16)	High-Risk Pregnancy Identification
17)	Labour Room Skills
18)	Respectful maternity care
19)	MCP tracking



5. FAMILY PLANNING

S. No.	Skills
20)	Condom/OCP/DMPA Use
21)	IUCD Services
22)	Basket of choice

6. COMMUNICABLE DISEASES

S. No.	Skills
23)	TB Sputum Collection
24)	RDTs (Malaria, HIV etc.)
25)	Contact Tracing
26)	HIV counselling

7. NON-COMMUNICABLE DISEASES

S. No.	Skills
27)	BP Measurement
28)	Diabetes Screening
29)	Cancer Screening (VIA, Breast)

8. EMERGENCY MEDICAL SERVICES

S. No.	Skills
30)	CPR (Adult/Child/Infant)
31)	First Aid (Trauma, Burns)
32)	Anaphylaxis Management
33)	ABCD Assessment
34)	Crisis communication

9. MENTAL HEALTH

S. No.	Skills
35)	PHQ-9 / SRQ / MMSE

10. ELDERLY, PALLIATIVE & REHABILITATIVE CARE

S. No.	Skills
36)	Bed Care / Pressure sore
37)	Catheter/NG Care
38)	Pain Management
39)	Elderly counselling

11. ENT, EYE & ORAL HEALTH

S. No.	Skills
40)	Eye Exam
41)	Ear Exam
42)	Oral Exam
43)	Minor Procedures

Rationalization of Existing Trainings under the Integrated Training Framework

1. RMNCAH+N (REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH + NUTRITION)

1. Dakshata Training
2. Orientation on comprehensive newborn screening at delivery points under RBSK
3. Navjaat Shishu Suraksha Karyakram (NSSK)
4. Integrated Management of Neonatal and Childhood Illness (IMNCI)
5. Orientation on Child Death and Still Birth Review
6. Weekly Iron and Folic Acid Supplementation (WIFS)
7. Nutrition – MAA Training
8. MO Handbook Training – Immunization
9. Family Planning trainings (FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB, PTK)
10. Oral Pills Training



2. COMMUNICABLE DISEASES

1. National Tuberculosis Elimination Programme (NTEP)
2. National Leprosy Eradication Programme (NLEP)
3. National Viral Hepatitis Control Programme (NVHCP)
4. National Vector Borne Disease Control Programme (NVBDCP)
5. Prevention and Control of Leptospirosis
6. Rabies Prevention & Animal Bite Management
7. Training on Snakebite Envenoming
8. Outbreaks, Surveillance & Public Health Response training

3. NON-COMMUNICABLE DISEASES

1. National Program for NCDs related Trainings
2. National Mental Health Programme
3. National Programme for Health Care of the Elderly (NPHCE)
4. National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
5. National Programme for Prevention and Control of Deafness (NPPCD)
6. National Oral Health Programme
7. Sickle Cell Disease
8. Thalassemia Management
9. Climate Change and Health (NPCCHH – impact on disease patterns)
10. Palliative Care

4. OTHER (CROSS-CUTTING / SYSTEMS / COMPREHENSIVE CARE)

1. CPHC – All Packages (including Eat Right)
2. AAM, FP-LMIS, NCD Portal, Digital Platforms
3. Orientation of National Health Programmes
4. Training on Medico-legal Protocols





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Integrated Training for Auxiliary Nurse Midwives (ANM)/ MPW at Ayushman Arogya Mandir

*Empowering Auxiliary Nurse Midwives for
Comprehensive, Compassionate Primary Health Care*

2026

Empowering over 2.88 Lakh Auxiliary Nurse Midwives (ANM)/MPW at the Frontlines of India's Primary Healthcare System

The Integrated module aims to align the core competencies of ANMs with their defined roles and community expectations, ensuring effective service delivery and improved health outcomes. In this direction, the Integrated Training initiative seeks to strengthen the capabilities of over 2.88 Lakh ANMs, posted at AAM-SHCs, AAM-PHCs and AAM-UPHCs. Anchored in Comprehensive Primary Healthcare (CPHC), it equips ANMs to deliver continuous, person-centred care, while enhancing the quality and consistency of healthcare services nationwide.

The Journey with the Blended Learning Program

CHAPTER 1: KNOW YOUR AAM, YOUR COMMUNITY

This chapter builds the foundation for community-oriented primary healthcare by enabling ANMs to understand population demographics, basic epidemiological calculations, and social and environmental determinants of health. It also clarifies the roles of the ANM and primary healthcare team, while strengthening essential skills for community engagement, rapport building, and effective service planning.

CHAPTER 2: SYNDROMIC MANAGEMENT (ALL AGE GROUPS)

This chapter equips ANMs with a practical, symptom-based approach to managing common conditions across all age groups, including cough, fever, diarrhoea, headache, skin conditions, and others. It emphasizes early identification of danger signs, age-specific management, opportunistic screening at community and facility levels, and development of essential clinical skills supported by case-based learning.

CHAPTER 3: LIFE CYCLE APPROACH

This chapter adopts a continuum-of-care approach, addressing health needs from newborns to the elderly. It covers essential newborn care, child health, adolescent health, adult care including maternal health and NCDs, and elderly care, enabling ANMs to provide age-appropriate, integrated, and holistic services across different stages of life.

CHAPTER 4: DIAGNOSTIC SERVICES

This chapter strengthens the ANM's ability to deliver basic diagnostic services at the sub-centre level, including the use of point-of-care devices, rapid diagnostic tests and point-of-care devices, rapid diagnostic tests. It also provides guidance on equipment handling, storage, calibration, and quality assurance to ensure accurate and reliable test results.

CHAPTER 5: SKILL STATIONS FOR DRUG ADMINISTRATION

This chapter focuses on building practical competencies of ANMs in safe and effective drug administration through various routes. It emphasizes standard protocols, dosage accuracy, infection prevention, and hands-on skill development to ensure safe clinical practices.



CHAPTER 6: CROSS-CUTTING THEMES

This chapter integrates key public health priorities such as disease surveillance (IHIP), climate change and health, inventory and drug management, infection prevention and control, One Health, and national initiatives like Anemia Mukh Bharat. It prepares ANMs to respond effectively to emerging health challenges and system-level requirements.

CHAPTER 7: COMMUNITY ENGAGEMENT, OUTREACH AND PLATFORMS

This chapter emphasizes the role of ANMs in community mobilization, outreach planning, and service delivery through platforms like VHSND. It focuses on inclusive approaches for vulnerable populations, communication and counselling skills, and ensuring continuity of care through proper documentation, follow-up, and monitoring.

CHAPTER 8: DIGITAL HEALTH AND DATA MANAGEMENT

This chapter enhances the capacity of ANMs in digital health systems, data recording, reporting, and use of digital tools for service delivery and monitoring. It underscores the importance of data quality, real-time reporting, and evidence-based decision-making.

CHAPTER 9: EFFICIENT MANAGEMENT AT AAM

This chapter focuses on strengthening administrative and managerial competencies at the AAM level, including maintenance of records and reports, and basic financial management. It enables ANMs to ensure smooth functioning and accountability at the facility.

CHAPTER 10: ANM INTEGRATED TRAINING

This chapter outlines the structured training plan, including day-wise agenda and learning progression, designed to build competencies in a phased and practical manner. It ensures systematic skill development and standardization of training across settings.

CHAPTER 11: TRAINING QUALITY ASSURANCE MEASURES

This chapter provides a framework for monitoring and ensuring the quality of training through structured checklists, scoring systems, and feedback mechanisms. It helps in identifying strengths, gaps, and areas for improvement to enhance overall training effectiveness.



The Ten-day immersive training experience: Agenda

DAY 1

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 08:45 am	08:30 am: Arrival at venue		
	Welcome dear ANMs		
	Registration		
08:45 - 09:00 am	Pre-test		Google Form-based MCQ test
Let us begin by understanding the vision of Ayushman Bharat, and your crucial role in it!			
09:00 - 09:10 am	Know your friends	10 mins	
09:10 - 09:30 am	ABC of Primary Care	20 mins	
09:30 - 09:45 am	Roles and responsibilities of ANM, along with roles and responsibilities in VHSND	15 mins	Show an animated video of the roles and responsibilities of an ANM
09:45 - 10:45 am	Expected number of beneficiaries in the community- basic epidemiologic calculations	60 mins	Solve problems
10: 45 - 11:15 am	Tea Break	30 mins	
11:15 - 11:45 am	Social and environmental determinants of health	30 mins	Skill station
11:45 am - 01:00 pm	Soft Skills for strengthening the rapport of ANM with the community	75 mins	Role Plays+ videos
1:00 - 2:00 pm	Lunch Break	60 mins	
Syndromic Management			
02:00 – 02:45 pm	Fever	45 mins	Case scenarios Discussions
02:45 - 03: 30 pm	Cough	45 mins	
03:30 - 03:45 pm	Tea Break	15 mins	
03:45 - 04:15 pm	Common cold	30 mins	Discussions, Case Scenarios
04:15 - 05:00 pm	Diarrhoea	45 mins	
05:00 - 05:25 pm	Hepatitis, Vaccine-Preventable Disease	25 mins	
05:25 - 05:50 pm	Thalassemia and Sickle Cell Disease	25 mins	
05:50 - 06:00 pm	Key Takeaways	10 mins	
	End of Day 1		

DAY 2

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08: 30- 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 1	15 mins	
Syndromic Management			
09:15 – 09:45 am	Headache	30 mins	Discussion, Case Studies
09:45 - 10:15 am	Conjunctivitis	30 mins	
10:15 – 10:45 am	Abdominal Pain	30 mins	
10:45 - 11:15 am	Malaise	30 mins	
11: 15 - 11:30 am	Tea Break	15 mins	
11:30 am - 12:15 pm	General Skin Conditions	45 mins	Discussion, Case Studies
12:15 - 12:45 pm	Dyspepsia, Constipation	30 mins	
12:45 - 01:00 pm	MSK Conditions	15 mins	
01:00 - 01:30 pm	Lunch Break	30 mins	
01:30 - 02:00 pm	Ear Pain, Nosebleed	30 mins	Discussion, Case Studies
0-1 Years			
02:00 - 02:45pm	Breast feeding and Complementary feeding	45 mins	Discussion, Role play
02:45 - 03:15 pm	Kangaroo Mother Care	30 mins	Discussion and Role Play
03:15 - 03:30 pm	Developmental milestones	15 mins	Spots
03:30 - 03:45 pm	Tea Break	15 mins	
03:45 - 04:15 pm	Essential newborn Care	30 mins	Discussion, Role Play
04:15 - 05:15 pm	Newborn resuscitation	60 mins	Discussions, Skill station
05:15 - 05:45 pm	HBNCC, Child Death Review (CDR)	30 mins	Discussion, Skill station for CDR
05:45 - 06:00 pm	Key Takeaways	15 mins	
	End of Day 2		



DAY 3

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08: 30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 2	15 mins	
0-1 Year			
09:15 – 11:00 am	Immunisation	105 mins	Discussion, Spots, Skill station on Packing cold box, packing vaccine carrier, steps to check VVM, Shake test
11: 00 - 11:30 am	Tea Break	15 mins	
11:30 - 11:50 am	Wrapping of a baby	20 mins	Skill station
Child (1-10) Years			
11:50 am - 12:30 pm	Growth monitoring and growth chart plotting (also for 0-1 year)	40 mins	Skill station, Discussion
12:30 - 01:00 pm	Anaemia and Deworming	30 mins	Discussion, Spots
01:00 - 01:45 pm	Lunch Break	45 mins	
01:45 - 02:30 pm	Eye care	45 mins	Discussion, Spots,
02:30 - 03:30 pm	Oral care	60 mins	Discussions, Spots, Skill Stations on Gum pad cleaning, Brushing technique
03:30 - 03:45 pm	Tea Break	15 mins	
03:45 - 04:30 pm	ENT care in children	45 mins	Discussions, Skill station on Ear hygiene
04:15 - 05:45 pm	Emergencies, Burns, Trauma Care	90 mins	Discussion Skill station on Back blows, Heimlich manoeuvre, Spots
05:45 - 06:00 pm	Key Takeaways	15 mins	
	End of Day 3		

DAY 4

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30- 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 3	15 mins	
Child (1-10 Years)			
09:15 – 09:30 am	Assessing the sick child	10 mins	Discussion
09:30 - 10:15 am	Anaemia Mukht Bharat	45 mins	Discussion, Spots
10:15 - 11:00 am	Premenstrual counselling and pain management	45 mins	Discussion, Case scenario, Role play
11:00 - 11:15 am	Tea break	15 mins	
11:15 am - 12:00 pm	Obesity	45 mins	Discussion, Skill Station for BMI Calculation Role Play
12:00 - 01:15 pm	Counselling on risk and prevention of NCDs	60 mins	Role Play, TALK Approach role play
01:15 - 01:45 pm	Lunch Break		
Adolescents (10-19 years)			
01:45 - 02:00 pm	Approach to adolescent	15 mins	Discussion
02:00 - 02:15 pm	Adolescent Counselling	15 mins	Discussion
02:15 - 02:30 pm	Growth and development in adolescents	15 mins	Discussion
02:30 - 03:00 pm	Malnutrition	30 mins	Discussion
03:00 - 03:15 pm	Tea Break	15 mins	
03:15 - 03:45 pm	Anaemia	30 mins	Discussion
03:45 - 04:15 om	Teenage pregnancy and unsafe abortions	30 mins	Discussion
04:15 - 04:30 pm	GATHER Approach	15 mins	Discussion
04:30 - 05:00 pm	Substance use	30 mins	Discussion, Role Play
05:00 - 05:30 pm	PHQ-2 Screening tool	30 mins	Skill Station
05:30 - 05:45 pm	Violence in adolescents	15 mins	Discussion
05:45 - 06:00 pm	Key Takeaways	15 mins	
	End of Day 4		



DAY 5

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 4	15 mins	
Adolescents (10-19) years			
09:15 – 09:30 am	Mental Health	15 mins	Role Play
09:30 - 09:45 am	Menstrual Health	15 mins	Role Play
09:45 - 10:15 am	Skin-related conditions in adolescents	30 mins	Discussion, Role Play
Elderly Care (60 years and above)			
10:15 -10:30 am	Introduction	15 mins	Discussion
10:30 - 10:45 am	Nutritional Status	15 mins	Case Scenario
10:45 - 11:00 am	Tea Break	15 mins	
11:00 - 11:30 am	Psychological and neurological well-being	30 mins	Discussion, Case Scenario
11:30 am - 12:00 pm	Community Information Decision Tool	30 mins	Skill Station
12:00 - 12:15 pm	Everyday Ability Scale	15 mins	Discussion
12:15 - 01:00 pm	Eye care	45 mins	Discussion, Case Scenario, Glaucoma Spots
01:00 - 01:45 pm	Lunch Break	45 mins	
01:45 - 02:30 pm	Eye care	45 mins	Skill station for Cataract screening, Presbyopia screening, and Glaucoma
02:30 - 03:00 pm	ENT	30 mins	Discussion, Case scenario, Skill station
03:00 - 03:30 pm	Oral Health	30 mins	Discussion, Skill station for Brushing Techniques, Tongue cleaning
03:30 - 03:45 pm	Tea Break	15 mins	
03:45 - 04:15 pm	Genitourinary care	30 mins	Discussion, Case Scenario
04:15 - 04:30 pm	Gynaecological Care	15 mins	Discussion
04:30 - 04:45 pm	Musculoskeletal Conditions	15 mins	Discussion
04:45 - 05:15 pm	Timed Up and Go Test	30 mins	Skill station
05:15 - 05:30 pm	Post-test for Phase 1	15 mins	
	End of Day 5 / Phase 1		

DAY 6

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08: 30 - 09:15 am	08:30 am: Arrival at venue		
	Welcome Back for Phase 2		
	Pre-test for Phase 2	15 mins	
Recap			
09:15 - 10:00 am	Syndromic Approaches	45 mins	Discussions using spots, Flash cards and Doubt Sessions
10:00 - 10:45 am	Infant (0-1 year)	45 mins	
10: 45 - 11:00 am	Tea Break	15 mins	
11 :00 – 11:45 am	Child (1-10 years)	45 mins	Discussions using spots, Flash cards and Doubt sessions
11:45 am- 12:15 pm	Adolescent (10-19 years)	30 mins	
12:15 – 01:00 pm	Elderly (60 years and above)	45 mins	
01:00 - 01:45 pm	Lunch Break	45 mins	
Palliative Care			
01:45 - 02:15 pm	Introduction to Palliative Care	30 mins	Discussion
02:15 - 02:45 pm	Head Bath	30 mins	Skill station
02:45 - 03:15 pm	Bed bath	30 mins	Skill station
03:15 - 03:30 pm	Tea Break	15 mins	
03:30 - 03:45 pm	Foot care	15 mins	Case Scenario
03: 45 - 04:00 pm	Nutrition	15 mins	Case Scenario
04:00 - 04:15 pm	Nasogastric tube insertion and feeding	30 mins	Skill station
04:15 - 04:45 pm	Eye care and Oral care	30 mins	Discussion
04:45 - 05:00 pm	Preventing Bed Sores	15 mins	Case scenario
05:00 - 05:45 pm	CBAC form and Comprehensive Geriatric Assessment Form	45 mins	Skill Station
05:45 - 06:00 pm	Key Takeaways	15 mins	
	End of Day 6		



DAY 7

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 6	15 mins	
Adults (20-59 years)- Maternal Health			
09:15 - 09:45 am	Partograph plotting	30 mins	Skill station
09:45 - 10:15 am	Active Management of the 3rd Stage of Labour	30 mins	Skill station
10:15 - 10:45 am	Shock management	30 mins	Skill station
10:45 - 11:00 am	Tea Break	15 mins	
11:00 - 11:30 am	PPH	30 mins	Skill station
11:30 am - 12:00 pm	High Risk Pregnancy and Labour room tray spots	30 mins	Discussions, Spots
Adults (20-59 years)- Family Planning			
12:00 - 01:00 pm	Spacing methods	60 mins	Discussion, Spots
01:00 - 01:45 pm	Lunch Break	45 mins	
01:45 - 02:15 pm	Family planning	30 mins	Skill stations on Injectable Medroxy Progesterone, Chhaya Pills, OCP
02:15 - 02:45 pm	GATHER plus Approach	30 mins	Case Scenario
02:45 - 03:15 pm	Health Education and Screening for STI/ RTI	30 mins	Case Scenario
03:15 - 03:45 pm	CAC	30 mins	Discussion
03:45 - 04:00 pm	Tea Break	15 mins	
04:00 - 05:00 pm	Mental Health	60 mins	Skill station on 1. Anxiety and suicide risk assessment, 2. Psychological support, Managing Panic Attacks 3. Psychological first aid 4. Mental Status Examination
05:00 - 05:10 pm	Sleep Hygiene Counselling	10 mins	Role Play
05:10 - 05:20 pm	Substance use disorder	10 mins	Discussion
05:20 - 05:45 pm	Domestic Violence	25 mins	Discussion
05:45 - 06:00 pm	Key Takeaways	15 mins	
	End of Day 7		

DAY 8

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 7	15 mins	
Adults (20-59 years)- NCDs			
09:15 - 09:45 am	Hypertension	30 mins	Discussion, Case scenario, Skill station of blood pressure measurement
09:45 - 10:45 am	Diabetes	60 mins	Discussion, Case scenario, Skill station for RBS testing
10:45 - 11:00 am	Tea Break	15 mins	
11:00 - 11:45 am	Cervical Cancer	45 mins	Discussion, Skill station on VIA testing
11:45 am - 01:00 pm	Breast Cancer	75 mins	Discussion, Skill station on 1. Self -Breast Examination 2. Clinical Breast Examination Case scenario
01:00 - 01:45 pm	Lunch Break	45 mins	
01:45 - 02:45 pm	Oral Health	60 mins	Discussion, Skill Station for Oral Cancer Screening
02:45 - 03:15 pm	Roles and responsibilities of ANM in different eyes and ear conditions	30 mins	Discussions, Spots
03:15 - 03:30 pm	Tea Break	15 mins	
Adults (20-59 years)- Emergency Care			
03:30 - 04:15 pm	Basic Emergency Care	75 mins	Discussion, Videos
04:15 - 04:45 pm	CPR in Adults	30 mins	Skill station
04:45 - 05:15 pm	Snake bite and dog bite management	30 mins	Skill station
05:15 - 05:30 pm	Key takeaways	15 mins	
	End of Day 8		



DAY 9

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 8	15 mins	
Cross cutting			
09:15 -10:00 am	IHIP	45 mins	Discussion, Skill station on S form filling
10:00 - 10:30 am	One Health (including AMR)	30 mins	Discussion
10:30 - 10:45 am	Tea Break	15 mins	
10:45 - 11:15 am	Climate Change and Health	30 mins	Video, Discussion
11:15 am - 12:00 pm	Inventory management	45 mins	Discussion
12:00 - 01:00 pm	Infection Prevention and Control	60 mins	Discussion, Skill station on 1. Hand washing 2. BMW management 3. How to wear PPE kits
01:00 - 01:45	Lunch Break	45 mins	
Community Participation			
01:45 - 02:15 pm	Opportunistic screening at VHSND, AAM	30 mins	Discussion
02:15 - 02:30 pm	Concept of Community Engagement	15 mins	Discussion
02:30 - 03:30 pm	Community Platforms for Service Delivery	60 mins	Discussion
03:30 - 03:45 pm	Tea Break	15 mins	
03:45 - 04:15 pm	Microplanning	30 mins	Skill station
04:15 - 04:45 pm	Recording and Reporting	30 mins	Skill station
04:45 - 05:45 pm	Immunization	60 mins	Skill station 1. AEFI 2. Immunisation monitoring 3. MCP card filling
05:45 - 06:00 pm	Key takeaways	15 mins	
	End of Day 9		



DAY 10

Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
08:30 - 09:15 am	08:30 am: Arrival at venue		
	Breakfast		
	Recap of Day 9	15 mins	
Digital Health			
09:15 - 09:45 am	Online Portal/ Digital Reporting	30 mins	Discussion, Show the portals
09:45 - 10:00 am	Due lists	15 mins	Discussion
10:00 - 10:15 am	Referral slips and follow-up documentation	15 mins	Skill station
10:15 - 10:30 am	Tea Break	15 mins	
10:30 - 11:00 am	Contact tracing and follow-up records	30 mins	Skill station
11:00 am - 12:00 pm	ANMOL and UWIN	30 mins	Skill station
Diagnostic Tests			
12:00 - 01:00 pm	1. Urinary Pregnancy Test RDT for 2. Malaria Testing 3. HIV Test 4. Syphilis 5. Sickle Cell Disease	60 mins	Skill station
01:00 - 01:45 pm	Lunch Break	45 mins	
01:45 - 02:15 pm	Basic lab investigations 1. Haemoglobin test using haemoglobinometer 2. Urine testing for protein and sugar	30 mins	Skill station
Drug Administration			
02:15 - 04:00 pm	Skill station of Drug Administrations	105 mins	Skill station
04:00 - 04:15 pm	Tea Break	15 mins	
04:15 - 05:30 pm	Mentoring and guiding ASHAs and co-ordination with CHOs, AWWs, VHSNC, school health teams, panchayat and line departments, participation in village health planning and review	75 mins	Discussions, Role Plays
05:30 - 05:45 pm	Post test and Key takeaways	15 mins	
	End of Day 10 / Phase 2		



Skills Mapping – Skills that the training will cover

1. YOUR AAM PHC, YOUR COMMUNITY (CHAPTER 1)

S. No.	Skills
1)	Basic Epidemiological Calculations
2)	Soft skills required for strengthening the skills of the community

2. SYNDROMIC MANAGEMENT (CHAPTER 2)

S. No.	Skills
3)	Respiratory rate for infants
4)	Measurement of Blood Pressure
5)	Measurement of Pulse
6)	ORS Preparation
7)	Preparation of Zinc Solution
8)	Pallor Examination
9)	Nasal Pressure Technique

3. INFANT (0-1YEAR) (CHAPTER 3)

S. No.	Skills
10)	Breastfeeding
11)	Kangaroo Mother Care
12)	Wrapping of a baby
13)	Essential Newborn Care
14)	Newborn resuscitation
15)	Vaccine storage
16)	Steps in packing a cold box
17)	Packing of vaccine carrier
18)	Procedure to check vaccine vial monitor
19)	Shake test
20)	Steps to improve injection safety
21)	Proper usage of Auto-Disable (AD) syringes
22)	Vaccine reconstitution

S. No	Skills
23)	Steps in managing AEFI
24)	Administration of adrenaline injection by ANM
25)	Immunization monitoring form
26)	MCP card filling for vaccination
27)	Child Death Review

4. CHILD (1-10 YEARS) (CHAPTER 3)

S. No.	Skills
28)	Growth monitoring and Growth chart plotting
29)	Application of eye drops
30)	Gum pad cleaning
31)	Brushing technique for children
32)	How to manage ear hygiene
33)	RICE Technique
34)	Heimlich maneuver
35)	Back blows
36)	CPR in children

5. ADOLESCENT (10-19 YEARS) (CHAPTER 3)

S. No.	Skills
37)	Pre-menstrual Counselling through GATHER plus approach
38)	PHQ-2 scale

6. ADULTS (20-59 YEARS) (CHAPTER 3)

S. No.	Skills
39)	Measurement of the weight and height of Pregnant Women
40)	Abdominal Palpation and Auscultation of Fetal Heart Sounds
41)	Cervical Dilatation and Effacement
42)	Partograph plotting
43)	Normal Delivery



S. No.	Skills
44)	Active management of third stage of labour
45)	Shock management
46)	IV fluid replacement in hypovolemic shock
47)	PPH
48)	Mental Status Examination
49)	Self-Breast Examination
50)	Clinical Breast Examination
51)	Oral Cancer Examination

7. ELDERLY CARE (60 YEARS AND ABOVE) (CHAPTER 3)

S. No.	Skills
52)	Cataract screening
53)	Presbyopia screening
54)	Glaucoma Screening
55)	Whispers test
56)	Oral care self-assessment
57)	Brushing technique and tongue cleaning technique
58)	Timed Up and Go test (To assess falls)
59)	CBAC form
60)	Comprehensive Geriatric Assessment Tool

8. PALLIATIVE CARE (CHAPTER 3)

S. No.	Skills
61)	Head care
62)	Insertion of Nasogastric (Ryles) tube
63)	Bed Bath

9. RAPID DIAGNOSTICS TESTS (CHAPTER 4)

S. No.	Skills
64)	Urine Pregnancy Test



S. No.	Skills
65)	Assessing Blood Sugar using Glucometer
66)	Malaria Testing using Rapid Diagnostic Tests
67)	HIV test
68)	Syphilis Test
69)	RDT for Sickle Cell
70)	Hemoglobin test using haemoglobinometer
71)	Urine testing for protein and Sugar
72)	Preparation of Thick and thin Smear

10. DRUG ADMINISTRATION (CHAPTER 5)

S. No.	Skills
73)	Administration of intradermal injection
74)	Administration of intramuscular injection
75)	Administration of intravenous injection
76)	Administration of IV fluids
77)	Administration of subcutaneous injection
78)	Nebulization
79)	Intra nasal medication administration
80)	Otic medication administration
81)	Transdermal medication application
82)	Rectal medication administration
83)	Vaginal medication administration

11. CROSS CUTTING (CHAPTER 6)

S. No.	Skills
84)	Hand Washing



12. OUTREACH PLANNING AND MICRO-PLANNING (CHAPTER 7)

S. No.	Skills
85)	Completion of the ANM area master list for the upcoming RI micro-plan review meeting
86)	ANM area mapping

13. DIGITAL HEALTH AND DATA MANAGEMENT (CHAPTER 8)

S. No.	Skills
87)	Referral slips and follow-up documentation
88)	Contact tracing and follow-up records
89)	ANMOL, FPLMIS, HMIS and UWIN



Rationalization of Existing Trainings under the Integrated Training Framework

1. National Vector-borne Disease Control Programme
2. National Viral Hepatitis Control Program
3. Intensified Diarrhoea Control Fortnight (IDCF)
4. The National Programme for Prevention and Control of Deafness (NPPCD)
5. The National Oral Health Programme (NOHP)
6. Comprehensive newborn screening at delivery points under RBSK
7. Integrated Management of Neonatal and Childhood Illness (IMNCI)
8. HBNCC
9. National Deworming Day
10. Introduction of Anaemia Mukh Bharat Programme
11. Daksh and Dakshata Training
12. WIFS training
13. National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)
14. National Programme for the Health Care of the Elderly (NPHCE)
15. National Programme on Climate Change & Human Health
16. National Rabies Control Programme
17. National TB Elimination Program
18. National Leprosy Eradication Programme (NLEP)
19. National Programme for Control of Blindness and Visual Impairment (NPCBVI)
20. Vaccine-Preventable Diseases
21. Thalassemia
22. Overview of NSSK at delivery points
23. Immunization
24. Nutrition- Mothers' Absolute Affection (MAA) program
25. Child Death Review
26. Menstrual Hygiene Scheme (MHS) training
27. Family Planning Programme
28. National Mental Health Programme
29. CPHC and Community Platforms (JAS, VHSNC, VHSND)
30. The National Programme for Palliative Care (NPPC)
31. Integrated Health Information Platform
32. Training on Snake Bite Envenoming





स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



Integrated Training for ASHAs

2026

The Vision:

At the heart of every village and community stands an **ASHA-Didi**, a trusted face, a guide, and often the first-person families turn to in times of need. She is not just a health worker, but a **caregiver, counsellor, and changemaker**, walking alongside families through every stage of life. Strengthening her capacity is not just about training, it is about **supporting her journey**, making her work easier, more confident, and more impactful in the community she serves.

Over the years, the role of ASHAs has evolved significantly from primarily supporting maternal and child health services to becoming a central pillar of **Comprehensive Primary Health Care** at the community level. Initially focused on mobilization for antenatal care, immunization, and institutional deliveries, ASHAs are now expected to address a much broader spectrum of health needs, including non-communicable diseases, mental health, elderly care, palliative care, and community-based management of common illnesses. With the expansion of services under Ayushman Arogya Mandir (AAM), their responsibilities now span **health promotion, early screening, basic care provision, follow-up, and facilitating continuum of care** across all life stages. This shift has transformed ASHAs from programme-specific functionaries to **multi-skilled, community-based frontline health providers**, requiring stronger competencies, decision-making abilities, and a holistic understanding of health. Consequently, the training approach also needed to evolve from fragmented, vertical modules to a **comprehensive, integrated, and competency-based training system** that aligns with their expanded role and supports them in delivering effective, person-centred care in the community.

The Integrated Training Programme for ASHAs is designed with this very purpose to move away from multiple, disconnected trainings and bring everything together into **one simple, practical, and meaningful learning experience**. It equips ASHAs with the knowledge, skills, and confidence to provide **complete care from prevention to support to timely referral right at the community level**.

Aligned with the vision of Ayushman Arogya Mandir and Comprehensive Primary Health Care, this programme enables every ASHA to respond to the **real health needs of her community across all ages and life stages**, ensuring that no individual or family is left behind.

Why Integrated Training for ASHAs?

Over time, ASHA trainings evolved across multiple verticals, maternal health, child health, NCDs, communicable diseases, expanded packages (post AAM) resulting in:

- Fragmented learning experience
- Repetition of content
- Gaps in continuum of care
- Limited field applicability

Earlier, ASHAs were required to undergo multiple, standalone trainings 8 days of induction, 20 days of RMNCAH+N skill-based training conducted in phases, 5 days of HBYC, 14 days of training on expanded packages of services, along with several additional program-specific and digital trainings. While each of these aimed to strengthen capacities, the fragmented approach often led to repetition, increased training burden, and time away from community responsibilities.

The Integrated Training Programme transforms this experience by bringing all essential learning into a **streamlined, focused, and competency-based structure**. Now, ASHAs will undergo a **14-day structured training delivered in three phases (5+5+4 days)**, carefully designed to

prioritize **practical skills, field-relevant knowledge, and decision-making abilities**. By removing duplication and filtering out non-essential content, the programme ensures that every session is meaningful and directly applicable to ASHA's day-to-day work. This approach will also focus more on practical learning methodologies like role plays, case stories, engaging videos instead of boring classroom teachings. This approach not only enhances learning outcomes but also creates **space for better planning of refresher trainings, supportive supervision, and continuous capacity building**, ultimately enabling ASHAs to serve their communities more effectively and confidently.



What makes the ASHA Integrated Training Module unique?

From Fragmentation to Integration

Brings together multiple standalone trainings (RMNCAH+N, HBYC, NCDs, communicable diseases, etc.) into a **single, structured and coherent learning framework**, eliminating duplication and ensuring continuity.

Competency-Based, Not Just Knowledge-Based

Focuses on **what ASHA needs to do in the field**, not just what she needs to know—emphasizing practical skills, decision-making, and real-life problem solving.

Strong Focus on Field Applicability

Designed around **day-to-day realities of ASHAs**, with:

- Case-based learning
- Home visit simulations
- Skill demonstrations

Integrated Digital Learning & Portal Familiarization

For the first time, the module brings together **all key digital platforms and applications used by**



ASHAs in one place, enabling them to:

- Understand **purpose and functionality of each portal/app**
- Learn how to **use them correctly in real field situations**
- Avoid confusion caused by multiple, separate digital trainings

This ensures ASHAs are not just data reporters, but **confident digital users who can effectively utilize platforms for service delivery, tracking, and follow-up.**

Empowering ASHAs: A Journey Towards Confident and Compassionate Care

The module is in three parts

1. **Being an ASHA**
2. **Holding Hands Through Different Phases of Life**
3. **Cross Cutting**

Details of each part-

Part 1: Being an ASHA

Building Identity, Foundations, and System Understanding

This section lays the foundation of ASHA's role, responsibilities, and values.

CHAPTER 1: WHO IS AN ASHA

This chapter introduces ASHA as a **community-based, community-selected health worker**, deeply rooted in her area and trusted by families. It explains her **four-fold role as a mobilizer, service provider, activist, and leader**, and details the wide range of activities she performs from home visits and counselling to community mobilization and basic care provision. The chapter also emphasizes the importance of **values, attitudes, and soft skills**, highlighting that technical knowledge alone is not sufficient; trust, empathy, and credibility are central to her effectiveness. Through real-life scenarios, ASHAs understand how their presence ensures that no beneficiary is left unattended.

CHAPTER 2: KNOWING YOUR HEALTH SYSTEM

This chapter builds the ASHA's understanding of the **structure of the public health system**, from household level to tertiary care. It explains **different levels of care (community level, primary, secondary and tertiary)** and the services available at each level, especially under Ayushman Arogya Mandir (AAM). The concept of **continuum of care** is central ensuring that individuals move seamlessly from home to facility and back with proper follow-up. The chapter also clarifies ASHA's role in **facilitating referrals, follow-ups, and service utilization**, helping her act as an effective link between the community and the health system.



CHAPTER 3: KNOWING YOUR BODY

This chapter provides ASHAs with a **basic understanding of the human body and its organ systems**, enabling them to better understand health, illness, and care needs. It covers systems such as nervous, circulatory, respiratory, digestive, urinary, and reproductive systems in a simplified manner. This knowledge helps ASHAs **explain health conditions, dispel myths, and build confidence among community members**, while also strengthening their own understanding of symptoms and risks.

CHAPTER 4: KNOWING YOUR PARTNERS & SOCIAL DETERMINANTS OF HEALTH

This chapter expands ASHA's role beyond individual care to **community-level action and inter-sectoral coordination**. It introduces key platforms like **VHSNC, MAS, and JAS**, and explains how these platforms enable community participation, planning, and accountability. It also highlights the role of ANM, **Anganwadi workers and other stakeholders**, emphasizing teamwork (AAA platform). Importantly, it introduces **social determinants of health**, such as sanitation, nutrition, gender, poverty, and environment helping ASHAs understand that health outcomes are shaped by more than just medical care.

CHAPTER 5: KNOW YOUR POPULATION / COMMUNITY

This chapter equips ASHAs to **systematically understand and manage their population**, which is essential for effective service delivery. It covers household mapping, estimation of beneficiaries, identification of vulnerable groups, and use of tools like CBAC. ASHAs learn to **plan their work based on population needs**, ensuring that no individual is missed and high-risk groups receive priority attention. This chapter strengthens ASHA's role in **microplanning and targeted service delivery**.

CHAPTER 6: RECORDS MAINTAINED BY ASHA

This chapter focuses on the importance of **maintaining accurate and updated records**, which form the backbone of planning, monitoring, and service delivery. It introduces ASHAs to various registers and digital platforms used for data collection and reporting. Proper documentation helps ASHAs track beneficiaries, monitor their own performance, and ensure accountability within the health system.

CHAPTER 7: ASHA SUPPORT SYSTEM, SUPERVISION & INCENTIVES

This chapter helps ASHAs understand the **support systems available to them**, including supervision structures, ASHA Facilitators, and health system linkages. It also explains the **ASHA drug kit**, incentives (monetary and non-monetary), and entitlements. The chapter reinforces that ASHA is not working alone, she is part of a larger system that supports her performance and growth.



PART B: LIFE-CYCLE APPROACH

Holding Hands Through Different Phases of Life

This part equips ASHAs to provide **continuous, person-centred care across all stages of life**, ensuring that no individual is left behind, from birth to old age. It strengthens ASHA's ability to deliver **preventive, promotive, and basic curative care**, while ensuring timely referral and follow-up

CHAPTER 1: NEWBORN & POSTNATAL MOTHER

This chapter focuses on the **most critical period of life, the first 1000 days**, covering care of both the newborn and the mother during the postnatal period. It includes understanding a newborn, breastfeeding, temperature maintenance, kangaroo mother care, and identification of danger signs and 'At Risk' newborn. It also builds essential skills for conducting **Home-Based Newborn and Child Care (HBNCC) visits**, ensuring early detection of complications and proper follow-up. ASHAs learn to monitor both mother and baby as a unit, ensuring safe recovery and healthy development, identification of 4 'Ds' in the newborn, infant and child, as well as promotion of breastfeeding and identification of common breast-feeding related issues.

CHAPTER 2: INFANT & YOUNG CHILD

This chapter focuses on ensuring **optimal growth, nutrition, and development of children** up to early childhood. It covers complementary feeding, growth monitoring, immunization, early childhood development, and management of common childhood illnesses. ASHAs are trained to support families in adopting proper feeding practices, ensuring immunization coverage, and identifying growth faltering early.

CHAPTER 3: ADOLESCENT HEALTH

This chapter addresses the **unique physical, emotional, and social needs of adolescents**. It covers puberty, menstruation, anemia, mental health, reproductive health, and risk behaviours. ASHAs are trained to engage with adolescents sensitively, provide accurate information, and connect them to relevant services and national programs.

CHAPTER 4: MATERNAL HEALTH

This chapter focuses on ensuring **safe motherhood through the continuum of care—from preconception to post-delivery**. It includes antenatal care, identification of high-risk pregnancies, birth preparedness, safe delivery practices, abortion care, and family planning. ASHAs play a critical role in tracking pregnancies, counselling families, and ensuring timely access to services.

CHAPTER 5: CARE OF THE ELDERLY

This chapter focuses on the **growing needs of the elderly population**, emphasizing healthy ageing, self-care, and support systems. It introduces ASHAs to the physical, social, and emotional challenges faced by older adults and highlights their role in promoting dignity, independence, and access to care.



PART C: CROSS-CUTTING HEALTH ISSUES

Managing Illnesses, Emergencies, and Emerging Health Needs at Community Level

CHAPTER 1: COMMON ILLNESSES

This chapter equips ASHAs to manage **common acute conditions frequently seen in the community**, such as fever, diarrhoea, cough, minor injuries, and basic conditions related to oral, eye, ENT, and environmental health. It emphasizes **early identification, basic management at home level, and timely referral**, ensuring that minor illnesses do not progress into severe complications. The chapter also covers anemia, common blood disorders, and the impact of environmental and climatic factors on health. It builds ASHA's confidence in **providing first-contact care** and guiding families appropriately.

CHAPTER 2: ORAL HEALTH

This chapter focuses on improving awareness and early detection of oral health issues, which are highly prevalent yet often ignored. It includes conditions such as tooth decay, gum infections, ulcers, oral hygiene practices, and early signs of oral cancer. ASHAs are trained to promote preventive behaviours, discourage tobacco use, and guide communities towards timely care, thereby reducing long-term complications.

CHAPTER 3: EYE HEALTH

This chapter equips ASHAs to identify and support individuals with **common eye conditions**, which are often neglected but can lead to serious complications if untreated. It covers conditions such as **red eye, discharge, watering, itching, and vision problems**, along with early signs of cataract and infections especially among children and the elderly. The chapter emphasizes **basic vision screening at community level**, enabling ASHAs to detect vision issues early using simple tools and methods. It also focuses on promoting **eye hygiene, timely care-seeking, and referral**, helping prevent avoidable visual impairment and blindness.

CHAPTER 4: ENT (EAR, NOSE, THROAT) HEALTH

This chapter enables ASHAs to manage and identify **common ENT conditions**, which frequently affect children and adults. It covers issues such as **ear pain, ear discharge, hearing problems, sore throat, and nasal infections**. The focus is on **early detection, basic care guidance, and prevention of complications** like hearing loss or chronic infections.

CHAPTER 5: NON-COMMUNICABLE DISEASES (NCDS)

This chapter focuses on the rising burden of **chronic diseases such as hypertension, diabetes, heart diseases, stroke, and cancers**. It emphasizes ASHA's role in **risk reduction, early screening, lifestyle counselling, and follow-up care**. The chapter highlights how ASHAs can support individuals in adopting healthier behaviours and ensuring adherence to treatment, especially for long-term conditions.



CHAPTER 6: COMMUNICABLE DISEASES

This chapter strengthens ASHA's role in **prevention, early detection, and control of infectious diseases**, including TB, malaria, dengue, leprosy, STIs, and zoonotic diseases. It also introduces disease surveillance and antimicrobial resistance, enabling ASHAs to act as **community-level sentinels** for detecting outbreaks and ensuring timely reporting and response.

CHAPTER 7: MENTAL HEALTH

This chapter introduces ASHAs to the **often-hidden burden of mental health issues**, including depression, anxiety, substance use, and severe mental disorders. It emphasizes reducing stigma, early identification, and providing **basic emotional support and mental health first aid**. ASHAs are trained to recognize warning signs, including suicide risk, and facilitate timely referral.

CHAPTER 8: EMERGENCY CARE

This chapter prepares ASHAs to respond effectively to **medical emergencies at the community level**, where timely action can save lives. It covers a wide range of emergencies including trauma, burns, heart attack, stroke, seizures, poisoning, heat stroke, and allergic reactions. The focus is on **early recognition, first aid, stabilization, and rapid referral**.

CHAPTER 9: PALLIATIVE CARE

This chapter introduces ASHAs to **care for individuals with chronic, serious, or terminal illnesses**, focusing on improving quality of life rather than cure. It emphasizes **home-based care, symptom relief, emotional support, and dignity in care**, while also involving families and communities in caregiving.

Trainings subsumed in the Integrated Training

ASHA Trainings including RCH	Newer Packages/ NCDs	Communicable Diseases
Induction Module- ASHA	Mental Health training of ASHAs	Training of ASHA on National Viral Hepatitis Control Program
Module 6 & 7	Effect of Climate changes on disease pattern alteration (NPCCHH)	National TB Elimination Program- ASHA Module
Immunization- Healthcare Cadres	Handbook on Air Pollution	Basics of National Leprosy Eradication Programme
Orientation training for FLWs – National Deworming Day	National Program for Control of Blindness and Visual Impairment (NPCBVI)	Community awareness on Rabies prevention

ASHA Trainings including RCH	Newer Packages/ NCDs	Communicable Diseases
Orientation on New schemes, FP-LMIS, new contraceptives, Postpartum and post abortion Family Planning, Scheme for home delivery of contraceptives (HDC), Ensuring spacing at birth (ESB)	National Program for Prevention and Control of Deafness (NPPCD)	Orientation National Leprosy Eradication Programme
Pregnancy Testing Kits (PTK)	Orientation on NOHP	
WIFS	Role Of ASHA In Prevention of Common Oral Diseases	
MHS	Comprehensive Geriatric Assessment (CGA)	
Anaemia Mukht Bharat	Home-based rehabilitation services and counselling on geriatric health conditions	
HBNC and HBYC	CPHC-NCD (prevention, screening, treatment, referral and follow-ups)	
Salt testing using STKs (Salt testing Kits) for iodine	CPHC- All packages including Palliative Care	
	Sickle cell disease- ASHA Module	

Skills Mapping – Skills that the training will cover

CHAPTER 1: WHO IS AN ASHA

S. No.	Skills
1)	Role clarity and prioritization of responsibilities
2)	Conducting structured home visits
3)	Skills required for being an ASHA (Communication, Decision-making, Negotiation, Coordination skills etc.)
4)	Community mobilization and beneficiary tracking
5)	Counselling on health behaviours and entitlements
6)	Leadership in community health actions



CHAPTER 2: KNOWING YOUR HEALTH SYSTEM

S. No.	Skills
1)	Identifying appropriate level of care for beneficiaries
2)	Facilitating referrals and ensuring follow-up
3)	Explaining available services to community members
4)	Navigating health system linkages
5)	Supporting continuity of care across levels

CHAPTER 3: KNOWING YOUR BODY

S. No.	Skills
1)	Basic understanding of body structure and functions
2)	Ability to explain common health issues in simple language
3)	Promoting preventive health behaviours

CHAPTER 4: KNOWING YOUR PARTNERS & SOCIAL DETERMINANTS OF HEALTH

S. No.	Skills
1)	Working effectively with VHSNC, MAS, JAS
2)	Coordination with AWW, ANM, CHO, and other stakeholders
3)	Conveying and facilitating community meetings and planning
4)	Identifying and addressing social determinants
5)	Promoting collective community action

CHAPTER 5: KNOW YOUR POPULATION / COMMUNITY

S. No.	Skills
1)	Household mapping and population enumeration
2)	Estimating beneficiaries (pregnant women, elderly, etc.)
3)	Identifying vulnerable and high-risk groups
4)	Using CBAC for risk assessment
5)	Planning daily and monthly activities based on needs

CHAPTER 6: RECORDS MAINTAINED BY ASHA

S. No.	Skills
1)	Maintaining accurate registers and records
2)	Using digital tools and platforms
3)	Tracking beneficiaries and services
4)	Reporting data for planning and review
5)	Organizing and prioritizing work using records

CHAPTER 7: ASHA SUPPORT SYSTEM, SUPERVISION & INCENTIVES

S. No.	Skills
1)	Effective use of ASHA drug kit
2)	Understanding incentive structures and entitlements
3)	Seeking support from supervisors and health teams
4)	Managing work expectations and accountability
5)	Utilizing available resources efficiently

PART B: LIFE-CYCLE APPROACH

CHAPTER 1: NEWBORN & POSTNATAL MOTHER

S. No.	Skills
1)	Conducting scheduled HBNCC home visits
2)	Monitoring postnatal recovery of mother
3)	Breastfeeding; Assessing the Common breast problems
4)	Keeping the baby warm; Kangaroo Mother Care
5)	Wrapping of a baby
6)	Temperature Taking and recording
7)	Essential Newborn Care
8)	Identifying danger signs in newborn and mother
9)	Child Death Review



CHAPTER 2: INFANT & YOUNG CHILD

S. No.	Skills
1)	Counselling on complementary feeding and nutrition
2)	Growth monitoring and Growth chart plotting
3)	Gum pad cleaning
4)	Identifying malnutrition and growth faltering
5)	Mobilizing for immunization and session planning
6)	AEFI Identification and reporting
7)	Managing minor childhood illnesses
8)	ORS Preparation
9)	Demonstrate and teach mother, the correct way to administer the biweekly dose of IFA syrup
10)	Promoting WASH practices for child health

CHAPTER 3: ADOLESCENT HEALTH

S. No.	Skills
1)	Counselling adolescents on puberty and menstrual hygiene
2)	Identifying anemia and promoting IFA supplementation
3)	Pallor Examination
4)	Recognizing mental health and behavioural issues
5)	Addressing RTIs/STIs and reproductive health concerns
6)	Conducting adolescent outreach and group sessions
7)	Linking adolescents to RKSK and other programs

CHAPTER 4: MATERNAL HEALTH

S. No.	Skills
1)	Urine Pregnancy Test
2)	Calculation of EDD from LMP
3)	Early registration and tracking of pregnant women
4)	Identifying high-risk pregnancies and danger signs
5)	Counselling on ANC, nutrition, and birth preparedness
6)	Supporting institutional delivery
7)	Family planning counselling (spacing and limiting methods)

S. No.	Skills
8)	Supporting access to maternal health schemes
9)	Postnatal follow-up and care
10)	PHQ-2 for post-partum depression

CHAPTER 5: CARE OF THE ELDERLY

S. No.	Skills
1)	Counselling on healthy lifestyle and self-care
2)	Cataract screening
3)	Presbyopia screening
4)	Glaucoma Screening
5)	Supporting elderly in NCD care and follow-up
6)	Promoting safety and fall prevention
7)	Providing psychosocial support
8)	Linking elderly to available services and schemes

PART C: CROSS-CUTTING HEALTH ISSUES

CHAPTER 1: COMMON ILLNESSES

S. No.	Skills
1)	Assessment of common symptoms (fever, diarrhoea, pain, cough)
2)	Assessment of dehydration level
3)	Providing basic treatment (ORS, Zinc, Paracetamol, first aid)
4)	Identifying dehydration and danger signs
5)	Management of minor injuries and wounds
6)	Counselling on hygiene, nutrition, and prevention
7)	Deciding when to refer cases

CHAPTER 2: ORAL HEALTH

S. No.	Skills
1)	Identifying common oral problems (pain, swelling, ulcers, bleeding gums)
2)	Recognizing warning signs of oral cancer (non-healing ulcers, white/red patches)



S. No.	Skills
3)	Counselling on oral hygiene practices (brushing, diet, tobacco avoidance)
4)	Promoting tobacco cessation messages
5)	Encouraging early care-seeking and referral
6)	Supporting community awareness on oral health

CHAPTER 3: EYE HEALTH

S. No.	Skills
1)	Identifying common eye problems (redness, discharge, watering, irritation)
2)	Recognizing danger signs (pain, sudden loss of vision, injury, white pupil)
3)	Using Snellen Chart for assessing distant vision
4)	Conducting Two-Finger Test for quick vision assessment at household level
5)	Identifying individuals with reduced vision or suspected visual impairment
6)	Providing advice on eye hygiene and care
7)	Counselling on early treatment seeking
8)	Supporting screening and referral (especially elderly & school-age children)
9)	Promoting awareness to prevent infections and eye injuries
10)	Applying Eye Ointment
11)	Applying Eye Drops

CHAPTER 4: ENT (EAR, NOSE, THROAT) HEALTH

S. No.	Skills
1)	Identifying common ENT problems (ear pain, discharge, throat infection, cold)
2)	Recognizing danger signs (hearing loss, persistent discharge, severe pain)
3)	Providing basic advice for symptom relief
4)	Counselling on hygiene and preventive practices
5)	Supporting early referral to health facilities
6)	Educating families on avoiding harmful practices (e.g., inserting objects in ear)
7)	Dry Mopping of ear and Wick making
8)	Instill Nasal Drops

CHAPTER 5: NON-COMMUNICABLE DISEASES (NCDS)

S. No.	Skills
1)	Identifying risk factors (tobacco, diet, inactivity, alcohol)
2)	Counselling on healthy lifestyle modifications
3)	Supporting screening and early detection
4)	Assessing Blood Sugar using Glucometer
5)	Assessing Blood Pressure using Digital BP Machine
6)	Tracking and follow-up of NCD patients
7)	Promoting adherence to long-term treatment
8)	Community awareness generation on NCD prevention
9)	Self-Breast Examination
10)	Oral Examination

CHAPTER 6: COMMUNICABLE DISEASES

S. No.	Skills
1)	Identifying symptoms of communicable diseases
2)	Supporting testing, treatment adherence
3)	Conducting community awareness on prevention
4)	Malaria Testing using Rapid Diagnostic Tests
5)	Preparation of Thick and thin Smear picture of Slides and Smear and Procedure
6)	TB Identification- Sputum Collection
7)	Vector control and hygiene promotion
8)	Disease surveillance and reporting
9)	Early identification of outbreaks
10)	Promoting rational use of medicines
11)	How to check and read AQI
12)	First aid - conventional / immersive cooling, hydration while arranging referral

CHAPTER 7: MENTAL HEALTH

S. No.	Skills
1)	Identifying signs of common mental health disorders
2)	Providing empathetic listening and basic counselling



S. No.	Skills
3)	Recognizing substance use issues
4)	Identifying suicide risk and crisis situations
5)	Providing Mental Health First Aid (Psychological First Aid)
6)	Referral and follow-up support

CHAPTER 8: EMERGENCY CARE

S. No.	Skills
1)	Identifying life-threatening conditions
2)	Providing first aid and basic stabilization
3)	Managing trauma, burns, and injuries
4)	Recognizing signs of heart attack, stroke, seizures
5)	Handling poisoning and allergic reactions
6)	Arranging and facilitating emergency referral
7)	Identify sprain vs fracture signs
8)	Cold compress, proper elevation technique
9)	CPR
10)	Recognition of partial vs complete choking
11)	Back blows and abdominal thrust technique
12)	Infant choking management
13)	Immediate First Aid Skills

CHAPTER 9: PALLIATIVE CARE

S. No.	Skills
1)	Providing basic home-based palliative care
2)	Supporting pain and symptom management
3)	Assisting in basic nursing care
4)	Providing emotional and psychosocial support
5)	Supporting families in caregiving
6)	Mobilizing community support for palliative care

DIGITAL HEALTH AND DATA MANAGEMENT

S. No.	Skills
1)	FPLMIS, UWIN, NiKshay etc.



ASHA Integrated training Module - Agenda

Day 1-14 (Minute to Minute)

PHASE I – BEING AN ASHA (5 DAYS)

DAY 1

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:00 AM - 9:30 AM	Registration and Pre Test	30 mins	
2	9:30 AM - 9:45 AM	Inauguration, Expectations, Training Overview	15 mins	Ice breaker, expectation mapping
3	9:45 AM - 11:00 AM	Being an ASHA - Who is an ASHA - Roles and responsibilities - Essential Tasks	1 Hour 15 mins	Video Case Stories
Tea – 11:00 AM -11:15 AM				
4	11:15 AM -1:15 PM	Knowing your health system Health and Social determinants Health Systems and Community Platforms/ Structures	2 Hours	Case Study Videos
Lunch – 1:15 PM to 2:00 PM				
5	2:00 PM - 3:00 PM	ASHA Support Structure and ASHA Kits	1 Hour	Case study Videos
6	3:00 PM - 5:30 PM	Skills required for being an ASHA	2 Hour 30 mins	Role Plays Videos of each skill

DAY 2

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:30 AM - 10:30 AM	Recap and Knowing your Population	1 Hour	Hands on Practice
2	10:30 AM - 11:30 AM	Know your area and population and estimated beneficiaries, Reaching the unreached	1 Hour	Case Study, Role Plays
Tea - 11:30- 11:45 AM				
3	11:45 AM - 1:15 PM	Know your families and individuals, Community based assessment (CBAC Form)	1 Hour 30 mins	Role Play Hands on Practice
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM - 2:30 PM	Maintaining Records as an ASHA	30 mins	Hands on Practice
5	2:30 PM - 3:30 PM	ASHA Incentives – Understanding Your Entitlements and Payments	1 Hour	Hands on Practice
6	3:30 PM - 4:30 PM	Digitalization of Records and Incentives	1 Hour	Hands on practice
7	4:30 PM - 6:00 PM	Skill Practice	1 Hour 30 mins	Hands on practice



DAY 3

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	9:30 AM - 10:30 AM	Non-Communicable Diseases	1 Hour	Videos, Lectures
Tea- 10:30- 10:45 AM				
3	10:45 AM-12:00 PM	Understanding about NCDs	1 Hour 15 mins	Videos, Lectures
4	12:00 PM - 1:15 PM	Common NCDs and their risk factors	1 Hour 15 mins	Videos, Case story discussion
Lunch – 1:15 PM to 2:00 PM				
5	2:00 PM - 4:00 PM	Hypertension Skill demonstration- • Waist Circumference measurement • Recording BP	2 Hour	Case Story Video Demonstration and Hands-on Practice
6	4:00 PM - 5:30 PM	Diabetes • Estimation of Blood Glucose using Glucometer Demonstration and Handson Practice	1 Hour 30 mins	Case Story Video Demonstration and Hands-on Practice



DAY 4

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:30 AM - 10:00 AM	Recap and Asthma and COPD	30 mins	Case Story
2	10:00 AM - 11:00 AM	Cancers Skill demonstration- • Breast Self-Examination (BSE) • Oral Examination	1 Hour	Case Story Video Demonstration and Hands-on Practice
Tea- 11:00- 11:15 AM				
3	11:15 AM- 1:15 PM	Skill Practice • Waist Circumference measurement • Recording BP • Estimation of Blood Glucose using Glucometer • Breast Self-Examination (BSE) • Oral Examination	2 Hour	Hands on Practice
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM - 3:00 PM	Oral Health and Hygiene	1 Hour	Video Lecture Video Demonstration on the denture Role plays/ Case stories
5	3:00 PM - 4:30 PM	Oral Health problems in Infants and Children Common Oral Health Conditions in other age groups Prevention and Management Delivery of Key Messages and Counselling	1 Hour 30 mins	
6	4:30 PM - 5:30 PM	Skill Stations and hands on practice	1 Hour	Skill stations



DAY 5

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	09:30 AM - 10:30 AM	Introduction to Mental Health	1 Hour	Presentation Videos
3	10:30 AM - 11:15 AM	Understanding the Stigma and discrimination Myths and misconceptions around mental health conditions	45 mins	Case study/ Role Play
Tea- 11:15 AM- 11:30 AM				
4	11:30 AM - 1:15 PM	Common Mental Health Disorders • Depression • Anxiety • Panic Attack	1 Hour 45 mins	Presentation, Videos
Lunch – 1:15 PM to 2:00 PM				
5	02:00 PM - 3:00 PM	Severe Mental Disorders (SMD) Psychosis	1 Hour	Case study, Presentation
6	03:00 PM - 4:00 PM	Substance Use Disorder	1 Hour	Role Play
7	04:00 PM – 4:30 PM	Suicide ideation/ behaviours	30 mins	Role Play
8	4:30 PM - 5:30 PM	Skill demonstration • PHQ 2 • Mental Health First Aid (Psychological First Aid)	1 Hour	Role Play
		Post test		

PHASE II – LIFE CYCLES RELATED CONTENT (5 DAYS)

DAY 1

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	09:00 AM - 9:30 AM	Registration and Pretest	30 mins	
2	09:30 AM - 10:30 AM	Overview of HBNCC programme (0-36 months) • Overview of HBNCC & its importance • Home visit schedule under HBNCC • Why is it important to prioritize newborn and child health? • Utilization of VHSND/ UHSND Platforms for Continuity of Newborn and Child Care • 'At-risk' Newborn and Child	1 Hour	Group Discussion, Lecture, Video Play
3	10:30 AM - 11:30 AM	Postpartum Care of Mother and Care of newborn during home visit • Danger Signs in Post-partum mother • Maternal Mental health • Counselling to mother with danger signs • Healthy newborn & newborn care Visible Congenital abnormalities	1 Hour	Group Discussion, Lecture, Video, Role Play
Tea- 11:30 AM- 11:45 AM				
4	11:45 AM - 1:15 PM	Exclusive Breastfeeding • Early Initiation of breastfeeding • Importance of exclusive breastfeeding • Positions for breastfeeding • Responsive feeding • Common breast-feeding problems & its management Expression of breastmilk	1 Hour 30 mins	Physical demonstration, skill station
Lunch – 1:15 PM to 2:00 PM				



S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
5	2:00 PM – 3:30 PM	Identification & Care of Newborn with danger signs (0-2 months) • Danger signs in newborn • Management including referral Counselling to caregivers in case of newborn with danger signs	1 Hour 30 mins	Group Discussion, Lecture, Video play, Case Study
6	3:30 PM – 5:30 PM	Skill Demonstration and Practice • Measuring the Temperature of the Newborn • Weighing the newborn • Wrapping and swaddling of the newborn Home Based Kangaroo Mother Care (KMC)	2 Hours	Group Discussion, Lecture, Video Play

DAY 2

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	9:30 AM - 10:30 AM	Care of Young Child under Home Based Newborn and Child Care (HBNCC) - Care of young children - Immunization- National Schedule - Immunization microplanning (head count survey) - Conduct of immunization schedule - Adverse effects following immunization - Communication for immunization	1 Hour	Group Discussion, Lecture, Video play, Use of ECD Kit, Palan Video
3	10:30 AM -11:30 AM	Identification & Care of Sick Child (3-36 months) - Danger signs in child - Management including referral Counselling to caregivers in case of sick child	1 Hour	Lecture, Video play, Case Study
Tea- 11:30 AM- 11:45 AM				
4	11:45 AM - 1:15 PM	Mental Health among Children	1 Hour 30 mins	Group Discussion, Lecture, Video Play, Case Study
Lunch – 1:15 PM to 2:00 PM				
5	2:00 PM - 3:00 PM	Nutrition and Feeding Practices for Infants and Young Children (IYCF) & Mother - Nutrition young children & Complementary feeding - Feeding during illness - Importance of Mother's Nutrition - Iron and folic acid supplementation - Deworming - Growth monitoring and growth faltering - Use of MCP card	1 Hour	2 MCP Card demonstration



S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
6	3:00 PM - 4:00 PM	Early Childhood Development (ECD) - ECD & its importance - Responsive caregiving, Safety & Security of Child in home environment Skill Demonstration Anthropometric measurements- weight & height	1 Hour	Role Play Video Hands-on Practice
7	4:00 PM - 5:00 PM	Child-health Campaigns - SAANS campaign - Stop Diarrhoea campaign Skill Demonstration Preparation of ORS	1 Hour	Group Discussion, Lecture, Video Play, Case Study, Role Play
8	5:00 PM - 6:00 PM	RBSK and its importance Reporting and recording during HBNCC visit	1 Hour	Hands-on practice

DAY 3

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:00 AM - 9:15 AM	Recap	15 mins	
2	9:15 AM - 11:00 AM	Adolescent time of life Bodily changes Menstruation - Menstruation Hygiene Scheme	1 Hour 45 mins	Group Discussion, Lecture, Video Play Role Play
Tea- 11:00 AM-11:15 AM				
3	11:15 AM - 12:00 PM	Teenage Pregnancy, Unsafe Abortion and STIs	45 mins	Group Discussion, Lecture, Video Play Role Play
4	12:00 PM - 1:15 PM	RKSK and Role of ASHA in community-based care of adolescents	1 Hour 15 mins	Group Discussion, Lecture, Video Play
Lunch – 1:15 PM to 2:00 PM				
5	2:00 PM - 3:00 PM	Introduction to Maternal Health Preconception Care	1 Hour	Group Discussion, Lecture, Video Play
6	3:00 PM - 5:30 PM	Antenatal Care Nutritional Counselling of a pregnant woman	2 Hour 30 mins	Group Discussion, Lecture, Video Play



DAY 4

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	9:30 AM - 11:30 AM	High Risk Pregnancies Danger signs and Role of ASHA	2 Hour	Group Discussion, Lecture, Video Play, Case Study
Tea- 11:30 AM- 11:45 AM				
3	11:30 AM - 1:15 PM	Care Immediately after delivery	1 Hour 45 Minutes	Group Discussion, Lecture, Video Play
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM - 3:00 PM	Family Planning - Different Methods of Family Planning - Limiting/Permanent methods - Myths and Misconceptions	1 Hour	Group Discussion, Lecture, Video Play Role Play
5	3:00 PM - 4:00 PM	Comprehensive Abortion Care (CAC)	1 Hour	
6	4:00 PM - 5:00 PM	Eligible Couple Survey in your area	1 Hour	
		Counselling through GATHER Approach		
7	5:00 PM - 6:00 PM	Skill Practice and discussion with Recap	1 Hour	



DAY 5

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	9:30 AM -11:00 AM	Care of Elderly Population • Identification and Listing of Elderly Population • Health Promotion and Counselling of Elderly population	1 Hour 30 mins	Group Discussion, Lecture, Video Play
Tea- 11:00 AM- 11:15 AM				
3	11:15 AM - 1:15 PM	Counselling and promotion of Self-Care for the Elderly	2 Hour	Lecture, Video Play Role Play
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM- 3:00 PM	Palliative Care Services Identification and listing of palliative care beneficiaries Role in provision of palliative care to beneficiary Role in facilitating the caregiver	1 Hour	Lecture, Video Play
5	3:00 PM- 4:00 PM	Mobilizing the community resources/ volunteer	1 Hour	Lecture, Video Play
6	4:00 PM- 5:30 PM	Basic Nursing Skills	1 Hour	Skill demonstration
7		Care of Bedridden Patients and referral	30 mins	Lecture, Video Play
		Post test		



PHASE III – CROSS CUTTING AREAS (4 DAYS)

DAY 1

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	09:00 AM - 9:30 AM	Registration and Pretest -	30 mins	
2	09:30 AM – 10:30 AM	Common Eye Problems Skill demonstration- • Eye Check and usage of Snellen chart Finger counting method	1 Hour	Lecture, Video Play, Practice Exercise
3	10:30 AM – 11:15 AM	Prevention and Management of Common Eye Problems Cataract	45 mins	Lecture, Video Play
Tea- 11:15 AM- 11:30 AM				
4	11:30 AM- 1:15 PM	Prevention and Management of Common Eye Problems- Cont. Glaucoma Refractive Errors, Presbyopia Squint Infections of the Eye Stye Vitamin A Deficiency Eye Injuries Other conditions	1 Hour 45 mimns	Lecture, Video Play
5		Delivery of Key Messages and Counselling		Lecture, Video Play Role Play
Lunch – 1:15 PM to 2:00 PM				
6	02:00 PM - 05:30 PM	Ear, Nose and Throat Structures	1 Hour	Lecture, Video Play
7		Ear, Nose and Throat Hygiene related Key Messages	1 Hour	Lecture, Video Play
8		Common ENT Conditions and their prevention and management	1 Hour 30 mins	

DAY 2

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM - 9:30 AM	Recap	15 mins	
2	9:30 AM -11:00 AM	Acute Simple Illnesses • Pain • Fever • Diarrhoea • Injuries and wounds	1 Hour 30 mins	Lecture, Video Play
Tea- 11:00-11:15 AM				
3	11:15 AM - 12:15 PM	Anaemia	1 Hour	Lecture, Video Play
4		Iodine Deficiency Disorders		
5	12:15 PM - 1:15 PM	Climate Change and Human Health • Air Pollution • Heat Waves related Illnesses	1 Hour	Lecture, Video Play, Role Play/ Case Study
Lunch – 1:15 PM to 2:00 PM				
6	2:00 PM-4:00 PM	Emergency Management • Trauma and Accidents • Fracture • Acid Attack/ Chemical Burns • Choking and Poisoning • Seizures/ Fits • Bites (Animal / Snake / Insect Bites / Scorpion sting)	2 Hour	Lecture, Video Play
7	4:00 PM – 5:00 PM	Diabetic Emergencies, Heart Attack, Stroke	1 Hour	Lecture, Video Play
8	5:00 PM – 6:00 PM	Skill demonstration and Hands-on • HABCDE approach • RICER approach • CPR • Recognising life-threatening situations and Management protocol • Safe transport and Referral Follow-up care Skill Practice Exercises	1 Hour	Skill Practice Exercises



DAY 3

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM- 9:30 AM	Recap	15 mins	
2	9:30 AM -11:15 AM	Common Communicable Diseases • Malaria • Dengue • Chikungunya • Skill demonstration- Steps for use of bivalent RDT kit	1 Hour 45 mins	Lecture, Video Play, Exercise
Tea- 11:15 AM- 11:30 AM				
3	11:30 AM -1:15 PM	Japanese Encephalitis Lymphatic Filariasis Kala-Azar	1 Hour 45 mins	Lecture, Video Play
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM-5:30 PM	Tuberculosis Leprosy	3 Hour 30 mins	Lecture, Video Play, Role Play/ Case Study



DAY 4

S.No.	Time	Session / Skill Station (SS)	Duration	Pedagogy/Remarks
1	9:15 AM- 11:15 AM	Recap RTI and STI HIV	1 Hour 30 mins	Lecture, Video Play, Role Play/ Case Study
2		Viral Hepatitis	30 mins	Lecture, Video Play, Role Play/ Case Study
Tea- 11:15 AM- 11:30 AM				
3	11:30 AM-1:15 PM	Outbreak Management Surveillance One Health and Zoonotic Diseases Antimicrobial Resistance	1 Hour 45 mins	Lecture, Video Play, Role Play/ Case Study
Lunch – 1:15 PM to 2:00 PM				
4	2:00 PM- 5:30 PM	Recap	3 Hour 30 mins	Group Activity
		Post test and feedback		



ANNEXURE 1- STATE-WISE LIST OF NOMINATED INSTITUTIONS FOR REGIONAL TRAINING

ANDHRA PRADESH

MEDICAL COLLEGES

1. Sri Venkateswara Medical College, Tirupati (NELS)
2. Andhra Medical College, Visakhapatnam (NELS)
3. Guntur Medical College, Guntur(NELS)
4. Rangaraya Medical College, Kakinada (NELS)
5. Siddhartha Medical College, Vijayawada (NELS)
6. AIIMS Mangalagiri (NELS)

NURSING COLLEGE

1. Government College of Nursing, Guntur
2. Government College of Nursing, Nellore
3. Government College of Nursing, Kadapa
4. Government College of Nursing, Kurnool
5. Government College of Nursing, Kakinada
6. Sri Padmavathamma Government College of Nursing , Tirupathi
7. Government Nursing College, KGH Campus, Visakhapatnam

ASSAM

MEDICAL COLLEGES

1. Silchar Medical College, Silchar (NELS)
2. Guwahati Medical College, Guwahati (NELS)

NURSING COLLEGE

1. College of Nursing, AIIMS Guwahati

CHANDIGARH

DISTRICT HOSPITAL

1. G.M.S.H-16

CHHATTISGARH

MEDICAL COLLEGES

1. AIIMS Raipur
2. Late BR Kashyap Medical College (NELS)

NURSING COLLEGE

1. Government College of Nursing, Pt. JLN Medical College
2. All India Institute of Medical Sciences, Raipur
3. Government College of Nursing, Late Chandulal Chandrakar Memorial Govt. Medical College

DAMAN & DIU & DADRA & NAGAR HAVELI

NURSING COLLEGES

1. Government College of Nursing, Daman
2. Shri Vinoba Bhave College of Nursing, Silvassa

GOA

SIHFW AND TRAINING INSTITUTES

1. SIHFW
2. NELS Skill Centre (Skill Lab)

GUJARAT

MEDICAL COLLEGES

1. B.J. Medical College, Ahmedabad (NELS)
2. Government Medical College, Vadodara (NELS)
3. P.D.U. Medical College, Rajkot (NELS)
4. Government Medical College, Surat (NELS)
5. Shri M P Shah Government Medical College, Jamnagar (NELS)

NURSING COLLEGE

1. Gujarat Institute of Mental Health
2. College of Nursing, G.G. Hospital, Jamnagar



3. Government College of Nursing, PDU Hospital, Rajkot
4. Government College of Nursing, New Civil Hospital Campus, Surat
5. School of Medicolegal Studies, National Forensic Science University, Gandhinagar
6. College of Nursing (GINERA), Ahmedabad

HARYANA

MEDICAL COLLEGES

1. Pt. B.D. Sharma PGIMS, Rohtak (NELS)
2. BPS Govt. Medical College for Women, Sonapat (NELS)
3. KGGMC, Karnal

HIMACHAL PRADESH

SIHFW AND TRAINING INSTITUTE

1. SIHFW, Parimahal, Shimla
2. RHFWTC, Chheb (Regional Training Institute)

JAMMU & KASHMIR

MEDICAL COLLEGES

1. Government Medical College, Jammu (NELS)
2. Government Medical College, Srinagar (NELS)

NURSING COLLEGES

1. Baba Ghulam Shah Badshah University, School of Nursing

SKILL LABS

1. Skill Lab, GMC Udhampur
2. Skill Lab, Poonch

JHARKHAND

MEDICAL COLLEGES

1. AIIMS Deoghar

NURSING COLLEGES

1. AIIMS Deoghar, Nursing College

KARNATAKA

MEDICAL COLLEGES

1. Dharwad Institute of Mental Health & Neurosciences
2. Karnataka Institute of Medical Sciences, Hubballi (NELS)
3. Mysore Medical College & Research Institute (NELS)
4. Kasturba Medical College, Mangalore
5. KH Patil Institute of Medical Sciences, Gadag

NURSING COLLEGE

1. KH Patil Institute of Medical Sciences, Gadag
2. Government Nursing College, KIMS Hubballi
3. Nursing Department, DIMHANS Dharwad

KERALA

MEDICAL COLLEGES

1. Government Medical College, Kozhikode (NELS)
2. Government Medical College, Thrissur (NELS)
3. Government Medical College, Thiruvananthapuram (NELS)
4. Government Medical College, Kottayam (NELS)

SKILL LABS

1. Regional Skill Lab, Kozhikode
2. State Skill Lab, Thiruvananthapuram

NURSING COLLEGE

1. Govt Nursing College, Kozhikode

MADHYA PRADESH

MEDICAL COLLEGES

1. AIIMS Bhopal (NELS)



2. Bundelkhand Medical College, Sagar (NELS)
3. Shyam Shah Medical College, Rewa (NELS)

NURSING COLLEGES

1. AIIMS Bhopal (Nursing College)
2. Government College of Nursing, Ujjain
3. Govt. College of Nursing, Anuppur
4. Government Nursing College, NSCB Jabalpur

MAHARASHTRA

TRAINING INSTITUTES

1. HFWTC Amravati
2. HFWTC Chh. Sambhajinagar
3. HFWTC Nashik
4. HFWTC Kolhapur
5. HFWTC Pune
6. HFWTC Thane
7. HFWTC Nagpur

SIHFW

1. State Institute of Health & Family Welfare, Nagpur

MEGHALAYA

MEDICAL COLLEGES

1. NEIGRIHMS, Shillong

NURSING COLLEGES

1. NEIGRIHMS Nursing College

MANIPUR

MEDICAL COLLEGES

1. JN Institute of Medical Sciences (NELS)



MIZORAM

MEDICAL COLLEGES

1. Zoram Medical College (NELS)

NURSING COLLEGES

1. RIPANS College of Nursing
2. Mizoram College of Nursing

NAGALAND

TRAINING INSTITUTES

1. SFWTC Chumukedima

ODISHA

NURSING COLLEGES

1. SCB College of Nursing, Cuttack
2. College of Nursing, MKCG MCH, Berhampur
3. College of Nursing, VIMSAR, Burla

PUNJAB

MEDICAL COLLEGES

1. AIIMS Bathinda (NELS)
2. Guru Gobind Singh Medical College, Faridkot (NELS)
3. Government Medical College, Patiala (NELS)
4. Government Medical College, Amritsar (NELS)

NURSING COLLEGE

1. Institute of Nursing, Goindwal Sahib
2. State Institute of Nursing & Paramedical Sciences, Muktsar
3. University College of Nursing, Faridkot
4. AIIMS Bathinda Nursing
5. Government GNM School, Gurdaspur
6. School of Nursing SBLS Civil Hospital, Jalandhar



SIHFW AND SKILL LAB

1. SIHFW, Punjab
2. Skill Lab, Sangrur

PUDUCHERRY

MEDICAL COLLEGES

1. Indira Gandhi Medical College & Research Institute (NELS)

NURSING COLLEGES

1. College of Nursing, JIPMER
2. College of Nursing, IGMCI & RI

RAJASTHAN

MEDICAL COLLEGES

1. SMS Medical College, Jaipur (NELS)
2. Sardar Patel Medical College, Bikaner (NELS)
3. Dr. SN Medical College, Jodhpur (NELS)
4. JLN Medical College, Ajmer (NELS)
5. RNT Medical College, Udaipur (NELS)
6. Government Medical College, Bharatpur (NELS)
7. Government Medical College, Kota (NELS)

NURSING COLLEGES

1. Government College of Nursing, Ajmer
2. Govt College of Nursing, Bikaner
3. Govt College of Nursing, Udaipur
4. AIIMS Jodhpur Nursing College

SIKKIM

NURSING COLLEGES

1. Government College of Nursing, St. John's Hospital
2. Sikkim Government College of Nursing



TAMIL NADU

MEDICAL COLLEGES

1. Madras Medical College, Chennai (NELS)

TRAINING INSTITUTES

1. Institute of Public Health, Chennai
2. Health & Family Welfare Centre, Egmore (Chennai)
3. HFW Centre, Madurai
4. HFW Centre, Salem
5. Gandhigram Institute, Dindigul
6. HMTI Villupuram
7. Regional Training Institute, Thiruvannamalai

TELANGANA

MEDICAL COLLEGES

1. GMC Khammam
2. Kakatiya Medical College (NELS)
3. GMC Jayashankar Bhupalpally
4. Gandhi Medical College (NELS)
5. GMC Mahabubnagar
6. GMC Siddipet (NELS)
7. RIMS Adilabad
8. Osmania Medical College (NELS)
9. GMC Nalgonda
10. GMC Nizamabad (NELS)

NURSING COLLEGE

1. Govt College of Nursing, Somajiguda
2. Govt College of Nursing, Palair Khammam
3. Govt College of Nursing, Quthbullapur
4. Govt College of Nursing, Rajanna Sircilla
5. Govt Nursing College, Gadwal
6. Govt College of Nursing, Suryapet



TRIPURA

MEDICAL COLLEGES

1. Agartala Government Medical College (NELS)

UTTARAKHAND

MEDICAL COLLEGES

1. Doon Medical College, Dehradun (NELS)
2. Government Medical College, Haldwani (NELS)
3. VCSG Medical College, Srinagar (NELS)

NURSING COLLEGES

1. AIIMS Rishikesh
2. Government Nursing College, Champawat
3. State College of Nursing, Dehradun

WEST BENGAL

NURSING COLLEGES

1. Santiniketan Govt College of Nursing
2. Matangini Govt College of Nursing
3. Govt College of Nursing, Uluberia
4. Govt College of Nursing, Howrah
5. Govt College of Nursing, ID & BG Hospital
6. Govt College of Nursing, NRS Medical College
7. Govt College of Nursing, Deben Mahata Medical College
8. Govt College of Nursing, Rampurhat
9. Govt College of Nursing, CNMCH
10. Govt College of Nursing, Kamarhati
11. College of Nursing, Midnapore Medical College
12. Govt College of Nursing, Burdwan Medical College
13. College of Nursing, North Bengal Medical College
14. Govt College of Nursing, Bankura Sammilani Medical College



15. Govt College of Nursing, College of Medicine & Sagore Dutta Hospital
16. Govt College of Nursing, Kharagpur SD Hospital
17. Govt College of Nursing, Serampore Walsh Hospital





National Health Systems Resource Centre
Ministry of Health and Family Welfare
Government of India