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परिवार कल्याण मंत्रालय
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NATIONAL HEALTH MISSION
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TRAINING STRATEGY FOR INTEGRATED CAPACITY BUILDING OF THE PRIMARY HEALTHCARE TEAM

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INTEGRATED TRAINING

TRAINING STRATEGY FOR CAPACITY BUILDING OF THE PRIMARY HEALTHCARE TEAM ON INTEGRATED TRAINING MODULES

INTRODUCTION

The Integrated Training Strategy for the Primary Healthcare Team at Ayushman Arogya Mandir (AAM) is designed to establish a standardized, competency-based and sustainable capacity-building system for the five key cadres—Medical Officers (MOs), Staff Nurses (SNs), Community Health Officers (CHOs), ANM/MPW-Female and ASHA/ASHA-Facilitator. The strategy responds to the persistent gap between availability of human resources and their ability to consistently deliver the expanded Comprehensive Primary Health Care (CPHC) services with quality, adherence to protocols and person-centred approach.

National Training of Trainer on Integrated Training for all Cadres

Training of Regional Trainers for ASHA Cadre

The strategy is anchored in the Framework of Roles, Activities and Competencies (FRAC), which links each cadre's defined role and expected activities with the knowledge, skills and behaviours required for effective performance. Training of all five cadres intend to focus not merely on knowledge acquisition, but on demonstrated competence w.r.t soft skills along with technical skills for delivery of services .

The integrated approach will replace fragmented programme-specific training with a coherent learning pathway, while retaining cadre-specific depth and differentiated pedagogy. MOs, SNs, CHOs and ANM/MPW-Fs will undertake digital pre-learning followed by immersive hands-on training on technical and soft skills, however ; ASHA/ASHA-F trainings will remainpredominantly physical and participatory, reflecting their community-based role maintaining the focus on skills needed to address the health issues with family as a whole..

DURATION AND DELIVERY MODEL

The Integrated Training Strategy will be implemented through a structured cascade model.

Mandatory Requirements Before Physical Training

- Mandatory completion of assigned iGOT Karmayogi digital learning modules for MOs, CHOs, Staff Nurses and ANM/MPW-Fs before attending physical training.

- Completion of prescribed digital course and verification of completion status by the State/District training team.
- Physical training should focus on hands-on practice, skill stations, simulation, case-based learning, return-demonstration and competency assessment.
- No participant should proceed to physical training without completing the mandatory digital component, except where an officially approved exception applies.

For ASHA/ASHA-Fs: Physical and participatory training; no mandatory digital pre-learning requirement.

Table 1: Training Cascade, Duration and Delivery Architecture, Assessment

Level	Duration	Delivery model	Primary venue	Learning Time
Regional Training of State Master Trainers (RToT)	MO – 6 days; SN/CHO/ ANM-MPW – 7 days; ASHA – 10 days	Skill demonstrations, Hands on and Case based learning, Facilitator Led , Interactive	Regional Training Institutions, Medical/Nursing Colleges with functional Skill Labs , SIHFW , ANMTC	**Medical Officer** - 40% Skill stations ,5 % peer/group/role play , 20% case /scenario based , Pre learning/Digital-20%,Facilitator led-10% , Assessment-5%. **Staff Nurse** - 45% Skill stations ,10 % peer/group/role play , 20% case /scenario based , Pre learning/Digital-10%,Facilitator led-10% , Assessment-5% **CHO & ANM** - 40% Skill stations ,10 % peer/group/role play , 20% case /scenario based , Pre learning/Digital-15%,-Facilitator led-10% , Assessment-5%. **ASHA** - 25% Skill stations ,30 % peer/group/role play , 30% case /scenario based , Pre learning/Digital-0 %,Facilitator led-10% , Assessment-5%
State-level Training of District Trainers (SToT)	MO – 6 days; 7 days for SN/ CHO/ANM-MPW; 10 days for ASHA;	Skill demonstrations, Hands on and Case based learning, Facilitator Led, Interactive	Designated State Training Institutions and functional District/State Skill Labs	
Training of AAM Primary Healthcare Teams	MO – 6 days; SN/CHO/ ANM-MPW – 10 days (5+5 phases); ASHA – 14 days (5+5+4 phases)	Skill demonstrations, Hands on and Case based learning , Facilitator- Led , Interactive	District Skill Labs, Nursing/Medical Colleges and designated Block/District training sites	

Note :

1. RTOT is for creating pool of State level trainers whereas STOT will be conducted for creating pool of district level trainers.

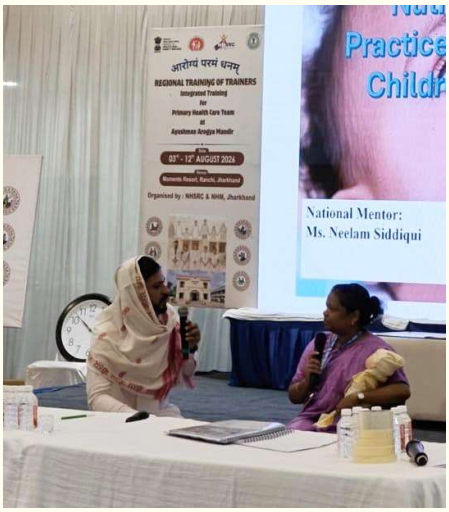
2. All the trainings for ASHAs will be held at Block level whereas for other cadres at the district skill labs (Annexure 1-List of Skill labs enclosed). States should ensure AV aids, mannequins & models as prescribed in all ASHA trainings at block level as well (Annexure II).

Training of Regional Trainers on Eye Care

3. All trainings will be assessed using appropriate assessment tools, including OSCE, pre- and post-tests, skill demonstrations, case-based assessments, quizzes, and participant feedback, to measure knowledge, competency, skill acquisition, and learning outcomes.

4. All the training material for STOT and Training of Primary Health care teams will be standardised and supported by the CP Division of NHSRC.

5. The modules for each cadre will be provided to the states in soft copies. Printing will need to be done by the respective states for the forth coming roll out.



Role Play for demonstration of counselling skills

Cadre-wise Skill Mapping

The Integrated Training Strategy adopts a cadre-wise, competency-based approach to strengthen the skills required by the Primary Healthcare Team at Ayushman Arogya Mandir (AAM). The skill mapping is aligned with the Framework for Roles–Activities–Competencies (FRAC) approach and focuses on the knowledge, skills and behaviour required for effective performance.

The framework consolidates skills under broad domains of clinical and service delivery, public health and community engagement, communication and counselling, teamwork and leadership, digital and data management, quality and safety, including professional and ethical behaviour. These domains are common across cadres but vary in depth and application according to their respective roles. The mapping therefore establishes a common competency framework while retaining cadre-specific skill requirements. Besides Technical skills, due emphasis is also placed on soft skills such as effective communication, empathy, counselling, decision-making, leadership, coordination and negotiation, that are explicitly covered in the training content and are intended to embedded across all the training rather than in isolation.

Cadre-wise Skill Mapping					
Skills	**Medical Officer (MO)**	**Community Health Officer (CHO)**	**Staff Nurse (SN)**	**ANM / MPW-F**	**ASHA / ASHA-F**
Clinical & Service Delivery Skills	Comprehensive clinical assessment; examination; clinical reasoning and decision-making; management of common conditions; emergency assessment and stabilisation;	Comprehensive primary-care level: Clinical assessment; identification/ classification; basic management within scope;	Clinical nursing: Patient assessment and monitoring; nursing procedures; safe care; emergency response;	Frontline service delivery: Basic clinical assessment; syndromic assessment; screening; essential procedures;	Community-level: Identification of health needs, symptoms and danger signs; basic support within role;

	lifesaving procedures; safe timely and adequate referral; continuity of care; palliative and rehabilitative care.	emergency first response; referral; follow-up; Home based care for continuity; basic palliative and rehabilitative support.	maternal/ new born/ child and adult care; palliative care; referral and continuity of care.	POC testing; drug administration; identification of danger signs; referral and follow-up.	linkage to services; referral and follow-up; home-based support.
Public Health, Community & Outreach Skills	Community-oriented primary healthcare; community diagnosis and timely reporting; understanding population need; community mobilisation; participation in community platforms; intersectoral coordination; use of community information for planning.	Community needs assessment; population profiling; home visits; family/community assessment; outreach planning; community mobilisation; community platforms; health education; inclusion of vulnerable groups.	Community health education; health promotion; community linkage; outreach support; continuity between facility and community.	Community assessment; outreach and microplanning; community platforms; health education; mobilisation; follow-up; continuity of care; inclusion of vulnerable/ marginalised populations.	Household/ community engagement; population enumeration; home visits; community mobilisation; reaching the unreached; resource mapping; beneficiary identification; community platforms; referral linkage and follow-up.
Communication, Counselling & Interpersonal Skills	Clinical consultation; verbal/ non-verbal communication; active listening; empathy; patient-centred/ whole-person care; counselling; shared decision-making; informed consent; difficult conversations; bereavement communication.	Effective communication; rapport building; empathy; counselling; behaviour-change communication; communication during sensitive situations; shared decision-making; coordination and negotiation.	Therapeutic communication; empathy; patient/family interaction; counselling; explanation of care; communication during distress; teamwork and respectful interaction.	Effective communication; empathy; relationship building; counselling; respectful communication; negotiation; communication with families and community.	Trust-building; empathy; active listening; simple and culturally appropriate communication; counselling; persuasion; negotiation; behaviour-change communication; communication with families and community.
Teamwork, Leadership & Management Skills	Leadership; team building; delegation/coordination; supportive supervision; mentoring; conflict management;	Team coordination; supportive supervision; planning and microplanning; problem-solving; decision-making;	Teamwork; coordination of patient care; role clarity; collaboration with other cadres;	Coordination; decision-making; planning; outreach microplanning; supportive supervision	Leadership within community; mobilisation; coordination with AAM/frontline workers; negotiation;

	planning; resource management; facility management; quality management; grievance redressal; disaster preparedness.	leadership; management of people, processes and resources; logistics; quality improvement; positive work environment.	clinical/team leadership appropriate to role; management of nursing resources.	as applicable; management of supplies/ resources; participation in quality improvement.	problem-solving; community action; participation in supportive supervision.
Digital, Data, Documentation & Information Skills	Digital health platforms; telemedicine/ teleconsultation; HMIS; digital records; reporting; data interpretation; use of data for decision-making; accountability and safe digital practice.	Digital tools; electronic records; reporting; teleconsultation; data recording and interpretation; use of data for planning, monitoring and decision-making; cyber safety.	Digital records and reporting; use of relevant digital platforms; accurate documentation; use of information for patient/ service management.	Digital platforms and records; reporting; beneficiary tracking; follow-up documentation; use of relevant AAM/ programme portals and digital systems.	Digital record maintenance; beneficiary tracking; use of relevant apps/ platforms; digital reporting and follow-up.
Quality, Safety & Risk Management Skills	Patient safety; infection prevention and control; biomedical waste management; quality assurance; QI/NQAS; medico-legal responsibilities; disaster preparedness; safe referral and risk management.	IPC; patient safety; quality assurance; continuous improvement; disaster preparedness; safe referral; monitoring of service quality.	IPC; safe clinical/nursing practice; patient safety; equipment/ procedure safety; quality standards; emergency preparedness.	IPC; safe procedures; PPE/ hand hygiene; biomedical waste; safe medicine/ equipment practices; monitoring and quality improvement; safe referral.	Infection-prevention practices; community safety; risk communication; recognition of situations requiring urgent referral; disaster/community preparedness.
Professional, Ethical & Self-Management Skills	Medical ethics; confidentiality; privacy; informed consent; accountability; professional judgement; self-care; stress and workload management; reflection and continuous improvement.	Professional accountability; ethical practice; self-care; work-life balance; resilience; reflective practice; maintaining a positive work environment.	Professional conduct; confidentiality; patient dignity; accountability; emotional resilience; teamwork and reflective practice.		

SELECTION OF REGIONAL & STATE MASTER TRAINERS

A cadre-specific pool of Master Trainers shall be established at Regional and State levels to ensure technical depth, standardization and consistency in delivery. Master Trainers should be selected from institutions and cadres with demonstrated technical expertise, relevant field experience and the ability to facilitate skill-based, case-based and competency-oriented training.

National Master trainers conducting skill demonstration

Table 2: List of Potential Trainers to be Selected at all levels

Cadre	Regional Master Trainer	State Master Trainer	Preferred expertise / selection criteria
Medical Officers	Physician , OBGY/Surgeon , Paediatrician ,Community Medicine , CMHO/Dy. CMO/ BMO/ SHSRC/ SIHFW faculty/other specialist / Medical college faculty , MD/ MBBS with ≥2 years' MO experience or State/District Programme Officer per State.	Same cadre mix, selected from State/Medical Colleges, SHSRC/SIHFW and State/District programme leadership.	Strong primary-care/clinical experience; demonstrated proficiency in critical clinical skills; ability to conduct case-based learning, simulation and competency assessment.
Staff Nurses	Senior Nursing faculty/clinical nurse educator or experienced Staff Nurse trainer from Medical/ Nursing College, NELS/DAKSH or recognised Skill Lab; supported by relevant clinical specialists where required. State/District Programme Officer per State.	Senior Nursing Officer/ Faculty/Skill-Lab Trainer with demonstrated clinical and training experience; preferably from Nursing College, SIHFW or State Skill Lab.	Strong clinical nursing skills; experience in demonstration/return-demonstration, simulation, OSCE and skills assessment.
CHOs	Community Medicine faculty, experienced CHO trainer , senior clinical trainer from Medical College, SIHFW/SHSRC . State/ District Programme Officer per State.	Experienced CHO/ medical/public-health trainer or State programme/faculty resource person with strong primary-care experience.	Integrated clinical and public-health competencies; community-based care, case/problem-based facilitation, team coordination and competency assessment.
ANM/ MPW-Fs	Senior Nursing/ANM/Public Health faculty or experienced skill-lab trainer from Nursing/ Medical College, SIHFW/SHSRC or designated Skill Lab. State/ District Programme Officer per State.	Experienced ANM/ MPW trainer, Nursing faculty or State/District technical resource person with demonstrated frontline competency.	Maternal-newborn, child health, NCD screening, POC diagnostics, drug administration and community-level skills; proficiency in practical demonstration and assessment.

ASHA/ ASHA-Fs	Experienced ASHA-F/ASHA trainer, Public Health/Community Health faculty or SHSRC/SIHFW resource person. State/District Programme Officer per State.	Experienced ASHA-F, ASHA trainer, ANM/ CHO or community-health resource person with demonstrated field facilitation experience.	Strong community engagement, counselling, role play, home-visit and behaviour-change facilitation skills; ability to use experiential and participatory methods.

Note: Programmes Officers/managers at state and district level, faculty from Medical / Nursing Colleges, Identified Skill Centres, State Government institutions,SHSRCs,SIHFW and Government-owned training institutions shall form the pool of Master Trainers for Regional, State, Disrict and Block level (for ASHAs only) trainings on Integrated Training module to ensure sustenance and Continuity of the Training cascade.

READINESS STANDARDS FOR TRAINING VENUES

Training venues shall be assessed and certified before commencement of each batch, based on cadre-specific infrastructure, skill-lab and faculty requirements. A list of already identified

Table 3: Readiness of Training Venue

Cadre	Minimum Readiness Requirements
Medical Officers	Clinical skill lab, mannequins, clinical equipment and consumables; computers, internet, AV facilities; space for skill stations and simulation.
Staff Nurses	Clinical, nursing skill lab, mannequins, procedure, diagnostic equipment; consumables; computers/internet and AV facilities, OSCE space.
CHOs	Functional skill lab, primary-care, diagnostic and emergency equipment, computers with internet, AV facilities, space for case-based learning and practical sessions.
ANM/MPW-Fs	Skill lab, nursing facility; obstetric, newborn models, POC diagnostic and drug-administration equipment, consumables, computers, internet and AV facilities.
ASHA/ASHA-Fs	Block/District training centre, ASHA kits, job aids and basic demonstration equipment, space for community, home-visit simulation, counselling and role play, AV facility.

Visit to trainings sites to be conducted 7–10 days prior, final go-ahead after verification of critical infrastructure, faculty and equipment.

Skill labs visits for training site finalisation

SUPPORTIVE SUPERVISION AND TRAINING QUALITY ASSURANCE

Supportive supervision will be conducted at two critical stages , pre-training and during training.

Table 4: Supportive Supervision Framework		
Stage	**Institution / Stakeholder**	**Roles and Responsibilities**
Pre-Training	MoHFW / NHSRC	▪ Review/approve training venues and institutional preparedness for Regional/State ToTs. ▪ Ensure availability of training modules, facilitator guides, skill checklists and assessment tools. ▪ Coordinate deployment of National/technical observers and provide guidance to States on preparedness gaps.
Pre-Training	State Health Department / State Nodal Officer	▪ Ensure nomination of participants and certified trainers ▪ Ensure identified venues meet infrastructure, skill-lab, equipment, digital connectivity and faculty requirements ▪ Verify availability of mannequins, models, consumables, AV facilities, computers/internet and training materials ▪ Ensure completion of applicable iGOT pre-learning/pre-assessment.
During Training	Medical Colleges / Nursing Colleges – MO & Staff Nurse	▪ Provide clinical skill and competency support during practical sessions. ▪ Observe demonstration and return-demonstration at skill stations. ▪ Conduct/ support clinical competency observation and OSCE/direct observation for critical skills. ▪ Provide immediate technical feedback and identify competency gaps requiring additional practice. ▪ Support simulation, case-based clinical learning and management of complex clinical scenarios.
During Training	SHSRC / SIHFW – CHO, ANM/MPW-F & ASHA/ASHA-F	▪ Observe training delivery and adherence to the approved pedagogy and curriculum. ▪ Support skill-based and field-oriented competency observation for CHO, ANM/MPW and ASHA training ▪ Review use of case scenarios, role play, demonstrations, skill stations and community-based learning. ▪ Provide technical/facilitation feedback to trainers and flag competency or implementation gaps to the State.
During Training	MoHFW / Ministry / NHSRC Consultants	▪ Undertake independent training observation using the standardized observation checklist. ▪ Observe trainer performance, participant engagement, skill-station functioning and assessment processes ▪ Provide real-time feedback and document key observations/recommendations for corrective action.

During Training	State Health Department	▪ Ensure smooth conduct of training as per the approved schedule and batch size. ▪ Ensure adequate faculty, skill stations, equipment and consumables throughout the training. ▪ Monitor attendance, participation, assessments and certification requirements. ▪ Facilitate immediate resolution of operational/technical gaps identified by observers. ▪ Consolidate observations and initiate corrective action where required.

CONCLUSION

- The Integrated Training Strategy provides a standardised, competency-based and sustainable framework for capacity building of the Primary Healthcare Team at Ayushman Arogya Mandir. *The strategy aims to move from completion of training to demonstrable competence on both soft and technical skills, sustained workplace application and continuous improvement in the quality of Comprehensive Primary Health Care services delivered through Ayushman Arogya Mandir.*
- The integrated training is based on the blended training model based on FRAC model.
- It contains compulsory digital pre-learning, cadre-specific physical and practical training, simulation and case-based learning, competency-based assessment and structured supportive supervision.
- The proposed cascade facilitated by Medical Colleges, Nursing Colleges, SHSRC/SIHFW and designated Skill Labs* will allow for standardised yet decentralised implementation across States/UTs.
- Take the trainers from the system continuous handholding support .
- All trainings will be assessed using appropriate assessment tools, including OSCE, pre- and post-tests, skill demonstrations, case-based assessments, quizzes, and participant feedback, to measure knowledge, competency, skill acquisition, and learning outcomes.
- The supportive supervision and handholding support will be done through regular supervisory visits, documented feedback and action plans for timely resolution of implementation gaps, and sustained improvement in the quality of service delivery.

Interactive Learning through a Quiz during Regional Training of Trainers

ANNEXURE 1
Cadre-wise Integration of Trainings: ANM, Staff Nurse and Community Health Officer

COMMON INTEGRATED TRAINING PACKAGE FOR NURSING/ FRONTLINE CADRES

1. RMNCAH+N and Life-cycle Care

- Daksh/Dakshata training
- Comprehensive newborn screening at delivery points under RBSK
- Orientation on Navjaat Shishu Suraksha Karyakram (NSSK)
- Integrated Management of Neonatal and Childhood Illness (IMNCI)
- Child Death and Still Birth Review
- HBNCC
- Immunisation
- WIFS
- Nutrition–MAA
- Family Planning, including FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB and PTK
- Oral Pills training.

2. Comprehensive Primary Health Care and NCDs

- CPHC-NCD, including prevention, screening, treatment, referral and follow-up
- CPHC-All Packages
- Screening and management of common NCDs
- CBAC, diabetes and hypertension screening and cancer screening.

3. Child and Adolescent Health

- Growth and nutrition assessment
- Development assessment
- Immunisation counselling
- IMNCI
- Adolescent counselling and assessment
- Menstrual hygiene counselling and related services.

4. Communicable Diseases and National Health Programmes

- National Viral Hepatitis Control Programme
- National TB Elimination Programme
- Sickle Cell Disease
- Leprosy

- Rabies prevention/community awareness
- Lymphatic Filariasis/Malaria-related activities
- Orientation on national health programmes.

5. Mental Health

- Identification, basic management and referral pathways under the District Mental Health Programme
- Mental health screening and counselling competencies.

6. Eye, ENT and Oral Health

- National Programme for Control of Blindness and Visual Impairment
- National Programme for Prevention and Control of Deafness
- National Oral Health Programme
- Basic eye, ear and oral examination and related procedures.

7. Elderly, Palliative and Rehabilitative Care

- National Programme for Elderly and Palliative Care
- Elderly assessment and counselling
- Bedridden patient care
- NG/catheter care
- Pain and palliative care.

8. Emergency and Essential Clinical Care

- ABCDE approach
- Adult, child and infant CPR
- Fracture stabilisation
- Burn care
- Choking/foreign-body management
- Emergency assessment and lifesaving skills.

9. Infection Prevention and Control

- PPE use
- Hand hygiene
- Preparation/use of chlorine solution
- Instrument processing
- Biomedical waste segregation and disposal.

10. Digital Health and AAM Systems

- AAM systems
- FP-LMIS
- NP-NCD Portal
- Other digital platforms

- Records, reporting and data-related competencies.

11. Cross-cutting and Community-based Competencies

- Community engagement and IEC/BCC
- Health promotion
- VHSND planning
- Supportive supervision
- Quality improvement
- Communication and counselling.

ADDITIONAL ANM-SPECIFIC CONTENT

The ANM module specifically identifies additional competencies including syndromic management across age groups, POC diagnostics and RDTs, essential medicines and drug administration, IDSP reporting, One Health, climate change and health, community engagement, outreach/microplanning, documentation and follow-up, supportive supervision, digital health/data management and AAM-related administrative competencies.

The ANM training list also specifically includes National Deworming Day, ANM-specific Viral Hepatitis, TB and Sickle Cell modules, Menstrual Hygiene Scheme, NPCBVI, NPPCD, National Oral Health Programme and elderly/palliative care.

ADDITIONAL STAFF NURSE-SPECIFIC CONTENT

For Staff Nurses, the integrated package retain the clinical nursing and bedside-care competencies identified in the module, including infection prevention and control, emergency care, elderly care, palliative care, communicable disease screening/counselling and mental health-related skills. These include safe nursing procedures such as catheter/NG care, pain management, pressure sore care and other essential clinical procedures.

ADDITIONAL CHO-SPECIFIC CONTENT

The CHO module places additional emphasis on the CHO's role in comprehensive primary healthcare delivery, NCD management, disease surveillance and outbreak investigation, emergency/lifesaving care, digital and data management, community engagement, facility/AAM management and quality improvement.

MEDICAL OFFICER

The 32 integrated trainings are:

1. CPHC–NCD Training
2. CPHC–All Packages, including Eat Right
3. Dakshata Training
4. Orientation on comprehensive newborn screening at delivery points under RBSK
5. Overview of NSSK at delivery points
6. Orientation of IMNCI

7. Orientation on Child Death and Still Birth Review
8. WIFS
9. Nutrition–MAA Training
10. MO Handbook Training–Immunisation
11. Orientation on new schemes, FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB and PTK
12. Oral Pills Training
13. Training of MOs in outbreak response and surveillance, including management of UPHCs/ UAAMs
14. District Mental Health Programme
15. AAM, FP-LMIS, NCD Portal etc.
16. Effect of Climate Change on Disease Pattern Alteration
17. National Programme for Control of Blindness and Visual Impairment
18. National Programme for Prevention and Control of Deafness
19. National Oral Health Programme
20. NPHCE – Health Care of the Elderly
21. National Viral Hepatitis Control Programme
22. Sickle Cell Disease
23. National Tuberculosis Elimination Programme
24. Clinical Management of Snakebite Envenoming
25. Rabies Prevention and Animal Bite Management
26. National Programme for Palliative Care
27. National Leprosy Eradication Programme
28. Prevention and Control of Leptospirosis
29. Lymphatic Filariasis Programme
30. Japanese Encephalitis Programme
31. Orientation on National Health Programmes
32. Medicolegal Protocols.

The MO module further incorporates competencies in emergency care, lifesaving interventions, trauma and injury management, referral and patient transfer, clinical management of common emergencies, palliative care, digital/data management and AAM/ facility management.

ASHA

Trainings included in the ASHA integrated package

The initial set of trainings includes:

1. CPHC-NCD – prevention, screening, treatment, referral and follow-up
2. CPHC-All Packages, including Palliative Care
3. ASHA Induction Module

4. Modules 6 & 7
5. Immunisation–Healthcare Cadres
6. National Deworming Day orientation for FLWs
7. New schemes, FP-LMIS, new contraceptives, PPFP, PAFP, HDC, ESB and PTK
8. WIFS
9. Menstrual Hygiene Scheme
10. Anaemia Mukt Bharat
11. HBNC and HBYC
12. Salt testing using Salt Testing Kits
13. Mental Health Training of ASHAs.

Additional trainings subsumed under Integrated Capacity Building

The module additionally incorporates:

1. Climate change and air pollution
2. NPCBVI
3. NPPCD
4. National Oral Health Programme and ASHA's role in prevention of common oral diseases
5. Comprehensive Geriatric Assessment
6. Home-based rehabilitation and counselling for geriatric health conditions
7. National Viral Hepatitis Control Programme
8. National TB Elimination Programme–ASHA Module
9. National Leprosy Eradication Programme
10. Sickle Cell Disease–ASHA Module
11. Community awareness on rabies prevention
12. FPLMIS and NP-NCD Portal.

Trainings Remaining Outside the Integrated Training Module

For ANM/SN/CHO and the primary healthcare team

1. SBA training
2. 5-day Adolescent Health Training for primary healthcare team/AFHC
3. NSSK training for AAM delivery points
4. MTP/MMA training
5. PCPNDT training
6. NTCP training
7. Disease-specific outbreak investigation-related training
8. Haemophilia/Thalassemia-related training
9. Trainings for NRC, DEIC, SNCU, F-IMNCI and similar specialised facilities
10. 10-day hands-on VIA training

11. Trainings intended for the RBSK team
12. Trainings for VHSNC/PRI/JAS members.

Additional exclusions applicable to the MO/primary healthcare team

1. BEmONC trainings
2. 5-day Adolescent Health Training for MOs and primary healthcare team/AFHC
3. Hands-on FP procedures such as NSV and Minilap
4. CEmONC, LSAS, EmCrit, CLMC and other CHC/SDH/DH-level specialised trainings
5. Trainings intended for Dentists, Laboratory Technicians, Pharmacists, RBSK teams, AYUSH-PHC MOs and DEOs
6. Trainings for AWWs/School Teachers
7. PMU staff trainings
8. CPCH trainings conducted prior to CHO placement
9. National Emergency Life Support (NELS)–Disaster Management
10. VHSNC/PRI/JAS member trainings.

ANNEXURE 2
Regional Training of State/UT Trainers (RToT) on the Integrated ASHA Training

(17 – 26 August 2026)

Materials required for Skill Stations & Stationery at the Venue

Day	Time	Session Name	Skill Station	Requirement	Quantity Reqd.
Day 1	3:00 PM – 5:30 PM	Skills Required for Being an ASHA	ASHA Skills Station	ASHA Drug Kit* (details at Annexure)	2
				HBNC Kit* (details at Anexure)	2
				MCP Card	2
				CBAC Form	2
				Referral slips	2
				Family Folder/ Register	2
			Demonstration For Blood Pressure Measurement	Digital BP apparatus	2
			Demonstration For Blood Sugar Measurement	Glucometer with strips	2
			Demonstration For Temperature Measurement	Digital thermometer	2
			Demonstration For measuring Weight	Digital weighing scale	2
			Other materials reqd. for session	IEC materials on Diabetes/NCD risk	4 sets
				Flip charts	2 bundles
				Markers	12
				Role-play cards	as per requirement
				AV aids.	1
Day 2	12:45 PM – 3:00 PM	Hands-on Practice Session (CBAC)	CBAC Practice	Printed CBAC Forms	40
				Case scenarios	as per requirement
				Family folders,	40

				Clipboards/Writing boards	2
				Pens	40
				Referral slips	10
				Competency checklist	2 sets
Day 3	(Integrated within 10:45– 11:15 AM Skill Practice Session)	Skill Practice Session	Waist Hip Ratio Measurement	Non-stretch measuring tapes	2
				Recording sheets	2
				Volunteers/ participants	2
				Competency checklist	2 sets
				IEC chart on obesity/ NCD risk	4 sets
Day 4	09:45 AM – 12:30 PM	Skill Practice Session	Breast Self-Examination (BSE)	Breast model/mannequin	1
				IEC flipbook/posters on Oral, breast and cervical cancer (Annexure)	4 sets
				Hand sanitizer	2
				Competency checklist	2 sets
			Oral Examination	Torch	3
				Disposable tongue depressors	3
				Gloves	1 box
				Hand sanitizer	2
				Oral cavity model/ posters	4 sets
				Referral slips	10
		Prevention & Management of Oral Health Conditions	Brushing & Tongue Cleaning Demonstration	Tooth model	2
				Toothbrush	2
				Toothpaste	2
				Tongue cleaner	2
				Oral hygiene IEC materials	4 sets
	03:45 PM- 04:30PM	Skill demonstration and practice	Exclusive Breastfeeding importance and challenges	SSBSK register	10

				MCP card	10
				Newborn doll	2
				Flip charts/ IEC material/ Posters on Exclusive breast feeding	2
				Counselling cards	2
				AV Aid	1
				Respiratory timer/ watch	2
				Digital thermometer	2
Day 5	9:45 AM- 11:15 AM	Skill Demonstration and Practice	Measuring Newborn Temperature	Infant mannequin/ newborn doll	2
				Digital thermometer	2
				Recording sheet	2 sets
			Weighing the Newborn	Infant weighing scale	2
				Infant mannequin/ newborn doll	2
				Recording sheet	2 sets
			Wrapping & Swaddling of Newborn	Baby wraps/ swaddling cloths	2
				Infant mannequin	2
			Home-Based Kangaroo Mother Care (KMC)	KMC wrap	2
				Infant mannequin/ newborn doll	2
				Demonstration charts	2 sets
	3:00 PM- 4:00 PM	Hands-on Practice Session	Filling MCP Card & Growth Monitoring	MCP Cards	10
				Growth Charts	10
				Infant/Child weighing scale	2
				Plotting pen/pencil	40
				SSBSK Forms	40
Day 6	9:45 AM- 10:45 AM	Acute Respiratory Infections & Diarrhoea	ORS Preparation	ORS packets	12
				Clean drinking water	as per requirement
				1-litre measuring container	8
				Glass Spoon	12
				IEC material on diarrhoea management	4 sets

	10:45 AM-11:15AM	RBSK and its importance	Identification of 4Ds	MCP Cards	10
				SSBSK Forms	10
				RBSK referral cards	10
				Growth Charts	10
				Flip charts	2 bundles
				AV aids	1
				Reporting formats	2 sets
				Handouts (Pg 119-122)	
	11:30 AM-12:30PM	Role of ASHA in Adolescent Health	Menstrual Hygiene	Menstrual Hygiene Products	4
				AV Aids	1
				Anemia Colour Chart	2
				Posters/handouts/ IEC on Menstruation	4sets
	12:30 PM – 1:15 PM		Prevention of Reproductive/ Sexual Transmitted illnesses	Posters/handouts/ IEC on RTI/STI and safe sex practices	2
Day 7	4:00 PM – 5:30 PM	Role of ASHA in Family Planning – Skills Practice	Eligible Couple Survey	Eligible Couple Register	4 sets
				Sample survey forms	40
				Pens	40
				Clipboards	4
			GATHER Counselling	FP counselling flipbook	4
				GATHER job aid	4
				Case scenarios	as per requirement
			FP-LMIS	FP-LMIS Register/ App screenshots	4
				Contraceptive logistics register	4
				Sample reporting formats.	4 sets
Day 8	4:00 PM – 5:30 PM	Basic Nursing Skills	Care of Bedridden Patient & Home-Based Care	Bed/cot/ table(Standard Hospital Bed)	1
				Pillows (Standard adult pillow)	1

				Bedsheets (Preferrable-single/ double white for demonstration purposes)	1
				Adult mannequin/ volunteer	1
				Positioning aids	q
				Gloves, masks	1 box
				Referral forms	4 sets
		Eye Care – Skill Demonstration	Finger Counting Test & 6/18,Snellen Vision Screening	Torch	3
				6/18,Snellen Vision Chart (E-chart)	3
				Measuring tape/ string (6 metres)	3
				Eye models/posters	3
				Referral slips	4 sets
				Marker pens	10
				Chart paper	10
				AV aids	4
Day 9	2:30 PM- 4:00 PM	Management of Common Emergencies- Skill Demonstration & Practice	HABCDE, RICER & CPR	Adult CPR mannequin	1
				First-aid kit	2
				Bandages	2
				Crepe bandage	2
				Splints	2
				Triangular bandage	2
				Ice pack	2
				Gloves	1 box
				Masks	1 box
		Vector Borne Diseases- Skill Demonstration	Bivalent Malaria RDT and slide preparation	Bivalent Malaria RDT Kit	12
				Lancets and slides	12 each
				Alcohol swabs	12
				Cotton	1 pack
				Gloves	1 box
				Sharps container	2
				Bio-medical waste disposal bag	one of each colour

				IEC Material on Source reduction activities	2
				Malaria job aid	4 sets
Day 10	2:30 PM-4:00 PM	Outbreak Management-Skill Practice – Form S	Form S Filling	Printed Form S	40
				Outbreak case scenarios	4 sets
				Pens	40
				Flip charts	1
				Markers	4
				Group work sheets	as per requirement

ANNEXURE 3

SN	State	Medical College	Nursing College	Additional RITI (MC)	Additional RITI (NC)	SIHFW/SHSRC/Training Institute/Distirct Hospital	Skill Lab	NELS Training Institutes
1	ANDHRA PRADESH	6	0	0	7	0	0	6
2	ASSAM	2	1	0	0	0	0	2
3	BIHAR	2	1	1	0	0	0	2
4	CHANDIGARH	0	0	0	0	1	0	0
5	CHHATTISGARH	1	3	1	0	0	0	1
6	THE DADRA AND NAGAR HAVELI AND DAMAN AND DIU	0	2	0	0	0	0	0
7	GOA	0	0	0	0	1	1	0
8	GUJARAT	5	5	0	1	0	0	5
9	HARYANA	2	0	1	0	0	0	2
10	HIMACHAL PRADESH	0	0	0	0	2	0	0
11	JAMMU AND KASHMIR	1	1	0	0	0	2	1
12	JHARKHAND	1	1	0	0	0	0	0
13	KARNATAKA	4	0	0	3	0	0	2
14	KERALA	4	0	0	1	0	2	4
15	MADHYA PRADESH	3	3	0	1	0	0	3
16	MAHARASHTRA	0	0	0	0	8	0	0
17	MANIPUR	0	0	1	0	0	0	1
18	MEGHALAYA	1	1	0	0	0	0	0
19	MIZORAM	0	2	1	0	0	0	1
20	NAGALAND	0	0	0	0	1	0	0
21	ODISHA	0	1	0	2	0	0	0
22	PUDUCHERRY	1	2	0	0	0	0	1
23	PUNJAB	4	4	0	2	1	1	4

24	RAJASTHAN	7	4	0	0	0	0	7
25	SIKKIM	0	1	1	1	0	0	0
26	TAMIL NADU	1	0	0	0	7	0	1
27	TELANGANA	0	0	10	6	0	0	5
28	TRIPURA	1	0	0	0	0	0	1
29	UTTARAKHAND	3	3	0	0	0	0	3
30	West Bengal	0	17	0	0	0	0	0
TOTAL		**49**	**52**	**16**	**24**	**21**	**6**	**52**
COMPLETE TOTAL		**168**						

Note: Data as on July 2026 subjected to periodic revision

National Health Systems Resource Centre,
Ministry of Health & Family Welfare,
Government of India