



# IPC Skills Training in Routine Immunization for Frontline Workers (ANM, ASHA, AWW)

## Operational Guidelines



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## Abbreviations used

|           |   |
|-----------|---|
| 3As       | ANM+ASHA+AWW  |
| ANM       | Auxiliary Nurse and Midwife   |
| ASHA      | Accredited Social Health Activist   |
| AWW       | Anganwadi Worker  |
| BCC       | Behaviour change communication  |
| BEE       | Block Education and Extension Officer                                       |
| BPM       | Block Program Manager   |
| BRIDGE    | Boosting Routine Immunization Demand Generation                             |
| DA        | Dearness Allowance  |
| DP        | Development Partner   |
| DT        | District Trainer (here, Trainer of FLWs)                                    |
| FLW       | Frontline Worker (ANM, ASHA, Anganwadi worker–AAA or 3As)                   |
| GAVI      | Global Alliance for Vaccine Initiative                                      |
| GOI       | Government of India   |
| ICDS      | Integrated Child Development Programme                                      |
| IEC       | Information, Education and Communication                                    |
| IMI       | Intensified Mission Indradhanush  |
| IPC       | Inter-personal communication  |
| LCD       | Liquid Crystal Display (Projector)  |
| LODOR     | Leftout, Dropout and Resistant  |
| LT        | Lead Trainer  |
| MOHFW     | Ministry of Health and Family Welfare                                       |
| MOIC      | Medical Officer in Charge   |
| M&E       | Monitoring and Evaluation   |
| NIHFW     | National Institute of Health and Family Welfare                             |
| NGO       | Non-governmental organization   |
| PIP       | Programme Implementation Plan   |
| RCH       | Reproductive Child Health   |
| RI        | Routine Immunization  |
| SBCC      | Social and behaviour change communication                                   |
| SEPIO/SIO | State Extended-Programme-on-Immunization Officer (State EPI Officer or SIO) |
| SIHFW     | State Institute of Health and Family Welfare                                |
| SMS       | Short Message Service   |
| SRINO     | State RI Nodal Officer  |
| TA        | Travel Allowance  |
| TOT       | Training of Trainer   |
| UNICEF    | United Nations Children’s Fund  |
| VHND      | Village Health and Nutrition Day  |
| WHO       | World Health Organization   |

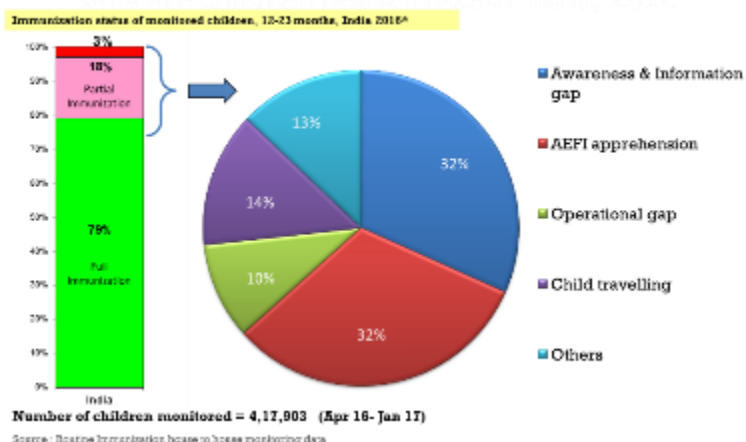
## Overview

Frontline functionaries within the health system, primarily the ANM and ASHA, supported by the AWW from the ICDS programme – jointly known as the 3As – are recognized to form the most critical resource to achieve the Routine Immunization (RI) goal of reduced vaccine hesitancy and increased coverage. They are an essential **bridge** between the health delivery system and the community. In RI, the ANM plays the dual role of being a vaccinator and as primary counsellor to caregivers. The ASHA serves as the first point of contact for the community seeking information and knowledge related to RI, especially in rural areas. The AWW ensures all mothers (including pregnant women) and children in the village visiting the *anganwadi* centre receive the specified services related to health and nutrition, including RI counselling. All 3As also collaborate for the monthly Village Health and Nutrition Day (VHND) in which RI is a key service.

The 3As, thus, have huge potential and the need for strengthened skills in contributing to reducing vaccine hesitancy, major reasons of which have been awareness gap and apprehension of AEFI as indicated in the chart below. Awareness and information gaps with AEFI apprehension together contributing to about 64% point towards inadequate communication which is not persuasive enough.

The supply side of RI is strengthened through improved infrastructure, new vaccines, and regular technical training. The demand side, however, is largely based on the quality of interaction between FLWs and the community. The myths and misconceptions, and other barriers held by the community add to their vaccine hesitancy.

### Why are children being missed? India, 2016



Trainings for frontline workers (FLWs) in the past have focused mostly on technical knowledge or studying frequently asked questions. However, to achieve sustained behavior change in communities and among caregivers, FLWs must have basic understanding of how to engage communities in issues regarding child health and immunization, deliver key messages and test understanding, self-assess results of their efforts, and engage with influencers.

The Boosting Routine Immunization Demand Generation (BRIDGE) IPC module is a special one-day course designed to develop capacities of FLWs to leverage SBCC for RI. The suggested training content is mostly based on the Tarang Training module endorsed by the MOHFW and developed by UNICEF on SBCC. BRIDGE will focus on improving inter-personal communication (IPC) skills of FLWs to improve RI demand generation and expansion.

All FLWs in India are envisaged to be trained in two phases – Phase 1 comprising of 187 districts under the Intensified Mission Indradhanush (IMI), including the Northeastern states, and Phase 2 comprising of remaining districts in the country.

A pool of district-level trainers (called District Trainers or DTs) will be developed to conduct these trainings. Depending upon the number of FLWs a district may have, the number of DTs required for each district may range from 1 (as in Andaman & Nicobar) to 15 (as in Andhra Pradesh). During Phase 1, beginning in August, approximately 2,315 DTs will be trained to build capacities of about 11.36 lakh FLWs. Phase 2 will be planned to begin later in January 2018 for training of the remaining 15.85 lakh FLWs.

Supportive supervision to ensure quality of trainings will be done at three levels. At the state and district levels, the RI Nodal Officers/SEPIO and at the block level, the Medical Officer in Charge (MOIC) are expected to coordinate for this training. Detailed **guidelines** are included in the following pages.

The Ministry of Health and Family Welfare, Government of India, has indicated the resource support for the FLW training from the existing state PIP. Considering the significance of the training – nearly 27 lakh FLWs will be trained across India in about 6-12 months period – it will be necessary for state and partners to work jointly in a well-coordinated manner to achieve the set results.

## Training Approach

Phase 1– All states with IMI districts (16 states, plus 8 states in the North East including Assam);

Phase 2 – All states with remaining districts.

These states, for the purpose of developing District Trainers (DTs) will be categorized as under.

### Category 1 (UNICEF /GAVI states)

Category 1 comprising of states where UNICEF has already trained state-level / district-level trainers in 13 states (Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Maharashtra, Uttar Pradesh, Arunachal Pradesh, Manipur, Nagaland) so far. The trainers have been trained using a 5-day TARANG module on SBCC including IPC, counseling, and community dialogue tools – all with special focus on RI. It is proposed to select DTs from these SBCC trained on priority including existing trainers in the 13 UNICEF states.

It is proposed that among these DTs, there should be trainers from both Health system and ICDS. This will help strengthen convergence for FLWs.

### Category 2 (Non-UNICEF Non-GAVI)

In states not covered by the TARANG training module so far, UNICEF, jointly with MOHFW, will seek support from other partners such as WHO to share existing data on any state/district level DTs on IPC or SBCC developed by them in the recent past. Selected DTs (as given below) will be trained to facilitate field-level IPC for RI trainings for FLWs.

- Existing Trainers pool developed by other development partners like WHO, FHI360 etc.
- New trainers from
  - ASHA Trainers & ASHA Supervisors
  - Government Health Institutions
  - Health Education Officers
  - NGO Partners
- Anganwadi Training Center trainers/ICDS supervisors (including them will help in ICDS systems strengthening and will improve field-level convergence)

*The District Trainers (DTs) so selected will undergo a one-and-a-half day ‘Training of Trainers’ TOT) to enable them to effectively deliver the one-day module to the FLWs.*

## TOT Training Methodology

### For One-and-Half-Day ToT

The ToT will be residential, except for states where trainers are locally based in the same city as the training venue and do not have to travel long distances. For residential training, participants will arrive the previous evening so as to start the session at 9:00 AM the next day. On the night of first day of the ToT they will stay and will checkout the next day after lunch. The ToTs will expose the participants fully to the FLW training content. Additionally, facilitation skills inputs will be



woven into the sessions to develop facilitation skills. In the TOT, mock sessions for the FLW training will be added. The trainer manual will also give an alternate methodology to conduct sessions in the event of a power failure.

## Training of Trainers

Two Lead Trainers (LTs) will conduct the training to enable greater contact with participants. Lead Trainers for TOTs will be drawn from the following:

- SBCC lead trainers trained by UNICEF (30 nos)
- One resource person from each State/SIHF/Training department provided such a trainer can be released by the state for the entire duration of the training programme (30 nos)



Before starting state TOTs, LTs will have undergone a 2-day training at the national level, including their roles in supportive supervision at block-level FLW trainings and post-training assessment of FLW knowledge and on-the-job application of knowledge.

### Selection Process for District Trainers (DTs)

The District Trainers (DTs) of FLWs will be selected by the states from their pool of health trainers. UNICEF state offices will coordinate this process of selection with the Health officials at the state level in UNICEF states. It is recommended that DIOs attend at least one or two TOTs to enable them to act as observers of the FLW training programme.

### Number of DTs to be trained and quality of Trainers

The approximate number of FLWs to be trained and corresponding trainers required in each state is given at **Annexure 1**. It is an indicative plan. At the rate of 1-15 trainers per district (depending upon the number of FLWs in the state), approximately 5,210 DTs are planned to be trained under the BRIDGE programme. To ensure that a larger pool of DTs is available to select from, 10% additional DTs will be called for ToTs. The ToTs will be attended by approximately 5,700 and those getting better ratings in their pre-post will be retained for FLW trainings.

### Number of TOT batches required

To achieve a better and focused LT-DT interaction to develop more effective DTs capable of conducting effective IPC for RI sessions for the FLWs, the following is recommended:

Maximum participants per batch: 25

**Indicative list of Probable District Trainers**

- Existing SBCC trainers developed by UNICEF or other partners like WHO, FHI360 etc.
- New trainers from
  - ASHA Trainers & ASHA Supervisors
  - Government health institutions
  - Health Education Officers
  - NGO Partners
- Anganwadi Training Center trainers / ICDS supervisors (including them will help in ICDS systems strengthening and will improve field-level convergence)
- DIO
- Dist. ASHA Coordinator

Approximate total batches of TOT: Phase 1 – 100; Phase 2 – 121

Sample movement plan of a DT is given in **Annexure 2**.

### Certification for DTs

It is recommended that the DTs be given SBCC Trainer Competency Certificates only when a DT has:

- Attended the full course ToT and
- Satisfactorily completed 3 trainings of FLWs at an accepted level of competency.

The certificate will be handed over to the deserving DT at an investiture ceremony on completion of State trainings. A prototype of a sample certificate is given here.



It is upto the states to decide whether it wants to give this certificate to the DT. State RI Nodal Officer may provide the necessary approval on this.



## Training of FLWs

FLW training must begin immediately following the state-level TOTs. Note that all FLWs cannot be released for training simultaneously since they have to provide the necessary health services. For IMI at least one training session in each block must be held per week. Though, training may not be organized during IMI week or during RI days, still making it about three training sessions per block in a month.

Required number of DTs will be available to cover all FLWs in the state in about eight months in each phase. Quality of FLW training will be monitored through a mechanism of supportive supervision.

### Training Plan

Immediately after the state TOTs field level IPC training for FLWs will begin. Supportive supervision of these field-level trainings will also begin simultaneously. Overall plan giving details of DTs required in each state, maximum number of participants for each batch (35 FLWs) and the number of batches required, with beginning time and end time is given in **Annexure 2**.

The training plan is prepared keeping in mind minimum **three sessions in a month** per block. The DT will coordinate three days before the training with the authorities for logistics of the training. (For example arranging LCD projector, generator, etc.) The DT will be in dialogue with the block coordinating authority (Block MOIC) for the training.

### Supportive supervision of FLW training at the Block level

Post training, it is proposed that **two trainings sessions** facilitated by each DT will be supervised for support as under:

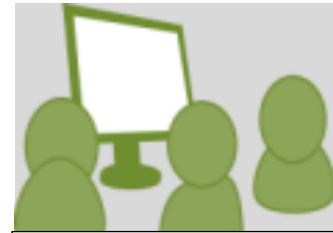
**First FLW training** by the DT – Supportive supervision 5% by UNICEF LTs, 95% by selected state LT/representative of partner organizations such as WHO, CARE, etc. Staff from the medical colleges from department of health communication/community medicine could be involved for supportive supervision and may be also monitoring of training.



**Second FLW training** by the DT – Supportive supervision by selected state LT; Surprise supervision by state LT or UNICEF LT.



**Observation at all levels by DIO:** A supportive supervision checklist to ensure inputs on all aspects of the training is prepared (**Annexure 4**). During ToTs this checklist will be duly explained to the DTs.



#### Salient features of FLW training

- ✓ Duration: One day
- ✓ Methodology: Participatory - comprising of videos, games, role plays
- ✓ Batch size: 35 FLWs
- ✓ District trainer: 1

# Training Tools

All DTs, during the ToTs will be provided the following Training Tools:

1. **Trainers Manual:** This contains Session Plans on technical information on RI and different aspects of IPC. It provides guidelines on facilitation and supportive supervision. The TOT will be held using this manual. The supportive supervision skills and checklists in the manual will enable DTs to provide systematic handholding to the FLWs.

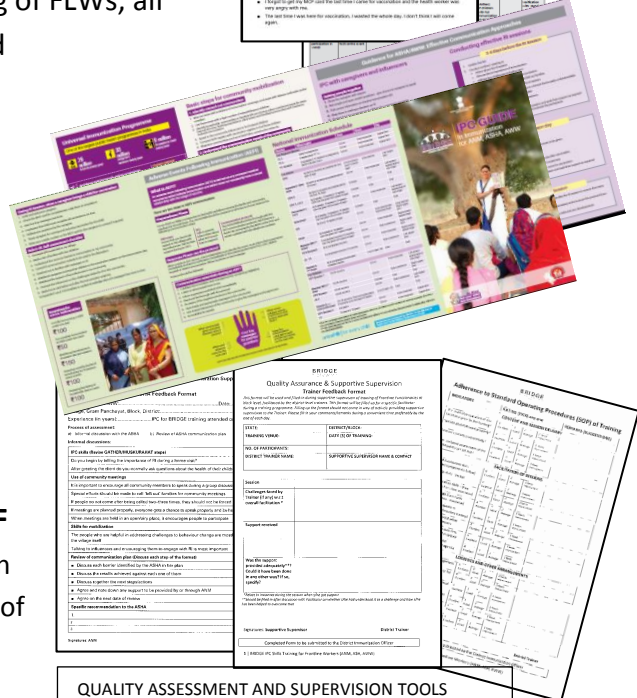
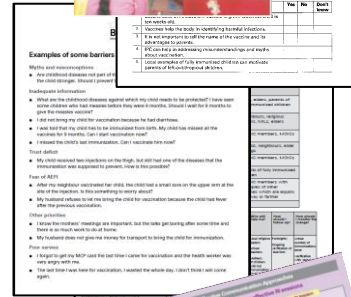
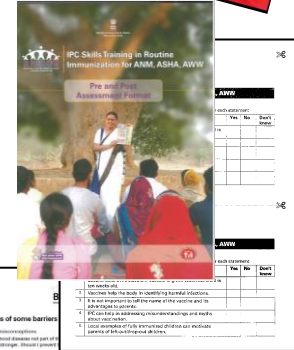
2. **Pre- and Post-training Formats:** To be filled in groups of 5 by participants and returned to DT, who will record the results in an SMS-based format as explained during the TOT. The data will be analyzed by UNICEF, and available online for state and MOHFW to review.

3. **Barriers and Planning exercise sheets:** A set of 5 sheets to be used during the training in Group work and taken back by the DT after completion of the exercise.

4. **IPC Skills Folder job aide:** During the training of FLWs, all DTs will carry the required number and hand over to each FLW one copy of the IPC Skills Folder. This job aide contains the following information:

- FAQs on RI and AEFI protocols
- Immunization schedule
- Communication checklist
- Guidelines to use IEC materials
- Self-assessment checklists

5. **Quality Assessment and Supportive Supervision (Trainer Feedback) Format (PDF copy only):** This format will be used and filled-in by DTs during their supportive supervision visits of training of FLWs at block level. The filling up the format should not come in way of actively providing supportive supervision to the trainer conducting the session. So fill in your comments/remarks during a convenient time. Completed forms to be handed over to DIO through MOIC with an assessment report.

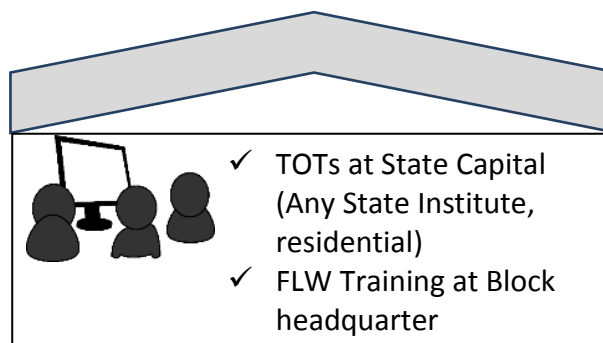


QUALITY ASSESSMENT AND SUPERVISION TOOLS

## Training Location for BRIDGE ToTs and FLW Trainings

It is recommended that all TOT trainings be held at a central location in the state. In the smaller states, it may be held in the state capitals, but in larger states such as Uttar Pradesh, Tamil Nadu, Maharashtra, Madhya Pradesh, these could be held at the divisional headquarters/regional centers. For example, in Uttar Pradesh, the locations could be Allahabad, Meerut and Lucknow; in Madhya Pradesh it could be Bhopal and Jabalpur; in Maharashtra it could be Pune and Nagpur.

For FLW training at the block level the recommended logistics is given in the adjoining box.



### FLW Training at Block Level

**Suggested training venues:** ANM/ASHA Training Center; Block CHC and Resource Centre; Panchayat Bhavan; NGO Hall; any other suitable hall

### Recommended logistics

1. Size: 10mx 8m (About 80 sqm – one person needs 1 sqmt to sit + additional area for personal space, movement and activities)
2. Sitting arrangement: classroom with flexibility of rearrangement for group work
3. A clear and smooth white board/wall for projecting videos (bed-sheet)
4. Generator/Lighting arrangement
5. Drinking Water
6. Wash rooms with water supply

## Training Stationery

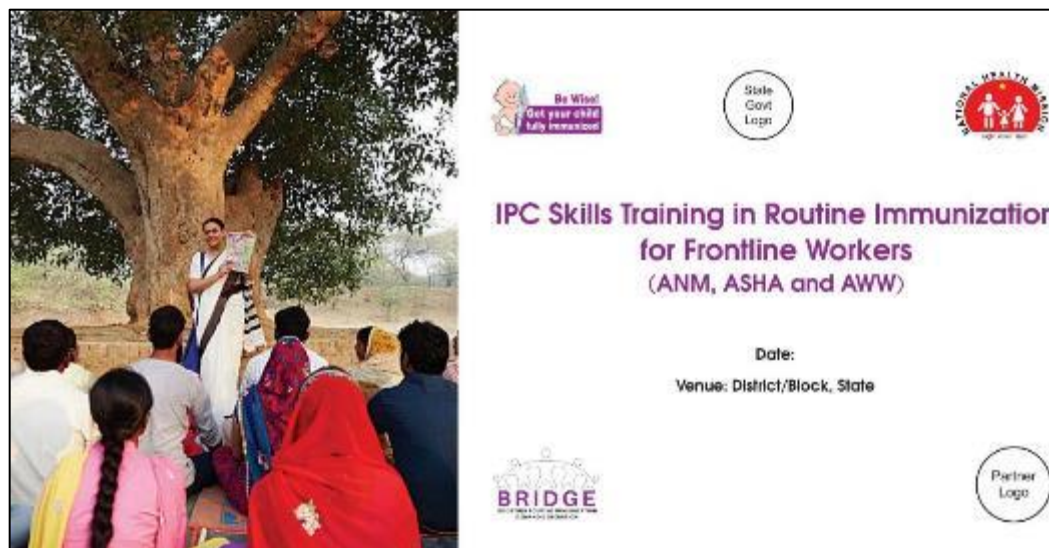
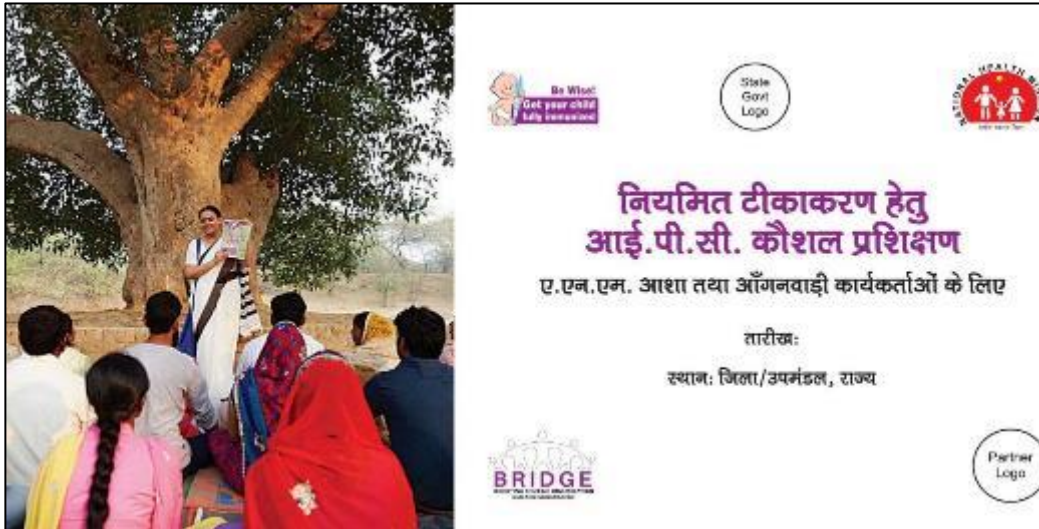
The logistics also include stationery to be used during the training. An indicative list of stationery is provided in the table. These items are mandatory in any training programme.

| Stationery to be provided by state for each training   |                        |
|--|------------------------|
| What   | Number                 |
| Chart papers (For making charts as required)           | 15                     |
| Permanent Markers (Red, Black and Blue)                | 2 Black, 2 Blue, 1 red |
| Blu-Tack/Glue Drops (Bostik/Fevicol Reusable Adhesive) | 2 packets              |
| Board Clips  | 2                      |
| Cello tape, Scissors, Pencil/sharpener, Ball of string | 1 each                 |
| VIPP Cards   | 25                     |
| Plain paper  | 10                     |
| Stapler and pins                                       | 1                      |
| Board pins   | 1 packet               |

## Prototype of Flex Banner for FLW training

A reusable Flex Banner (Prototype given below) for the training will be developed by the Block MOIC who will ensure that the banner is available and displayed at the training venue in a prominent place. Date and venue for each training to be filled in erasable ink by the DT.

**SIZE: 8ft x 4ft or 6ft X3ft.** The open file of the Banner is provided to all DTs on a pen drive, who will share with their respective MOICs for production.



## Activities and Responsibility

**TOT: State RI Nodal Officer/SEPIO to be in-charge for BRIDGE trainings in the state. S/he will convene a meeting of all DIOs and other RI programme related officials in the state to discuss the modalities and action plan of FLW trainings before the state level TOTs. S/he along with others members of state team will be responsible for the following activities**

| Activity   | Responsibility  |
|--|---|
| Translation of Training Tools in local language  | State RI Nodal Officer (SRINO)/SEPIO                    |
| Selection of district trainers (DTs)   | SRINO/SEPIO in consultation with respective CMO and DIO |
| ToT venues – Preferably SIHFW, any state institute with residential facility (Training cost to be borne by UNICEF) | State IEC or Training Officer/Designated Officer        |
| Finalize state TOT plan with timeline  | SRINO/SEPIO in consultation with UNICEF                 |
| Release orders to attend training – Participants: DT & MOIC  | SRINO/SEPIO with CMO/DIO/DPO                            |
| Administrative arrangements for ToTs   | State IEC/Training Officer/Designated Officer           |
| Post-training payment of TA/DA   | State IEC/Training Officer/UNICEF                       |
| Post-training release orders   | SEPIO/State IEC or Training Officer                     |
| FLW training plan with DT's movement plan  | SRINO/SEPIO with State IEC/Training Officer             |
| Convey FLW training plan to MOIC and DT; Share DT contact details with MOIC  | SRINO/SEPIO/State IEC/Training Officer                  |

**FLW Training: MOIC is identified as the nodal officer for block level trainings**

| Activity  | Responsibility   |
|---|--|
| Prepare block training plan with timeline   | MOIC in consultation with DIO and CMO  |
| Arrange venue for training as per norms   | MOIC   |
| Coordinate with DTs   | MOIC in consultation with CMO/DIO/DPO  |
| Formation of FLW batches and communication to FLWs  | MOIC   |
| Administrative arrangements for training  | MOIC   |
| Post-training payment of TA/DA to FLWs  | MOIC   |
| TA/DA to DTs  | MOIC   |
| Receive supportive supervision reports on DTs   | MOIC   |
| Use supportive supervision inputs to strengthen DT's skills OR  | MOIC   |
| Use successive supportive supervision inputs to drop a DT from the DT Panel for FLWs                      | MOIC in consultation with CMO/DIO/DPO District Trainer's administrative in-charge) |
| Collect pre-post training formats from DTs  | MOIC   |
| Post-training follow-up during sector meetings and on-field monitoring using google-based monitoring tool | MOIC   |

## Training Budget (as per RCH Norms)

**Cost for TOTs:** The cost of each batch of TOT (25 participants/batch) will be borne by UNICEF and partner organizations.

**Cost for Training Tools:** UNICEF will provide all Training Tools and job aides. The tools will be made available with the SEPIO's office before the start of the TOTs.

**Cost for FLW Trainings:** The cost for FLW trainings (35/batch) will be borne by the state from its PIP under **Immunization Part C**, as per RCH norms for training (**see Annexure 5**).

- TA/DA payable to ANM as per state government norms
- TA/DA payable to ASHA / AWW @ as per state government norms
- Resource Person's honorarium payable to District Trainer @ Rs 500/- per day
- Training logistics (includes expenditure towards venue, apparatus, diesel for generator, small stationary items) per training as per state government norms
- Additionally, honorarium can be paid for supportive supervision of FLW trainings @ Rs 500 for each visit as per norms.

*A copy of the RCH Norms for Training shared with states on 28<sup>th</sup> January 2015 (Ref D.O. No. A-11033/101/07/Trg) is given at **Annexure 5**.*

### **Integration with IMI**

Since BRIDGE is being integrated with IMI in Phase-1, therefore the BRIDGE training budget for Phase 1 may be added to IMI budget trainings (ref DO No. T-13020/22/2017-Imm, dated 30<sup>th</sup> June 2017 addressed to Mission Directors by Joint Secretary Vandana Gurnani, Ministry of Health and Family Welfare, Government of India).

## Post-Training Follow Up

**Follow-up during monthly sector meetings:** After training of FLWs, MOIC will ensure follow-up on the learnings with the same FLWs during their monthly sector meetings. The MOIC will assign about 20-25 minute follow-up or refresher to discuss common barriers to RI and solutions (referring to the Sessions Plan). In the follow-up, one of the FLWs will be asked to give a short presentation on one specific behavioural barrier (selected for that particular month).

MOIC conducting the sector meeting will provide a simple feedback in a Google Form available online on the knowledge gained by FLWs by randomly testing two participants for each sector meeting. This online feedback will be provided **for one year** following the training. (This Google Form is available online effective 10<sup>th</sup> September 2017). Link will be communicated soon.

**Assessment of Learning Application in the Field:** Approximately 0.01% FLWs trained will be assessed in the field on how they are applying their IPC learnings. This will generate a data from approx. 2,700 FLWs, which will help in assessing the impact of FLW trainings. The assessments may begin within 2 weeks of the FLW training and will be completed within a period of 3 months following completion of the FLW training of that Block.

Assessment may be carried out by DTs/DPMs/ASHA Supervisors/BPM/BCMs/BEE (from among those who have undergone BRIDGE TOT) and/or as directed by MOIC using the FLW On-field Assessment Form given at **Annexure 6**. The MOIC will review the assessments and share with the DIO. The DIO will further share with SEPIO, who will review and share with State MD (NHM) and MOHFW. A sample reporting format from DIO's desk to SEPIO is given at **Annexure 7**.

## Documentation of BRIDGE Training

The documentation of the BRIDGE trainings will include the following:

1. TOTs will be documented by UNICEF (designated training agency), containing the following:
  - a. Database of DTs along with an assessment of their training skills.
  - b. Innovative training methods used by DTs.
  - c. Suggestions given by the FLWs in those trainings supervised by Lead Trainers (LTs).
2. FLW Trainings are to be documented by Block MOIC (through DT). The report must cover the following points. See **Annexure 8** for the report matrix. One consolidated report will be submitted to the DIO within 7 days of completion of all training batches for the Block.
  - a. Date of training
  - b. Venue of training
  - c. Number of FLWs trained and category
  - d. Total training cost
  - e. IMI related questions asked by participants and answered
  - f. IMI related questions asked and which required further clarifications.
  - g. Recommendations, if any
  - h. One or two pictures of the training.

## Annexure 1: State-wise proposed break-up of FLWs and District trainers required (Indicative)

| Distt Trainer (DT) Data |                   | Scale of implementation and requirement of facilitators |        |        |        |         |                 |                        |          |                |                          | *FLW batches @ 35 per batch   **DT requirement calculated @ 3 trainings/month/block for 8 months   10% surplus facilitators will be called to attend the ToTs to provide for better selection of facilitators to conduct FLW |        |        |         |                 |                        |          |                |       |   |
|-------------------------|-------------------|---|--------|--------|--------|---------|-----------------|------------------------|----------|----------------|--------------------------|--|--------|--------|---------|-----------------|------------------------|----------|----------------|-------|---|
|                         |                   | Phase I IMI + Urban + NE + MR                           |        |        |        |         | FLW Trng Batch* | Facilitator required** |          | ToT Req'd @ 25 | Phase II Other Districts |  |        |        |         | FLW Trng Batch* | Facilitator required** |          | ToT Req'd @ 25 |       |   |
|                         |                   | State   | Dist   | ANM    | ASHA   | AWW     |                 | FLW                    | Per Dist |                | State                    | Dist   | ANM    | ASHA   | AWW     |                 | FLW                    | Per Dist |                | State |   |
| 1                       | Andhra Pradesh    | 13  | 15784  | 46906  | 91307  | 153997  | 4400            | 15                     | 299      | 13             | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 2                       | A & N             | 0   | 0      | 0      | 0      | 0       | 0               |                        |          |                | 3                        | 317  | 427    | 600    | 1344    | 38              | 1                      | 3        | With WB        |       |   |
| 3                       | Arunachal Pradesh | 15  | 590    | 2092   | 1368   | 4050    | 116             | 1                      | 15       | 1              | 4                        | 373  | 1419   | 632    | 2424    | 69              | 1                      | 4        | With Ph I      |       |   |
| 4                       | Assam             | 7   | 3129   | 10537  | 8444   | 22110   | 632             | 4                      | 49       | 2              | 25                       | 9001   | 24353  | 30156  | 63510   | 1815            | 4                      | 125      |                | 6     |   |
| 5                       | Bihar             | 15  | 9500   | 44394  | 46342  | 100236  | 2864            | 8                      | 195      | 9              | 23                       | 11109  | 47915  | 71058  | 130082  | 3717            | 7                      | 253      |                | 11    |   |
| 6                       | Chandigarh        | 1   | 199    | 46     | 1500   | 1745    | 50              | 3                      | 4        | With HAR       | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 7                       | Chhattisgarh      | 0   | 0      | 0      | 0      | 0       | 0               |                        |          | 0              | 27                       | 7326   | 60557  | 33000  | 100883  | 2882            | 5                      | 216      |                | 10    |   |
| 8                       | D&NH              | 1   | 96     | 219    | 500    | 815     | 23              | 1                      | 2        | With Guj       | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 9                       | D&Diu             | 2   | 91     | 80     | 300    | 471     | 13              | 1                      | 2        |                | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 10                      | Delhi             | 11  | 1990   | 5017   | 21200  | 28207   | 806             | 4                      | 55       | 2              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 11                      | Goa               | 0   | 0      | 0      | 0      | 0       | 0               |                        |          |                | 2                        | 356  | 0      | 2000   | 2356    | 67              | 2                      | 6        | With Mah       |       |   |
| 12                      | Gujarat           | 3   | 2252   | 6499   | 6809   | 15560   | 445             | 7                      | 30       | 1              | 30                       | 12354  | 34491  | 68091  | 114936  | 3284            | 5                      | 240      |                | 11    |   |
| 13                      | Haryana           | 4   | 738    | 3402   | 5752   | 9892    | 283             | 3                      | 20       | 1              | 17                       | 4996   | 16012  | 24448  | 45456   | 1299            | 4                      | 102      |                | 4     |   |
| 14                      | Himachal Pradesh  | 12  | 3269   | 1052   | 8400   | 12721   | 363             | 2                      | 24       | 1              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 15                      | J & K             | 1   | 432    | 924    | 668    | 2024    | 58              | 3                      | 4        | With HIM       | 21                       | 5617   | 11563  | 14032  | 31212   | 892             | 2                      | 63       |                | 3     |   |
| 16                      | Jharkhand         | 2   | 544    | 2025   | 3492   | 6061    | 173             | 4                      | 25       | 1              | 22                       | 7978   | 39481  | 38408  | 85867   | 2453            | 5                      | 93       |                | 4     |   |
| 17                      | Karnataka         | 3   | 1353   | 4626   | 7380   | 13359   | 382             | 6                      | 27       | 1              | 27                       | 9883   | 27059  | 66420  | 103362  | 2953            | 5                      | 216      |                | 10    |   |
| 18                      | Kerala            | 14  | 6213   | 32978  | 42400  | 81591   | 2331            | 7                      | 168      | 7              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 19                      | Lakshadweep       | 1   | 60     | 95     | 100    | 255     | 7               | 1                      | 1        | With Ker       |                          |  |        |        |         |                 |                        |          |                |       |   |
| 20                      | MP                | 14  | 5729   | 19727  | 25529  | 50985   | 1457            | 5                      | 98       | 4              | 37                       | 16129  | 50382  | 67471  | 133982  | 3828            | 5                      | 259      |                | 11    |   |
| 21                      | Maharashtra       | 11  | 10132  | 21437  | 42656  | 74225   | 2121            | 9                      | 143      | 6              | 25                       | 19989  | 40346  | 96944  | 157279  | 4494            | 8                      | 300      |                | 13    |   |
| 22                      | Manipur           | 4   | 223    | 1110   | 1511   | 2844    | 81              | 1                      | 22       | 1              | 5                        | 747  | 2240   | 1889   | 4876    | 139             | 2                      | 10       | With Ph I      |       |   |
| 23                      | Meghalaya         | 7   | 1278   | 4648   | 2991   | 8917    | 255             | 2                      | 21       | 1              | 4                        | 730  | 3006   | 1709   | 5445    | 156             | 2                      | 12       | With Assam     |       |   |
| 24                      | Mizoram           | 3   | 296    | 472    | 713    | 1481    | 42              | 1                      | 3        | With MANI      | 5                        | 658  | 567    | 1188   | 2413    | 69              | 1                      | 5        | With Ph I      |       |   |
| 25                      | Nagaland          | 11  | 1475   | 2147   | 4100   | 7722    | 221             | 1                      | 22       | 1              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 26                      | Odisha            | 2   | 766    | 2870   | 3600   | 7236    | 207             | 5                      | 25       | 1              | 28                       | 7439   | 41771  | 50400  | 99610   | 2846            | 5                      | 125      |                | 6     |   |
| 27                      | Puducherry        | 0   | 0      | 0      | 0      | 0       | 0               |                        |          |                | 4                        | 385  | 0      | 1500   | 1885    | 54              | 1                      | 4        | With TN        |       |   |
| 28                      | Punjab            | 0   | 0      | 0      | 0      | 0       | 0               |                        |          |                | 22                       | 5104   | 18577  | 33400  | 57081   | 1631            | 4                      | 110      |                | 5     |   |
| 29                      | Rajasthan         | 12  | 7601   | 22729  | 30800  | 61130   | 1747            | 7                      | 120      | 5              | 21                       | 11096  | 31328  | 53900  | 96324   | 2752            | 6                      | 189      |                | 8     |   |
| 30                      | Sikkim            | 2   | 248    | 514    | 400    | 1162    | 33              | 1                      | 4        | With WB        | 2                        | 191  | 338    | 400    | 929     | 27              | 1                      | 2        | With WB        |       |   |
| 31                      | TN                | 0   | 0      | 0      | 0      | 0       | 0               |                        |          | 0              | 32                       | 9994   | 2498   | 82900  | 95392   | 2725            | 4                      | 192      |                | 5     |   |
| 32                      | Telangana         | 10  | 10750  | 29555  | 35955  | 76260   | 2179            | 10                     | 100      | 4              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 33                      | Tripura           | 5   | 1163   | 5312   | 3063   | 9538    | 273             | 3                      | 27       | 1              | 3                        | 640  | 3325   | 1838   | 5803    | 166             | 3                      | 12       | With Ph I      |       |   |
| 34                      | UP                | 60  | 26371  | 130180 | 190320 | 346871  | 9911            | 7                      | 720      | 32             | 15                       | 4708   | 20533  | 47580  | 72821   | 2081            | 6                      | 150      |                | 7     |   |
| 35                      | Uttarakhand       | 13  | 2830   | 13128  | 12000  | 27958   | 799             | 3                      | 65       | 3              | 0                        | 0  | 0      | 0      | 0       | 0               | 0                      | 0        | 0              | 0     | 0 |
| 36                      | WB                | 1   | 791    | 1760   | 4440   | 6991    | 200             | 9                      | 25       | 1              | 24                       | 18239  | 45568  | 106560 | 170367  | 4868            | 9                      | 200      |                | 9     |   |
| Total:                  |                   | 260   | 115893 | 416481 | 604040 | 1136414 | 32469           | 134                    | 2315     | 100            | 428                      | 165359   | 523756 | 896522 | 1585637 | 45304           | 98                     | 2891     |                | 121   |   |

For Odisha, Manipur, West Bengal, Jharkhand, Tripura, Mizoram, and Arunachal Pradesh few district trainers from Phase II are included in Phase I to complete the batch.



## Annexure 2: Sample Movement Plan of District Trainers

| Sample Movement of District Trainers                      |  |                    |  |      |  |  |  |  |  | Facilitators | FLW Training @ 6 per facilitator per month | ANM | ASHA | AWW  | Total | Training batches required | Months to complete |     |  |
|---|--|--------------------|--|------|--|--|--|--|--|--------------|--|-----|------|------|-------|---------------------------|--------------------|-----|--|
| State UP  |  | District Allahabad |  | MI 1 |  |  |  |  |  | 7            | 42   | 855 | 4317 | 3172 | 8344  | 239                       | 5.7                |     |  |
| <b>No of FLW training batches in the block in a month</b> |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
|   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 1   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 2   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 3   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 4   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 5   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 6   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| Facilitator 7   |  |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    |     |  |
| A   | Total number of batches in the district in one month |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    | 40  |  |
| B   | Maximum batches in 8 months with ease                |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    | 320 |  |
| C   | Batches needed                                       |                    |  |      |  |  |  |  |  |              |  |     |      |      |       |                           |                    | 239 |  |

## Annexure 3: Quality Assurance & Supportive Supervision

### Trainer Feedback Format

*This format will be used and filled-in during supportive supervision of training of Frontline Functionaries at block level, facilitated by the district-level trainers. This format will be filled up for a specific facilitator during a training programme. Filling up the format should not come in way of actively providing supportive supervision to the Trainer. Please fill in your comments/remarks during a convenient time*

|                               |   |
|-------------------------------|---|
| <b>STATE:</b>                 | <b>DISTRICT/BLOCK:</b>                          |
| <b>TRAINING VENUE:</b>        | <b>DATE (S) OF TRAINING:</b>                    |
| <b>NO. OF PARTICIPANTS:</b>   |   |
| <b>DISTRICT TRAINER NAME:</b> | <b>SUPPORTIVE SUPERVISOR NAME &amp; CONTACT</b> |

*preferably by the end of each day.*

|   |  |
|---|--|
| <b>Session</b>  |  |
| <b>Challenges faced by Trainer (if any) w.r.t overall facilitation *</b>                                    |  |
| <b>Support received</b>   |  |
| <b>Was the support provided adequately**?<br/>Could it have been done in any other way? If so, specify?</b> |  |

*\*Relate to instances during the session when s/he got support*

*\*\*Should be filled in after discussion with DT on whether s/he had understood it as a challenge and how s/he has been helped to overcome that.*

Signatures: **Supportive Supervisor**

**District Trainer**

## Adherence to Standard Operating Procedures (SOP) of Training

| INDICATORS   | RATING (TICK) any one |                  |                     |                               | REMARKS (SUGGESTIONS) |
|--|-----------------------|------------------|---------------------|-------------------------------|-----------------------|
| <b>CONTENT AND SESSION DELIVERY</b>                                  |                       |                  |                     |                               |                       |
| The level of preparation of the facilitator prior to the training?   | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Session plan followed properly?                                      | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Session content covered fully?                                       | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Pre- and post-assessment of the participants carried out?            | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| <b>FACILITATION OF SESSIONS</b>                                      |                       |                  |                     |                               |                       |
| Overall Facilitation skills (Detailed components follow)             | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Language skills - Verbal   | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Communication skills – (Para verbal such as Pitch, Tone, Modulation) | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Body language (Face, Hands movement, Posture – Stand/Walk)           | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Involves participants in discussions (participatory training)        | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Displays self-interest while facilitating the sessions               | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Training aides (Group work, PPTs, audio-visual aids) used in session | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Time management and adherence to training agenda                     | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| <b>LOGISTICS AND OTHER ARRANGEMENTS</b>                              |                       |                  |                     |                               |                       |
| Venue and seating arrangement  | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Availability of power backup for entire duration of training         | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Available generator/audio visual equipment in working order          | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Arrangement for drinking water                                       | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Availability of clean washrooms (Female & male)                      | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |
| Participants' attendance recorded                                    | 4<br><i>Excellent</i> | 3<br><i>Good</i> | 2<br><i>Average</i> | 1<br><i>Needs Improvement</i> |                       |

Signatures: **Supportive Supervisor**

**District Trainer**

**Note:** To be submitted to Block Medical Officer in Charge, who will verify and submit to DIO.

## Annexure 4: Approved Revised RCH Training Financial Norms

| <b>Approved Revised RCH Training Financial Norms</b><br>(Ref D.O. No. A-11033/ 101/07/Trg; Dtd: 28 <sup>th</sup> January 2015)  |  |   |
|---|--|---|
| <b>Sl No</b>  | <b>Budget Head</b>   | <b>Final Proposed Norms</b>   |
| 1   | DA to Group A equivalent Participants  | Rs 700/- per day  |
| 2   | DA to Group B, C & D or equivalent participants  | Rs 400/- per day  |
| 3   | Honorarium/per diem to Group A&B equivalent participants   | Rs 500/-  |
| 4   | Honorarium/per diem to Group C&D equivalent participants   | Rs 300/-  |
| 5   | TA to Group A, B, C & D or equivalent participants   | TA Rules of Central/State Govt. (whichever applicable)  |
| 6   | Hiring of vehicle by Trainer   | State norms of hiring of vehicles will apply  |
| 7   | Honorarium to Guest faculty at District and sub-district, State/Regional/National level (Experts, Specialists of area, faculty of medical college, centre of excellence, program officer dealing with program)   | Rs 600 (district), Rs 1000 (state) & Rs 1500 (National level) per day*  |
| 8   | Honorarium to professional/Faculty/Trainers from Medical Colleges*** for monitoring of trainings in field as Observer <ul style="list-style-type: none"> <li>• Checklist</li> <li>• Handholding the training</li> <li>• Action taken decision</li> </ul> | District to block Rs 500/-, State to District/Block Rs 1000/- and National to State/District/Block level Rs 1500/- (one training in a day with complete observer report). Report to be copied to respective concerned division, state headquarter/SIHFw/and in Ministry (MOHFW) |
| 9   | Food to participants (breakfast, working tea & lunch & Dinner for residential trainings)   | Rs 250/- a participant/day at district level and Rs 350/- at state and Rs 400/- at National Level (subject to actual)   |
| 10  | Accommodation for Trainers where residential facility is not available   | Up to Rs 3000/- (district level), Rs 4000/- (at state level) & Rs 5000/- (National Level) per day (Subject to actual). Above are the maximum limit and subject to receipt.  |
| 11  | Accommodation for participants where hostel facility is not available  | Up to Rs 1000/- (at district level), Rs 2000/- (at state level) & Rs 3500/- (National Level) per day (Subject to actual). Above are the maximum limit and subject to receipt.   |
| 12  | Incidental expenses (Photocopy, job aides, flip charts, etc)   | Rs 300/- participants/day (subject to actual)**   |
| 13  | Venue hiring (in absence of training institute)  | Rs 5000/- per day at district/block level per day. Rs 10,000 per day at State level per day and Rs 20,000 at National Level per day**   |
| 14  | Institutional overhead for the use of institutional facilities   | 15% of total training expenses  |
| <p>*Subject to 2 lectures/Guest faculty per day<br/> **Subject to keeping it minimum<br/> ***In principle, honorarium to impart training/taking sessions is not to be paid to any type of in-house faculty from NIHFw/SIHFw/DTC/HFWTC/ANMTC/DTT/HTT or similar institute of Training since training is their defined job.</p> |  |   |



## Annexure 5: Assessment of FLWs on application of IPC Skills

### Programme Focus – Routine Immunization Demand Generation

Name of ANM/ASHA/AWW:.....Date:.....

Village, Gram Panchayat, Block, District:.....

Experience (in years):.....IPC for BRIDGE training attended on:.....

#### Process of assessment:

Carefully observe the FLWs while she interacts with the community. Mark your observation and later (after her interaction with community, when no community member is present) give her advice for improvement if required.

To be submitted to DIO

| Observation Checklist   | Observation            | Your Action   |
|---|------------------------|---|
| Did she begin by telling the importance of RI during a home visit?  | Yes/No                 | If yes, please tell her that she should begin her conversation by greeting to follow GATHER approach.   |
| After greeting the client did she ask questions about the health of their children?   | Yes/No                 | If not, please tell her that after exchanging pleasantries she should come to the main purpose to avoid discussions on unrelated issues.  |
| Does she have a list of LODOR families with barriers / reason for each family.  | Yes/No                 | If not, please explain the process of identifying LODOR families and finding the REAL reasons behind Leftout, Drop- out, Resistant families. REAL reasons mean those which give the actual situation and not the ones based on her pre-conceived ideas.   |
| If you got an opportunity to attend a community meetings did she facilitate in a manner that everyone got a chance to speak and be heard. | Yes/No/ Not Applicable | If not, guide her on how to solicit participation and also how to manage some dominating participants.  |
| Does she have a barrier-specific and family-specific list of influencers?   | Yes/No                 | If not, check if she uses a general list of influencers (typically the Pradhan, Teacher, Pujari, etc.). Advise her that an influencer has to be chosen such that she/he actually influences the family. Tell her the difference between influence and force, e.g, a Pradhan may have force on his/her side but may not be actually an influencer. |
| If possible, meet any one “influencer” to ask 2-3 questions on RI. Did she/he answer those questions correctly?                           | Yes/No                 | If not, advise FLW to spend time with that influencer to reinforce information and awareness of RI.   |
| Ask for FLW village communication plan for RI. Does she have it?  | Yes/No                 | If not, advise her to make her village RI communication plan as explained during BRIDGE training.   |
| <b>Specific recommendation to the FLW</b>   |                        |   |
|   |                        |   |

Signatures with date:

FLW

Supportive Supervisor

## Annexure 6: BRIDGE FLW IPC Skills On-field Assessment Reporting

(From DIO to SEPIO)

This is a simple reporting format to track overall status of FLW knowledge and its application 2-6 months after BRIDGE training is suggested.

District:..... Month.....

Number of ANMs Assessed: \_\_\_\_\_

| Skill area (A)  | Number of ANM Assessed (B) | Numbers who were found applying it (C)  | Percentage (C x100/ B) |
|---|----------------------------|---|------------------------|
| Begin by telling the importance of RI during a home visit.          | Number of ANM Assessed     | No of ANM who were found to begin with Greeting                               |                        |
| Ask questions about the health of their children.                   | Number of ANM Assessed     | No of ANM who quickly and smoothly brought the general questions to RI topic. |                        |
| List of LODOR families with barriers / reason for each family.      | Number of ANM Assessed     | No of ANM who have such list and can explain barriers / reasons.              |                        |
| Facilitation of community meeting to make it equally participatory. | No of meetings observed    | No of ANMs who were found to be good facilitators                             |                        |
| Barrier-specific and family-specific list of influencers.           | Number of ANM Assessed     | No of ANM who could share such a list.  |                        |
| How well the “influencers” are trained on RI by the FLW?            | No of influencers observed | No of ANMs whose influencers had good knowledge                               |                        |
| FLW village communication plan for RI. Does she have it?            | Number of ANM Assessed     | No of ANMs who have it ready.   |                        |

Number of ASHA+AWWs Assessed: \_\_\_\_\_

| Skill area (A)  | Number of ASHA Assessed (B) | Numbers who were found applying it (C)   | Percentage (C x100/ B) |
|---|-----------------------------|--|------------------------|
| Begin by telling the importance of RI during a home visit.          | Number of ASHA Assessed     | No of ASHA who were found to begin with Greeting                               |                        |
| Ask questions about the health of their children.                   | Number of ASHA Assessed     | No of ASHA who quickly and smoothly brought the general questions to RI topic. |                        |
| List of LODOR families with barriers / reason for each family.      | Number of ASHA Assessed     | No of ASHA who have such list and can explain barriers / reasons.              |                        |
| Facilitation of community meeting to make it equally participatory. | No of meetings observed     | No of ASHAs who were found to be good facilitators                             |                        |
| Barrier-specific and family-specific list of influencers.           | Number of ASHA Assessed     | No of ASHA who could share such a list.  |                        |
| How well the “influencers” are trained on RI by the FLW?            | No of influencers observed  | No of ASHAs whose influencers had good knowledge                               |                        |
| FLW village communication plan for RI. Does she have it?            | Number of ASHA Assessed     | No of ASHAs who have it ready.   |                        |

Remarks / Recommendations for ANM/ASHA refresher training:

## Annexure 7: BRIDGE FLW Training Completion Report - Block-level\*

| BLOCK:  |                               | DISTRICT:          |  |      |     | STATE:  |  |                                 |                       |           |
|---|-------------------------------|--------------------|--|------|-----|---|--|---------------------------------|-----------------------|-----------|
| Training Batch No   | Name of PHC(s) / Urban centre | Date Training Held | No of FLWs trained and Category                      |      |     |   | Name of Trainer  | Name Who did Quality Assessment | Cost of each training |           |
|   |                               |                    | ANM  | ASHA | AWW | Others  |  |                                 | TA- DA                | Logistics |
| Batch 1   |                               |                    |  |      |     |   |  |                                 |                       |           |
| Batch 2   |                               |                    |  |      |     |   |  |                                 |                       |           |
| Batch 3   |                               |                    |  |      |     |   |  |                                 |                       |           |
| Batch 4   |                               |                    |  |      |     |   |  |                                 |                       |           |
| Batch 5   |                               |                    |  |      |     |   |  |                                 |                       |           |
| Batch .....   |                               |                    |  |      |     |   |  |                                 |                       |           |
| <b>Total</b>  |                               |                    |  |      |     |   |  |                                 |                       |           |
| IMI related questions asked by participants and answered by DT<br>(include additional sheets if required)   |                               |                    |  |      |     | IMI related questions asked and which required further clarifications, if any (include additional sheets if required) |  |                                 |                       |           |
| Prepared by:<br>(Name and Signature of BMOIC and Date)  |                               |                    | Verified by:<br>(Name and Signature of DIO and Date) |      |     |   | **Approved by:<br>(Name and Signature of SEPIO and Date) |                                 |                       |           |
| <p><i>*This format may be converted into a simple Excel File.</i></p> <p><i>**After approval, the SEPIO will share a digital copy (scanned/PDF) of this BRIDGE FLW Training report with State MD (NHM) and Deputy Commissioner (UIP) Immunization Division, Ministry of Health and Family Welfare, within 10 days of completion of the Block FLW Training</i></p> |                               |                    |  |      |     |   |  |                                 |                       |           |

