

Revised Application Documentation: Version 5 /25 May 2015

QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY

Name and address of submitting body:

Healthcare Sector Skill Council

C/o Confederation of Indian Industry, 23, Institutional Area Lodi Road New Delhi – 110 003

Name and contact details of individual dealing with the submission

Name: Mr. Ashish Jain

Position in the organisation: CEO

Address if different from above

Office No. 711, 7th Floor

DLF Tower A, Jasola

New Delhi - 110025, India

Tel number(s) 011-40505850, 011 41017346

E-mail address: ashish.jain@healthcare-ssc.in

List of documents submitted in support of the Qualifications File (attached in following order)

1. Qualification Pack- Annexure1
2. Occupational Mapping Report-Annexure 2
3. Functional Analysis Report-Annexure 3
4. RFP for development of occupational standards-Annexure 4
5. Validation group and industry consultations- Annexure 5
6. The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6
7. Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:
<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>
8. Quality Assurance Strategy of Assessment in HSSC-Annexure 7
9. Assessment criteria/framework-Annexure 8

QUALIFICATION FILE SUMMARY

Qualification Title	Frontline Health Worker HSS/ Q 8601		
Body/bodies which will assess candidates	Healthcare Sector Skill Council Accredited assessing bodies		
Body/bodies which will award the certificate for the qualification.	Healthcare Sector Skill Council		
Body which will accredit providers to offer the qualification.	Healthcare Sector Skill Council		
Occupation(s) to which the qualification gives access	Frontline Health Workers provide support to frontline workers involved in healthcare and healthcare related activities, act as health counsellors to local communities and provide healthcare services. The job requires individuals to be well embedded within local communities and be comfortable in interacting with all sections of the community. The individual should be comfortable with providing support to community members at odd hours and should be reassuring and accessible to all community members.		
Proposed level of the qualification in the NSQF.	Level 3		
Anticipated volume of training/learning required to complete the qualification.	425 hrs.		
Entry requirements / recommendations.	Must have at least passed Class VIII and should be functionally literate. This may be relaxed only if no suitable person with this qualification is available.		
Progression from the qualification.	Level 4: Auxiliary Nurse Midwifery		
Planned arrangements for RPL.	HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2		
International comparability where known	While writing the NOSs the UK NOSs were also referred to and an effort was taken to maintain comparability in the technical part of the NOSs.		
Formal structure of the qualification			
Title of unit or other component (include any identification code used)	Mandatory/ Optional	Estimated size (learning hours)	Level
HSS/ N 8601: Assist the Village Health, Sanitation and Nutrition Committee	Mandatory	Class Room and Skill Lab Training = 225 hours	3
HSS/ N 8602: Counsel women on contraception and prevention of common infections and reproductive tract infection (RTI) /Sexually transmitted infection (STI)	Mandatory	Clinical/Laboratory Training (OJT) = 200 hours	3

HSS/ N 8603: Provide healthcare services to adolescents	Mandatory		3
HSS/ N 8604: Counsel women on nutritional and health needs of young children	Mandatory		3
HSS/ N 8605: Provide antenatal Counselling	Mandatory		3
HSS/ N 8606: Provide postnatal Counselling	Mandatory		3
HSS/ N 8607: Counsel women on new-born care and immunisation	Mandatory		3
HSS/ N 8608: Counsel women on childlessness and abortion related issues	Mandatory		3
HSS/ N 8609: Provide primary care and counselling for infectious diseases	Mandatory		3
HSS/ N 8610: Provide primary medical care for minor ailments and first aid for minor injuries	Mandatory		3
HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	Mandatory		3
HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	Mandatory		3
HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	Mandatory		3
HSS/ N 8614: Make home visits	Mandatory		3
HSS/ N 8615: Support the Anganwadi Worker	Mandatory		3
HSS/ N 8616: Support the Auxiliary Nurse Midwife	Mandatory		3
HSS/ N 8617: Support the Traditional Birth Attendant	Mandatory		3
HSS/ N 8618: Support the Male Swasthya Karmi	Mandatory		3
HSS/ N 8619: Maintain records and registration	Mandatory		3
HSS/ N 8620: Inform Primary Health Centre of disease outbreaks	Mandatory		3
HSS/ N 9601: Collate and communicate health information	Mandatory		3
HSS/ N 9602: Ensure availability of medical and	Mandatory		3

diagnostic supplies			
HSS/ N 9603: Act within the limits of your competence and authority	Mandatory		3
HSS/ N 9606: Maintain a safe, healthy and secure environment	Mandatory		3
HSS/ N 9609: Follow biomedical waste disposal protocols	Mandatory		3
HSS/ N 9610: Follow infection control policies and procedures	Mandatory		3

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.

Give details of the document here:

Qualification pack is attached as Annexure 1

SECTION 1

ASSESSMENT

Name of assessment body:

If there will be more than one assessment body for this qualification, give details.

Manipal City & Guilds
IRIS corporate solutions pvt ltd
Aspiring Mind
CII

Will the assessment body be responsible for RPL assessment?

Give details of how RPL assessment for the qualification will be carried out and quality assured.

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:

REGISTRATION

The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

PRE-ASSESSMENT: The purpose of Pre-assessment is to shortlist candidates as per prescribed limit, and also to notify gaps NOS wise to each candidate for their own self-training or opting for short-term training module before final assessment. The pre-assessment also informs about the reliability of information provided by candidates that they have experience working in the given job role. The pre-assessment is Online, Objective type, NOS based, with Each NOS compulsory each carrying 100 marks, No negative marking for incorrect answers, Test venue is kept as may be home/cyber café/institution/HSSC assessment center if the system have google chrome (Version 41.0.2272.101) and a web camera. Timed test link which expires after 90 minutes from the time of starting / writing the test is used for the same. Result is presented with no. of questions allotted and answered correctly for each NOS along with marks scored for each NOS out of 100.

PORTFOLIO SCREENING

Each registered candidate has to prepare and submit the portfolio as per formats given by HSSC. The portfolio may be verified by HSSC/nominated assessor during pre-assessment and scoring card is given for each portfolio.

FINAL ASSESSMENT: The candidates conforming to RPL guidelines based on both pre-assessment and portfolio screening are finally selected for final assessment. Final assessment is conducted through HSSC accredited Assessing body as per HSSC defined assessment criteria and NOS used for assessment of fresh entrants as described above. Final Assessment is conducted at the training site or at working place in case number of enrolled candidate from the site is more than 15. If needed, Assessment centers is arranged for assessment of candidates in cluster

Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, consistent and fair and show that these are in line with the requirements of the NSQF:

QA regarding accreditation of Assessing Body:

The HSSC Accreditation process is divided into two steps:

- 1) Pre-accreditation process:
 - Apply for Accreditation: Application form with desired documents in prescribed format to be sent.
 - Document Compliance Check: to be done for ensuring the compliance and adherence of applied assessing body according to criteria laid down by HSSC.
 - Presentation on Quality Assurance: to be given by Assessing body highlighting the quality assurance process laid down by AB at the process points
 - Once the assessing body clears the due diligence process, the accreditation is given along with terms and conditions.
- 2) Post-accreditation process: Post accreditation, the accredited assessing bodies needs to fulfill following minimum eligibility criteria or requisites for implementation:
 - All Empanelled Assessors would have to undergo **"Train the Assessor"** Program conducted by HSSC for each job role time to time.
 - Accredited Assessing Body would have to abide with requisite time-lines, policies and regulations declared by HSSC.
 - Accredited Assessing Body with times would have to contribute in expansion of the questionnaire.

QA Regarding Assessment Criteria & papers:

The emphasis is on 'learning-by-doing' and practical demonstration of skills and knowledge based on the performance criteria. Accordingly, assessment criteria for each job role is set and made available in qualification pack.

The assessment papers for both theory and practical are developed by Subject Matter Experts (SME) hired by Healthcare Sector Skill Council or with the HSSC accredited Assessment Agency as per the performance and assessment criteria mentioned in the Qualification Pack. The assessments papers are also checked for the various outcome based parameters such as quality, time taken, precision, tools & equipment requirement etc.

The assessment sets as well as assessment criteria are then reviewed by panel of experts from Industry as well as HSSC official for consistency and suitability. The assessments are designed so as to assess maximum parts during the practical hands on work. The technical limitations at the training centres are taken care in theory and viva.

All HSSC accredited Assessment Agency follow the "HSSC process of Assessment Framework" and HSSC approved assessment papers. The assessment by assessment agency will be completely based on the assessment criteria as mentioned in the Qualification Pack developed by HSSC.

Each NOS in the Qualification Pack (QP) will be assigned a relative weightage for assessment based on the criticality of the NOS. Therein each Performance Criteria in the NOS will be assigned marks for or practical based on relative importance, criticality of function and training infrastructure.

The following tools are proposed to be used for final assessment:

1 Practical Assessment: This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack.

Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

2 Viva/Structured Interview: This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.

3 Written Test: Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

- i. True / False Statements
- ii Multiple Choice Questions
- iii Matching Type Questions.
- iv) Fill in the blanks

QA Regarding Assessors:

Assessors are selected as per the “eligibility criteria” laid down by HSSC for assessors for each job role. The assessors selected by Assessment Agencies are scrutinized and made to undergo training and introduction to HSSC Assessment Framework, competency based assessments, assessors guide etc. HSSC conducts “Training of Assessors” program time to time for each job role and sensitize assessors regarding assessment process and strategy which is outlined on following mandatory parameters:

- 1) Guidance regarding NSQF
- 2) Qualification Pack Structure
- 3) Guidance for the assessor to conduct theory, practical and viva assessments
- 4) Guidance for trainees to be given by assessor before the start of the assessments.
- 5) Guidance on assessments process, practical brief with steps of operations practical observation checklist and mark sheet
- 6) Viva guidance for uniformity and consistency across the batch.
- 7) MOCK assessments
- 8) Sample question paper and practical demonstration

HSSC also conduct telephonic orientation of the assessors before each assessment for the given job role to assure quality, fairness and timely conduct of assessment.

The assessment agencies are instructed to hire assessors with integrity, reliability and fairness. Each assessor shall sign a document with its assessment agency by which they commit themselves to comply with the rules of confidentiality and conflict of interest, independence from commercial and other interests that would compromise impartiality of the assessments.

QA before, during and after Assessments:

HSSC ensures pre-requisites of Assessment needed by training institute regarding ARTICLES like Mannequins, Mock Ward Infrastructure, Transferring Equipment, Job role related equipment; INFRASTRUCTURE like Class rooms, Skill Lab, Aids like board/marker/logistics, Furniture like display tables, chairs; STAFF like Co-ordinator from training institute, Peon, Some additional members(for simulated situations, if required); DOCUMENTS like Admit Card, Govt. validated ID proof, Record Books like attendance, log book, internal evaluation sheets, Student Enrollment details; for CO-ORDINATION one full time co-ordination point for co-ordination with assessment coordinator before, during and after assessment.

HSSC ensures the three Phases of Assessment to be assured by assessing body and assessor for fair, consistent and quality assessment. The three phases of assessment is enlisted below:

PREPARATORY PHASE: **Documents ensured to be packed, sent and received:** Seal Pack of Sets of Papers, Invigilation Sheet/Covering letter, OMR/Answer sheet; Well **Co-ordination needs to be assured between** Assessment Co-ordinator of assessing body, HSSC official, Co-ordinator from skill center and assessor.

PHASE OF CONDUCT:

1) **Written Examination:**

- o Assessor should reach the VTP 30 minutes before the assessment and ensure that all the arrangements are as per the HSSC rules and regulation
- o He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- o He should make the students sit in the order of seating arrangements.
- o The enrolment numbers are to be written on the desks before the arrival of students.
- o The details to be filled like assessor name , date and Qualification name should be written on the board
- o Learners should keep all their belongings outside the classroom. All mobiles should be switched off and kept on the desk in front of the invigilator

- o The seal of the assessment materials is opened in front of the students.
- o OMR sheets to be distributed to all learners
- o Assessors should instruct the learners on the rules and regulation of the assessment
 - No. of questions
 - Duration of paper
 - Disciplinary rules
 - Administrative rules

2) Attendance:

- o The assessor/assessment co-ordinator needs to get signature of all candidates while theory as well as practical examination on invigilation sheet. The sheets are signed and stamped by the In-charge /Head of the Training Centre.
- o The assessor/assessment co-ordinator needs to verify the authenticity of the candidate by checking the photo ID card issued by the institute as well as any one Photo ID card issued by the Central/Government. The same needs to be mentioned in the attendance sheet. In case of suspicion, the assessor should authenticate and cross verify trainee's credentials in the enrolment form.
- o The assessor/assessment co-ordinator needs to punch the trainee's roll number on all the test pieces.
- o The assessor/assessment co-ordinator needs to take a photograph of all the students along with the assessor standing in the middle and with the centre name/banner at the back as evidence.
- o The assessor/assessment co-ordinator needs to carry a camera to click photograph of the trainees working on the job and giving theory exam as evidence.
- o The assessor/assessment co-ordinator also needs to carry a photo ID card.
- o The assessor/assessment co-ordinator also needs to take the photographs as evidence from appropriate angles/sides of the final work piece/job submitted by the trainee. This evidence is signed by the trainee at the time of submission of the job piece.
- o The assessor/assessment co-ordinator needs to measure the dimensions and finish of the submitted job piece as per the tolerance or standards mentioned in the assessment guide.

3) Segregate learners into batches:

- o Assign combination of one critical and one elementary NOS along with the soft skill NOS
- o Allocate time to learner
- o Ask learners to be present 5 minutes earlier than the time allotted at the lab

4) Conduct Practical Assessments:

- o Assign practical task to the learners
- o Ask the learner to collect articles and be ready for assessments
- o Observe learner conducting the assigned task
- o Evaluate and Record observations and marks and in the recording sheets
- o You may ask learners question on the task being done

5) Conduct Viva:

- o Ask questions from the learners on the assigned task
- o Ask questions prescribed in the assessment guide on non-prescribed tasks to ensure that the learners have complete knowledge on the assessment

6) Collate Results:

- o Check written answer scripts
- o Sum up the practical NOS marks
- o Sum up the viva marks
- o Remember to sign off on all sheets where scores are mentioned
- o Submit the collated result to assessment body representative/project manager

7) Surprise Visits/Surveillance check is kept to ensure the quality and fair assessments.

POST-ASSESSMENT PHASE

1) Verify Result

- o Check for accuracy of names and date of birth
- o Check for accuracy of marks against each learner
- o Ensure that the pass percentage is correctly applied to the result
- o Ensure that the learner has cleared all sections of the assessments in line with the HSSC assessment strategy
- o Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
- o Each and every result has to get cross-verified by HSSC official

2) Upload/Sharing of Results

- o Once the results are ready it is uploaded on the SDMS website/portal and verified on the same
- o Or the results are shared to Training institute only by HSSC.
- o In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by HSSC.

3) Documentation

- o Question papers are kept in secure cupboard with limited and controlled access.
- o Used OMR sheets are to be stored for the next ten years
- o QP should be always current version

Assessment process and guidelines are attached as Annexure 8

Please attach any documents giving further information about assessment and/or RPL.

Give details of the document(s) here:

1. **Quality Assurance Strategy of Assessment in HSSC attached as Annexure 7**
2. **Assessment Criteria attached as Annexure 8**

ASSESSMENT EVIDENCE

Complete the following grid for each grouping of NOS, assessment unit or other component as per the assessment criteria. Insert the required number of rows.

<u>Job Role</u>	Frontline Health Worker
<u>Qualification Pack Code</u>	HSS/ Q 8601
<u>Sector Skill Council</u>	Healthcare Sector Skill Council

Guidelines for Assessment

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each PC
2. The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3. Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below)
4. Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training center based on this criteria
5. To pass the Qualification Pack, every trainee should score as per assessment grid.
6. In case of successfully passing only certain number of NOS's, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack

Skills Practical and Viva (80% weightage)					
					Marks Allotted
Grand Total-1 (Subject Domain)					400
Grand Total-2 (Soft Skills and Communication)					100
Grand Total-(Skills Practical and Viva)					500
Passing Marks (80% of Max. Marks)					400
Theory (20% weightage)					
					Marks Allotted
Grand Total-1 (Subject Domain)					80
Grand Total-2 (Soft Skills and Communication)					20
Grand Total-(Theory)					100
Passing Marks (50% of Max. Marks)					50
Grand Total-(Skills Practical and Viva + Theory)					600
Overall Result					Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail
Detailed Break Up of Marks					Skills Practical & Viva
Subject Domain					Pick any 2 NOS each of 200 marks totaling 400
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
1. HSS/ N 8601: Assist the village health, sanitation and nutrition committee	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan	200	20	10	10
	PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community		30	10	20

(VHSNC)	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village		20	10	10
	PC4. Ensure participation of VHSNC members in the Village health nutrition day		20	0	20
	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village		30	10	20
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan		40	10	30
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund		40	20	20
			200	70	130
2. HSS/ N 8602: Counsel women on contraception and prevention of common infections and RTI/STI	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health	200	10	5	5
	PC2. Disseminate information about prevention of RTIs/HIV/AIDS		10	8	2
	PC3. Dispel any rumours or misconceptions about contraceptives in villages		10	5	5
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions		10	8	2
	PC5. Counsel couples on delay of first pregnancy immediately after marriage		5	3	2
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service		5	2	3
	PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the Poverty Line (BPL)		5	3	2
	PC8. Promote male participation in family planning		5	3	2
	PC9. Educate men and women on natural contraceptive methods		20	15	5
	PC10. Counsel women about contraceptive methods including Copper-T 320		10	5	5
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)		20	15	5
	PC12. Accompany women to the nearest health centre for putting in place longer term		5	2	3

	contraceptives (like Copper T)				
	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives	5	2	3	
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer	5	2	3	
	PC15. Help the ANM to contact women wanting to have a Copper-T insertion	5	2	3	
	PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method	20	15	5	
	PC17. Explain the advantages of vasectomy over tubectomy	20	18	2	
	PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each	5	3	2	
	PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available	5	1	4	
	PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided	5	3	2	
	PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any	5	3	2	
	PC22. Ensure there is no unmet need for contraception in the village	5	2	3	
	PC23. Ensure constant availability of contraceptives as part of social marketing	5	4	1	
		200	129	71	
3. HSS/ N 8603: Provide healthcare services to adolescents	PC1. Advise adolescents on the changes to expect as they enter puberty	200	30	20	10
	PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome		30	20	10
	PC3. Counsel adolescent girls and community members on myths related to menstruation		20	10	10
	PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation		20	10	10
	PC5. Answer any questions adolescents may have on sexuality, puberty and health		40	25	15
	PC6. Disseminate information about prevention of RTIs/HIV/AIDS		20	10	10
	PC7. Organise meetings, sessions and advice forums		15	10	5
	PC8. Distribute sanitary napkins		15	10	5
	PC9. Ensure a constant supply of sanitary napkins		10	5	5

		200	120	80	
4. HSS/ N 8604: Counsel women on nutritional and health needs of young children	PC1. Communicate essential messages for prevention of malnutrition	200	20	5	15
	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services		30	10	20
	PC3. Counsel families to prevent malnutrition and to reverse malnutrition in children below five years		30	10	20
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations		10	5	5
	PC5. Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection		40	20	20
	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit		40	20	20
	PC7. Ensure that Child malnutrition rates are reduced in the village		10	5	5
	PC8. Ensure that 100% of children with diarrhoea receive ORS		20	10	10
		170	85	115	
5. HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance	200	20	5	15
	PC2. Ensure 100% of institutional deliveries		20	5	15
	PC3. Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana		20	5	15
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements		20	5	15
	PC5. Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility		20	5	15
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services		20	5	15

	PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day		20	5	15
	PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth		20	5	15
	PC9. Counsel women on contraception after delivery		40	30	10
			100	70	130
6. HSS/ N 8606: Provide postnatal counselling	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat	200	20	5	15
	PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery		20	5	15
	PC3. Counsel new mothers to visit the ANM for minor complaints		30	10	20
	PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals		20	10	10
	PC5. Referral of post-natal women in case of danger signs		30	15	15
	PC6. Counsel women on exclusive breast-feeding for the new born		10	5	5
	PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same		20	15	5
	PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre		20	15	5
	PC9. Counsel new mothers on use of contraception post delivery		30	25	5
			80	105	95
7. HSS/ N 8607: Counsel women on new-born care and immunisation	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat	200	10	5	5
	PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals		20	5	15
	PC3. Counsel and support women on exclusive breast-feeding for the new-born		30	20	10
	PC4. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre		10	5	5
	PC5. Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity		10	5	5

	PC6. Ensure 100% immunisation of children in the 12-23 months age group		30	20	10
	PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born		10	5	5
	PC8. Ensure that every family receives the information and support it needs to access immunisation		20	15	5
	PC9. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness		20	15	5
	PC10. Ensure that all new mothers obtain a Mother & Child Protection Card filled by the ANM/ AWW		10	5	5
	PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility		30	20	10
			200	120	80
8. HSS/ N 8608: Counsel women on childlessness and abortion related issues	PC1. Counsel women and families on infertility and refer to a medical facility	200	40	10	30
	PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks		20	10	10
	PC3. Educate families and the community about the dangers of unsafe abortion		20	10	10
	PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed		20	10	10
	PC5. Counsel women on safe abortions and the time duration within which abortions can be performed safely		30	10	20
	PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions		30	20	10
	PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female		40	30	10
			200	100	100
9. HSS/ N 8609: Provide primary care and counselling for infectious diseases	PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area	200	10	5	5
	PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early		10	5	5
	PC3. Help in increasing number of cases of leprosy diagnosed correctly and early		10	5	5

	PC4. Communicate key facts about malaria and its prevention to the community		20	15	5
	PC5. Make a blood smear and test using a rapid diagnostic test for malaria		20	5	15
	PC6. Manage fever in a young child		20	5	15
	PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat		20	15	5
	PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis		20	15	5
	PC9. Support treatment of Tuberculosis and follow-up with patients		10	5	5
	PC10. Understand the manner of spread of leprosy and methods of diagnosis		10	5	5
	PC11. Support treatment of leprosy and follow-up with patients		10	5	5
	PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit		10	5	5
	PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas		10	5	5
	PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral		10	5	5
	PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB		10	5	5
			200	105	95
10. HSS/ N 8610: Provide primary medical care for minor ailments and first aid for minor injuries	PC1. Provide first aid for wounds, animal bites and burns	200	50	20	30
	PC2. Refer serious cases requiring stiches, rabies shots and advanced burn treatment to the appropriate medical facility		50	30	20
	PC3. Provide primary care for coughs, colds, fever and diarrhoea		50	20	30
	PC4. Refer patients to the appropriate medical facility when required		50	30	20
			200	100	100
11. HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children	200	50	30	20

required	PC2. Refer patients to the appropriate medical facility when required		20	10	10
	PC3. Escort patients to the appropriate medical facility when required		40	10	30
	PC4. Arrange for transportation to the nearest medical facility when escorting a patient		40	20	20
	PC5. Ensure display of referral transport details in prominent places		50	30	20
			200	100	100
12. HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	PC1. Diagnose common ailments	200	100	50	50
	PC2. Provide information on AYUSH medicines for common ailments		100	50	50
			200	100	100
13. HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	PC1. Mobilise the community to construct household toilets in the village	200	50	30	20
	PC2. Reduce the incidence of open defecation in the village		50	30	20
	PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation		100	70	30
			200	130	70
14. HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community	200	20	5	15
	PC2. Organise a home visit schedule to cover all homes in the community		20	10	10
	PC3. Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition		20	10	10
	PC4. Mobilise pregnant women to have institutional deliveries		30	20	10
	PC5. Mobilise parents to have their children immunised		20	10	10
	PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		30	20	10
	PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		40	20	20

	PC8. Facilitate implementation of national health plans and schemes		20	15	5
			200	110	90
15. HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community	200	20	10	10
	PC2. Provide information on health related issues to women, adolescent girls and children		30	20	10
	PC3. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition		15	5	10
	PC4. Mobilise pregnant women to have institutional deliveries		15	5	10
	PC5. Explain the importance of postnatal check-ups and supplementary nutrition		20	5	15
	PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites		20	5	15
	PC7. Explain the importance of immunisation		40	30	10
	PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment		20	10	10
	PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)		20	10	10
			200	100	100
16. HSS/ N 8616: Support the Auxiliary Nurse Midwife	PC1. Build a rapport with the community members, especially the women in the community	200	20	5	15
	PC2. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition		30	15	15
	PC3. Mobilise new mothers to have postnatal check-ups and supplementary nutrition		40	20	20
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites		30	15	15
	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised		40	20	20
	PC6. Mobilise community members with possibility of STIs/ RTIs to have tests done by the ANM		20	10	10
	PC7. Mobilise young couples to approach the ANM for contraception		20	10	10
			200	95	105

17. HSS/ N 8617: Support the Traditional Birth Attendant	PC1. Explain the importance of a medically safe and hygienic childbirth process	200	20	5	15
	PC2. Explain the potential risks associated with childbirth at home		20	5	15
	PC3. Explain the essential requirements for a clean and safe childbirth process at home with a TBA		20	5	15
	PC4. Counsel women opting for childbirth with a TBA		20	5	5
	PC5. Obtain Clean childbirth kits for the TBA as required		20	5	15
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home		20	10	10
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process		20	10	10
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs		20	10	10
	PC9. Keep contact with TBA to keep track of pregnancies		10	5	5
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination		30	15	15
		200	60	100	
18. HSS/ N 8618: Support the Male Swasthya Karmi	PC1. Explain the causes of malaria and precautions to be taken for its prevention	200	25	10	15
	PC2. Explain symptoms of malaria		25	10	15
	PC3. Identify possible cases of malaria before an outbreak		25	10	15
	PC4. Mobilise suspected cases of malaria to be tested by the MPW		30	20	10
	PC5. Inform the MPW of suspected cases of malaria		30	10	20
	PC6. Assist the MPW in collecting blood samples from suspected cases of malaria		40	20	20
	PC7. Inform the Primary Health Centre of suspected outbreaks of malaria		25	10	15
		200	90	110	
19. HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work	200	20	10	10
	PC2. Register every birth/still birth with the gram Panchayat within 14 days		20	10	10
	PC3. Register every death with the Gram Panchayat in 7 days		20	10	10

	PC4. Keep a record of work done in ASHA register/diary		20	5	15
	PC5. Track incentive payments due for work done		20	5	15
	PC6. Claim incentive payments		20	10	10
	PC7. Keep a diary for noting experiences, difficulties and thoughts		20	10	10
	PC8. Tally records with those at the Anganwadi and Health sub-centre		20	10	10
	PC9. Keep minutes of the VHSNC meetings		40	20	20
			200	90	110
20. HSS/ N 8620: Inform Primary Health Centre of Disease Outbreaks	PC1. Keep track of any unusual symptoms during the course of home visits and daily work	200	50	20	30
	PC2. Identify disease outbreaks		100	50	50
	PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner		50	30	20
			200	100	100
21. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	200	5	0	5
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection		5	0	5
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter		5	5	0
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility		20	10	10
	PC5. Document and report activities and tasks that put patients and/or other workers at risk		5	0	5
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization		5	0	5
	PC7. Follow procedures for risk control and risk containment for specific risks		10	0	10
	PC8. Follow protocols for care following exposure to blood or other body fluids as required		10	0	10
	PC9. Place appropriate signs when and where appropriate		20	10	10
	PC10. Remove spills in accordance with the policies and procedures of the organization		5	0	5
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination		5	0	5

PC12. Follow hand washing procedures	5	0	5
PC13. Implement hand care procedures	5	0	5
PC14. Cover cuts and abrasions with water-proof dressings and change as necessary	5	5	0
PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use	5	0	5
PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact	5	0	5
PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work			
PC18. Confine records, materials and medicaments to a well-designated clean zone	20	10	10
PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone			
PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste	5	0	5
PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified	5	0	5
PC22. Store clinical or related waste in an area that is accessible only to authorised persons	5	5	0
PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release	5	0	5
PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements	5	5	0
PC25. Wear personal protective clothing and equipment during cleaning procedures	5	0	5
PC26. Remove all dust, dirt and physical debris from work surfaces	5	0	5
PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled	5	0	5

	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols		5	0	5
	PC29. Dry all work surfaces before and after use		5	0	5
	PC30. Replace surface covers where applicable		5	0	5
	PC31. Maintain and store cleaning equipment		5	5	0
			200	55	145
Grand Total-1 (Subject Domain)			400		
Soft Skills and Communication		Pick part 1 or part 2 as per NOS of subject domain each carrying 50 marks totaling 100			
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
Part 1 (Pick one field randomly carrying 50 marks)					
1. Attitude					
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	50	4	0	4
	PC2. Work within organisational systems and requirements as appropriate to one's role		4	0	4
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		16	8	8
	PC4. Maintain competence within one's role and field of practice		4	0	4
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		8	4	4
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		6	4	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		4	2	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		4	2	2
				50	20
Attitude Total		50			

2. Work Management					
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	50	10	5	5
	PC2. Arrive at actual demand as accurately as possible		10	5	5
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible		20	10	10
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals		10	5	5
			50	25	25
Work Management Total		50			
3. Attiquete					
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	50	4	4	0
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		10	0	10
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		10	0	10
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual		10	10	0
	PC5. Confirm that the needs of the individual have been met		4	4	0
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality		4	4	0
	PC7. Respect the individual's need for privacy		4	4	0
	PC8. Maintain any records required at the end of the interaction		4	4	0
			50	30	20
Work Management Total		50	50	30	20
Part 2 (Pick one field as per NOS marked carrying 50 marks)					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	50	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		4	0	4

	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
			50	25	25

2. Waste Management

HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	50	6	2	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste		8	4	4
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements		4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste		8	4	4
	PC5. Check the accuracy of the labelling that identifies the type and content of waste		4	2	2
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal		4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal		4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks		4	4	0

	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures		4	4	0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols		4	4	0
			50	32	18
Grand Total-2 (Soft Skills and Communication)			100		
Detailed Break Up of Marks			Theory		
Subject Domain			Select each NOS each carrying different marks totalling 80		
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (80)	Out Of	Marks Allocation	
				THEORY	
1. HSS/ N 8601: Assist the village health, sanitation and nutrition committee (VHSNC)	PC1. Ensure participation of all relevant stakeholders and communities in the village Health plan	6	6	0	0
	PC2. Prepare for the Village Health Plan by observing and prioritising health, nutrition and sanitation needs of the community				
	PC3. Contribute effectively to the implementation of the Village Health Plan by observing and reviewing all incidence of diseases covered under national health programmes, all the programmes under NRHM, ICDS and TSC; maternal and child deaths and other health indicators for the village				
	PC4. Ensure participation of VHSNC members in the Village health nutrition day				
	PC5. Contribute to the Village Health Plan by undertaking the Household Health Survey of the village				
	PC6. Support the VHSNC in utilisation of the untied Fund for the VHSNC and the sub-centre as per the Village Health Plan				
	PC7. Support the VHSNC in submitting the Utilisation Certificates for the untied Fund				
			6	0	0
HSS/ N 8602: Counsel women on contraception and prevention of common	PC1. Advise women on proper hygiene and cleanliness related to sexual and reproductive health	4	4	0	0
	PC2. Disseminate information about prevention of RTIs/HIV/AIDS				

infections and RTI/STI	PC3. Dispel any rumours or misconceptions about contraceptives in villages		
	PC4. Talk about benefits of family planning to couples, individuals and adolescents at different occasions		
	PC5. Counsel couples on delay of first pregnancy immediately after marriage		
	PC6. Ensure that every couple that needs contraceptive services is counselled on where to avail of the service		
	PC7. Ensure that there is no unmet need for spacing contraception among the population living Below the Poverty Line (BPL		
	PC8. Promote male participation in family planning		
	PC9. Educate men and women on natural contraceptive methods		
	PC10. Counsel women about contraceptive methods including Copper-T 320		
	PC11. Explain the duration of protection and provide advice on professionals qualified to insert longer term contraceptives (like the Copper T)		
	PC12. Accompany women to the nearest health centre for putting in place longer term contraceptives (like Copper T)		
	PC13. Escort women to the ANM/ Medical Officer prior to usage of oral contraceptives		
	PC14. Provide oral contraceptives to women after visit to the ANM/ Medical officer		
	PC15. Help the ANM to contact women wanting to have a Copper-T insertion		
	PC16. Explain the benefits of sterilisation to couples having two children or wanting terminal method		
	PC17. Explain the advantages of vasectomy over tubectomy		
	PC18. Explain the procedures available for sterilisation (for men and women) and the time, cost and processes required for each		
	PC19. Find out the facilities where sterilisation services such as No-Scalpel Vasectomy and female sterilisation are available		
	PC20. Accompany men and women wishing to undergo sterilisation to a facility where these services are provided		
	PC21. Advise men and women undergoing sterilisation about monetary incentives offered by the state if any		

	PC22. Ensure there is no unmet need for contraception in the village				
	PC23. Ensure constant availability of contraceptives as part of social marketing				
			4	0	0
HSS/ N 8603: Provide healthcare services to adolescents	PC1. Advise adolescents on the changes to expect as they enter puberty	2	2		
	PC2. Counsel adolescent girls on changes to expect related to menstruation, especially Pre-menstrual syndrome				
	PC3. Counsel adolescent girls and community members on myths related to menstruation				
	PC4. Advise adolescent girls on proper hygiene and cleanliness related to menstruation				
	PC5. Answer any questions adolescents may have on sexuality, puberty and health				
	PC6. Disseminate information about prevention of RTIs/HIV/AIDS				
	PC7. Organise meetings, sessions and advice forums				
	PC8. Distribute sanitary napkins				
	PC9. Ensure a constant supply of sanitary napkins				
			2	0	0
HSS/ N 8604: Counsel women on nutritional and health needs of young children	PC1. Communicate essential messages for prevention of malnutrition	2	2		
	PC2. Provide advice on feeding and on prevention of illness, and on access to health and nutrition services				
	PC3. Counsel families to prevent malnutrition and to reverse malnutrition in children below five years				
	PC4. Counsel families to send young children to the Anganwadi for supplementary nutrition and mothers for take-home rations				
	PC5. Ensure that all families with children below the age of two years are counselled and supported for the prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection				

	PC6. Ensure that the mother of every child below five years with Diarrhoea, Fever, Acute Respiratory Infection (ARI) and worms is counselled on whether referral is immediately required or whether first contact curative care should be provided at home with home remedies and drugs in the ASHA kit			
	PC7. Ensure that Child malnutrition rates are reduced in the village			
	PC8. Ensure that 100% of children with diarrhoea receive ORS			
			2	0
HSS/ N 8605: Provide antenatal counselling	PC1. Ensure 100% of non-institutional deliveries have skilled assistance			
	PC2. Ensure 100% of institutional deliveries			
	PC3. Ensure all eligible institutional deliveries claim benefits under the Janani Suraksha Yojana			
	PC4. Ensure every pregnant woman receives a Tetanus Toxoid (TT) vaccine and iron folic acid supplements			
	PC5. Ensure every pregnant woman showing danger signs is referred to the ANM or appropriate health facility			
	PC6. Ensure that every pregnant woman and her family receive health information for promotion of appropriate healthcare practices - diet, rest and increased use of services which focus on care in pregnancy, delivery, postnatal care and family planning services	4	4	
	PC7. Ensure that every pregnant woman avails of antenatal care (at least 3 visits) and postnatal care at the monthly health worker clinic/Village Health and Nutrition Day			
	PC8. Ensure that every family with a pregnant woman has made a plan and is prepared for the event of childbirth			
	PC9. Counsel women on contraception after delivery			
			4	
HSS/ N 8606: Provide postnatal counselling	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat			
	PC2. Ensure that new mothers receive at least one medical check-up within two weeks of delivery			
	PC3. Counsel new mothers to visit the ANM for minor complaints	2	2	
	PC4. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals			

	PC5. Referral of post-natal women in case of danger signs			
	PC6. Counsel women on exclusive breast-feeding for the new born			
	PC7. Counsel new mothers on contraceptive needs (temporary/permanent) as required and help the women/family to get the same			
	PC8. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre			
	PC9. Counsel new mothers on use of contraception post delivery			
			2	
HSS/ N 8607: Counsel women on new-born care and immunisation	PC1. Ensure that all new-borns are registered with the Anganwadi and the Gram Panchayat			
	PC2. Assist ANMs in conducting postnatal clinic and screening women and children with danger signals			
	PC3. Counsel and support women on exclusive breast-feeding for the new-born			
	PC4. Ensure that both new mothers and infants receive supplementary nutrition available at the Anganwadi Centre			
	PC5. Ensure that all new-borns are weighed at appropriate times and families are counselled on the importance of this activity			
	PC6. Ensure 100% immunisation of children in the 12-23 months age group	4	4	
	PC7. Ensure that every new-born is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick new-born			
	PC8. Ensure that every family receives the information and support it needs to access immunisation			
	PC9. Help reduce the Infant Mortality Rate in the village through proper care and immediate referrals in case of illness			
	PC10. Ensure that all new mothers obtain a Mother & Child Protection Card filled by the ANM/ AWW			
	PC11. Ensure that every new-born showing danger signs is referred to the ANM or appropriate health facility			
			4	

HSS/ N 8608: Counsel women on childlessness and abortion related issues	PC1. Counsel women and families on infertility and refer to a medical facility	6	6	
	PC2. Ensure that all pregnancies are registered with the Anganwadi within 12-16 weeks			
	PC3. Educate families and the community about the dangers of unsafe abortion			
	PC4. Escort women to approved centres for medical termination of pregnancy (MTP), if needed			
	PC5. Counsel women on safe abortions and the time duration within which abortions can be performed safely			
	PC6. Educate them about the need to use effective contraception after undergoing an abortion, so as to minimise the need for further abortions			
	PC7. Prevent termination of pregnancy after identification of the sex of the foetus as female			
	6			
HSS/ N 8609: Provide primary care and counselling for infectious diseases	PC1. Ensure 100% of fever cases receive chloroquine within the first week in a malaria endemic area	6	6	
	PC2. Help in increasing number of cases of Tuberculosis diagnosed correctly and early			
	PC3. Help in increasing number of cases of leprosy diagnosed correctly and early			
	PC4. Communicate key facts about malaria and its prevention to the community			
	PC5. Make a blood smear and test using a rapid diagnostic test for malaria			
	PC6. Manage fever in a young child			
	PC7. Know when to suspect malaria, how and when to test, when to refer, when and what to treat			
	PC8. Understand the manner of spread of Tuberculosis and methods of diagnosis			
	PC9. Support treatment of Tuberculosis and follow-up with patients			
	PC10. Understand the manner of spread of leprosy and methods of diagnosis			
	PC11. Support treatment of leprosy and follow-up with patients			
	PC12. Maintain adequate stocks of DOTS, chloroquine and other primary care medicines contained in the ASHA kit			

	PC13. Maintain stocks of rapid diagnostic kits, especially in malaria endemic areas				
	PC14. Ensure that those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral				
	PC15. Ensure that village/ medical authorities are alerted in case of an outbreak of malaria, leprosy or TB				
			6	0	0
HSS/ N 8610: Provide primary medical care for minor ailments and first aid for minor injuries	PC1. Provide first aid for wounds, animal bites and burns	4	4		
	PC2. Refer serious cases requiring stiches, rabies shots and advanced burn treatment to the appropriate medical facility				
	PC3. Provide primary care for coughs, colds, fever and diarrhoea				
	PC4. Refer patients to the appropriate medical facility when required				
			4		
HSS/ N 8611: Undertake timely referrals and escort patients to a hospital where required	PC1. Diagnose common health problems including:a) Danger signs during pregnancy, b)Symptoms of chronic infectious diseases like TB, c)Symptoms of infectious diseases like Malaria, d)Danger signs in infants and small children	6	6		
	PC2. Refer patients to the appropriate medical facility when required				
	PC3. Escort patients to the appropriate medical facility when required				
	PC4. Arrange for transportation to the nearest medical facility when escorting a patient				
	PC5. Ensure display of referral transport details in prominent places				
			6		
HSS/ N 8612: Provide information on primary curative properties of common AYUSH medicines	PC1. Diagnose common ailments	6	6		
	PC2. Provide information on AYUSH medicines for common ailments				
			6	0	0

HSS/ N 8613: Promote construction of household toilets under Total Sanitation Campaign	PC1. Mobilise the community to construct household toilets in the village	4	4	
	PC2. Reduce the incidence of open defecation in the village			
	PC3. Conduct Information, Education and Communication (IEC) activities to promote sanitation			
			4	
HSS/ N 8614: Make home visits	PC1. Build a rapport with the community members, especially the women in the community	2	2	
	PC2. Organise a home visit schedule to cover all homes in the community			
	PC3. Mobilise pregnant women and new mothers to receive ante and postnatal care and supplementary nutrition			
	PC4. Mobilise pregnant women to have institutional deliveries			
	PC5. Mobilise parents to have their children immunised			
	PC6. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment			
	PC7. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)			
	PC8. Facilitate implementation of national health plans and schemes			
			2	0
HSS/ N 8615: Support the Anganwadi Worker	PC1. Build a rapport with the community members, especially the women in the community	2	2	
	PC2. Provide information on health related issues to women, adolescent girls and children			
	PC3. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition			
	PC4. Mobilise pregnant women to have institutional deliveries			

	PC5. Explain the importance of postnatal check-ups and supplementary nutrition			
	PC6. Provide information on home remedies for minor ailments, burns, wounds and animal bites			
	PC7. Explain the importance of immunisation			
	PC8. Mobilise community members with possibility of STIs/ RTIs, communicable diseases, chronic diseases or other ailments to have tests done or to take treatment			
	PC9. Mobilise the community to adopt health and hygiene related precautions (e.g. disinfect stagnant pools of water, wash hands often etc.)			
			2	0
HSS/ N 8616: Support the Auxiliary Nurse Midwife	PC1. Build a rapport with the community members, especially the women in the community			
	PC2. Mobilise pregnant women to have antenatal check-ups and supplementary nutrition			
	PC3. Mobilise new mothers to have postnatal check-ups and supplementary nutrition			
	PC4. Mobilise community members to seek medical attention from the ANM for ailments, burns, wounds and animal bites	2	2	
	PC5. Explain the importance of immunisation and mobilise parents to have their children immunised			
	PC6. Mobilise community members with possibility of STIs/ RTIs to have tests done by the ANM			
	PC7. Mobilise young couples to approach the ANM for contraception			
			2	0
HSS/ N 8617: Support the Traditional Birth Attendant	PC1. Explain the importance of a medically safe and hygienic childbirth process			
	PC2. Explain the potential risks associated with childbirth at home			
	PC3. Explain the essential requirements for a clean and safe childbirth process at home with a TBA	2	2	
	PC4. Counsel women opting for childbirth with a TBA			

	PC5. Obtain Clean childbirth kits for the TBA as required				
	PC6. Counsel the TBA and the pregnant woman on precautions to be taken during childbirth at home				
	PC7. Counsel the TBA and the pregnant woman on potential danger signs to be aware of during the childbirth process				
	PC8. Counsel TBA and pregnant woman on referring in case of danger signs				
	PC9. Keep contact with TBA to keep track of pregnancies				
	PC10. Counsel TBA on being aware of potential female foeticide and identifying possible cases of sex determination				
			2	0	0
HSS/ N 8618: Support the Male Swasthya Karmi	PC1. Explain the causes of malaria and precautions to be taken for its prevention	4	4		
	PC2. Explain symptoms of malaria				
	PC3. Identify possible cases of malaria before an outbreak				
	PC4. Mobilise suspected cases of malaria to be tested by the MPW				
	PC5. Inform the MPW of suspected cases of malaria				
	PC6. Assist the MPW in collecting blood samples from suspected cases of malaria				
	PC7. Inform the Primary Health Centre of suspected outbreaks of malaria				
			4		
HSS/ N 8619: Maintain Records and Registration	PC1. Keep track of all births, still births and deaths in the village in the course of home visits and other daily work	2	2		
	PC2. Register every birth/still birth with the gram Panchayat within 14 days				
	PC3. Register every death with the Gram Panchayat in 7 days				
	PC4. Keep a record of work done in ASHA register/diary				
	PC5. Track incentive payments due for work done				
	PC6. Claim incentive payments				
	PC7. Keep a diary for noting experiences, difficulties and thoughts				
	PC8. Tally records with those at the Anganwadi and Health sub-centre				
	PC9. Keep minutes of the VHSNC meetings				

			2	0	0
HSS/ N 8620: Inform Primary Health Centre of Disease Outbreaks	PC1. Keep track of any unusual symptoms during the course of home visits and daily work	6	6		
	PC2. Identify disease outbreaks				
	PC3. Inform the Primary Health Centre of a suspected disease outbreak in a timely manner				
			6		
9. HSS/ N 9610 (Follow infection control policies and procedures)	PC1. Perform the standard precautions to prevent the spread of infection in accordance with organisation requirements	4	4		
	PC2. Perform the additional precautions when standard precautions alone may not be sufficient to prevent transmission of infection				
	PC3. Minimise contamination of materials, equipment and instruments by aerosols and splatter				
	PC4. Identify infection risks and implement an appropriate response within own role and responsibility				
	PC5. Document and report activities and tasks that put patients and/or other workers at risk				
	PC6. Respond appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization				
	PC7. Follow procedures for risk control and risk containment for specific risks				
	PC8. Follow protocols for care following exposure to blood or other body fluids as required				
	PC9. Place appropriate signs when and where appropriate				
	PC10. Remove spills in accordance with the policies and procedures of the organization				
	PC11. Maintain hand hygiene by washing hands before and after patient contact and/or after any activity likely to cause contamination				
	PC12. Follow hand washing procedures				
	PC13. Implement hand care procedures				

PC14. Cover cuts and abrasions with water-proof dressings and change as necessary		
PC15. Wear personal protective clothing and equipment that complies with Indian Standards, and is appropriate for the intended use		
PC16. Change protective clothing and gowns/aprons daily, more frequently if soiled and where appropriate, after each patient contact		
PC17. Demarcate and maintain clean and contaminated zones in all aspects of health care work		
PC18. Confine records, materials and medicaments to a well-designated clean zone		
PC19. Confine contaminated instruments and equipment to a well-designated contaminated zone		
PC20. Wear appropriate personal protective clothing and equipment in accordance with occupational health and safety policies and procedures when handling waste		
PC21. Separate waste at the point where it has been generated and dispose of into waste containers that are colour coded and identified		
PC22. Store clinical or related waste in an area that is accessible only to authorised persons		
PC23. Handle, package, label, store, transport and dispose of waste appropriately to minimise potential for contact with the waste and to reduce the risk to the environment from accidental release		
PC24. Dispose of waste safely in accordance with policies and procedures of the organisation and legislative requirements		
PC25. Wear personal protective clothing and equipment during cleaning procedures		
PC26. Remove all dust, dirt and physical debris from work surfaces		
PC27. Clean all work surfaces with a neutral detergent and warm water solution before and after each session or when visibly soiled		

	PC28. Decontaminate equipment requiring special processing in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilisation protocols			
	PC29. Dry all work surfaces before and after use			
	PC30. Replace surface covers where applicable			
	PC31. Maintain and store cleaning equipment			
			4	
Grand Total-1 (Subject Domain)		80		
Soft Skills and Communication		Select each part each carrying 10 marks totalling 20		
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (20)	Out Of	Marks Allocation
				THEORY
Part 1 (Pick one field randomly carrying 50 marks)				
1. Attitude				
HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	2	2	
	PC2. Work within organisational systems and requirements as appropriate to one's role			
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority			
	PC4. Maintain competence within one's role and field of practice			
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice			
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times			

	PC7. Identify and manage potential and actual risks to the quality and safety of practice			
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements			
			2	0
2. Work Management				
HSS/ N 9602 (Ensure availability of medical and diagnostic supplies)	PC1. Maintain adequate supplies of medical and diagnostic supplies	6	6	
	PC2. Arrive at actual demand as accurately as possible			
	PC3. Anticipate future demand based on internal, external and other contributing factors as accurately as possible			
	PC4. Handle situations of stock-outs or unavailability of stocks without compromising health needs of patients/ individuals			
			6	
3. Attiquete				
HSS/ N 9601 (Collate and Communicate Health Information)	PC1. Respond to queries and information needs of all individuals	2	2	
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics			
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them			
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual			
	PC5. Confirm that the needs of the individual have been met			
	PC6. Adhere to guidelines provided by one's organisation or regulatory body relating to confidentiality			
	PC7. Respect the individual's need for privacy			
	PC8. Maintain any records required at the end of the interaction			
			2	0

Part 2					
1. Safety management					
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	6	6		
	PC2. Comply with health, safety and security procedures for the workplace				
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person				
	PC4. Identify potential hazards and breaches of safe work practices				
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority				
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected				
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently				
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person				
	PC9. Complete any health and safety records legibly and accurately				
2. Waste Management					
HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	4	4		
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste				

PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements			
PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste			
PC5. Check the accuracy of the labelling that identifies the type and content of waste			
PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal			
PC7. Check the waste has undergone the required processes to make it safe for transport and disposal			
PC8. Transport the waste to the disposal site, taking into consideration its associated risks			
PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures			
PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols			
		4	0
Grand Total-2 (Soft Skills and Communication)		20	0

SECTION 2

EVIDENCE OF NEED

What evidence is there that the qualification is needed?

While collecting data from the companies for the occupational map & functional analysis, we also took feedback from industry, which was collected with respect to roles for which qualification packs development, was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the Industry feels they face. Governing council of HSSC gave final approval and endorsement for the same.

What is the estimated uptake of this qualification and what is the basis of this estimate?

The workforce in allied healthcare sector need expected to around 74 lac by 2022 double the workforce employed in 2013 as envisaged in Skills Gap analysis Reports for industry demand and secondary research data, though these do not lend to accurate demand projection. The link to NSDC Human Resource & Skills Requirement in Healthcare Sector is <http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

- Feedback from industry for demand though again sample size may not lend to accurate figures
- Training duration, and current and potential training capacity envisaged
- An LMIS development initiative is being put in place to be more precise regarding the demand and supply

What steps were taken to ensure that the qualification(s) does/do not duplicate already existing or planned qualifications in the NSQF?

- NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work
- NSDC QRC team also confirmed the same

What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated?

- Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation.
- Monitoring of results of assessments, training delivery
- Employer feedback will be sought post-placement
- A formal review is scheduled in two year time

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **RFP for development of occupational standards-Annexure 4**
4. **Validation group and industry consultations- Annexure 5**
5. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**
6. **Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:**

<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

SECTION 3

SUMMARY OF DIRECT EVIDENCE OF LEVEL

Justify the NSQF level allocated to the QP. Relate information about the job role and build upon the five descriptors for the level to justify.

Generic NOS is/are linked to the overall authority attached to the job role.

Qualification Title and Classification Code Frontline Health Worker, HSS/ Q 8601					
Process required	Professional knowledge	Professional skill	Core skill	Responsibility	Level

<p>The Frontline Health Worker provide support to frontline workers involved in healthcare and healthcare related activities, act as health counsellors to local communities and provide healthcare services</p> <p>This is an activity which require limited range of activities routine and predictable</p>	<p>The Frontline Health Worker are required to be well embedded within local communities and be comfortable in interacting with all sections of the community. The individual should be comfortable with providing support to community members at odd hours and should be reassuring and accessible to all community members. This indicates that a Frontline Health Worker must have basic facts, process and principle for performing the functions</p>	<p>Frontline Health Worker is expected to assist VHS&NC, counselling women or eligible couples regarding STD's, Contraception methods, birth spacing, family planning, Provide healthcare services to adolescent including health education, cooperating and assisting other health professionals, providing assistance to pregnant ladies during antenatal, postnatal, intranatal periods. Educate regarding child health services, Referaal services, information regarding AYUSH medicines, Liasoning with other stakeholders in the village for sanitation, nutrition and health services for all. All these are activities that require him/her to demonstrate his practical skill which are repetitive and narrow in nature.</p>	<p>Essential attributes of Frontline Health Workers include empathy, orientation to detail, Write well enough to be classified as literate, Recording of observations during household surveys, Maintain records of births, deaths, and other health related statistics required of the ASHA, Communicate effectively with patients and their attendants keeping cultural and special needs, Listen in a responsive and empathetic manner to establish rapport and indicates that he/she should have the basic understanding of social and natural environment and should be able to write at least one local/ official language used in the local community with minimum required clarity. The basic requirements for becoming Frontline Health Worker are analytical skills, mechanical aptitude, good vision, coordination and</p>	<p>The Frontline Health Worker is responsible for providing support to Allied health workers engaged in National health programmes, they act as health counsellors to local communities and provide healthcare services under supervision of ANM. They perform various duties including escorting patient to appropriate place for treatment, maintaining medical records etc.This is critical as it indicates that the person is performing under supervision and have some responsibility for own work within defined limit. This is further reconfirmed by the fact that the Frontline Health Worker is responsible for carrying out a limited range of jobs under close supervision. His/her work may require the completion of a number of related tasks. Individual carrying out these job roles may be described as "partly-skilled workers".</p>	<p>3</p>
---	--	--	---	--	----------

			self-disciplined. The work ethics characterized by dedication and persistence and the ability to deal tactfully with patients		
Level: 3	Level: 3	Level: 3	Level: 3	Level:3	3

OTHER EVIDENCE OF LEVEL [This need only be filled in where evidence other than primary outcomes was used to allocate a level] **(Optional)**

- Validated by Industry through various training provider & stake holders

Summary of other evidence (if used): NA

SECTION 4

EVIDENCE OF RECOGNITION OR PROGRESSION

What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector?

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

- Occupational Mapping Report-Annexure 2**
- Functional Analysis Report-Annexure 3**
- Validation group and industry consultations- Annexure 5**
- The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**