

F. No. SCH-11/02/2021-SNP
Government of India
Ministry of Skill Development and Entrepreneurship
(PMKVY Division -SD Wing)

2nd Floor, PTI Building, Sansad Marg,
New Delhi-110001,
Dated: 21.10.2021

OFFICE MEMORANDUM

Subject: Expeditious implementation of "Customised Crash Course Programme for COVID Warriors" under Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0)-reg.

Reference is invited to the review meeting on "Customised Crash Course Programme for COVID Warriors" under PMKVY 3.0 held under the chairmanship of Secretary, MSDE on 12th October 2021 at 5:30 PM on the above-mentioned subject. In this regard, to expedite the implementation process of the programme through enrollment of candidates latest by 30th October 2021, the following relaxations/ exemptions have been made with immediate effect:

- i. The existing operational modalities with respect to accreditation and affiliation of Training Providers (TPs)/ Training Centres (TCs), capturing of candidate's training life cycle in Skill India Portal (SIP), Healthcare Sector Skill Council (HSSC) based Training of Trainers (ToT), existing assessment norms with respect to the first assessment of the candidates just after the completion of class-room training, fee for reassessment has been relaxed temporarily for expediting the implementation of this special healthcare programme under its both the components. State component, being implemented by State Skill Development Missions (SSDMs), State Government/ UT Administration and Central component, being implemented by National Skill Development Corporation (NSDC) shall be overall responsible for operationalisation and ensuring quality training under this special healthcare programme. **The last date of enrollment of candidate under this programme is 30th October, 2021.**

The Record of Discussion (RoD) of the said review meeting is enclosed at **Annexure I** for necessary action.

- ii. Based on the demand for additional targets received from some States/Union Territories, 54,041 additional training targets has been allocated to 10 States/UTs. The details are given at **Col. B of Annexure II.**
2. This issues with the approval of Competent Authority (MSDE).

Encl: as above

Sanjeev Kumar

(Sanjeev Kumar)

Joint Director, MSDE

Tel. (o): 011-23465917

E-mail (o): sanjeev.kumar78@nic.in

To,

1. Principal Secretary/ Secretary, State Skill Development Department (as per list attached).
2. Mission Director, State Skill Development Mission (as per list attached).
3. Chief Operating Officer (COO), National Skill Development Corporation.
4. CEO, Healthcare Sector Skill Council.

Copy to:

1. PPS to Secretary, MSDE.
2. PPS to Additional Secretary (Skill Development), MSDE

Annexure II

Sl. No.	State / UT	Allocated Target vide O.M. F. No. SCH- 11/2/2021-SNP (Pt.) dated 15th July 2021 (In Nos.)	Additional Target (In Nos.)	Revised Target (In Nos.)
		(A)	(B)	(C) = (A) + (B)
1	Maharashtra	6,155	13,845	20,000
2	Karnataka	11,637	3,363	15,000
3	Uttar Pradesh	3,316	11,684	15,000
4	Andhra Pradesh	2,516	2,484	5,000
5	Chhattisgarh	120	180	300
6	Jharkhand	655	4,345	5,000
7	Kerala	360	9,720	10,080
8	Punjab	260	7,240	7,500
9	Puducherry	120	380	500
10	Tripura	-	800	800
Total		25,139	54,041	79,180

Sanjiv Kumar
21/10/21

90286/2021/O/o DD(NSDC Admn)

F. No. SCH-11/2/2021-SNP

Government of India

Ministry of Skill Development and Entrepreneurship

(PMKVY Division – SD Wing)

Record of Discussion (RoD) of the review meeting on “Customised Crash Course Programme for COVID Warriors” under Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0) held on 12th October 2021-reg.

A review meeting on “Customised Crash Course Programme (CCCP) for COVID Warrior” under PMKVY 3.0 was held under the chairmanship of Secretary, Ministry of Skill Development & Entrepreneurship (MSDE) on **12th October 2021 at 5.30 PM** in Conference Room, Shram Shakti Bhawan, MSDE, Rafi Marg, New Delhi - 110001. Officials from National Skill Development Corporation (NSDC), Healthcare Sector Skill Council (HSSC), 07 States/Union Territories (UTs) and major Hospital Training partners attended the meeting. The list of participants is given at **Annexure**.

2. At the outset, Secretary, MSDE welcomed all the participants and reviewed the progress of the programme. Secretary, MSDE expressed his concerns regarding the slow and lacklustre progress of the special healthcare programme (CCCP for CW) and urged all the stakeholders to expedite the training in mission-mode approach. States/ UTs have raised the issues related to registration of candidates in Skill India Portal, A&A process of TPs/TCs, Training of Trainers (ToTs), which are impeding the progress of training.

3. Additional Secretary, MSDE gave a brief overview on the progress of special healthcare programme. He expressed that under this programme, apart from Central Component implemented by NSDC, State Component has been included with the allocation of targets to some States/UTs based on their recommendations. He said that in order to expedite the process of implementation, the several relaxations in the existing operational modalities with respect to accreditation and affiliation of training providers/training centre, relaxation in provision Bank Guaranteed (BG), provision on certified trainers etc. have been made. Further, he informed that due to revocation of COVID-lockdown in several States/UTs, the pace of training under this programme is picking up. He also felt that there is need for further relaxation in the existing operational modalities to expedite the process of implementation.

Joint Director (Skill Development), MSDE made a brief presentation (copy attached at *Annexure-II*) about the programme design, target allocation, and progress in central & state components of the programme etc.

4. After detailed discussions with multiple stakeholders, it was decided that there is need to expedite the process the process of implementation in mission –mode approach. For this, it was agreed that the existing operational modalities with respect to accreditation and affiliation of Training Providers (TPs)/ Training Centres (TCs), capturing of candidate’s training life cycle in Skill India Portal (SIP), Healthcare Sector Skill Council (HSSC) based Training of Trainers (ToT), HSSC based assessment may be relaxed for implementation of this special healthcare programme under its both the components. State component, being implemented by State Skill Development Missions (SSDMs), State Government/ UT Administration and Central component, being implemented by National Skill Development Corporation (NSDC) may be given the overall responsibilities for the operationalisation and ensuring quality trainings under this special healthcare programme.

5. The detailed decisions on key challenges faced for implementation of special programme are as under:

Sl. No.	Key Process/ Challenges	Deliberation held / Points discussed	Decision made during the meeting	Action to be taken
01	Target Allocation	<ul style="list-style-type: none"> Based on the demand aggregation, State Ceiling/s have been fixed. Accordingly, training target (both fresh skilling & upskilling) was allocated to Training Partners (TPs) (<i>having healthcare infrastructure facilities</i>), Hospitals, 21 States/UTs and TPs through RFP. 	<ul style="list-style-type: none"> Secretary, MSDE suggested that target allocation to all districts of all States/ Union Territories (UTs), shall be explored under the programme. Based on willingness and expression of interest made by States during meeting, the following target allocation was proposed to the States: <ul style="list-style-type: none"> Maharashtra: 20,000 Karnataka: 15,000 Uttar Pradesh: 15,000 Andhra Pradesh: 15,000 (Fresh skilling 5,000 and upskilling 10,000) Other States/UTs, who expressed their willingness for additional target through written communication under CCCP for CW, are; <p>Chhattisgarh: 300, Jharkhand: 5,000, Kerala: 10,080, Punjab: 7,500, Puducherry: 500 and Tripura: 800</p> <p>It was decided that State/s may take up the revised target allocation by covering all the districts and the same to be communicated to MSDE.</p>	<ul style="list-style-type: none"> Noted for compliance. Office Memorandum (OM) on additional allocation of targets to be issued to concerned States/UT.
02	Progress of the Training	<ul style="list-style-type: none"> With the approval of the Executive Skill Committee for COVID-19 (ESCC), total target of 1,98,315 has been allocated to the TPs, Hospitals, TPs through RFP, States/UTs out of which 32,660 candidates have been enrolled (in fresh skilling & upskilling) as on 12th October 2021. NSDC has mentioned that the target of 	<ul style="list-style-type: none"> NSDC to expedite the enrolment by 30th October 2021. The same shall be reviewed and further target allocation / revocation of targets shall be considered based on the performance. All classroom trained candidates shall be engaged in on-the-job training (OJT) in hospitals/medical colleges/healthcare institutions for successful completion. 	<ul style="list-style-type: none"> NSDC will expedite the process of implementation with completion enrolment of candidates latest by 30th October, 2021.

		<p>78,795 has been allocated to 262 TPs through RFP. A&A process for the same is running expeditiously. NSDC to share a status update latest by 18th October 2021.</p> <ul style="list-style-type: none"> • NSDC appraised that the eligibility of Trainers has been relaxed for hospitals. The existing Healthcare Professionals meeting the eligibility can perform as Trainers. • NSDC has further clarified that the progress of the programme was severely affected due to various restriction/s imposed and complete/partial lockdown till September 2021 in around 12 States/UTs. • NSDC along with HSSC has taken several meetings/consultation to address the challenges faced by the States/TPs at various levels. 	<ul style="list-style-type: none"> • No further target shall be allocated under this scheme or any other schemes of MSDE to the Training Partners, who fail to engage the classroom trained candidates to OJT. • NSDC to submit a detailed roadmap for completion of the enrolment and training, as per the allocation strategy. 	
03	Centre Accreditation Application Form (CAAF)	<ul style="list-style-type: none"> • Maharashtra and other States mentioned that they are facing challenges related to CAAF submission and requested MSDE to make CAAF module more simplified. 	<ul style="list-style-type: none"> • It was decided that removal of CAAF requirement may be explored or simplified. CAAF may be designed to ease the implementation. • Hospitals have been exempted to fill the detailed CAAF w.e.f. 22nd September 2021, as decided in 5th ESCC meeting. 	<ul style="list-style-type: none"> • Under this special healthcare programme (Central and State Component), the requirement of CAAF requirement has been relaxed. • The detailed CAAF related credentials shall be shared by Stats/UTs in the simplified excel sheet. NSDC will share the excel sheet format to Stats/UT/other stakeholders. • NSDC shall ensure the uploadation of filled excel

04	Accreditation & Affiliation (A&A)	<ul style="list-style-type: none"> Few States mentioned that the healthcare institutions on-boarded under the State Government sponsored scheme, are not fulfilling the criterion outlined for CCCP for CW and some of the TPs allocated targets under Central Component have expressed unwillingness to take up training under State Component. It was requested by States to give clearance to allow the selected medical colleges & hospitals to become TP under the State Component of CCCP for CW. As mentioned, 14 Training Centres (TCs) of WIPRO GE, 44 hospitals of Association of Healthcare Providers (AHPI) are on-boarded in Skill India Portal (SIP). WIPRO GE and other mentioned that the issue regarding change of location is being faced due to change of plan, wherein, only Hospitals will be allocated the target. The batch creation is being sent to Healthcare Sector Skill Council (HSSC) for approval, which is delaying the classroom training. 	<ul style="list-style-type: none"> Secretary, MSDE suggested that the healthcare institutions under the schemes sponsored by State Government to be considered as eligible TPs for special healthcare programme (CCCP for CWs). States have been given the freedom to choose the hospitals and go ahead with the trainings. NSDC to approve A&A of the two hospitals of CII <i>i.e.</i> one each in Delhi and Karnataka. NSDC mentioned that the same issues with WIPRO GE, CII have been resolved. Further, NSDC to simplify the A&A process for this special programme. 	<p>sheet in SIP before completion of training.</p> <ul style="list-style-type: none"> During the implementation of special healthcare programme (Central and State Component), if any challenges with respect to A&A are faced, the entire TC life cycle shall be obtained in the excel-based template for data reporting only. NSDC will facilitate in uploading the same on SIP. States have been given the flexibility to choose any credible hospitals for training and OJT.
05	Training of Trainers (ToT)	<ul style="list-style-type: none"> Karnataka and other States mentioned the challenges related to ToT and the requirement of "One Trainer to One Batch at a time" creates delay in enrollment of candidates, approval of batches. 	<ul style="list-style-type: none"> It was decided that any irrelevant requirements related to eligibility criterion of trainers and ToT needs to be evaluated and shall be simplified, wherever possible. 	<ul style="list-style-type: none"> Under this special programme (State Component and Central Component), State Government/NSDC shall take overall responsibilities for deployment of qualified/experienced Trainers. <ul style="list-style-type: none"> The necessary relaxations in ToT shall

				be made by State Government and NSDC. In this regard, HSSC will provide support to States/NSDC for expeditious implementation of scheme.
06	On-boarding of Hospitals for conducting the training under central Component of special programme	<ul style="list-style-type: none"> It was mentioned by the HSSC that consultation meeting/ sensitization talk was held with hospitals to associate with this programme, and to conduct training. Relaxations were given to on-board interested hospitals as TPs under the programme. As on date, 19 major hospitals have been on-boarded on SIP. Further, HSSC coordinated with various Government /private hospitals, medical colleges, hospitals at district of State Governments, network hospitals of Employees State Insurance Corporation (ESIC), hospitals with CII, FICCI, and others. Most of the hospitals were uninterested in becoming a training partner due to challenges in mobilisation of eligible candidates, operational challenges, administrative approvals, and other issues. 	<ul style="list-style-type: none"> HSSC and NSDC to connect with more hospitals and on-board them to conduct the training programmes and OJT. 	NSDC along with HSSC will take responsibilities for on-boarding of more and more hospitals for conduct of training and OJT.
07	Aadhaar-based enrollments	<ul style="list-style-type: none"> Two hospitals mentioned that even though the candidates have been mobilised, but their Aadhaar verification is failing at UIDAI end due to incorrect information being fed during enrollment stage. NSDC mentioned that the said process is required as verification of Aadhaar details is linked to release of OJT 	<ul style="list-style-type: none"> CII, AHPI and Hospitals to start the classroom training, immediately. NSDC to resolve the verification issue of Aadhaar card and explore for a simplified alternative solution/s. 	NSDC shall conduct a consultation meeting with respective stakeholders on 14 th October 2021 to discuss and resolve the issues being faced by them.

90286/2021/O/o DD(NSDC Admn)

		stipend to the trainees (Rs. 125/- per day for 3 months) through Public Financial Management System (PFMS).		
08	Attendance of Candidates	<ul style="list-style-type: none"> CII, Hospitals, and other TPs informed difficulty in following the existing attendance system, which needs to be done on daily basis (restricted to 30 minutes). It was requested to relax the attendance procedure. 	<ul style="list-style-type: none"> NSDC to explore more simplified attendance procedure for this special programme. 	<ul style="list-style-type: none"> Designated time of 30 minutes for putting attendance mark by candidates shall be relaxed. Attendance of candidates can be registered during the training hours throughout the day.
09	Skill India Portal (SIP) and other technical glitches	<ul style="list-style-type: none"> States, Hospitals, and other stakeholders expressed the difficulties being faced in the mandated processes of Skill India Portal (SIP) starting from the enrollment of candidates, batch-creation and other requirement. In this regard, the Stakeholders have requested to simplify the criticalities involved in the SIP and make it convenient to use it by all stakeholders. 	<ul style="list-style-type: none"> Under State Component, the State Government should continue the trainings irrespective of any challenges related with SIP and other technical platforms, wherever possible. Based on the recommendation/ suggestions received from the States, the existing compliance of SIP is being relaxed. In this regard, NSDC to design such excel-based templates, for ready references. Under Central Component, NSDC shall handhold the TPs/Hospitals and ensure the candidate's information on SIP. NSDC to resolve all tedious steps involved in SIP and explore the possibilities to make them simplified. Any technical issue to be relaxed immediately from the portal. 	<ul style="list-style-type: none"> Under Central and State Component Special programmes (CCCP for CW), the entire training life cycle of candidates and TCs will be operationalised in an off-line mode. The required information of candidate training life cycle and TC life cycle shall be obtained in the excel-based template for data reporting and uploadation of the same in SIP. State/Centre may obtain consent from the candidate for sharing the Aadhaar details.
10	Assessment/s and Certification	<ul style="list-style-type: none"> State/s have requested to expedite the first assessment done after the classroom training to expedite the enrolment to the OJT. 	<ul style="list-style-type: none"> It was decided that to expedite the completion of training, assessment of candidates must be done immediately after classroom training or within a month of joining OJT. 	<ul style="list-style-type: none"> As decided in the meeting, the same will be implemented by HSSC in a mission mode.

			<ul style="list-style-type: none"> • HSSC to consider the following points for timely completion of the training: <ul style="list-style-type: none"> ○ To simplify the process of assessment and share the assessment result on real-time basis, which currently takes 48 hours, even after conducting through an online-proctored weblink. ○ To allow the trained candidates for multiple chances of appearing the assessment test without paying additional fees and submitting a fresh form, to avoid delay and discourage dropouts. ○ Provision of re-assessment shall be made available on the following day in case the candidate is unable to pass the assessment. ○ The Question banks to be shared with States for the first assessment, which is done right after classroom training and before OJT. ○ Certificate must be provided shortly after assessment and may be shared on WhatsApp with the candidate. 	HSSC will strictly abide the decisions made on this for its implementation.
11	On-the-Job Training (OJT)	<ul style="list-style-type: none"> • It was observed that there is huge gap in the classroom trained and candidates deployed for OJT. This may be due to delay in first assessment results after the classroom training or non-availability of healthcare facilities for the OJT. • Mission Director, UPSSDM has also raised this issues. 	NSDC, HSSC, CII, AHPI, WIPRO GE and State Governments to tie-up with required Healthcare facilities for immediate deployment of classroom trained candidates for OJT.	<ul style="list-style-type: none"> • HSSC will take overall responsibility for immediate assessment of the trained candidates, without any delay and deployment to OJT. • HSSC to tie-up with required Healthcare facilities in consultation with NSDC, TPs, and States.
12	Other issues discussed	<ul style="list-style-type: none"> • Principal Secretary, Maharashtra requested to consider the trainings done in August & September 2021 in these six customised Job Roles under 	<ul style="list-style-type: none"> • Secretary, MSDE accepted the proposal to consider the trained candidates under the six customised job roles in the State-run Health programme as achieved targets 	<ul style="list-style-type: none"> • Noted for compliance.

		<p>the State-run schemes as part of "CCCP for CW" itself, if possible.</p> <ul style="list-style-type: none"> • Most of the participating States requested for relaxing the existing norms to make it more user-friendly to expedite the training and complete the same in a time-bound manner. 	<p>under CCCP for CW.</p> <ul style="list-style-type: none"> • All States/UTs to achieve the allocated target at the earliest. • It was also decided that the enrolments made till 30th October 2021 shall be considered final and further targets will be allocated/revoked based on the performance. • It was decided that State shall focus on completion of targets only utilizing the available training infrastructure optimally, wherever possible. • States to commence the training and if any issues are being faced, the information may be submitted in the excel-based template/s later to the MSDE/NSDC and the corresponding funds shall be released, accordingly. • The COVID related trainings including PSA Oxygen Plants being conducted by DGT shall be included under the CCCP for CW. District-wise list of trained candidates to be obtained from DGT. 	
--	--	--	--	--

5. The meeting was ended with vote of thanks to the chair.

Annexure

List of Participants

1. Shri Rajesh Aggarwal, Secretary, MSDE
2. Shri Atul Kumar Tiwari, Additional Secretary (Skill Development), MSDE
3. Ms. Manisha Verma, Principal Secretary, Skill Development, Employment & Entrepreneurship, Government of Maharashtra
4. Shri Ved Mani Tiwari, Chief Operating Officer, NSDC
5. Shri Sanjeev Kumar, Joint Director, SD Wing-PMKVY Division, MSDE
6. Ms. Shruti Pandey, Deputy Director, SD Wing-PMKVY Division, MSDE
7. Shri Kunal Silku, Mission Director, Uttar Pradesh Skill Development Mission (UPSDM)
8. Shri Ashwin Gowda, Managing Director, Karnataka Skill Development Corporation (KSDC)
9. Shri R. Maheswaran, Project Director, Tamil Nadu Skill Development Corporation
10. R. Ram Koti Ready, Executive Director, Andhra Pradesh Skill Development Corporation
11. Shri Khalid Sheikh, I/c Training, J&K Skill Development Mission Society
12. Shri Mohammed Kalam, State Engagement Officer, Rajasthan
13. Shri Aakarshan Chauhan, Dy. Head, NSDC
14. Shri Manjit Nath, Dy. Head, NSDC
15. Ms. Anshu Verma, Healthcare Sector Skill Council
16. Capt. T. S. Ramanujam, Chief Executive Officer, Logistics SSC
17. Shri Ravikanth Yamarthy, Chief Operating Officer, Logistics Sector Skill Council
18. Ms. Bhavna Srikrishna, Confederation of Indian Industry (CII)
19. Dr. Kritika Nanda, WIPRO GE
20. Shri Abhay, WIPRO GE
21. Shri Rajiv Mathur, Association of Healthcare Providers - AHPI (India)
22. Shri Deborshi Chakraborty, PMU-PMKVY, MSDE



Contents

- 1 → Background & Objective of the Programme
- 2 → Programme Design
- 3 → Timelines of the Programme
- 4 → Programme Budget
- 5 → Component 1 & 2: Six Customised Healthcare Sector Job Roles
- 6 → State-wise update (Seven States in detail)
- 7 → Component 3: Skilling of Liquid Medical Oxygen (LMO) Drivers

MSDE's initiatives to combat Pandemic impact



To meet the paucity of skilled health workers, **“Customised Crash Course Programme for COVID Warriors”** under Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0) was launched on 18th June 2021.



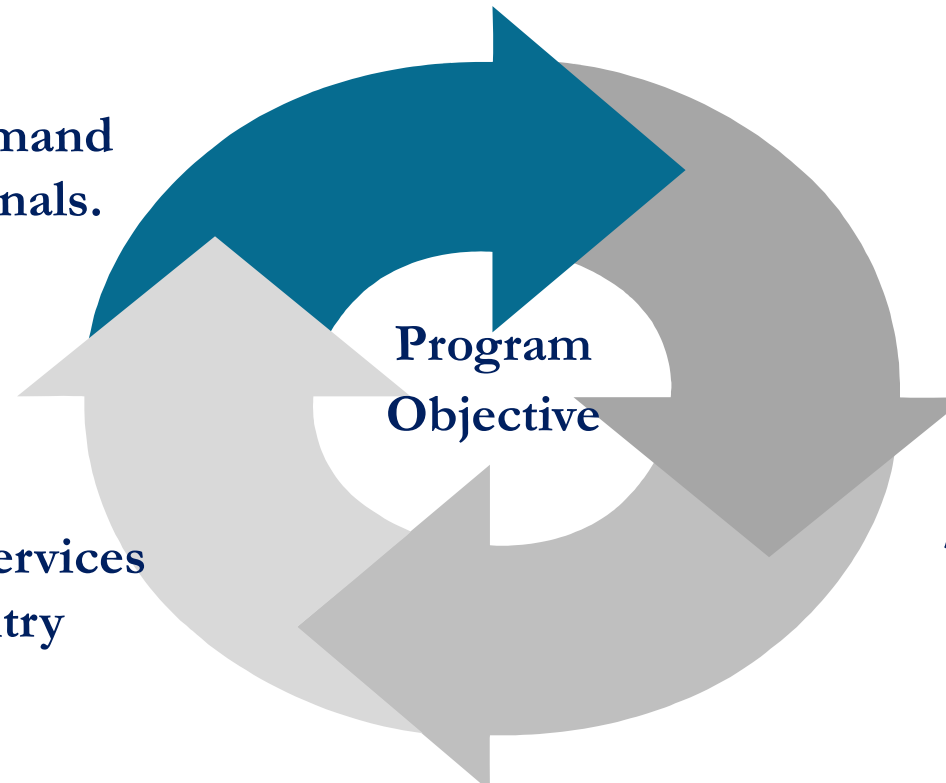
The special programme aims to train more than **one (01) Lakh COVID Warrior** through Fresh Skilling (STT) and Upskilling (RPL) and **2800 Liquid Medical Oxygen(LMO Tanker) Drivers** with an estimated **outlay of Rs. 276 Crores (approx.)** across the country.

To meet the upsurge in the demand of skilled healthcare professionals.

To reduce the burden of existing healthcare professionals

To provide timely healthcare services in every corner of the country

To meet upsurge demand of the LMO Tanker Drivers



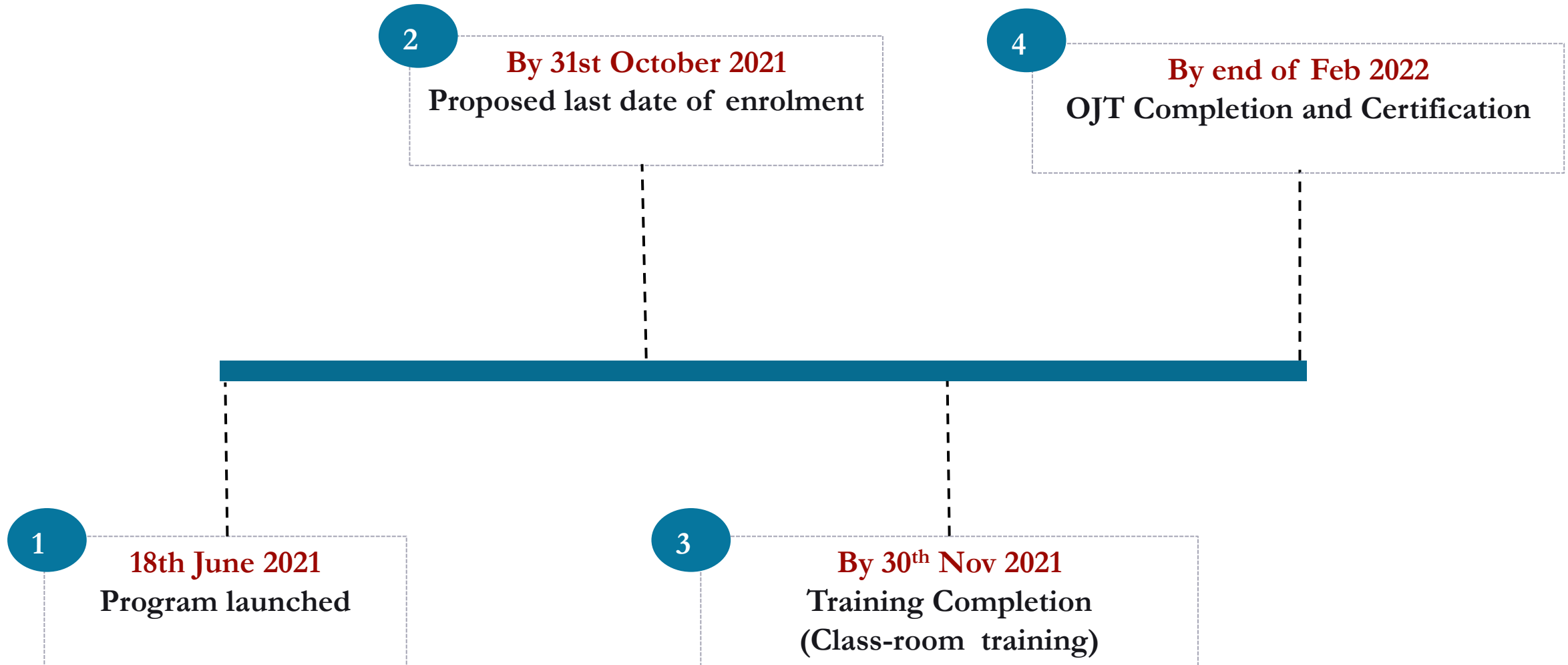
	Training Component	Features
Component 1	Fresh skilling (STT) of 90,000 candidates in six customized healthcare sector job roles	21 days Fresh Skilling with three months on-the-job-training (OJT)
Component 2	Upskilling (RPL) for 10,000* candidates who have been trained under PMKVY/ experienced candidates	7 days upskilling for candidates already trained under PMKVY
Component 3	Train 2,800 drivers in handling and transportation of the Liquid Medical Oxygen (LMO) Tankers	27 days training for handling and transportation of the LMO Tanks
Healthcare Sector Job Roles	Sl. No.	Crash Course
	1	COVID Frontline Worker (Basic Care Support) -CFW-BCS
	2	COVID Frontline Worker (Home Care Support) - (CFW-HCS)
	3	COVID Frontline Worker (Advanced Care Support) - (CFW-ACS)
	4	COVID Frontline Worker (Sample Collection Support) -(CFW-SCS)
	5	COVID Frontline Worker (Emergency Care Support) -(CFW-ECS)
	6	COVID Frontline Worker (Medical Equipment Support) - (CFW-MES)

* Increased to 25,000 as decided in the 5th meeting of ESCC held on 22.09.2021

Broad Methodology for 6 Healthcare Sector Job Roles

IMPLEMENTATION	DEMAND AGGREGATION	TARGET AUDIENCE	MOBILIZATION
<ul style="list-style-type: none"> To be implemented as a part of Upskilling (RPL) and Fresh Skilling (Special Projects) under PMKVY 3.0 <p>To be implemented by:</p> <ul style="list-style-type: none"> Central Component: NSDC State Component: State/UTs 	<ul style="list-style-type: none"> SSDMs to upload job role and district wise demand on SIP. Demand separately for both categories Target Allocation to PMKK/PMKVY TCs, hospitals and states 	<ul style="list-style-type: none"> Upskilling- Certified candidates in healthcare job roles across PMKVY 2.0, willing to upskill and/or, any other category of experienced persons. Fresh Skilling- Fresh candidates meeting QP eligibility criteria 	<ul style="list-style-type: none"> Through District Skill Committees (DSCs), SSDMs. Training Partners (TPs) support as required
DURATION	TRAINING	PLACEMENT	TARGETS
<ul style="list-style-type: none"> Fresh Skilling – As defined by HSSC (approx. 21 days) Upskilling – As defined by HSSC (approx.7 days) 	<ul style="list-style-type: none"> Healthcare PMKKs/ PMKVY centers identified, hospitals and states(hospitals and centers) Physical training, assessment and certification, OJT for Freshly Skilled candidates. Support of states/DSC requested Boarding & Lodging request from district/ state 	<ul style="list-style-type: none"> At PHCs/CHCs/ health facilities/ hospitals under the arrangements of DSC/ SSDMs. TP support can be availed 	<ul style="list-style-type: none"> 1 lakh beneficiaries targeted through dynamic allocation between Upskilling and Fresh Skilling based on demand.

Timelines for the Programme



'Customised Crash Course Programme for COVID Warrior under PMKVY 3.0' : Budget Provisions

- The detailed budget is as follows:

Component	Budget Head/Particulars	No. of Candidates	Unit Cost	Indicative Cost (In Rs. Crore)
Component 1	A. Total Training Cost for all (@Avg. ₹ 15,278 per candidate cost)	90,000	₹15,278	₹ 137.50
	B. Additional B&L for 90 days during OJT for all candidates (@ ₹ 125 per candidate cost)	90,000	₹11,250	₹ 101.25
	Indicative budget to train 21 days fresh skill training of 90,000 candidates under healthcare sector (A+B)	90,000		₹ 238.75
Component 2	RPL Training Cost for 10,000 candidates (@Avg. ₹ 6148.9 per candidate cost)	10,000	6148.9	₹ 06.14
Component 3	LMO Drivers Training Cost for 2,800 candidate (@Avg. ₹ 13,393 per candidate cost)	2,800	13,393	₹ 03.75
	Sub Total (Component 1+2+3)			₹ 248.64
	Admin and Technical Interventions (6%), Aware & Mobilization (3%) and Post Placement (2%): Total @ 11%			₹ 27.35
	Total Prog Cost			₹ 276.00

- For fresh skilling, the new milestones proposed for tranches pay out mechanism, and delinked as approved under PMKVY 3.0 :
 - Tranche 1: **30%** on **enrolment**
 - Tranche 2: **20%** on **interim assessment** post 21 days of training
 - Tranche 3: **50%** on **final assessment** post 3 months of OJT

Initial Program Design

Training Target

- **Fresh Skilling: 90,000**
- **Upskilling: 10,000**

Selection of Training Partners

- Available Health care PMKKs/PMKVY TCs in the district,
- Training Centres affiliated and accredited by SSDM under CSSM component of PMKVY,
- Training Centres affiliated and accredited under DDUGKY/NULM schemes of central government,
- Other TCs in the district affiliated and accredited by NSDC for training of allied healthcare professionals for private sector,

Challenges

Modifications made/Action taken

Modified Target Allocation Methodology

- 1.35 times to achieve certification target
- Hospitals through SSC recommendation
- To States/UTs under State Component based on demand aggregation
- Floating of Request for Proposal (RFP) to onboard more Training Partners

Simplified Process, Advocacy and Support

- Simplified Accreditation & Affiliation Process for Hospitals
- Virtual Connect/Orientation with Hospitals of NABH, JCI, AB PMJAY, NABL, NMC, NBE, OEM, Ambulance Service Providers etc.
- Desktop Assessment and Physical Inspection rights to the states
- Onboarding of Trainers based on eligibility of Trainers without ToT program
- Reallocation to TPs/TCs

Solutions

Present Scheme

Target Allocation Methodology

- **Maximised Target Allocation in all modes till enrolment of 1.35 lacs**
 - **Fresh Skilling: 90,000 (1.77 lakh)**
 - **Upskilling: Increased to 25,000**

Implementing Training Partners

- Training Partners of NSDC
- Hospitals recommended by HSSC
- Training Partners participated in RFP
- Healthcare facilities/TPs of State / UTs

New Construct

Status Update on Target Allocation

Category-wise Allocations						
Category	State	Districts	Centers	Fresh Skilling	Upskilling	Total
Training Partners	29	221	373	31,458	12,074	43,532
Hospitals	27	146	NA	32,596	6,044	38,640
RFP	29	NA	NA	78,795	-	78,795
State Allocations	21	NA	NA	37,348	-	37,348
Grand Total	34	327	373	1,80,197	18,118	1,98,315

** 78,795 targets approved to be allocated in the 5th meeting of the ESCC held on 22.09.2021*

Job Role-wise Allocations			
Job Role	Fresh Skilling	Upskilling	Total
Emergency Medical Technician-Basic	13,004	1,970	14,974
General Duty Assistant	50,305	8,886	59,191
General Duty Assistant-Advanced	24,183	1,742	25,925
Home Health Aide	32,658	3,808	36,466
Medical Equipment Technology Assistant	5,122	746	5,868
Phlebotomist	17,577	966	18,543
Total	1,42,849	18,118	1,60,967

**Targets to States are not allocated Job Role wise, therefore not included above*

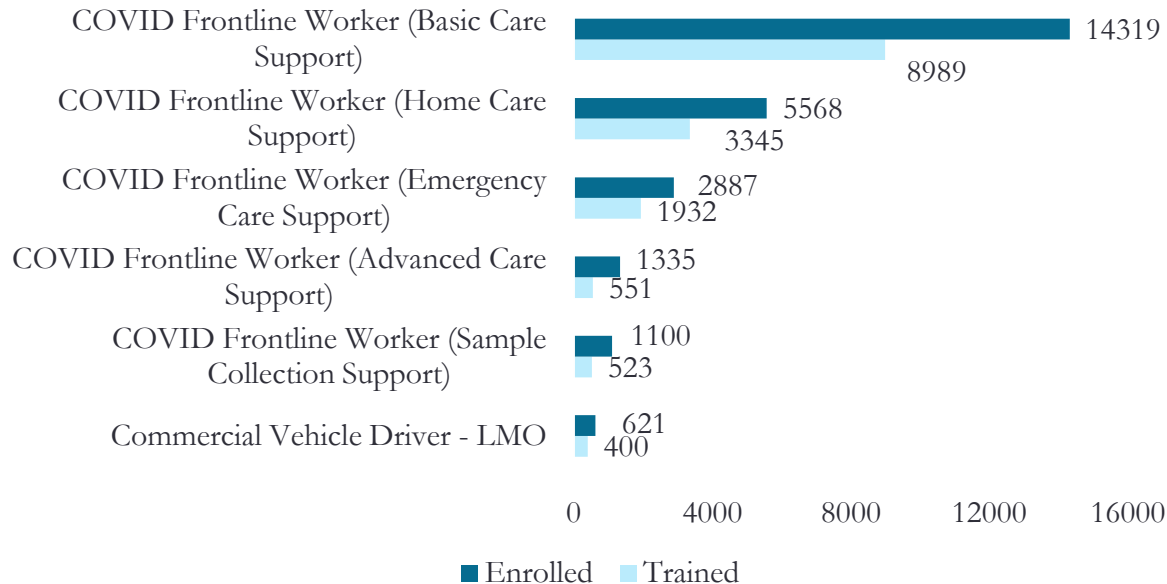
Customised Crash Course Programme for COVID Warrior : Progress so far in Central Component

➤ **Total Demand received : 2,67,736** from 34 States/UTs (*demand received till 07.06.2021*)

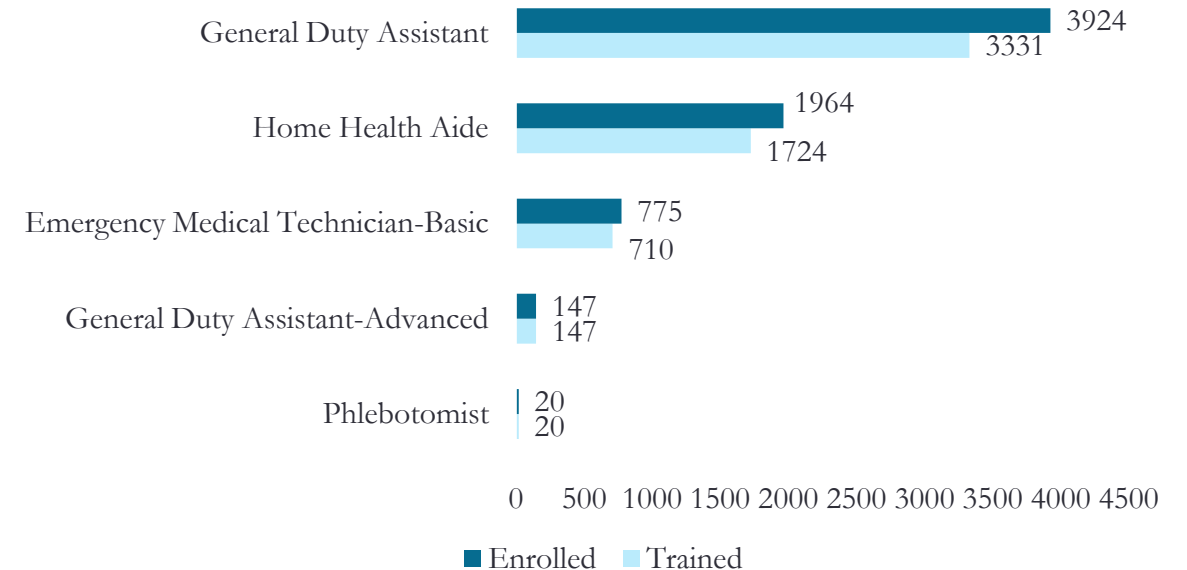
Training Progress (as on 12.10.2021):

Training Type	Total Enrolled	Classroom Trained	OJT Enrolled	States	Districts	No. of TPs	No. of TCs
Fresh Skilling	25,830	15,740	8,010	29	185	105	265
Upskilling	6,830	5,932	-	20	85	47	96
Total	32,660	21,672	8,010	29	187	107	270

Fresh Skilling : Job Role-wise



Upskilling : Job Role-wise



Customised Crash Course Programme for COVID Warrior : Progress so far in State Component

Progress in State Component (as on 08.10.2021):

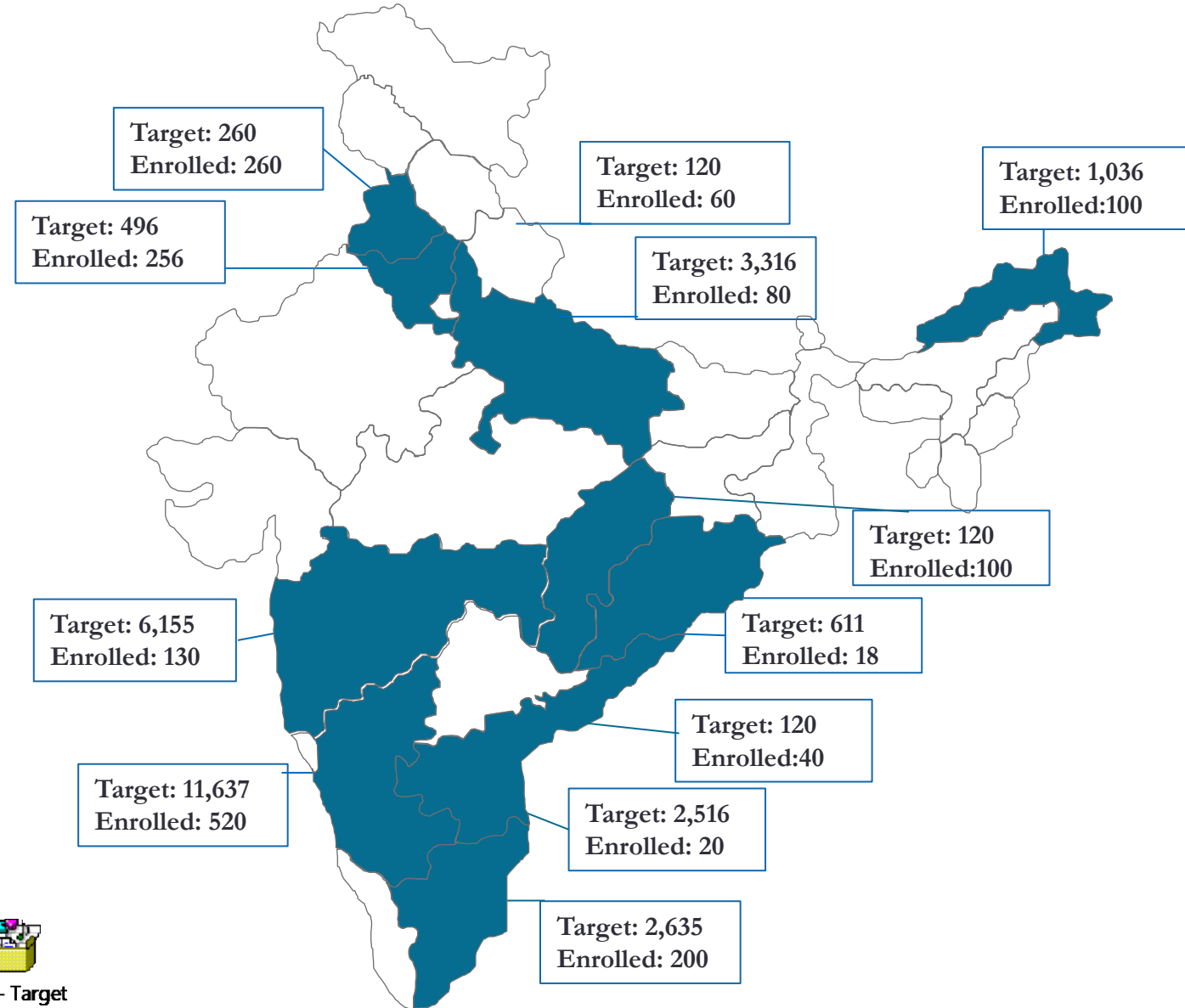
(Fig. in Nos)

Sl. No.	State/UT	Target	Enrolled	Ongoing	Achievement (Enrolled against Total Target)
1	Chhattisgarh	120	120	100	100.00
2	Punjab	260	260	200	100.00
3	Haryana	496	256	156	51.61
4	Himachal Pradesh	120	60	60	50.00
5	Puducherry	120	40	40	33.33
6	Tamil Nadu	2,635	300	299	11.39
7	Arunachal Pradesh	1,036	100	80	9.65
8	Karnataka	11,637	580	580	4.98
9	Maharashtra	6,155	240	238	3.90
10	Odisha	611	18	18	2.95
11	Uttar Pradesh	3,316	80	80	2.41
12	Andhra Pradesh	2,516	20	20	0.79
Total		29,022	2,074	1,871	5.95

* Following 9 States are yet to enrol candidates against the target allocated under State Component.

(Fig. in Nos)

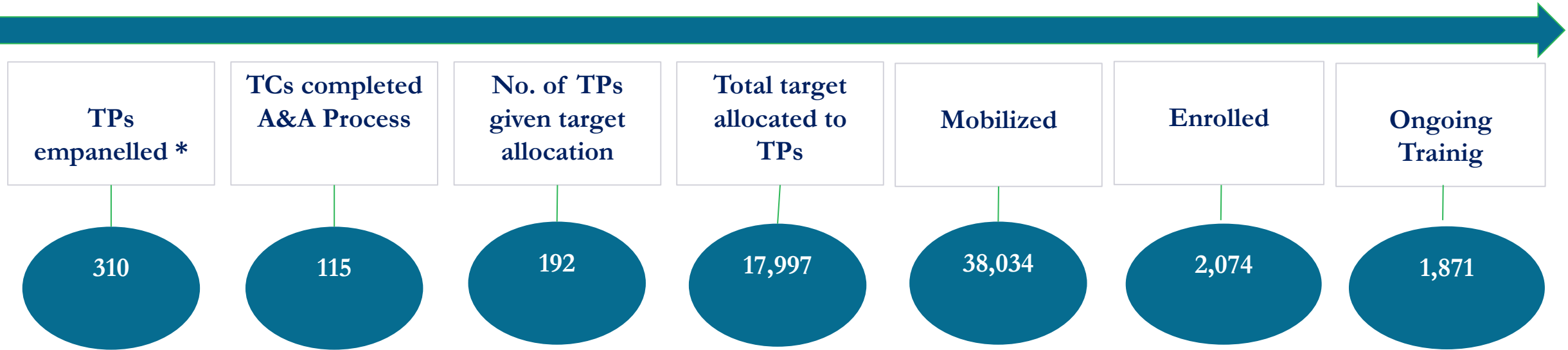
Sl. No.	State / UTs	Target	Sl. No.	State / UTs	Target
1	Goa	120	6	Mizoram	120
2	Jharkhand	655	7	Nagaland	390
3	Jammu & Kashmir	2,500	8	Rajasthan	2,949
4	Kerala	360	9	Telangana	1,114
5	Meghalaya	120	TOTAL		8,328




OM - Target
Allocation

Brief progress on ‘Customised Crash Course Programme for COVID Warriors’ (State Component)

- For State Component, a total target of **37,350** has been allocated out of which States/UTs have allocated **16,002** target (**43%**) to selected Training Partners (TPs)
- Details on program implementation and physical progress (as reported by States/UTs) are presented as below-



*TPs empanelment count includes TPs empaneled during previous phases of PMKVY scheme

Progress details- State-wise summary (State Component) (1/2)

Sl. No.	Name of the State/UT	Status on target allocation						A&A Status	
		Target Allocation	Total targets allocated to TPs	Target allocation %	Mobilised	Enrolled	Enrolment % (Vs. Target)	TCs registered on SIP for A&A process	TCs for which A&A is completed
1	Chhattisgarh	120	120	100%	550	120	100%	9	7
2	Punjab	260	260	100%	300	260	100%	1	5
3	Haryana	496	496	100%	510	256	52%	4	2
4	Himachal Pradesh	120	120	100%	100	60	50%	3	2
5	Puducherry	120	120	100%	360	40	33%	2	2
6	Tamil Nadu	2,635	1240	47%	4,702	300	11%	30	25
7	Arunachal Pradesh	1,036	600	58%	6,396	100	10%	20	12
8	Karnataka	11,637	2860	25%	3,200	580	5%	28	26
9	Maharashtra	6,155	2050	33%	2,323	240	4%	74	20
10	Odisha	611	611	100%	381	18	3%	5	1
11	Uttar Pradesh	3,316	3316	100%	6,000	80	2%	28	5

Progress details- State-wise summary (State Component) (2/2)

Sl. No.	Name of the State/UT	Status on target allocation						A&A Status	
		Target Allocation	Total targets allocated to TPs	Target allocation %	Mobilised	Enrolled	Enrolment % (Vs. Target)	TCs registered on SIP for A&A process	TCs for which A&A is completed
12	Andhra Pradesh	2,516	1360	54%	300	20	1%	12	1
13	Goa	120	120	100%	140	0	0%	8	0
14	Jammu & Kashmir	2,500	0	0%	0	0	0%	0	0
15	Jharkhand	655	655	100%	1,525	0	0%	5	5
16	Kerala	360	360	100%	400	0	0%	0	0
17	Meghalaya	120	120	100%	160	0	0%	3	0
18	Mizoram	120	120	100%	100	0	0%	3	0
19	Nagaland	390	0	0%	0	0	0%	0	0
20	Rajasthan	2,949	2949	100%	10,087	0	0%	24	0
21	Telangana	1,114	520	47%	500	0	0%	4	2
	Total	37,350	17,997	48%	38,034	2,074	6%	263	115

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

2,516

**TARGET
ALLOCATED TO TP**

1,360

ENROLLED

20

**ONGOING
TRAINING**

20

**ENGAGED IN
OJT**

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 01
TOT STATUS	Trained- 41 , Under Pipeline- 01
CHALLENGES & ISSUES	The state has reported issues with SIP. State has requested of technical support to address the issues on SIP
ACTION POINTS (As discussed on previous State meetings)	As informed by the State, training will be commenced by end of September '21 and may be able to complete enrolment by 25 th October '21.

* Assessment is yet to be conducted

Operational Performance of the State

PHYSICAL PERFORMANCE



ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 26
TOT STATUS	Trained- 136, Under Pipeline- 11
CHALLENGES & ISSUES	Nil
ACTION POINTS (As discussed on previous State meetings)	9,000 candidates have been mobilised, 31 TPs registered and A&A process for 22 Training Centres (TCs) is completed which will be updated on the portal at the earliest possible

* Assessment is yet to be conducted

Enrolled 720 candidates in 36 Batches as on 12.10.2021

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

6,155

TARGET ALLOCATED
TO TP

2,050

ENROLLED

240

ONGOING
TRAINING

238

ENGAGED IN
OJT

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 20
TOT STATUS	Trained- 69 , Under Pipeline- 09
CHALLENGES & ISSUES	State informed that TCs are requesting to increase capacity of the batch upto 30 candidates.
ACTION POINTS (As discussed on previous State meetings)	State will complete A&A process of the identified Government hospitals and medical colleges by 12 th Sept '21

* Assessment is yet to be conducted

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

2,949

TARGET ALLOCATED
TO TP

2,949

ENROLLED

0

ONGOING
TRAINING

0

ENGAGED IN OJT

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 0
TOT STATUS	Trained- 63 , Under Pipeline- 04
CHALLENGES & ISSUES	Nil
ACTION POINTS (As discussed on previous State meetings)	Nil

* Assessment is yet to be conducted

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

2,635

TARGET ALLOCATED
TO TP

1,240

ENROLLED

300

ONGOING
TRAINING

299

ENGAGED IN OJT

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 25
TOT STATUS	Trained- 66, Under Pipeline- 24
CHALLENGES & ISSUES	Nil
ACTION POINTS (As discussed on previous State meetings)	Nil

* Assessment is yet to be conducted

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

3,316

**TARGET
ALLOCATED TO TP**

3,316

ENROLLED

80

**ONGOING
TRAINING**

80

**ENGAGED IN
OJT**

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 05
TOT STATUS	Trained- 131 , Under Pipeline- 19
CHALLENGES & ISSUES	Nil
ACTION POINTS (As discussed on previous State meetings)	All centres have completed their A&A process and centres will be ready by 15 th September 2021

* Assessment is yet to be conducted

Operational Performance of the State

PHYSICAL PERFORMANCE

TARGET

2,500

TARGET
ALLOCATED TO TP

0

ENROLLED

0

ONGOING
TRAINING

0

ENGAGED IN
OJT

0

TRAINED*

0

ACCREDITATION & AFFILIATION STATUS	TC's for which A&A is completed- 0
TOT STATUS	Trained- 15, Under Pipeline- 05
CHALLENGES & ISSUES	Nil
ACTION POINTS (As discussed on previous State meetings)	<ul style="list-style-type: none"> State assured lockdown will not affect training of 2500 candidates under State component as Hospitals are fully functional. The matter on reopening of Skill Training centre has been pursued with the competent authorities and decision on same is awaited. State assured that 600 candidates will be trained in District Hospitals and 1600 candidates in 120 Primary Health centres apart from 5 Medical Colleges.

IMPLEMENTATION	TRAINING MODE	TRAINING LOCATION	TARGET POPULATION
<ul style="list-style-type: none"> Training to take place as per Special Projects Central Component of PMKVY 3.0. Logistics SSC will be Project Implementation Agency (PIA). Training to be facilitated by TPs/ Industries. 	<ul style="list-style-type: none"> Theoretical Training– 145 hours Practical Training- HMV drivers will be engaged with the LMO transporters/ manufacturers. SSC to ensure availability of ToT certified master trainers. 	<ul style="list-style-type: none"> Training location can be LMO manufacturers premises. Logistics SSC shall reach out to industry to facilitate training. 	<ul style="list-style-type: none"> HMV license-holder drivers
TRAINING	ASSESSMENT & CERTIFICATION	PLACEMENT	DURATION
<ul style="list-style-type: none"> Theoretical training be followed by practical training. Driver will be engaged on 2 return trips, <i>i.e.</i> 14 days and, then to be assessed and certified. 	<ul style="list-style-type: none"> As per PMKVY 3.0 norms on the newly approved LMO job role SSC to provide certification to successfully passed candidates. Appropriate adjustments required in Skill India Portal. 	<ul style="list-style-type: none"> Post training, beneficiaries to get acquainted with LMO transportation and defensive driving. Placement in 16 already identified companies including Indian Oil Corp. Ltd., INOXAP, LINDE, Air Waters India Pvt. Ltd., etc. 	<ul style="list-style-type: none"> 27 days training + 1 day assessment program on compressed job role. Boarding & Lodging facility required during entire duration.

Skilling of Liquid Medical Oxygen (LMO) Drivers: Component 3

Challenges

- Very slow implementation due to mobilisation, challenges, high attrition rate and lack of placements
- Letter written to Ministry of Commerce, seeking resolution of problems and way ahead

Training Content Plan

Mapped QP	Mapped NOS	Theory Hours
Commercial Vehicle Driver - LMO, LSC/Q1005 (NSQF Level 4)	ASC/N9703 – Ensuring road worthiness of vehicle	72
	ASC/N9705 – Drive safely on the assigned route including in long distance trips	72
	ASC/N0012 – Practice HSE and security related guidelines	73
		217 Hours/ 27 days

Progress on LMO Training

