

Training & Training Institutions

9.1 INTRODUCTION

Over the years, ASHAs have emerged as an important resource at the community level to improve access to healthcare services.

The contribution made by the ASHAs in facilitating community engagement with the health system, in enhancing demand for and access to public health services is well recognized. ASHAs have not only played a critical role in progress on maternal and child health targets, but have also become the key support at community level in rollout of a variety of public health interventions in the area of communicable diseases also. In the current context of policy shift from provision of selective primary health care to comprehensive range of services at primary level, the roles of ASHAs are also being expanded. This has been articulated in the National Health Policy, 2017, as well as in the operational guidelines released for roll out of universal screening of common NCDs.

Since the last annual report many important developments have been made with regards to the community processes interventions. These include:

- a) Launch of the new National Health Policy in March, 2017 which supports the ASHA certification programme and recommends creation of opportunities for career progression for ASHAs. It also recommends a greater role for ASHAs in preventive and promotive health, as a member of the primary health care team with MPW (M/ F) at SHC.
- b) Operational Guidelines for Prevention, Screening and Control of Common Non-Communicable Diseases as part of comprehensive primary health care were released in June, 2016 and envisage ASHAs as a critical member of primary healthcare team. As the first step towards implementing comprehensive primary healthcare, the

initiative of universal screening of common Non-Communicable Diseases (Hypertension, Diabetes, Common Cancers – Oral Cancer, Breast and Cervical Cancer) was launched on 4th February, 2017. Subsequently the training modules and training workshops for every level i.e, ASHA, ANM, Staff nurse and Medical Officers were introduced.

- c) VISHWAS (Village based Initiative to Synergise Health, Water and Sanitation) campaign was launched in July, 2017. As part of this year long campaign, every Village Health Sanitation and Nutrition Committee (VHSNC) of which ASHA is a part, will conduct monthly campaign days in their village, on select themes which are critical to social determinants of health. The campaign will promote convergent community action in coordination with other departments and agencies which work in areas of water, sanitation and nutrition.
- d) New incentives for ASHAs were introduced for:
 - i) promotion of family planning activities under Mission Parivar Vikas, launched in 145 districts with TFR of 3 or more in seven States,
 - ii) facilitating insertion of Post abortion IUCD and
 - iii) for promotion of MAA (Mother's Absolute Affection) Programme.

9.2 ASHA SELECTION

The ASHAs are in place in 35 States and UTs, (all States and UTs except Goa). During last year, Chandigarh and Puducherry have also selected ASHAs in their urban areas. As on March, 2017, more than 10 lakh ASHAs are in place across these States/UTs in Rural and Urban areas.

Progress has also been made in selection of ASHAs in urban areas under NUHM (as on June, 2017 about 54,376 ASHAs are in place against the target of 67,848 across these States), and presently selection of ASHAs has been undertaken in all States except Tamil Nadu and UTs of Andaman & Nicobar Islands and Lakshadweep. (see Table-I for status of ASHAs under NRHM).

Table-I
ASHAs Selected under NRHM(Rural) only
(as on March'17)

Sl. No.	States/UTs	Selection
1	Bihar	86219
2	Chhattisgarh	66713
3	Himachal Pradesh	32138
4	Jammu & Kashmir	11843
5	Jharkhand	40964
6	Madhya Pradesh	67771
7	Odisha	45273
8	Rajasthan	56050
9	Uttar Pradesh	158897
10	Uttarakhand	11086
11	Arunachal Pradesh	3826
12	Assam	30619
13	Manipur	4009
14	Meghalaya	6516
15	Mizoram	964
16	Nagaland	1887
17	Sikkim	641
18	Tripura	7590
19	Andhra Pradesh	39009

Sl. No.	States/UTs	Selection
20	Goa	0
21	Gujarat	37607
22	Haryana	17211
23	Karnataka	36637
24	Kerala	28115
25	Maharashtra	58885
26	Punjab	18708
27	Tamil Nadu	3905
28	Telangana	29257
29	West Bengal	52825
30	A & N Islands	407
31	Chandigarh	14
32	D & N Haveli	338
33	Daman & Diu	87
34	Delhi	0
35	Lakshadweep	102
36	Puducherry	0
	Total	9,56,113

9.3 ASHA TRAINING

Training of Module 6 & 7 has progressed substantially across States and is nearing completion in a large number of States. Chhattisgarh, Assam, Manipur, Mizoram, Sikkim, Tripura, and Punjab have completed ASHA training in all four rounds, covering above 95% ASHAs in round 4 of Module 6 & 7. The round 4 training of ASHAs is underway in remaining States except UP, J&K, Haryana, HP, Telangana and UTs where round 4 training is yet to be started. (see Table-II for status of ASHAs who received training Modules)

Table-II
ASHAs Trained in 6th & 7th Module (As on March, 2017)

Sl. No.	States/UTs	6 th & 7 th Module			
		Round 1	Round 2	Round 3	Round 4
1	Bihar	78336	67725	55818	7148
2	Chhattisgarh	66169	66169	66169	66169
3	Himachal Pradesh	7514	7469	7295	0
4	Jammu & Kashmir	11510	11453	0	0
5	Jharkhand	37045	37271	37190	29575
6	Madhya Pradesh	58407	58779	53372	21924
7	Odisha	42485	42415	42597	39812
8	Rajasthan	45287	39318	29281	15640
9	Uttar Pradesh	124027	98029	6428	0
10	Uttarakhand	10420	10420	10420	9927
11	Arunachal Pradesh	3669	3424	3424	2958
12	Assam	30582	30287	29215	29179
13	Manipur	3878	3878	3878	3878
14	Meghalaya	5891	5873	5710	5413
15	Mizoram	908	908	908	908
16	Nagaland	1576	1570	1624	1593
17	Sikkim	641	641	641	641
18	Tripura	7276	7276	7188	3975
19	Andhra Pradesh	35908	34331	25922	17220
20	Goa	0	0	0	0
21	Gujarat	35491	34814	34183	33436
22	Haryana	18046	17564	18158	0
23	Karnataka	35107	35107	35107	35107
24	Kerala	30709	4326	9939	1420
25	Maharashtra	57646	56912	54099	40732
26	Punjab	16319	16319	16416	16324
27	Tamil Nadu	2307	2456	2142	1953
28	Telangana	24497	22149	14122	0
29	West Bengal	49672	48512	46717	37314
30	A & N Islands	407	407	407	407
31	Chandigarh	0	0	0	0
32	D & N Haveli	241	241	0	0
33	Daman & Diu	55	0	0	0
34	Delhi	0	0	0	0
35	Lakshadweep	100	100	100	100
36	Puducherry	0	0	0	0
	Total	842126	766143	618470	422753

The training of urban ASHAs under NUHM has been initiated across all States. About 18 States and UTs have conducted training of ASHAs in Induction Module (39,144 ASHA trained in Induction Module against 54,344 ASHA selected) while States namely Chhattisgarh, Madhya Pradesh, Odisha, Mizoram, Nagaland, Gujarat, Haryana and Punjab have also started training of ASHAs in Round 1 of Module 6 & 7. (26,564 ASHA trained in Module 6 & 7 of 39,144 ASHA given Induction training).

Last year, training of ASHAs in universal screening of Non-Communicable Diseases (NCD) has also been introduced. So far training of State trainers from all States has been completed and States are in process of rolling out of next level of training of district trainers and ASHAs. So far about 8,271 ASHAs and 2,883 ANMs have been trained in selected districts.

9.4 ASHA SUPPORT

The status of support structure across States is at the same level as reported last year. All high focus States except Odisha have support structures at all four levels (State/District/Block & Sub-block). North Eastern States have 3-4 levels of support structures except Sikkim. Among non-high focus States, Karnataka, Haryana, Punjab, Maharashtra and West Bengal have dedicated support structure at all four levels. Haryana has selected ASHA facilitators recently. States of Andhra Pradesh, Delhi, Gujarat, Himachal Pradesh, Kerala, Jammu & Kashmir, Kerala and Telangana use a mix of dedicated and existing staff to manage the ASHA programmes. These States have specified the responsibilities for each cadre and have invested in building capacities of existing staff to support the ASHA programme.

Integration of the programme structures at State and District level for managing the community processes interventions under NRHM and NUHM has been completed across most States. However, the processes of establishing systems for incentives payment, replenishment of kits, grievance redressal mechanisms and monthly ASHA meetings are yet to be streamlined in urban areas.

9.5 ASHA INCENTIVES

The process of payment of ASHA incentives has become more structured and increasingly, States

are making payments through PFMS. Over last one year, about 12 States (Bihar, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh, Arunachal Pradesh, Assam, Manipur, Gujarat, Haryana, Maharashtra and Punjab) have started the process of linking payments with PFMS while the pilot phase is underway in Uttarakhand, Andhra Pradesh, Delhi and West Bengal. Despite streamlining of payment mechanisms, delays in payments specifically for incentives linked with activities of NVBDCP, RNTCP and NLEP are still a challenge in most of States.

Several new incentives were introduced during this period. These include:

- a) Incentive for promoting breastfeeding through quarterly meetings under MAA (Mother's Absolute Affection) Programme.
- b) Incentive for escorting or facilitating beneficiary to the health facility for the Post Abortion IUCD insertion.
- c) Incentives under Mission Parivar Vikas: In 145 districts, selected on the basis of TFR of 3 or more in seven States (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh), incentives have been introduced for – (i) Facilitating Injectable Contraceptive MPA, (ii) Conduct eligible couple survey, (iii) Distribution of 'Nayi Pahal' kit to newly married couples and (iv) Mobilization for Saas Bahu Sammelan.

Five States provide fixed monthly honorarium to ASHAs – Sikkim (Rs. 3000 pm), Kerala (Rs. 1500 pm), Rajasthan (Rs. 1600 pm through ICDS), Haryana (Rs. 1000 pm) and West Bengal (Rs. 1500 pm). Among the States that provide top up incentives, Tripura has increased the matching amount of incentive earned from 33% to 100%. Of the other three States that provide top up incentives, Karnataka and Meghalaya provide 100% while Chhattisgarh pay 50% matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.

Number of States that provide social security support to ASHAs in the form of medical and life insurance has increased from four (Chhattisgarh, Assam, Jharkhand and Kerala) to six with introduction of insurance initiatives in Uttar Pradesh and Odisha.

States of Delhi, Odisha and Sikkim also facilitated enrolment of ASHAs in National Pension Scheme while States of Gujarat and Madhya Pradesh have facilitated enrollment of ASHAs in Pradhan Mantri Bima Yojana.

9.6 NATIONAL INSTITUTE OF SCHOOLING (NIOS), CERTIFICATION

ASHA certification launched in coordination by MoHFW with National Institute of Open Schooling (NIOS) has also made substantial progress during last one year across 17 States.

The Supplementary Guide has been translated in Hindi and five regional languages -Bengali, Kannada, Punjabi, Nepali and Gujarati. Translation is underway in Urdu, Marathi and Oriya.

In addition to the twelve States (Chhattisgarh, Karnataka, Gujarat, Arunachal Pradesh, Sikkim, Tripura, Assam, Jharkhand, West Bengal, Delhi, Uttarakhand and Punjab) where certification was introduced in first phase, five States - Jammu & Kashmir, Odisha, Maharashtra, Himachal Pradesh and Madhya Pradesh have also launched the certification of their ASHAs. About 87 State trainers from 14 States (Arunachal Pradesh, Assam, Delhi, Gujarat, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Odisha, Punjab, Sikkim, Tripura, Uttarakhand and West Bengal) have been accredited by NIOS. States of Arunachal Pradesh, Jharkhand, Karnataka and Sikkim have also started the process of certification of district trainers and 54 district trainers have been accredited by NIOS. Accreditation of State training sites has been completed in nine States - Arunachal Pradesh, Assam, Gujarat, Jharkhand, Karnataka, Sikkim, Tripura, Uttarakhand and West Bengal. The process of accreditation of district trainers and sites is underway across most States.

9.7 VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNC) AND MAHILA AROGYA SAMITIS (MAS)

Following the launch of revised guidelines for VHSNCs as part of Guidelines for Community Processes released in 2013, VHSNCs are envisaged as a standing/sub-committee of the Panchayat and the role of ASHA has been strengthened as its member secretary. Most of the States have undertaken process

of restructuring of VHSNCs as per the new guidelines and village panch has been made the chairperson. States have also conducted process of reconstituting VHSNCs after the re-election of their panchayat structures, as per the new guidelines. The Handbook for VHSNC members and Trainer Notes for VHSNC trainers that were developed to strengthen VHSNCs, are being used in the training of restructured VHSNCs.

As per the MIS table, around 5,22,290 VHSNCs have been constituted and around 5,04,775 VHSNCs have operational bank accounts.

In the backdrop of increased policy focus for convergent action on social determinants of health, a year long campaign – VISHWAS – Village based Initiative to Synergise Health Water and Sanitation – has been introduced, which will be conducted by each VHSNC in its village, across all States. ASHAs will play a key role in facilitating this process, but the campaign will be led by VHSNC members and core group of volunteers from community. Eleven monthly campaign days will be conducted on selected themes viz. Open Defecation Free (ODF) Village, School and Anganwadi Sanitation Day, Liquid and Solid Waste Management Day, Healthy Life Style/Health Promotion Day and Vector Control Day. Each of these monthly campaign days will aim at building a platform for convergence of all programmes, resources and community action on the day's theme. A manual for the campaign has been prepared and State trainers from all States have been trained on this manual. The roll-out of the campaign is planned to start in October, 2017 on occasion of Gandhi Jayanti.

Table – VHSNCs Status as on March 2017

State	Number of VHSNCs Constituted	Number of VHSNCs with operational Bank Accounts
High Focus States	272231	263268
North Eastern States	45405	44645
Non High Focus States	204169	196445
Union Territories	485	417
Total	522290	504775

Source: MIS, March, 2017

The NUHM framework launched in 2013, envisaged a women collective/samiti in the urban slums/ slum like settlements as leadership platforms for community level actions. As per guidelines, one MAS is to be constituted at the level of 50-100 households. MAS is expected to generate demand, ensure optimal utilization of services, increase community ownership and sustainability and establish community based monitoring system. Process of formation of MAS has been initiated across states and so far 62,097 MAS have been formed.

9.8 GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRHFWT)

Established in 1964, the Health and Family Welfare

9.8.1 Teaching work

Sl. No.	Name of training	Category of staff trained	No. trained during the year 2017-18 (from 01.04.2017 to 30.09.2017)	Sessions
1	Community Health Nursing	B.Sc.(N)	224	IEC, puppets Educational Technology, NCD Project Intervention and AV aids
2	Community Health Nursing	D.G.N.M.	22	IEC, puppets Educational Technology and AV aids
3	Communication and Educational Technology	M.Sc.(N)	5	IEC, puppets Educational Technology, Vital statistics, Audience segmentation, Training technology, AV aids

Training

Training on Health Communication

One day training on Health communication was organized for the BSc Nursing students from Christian college of Nursing, Amblikai. 50 Students were trained on Health communication strategies on 04.05.2017.

Training on Creative IEC Designing

A special training on Creative IEC Designing was conducted on 22.05.2017 and 23.05.2017 for the participants from Christian Foundation for Children and Aging (CFCA)–UNBOUND. Creative

Training Centre at GIRHFWT is one of 47 HFWTCs in the country. It trains health and allied health professionals working in PHC, Corporations/ Municipalities and Tamil Nadu Integrated Nutrition Projects.

The Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The Central Unit of Gandhigram has been established to provide guidance to the teaching faculties of the Regional Family Planning Training Centres and the Central Family Planning Field Units functioning in the four southern States. The Institute carries out 2 main following functions through its CTI-Central Unit:

communication and designing techniques were taught to 60 participants from Madurai and Dindigul districts.

Capacity building training on Communication and Educational Technology

A capacity building training on Communication and Educational Technology was organized for the MSc Nursing students from Nandha college of Nursing, Erode. Five students participated in this training program from 21 to 23 August, 2017. They were trained on the new communication and educational strategies required to take the health messages to the community. Practical classes were also provided to them for the preparation of IEC materials.

Short Courses

Two short courses were conducted during period.

Fine Arts: A short course on Fine arts was organized from 15.05.2017 to 26.05.2017. 16 rural students were trained on visual art forms of drawing and painting.

Mobile Photography: A short course on Mobile photography was organized from 15.05.2017 to 26.05.2017. 4 rural students were trained on the use of mobile phones as a tool for documentation. Computer training was also given to them to attain image perfection.

Training snapshots



Fine arts course



Fine arts course



Creative IEC designing training



Health communication training



Training on Communication & Educational Technology



9.9 NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE (NIHFW)

The National Institute of Health & Family Welfare, (NIHFW), an autonomous organization, under the Ministry of Health & Family Welfare, Government of India, acts as an 'apex technical institute' as well as a 'think tank' for the promotion of health and family welfare programmes in the country. The thrust areas of NIHFW include Health and related Policies, Public Health Management, Health Sector Reforms, Health Economics and Financing, Population Optimization, Reproductive Health, Hospital Management, Communication for Health and Training Technology in Health. The Institute addresses a wide range of issues on Public Health through its eleven departments which are multi-disciplinary in nature.

National Institute of Health & Family Welfare (NIHFW) has been identified as the Nodal Institute for training under NHM and RCH-II, till March, 2018. As a nodal agency, NIHFW has been co-ordinating and monitoring the performance of various trainings under National Health Mission with the help of 22 Collaborating Training Institutions (CTIs) in various parts of the country.

9.9.1 Educational Activities

Post-Graduate Education

Educational activities of the Institute are formulated to meet the basic public health education requirements and promote academic excellence in the fields of health and family welfare programmes in the country.

M.D. (Community Health Administration)

With 10 seats, this three-year duration Post-Graduate Degree Course (MD in Community Health Administration) is affiliated to the University of Delhi and recognised by the Medical Council of India (MCI). This course has been continuing since 1969.

Diploma in Health Administration

This two-year duration Post-Graduate Diploma in Health Administration is also affiliated to the University of Delhi and is recognised by MCI. PGDHA has an in-take capacity of six students a year.

Post-Graduate Diploma in Public Health Management (PGDPHM)

Started by the Institute in 2008 in collaboration with Public Health Foundation of India and supported by the MoHFW; this one-year duration course has 30 seats for national candidates and 10 for international candidates. The objective of the course is to sharpen the skills of Public Health Managers working at various levels.

Distance Learning Courses

Diploma in Health and Family Welfare Management: This one-year course, run through distance learning, has 73 students in the academic session 2017-18.

Diploma in Hospital Management: This one-year course, run through distance learning has, 271 students in the academic session 2017-18.

Diploma in Health Promotion: This one-year course, run through distance learning has 25 students in 2017-18.

Diploma in Applied Epidemiology: This one-year course, run through distance learning has 40 students in the academic session 2017-18.

Diploma in Public Health Nutrition: This one-year course, run through distance learning has 58 students in the academic session 2017-18.

Ph.D. Programme: Presently, seven students are pursuing their Doctoral work at the institution, who are registered in different universities of the country.

Summer Training: Nine students were enrolled and completed their summer training programme in the Institute during the year 2017-18.

New Initiatives in E-learning Certificate Courses

This year Institute rolled out two E-learning certificate courses i.e.:

- (i) Professional Development Course in Management, Public Health and Health Sector Reforms for Senior Medical Officers; and
- (ii) Programme Management and Support Unit for Programme Managers.

9.9.2 Training Activities

The NIHFW conducts various short-term training courses, ranging from one to ten-weeks duration. These training activities basically focus on RCH, monitoring and evaluation, human resource management, health sector reforms, public health management, use of medical bio-statistical software and use of software for Geographical Information System (GIS) public health nutrition, counseling, quantitative and qualitative research methodology, IEC/BCC, etc.

The NIHFW has been able to sustain the momentum in the process of collaborations with various international agencies such as WHO, UNICEF, USAID, Liverpool School of Tropical Medicine, Partners in Population and Development (PPD), INCLIN Trust International, Futures Group International, Centre for Disease Control (CDC, Atlanta) and European Union, etc.

9.9.3 Research and Evaluation

The Institute emphasizes research in different aspects of health and family welfare. Most of the research studies are initiated by the Institute while some projects are sponsored by the Ministry of Health and Family Welfare and other collaborating National & International agencies. The Institute has completed ten research studies including four by M.D. students, in the preceding year while seven studies are under progress.

9.9.4 National Nodal Agency for Specialized Projects of MOHFW

i) National Health Mission/Reproductive and Child Health-II

The NIHFW, as a nodal agency, has been coordinating and monitoring the performance of various trainings under National Health Mission with the help of 22 Collaborating Training Institutions (CTIs) in various parts of the country. The RCH unit reviewed and prepared comments on training component of the draft and supplementary/additional PIPs of States for 2017-18 (35 States and UTs PIPs) for finalization and submission to MoHFW. Comprehensive State Training Plans (2017-18) for each State and a Central Training Plan based on the allocation of budget for training were prepared. On behalf of NIHFW, Consultants/Sr. Consultant/Nodal Officer from the RCH unit attended

NPCC meetings for all the States/UTs conducted at Nirman Bhawan for finalizing the approval of States/UTs PIPs and budget for the year 2017-18.

ii) National Cold-Chain and Vaccine Management Resource Centre (NCCVMRC)

The NCCVMRC has been set-up at NIHFW with the objective of building capacity of all the district level cold chain technicians involved in Universal Immunization Programme to undertake repair and maintenance of about 70,000 cold chain equipment in about 27,000 cold chain points in the country. In addition, around 300 cold chain officers and vaccine and logistics managers have been trained in vaccine logistics management at this Centre. A National Cold-Chain Management Information System (NCCMIS) is operational across all States and UTs of India to provide real time information on all cold-chain equipment along with real time temperature monitoring of selected bulk vaccine stores. In addition, it has completed the review and update of NCCMIS in 29 States across the country.

In collaboration with the National Cold Chain Resource Centre (NCCRC), Pune, NCCVMRC at NIHFW has trained more than 300 cold-chain technicians in repair of cold-chain equipment. NCCVMRC has completed the National Study on Performance Assessment of Cold Chain Technicians and is in the process of developing the report for communication to the MoHFW. On behalf of the MoHFW, NCCVMRC organized and conducted the State Cold Chain Officer's Review meeting at New Delhi and Kolkata for all States and UTs of India to review State cold chain performance and suggest appropriate recommendations for improving the same.

Two separate module have been developed on the WIC-WIF and ILR-DF including voltage stabilizer for training of the Cold Chain Technicians. Spare parts inventory management has been developed by NCCVMRC for facilitating online indenting and issue of the cold chain spare parts at all levels. The centre facilitated the installation of WIC-WIF at State level through mobilizing master technicians resource pool. The centre has developed Mobile application for the supportive supervision, Mission Indradhanush monitoring and communication monitoring.

iii) National Skills Training Unit (DAKSH)

Provision of providing quality health care services in public health facilities is one of the important mandates under the National Health Mission. To achieve this, it is important that the health care providers such as Medical Officers, Nurses and ANMs working at the health facilities are skilled in the areas of reproductive, maternal, newborn and child health care. Keeping this in mind, the Government of India has introduced a system of competency-based training and certification programme to be implemented through Skills Labs. MoHFW, Government of India, in collaboration with the Liverpool School of Tropical Medicine (LSTM), U.K. has taken this initiative named- DAKSH project for establishing five state of the art skills labs at Delhi and NCR. The skills labs are established in NIHFW, Safdarjung Hospital, Lady Hardinge Hospital, The Trained Nurses Association of India and Jamia Hamdard College of Nursing. The main functions of these skills Labs are to handhold and guide the States/ UTs in creating skills labs as well as to train the State trainers. At present, these five skills labs are assigned to help the 10 high-focus States to conduct 6-day TOT training programmes.

The skills lab training covers training requirements of Auxiliary Nurse Midwives (ANM), Staff Nurses, Medical Officers and Obstetricians. Standardized skill stations comprising quality mannequins, pedagogy and objective-structured clinical examination (OSCE) are integral part of these trainings.

iv) Public Health Systems Capacity Building in India project

Public Health Systems Capacity Building in India project has been established at NIHFW in collaboration with CDC Atlanta. The objective of this project is to strengthen capacity of health workforce in surveillance, outbreak investigation and early detection of impending outbreak and public health management skills at state and district level. Under the project, three training programmes namely Rapid Response Team (RRT) Training, Public Health Management (PHM) Training and Frontline Epidemiology Training are being conducted.

For the period 1st April, 2016 to 31st March, 2017, two batches of frontline Epidemiology Training

programmes were conducted in Rajasthan in which 51 participants (Epidemiologists and Dy. CMHO) were trained. Two batches (2nd and 3rd) of Rapid Response Team Training were conducted for identified States in which 45 participants (RRT Team Members) were trained. Four batches of Public Health Management training were conducted for identified States in which 66 participants were trained.

For the period 1st April, 2017 till date, an advocacy meet with Government of Jharkhand and Institute of Public Health, Ranchi was done at Ranchi, Jharkhand to conduct three months Frontline Epidemiology Training. The third batch of frontline Epidemiology Training was organized at Ranchi where 22 participants and 8 mentors attended the training. Modules with facilitator guide were finalized for Rapid Response Team (RRT) Training in the two days' workshop conducted at NIHFW, New Delhi. 4th and 5th batch of RRT training for various States (Haryana, Uttar Pradesh, Delhi, Odisha and Jharkhand were conducted successfully at NIHFW). The workshop for Public Health Management modules was conducted to streamline the session plan and objective of the training. 5th batch of PHM was conducted in which 12 participants were trained from various States.

v) Mother and Child Tracking Facilitation Centre (MCTFC)

Established in 2013, the Mother and Child Tracking System (MCTS) maintains a huge database of beneficiaries and health providers contact details and services. Besides monitoring the delivery of MCH services to the pregnant women and children, it directly communicates with the ANMs, ASHAs, pregnant women and parents of young children on their mobile phones to sensitize them regarding their medical services which are due. Establishment of MCTFC at NIHFW has resulted in better interaction with beneficiaries and front-line health workers (ANMs and ASHAs) for verification of the records and services delivered, encouraging for timely availing of/providing due services, informing them about various mother and child care services, programmes and initiatives like JSSK, JSY, RBSK, National Iron Plus Initiative (NIPI), contraceptive distribution by ASHAs, etc. sending the appropriate health promotion messages in voice and text to

beneficiaries according to the month of pregnancy or age of the child. MCTFC has employed 86 Help-desk Agents (HAs), with a daily log-in of 80 HAs. The Facilitation Centre is operational from 9:00 a.m. to 6:00 p.m. The Centre has a target of 7 lakh calls every month including Interactive Voice Response System (IVRS). The introduction of free in-bound calls to the Facilitation Centre is on the anvil towards facilitating the beneficiaries and health workers to seek guidance on health care related queries and obtaining health consultation. Currently, the Centre is calling millions of beneficiaries and thousands of health workers of 13 Hindi-speaking States and 5 regional languages States viz. Gujarati, Odia, Assamese, Bengali and Telugu.

The HAs contact the service providers and recipients of mother and child care services for their feedback on related issues and concerns. As a result, the feedback helps the Government of India/State Governments to easily and quickly evaluate the programme interventions, leading to appropriate corrective measures to improve the health service delivery. They also check with the ASHAs and ANMs regarding availability of essential drugs and supplies like ORS packets and contraceptives. Training needs of the ASHAs and ANMs are also assessed.

vi) Centre for Health Informatics (CHI) & National Health Portal (NHP)

The Ministry of Health & Family Welfare (MoHFW) has set-up a National Health Portal (NHP) in pursuance with the decisions of the National Knowledge Commission (NKC), to provide health information and health care related information to the citizens of India. The NHP would serve as a single point of access to multilingual health information, application and resources. A wide-spectrum of users such as academicians, citizens, students, health care professionals, researchers, etc. are benefited from the National Health Portal. NIHFW has established a Centre for Health Informatics (CHI) to work as the secretariat for managing the activities of the National Health Portal. Presently, NHP disseminates information in six languages-Hindi, Gujarati, Bangla, Tamil, Punjabi and English. It is also providing information for professional use by health workers. NHP has presence on Facebook at <https://www.facebook.com/NHPINDIA> and Twitter at <https://twitter.com/>

nhp_india and Centre for Health Informatics (CHI) continuously does maintenance and updating of NHP, NHP Voice Web, Mobile Applications, PMSMA and m-Health SMS application.

CHI has developed a website (humdo.nhp.gov.in) for providing information on Family Planning. The website aims to provide eligible couples with information and guidance on family planning methods and services available, to ensure individuals and couples lead a healthy, happy and prosperous life.

The Centre for Health Informatics has initiated the process for launch of Integrated Health Information Platform (IHIP) to integrate all the Hospital Information Systems (HIS)/ Electronic Health Record (EHR) systems currently functional in various States as per direction of Ministry of Health & Family Welfare (MoHFW). The objective of IHIP is to keep the medical records of the patient in digital form which can be accessed by the patient as well as service providers as and when required. IHIP will help exchange of clinical data among providers irrespective of the hospital site visited by the patients.

vii) Public Health Education and Research Consortium (PHERC)

Public Health Education and Research Consortium (PHERC) initiated by NIHFW a few years ago, has 179 Medical Colleges, 173 Nursing Colleges, 50 Health Training Institutions (SIH&FWs and HFWTCs), CTIs and 214 NGOs as member institutions from 36 States and Union Territories.

viii) International Collaborations

The NIHFW has been identified as the lead Institute for the Asia Region Network for South-South Cooperation. The Network's mandate is to reflect regional needs and priorities to enhance communication among the partner institutions, and to promote South-South cooperation to achieve the objectives of ICPD and MDGs. The NIHFW has been able to sustain the momentum in the process of collaborations with various international agencies such as WHO, UNICEF, USAID, Partners in Population and Development (PPD), INCLIN, Futures Group and European Union, IHBP, CDC, LSTM, etc.

9.9.5 Specialised Services

Maternal and Child Health (MCH) Services

The Institute gives special emphasis on Maternal and Child Health (MCH) services. The services on ante-natal and post-natal care, immunization, supply of iron and folic acid, vitamin 'A' supplementation, etc. are provided to the patients visiting the clinic. Children up-to the age of 5 years are also vaccinated. Special services are also provided to cater to the needs of menopausal women and adolescents.

Lab Facilities

The laboratory of the Institute facilitates for an in-depth investigation of the causes of reproductive disorders such as endocrinological, anatomical/surgical, genetic and others. The scientific approaches adopted in the management of endocrinological and reproductive disorders and infertility management have paid rich dividends.

National Documentation Centre

The National Documentation Centre (NDC) of the NIHFV endeavors to acquire, process, organize and disseminate global information to fulfill the requirements of the administrators, planners, policy-makers, researchers, teachers, trainers, programme personnel and public concerned on topics of health, population and family welfare.

9.10 FAMILY WELFARE TRAINING & RESEARCH CENTRE (FWT&RC), MUMBAI

The Family Welfare Training & Research Centre, Mumbai established on 26th June, 1957 as first Family Planning Training Centre under the Union Ministry of Health & Family Welfare, is a Central training Institute involved in conducting trainings on National Health Mission & various National

Health Programmes and key Public Health issues and challenges for Doctors & Allied Health Professionals from all over the country. Two academic courses i.e. Diploma in Health Promotion Education (DHPE) and Post-graduate Diploma in Community Health Care (PGDCHC) are being conducted. Skill development training courses (i.e. Diabetes Educator, General Duty Assistant, Home Health Aide, First Responder, Sanitary Inspectors), an initiative of MoHFW have also been started at FWTRC.

Research on various important Public Health topics are also being undertaken to support decision making towards improving National Health Programmes and health care delivery system to achieve Sustainable Development Goals by 2030. FWTRC is involved in community-based research work in the field of Health & Family Welfare, Population Science, HIV/AIDS etc. in rural and urban areas. Training programmes, workshops and seminars are conducted for the medical and para-medical personnel from the Governmental and Non-Governmental Organizations. The Centre also accepts international students sponsored by WHO for the formal training programmes.

FWTRC, Mumbai is one of the four authorized Yellow Fever Vaccination Centre in Mumbai identified by Directorate General of Health Services, MoHFW to facilitate international travelers visiting to yellow fever endemic countries. The Centre was started in May, 2016.

FWTRC, Mumbai commenced its Diamond Jubilee Celebrations on 27th June 2016, while celebrating its 59th Foundation Day.

The second campus of FWTRC is under construction at New Panvel, Navi Mumbai for expanding the Centre's activities and to develop better infrastructure for enhancing the quality and quantity of training to make it an institute of Public Health excellence.