

RIGHT TO INFORMATION ACT, 2005
TRAINING DIVISION

Availability of qualitative services to the community depends largely upon the efficacy with which health functionaries discharge their responsibilities, which, in turn would mainly depend upon their education and training. Department of Family Welfare had recognized the crucial role of training of health personnel in providing effective and efficient health care to the rural community from the very beginning of the Five Year Plans. The pre-service and in-service training for different categories of health personnel are imparted through the following schemes/activities:

**I. BASIC TRAINING OF AUXILIARY NURSE MIDWIFE (ANM)/ LADY
HEALTH VISITOR (LHV)**

ANM/Multipurpose Health Worker (Female) and LHV/Health Assistant (Female) play vital role in Maternal & Child Health as well as in Family Welfare Service in the rural areas. It is therefore, essential that the proper training to be given to them so that quality services be provided to the rural population.

For this purpose 336 ANM/Multipurpose Health Worker (Female) schools with an admission capacity of approximately 13,000 & 42 promotional training schools for LHV/Health Assistant (Female) with an admission capacity of 2600 established by the Department of Family Welfare, Government of India. These training institutions are imparting training to prepare required number of ANMs and LHVs to man the Sub-centres, Primary Health Centres, Rural Family Welfare Centres and other Health centres in the country. The duration of training programme of ANM is one and half years and minimum qualification for admission to this course is 10th pass. Senior ANM with five years of experience is given six months promotional training to become LHV/ Health Assistant (Female). Health Assistant (Female)/LHV provides supportive supervision and technical guidance to the ANMs in sub-centres.

The staffing pattern of the school varies according to the no. of annual admission capacity of the trainees. However, the school with 40 admission capacity is man by one nursing officer, two sister tutors, 4 PHN and other supportive staff. Other approved costs besides salary to staff are stipend to trainee, contingency and rent. The detail of financial norm which is effected since 7.2.2001 is as follows:

Item	Norm (In Rupees)
1. Salary & allowances of staff	As per State Government
2. Stipend for trainees	500/- per month/trainee
3. Contingency	10,000/- per annum / school
4. Rent*	60,000/- per annum /school

* Rent payable in respect of such schools, which are functioning in rented buildings.

II. BASIC TRAINING OF MULTIPURPOSE HEALTH WORKER (MALE)

The Basic Training of Multi Purpose Health Worker (Male) scheme was approved during 6th Five-Year Plan and taken up since 1984, as a 100% Centrally Sponsored Scheme. This training is provided through 56 training centres – through Health & Family Welfare

Training Centres and through basic training schools of Multipurpose Health Workers (Male). Initially, the schools were sanctioned at the existing Health & Family Welfare Training Centres and later on expanded to other new basic schools. The training is of one-year duration and on successful completion of the training, the Male Health Worker is posted at the sub-centre along with an ANM/Health Worker (Female). The main functions of Male Multi Purpose Health Worker are in the areas of National Health Programmes like Malaria, Leprosy, T.B. & limited involvement in U.I.P, Diarrhoea Control Program and in family welfare services.

The financial norms for this scheme have been revised w.e.f. 7.2.2001. Under the scheme the salary of the staff, rent for school and hostel, stipend, educational aids and training material, hiring for bus and contingency are supported. The financial norms has been revised as follows:

Item	Norm (in Rupees)
1. Salary & allowances	As per State Government
2. Rent(for new schools)	10,000/ month
3. Rent for hostel (for new schools)	250 / month / trainee
4. Stipend	300 / month / trainee
5. Educational Aids and Training Material	15,000 / annum
6. Transportation (for hiring bus)	30,000 / annum
7. Contingency	50,000 / annum

III. MAINTENANCE AND STRENGTHENING OF HEALTH AND FAMILY WELFARE TRAINING CENTRES(HFWTC)

The HFWTCs are the training centres of DOFW, GOI which provide primarily short-term in-service training programmes to the doctors, nurses and para-medical personnel in the rural areas in a defined region. At present these training centres are imparting various in-service training for RCH programme. Apart from in-service education, 19 centres also responsible for conducting the basic training of Male Health Worker's course of one year.

The training centres have multi-disciplinary staff from biomedicine, social services, health education, public health and nursing and statistics. Apart from the salary of the staff of the training centres, other assistance under the scheme includes contingency, rent for training centres and payment to guest faculty. The financial pattern of assistance for this scheme has been revised since 7.2.2001. The detail of the financial norms are as follows:

Item	Revised norms (in Rupees)
1. Salary & allowances of the staff	As per State Government
2. Contingency	15,000 / annum
3. Rent*	40,000 / annum
4. Payment to Guest Faculty	50,000 / annum

*Rent payable in respect of such centres that are functioning from rented buildings.

IV. STRENGTHENING OF BASIC TRAINING SCHOOLS

This is a new scheme, which is introduced during the 10th Plan period. This scheme envisages strengthening basic training schools of ANM/LHV. The main objective of the

scheme is physical strengthening of the training schools for making these schools workable/suitable, which have gone into dilapidated condition.

The provision under the scheme is maximum of Rs.21.5 lakhs per ANM/LHV school for following activities.

Activities	Rs. in lakhs (maximum)
1.Repair*/up-gradation** for the buildings-Trg.Centre, hostel & the field practice area	20.00
2. Furniture & Equipment	1.00
3. Books/A.V. Aids	0.50

*Will include replacement/repair of floor/roof, plastering, electric cable, water storage tanks, wall-cupboard, doors, windows, sanitary fixtures, internal water supply (piping), septic tank, leakage, painting etc.

** will include minor extension

The releases are however depend on the actual requirement based on the estimates of the repair/up-gradation work for the buildings as well as other teaching material. The respective State Government based on requirement is expected to identify the schools that are required to be strengthened and send a proposal with following essential information:

1. Physical and financial performance of ANM/LHV training schools functioning in the State
2. Name and address of the training school proposed to strengthen under the scheme “Strengthening of Basic Training School” with reason/justification for selecting the particular training school.
3. Details of items proposed to procure/renovate with reason/justification for selecting the proposed items
4. Supporting documents from authorized agencies for cost estimation of each item proposed to procure/renovate e.g. estimates for repair/up-gradation from State Building Corporation or Hospital Services Consultancy Corporation (HSCC) etc.
5. Expected effect on performance of training school after the completion
6. Any other information in support of the proposal.

V. Reproductive and Child Health Training Programme

National Institute of Health and Family Welfare (NIHFW), New Delhi designated by the Government of India in 1997 as the National Nodal Agency for training under the RCH Programme, has pursued responsibilities of organizing and monitoring the RCH training activities with the help of 18 Collaborating Training Institutions (CTIs) in various parts of the country. The major activities of NIHFW are:

- Development of training material and guidelines
- Training of Trainers.
- Coordination of training activities.
- Monitoring of training activities-physical and financial and disbursement of funds.

Types of training activities being conducted under the RCH Programme

(i) Integrated Skill Development Training (IST)

Conduction of IST for different categories of service providers including MO (PHC), ANM, LHV, HW (M), HA (M) and Staff Nurse under RCH Programme is continuing at district levels in all States and UTs. The objective of IST is to upgrade the clinical, managerial and communication skills of the peripheral health functionaries to enable them to provide good quality of RCH services. Till July 2005, a total 23729 MOs, 108084 ANMs, 16001 LHVs, 47795 HWs(M), 10592 HAs(M) and 17115 Staff Nurses have been trained. The total training load for IST is 299593 and a total of 223316 personnel have been trained. (71.55% achievement).

(ii) Specialized Clinical Skill Training (SST)

Specialized Skill Training of MOs in Minilap sterilization and MTP as well as a team of Gynecologist/Surgeons, Staff Nurse and OT Technician for Laparoscopic sterilization and ANM for IUCD insertion are continuing in all the States. The objective is to ensure that there is adequate number of trained manpower to provide good quality of services for prevention and management of unwanted pregnancy. Till July 2005, out of total training load of 128322, 40570 personnel have been trained in various Specialized Clinical Skill Training Programmes (31.6% achievement).

(iii) Specialized Management Training:

Specialized Management Training is conducted to enhance the skill of programme managers at district level for effective and better management of the RCH activities. This training is conducted by 7 institutions including NIHFW, IIM Kolkata, IIM Lucknow for State and District level officers. Till July 2005, out of total training load of 2240, 2030 District Level Officers underwent the training (90.6% achievement).

(iv) Specialized Communication Training :

In order to enhance the communication skills among the IEC officials, viz., the District Media & Education Officers (DMEOs) and the Block Extension Educator (BEEs), Specialized Communication Training is conducted through identified communication training institutions (nine institutions including NIHFW for DEMOs and 15 institutions for BEEs) for the entire country. Till July 2005, 628 DEMOs (89%) and 4730 BEEs (74.8%) underwent the training.

(v) Immunization Strengthening Project :

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NIHFW has been designated as nodal agency for coordinating training of District Immunization Officers to strengthen Routine Immunization Services. The training is conducted by 5 selected institutes on regional basis for the entire country. More than 96% of the officials have been trained so far.

Achievement in Various Types of Training :

Types of training	Progress for the year 2004 - 2005	Cumulative progress till July 2005
Master Trainers Training	0	150
Training of Trainers	127	5998
Awareness Generation Training	0	400741
Integrated Skill Development Training	32497	223316
Specialised Clinical Skill Training	6325	40570
Specialised Management Training District Level	19	2030
Specialised Management Training State Level	0	152
Specialised Communication Training (DMEIO)	0	628
Specialised Communication Training (BEE)	72	4730
Training under Immunization Strengthening Project	82	1786

Monitoring of training activities :

Visits by faculty/consultant from nodal agency are made to CTIs & States/UTs for monitoring qualitative & quantitative aspects of RCH training in States/UTs as well as for sorting out problems and issues related to training. Regional Meetings of RCH training Coordinators of States/UTs and Directors of CTIs are held regularly with the representatives of World Bank.

Professional Development Course :

The main objective of Professional Development Course is to improve the competence of District level Medical Officers in overall management of health services/programmes. The thrust areas of training are general management, financial management, public health, communication, decentralization & health sector reforms.

VI. Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT) :

Gandhigram Institute of Rural Health and Family Welfare Trust established in 1964 with financial support from Ford Foundation, Government of India and Government of Tamilnadu.

The Health and Family Welfare Training Centre at GIRHFWT is one of 47 training centres in the country. It trains Health and Health related functionaries working in Primary Health Centres, Corporations / Municipalities, Tamil Nadu Integrated Nutrition Projects. The type of training programmes includes – Diploma of Health Education of one year and short courses on orientation training, skill training on different Health & Family Welfare issues for various categories of health personnel etc. Gandhigram 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 RHTTI also conducts Diploma in Nursing Education & Administration course.

VII. Rural Health Training Centre, Najafgarh, New Delhi

Rural Health Training Centre, Najafgarh was established as a Najafgarh Health Unit with the assistance of Rockefeller Foundation in 1937 and merged in Rural Health Training Centre (RHTC) in 1969. There are three Primary Health Centres (PHCs) under RHTC, Najafgarh. These are Najafgarh, Palam and Ujwa. The Centre has been rendering various services to the rural community.

Training:

Basically RHTC, Najafgarh is a training centre for the Community Health /Rural Health Training. This Centre is imparting training to nearly 2,500 trainees every year which includes:

- Medical interns (3-6 months internship of rural health course) under Rural Orientation of Medical Education (ROME) from Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and those sponsored from DGHS. Roughly 300 Medical Interns are being trained each year.
- Nursing students of 1st and 3rd year of GNM Course from different Nursing Training School of Delhi are being trained. Approximately, 1200 such students are trained every year.
- ANM 10+2 (Voc) Training School under CBSE affiliated with Indian Nursing Council is also being run and every year 20 students are being admitted for two years certificate course.
- Trainings related to Rural Health is also provided in the form of different courses like PGDHE, TBA, LHV, PHN, Food and Nutrition, Health Economics and Anganwadi Worker etc.
- Health Education is an integral part of training component and service component for demand generation and behavioral change.

Health Care Services

Health Care Services in the form of OPD, Emergency, MCH, Mobile Team, PP Unit, Malaria, TB are being provided to roughly 10.5 lakhs population through 3 PHCs and 16 sub-centres of Rural Health Training Centre, Najafgarh. This centre covers 73 villages and JJ Colonies (nearby these villages) out of 209 villages of Delhi, which is 1/3 of total villages of Delhi.

Survey:

This institute conducts survey in different areas pertaining to family welfare and community health under the sponsorship of some of the pioneer institutions such as AIIMS, NIHF, UNICEF & NIPCCD etc. Few important projects of research are as follows:-

- Micro Nutrition deficiency among pregnant women
- National Health Family Survey-II
- Health seeking behaviour among rural community of Najafgarh
- Development of MCH card
- Effect of mustard oil on normal healthy individual (funded by MRPC & NDDB)

- RHTC also extends assistance to different postgraduate students for their data collection.

Other Activities:

This centre is also responsible for providing services to the community in the form of health camps and other specialist services with the association of Safdarjung Hospital, Richmond Fellowship etc.