

**Functioning of Health & Family Welfare Training Institutes in  
Maharashtra**

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## **Section I**

### **Introduction and Objective**

#### **Introduction**

Training for a particular profession is necessary to achieve quality in the work. In-service training is necessary to ascertain the extent of knowledge of the personnel in any sector. Particularly when the policy framework is undergoing remarkable changes, it becomes essential. During the recent days, the health and family welfare policies are undergoing substantial changes like the CSSM Programme, target free approach and now the Reproductive and Child Health Programme. This make it more needful to have the periodic in-service training, as the Guidelines for Training Programme under 'Reproductive and Child Health Programme'\* State.

'The training programmes were almost invariably for a particular limited objectives as for example for briefing health functionaries about the Target Free Approach or for retraining a large number of traditional birth attendants (Dais). Therefore they remained more or less adhoc initiatives, independent of all other initiatives and therefore linkage with overall family welfare programme did not even get attempted. In these programmes the objective generally was to cover everyone or to achieve maximum coverage as a one time initiative in the form of a limited period campaign. Such preoccupation with maximum coverage caused quality of the training to be substantially ignored.'

'Because of the above mentioned drawbacks, the knowledge base and skills of health functionaries have remained low. This is indicated by the fact that there are not even as many trained doctors in sterilisation techniques as the number of districts in the countries and for some of these sterilisation techniques, number of trained doctors is not even a small fraction of the number of doctors in the state. The IUD expulsion is unacceptable because many health functionaries

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\* Review of Training Programme under RCH, Meeting at NIHFV, New Delhi, 26<sup>th</sup> February, 1999.

are not even aware that women should be screened for RTI / STI and treated, if they are suffering from RTI / STI before IUD insertion. Such examples can be multiplied which all indicate inadequate awareness and inadequate skills among health functionaries'.

There are the views expressed in the meeting held at NIHFW, in 1999, for the purpose of reviewing the training activities in the field of health and family welfare. They clearly point towards the inadequacies of the training activities. In view of this let us now examine the facilities of training for the state of Maharashtra.

### Training Infrastructure

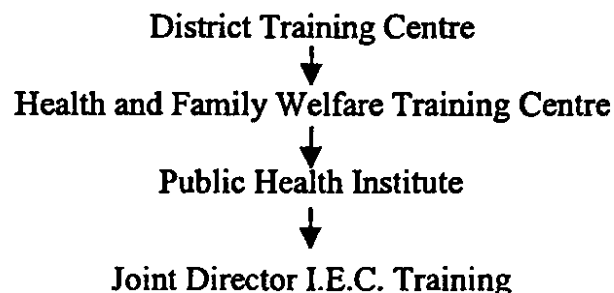
Training activities in the state are planned and monitored by Joint Director of Health Services, I.E.C. and Training, Pune under the guidance of the Director of Health Services, Mumbai.

### Training Institutions

- i) Public Health Institute, Nagpur
- ii) Health and Family Welfare Training Centres (6)
- iii) District Training Centres (29)
- iv) ANM Training Centres (23)

The financial provision for salaries and contingencies comes from the state government, while for the training activities, the funding comes from the Govt. of India and the sponsoring agencies.

The MIS reporting of training activities is in the following sequence



### Training Under the RCH Programme\*

A review of the training activities carried out till 1998 came up with the following observations.

‘Under the RCH programme, the range of interventions has become larger and level of sophistication has increased. Most importantly, the focus is on shifting the present practice of health functionaries providing whatever is available or what they feel would be good for the patients / citizens and bringing about a change to ensure that the needs and preferences for patients / citizens are ascertained by health functionaries and relevant services are provided to them. These objectives will have a realistic change of being achieved only if there is a well-designed and comprehensive in-service training programme for training and retraining health functionaries with regularity. Accordingly, the GOI has devised such a comprehensive in service training programme’.

### Training Management Structure

‘Considering that more than three lakhs doctors, paramedical, health administrators, officers in related sectors and health functionaries in non-government sector are involved in RCH population stabilisation programme, and also considering that more than a dozen different training programme need to be conducted regularly by a few hundred medical and training institutions in the country, organisationally, the assignment would be both complex and large. For management of the proposed training programme, a network of institutions has been created, which is headed by NIHFWS at the national level, which will be assisted by 15 institutions in Government and non-government sectors. They would manage and supervise the training courses conducted by various training institutions’.

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\* Review of Training Programme under RCH, Meeting at NIHFWS, New Delhi, 26<sup>th</sup> February, 1999.

### Training Courses

'Training courses required for supporting the efforts for making RCH programme a success are essentially of two types;

- i) Awareness Generation Training Courses
- ii) Skill-based Training Courses

### Awareness Training Courses

Awareness training courses have the common objective of increasing awareness about RCH and population indicators for the country and for the local area and for increasing awareness and knowledge about the issues involved in the RCH programme. The courses are conducted at four levels.

- i) For composite groups of ANMs, PHC paramedical, Anganwadi workers, Panchayat members, school teachers, etc. in ANM training school or District Training Center.
- ii) For Doctors, sub divisional officers of related departments, NGO functionaries and Zilla Parishad members in DTCs or HFWTCs.
- iii) Quarterly meeting at sub-district places of doctors and ANMs by the Chief Medical Officer and District Family Welfare officers.
- iv) For district, divisional and state level officers of Health & Family Welfare department and for officers of other related departments, training about RCH management issues in the HFWTCs, Regional Family Welfare training centers, in collaborating institutions and NIFHW.

As far as the first two courses are concerned, they are two days duration and numbers of participants are around 25-30. One RCH specialist and population scientist from nearby institution are expected to be invited. Booklets are expected to be made available to the participants.

'The third meeting is for one-day duration RCH specialist and population scientists are expected to be invited. The fourth training course is expected to

that be of 3-5 days duration. It is expected that experts from other specialist institutions are invited'.

'The two days awareness generation training courses have six sessions, namely, population issues, reproductive health issues of adolescent and women, child health, family planning, STD/RTI/AIDS and an open session'.

### Skill-Based Course

'The following skill-based training courses are identified.

1. For ANM/Nurses
  - i) Course in Midwifery
  - ii) Course on IUD insertation
  - iii) Foundation skills (immunisation, childhealth, programme issues viz. IMR, RTI/STI, etc.)
2. For Doctors
  - i) MTP training
  - ii) Laproscopic Sterilisation technique
  - iii) No Scalpel vasectomy
  - iv) Sterilisation (Mini laparotomy, vasectomy)
  - v) Management of RTI/STD
  - vi) Specialised course in nutrition
  - vii) Emergency contraception
3. For programme managers (CMO, Dy.CMO, State Programme officers)  
Specialised management training
4. Upgradation of skills of IEC officers  
Specialised training

The above-mentioned courses could be carried out by medical college departments, non-government hospitals or government hospitals at district level. The NIHFW and collaborating institutions identified the institutions, which had the capability for conducting the particular course. For each skill-based course

there could be number of institutions offering the training. In each skill-based course, there are basically three stages, one of theoretical instruction, second, training the trainee by observation, while the trainer performs on actual cases and the third, making the trainee perform under supervision of the trainer so that the trainee acquires confidence in using these skills. In the earlier trainings, the trainees had been only allowed to observe actual operation’.

‘Each training institution is expected to obtain feedback of individual trainees and is expected to forward it to the collaborating institution. The collaborating institution is expected to send a team of two experts to each training institution at least once every year to verify that the training courses are being held as scheduled.’

### The Present Study

As per the guidelines of the Ministry of Health & Family Welfare, the PRC, Pune was assigned a project on ‘Evaluation of the functioning of training institutes in Maharashtra’. The evaluation was to be done for all the ANM training schools (23), giving training to ANM and LHVs and all the HFWTCs giving training to Male Multipurpose workers. The objectives of the study are;

To evaluate the functioning of the concerned training institutions through the assessment of

- i) Physical infrastructre such as building, water, electricity...etc.
- ii) Equipment and furniture
- iii) Personnel; Adequacy and capability
- iv) Course syllabus; opinions of faculty and trainees
- v) Expenditures incurred
- vi) Unmet requirements of the institutions, and suggestions for improvement of the functioning.



### Areas covered by the training institutions

There are six HFWTCs in Maharashtra. The districts coming under the different HFWTCs are as follows.

<b>HFWTCs</b>	<b>Districts</b>
<b>Pune</b>	<b>Pune, Ahmednagar, Raigad, Solapur</b>
<b>Kolhapur</b>	<b>Kolhapur, Sangli, Satara, Sindhudurg, Ratnagiri</b>
<b>Aurangabad</b>	<b>Aurangabad, Beed, Jalna, Parbhani, Latur, Osmanabad and Nanded</b>
<b>Akola</b>	<b>Akola, Amaravati, Yavatmal, Buldhana</b>
<b>Nagpur</b>	<b>Nagpur, Wardha, Bhandara, Gadchiroli, Chandrapur</b>
<b>Nashik</b>	<b>Nashik, Thane, Dhule, Jalgaon</b>

The public Health Institute, Nagpur acts as an apex body.

There are 23 ANM training schools in Maharashtra Table 1.1 gives the classification of these schools by region and by type of courses offered by these schools. It is easily noticed that the districts of Sindhudurg, Pune, Sangli, Aurangabad, Jalna and Solapur do not have ANM training school. As shown below, the trainees from these districts are attached to the corresponding ANM schools.

<u>Trainees from</u>	<u>Attached to ANM Training school</u>
Sindhudurg	Ratnagiri
Pune	Satara
Sangli	Kolhapur
Aurangabad	Dhule
Jalna	Parbhani
Latur	Bid / Jalgaon
Solapur	Osmanabad

It is interesting to observe that the distribution of the training schools offering different course – combinations is not even. Out of the 7 districts of Marathwada, 4 districts do not have any ANM school, the other three, namely Bid, Parbhani & Osmanabad have schools offering only ANM training course and only Nanded has a training school offering a combination of ANM & LHV

course. On the other hand, out of the 14 districts of Western Maharashtra, seven districts have a combination of ANM & GNM, courses, one at Mumbai has ANM & LHV courses and the one at Kolhapur offers the combination of all the three. There is only one school at Ratnagiri, which offers only single ANM training course and there are four districts with no training school. It also should be noted that out of the 9 districts in Vidarbha, six have training schools, offering only the ANM course.

In addition to these 23 ANM training schools, we also intend to study the Health and Family Welfare Training centres at Nashik, Pune, Aurangabad, Akola, Kolhapur and Nagpur and PHI-Nagpur.

#### ANM / LHV training course

The ANM course is of 18 months duration and the admission capacity is of 20 students. The basic requirement for this course is S.S.C. The course is recognised by the state Nursing Council. The selection committee comprises of Medical Superintendent, D.H.O., Nursing Officer, Civil Surgeon's representative, representative of the Director, Health Services, Social Welfare Officer & Project Officer, Tribal development. Regarding the priority to be given to local students, it was found that generally, the students from the same district are given priority, except the schools, which are supposed to admit some students from other districts, which do not have ANM training school. LHV training course is of 6 months duration and is offered to those who have already completed ANM course. The student strength is 50.

#### MPW Training Course

The Health & Family Welfare Training centres routinely offer a one year training course for the Multipurpose Health Workers (Male). This training is offered to the MPWs already posted in different PHCs. The student strength is around 50-60 and every year two batches pass out.

### Questionnaires Used in the Survey

Four types of questionnaires were used in this survey. One was meant for the ANM training Schools, another for the HFWTCs and PHL, third for the selected faculty members and fourth for the selected trainees. Copies of the questionnaires are enclosed in the report.

### Questionnaire for the ANM training Schools

There are following sections in the questionnaire. i) General information ii) Admission of students iii) curriculum implementation iv) Facilities and equipments v) Faculty and supporting staff vi) Availability of funds and vii) Opinion of the principal about the students.

These sections completely cover the functional aspects of the training school, which are to be evaluated.

### Questionnaire for the HFWTCs and PHL, Nagpur

There are following sections in the questionnaire.

- i) About the training centre
- ii) Accomodation and Hostel facilities
- iii) Availability of equipments and teaching aids in the class-room
  - a) Sitting arrangement
  - b) Audo-visuals
  - c) Equipment
  - d) Books
  - e) Vehicle position
  - f) Office equipment
- iv) Field Practice Demonstration Area
- v) Availability of Faculty and Supporting Staff
- vi) Source of Funding and Expenditure for the centre during last three years

- vii) Programmes conducted during the last three years, namely, 1998-99, 1999-2000 and 2000-01
- viii) Principal's opinion about the students.

These sections completely cover the functional aspects of the HFWTCs, which are to be evaluated. Questionnaires for the faculty members and trainees are short and contain questions mainly about the syllabus, coverage, adequacy of the time and suggestions regarding the improvement in the course.

### Presentation Of the Report

It is intended to present the report in seven sections. They are as follows :

#### 1) Introduction and Objectives

This section, after giving the background and objectives contains the general information about the ANM training schools and HFWTCs (including PHI), admission procedures for the ANM, LHV and MPW courses, the information about the questionnaires and presentation of the report.

#### 2) Physical Infrastructure, Equipment and Teaching Aids

The section will contain the analysis of the data regarding physical infrastructure (Building, amenities...), office equipment and furniture, library and equipment needed for teaching. This section would enable us in assessing the status of the ANM training schools and HFWTCs (including PHI) as far as the basic infrastructure is considered.

#### 3) Curriculum implementation and trainings conducted

ANM training, LHV training and the MPW training are the routine courses conducted by the concerned institutions. Besides, the HFWTCs and PHI, Nagpur have carried out other trainings. Information regarding the various subjects taught under the ANM/LHV training and the MPW training will be analysed here in the context of the relevance of the topics and need for new additions. Alongwith this, an analysis of the other trainings conducted by the HFWTCs and PHI also will be presented. The

information about the suggestions of the faculty and the trainees will be analysed.

4) Personnel : Faculty and Administrative

'Personnel' is an important component in the functioning of any institution. This section will contain the examination of the data about the actual faculty and administrative staff in comparison with the norms regarding them in the ANM training schools and HFWTCs (including PHI). Assessment of the staff strength also will be done in comparison with the number of students.

5) Finances Incurred

This section will contain the analysis of the data on expenditures incurred in relation to the students trained. An attempt would be made to identify the areas for cost – reduction.

6) Physical requirements and Suggestions

The principals of the concerned institution have expressed physical needs and also have given suggestions for better functioning of the institutions. The information will be presented.

7) Summary and Recommendations

Taking into account the data analysed in the above sections, summary findings will be given and recommendations for better functioning will be given.

Table 1.1: Distribution of the ANM Training Schools by Region and Course Offered

Region	No School	ANM	Schools with ANM + GNM	ANM + LHV	ANM + GNM + LHV
Konkan + Mumbai	Sindhudurg	Ratnagiri	Thane Jalgaon Alibag	Mumbai	
Pune	Sangli Pune Solapur		Nashik Dhule Ahmednagar Satara		Kolhapur
Aurangabad	Aurangabad Jalna Latur	Bid Parbhani Osmanabad		Nanded	
Nagpur		Gadchiroli Amaravati Yeotmal Buldhana Wardha Bhandara	Chandrapur	Nagpur Akola	

## **Section II**

### **Infrastructural Facilities**

In this section it is intended to assess the availability and adequacy of the infrastructural facilities in the ANM training schools and the HFWTCs (including PHI). The infrastructural facilities, about which the information is collected are physical facilities such as Building, other amenities, condition of the building, adequacy of the space, availability of office equipment, vehicle, training equipments, library, availability of hostel, mess, furniture ... etc. The adequacy of the infrastructural facilities is an important component of the functioning of any institution and hence an attempt is made here to assess the same for the training institutions under study.

#### **HFWTCs and PHL, Nagpur**

In order to condense the vast information into a manageable number, we have classified the facilities into six groups, namely physical infrastructure, office equipment, furniture, teaching aids, availability of vehicles components included under each of them.

#### **Physical Infrastructure**

Under this category, the condition of the building, the no. of rooms (staff room, office-room, class-room, common-room, project-room, discussion-room), laboratory, demonstration-room, projection room, hostel facility, dining hall, recreation room etc are taken into consideration.

#### **Office Equipment**

Under this category, availability and number of type writers, cyclostyling machine, Xerox machine, Fax machine, Telephone, calculators...etc. In addition

availability of refrigerator, Water cooler...etc is also and library. We give below, in brief, the different taken into account.

### Furniture

Here, furniture in the class-rooms and also in the mess is taken into consideration.

### Teaching aids

Among the teaching aids, we have taken into account projectors, VCR/VCP, recorders, cassettes, films etc. Library is treated separately.

### Vehicle

Since the nature of vehicular facility is quite different from the other infrastructural facilities, it is treated separately.

A simple method of scoring is adopted. Depending upon the variation, scaling is done and ranks are attributed. The addition of such ranks gives the score for that particular item.

### HFWTC & PHI

Table 2.1 gives the scores for the different types of facilities. It is observed that HFWTC, Nasik has the highest score, followed closely by PHI, Nagpur and HFWTC, Aurangabad. At the other end are HFWTC, Kolhapur and Akola. This is an expected observation. These two HFWTCs are not full-fledged centres and hence must be lacking in the infrastructural facilities. It is found that Nashik tops the list mainly on account of better physical infrastructure and Pune lags behind on account of the same. HFWTCs at Akola and Kolhapur, particularly have less physical infrastructure and furniture and to an extent less teaching aids. These differentials will have to be taken into consideration while assessing the output of the different HFWTCs.



### ANM Training Schools

In comparison with the HFWTCs, the ANM Training Schools have, naturally lesser facilities, since they are smaller institutions. Hence we have constructed only one indicator comprising of all facilities including building, its condition, class-room facilities, office equipments, teaching aids, library & vehicles. Table 2.2 gives the information. Two types of scores are presented in the table. The first column gives the total score, while the next column gives the average score; the average calculated on the basis of the number of items for which the information is available.

Among the schools offering a single training for ANMs, Wardha is at one end with a low score of 18, while Parbhani is at the other end with the score of 36. Osmanabad and Bhandara also have good facilities. This gap is mainly due to the gaps in the number of charts / models and text books. The average scores also show the same rankings, except Amaravati, which has the second rank according to average score, while it was fourth according to the total score.

Among eight schools offering a combination of ANM and GNM courses, Chandrapur is at the lowest end, while Dhule tops the list , followed closely by Jalgaon and Nashik. Chandrapur and Alibag are having poor infrastructural facilities. Here also, the variation is observed to be due to the differences in the availability of teaching aids such as charts, models and books.

Leaving Akola training school, for which information is not available for 5 items, the others seem to be more or less similar among the schools offering a combination of ANM and LHV training courses.

On the whole, the schools with a combination of ANM and GNM training among all the three types seems to have a slightly better infrastructure in comparison to others. It is natural that with a higher level training the infrastructure in terms of teaching aids should be better. Incidentally, except Chandrapur, the remaining eight are from Western Maharashtra. Firstly, the training schools in Western Maharashtra have better training courses and secondly they have a better infrastructure also.

Library is a very important component of any teaching / training institution. In view of this, it was intended to collect detailed information about this facility. However, a number of problems arose in getting this information, since, library is the most neglected component in these institutions. Except PHI, Nagpur, there was no proper space for the library. Similarly there is no sanctioned post of a librarian. It could be argued that it may not be affordable to have one person fully looking after a small library with at the most 3-4 thousand books. Hence the charge of library is given mostly to the laboratory technician. One could imagine the status regarding the maintenance of the library in the hands of a person, who is in no way connected with many of the subjects. Not only that the registers were not properly maintained, but the books also were not properly shelved, in some cases. One probable reason for such negligence could be that there are no special funds for the library. Books are purchased, whenever some extra funds become available from some ad-hoc grants. Looking at this serious neglect towards the library facility, a question, naturally arises as to, does it mean that these institutions do not need the library for running their courses? As far as the MPWs' training is concerned, library may not be that necessary, as the trainees mostly depend upon the lecture-notes. In addition, it was told to us that the MPWs do not use the library. Thus the trainees of other training courses, carried out by the HFWTCs could use it. In short, the utilisation of the library has a limited scope. However, it could be increased, if the time-table provides some time for the library work and the library has useful books. Further, if the MPWs are expected to use the library the books have to be in regional language- Marathi. Similarly if the HFWTCs would have carried out research studies, they were expected to do, library would have been utilised to an extent. However, such studies have not been carried out. Leaving apart the limited scope for utilisation, let us examine the kinds of books in the libraries along with their stock. Table 2.3 gives the same. It is observed that the PHI, Nagpur has the maximum number of books i.e. 3095, followed by HFWTC, Nagpur, Pune and Nashik. In a way,

having a sizable number of books is an asset to the institution, but if it is not being used, it becomes a wasteful resource. As could be seen later, the PHI, Nagpur, inspite of its good infrastructure ample staff strength, is not being fully utilised. In such circumstances, one really has doubts about the utilisation of the library at PHI, Nagpur. As could be observed from the table, the library in PHI not only has a huge stock but the collection has very useful and relevant material. However, if not utilised, the material is of no value.

As far as the books in the libraries of HFWTCs are concerned, generally, there are books in large numbers, on medicine and health related subjects. Some libraries like that at Nashik has a large number of books, unrelated to the subject. The most important considerations regarding such libraries is that the relevant literature in the regional language should be available. We do not have such information and hence cannot assess the libraries in that respect. On the whole, not much attention has not been given to the libraries in HFWTCs.

Table 2.1: Scores for different infrastructural facilities HFWTCs & PHI, Nagpur

	Physical Infrastructure	Office equipment	Furniture	Teaching aids	Vehicle	Total
HFWTCs, Nagpur	20	10	17	13	2	62
Kolhapur	8	8	10	8	2	36
Pune	14	11	16	18	1	60
Aurangabad	16	14	17	19	3	69
Nashik	22	13	17	17	2	71
Akola	12	11	12	12	1	48
PHI, Nagpur	22	14	15	17	2	70

Table 2.2: Scores of infrastructural facilities, ANM training schools

Type of School by Training	Name	Total Score	Average Score
ANM	Wardha	18	1.12
	Bhandara	31	1.94
	Ratnagiri	26	1.62
	Prabhani	36	2.33
	Beed	27	1.69
	Osmanabad	33	1.94
	Buldhana	22 (One N.G)	1.47
	Gadchiroli	19 (Three N.G)	1.46
	Amaravati	27 (Three N.G)	2.08
	Yavatmal	28 (One N.G)	1.87
ANM + GNM	Dhule	44 (One N.G)	2.93
	Alibag	26	1.62
	Thane	30	1.87
	Jalgaon	43 (One N.G)	2.80
	Satara	36 (One N.G)	2.40
	Nashik	40	2.50
	Ahmednager	38	2.37
	Chandrapur	16 (Five N.G)	1.25
ANM + LHV	Nagpur	35 (One N.G)	2.33
	Nanded	29 (One N.G)	1.81
	Akola	19 (Five N.G)	1.46
	Mumbai	36	2.25
ANM + GNM + LHV	Kolhapur	43	2.69

Table 2.3 : Classification of books in the Libraries of HFWTCs and PHI, Nagpur

Sr. No.	Subject	HFWTC *										PHI	
		Nashik		Aurangabad		Pune +		Kolhapur		Akola		Nagpur	
		No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent
1	Psychology	41	3.4	7	3.1	5	3.0	10	3.2	21	6.3	35	1.1
2	Sociology	67	5.5	10	4.4	6	3.6	15	4.7	5	1.5	57	1.8
3	Social & Preventive Physiology	7	0.6	8	3.5	8	4.8	16	5.0	8	2.4		
4	Sexual Health	18	1.5	8	3.5	5	3.0	15	4.7	8	2.4	18	0.6
5	Medicine	155	12.8	10	4.4	13	7.8	26	8.2	17	5.0	448	14.5
6	Anthropology	4	0.3	10	4.4	10	6.0	20	6.3	5	1.5		
7	Nutrition	26	2.1	7	3.1	5	3.0	15	4.7	15	4.5	151	4.9
8	Preventive & Social Medicene	47	3.9	14	6.2	7	4.2	10	3.2	17	5.0	404	13.1
9	Maternal & Child Health	67	5.5	13	5.8	10	6.0	17	5.3	30	9.0	16	0.5
10	Education	44	3.6	10	4.4	20	12.0	13	4.0	12	3.6	282	9.1
11	Communication	16	1.3	9	4.1	5	3.0	15	4.7	10	3.0	23	0.7
12	Community Development	10	0.8	8	3.5	5	3.0	10	3.2	16	4.8		
13	Audio-visual aids	7	0.6	11	4.9	5	3.0	13	4.0	7	2.1		
14	Statistics	34	2.8	12	5.3	4	2.4	12	3.8	10	3.0	50	1.6
15	Family Planning	34	2.8	10	4.4	9	5.4	15	4.7	24	7.2	144	4.7
16	Population	38	3.1	12	5.3	6	3.6	15	4.7	25	7.5		
17	Contraception	33	2.7	11	4.9	5	3.0	10	3.2	7	2.1		
18	Supervision/Management	24	2.0	12	5.3	3	1.7	10	3.2	15	4.5	248	8.0
19	Administration	55	4.5	10	4.4	5	3.0	6	1.9	31	9.3	48	1.6
20	Extension Education	13	1.1	8	3.5	5	3.0	7	2.2	10	3.0		
21	Social Research education	20	1.7	5	2.2	10	6.0	5	1.6	5	1.5	16	0.5
22	Group Dynamics	11	0.9	5	2.2	4	2.4	7	2.2	6	1.8		
23	General (English)	162	13.4	5	2.2	3	1.7	7	2.2	5	1.5	118	3.8
24	General (Marathi)	259	21.4	9	4.1	5	3.0	17	5.3	13	3.9	73	2.4
25	WHO Books	20	1.7	2	0.9	4	2.4	12	3.8	12	3.6	520	16.8
26	Miscellaneous											444	14.3
	TOTAL	1212	100.0	226	100.0	167	100.0	318	100.0	334	100.0	3095	100.0

• : The classification of books is available very broadly and hence is given separately for HFWTC, Nagpur.

Total Books-2039 Subjects Covered – Medicine, Nursing, Socio-economic conditions, Family Planning, Health Education, Maternal and Child Health, Statistics, Administration, Nutrition, Psychology

+ : As per the report, there are 1952 books in the library. However the centre did not have a classified list of books. The staff of the PRC classified the books relevant for studies and found only 167 relevant

## Section III

### Trainings Conducted

In this section, we intend to discuss the trainings conducted by the ANM training schools and HFWTCs (including PHI). These trainings are of two kinds. First all the routine trainings of ANM, LHV and MPW and second are the different trainings other than the routine trainings. ANM training schools generally conduct only the routine trainings, while HFWTCs and PHI, Nagpur conduct alongwith the MPW training, many other training. Let us begin with the routine training courses, their syllabus and the opinions, regarding the same of faculty and the trainees.

#### ANM / LHV training

Table 3.1 gives the details about the course curriculum of the ANM training course. It can be observed that there are six major topics, namely science, Fundamentals of Nursing – I & II, Community Health Nursing – I, II & III. Almost equal weight is given to theory and practical. Among the subjects, higher weight (63%) is given to community health nursing, which seems to be in the right direction, since the ANMs have to work in the primary health centres, whose functions are mainly inclined towards community health. Table 3.2 gives the course-curriculum of the LHV course, which is of six months duration. There are three papers offered and higher emphasis is on maternal and child health care. It is followed by subjects such as principles of nursing and care of sick, nutrition, anatomy & physiology, elements of sociology, psychology...etc. In addition, they have some field – work in rural areas.

#### MPW Taining Course

Table 3.3 gives the course-curriculum of the MPW training course. The course consists of about 1200 hours teaching with about two-thirds of the time allotted to theory. There are four papers to be studied. As expected, there is

greater emphasis on national health programme. Communicable diseases, environmental sanitation, non-communicable diseases, information, education and communication...etc. Surprisingly, a fair amount of time (15%) is allotted to RCH, which is mainly associated with womens health. Probably, because of increasing prevalence of HIV / AIDS, the need for training in this field would have arisen. This is a welcome step. In addition, they also have 3 months field – work in rural areas.

#### Course Conducted at the HFWTCs and PHI, Nagpur

As mentioned earlier, besides the routine MPW training courses and the training such as Accounts training (carried out at HFWTC, Pune), the HFWTCs conduct a number of training courses. We have collected information about the courses carried out during the years 1998-99,1999-2000 and 2000-01. A quantitative and qualitative comparison of these courses across the HFWTCs can be done in four ways. Firstly, by assessing the mandays spent on training, secondly by examining the number of trainees, thirdly, by examining the types of training and fourthly by examining the categories of participants. Appendix – 3.1 gives the entire list of trainings conducted during the three years, by the seven training Institutions. Table 3.4 gives the information about the mandays spent and no. of trainees. While Table 3.5 gives the information about the types of training.

Table 3.4 shows that the mandays spent on these trainings range from 60 in PHI, Nagpur to 264 in HFWTC, Akola for 1998-99; in 1999-2000 the range is from 58 for HFWTC, Kolhapur to 152 for HFWTC, Nagpur and for 2000-2001, the range is 72 for HFWTC, Kolhapur to 907 for HFWTC, Nagpur. At the overall level, PHI, Nagpur appears to have spent least time in training, while, HFWTC, Nagpur has a maximum score. These figures are not full-proof in themselves as the mandays spent depend on the type of training. A close look at the information given in Appendix – 3.1 reveals that HFWTC,Akola and HFWTC, Nagpur probably have reported the AGTs(Awareness Generation Training) carried out mainly by DTTs. However, our field team reported that HFWTC, Nagpur has

actually conducted the AGTs at block level. Because of this, the mandays spent at these two HFWTCs are on a higher side. Similarly, the training for MCHN (Maternal and Child Health and Nutrition) for paramedical workers also leads to substantial number of mandays, since it is carried out in many batches and every batch has around 40-50 participants. In HFWTCS at Nasik and Aurangabad, these trainings have been carried out and hence the number of mandays spent goes up. Thus, in short, since the number of mandays spent totally depends upon the type of trainings, it alone can not be used as the indicator of the work done. Similar is the case of number of trainees. Table 3.4 shows that the number ranges from 178 for PHI, Nagpur to 6210 for HFWTC, Nagpur for 2000-01. Leaving the extreme cases, it is observed that a full-fledged HFWTCs trains about thousand workers. This figures leads us to two type of observations; First, HFWTCS at Pune and Aurangabad are the centres with a stable kind of activity not showing significant changes in the number of trainees, while HFWTCS at Akola and Nasik have come up with substantial number of trainees in 2000-01, naturally because of the sudden spurt in RCH trainings. Second deals with PHI, Nagpur. As seen in the earlier section, it has very good infrastructure in terms of building space, library, personnel....etc, but activity is least. According to the authorities at PHI, it is being extremely under utilised. As stated by them, for even the RCH trainings of skill development, KEM, Pune was given the entire charge of skill development training, in spite of the staff and facilities available at PHI, Nagpur. It is really difficult to get answers to questions such as above. As it is, the government always has scarce resources and if they are also not utilised properly and additional expenses are incurred for running the course in private organisation, is it not a sheer waste of money?

#### Nature of Trainings in HFWTCs and PHI, Nagpur

As stated in the earlier section, the quantitative assessment of the work in terms of mandays spent in training or number of trainees alone cannot be give a proper judgement about the work done by the HFWTCs. Table 3.5 gives the



information of type of training. It gives the classification of training batches according to the type of training. The various types of trainings are pre-placement training of newly appointed medical officers, awareness generation training and skill development training of medical officer and paramedical personnel under the RCH programme, the training for Family Health Awareness Campaign, AIDS training, Disease Surveillance training, IEC trainings/Workshop... etc. In addition there are trainings allotted to individual HFWTCS such as IDD training at Pune and Aurangabad, Watsan and Border districts... training at Aurangabad...etc. Interestingly, the table shows a clear division among HFWTCS. The HFWTCS at Akola and Nagpur have mainly carried out trainings under RCH programme, besides the pre-placement training. HFWTCS at Aurangabad and Nagpur have carried out the Family Health Awareness (FHA) trainings and AIDS trainings. FHA, RCH workshops and a few MCHN trainings are the works at HFWTC of Kolhapur and Nasik. PHI, Nagpur has conducted a few RCH workshops and IPC meetings. Lastly, HFWTCS at Pune and Aurangabad show a variety in the trainings they have conducted. In addition to a few AGT and skill development trainings of MOs, they have carried out trainings in Disease Surveillance, RCH workshop, AIDs trainings, Pulse-Polio workshop, IEC workshop, Goitre training, Blindness control workshops, Malaria trainings, Border district project trainings, Watsan training, FHAS and MCHN....etc. The limited scope of the trainings in HFWTCS at Kolhapur and Akola can be understood on account of the limited facilities regarding staff, infrastructure...etc. However, the HFWTCS at Nagpur and Nasik are full-fledged HFWTCS, but still the trainings conducted there are mainly relating to RCH, FHA or MCHN, which have a rather temporary nature. Once the target of workers for awareness generation or skill development is reached or FHAs are carried out throughout the state, who remain to be trained? Unless some other issues involving need for training came up, these centres become redundant. To put it frankly, the government has to think seriously about the need of all the six HFWTCS and the apex body at PHI, if there are limits to their utilisation.

### Activities during 2001-02

Although our questionnaire required information only upto March, 2001, some Institutes have also given information for the year 2001-02. As mentioned previously, the RCH trainings are in their last lap and hence a doubt was expressed about the availability of trainings in some of the centres. Luckily, HFWTC, Akola, Nagpur and Nashik, PHI, Nagpur have given this information. We intend to analyse it in view of the future directions.

Table 3.6 gives the relevant information. It is observed that under the RCH programme the skill development trainings are still going on, while the AGT trainings are over. In addition, the Disease Surveillance training, FHA and MCHN trainings are being conducted. PHI, Nagpur is carrying out trainings mainly in communication skills. It is a pleasure to note that in comparison with the earlier years, the year 2001-02 seems to be encouraging for PHI, Nagpur. The number of trainees is 747, while it was just 178 in 2000-01. However, the performance of HFWTCs at Akola and Nasik has gone down. As expressed earlier, we fear that in the immediate future, unless some totally new issues come up, which require training, the role of these HFWTCs is going to be questionable. Regarding the MPW training also it was observed that it is becoming difficult to get students. In such circumstances, it will be difficult to sustain these centres with not much activities left.

### Faculty Interviews

In order to assess the views of the faculty of the training schools regarding the curriculum...etc. five faculty members from each of the training institutions were selected for interview. From the ANM training schools, 104 teachers were interviewed, while from HFWTCs and PHI, 34 teachers were interviewed. Table 3.7 and 3.8 give the relevant information. We sum up the information below.

### Teachers – ANM Training Schools & HFWTCs (including PHI)

Information about age, education, years of service, in-service trainings, usefulness of the trainings, availability of the material necessary for teaching, need for further training and opinion about the courses, is collected through these interviews. Simple indicators about all of these are given.

	ANM Training Schools	HFWTCs & PHI
1) Percentage of teachers above age 45	48.1	58.8
2) Percentage of teachers with education above graduate (for ANMS) & MBBS & post-grad. (for MPWs)	34.6	58.8
3) Median years of service	21.4	22.1
4) Percentage of teachers with more than 2 in-service trainings	42.3	61.7
5) Percentage of teachers reporting satisfaction about availability of teaching material	76.9	67.6
6) Percentage of teachers having satisfaction about the coverage, adequacy and relevance of the course curriculum	62.5	70.6

Since the percentages for HFWTCs are based on a very small figure, they should be interpreted cautiously. Bearing this in mind, one finds that the teachers in HFWTCs (including PHI) are more qualified, and have undergone more number of trainings. The fact that HFWTCs conduct a number of trainings other than the basic MPW training could explain the difference in the qualifications of the teachers in ANM training schools and HFWTCs. However, if one takes into account the basic routine trainings of ANMs and MPWs such difference in the qualifications is not expected. In fact, the course – curriculum of the ANM has relatively more portions from the medical side, compared to the MPWs but none of the faculties in ANM training schools is a medical graduate (MBBS/MD...etc). As far as the HFWTCs are concerned, it is observed that nearly one-third of the faculty is medical graduate or above. How far it is proper to have such qualified faculty for a few pre-placement trainings of doctors and some technical trainings like the 'Skill development trainings', in absence of other trainings.

Coming to the opinions of the faculty regarding the syllabus coverage...etc. It is observed that more than 30 percent of the faculty is not fully

satisfied with the syllabus. A detailed discussion about their concrete suggestions is given in a latter section. As far as the availability of the teaching material is concerned, the faculty of the HFWTCs (one-third) does not seem to be satisfied.

### Student Characteristics & Opinions

Along with the faculty, interviews of some students also were taken in order to assess their opinions about the courses. In all, 115 students of the ANM training schools, 15 students of the LHV course and 34 students of the MPW training course were interviewed. Table 3.9 and 3.10 give the relevant information revealed through these interviews. We sum up the information below.

#### Students – ANM / LHV Training Schools and HFWTCs(including PHI)

Information regarding age, educational background, opinions about the duration of the course, relevance of the course, methods of instruction and the overall usefulness of the training is collected through these interviews. Simple indicators about all these are given below.

	ANM	LHV	MPW
1) Median age (years)	20.3	37.3	33.8
2) Percentage of graduates	21.9	0.0	61.8
3) Percentage reporting the course to be relevant	99.9	100.0	88.2
4) Percentage reporting the course-duration to be adequate	88.7	100.0	85.3
5) Percentage reporting the method of instruction to be proper	100.0	100.0	93.3
6) Percentage of favourable opinions about the usefulness of the course	48.9	61.9	54.5

Since the percentages for LHVs and MPWs are based on very small figures such as 15 and 34, they should be interpreted cautiously. Bearing this in mind, we try to interpret the figures. It is observed that the students for LHV and MPW training are much older than the ANMs. It is expected for the LHVs since this training is for a senior position. However, it is surprising to find older ages for MPWs, since the training is a basic training and is expected to be given to MPWs shortly after the appointment, which needs basic minimum education to be

only S.S.C. In this context, a discussion with our field team revealed that the current MPW trainees, majority of them, are not fresh appointees and some of them are even from other departments and the batch-strength is somehow fulfilled. This shows that the demand for MPWs is not matching with the training capacity and hence an important question arises regarding the future activities of the HFWTCs.

The figures on educational attainment show that even though the minimum basic requirement in S.S.C 22 percent of the ANM trainees and 62 percent of the MPWs are graduates. The above-mentioned observation regarding the MPWs and the general lack of job-opportunities could explain the higher proportion of graduates.

Overall opinions about the relevance of the course, the duration and the teaching methods seem to be favourable. However, there are quite a few comments about the inadequacy of time, stipend, accommodation and other amenities in the field. Particularly, the suggestions about the increase in stipend should be taken seriously. Twenty-four among 115 trainee ANMs have demanded a higher stipend. A brief note regarding this, prepared by one among our field team is attached herewith in Appendix – 3.2.

Table 3.1: Syllabus for ANM Training

Sr. No	Subject	Theory Hours	Practical Hours	Total Hours
1	Science			
1.1	Anatomy & Physiology	60	30	90
1.2	Microbiology	15	15	30
1.3	Psychology	30	30	60
1.4	Sociology	30	30	60
1.5	Hygiene	30	30	60
1.6	Nutrition	30	30	60
	<i>A :Sub Total</i>	195	165	360
2	Fundamental of Nursing - I			
2.1	Introduction to Nursing	15	45	60
2.2	Nursing Procedures & Techniques			
2.3	First Aid & Emergency Nursing	15	15	30
	<i>B :Sub Total</i>	30	60	90
3	Fundamental of Nursing - II			
3.1	Introduction to Child health	30	30	60
3.2	Introduction to Mental health	15	15	30
3.3	Introduction to Family health	15	15	30
	<i>C : Sub Total</i>	60	60	120
4	Community Health Nursing - I			
4.1	Domiciliary Midwifery	15	60	75
4.2	Midwifery & Maternity Nursing	45	75	120
4.3	Family Planing or Family Welfare	15	15	30
	OR			
4.1	Environmental Sanitation			
4.2	Health Statistics			
4.3	Family Planing & Family Welfare			
	<i>D :Sub Total</i>	75	150	225
5	Community Health Nursing - II			
5.1	Nutrition Education	15	15	30
5.2	Health Education	30	30	60
5.3	Communication Skills & Audio Visual Education	15	15	30
	<i>E :Sub Total</i>	60	60	120
6	Community Health Nursing - III			
6.1	Basic Medicine & Pharmacology	150	60	210
6.2	Health Problems & Plans	15	15	30
6.3	Communicable Diseases	60	30	90
6.4	Mental Diseases	15		15
	<i>F :Sub Total</i>	240	105	345
	Total of A,B,C,D,E&F	660	600	1260

Source: Indian Nursing Council Syllabus and Regulation for the course of study for Auxiliary Nurse Midwife – 1997

Table 3.2: Syllabus for LHV Training

Sr. No	Subject	Theory Hours	Practical Hours	Total Hours
<b>Part - I</b>				
1	Anatomy & Physiology	10	10	20
2	Environmental Health	20	10	30
3	Principles of Nursing and General Care of Sick Including Treatment of ailment	30	50	80
4	Elementary Sociology	10	0	10
5	Elementary Psychology	10	0	10
6	Nutrition	20	50	70
	<i>A Sub Total</i>	100	120	220
<b>Part - II</b>				
1	Midwifery & Gynecology	30	30	60
2	Family Planing	20	50	70
3	Community Health	40	40	80
4	Child Health & Food, Nursing treatment of minor ailment	30	50	80
	<i>B Sub Total</i>	120	170	290
<b>Part - III</b>				
1	Health Education & Communication	30	45	75
2	Supervision & Management including First Aid, Home Nursing Dai Training Practice Teaching	20	20	40
	<i>C Sub Total</i>	50	65	115
	<b>Total of A,B &amp; C</b>	<b>270</b>	<b>355</b>	<b>625</b>

Source: Indian Nursing Council, Syllabus and Regulations for Health Supervisors (Female) Course

Table 3.3: Syllabus for MPH Training Male

	Subject	Theory Hours	Practical Hours	Total Hours
Paper I	Basic Health Science			
A .1	Anatomy & Physiology	48	10	58
2	Microbiology & Bio Safety	20	20	40
3	Behavioral Sciences	20	20	40
4	Hygiene	11	14	25
B	Public Health & Community Health	45	10	55
1	Factors Affecting Individual , Family & Community Health	13	0	13
2	Primary Health Care, HFA by 2000 A.D. National Policy	10	0	10
3	Environmental Sanitation	50	30	80
	<i>A :Sub Total</i>	217	104	321
Paper II	National Health Programme			0
A	National Health Programme	100	40	140
B	Communicable Diseases	107	50	157
	<i>B :Sub Total</i>	207	90	297
Paper III	Nutrition & RCH			
A.1	Nutrition & Human Health	45	15	60
2	Health Statistics & MIS	20	30	50
B	RCH	100	75	175
	<i>C :Sub Total</i>	165	120	285
Paper IV	Information, Education, Communication (IEC), Basic Medicine			
A.1	Non Communicable Disease, Occupational Health	14	10	24
2	IEC	50	70	120
3	Mental Health	5	10	15
	<i>D :Sub Total</i>	69	90	159
B.1	Basic Medical Care, Medicine and treatment of minor ailments	25	10	35
2	First Aid and Emergency Care	20	20	40
3	Disabilities & Rehabilitation	4	16	20
4	Indigenous System of Medicine	5	0	5
	<i>E :Sub Total</i>	54	46	100
	<i>Total of A,B,C,D &amp;E</i>	712	450	1162

Source: Revised guidelines syllabus and course of studies for MPH male, Directorate General of Health Services, Govt. Of Maharashtra.



Table 3.4: Number of mandays spent in training and Number of Trainees,  
1998-2001

Name	Mandays Spent			No. Trained		
	1998-99	1999-00	2000-01	1998-99	1999-00	2000-01
Akola	264	142	676	918	1311	3284
Pune	116	135	125	1120	957	955
Kolhapur	72	58	72	726	370	553
Aurangabad	88	96	295	1048	678	1227
Nagpur	100	152	907	1119	2657	6210
Nasik*		62	151		321	1008
PHI, Nagpur	60	107	96	165	26	178

Note : \* Duration not given. Hence duration assumed on the basis of other  
HFWTCs

Table 3.5: Classification of Trainings conducted at HFWTCs and PHI, Nagpur by type, 1998-99, 1999-2000 and 2000-01

Training Batches	Akola			Pune			Kolhapur		
	1998-99	1999	2000	1998-99	1999	2000	1998-99	1999	2000
Pre-placement training	4			1	7	6	1	1	4
RCH-AGT - MOs		53			4	3			
AGT - Others			110		2				
RCH-ISDT - MO			36						
- Others		3			1				
Disease Surveillance			14			5			13
RCH / RHS Workshop / Training				3	5	5	1	6	
AIDS Training					2	3			3
Pulse Polio Workshop				2					
DEMO Workshop				2	1	1			
IEC Workshop	40			2	1	2			
Goitre Survey									
Blindness Control Workshop				1	1	1			
IPC				24					
FHA					1	1		8	
Basic Health Programme (GTZ)					1		1		
Border District Project									
Watsan									
Malaria				1	2	3			
Others				4	9	3	19		
Total	44	56	160	40	37	27	22	14	20

Note : IDA

Contd....

Table 3.5 Contd...

Training Batches	Aurangabad			Nagpur			Nasik			PHI, Nagpur		
	1998-99	1999	2000	1998-99	1999	2000	1998-99	1999	2000	1998-99	1999	2000
Pre-placement training	4	8	6	1	3	4		5	6			
RCH-AGT – MOs		6	9		6							
AGT – Others						138						
RCH-ISDT – MO			3			11						
- Others						30						
Disease Surveillance			8		3	12			8			
RCH / RHS Workshop / Training	4	1	2						1	5	1	5
AIDS Training			2			24						
Pulse Polio Workshop												
DEMO Workshop												
IEC Workshop				29								
Goitre Survey			6									
Blindness Control Workshop			1									
IPC										13		6
FHA	34	1	1		26	11		1	4			
Basic Health Programme (GTZ)												
Border District Project		7	2									
Watsan		1	2									
Malaria			1									
Others		4°	10+7°	2	20	1		5°	13			
Total	42	28	60	32	58	231	-	11	32	18	1	11

Note :- ° MCHN

Table 3.6: Activities during 2001-02, selected HFWTCs and PHI, Nagpur

Type of Training	Duration (Days)	No. of Batches	Total Trained	Category of Participant
<b>PHI, Nagpur</b>				
1) Specialised Communication Training	12	9	186	EOH
2) Workshop on Gender Sensitivity	1	4	115	C.I. I & II Officers
3) Trainers Training (RCH)	12	1	24	Faculty-HEWTC, DTT, PHI, Nursing Schools
4) Trainers Training (IPC)	6	4	64	Health Persons
5) Workshop on ARI	3	3	36	Medical Officers
6) Gender & Reproductive health management workshop	3	3	27	Health Persons
7) Management Training Workshop	6	1	13	District Programme Officers
8) Training of Trainers	12	1	28	Faculty-HFWTC, DTT, PHI and Nursing Schools
9) IPC, Training for EOH (IPD)	12	1	15	EOH
10) IPC, Planning & Gender Sensitivity Training for District Level Officers	12	1	19	District Level Officers
11) Workshop on Gender issues and Management of VAW victims	3	3	48	MO, DPHN, EOH
12) Training on Gender issues	3	3	76	MO, ANM, PHN, HS
13) Workshop	3	3	39	Faculty - HEWTC, DTT, PHI, Nursing Schools
14) Specialised Communication Training	12	3	57	EOH
<b>HFWTC, Akola (upto Oct.2001)</b>				
1) ISDT (RCH)	12	10	84	MO
	12	8	77	LHV
	12	28	406	ANM
2) Disease Surveillance Training	3	3	47	MO
	1	3	35	Paramedical
	3	8	140	MO
	1	4	81	MO
3) IEC & Counseling Training under NLEP	1	4	81	EOH & BEO
<b>HFWTC, Nagpur</b>				
1) ISDT - RCH	12	9	N.G	N.G
2) ISDT - IPD	12	10	N.G	N.G
<b>HFWTC, Nasik</b>				
1) ISDT (RCH)	12	6	79	MO
2) ISDT (RCH)	12	4	43	ANM
3) ISDT (RCH)	12	2	17	NM/LHV
4) Specialised Skill training-Minilap	N.G	2	4	MO
5) Specialised Skill training in tP	N.G	3	5	MO
6) Specialised Skill training in IUD	N.G	2	9	NM/LHV

Contd....

Table 3.6 Contd...

<b>Type of Training</b>	<b>Duration (Days)</b>	<b>No.of Batches</b>	<b>Total Trained</b>	<b>Category of Participant</b>
7) Specialised Skill training in IUD	N.G	4	17	ANM
8) Pre-placement Training	6	2	39	Newly appointed doctors
9) MCHN Training	6	1	24	ANM & AWW
10) FHA (A.G.T)	2	3	81	N.G
11) Disease Surveillance Training	N.G	12	218	N.G
12) Nutritional Anemia	N.G	3	79	N.G
13) School AIDS Training	N.G	1	30	N.G
14) Gender Sensitivity Workshop	N.G	1	22	N.G

Table 3.7: Faculty Interviews : Characteristics & Opinions, ANM Training Schools

<b>1. Age distribution</b>	
<b>Age</b>	<b>Total</b>
30 – 34	2
35 – 39	13
40 – 44	39
45 – 49	27
50 – 54	21
55+	2
<b>Total</b>	<b>104</b>
<b>2. Education</b>	
B.Sc (Nursing)	50
ANM / GNM	9
PHN	18
B.Sc (Nursing), ANM + GNM	2
ANM+GNM+PHN	14
M.D	1
B.Sc (Nursing) + PHN	1
<b>Total</b>	<b>104</b>
<b>3. Total Years of Service</b>	
5 – 9	1
10 – 14	3
15 – 19	38
20 – 24	37
25 – 29	16
30+	9
<b>Total</b>	<b>104</b>
<b>4. No. of trainings Underwent</b>	
0	5
1	23
2	32
3	10
4	11
5	4
6+	1
N.G	18
<b>Total</b>	<b>104</b>
<b>5. Training Useful</b>	
Yes	93
No	2
N.G	9
<b>Total</b>	<b>104</b>
<b>6. Further training required</b>	
Yes – Unspecified	68
RCH – AGT	1
TOT training	3
AIDS	7
Refreshers	8
New Diseases	3
Computer	2

Contd...

Table 3.7 Contd...

AGT & Refresher	2
AGT & New diseases	1
New diseases & computer	1
Not Given	8
<b>Total</b>	<b>104</b>
<b>7. Opinion about coverage of the syllabus</b>	
Satisfactory	63
Good	2
Not satisfactory	35
Not given	4
<b>Total</b>	<b>104</b>
<b>8. Opinion about availability of information</b>	
Satisfactory	78
Good	2
Not satisfactory	12
Not given	12
<b>Total</b>	<b>104</b>

Table 3.8: Faculty Interviews Characteristics & Opinions - HFWTCs & PHI

<b>1. Age distribution</b>	
Age	
25 – 29	1
30 – 34	3
35 – 39	1
40 – 44	9
45 – 49	8
50 – 54	8
55+	4
<b>Total</b>	<b>34</b>
<b>2. Education</b>	
SSC	3
Technical Diploma	-
Graduate (other than medical)	10
BSc (Nursing)	1
Post-graduate	7
M.B.B.S.	8
M.D	5
<b>Total</b>	<b>34</b>
<b>3. Years of Service</b>	
< 5	3
5 – 9	-
10 – 14	2
15 – 19	9
20 – 24	7
25 – 29	7
30+ -	6
<b>Total</b>	<b>34</b>
<b>4. Opinion about the coverage, adequacy and relevance of the subjects</b>	
Not satisfactory	-
Somewhat Satisfactory	10
Satisfactory	22
Not given	2
<b>Total</b>	<b>34</b>
<b>5. Availability of required material for teaching</b>	
Not satisfactory	4
Somewhat Satisfactory	5
Satisfactory	23
Not given	2
<b>Total</b>	<b>34</b>
<b>6. No. of In-service Trainings underwent</b>	
0	2
1	6
2	5
3	4
4	2
5	4
6+	11
<b>Total</b>	<b>34</b>



Table 3.8, Contd...

<b>7. Whether Trainings useful</b>	
Not useful	-
Somewhat useful	10
Useful	23
Applicable	1
Not given	-
<b>Total</b>	<b>34</b>
<b>8. Further Trainings Needed</b>	
No	1
Yes	33
Not given	-
<b>Total</b>	<b>34</b>

Table 3.9: Student Interviews, ANM Training Schools

<b>1. Age distribution</b>				
Age	ANM	Age	LHV	
18 – 19	48	25 – 29	1	
20 – 21	38	30 – 34	2	
22 – 23	20	35 – 39	10	
24 +	9	40 – 44	1	
All	115	45 – 49	1	
		All	15	
<b>2. Educational Background</b>				
Educational Attainment		ANM	LHV	
SSC		12	5	
HSC		77	10	
Graduate		25	-	
N.G		1	-	
Total		115	15	
<b>3. Whether Course Relevant</b>				
Relevant		114	15	
No relevant		1	-	
Total		115	15	
<b>4. Whether Method of Instruction Appropriate</b>				
Appropriate		115	15	
Not appropriate		-	-	
Total		115	15	
<b>5. Whether Duration of the Course Adequate</b>				
Adequate		102	10	
Not adequate		13	5	
Total		115	15	
<b>6. Reasons for inadequacy</b>				
1. Course to a vast		5	3	
2. Time inadequate for field visits		2	-	
3. Time inadequate for practical		4	-	
4. Course adequate but duration inadequate		2	1	
5. Difficult to understand		-	-	
Total		13	5	
<b>7. Completion of the course in time</b>				
Completed		100	15	
Not completed		14	-	
Not given		1	-	
Total		115	15	
<b>8. General Opinions about the training</b>				
Time inadequate		47	5	
Good training personality development		53	6	
Interrogative		15	-	
More time needed for field – visits		3	-	
Stipend should be increased		24	1	

Contd...

Table 3.9, Contd...

Interest in social work enhanced	19	6
More depth needed	2	-
Accommodation needed in field	12	-
Job-placement should be guaranteed	2	-
Training should be imparted immediately after appointment		2
Every ANM should get an opportunity for LHV training		1
<b>Total</b>	<b>177</b>	<b>21</b>

Table 3.10: Student Interviews, HFWTCs and PHI

<b>1. Age-Distribution</b>	
Age	MPWs (HFWTCs & PHI)
20 – 24	4
25 – 29	10
30 – 34	4
35 – 39	4
40 – 44	7
45+	5
<b>Total</b>	<b>34</b>
<b>2. Education Background</b>	
Educational attainment	MPW
SSC	9
HSC	4
Graduate	21
<b>Total</b>	<b>34</b>
<b>3. Whether Course Relevant</b>	
Relevant	30
Not Relevant	4
<b>Total</b>	<b>34</b>
<b>4. Whether Method of instruction appropriate</b>	
Appropriate	31
Not appropriate	2
Not given	1
<b>Total</b>	<b>34</b>
<b>5. Whether duration of course adequate</b>	
Adequate	29
Not adequate	5
<b>Total</b>	<b>34</b>
<b>6. Reasons for inadequacy</b>	
Course too vast	2
Time inadequate for field visits	1
Course adequate time inadequate	1
Difficult to understand because of no exposure to health problems	1
<b>Total</b>	<b>5</b>
<b>7. Completion of the course in time</b>	
Completed	25
Not Completed	5
Cannot tell	4
<b>Total</b>	<b>34</b>
<b>8. General opinions about the training</b>	
Time inadequate	4
Good training	18
Informative	3
Interest in social work enhanced	3
Accommodation needed in field	9
Training should be imparted immediately after appointed	3
D.A should be given in field	1
Free canteen needed	1
While uniform not convenient	2
<b>Total</b>	<b>44</b>

### Appendix 3.1

#### Trainings conducted by HFWTCs & PHI, Nagpur, 1998-99, 1999-2000 & 2000-01

HFWTC, Akola

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
1998-1999	1) Health Promotion and Communication	6 Days	40	852	MO, HA, MPW
	2) Pre-placement Training	6 Days	4	66	-
1999-2000	1) RCH-AGT	2 Days	53	1266	Trainers, MO & Other
	2) RCH-ISDT	12 Days	3	45	ANM
2000-2001	1) RCH-AGT	2 Days	110	2756	Paramed
	2) RCH-ISDT	12 Days	21	38	MO
	3) Disease Surveillance	3 Days	5	94	MO
		1 Day	9	220	Para
	4) ISDT	12 Days	15	176	MO, LHV, ANM

HFWTC, Pune

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
1998-1999	1) Inter-personal Communication	3 Days	24	578	DEMO, MO, DTT Team, HS, HA
	2) Pre-placement Training	6 Days	1	22	MO
	3) RCH Workshop	2 Days	1	25	DHO/ADHO/Artist
	4) DEMO/MMO Workshop	1 Day	1	29	DEMO/MMO
	5) Publicity Material Workshop	6 Days	1	10	Artist/DEMO
	6) RCH Workshop	1 Day	1	50	ESIS Officer
	7) Blindness Control Workshop	2 Days	1	20	District Opth. Surgeon
	8) TOT Training	2 Days	1	45	MO/Nurses, Chest Hospital
	9) IEC Workshop	2 Days	2	110	Secretary, State level Health Officers
	10) Jt. DHS and HIVs Training	10 Days	1	20	Statistical Officers
	11) Malaria Workshop	2 Days	1	40	DMO/HS
	12) Pulse Polio/RCH/GTZ meeting	2 Days	1	50	Secretary/Programme Officers
	13) Shramik Vidyalaya Training	2 Days	1	25	Teachers
	14) DEMO meeting	2 Days	1	25	DEMO/MO
	15) Pulse Polio Workshop	1 Day	1	36	MO
	16) SCD Workshop	1 Day	1	35	DHO/SO
1999-2000	1) Pre-placement Training	6 Days	7	131	Newly appointed MOs
	2)RCH-Reorientation Training	12 Days	2	58	DPHN/MO/ANM/LHV/Training Faculty
	3) RCH-Awareness Generation Training	2 Days	2	45	State and District Level Officers
	- Awareness Generation Training	2 Days	4	98	Dist. Level Officers MO(DTT), Faculty HFWTC
	4) Malaria Workshop	4 Days	1	40	DMO
	5) Blindness Control Society Workshop	3 Days	1	55	Programme Officers, DBS, Dist. Ophthalmic Surgeon
	6) RCH Training	6 Days	1	35	NGO Workers, Sevadham Trust
	7) 1 <sup>st</sup> and 2 <sup>nd</sup> Contact Programme, Govt. of India	5 Days	2	12	MO/PMP
	8) New Born Care Workshop	1 Day	1	18	DHO
	9) Workshop on Epidemic Control	1 Day	1	60	MO, Pune dist.
	10) AIDS Workshop	1 Day	1	65	NGO, Nashik, Sangli and Karad
	11) DEMO Workshop	1 Day	1	23	DEMO
	12) Orientation Training	6 Days	1	15	MPW-PCMC
	13) AIDS Training	2 Days	1	15	Gynaceologist/STD Officer
	14) Blood Transmission Workshop	1 Day	1	22	BTO, Lab assistants
	15) Basic Health Programme- GTZ Training	3 Days	1	23	ANM, Model PHCs
16) Family Health Awareness Campaign	2 Days	1	30	MO/HO, Corpn.	

Pune Contd....

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
	17) Spraying Training	2 Days	1	25	Health Supervisors, Malaria
	18) Epidemic Control Workshop	1 Day	1	23	MO/DMO/Principal
	19) Civil Registration System Workshop	1 Day	3	99	DHO/SO
	20) Health Education Material Workshop	5 Days	1	15	DEMO/Artist
	21) RHS Workshop	3 Days	1	25	DHO/CS/GD/Immunisation Officers
	22) IUD Workshop	2 Days	1	25	DTT Faculty and LMO
2000-2001	1) Pre-placement Training	6 Days	6	132	Newly Appointed M
	2) Communication Training	12 Days	2	30	Block Level Extension Educator
	3) Disease Surveillance Training	3 Days	4	101	MO
	4) DEMO Workshop	2 Days	1	23	DEMO
	5) Family Health Awareness Campaign	1 Day	1	22	STD Officer/MO, DTT/ADHO
	6) RCH Training	4 Days	2	70	Mother NGOs in RCH Programme
	7) Malaria Control Programme Training	1 Day	1	22	Health Assistant
	8) Workshop on Blindness Control	1 Day	1	14	Ophthalmic Surgeon
	9) RCH Training	2 Days	1	53	Mother NGOs in RCH Programme
	10) RCH Training	2 Days	1	28	Mother NGOs in RCH Programme
	11) AIDS Workshop	3 Days	1	24	MODTT/MO/HA/Education and Social Welfare Officers
	12) Leprosy Training	2 Days	1	22	MO
	13) Malaria Training	1 Day	1	90	MO/Health Supervisors
	14) RCH-Awareness Generation	2 Days	3	81	MO-Pune Dist.
	15) Field Training for DHE Students	2 Days	1	23	DHE Student
	16) Disease Surveillance Training	5 Days	1	30	Epidemiologist
	17) SCD Training	1 Day	1	84	DHO/CS
	18) AIDS Training	1 Day	1	16	MO/HA
	19) Malaria Training	12 Days	1	30	STS/STLS
	20) AIDS Training	2 Days	1	30	Nursing Faculty
	21) RCH Workshop	1 Day	1	30	Principal/MO- DTT

HFWTC, Nagpur

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
1998-1999	1) Pre-placement Training	6 Days	1	48	Newly Appointed MOs
	2) Health Promotion and Communication and Skill Training	2 Days	1	23	Core Team
	3) Health Promotion and Communication and Skill Training	3 Days	28	990	HA(M), HA(F), MPWCM(F)
	4) Workshop on Finalising Training package implementation	2 Days	1	18	ICDS and Health Worker
	5) Joint Training of Health Workers	6 Days	1	40	ICDS and Health Worker
1999-2000	1) Joint Training under MCH	3 Days	19	629	ICDS Workers
	2) Pre-placement Training	6 Days	3	90	Newly appointed MOs
	3) Health Personnel Collaborative training on Development of Capacity building for Health Care	2 Days	1	38	MO, ANM, Tribal deptt. Member
	4) Family Health Awareness Training	2 Days	1	29	Key Trainers
	5) Family Health Awareness Training at DTT level	2 Days	4	122	MOs
	6) RCH Awareness Generation Training	2 Days	6	143	ADHS,MS,MO, RMO,DPHN, Health Workers
	7) RCH Awareness Generation Training at DTT level	2 Days	23	535	MO, BDO, CDPO, BEO, AMO, JMO
	8) RCH – ISDT	12 Days	3	45	ANM
	9) Family Health Awareness Campaign Training	1 Day	25	1683	EO(H), HA(M/F), MPW(M/F)
	10) Family Health Awareness Campaign Training at DTT level	2 Days	3	140	MO
2000-2001	1) RCH-ISDT	12 Days	8	80	MO
	2) RCH-ISDT	18 Days	1	9	LHV
	3) RCH-ISDT	12 Days	11	142	ANM
	4) AGT-Block level	2 Days	138	3505	HA/MPW
	5) IPD-ISDT	12 Days	3	44	MO
	6) IPD-ISDT	12 Days	18	334	ANM
	7) RCH-Training of Lab. Technician	3 Days	N.G.	88	Lab Technician
	8) RCH-Training of Lab. Dias	10 Days	11	207	Dai
	9) Family Health Awareness Campaign	1 Days	1	28	Key Trainer
	10) Pre-placement Training	6 Days	4	98	New appointed MOs
	11) Planning Workshop – Care Group Training	3 Days	1	37	DHO,ADHO,DEMO,Nodal Officers
	12) Disease Surveillance Training	3 Days	5	143	MO
	13) Disease Surveillance Training	1 Day	7	461	HA/MPW
	14) Family Health Awareness Campaign	1 Day	10	177	MO
	15) School AID Education & Prevention Programme	3 Days	1	26	Key Trainer
	16) School AID Education & Prevention Programme	1 Day	6	259	Head Masters
	17) School AID Education & Prevention Programme	3 Days	17	572	Teachers



PHI, Nagpur

<b>Year</b>	<b>Name of the Training</b>	<b>Duration</b>	<b>No. of Batches</b>	<b>Number Trained</b>	<b>Category of Participants</b>
1998-1999	1) TOT	12 Days	5	107	HFWTC Faculty, DII, PHI & Nursing School
	2) IPC	6 Days	3	58	Health Person
1999-2000	1) TOT	12 Days	1	26	HFWTC Faculty, DII, PHI & Nursing School
2000-2001	1) TOT	12 Days	5	78	HFWTC Faculty, DII, PHI & Nursing School
	2) IPC	6 Days	1	28	Health Person
	3) IPC for EOH	6 Days	5	72	EOH

HFWTC, Nasik

Name of Trainer	Category	1999-2000		2000-2001		2001-2002		Duration of Tra. No Available
		B	T	B	T	B	T	
1) RCH-ISDT	MO	0	0	5	53	6	79	12
2) RCH-ISDT	ANM	-	-	-	-	4	43	12
3) RCH-ISDT	NM/LHV	-	-	-	-	2	17	18
4) Specialised Skill Training Minilap	MO	-	-	-	-	2	4	12
5) MTP	MO	-	-	-	-	3	5	12
6) IUD	NM/LHV	-	-	-	-	2	9	12
7) IUD	ANM	-	-	-	-	4	17	12
8) Pre-placement	MO	5	137	6	182	2	39	6
9) MCHH (ANM & AWW)	-	5	157	13	473	1	24	6
10) Family Health Awareness - AGT	-	1	27	4	164	3	81	2
11) Disease Surveillance Trg.		-	-	8	143	12	218	3
12) Nutritional Trg.		-	-	1	28	3	79	3
13) School AIDS Trg		-	-	-	-	1	22	2
14) RHS Workshop		-	-	1	18	-	-	2

HFWTC, Kolhapur

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
1998-1999	1) Pre-placement Training	6 Days	1	32	Newly appointed
	2) RCH Training	6 Days	1	24	Medical Officer
	3) GTZ Workshop	3 Days	1	42	Jt. Director, Coordinator, Gynaceologist , Obstetrician, PHN, ADHO,ANM,MO
	4) IDA Training	3 Days	19	628	MO,HA,HV,HS,ADHO,MO(DTT)
1999-2000	1) Family Health Awareness Campaign	2 Days	8	195	ADHO, AMO, DTO, Gynaceologist, RMO... etc
	2) Pre-placement Training	6 Days	1	24	Newly appointed MOs
	3) RCH Training	6 Days	6	151	MO
2000-2001	1) Pre-placement Training	6 Days	4	115	Newly appointed MOs
	2) AIDs Prevention Education Programme	3 Days	3	85	MO,DTT, Faculty, DEMO, Social Welfare Officer, Education Officer
	3) Disease Surveillance	3 Days	13	353	MO, ADHO

HFWTC, Aurangabad

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
1998-1999	1) RCH Training	6 Days	4	111	MO (PSC), MS(RH), SO, MO(DTT), HFWTC Faculty
	2) Family Health Awareness Campaign	2 Days	1	16	MO(DTT), DTT Faculty
	3) Family Health Awareness Campaign (TOT)	6 Days	1	30	HFWTC Faculty, DTT Faculty, ADHO, MO, DEMO, HA(M/F)
	4) Pre-placement Training	6 Days	4	84	Newly appointed MOs
	5) Family Health Awareness Campaign	2 Days	32	807	MO,HA(M/F), ANM/MPW
1999-2000	1) CDD Watsan – TOT	2 Days	1	32	DTT Faculty, HFWTC Faculty, MO(PHC), NGO
	2) CDD Watsan – TOT	2 Days	1	28	DTT Faculty, HFWTC Faculty, MO(PHC), NGO
	3) Pre-placement Training	6 Days	8	196	Newly appointed MOs
	4) Family Health Awareness Campaign (TOT)	2 Days	1	41	MO, MO(DTT), LMO, STD Officer, RMO
	5) RCH – Awareness Generation Training	2 Days	6	123	MO(DTT), SO,MO(PSC), ADHO,MS(RH),Dy. CEO, DTT Faculty, DEO, NGO
	6) UNICEF – NCHA – TOT	6 Days	1	29	HFWTC Faculty, ADHO, DEO MO(DTT), MO, CDPO, DTT Faculty
	7) RCH Workshop – District Level Officers	3 Days	1	19	DHO, RMO, CS, DEMO, MO(DTT), SO...etc
	8) TOT for School Sanitation Camps under CDD Watsan for SACRED, Aurangabad	2 Days	1	22	NGO
	9) TOT for Teachers and H.M. under CDD Watsan for SACRED, Aurangabad	2 Days	1	15	NGO
	10) Workshop on Module Preparation	2 Days	1	19	HFWTC Faculty, Unicef Officer, ADHS, CEO-Pune, MO(DTT),ADHO,DIO,MJ,NGO...etc
	11) TOT for MCHN	6 Days	1	38	HFWTC Faculty, M.Sevika, Epidemiologists, DIO, MO(DTT) MJ, ANM, DTT Faculty, DHN, MO, ACDPO, CDPO
	12) Follow up workshop for School Sanitation under CDD Watsan	1 Day	1	36	NGO, Heatmaster, Teacher, DEMO, DTT Faculty, MO(DTT), SO
	13) Follow up workshop on CDD Watsan	2 Days	1	25	MPW/HA, MO (PSC), Gramsevek, Teacher, AWW, ANM, Dai
	14) TOT of MCHN	3 Days	2	55	DTT Faculty, ADHO, MO(DTT), MO(PHC), DEMO, SO, PHNI, DPHN
2000-2001	1) RCH-Awareness Generation Training (AGT)	2 Days	1	20	DLO
	2) TOT for CDD Watsan	5 Days	2	39	MO / HS / ANM

## Aurangabad, Contd...

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
	3) TOT (Advance) MCHN	3 Days	2	59	MO / CDPO / PHN / ANM / AWW
	4) Family Health Awareness (AIDS)	1 Day	1	32	DLO
	5) RCH-Awareness Generation Training	2 Days	3	61	DLO
	6) RCH-ZSS	2 Days	1	40	DHO / DEO
	7) RCH-AGT	2 Days	5	86	DLO
	8) UNICEF, BDCP	2 Days	1	16	N.O, MO(DTT)
	9) TOT (MICS)	3 Days	1	13	N.O, MO(DTT)
	10) Pre-placement Training	6 Days	2	64	Newly appointed MOs
	11) MCHN Workshop	1 Day	2	61	MCH Training
	12) Malaria Training	1 Day	1	31	Health Supervisions
	13) Goitre Training	11 Day	1	6	MO / SO & team
	14) Pre-placement Training	6 Days	1	27	Newly appointed MOs
	15) MCHN Workshop	1 Day	1	30	MCHN Trainers
	16) RNTCP	5 Days	1	23	MO
	17) Goitre Survey	14 Days	1	-	MO / SO & team
	18) Workshop for Updating Dai Training Module	1 Day	1	-	MO (DTT)
	19) Sensitisation Workshop	1 Day	2	56	DLO / DLS
	20) RNTCP	10 Days	2	25	MO / HA
	21) AIDS Workshop	3 Days	1	31	Medical Officers / Social Welfare Officers
	22) AIDS Workshop (MSACs)	3 Days	1	39	HOD / GMC
	23) Goitre Survey	21 Days	1	-	MO / SO & Team
	24) RCH (IST)	12 Days	1	10	MO
	25) BDCP Updating Dai Training Module	1 Day	1	14	P.O. (Unicef) Principal (HFWTC), ADHS, Nodal Officer Ass. Prof(obgz) MO,SO,HEI
	26) WRLH TOT Appreciative Enquiry	1 Day	1	11	P.O. (Unicef) Principal (HFWTC), ADHS, Nodal Officer Ass. Prof(obgz) MO, SO, HEI
	27) Pre-placement Training	6 Days	1	16	Newly appointed MOs
	28) RNTCP	10 Days	1	14	MO
	29) DBCS Workshop	2 Days	1	26	Oph Surgeon
	30) Pre-placement Training	6 Days	1	16	Newly appointed MOs
	31) RCH (IST)	12 Days	1	10	MO
	32) Pre-placement Training	6 Days	1	21	Newly appointed MOs
	33) WRLH Workshop	2 Days	1	12	P.O. (Unicef) Principal (HFWTC), ADHS, Nodal Officer Ass. Prof(obgz) MO,SO,HEI

## Aurangabad Contd....

Year	Name of the Training	Duration	No. of Batches	Number Trained	Category of Participants
	34) MCHN Workshop	2 Days	1	30	CDPO, ACDPO, MO, Dist. MCH Officer, Faculty members
	35) Disease Surveillance Training	3 Days	2	50	MO
	36) Goitre Survey	10 Days	1	16	MO / SO & Team
	37) RCH (IST)	12 Days	1	10	MO
	38) Disease Surveillance Training	3 Days	3	83	MO
	39) Workshop to develop Dist. RCH Action Plan	1 Day	1	33	Prof.(PHI), Principal, HFWTC, NTHFW Senior Consultant, RCH, KEN, ADHS, IEC Bureau, ADHO, M.I, MO(DTT)
	40) Pre-placement Training	6 Days	1	15	Newly appointed
	41) Goitre Survey	18 Days	1	N.G	MO/SO & Team
	42) MCHN Workshop	2 Days	1	24	MO,CDPO
	43) Disease Surveillance	3 Days	3	79	MO
	44) Goitre Survey	18 Days	1	-	MO / SO & Team

## **Appendix 3.2**

### **Note on Auxiliary Nurse Midwife's (ANM) Stipend**

**Akram Khan**

During the visit to various Nursing Training Schools of Maharashtra, under the project 'Review of training schools in Maharashtra', some points were noticed and some had come up during the discussion with faculty members.

Although the nursing training schools were established by the Government, the schools are recognized by the Indian Nursing Council as State Nursing Council. Somehow they have been neglected by all authorities. It is very painful to put an issue of stipend of the nursing students. The rate of the stipend have not been revised since 1978. The amount of Rs. 125/- per month which is being paid to students is very negligible. Within this little amount they are not able to meet their daily needs, whereas it has been given to meet their total requirements including food. On the contrary, being in the same profession students of Government of Medical Colleges (to the doctors) are getting Rs. 1400/- per month which is about twelve fold the amount which is being paid to the nursing students (we are not saying anything about the amount paid to would be doctors. We are just comparing the amount to point out the inequity). If one looks at other Govt. hostels, then the problem can be understood in a better way. Government is providing hostel facility to the schedule caste and schedule tribe students with mess facility or they are getting Rs. 500/- per month as food charges. In addition to that, they are also getting additional amount to meet their daily needs i.e. local conveyance, stationary, soap and oil etc. There is no similarity in treating with students of different discipline.

At present all the nursing school students have formed a club to run their mess. Students are putting Rs. 150 – 200 per month from their pockets in addition to the Rs. 125, which they are getting as a stipend. This is not possible to all the students, as they belong to families which come from deprived classes of the society. To adjust the charges of the mess they have adjusted their meal to two chapatis, one vegetable, little rice and dal, as no one can even provide them full

diet in such a small amount. As a result they are not even getting sufficient food, forget about the calories. While learning about health and having one paper on nutrition, they themselves are not getting full diet and nutritious food in a growing age. These students are going to play a crucial role in the education of the society about good health and nutrition. At the same time they themselves are undernourished and suffering from some or other ailments.

Here one can also look at the Government's policy about other trainees in the same profession. There are in-service trainings for ANMs who are promoted as a Lady Health Visitor (LHV). They have to obtain training of six months. During the period of training they are getting stipend as well as their regular salaries. If we look at Multi Purpose Health Worker (MPHW) training, they are also getting in-service training for one year and getting their regular salaries.

If one can assess the services of the nurses, which are being utilised during the training period, and pays as per the norms then it might go beyond their actual demand as the stipend. If we think in that context stipend should have to increase to at least upped Rs. 1000/- per month.

At the end I would like to refer to a fact given by one faculty member, i.e. after admitting students for the course school authorities are taking their weight and maintain the records. After two-three months the same procedure is repeated. At that time it has been noticed that students have lost their weight rapidly. This example is enough to tell the entire story.



## Section IV

### Personnel: Quantitative and Qualitative Assessment

#### Staff strength –ANM & LHV Training Schools

As per the rules and regulations of the Indian Nursing Council, 1997, following are the staff-norms.

For 30 or less students-

#### Faculty

Principal/ Nursing Officer	1
Public Health Nurse (PHN)	2
Nursing Tutor	2
Senior Sanitary Inspector	1

If the number exceeds 30, one PHN/Tutor should be appointed for every additional 15 students

#### Non- Teaching/ Administrative Staff

Peon/ Chowkidar/ Cleaner	8	
Cook	1	If the number exceeds 30
Housekeeper	1	If the number exceeds 30
Clerk	1	If the number exceeds 30

Thus, for the Training schools providing only ANM training, there should be 6 faculty members and 8 administrative staff members; for those providing ANM and LHV courses there should be 8 faculty positions and 11 administrative positions; for those offering ANM and GNM courses, there should be 10 faculty positions and 11 administrative positions and finally for those offering all the three courses there should be 12 faculty positions and 11 administrative positions. Table 4.1 gives the actual and surplus strength of both teaching and non-teaching staff for the 23 training schools. In total, ideally there should be 184 faculty members and 223 supporting staff members. Instead there are 197 faculty members and 208 supporting staff members. Broadly, it is observed that there is substantial shortage of administrative staff, while regarding the faculty, there is a mixed picture. The shortages in the supporting staff are sometimes quite serious, amounting to only 3-4 existing instead of 11 required. Interestingly, the training schools at Nasik has 10 surplus supporting

staff. In case of faculty positions, surpluses and deficits are evenly distributed and the numbers are small except the training school at Osmanabad which has 8 surplus faculty positions. At ten places, there is no sanitary inspector, while at Yeotmal, Beed and Akola, the position of the Nursing Officers is vacant. Most of the deficit in the faculty positions is in tutors and most of the surplus positions are those of PHNs. The authorities at the state training bureau reported that there have been larger number of PHNs trained than the requirement and hence have been deputed to the training schools. The extreme amount of surplus is observed in the training school at Osmanabad with 5 additional PHNs and 3 additional tutors. Similarly there is surplus of 5 (PHN+Tutors) in Kolhapur. In this connection, it is worthwhile examining the surpluses or deficits in various kinds of training schools. The following extract sums up the position.

No. of Schools										
Type of course combination	No surplus / deficit		With surplus		With surplus		With deficit		With deficit	
	Faculty	Supporting	Faculty	Total Surplus	Supporting Staff	Total Surplus	Faculty	Total deficit	Supporting Staff	Total deficit
ANM	0	1	6	18	7	15	4	8	2	2
ANM+GNM	2	1	2	5	1	10	4	12	6	27
ANM+LHV	0	0	3	6	0	0	1	1	4	15
ANM+GNM+LHV	0	0	1	5	1	4	0	0	0	0

The above figures clearly indicate that out of the training schools offering a single ANM course 6-7 (out of 10) are having surplus in faculty position, while among the schools with ANM & GNM and there more schools with deficit in faculty.

If we examine the number of surplus/deficit staff, it is observed that the average no. of surplus staff is higher for schools with ANM training than those with ANM & GNM or ANM & LHV combination. In case of supporting staff there is shortage of 27 & 15 persons. 27 & 15 are in the schools with ANM+GNM and ANM+LHV combination. Here again the surplus is relatively more in schools with single ANM training, while the deficit is higher in schools with ANM & GNM or ANM & LHV combination. Thus, on one side, schools with single ANM training are with surpluses in both the kinds of staff, while the schools with ANM & GNM course combination, there are shortages of both the kinds, that of supporting staff, being more serious. The schools

with ANM+LHV training have shortage in the supporting staff. From the durations and strength (students) of the courses, it becomes clear that the course combination of ANM & GNM or ANM, GNM & LHV need larger number of faculty positions, while they are the ones with deficits. Thus, if some of the excess staff from the schools with single ANM training could be transferred to the schools with ANM & GNM combination, problems of shortage of staff could be sorted out. As mentioned in the first section, six out of ten training schools with just ANM training are from Vidarbha and 7 out of 8 schools with ANM & GNM combination are from Western Maharashtra. Thus, if decided, the transfers will have to be from one circle to another and it may have some problems. But if such problems are sorted out without the help of additional resources, the shortages could be removed, one more consideration could be there, in case of staff strength, about the work loads and the norms of the staff in relation to the number of students. For instance, as seen in the earlier section, the teaching hours of the ANM are 1260 in 18 months (at the most 480 days) meaning thereby that each faculty member has on an average at the most one teaching hour a day. Even if we add an hour to it the work load appears too light. Thus, the norm in itself is too lenient. To have more confidence in our statement about the norms, we sought information about the staff-strength and the student-strength of a college of education at Pune, which could be compared to the ANM training schools, since it gives professional education of one kind. It was found that the college has 160 students and 29 staff-members (18 faculty positions and 11 administrative position), leading to a ratio of staff strength to students of 0.18. In this context, one could examine the ratios for the training schools under study. Table 4.2 gives the same.

The following extract gives the brief summary

Staff-Ratio	Schools with student strength and type		
0- 0.18	Chandrapur	90	ANM+GNM
	Satara	90	ANM+GNM
	Ahmednagar	90	ANM+GNM
	Dhule	90	ANM+GNM
	Thane	90	ANM+GNM
0.18-0.36	Alibag	90	ANM+GNM
	Jalgaon	90	ANM+GNM
	Nanded	55	ANM+LHV
	Bhor	30	ANM
	Akola	55	ANM+LHV
	Mumbai	55	ANM+LHV
	Kolhapur	125	ANM+GNM+LHV

Contd...

Contd....

0.36-0.54	Nasik	90	ANM+GNM
	Nagpur	55	ANM+LHV
	Yeotmal	30	ANM
	Wardha	30	ANM
	Parbhani	30	ANM
	Ratnagiri	30	ANM
0.54 +	Osmanabad	30	ANM
	Gadchiroli	30	ANM
	Bhandara	30	ANM
	Buldhana	30	ANM
	Amaravati	30	ANM

It is quite clear that almost all schools with just a single ANM training courses are highly overstaffed; while ANM+GNM combination seems to be with proper staff ratio. In this context, the government should rethink about continuation of the schools with single ANM training.

#### Capability of the Staff

Capability of the staff is determined by the qualifications, the in-service trainings, the years of experience and the training activities undertaken. Table 4.3 gives this information.

We give below an extract which sums up the information in the table

Region	Average Years of experience	Av. No. of in-service trainings	Trainings conducted
Konkan+Mumbai	18.9	26	4(7)
Pune	21.3	29	1(3)
Aurangabad	19.1	13	1(3)
Vidarbha	22.1	18	2(9)

The above table briefly tells us about the regional scenario regarding the capability of the staff. Interestingly, it appears that although there is not much difference in the years of experience, there is clearly a difference between the number of in-service trainings. The staff from training schools in Western Maharashtra has 26-29 trainings underwent on an average, while this average comes down to 13 & 18 in Aurangabad and Vidarbha region. Generally, the in-service trainings are offered by the government and are expected to be undergone by the staff in similar proportions. In such circumstances, why is it that the staff from schools in Vidarbha and

Marathwada are lagging behind. Is it lack of information , lack of motivation or anything else?

### Staff Strength – Health and Family Welfare Training Centres

As done in the earlier part of this section, we shall begin this sub-section with a brief account about the norms regarding the staff at Health and Family Welfare Training Centres (HFWTC) and the Public Health Institute (PHI), Nagpur. The norms regarding the staff have two components; one dealing with the routine training activities and another dealing with special activities. The routine activities of these centres is the training of multi-purpose male workers, some amount of administration at the field practice areas and training of newly appointed doctors. Besides these activities there are special trainings such as Iodine Deficiency Disorders (IDD) training, Accounts Training, Vocational Training .... etc. Other than these two kinds of trainings, number of trainings under the RCH programmes were undertaken. For example, the awareness generation training, skill development training ... etc. However, the norms and the actual staff strength depend upon the routine and special trainings mentioned above. A brief outline of the routine activities undertaken by different Health & Family Welfare Training Centres is given below.

- |                   |   |   |
|-------------------|---|---|
| HFWTC, Pune       | - | MPW training, newly appointed Doctors' 'Pre-placement training', IDD training, Accounts Training, Vocational Training and administration of Field Practice Areas. |
| HFWTC, Kolhapur   | - | MPW Training, Pre-placement Training, IDD training, Administration of the Field Practice Areas.   |
| HFWTC, Nasik      | - | MPW Training, Pre-placement Training, IDD training, Administration of the Field Practice Areas.   |
| HFWTC, Aurangabad | - | MPW Training, Pre-placement Training, IDD training, Vocational Training, Administration of Field Practice Areas.  |
| HFWTC, Nagpur     | - | MPW Training Pre-placement Training, IDD Training, Administration of the Field Practice Areas.  |
| HFWTC, Nagpur     | - | MPW Training, Pre-placement training, Administration of the Field Practice Areas.   |

The PHI, Nagpur is an Apex body and hence is mainly engaged in having the trainings of the higher level officers, meetings....etc. Besides, it also carries out the MPW training and the Pre-placement training.

It is clear from the above description that the HFWTC at Pune is engaged in maximum number of activities, while the one at Akola has the least number of activities. With this information as a background, let us now examine the norms regarding and the actual staff – strength at the various HFWTCs and PHI, Nagpur. Table 4.4 gives the details. Regarding Health Supervisors and Class – IV staff such as helper, peon, watchman ... etc. there are no norms given. If one excludes them, the comparison of the norms and actual staff strength is as given below.

<u>HFWTC</u>	<u>Norm</u>	<u>Actual</u>	<u>NFWTC</u>	<u>Norm</u>	<u>Actual</u>
Nagpur	27	19	Aurangabad	28	24
Akola	23	8	Kolhapur	27	14
Pune	28	31	Nasik	25	17
			PHI, Nagpur	19	16

The severe shortage is observed in HFWTCs at Akola and Kolhapur. This finding is not unexpected, since these HFWTCs are newly established and does not have a sanction of staff of a full- fledged HFWTC. Of course, these HFWTCs also conduct the routine MPW and pre-placement trainings. Next to Akola and Kolhapur are the centres at Nagpur and Nasik. About two – thirds of the staff is in position. The details in Table 4.4 show that this gap is mainly due to the lack of staff under Field Practice Demonstration Areas (FPDA), mainly consisting of PHNs, ANMs & MPWs.

It is only in HFWTCs, Pune that the staff under FPDA are shown. In none of the other centres, the staff is employed. Excepting these staff, the norm and the actual staff strength tally fairly well. However, the detailed examination of the number and kind of staff leads us to a few observation; i) There is no post sanctioned for professor / Lecturers, ii) There is no post sanctioned for looking after the library.

If the centre does not have a training under IDD and vocational training there are only one or at the most two posts of a ‘Medical Teaching Faculties’; It is really difficult to imagine, how the courses in pure medicine must have been taught with a few medical persons to teach. Our interviews with the personnel in the centres revealed that the lab technician, the statistical officers, the sanitary inspectors the PHNS, all share the teaching and other administrative duties. In sum, expect centres at Akola and Kolhpur there seems to be no serious problem about the staff-strength as

such. One could also assess the staff-strength from the point of view of the appropriateness of the norms themselves. Although, the MPW training and the pre-placement training of the newly appointed doctors are the only two routine activities, there are number of other trainings the HFWTCs have to carry out and hence the staff-strength norms could be appropriate.

#### Qualitative assessment of the Faculty

An attempt is made here to assess the capabilities of the faculty at the HFWTCs and PHL, Nagpur, through two indicators, namely average years of experience and total in-service trainings. Table 4.5 gives the information. As far as the experience is concerned, the faculty at Akola has the shortest duration of experience (15 years), while HFWTC, Nagpur tops the list with about 23 years as the average duration of experience. Others lie within the range of 19 to 22 years also. The information on in-service trainings shows that there is lot of variation in the number of trainings. Akola, although, not a full-fledged HFWTC comes up with largest number of trainings. It is observed that even though the number of teaching staff is only five, every one of them has undergone a number of trainings. Next in order are PHL, Nagpur and HFWTC, Nashik with 49 and 42 in-service training with an average of about 4 trainings per person. Next in line are HFWTC, Aurangabad, HFWTC, Pune and HFWTC, Nagpur.

On the whole, the experience and the training experience of faculty at the HFWTCs suggest that as far as the routine MPW training and the pre-placement training of newly appointed doctors are concerned, they could be capable of handling the same. In fact some of them might also be over-qualified. For example, the faculty, particularly, in PHL, Nagpur with 8 of them being MBBS are over-qualified to run the MPW training course or the pre-placement training. Thus, it is not the lack of capabilities but the lack of utilisation, which is going to be the problem of survival of the HFWTCs.

Table 4.1: Staffing Position of Nursing Training School

Sr. No.	Institution	Nursing Officer	Tuter	PHN	S. I.	Surplus/Deficit of Faculties	Support Staff	Surplus/Deficit of Support Staff
1	Ratnagiri	1	-	2	1	Deficit 2	11	Surplus 3
2	Beed	-	1	2	1	Deficit 2	6	Deficit 2
3	Parbhani	1	3	3	-	Surplus 1	8	Surplus 2
4	Osmanabad	1	5	7	-	Surplus 8	10	Surplus 2
5	Buldana	1	3	3	1	No surplus	9	Surplus 2
6	Amarawati	1	4	3	1	Surplus 3	8	Nil
7	Yavatmal	-	1	3	-	Deficit 2	9	Surplus 1
8	Wardha	1	1	2	-	Deficit 2	9	Surplus 1
9	Bhandara	1	5	4	-	Surplus 3	11	Surplus 3
10	Gadchiroli	1	2	2	1	Surplus 1	10	Surplus 2
11	Mumbai	1	2	6	1	Surplus 1	4	Deficit 7
12	Nanded	1	3	4	1	Surplus 1	5	Deficit 6
13	Akola	-	4	3	-	Deficit 1	10	Deficit 1
14	Nagpur	1	6	8	-	Surplus 4	10	Deficit 1
15	Thane	1	1	4	-	Deficit 4	9	Deficit 2
16	Alibag	1	3	3	1	Deficit 2	9	Deficit 2
17	Nasik	1	8	4	1	Surplus 4	20	Surplus 9
18	Dhule	1	4	4	1	No Surplus	5	Deficit 6
19	Jalgaon	1	5	5	-	Surplus 1	11	Nil
20	Ahmednagar	1	3	5	1	No Surplus	5	Deficit 6
21	Satara	1	6	4	1	Deficit 2	3	Deficit 8
22	Chandrapur	1	1	4	-	Deficit 4	8	Deficit 3
23	Kolhapur	1	10	6	-	Surplus 5	15	Surplus 4



**Table 4.2: Staff to student ratio in ANM schools**

<b>Sr.No</b>	<b>Courses offered</b>	<b>Name of the Institute</b>	<b>Staff</b>	<b>Student</b>	<b>Staff Students</b>
1	ANM	Ratnagiri	15	30	0.37
2	ANM	Beed	10	30	0.33
3	ANM	Parbhani	11	30	0.5
4	ANM	Osmanabad	23	30	0.77
5	ANM	Buldhana	17	30	0.53
6	ANM	Amarawati	17	30	0.53
7	ANM	Yavatmal	13	30	0.43
8	ANM	Wardha	13	30	0.4
9	ANM	Bhandara	21	30	0.63
10	ANM	Gadchiroli	16	30	0.57
11	ANM,LHV	Mumbai	14	55	0.22
12	ANM,LHV	Naned	14	55	0.27
13	ANM,LHV	Akola	17	55	0.31
14	ANM,LHV	Nagpur	25	55	0.33
15	ANM,GNM	Thane	15	90	0.21
16	ANM,GNM	Alibag	17	90	0.17
17	ANM,GNM	Nasik	34	90	0.47
18	ANM,GNM	Dhule	15	90	0.15
19	ANM,GNM	Jalgaon	22	90	0.21
20	ANM,GNM	Ahmednagar	15	90	0.18
21	ANM,GNM	Satara	15	90	0.15
22	ANM,GNM	Chandrapur	14	90	0.15
23	ANM,GNM,LHV	Kolhapur	32	125	0.26

**Table 4.3: Average Years of Experience and No. of In-service Trainings in ANM Training Schools**

<b>Sr. No.</b>	<b>Name of the institute</b>	<b>Courses Offered</b>	<b>Average Years of experience</b>	<b>Total No. of Trainings</b>
1	Ratnagiri	ANM	Not Given	18
2	Beed	ANM	19.8	6
3	Parbhani	ANM	21	4
4	Osmanabad	ANM	20	20
5	Buldhana	ANM	26.2	20
6	Amarawati	ANM	24.4	21
7	Yavatmal	ANM	20.8	6
8	Wardha	ANM	21	8
9	Bhandra	ANM	21.6	35
10	Gadchiroli	ANM	17.5	9
11	Mumbai	ANM, LHV	20.7	10
12	Nanded	ANM, LHV	17.5	13
13	Akola	ANM, LHV	25	19
14	Nagpur	ANM, LHV	23.4	27
15	Thane	ANM, GNM	19.5	39
16	Alibag	ANM, GNM	21.75	27
17	Nashik	ANM, GNM	22	38
18	Dhule	ANM, GNM	18	21
19	Jalgaon	ANM, GNM	11.5	17
20	Ahmednagar	ANM	20.3	14
21	Satara	ANM, GNM	20.6	41
22	Chandrapur	ANM, GNM	19	14
23	Kolhapur	ANM,GNM,LHV	23.1	31

Table 4.4: Actual Staff-Strength and the Norms\* at HFWTCs and PHI, Nagpur

Sr. No.	Description	PHI Nagpur		Nagpur		Akola		Pune		Aurangabad		Kolhapur		Nashik	
		Actual	Norm	Actual	Norm	Actual	Norm	Actual	Norm	Actual	Norm	Actual	Norm	Actual	Norm
1	Principal	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	Professor	1	1	-	NA	-	NA	-	NA	-	NA	-	NA	-	NA
3	Sr. Lecturer	1	1	-	NA	-	NA	1	NA	-	NA	-	NA	-	NA
4	Lecturer	5	5	-	NA	-	NA	1	NA	-	NA	-	NA	-	NA
5	M. O.	1	1	1	1	-	NA	2	2	2	2	-	1	1	1
6	Sr. S. I.	-	3	2	NA	2	NA	1	NA	1	NA	-	NA	3	NA
7	S. A.	1	1	-	NA	-	NA	1	NA	2	NA	1	NA	1	NA
8	Artist	-	1	-	1	-	1	1	1	1	1	-	1	1	1
9	Asstt. Supdt.	1	1	-	NA	-	NA	-	NA	-	NA	-	NA	-	NA
10	Sr. Clerk	2	1	2	1	1	1	1	1	1	1	1	1	2	1
11	Jr. Clerk	2	2	2	2	2	2	5	3	4	2	2	2	2	2
12	Lab. Tech.	1	1	2	1	-	1	1	1	-	1	1	1	1	1
13	A. O. / OS	-	-	-	1	1	1	1	2	1	1	1	1	1	1
14	Projectionist	-	-	-	1	-	1	1	1	1	1	-	1	1	1
15	Epidemiologist	-	-	1	1	1	1	-	1	1	1	1	1	1	1
16	Stenotypist	-	-	-	1	-	1	1	1	-	1	-	1	1	1
17	Managamant Instructor	-	-	1	1	-	1	1	1	1	1	-	1	1	1
18	H. E. O.	-	-	1	1	-	1	1	1	1	1	1	1	0	1
19	D. E. M. O.	-	-	1	1	-	1	-	1	1	1	-	1	0	1
20	M. O.	-	-	-	3	-	1	1	1	4 (supervis or, Worker)	4	-	3	-	1
21	State Officer	-	-	2	1	-	NA	2	1	1	1	-	1	1	1
22	P. H. N.	-	-	1	1	1	1	2	1	1	1	1	1	8	1
23	A. N. M.	-	-	-	4	-	4	2	4	-	4	-	4	-	4
24	M.P.W. (M)	-	-	-	4	-	4	4	4	-	4	-	4	-	4
25	Health Supervisor	3	NG	-	NG	-	NG	3	NG	-	NG	1	NG	-	NG
26	Vocational Instructor	-	NA	-	NA	-	NA	-	1	-	1	-	NA	-	NA
27	Superintendent	-	NA	-	NA	-	NA	-	1	-	-	-	NA	-	NA
28	Others (Helper, Driver, Peon, watchman, Cook)	12	NA	5	NA	5	NA	12	NA	14	-	9	NA	12	NA
	TOTAL	31		25		14		46		38		22		32	

NA : Not applicable NG : Not given

\* Source : Training Activities in Maharashtra' A note by Jt. Director, I.E.C. Bureau, Pune

Table 4.5: Years of Experience and In-service Trainings, HFWTCs and PHI, Nagpur

<b>HFWTC</b>	<b>Total In-service Trainings</b>	<b>Average years of experience</b>
Akola	61	15.4
Nagpur	23	23.2
Kolhapur	7*	21.0
Aurangabad	30	19.8
Nashik	42	22.0
Pune	27	19.0
PHI, Nagpur	49	17.5

\* : The data are incomplete for Kolhapur HFWTC

## Section - V

### Expenses Incurred

#### A) A.N.M Training School

One of the important matters regarding functioning of the training schools is the expenditure aspect. Table 5.1 gives the amounts of expenditures incurred by the schools during 1998-99, 1999-2000 and 2000-2001. At the state level, it is observed that an amount of about 30 crores in 1998-99, 44 crores in 1999-2000 and 37 crores in 2000-01 were spent on the 23 training schools. The increase in the expenditure during 1999-2000 is due to the payment of arrears. The comparison of these expenditures across the different institutions cannot be made unless the data are presented in terms of some kind of ratios. The institutions being the training institutions, number of students can be a valid controlling factor. The numbers of students per batch of ANM, GNM and LHV training are of 20, 60 and 50 respectively. However, when we are using these numbers to get the ratios for annual expenses, we have to convert them into the average number of student per year. For instance, the ANM training is of 18 months duration. Hence during half of time of one year, there will be 40 students, while for the other half, there will be 20 students, leading to 30 students on average. For GNM course, being a 3 years course, every year there will be 60 students. LHV course, being a 6 monthly course conducted only once a year, on an average there will be 25 students. The number of students are calculated by taking into the course combination and the above-maintained conversion. The last column shows the ratio-cost per student, per day. It varies from Rs. 23.9 for Ahmednagar, with a course combination of A.N.M. and G.N.M. course to RS 174.8 for Buldhana with just an ANM having. The variation is quite wide and it is not unexpected since the schools are offering different course combinations. The following extract sums up the information in the table.

Type of course combination	Districts with the course combination	District with minimum cost per student	District with maximum cost per student
A.N.M training	Ratnagiri, Beed, Parbhani, Osmanabad, Gadchiroli, Amravati, Buldhan, Wardha, Bhandara	Beed (47.7)	Osmanabad (200.9)
A.N.M Training + L.H.V Training	Nagapur, Nanded, Akola, Mumbai.	Mumbai(69.9)	Nagpur(135.00)
A.N.M Training, + G.N.M Training	Jalgaon, Satara, Nashik, Ahmenagar, Chandrapur, Thane, Dhule, Alibag	Ahmednagar (23.9)	Nashik (134.00)
A.N.M Training + G.N.M Training + L.H.V Training	Kolhapur	(71.1)	

There is wide variation in the cost per student for all the course combinations, the one with the combination of ANM and LHV is having minimum of them. As observed in table 5.1, except Nashik all the other training schools, offering the combination of ANM and GNM courses are having reasonable costs within the range of RS 23.9 for Ahmednagar, to Rs 50.1 for Thane. On the other hand the costs are generally of a higher order for the schools offering only a single ANM training. It is surprising to observe that five such schools in Vidarbha, have high cost ratios (Rs .92 to Rs 175). Interestingly among the schools offering a combination of ANM and LHV courses also those at Nagapur and Akola (from vidarbha) are having ratios above 100 while the other two namely Nanded and Mumbai are having the cost ratios around Rs 70. The wide variation in these ratios and the regional peculiarity leads us to look for the probable reasons behind. To begin with, let us examine the information about the composition of the expenditure according to factors such as salaries TA / DA expenses. POL, stipend. and other expenditure, Table 5.2 gives the relevant information. It is observed that about 90 percent of the expenses are on Salaries, ANM schools at Ratnagiri and Beed have relatively lower expenses on account of salaries (77 and 80 percent respectively). On the other hand training schools at Mumbai Osmanabad, Akola and Gadchiroli have higher percentage (about 95) of expenses incurred on salaries. Incidentally, the ANM training schools at

Ratnagiri and Beed are low cost schools (Rs 48 and 53 respectively being the cost ratios), while those at Osmanabad and Akola are high cost training schools (Rs 200 and 124 respectively). This led us to examine the relationship between the proportion of expenses incurred on salaries and the cost per student pre day Graph shows the scatter, A close look at the scatter shows that a smooth curve may flow through the points for Ratnagiri Beed, Wardha . Parbhani and Gadchiroli, which have a single ANM training, while another smooth curve flows through the points for Ahmednagar, Alibag. Dhule, Jalgaon, Satara. Chandrapur, and Thane which have training schools offering a combination of ANM and GNM courses Thus, for a few of them there seems to be a gradually increasing cost ratios, along with the increase in the salary component. However they are quite a few outliers like Nashik, Bhandara, Buldhana, Amaravati, Yavatmal, Nagpur, Akola and Osmanabad in case of whom the cost ratios are quite high. Although the relationship is not so close, one observation could be definitely made that the variations in the expenses incurred in salaries are responsible in some way for the variations in the cost – ratio.

The foregoing analysis led us to examine the staff strength alongwith the number of the students and the salary component. Table 5.3 gives the relevant information. The last three columns of the table give these ratios, namely salaries / no of staff / no of staff, no of students and salaries / no of students The third ratio is the product of the first two ratios. Such a break up will clearly identify the factors responsible for the large amount of the salary component and thereby for the high cost ratio. The ratio of salaries to the staff strength will indicate the average seniority / position of the staff, while the no of staff / students ratio will give the staff strength in relation to the students. It is clearly observed that there exists minimum variation in the ratio of staff / students in the training school with ANM and LHV training. These ratios are generally low for the school with the ANM & GNM combination and are much higher for the schools offering only ANM courses (This was also observed in the section on personnel). Interestingly the schools with ANM & GNM combination and ANM &LHV combination have generally higher per

capita salaries, in comparison to those for the schools with a single, ANM training course. This seems to be in a proper direction. In order to identify the factors behind high cost ratios in a pointed manner, we cross – classify the training schools in the following manner.

Salaries per staff members

Staff per student	< 50,000	50 - 75000	75 - 100,000	100,000 +
< 0.2	Ahmednag or Alibag	Chandrapur, Dhule,	Satara	-
0.2 – 0.3	-	Jalgaon	Nanded, Kolapur, Mumbai	Thane
0.3 – 0.4	Beed, Ratnagiri	-	-	Akola, Nashik
0.4 – 0.5	-	Wardha	Yavtmal	Nagpur
0.5 +	-	Parbhani, Bhandara, Gadchiroli.	Osmanabad	Buldhana, Amravati.

As seen earlier the cost – ratios for the training school are higher for school at Nagpur, Akola, Yavtmal, Nashik, Bhandara, Osmanabad, Buldhana and Amravati. The same schools have their place in the right corner of the table given above it clearly means that higher, cost ratios are the result of both larger staff strength and higher salaries. It is further observed that five out of these are the schools, with only ANM training. On the other hand, those with low cost ratios are mainly those with ANM & GNM combination and the low cost is mainly due to lower staff / student ratios. In short, costwise, it is advisable to have training schools with more than one course and further a proper management of personnel also would help in reducing the costs.

B) Health and Family Welfare Training Centres

The funding for the HFWTCs and PHI Nagpur comes from three sources. Salaries and contingencies come from the state government, the funding for routine training comes from the Government of India, while the funding for other trainings (RCH, IPD...etc) comes from the other sponsors. The information regarding the expenses attibutal to funding from all the three sources is not available for all the HFWTCs. The data on expenditure under



the first two sources are available. Table 5.4 gives the basic information. It is observed that HFWTC, Aurangabad has the highest expenses incurred, i.e. about 68 lacks, followed by HFWTC, Pune and HFWTC, Nagpur. The expenses incurred by HFWTC, Akola and Kolhapur are at the other end. As there not full-fledged HFWTCs, the expenses might be of a lower order. Generally, the trend in the expenses incurred during 1998-99, 1999-2000 and 2000-2001 is similar for all HFWTCs. The expenses for 1999-2000 are higher on account of payment of arrears. For having a valid comparison, it necessary to convert the expenditure figures into some kind of ratios. As a number of MPWs trained is similar for all of them, comparison based on ratios to trainees will be as good as a comparison of absolute figures. Another way to do this is to have ratio with the staff, particularly (excluding class IV staff). The ratios calculated in this way are given below for the year 2000-2001.

HFWTC	Nagpur	Akola	Pune	Aurangabad	Kolhapur
Ratio - Expenses / Staff	285263	287482	199112	283772	272767

HFWTC	Nashik	PHI, Nagpur
- Expenses / Staff	283429	261359

It is observed that except HFWTC, Pune, all others are on Par. The reason could be given in terms of a high proportion of junior (in position) staff are ANM or PHN.... etc, in HFWTC, Pune. It is interesting to observed that on one hand HFWTC, Pune is engaged in maximum activity, while on the other hand, it is spending smaller amounts. In this connection, it might be worthwhile examining the composition of the expenses. Table 5.5 is gives the same for 2000-01. It is observed that except HFWTC, Akola and Aurangabad, the proportion of salaries is above 80%. It is observed that for HFWTC, Akola the expenses on minor construction is the major non-salary item, while for HFWTC, Aurangabad, it is minor construction and RRT that are major non-salary items. Thus, if we have the ratio of salaries to staff, the expenditure ratio for Aurangabad will come down. In fact, this ratio for Aurangabad is 230762, while the one for Pune is 179148, thus the reducing the gap between the ratios of expenses incurred.

As far the expenses for trainings other than the routine trainings are concerned, the information could be obtained only HFWTC, Nashik and HFWTC, Napur, they are 14 and 38 lacs respectively, for the year 2000-01. Similarly for HFWTC, Pune it was told by the concerned personnel that for the last year, the amount of such expenses was 70 lacs. In short, the expenses on the outside trainings are sumptuous and are one of the major funding source for the HFWTC. Thus, even if the MPW training has lesser demand in future, if the non-routine training continue, the HFWTCs may not come across financial problems.

Table 5.1: Expenses and Cost per student day for ANM training schools, Maharashtra.

Sr. No.	Name of the institute	Courses Offered	Expenditure 98-99	Expenditure 99-2000	Expenditure 2000-2001	Cost Per student per day 2000-01
1	Ratnagiri	ANM	929200	1376321	581348	53.10
2	Beed	ANM	451000	683000	522000	47.70
3	Parbhani	ANM	968000	945000	952000	86.90
4	Osmanabad	ANM	1891000	2683000	2200000	200.90
5	Buldhana	ANM	1065820	1716000	1914000	174.80
6	Amarawati	ANM	1388226	1914150	1898000	173.30
7	Yavatmal	ANM	1265793	1971356	1352717	123.50
8	Wardha	ANM	600000	930000	759000	69.30
9	Bhandra	ANM	1556378	2288391	1775174	162.10
10	Gadchiroli	ANM	904167	1354343	1002223	91.50
11	Mumbai	ANM, LHV	1181324	1982431	1404058	69.90
12	Nanded	ANM, LHV	1161194	1657948	1466391	73.00
13	Akola	ANM, LHV	1708000	2948000	2480300	123.60
14	Nagpur	ANM, LHV	1973977	3372302	2709898	135.00
15	Thane	ANM, GNM	1047261	1980000	1646830	50.10
16	Alibag	ANM, GNM	653000	809000	877000	26.70
17	Nashik	ANM, GNM	4168239	4519339	4401110	134.00
18	Dhule	ANM, GNM	945000	1217000	1116000	34.00
19	Jalgaon	ANM, GNM	889000	1399000	1442000	43.90
20	Ahmednagar	ANM	847970	1208888	783913	23.90
21	Satara	ANM, GNM	1210000	1951000	1551000	47.20
22	Chandrapur	ANM, GNM	753285	1258158	932663	28.40
23	Kolhapur	ANM, GNM, LHV	2177553	3386887	3242937	71.10
	Total		5877808	9203933	37010562	

Table 5.2: Composition of the total expenses in ANM Training School

Courses offered	Name of the Institute	Salaries	TA/DA	POL	Stipend	Others
ANM	Ratnagiri	77.2	3.6	2.9	7.8	8.5
ANM	Beed	79.9	2.9	1.9	9.6	5.7
ANM	Parbhani	92.0	1.5	0.7	4.0	1.8
ANM	Osmanabad	96.1	0.5	0.4	1.9	1.1
ANM	Buldhana	92.1	1.1	1.8	2.4	2.6
ANM	Amarawati	93.7	0.8	1.3	0.0	4.2
ANM	Yavatmal	91.6	1.2	1.9	3.5	1.8
ANM	Wardha	86.3	1.5	4.0	5.7	2.5
ANM	Bhandara	88.0	0.6	2.1	2.5	6.8
ANM	Gadchiroli	95.4	0.7	1.5	1.3	1.1
ANM,LHV	Mumbai	97.5	1.2	0.2	0.0	1.1
ANM,LHV	Naned	86.6	0.2	0.8	8.2	4.2
ANM,LHV	Akola	96.2	0.1	0.6	2.5	0.6
ANM,LHV	Nagpur	92.7	1.4	1.1	3.7	1.1
ANM,GNM	Thane	94.3	0.5	1.6	1.8	1.8
ANM,GNM	Alibag	87.4	1.3	3.1	4.8	3.4
ANM,GNM	Nasik	85.3	0.0	0.0	5.8	8.9
ANM,GNM	Dhule	88.4	1.3	3.6	4.0	2.7
ANM,GNM	Jalgaon	91.9	1.4	1.9	3.1	1.7
ANM,GNM	Ahmednagar	83.3	2.6	3.8	5.5	4.8
ANM,GNM	Satara	92.5	1.0	2.1	1.7	2.7
ANM,GNM	Chandrapur	92.4	0.5	5.4	0.0	1.7
ANM,GNM,LHV	Kolhapur	91.0	0.5	3.1	4.0	1.4

**Table 5.3: Decomposition of the Salary/ Student Ratios into staff Ratio and per capita Salaries, ANM Training Schools**

<b>Courses offered</b>	<b>Name of the Institute</b>	<b>Total Salaries</b>	<b>Staff</b>	<b>Student</b>	<b>Salaries / Staff</b>	<b>Staff / Students</b>	<b>Salaries / Students</b>
ANM	Ratnagiri	448514	15	30	29901	0.50	14950
ANM	Beed	417000	10	30	41700	0.33	13900
ANM	Parbhani	876000	15	30	58400	0.50	29200
ANM	Osmanabad	2114000	23	30	91913	0.77	70467
ANM	Buldhana	1763000	17	30	103706	0.57	58767
ANM	Amarawati	1778000	17	30	104588	0.57	59267
ANM	Yavatmal	1239246	13	30	95327	0.43	41308
ANM	Wardha	655000	13	30	50385	0.43	21833
ANM	Bhandara	1561670	21	30	74365	0.70	52056
ANM	Gadchiroli	956000	16	30	59750	0.53	31867
ANM,LHV	Mumbai	1361012	14	55	97215	0.25	24746
ANM,LHV	Naned	1269450	14	55	90675	0.25	23081
ANM,LHV	Akola	2386000	17	55	140353	0.31	43382
ANM,LHV	Nagpur	2512520	25	55	100501	0.45	45682
ANM,GNM	Thane	1552190	15	90	103479	0.17	17247
ANM,GNM	Alibag	767000	17	90	45118	0.19	8522
ANM,GNM	Nasik	3754660	34	90	110431	0.38	41718
ANM,GNM	Dhule	986000	15	90	65733	0.17	10956
ANM,GNM	Jalgaon	1325000	22	90	60227	0.24	14722
ANM,GNM	Ahmednagar	653029	15	90	43535	0.17	7256
ANM,GNM	Satara	1434000	15	90	95600	0.17	15933
ANM,GNM	Chandrapur	861718	14	90	61551	0.16	9575
ANM,GNM,LHV	Kolhapur	2951122	32	125	92223	0.26	23609

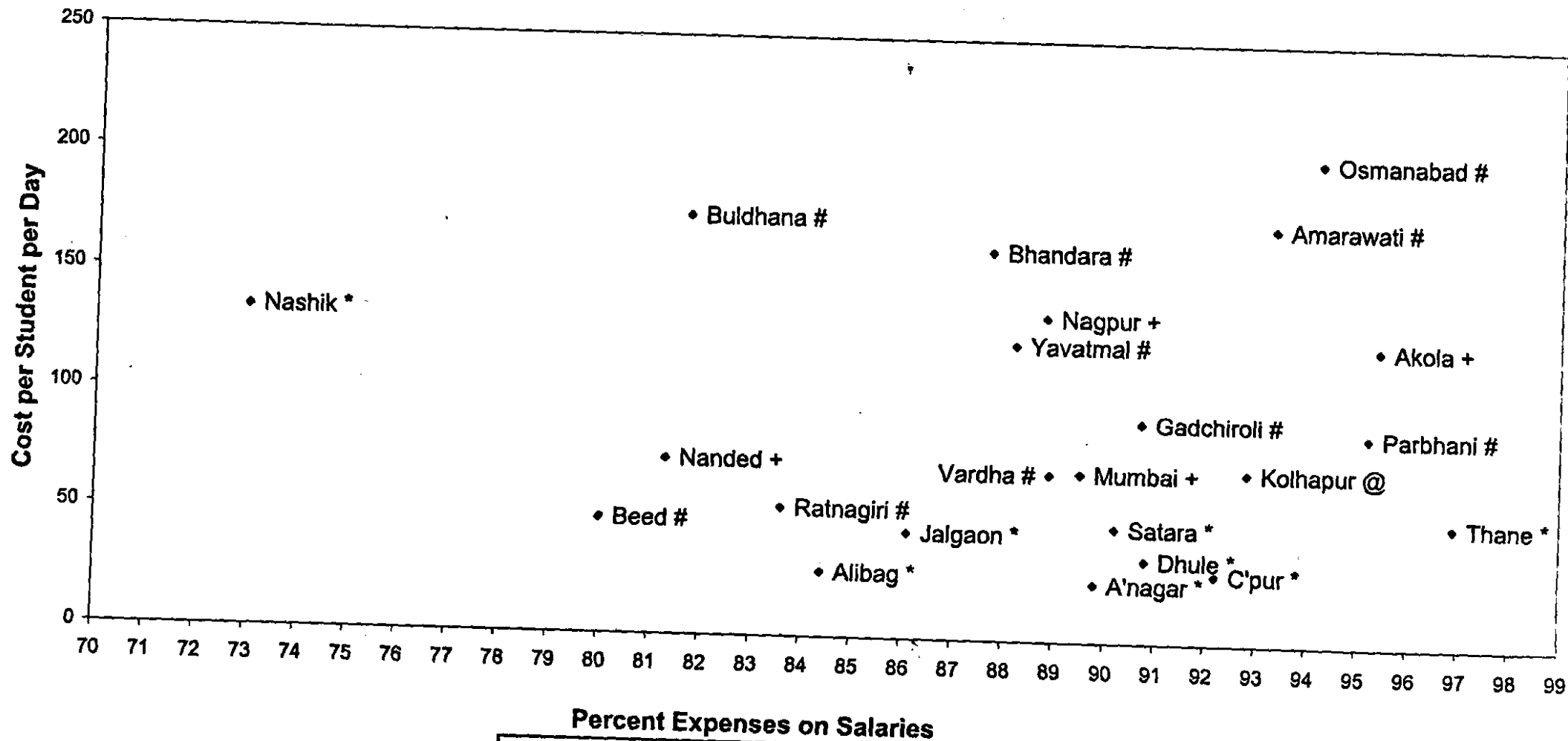
**Table 5.4: Total Expenditures of 98-99, 99-2000, 2000-2001 for HFWTC's & PHI**

Sr. No	HFWTC	Year		
		1998-99	1999-2000	2000-2001
1	Nashik	3686738	5426252	4718297
2	Nagpur	3903000	6040000	5410000
3	Akola	2329971	2917898	2303854
4	Aurangabad	6337237	7970183	6810527
5	Kolhapur	3201771	3615995	3818734
6	Pune	6103910	7604367	6172492
7	PHI Nagpur	2847854	4654414	4181743

Table 5.5: Composition of Expenses into sub-items of HFWTC's & PHI, 2000-2001

Sr. No	HFWTC	Salary	O.E	T.A	POL	Vehicle Repair	Other	RRT	Stipend	Maintenance	Material & Suppliers	DTT	Library	Total
1	Nashik	4233401	219107	72646	24987	22556	44200	15000	2000	0	84400	0	0	4718297
	Per cent	89.72	4.64	1.54	0.53	0.48	0.94	0.32	0.04	0.00	1.79	0.00	0.00	100
2	Nagpur	4663000	281000	282000	62000	0	0	0	0	0	52000	70000	0	5410000
	Per cent	86.19	5.19	5.21	1.15	0.00	0.00	0.00	0.00	0.00	0.96	1.29	0.00	100
3	Akola	1788650	127051	48847	67411	24904	171491	0	0	0	75500	0	0	2303854
	Per cent	77.64	5.51	2.12	2.93	1.08	7.44	0.00	0.00	0.00	3.28	0.00	0.00	100
4	Aurangabad	5538298	303429	90674	53687	67324	304068	228782	28680	0	195585	0	0	6810527
	Per cent	81.32	4.46	1.33	0.79	0.99	4.46	3.36	0.42	0.00	2.87	0.00	0.00	100
5	Kolhapur	3377702	243253	67393	97479	32907	0	0	0	0	0	0	0	3818734
	Per cent	88.45	6.37	1.76	2.55	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100
6	Pune	5553606	182550	51002	25000	0	2000	199908	0	22500	135926	0	0	6172492
	Per cent	89.97	2.96	0.83	0.41	0.00	0.03	3.24	0.00	0.36	2.20	0.00	0.00	100
7	PHI Nagpur	3761159	260235	72522	45271	28512	4964	0	0	9080	0	0	0	4181743
	Per cent	89.94	6.22	1.73	1.08	0.68	0.12	0.00	0.00	0.22	0.00	0.00	0.00	100

**Graph 5.1 : Scatter showing Proportion of Expences on Salaries and Cost per Student per Day, ANM Training Schools**



**Percent Expenses on Salaries**

* : ANM+ GNM	# : ANM
+ : ANM+LHV	@ : ANM+GNM+LHV



## Section VI

### Unmet Infrastructural Requirements and Suggestions for Improvement In the Functioning of the Training Institutes

It is proposed here to examine the information on the infrastructural requirements as expressed by the authorities of the Institutes and compare them vis-à-vis their existing conditions. Further, in this section, we also intend to assess the suggestions given by the Institute authorities.

#### (A) ANM Training Schools

The authorities of the training schools have demanded a number of infrastructural facilities. The list covers rooms, scientific equipment, audio-visual aids, amenities such as vehicle, T.V. Refrigerators, Office equipment such as Photocopier, Typewriter, Telephone, stationary...etc. Table 6.1 gives these requirements for 25 items for 23 training schools. As could be observed from the table, there is lot of variation in the demands of different ANM training schools. For example, the ANM training school at Mumbai has only one demand for books, while the school at Satara has placed 14 demands of different types. The following extract sums up the information.

	Requirement					Total
	Rooms & Furniture	Office equipment	Teaching aids	Vehicle	Other	
1) Gadchiroli	1	1	2	-	2	6
2) Amaravati	1	3	4	1	2	11
3) Yeotmal	-	-	1	1	-	2
4) Ratnagiri	2	2	1	1	2	8
5) Buldhana	2	-	1	1	-	4
6) Bid	-	1	3	-	-	4
7) Wardha	1	2	2	1	-	6
8) Bhandara	-	-	2	-	-	2
9) Parbhani	1	1	2	-	-	4
10) Osmanabad	-	1	1	-	-	2
11) Thane	4	1	1	-	-	6
12) Alibag	1	-	-	1	-	2
13) Jalgaon	2	3	5	1	-	11
14) Chandrapur	4	2	4	-	-	10

Contd...

Contd....

15) Ahmadnagar	-	1	3	-	-	4
16) Nasik	1	1	1	-	-	3
17) Dhule	3	1	2	-	-	6
18) Satara	1	3	4	1	5	14
19) Nagpur	2	1	5	1	1	10
20) Akola	2	3	4	-	-	9
21) Nanded	-	-	2	-	-	2
22) Mumbai	-	-	1	-	-	1
23) Kolhapur	-	-	-	-	-	-
<b>Total</b>	<b>28</b>	<b>27</b>	<b>51</b>	<b>9</b>	<b>12</b>	<b>127</b>

Although, the presentation of the demands as above is rather crude, we will use it only to have a broad judgement about the requirements of the schools. It is a pleasure to note that there are about 50 percent demands coming for teaching aids namely, projectors, models, charts, books...etc. At the same time it is sad to notice the shortages. Office equipment is mainly for Xerox machines, typewriters and computers. Demand for rooms comes mainly for staff-room, while nine out of 23 schools have a demand for vehicle. Other demands consist of refrigerator, TV, VCP, Fan, Geyser, Utensils, Linen...etc. If one looks at the number and nature of requirements, it is observed that for ANM schools offering a single ANM training (No. 1 to 10 in the above extract), average requirements are five, they are five for schools offering ANM & LHV courses, while they are seven for schools offering ANM & GNM course. In this context, it would be interesting to compare these requirements vis-à-vis their existing infrastructural facilities. Graph 6.1 shows the scatter. In entirety, the scatter does not show any direction. But if observed closely, there are two parts of the scatter. The first scatter occupies the triangle with 10 on the vertical axis and 2.7 on the horizontal axis, while the other scatter consists of only 5 points, spread out widely. The first scatter shows a declining trend, implying that as the score of existing infrastructure increases, the requirements decline. This is the expected trend. The outliers are schools at Satara, Jalgaon, Dhule, Nagpur and Amaravati. This observation about the declining trend has two implications. One is that the requirements appear to be fairly genuine and second, although we have used

crude methods of measurement, they have given fairly correct representation of the existing and required infrastructure. It is noticed that nine out of 10 ANM training schools (offering only ANM training) are in the main scatter, while three out of five outliers are from the schools offering ANM & GNM courses. To sum up, the ANM training schools have placed large amount of demands about infrastructural facilities but the requirements are more for the schools offering the combination of ANM & GNM courses, while these schools also have better existing infrastructure compared to the schools offering a single ANM training. Thus, the authorities need to look into the genuine needs of the training schools and provide them the required facilities in order to improve the functioning. Besides the infrastructural needs there are some other demands, which are enlisted in Table 6.2. As can be observed from the table, they are mainly about building repairs, increase in stipend and increase in POL. It is observed that seven institutions need major repairs and nine institutions need minor repairs. Six institutions need rise in POL provision and five nursing officers have recommended increase in stipend.

In short, the demands are plenty. It is the job of the authorities of the state government to look into the genuinity of the demands and the feasibility of providing them.

#### Suggestions given by the authorities of the ANM Training Schools for improvement in the functioning

Authorities at the 23 ANM training schools have provided a few suggestions for improvement in the functioning of the training institutions. They could be classified into three groups; one, the course content, two the faculty and three, the administration of the Institute. We enlist the suggestions in the table below.

##### Course Content

- i) Teaching material should be prepared in Marathi.
- ii) Syllabus needs to be revised.

- iii) Nursing training schools should be attached to the University and GNM students should be given a graduate degree.
- iv) Theory portion in the LHV syllabus should be enhanced.
- v) Nursing council should prepare standard text-books.
- vi) Duration of the course should be increased.
- vii) Subjects like RCH and HIV / AIDS should be added to the syllabus.
- viii) Stipend of the trainees needs an increase.
- ix) Minimum basic qualification of the trainee should be H.S.C.
- x) The time allocated for 'midwifery' should be increased.
- xi) Clinical experience in a well-equipped institution is necessary.

#### Faculty

- i) Refreshers courses should be arranged for the faculty at least once in five years.
- ii) Computer knowledge is essential for the faculty.
- iii) Promotion channels have to be developed.
- iv) PHNs in training schools should not be involved in the hospital activities.
- v) An independent post of a principal should be created
- vi) Faculty members should not be transferred to a place far from their residence.
- vii) Best Nursing Teacher should be given an award.

#### Administration

- i) Post of a driver should be created.
- ii) There should be special budget for the mess.

Although, the suggestions are of a varied nature, no one has made any comment about the job prospects of the ANMs. Some of the nursing officers, in their interviews, have mentioned about the lack of job prospects and that is the reality.

## (B) HFWTCs and PHL, Nagpur

Table 6.3 lists down the infrastructural and other requirements. It can be observed that the expressed needs for various centres are different. The demands are least for HFWTCs Aurangabad, Pune and PHL, Nagpur. Among the remaining four HFWTCs, the one at Nashik and Kolhapur are asking mainly the space, while HFWTC, Akola is asking mainly for the equipment. The HFWTC at Nagpur has a combined need. If one compares this information with the existing infrastructure, (Table 2.1) it is observed that since HFWTCs at Akola and Kolhapur fall short in every type of infrastructure, their demands are appropriate. However, HFWTC, Nashik has the highest rank in the infrastructural index but still they are asking for more space. Similarly, HFWTC, Nagpur also has some demands regarding space and equipment inspite of good infrastructure already available. The authorities should look into the future activities of the centres, the genuinity of their needs and then should decide about the provision.

### Suggestions for improvement in the functioning

The suggestions given by the faculty of the concerned institutions are given below. The suggestions are classified into three groups; namely those about the course, about the centre and about the faculty.

#### (1) Course

- i) There should be supervision for Field Practice Demonstration Area
- ii) MPWs' admission eligibility should be minimum 12<sup>th</sup> (Science).
- iii) Maximum age limit of the MPWs should be 35 years.
- iv) Training should be given before appointment.
- v) MPWs promoted as Wealth Assistant should be trained before promotion.
- vi) Course material should be in Marathi.
- vii) Syllabus needs revision.
- viii) Modern teaching aids are required.
- ix) MPWs should get salaries on time.

- x) Guest lectures should be arranged.
- xi) One FPDA should be identified at every institute.
- xii) Mobile hospital concept should be adopted in FPDA..
- xiii) Passing marks should be cut off upto 35%.
- xiv) MPWs should be posted to places in their divisions.

## (2) Teachers

- i) Vacancies should be filled.
- ii) Training of computers should be provided
- iii) All faculty members should be involved in training
- iv) DTT staff should be involved in training
- v) There should be a pre-placement training for the faculty.
- vi) There should be provision for study leave.
- vii) No surplus staff should be appointed
- viii) Time-to-time training of the faculty is necessary
- ix) Devotion of the person is important
- x) Area of interest should be taken into consideration before appointment of the faculty.
- xi) Training for research should be imparted to the faculty
- xii) Transfers of the faculty should only be between training institutions only.
- xiii) Frequent transfers should be avoided
- xiv) Persons with training aptitude should only be appointed.
- xv) Whatever changes are taking place at the national level in polices, they should be communicated to the centres and faculty should be trained accordingly.

## Centre

- i) There should be networking among all training institution.
- ii) ANM training schools should come under HFWTCs.

- iii) PHI, Nagpur should be upgraded.
- iv) There should be regular evaluation of HFWTCs through PHI.
- v) The PHI, should have overall supervisory monitoring authority.
- vi) There should be some mechanism to ensure coordination between PHI, Nagpur and other PHIs and NIHFW.
- vii) Research journals should have to be supplied to the Institution.

Numerous suggestions have been given and many of them are quite concrete in nature. Need for revision of the syllabus and bringing the course material into marathi are some constructive suggestions. Need for enhancement of the capacities of the faculty through training has been expressed by many and is a very positive suggestion. The upgradation of the PHI and need for giving more authority for better utilisation of the institute is another positive suggestion. The institute is really so well-equipped in infrastructure, personnel and library, that the way it is being under utilised is really being unfair to her. Involving private organisations like the KEM Hospital in the RCH programme and keeping the PHI, Nagpur unutilised is not desirable at least for a government with meager resources.

Table 6.1: Future Requirements of Infrastructural Facilities, ANM Training Schools

Sr. No	Facility / Equipment	Dhule	Wardha	Bhandara	Alibag	Kolhapur	Ratnagiri	Thane	Jalgaon	Satara	Nashik	Nagpur
1	Class Rooms	-		-	-	-	-	✓	-	-	-	-
2	Furniture				✓			✓	✓	✓		
3	Black Board / Display Board	-		-	-	-	-	✓	-	-	-	✓
4	Overhead Projector	-	✓	✓	-	-	Screen Required		-	✓		✓
5	Slide Projector	-	✓	-	-	-	✓	Repairs	✓	-	✓	✓
6	Models	✓	-	✓	-	-	-	-	✓	✓	-	✓
7	Charts	✓	-	-	-	-	-	-	✓	-	-	-
8	Text-books	-	-	-	-	-	-	-	✓	-	-	✓
9	Vehicle	-	✓	-	✓	-	✓	-	✓	✓	-	✓
10	Sub-center equipment/Mid wifery kit	-	-	-	-	-	-	-	✓	✓	-	-
11	Typewriter	-	✓	-	-	-	-	✓	✓	✓	-	✓
12	Photocopier	✓	✓	-	-	-	✓	-	✓	✓	✓	-
13	Demonstration Room	✓	✓	-	-	-	-	-	-	-	-	✓
14	Library Room	✓	-	-	-	-	✓	✓	-		-	-
15	Refrigerator											
16	Staff Room	✓	-	-	-	-	✓	✓	✓	-	✓	✓
17	TV											
18	Computer	-	-	-	-	-	✓	✓	-	✓	-	-
19	Telephone									✓		
20	Cyclostyling Machine								✓	-		
21	Stationary									✓		✓
22	Linen							✓		✓		
23	Utensils									✓		
24	VCP									✓		
25	Fan, Geysers...etc							✓		✓		

, Contd....





Table 6.1: Future Requirements of Infrastructural Facilities, ANM Training Schools

Sr. No	Facility / Equipment	Dhule	Wardha	Bhandara	Alibag	Kolhapur	Ratnagiri	Thane	Jalgaon	Satara	Nashik	Nagpur
1	Class Rooms	-		-	-	-	-	✓	-	-	-	-
2	Furniture				✓			✓	✓	✓		
3	Black Board / Display Board	-		-	-	-	-	✓	-	-	-	✓
4	Overhead Projector	-	✓	✓	-	-	Screen Required		-	✓		✓
5	Slide Projector	-	✓	-	-	-	✓	Repairs	✓	-	✓	✓
6	Models	✓	-	✓	-	-	-	-	✓	✓	-	✓
7	Charts	✓	-	-	-	-	-	-	✓	-	-	-
8	Text-books	-	-	-	-	-	-	-	✓	-	-	✓
9	Vehicle	-	✓	-	✓	-	✓	-	✓	✓	-	✓
10	Sub-center equipment/Mid wifery kit	-	-	-	-	-	-	-	✓	✓	-	-
11	Typewriter	-	✓	-	-	-	-	✓	✓	✓	-	✓
12	Photocopier	✓	✓	-	-	-	✓	-	✓	✓	✓	-
13	Demonstration Room	✓	✓	-	-	-	-	-	-	-	-	✓
14	Library Room	✓	-	-	-	-	✓	✓	-		-	-
15	Refrigerator											
16	Staff Room	✓	-	-	-	-	✓	✓	✓	-	✓	✓
17	TV											
18	Computer	-	-	-	-	-	✓	✓	-	✓	-	-
19	Telephone									✓		
20	Cyclostyling Machine								✓	-		
21	Stationary									✓		✓
22	Linen							✓		✓		
23	Utensils									✓		
24	VCP									✓		
25	Fan, Geysers...etc							✓		✓		

Contd....



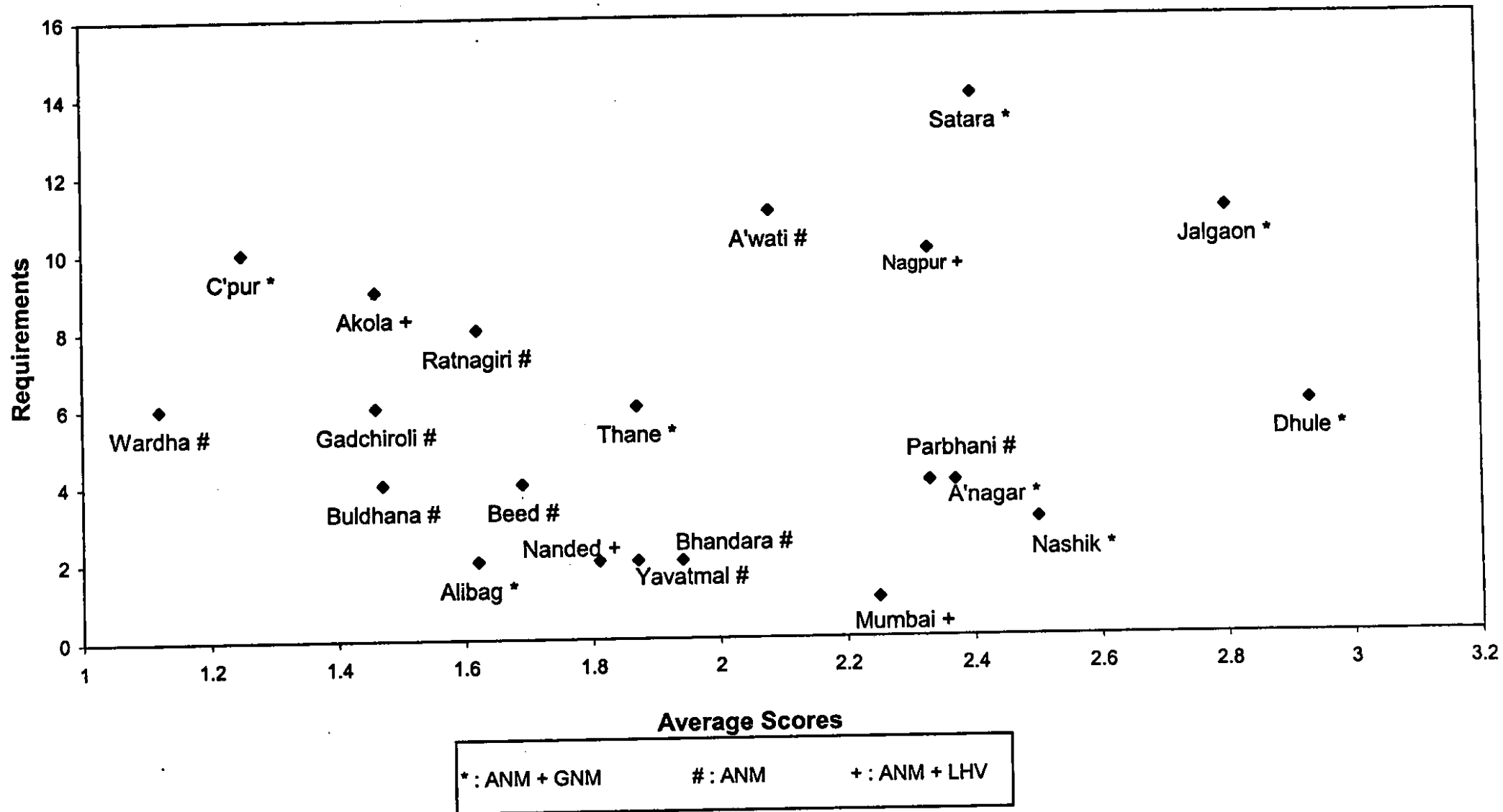
Table 6.2: Requirements (Others than the infrastructural facilities – equipment)

District	Course	Requirements
1) Gadchiroli	ANM	Minor repairs
2) Amaravati	ANM	Major repairs
3) Yeotmal	ANM	-
4) Ratnagiri	ANM	Major repairs
5) Buldhana	ANM	Major repairs
6) Bid	ANM	Minor repairs
7) Wardha	ANM	Major repairs
8) Bhandara	ANM	Minor repairs
9) Parbhani	ANM	Minor repairs, POL, Stipend increase
10) Osmanabad	ANM	Advertisements
11) Thane	ANM + GNM	Minor repairs, Clinic facilities stipend increase
12) Alibag	ANM + GNM	Daily expenses
13) Jalgaon	ANM + GNM	New building
14) Chandrapur	ANM + GNM	Major repairs, POL
15) Ahmadnagar	ANM + GNM	Annex building in field, POL
16) Nasik	ANM + GNM	Clinical facilities
17) Dhule	ANM + GNM	Minor repairs
18) Satara	ANM + GNM	-
19) Nagpur	ANM + LHV	Major repairs, miscellence, stipend increase
20) Akola	ANM + LHV	Minor repairs
21) Nanded	ANM + LHV	Minor repairs, POL, stipend increase Contingence
22) Mumbai	ANM + LHV	POL
23) Kolhapur	ANM + LHV + GNM	POL

Table 6.3: Requirements of the HFWTCs and PHI, Nagpur

<b>HFWTCs</b>	<b>Infrastructural needs</b>	<b>Other needs</b>
<b>Akola</b>	<b>Furniture</b>	<b>Repairs &amp; construction</b>
	<b>Xerox machine</b>	<b>POL</b>
	<b>Computer</b>	<b>Vehicle maintenance</b>
	<b>Air conditioner</b>	<b>Landscape development</b>
	<b>Cooler</b>	<b>Building maintenance</b>
	<b>Kitchen</b>	
<b>Aurangabad</b>	-	<b>POL</b>
<b>Nagpur</b>	<b>Slide Projector</b>	<b>Building maintenance</b>
	<b>Meeting Hall</b>	<b>Renovation, construction</b>
	<b>Glass boards</b>	<b>Hostel Building</b>
	<b>Models</b>	
	<b>Demonstration room</b>	
	<b>Vehicle</b>	
	<b>Xerox machine</b>	
	<b>Staff Quarters</b>	
<b>Kolhapur</b>	<b>Class room,</b>	-
	<b>Laboratory room</b>	
	<b>Demonstration room</b>	
	<b>Projection room</b>	
	<b>Staff room</b>	
	<b>Text books</b>	
<b>Nashik</b>	<b>Two class-rooms</b>	<b>Post of a Librarian</b>
	<b>Recreation rooms</b>	<b>Post of a Rector</b>
	<b>Staff room</b>	<b>Text – book to be prepared for MPW course</b>
	<b>Conference Hall</b>	
	<b>Ladies room</b>	
	<b>MPW Hostel</b>	
	<b>Models</b>	
<b>Pune</b>	<b>Furniture</b>	<b>POL</b>
	<b>Black board</b>	
<b>PHI, Nagpur</b>	<b>Books</b>	<b>Hostel, Mess</b>
	<b>Replacement of material</b>	<b>Vehicle Maintenance, Build Maintenance</b>

**Graph 6.1 : Scatter showing Average Scores of Existing Infrastructure and Required Infrastructure, ANM Training Schools**



## **Section VII**

### **Summary and Recommendations**

As per the guidelines of the Ministry of Health & Family Welfare, a study was to be carried out for evaluating the functioning of the training institutions giving training for ANMs / LHVs and MPWs. In Maharashtra, there are 23 ANM training schools, out of which 4 training schools give training for LHVs also. There are six Health and Family Welfare Training Centres (HFWTCs) and an apex body i.e. Public Health Institute (PHI), Nagpur. Thus, the study was to be carried out for 30 institutions. Information was collected about these institutions with the help of detailed questionnaires. The questionnaires contained questions about physical infrastructure, office equipment, other scientific equipment, furniture, the course contents, trainings undertaken, staff positions, the expenses incurred... etc. In order to know the opinions of the faculty and the trainees about the course, interviews of selected number of teachers and students were taken. Following is a brief summary of findings of this study.

- i) There is a lopsided distribution of the training institutions in different regions of Maharashtra. Most of the districts in Vidarbha and Marathwada have training schools offering a single ANM training, while, almost all the schools offering a combination of ANM and GNM courses are in Western Maharashtra.
- ii) As expected, the schools with a combination of courses (either ANM & GNM or ANM & LHV or all the three) are found to have better infrastructure than those with single ANM training. Among the HFWTCs, except those at Akola & Kolhapur, the other centres have fairly adequate infrastructure. However, Library remains to be a totally neglected component.
- iii) As far as the course content is concerned, there are a few suggestions about the revision of the syllabus, adding new issues

like RCH, introduction to computers....etc. Facilities in the field, the amount of stipend are other issues, which need attention. The other trainings conducted by the HFWTCs are of varied nature, most of them being under the RCH programme. There is significant variation in this activity of the HFWTCs. HFWTCs at Pune and Aurangabad show an impressive performance. PHI, Nagpur is an extremely underutilised institution.

- iv) Comparison of the personnel strength – both teaching and non-teaching – with the norms shows that most of the schools offering a single ANM course are having surpluses in both faculty and non-teaching staff, while the schools with a combination of courses are having deficits in non-teaching or supporting staff. Leaving those at Akola and Kolhapur, other HFWTCs and PHI have the staff fairly matching with the norms. However, if the HFWTCs at Akola and Kolhapur are to be continued, staff inputs are a must. PHI, Nagpur has good qualified staff, but underutilised.
- v) As far as the expenses incurred are concerned, the ANM schools' total expenses, in 2000-01 are 3.7 crores and the cost per student per day is about Rs 74. A comparison of this cost ratio with a training college (Tilak College of Education, Pune) revealed that the cost per student per day is about 120, meaning thereby that the costs incurred in the ANM training schools are not at least excess. It is further observed that the schools offering only a single ANM training are costlier than the others and it is also observed that this high cost is due, mainly, to the excess staff strength in these schools. The six HFWTCs, and PHI, spend in all about 3.7 crores, for their routine trainings consisting of about 100-120 MPWs (one year) and 100-150 newly appointed doctors (for a duration of a week). Roughly, the cost ratio(per student per day) turn out to be



around 130. However, since they carry out other trainings also, this ratio could be misleading.

- vi) Regarding the requirements of, mainly, the infrastructural facilities in the ANM training schools, it could be said that they are plenty. Although, most of them appear to be genuine, some of the schools are asking for more facilities, not very essential. Among the HFWTCs, the requirements of centres at Kolhapur and Akola are more compared to others; but that is expected. Among others, those at Nashik and Nagpur instead of having a good infrastructure have placed substantial demands.
- vii) Revision of the syllabus, increase in the stipend, the course material in Marathi, training of the faculties, better utilisation of the PHI, Nagpur...etc. are some of the important suggestions.

The above given summary of findings and the discussions with the authorities of the training institutions have led us to suggest a few recommendations. They are given below.

Let us start with the assessment of need of such schools in the existing numbers and capacities. As far as both the cadres of ANM and MPW are considered, their demand from PHCs is declining. According to the authorities at the state government about 1500-2000 ANMs are out of job. Similarly our discussions with the authorities at the training schools / centres also revealed that there are no job-prospects for ANMs and the MPW batches are being filled sometimes by admitting trainees working in other departments. In short, about 450 ANMs passing out every year could just be an addition to the waiting list and it might turn out to be very difficult to fill the MPW batches in future. This situation is not unexpected. In 1983-84, when the number of PHCs increased because of lowering the population size-norms, a large demand emerged for ANMs and MPWs and these schools satisfied the demands. However, in last 20 years, the demands have been fulfilled. The number of PHCs has not increased

since then and hence no more demand for the ANMs / MPWs. In such circumstances, continuation of these courses, in the present pattern is going to be an unnecessary burden for the government. At the same time, the staff employed and the infrastructure created also need to be utilised properly. With this background, we have tried to give a few suggestions regarding the restructuring of the ANM training schools and also about the role of the HFWTCs. While giving these suggestions, the imbalance between the facilities in different regions also has been taken into account. For instance, western Maharashtra has almost all training schools with some combination of courses, while those in Vidarbha and Marathwada mostly have a single ANM training course. Thus, first, we shall think about these schools (single training).

### ANM Training Schools

The schools could be classified into 4 types; one with both staff-strength and infrastructure of adequate levels, two, those with good staff-strength but lacking infrastructure, three, those with staff-strength lacking but good infrastructure and four with both lacking. The grouping is as follows:

(I) S+ I+	(II) S+ I.	(III) S.I+	(IV) S. I.
Parbhani	Gadchiroli	-	Beed
Bhandara	Wardha		
Osmanabad	Buldhana		
Yeotmal	Ratnagiri		
Amaravati			

Since the schools in group I have both staff-strength and the infrastructural facilities at adequate levels, we recommend that GNM courses could be started without much additional inputs. The schools at Gadchiroli, Wardha, and Buldhana have surplus staff but lack in infrastructure and hence we recommend that both the staff and the infrastructure could be transferred to the civil hospitals, therein and ANM course be closed down. The students from these districts could get admission to the schools in Bhandara, Yeotmal and Amaravati, (for Vidarbha)

and with some additional infrastructure, the school at Ratnagiri could be strengthened. Since the school at Beed lacks in both staff and infrastructure, it could be closed down and staff and infrastructure could be transferred to the civil hospital.

Training Schools with a combination of courses

Regarding the schools with combinations of course, the classification is as follows :

(I) S+ I+	(II) S+ I.	(III) S. I+	(IV) S. I.
Nagpur	Alibag	Satara	Chandrapur
Nasik	Nanded	Ahmednagar	Thane
Jalgaon	Akola	Dhule	
Mumbai			
Kolhapur			

The schools in the first group are having good infrastructure and adequate staff. However, the school at Nagpur is not in a good condition (although, the index of infrastructural facilities is not bad). Looking at the regional needs and availability, it is recommended that; i) The ANM courses could be taken out from Dhule, Nagpur, Nashik & Alibag. GNM / LHV courses to be continued ii) Both the courses from Chandrapur and Thane could be closed down, as the schools lack in both staff and infrastructure. The staff and infrastructure could be transferred to the civil hospital therein. iii) The schools at Satara and Ahmednagar should be provided personnel.

The above restructuring suggests that the ANM trainee strength will nearly reduce to half and the GNM trainee strength would increase slightly. Looking at the prospects of these courses, it is understood that the GNM course has some scope for getting a job in the private hospitals. Hence, a slight expansion of the GNM trainings and a reduction in the ANM trainings is suggested to improve the job-orientation of the current trainees.

In this connection, we wish to recommend that the course needs a slight revision in the sense that if some more topics, with emphasis on curative aspects are added, the ANM course also would be job-oriented and the job – prospects would be little better. Looking at the huge waiting list for ANMs (1500-2000), it is recommended that if all the PHCs in Maharashtra (about 1600 in number) appoint one more ANM each, the waiting list could be cleared off. It has been always observed that the ANM at the PHC is overburdened. Further the population norm has not been revised since last 20 years. Thus, one more ANM per PHC and at the same time will be give jobs to 1600 ANMs on the waiting list.

As far as the MPWs training is concerned, there are some problems regarding its continuity in future. As mentioned earlier, the demand for MPWs is declining; the reasons could be similar to those for the lesser demands for ANMs. Thus, in future, it might not be necessary to have about 700 MPWs getting training every year. In this connection, if we look at the staff-strength, the infrastructure and the capability of conducting trainings of various kinds, we recommend that the HFWTCs at Pune, Aurangabad, Nashik and PHI, Nagpur should be given trainings other than MPW training like those under RCH (skill development, IPC...etc), or any new programmes coming up, while the HFWTCs at Akola, Kolhapur and Nagpur should be basically given the MPW's basic training. This will reduce the number of MPWs that will be given training and it also will reduce the burden on the HFWTCs, particularly at Akola and Kolhapur.

# STUDY OF THE FUNCTIONING OF HEALTH AND FAMILY WELFARE TRAINING CENTRES

## QUESTIONNAIRE FOR THE FACILITIES IN THE TRAINING CENTRE

### I. ABOUT THE TRAINING CENTRE

1. Location of the Training Centre:
2. Year of establishment:
3. Districts and Population:  
Covered by the centre

Sr. No.	Name of district	Population covered
3.1		
3.2		
3.3		
3.4		
3.5		

4. No. of Blocks:
5. No. of PHCs:

### II. ACCOMODATION AND HOSTEL FACILITIES

Facilities	Qty. in Nos.	Adequacy	
		Adequate (in Sqr. Ft.)	Not adequate
<b>1. ACCOMODATION</b>			
<b>Training Centre</b>			
1.1 Training centre is rented or in own building			
1.2 Condition of the building (requires major/minor repairs)			
1.3 Availability of:			
1.3.1 Office room			
1.3.2 Staff room			
1.3.3 Class room			
1.3.4 Discussion room			
1.3.5 Laboratory room			
1.3.6 Demonstration room			
1.3.7 Projection room			
1.3.8 Common room			
1.3.9 Toilets			
1.3.10 Furniture			
1.3.11			



### III. AVAILABILITY OF EQUIPMENTS AND TEACHING AIDS IN THE CLASS ROOM

#### 1. SITTING ARRANGEMENT

	Available	Usable/working Condition	Additional requirements
1.1 No. of chairs			
1.2 No. of tables			
1.3 No. of Lecture Dais			
1.4 No. of Teacher's tables			
1.5 No. of Teacher's chairs			

#### 2. AUDIO VISUALS

	Total No.	No. in working condition	No. not on working condition	Action taken to rectify
2.1 Overhead projector				
2.2 Slide projector				
2.3 Epidiascope				
2.4 Tape recorder				
2.5 T. V.				
2.6 VCR/VCP				
2.7 Audio cassettes				
2.8 Video cassettes				
2.9 Typewriter				
2.10 Water cooler				
2.11 Refrigerator				
2.12 Photocopier				
2.13 Personal computer				
2.14 Generator				

#### 3. EQUIPMENT

	As on date			
	Available	In working condition	Not in working condition	Action taken to rectify
3.1 Thermometer				
3.2 Kit for collection of sputum				
3.3 Skeletons				
3.4 Anatomical model:				
3.4.1 Male organs				
3.4.2 Female organs				
3.5 Vaccine carrier				





### III. AVAILABILITY OF EQUIPMENTS AND TEACHING AIDS IN THE CLASS ROOM

#### 1. SITTING ARRANGEMENT

	Available	Usable/working Condition	Additional requirements
1.1 No. of chairs			
1.2 No. of tables			
1.3 No. of Lecture Dais			
1.4 No. of Teacher's tables			
1.5 No. of Teacher's chairs			

#### 2. AUDIO VISUALS

	Total No.	No. in working condition	No. not on working condition	Action taken to rectify
2.1 Overhead projector				
2.2 Slide projector				
2.3 Epidiascope				
2.4 Tape recorder				
2.5 T. V.				
2.6 VCR/VCP				
2.7 Audio cassettes				
2.8 Video cassettes				
2.9 Typewriter				
2.10 Water cooler				
2.11 Refrigerator				
2.12 Photocopier				
2.13 Personal computer				
2.14 Generator				

#### 3. EQUIPMENT

	As on date			
	Available	In working condition	Not in working condition	Action taken to rectify
3.1 Thermometer				
3.2 Kit for collection of sputum				
3.3 Skeletons				
3.4 Anatomical model:				
3.4.1 Male organs				
3.4.2 Female organs				
3.5 Vaccine carrier				

3.6	Hypodermic needles				
3.7	Dai's kit				
3.8	Health guides' kit				
3.9	MPW (M) kit				
3.10	MPW (F) kit				
3.11	Other				

#### 4. BOOKS

	Title	Name of author	Edition Year	GOI/State Govt.	Remarks
4.1	Manuals				
4.1.1	Health Guide				
4.1.2	MPW (M)				
4.1.3	MPW (F)				
4.1.4	HA (M&F)				
4.1.5	EPI				
4.2	Job Responsibility of PHC staff				
4.3	Training Guide for PHC staff				
4.4	Dais Training				
4.4	Management Trg. Modules				
4.5.1	Distt. Level Office				
4.5.2	M. O.				
4.5.3	HA				
4.5.4	MPW				
4.5.5	HG				
4.5.6	TBA				
4.5.7	Other studies				
4.5	RCH in service training module				
4.6	National Health Programme Series				
4.7.1	Immunisation				
4.7.2	RCH				
4.7.3	Food Adulteration				
4.7.4	Malaria				
4.7.5	Filariae				

4.7.6 Leprocy					
4.7.7 I. C. D. S.					
4.7.8 Diarrhoeal diseases					
4.7.9. T. B.					
4.8 Bulletins					
4.9 Newsletter					
4.10 Details of the other background material					
4.11 Others					
4.12 Newspaper					

## 5. VEHICLE POSITION

Description	Vehicles					
	Jeep	Car/Van	Bus	Mini bus	Matador	Other
5.1 Total No.						
5.2 Make						
5.3 No. who can travel at a time						
5.4 Date of purchase						
5.5 Cost's						
5.6 Vehicle No's						
5.7 Sufficiency of POL						
5.8 Alternative Conveyance						
5.9 Budget for POL						
5.10 Road Worthiness						

## 6. OFFICE EQUIPMENTS

Description	Total No	Make	Date of Purchase	Working Condition Yes/No	If no, action taken to rectify
6.1 Type Writer					
6.2 Cyclostyling Machine					
6.3 Photocopier					
6.4 Computer PC					
6.5 Calculators					
6.6 Telephones					
6.7 Fax. Machine					
6.8 Refrigerators/ Freezer					
6.9 Water Cooler					
6.10 Other (Specify)					

**VL. FIELD PRACTICE DEMONSTRATION AREA (FPDA) ATTACHED TO THE HFWTC.**

	<b>URBAN</b>	<b>RURAL</b>
FPDA Available		
Name of area allotted by Govt. (Blocks & PHC's allotted)		
Date of allotment		
Authority of allotment with GO		
Block & PHC's allotted		
Population Covered		
Mode of travel to FPDA		
Distance from HFWTC		
Administrative Control over FPDA		
1. Field accommodation.		
1.1 Own or rented		
1.2 No of rooms		
1.3 No. of trainees accommodation		
1.4 Charts /Diagrams displayed		
1.5 Facilities:		
1.5.1 Bath room		
1.5.2 Toilets		
1.5.3 Beds		
1.5.4 Chairs		
1.5.5 Water		
1.5.6 Vehicle		
1.5.7 POL		
2. Approaches tried since allotment		
3. Role of facility		
4. No. of training batches		
5. No. of training batches		
Gone to area during 1998-1999		
1999-2000		
2000-2001		
6. No. of training during 1998-1999		
1999-2000		
2000-2001		
7. Categories of training		
8. Type of skills imparted during Field visits in FPDA area		
9. Demonstration models (if any)		
In terms of knowledge, Attitude and Skill		
10. Research studies in FPDA area		
11. Type of practical experiences Provided to trainees		
12. Developing of role models like Campaigns etc.		
13. Development of MIES		

## **V. AVAILABILITY OF FACULTY AND SUPPORTING STAFF**

1. Faculty positions sanctioned for the center

Faculty positions:

2. Currently how many faculty members are in position?

Faculty in position:

3. Details of the faculty members presently in position at your school.

Sl. No.	Name	Designation	Qualification	Tot. no .of years of service	Years of service in this school
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

4. Details of the service training programmes for the faculties during last three years

Sl. No.	Name of the faculty	Nature of in-service training (provide details of topic covered)	Duration of the training (in months)
1			
2			
3			
4			
5			
6			
7			
8			
9			



3. In your opinion, is the fund available for the school adequate?

YES.....1  
NO.....2

4. Annual additional requirements, in terms of funds for specific items, fir the Centre.

Item	Additional funds required

**VII. PROGRAMMES CONDUCTED DURING THE LAST 3 YEARS**

Program/Participants	During the period								
	1998-1999			1999-2000			2000-2001		
	C	B	T	C	B	T	C	B	T
1. Induction training to Medical Officers....									
2. In-service training under RCH									
2.1 Awareness generation Training									
2.2 Integral skill development trg.									
2.3 Special skill Trg.									
2.3.1 Clinical skill Trg.									
2.3.2 Management skill Trg.									
2.3.3 Communication skill Trg.									
3. Any other (specify) (if required attach separate sheet)									

**C: Category of Health personnel      B: No. of batches conducted      T: Total No. trained**

4. Involvement of faculty in the organization of HFWTC training programme  
(mention the number of each item)

Involvement in training course	1998-1999	1999-2000	2000-2001
4.1 Total no. of courses conducted			
4.1.1 Committee and procedure			
4.1.2 Action plan for institutional activities			
4.1.3 Assessing training load			

5. Teaching methodology followed by the Faculty

Teaching pattern	Mostly	Sometimes	Rarely	Never	Remarks
5.1 Prepare lesson plan*					
5.2 Revise lesson plan*					
5.3 Teaching Method**					
5.3.1 Lecture discussion					
5.3.2 Demonstration					
5.3.3 Group discussion					
5.3.4 Problem solving					
5.3.5 Role play					
5.3.6 Distribute lesson to trainees					

\* - Collect evidence

\*\* - Observe

6. Teaching aids used by faculty

Teaching aids	Mostly	Sometimes	Rarely	Never	Remarks
6.1 Black board and chalk					
6.2 Charts and graphics					
6.3 Over head projector					
6.4 Slide projector					
6.5 VCR					
6.6 Others (specify)					

• - Check the availability

7. Research activities carried out during the last 3 years (1998-1999 to 2000-2001)

7.1 Number of Research studies in last 3 years





**11. Regularity of the trainees**

Sr.No.	Category	Reporting for the course in time (Yes/No)

**12. Are you referring the delayed reporting for the course to the Government?**

**YES/NO**

**12.1 If Yes**

**12.1.1 To whom: State Govt. /Central Govt.**

**12.1.2 Action on corrective measures taken by Government? Give det:**

**12.2 If No**

**12.2.1 Give reasons:**

**13. Suggestions for improvement.**

**REVIEW OF MULTI PURPOSE HEALTH WORKER (MALE) TRAINING  
SCHOOLS**

**QUESTIONNAIRE FOR THE PRINCIPAL/HEAD**

**General Information**

1. Name and address of the Training School

Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail \_\_\_\_\_

2. What is the duration of the MPHW(M) Training Course?

3. Course recognized by

- 3.1 State Nursing Council/India Nursing Council
- 3.2 State Government
- 3.3 Any other (specify)

**Admission of students**

4. What is the annual admission capacity for this course?

SEATS:

5. What are the basic requirements of candidates at entrance?

- 5.1 SSLC .....1
- 5.2 PUC/12<sup>th</sup> .....2
- 5.3 Any other (specify).....3

6. Do you give any priority to give the local candidates for admission to the course?

- 6.1 Yes
- 6.2 No

7. Who, generally, constitute the Selection Committee?

8. How many students were admitted and passed out of the Course during the last three years?

Years	Number admitted	No passed out

9. In total, how many trainees are admitted to the Course, this year? (2001-2002)

**TRAINEES:**

**Curriculum Implementation**

10. What are the different papers/subjects prescribed for the Training Course? List all the papers, along with major themes covered, method of teaching adopted and a number of theory and practical hours devoted

Sl. No	Title of paper	Major themes covered	Method of teaching /learning adopted	No of hours devoted		Areas of skill Development
				Theory	Practice	
	<b>Paper I</b>					
1	Anatomy and Physiology					
2	Microbiology & Biosafety					
3	Behavioral Science					
4	Hygiene					
5	Public Health & Community Health					
6	Factors affecting Health					
7	Environmental Sanitation					
	<b>Paper II</b>					
8	National Health Programme					
9	Communicable Diseases					
10	National Leprosy					
	<b>Paper III</b>					
11	Nutrition					
12	Health Statistics					
13	Reproductive & child health					
	<b>Paper IV</b>					
14	IEC					
15	Non communicable diseases					
16	Mental Health					
17	Basic medical care					
18	First aid & emergency care					
19	Disability management					
20	Indigenous system of medicine					
21	Job responsibilities of MPW					

12. In your opinion, is there any need to review and modify the syllabus for the MPH(M) training?

Yes.....1

No.....2

**Facilities & Equipments**

13. School building (teaching block and hostel) in own building or in rental building.

Own building.....1

Rental Building.....2

31  
 facilities covered  
 MPHW(M) course, but  
 this page  
 is a duplicate

14. What is the condition of the building?

- > Good (no repair required)
- > Major Repair required
- > Minor required

15. Please indicate the availability, adequacy and future requirements of the School with regard to each of the facilities/equipment listed.

Sl.No.	Facility/Equipment	Availability	Adequacy	Future requirements
15.1.	Class rooms	Number [ ] [ ]	Yes...1 No....2	
15.2	Black boards	Number [ ] [ ]	Yes...1 No....2	
15.3	Overhead Projector	Number [ ] [ ]	Yes...1 No....2	
15.4	Slide Projector	Number [ ] [ ]	Yes...1 No....2	
15.5	Models	Number [ ] [ ]	Yes...1 No....2	
15.6	Charts	Number [ ] [ ]	Yes...1 No....2	
15.7	Text books	Number [ ] [ ]	Yes...1 No....2	
15.8	Vehicle	Number [ ] [ ]	Yes...1 No....2	
15.9	Sub-centre equipment/midwifery kit	Number [ ] [ ]	Yes...1 No....2	
15.10	Type writer	Number [ ] [ ]	Yes...1 No....2	
15.11	Photocopier	Number [ ] [ ]	Yes...1 No....2	
15.12	Demonstration room	Number [ ] [ ]	Yes...1 No....2	
15.13	Library room	Number [ ] [ ]	Yes...1 No....2	
15.14	Staff room	Number [ ] [ ]	Yes...1 No....2	



20. Did any member of your faculty participate in any of the service training programs during the last three years? Provide details.

Sl.No.	Name of the faculty	Nature of in-service training (provide details of topics covered)	Duration of the training

21. How many posts of supporting staff are sanctioned for your school, how many are in position. Also give the reasons for vacancy, if any

Post/Designation	Number sanctioned	Number in position	Reason for vacancy, if any

**Availability of Fund**

22. Details of funding

Source	Annual Grant (Previous 3 years)					
	1998-99		99-2000		2000-01	
	Out lay	Exp	Out lay	Exp	Out lay	Exp.

23. Please give the details of item-wise expenditure of the school during the last three years.

Sl No.	Broad item of expenditure	1998-1999	1999-2000	2000-01

24. In your opinion is the fund available for the school adequate?

YES.....1

NO.....2

25. What are the manual additional requirements, in terms of funds for specific items, for your school?

Item	Additional funds required

26. Do you have any other training programmes at your school?

YES.....1

NO.....2

26.1 If yes, provide details of these training programmes

Nature of training	Target group	Duration	Intake capacity	Funding agency

27. If the school is not operational, then reply followings

- When the programme was closed
- Utilization of manpower
- Reasons for not functioning

28. In your opinion, how is the quality of trainees in terms of their motivation, attendance, and attentiveness in the class, level of performance, and future prospects?

Motivation	HIGH	MEDIUM	LOW
Attendance	REGULAR		IRREGULAR
Attentiveness	GOOD	NOT SO GOOD	BAD
Level of performance	GOOD	NOT SO GOOD	BAD
Future prospects	GOOD	NOT SO GOOD	BAD



**REVIEW OF ANM/MULTIPURPOSE HEALTH WORKER(Female)TRAINING  
SCHOOLS**

**QUESTIONNAIRE FOR THE PRINCIPAL/HEAD**

**General Information**

1. Name and address of the Training School

Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail \_\_\_\_\_

2. What is the duration of the ANM/MPHW(Female) Training Course?

3. Course recognized by

- 3.1 State Nursing Council/India Nursing Council
- 3.2 State Government
- 3.3 Any other (specify)

**Admission of students**

4. What is the annual admission capacity for this course?

SEATS:

5. What are the basic requirements of candidates at entrance?

- 5.1 SSLC .....1
- 5.2 PUC/12<sup>th</sup> .....2
- 5.3 Any other (specify)....3

6. Do you give any priority to give the local candidates for admission to the course?

- 6.1 Yes
- 6.2 No

7. Who, generally, constitute the Selection Committee?

8. How many students were admitted and passed out of the Course during the last three years?

Years	Number admitted	No. passed out

9. In total, how many trainees are admitted to the Course, this year? (2001-2002)

**TRAINEES:**

**Curriculum Implementation**

10. What are the different papers/subjects prescribed for the Training Course? List all the papers, along with major themes covered, method of teaching adopted and a number of theory and practical hours devoted

SL No.	Title of paper	Major themes covered	Method of teaching /learning adopted	No. of hours devoted		Areas of skill Development
				Theory	Practice	
Paper I						
1						
2						
3						
4						
5						
6						
7						
Paper II						
8						
9						
10						
Paper III						
11						
12						
13						
Paper IV						
14						
15						
16						
17						
18						
19						
20						
21						

12. In your opinion, is there any need to review and modify the syllabus for the ANM training?

Yes..... 1

No..... 2

**Facilities & Equipments**

13. School building (teaching block and hostel) in own building or in rental building.

Own building..... 1

Rental Building..... 2

14. What is the condition of the building?

- Good (no repair required)
- Major Repair required
- Minor required

15. Please indicate the availability, adequacy and future requirements of the School with regard to each of the facilities/equipment listed.

Sl.No.	Facility/Equipment	Availability	Adequacy	Future requirements
15.1.	Class rooms	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.2	Black boards	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.3	Overhead Projector	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.4	Slide Projector	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.5	Models	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.6	Charts	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.7	Text books	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.8	Vehicle	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.9	Sub-centre equipment/midwifery kit	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.10	Type writer	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.11	Photocopier	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.12	Demonstration room	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.13	Library room	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	
15.14	Staff room	Number <input type="text"/> <input type="text"/>	Yes... 1 No..... 2	

15.15	Clinical facilities for field training	Number <input type="text"/> <input type="text"/>	Yes... 1 No... 2	
15.16	Hostel	Number <input type="text"/> <input type="text"/>	Yes... 1 No... 2	
15.17	Water & electricity	Number <input type="text"/> <input type="text"/>	Yes... 1 No... 2	
15.18	Furniture in class room & in hostel	Number <input type="text"/> <input type="text"/>	Yes... 1 No... 2	

16. Examination system

- 16.1 Theory
- 16.2 Practical

**Faculty and Supporting Staff**

17. How many faculty positions are sanctioned for your school?

**FACULTY POSITIONS:**

18. Currently, how many faculty members are in position?

**FACULTY POSITIONS:**

19. Please give the details of the faculty members present in position at your school.

Sl. No.	Name	Designation	Qualification	Total no of years of service	Year of service in this school
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

20. Did any member of your faculty participate in any of the service training programs during the last three years? Provide details

Sl. No	Name of the faculty	Nature of in service training (provide details of topic covered)	Duration of the training

21. How many posts of supporting staff are sanctioned for your school, how many are in position. Also give the reasons for vacancy, if any.

Post/ Designation	Number sanctioned	Number in position	Reason for vacancy, if any

**Availability of Fund**

22. Details of Funding

Source	Annual Grant (Previous 3 years)					
	1998-99		1999-2000		2000-01	
	Outlay	Exp.	Outlay	Exp.	Outlay	Exp.

23. Please give the details of item-wise expenditure of the school during the last three years.

Sl. No.	Broad item of expenditure	1998-99	1999-2000	2000-2001

24. In your opinion is the fund available for the school adequate?

YES.....1

NO.....2

25. What are the <sup>annual</sup> manual additional requirements, in terms of funds for specific items, for your school?

Item	Additional funds required

26. Do you have any other training programmes at your school?

YES.....1

NO.....2

26.1 If yes, provide details of these training programmes

Nature of training	Target group	Duration	Intake capacity	Funding agency

27. If the school is not operational, then reply followings .

- When the programme was closed
- Utilization of manpower
- Reasons for not functioning

28. In your opinion, how is the quality of trainees in terms of their motivation, attendance, and attentiveness in the class, level of performance, and future prospects?

Motivation	HIGH	MEDIUM	LOW
Attendance	REGULAR		IRREGULAR
Attentiveness	GOOD	NOT SO GOOD	BAD
Level of performance	GOOD	NOT SO GOOD	BAD
Future prospects	GOOD	NOT SO GOOD	BAD

## Questionnaire for the Faculty

29.1 Name of the faculty

---

29.2 Age

---

29.3 Sex

---

29.4 Educational Qualifications

---

29.5 Total number of years of experience  
(including the current experience)

---

29.6 Total number of years of experience in this school

---

29.7 Subjects taught in the current year, including the  
method of teaching, and number of hours  
for theory and practical classes for each subjects

---

29.8 Opinion about the coverage, adequacy and  
relevance of the syllabus

---

29.9 Opinion about the availability of current  
information on the subject taught

---

29.10 Any in-service training undergone?  
Nature, duration, and dates.

---

29.11 whether the in-service training is useful  
in your present assignments? Provide details.

---

29.12 Need for further training

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Last inspection/evaluation of the institution done by the

- Nodal officer of State Government.
- State Council
- Indian Nursing Council

General observation of the investigation about the facilities available and training programme

**Population Research Centre  
Gokhale Institute of Politics and Economics**

**STUDY OF THE FUNCTIONING OF – HEALTH AND FAMILY WELFARE-  
TRAINING CENTRES-ANM Training Centres**

1. Name - \_\_\_\_\_

2. Age - \_\_\_\_\_

3. Education - \_\_\_\_\_

4. Marital Status-(Married/Unmarried) \_\_\_\_\_

5. Is the training duration adequate?

1 Yes

2 No

6. If inadequate, reasons for the same- \_\_\_\_\_

7. Does the portion gets completed during the given duration?

1 Yes

2 No

8. Do you find the topics useful?

1 Yes

2 No

9. Is the time period for practical, adequate?

1 Yes

2 No

10. Do you think that the training given to you is useful in actual field-work?

1 Yes

2 No

11. Do you find that the methods of instruction are proper?

1 Yes

2 No

12. Your general opinion about the training