

# TRAINING & TRAINING INSTITUTIONS

## 9.1 INTRODUCTION

The ASHA programme is a key component of the community processes element of National Rural Health Mission (NRHM)/National Health Mission (NHM), intended to achieve the goal of increasing community engagement with the health system. This year marks a decade of the ASHA Programme. Over the last ten years, the ASHA programme has evolved in many significant ways, responding to local context and national priorities. Today 9.31 lakh ASHAs have been selected across the country and the number of Village Health Sanitation and Nutrition Committees (VHSNC) is 4.99 lakhs.

Today ASHAs are the most visible and prominent face of the National Health Mission across the country. Their strong commitment with health system has been appreciated and documented in various evaluation and review reports.

## 9.2 ASHA SELECTION

The country has ASHAs in place in 33 States and UTs except in the States of Goa, Puducherry and the Union Territory of Chandigarh. During last year, State of Himachal Pradesh initiated selection of ASHAs and the process is currently underway in the State. Over the last year some States (like Madhya Pradesh, Rajasthan, Gujarat, Haryana, Jammu & Kashmir, Punjab, Maharashtra and West Bengal) have selected new ASHAs to address gaps against expected needs. As on September 2015,

there were about 931239 ASHAs in position. With the launch of National Urban Health Mission, selection of ASHAs in urban areas is underway across all States.

## 9.3 ASHA TRAINING

Training of Module 6 & 7 has progressed across most States and is at varying stages i.e., different rounds of Module 6 & 7 are currently underway. Total number of qualified State trainers in Round 1 Training of Trainers (TOT) is 417 and in Round 2 is 337. Overall 13735 District trainers have been trained in Round 1 TOT and 9767 in Round 2 TOT. During last year Handbook for ASHAs on “Action against violence against Women” and accompanying trainer notes were developed in response to demands from the States. This handbook has been included in Round 3 TOT of trainers and round 4 training of ASHAs in addition to other topics of Module 6 & 7. Round 3 TOT of State trainers has been completed for Uttrakhand, Jharkhand, Punjab, Gujarat, Delhi, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Assam, Sikkim and Tripura. Training of ASHAs in Round 3 of Module 6 & 7 is near completion in Uttrakhand and in seven North Eastern States (all except Assam). Round 3 training is underway in all other States except Uttar Pradesh and Rajasthan, where round 1 & 2 training is underway. (See Table on next page for details of training status).

S. N.	States/UTs Name	ASHA Selected	Training of ASHAs								
			Mod. 1	Mod. 2	Mod. 3	Mod. 4	Mod. 5	Mod. 6 & 7			
								Round 1	Round 2	Round 3	Round 4
1	Bihar	85272	68592	52859	52859	52859	78288	78288	67725	55818	7012
2	Chhattisgarh	66713	61378	62113	63579	63702	63505	66023	66023	66023	66023
3	Himachal Pradesh*	24440	7486	7486	7486	7486	7486	0	0	0	0
4	Jammu & Kashmir	11686	11775	11775	11775	11775	11217	9378	0	0	0
5	Jharkhand	40964	40115	40115	40115	40115	40964	37045	37271	36651	33348
6	Madhya Pradesh	60400	49789	48379	47915	46685	55000	55164	53995	42314	2587
7	Odisha	44583	43350	43350	43350	43350	43235	42485	42415	42597	8143
8	Rajasthan	52173	40310	40310	33811	33797	75255	44895	30192	1764	-
9	Uttar Pradesh	139928	135191	129150	129150	129150	129150	85170	69255	0	0
10	Uttarakhand	11086	11086	11086	11086	11086	8978	10313	10381	10286	6793
11	Arunachal Pradesh	3827	3682	3683	3567	3632	3643	3669	3424	3424	1031
12	Assam	30730	28618	28585	28544	28497	28422	29257	29560	22006	10098
13	Manipur	3959	3878	3878	3878	3878	3878	3878	3878	3878	3878
14	Meghalaya	6354	6258	6258	6258	6258	5588	5891	5873	5710	2924
15	Mizoram	987	987	987	987	987	987	987	987	987	987
16	Nagaland	1887	1507	1570	1538	1588	1690	1576	1570	1624	1593
17	Sikkim	666	666	666	666	666	666	666	666	666	666
18	Tripura	7590	7367	7367	7367	7367	7367	7276	7276	7188	3975
19	Andhra Pradesh	42681	33769	33769	33769	33769	33769	34720	30081	2406	0
20	Goa	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
21	Gujarat	35774	29283	28723	28361	28174	27587	32546	32137	30692	28206
22	Haryana	17404	20385	19944	19944	19944	17767	16151	15674	0	0
23	Karnataka	41497	31327	31327	31327	31327	31327	29651	29651	29543	29543
24	Kerala	31829	33209	31712	30709	29913	29045	26002	0	0	0
25	Maharashtra	59118	58771	58299	57842	56717	52247	54524	46248	19534	0
26	Punjab	18593	16375	16375	16375	16375	16403	16243	16243	16363	15956
27	Tamil Nadu	3905	2650	2650	2650	2650	2650	2307	2456	2142	1953
28	Telangana	28439	28019	28019	28019	28019	28019	24497	22149	0	0
29	West Bengal	51080	42211	41163	40165	39163	37577	47274	46085	41748	0
30	A & N Islands	407	407	407	407	407	407	407	407	407	407
31	Chandigarh	50	47	0	0	0	0	0	0	0	0
32	D & N Haveli	241	255	255	255	255	255	180	180	0	0
33	Daman & Diu	78	68	68	68	69	69	55	55	0	0
34	Delhi	6796	4176	2992	3568	3568	5406	4969	4435	1896	0
35	Lakshadweep	102	110	110	110	110	110	110	110	110	110
36	Puducherry	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>931239</b>	<b>823097</b>	<b>795430</b>	<b>787500</b>	<b>783338</b>	<b>847957</b>	<b>771597</b>	<b>676402</b>	<b>445777</b>	<b>225233</b>

Source: MIS, Sept.2015

\* For Himachal Pradesh Link Workers are selected.

## 9.4 ASHA SUPPORT

The supportive institutional network at State level and below has expanded rapidly in the past five years, as States have increasingly become cognizant of the necessity of a strong support structure to enhance the community processes component. All high focus states except Odisha have support structures at all four levels (State/District/Block & Sub-block). North Eastern States have 3-4 levels of support structures except Sikkim. Among non-high focus states, Haryana, Karnataka and Maharashtra have dedicated support structure at all four levels. Punjab has a dedicated support cadre at State, District and Block levels. Gujarat also has selected ASHA Facilitators at the field level while Delhi has selected District ASHA Coordinators. Recently, States of Andhra Pradesh, Telangana, West Bengal, Tamil Nadu, Jammu & Kashmir and Kerala, have no dedicated support systems below the State level and use the existing programme structures to manage and support the ASHA programme.

ASHA Facilitators are the most critical link of the support structure as they provide direct on the job supervision and mentoring to ASHAs. All States except Nagaland, West Bengal, Tamil Nadu, Andhra Pradesh, Delhi, Telangana, Jammu and Kashmir and Kerala, have selected ASHA Facilitators. In these States, on the job mentoring support to ASHAs is provided by ANMs.

Following the training of trainers for ASHA Facilitators last year, all States which have selected ASHA Facilitators have either completed training of selected ASHA Facilitators or are about to complete the training as per Handbook for ASHA Facilitators except for Gujarat and Karnataka. Subsequently, the number of States undertaking performance monitoring of ASHAs have increased from 15 to 21 during last year.

States have also made substantial progress in

setting up grievance redressal system for ASHAs by either setting up grievance redressal committee or instituting toll free numbers/help-lines to register complaints. Grievance Redressal Committees have been set up at district level in States of Bihar, Jharkhand, Maharashtra, Odisha, Uttarakhand, Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Arunachal Pradesh, Tripura, Manipur, Haryana and Sikkim. States of Delhi, Jammu & Kashmir, Assam and Karnataka have started toll free numbers so that ASHAs can register complaints at no expenses whereas Rajasthan has a separate landline number at State level to receive complaints. Uttarakhand and Mizoram have also installed complaint box at all three levels i.e. Block, District and State level for ASHAs while Mizoram has set up such drop box at every PHC level. In Chhattisgarh grievances are addressed through ASHA support structure and VHSNCs where VHSNC members try to resolve all grievances or forward it to Block Level/Jan Samwad. While progress has been made in instituting mechanisms for grievance redressal, more needs to be done in terms of feedback and action.

## 9.5 ASHA INCENTIVES

ASHA is an “Honorary Volunteer” who receives performance linked incentives. Performance based Incentives for ASHAs vary across the states, based on local context and demographics. Currently, there are about 35 nationally approved incentives for activities in area of maternal, newborn, child health, family planning and infectious diseases which are common in most of the States. Most States have initiated payment of incentives amounting to Rs. 1000 pm for routine and recurring activities to ASHAs during the year 2015-16. In the current financial year, an incentive for - Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor Spraying @ Rs. 100 per round was approved by Mission Steering Group.

Payment mechanisms have been streamlined and almost all States have started making payments either in cheque or bank transfer mode. More than 90% ASHAs have bank accounts across all high focus and non- high focus States. To address the issue of delayed payments, Ministry of Health & Family Welfare (MoHFW) has introduced a system of Public Financial Management System (PFMS) linked single window payment of ASHAs across States. However, delays in payments specifically for incentives linked with activities of NVBDCP, RNTCP and NLEP, are common and remain unresolved. States are also supported to provide non-monetary incentives to ASHAs.

In addition to the performance based incentives, some States have also introduced fixed monthly honorarium for ASHAs. These States are – Sikkim (Rs. 3000 pm), Kerala (Rs. 1000 pm), Rajasthan (Rs. 1600 pm through ICDS), Haryana (Rs. 500 pm) and West Bengal (Rs. 1500 pm). States of Karnataka, Meghalaya, provide 100% while Chhattisgarh gives 50% and Tripura provides 33% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.

States are also supported to provide non-monetary incentives to ASHAs. Many states have also distributed uniforms, umbrella, torch light, bag, and I-Card to ASHAs. Few states have provided cycle to ASHAs, e.g. – Jharkhand, Assam, Odisha, Madhya Pradesh, three districts of West Bengal and two districts of Bihar. To facilitate communication with ASHAs, CUG SIM, mobile phones and radio have been provided to ASHAs, e.g. - CUG SIM given in Madhya Pradesh, Mobile phones in Uttar Pradesh, Meghalaya and Nagaland and Radio in Nagaland and Assam. Most States also felicitate good performing ASHAs with awards during ASHA Samellans/Meetings organized at district and block levels.

Some States are in the process of setting up rest rooms for ASHAs at public hospitals to facilitate their stay during their visit to the health facilities, viz, Bihar, Meghalaya, Jammu & Kashmir, Karnataka and Sikkim. Help Desks have also been set up at Chhattisgarh, Jharkhand, Uttarakhand and in few pilot areas of Manipur.

Provision of social security to ASHAs in the form of medical and life insurance is being provided in the States of Assam, Chhattisgarh, Jharkhand and Kerala. States of Odisha, Bihar and Delhi have initiated enrolment of ASHAs in Swalamban Yojana (self-reliance plan) while Sikkim has facilitated enrolment of ASHAs in National Pension Scheme.

## 9.6 NIOS CERTIFICATION

Under the agreement between MoHFW and National Institute of Open School (NIOS) for ASHA Certification, the institutional framework has been consolidated with formation of Project Steering Committee at MoHFW. Further, a Technical Advisory Committee was formed for standardization of curriculum. Further, a Technical Advisory Committee was formed to develop guidelines for Trainers & Training Sites Accreditation.

The standardization of curriculum has been completed incorporating the content of ASHA Modules 1-5/Induction Module, ASHA Module 6 & 5, Mobilizing Action for Violence against Women and Reached the Unreached. A supplementary book, in English, has been developed for ASHA, as aide to preparing for Certification. The Hindi translation of the supplementary book is being taken up for blind review. The Guidelines for Accreditation of Training Sites & Trainers for ASHAs have been developed and disseminated to all States.

Selected districts from twelve States are being taken up in Phase I of ASHA Certification, wherein

approximately, 40,000 ASHAs will be certified by the end of year 2016. The States are Chhattisgarh, Karnataka, Gujarat, Arunachal Pradesh, Sikkim, Tripura, Assam, Jharkhand, West Bengal, Delhi, Uttarakhand and Punjab.

NIOS has set-up an ASHA Cell at national level comprising of one Project Director, two Assistant Project Directors and two administrative staff.

The pool of trainers has been created as National Resource Team at NHSRC. The team has been given a five day orientation process for ASHA Certification.

### 9.7 CAREER OPPORTUNITIES

As part of career progression for the ASHA, States were requested to identify those ASHAs who aspire to obtain academic qualification for Class X or Class XII and to support their registration with the National Institute of Open School (NIOS) under NRHM. States of Bihar, Jharkhand, Chhattisgarh and Delhi support ASHAs for enrolment in education equivalency programmes. States have also been requested to give priority in admissions into ANM/GNM Training Schools to those ASHAs who are otherwise eligible. Provisions for giving weightage to ASHAs for enrolment of ASHAs in ANM/GNM schools have been made in States of Chhattisgarh, Jharkhand, Madhya Pradesh, Uttarakhand, Jammu & Kashmir, Maharashtra, Arunachal Pradesh, Assam and Tripura.

About 1996 ASHAs have been enrolled in ANM and GNM courses across these States (except Jammu & Kashmir and Tripura) and 34 in BSc nursing in Chhattisgarh. Out of the total 2030 ASHAs, 674 have completed their courses and 519 have been employed as ANM and Nurses. In addition, about 431 ASHAs in Haryana have obtained admission in ANM/GNM courses through their own efforts without any facilitation from State. 229 of these have completed their courses and 52 have received employment.

### 9.8 VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES (VHSNC)

Following the launch of revised guidelines for VHSNC as part of Guidelines for Community Processes released in 2013 as part of the revised guidelines, VHSNCs are envisaged as a standing/sub-committee of the Panchayat. The Handbook for VHSNC members and Trainer Notes for VHSNC trainers have also been developed to strengthen VHSNCs. As per the MIS, September 2015; around 4.99 lakh VHSNCs have been constituted and about 4.79 lakh VHSNCs have operational bank accounts.

State	Number of VHSNCs Constituted	Number of VHSNCs with operational Bank Accounts
High Focus States	265913	255328
North Eastern States	45708	44526
Non High Focus States	187114	178939
Union Territories	475	433
<b>Total</b>	<b>499210</b>	<b>479226</b>

Source: MIS, Sept.2015

### 9.9 CENTRALLY SPONSORED SCHEME OF BASIC TRAINING OF ANM/LHV

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

are imparted through the following schemes/activities:

- ANMs/LHVs play a vital role in MCH and Family Welfare Service in the rural areas. It is, therefore, essential that the proper training to be given to them so that quality services be provided to the rural population.
- For this purpose, 333 ANM/MPHW (Female) schools with an admission capacity of approximately 13,000 and 34 promotional training schools for LHV/Health Assistant (Female) with an admission capacity of 2600 are imparting pre-service training to prepare required number of manpower to man the Sub Centers, PHC, CHC, Rural Family Welfare Centers and Health posts in the country. The duration of training programme of ANM is 1&1/2 years and minimum qualification required for this course is 10+2 pass. Senior ANM with five years of experience is given six months promotional training to become LHV/ Health Assistant (Female). The role of HA (Female) is to provide supportive supervision and technical guidance to the ANMs in Sub-Centres. Curricula of these training courses are provided by the Indian Nursing Council. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012.
- Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs. 7090.71 lakhs has been released till November, 2015.

### **9.10 CENTRALLY SPONSORED SCHEME OF BASIC TRAINING FOR MULTI PURPOSE HEALTH WORKER (MPHW) - MALE**

The Basic Training of MPHW (Male) scheme was approved during 6<sup>th</sup> Five-Year Plan and taken up

by Govt. of India in 1984, as a 100% Centrally Sponsored Scheme. There are 49 basic training schools of MPHW (Male). Duration of course is 1 year and on successful completion of the training, the candidate is posted as MPHW (Male) at the Sub-Centre. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012.

Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs. 1143.72 lakhs has been released till November, 2015.

### **9.11 MAINTENANCE OF HEALTH AND FAMILY WELFARE TRAINING CENTRE (HFWTC)**

49 HFWTCs were established in the country in order to improve the quality and efficiency of the Family Planning Programmes and to bring the change in the attitude of the personnel engaged in the delivery of health services through in service training programmes. These training centres are supported under Centrally Sponsored Scheme of “Maintenance of HFWTCs”.

Key role of these training centers is to conduct various in-service training programmes of Department of Family Welfare. Apart from in-service education some of the selected centers have an additional responsibility of conducting the basic training of MPHW’s course where MPW training centers are not available. Assistance will be limited to the salary for the regular staff in the training schools funded by Government of India as per orders dated 25.5.2012

Funds under the scheme are replenished by Family Welfare Budget Section on the basis of audited accounts submitted by States. Rs.1691.42 lakh has been released till November, 2015.

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

Established in 1964 with financial support from Ford Foundation, Government of India and Government of Tamil Nadu, the Health and Family Welfare Training Centre at GIRHFWT is one of 47 HFWTCs in the country. It trains health and allied manpower working in PHC, Corporations/ Municipalities and Tamil Nadu Integrated Nutrition Projects. During the year 2014-15, 26 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE) and 23 admitted during 2015-16.

Gandhigram Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The RHTTI has under taken following activities during 2015-16.

- **Diploma in Nursing Education and Administration (DNEA):** The 13<sup>th</sup> batch of DNEA course for the year 2014-15 was conducted. The candidates were relieved on 15.05.2014 after completion of Govt. Board Examinations. As per instructions of Indian Nursing Council, New Delhi, the DNEA course was discontinued and steps are being taken to upgrade to Post Basic B.Sc. (N) programme;
- **Health Visitor Course (Promotional Training for ANM/MPHW (F) (6 months):** 16 trained during 2014-15 and 10 admitted during 2015-16 and
- **Short- term training in community health nursing:** In short term training in community health nursing, total number of 673 were trained during 2014-15 and 503 during 2015-16.

## 9.13 REPRODUCTIVE AND CHILD HEALTH (RCH) TRAINING

**National Institute of Health and Family Welfare (NIHFW) - RCH Training Activities under NHM for the Year 2015-16:** National Institute of Health & Family Welfare (NIHFW) has been identified as the Nodal Institute for training under NHM and RCH-II till March, 2016. NIHFW has pursued responsibilities of organizing National Level Training Courses and coordination of the NRHM/RCH training activities with the help of 22 Collaborating Training Institutions (CTIs) in various parts of the country. Four more institutions i.e. RHFRTC at Srinagar, Jammu & Kashmir; RIHFW at Haldwani, Uttarakhand; Regional Institute of Paramedical and Nursing Sciences (RIPANS) at Aizawl and Institute of Public Health (IPH) at Ranchi, Jharkhand have been approved to function as CTIs. The activities conducted by NIHFW during the year 2015-16 are as follows:

- Reviewed and prepared comments on training component of the first draft and revised draft PIPs of all 35 States for finalization of SPIPs;
- On behalf of NIHFW, consultants from RCH Unit attended NPCC meetings for all the 35 States/UTs conducted at Nirman Bhawan for finalizing approval of States/UTs PIPs for the year 2015-16;
- **Monitoring Visits:** Monitoring visits were made to different states to validate the Comprehensive State Training Plan (CTP), assess the quality of trainings, using structured checklists. Other visits (Training Management Information System (TMIS) software implementation/Roll out) were also undertaken. During this period a total of 76 visits were undertaken and reports on the monitoring visits made by consultants at NIHFW and CTIs were sent to the Ministry

with comments of NIHFW. Out of 76 above mentioned visits, 24 were undertaken in connection with TMIS software roll out/ implementation;

- Visits were also made by Director and other faculty members to various CTIs for recruitment of RCH staff at CTIs. Director, NIHFW along with Nodal Officer also visited Ranchi, Jharkhand for signing of MOU with State Government regarding starting of CTI at IPH Ranchi and
- The ten weeks Professional Development Course (PDC) for Management, Public Health & Health Sector Reforms for District Level Medical Officer is continued at 17 Institutes including NIHFW in the country. 40 MOs were trained at two institutes (IIHMR Jaipur & SIHFW Jaipur, Rajasthan). 26 MOs are undergoing training at one institute (IIHMR Jaipur).

#### 9.14 NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE (NIHFW)

NIHFW an autonomous and apex technical institute under the Ministry of Health & Family Welfare, Government of India. Educational activities of the Institute are formulated to meet the basic public health education requirements and promote academic excellence in the fields of health and family welfare programmes in the country. With 10 seats, the three-year duration Post-Graduate Degree Course (MD in Community Health Administration) is affiliated to the University of Delhi and recognized by the Medical Council of India (MCI). The course has been continuing since 1969.

- **Post-Graduate Diploma in Public Health Management (PGDPHM):** Started by the Institute in 2008 in collaboration with Public Health Foundation of India and supported by

the MoHFW; this one-year duration course has 30 seats for national candidates and 10 for international candidates. The objective of the course is to sharpen the skills of Public Health Managers working at various levels.

- **One-year duration Diploma Course in Health and Family Welfare Management** through distance learning has 57 students in the academic session 2015-2016.
- **One-year duration Diploma Course in Hospital Management** through distance learning has 155 students in the current academic session.
- **One year duration Diploma Course in Health Promotion** through distance learning has 6 students in 2015-16.
- **Ph.D. Programme:** Presently, thirteen (13) students are pursuing their Doctoral work from different universities of the country.
- Diploma in Health Communication through distance learning for graduates as well as for those working in Health Sector, Diploma in Applied Epidemiology for Medical Officers, Surveillance Officers and Epidemiologists and Diploma in Public Health Nutrition for graduates working in Health Sector, with a maximum intake capacity of 100 students in each course, have been rolled out from the academic session 2015-16. 8, 29 and 13 students have taken admission in these courses respectively.

#### 9.15 FAMILY WELFARE TRAINING & RESEARCH CENTRE, MUMBAI

Family Welfare Training & Research Centre (FWT&RC), Mumbai is a Central Training Institute responsible for the in-service training in the key health areas for different categories of health personnel all over the country. Training related



to Primary Healthcare, Family Welfare, RCH, HIV/AIDS and other integrated National Health Programmes are imparted to various categories of health professionals of State and District levels, i.e. DHOs, DEMOs and Key-trainers etc. from Health & Family Welfare Training Centres. Centre is also conducting a one year academic Post-graduate Diploma in Health Education (Renamed as Diploma in Health Promotion Education) for the candidates deputed from all over the country and also for candidates sponsored by WHO/UNICEF/UNDP/DANIDA etc. The first course of D.H.P.E. was started in the year 1987-88. Presently, 29<sup>th</sup> batch of Diploma in Health Promotion Education Course is in progress with 22 trainees from Maharashtra, Andhra Pradesh, Karnataka and Odisha.

With the launch of Government of India's National Rural Health Mission and the present healthcare services, FWTRC Mumbai is also conducting a Post-graduate Diploma in Community Healthcare, for the para-medicals working in family welfare in

Health Departments, NGOs and Private Sectors to improve their efficiency to cope up with the work under the NRHM for better delivery of healthcare services. This course is very much in line with the present mandate of National Government to train medical manpower with rural background and serving in rural areas. The first course of this was started from October 2007. The duration of the course is 15 months. The 6<sup>th</sup> batch of course has been commenced. Various IEC activities on Non-Communicable Diseases, Reproductive & Child Health and Family Welfare were carried out through DPHE and PGDCHC trainees in the field practice & demonstration area.

Due to limited space and infrastructure in the existing building, the Centre is being shifted to new premises at New Panvel, Navi Mumbai for enhancing the quality and quantity of training for medical & paramedical personnel. Presently, about 35% of the RCC structural work of the new building has been completed.

