ANNUAL REPORT 2015-16



THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST

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The Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT)

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PART-I

1. AN OVERVIEW

The Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT) was established in the year 1964, with the financial support of Ford Foundation, Government of India and Government of Tamil Nadu, after a **Pilot Health Project** conducted by Dr. T.S. Soundram (founder of the Institute) during 1959 to 1964.

The experiments and achievements of the pilot health project provided the base for promoting further research and training in National Health and Family Welfare programs. Using a community approach, all programs of the Institute are integrated to form a strong net work for health promotion in the country.

The programs of the Institute can be broadly classified into three areas viz., (1) Training, (2) Research and (3) Service.

The Institute functions through Government programs such as:

Central Training Institute (CTI) for training of Regional level and District level and Primary Health care functions. In the field of training, the Institute has been adopting innovative training methodologies in in-service and professional training programs. Along with fulfilling the training needs of southern states, it extends its training support to other states also through its programs on Peer Education, Participatory Learning and Action Approaches.

Regional Health Teachers' Training Institute (RHTTI) for training of nursing personnel and its allied health functionaries in Community Health Nursing.

Population Research Centre (PRC) focuses its attention on various population issues like health outcomes and its relationship with health delivery system, implementation of various national health programs, etc by doing empirical research. The research findings of the Institute have served fruitful suggestions for program planners of Government of India. The Institute reports all its research findings regularly to the Central and State Government apart from publishing interesting findings as Research Bulletins.

The Institute has made an impact on:

- Reduction of population growth in the country
- Improvement of Material and Child Health and Family Welfare acceptance
- Prevention of AIDS
- Promotion of RCH concepts
- Promotion of sanitary practices

2. OBJECTIVES

The main objective of the Institute is to advance and accelerate Health, Reproductive and Child Health and Family Welfare programs at the State and National level by:

Conducting research studies in the field of Rural Health, RCH and Family Welfare activities;

Organizing training programs for Health, RCH and Family Welfare Program personnel within the State and personnel from other States; and

Developing improved Health, RCH and Family Welfare practices.

Highlights of the year 2015-16



Founder's Day Celebration



Board of Trustees



3. HIGHLIGHTS OF THE YEAR

3.1. From the Director's Desk

Being one among the premier public health training and research institutions in the country, the Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT) has crossed many milestones in serving rural population in health, education and services.

Our institute consists of **two major wings** viz., **Training** and **Research**. Training wing comprises (i) **Central Training Institute**



(CTI), which includes Central Unit (CU), Department of Health Promotion & Education (DHPE), Health & Family Welfare Training Centre (HFWTC) and Administrative Unit (AU); (ii) Regional Health Teachers' Training Institute (RHTTI). Research wing consists of Population Research Centre (PRC). These wings conduct various long term and short term training programs and research studies assigned by Central and State Governments regularly. Apart from this, our institute conducted adhoc training programs funded by national and international agencies viz., NACO, NRHM/NHM, IIPS, WHO, Population Council, UNFPA, USAID, UNICEF, TABSACS, TNHSP, etc.

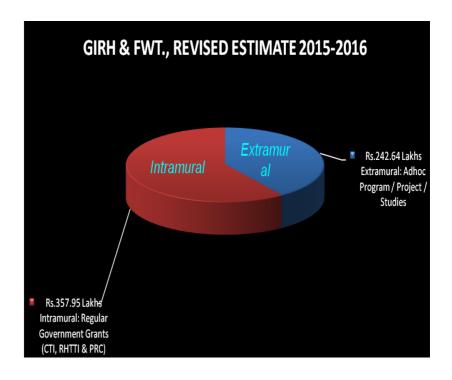
During the reporting period (2015-16), under **Training wing**, 81 nursing students were trained on Communication and Education Technology (student from two nursing colleges); 35 M.Sc./B.Sc. students of Home Science Department, Gandhigram Rural University, were trained on IEC strategies; one day specialized training on IEC for students from Madurai Medical College. Various categories of medical and paramedical personnel were trained on Managerial Skill training to MOs, Basic Emergency Obstetric and Newborn Care (BEmONC), Skilled Birth Attendant (SBA), MCH Skill Lab training, Navjaat Shishu Suraksha Karyakram (NSSK). A total number of 1161 personnel were trained in our HFWTC. Twenty three (23) candidates from various states including Andhra Pradesh, Karnataka, Odisha, Sikkim, and Anadaman were enrolled to undergo the 52nd batch of P.G. Diploma in Health Promotion and Education (PGDHPE) course. Regular theory sessions were commenced followed by Concurrent Field Training (CFT) and Supervisory Field Training (SFT). Ten (10) candidates underwent six months Health Visitors course in RHTTI. The candidates were deputed from two municipal corporations and four Government Hospitals, Regular theory sessions conducted followed by clinical posting, observational visit, concurrent and supervisory field trainings. Apart from this long term course, a total of 847 nursing students (B.Sc., M.Sc., GNM, etc) were given short term training on community health nursing. The nursing students were deputed from various nursing colleges from Tamil Nadu. Kerala and Karnataka. All training components both in long term and short term training have been rural centric in nature, serving rural population on health, sanitation, education, better living standards, etc. A total of 11 students and 15 students were undergoing 1st year and 2nd year Diploma in Medical Laboratory Technology (DMLT) course respectively. Regular theory sessions were taught followed by hospital posting in Dindigul GH for their practical experience in blood bank, ICTC, RNTCP, and internship training in Kasturba Hospital, Gandhigram.

During the reporting period (2015-16), under **Research wing**, various studies undertaken were 1. Monitoring progress of PIP in twelve Districts in Tamil Nadu, 2. Study on factors influencing private institutional deliveries in Kanniyakumari district of Tamil Nadu, 3. A study on Investments under NRHM to improve Health infrastructure in Tamil Nadu, 4. A study on Skill Development Training to Peripheral level Health Workers and Others under NRHM in Tamil Nadu, 5. A study on Time Utilization for Service Delivery by the Village Health Nurses in Tamil Nadu, 6. A study on Functioning of Village Health Water Sanitation Committee in Tamil Nadu, 7. A study on Utilization of Newly Created 30 Beds facilities at the Primary Health Centres and the newly created Urban PHCs in Tamil Nadu, 8. Causes and consequences of underweight children in Tamil Nadu, 9. Morbidity profile of women during pregnancy in Tamil Nadu.

We, in our institute, through training and research, always focus all our attention and efforts towards upliftment of rural population by health education, training, extension activities, etc. to fulfill the vision and objectives of our founder chairman Dr. T.S. Soundram Amma.

Dr. S. Seethalakshmi Director

3.2. GIRH & FWT Revised Estimate 2015-2016



PART-II

4. RESEARCH

4.1. Population Research Centre (PRC)

Gandhigram is one of the 18 Population Research Centres (PRC) promoted by the Government of India. PRC is the mainstay of all the research programs of the Institute. The Institute commenced its research activities in the form of an action research through a Pilot Health Project in Athoor block during 1959. In the year 1961, Government of India sanctioned the Family Communication and Action Research Centre (FPCAR) to the Institute to enable it to undertake research programs on various aspects of Family Planning programme implementation. Later, the FPCAR was upgraded and renamed as Population Research Centre. In 1980 the PRC was upgraded as a fully developed centre (Type I PRC) with 17 well experienced technical staff and six supportive staff (Annexure-I). The Additional Director General (Statistics) in the Ministry of Health and Family Welfare, Government of India is responsible for the functioning of all 18 PRCs in the country and PRC, Gandhigram is one among them.

The geographical jurisdiction assigned to the PRC by the Ministry of Health and Family Welfare, Government of India is the state of Tamil Nadu and the Union Territory of Puducherry. However, the PRC activities extend beyond Tamil Nadu to neighboring States / Union Territory such as the Andaman and Nicobar Islands. Apart from regular and ad-hoc grants from Government of India, the PRC also undertakes studies funded by other agencies such as Government of Tamil Nadu, ICMR, UNICEF, DANIDA, USAID, Population Council, Ford Foundation, UNFPA, WHO, IDRC, PATHFINDER International and APAC. In addition, the centre is involved in many other activities of its parent body (GIRH & FWT) such as teaching the students of Diploma in Health Education, Nursing and other in-service health training programs apart from consultancy and implementation of special programs.

The Population Research Centre also functions as a support centre for the Government of Tamil Nadu in implementing various health and family welfare programs and Health Management and Information System (HMIS), Mother and Child Tracking System (MCTS) in the State and provides valuable information on program performance apart from making suggestions on various measures to improve its performance. Periodic meetings are arranged with the

state and district level health officials to disseminate the research findings of PRC. State level seminars were organized in 1996 and in 2000 to disseminate the research findings of National Family Health Survey-I (NFHS-I) and Rapid Household Survey-Reproductive and Child Health (RHS-RCH) and other projects undertaken by PRC. The research activities of the PRC including the studies undertaken, performance and findings are discussed with the members of the board of trustees during the board of trustees meetings.

The Population Research Centre, Gandhigram, committed to undertake 10 research studies on various topics during 2015-16. Apart from the regular research work, the centre was assigned with monitoring implementation of the programs under National Health Mission in 12 districts in Tamil Nadu. Work completed during the year is described in the following pages.

4.2. Activities of Population Research Centre (Year 2015-16)

Research Studies completed

1. Monitoring progress of PIP in twelve Districts in Tamil Nadu

Funding Agency	Ministry of Health and Family Welfare, Government of India
Objectives	To monitor the implementation of programmes as detailed in the PIP of the state concerned. (Districts covered: Chennai, Coimbatore, Cuddalore, Dharmapuri, Kanyakumari, Karur, Nagapattinam, Pudukkottai, Ramanathapuram, Sivagangai, Thanjavur and Theni)
Period	April 2015 – March 2016
Sample	From each district: Medical College Hospital, District Hospital, Taluk / non-taluk hospital, CHC, PHCs, HSCs, and UPHCs
Progress	Completed
Findings	Human resources at the facilities are adequate. However, diversion of Medical persons from the place of posting to other medical institutions affects effective service delivery. New initiatives like providing sanitary napkins to the adolescent girls initiated. Community participation in health facility affairs is lacking. Data generation and utilization is poor. Clients reported satisfaction with the available facilities and with the behaviour of staff.

2. Study on factors influencing private institutional deliveries in Kanyakumari district of Tamil Nadu

Funding Agency	Ministry of Health and Family Welfare, Government of India
Objectives	To identify the factors influencing deliveries at private institutions in Kanyakumari district.
Progress	Completed
Findings	Statistical analysis indicates that educational level of both woman and her husband play an important role in deciding the preference for private institution as place of delivery. Other factors like age of women and gravida also play important role. It is seen that higher percentage of women who delivered at the public institutions has knowledge about government maternity benefit schemes than the women who delivered at private institutions. Among the institutions, Primary Health Centres are preferred for Ante natal Care. Doctors availability, facilities for caesarian section delivery, scan facility are some of the improvements expected by women in public institutions. The charges are nominal and religious affiliations are seems to be the reason for even the low income earning families availed private health institution services (at CSI hospital). Among the public institutions the Government Hospitals are preferred as caesarian section delivery facility, other medical and para-medical attention is always available. On the other hand the public institutions, PHCs, are located in secluded places where transportation and other facilities are lacking.

3. A study on Investments under NRHM to improve Health infrastructure in Tamil Nadu

Funding	Ministry of Health and Family Welfare,		
Agency	Government of India		
Objectives	To understand the utilization of various schemes under NRHM by the state to improve health delivery		
Progress	Completed		
Findings	Analysis indicates that the State of Tamil Nadu has substantially utilized various provisions under the NRHM scheme		

4. A study on Skill Development Training to Peripheral level Health Workers and Others under NRHM in Tamil Nadu

Funding	Ministry of Health and Family Welfare,			
Agency	Government of India			
Objectives	To find out the efforts to train the peripheral level			
	health workers on various health skills			
Progress	Completed			
Findings	Trainings given to peripheral level health workers have been mainly on MCH. Considering the emerging public health issues, they need to be trained on other health aspects like NCD, old age problems, etc.,			

5. A study on Time Utilization for Service Delivery by the Village Health Nurses in Tamil Nadu

Funding	Ministry of Health and Family Welfare,
Agency	Government of India
Objectives	To find out how effectively the time is utilized by the Village Health Nurses in Tamil Nadu
Progress	Completed
Findings	The pregnancy registration has declined to one or two per week, no domiciliary deliveries, one postnatal care visit per week, visits of Mobile Medical Unit with medical officer and other staff to the villages and other supportive systems like RBSK, all resulting in reduction in work load. At present, apart from the VHN Anganwadi Centre has are involved in many of the health care activities. At least three days on Tuesdays (review days), Wednesdays (Immunization days) and Saturdays (online data entry day) the work load is much less. Supervision is very weak, Considering the present scenario, it is suggested that the well trained and experienced cadre of Village Health Nurses and the well-networked supportive staff in the Anganwadi centres and the male health workers should be considered as a health delivery sub-system and their job responsibilities need to be re-worked keeping in view the emerging challenges such as non-communicable diseases, high level of prevalence of anemia among women and adolescent girls, recurrence of vector borne diseases, old age

problems and psychological problems. This cadre
will be of much help in achieving the Universal
Health Coverage efforts.

6. A study on Functioning of Village Health Nutrition, Water and Sanitation Committee in Tamil Nadu

Funding Agency	Ministry of Health and Family Welfare, Government of India
Objectives	To understand the functioning of VHNWSCs in Tamil Nadu
Progress	Completed
Findings	Except for regular reporting of VHN days none of the guidelines issued are properly followed. Considering the importance of the committee in involving community in local health planning and tackling Social Determinants of Health, it is suggested to revamp the functioning of these committees. Some of the suggestions are to fix a particular day in a month for conducting the committee meetings / conduct village health and nutrition day to co-inside with the visit of the Mobile Medical Unit or on the immunization day so that the MU medical officer's visit / village health nurses' visit for immunization to the particular panchayat village could be fruitfully utilized and at the same time accountability is ensured.

7. A study on Utilization of Newly Created 30 Beds facilities at the Primary Health Centres and the newly created Urban PHCs in Tamil Nadu

Funding	Ministry of Health and Family Welfare,			
Agency	Government of India			
Objectives	To understand the utilization of newly created			
	facilities such as 30 beds hospital and Urban PHCs			
Progress	Completed			
Findings	There is wide variation in the pronounced			
	achievement and reality. Though infrastructure in			
	terms of building, beds and manpower have been			
	provided, its appropriateness is not in line with the			
	aim with which the initiative was taken. Staff			
	diversion, transfer of trained/qualified medical			
	persons to other higher institutions and, in many			

insta	nces, non-	-completion	of the	building	are	the
hindr	ances in	achieving	the o	bjectives	of	the
initia	tive.					

8. Causes and consequences of underweight children in Tamil Nadu

Funding	Ministry of Health and Family Welfare,			
Agency	Government of India			
Objectives	To identify the correlates of underweight children in			
	Tamil Nadu			
Progress	Completed			
Findings	The present study reveals that 6.72 percent of the live births born in Tamil Nadu were under weight, i.e., born with less than 2500 grams. Regional variations are also striking in terms of Block/Municipality/ Corporation. Blocks with inaccessible areas with hilly terrain experiences more incidences of low birth weight babies. This makes a question on the accessibility and affordability of the existing national programs for improving the antenatal care in the inaccessible areas. Overall, the effect of geographical regions is very prominent in the incidence of underweight births.			

9. Morbidity profile of women during pregnancy in Tamil Nadu

Funding	Ministry of Health and Family Welfare,
Agency	Government of India
Objectives	To describe the morbidity profile of pregnant women
	in Tamil Nadu
Progress	Completed
Findings	Maternal morbidity incidence rate in the Tamil Nadu state is 6.56. Short primi (>145 cms), multipara, Hydraminos, elderly primi and multiple pregnancy shows their significant contributions in pregnancy complications. Previous LSCS/assisted delivery alone account 43 percent of obstetric morbidity. CPD and post dated pregnancy took major part in obstetric complication. Pregnancy complications/ complicated pregnancies account a considerable proportion in maternal

morbidity in turn in maternal death. Maternal age accounts two percent (teenage pregnancy, elderly primi i.e., conception at the age of 35 and above vears) of the pregnancy complications. incompatibility accounts 3.87 percent of the complications. Multipara (3.7 percent) and multiple pregnancy account (2.9 percent) a considerable followed by Short primi (3.1 percent) proportion and hydraminos (1.98 percent). Previous LSCS/assisted delivery (43 percent) is the main obstetric problem reported followed by long period of infertility (1.9 percent), previous bad obstetric history (2.78 percent), pregnancy due to contraceptive failure (0.14)percent) and handicapped mother (0.19 percent). Obstetric complications like CPD and post dated pregnancy (1 percent each) were commonly reported pregnancy complications followed by IUD (0.20 percent), IUGR (0.30 percent), Congenital malformation (0.35 percent) and ectopic pregnancy (0.09 percent).

4.3. Research Studies In progress

1. A Socio-cultural and reproductive behavior of the primitive tribes in the Gudalore block in The Nilgiris district

Funding	Ministry of Health and Family Welfare,
Agency	Government of India
Objectives	To understand the Socio-cultural and reproductive behavior of the primitive tribes in the Gudalore block in The Nilgiris district
Progress	Data collection completed. Analysis and reporting will be continued in the next year

4.4. Proposed Studies

Research Studies Proposed for 2016-2017

Regular studies

PIP monitoring visits— 4 districts in Tamil Nadu and 8 districts in Madhya Pradesh

- Reproductive behavior and health status of primitive tribes in the Gudalore block in Tamil Nadu (continued from last year)
- Path to Population decline: A study on negative growth of population during 2001-2011 in the Nilgiris district of Tamil Nadu.
- A Study on Functioning of Rogi Kalyan Samitis (RKS-Patient Welfare Societies –PWS) in Tamil Nadu
- Situation Analysis of Primary Health Care in Tamil Nadu: Case study of one Community Development Block each in three Districts of Tamil Nadu
- A Study on implementation of National Health Mission components in the Union Territory of Lakshadweep
- Health status of Female Garment Workers in Tamil Nadu
- Trends in Pregnancy wastage in Tamil Nadu –causes and consequences
- Out of Pocket expenses on Maternal Health and Delivery care in Tamil Nadu

Research studies funded by Central / State / International Organisations

- End line evaluation of Pudhu Vaazhvu Project of Government of Tamil Nadu (supported by World Bank)
- LASI Wave I survey in the State of Tamil Nadu and Pudhucherry
- Research papers on important issues

4.5. Other Activities

Teaching by PRC staff

PRC staffs are involved in teaching Demography/Population & Health Policies, Statistics, Research Methodology, RCH, NRHM and other Health Programmes to the long-term and short term trainees of other departments of the Institute.

5. TRAINING

5.1. Central Training Institute (CTI)

Introduction

The Central Training Institute (CTI) is the major stay of most of the training programs conducted in the Gandhigram Institute of Rural Health and Family Welfare Trust. The Government of India recognized the Institute as one of the seven CTIs in India during the year 1973 with the objective to provide guidance for the teaching faculties of the health and family planning training centers and the central family planning field units in the four southern states i.e. Tamil Nadu, Andhra Pradesh, Karnataka and Kerala. The responsibilities are to:

- Train District level extension educators from Tamil Nadu, Andhra Pradesh, Karnataka, U.T. of Pondicherry and Kerala as well as extension educators employed by Ministry of Defense and Railways in the southern zone.
- Provide technical guidelines to the regional family planning training centers and the central family planning fields units in the southern zone.
- Perform duties assigned by the ministry according to the program needs.

Nature of training Programs

All the training programs basically to enhance knowledge, attitude, Skills in technical and managerial aspects of health and its related areas and to provide technical guidance and assistance to the HFWTCs in the states allotted.

These training programs are short-term period, ranges from one week to four weeks for the categories of

- Trainers of training Institutions viz. HFWTCs, ANM training schools, etc.
- District level medical personnel
- District level paramedical personnel

The special training programmes are being conducted for the program personnel of

- Ministry of Railways/Defense
- Voluntary organizations/NGOs

The Central Training Institute of our institute consists of Central Unit (CU), Health and Family Welfare Training Centre (HFWTC), Diploma in Health Education (DHE) and Administrative Unit. The CTI conducts short and long-term training in health promotion and education, health communication and produces educational/media materials for outreach programs. It has an integrated teaching Faculty for the Health and Family Welfare Training Centre, Diploma Course in Health Promotion Education and the Central Unit. The CTI consists of the following units:

Central Unit: Conducts capacity building training programs on Health Communication and Management for the teaching faculties of Regional Training Centres, District Level Extension Educators and other health personnel of Government and Non Governmental Organizations.

Health and Family Welfare Training Centre (HFWTC): organizes training programs for the sub-district level health personnel of various categories.

Health Promotion and Education unit conducts one year Post Graduate Diploma in Health Promotion and Education course for the health professionals working in Government and non-Government sector

During the year 2015-16, the following activities were carried out under the CTI.

5.1.1. Central Unit

The central unit was two wings viz. Communication & Management

5.1.1.1. Central Unit (Communication & Media Wing)

Major objectives

- Train long and short term trainees on communication;
- Develop communication strategy for Health and Family Welfare program implementation; and
- Develop IEC/BCC materials to the requirements of Central/State Governments, area projects, and NGOs on Health and Family Welfare themes.

Apart from training, this department designs and produces contents for printed, projected and non-projected aid on health and family welfare themes to suit the needs of training and community education. It also organizes skill lab sessions on preparation and use of various audiovisual aids for different category of trainees.

Teaching Activities

CTI-Media Division Head and staff took classes on Health Communication, IEC Trends, Media, Micro Teaching, Soft Skills, Motivation, Public Speaking, Presentation Skills, Mass Communication, AV Aids, Photography, Imaging Techniques, Fine Arts and Drawing, etc. for various long-term and short-term trainees of the institute such as:

- Managerial skill training to PHC Medical Officers
- LHV training
- Health communication and counseling skills for MOs and MCHOs
- Health communication and counseling skills for SHNs
- NCD management training for NGOs
- Administration and Management training for M.Sc. (N)
- Summer technical courses on "Fine arts" and "Digital Photography"
- Community health training M.Sc. (N)./B.Sc.(N)./G.N.M./CPHN students
- M.Sc.(N)/B.Sc.(N)./P.B.B.Sc.(N)/D.G.N.M.

Training Activities

1. IEC training to B.Sc. (Nursing) students

Forty five (45) B.Sc. (N) students from Christian College of Nursing, Ambilikkai, attended one-day specialized training on "Communication & Education Technology" in Media department on 01.06.2015. Classes were taken on Communication, IEC, Audio Visual Aids, and Puppets. Various strategies of community health education were taught to the students.

2. Specialized Training to B.Sc. (Nursing) students

Thirty six (36) B.Sc.(N) students from ANNASAMY RAJAMMAL COLLEGE OF NURSING, ATHIYOOTHU. Tirunelveli District attended four days training on "Communication & Education Technology" in Media department from 05.10.2015 to 08.10.2015. Classes were taken on health communication, IEC, teaching aids, epidemiology and Puppets. Various strategies in organising community health education programs were taught to the students.

3. Orientation to M.Sc./B.Sc. Home Science students of the Gandhigram Rural Institute

 Thirty five students (M.Sc./B.Sc.) from the Home Science department of the Gandhigram Rural Institute were oriented on IEC strategies and teaching aids on 12.10.2015 at media division.

4. Technical courses in May 2015

1. Fine arts training

A short course on Fine arts was organized by this unit from 04.05.2015 to 14.05.2015. Ten rural students participated in this course

2. Digital Photography Training

A short course on photography was organized by this unit from 04.05.2015 to 14.05.2015. Seven rural students participated in this course

5. Media skill lab session

Media skill lab training was conducted for the PGDHPE students of our institute from 16.11.2015 to 26.11.2015. Twenty three (23) students participated is this 10 working days training from various states of the country. They were taught to prepare cost effective IEC materials such as posters, flip charts, handmade slides, glove puppets, models, etc. Apart from this they were trained in traditional media, IEC event management and public speaking skills

6. Support Service

- 44 nos. of Identity card designed & printed
- Banner designing 10
- Banner writing 3
- Photo documentation 53
- Newsletter designing 26
- Stock verification (Director's chamber, PRC block, DHPE Faculty room)
- LCD arrangements for classes –188
- PA system arrangements 77
- Film show 86

- Annual report cover page designing 3
- CCTV Camera arrangements for PGDHPE examination 7 days
- Poster designing 1
- PA system, LCD and Laptop arrangement for MOs meeting
 1 day
- PA system & LCD arrangements for BoT meeting 1
- Film Shows screened 86
- Extensive Audio/video arrangements for founder's day

7. Other activities

- Observation visit of M.Sc. Nursing students from Madurai medical college to learn about the IEC activities of Media Division, GIRH & FWT, on 27.11.2015
- 2. IEC support service and Documentation work for the Institute's activities.
- 3. Classes for PGDHPE course on Media & Mass Communication.
- 4. Classes for Lady Health Visitor's Course on Communication Skills.
- 5. Skill lab session for Lady Health Visitor's Course.
- Classes for Health communication training to MOs, MCHOs and SHNs.
- 7. Health communication training for NGOs
- 8. Communication & Educational Technology for nursing students
- 9. Production of teaching aids for long term and short term trainings

CTI - CU - MEDIA DIVISION



Workshop on IEC Material Development



Specialized training on IEC



Quality Improvement Circle for Trainers



Digital Photography & Fine arts Training



Innovative Health Communication Training



Media Skill Lab for Health Educators



5.1.1.2. Central Unit (Management Wing)

Job functions

- Training of District level Extension Educators from Andhra Pradesh, Tamil Nadu, Kerala, Karnataka and U.T. of Pondicherry as well as Extension Educators employed by the Ministries of Defense and Railways in the southern Zone.
- To provide technical guidance to the training centres (Regional Family Planning Training Centres and the Central Family Planning Field Units) in the Southern zone.
- Any other duties assigned from time to time according to the programme needs.

Performance

- Conducted one batch of Refresher Training on Statistics (10 & 11 Dec.15) for the staff of our Institute. There were 17 faculty & staff members attended. The objective of the training programs was to orient statistical methods and to apply the same in their regular works.
- Coordinated one-day Specialised training on IEC for M.Sc(N) students from Madurai Medical College on 27.11.2015 and a session on Health Statistics taken for the training.
- Co-ordinated 5 batches of Observation visit to our Institute by the students of Lakshmi College of Education, Gandhigram

Inter-Departments works

- sessions on Vital Statistics/ HMIS taken for the Short-term courses of the categories B.Sc(N), M.Sc(N) and trainees of Promotional course for ANMs/MPHW(F)
- Sessions taken on Uses of Computer in Health System & SPSS analysis for the categories of M.Sc(N)
- Sessions on RCH Intervention was taken for the category of B.Sc(N)
- Session on Modern Communication Methods taken for the Post Graduate Diploma in Health Promotion and Education students

- Session on Powerpoint taken for the Post Graduate Students (M.Sc- Home Science students) from Gandhigram Rural Institute conducted by Media.
- Worked as Warden for the Dr.Soundaram Mess & HFWTC Hostel
- Proof reading of Institute Annual report (2014-15) was done
- Maintenance of the Stock control of Institute publications
- Involved as committee member in the Quarters Allotment Committee and in the Project Proposal Committee

Training proposal

Sent to Vivid Foundation, New Delhi for Health Awareness Programs in Tamil Nadu

- Sent Project proposal on "Improving dietary habits of adolescents in Tamil Nadu" submitted to ICMR, New Delhi.
- On-line Health research concept on "Assessing Hb levels rural adolescent girls (10-16 years old) from 100 Government Schools in Tamil Nadu" submitted to Dept. of Health Research, Gol, New Delhi. E-mail acknowledgement copy received.
- Sent one each proposal for Training Centre and Training Partner to conduct Computer Training programs under National Digital Literacy Mission (NDLM) for SHG members.



5.1.2. Health and Family Welfare Training Centre (HFWTC)

The HFWTC, Gandhigram is one of the seven RTIs in the state and one of the 47 HFWTCs In India catering to the needs of in-service training for Medical, nursing and Paramedical personnel working in the Govt. Primary Health Centres. The Gandhigram RTI covers five revenue districts having seven HUDs namely Dindigul, Palani, Theni, Karur, Ramnad, Paramakudi and Sivaganga. The duraion of training will vary from 1 day to two weeks.

Under National Rural Health Mission (NRHM) capacity building of Health functionaries and allied staff is given prime importance. Many skill Based & knowledge based trainings are implemented to improve the skills & Knowledge of service providers and the knowledge based trainings to the community to create awareness on availability and utilization of health care services by the community.

Generally, the training programs are conducted as follows:

- Skill based training through the major government health institutions and six regional health training institutes,
- Knowledge based training through the regional health training institutes(RTIs) and the district /block training teams and
- Community based training-through the district /block training teams coordinated and supervised by the RTIs.

The HFWTC, Gandhigam conducted the following training programs during 2015-16:

S.No	Name of Training	No. of batches	No. trained
Mater	nal Health		
1.	BEmOC	13	67
2.	SBA-SN	12	72
3.	MCH Skill Lab Training to MOs/SN/ANM	11	107
Others	S		
4.	IRT-Lab technicians	2	51
5.	Managerial skill training to MOs	2	65
6.	Ref.General IMNCI-Health and Nutrition functionaries	17	394
7.	NSSK-SNs	4	207

Workshop on Health Communication and Counseling			
1	MOs and MCHOs	4	78
2	SHNs & UHNs	6	120

I) Maternal Health

1. BEmOC Training

Approximately 15% of all pregnant women develop a potentially life-threatening complication that calls for skilled care and some will require a major obstetrical intervention to survive. The main causes of maternal death and disability are complications arising from hemorrhage, sepsis, unsafe abortion, eclampsia and obstructed labor.

The course follows a symptom-based approach to the management of life-threatening obstetric emergencies. The emphasis in this course is on rapid assessment and decision-making and clinical action steps based on clinical assessment with limited reliance on laboratory or other tests, suitable for district hospital and health centers in low resource settings. In addition, throughout the training course emphasis is placed on recognition of and respect for the right of women to life, health, privacy and dignity.

The training was conducted in the OG department of Govt. Theni Medical College Hospital. A total of 67 Medical officers (both Male and Lady MOs) underwent the training in 13 batches. Each batch of the training was conducted for a period of 6 days.

Name of Training	No. of batches	No. trained
BEmOC	13	67

2. SBA Training

Skilled Birth Attendant(SBA) is considered as a person who can handle common obstetric and neonatal emergencies, recognize when the situation reaches a point beyond his/her capability and refers the woman or the newborn to a FRU/appropriate facility without delay. Government of India has taken policy initiatives to empower the ANMs/LHVs/SNs to make them competent for

undertaking certain life saving measures. These measures are as follows:

- Permission to use Uterotonic drugs for prevention of PPH.
- Permission to use drugs in emergency situations prior to referral for stabilizing the patient.
- Permission to perform basic procedures at community level in emergency situations.

The objective of the training was to upgrade skills of ANMs/Staff Nurses posted in 24 hours PHCs to improve the quality of intrapartum and new born care in institution and achieve better maternal and infant salvage.

TOT trained medical and Staff Nurses of the hospital along with the faculty of the Institute are handling the sessions. SBA training to SNs is being conducted at Govt. Head Quarter Hospitals at Dindigul and Ramnad. A total of 72 Staffnurses were trained in 12 batches during 2015-16.

Name of Training	No. of batches	No. trained
SBA	12	72

3. MCH-Skill Lab Training

This hands on training imparts skill to medical Officers and staff nurses related to maternal and child health in the skill labs established in Regional Training Institutes. Developing the appropriate skills in midwifery and newborn care in skill laboratories using mannequins before the students are allowed to handle the humans is essential in the interest of the students as well patients. It is the ethical way of learning midwifery skills.

Well-trained Medical and Staffnurses when they enter actual midwifery practice, will have confidence to deliver quality midwifery services. Hence, there is a need to establish skill laboratories with mannequins. A recent evaluation of listed critical skills of nurses emphasizes the need for establishing MCH skill development laboratories in all the RTIs.

A total of 107 personnel were trained including 30 Medical officers and 77 SNs. Eleven batches of MCH-Skill Lab training were conducted.

Name of Training	No. of batches	No. trained
MCH-Skill Lab	11	107

II) Other Training

1. IRT Training to Lab Technicians

The laboratory Technicians in the PHC are given 'Hands on training' regarding skills to handle semi- auto analyzer and other laboratory investigations conducted in PHCs. Two batches of training were conducted for 6 working days each. A total of 51 Lab technicians were trained in 2 batches.

2. Managerial Skill Development Training

The Medical officers of GPHCs are the managers of its functions. To discharge their duties effectively, they need to have a good exposure on the organisational structure and functions of a Primary Health Centre. They have to know about the job functions of various categories of staff, supervisory arrangement, etc. They are exposed to various National Health Programs, management functions such as personnel, financial, material and vehicle management. They are also trained in the prevention and control of epidemics, IDSP, National Immunization Programme, Vector borne diseases, Communication skills, public speaking and other relevant topics to become an effective managers of GPHCs.

Participatory learning and teaching methods are used throughout the course. Well experienced resource persons in the field of public health actually share their experiences. Inter disciplinary faculty add value addition to the training. A total of 65 MOs were trained in two batches during 2015-16.

Name of Training	No. of batches	No. trained
Managerial Skill Training to MOs	2	65

3. IMNCI-Refresher Training

Integrated Management of Neonatal and Childhood Illness (IMNCI is a strategy that targets children less than 5 years old — the age group that bears the highest burden of deaths from common childhood diseases. The IMNCI strategy includes both preventive and curative interventions that aim to improve practices in health facilities, the health system and at home. It specifies integrated case management of the most common neonatal and childhood problems with a focus on the most common causes of death. The strategy includes three main components:

- Improvements in the case-management skills of health staff through the provision of locally-adapted guidelines on Integrated Management of Neonatal and Childhood Illness and activities to promote their use.
- Improvements in the overall health system required for effective management of neonatal and childhood illness.
- Improvements in family and community health care practices.

In Tamilnadu as per the operational guidelines from GOI, State Health Society initiated IMNCI refresher training for all Health and Nutrition functionaries in batches for three working days each. Seventeen batches of IMNCI training was conducted in Gandhigram RTI and 394 personnel were trained comprising 17 CHNs, 62 SHNs, 277 VHNs and 38 ANMs

Name of Training	No. of batches	No. Trained
IMNCI- CHN/SHN/VHN	17	394

4. NSSK Training

According to WHO stats, out of 9.2 million under-5 deaths in world, India accounts for 2.2 million which is maximum in the world. Two-third of the neo-natal deaths occurred in the first week of life, two-third of those took place within the first 24 hours due to non-availability of delivery institutions in villages and smaller towns.

Causes of neonatal deaths include infection, complications related to premature birth, pneumonia, diarrhea and measles apart from hypothermia and infection, and basic newborn resuscitation. Navjat Shishu Suraksha Karyakram – a new programme in Basic new-born care and resuscitation is one of the three prong strategies to focus on New Born Care in National Rural Health Mission (23% of neonatal death occurs due to asphyxia at birth).

A two-day training module for care providers at health facilities has been developed and training programme with TOT trained health team. The new programme will enable the paramedical staff to save new born child and mother at various health centres across the country.

A total of 207 Staff nurses were trained in 4 batches during 2015-16 in our RTI.

Name of Training	No. of batches	No. Trained
NSSK-SN	4	207

III) Special Training

Workshop on Health Communication and Counseling (5 days)

A series of Workshops on Health Communication and Counseling was conducted for Medical and Nursing categories of personnel working in Chennai Corporation. Communication and Counseling skills play a vital role in providing effective and efficient health care services. Various topics such as counseling, its features and conditions, guidance, principles, factors influencing health, stages of counseling and Do's and Don'ts. Lecture and discussion, demonstration, role play with case studies and film shows were imparted in the training cum workshop.

The training was conducted for two categories of personnel namely a) MOs and MCHOs and b) Sector Health Nurses / Urban Health Nurses (SHNs/UHNs) as follows:

Category of Personnel Training	No. of Batches	No. Trained
a) MOs/MCHOs	4	78
b) SHNs/UHNs	6	120

IV District Training Coordination Meeting

District Training Coordination meeting was held two times during 2015-16, first on 23.04.2015 and the second on 28.10.2015. District Training Team Medical Officers (DTT-MO), District Maternal and Child Health Officers (DMCHOs) and Account dealing clerical staff from the 7 catering HUDs were invited to discuss about the Training Load available for each of training programs conducted by our Institute, Pending advances released from our Institute, TMIS data validation if any and Other issues. The meeting is used as a forum to strengthen the coordination among the district level personnel for effective conduct of the programs. It is used as a tool to short out any issues or constraints in the deputation of candidates and as well as for the improvement of quality of training activities.

HEALTH AND FAMILY WELFARE TRAINING CENTRE





Managerial Skill Training to MOs of GPHCs





MCH-Skill Lab Training





Workshop on Health Communication and Counseling



District Training Coordination
Committee Meeting



IMNCI-Refresher Training

5.1.3. Post Graduate Diploma In Health Promotion and Education

Introduction

The post Graduate Diploma in Health Promotion and Education (PGDHPE) course has been conducting since 1964. It is one year residential course and affiliated to the Tamil Nadu Dr.MGR Medical University, Chennai and also approved by Medical Council of India. The PGDHPE course is commenced from the 1st July of every year. The aim of the course to prepare the Health Education Professionals as specialists in Health Education and with effective leadership skills in Promoting the objectives of the National Health and Family Welfare programs by involving rural people through inter-sectoral co-ordination and community health education.

For the month of April 2015, In view of University examination, we have declared study holidays for PGDHPE students from 1st April to 14th April 2015. The University theory examination (6 papers) which has been commenced from 15th April to 22.04.2015 and Viva-voce for all subjects held on 24.04.2015. The DHPE students are relieved from the institute to the Supervisory Field Training (SFT) in their selected areas. They are doing SFT programme from 1st May to 30th June 2015.

In the mean time we are doing the admission process for academic year of 2015-16 for our DHPE course (52nd Batch) and we have been received the applications for the admission from the various states of India like Odisha, Andhra Pradesh, Pondicherry and neighbor country Nepal also.

For the month of May 2015, we have received the 44 filled in applications from various states of India such as Odisha, Nagaland, Sikkim, Andhra Pradesh, Karnataka and nearby country Nepal also for admission of the Post Graduate Diploma in Health Promotion and Education (PGDHPE) for the academic year 2015 – 2016.

We have scrutinized the candidate applications and selected 30 eligible candidates (sanction capacity 30 seats). We have sent a provisionally selection order to 30 candidates each and give the instruction to the candidates to act accordingly and confirm their acceptance immediately to an office.

For the month of June 2015, we have been shortlisted the candidates for the admission of PG Diploma in Health Promotion and Education Course for the academic year 2015-16 (July 2015 to June 2016). We have been sent a selection order to the eligible candidates nearly 30 candidates to various states of India namely, Odisha, Nagaland, Sikkim, Andhra Pradesh, Karnataka, Andaman & Nicobar, Tamil Nadu and nearby country i.e. Nepal also. We expect the candidates will get a eligible certificate from the Tamil Nadu Dr. MGR Medical University, Chennai, Tamil Nadu on 30th of June 2015. After receiving the eligible certificate by the candidates, they will come and join the course on July 1st 2015 onwards.

For the month of July 2015, we have been admitted 23 students for the course of PG Diploma in Health Promotion and Education (PGDHPE) for the academic year 2015-16 (52nd batch) and the students are coming from various states of India as follows:

S.No.	State	
1.	Andhra Pradesh	03
2.	Karnataka	03
3.	Odisha	13
4.	Sikkim	03
5.	Andaman	01
	Total	23

The course has commenced on 1st July onwards, started with inaugural function and Three days Orientation program and then followed the regular theory classes have been conducted for the PGDHPE students.

The month of August 2015, we have been initiated the group laboratory session for PGDHPE students i.e. skill training program on 10.08.2015 onwards. It will be 15 alternatively days conducted the programs and followed the theory classes also.

The month of September 2015, as part of Post Graduate Diploma in Health Promotion and Education course, the Orientation training programme for Concurrent Field Training has been planned to conduct on 21.09.2015 to 30.09.2015 and the department faculties who have been taken the classes for various survey schedule preparation for PGDHPE students i.e. Household numbering, Village Map, Household survey schedule, Leadership survey schedule and community survey schedule preparation to the PGDHPE students and they are also visited nearby village for

model survey preparation. In the mean time we have been selected three villages namely 1) Sedipatti, 2) Mottaya Goundanpatti, and 3) Mandha Naickenpatti at Gopalpatti PHC area in Dindigul block for CFT programme.

In the Month of October 2015, as part of Post Graduate Diploma in Health Promotion and Education course the Concurrent Field Training (CFT) Programme Survey have been initiated from 01.10.2015 to 13.10.2015 (13 days), all the PGDHPE students were staying along with the CFT programme guides in their CFT villages. During this period they allotted numbers to the household, conducted household survey and prepared village map.

On 05.10.2015, the IA (Internal Assessments) marks and the attendance for the Supplementary examination students (2014-15) for 9 students were uploaded and prepared an Outcome Budget for the year (2015-16) on 07.10.2015.

In the Month of November 2015, regular theory classes have been conducted for the PGDHPE students on 2, 3 & 4.11.2015 and as part of the course, the Concurrent Field Training (CFT) Programme, the students visited the CFT villages along with their CFT programme guide on 5, 6, 12, 13 & 27.11.2015 respectively.

In the Month of December 2015, regular theory classes were conducted for the PGDHPE students and they attended the Concurrent Field Training (CFT) Programme along with their CFT programme guide on 03, 04, 11, 17 & 18.12.2015 respectively.

On 18.12.2015 the PGDHPE students conducted the OTC programme (Orientation Training Camp) in their villages of Sedipatti, Mottaya goundanpatti and Kurumbapatti.

In the Month of January 2016, regular theory classes were conducted for the PGDHPE students and attended Concurrent Field Training (CFT) Programme along with their CFT programme guide.

As a part of the course, observation visit was arranged, the PGDHPE students visited the following places:

- Thirumoorthy Nagar, Udumalpet Taluk
 (Rapid sand filter-water treatment plant and slow sand filter-water treatment) on 04.01.2016.
- Nellpettai, Madurai (Slaughter house) and

 Avaniyapuram, Madurai (Sewage treatment farm and Solid Waste Management Plant) on 05.01.2016.

In the Month of February 2016, regular classes were conducted for the PGDHPE students and attended the Concurrent Field Training (CFT) Programme, the students visited their CFT villages along with their CFT programme guides on 4, 5, 11, 12, 18 & 19.02.2016 respectively.

Two Guest Lecture programmes for the PGDHPE students were arranged, one on the Revised National Tuberculosis Control Programme, which was delivered by the Dr. Jayaprakash between 11.00 a.m. to 1.00 p.m. and another guest lecture on National Leprosy Eradication Programme, which was a delivered by Dr. Amudha between 3.00 p.m. to 5.00 p.m. on 16.02.2016.

The first model examination was conducted to the PGDHPE students from 22.02.2016 to 28.02.2016 and the answers were evaluated and distributed them to the students.

The Tamil Nadu Dr.MGR Medical University, Chennai, sent the Inspection Commission to carry out the University Inspection to the Institute on 26.02.2016 for the purpose of considering the grant of Continuance of Provisional Affiliation for the Post Graduate Diploma in Health Promotion and Education course for the academic year 2016-17 and the said commission conducted the inspection to access the availability of Infrastructure facilities including Teaching Staff, Library, Play Ground, Laboratory, Materials/Equipments and Hostel facilities for the students etc..

In the Month of March 2016, regular classes were conducted for the PGDHPE students and they attended the Concurrent Field Training (CFT) Programme on 3, 4, 10, 11, 17 & 18.03.2016 respectively.

The second model examinations were conducted from 21.03.2016 to 26.03.2016 and model examination Viva-Voce also conducted on 31.03.2016 for our PGDHPE students. Model examination answers books were evaluated and distributed to the students. All the faculties revised the subjects for PGDHPE students on 28, 29 & 30.03.2016.

ACTIVITIES OF PGDHPE



Cultural Program



Concurrent Field Training



Orientation Training Campaign
Data Presentation



Project Officer (ICDS) Speaking



Orientation Training Campaign



Orientation Training Campaign

Observation visit photos









5.2. Regional Health Teachers' Training Institute (RHTTI)

Health Visitor course (Promotional Training for ANM/MPHW-F) (III batch) - 6 Months

We have enrolled 16 candidates from various Municipal corporations of Tamil Nadu, ESI dispensary and DMS.

Theory

Regular theory sessions were taken by RHTTI and HFWTC teaching faculty on Midwifery, Community Health Nursing, Communication, Supervision & Management and Health Education, each student was assigned with lesson plan topic and had teaching practice.

Model Examination

Model examinations were conducted from 20.04.2015 to 24.04.2015. After model examinations were over, study holidays for the Govt. board examinations were declared for the students from 25.04.2015 to 03.05.2015.

Govt. Board Examinations

The Govt. board examinations were conducted from 04.05.2015 to 08.05.2015. The trainees were relieved on 09.05.2015 after completion of the course.

- Follow-up done with Indian Nursing Council, New Delhi, for recognition/validity for the year 2015-16 and received renewal/validity order
- Preliminary work has been initiated for admission of candidates.
 Intimation letters regarding admission were sent to all the Municipal corporations of Tamil Nadu and DMS to select and depute the candidates for the course. We have proposed to commence the fourth batch on November 2015
- Screening committee was formed on 19.10.2015 to scrutinize the applications of HV course as per INC Norms. The selection list and admission orders were sent to corporations, DMS and Andaman administration. All the preparatory works were done to enroll the candidates for the 4th batch of Health Visitor Course

Health Visitor course (Promotional Training for ANM/MPHW-F) (IV batch) - 6 Months

We have commenced the Fourth batch of the course on 16th November 2015. We have enrolled 10 candidates from various Municipal corporations of Tamil Nadu and DMS.

S.No.	Deputed from	No. of candidates
1	Tuticorin Corporation	1
2	Coimbatore Corporation	2
3	Govt. Hospital, Trichy District	3
4	Govt. Hospital, Dindigul District	1
5	Govt.Hospital, Pudukottai District	2
6	Govt. Hospital, Sivagangai District	1
	Total	10

Applications with necessary documents for renewal / validity for the academic year 2016-2017 was sent to the Indian Nursing Council, New Delhi, through Tamil Nadu Nurses and Midwives Council, Chennai.

Theory Sessions

Regular theory sessions were taken by RHTTI and HFWTC teaching faculty on Anatomy and Physiology, Sociology, Psychology, Principles of Nursing, Paediatrics, Midwifery and Community Health Nursing, Nutrition, Family Planning.

Clinical Postings

The trainees were posted for their clinical experience at Leonard Hospital, Batlagundu from 07.12.2015 to 23.12.2015. During the clinical postings the trainees were able to give bed side nursing care for the patients admitted in medical ward, surgical ward, paediatric ward and Maternity wards. Also as part their curriculum they have completed two Nursing care plans of medical and paediatric, Mother care record and clinical presentations on various diseases.

Observational Visit

SI.No.	Period	Place	Posting for (subjects)
1.	08.01.2016	Blood Bank and Anbagam AIDS Care Centre, Dindigul	To learn about functions and storage facilities of Blood Bank
			To learn about HIV/AIDS and care of HIV/AIDS patients at AIDS care centre
2.	13.01.2016	District Tuberculosis Centre, Dindigul Govt. HQ Hospital, Dindigul	To learn about RNTCP, Lab investigations, Drug regimen and Care of TB patients
3.	19.01.2016 to 21.01.2016	Family Planning Association of India, Dindigul	To learn about various family planning methods, and to observe laparoscopy and pre, post care of family planning procedures
4.	10.03.2016	Visit to Slow & Rapid Sand Water Filtration Plant at Periyakulam.	To learn about slow & rapid sand water filtration systems
5.	11.03.2016	Sewage Farm and Walk-in Cooler, Madurai	To learn about disposal of waste water and solid waste, and storage of vaccines

Concurrent Field Training (Cft)

The Health Visitors trainees were post for concurrent field training (CFT) at Ammapatti village, Ammayanayakanur Block PHC area

from 1st Feb to 12th Feb.2016. During the training the following activities were carried out:

- Orientation, village transect, numbering of houses and community mapping
- Conduction of household survey
- Continuation of household survey and consolidation of survey
- Participating in school health program
- ICDS visit and under-five assessment
- Participating in outreach services
- Conduction of focus group discussion
- Participating in Ante Natal Clinic and administration of vitamin-A prophylaxis
- Conduction of Participatory Learning Methods techniques
- Health Sub-Centre (HSC) visit and participating in immunization programme
- Nutrition demonstration and exhibition
- Conduction of orientation training camp for the leaders

Supervisory Field Training (SFT)

The trainees were posted for *Supervisory Field Training (SFT)* at Block PHC, Ammayanayakanur, for a period of 3 days from 28th to 30th March. The following activities were carried out by the trainees during their SFT:

- PHC orientation
- Attending antenatal clinic at Kodairoad ICDS
- Discussion with VHN/SHN/CHN about their roles & responsibilities
- Participating in the PHC activities
- Learning the records & the reports
- Attending review meeting at Block PHC
- Preparation of ATP, FTP and Duty roaster
- Participating in the immunization clinic conducted at Palampatti Sub centre
- Sub centre visit and use of facility assessment check list at Silkkuvarpatti sub centre.
- Attending theory sessions taken by Block Medical Officer, Medical Officers, Non-Medical Supervisors at Block PHC.

Media Skill Lab Training

The trainees were posted in Media Division in the first week of March 2016 to learn about preparation and use of Audio Visual Aids.

Post Basic B.Sc. (Nursing) Program

We had been conducting ten months Diploma in Nursing Education and Administration (DNEA) program since the year 2001-2013 which is recognized by Indian Nursing Council, New Delhi and Tamil Nadu Nurses and Midwives Council, Chennai.

- As per the Indian Nursing Councils instruction the ten months DNEA program is to be upgraded as post basic B.Sc. Nursing program of two years duration. In this regard we have submitted a proposal for up gradation to the Ministry of Health and Family Welfare.
- We received "in principle" approval from the Ministry of Health and Family Welfare, Govt. of India, New Delhi for up gradation of existing DNEA course into Post Basic B.Sc. (N) program.
- Received a clarification letter from the Ministry regarding the revised staffing pattern for Post Basic B.Sc.(Nursing) with proof of the relevant scale of pay mentioned in the proposal. In this regard, we have submitted the same to the Ministry.
- As a follow up Director, Principal RHTTI and Senior Accountant had personal discussion with officials of training division in the Ministry from 16.03.2016 to 17.03.2016 regarding Post Basic B.Sc. (Nursing) program.

Short Term Training On Community Health Nursing

		of	Period		_	ø
S. S.	Name of the College	Category o	From	То	Duration	No. of trainees
	Thiravium College of Nursing, Theni	B.Sc.	06.4.2015	10.04.2015	5 days	25
	Sri K. RamachandranNaidu College of Nursing,	M.Sc.	06.04.2015	10.04.2015	5 days	1

Sankarankoil			1	I	
K.V.M. College of					
Nursing, Cherthala, Kerala	M.Sc.	06.04.2015	10.04.2015	5 days	2
Thiravium College of Nursing, Theni	B.Sc.	13.04.2015	17.04.2015	5 days	24
P.S. College of Nursing, Neyyoor, Kanyakumari Dist	B.Sc.	20.04.2015	24.04.2015	5 days	29
M.E.S. College of Nursing, Malappuram, Kerala	B.Sc. (I-Batch)	27.04.2015	01.05.2015	5 days	22
M.E.S. College of Nursing, Malappuram, Kerala	B.Sc.(N) (II-Batch)	04.05.2015	08.05.2015	5 days	20
St. Joseph's College of Nursing, Anchal, Kerala	M.Sc.(N)	04.05.2015	08.05.2015	5 days	2
Mother College of Nursing, Thrissur, Kerala	M.Sc.(N)	04.05.2015	08.05.2015	5 days	1
Almas College of Nursing, Kottakkal, Kerala	B.Sc.(N)	11.05.2015	15.05.2015	5 days	29
Pondicherry University Community College, Puducherry	D.S.I. & MPHW(F)	13.05.2015		1 day	48
Al-Shifa College ofNursing, Malappuram, Kerala	M.Sc.(N)	25.05.2015	29.05.2015	5 days	2
Christian College of Nursing, Ambilikkai	B.Sc.(N)	19.06.2015		1 day	41
State Institute of Health & Family Welfare, Bengaluru	C.P.H.N.	22.06.2015	24.06.2015	3 days	26
Pragyan College of Nursing, Bhopal, Madhya Pradesh	M.Sc.	03.08.2015	28.08.2015	4 week s	2
Sacred Heart College of Nursing, Vellodu, Dindigul	B.Sc.(N)	26.10.2015	27.10.2015	2day s	43
Annammal College of Nursing, Kuzhithurai, Kaniyakumari.	B.Sc.(N) IV th Year	26.10.2015	30.10.2015	5 days	25
School of Nursing, CF Hospital, Oddanchatram	DGNM	05.11.2015	-	1day	35
Annai Dora College of Nursing, Aundipatti,	B.Sc.(N) IV th Year Batch I	16.11.2015	20.11.2015	5 days	20
Theni District	Batch II	23.11.2015	27.11.2015	5 days	19
Dr.Mahalingam	B.Sc.(N)	30.11.2015	04.12.2015	5	19

Institute of Para Medical Sciences Erode	IV th Year Batch I			days	
Dr.Mahalingam Institute of Para Medical Sciences Erode	B.Sc.(N) IV th Year Batch II	07.12.2015	11.12.2015	5 days	18
Alamas Nursing College, Kottakkal, kerala	B.Sc.(N) IV th Year	07.12.2015	11.12.2015	5 days	13
O.P.R.Memorial College of Para Medical Sciences, Cuddalore	B.Sc.(N) IV th Year	14.12.2015	18.12.2015	5 days	45
Carmel College of Nursing Aluva, Kerala	B.Sc.(N) IV th Year	04.01.2016	08.01.2016	5 days	33
Aladi Aurna College of Nursing, Tirunelvel District	B.Sc.(N) IV th Year Batch I	18.01.2016	22.01.2016	5 days	23
Aladi Aurna College of Nursing, Tirunelvel District	B.Sc.(N) IV th Year Batch II	25.01.2016	29.01.2016	5 days	23
S.P.Fort College of Nursing, Thiruvananthapuram, Kerala	B.Sc.(N) IV th Year	25.01.2016	29.01.2016	5 days	37
Adhi Parasakthi College of Nursing, Melmaruvathur	B.Sc (N) B.Sc (N) B.Sc (N) P.B.Bsc (N) DGNM DGNM	01.02.2016 08.02.2016 15.02.2016 15.02.2016 15.02.2016 22.02.2016	05.02.2016 12.02.2016 18.02.2016 18.02.2016 18.02.2016 26.02.2016	5 days	32 32 23 8 7 31
Venkateshwara College, Chennai	M.Sc (N)	01.02.2016	05.02.2016	5 days	2
Nehru College of Nursing, Ottapalam, Kerala	B.Sc (N)	01.02.2016	05.02.2016	5 days	22
College of Nursing, Asia Heart Foundation, Koltaka	M.Sc (N)	15.02.2016	26.02.2016	2 week s	2
Nehru College of Nursing, Tirunelveli District	B.Sc (N)	07.03.16	11.03.16	5 days	18
Nehru College of Nursing, Tirunelveli District	B.Sc (N)	14.03.16	18.03.16	5 days	19
O.P.R. Memorial college of Para Medical Science, Cuddalore District	DGNM	21.03.16	24.03.16	5 days	24
				Total	847

New Short Term Training Programs

We have been conducting short term training programs on Community Health Nursing for M.Sc.(N) and B.Sc.(N) students with a course period of 1 week to 1 month. Apart from this, we also conducted a new set of short term training programs which may be beneficial to the nursing students. The details of the training program are as follows:

1. NCD Management for NGO's

		e		Per	iod		ses
SI. No.	Name of the NGO's	Name of the Training	Category of trainee	From	То	Duration	No. of trainees
1.	Reaching the unreached, G.Kallupatti, Theni District		Organizer, Staff Nurses and office Staff	25.08.15	27.08.1 5	3 days	4
2.	Sarvodaya Mutual Benefit Trust, T.Vadipatti, Madurai District	agement	Field worker and SHG staff	25.08.15	27.08.1 5	3 days	3
3.	Community organization for Social Transformation (COST), Erandelaipparai, Didigul District	Non – Communicable Disease Management	Staff Nurse	25.08.15	27.08.1 5	3 days	1
4.	Society for Serving Humanity, Sempatti, Dindigul District	Communic	Counselor	25.08.15	27.08.1 5	3 days	2
5.	REDA Trust (Sri Annai Nursing and Catering College T.Vadipatti, Madurai.	Non –	Managing Trustee, Field Staff and Students of DFPN Course	28.09.15	30.09.1 5	3 day	31
6.	Gandhigram Trust, Gandhigram Dindigul Distrct		Project Coordinator (Extension Dept.)	28.09.15	30.09.1 5	3 days	1

7.	Mother Teresa Post Graduate & Research Institute of Health Sciences, Puducherry	Administration & Management	M.Sc. (N) II Year	31.08.15	04.09.1 5	5 days	17
8.	Apollo College of Nursing, Madurai	Environment al Health & Epidemiolog	B.Sc. (N) II Year	12.10.15	16.10.1 5	5 days	47
						Total	106

The activities carried out during the Non Communicable Diseases Management Training are as follows:

- Pilot program in NCD
- Epidemiology and risk factors of diabetes
- Life style modification and prevention of diabetes
- Hypertension and cardio vascular disease
- Stress management
- Risk factors and prevention of cervical & breast cancer
- Guest lecture on siddha care by Dr. Sundarameenal, siddha Medical officer
- Yoga in NCD and Yoga demonstration by Mrs.
 T.Krishnammal, Director of Education, GRI
- IEC on NCD
- NCD program intervention activities
- Role of NGOs in NCD management in rural areas

2. Nursing Administration and Management Training for M.Sc (N) II Year Students

The following teaching learning activities were carried out during the training:

- General Administration and Management
- Health care Administration
- Health care Delivery System at various levels
- Managerial communication
- Motivation in work place setting
- Leadership in Nursing
- Project Management

- Human Resource and Time Management
- Soft Skills in communications
- Management information & Evaluation System
- Quality Assurance, Health Economics, Budget and Erecording

3. Environmental Health & Epidemiology Training for B.Sc (N) II-Year Students

The following teaching activities were carried out during the training:

- Environmental Health Meaning and importance
- Existing rural sanitation problems in India
- Water sources, characteristics, drinking water standards/parameters
- Water related disease classification, prevention & control
- Water purification methods
- Chlorination principles & methods
- Demonstration of Horrocks apparatus and Chloroscope apparatus for effective chlorination
- Water conservation
- Water supply & sanitation programmes
- Swachh Bharat mission (Clean India)
- Sullage water disposal methods
- Excreta disposal methods
- Refuse disposal methods
- Solid waste management
- IEC on environmental health
- Role of Nurse in environmental health management



6. SELF-FINANCING COURSE

6.1 Diploma in Medical Laboratory Technology (DMLT) -2 years

The Health and Family Welfare Training Centre (HFWTC) of the Institute, apart from undertaking short-term training for medical, nursing and other health personnel of the Govt. Primary Health Centres, also conducts a self-financing Two year Diploma in Medical Laboratory Technology (DMLT) course which is approved by the Directorate of Medical Education, Govt. of Tamil Nadu vide GO(MS) No- 122 of Health and Family Welfare (PME) Department dated 03.04.2012.

Objectives of the course

At the end of the course, the students will able to

- Perform all the pathological, serological and bio-chemical examinations of all the samples of human being efficiently.
- Develop and enforce a professional code of conduct.
- Understand and perform their roles in National Health Programmes in hospital settings.

A total of 26 candidates are undergoing the DMLT course wherein 11 are doing the first year course and the other 15 candidates are doing the second year.

Regular DMLT classes

Based on the course curriculum framed by the King Institute of Preventive and Social Medicine, Guindy, Chennai theory and practical classes were conducted for the students.

Lab experience in Hospital settings

- **(a) Hospital posting:** The second year DMLT students were posted in district headquarters hospital, Dindigul to acquire skill in doing different types of lab tests with samples and to get first hand exposure on their roles in the implementation of National Health Programme in hospital setting. They were posted in the General lab, Blood bank, ICTC and RNTCP for one month period from 1st to 30th September 2015
- **(b) Internship training:** was given to the Second year DMLT students for 3 months period at Kasturba Hospital, Gandhigram

from 16th December 2015 to 31st March 2016 with the objective of enriching their skills in laboratory procedures.

Rural Health services and laboratory skill practices by DMLT students

Indians gained freedom under the leadership of Gandhiji, but his dream of a clean India is still unfulfilled. Mahatma Gandhi said "Sanitation is more important than independence". He made cleanliness and sanitation an integral part of the Gandhian way of living. His dream was total sanitation for all. Cleanliness is most important for physical well-being and a healthy environment. So, DMLT students celebrated Gandhi Jeyanthi at Vellampatti village on October 2015 bγ "Cleaning the streets village(Siramadhan) and giving bath & cutting finger nails of the village children" with health education to the children, parents on personal hygiene along with PGDHPE trainees.

General Health check up and Free Diabetic screening camp in rural area

In the months of February and March 2016, DMLT students were involved in general health check up camp at Sedipatti village and Free Diabetic screening camp at Manthanayakkanpatti as part of PGDHPE Concurrent Field Training programme. They also participated in health education programme like Villupattu, Street play, Drama etc in prevention of Open air defecation, Diabetes and Child marriage.

Pongal celebration with Kodai FM 100.5

On 13.01.2016 DMLT students celebrated pongal festivals in a grand manner by conducting traditional games, folk dance etc. The pongal celebration was broadcasted lively in Kodai FM 100.5 in "Ulavarum Neram". Students got opportunity to exhibit their talents on air along with Kodai FM RJs.

100% achievement in Medical Board Examination

Fourteen (14) second year DMLT students were attended the Medical Board examination at Madurai Medical College in the month of January 2016. All of them were passed the exam successfully.

Fifth batch admission for the academic year 2015-2017

Fifteen students were selected on merit basis and admitted for DMLT course in the month of July 2015 and regular classes were started from November 2015 onwards.

Abstract of activities for the students

I Year 2014-16 (11 Students)

 Theory and practical classes on Pathology, Bio-Chemistry and Microbiology was conducted from April 2015 to March 2016

II Year 2013-15 (15 Students)

- Theory and practical classes on Pathology, Bio-Chemistry and Microbiology was conducted from April 2015 to August 2015
- Hospital posting for 30 days during September 2015
- Board Examination (Final) was conducted during January 2016
- Internship program was completed from 16.12.2015 to 31.03.2016



DMLT students in class room



Diabetic screening camp in Sedipatti village

7. DISSEMINATION

7.1. Library

The GIRH Institution of education has the main responsibilities of equipping Students, Researchers, and Faculty. In particular library undertakes many responsibilities and performs varied functions and it plays a vital role to our education & research by providing invaluable resource for knowledge and services.

Mission of the Library

- "To provide quality services, facilitating access to comprehensive and relevant resources, and fostering good learning environment through the collection of physical and electronic documents from various sources and disseminate to patron".
- A special library for Public Health, Community Medicine and Family Planning

Objective

To provide quality services, facilitating access to comprehensive and relevant resources, and fostering good learning environment through the collection of physical and electronic documents from various sources and disseminate to patron.

Library Timings

Monday – Saturday 9.30am – 5.15pm

- 2nd & 4th Saturday's are Holidays
- All Sunday's are Holidays
- And all Govt Holidays, the library will be closed

Library Facilities

- More number of seats are available for all library users
- Library has good ventilation and lighting facilities
- A good environment for reading the resources
- Wi-Fi connectivity available in the library campus

Library Holdings

Books

- Public Health
- Family Welfare
- Communication
- Environmental Sanitation
- Behavioral Sciences
- Mass Communication
- Psychology
- Research Methodology
- Management
- Nutrition

- Demography
- RCH
- Sociology
- Nursing and Midwifery
- Health Education
- Training & Development
- Social Psychology
- Anthropology
- Statistics
- Medicine

The following books were purchased 2015-16 academic year.

SI. No.	Accession No.	Author	Title
01	10551	BARBARA BERMAN &	Social Work in
01	10001	SHARMA, K. L	Health and Ageing
		AJAY KUMAR SAHOO	
02	10552	&	Sociology of Ageing
		GAVIN J ANDREWS	
03	10553	MOHAMMAD AKRAM	Maternal Health in
00	10000	INOTIANINAD ARTAN	India
		BILL JORDAN &	Migration: The
04	10554	FRANK DUVELL	Boundaries of
		TTO WALL BOYELL	Equality and Justice
05	10555	JEFFERY HAYNES	Development
00	10000	OLIT LIKT TIATINEO	Studies
06	10556	PATIL, R. B	Sustainable
50	10000	TATIL, IX. D	Development
07	10557 ANIL KUMAR JANA	Decentralizing Rural	
01	10007	AINE ROMAR SAINA	Governance and

			Development
<u> </u>			Key Concepts
08	10558	ANNE METTE KJAER	Governance
09	10559	JAYARAM N	Sociology of Education in India
		OFFIARR MOOANING	
4.0	40500	GERARD MCCANN &	Key Issues in
10	10560	STEPHEN	Development
	10=01	MCCLOSKEY	Studies
11	10561	PETER V ZIMA	What is Theory?
12	10562	CHANDRAKALA PADIA	Theorizing
			Feminism
13	10563	VINITHA PANDEY	Rethinking Urban
	10000	V	Development
			Classical Social
14	14 10564	EDWARD ROYCE	Theory and Modern
			Society
15	10565	JONATHAN H TURNER	The Emergence of
13	10303	JONATHAN ITTORNER	Sociological Theory
16	10566	PAULINE KOLENDA	Caste, Marriage
16	10300	PAULINE ROLENDA	and In Equality
			Structure and
17	10567	0567 MILTON SINGER	Change in Indian
			Society
			Group Work:
18	10568	MARIANNE	Process and
			Practice
10	10500	HAOLIET	Empowerment of
19	10569	HAQUE T	Rural Woman
			Gender Bias
00	40570	CNIELL CANIONANI	Missing Girls and
20	10570	SNEH SANGWAN	Population
			Imbalance
	10571	DAGULIAN	Health and Tribes in
21	10571	DASH K.N	India
	40	DATEL D. K	Health Status and
22	10572	PATEL R. K	Programs in India
	40570	DAYON	Liberalisation and
23	10573	RAY C. N	Urban Social
L	l	1	1

<u> </u>			
			Science
			Population and
24	10574	JEJEEBHOY S. J	Reproductive
			Health in India
			Poverty, Food
25	10575	KUMBHAR S	Security and
			Welfare in India
			Rural Health:
26	10576	HUSSAIN, AZMAL	Perspectives and
			Experiences
			Rural –Urban
27	10577	RAJAGOPALAN, S	Migration: Trends,
21	10377	RAJAGOFALAN, 3	Challenges and
			Strategies.
28	10578	SHEAFF, MICHAEL	Sociology & Health
20	10576	SHEAFF, WIICHAEL	Care
29	10579	SUJATHA, V	Sociology & Health
29	10379	SOJATTIA, V	and Medicine
		ROY, T. K	Statistical Survey
30	10580		Design and
30		KO1, 1. K	Evaluating Impact
31	10581	RAMACHANDRAN P	Survey Research in
31	10361	NAMACHANDIXAN F	Public Health
			Academic Writing: A
32	10582	BAILY, STEPHEN	Handbook for
32	10302	BAILT, STEITIEN	International
			Students
33	10583	BINOY KUMAR	Population and
	10000	DINOT KOMAK	Society
34	10584	DEBJANI ROY	Population
07	10004	5250/ (A) 1(O)	Geography
35	10585	LESTER, JD	Research Paper
- 55	10000		Handbook
36	10586	SHARMA, BC	Scientific and
	10300	OF ICITATIVICA, DO	Technical Report
37	10587	MALMFORS, B	Writing and
01	10587	IVIALIVIFUNO, D	Presenting

			Scientific Paper
38	38 10588 1	MEHTA, N. V	Income-Tax Ready
			Reckoner

Journals

Library has regular subscription of National & International journals for the past 30 years. The subscription has been including the following subject headings:

- Clinical Research
- Demography
- Family Welfare
- Health Sciences
- Medical Research
- Nursing
- Public Health
- Social Work

In addition, library has Magazines, News Letters & News Papers

Back Volumes

Library has very good collection of back volumes in some journals. Most of the back volumes focused on Demography, Economic and Political Weekly, Epidemiology, Family Planning, Health Sciences, Medical Research, Nursing, Nutrition, Preventive Medicine and Public Health.

Services

Institute library has been providing some services to the entire users of GIRH. It includes Current Awareness Service (CAS), Selective Dissemination of Information (SDI), and News articles from different Journals, Magazine and News papers. The Information covered on community health, preventive medicine, nursing management and allied subjects. All the information has been forwarding to all the users via their email IDs. CAS service is monthly based and SDI and News articles are daily based.

Librarian has been providing the user education for the new users including students from various courses, trainees and others coming to our institute regularly. From this orientation user can

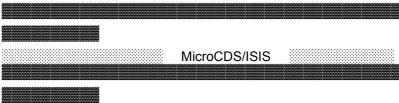
identify the available resources (Print and Electronic) for easy access.

Databases

CDS/ISIS, GSDL and PubMed are used to retrieve the citation and literature.

CDS/ISIS

Currently library has an electronic catalogue with the help of library software called CDS/ISIS and through this eCatalogue librarian able to inform the users their needs.



C - Change data base

L - Change dialogue language

E - ISISENT - Data entry services

S - ISISRET - Information retrieval services

P - ISISPRT - Sorting and printing services
I - ISISINV - Inverted file services

I - ISISINV - Inverted file services

D - ISISDEF - Data base definition services

M - ISISXCH - Master file services

U - ISISUTL - System utility services

A - ISISPAS - Advanced programming services

X - Exit (to MSDOS)

Data base: BOOK

Worksheet: BOOK

Max MFN: 10588

Format: BOOK

Micro CDS/ISIS - Ver. 3.08 (c) UNESCO 1997

<u>GSDL</u>

For the digital library, the librarian recently is starting the digital platform with the help of Greenstone Digital Library (GSDL)

Software. Through this software all the electronic resources gathering and build the collection for library users. After the completion of these work users easy to access all the electronic resources including Journal articles, eBooks, and etc in all formats (PDF, WORD, PPT, and EXCEL).



Consortium

Librarian is a member of Association of Vision Science Librarian (AVSL) and its consist of more 200 librarians in world wide. Often librarian has collecting more number of articles, data and other literature from AVSL for institute faculty and the students.





8. ADMINISTRATIVE STRUCTURE

Board of trustee as on 31.03.2016

Smt. Sheela Rani Chunkath, IAS (Rtd) No. 17, Kaveri Salai, Kalachetra Colony, Besant Nagar, Chennai - 600 090.	The Secretary to Govt. of India Ministry of Health and Family Welfare Govt. of India Nirman Bhavan New Delhi - 110 108
Chairman	Member
The Secretary to Govt. of Tamil	The Director of Public Health &
Nadu	Preventive Medicine
Health and Family Welfare Department	DMS Office Complex 359 Anna Salai, Teynampet
Government of Tamil Nadu	Chennai - 600 006
Secretariat	One mai occ coc
Chennai - 600 009	
Member	Member
The Director	The District Collector,
International Institute for	Dindigul District
Population Sciences	Velunachiar Compound
(Deemed University)	Dindigul - 624 001
Govandi Station Road	
Deonar, Mumbai – 400 088 Member	Member
The Senior Regional Director	Dr. R. Jayaraman
Regional Office for Health &	Principal Officer-CED Trust,
Family Welfare	54, Visuvasapuri First Street,
(Ministry of Health & Family	Gnanaolivupuram
Welfare)	Madurai - 625 016.
Govt. of India,A-2A,	
Rajaji Bhawan	
Besant Nagar, Chennai - 600 090	
Member	Member
Shri M.R. Rajagopalan	The Vice Chancellor
, 5 1 2 2	Gandhigram Rural University
Managing Trustee	Gandhigram - 624 302
Gandhigram Trust	
Gandhigram - 624 302	
Member	Member
Dr. G. Natchiar	Shri. K. Shivakumar,
2 C (atorila)	

	1
	Secretary,
Director (HRD)	Gandhigram Trust
Aravind Eye Hospital	Gandhigram - 624 302
Anna Nagar	
Madurai - 625 020	
Member	Member
The Medical Superintendent	Dr. R. KousalyaDevi
· ·	Life Trustee
Kasturba Hospital	Gandhigram Trust
Gandhigram - 624 302	Gandhigram - 624 302
Gandriigiairi 024 302	Gandingram 02+302
Member	Special Invitee
Shri D.V. Jayaraman	The Director,
Partner	GIRH & FWT
M/s. V. Ramaswamy Iyer & Co.,	Soundram Nagar
Chartered Accountants	Gandhigram - 624 302
A-55, M.V.M. Nagar, Karur Road	ا
Dindigul - 624 001	

Executive Committee

SI. No.	Executive Committee Member	Status on the Executive Committee
1.	Sri M.R. Rajagopalan	Chairperson
	Managing Trustee	
	Gandhigram Trust	
	Gandhigram - 624 302	
2.	Dr. R. Kousalya Devi	Member
	Life Trustee	
	Gandhigram Trust	
	Gandhigram - 624 302	
3.	Dr. S. Natarajan,	Member
	Vice Chancellor,	
	Gandhigram Rural University	
	Gandhigram - 624 302	
4.	Sri D.V. Jayaraman, (Institute Auditor)	Member
	Partner, M/s. V. Ramasamy Iyer & Co.,	
	A-55, M.V.M. Nagar, Karur Road,	
	Dindigul – 624 001	
5.	Director	Member
	GIRH & FWT	Secretary
	Soundram Nagar	
	Gandhigram - 624 302	
6.	Dr. M. Sankarapandian	Elected
	Statistician, HFWTC,	Member
	GIRH & FWT	(Teaching
	Soundram Nagar	staff)
	Gandhigram - 624 302	
7.	Sri. N. Rajakumar	Elected
	Data Assistant (PRC)	Member
	GIRH & FWT	(Non-Teaching
	Soundram Nagar	staff)
	Gandhigram - 624 302	

The Board has constituted a Finance Committee to review the financial position of the Institute and accounting system, scrutinize the budget, analyze expenditure and suggest methods to improve the financial position of the Institute. The Finance Committee reviews all the audited reports and suggests steps to implement them. This committee at present consists of the following members:

Finance Committee

SI. No.	Finance Committee Member Name & Address	Status on the Finance Committee
1.	Shri K. Shivakumar, B.Sc., FCA., FICWA., DMA.(ICA)., Secretary, Gandhigram Trust, Gandhigram 624 302.	Convener
2.	Shri M.R. Rajagopalan Secretary Gandhigram Trust Gandhigram – 624 302	Member
3.	Prof. Dr.R. Jayaraman Member, Finance Committee (GIRH & FWT.,) Principal Officer, CED Trust 54, Visuvasapuri First Street, Gnanaolivupuram, Madurai – 625 016.	Member
4.	Shri D.V. Jayaraman, B.Com., F.C.A., Chartered Accountants M/s. V. Ramasamy Iyer & Co., A-55, M.V.M. Nagar, Karur Road Dindigul 624 001	Member
5.	Dr. S. Seethalakshmi Director The Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT) Soundram Nagar Gandhigram – 624 302	Member Secretary

9. ANNEXURE

9.1. Participation of faculty/staff members in workshop/seminars

Name & Designation	Program details	Date	Place
Mr. K. Ilango Samuel Peter, STO (C & M)	Examiner for Viva- Voce of Diploma Course in Digital Videography	18.04.2015	Gandhigram Rural University, Gandhigram
Mr. K. Ilango Samuel Peter, STO (C & M)	Sustainable Development & Resource Mobilization	21-07- 2015	Gandhigram Trust
Mr. K. Ilango Samuel Peter, STO (C & M)	Non Communicable Diseases	07.09.2015	Inner Wheel Club Of Dindigul
Mr. K. Ilango Samuel Peter, STO (C & M)	Easy ways to speak English and Effective Communication Skills	08.09.2015	Department of Home Science, The Gandhigram Rural Institute
Dr. S. Ravichandran, Chief-PRC	Attended the PRC- Annual Action Plan Meeting	16.03.2015 & 17.03.2015	ISEC, Bangalore
Director, Principal and Faculty conducted the program	District Training Coordination Meeting – DTT-MOs , DMCHOs and Accounts dealing clerks	23.04.2015	GIRHFWT, Gandhigram
Dr Seethalakshmi, Principal and Mrs K.Kalamaheshwari	Annual Review meeting on Training performance	16.05.2015	HMDI, Villupuram
Dr. S. Seethalakshmi, Principal	Review meeting of Training activities by Mission Director	29.05.2015 and 30.05.2015	State Health Society, Chennai
Dr. S. Seethalakshmi, Principal and Dr M. Sankarapandian, Statistician	TMIS workshop	25.09.2015	State Health Society, Chennai

Director ic, Faculty ic	District Training	28.10.2015	GIRHFWT,
and Faculty	Coordination		Gandhigram
Conducted the	Meeting – DTT-MOs		_
program	, DMCHOs and		
	Accounts dealing		
	clerks		

9.2. Staff Details

Sanctioned staff strength (2015-2016) (Govt. Grants and Institute Fund)

I. Government Grant

CI		Permanent		
SI.	Name of the post	Sanc-	Filled	Vacant
NO.	-	tioned	in	
1. Ce	1. Central Training Institute (CTI)			
1.1.	CTI-Central Unit			
1.	Director	1	1	0
2.	Senior Training Officer (Mgmt.)	1	0	1
3.	Senior Technical Officer (Comm.	1	1	0
	& Media)			
4.	Statistical Assistant	1	1	0
	Total	4	3	1
1.2.	CTI-Diploma in Health Promotion 8	Š.		
Educ	cation			
5.	Professor in Health Education	1	0	1
6.	Lecturer in Health Education	1	0	1
	(Medical)			
7.	Lecturer in Health Education	1	0	1
	(Non-Medical)			
8.	Lecturer in Behavioural Sciences	1	1	0
9.	Teaching Assistant	4	3	1
	Total	8	4	4
1.3.	CTI-Health & Family Welfare Traini	ing		
Cent		1		
10.	Principal	1	1	0
11.	Medical Lecturer-cum-	1	1	0
	Demonstrator			
12.	Social Science Instructor	1	0	1
13.	Health Education Instructor	1	1	0

14.	Statistician	1	1	0
15.	Public Health Nurse Instructor	1	1	0
16.	Health Education Extension	1	1	0
	Officer			
17.	Senior Sanitarian	1	1	0
18.	Senior Health Inspector	2	2	0
	Total	10	9	1
1.4.	CTI-Administrative Unit			
19.	Administrative Officer	1	0	1
20.	Office Superintendent	1	1	0
21.	Senior Accountant	1	1	0
22.	Stenographer	1	0	1
23.	Steno-Typist	3	3	0
24.	Librarian	1	1	0
25.	Upper Division Clerk	2	2	0
26.	Artist-cum-Draftsman	1	1	0
27.	Projectionist	1	1	0
28.	Store Keeper-cum-Clerk	1	1	0
29.	Clerk-cum-Typist	2	2	0
30.	Driver	6	2	4
31.	Attender	2	2	0
32.	Peon-cum-Daftry	1	1	0
33.	Domestic Staff	3	3	0
			•	U
	Total	27	21	6
	Total egional Health Teachers' Training I	27		
		27		
2. R	egional Health Teachers' Training I	27 nstitute	21	6
2. R (34.	egional Health Teachers' Training I Principal	27 nstitute	21	6
2. Ro 34. 35.	egional Health Teachers' Training I Principal Public Health Nursing Officer	27 nstitute 1 3	1 1	6 0 2
2. Ro 34. 35. 36.	Principal Public Health Nursing Officer Senior Sanitarian Officer	27 nstitute	21 1 1 1	6 0 2 0
2. Ro 34. 35. 36. 37.	Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer	27 nstitute	1 1 1 0	0 2 0 1
2. Ro 34. 35. 36. 37. 38.	Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk	27 nstitute	1 1 1 0 1	0 2 0 1
2. Re 34. 35. 36. 37. 38. 39.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk	27 nstitute 1 3 1 1 1 1	1 1 1 0 1	6 0 2 0 1 0 0
2. Ro 34. 35. 36. 37. 38. 39. 40.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender	27 nstitute 1 3 1 1 1 1 1 1	21 1 1 1 0 1 1 1	0 2 0 1 0 0
2. Ro 34. 35. 36. 37. 38. 39. 40.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff	27 nstitute 1 3 1 1 1 1 1 2	1 1 1 0 1 1 1 2	0 2 0 1 0 0 0
2. Ro 34. 35. 36. 37. 38. 39. 40. 41.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook	27 nstitute 1 3 1 1 1 1 2 1	21 1 1 1 0 1 1 1 2 1	0 2 0 1 0 0 0 0
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total	27 nstitute 1 3 1 1 1 1 2 1	21 1 1 1 0 1 1 1 2 1	0 2 0 1 0 0 0 0
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Copulation Research Centre	27 nstitute 1 3 1 1 1 1 2 1 12	1 1 1 0 1 1 1 2 1 9	6 0 2 0 1 0 0 0 0 0 3
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Chief	27 nstitute 1 3 1 1 1 1 2 1 12	21 1 1 1 0 1 1 1 2 1 9	6 0 2 0 1 0 0 0 0 0 3
2. Re 34. 35. 36. 37. 38. 39. 40. 41. 42. 3. Pe 43. 44.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Chief Assistant Chief	27 nstitute 1 3 1 1 1 1 2 1 12 1 1 1	1 1 1 0 1 1 1 2 1 9	6 0 2 0 1 0 0 0 0 0 3
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42. 3. Po 43. 44.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Chief Assistant Chief Research Officer	27 nstitute 1 3 1 1 1 1 2 1 12 1 2	21 1 1 1 0 1 1 1 2 1 9	6 0 2 0 1 0 0 0 0 0 3
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42. 3. Po 43. 44. 45. 46.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Public Health Nursing Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Public Hesearch Centre Chief Assistant Chief Research Officer Research Investigator	27 nstitute 1 3 1 1 1 1 2 1 12 1 2 4	21 1 1 1 0 1 1 1 2 1 9	0 2 0 1 0 0 0 0 0 3
2. Ro 34. 35. 36. 37. 38. 39. 40. 41. 42. 3. Po 43. 44. 45. 46. 47.	Principal Principal Public Health Nursing Officer Senior Sanitarian Officer Health Education Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Public Health Nursing Officer Lower Division Clerk Steward – cum-clerk Attender Domestic Staff Cook Total Public Health Nursing Officer Chief Assistant Chief Research Officer Research Investigator Field Investigator	27 nstitute 1 3 1 1 1 1 2 1 12 1 2 4 4	21 1 1 1 0 1 1 1 2 1 9 1 1 0 2 3	0 2 0 1 0 0 0 0 0 0 3

50.	Office Superintendent	1	0	1
51.	Assistant	1	0	1
52.	Upper Division Clerk	1	1	0
53.	Lower Division Clerk	1	1	0
54.	Driver	1	1	0
55.	Attender	1	1	0
	Total	23	14	9
	Grand Total	84	59	25

II. Institute Fund

SI. Name of the same		Permanent		
No.	Name of the post	Sanc- tioned	Filled in	Vacant

III. Building Maintenance Fund

SI.		F	Permanent		
No.	Name of the post	Sanc- tioned	Filled in	Vacant	
1	Electrician-cum-Pumpman	1	1	Λ	

IV. Mess

			Permanent		
SI. No.	Name of the post	Sanc- tione d	Filled in	Vacant	
1.	Cook	1	1	0	

Details of staff recruitment during the year 2015-16

SI. No.	Name	Designation	Date of Joining
1.	Dr. M. Vijayalakshmi	Medical Lecturer cum Demonstrator	30.04.2015
2.	Dr. R. Janaee	Medical Lecturer cum Demonstrator	29.06.2015
3.	Sri. K. Sekar	Domestic Staff	16.06.2015
4.	Smt. T. Pechiammal	Domestic Staff	14.07.2015
5.	Sri. S. Seenivasan	Ty. Driver	20.05.2015

Details of staff retirement during the year 2015-16

SI. No.	Name	Designation	Date of retirement
1.	Sri. R. Selvaraj	Driver	31.05.2015
2.	Sri. P. Kathiresan	Attender	31.05.2015
3.	Sri. V. S. Selvaraju	Documentalist	30.06.2015
4.	Sri. K. Tharmar	Domestic Staff	30.06.2015

Details of staff resigned/relieved during the year 2015-16

SI. No.	Name	Designation	Date of relieving
1.	Dr. A. Munawar Khan	Director	10.07.2015
2.	Dr. M. Vijayalakshmi	Medical Lecturer cum Demonstrator	23.06.2015
3.	Sri. S. Leo Clement	Stenographer	31.01.2016

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