



# **Annual Report 2020 - 2021**



**The Gandhigram Institute of Rural Health and  
Family Welfare Trust**

Soundram nagar, Gandhigram Post, Dindigul - 624302  
Tamilnadu

# **ANNUAL REPORT**

## **2020-2021**



**THE GANDHIGRAM INSTITUTE OF RURAL HEALTH & FAMILY WELFARE TRUST**

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## 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 2020 - 2021



**Board meeting**



**ICSSR Project valedictory**



**Pongal celebration**



**Tree plantation**



**Republic day**



## 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 council, UNFPA, USAID, UNICEF, TANSACS, TNHSP, IIPS/GOI, ICSSR etc.

The P.G. Diploma in Health Promotion and Education Course is affiliated with the Tamil Nadu Dr.M.G.R. Medical University, Chennai. It is a one year professional and residential course. We had admitted 9 students for the year 2020-21 (57th batch), representing two from Nepal, three from Odisha, one from Telangana, one from Andaman and two from Kerala for the P.G. Diploma in Health Promotion and Education course in the month of October 2020.

During the year 2020 – 2021, the Health and Family Welfare Training Centre of the Institute was engaged in various short – term training programs funded by NHM. A total of 790 personnel were trained in 39 batches.

Also we have three batches of DMLT students (60 Nos) for the academic year 2020-2021. This course is approved by Directorate of Medical Education, Tamil Nadu.

In RHTTI during the year 2020-21 we have completed the training of 9<sup>th</sup> batch of Health Visitors course by June 2021 with 12 trainees (December 2020 to June 2021). The trainees completed the course by June 2021. The short term trainings could not be conducted during 2020-21 due to lockdown implemented in the wake of Covid-19 pandemic.



The Population Research Centre, committed to undertake 5 research studies on various topics during 2020-21 which includes: 1. A Study on Utilization of Health Care Services in West

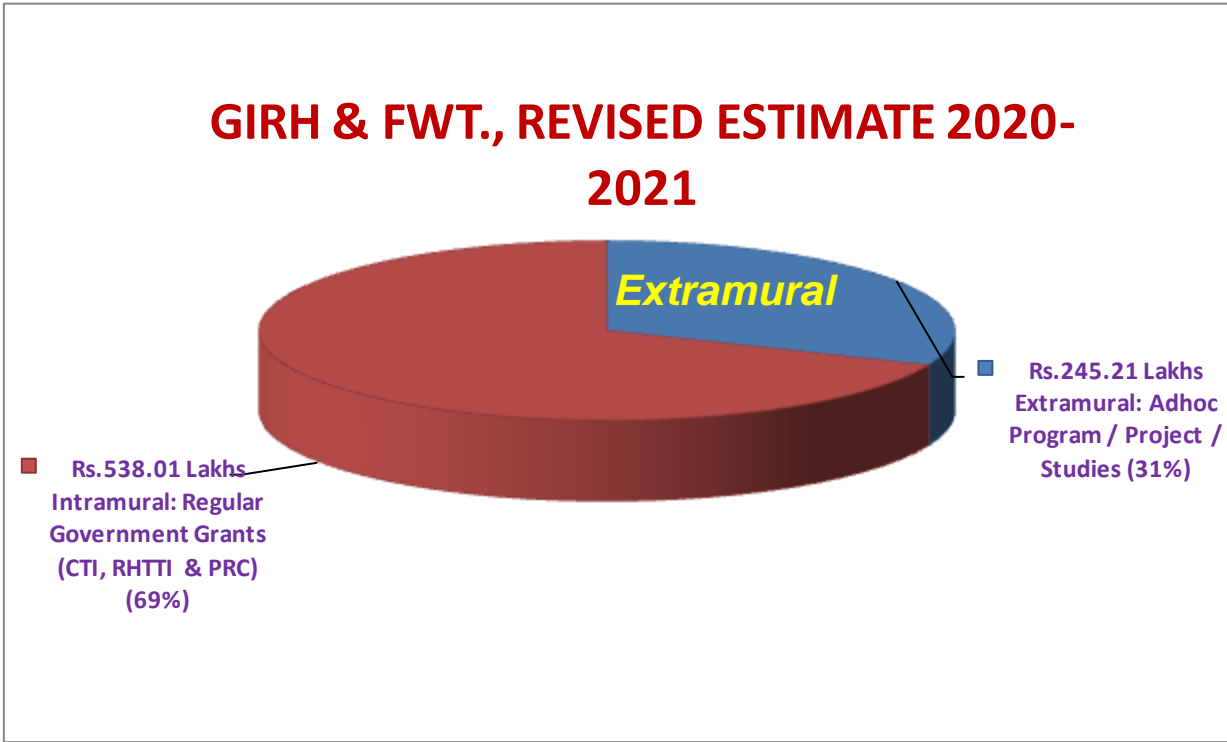
Bengal: A District Level Analysis. 2. A Study on Level and Trend of Child Health Indicators in Nagaland State. 3. Study on denial of Public Health Services other than COVID-19 in Dindigul District Tamil Nadu. 4. Ensuring Safe Deliveries: "A Study on Laqshya Initiatives in Tamil Nadu. 5. Addressing Non Communicable Disease in Tamil Nadu: Situation Analysis of Awareness Creation and Control of Diseases at Peripheral Level.

The Media Department of our Central Unit has organised health communication programs and has trained 29 personnel. Apart from these regular classes were taken for 66 students of long term and short term training of the institute.

We, in our institute, through continuous efforts and dedicated services, educate and train the personnel in rural health and conduct relevant researches and are stepping towards upliftment of rural population realizing the vision and objectives of our founder chairman Dr. T.S. Soundram Amma.

**Dr. S. SEETHALAKSHMI**  
**DIRECTOR**

1.2. GIRH & FWT Revised Estimate



## **2. PART – II**

### **2. POPULATION RESEARCH CENTRE**

Population Research Centre, Gandhigram is one of the 18 Population Research Centres (PRC) promoted by the Government of India (Ministry of Health and Family Welfare). It is attached to the Gandhigram Institute of Rural Health and Family Welfare, (GIRH & FWT), Dindigul District, Tamil Nadu and functions as the Research Unit of the Institute. The Institute, an autonomous body under the Ministry of Health and Family Welfare, is governed by a Board of Trustees comprising of eminent personalities in public life and learned professionals in the field of Public Health, Demography, Population, Rural Development, Nutrition and Family Welfare. The Chairman of the board implements policy decisions through a full time Director who is also the member secretary of the Trust.

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 Planning 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 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 and Lakshadweep. 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 NACO/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 and Rapid Household Survey – Reproductive and Child Health 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 5 research studies on various topics during 2020-2021. Work completed during the year and the major findings is described in the following pages.



## 2.1.ACTIVITIES OF POPULATION RESEARCH CENTRE

### 2.2. A. RESEARCH STUDIES COMPLETED

Name of the study	<b>Study on denial of Public Health Services other than COVID-19 in Dindigul District Tamil Nadu.</b>
Funding Agency	Ministry of Health and Family Welfare, Government of India
Name of the persons	Dr. V. Saravanakumar, Dr. N. Kala,
Objectives	To assess the denial of health services due to COVID-19 in the public health facilities and suggest ways to improve the situation.
Period	July 2020 – August 2020
Methodology	District hospital, Sub-district hospitals, Community Health Centres, Primary Health Centres, Urban Primary Health Centres in Dindigul and Palani HUDs in Dindigul district.
Progress	Completed
Findings	Health care services in public health facilities disrupted due to the unavailability of the public transportation system and the patient feared about COVID-19 and not willing to access health facilities for the treatment. Ante natal care, natal and post natal care services are not affected in the rural areas but there was a delay in getting the services. The IPD and OPD services decreased and the delivery cases also decreased in the primary and secondary health facilities such as PHC, block PHC and SDH as most of the cases referred to district headquarters hospital. The delivery cases increased in the DHQ hospital as most of the cases referred from primary and secondary health facilities. But the health services such as laboratory services, family planning services, sterilization services, counseling services, AYUSH services, issue of birth certificates in rural areas, MMU services, emergency transport, Dental and Ophthalmic services are badly affected / denied in the public health facilities at the pandemic period. The IPD, OPD and delivery services are affected at the Urban PHCs as the medical officers, staff nurse and laboratory technicians are deputed to COVID Care Centres or COVID-19 testing centres. Due to lack of manpower at the DHQ hospital and due to heavy patient load, it is difficult to provide health services on time. Deputation of health personnel from one facility to another facility, transfer of beds to COVID Care Centres and delay in getting COVID-19 results for the suspected cases leading to patients suffer from other complicated diseases such as NCD. The data entry and report generation are also affected due to COVID-19. Health service data was not uploaded and much variation of data was observed between data obtained from the health institutions and entry in the HMIS portal.

<b>Name of the study</b>	<b>A Study on Utilization of Health Care Services in West Bengal: A District Level Analysis.</b>
Funding Agency	Secondary Data
Name of the persons	Dr. V. Saravanakumar
Objectives	<ol style="list-style-type: none"> <li>1.To Assess the trends and current status of utilization of maternal and child health services.</li> <li>2.To identify the inter district variations of health care services using health index.</li> <li>3.To identify the gap for the variation and suggest ways to improve the utilization of health care services.</li> </ol>
Period	October 2020 to December 2020
Methodology	Analyzed the utilization of maternal and child health care services and the inter-district disparity in West Bengal using data from different sources such as Census 2011, SRS 2020, NFHS reports, Health on the March (2015-16) (Govt. of West Bengal) and HMIS (2017-18 to 2019-2020) data. Composite index was calculated to assess the performance and to rank the districts of West Bengal. Factor analysis (Principal component method) and Discriminant method is used for analysis.
Progress	Completed
Findings	<p>The top 5 high performed districts based on the composite index were Kalimpong, Hugli, Darjiling, Jhargram and Dakshin Dinajpur and the bottom 5 low performed districts were Uttar Dinajpur, Maldah, Murshidabad, Puruliya and South 24 Parganas respectively. The best discriminator in the discriminant model is identified as post natal care followed by total unmet need, contraceptive prevalence rate, first trimester registration, institutional delivery, higher birth order, women married below 18 years and literacy rate. These variables play a major role in discriminating between high performed and low performed districts with the variance of 94 percent. There exists inter district disparity in utilizing maternal and child health services in West Bengal. Though government of India have launched various policies and health programs to promote maternal and child health services to the people living in both rural and urban areas, still inter district and inter regional disparity prevails in the State. Lack of awareness among women, poor infrastructure, lack of accessibility of public health facilities in remote areas, lack of monitoring of government health programs are the major barriers for utilizing maternal and child health services in West Bengal. We can observe improvement in achieving certain health indicators such as institutional delivery, immunization etc., comparing with previous years. But still maternal death, infant death and home delivery are higher in certain areas which need to be reduced. The public health facilities especially in the low performed districts need to be upgraded along with infrastructure development, increase of sanctioned medical and para medical posts, funding on time based on the requirement, Mass media</p>

	exposure and monitoring of government health programs need to be improved to increase the utilization of maternal and child health services and to reduce inter district disparity in West Bengal.
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<b>Name of the study</b>	<b>A Study on Level and Trend of Child Health Indicators in Nagaland State.</b>
Funding Agency	Secondary Data
Name of the persons	Dr. N. Kala
Objectives	<ol style="list-style-type: none"> <li>1. To find out the trends of child health indicators in each district of Nagaland state.</li> <li>2. To identify the reasons for lacuna in the health indicators of this state comparing to national level.</li> </ol>
Period	December 2021 to February 2021
Methodology	The study is based on secondary data analysis. For the analysis, child health indicators have been extracted from health facility level HMIS reports for five years in the HMIS portal (2015 - 2020). The study focused Indicators of child immunization, child morbidity and Mortality indicators.
Progress	Completed
Findings	Institutional delivery shows increasing trend in Nagaland. The districts with higher proportion of home delivery need to be concentrated to increase institutional delivery. The reason behind home delivery has to be eliminated and increase awareness about institutional delivery is an urgent need. Immunization has shown negative trend in Nagaland. Number of children received BCG and Measles have shows more negative trend in Nagaland. Regarding percentage of new born having weight less than 2.5 kg, it is higher than the state average for Dimapur and Kohima districts and other districts reported lesser than the state average. Out of 11 districts, Peren has shown the most negative trend in newborns breastfed. Nagaland reported increasing trend of IMR from 2015-16 and decreased from 2017-18. The most reported cause of infant death was other diseases like Fever, LBW, Measles etc., compared with Sepsis, Asphyxia, Pneumonia and Diarrhoea. Awareness creation among women, more IEC, increase of more health facilities, more MMU visits in remote areas, Full immunization achievement have to be improved in Nagaland. Cash incentive program may be implemented as in Tamil Nadu to improve institutional delivery and full immunization coverage. Newborn breastfed within one hour, children weighed, reduce LBW, establishing more NICU/SNCU centres are urgently needed for Nagaland to improve child health indicators in future.

<b>Name of the study</b>	<b>A Study on LaQshya Initiatives in Tamil Nadu. Ensuring safe deliveries</b>
Funding Agency	Ministry of Health and Family Welfare, Government of India
Name of the persons	Dr. V. Saravanakumar
Objectives	The main objective of the study is to assess the standards of Labour rooms and Operation Theatres in Public health facilities of Tamil Nadu and to suggest ways to improve the standards.
Progress	On-going

<b>Name of the study</b>	<b>Addressing Non – Communicable disease in TN: Situation Analysis of Awareness Creation and Control of Diseases at Peripheral Level.</b>
Funding Agency	Ministry of Health and Family Welfare, Government of India
Name of the persons	Dr. N. Kala
Objectives	To Monitor the trend and determinants of non-communicable diseases and evaluate progress in their preventive and control.
Progress	On-going

1. Ensuring safe deliveries a study on Laqshya Initiatives in tamilnadu
2. Addressing Non – Communicable disease in tamilnadu: Situation Analysis of awareness creation and control of disease at peripheral level



## **2.3. B. PROPOSED STUDIES**

### **B.1. Research Studies Proposed for 2021-2022**

1. PIP monitoring of 30 districts in Tamil Nadu (11), West Bengal (10), Arunachal Pradesh (5), Meghalaya (1) and Odisha (3).
2. Performance Assessment of ICDS Services in Tamil Nadu.
3. Out of Pocket Expenditure on Ultrasound Scan for Pregnant women in Tamil Nadu.
4. A Study on Performance of Public health facilities in Tamil Nadu using HMIS data
5. Analytical Study on HMIS indicators - South East Districts in Tamil Nadu.  
The uploaded HMIS status report and validation report sent to the respective district officials (DDHS and JDHS) of Tamil Nadu.
6. Perspectives on covid – 19 vaccination in india

## **C. OTHER ACTIVITIES**

### **C.1. Teaching by PRC Staff**

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

## PHOTO GALLERY



### **3. TRAINING**

#### **3.1. 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

Need based 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



### 3.1.1 CENTRAL UNIT

#### Objectives of CTI-CU

- 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 centre's (Regional Family Planning Training Centre's and the Central Family Planning Field Units) in the Southern zone.
- Any other duties assigned from time to time by this Department according to the programme needs

#### Trainings

- ❖ Co-ordinated TMIS workshop with Dr.M.Sankarapandian, Statistician on 16.12.2020 with 55 participants from 6 HUDs. During this workshop, TMIS website data entry and updation methodology was explained to the participants. Minutes of the same was sent to Mission Director, National Health Mission, Chennai.
- ❖ Organised and co-ordinated a Training on Proposal writing for NGOs in Tamil Nadu on 18 & 19 Feb.2021. There were 5 NGO personnel and 3 Faculty members of this Institute attended this training program. The objective of the training was to enhance the knowledge of the participants on steps in proposal writing and documentation.



Dr.Sathesh Babu, Consultant taking a session “Steps for proposal Writing” on 18.2.2021

## **Other activities**

- Involved in the Data analysis ICSSR-Impress project and summarised Pre-KAP survey findings for preparation of Project Report with Dr.Sridevi, Lecturer(Non-Medical), DHPE Dept.
- Training proposal on Refresher training for statistical personnel working DFW, Chennai was prepared and sent to Mission Director, NHM, Chennai and Director, DFW, Chennai. Demographer, DFW was being followed up and confirmed to depute Block Health Statisticians for the conduction of training programs in 2021 by virtual mode due to covid-19
- Training proposal to train Extension Educators working in Railways of Southern States, was prepared and sent to Chief Medical Director in Tamil Nadu, Andhra Pradesh and Karnataka. Followed up Dr.P.Anandan, Additional Chief Medical Director(ACMD), Southern Railways and Dr. Shoba, ACMD, South West Railway, Karnataka assured to conduct training program for their Health personnel in virtual mode.
- Performed functions as Warden of Dr.Soundram Mess such as procurement of mess provisions, rationing, stock maintenance, discussion with the office staff, raising bills for the inmates, settlement of suppliers' bills, service of machineries/equipments from outside, etc.

### 3.1.2. CENTRAL UNIT

The Major objectives of this central unit is to

- 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.

The activities carried out by central unit of the central unit during this year are presented categorically

#### 1. Teaching work:

central unit staff handled classes on communication and Media related subjects to the following categories of trainees

S.N,	Category of trainees	Number of participants
1	B.Sc.(N) students	45
2	Health visitors (Female)	12
3	PGDHPE students	09
	<b>Total</b>	<b>66</b>

### 2.Training programs organised by CENTRAL UNIT

#### 2.1 Training on Information Education and Communication

Three day training on Information Education and Communication was organized for the following Multipurpose Health worker (M) /Sanitary Inspector/Health inspector course students

1.	Dharan School of paramedical sciences, Salem.	MPHW (M)	19.03.2021 to 20.03.2021	29
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#### 2.2 PGDHPE MEDIA PRACTICAL

Media Skill lab was organized for the PG Diploma in Health Promotion Education course students from 19.03.2021 to 31.03.2021. Nine (9) students from various states of India and Nepal participated and learnt to develop and prepare cost effective IEC materials. Coloring techniques, lettering skills, preparation of Posters, models, flashcards, flipcharts, folders, audio spots and video films were taught to the students. Hands on training were given to handle various types of audio visual equipments. They were also trained in the techniques of using traditional media (street theatre and puppets) for Health promotion and education programmes in the community).

### **3.DETAILS OF OTHER WORK:**

- Preparation of a Behaviour Change Communication (BCC) project proposal for COVID-19 along with Health Education department of the Institute. Submitted to Year of Awareness on Science and Health (YASH), Department of Science and Technology
- Preparation of a committee report for the growth and development of the institute.
- A health exhibition was conducted for the students to create awareness about the Communicable and Non communicable diseases.
- Preparation of a committee report for the terminal benefits.
- Discussion with the Nursing Colleges regarding Capacity Building Training.
- Preparation of the Training Budget Estimate and submitted to the Ministry of Health and Family Welfare, Govt. of India.
- Preparation of Annual report of activities and submitted to the MoHFW, Gol.
- Planning work for the three months IEC course District Extension Educators
- Display of awareness posters and messages about of COVID-19.
- Preparation of write up on Media Lab for Skill development centre project
- Discussion with the Population Research Centre regarding the COVID studies and prepared a budget for documentation and IEC material preparation.

### **4. SUPPORT SERVICE**

Artist – cum - draftsman and Projectionist support service to various activities of the institute

- Identity card designed & printed - 25
- Photo documentation - 141
- LCD arrangements for classes –49
- PA system arrangements – 16
- Poster designing – 40
- University Examination arrangements
- IEC materials designing
- Poster/cover page/model preparation for in-house training
- Paper puppets - 40
- Video show -8
- PA system & photo doc arrangements for independence day & Republic day.
- Annual report cover page designing
- Audio message production for in house training – 04
- Short film production for in house training – 04
- Folder preparation for In house training – 6



# CTI - CU



**Public speaking skills**



**Poster making session**



**Health exhibition**



**Instructional aids preparation**



**Street theatre**



**Puppet making**



**PGDHPE Media practical**

### **3.1.3. Health and Family Welfare Training Centre, Gandhigram**

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 other Paramedical personnel working in the Govt. Primary Health Centres. The Gandhigram RTI covers four revenue districts having six HUDs namely Dindigul, Palani, Theni, Ramnad, Paramakudi and Sivaganga. The duration of training will vary from one day to two weeks.

Under National Health Mission (NHM) capacity building of Health functionaries and allied staff is given prime importance. Many skill Based & knowledge based trainings to the health providers are implemented to improve the skills & Knowledge of service providers to provide various health care delivery in the Institutions and as well as to create awareness among the community on availability and utilization of health care services.

Generally, the training programs are conducted as follows:

- Skill based training are conducted in the major government hospitals or medical college hospitals through six Regional Health Training Institutes (RTIs),
- Knowledge based training are conducted by the RTIs and by the District / Block training teams and
- Community based training-through the district /block training teams coordinated and supervised by the RTIs.

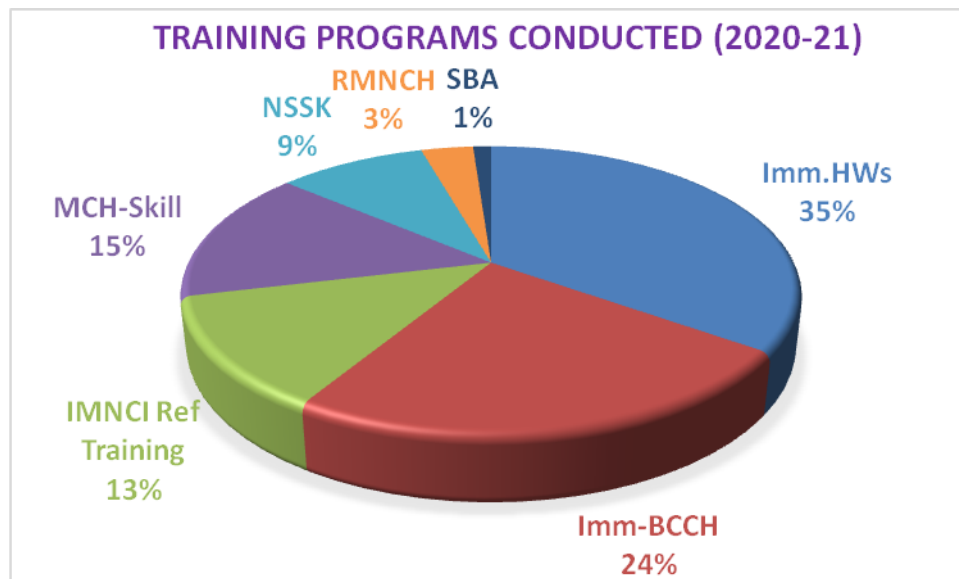
The HFWTC of our Institute was engaged in conducting various short-term training programs related to Maternal and Child health funded by National Health Mission, Tamil Nadu. The usual planning meeting for preparing the Comprehensive Training Plan by the O/o Director of Public Health and Preventive Medicine(DPH & PM), Chennai was not conducted for 2020-21 due to the lock down imposed on COVID-19 pandemic in the state. However, O/o DPH & PM sanctioned 61 batches of training on various category during the financial year. The training Centre completed 39 batches of training out of 61 batches allotted. A total of 790 candidates were trained out of the 1542 candidates assigned (51 %). The training centre could train only half of the assigned target due to low deputation of candidates from the HUDs and the lock down imposed in the state from April to October 2020 on account of COVID pandemic. Moreover, the training centre also was used as a quarantine and Siddha treatment centre for COVID-19 cases by the local District administration during lockdown period.



## Training Performance (2020-21)

Sl. No .	Name of the Training	Category	No. of batches	Target (No. of Trainees)	Total Trained	%
1	Immunisation training for Health Workers	VHN, SHN & CHN	11/15	480	275	57
2	Immunization -Block Level Cold Chain Handlers Training	Pharmacist/ BHS/ CCVSK/ Refrigeration Mechanic/HI	7/15	450	189	42
3	IMNCI Refresher Training	VHN,SHN & CHN	5/8	192	99	52
4	MCH Skill Lab Training	MO,S/N , UHN & ANM	9/9	160	118	74
5	NSSK	VHN	4/5	150	74	49
6	RMNCH+A Training	S/N	2/4	80	26	33
7	SBA Training	ANM & VHN	1/5	30	9	30
<b>Total</b>			<b>39/61</b>	<b>1542</b>	<b>790</b>	<b>51</b>

**Note :** Training not conducted from April to October 2020 due to Lock down for COVID-19 Pandemic and also the training Centre was handed over to the District Administration for converting into COVID-19 isolation and Siddha Treatment Centre. The performance has been given as per allotted batches by NHM, Chennai.



## 1. Immunization District Level Orientation Training to Health Workers (3Days) (VHN, SHN & CHN)

The training was so designed that the health workers would be able to List diseases that are preventable by immunization under the Universal Immunization Programme (UIP), describe their mode of spread, how they can be recognized and prevented, explain different reasons for the low performance of immunization, micro plan and their roles in the effective implementation of the same.



Immunization is one of the most effective methods of preventing childhood diseases. With the implementation of Universal Immunization Program (UIP), significant achievements have

been made in preventing and controlling the Vaccine Preventable Diseases (VPDs). Immunization has to be sustained as a high priority to further reduce the incidence of all VPDs, eliminate measles, control rubella and sustain the eradication of poliomyelitis caused by wild polio virus and the gains achieved in maternal and neonatal tetanus.





### **Session on Micro Plan of Immunization Activities**

A total of 275 personnel were trained in 11 batches.




## **2. Block Level Cold Chain Handlers Training (2 days)**



National Family Planning Program in the beginning could not progress due to the higher prevalence of Infant mortality in the country. As the Govt. had realised the importance of ensuring the survival of their newborn to the mothers and family, it implemented various child survival programs.

Immunization having proved to be the most effect strategy Govt. adopted to reduce the child and maternal mortality. With the implementation of Universal Immunization Program (UIP) , significant achievements have been made in preventing and controlling the Vaccine Preventable Diseases. Immunization has to be sustained as a high priority to further reduce the incidence of all VPDs,

eliminate measles, control rubella and sustain the eradication of poliomyelitis caused by wild polio virus and the gains achieved in maternal and neonatal tetanus.

Start point		Square lighter than circle. If the expiry date has not passed, USE the vaccine.
End point		Square matches the circle. Do NOT use the vaccine.
End point exceeded		Square darker than the circle. Do NOT use the vaccine.

Since inception of UIP, a wide network of cold chain stores have been created consisting of Government Medical Stores, Depots(GMSD) and State, Regional, District and sub-district Vaccine Stores.

Cold Chain network in the country has been the backbone to ensure the delivery of vaccine.

The objective of the training is to enable the cold chain handlers to efficiently manage the vaccines and cold chain system. It aims to equip them with the required technical and practical guidance for taking initiatives on their own to devise the most appropriate solution suiting their field circumstances. It is a significant effort to illustrate how technical and operational issues can be addressed in the field in order to maintain potency, safety and supply of vaccines.





## **DEMONSTRATION OF EQUIPMENTS RELATED TO COLD CHAIN**



A total of 189 personnel were trained in *seven* batches to the following categories of staff.

The personnel trained were pharmacist, BHS, Cold chain handlers, Refrigeration mechanic and health inspectors.

### **3. INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES – GENERAL (G-IMNCI)**

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 Government of India, State Health Society initiated General IMNCI refresher training for all Health and Nutrition functionaries in batches for three working days each. Five batches of General IMNCI Refresher training was conducted in Gandhigram RTI and 99 personnel (CHN/SHN/VHNs) were trained comprising CHN/SHN/VHN.

### IMNCI TRAINING



#### 4. MCH Skill lab training to MOs SNs and ANMs

This hands on training imparts skill to Medical Officers, Staff nurses and ANMs 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 Officers, Staff nurses and Auxiliary Nursing Midwives when they enter actual midwifery practice, will have confidence to deliver quality midwifery services

A total of 118 personnel were trained comprising Medical officers, Staff Nurses, ANMs, UHNs and Maternity Assistant. Nine batches of MCH-Skill Lab training were conducted.

### **Assessment on Handwashing**



### **Care of Newborn**





## **5. NAVJOTH SISHU SURAKSHA KARYAKRAM (NSSK)**

### **– 2 working days**

The risk of a child dying before completing five years of age is still highest in the WHO African Region (76 per 1000 live births), around 8 times higher than that in the WHO European Region (9 per 1000 live births). India's under-five mortality rate now matches the global average (39 deaths per 1,000 live births), but the number of infant and neonatal deaths--and the performance of India's poorer neighbours--indicate that tackling newborn health remains a formidable challenge, according to a new report . These data indicate a continuing high mortality risk in the first year of life for Indian children.

As part of the Sustainable Development Goals set out by the UN, India has committed to reaching an under-five mortality rate of 25 deaths per 1,000 live births by 2030. 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, diarrhoea and measles apart from hypothermia and infection, and basic newborn resuscitation. Navjaat Shishu Suraksha Karyakram (NSSK) – 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 with TOT trained health team. The programme will enable the paramedical staff to save new born child and mother at various health centres across the country.

A total of 74 ANMs/VHNs were trained in four batches during 2020-21 in our RTI.

## NSSK TRAINING



### 6. Reproductive Maternal New born and Child Health & Adolescent Health Training to Staff Nurses(RMNCH + A -SNs) (A total of 30 working days in 3 spells)

The quality of services during and after child birth is a key determinant of the rate of reduction in maternal and infant mortality rates. Most obstetric complications and maternal deaths occur during delivery and in the first 48 hours after childbirth. This makes the intra-partum period (defined as labour, delivery and the following 24 hours) a particularly critical time for recognising and responding to obstetric complications and seeking emergency care to prevent maternal deaths. The best way to do so is to maximise facility based deliveries or skilled attendance during home births in 'difficult to reach areas', and referring women to emergency care in case of complications, and also monitoring postpartum mothers.

The Staff Nurses of GPHCs were trained in three spells. The 1<sup>st</sup> and 2<sup>nd</sup> spells of training were for 12 working days each and the 3<sup>rd</sup> spell for six working days in the CEmONC and NICU of the Paediatrics ward in the Medical college hospitals or in the Govt. district Head Quarters hospitals. First six days were devoted to the theoretical aspects in each of these departments and the other major part of the time is devoted to the practical aspects. Concerned specialists handled the sessions assisted by senior Staff Nurses of these CEmONC and NICU centres of the hospitals. The Institute monitored the programs by visiting regularly.

A total of 26 Staff Nurses were trained putting all three spells together. The first batch was conducted for 9 Staff Nurses for 35 working days in Dt. HQ Hospital, Ramnadi.

<b>RMNCH + A by Spells</b>	<b>No. of SNs trained</b>
<b>a) Completion of discontinued II spell due to previous I-wave lock down (6 days)</b>	7
<b>b) I spell (12 days)</b>	19
<b>Total</b>	<b>26</b>

## 7. 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 intra-partum and new born care in institution and achieve better maternal and infant salvage.

TOT trained Medical Officers and Staff Nurses of the hospital along with the faculty of the Institute are handling the sessions. SBA training to ANMs is being conducted at Govt. Head Quarter Hospitals at Dindigul. Nine ANMs and VHNs were trained in one batches during 2020-21.



### **3:1:4. Post Graduate Diploma in Health Promotion & Education**

#### **Introduction**

The Gandhigram Institute of Rural Health and Family Welfare Trust is pioneer in commencing the Post Graduate Diploma in Health Promotion and Education Course (PGDHPE) in the year 1964, catering to the needs of appointing Health Educators as Block Health Educators/Block Extension Educators. The curriculum was developed by involving the policy-makers and programme executives both from Central and State Governments. The objective of the course is to produce the health education specialist who will promote the implementation of **National Health programmes** under National Health Mission (NHM), health care delivery and development of healthy behavior among people.

The P.G. Diploma in Health Promotion and Education Course is affiliated with the Tamil Nadu Dr.M.G.R. Medical University, Chennai. It is a one year professional and residential course. The student's sanctioned intake is 30 per batch.

#### **Objective of the course**

The main objective of the course is to prepare Professional Health Educators who will be able to plan, implement and evaluate the Health Education Programme according to the prevailing health problems and the National Health Programmes.

Our Institute has successfully produced 1497 students (upto 57<sup>th</sup> batch, academic year 2020-21) who are effectively and efficiently involved in the aspect of health promotion and education in all the National Health programs and thus effectively contributing their services in National Health Mission.

#### **Activities carried out**

##### **Theory sessions for the academic year 2019 – 20 (56<sup>th</sup> batch)**

Due to COVID-19 outbreak, the DHPE Department could not conduct the regular theory sessions as per the time table, thus the PGDHPE students went to their native places with the Institute's permission. Hence, we could not have the normal classroom teaching from the month of April to August 2020 as per the schedule prepared for the course. But we found the transition to online teaching and learning effective for this period. Hence, as per the direction of the Director, all DHPE Faculties handled their

respective classes through online, Gmail, Zoom App to cover all the portions from April to August 2020.

### **Concurrent Field Training (CFT)**

Actually the Concurrent Field Training (CFT) program for 15 students (divided into 2 groups) and placed in two villages namely Kethaiyagoundanpatti and Pachamalaiyankottai in Dindigul District, Tamil Nadu, from January to March 2020.

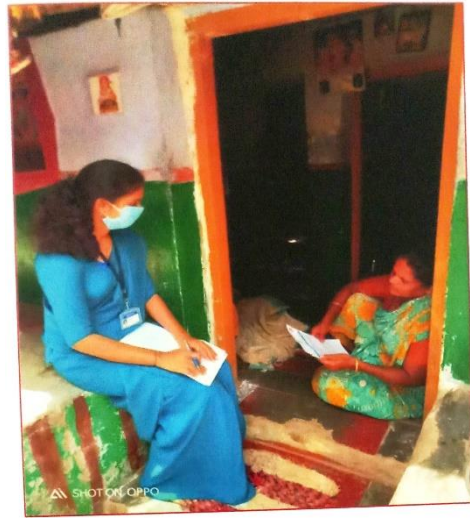
Due to complete lockdown curfew by the Central and State Governments, the students and faculties could not proceed with the CFT programme in their respective villages. But the CFT program was completed through online, Gmail, Conferencing Apps with the help of respective guide within the stipulated period for 15 students from April to June 2020. The completed CFT records were received from the trainees at our Institute through registered post till September 2020.

### **Supervisory Field Training (SFT)**

Guidelines along with Time Schedule for conduct of Supervisory Field Training (SFT) were issued to the students for their SFT program in their respective places. As per the Director's instruction, the Institute faculty only will be the guide/in-charge for SFT program because of COVID-19 pandemic. Based on the time schedule for conduct of SFT, the trainees started their SFT from 01.07.2020 in their respective locality with their Guide's instructions. All DHPE Faculties handled their respective SFT work through online, Gmail, Zoom App, etc. The students have completed their SFT work on 31.08.2020. The completed SFT records were received from the trainees at our Institute through registered post till November 2020.

#### **Supervisory Field Training (SFT) Program carried out by trainees in their respective localities**





## **Academic Year 2020-21 (57<sup>th</sup> Batch)**

Preliminary work for admission of candidates for the 57<sup>th</sup> batch (2020-21) were initiated in the month of June 2020 and the process continued upto December 2020. Nine (9) candidates were admitted for the year 2020-21 from different states of India (Kerala, Andhra Pradesh, Telangana, Odisha and Andaman & Nicobar Islands) and from Nepal. Due to Covid-19, we could not conduct the regular theory sessions in the classroom and as per the Director's instructions, theory sessions were conducted through online until 15.01.2021. Thereafter, the trainees reported at our Institute and attended the regular theory sessions in the department classroom.

## **Media Practical**

The students were given hands-on training at the Media division of our institute in preparation of different health education materials like posters, flipcharts, flannel graph, hand bills, notice, flash cards, puppets, banners along with computer operation, photography and videography from 19.03.2021 to 31.03.2021 (10 days).



## **University Examinations**

The university supplementary examinations for 56<sup>th</sup> batch (2018-19) (2 students – one from Nepal and another from Tamil Nadu), were held on 23.11.2020 and 24.11.2020, followed by viva/voce conducted on 21.12.2020.

The university regular examination (October 2020 session) was conducted for 57<sup>th</sup> batch (2019-20) at our Institute from 01.03.2021 to 09.03.2021, followed by viva/voce on 22.03.2021.

## **Admission process for 58<sup>th</sup> batch (2021-22)**

We uploaded the course prospectus (58<sup>th</sup> batch, 2021-2022) and application form on our Institute website.



## **3.2. REGIONAL HEALTH TEACHERS' TRAINING INSTITUTE (RHTTI)**

### **3.2.1. I) HEALTH VISITOR COURSE [PROMOTIONAL TRAINING FOR ANM/MPHW(F) – 6 Months 8<sup>th</sup> Batch (2019-20)]**

We have commenced the 8<sup>th</sup> batch of the course on 24<sup>th</sup> October 2019, and enrolled 22 candidates from various Municipal Corporations of Tamil Nadu and Directorate of Medical and Rural Health Services.

- **Govt. Board Examination**

The Govt. Board examinations, actually scheduled to be held in April 2020, were deferred due to covid-19 outbreak lockdown implemented w.e.f. 25.03.2020 and the trainees were relieved in the absence of the examinations. After a lapse of 6 months, the Govt. board examinations were conducted for the students from 05.10.2020 to 09.10.2020 and thereafter the trainees were relieved on the afternoon of 09.10.2020 after completion of the Course.

The Internal mark list for 22 regular candidates sent to Directorate of Public Health and Preventive Medicine, Chennai, on 15.10.2020.

- **Result**

The Government board examination results for 22 candidates of 8<sup>th</sup> batch (2019-20) received from Directorate of Public Health and Preventive Medicine, Chennai, in January 2021. All the 22 candidates passed successfully and the

course certificates issued by the Board of Examination were handed over to the trainees.

### **II) HEALTH VISITOR COURSE [PROMOTIONAL TRAINING FOR ANM/MPHW(F)] – 6 Months 9<sup>th</sup> Batch (2020-21)**

The recognition order/validity for the academic year 2020-21 received from Tamil Nadu Nurses and Midwives Council, Chennai and Indian Nursing Council, New Delhi. Preliminary work has been initiated for admission of candidates. Admission intimation letters were sent to all municipal corporations of Tamil Nadu and Directorate of Medical and Rural Health Services to select and depute the candidates for the course.

Admission orders were sent to eligible candidates of the municipal corporations of Tamil Nadu and DMS for the course.

We have commenced the 9<sup>th</sup> batch of the course on 17<sup>th</sup> December 2020. We have enrolled 12 candidates from various Government Hospitals, Medical College Hospitals and Municipal Corporations of Tamil Nadu.

S.No.	Deputed from DMS/DME/Municipal Corporation	No. of candidates
1	Govt. Medical College Hospitals (Kanyakumari & Tanjore)	2
2	Municipal Corporations (Coimbatore & Salem)	3
3	Govt. ESI Hospitals/Dispensaries (Chennai & Tiruneveli)	3
4	Govt. Hospitals (Devakottai, Papanasam, Perambalur)	4
<b>Total</b>		<b>12</b>

### Theory

Regular theory sessions were taken by teaching faculty on Anatomy & Physiology, Principles of Nursing, Paediatrics, Midwifery, Community Health Nursing, Environmental Sanitation, Nutrition, Sociology and Psychology, Family Planning, Communication, Supervision & Management, Lesson Plan & Practice Teaching, and Health Education.

### Clinical posting

Trainees were posted for their clinical experience at Government District Headquarters Hospital, Dindigul, from 01.02.2021 to 13.02.2021. During the clinical posting, the trainees were able to give bedside nursing care for the patients in the medical ward, surgical ward, paediatric ward and maternity wards. In addition to that, as part of the curriculum requirement, they have completed two nursing care plans of medical surgical and paediatrics, mother care record and clinical presentation on various diseases.

### Observation Visit & Community Postings

S.No.	Period	Place	Posting for (subjects)
1.	27.01.2021	Blood Bank and Anbagam AIDS Care Centre, Dindigul	<ul style="list-style-type: none"> <li>To learn about functions and storage facilities of Blood Bank</li> <li>To learn about HIV/AIDS and care of HIV/AIDS patients at AIDS care centre</li> </ul>

2.	29.01.2021	District Tuberculosis Centre, Dindigul Govt. Headquarters Hospital, Dindigul	To learn about RNTCP, Lab investigations, Drug regimen and care of TB patients
3.	01.03.2021 to 03.03.2021	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.	08.03.2021 to 20.03.2021	Concurrent Field Training at Alagampatti village, Sakkayanayakanur PHC area	To learn about Household survey, Participatory Learning Methods/ Techniques, Nutrition Demonstration, Immunization and School Health program

### **Concurrent Field Training**

Concurrent Field Training (CFT) at Alagampatti village, Sakkayanaickanur Additional PHC area, was conducted from 08.03.2021 to 20.03.2021. During the CFT posting, the trainees were able to do the following activities:

- 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 programme
- 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



### III) SHORT TERM TRAINING ON COMMUNITY HEALTH NURSING EXPERIENCE

Sl. No.	Name of the College	Category of students	Period		Duration	No. of trainees
			From	To		
	Short term training could not be conducted due to covid-19 outbreak lockdown					

#### Regional Health Teachers Training Institute (RHTTI)



Govt. Board Examinations conducted for 8<sup>th</sup> Batch by following SOP of Covid – 19 pandemic



Clinical posting at Family Planning Association of India, Dindigul



**Visit to Additional Primary Health Centre, Sakkayanayakanur**



**Community Survey at Sakkayanayakanur**



**Under-5 Assessment**





**Focus Group Discussion (FGD) on Menstrual Hygiene Management (MHM) for Adolescent Girls at Panchayat Union Middle School, Sakkayanayakanur**



**Participatory Learning Methods (PLM)**



**School Health Education at Thiraviyam Higher Secondary School, Kamalapuram, Dindigul District**



**Nutrition Demonstration and Exhibition at Sakkayanayakanur village**



**Orientation Training Camp (OTC) for the leaders at Sakkayanayakanur village**

\* \* \* \* \*

## 4. Self financing course

### 4.1. Diploma in Medical Laboratory Technology (DMLT) - 2 years

The Gandhigram Institute of Rural and Family Welfare Trust is conducting a self financing two year Diploma course in Medical Laboratory Technology (DMLT) Course 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. and GO(NS) No: 357 of Health Family Welfare(PME) Department dated 09.10.2017

#### Objectives of the course:

At the end of the course, the students will be 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 number of 60 students were undergoing the course in 2020-21 as follows:

#### 2018-20

- 15 candidates passed out successfully

#### 2019-2021 (II year)

- 30 candidates admitted
- Theory sessions conducted virtually by Google meet

#### 2020-2022 (I year)

- 30 candidates admitted
- Theory sessions conducted virtually by Google meet

DMLT students attended the theory and practical classes as per the curriculum given by King Institute of Preventive Medicine and Research, Chennai. Due to lock down imposed on COVID-19 pandemic, theory classes are carried out by virtual mode. The 15 candidates of 2018-20 batch passed out board exam and also attended 3 months internship training from 15.03.2021 to 18.06.2021 at Kasturba Hospital, Gandhigram.



### **a) Achievement in Medical Board Examination:**

The DMLT students (2018–20 batch) had appeared for the Medical board examination conducted by the Directorate of Medical Education, Govt. of Tamil Nadu. All students of this batch passed out the exam successfully.

### **b) Admission of candidates for the academic year 2021 -2023:**

As per the new GO Ms. No. 357 Health and Family Welfare (PME-2) dt. 09.10.2017 admission work has been started to admit 30 candidates for the academic year 2021-23.

## **Practical for the DMLT students**



## **Internship training at Kasturba Hospital**





# Awareness on COVID-19


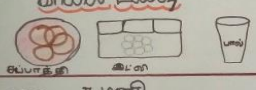


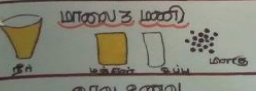


Covid – 19 awareness activities by DMLT students





## கொரோனா டயட் !

கொரோனா பரதும்பு உர்ளவுர்களுக்கு டோய் ரதும்பு சக்தியை அதிகரிக்க தமிழக மருத்துவமனைகளில் வழங்கப்படும் டயட்: இதை சாப்பிட்டு கொரோனா பரதும்புத் தடுக்கலாம்.

 <p style="text-align: center;"><b>காலை</b></p> <p style="text-align: center;">கூண்டிரர்</p>	<p>★ கஞ்சி, டோஸ் திக்கரக ருயுமிச்ச துண்டாக்கிப் போட்டு கொதிக்க வைத்த தண்ணீர்.</p>
 <p style="text-align: center;"><b>காலை உணவு</b></p> <p style="text-align: center;">பெபாத்தி, கிபளி, பால்</p>	<p>★ சாப்பாத்தி, அட்டி, சம்பா கெருமை உப்புமா, பால்.</p>
 <p style="text-align: center;"><b>II மணி</b></p> <p style="text-align: center;">சாத்திக்குடி ரீஸ்</p>	<p>★ சாதத்துக்குடி ரீஸ், வள்ளாரி சாஸம்.</p>
 <p style="text-align: center;"><b>முதிய உணவு</b></p> <p style="text-align: center;">சாப்பாடு, கிபளி, குபாடு</p>	<p>★ சாதத்துடன் புலங்காய், ரீஸ், கெரட், ரீஸ், மிபாடு அக்கியமாக வாயங்க்குமை -அரைந்து மிளகுத் தூள் போட்டு ரசம்.</p>
 <p style="text-align: center;"><b>மாலை 3 மணி</b></p> <p style="text-align: center;">தீர், மகிஷ, உப்பு, மிளகு</p>	<p>★ மஞ்சள், மிளகு, உப்பு போட்டு கொதிக்க வைத்த தீர்,</p>
 <p style="text-align: center;"><b>கிரவு உணவு</b></p> <p style="text-align: center;">மகிஷ, கெரட், சப்பாத்தி</p>	<p>★ ரீஸ், கெரட் சர்த்த ருயா கிச்சா, சப்பாத்தி அல்பு சேமிபா, ருயங்காய் சாணி, காய்கறி கிளமா, பால்</p>
 <p style="text-align: center;"><b>கிரவு 9 மணி</b></p>	<p>★ கஞ்சி - ருயுமிச்ச கெரீர் அல்பு மஞ்சள், மிளகு, கிபிசு உப்பு போட்டு தீர்</p>

## கொரோனா வைரஸிலிருந்து தற்காத்து கொள்வது ?

 <p style="text-align: center;">அடித்தடி வைகளை தடுவதும்</p>	 <p style="text-align: center;">தும்மலின் போது பதால் பேப்பரை மூலம் பயன்படுத்தவும்</p>
 <p style="text-align: center;">பயன்படுத்திய பதால் பயங்களை முறையாக அப்படித்தலிபி வைகளை தடுவதும்</p>	 <p style="text-align: center;">Tissue பேப்பர் கிள்ளை எள்ளால் சூடை Sleeve உ பயன்படுத்தவும்</p>
 <p style="text-align: center;">வைகைய படுதி டுக்கு, கண்ணி மருமம் வாய் அகிடுகை எடுத்து ரிசல்வரை தவிர்த்தவும்</p>	 <p style="text-align: center;">உலர்நிலை சரி கண்ணை நயங்கள் அகிடுகை ருக்குகளைத் தவிர்த்தவும்</p>

## 5. DISSEMINATION UNIT

### 5.1. LIBRARY

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

#### **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.



#### **Role of the library:**

The major contribution of the library system is to provide the comprehensive electronic services to the GIRH user group. It include, collecting resources from the various platforms in the health field and allied subjects and building the resources for easy access with the help of IT and disseminating to the users and user desk-top.

#### **Library Facilities:**

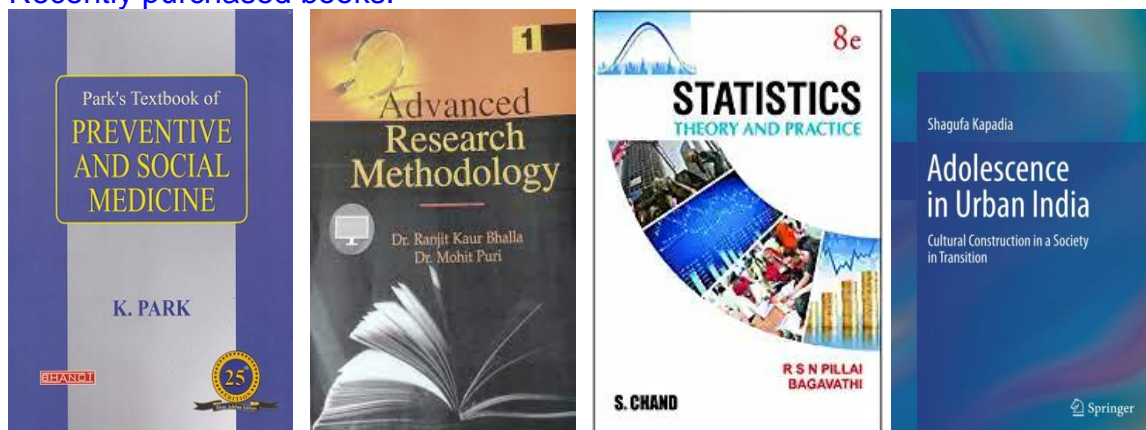
- More number of seats are available for all library users
- Library has good ventilation and lighting facilities
- A good environment for reading the resources
- Wi-Fi connectivity is available in the library premises
- Printing facility is available in the library with some criteria
- Library resources transaction facility is available for all users
- Internet facility for all the library users including searching and downloading

## Library Holdings:

### BOOKS: (Subjective-wise distribution)

<b>Public Health</b>	<b>Training &amp; Development</b>
<b>Demography</b>	<b>Psychology</b>
<b>Family Welfare</b>	<b>Social Psychology</b>
<b>Reproductive &amp; Child Health</b>	<b>Research Methodology</b>
<b>Sociology</b>	<b>Anthropology</b>
<b>Environmental Sanitation</b>	<b>General Management</b>
<b>Nursing and Midwifery</b>	<b>Statistics</b>
<b>Behavioral Sciences</b>	<b>Nutrition</b>
<b>Health Education</b>	<b>Medicine</b>
<b>Communication</b>	<b>General Sciences</b>

### Recently purchased books:



### WHO Books:

In-addition to its collection, the library has access to World Health Organization books focused on Public Health, Preventive Medicine, Primary Health Care, Nursing Management and Allied Health. Also, a collection of some old reports and documents published by WHO are kept preserved.

### Free eBooks were downloaded and kept in the Library repository:





List of Books Purchased for the Academic Year 2020-2021

Sl. No	Accession Nos.	Authors	Title of the Book
1	10763	Mehta, N V	Income-Tax Ready Reckoner 2021-22
2	10764	Vinod K Singhania	The Budget 2021-22
3	10765	Anthony Palackal	Ageing, Care and Well Being
4	10766	Janusz Symonides	Human Rights: Concept and Standards
5	10767	Paramjit S Judge	Making of Modern India
6	10768	Henrietta L Moore	Anthropological Theory Today
7	10769	Medha Kumthekar	Researching Social Problems
8	10770	Ghanshyam Shah	Educational Status of Scheduled Castes
9	10771	Shagufa Kapadia	Adolescence in Urban India
10	10772	Geeta Chopra	Child Rights in India
11	10773	Sumita Sarkar	Gender Inequality and Discrimination in India
12	10774	Namita Gupta	Social Justice and Human Rights
13	10775	Shyam Lal	Crisis of Dalit Leadership
14	10776	Irudaya Rajan	Elderly Care in India
15	10777	Srinivasa Rao	Tribal Livelihood and Governance
16	10778	Anand Kumar	Health Awareness and Lifestyle
17	10779	Krishna Prasad	Health Education
18	10780	Anindita Das	Health Education
19	10781	Thomas Bull	Health Management of Maternal Child
20	10782	Irving Fisher	Health Living
21	10783	Shamshad Begum	A Handbook of Environmental Education
22	10784	Dipak De	A Handbook of Extension Education
23	10785	Rati Chhapekar	A Textbook Social Research
24	10786	Ranjit Kaur Bhalla	Advanced Research Methodology 2 Vol. Set
25	10787	Rabindranath B	Assessment of Environmental Education
26	10788	Janardan Prasad	Audio-Visual Education
27	10789	Arora IP	Child Adolescent Behaviour Problem
28	10790	Vivek Madhukar	Communication Skill and Personality Development
29	10791	Siddhartha Sarkar	Handbook of Social Service Research
30	10792	Anjana Chaudhary	Introduction to Sociology
31	10793	Ved Prakash	Methodology of Social Research
32	10794	Geoffrey A Dudley	Personality Development
33	10795	Sharma C K	Research Methodology
34	10796	Sanjay Tiwari	Research Methodology in Social Science
35	10797	Pillai RSN	Statistics – Theory and Practice
36	10798	Kalyanaraman	Statistical Methods for Research
37	10799	Murugesh N	Anatomy Physiology and Health Education
38	10800	Murugesh N	Anatomy Physiology and Health Education
39	10801	Suchit Tamboli	Parenting from Worm to Adolescence

40	10802	Sunder Lal	Public Health Management
41	10803	Park K	Preventive and Social Medicine
42	10804	Jitendra Kumar	Principles of Anatomy and Physiology

## **JOURNALS:**

Library has subscription and free National & International Journals for the past 30 years focused on Health and allied subjects. Because of Journals are the medium of scientific communication with up-to-date information.

### **Subscribed Journals:**

Demography India	Journal of Community Health Nursing
Economic and Political Weekly	Jr. of Obstetrics and Gynaecology Nursing
Health Action	Journal of Mental Health Nursing
Health: A Jr. Devoted to Healthful Living	Jr. of Nursing Education & Administration
Indian Jr of Continuing Nursing Education	Nightingale Nursing Times
Indian Jr of Clinical Practice	Nursing Journal of India
Journal of Family Welfare	The Indian Journal of Social Work
Journal of Pediatric Nursing	YOGA and Total Health
Journal of Medical Surgical Nursing	

In addition, library has health management related Magazines, News Letters & News Papers

### **Back Volumes:**

Library has very good collection of back volumes of journals focused on Demography, Epidemiology, Family Planning, Health Sciences, Medical Research, Nursing, Nutrition, Preventive Medicine, Public Health and General Management.

### **Project Reports:**

Library has a good collection of students and research scholar's dissertation in various subject headings done in Health Education, Demography, Mental Health, Public Health and etc., which is extremely useful for new trainees and students for their research and project.

### **Services:**

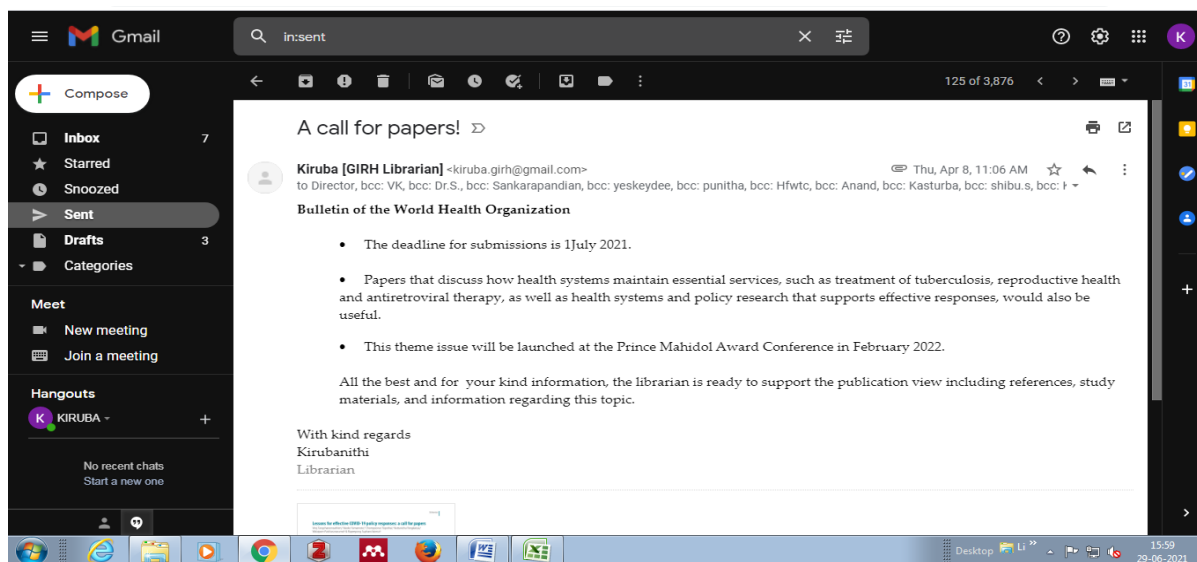
Library provides the following important services to all the users of GIRH such as Current Awareness Service (CAS), Selective Dissemination of Information (SDI), and News articles from different Journals, Magazine and News papers. The Information covered on community health, preventive medicine, nursing 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. Also, main objective is to provide the reference service. Librarian assists users to find the references needed to their study and research.

Librarian provides a user education in regular basis for the new users including students from various courses, trainees and others coming to our institute, which helps users to identify the available resources in library (Print and Electronic) for easy access.

### **Electronic services:**

Regarding this emails delivery system/services, librarian communicates to all the users on daily based and last year sent more than 1000 mails in different subject headings and the resources. In common resources/information to sent everyone and subject based information forwarded to concerned users.





## User and the electronic resources:

(Users access electronic resources via their email IDs)

Based on this services librarian sends electronic resources requested by the users as well as SDI (Selective Disseminated of Information) to the library users including The Director, HoDs, Faculty, PGDHPE students, DMLT students, HV course students, GIRH staff and all trainees and others.

## Databases:

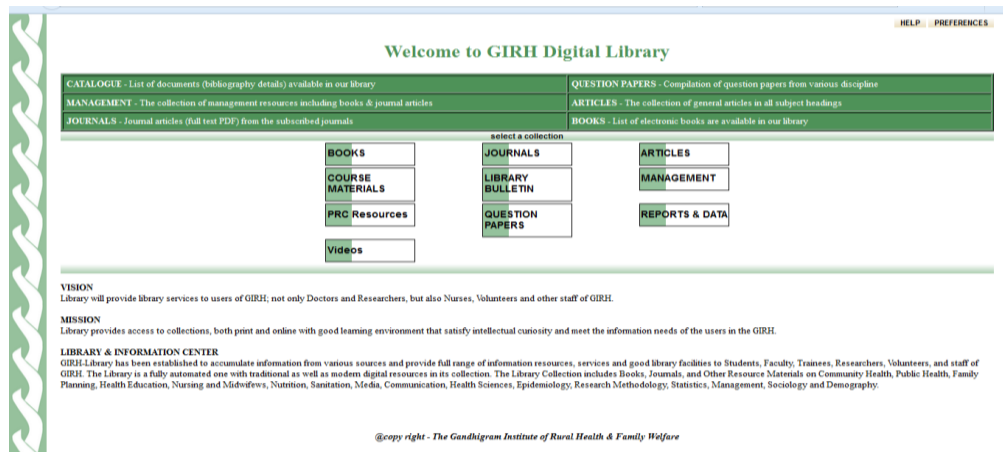
CDS/ISIS, GSDL and PubMed databases are used to retrieve the citation and full text.

## CDS/ISIS:

Currently, library has a collection of electronic catalogues documented and indexed with the help of library software called CDS/ISIS and through this e-catalogue librarian is able to meet the user's needs. Currently around 10,000 books were indexed in the database for easy retrieval.

## Greenstone Digital Library (GSDL):

For the digital library with the help of Greenstone Digital Library (GSDL) software, all the electronic resources are gathered and built the collection. After the completion of these work users can have an easy access to all the electronic resources including Journal articles, eBooks, and etc in all formats (PDF, WORD, PPT, and EXCEL).



### **Free eBook & e Journals:**

Librarian frequently downloading eBooks and eJournals and articles from online (health databases and Journals websites) related to Health and Healthcare Management and kept in the electronic repository of GSDL database for easy access and also forwarding to users.

### **Consortium:**

Librarian is a member of Association of Vision Science Librarian (AVSL) and it's consisting of more 200 librarians in world wide. Librarian is able to collect the unavailable articles, data and any other resources from AVSL for institute faculty and the students.

## 6. ADMINISTRATIVE STRUCTURE

### 6.1. GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST SOUNDRAM NAGAR, GANDHIGRAM POST, DINDIGUL DIST – 624 302.

#### Members address list (2020-2021)

Smt. Sheela Rani Chunkath, IAS (Rtd) No. 17, Kaveri Salai, Kalachetra Colony, Besant Nagar, Chennai – 600 090 <b>Chairman</b>	The Secretary to Government of India <b>Ministry of Health and Family Welfare</b> <i>Nirman Bhavan</i> New Delhi – 110 108 Ph: 011-23062432 / 23061863 <b>Ex-Officio</b>
The Secretary to Govt. of Tamil Nadu Health and Family Welfare Department Government of Tamil Nadu Secretariat Chennai – 600 009 Ph: 044-25671875 <b>Ex-Officio</b>	The Director of Public Health & Preventive DMS Office Complex, Medicine, 359 Anna Salai, Teynampet Chennai – 600 006 Ph: 044-24320802 <a href="mailto:dphpm@rediffmail.com">dphpm@rediffmail.com</a> <b>Ex-Officio</b>
The Director International Institute for Population Sciences (Deemed University) Govandi Station Road Deonar, Mumbai – 400 088 Ph: 022-25562062 / 25573943 <b>Ex-Officio</b>	The Senior Regional Director Regional Office for Health & Family Welfare (Ministry of Health & Family Welfare) Govt. of India, A-2A, Rajaji Bhawan Besant Nagar, Chennai – 600 090 Ph: 044-24919232 <b>Ex-Officio</b>
The District Collector, Dindigul District Velunachiar Compound Dindigul – 624 001 <b>Ex-Officio</b>	Dr.R. KousalyaDevi Life Trustee Gandhigram Trust Gandhigram – 624 302 <b>Special Invitee</b>
Ms. Shobana Ramachandran, Managing Director, M/s.TVS Srichakra Ltd, No.16, Jawahar Road, Madurai 625002. <b>Member</b>	Shri.K.Shivakumar, Managing Trustee, Gandhigram Trust Gandhigram – 624 30 Ph: 0451 – 2452326 <b>Ex-Officio</b>
The Vice Chancellor Gandhigram Rural University Gandhigram – 624 302 Ph: 0451 – 2452371 <b>Ex-Officio</b>	The Medical Superintendent Kasturba Hospital Gandhigram – 624 302 0451-2452328 <b>Ex-Officio</b>
Dr. G. Natchiar Director (HRD) Aravind Eye Hospital, Anna Nagar <b>Madurai – 625 020</b> Ph: 0452- 2532653 / 4356100 <b>Member</b>	Dr.R. Jayaraman Principal Officer-CED Trust, Paddy and Flower Market Complex, Mattuthavani, Madurai – 625 007. Cell No. 9443069056 <b>Member</b>

Dr. Aram Subramaniam, M.S., MCH. Madurai Medical College, Madurai – 625 020. <b>Member</b>	Sri. R. D. Thulasiraj, Director – Operations, Aravind Eye Care System & Executive Director-LAICO, 72, Kuruvikaran Salai, Gandhi Nagar, Madurai – 625 020. <b>Member</b>
Shri. M.P. Vasimalai Executive Director DHAN Foundation 1A, Vaidyanathapuram East, Kennet Cross Road, Madurai – 625 016 <b>Member</b>	Shri D.V. Jayaraman <b>Special Invitee</b> Partner M/s. V. Ramaswamy Iyer & Co., Chartered Accountants A-55, M.V.M. Nagar, Karur Road Dindigul – 624 001
The Director, GIRH & FWT Soundram Nagar Gandhigram – 624 302 <b>Member Secretary</b>	

**6.2. LIST OF EXECUTIVE COMMITTEE MEMBERS:****EXECUTIVE COMMITTEE MEMBERS' LIST (2020-2021)**

S. NO.	EXECUTIVE COMMITTEE MEMBER NAME & ADDRESS	STATUS ON THE EXECUTIVE COMMITTEE
1.	Sri K. Shivakumar Managing Trustee Gandhigram Trust GANDHIGRAM – 624 302	Chairperson
2.	Dr. R. Kousalya Devi Life Trustee Gandhigram Trust GANDHIGRAM – 624 302	Special Invitee
3.	The Vice Chancellor, Gandhigram Rural University GANDHIGRAM – 624 302	Member
4.	Sri D.V. Jayaraman (Institute Auditor) Partner M/s. V. Ramasamy Iyer & Co., A-55, M.V.M. Nagar, Karur Road DINDIGUL – 624 001 0451-2430744 / 9443023643	Member
5.	Shri. M.P. Vasimalai Executive Director DHAN Foundation 1A, Vaidyanathapuram East, Kennet Cross Road, Madurai – 625 016.	Member
6.	Dr.Aram Subramaniam,M.S., MCH., Madurai Medical College, Madurai – 625 020	Member
7.	Director GIRH & FWT Soundram Nagar GANDHIGRAM – 624 302	Member Secretary
8.	Dr.M. Sankarapandian, Statistician, HFWTC GIRH & FWT, Soundram Nagar GANDHIGRAM – 624 302	Elected Member (Teaching staff)
9.	Sri. R. Nallendiran, Upper Division Clerk, GIRH & FWT Soundram Nagar GANDHIGRAM – 624 302	Elected Member (Non-Teaching staff)



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.

### **6.3. FINANCE COMMITTEE MEMBERS LIST (2020 – 2021)**

- |    |  |          |
|----|--|----------|
| 1. | Shri K Shivakumar,<br>B.Sc.,FCA.,FICWA.,DMA.(ICA) -<br>Finance Committee (GIRH & FWT.),<br>Managing Trustee,<br>Gandhigram Trust,<br>Gandhigram 624 302.   | CONVENER |
| 2. | Dr.G. Pankajam,<br>Member, Finance Committee<br>(GIRH & FWT.,)<br>Secretary, Gandhigram Trust,<br>Gandhigram – 624 302<br>Ph: 0451 – 2452326   |          |
| 3. | Prof. Dr.R. Jayaraman,<br>Member, Finance Committee<br>(GIRH & FWT.,)<br>Member Secretary-CED Trust,<br>54, Visuvasapuri First Street,<br>Gnanaolivupuram,<br>Madurai – 625 016.<br>Cell No. 9443069056<br>Ph : 0452-2459109       |          |
| 4. | Shri D.V. Jayaraman, B.Com., F.C.A.,<br>Chartered Accountants<br>Member, Finance Committee<br>(GIRH & FWT.,)<br>M/s. V. Ramasamy Iyer & Co.,<br>A-55, M.V.M. Nagar, Karur Road<br>Dindigul – 624 001<br>Ph: 0451-2430744 / 2431944 |          |
| 5. | The Director<br>GIRH & FWT<br>Soundram Nagar<br>Gandhigram – 624 302<br>Member Secretary   |          |

## 7. ANNEXURES

### 7.1.Participation of Faculty/Staff members in workshop/seminars/webinars/meetings

Sl. No.	Name of the PRC Members	Courses / Trainings Attended	Date	Organised by
1.	Dr. N. Kala Research Investigator  Dr. V. Saravanakumar Research Investigator	Online Skill Development Programme: Exploring Analytics using R.	21.05.2020 to 24.05.2020	Population Research Centre, IEC, Delhi & MoHFW, Gol
2.	M. Senthil Kumar Field Investigator  N. Rajakumar Data Assistant	Online Course for PRC Officials: Refresher Training Programme.	09.06.2020 to 04.07.2020	International Institute for Population Sciences (Deemed University)
3.	M. Murugesan Data Assistant  B. Karthi Data Assistant  L. Lakkanakumar Field Investigator	Training of Population Research Centers (PRC) on PIP monitoring.	03.09.2020 to 07.09.2020	National Health Systems Resource Centre (NHSRC).
4.		An Orientation Cum Training Programme	11.09.2020	New HMIS. Conducted by MoHFW

5	Mr.K.Ilango Samuel Peter, STO(C&M)	State level Webinar on Bio-Medical waste management in the context on COVID-19.	14.08.2020	Sri Ramkrishna Institute of Paramedical Sciences, Coimbatore
		Webinar on the challenges to Nurse leadership in India	19.08.2020	Nursing Now, London
		Breast feeding week webinar.	20.08.2020	TN forces and Trained Nurses Association of India
		"International Webinar on The Power of Communication during Covid-19 Pandemic (Energise, Expertise, Empower)"	26.08.2020	PSG College of Nursing Coimbatore

		webinar on Epidemiology – Levels of Prevention organized	10.07.2020 .	SRM College of Nursing, Trichy
		International online symposium on Virtual Learning in Nursing: Challenges and Opportunities,	11.07.2020	by PSG College of Nursing, Coimbatore
		Soft skill development online zoom program	11.07.2020 .	Vidiyal, Dindigul
		Exploring Gandhiji's Life and Works – A new initiation.	10.06.20	DKN college for Women, Vellore.
		Yoga for Holistic Health	22.06.20	Sri Meenakshi Govt Arts College, Madurai
		The impact of COVID-19 on vulnerable population	08.09.2020	PSG College of Nursing Coimbatore
		Roles and responsibilities of College Students after the Lockdown.	13.06.2020	Vidiyal, Dindigul

**7.2. SANCTIONED STAFF STRENGTH (2020-2021)****(GOVT. GRANTS AND INSTITUTE FUNDS)****I. GOVERNMENT GRANT**

S. No.	Name of the post	Permanent		
		Sanctioned	Filled in	Vacant
<b><u>1.1. CTI-Central Unit</u></b>				
1.	Director	1	1	0
2.	Senior Training Officer (Mgmt.)	1	0	1
3.	Senior Technical Officer (Comm. & Media)	1	1	0
4.	Statistical Assistant	1	1	0
	Total	4	3	1
<b><u>1.2. CTI-Diploma in Health Promotion &amp; Edn.</u></b>				
5.	Professor in Health Education	1	0	1
6.	Lecturer in Health Education (Medical)	1	0	1
7.	Lecturer in Health Education (Non-Medical)	1	1	0
8.	Lecturer in Behavioural Sciences	1	1	0
9.	Teaching Assistant	4	2	2
	Total	8	4	4
<b><u>1.3. CTI-Health &amp; Family Welfare Trg. Centre</u></b>				
10.	Principal	1	0	1
11.	Medical Lecturer-cum-Demonstrator	1	1	0
12.	Social Science Instructor	1	0	1
13.	Health Education Instructor	1	0	1
14.	Statistician	1	1	0
15.	Public Health Nurse Instructor	1	1	0
16.	Health Education Extension Officer	1	1	0
17.	Senior Sanitarian	1	1	0
18.	Senior Health Inspector	2	0	2
	Total	10	5	5
<b><u>1.4. CTI-Administrative Unit</u></b>				
19.	Administrative Officer	1	0	1
20.	Office Superintendent	1	0	1
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	1	1
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	1	1
30.	Driver	6	1	5
31.	Attender	2	2	0
32.	Peon-cum-Daftry	1	1	0
33.	Domestic Staff	3	2	1
	Total	27	16	11

S. No.	Name of the post	Permanent		
		Sanctioned	Filled in	Vacant
<b><u>2. Regional Health Teachers Training Institute</u></b>				
34.	Principal	1	1	0
35.	Public Health Nursing Officer	3	1	2
36.	Senior Sanitarian Officer	1	1	0
37.	Health Education Officer	1	0	1
38.	Lower Division Clerk	1	1	0
39.	Steward – cum-clerk	1	1	0
40.	Attender	1	0	1
41.	Domestic Staff	2	2	0
42.	Cook	1	1	0
	Total	<b>12</b>	<b>8</b>	<b>4</b>
<b><u>3. Population Research Centre</u></b>				
43.	Chief	1	0	1
44.	Assistant Chief	1	0	1
45.	Research Officer	2	0	2
46.	Research Investigator	4	2	2
47.	Field Investigator	4	2	2
48.	Data Assistant	4	3	1
49.	Documentalist	1	0	1
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	<b>23</b>	<b>11</b>	<b>12</b>
	<b>TOTAL</b>	<b>84</b>	<b>47</b>	<b>37</b>

## **II. INSTITUTE FUND**

S. No.	Name of the post	Permanent		
		Sanctioned	Filled in	Vacant
1.	Accounts Officer	1	0	1

## **III. BUILDING MAINTENANCE FUND**

S. No.	Name of the post	Permanent		
		Sanctioned	Filled in	Vacant
1.	Electrician-cum-Pumpman	1	1	0



#### **IV. MESS**

<b>S. No.</b>	<b>Name of the post</b>	<b>Permanent</b>		
		Sanctioned	Filled in	Vacant
1.	Cook	1	1	0

#### **RECRUITMENT DETAILS FOR THE YEAR 2020-2021**

<b>S. No.</b>	<b>Name &amp; Designation</b>	<b>Grant</b>	<b>Date of joining</b>
1	Dr. R. Jananee Medical Lecturer cum Demonstrator	CTI- HFWTC	21.10.2020 FN

#### **RETIREMENT DETAILS FOR THE YEAR 2020-2021**

##### **Permanent Positions:**

<b>S. No.</b>	<b>Name &amp; Designation</b>	<b>Grant</b>	<b>Date</b>
1	Dr. M. Malarvizhi Teaching Assistant	CTI- DHPE	Retired on superannuation on 30.04.2020 AN
2	Dr. N. Dhanabaghyam Assistant Chief	PRC	Retired on superannuation on 30.04.2020 AN

**Recruitment details for the year 2020-2021 Contract Position (PRC): NIL**

##### **Contract Position (PRC):**

<b>S. No.</b>	<b>Name &amp; Designation</b>	<b>Grant</b>	<b>Date of Relieving</b>
1	Dr. M. Ambika, Documentalist	PRC	28.02.2020 FN



The Gandhigram Institute of Rural Health and  
Family Welfare Trust  
Soundram nagar, Gandhigram Post, Dindigul - 624302  
Tamilnadu