## Analysis of Training Institutions in Rajasthan (ANMTC/DTC/GNMTC)

2011



State Institute of Health & Family Welfare

Jaipur



#### **Executive Summary:**

The study was undertaken to analyze the status and gaps in existing ANMTC/ DTC and GNMTCs across the state using a structured format that was sent to all CMHOs/ DPMs and Principals/ In-charges of these training schools. On great persuation by SIHFW the Information could be gathered from them. Out of 47 training institutions, 17 are ANMTCs, 15 are DTCs and 15 are GNMTCs.

Out of total 47 training institutions, 20 ANMTCs/DTCs/ GNMTCs do not have recognition from Indian Nursing of Council. Only 16 ANMTCs/DTCs (50%) have recognition from Indian Nursing of Council while 9 (60%) of the GNMTCs has recognition from INC.

Majority (42.5%) of ANMTCs/ DTCs are space crunched with only 2 class rooms as against the norm of 4. Classroom for trainings exists in 44 (94%) training institutions. Only 15.6 % of ANMTCs/DTCs have a functional LCD projector and 12.5% ANMTCs/DTCs have Laptop/Desktop, DVD and Television facility.

87.4% ANMTCs/DTCs and 80% of GNMTCs do not have mandatory transport facility.

84.4% ANMTCs/DTCs and 80% of the GNMTCs do not have any transportation. Of the 27 ANMTCs/DTCs which do not have transport, 40.74% are located within the hospital campus. 80% GNMTCS are located within the hospital premise. Of the 9 GNMTCs located within the hospital campus do not have the transport facility.

57.4% of ANMTCs/ DTCs have only 2 Nursing Tutor/ PHN (against the requirement of 11 nursing tutor). On the contrary 60% GNMTC shave double the staff strength in comparison to the INC norms.

Hostel facilities are available only in 38 (81%) training institutions. As against the requirement of 40 rooms, none of the ANMTCs/ DTCS (with admission capacity of 120), matches the norms. Number of rooms in the hostel varies from 1-30 All the institutions (23) with admission capacity of 90 defy the norm of 30 rooms in the hostel.

As such all these training institutions need a immediate face lift in terms of physical facilities, human resources, teaching aids and mobility to ensure improvement in training quality.



#### Preamble:

Nursing services in ancient medicine was practiced in India since the time of King Ashoka. British rulers in India organized health services first for their army in India and then gradually it was extended to civilians where nursing played a major role.

Professionalization of nursing in India began in 1905 and the Trained Nurses Association of India (TNAI) was established in 1909. The Indian Nursing Council Act was passed in 1947 and the first college of nursing affiliated to the University of Delhi was established. The TNAI established 3 sub associations or leagues within TNAI; Health Visitors' League (1922), Midwives, Auxiliary Nurse-Midwives Association (1925) and Student Nurses Association (1929).

Nursing profession in India developed as midwifery constituting of antenatal, natal and postnatal care. Nurses were treated as General Nurses and were rotated in all departments equally (including midwifery). Since the health demands were high and with limited availability of nurses especially in the rural area, the Auxiliary Nurse Midwives (ANMs) were introduced at the community level to cater to the growing Mother and Child Health needs. The increase in their services ranged from MCH to additional responsibilities of immunization, family planning and other National Health Programs, and this diluted the very important midwifery component. Resultantly the midwifery education, which was encouraged in pre-independence era, lost its importance after independence.

Two of the major goals of MDGs relate to reduction of maternal and child mortality. Majority of these services are delivered by the nursing personnel at the community level.

	India	Rajasthan
ANM	557022	22239
GNM	1043363	37667
LHV	51776	850

Bhore committee had aimed at a target of one nurse to a 500 population. (Assessment of Nursing Management Capacity in West Bengal, NIHFW)

A High Power Committee on Nursing was appointed by the Government of India, MoHFW in July 1987 to review the role,

functions, status and preparation of nursing personnel; nursing services and other issues related to the development of the profession and to make suitable recommendations to the government.

The various committees and commissions appointed by government and international agencies support that there is a need to develop a strong nursing and midwifery services in the rural areas where there is a paucity of skilled manpower.



The National Health Policy - 2002 quotes "The ratio of nursing personnel in the country vis-à-vis doctors/beds is very low according to professionally accepted norms. There is also an acute shortage of nurses trained in super-specialty disciplines for deployment in tertiary care facilities

The task force on National Council for Human Resource in Health in its report (Aug. 26, 2009) has ruminated over the training programs and cadres in view of variable quality of trainings and found a clear disconnect between different councils regulating Medical and para-medical education and Training.

Trainings, a distinctly recognized genre, often are left unattended particularly so when it comes to paramedics including ANM & GNM. The ANM training which was initially for a period of 2 yrs. was reduced to 18 months on recommendations of INC in 1977. However, for GNM training the initial 3 yrs. were extended to 3 and half yrs. from 2004.

These training schools are often punctuated on account of manpower, infrastructure and logistics. Further, the parable of pedagogy, curriculum and content delivery; though known to everyone in hierarchy, is not taken into cognizance for any effective control over the quality of trainings (Terse, an ANM during 18 months of her training is never taken to visit a sub-centre where, after qualifying, she shall be for most of her service period).

In order to meet the shortfall in providing quality patient care, the centre has advised the state governments to enhance the capacity of the Auxiliary Nurse Midwives (ANMs) and GNMs by setting up additional nursing training institutions, with the objective of improving the standard of nursing education and nursing practice, it has been decided to promote evidence-based practice and research and improve the working conditions of nurses. In early 2003, under the European Commission-funded Health and Family Welfare Sector Investment Program, the Government of Rajasthan asked SIHFW to review and revise the existing basic training curriculum in tune with the changes in epidemiology of disease and needs of the population. Somehow, Nursing Council of Rajasthan and Nursing Council of India did not agree to recognize the revised curriculum as they said that the revision in the curriculum is the prerogative of Nursing Council of India not the Department of Medical, Health & Family Welfare, GoR or any other institute.

Some of the observations, then made, were-

Transport difficulties: Lack of vehicles makes it difficult for the students to go to field and clinical sites.

Environment: Medical and nursing staff at hospitals are often uncooperative in providing practical "hands on" training to students.



Upgrading Training Centres: The training centers are also not updated and equipped with the modern teaching aides. Refresher training of faculties is not being conducted regularly and properly. There is a need to have regular staff for the Training institutes and proper infrastructure. The staff also needs regular capacity building to improve their knowledge and skills.

The curriculum, however, finally was revised by Indian Nursing Council in 2006, but has not been followed in letter and spirit by majority of the schools, as though there are close to 165 hrs for theory and 200 hrs. slotted for demonstration exclusively devoted for Midwifery in the revised curriculum, still we need to conduct SBA trainings in the State for the in-service ANMs to bridge the gap on account of poor hands-on training, of course at a huge cost.

#### INC norms for ANM (Auxiliary Nurse and Midwife) Training schools

#### Minimum Standard Requirements (20-40 admission per year)

#### Physical facility

S. N.	Physical Facility	No. of facility
1.	Class-room	2
2.	Nursing laboratory	2
3.	Nutrition laboratory	1
4.	Library cum study	1
5.	Audio visual aid	1

S. N.	Room for Faculty	No. of facility
1.	Principal	1
2.	Teachers	1
3.	Clerical staff	1

In view of the resolution passed by INC on July 18, 2009 and circulated wide letter no. F. 1-5/GB-CIR/2009-INC dated 15 July 2010, the Student: faculty ratio to be not less than 1:10; the human resource requirement for ANMTC with different admission capacity shall be as follows-



S. N.	Teaching faculty	Admissio	Admission capacity No. Required		
		60	90	120	
1.	Principal	1	1	1	
2.	Nursing Tutor	5	8	11	
3.	Non-Teaching Staff			l	
	a. Clerical Staff		1		
	b. Accountant cum cashier		1		
	C. Driver		1		
	d. Cleaner		1		
	e. Office Attendant		1		
	f. Sweeper		2		
	g. Warden cum house keeper		1		
	h. Cook		3		
	i. Guard		3		

#### Regulation/ Norms of GNM Training schools

#### **Minimum Standard Requirements**

#### Physical facility

S. N.	Teaching Block	Area (Figure in Sq feet)
1.	Lecture Hall	4 @1080=4320
2.	Staff Room	1000
3.	Principal Room	300
4.	Library	2400
5.	Faculty Room	2400



#### **Teaching facility**

S. N.	Teaching faculty	No. Required
1.	Principal	1
2.	Vice Principal	1
3.	Tutor	4
4.	Additional Tutor for Interns	1

#### Training Institutes in Rajasthan:

Training Institution	Number
ANMTC	17
GNMTC	15
DTC	15

The year 1974 proved to be a turning point in the history of health care in India, when the Kartar Singh Committee (1974) submitted its report on the Multipurpose Health Worker's Scheme. The Committee's recommendations suggesting a new model by creating a cadre of multipurpose workers, was a major step towards integration of health and family services.

In the beginning each worker was assigned a work area of about 10,000 people, with one ANM and one male worker posted in each of the sub-centre area. While the work area of an ANM was reduced to cover a 5,000 population, the male workers continued to serve more than a 10,000 population. It is thus of interest to observe the present situation with regard to area and population coverage by each worker.

MPW (Male) were deployed at each HSC in early eighties. They were responsible for implementation of all national health programs in the field area, thus their major job to supplement and compliment the job of ANM which see major job focused on MCH services. Subsequently as the MPW s were not supported by MoHFW, the State also found it difficult to sustain and workers were gradually withdrawn as some superannuated and new were not inducted as a result of which the peripheral work force was squeezed and the entire onus was left to ANMs. Presently, (Dec.2010) the State has only 1922 MPW (M) at 11488 Sub-centres and 1504 PHCs.

Recently concluded meeting on July 4, 2010 at Bhopal has stressed on certain core strategies

- Needs assessment- Review state training plans PIPs and RoPs, to assess training needs and loads.
- 2. Develop a Central training plan and strategy to meet the gaps and needs



- 3. Quality improvement and management of training through standardizing curriculum, resource material and standards (including proficiency certification)
- 4. Strengthen capacity for training through trainers' training and infrastructure support
- 5. Coordinate implementation of trainings in the states with optimal utilization of all available health facilities and human resource.
- 6. Establish training information management systems, monitoring, supervision and support-

Further, the MoHFW on revisiting the performance and Human resource across Health sector has identified 20 high focus districts in Rajasthan, where MPW(M) are to be put in after training (draft guidelines of which have been put and States communicated vide letter no DO. No.A.11033/15/10-Trg (Pt.) dated 03/08/2010 and DO. No.A.11033/15/10-Trg dated 13/07/20.

#### List of 20 High focus Districts

S. N.	Name of Districts	No. of	No. of sanction	Working of	Vacant	New MPW to
		Sub-	post of MPW	MPW	Post	be recruited
		Centre				
1	Barmer	546	113	67	46	479
2	Dholpur	195	35	21	14	174
3	Jaisalmer	137	19	16	3	121
4	Bharatpur	396	117	88	29	308
5	Karauli	256	52	39	13	217
6	Sawai Madhopur	228	39	32	7	196
7	Jhalawar	274	55	49	6	225
8	Banswara	401	92	92	-	309
9	Dungarpur	318	36	32	4	286
10	Udaipur	557	125	115	10	442
11	Dausa	237	39	35	4	202
12	Sirohi	191	23	18	5	173
13	Baran	206	24	24	0	182
14	Bundi	177	45	39	6	138
15	Chittorgarh	300	28	24	4	276
16	Alwar	576	145	143	2	433
17	Pali	432	53	38	15	394
18	Churu	377	69	32	37	345
19	Jodhpur	579	69	69	0	50
20	Pratapgarh	174	26	16	10	158
Total		6557	1205	989	215	5568



In view of these developments, SIHFW, Rajasthan undertook a study (desk review) to compile and comprehend the information related to the ANMTCs/DTCs and GNMTCs across the state, in relation to gaps in areas like—

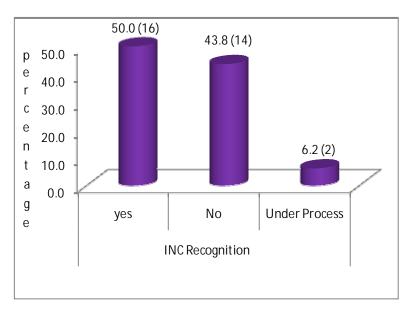
- INC recognition
- Annual Admission capacity
- Building ownership: Govt./Rented
- Availability and condition of Teaching rooms and faculty/ staff rooms
- Infrastructural facilities and their condition including hostel and mess
- Availability of library facility
- Availability of teaching aids
- A vailability of transportation facility for the field
- Distance from hospital/ clinical training site and
- Human resource

Information has been received from total of 47 training institutions from 32 districts of Rajasthan state. Out of 47 training institutions, 17 are ANMTCs, 15 are DTCs and 15 are GNMTCs. Review of ANMTCs, DTCs and GNMTCs was done through information Performa sent to each institution.

#### Status of ANMTCs/DTCs Training Centers: Gap Analysis

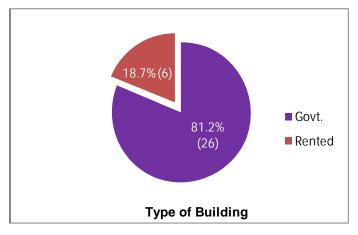
#### **INC Recognition**

16 ANMTCs/DTCs (50%) have recognition from Indian Nursing of Council while 43.8% ANMTCs/DTCs do not have recognition from Indian Nursing of Council (Alwar, Banswara, Dausa, Ganganagar, Jalore, Karauli, Nagaur, Rajsamand/ Amarsar-Jaipur, Bhilwara, Bundi, Chittorgarh and Jhunjhunu). The recognition process for Balotra-Barmer and Hanumangarh is on.





#### Building ownership: Govt. /Rented

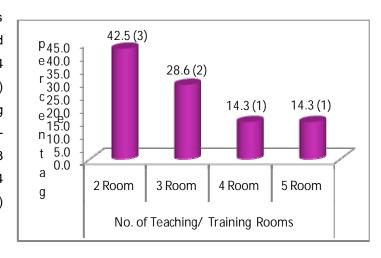


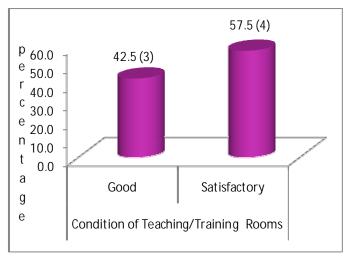
81.2% of ANMTCs/DTCs have Govt. buildings followed by 18.7% ANMTCs/DTC which have rented buildings (Balotra-Barmer, Baran, Hanumangarh, Jalore, Sawai-Madhopur/ Jhalawar training centers).

#### Availability and condition of Teaching rooms and faculty/ staff rooms:

#### a) Annual Admission Capacity of 120 students

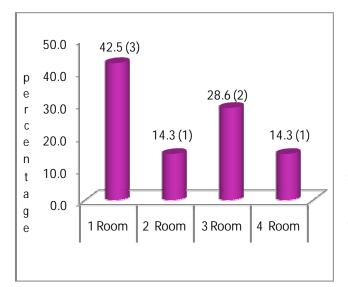
Majority (42.5%) of ANMTCs/ DTCs (Jodhpur, Kota/ Ajmer) are space crunched with only 2 rooms as against the norm of 4 (for schools with admission capacity of 120) for teaching purpose in their training centers, while 28.6% DTCs (Salumber-Udaipur and Kumher-Bharatpur) have 3 class rooms. DTC Nokha-Bikaner has 4 teaching rooms and DTC (Amarsar-Jaipur) have 5 class rooms.





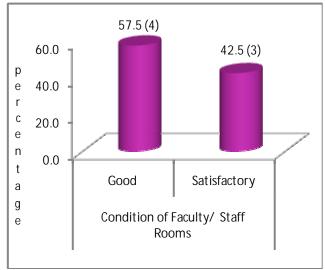
As far as the physical condition of teaching/ training rooms is concerned 57.5% ANMTCs/DTCs (Jodhpur/ Amars ar-Jaipur, Kumher-Bharatpur, Salumber-Udaipur) described their teaching/ training rooms as satisfactory while ANMTC Kota and DTC Ajmer and Nokha-Bikaner have their teaching/ training rooms in good condition.





With reference to the availability of faculty/ staff rooms, majority (42.5%) of ANMTCs (Jodhpur and Kota) DTC (Ajmer) have only 1 room as against the norm of 3 (for schools with admission capacity of 120) for their faculty members, while 28.6% DTCs (Nokha-Bikaner and Salumber-Udaipur) have 3 faculty rooms whereas DTCs Amarsar-Jaipur and Kumher-Bharatpur have 3 or 4 rooms for their faculty staff respectively.

57.5% of ANMTCs/DTCs (Jodhpur, Kota/ Ajmer and Nokha-Bikaner) described that the condition of their faculty/ staff rooms as good while for 42.5% DTCs (Amarsar-Jaipur, Salumber-Udaipur and Kumher-Bharatpur) the condition appears to be satisfactory.



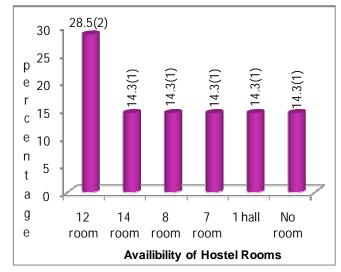
#### Infrastructural facilities and their condition including Hostel and Mess:

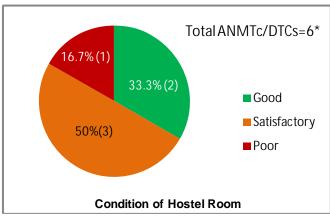
Assuming that a minimum of 50% of the students would be staying in the hostel and that at its best the rooms could be triple seated and the course is for one and half year (two batches present at any point in time) the requirement for hostel room is worked out as:

Admission Capacity	No. of Rooms required
120	40
90	30
60	20



As against the requirement of 40 rooms, none of the institution (with admission capacity of 120), matches the norms. 2 DTCs (Amarsar-Jaipur and Nokha) responded that they have 12 rooms in the hostel, while DTC Salumber-Udaipur has hostel capacity of 14 rooms. ANMTC at Jodhpur has 7 rooms and ANMTC Kota has just one 20 bedded Hall. DTCs Kumher-(Bharatpur) does not have hostel facility in their training institute.



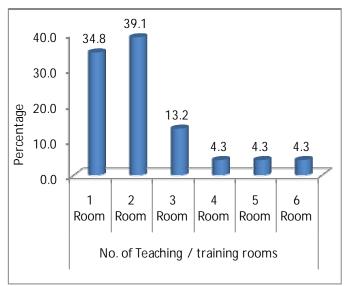


3 DTCs (Amarsar-Jaipur, Ajmer and Salumber-Udaipur), have hostel rooms in satisfactory condition. 33.3% ANMTCs/ DTCS have good hostel rooms in their training centers. ANMTC Jodhpur has hostel rooms in poor condition.

\*The total does not addopt to 7 as 1 DTC does not have any room

#### b) Annual Admission Capacity of 90 students

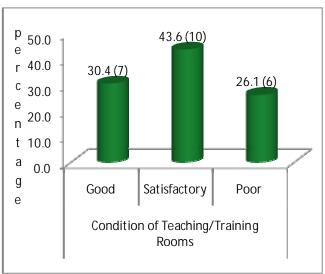
Once again the number of class rooms is not in consonance to the norms at majority (39.13%) OF ANMTCs/DTC (Bundi, Jhalawar, Jhunjhunu, Baran, Rajsamand, Dausa, Sri-Ganganar, Dholpur, Alwar) are having 2 classrooms as against the norm of 3 (for schools with admission capacity of 90 students), 34.78% ANMTCs have only one teaching room these are Sikar, Churu, Dungarpur, Hanumangarh, Nagaur, Balotra, Banswaraand Sawai-Madhopur. Only Jaisalmer has 4 room, Sirohi 5

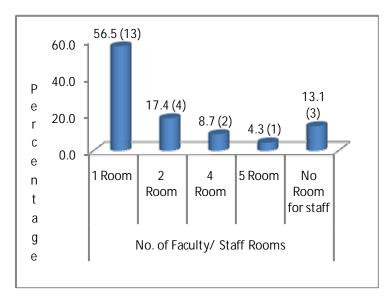




and Pali 6. Earliar the survey reported that (47.8%) of ANMTCs/ DTCs (Alwar, Baran, Bhilwara, Dholpur, Ganganagar, Karauli/ Bundi, Dausa, Dungarpur, Jaisalmer and Jhunjhunu), which have only 2 class rooms in their training centers, while 34.8% ANMTCs/ DTCs (Hanumangarh, Nagaur, Sawai-Madhopur, Banswara, Balotra-Barmer/ Churu, Jhalawar and Sikar) have only 1 class room. Only ANMTC Tonk and DTC Sirohi comply with the norm of 3 teaching rooms and ANMTCs at Rajsamand and Pali have 5 and 6 class rooms respectively.

With reference to the physical condition of teaching/ training rooms is concerned 43.6% ANMTCs/DTCs described their teaching/training rooms as satisfactory while 30.4% ANMTCs/DTCs have their teaching/training rooms in good condition whereas 26.1% ANMTCs/ **DTCs** (Bnaswara, Balotra-Barmer, Tonk/ Dausa, Jhalawar, Sawai-Madopur) have teaching/training rooms in poor condition.





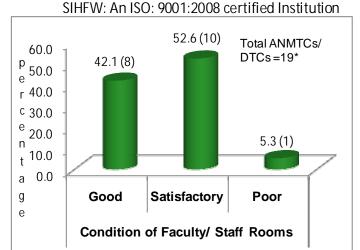
Most (56.5% )of the ANMTCs/DTC have single room designated as faculty room, the center having 2 faculty rooms are 17.4%, Sirohi, Baran, Bhilwara, and Karauli. Only 8.7%(Churu and Pali) centers have 4 rooms and 4.3% (Jaisalmer) have 5 faculty room while at Jahalawar, Jhunjhunu and Banswara have no faculty rooms Majority (47.8%) of ANMTCs/ DTCs (Alwar, Balotrabarmer, Dholpur, Ganganagar, Hanumangarh, Nagaur, Sawai-Madhopur, Tonk/ Bundi, Dausa and Sikar) have only 1

room as against the norm of 3 (for schools with admission capacity of 90) for their faculty members, while 21.7% ANMTCs/ DTCs (Bhilwara, Karauli, Rajsamand/ Dungarpur and Sirohi) have 2 faculty rooms whereas ANMTC at Pali and DTCs at Churu and Jaisalmer have 4 rooms for their faculty staff. 17.4% ANMTCs/DTCs (Baran, Banswara/ Jhalawar and Jhunjhunu) have no room for faculty/ Staff.



52.6% of ANMTCs/DTCs described that the condition of their faculty/ staff rooms as satisfactory while for 42.1% ANMTCs/ DTCs the condition appears to be good. ANMTC at Sawai-Madhopur has faculty/ staff rooms in

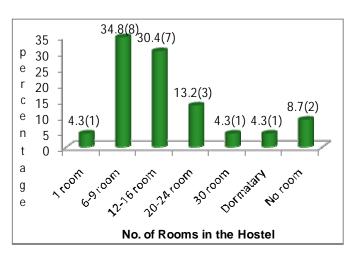
poor condition.

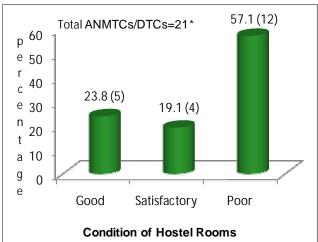


\*The total does not addopt to 23 as 4 AN MTCS/ DTCS do not have any room

#### Infrastructural facilities and their condition including Hostel and Mess:

All the institutions (23) with admission capacity of 90 defy the norm of 30 rooms in the hostel. 2 DTCs (Amarsar-Jaipur and Nokha) responded that they have 12 rooms in the hostel. DTC Salumber-Udaipur has hostel capacity of 14 rooms. ANMTC Jodhpur has only 7 rooms and ANMTC Kota has just 1 Hall. ANMTC Bhilwara and DTC Jhunjhunu do not have hostel facility in their training institute.





Dholpur, Hanumangarh, Ganganagar, Karauli, Nagaur, Sawai-Madhpour, Tonk/ Bundi, Dausa and Jhalawar, have hostel rooms in poor condition. 23.8% ANMTCs/ DTCS have good hostel rooms in their training centers. 19.1% ANMTCs/ DTCs (Balatra-Barmer/ churu, Jaisalmer and Sirohi) where the rooms were reported to be in satisfactory condition.

Majority (57.1%) of ANMTCs/ DTCS (Alwar, Banswara,

<sup>\*</sup>The total does not addopt to 23 as 2 AN MTCS/ DTCS do not have any room



#### c) Annual Admission Capacity of 60 students

ANMTC at Chittorgarh has only 2 rooms and DTC at Jalore has only 1 room as against the norm of 2 (for schools with admission capacity of 60) for teaching purpose in their training centers,

With reference to the physical condition of teaching/ training rooms is concerned both ANMTC and DTC (Chittorgarh and Jalore) described their teaching/training rooms as satisfactory.

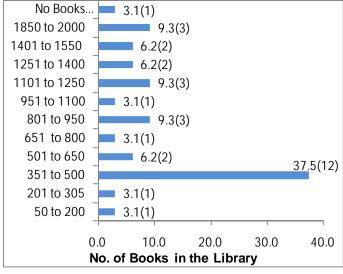
ANMTC Chittorgarh has only 1 room in satisfactory condition as against the norm of 3 (for schools with admission capacity of 60) for their faculty members, while ANMTC Jalore has no rooms for faculty/ Staff.

As far as the hostel rooms are concerned, ANMTC Chittorgarh has only 6 rooms in satisfactory condition, while DTC Jalore has 8 rooms in poor condition, against the requirement of 20 rooms.

#### Availability of Library and no. of Books

65.6% ANMTCs/DTCs have Library facility in their training centers, while 34.3% ANMTCs/DTCs (Banswara, Balotra-Barmer, Hanumangarh, Jodhpur, Jalore, Nagaur, Tonk and Sawai-Madhopur/ Dausa, Jaisalmer, Sirohi) don't have any separate room for Library.



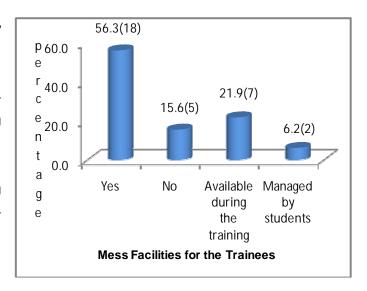


When it comes to books availability, majority (25.0%) of ANMTCs/DTCs have 351-500 books in their training institution, 18.7% ANMTCs have 1101-1250 books, 3.1 % ANMTC i.e. Sawai-Madhopur which has library facility containing 50-200 books in their training center. ANMTC Nagaur is an exception where no books are available in the training center.

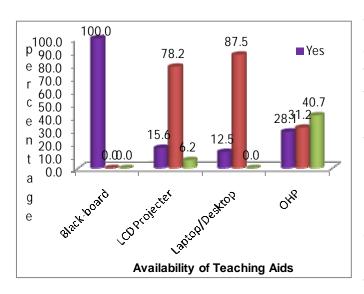


#### **Availability of Mess Facility:**

56.3% ANMTCs/ DTCs have mess facility throughout the year while 21.9% ANMTCs/DTCs (Alwar/ Amarsar-Jaipur, Chittorgarh, Jaisalmer, Nokha-Bikaner-Bikaner and Jodhpur, Salumber-Udaipur) run their mess only during the training period. 15.6% ANMTCs/ **DTCs** (Banswara, Bhilwara/ Kumher-Bharatpur and Jhunjhunu, Bhilwara) don't have mess facility in their training centers and ANMTCs Rajsamand and Balotra-Barmer have mess managed by students itself.



#### **Availability of Teaching Aids:**

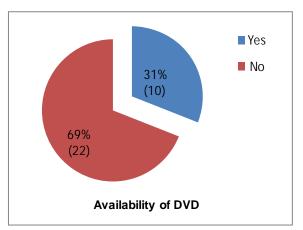


With reference to the teaching aids all ANMTCs/DTCs have Black-Board facility in their training centers. Only 15.6% have a functional LCD projector. 6.2% ANMTCs (Dungarpur and Jodhpur) have a non functional projector and 78.2% don't have projection facility. Only 12.5% ANMTCs/DTCs (Alwar, Pali, Tonk/ Amarsar-Jaipur) have Laptop/Desktop facility. 28.1% ANMTCs/DTCs (Banswara, Pali, Karauli, Rajsam and/ Amarsar-Jaipur, Bundi, Jaisalmer. Nokha-Bikaner-Bikaner, Sikar)

have OHP facility while 40.6% ANMTCs/DTCs (Alwar, Jodhpur, Nagaur, Kota, Jalore, Sirohi, Tonk/Ajmer, Chittorgarh, Churu, Dungarpur, Kumher-Bharatpur, Salumber-Udaipur) have non-functional OHPs. 31.5% ANMTCs/DTCs (Balaotra, Dholpur Jhalawar, Baran, Hanumangarh, Sawai- Madhopur, Dausa, Ganganagar/Jhunjhunu, Bhilwara) don't have OHP facility in their training centers.



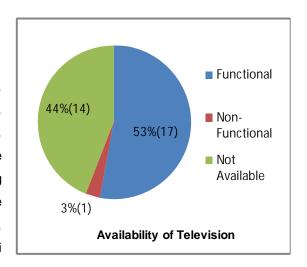
#### Availability of DVD:



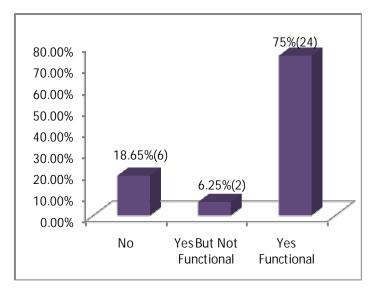
31% of ANMTC have DVD (Alwar, Banswara, Hanumangarh, Jhalawar, Jhunjhunu, Jodhpur, Kota, Pali, Sikar and Sirohi,) and at 69% ANMTCs DVD is not available at Ajmer (Beawar), Amarsar, Balotra, Baran, Bhilwara, Bundi, Chittorgarh, Churu, Dausa, Dholpur Dungarpur, Jaisalmer, Jalore. Karauli, Kumher, Nagaur, Nokha, Rajsamand, Salumbar, Sawai- Madhopur, Sri-Ganganagar and Tonk.

#### **Availability of Television:**

53% of ANMTCs have functional TVs named as Ajmer, Alwar, Amarsar, Banswara, Bundi, Chittorgarh, Hanumangarh, Jhalawar, Jhunjhunu, Jodhpur, Karauli, Kota, Kumher, Nagaur, Pali, Salumbar and Sirohi. The ANMTC at Balotra has a non functional TV constituting 3%. Rest 44% ANMTCs are not equipped with TV those are Baran, Bhilwara, Churu, Dausa, Dholpur, Dungarpur, Jalore, Nokha, Rajsamand, Sawai Madhopur, Sikar, Sri Ganganagar, and Tonk.

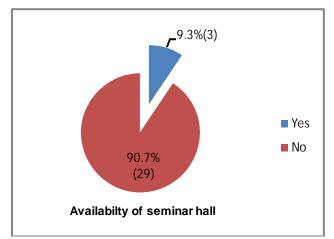


#### Mannequins:



Mannequins in functional condition are available at 75% of ANMTCs/DTCs but 6.25% centers are having non-functional mannequins these are Ajmer and Jodhpur. The rest of the centers i. e. 18.65% (Dausa, Hanumangarh, Sri–Ganganagar, Sawai -Madhopur, Rajsamand and Tonk) do not have any mannequins.

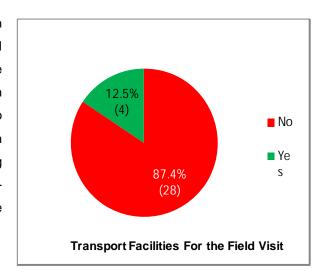




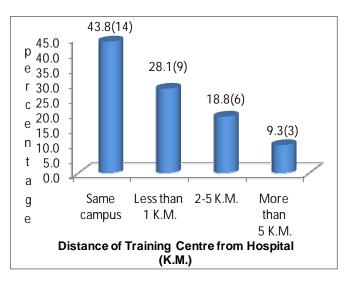
**Seminar/ Conference Hall:** Majority of ANMTCs 90.70% is not having Seminar/conference halls but rest 9.30% are having Seminar/conference halls named as Amarsar and Pali.

#### Availability of Transportation facility for the field:

87.4% ANMTCs/DTCs do not have any transportation facility to take the participants to hospital/ clinical training sites and though 40.74% of the institutions are within the campus, this is a major punctuation for which it is difficult to take trainees to field in conformance to the curriculum. The participants have to make own arrangements to travel to hospital/ clinical training sites. 12.5% ANMTCs/DTCs (Jalore, Pali / Nokha-Bikaner, Jhunjhunu,) have mini bus and jeep for the field visits.

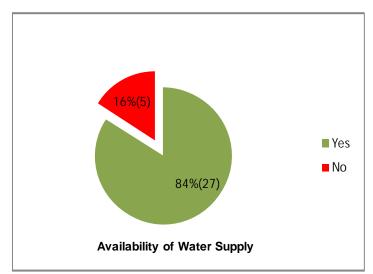


#### Distance from Hospital/ Clinical training site:



Majority (43.8%) ANMTCs/DTCs are located within the hospital campus. Only 9.3% (Kumher-Bharatpur, Bundi and Hanumangargh,) are more than 5 km away from the hospital, while 18.8% are 2-5 km away from the Hospital. 9 training institutions are within 1 km away from hospital.





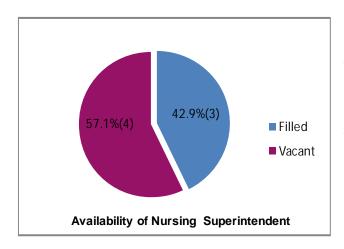
Water Supply: At 84% of ANMTCs having regular water supply through boring or PHED, these are Ajmer, Alwar, Amarsar, Baran, Banswara, Bhilwara, Bundi, Churu, Dungarpur, Hanumangarh, Jaisalmer, Jalore, Jhalawar, Jhunjhunu, Jodhpur, Karauli, Kota, Kumher, Nagaur, Nokha, Salumber, Sawai-Madhopur, Sikar, Sirohi, Sri-Ganganagar and Tonk. Rest 16% ANMTCs having irregular water supply Balotra, Chittorgarh, Dausa, Dholpur and Pali.

#### **Human Resource:**

The staff position at majority of the institutions does not conform to the standard minimum requirement laid down by INC, as some of the existing posts are not as per INC norms, e.g. PHN, Nursing Superintendent and whatever is existing also does not match the requirements.

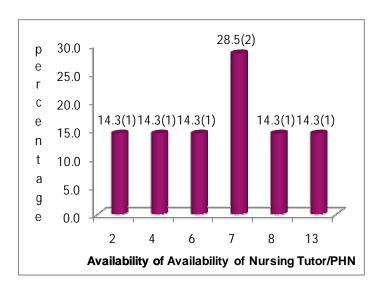
#### a. Annual Admission Capacity of 120 students

#### Availability of Nursing Superintendent/ Principal



42.9% ANMTCs/DTCs have Nursing Superintendent/ Principal against 1 sanctioned post. However, at ANMTC Kota and DTCs Amarsar-Jaipur, Nokha and Salumber-Udaipur post is lying vacant.



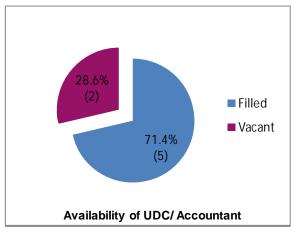


#### SIHFW: An ISO: 9001:2008 certified Institution **Availability of Nursing Tutor/ PHN**

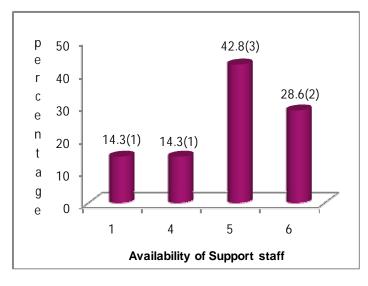
Majority (28.5%) of ANMTCs/ DTCs (Amarsar-Jaipur and Jodhpur) has only 7 Nursing Tutor/ PHN (Against the requirement of 11 nursing tutor/PHN) and rest of ANMTCs/ DTCs have only 1 Nursing Tutor/ PHN.

#### Availability of UDC/ Accountant

Majority (71.4%) of ANMTCs/ DTCs have 1 filled post of UDC (Against the requirement of 2) 28.6% ANMTCs/ DTCs have this post lying vacant.



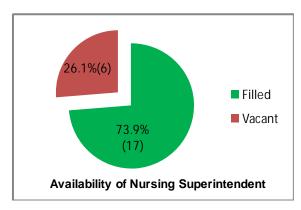
#### Availability of Support Staff



42.8% of DTCs (Nokha-Bikaner, Amarsar-Jaipur, and Jodhpur) have 5 filled post of class fourth (Against the requirement of 12). 28.6% ANMTCs/DTCs have 6 support staff while ANMTC Kota has 4 posts DTC Ajmer have 1 support staff.



#### b. Annual Admission Capacity of 90 students

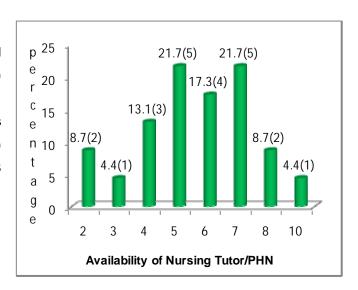


#### Availability of Nursing Superintendent/ Principal

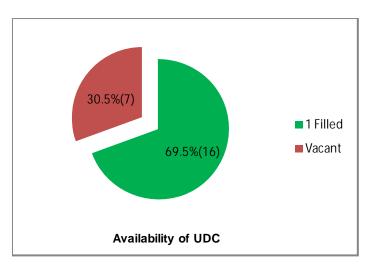
73.9 % ANMTCs/ DTCs have Nursing Superintendent against 1 sanctioned post. However 26.1% of ANMTCs/ DTCs (Nagaur, Sri- Ganganagar/Churu, Jaisalmer, Rajsamand and Sirohi) post is lying vacant. ANMTC Rajsamand does not have any sanctioned post of Nursing Superintendent/ Principal.

#### Availability of Nursing Tutor/ PHN

Majority of (21.7%) ANMTCs/ DTCs have 5 and 7 filled post, another ANMTC/ DTC (17.3%) have 6 nursing tutors/ PHNs and 13.1% ANMTCs/DTCs have 4 nursing Tutors/ PHNs (Against the requirement of 8 nursing Tutor) while 8.7% ANMTCs/ DTCs have 2 and 8 nursing Tutors/ PHNs in their institution. 4.4 % ANMTCs/ DTCs where 3 and 10 posts are filled.



#### Availability of UDC



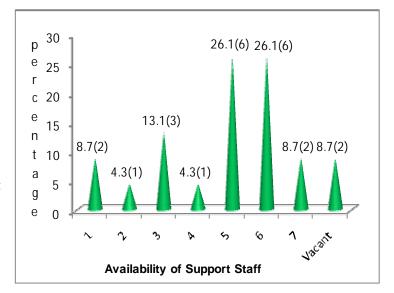
In case of UDC the number of sanctioned post is 2 out of which majority (69.5%) of ANMTCs/ DTCs have 1 filled post of UDC while 30.5% ANMTCs (Banswara, Baran, Rajsamand, Sawai-Madhopur/ Dausa, Sirohi and Tonk)) post lying vacant.



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Availability of Support Staff (Driver, Cleaner, Office Attendant, Sweeper, Cook, Guard):

Majority (26.1%) of ANMTCs/DTCs have 6 and 5 filled post of support staff (Against the requirement of 11). 13.1% ANMTCs/ DTCs have 3 support staff, while 8.7% ANMTCs/ DTCs have 7and 1;ANMTC Balotra-Barmer and DTC Sawai-Madhopur has this post lying vacant subsequently 4.3.% ANMTCs/ DTCs have only 2 and 4 post of support staff.

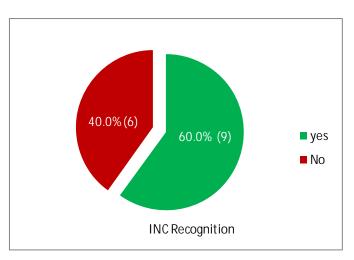


#### c. Annual Admission Capacity of 60 students :

Availability of Staff	ANMTC	DTC
	Chittorgarh	Jalore
Nursing Superintendent	Vacant	Vacant
Nursing Tutor/PHN	2	1
UDC/Accountant	1	1
Support Staff	5	6

At ANMTC Chittorgarh and DTC Jalore post of Nursing Superintendent is lying vacant while ANMTC Chittorgarh has 2 Nursing Tutor/PHN and DTC Jalore has 1 Nursing Tutor/PHN. ANMTC Chittorgarh and DTC Jalore have 1 UDC/Accountant. As far as the support staff is concerned ANMTC Chittorgarh has 5 and DTC Jalore has 6 support staff.

### Status of GNM Training Centers: Gap Analysis INC recognition:



60.0% GNMTCs have recognition from Indian Nursing of Council followed by 40.0% GNMTCs are without recognition from Indian Nursing of Council (Alwar, Bhilwara, Bikaner, Jalore, Jodhpur and Kota).



#### **Annual Admission Capacity:**

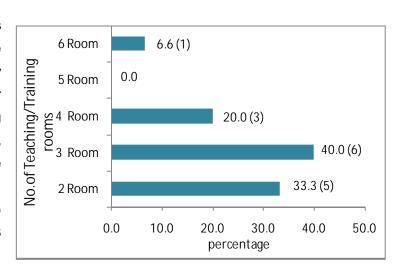
As far as the annual admission capacity of students is concerned all the GNMTCs have the annual admission capacity of 60 students.

#### Building ownership: Govt./ Rented

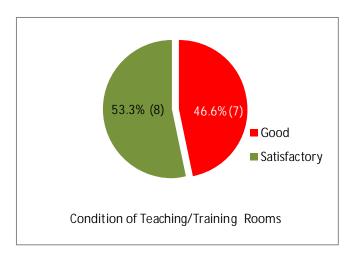
All the GNMTCs are housed in Govt. buildings.

#### Availability of teaching/ training rooms:

Against the requirement of 4 class rooms for 60 admissions and the course period of 3 and a half years, majority (40.0 %) of GNMTCs have 3 rooms for teaching purpose in their training centers, while 33.3% GNMTCs (Ajmer, Barmer, Jalore, Jodhpur and Kota) have just 2 class rooms followed by 20.0% GNMTCs (Bikaner, Pali and Udaipur) with 4 class rooms. GNMTC Alwar (6.6 %) has 6 rooms for teaching purpose.



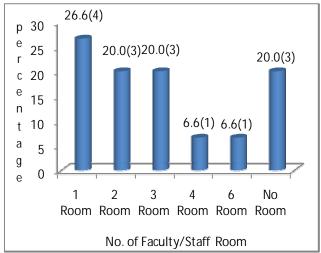
#### Physical condition of Teaching/ Training rooms:



As far as the physical condition of teaching/ training rooms is concerned majority (53.3%) of GNMTCs described satisfactory condition of their teaching/training rooms while 46.6% GNMTCs (Alwar, Banswara, Bharatpur, Bhilwara, Bikaner, Pali and Sikar) reported the condition as good.



#### Availability of faculty/ staff rooms:

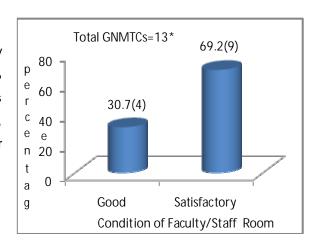


members/ staff members in their centers.

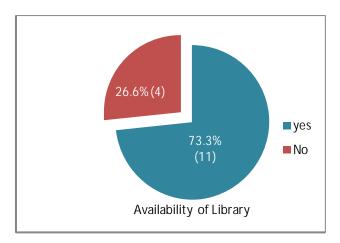
# 26.6 % of GNMTCs (Jodhpur, Kota, Sikar and Salumber-Udaipur) have only 1 room as against the norm of 3 (for schools with admission capacity of 60) for their faculty members, while 20.0% GNMTCs (Banswara, Bhilwara and Barmer) have 2 rooms and another 20.0% GNMTCs (Churu, Jaisalmer and Bharatpur) have 3 faculty rooms. GNMTCs Alwar (6.6%) has 4 rooms in training institute. Somehow, 20.0% GNMTCs (Bharatpur, Bikaner and Jalore) don't have any separate room for their faculty

#### Condition of their faculty/ staff rooms:

Majority (69.2%) of GNMTCs reported that their faculty rooms are in satisfactory condition and 26.7 % GNMTCs feel the condition as good. 30.7% GNMTCs (Ajmer, Barmer, Bharatpur, Bhilwara, Ganganagar, Jaipur, Jodhpur, Kota and Udaipur) reported poor condition of staff rooms.



\*The total does not addopt to 15 as 2 GNM TCs do not have any room

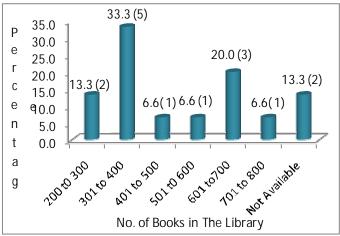


#### **Availability of Library:**

73.3% GNMTCs have Library facility in their training centers, while 26.6% GNMTCs (Jodhpur, Udaipur, Barmer and Bharatpur) don't have any separate room for Library.



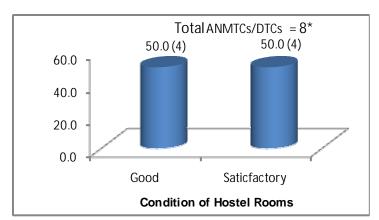
#### No. of Books in the Library:



Availability of No. of rooms in the Hostel:

7 GNMTCs (Alwar, Bhilwara, Bikaner, Ganganager, Jalore, Sikar and Jodhpur) don't have any Hostel room for their students (Against the requirement of 40 rooms for 60 admissions and the course period of 3 and a half year). 20.0% of GNMTCs (Banswara, Pali and Udaipur) have 31-40 rooms for students in their centers, and another 3 GNMTCs have 10-20 rooms. 6.6% each of GNMTCs have hostel capacity of 21-30 and 41-50 rooms for their students.

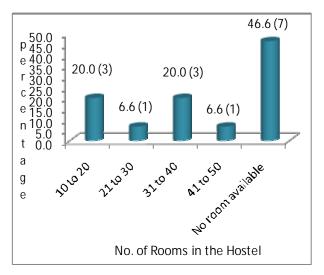
#### **Condition of Hostel Rooms:**



\*The total does not addopt to 15 as 7 GNMTCs do not have any room

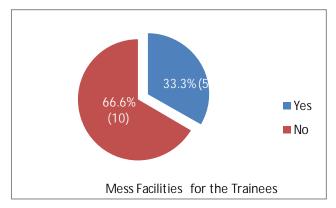
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Majority (33.3%) of GNMTCs have books in the range of 301 to 400 books in their training institution, another 20.0% GNMTCs have 601-800 books for their students. 13.3% GNMTCs (Ganganagr and Jaipur) have 200-300 books and 6.6% each have 401-500, 501-600 and 701-800 books respectively. 13.3% GNMTCs (Barmer and Bharatpur) don't have books.



As far as the condition of hostel rooms is concerned, 50.0% GNMTCs (Bharatpur, Jaipur, Kota and Udaipur) reported that their hostel rooms are in satisfactory condition. 50.0% GNMTCs (Ajmer, Banswara, Barmer and Pali) have hostel rooms in good condition.





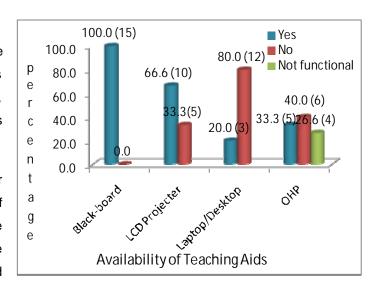
#### Mess facility for the Trainees:

66.6% GNMTCs don't have mess facilities and only 33.3 % GNMTCs (Ajmer, Banswara, Jaipur, Pali and Udaipur) can cater to their students.

#### **Availability of Teaching Aids:**

All the GNMTCs have Black-Board facility; the LCD projector is available at 66.6% GNMTCs whereas 33.3% GNMTCs (Alwar, Ganganager, Jaipur, Jalore and Udaipur) are deprived of this facility.

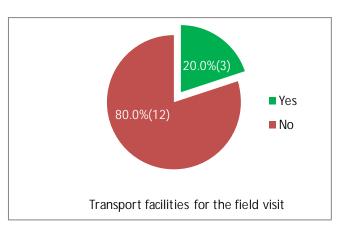
Surprisingly, though 66.6% have a projector only 20 % have laptop/PC, making mockery of pedagogy. Of the 80% which have desktop/laptop only 2 (Alwar and Jaipur) have the functional combination of projector and



laptop/ desktop. 60% of the institutions neither have a laptop/ desktop nor a projector.

33.3% GNMTCs have one or more functional OHP but 26.6% GNMTCs (Banswara, Jaipur, Kota and Udaipur) have non functional OHPs. 40.0% GNMTCs don't have OHP facility.

#### Transport facilities for the field visit:

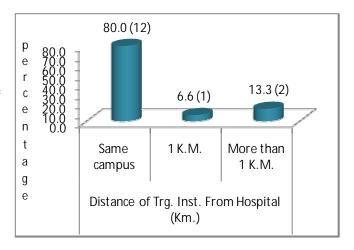


The mandatory requirement of a mini bus at the institution is met by just 20.0% GNMTCs (Alwar, Jaipur and Kota) while 80.0% GNMTCs don't have any Transportation facilities for the field visit for the trainees.



#### Distance of Training institute from hospital:

Of the 9 GNMTCs located within the hospital campus do not have the transport facility, which could be an excuse for not having the transport but then how do they manage field visits is left to conjecture. 80.0% of GNMTCs are located within the campus of hospital. 13.3% GNMTCs (Bharatpur, and Ganganagar) are more than 1 K.M. away from the hospital. GNMTC Barmer is within 1 km distance from the hospital.

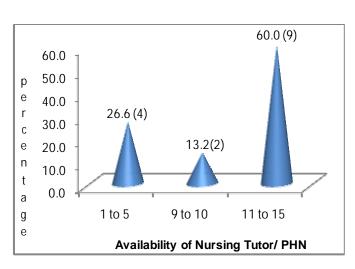


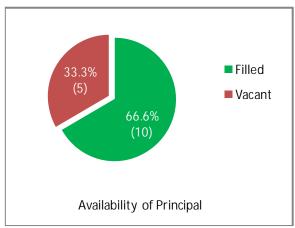
#### **Human Resource**

The staff position is not in conformance to INC norms where a GNMTC is expected to be manned by a principal, a vice principal and 4 tutors besides an additional tutor for the interns.

#### **Availability of Principal:**

Majority of GNMTCs (66.6%) have the post of principal sanctioned and filled but at 33.3% GNMTCs the post is lying vacant.





Human resource is always a constraint with any training institution. Amazingly this does not hold true in case of GMNTCs in Rajasthan. As against the total requirement of 6 nursing tutors (including vice-principal and additional tutor for interns), 60.0% GNMTCs (Ajmer, Alwar, Barmer, Bharatpur, Bikaner, Jaipur, Sikar, Udaipur and Kota) have 11-15 filled post of nursing tutor/ PHN

while 26.6% GNMTCs have 1-5 filled posts of nursing tutors/ PHN followed by 13.2 % GNMTCs where 9-



10 nursing Tutors/PHN are available. Interestingly the available posts are less than what had been sanctioned for, which in other terms means that the sanctioned strength is much higher than the requirement as per the INC norms.

#### Recommendations:

#### In view of the key observations related to-

- 1. Poor infrastructure and its strengthening (addition and renovation)
- 2. Provision of Faculty/ Teaching room facilities
- 3. Library with essential text books and journals
- 4. Provision and updating of teaching aids (Laptops, computers and their recurring expenditure
- 5. Poor or absent Transport facilities for field visits
- 6. Need for Strengthening of human resource- creating post, abolition of against post posting
- 7. Adoption of latest INC approved curriculum
- 8. Increasing intake capacity of all ANMTC/DTC to minimum of 90 per annum;

The following recommendations seem just and apt for improving the training quality and increasing this vital human resource to strengthen the health care delivery

- a. The strengthening of ANMTCs/ DTCs and GNMTCs, in terms of building (no. of staff rooms, teaching rooms, hostel rooms), teaching aids, transport and lodging-boarding facilities for students; should be immediately taken up with appropriate one time funding.
- b. Putting the human resource in place in conformance to INC norms particularly at ANMTC/DTC.
- c. For Quality monitoring of trainings and ensuring that INC curriculum is followed, some agency like State Institute of Health and Family Welfare should be assigned the responsibility with adequate financial support for monitoring staff, mobility and ilk.
- d. The administrative cell for these training institutions should be little more responsive rather than restricting it to only admissions and counseling.
- e. Training hierarchy be developed with SIHFW at the apex and District training cells created and manned by district training coordinator and all training institutions brought under the functional control (at its least) of SIHFW.