



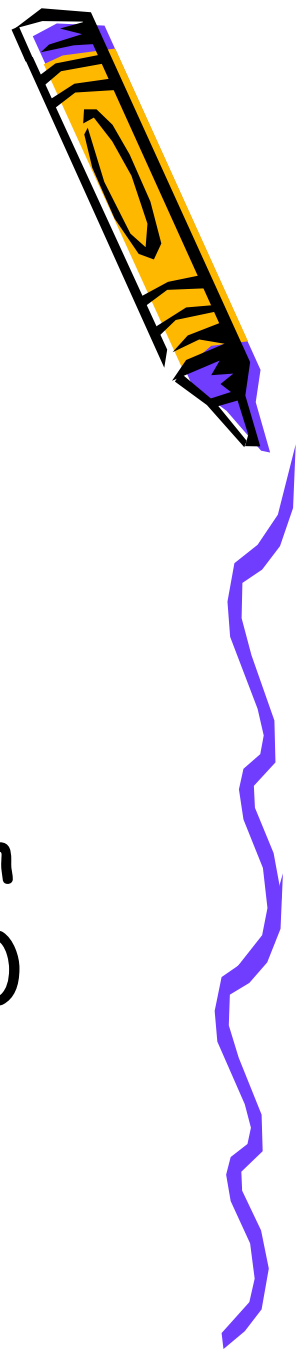
**Development and linkages among
academician/ trainers/ service
providers**

Public Health Conclave
Group Work Presentation-3

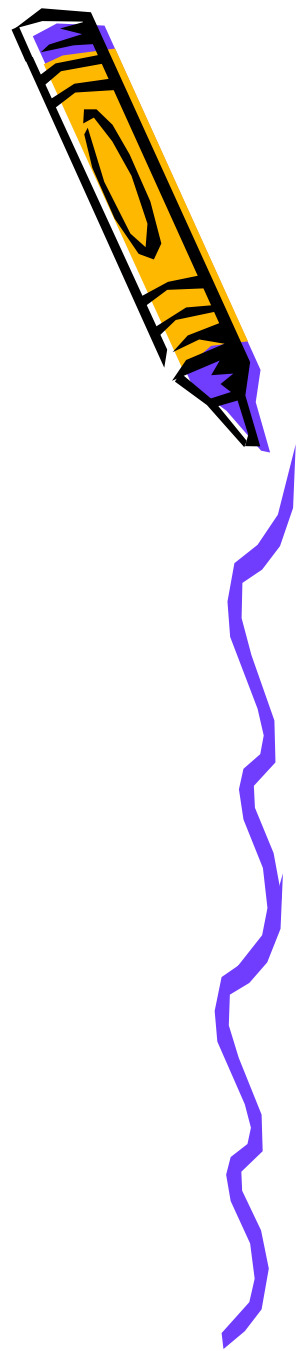


Members

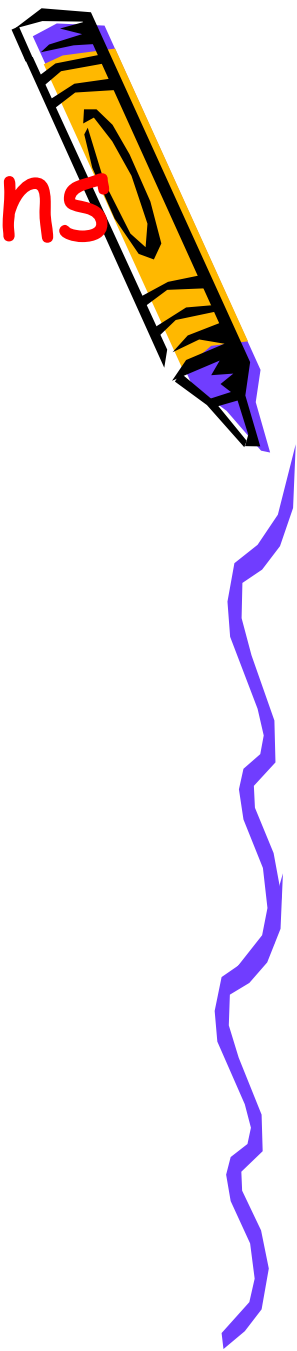
- Dr. A.K. Govila
(Chairperson)
- Dr. Deoki Nandan
- Dr. Bhupinder Singh
- Dr. Shiv Chandra Mathur
- Dr. A.T. Kannan
- Dr. D.K. Srivastava
- Dr. Arun Kumar
- Dr. A.K. Sood
- Dr. S.P. Singh
- Dr. Usha Rani C
- Dr. P. Khattar
- Dr. Santosh Kr.
- **Dr. Uday Mohan**
(Rapporteur)



1. Highlight the existing situation of linkages between training institutions, academic, health training institution and health managers.



Existing Training Institutions

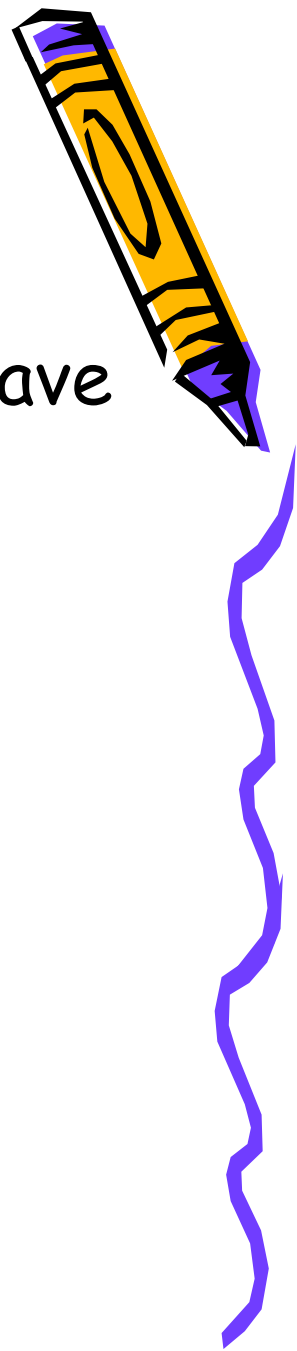


- Apex/ Country: NIHFW
- State: Medical colleges
- SIHFW
- RFPTC
- District Training Centre
- Nursing colleges
- Para Medical Training Colleges
- Sanitary inspector/Public Health Functionaries
- Training Institutions & NGOs



Existing situation of Linkages

1. Not effective.
2. Some states(particular institutions) have good linkages.
3. Some have different type of **problems** viz.
 - All faculty not involved.
 - Not a planned activity.
 - Not involved in curriculum development.



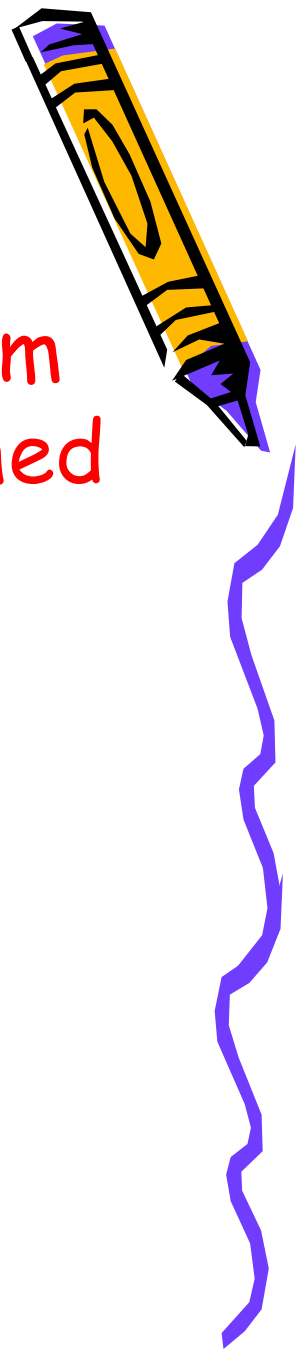
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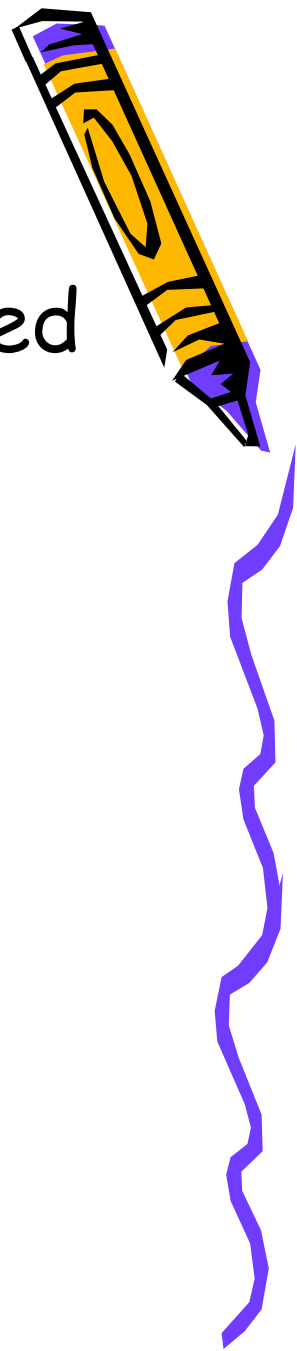
- Most institutions not actively participating.
- Most of the linkages are on personal basis.
- Funds are not provided directly to medical colleges.
- Official status of training is good but in practical, it is not good.



2. Discuss and suggest the mechanism of effective linkages to be established between above mentioned group for implementation of NRHM/RCH at district/state/country level.



Mechanisms

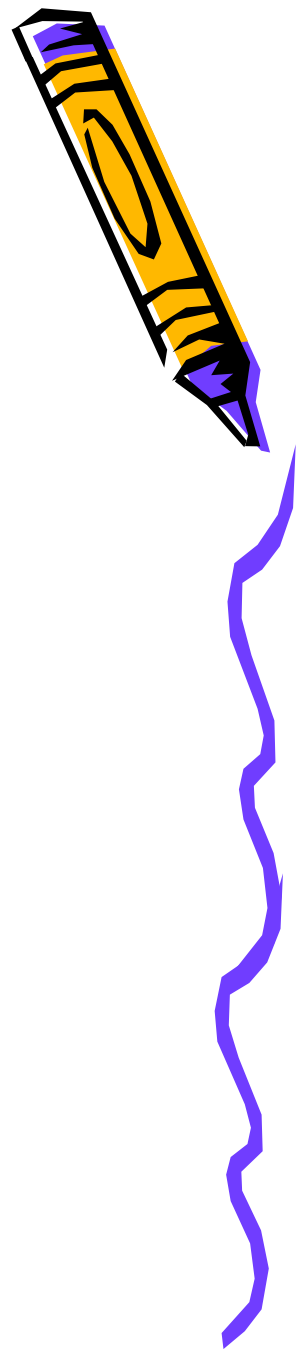


- Since no institution is so developed to impart training, therefore linkages with medical colleges should be strengthened from
 1. Planning
 2. Implementation
 3. Evaluation .



Linkages Committee:

- Central Level
- State Level
- District Level





Central Level:

Chairperson: Hon'ble Health Minister

Co- Chairperson: 1.Secretary Health
2.DGHS



Nodal Agency: NIHFW



State Level

State Govt. Committee

Functions: To look after the linkages.

- Meet twice a year



Members

Chairperson-

- Principal Secretary of Health

Members-

- Director of Health Services
- Director of Family Welfare
- Director Medical Education & Training
- Director- SIHFW
- Nodal officer Nursing
- Senior Faculty member of Community Med.-1
- Principal of Med. College-1





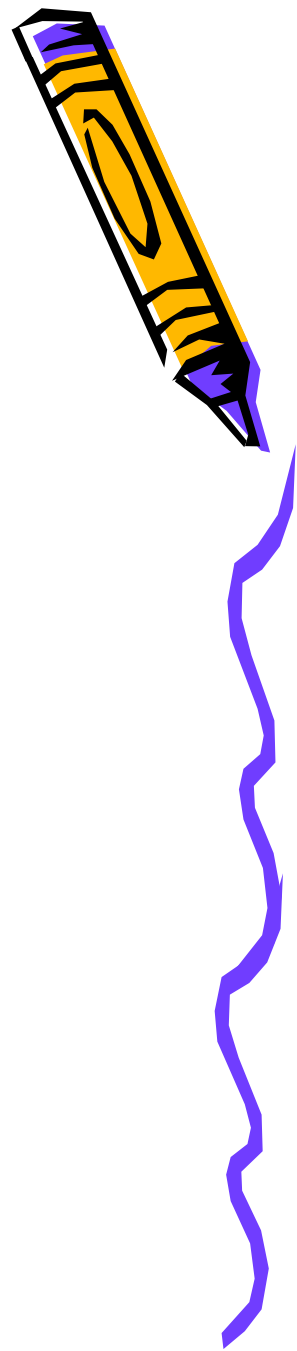
District Level:

Regional level co-ordination
committee

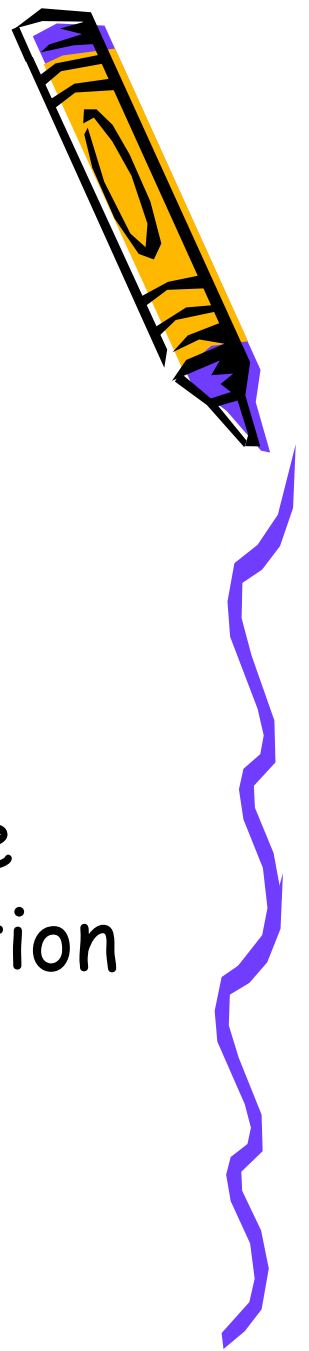


Members:

- **Chairperson:** Commissioner
- **Members:** Dean of medical college.
- Professor of Community Medicine
- Principal RFPTC and Nursing College
- Principal of ANMTC
- Principal of District Training Centre
- ADs
- CMOs of concerned District



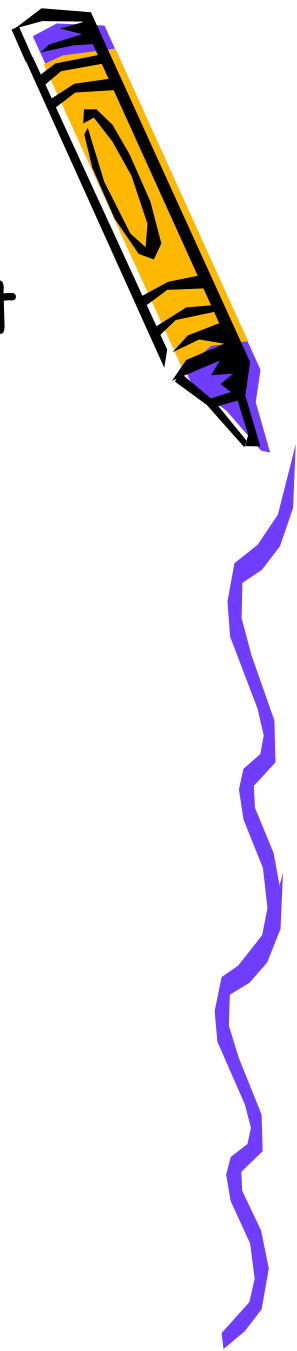
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- **Nodal officer** : Professor of community medicine.
- **Meeting**: Quarterly
- Central committee should give recommendation from time to time including planning, training, evaluation and provision of funds.



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- Create work environment with / without incentives.
- Nodal person should be identified.
- Identify areas of NRHM for training purpose.
- Prepare Training Programme Calender.
- Suitable funds should be available.
- Do pre and post training evaluation and observers should visit during training.

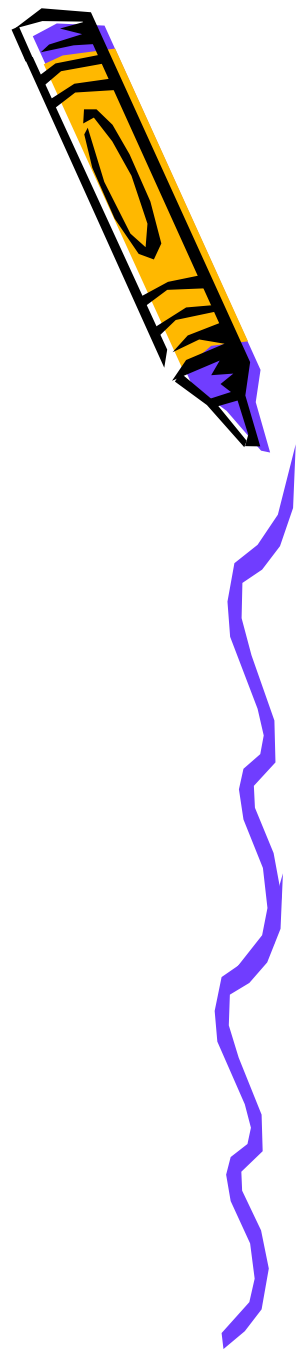


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- Independent evaluation.
- Ensured participation.
- Training should be more of skill based
- Field staff should be trained at district level.
- Identify district level trainers.
- Evaluation of faculties/Trainers.
- Linkages should be through committee.
- Report quarterly to State & NIHFW.



3. Suggest the future role of NIHFW to develop and sustain the linkages suggested above.





1. NIHFW should coordinate for all trainings including funding which should always be channeled through NIHFW.

2. Funds should reach directly to institution through the channel identified as below



Flow of fund

Central Govt.

NIHFW

SIHFW/s

PARTNER INSTITUTIONS
(ECS)



Thank you

