



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 12 / 2014

Duties & Responsibilities R.T.I - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Dr.C.N.Mahesvaran, IAS.,

Mission Director

National Health Mission,

State Health Society-TN

DMS Complex, Chennai – 6

Circular No. 12 / 2014

Roc No: 3543/P5/SHS/2014, Dated, 24.06.2014

"You must be the change, If you wish to see in the world"

- Mahatma Gandhi

*"Health should be viewed as not merely the absence of disease,
but as a state of complete physical, mental and social wellbeing"*

Sub: National Rural Health Mission (NRHM) trainings – Objectives – Infrastructure, Working pattern, Duties & Responsibilities – Regional Training Institutes - reg

Ref : Frame work for implementation – National Health Mission

12th Five Year Plan 2012-17, Planning Commission, Govt. of India.

Millenium Development Goals (MDG) by United Nations Development Programme

National Training Strategy for In-Service Training under NRHM, 2008.

I would like to invite your attention to the reference cited. The determinants of good health are

- access to various types of health services
- individual lifestyle choices
- personal /family and social relationships.

Govt. of India launched " National Rural Health Mission " in April 2005. The major focus of NRHM envisages to provide affordable, equitable and quality health care to the population of Tamil Nadu, especially the vulnerable groups. A major pre-requisite for providing quality health care service is up-grading the skills and knowledge of all health personnel's as well as key personnel of related sectors.

Hence, all the officers concerned are requested to ensure quality in training encompassing all the requirements so as to realize the Goals of the NRHM.

What is Quality...?

The "Quality" means a set of rules/standards designed and incorporated in a product or a service to deliver desired and committed results during experience.

Quality of life is usually determined by Health, Education and Income.

Security, stability and efficiency are good qualities of an operating system.

The “Quality of the training” is assessed by the following components like (Charter on Needs of service providers)

- Training
- Information
- Guidance
- Encouragement
- Feedback on performance
- Opportunity for self –expression

CHARTER OF CLIENTS RIGHTS

- Dignity -to be treated with courtesy
- Information- to learn about benefits risks and availability of services
- Safety – to use safe and effective facility
- Choice- to decide what service and when
- Confidentiality- to be assured
- Accessibility -of the service at convenient locations
- Comfortable –when receiving services
- Continuity – to receive services as long as needed
- Opinion – to express views on service offered
- Privacy – during counseling and services.

In 2000, 189 Nations made a promise to free people from extreme poverty and multiple deprivations. This pledge became the “Millenium Development Goals” to be achieved by 2015. Out of the 8 MDG goals, Goal 4- “ To reduce Child mortality”, Goal 5 – “ To improve Maternal Health”, Goal 6 – “ To combat HIV/AIDS, Malaria and other diseases” are related to Health Sector. To achieve these MDG goals, Govt. of India framed the following goals under National Rural Health Mission namely,

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention & reduction of anemia in women aged 15-49 years.
- Prevent and reduce mortality & morbidity from communicable, non- communicable, injuries & emerging diseases.

- Reduce household out of pocket expenditure on total healthcare expenditure.
- Reduce annual incidence & mortality from Tuberculosis by half
- Reduce prevalence of leprosy to < 1/10,000 population & incidence to zero in all districts.
- Annual Malaria incidence to be < 1/1000
- Less than 1% microfilaria prevalence in all districts.
- Kala azar elimination by 2015, < 1 case per 10,000 population in all blocks

Training in the State of Tamil Nadu

- The trainings mainly covered under Training wing, NRHM is that of Maternal & Child Health trainings.
- The trainings are provided through Regional Training Institutes under the control of Directorate of Public Health & Preventive Medicine.
- There are 6 Regional Training Institutes spread across the State of Tamil Nadu.

OBJECTIVE OF THE SPECIFIC TRAININGS :

The NRHM – MCH trainings helps in improving, updating and upgrading the knowledge and skills in technical and management fields of the trainees in the field of Maternal & Child Health activities that are conducted in the Regional Training Institutes. Effective trainings convey relevant and useful information that inform participants and develop skills and behaviours that can be transferred back to the workplace. The objective of training is to create an impact that lasts beyond the end time of the training itself.

S.No	Name of the training	Expectation/Outcome
1.	RTI/STI Training for Medical Officers	To Upgrade the knowledge in Syndromic Approach of Sexually Transmitted diseases and their treatment.
2.	RTI/STI Training for Staff Nurses	To Upgrade the knowledge in Syndromic Approach of Sexually Transmitted diseases and their diagnosis.
3.	RTI/STI Training for Lab Technicians	To Upgrade the knowledge in Syndromic Approach of Sexually Transmitted diseases and their diagnosis.
4.	BEmONC Training for Medical Officers	To impart skills in Basic emergency management of Obstetric and Neonatal Care to reduce Maternal Mortality Rate & Infant Mortality Rate.
5.	MCH Skill Lab Training for Medical Officers	To give Hands on training in Maternity Care & Neonatal Care.To reduce MMR & IMR.
6.	MCH Skill Lab Training for Staff Nurses & ANM	To give Hands on training in Maternity Care & Neonatal Care.To reduce MMR & IMR.

7.	Managerial Skill to Medical Officers (Induction Training)	To give basic knowledge about Govt. Medical Service, Schemes and Office procedures as well as guidelines on various programmes.
8.	SBA Training to Staff Nurses & ANMs	To give Hands on training to conduct the deliveries in PHC – for Skilled Birth Attendant like Staff nurses & ANMs.
9.	Integrated Refresher Training to Lab Technicians	To provide Hands on training to Lab Technicians in day to day Lab procedures.
10.	Emergency Lab Training to Staff Nurses	To provide Hands on training to Staff Nurses in day to day as well as Emergency Lab procedures during labour.
11.	ARSH Training to Medical Officers	To promote Reproductive & Sexual health to reduce MMR & IMR by various treatment options.
12.	ARSH Training to Staff Nurse/ICTC Counsellors	To promote Reproductive & Sexual health to reduce MMR & IMR by various diagnostic techniques & counselling procedures.
13.	ARSH Training to CHN/SHN/VHN	To promote Reproductive & Sexual health to reduce MMR & IMR through community participation.
14.	AMTSL Training to Medical Officers	Hands on training to Medical Officers in Active Management of 3 rd stage of labour.
15.	HBNBC training to Anganwadi Workers in 15 high IMR Blocks of 10 HUDs	To reduce IMR by means of Home based New Born Care involving intersectoral co-ordination.
16.	CAMT Training to Faculties from College of Nursing & GNM Schools	Advanced Midwifery training to Nursing faculties working under DME Institutions.
17.	CAMT Training to Faculties from College of Nursing - MMC & Madurai	Advanced Midwifery training to Nursing faculties working under DME Institutions.
18.	IYCF Training TOT @ RTI level	To reduce IMR due to faulty feeding techniques & promote healthy nutrition practices
19.	IYCF Training to MO/SN @ District level	To reduce IMR due to faulty feeding techniques & promote healthy nutrition practices
20.	IYCF Training to CHN/SHN/VHN @ District level	To reduce IMR due to faulty feeding techniques & promote healthy nutrition practices
21.	Refresher G-IMNCI training to VHN/SHN/CHN	To reduce IMR & Under-5 Mortality through Integrated Management of Neonatal & Childhood Illness training.
22.	RMNCH Counselling to RMNCH Counsellors & ICTC Counsellors - TOT Training	To improve Reproductive, Maternal & Neonatal Child Health through comprehensive counselling.

23.	RMNCH Counselling to RMNCH Counsellors & ICTC Counsellors @ RTI level	To improve Reproductive, Maternal & Neonatal Child Health through comprehensive counselling.
24.	BTT Mentor Staff Nurses training	To give Hands on Support to Staff Nurses working in PHCs through mentoring visits in order to reduce IMR & MMR.
25.	G-IMNCI HN functionaries	To reduce IMR & Under-5 Mortality through Integrated Management of Neonatal & Childhood Illness training.
26.	SAM Training to MO & SN (For Dharmapuri district & Perambalur districts only)	To identify and treat severe Acute Malnutrition among children and infants.
27.	EmOC training to Medical Officers	To effectively manage 3 rd stage of labour and high risk cases during labour.
28.	LSAS training to Medical Officers	To assist Emergency Obstetric procedures and family welfare surgeries by means of various anesthesia techniques to reduce IMR & MMR.
29.	Medall/Mediscan training for Medical Officers	To detect congenital fetal anomalies in order to reduce IMR.

TRAINING PATTERN :

Based on the methodologies devised by GOI , training is imparted to the trainees. the various modalities practiced in the training are

- Role-play,
- Lecture Method,
- Group discussions,
- Chart & Paper method,
- Field visits to nearby places for practical demonstrations.

The training programs being conducted under NRHM is broadly classified under two heads viz.,

Knowledge based trainings and Skill based trainings. Knowledge based trainings involves trainings being conducted through lecture methods, role-plays, etc. Skill based trainings involves trainings being conducted through lecture methods + field trips to nearby places for practical demonstrations.

SCHEDULE OF THE TRAINING :

Each regional Training Institute needs to ensure that the "Schedule" of the trainings given to the trainees contain the following details

- No. of sessions
- Time schedule of each session (including Tea breaks & Lunch time)
- Details of the topic to be taken for each session
- Name and designation of the faculty member taking that particular session
- Each training session should be around one to one & half-hour depending on the training need.

FACILITIES TO BE PROVIDED TO PARTICIPANTS UNDERGOING TRAINING

The facilities that are to be provided to the participants attending inservice – training are

- Clean Hostel facilities
- Hygienic Food
- Safe Drinking water supply
- Uninterrupted water & power supply
- Recreation facilities especially for long duration residential trainings.
- Internet facilities to trainees to upgrade their knowledge in related subjects.

MONITORING TOOLS TO ASSESS THE TRAINING :

The following monitoring tools are used in the post training assessment of the medical and para-medical workers namely Post training report performance format for EmOC & LSAS training (Collected monthly by the DTT MOs and being sent to GOI) **[Annexure – 2 & 3]** and also Quarterly reports are being sent to GOI regarding post training performance for Maternal Health trainings.**[Annexure -4]**

FEED BACK SYSTEM:

1. The following feedback system are used in the post training assessment of the medical and para-medical workers namely Skill Assessment reports are being sent for Medical Officers & Staff Nurses to SHS from HUDs by DTT MOs every quarter.**[Annexure – 5],**
2. Periodical review meetings are being conducted by State Health Society to assess the progress of trainings in RTIs/HUDs.**[Annexure – 6],**
3. Monthly review meetings are being conducted by DDHS,DTT MOs to assess the Skills of the their Staff and their training needs ,Mentor Staff nurses are reviewed by DTT MOs every month to ensure the quality of services provided in the Hospitals.**[Annexure – 7]**
4. In service post training evaluation/feedback form is also proposed to use by the Regional Training Institutes **(Annexure – 8)**

A website is under construction exclusively for training related activities by SHS, wherein training evaluation and feed back from each trainees will be directly obtained by State Health Society by providing login IDs password to every individuals. The further details will be communicated in the forthcoming circular.

FACTORS TO BE TAKEN FOR SELECTING THE TRAINEES:

For any GOI initiated training, master trainers are selected depending on the guidelines issued for that training and they are deputed to attend the National Level TOT designated by GOI.

Then, a State level ToT training will be conducted by these National level master trainers

These State trained ToT trainers in turn will train the respective health personnel either at Regional training Institutes or in their respective DDHS office depending on the type of training & guidelines issued as per the compendium.

State level trainers (ToTs) are being selected based on the District training Team to maintain uniformity and to evenly spread across the topographical distribution across the State for ease of conduct of the training programmes.

For trainings being conducted in Regional Training Institutes, the Principals coordinate with their catering HUDs District Training Team and a call letter is sent to their respective DDHS office mentioning the type, venue, duration and category of staff to be trained & also the number of trainees required per batch.

Based on the call letter received from RTI, the DTT MO selects the required personnel from his/her training database maintained by them and sends call letters to their respective Block Offices for deputing the concerned staff member for the specified training on the specified dates.

After attending the training, the Principals issue the relieving order for the trainee who has attended the training to enable him/her to rejoin duty at their respective stations.

F. Duties & Responsibilities of Head of Regional Training Institute (RTI):

The Principal of the Regional Training Institute is the overall incharge for all the training activities and administration of the RTI. The following are the duties and responsibilities of the Principal of Regional Training Institutes namely,

- Identification of training centres and hospitals for various types of training based on case load/faculty position.
- Specify clearly the activities to be undertaken by each along with specific deliverables and time frame for each activity.
- Assist the state government and provide guidance to the districts in preparation of district training plans in accordance with the MOHFW's guidelines such that health facilities with skilled manpower could be made operational at the earliest.
- Procure training materials from nodal agency, adapt/translate and reproduce as per requirement of the state.
- Distribute the training material to all selected training institutions.

- Conduct training of trainers of appropriate categories from the selected training institutions in accordance with the approved plans.
- Assist the state to ensure synchronous training of all health personnel in block, district and state.
- Monitor training based on monthly progress reports, course reports, SOEs etc. as well as field visits and suggest corrective action to ensure appropriate implementation of skill training and proficiency/validation system.
- Assist state in ensuring the quality of training.
- Conduct evaluation of training to assess the need for re-training, newer training to be planned if required.
- Assist the state and districts in developing a district wise database of trained manpower.

All the officers are requested to adhere the instructions and submit their report within time – Concerned HOD is requested to ensure whether all the above said instructions are carried out on time.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Preventive Medicine
All Joint Directors in the District
All Deputy Director of Health Services & RTI Principals
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.

ANNEXURES

ANNEXURE -1

6 Regional Training Institutes-Attached HUDs			
Sl. No	RTI	District	HUD
1	IPH-Poonamalle	Thiruvallur	Thiruvallur
2			Poonamallee
3		Vellore	Vellore
4			Thirupathur
5		Thiruvannamalai	Thiruvannamalai
6			Cheygar
7	Madurai	Madurai	Madurai
8		Tirunelveli	Tirunelveli
9			Sankaran kovil
10		Virudhunagar	Virudhunagar
11			Sivakasi
12		Thoothukudi	Thoothukudi
13			Kovilpatti
14		Kanyakumari	Nagercoil
15	Egmore	Ariyalur	Ariyalur
16		Kancheepuram	Kancheepuram
17			Saidapet
18		Trichy	Trichy
19		Perambalur	Perambalur
20		Pudukottai	Aranthangi
21			Pudukottai
22	Salem	Salem	Salem
23		Namakkal	Namakkal
24		Erode	Erode
25		Coimbatore	Coimbatore
26		Tiruppur	Tiruppur
27		The Nilgiris	The Nilgiris
28		Dharmapuri	Dharmapuri
29		Krishnagiri	Krishnagiri
30	Gandhigram	Dindugal	Dindugal
31			Palani
32		Theni	Theni
33		Karur	Karur
34		Ramnad	Ramnad
35			Paramakudi
36		Sivagangai	Sivagangai
37	Villupuram	Cuddalore	Cuddalore
38		Villupuram	Villupuram
39			Kallakurichi
40		Thanjavur	Thanjavur
41		Thiruvarur	Thiruvarur
42		Nagapatinam	Nagapattinam

Present Posting and Performance of LSAS Trained Doctors

[illegible]

ANNEXURE - 3

PRESENT POSTING AND MONTHLY PERFORMANCE REPORT OF EmOC TRAINED DOCTORS

[illegible]

ANNEXURE - 4

MH trainings

Quarter I

Type of Training	No. of Medical Colleges Conducting Training	No. of District Director/Hospitals Conducting Training	Any other Facilities conducting training	No. of Master Trainers Trained	Total Target for NRHM period (upto 2017)	Total Achievement cumulative till March 2013	Target for 2013 - 2014	Achievement 13-14 for the current Quarter (4th Quarter) JAN 14 - MAR14	No. of Trained Mos posted at facilities where their skills are being utilised eg. FRU's for LSAS & EmOC / MTP; 24 x 7 PHCs for BEmOC/ MTP; Facilities conducting delivery for SBA in the relevant column	Performance (Specify No. of deliveries, No. of C-Section and No. of Spinal Anaesthesia, No. of MTPs, No. of any other complications attended in the relevant column) Cumulative since 2005 till date
LSAS										
EMoC										
BEmOC (Mos)										
SBA ANM/SN /LHV										
MTP										
RTI / STI										

	Upto March 2013			2013 - 14 (upto December)		
	C- Section	Others		C- Section	Others	
LSAS*						
EmOC*						

ANNEXURE – 5A
SKILL ASSESMENT OF STAFF NURSES
(TO BE FILLED IN THE PHCs/CHCs)

SKILL ASSESMENT OF STAFF NURSES				
	Essential Skills	Knowledge	Skill	Remarks
1	Measurement of BP			
2	Measurement of Urine albumin and sugar			
3	Identification of High Risk Pregnancy- AN			
4	Ability to use partograph correctly			
5	Ability to conduct normal delivery			
6	Ability to follow AMTSL			
7	Ability to identify High Risk during IN / PN			
8	Ability to resuscitate New Born			
9	Ability to guide / support for Breast feeding			
10	Ability to load IUCD using non touch technique			
11	Ability to insert IUCD correctly			
12	Ability to segregate of wastes in colour coded bins			
13	Ability to correctly administer injections			

ANNEXURE - 5B

(TO BE CONSOLIDATED AT THE DDHS OFFICE)

[illegible]

ANNEXURE – 5C
SKILL ASSESSMENT OF ANMs

SKILL ASSESMENT OF ANMs

	Essential Skills	Knowledge	Skill	Remarks
1	Measurement of BP			
2	Measurement of Urine albumin and sugar			
3	Identification of High Risk Pregnancy- AN			
4	Ability to identify High Risk during IN / PN			
5	Aware of Mechanisms for referral to PHC and FRU			
6	Aware of the immunisation schedule			
7	Ability to administer Vaccine			
8	Ability to load IUCD using non touch technique			
9	Ability to insert IUCD correctly			
10	Ability to segregate of wastes in colour coded bins			
11	Ability to identify signs and symptoms of pneumonia and dehydration			

ANNEXURE – 5D

(TO BE CONSOLIDATED AT THE DDHS OFFICE)

[illegible]

ANNEXURE -6

PROGRESS OF TRAINING PERFORMANCE FROM APRIL 2014 - MARCH 2015

Name of RTI :

*Collect, Consolidate and furnish the Performance of trainings conducted at District Level also

S.No.	Name of the training	Training load for the year 2014-2015	Actual No. who completed training		% of completion	Remarks (Reason for backlog)
			During the month	Upto the month	Upto the month	
(a)	(b)	(c)	(d)	(e)	(f) = [(e) / (c)] x 100	(g)
1	RTI/STI MO					
2	RTI/STI S/N					
3	RTI/STI Lab					
4	BEmONC MO					
5	MCH SKILL MO					
6	MCH SKILL S/N&ANM					
7	Managerial Skill Trg to Mos (Induction Trg to Mos)					
8	SBA SN/ANM					

9	INTEGRATED REFRESHER TRAINING TO LAB TECH					
10	EMERGENCY LAB TRG TO SNS					
11	ARSH -MO					
12	ARSH -CHN/SHN/VHN					
13	ARSH -SN / ICTC					
14	AMTSL Trg to Mos					
15	HBNBC -Anganwadi workers					
16	Centre for Advanced Midwifery Trg (CAMT) to Nursing Tutors Grade II					
17	Centre for Advanced Midwifery Trg (CAMT) to Faculties from College of Nursing - MMC & Madurai					
18	IYCF Trg TOT to DTTMOs, DMCHO, CHN at RTI level					
19	Orient Trg on IYCF MO/ SN at District level					

20	Orient Trg on IYCF SHN/CHN at District level					
21	REF- G-IMNCI - VHN/ CHN/SHN					
22	RMNCH Counselling to - RMNCH & ICTC Counsellors - TOT Training (Only for HFWTC, Egmore)					
23	RMNCH Counselling to - RMNCH & ICTC Counsellors at RTI Level					
24	G-IMNCI HN functionaries					
25	G-IMNCI HN Supervisors					
26	BTT- Mentor Staff Nurse Training(only for IPH, Poonamallee)					
27	IRT SUPERVISOR TRG TO CHN/SHN					
28	SAM Training for MOs & SN (For Salem & Egmore RTIs only)					
29	SAM Training for CHN, SHN,ANM, VHN (For Salem & Egmore RTIs only)					

ANNEXURE - 7

(TO BE CONSOLIDATED AT THE DDHS OFFICE)

[illegible]

Annexure 8 : State Health Society, Chennai NRHM Training Evaluation Form

Name of the Regional Training Institute (RTI) :

Name of the trainee :

Designation :

HUD & PHC Name :

Training course :

Period : From To

Please indicate your impressions of the items listed below.

(Put Tick Mark over applicable circle)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	☐	☐	☐	☐	☐
2. I will be able to apply the knowledge learned.	☐	☐	☐	☐	☐
3. The training objectives for each topic were identified and followed.	☐	☐	☐	☐	☐
4. The content was organized and easy to follow.	☐	☐	☐	☐	☐
5. The materials distributed were pertinent and useful.	☐	☐	☐	☐	☐
6. The trainer was knowledgeable.	☐	☐	☐	☐	☐
7. The quality of instruction was good.	☐	☐	☐	☐	☐
8. The trainer met the training objectives.	☐	☐	☐	☐	☐
9. Class participation and interaction were encouraged.	☐	☐	☐	☐	☐
10. Adequate time was provided for questions and discussion.	☐	☐	☐	☐	☐
11. How do you rate the training overall?					
Excellent	Good	Average	Poor	Very poor	
☐	☐	☐	☐	☐	

12. What aspects of the training could be improved?

13. Other comments?

THANK YOU FOR YOUR PARTICIPATION!

ANNEXURE – 9

CHECKLIST TO REVIEW THE PERFORMANCE OF PRINCIPAL FROM REGIONAL TRAINING INSTITUTES

BEFORE CONDUCT OF TRAINING

S.No	Activity	Please mention Y/N	Remarks (If Any)
1.	Have call letters been sent to the catering HUDs well in advance informing them about the start of the training?		
2.	Have the training hall arrangements in RTI been supervised?		
3.	If yes, Seating arrangements for all participants in training hall been monitored?		
4.	Have the Skill Labs been properly established?		
5.	Is the Computer Lab been properly set up?		
6.	Have the training materials been made available?		
7.	Have the schedule of training along with the name of the trainers been properly communicated to the trainees?		
8.	Have the electrical and electronic gadgets in working condition?		
9.	Have a meeting with the Key Resource person for the particular training been conducted?		
10.	Have the attendance and Acquaintance formats for the trainees been made available?		
11.	Have the guest faculties/ external resource persons been contacted with regard to the availability for taking training sessions?		
12.	Have the field arrangements made including the Venue confirmation, Vehicle & Driver availability with sufficient fuel?		
13.	Have the hostel rooms for trainees been monitored?		
14.	Have the kitchen and the quality of food been monitored?		

DURING THE TRAINING

S.No.	Activity	Please mention Y/N	Remarks (If Any)
1.	Have all the training staff been made available half an hour before the start of the training?		
2.	Have all the trainees & trainers received the training modules & facilitator's module along with the schedule?		
3.	Have the schedule of training along with the name of the trainers been properly communicated to the trainees?		
4	Have the powerpoint presentations presented by trainers made readily available?		
5	Have the registration for trainees been done before entering the training hall?		
6	Is the training session started on time?		
7	Have the pre-test questionnaire been conducted for the trainees?		
8	Are the training sessions been conducted as per schedule?		
9	Have the post-test questionnaire been conducted for the trainees at the end of the training?		
10	Have the pre-test and post –test questionnaire marks been communicated to the trainees at the end of the training?		
11	Have the feedback/training evaluation forms been circulated to the trainees?		

AFTER THE TRAINING

S.No	Activity	Please mention Y/N	Remarks (If Any)
1	Have the feedback form/training evaluation form been collected at the end of the training?		
2	Have field visits to the catering HUDs been conducted to evaluate the post training performance of the trainees?		
3	If yes, no. of field visits conducted? By whom?		
4	Have the training reports – both Physical & Financial Monthly reports been sent to State Health Society?		
5	Have the UC been submitted to State Health Society for the completed/partially completed trainings?		
6	Whether the Financial reconciliation in Tally was made in State Health Society monthly?		
7	No. of review meetings conducted by Principal with DTT MOs?		
8	Whether Annual Training Performance for various trainings including the district level trainings been submitted to State Health Society?		