Introduction
Health status of any country is measured by health indicators such as Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), Crude Death Rate (CDR), Birth Rate (BR), Life expectancy at birth and morbidity rate etc. Although, India has made a significant improvement in relation to health status by planning and implementing various health programmes since independence, yet the status in relation to certain sensitive indicators like MMR and IMR is a cause of concern. This has resulted in shift of approach in health care services from time to time such as implementation of Family Planning Programme (1951-52), Family Welfare Programme (1984-89), Universal Immunization Programme (1985-86) Oral Rehydration Therapy, Maternal and Child Health (MCH) and Child Survival and Safe Motherhood Programme (CSSM 1992-93) etc. The focus now is on Reproductive and Child Health care (RCH 1997) as women in reproductive age group and children (upto 5 years) are of crucial importance for effective tackling of population growth.

Thus, the paradigm shift in scientific advancement, emerging health scenario and commitment to achieve health for all has resulted in redesigning of health care system at all level. The customers/clients are the focus of care and high quality and cost containment are the common themes.

Need and Relevance of Training ANM/FHW through Distance Mode
One of the goals of reproductive and child health programme is to ensure a high level performance among health workers and adequate efficiency of health system ensured by an effective system of accountability. In this context ANM/FHW who forms the huge work force in the country has to regularly participate in inservice training for upgradation of their knowledge and skills. Consequently educational offerings that address these deficits must be accessible, equitable, cost effective and meaningful.

Distance education technology can provide an effective strategy to enhance their learning and skills and extend educational opportunity mainly in the area of continuing education. Distance learning in relation to professional education refers to any educational experience in which instructor (teacher) is separated from student (learner) by geographic distance.

It is often argued that certain professional courses such as medicine and nursing cannot be taught through distance as it requires lot of skill development and deals with sensitive issue of human element, but there is enough evidence of successful teaching of these courses through distance education mainly in relation to continuing education of health professionals world over.

Issue of Access and equality
One of the major reasons for establishing distance education system is to provide more opportunities to the geographically isolated and reach the disadvantaged groups who otherwise do not have access to higher education due to various barriers. In such situation, distance learning institution can act as an agent for social change so as to realize the principle of expanded education.

The health infrastructure and trained manpower is concentrated in urban cities and metropolitan areas that leads to inequitable opportunity to female health workers at grassroots level. This necessitates the development of ANM/FHW’s who take responsibility for their learning and are not dependent on experts to decide what they should learn and do.

Barriers of time, money, place, income, family, shortage of resources, socio-cultural psychological, language barriers and other job responsibilities hinders them to come out of their home and work place to upgrade their knowledge and skills through continuing education. There are only 42 promotional training centers and 27 regional family welfare training centers established for training these ANMs/ FHWs. Whatever institutions are available, the intake of candidates is very low. Most of ANM/FHW’s do not get promotion throughout their career and retire as ANM/FHW only.

It is therefore, evident that there is a gross shortage of resources to train and retrain this workforce systematically to act as an agent of change in...
delivery of effective and efficient health care to all at grassroots level. Distance learning system has the potential to address the issue of access and equity in relation to training of these workers and can provide them an opportunity of career promotion.

Competency Enhancement of ANM/FHW through Distance Mode

The competency enhancement programme for ANM’s/ FHW’s has been designed in response to the need felt by Government of India and WHO to provide uniform training in the context of Reproductive and Child Health care. As these workers play a vital role in meeting the health care needs of 70% of our population in rural India, the major focus of the programme is on enhancement of competencies in socio-cultural, RCH skills, communication skills, management skills and through technical support and ensuring community participation to address the health care needs and problems of the society as a whole.

Indira Gandhi National Open University initiated the development of this programme to cater to training requirements of in-service ANMs/FHWs with funding of Ministry of Health and Family Welfare and WHO to enhance and upgrade their skills/competencies.

Aims and Objectives of the programme

Enhance the knowledge and skills of practicing ANM in RCH, communication and socio-cultural areas.

Enable ANM/FHW to develop positive attitude towards community in providing health care through participation.

Target Group

Qualified ANM with 2-3 years of experience.

It is evident from the structure of the programme that more than the 50% weightage in terms of study hours is given to practical component and hands on training and rest of the credits are allotted to theory component.

The theory course mainly focuses on:

- Concepts of health, illness and disease
- Primary health care and health care delivery system including Panchayati Raj.
- Health programmes and problems.
- Creating awareness in community about environmental situation.
- Indian system of medicine
- Care of mother and child as envisaged under reproductive and child health.
- Teaching and training, leadership, supervision, communication and community participation.

Similarly the main purpose of the practical component (which forms more than 50% workload in all the four courses) is to enable learners to apply the theoretical concepts learnt through the blocks, counselling, audio-video and tele-conferencing to real life situations while working in clinic, schools, family and community etc.

The practical work involves:

- Home visiting, counselling and interviewing family members, community leaders and women’s organizations.
- Provide needed care in minor ailments and first aid in emergencies.
- Demonstration of home procedures.
- Identify, examine and care for pregnant women.
- Conduct deliveries and provide post-natal, new born and child care.
- Resuscitate the new born.
- Refer high risk cases.
- Carry out immunization camps and campaigns.
- Provide appropriate family planning advice.
- Integrated management of childhood illness.
- Prepare sub centre action plan.
- Supervise and train Anganwadi workers TBA community leaders etc.
- Prepare detailed monthly records and reports at sub centre.
- Use various strategies for creating health awareness in the community.
- Provide counselling to mother, child, family and sick at home.

Almost 50% of course work will be done by the learner with the help of modules (self instructional material) prepared for this purpose and 40% will be completed during face to
face counselling and 10% will be completed by teleconferencing and audio-video support.

75% of counseling session, 50% of credit hours allotted to each practical and 90% attendance will be compulsory to complete the practical activities.

Components of the Programme
The components of the programme include:
- Print material
- Audio video support
- Counselling
- Contact programme
- Teleconferencing

Learners will be placed in a network of programme study centres in identified district hospital/community health centers, first referral units, primary health centers all over the country. Practical activities will be demonstrated by a team of clinical supervisors identified and trained for this purpose. The student counsellor ratio will be 1:7-10. The learners will then be required to perform and practice these skills under supervision. A small portion of activities will be performed by the learner by self-practice at work place with the help of the practical manual of each course. The practical component will be further strengthened through teleconferencing and video support.

Monitoring Mechanism
It is planned to utilize the already existing forum of regional health science advisory committee for monitoring the programme at peripheral level with the help of public health nursing officers at district and state level in addition to existing infrastructure of programme study centers.

Assessment Strategy
Learners are expected to perform identified self-activities at work place under the supervision of counsellor/supervisor, as per guidelines. Then they will prepare a report of the activities for evaluation. These self activities will be evaluated by the supervisor which carries 25% weightage. The supervised activities which are performed under guidance and supervision of a clinical/field supervisor at programme study centers also carry 25% weightage. The learners will be subjected to a practical examination at the end of the year at selected programme study centre (Examination centre of IGNOU). This will carry 50% weightage.

Similarly, theory component will be evaluated through assignments and term end examination. Detailed assignments covering all types of questions will be prepared to assess the students in all the three domains cognitive, affective and psychomotor. Care will be taken to cover all the course content for assessment. These assignments will be evaluated and graded by academic counsellors. It is imperative to formulate problem solving and applied exercises for the assignments which will help in creative thinking and develop comprehension in learner and discourage copying. 30% weightage will be given to assignments and 70% to final evaluation (term end examination).

Conclusion
In order to meet the demand of continuing education of health workers, distance mode of education can be a logical solution. Both formal and non-formal types of educational programmes can contribute positively for expanding knowledge of health sciences, without further increase of infrastructure.

But in health related programmes which deals with sensitive issues of human life and more practical oriented work is involved, the programmes need to be planned, developed and implemented with extra caution and devotion. Proper monitoring mechanisms need to be designed to maintain quality of the programme.

Reference
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