



## **First Annual Report**

### **Saving Mothers and Newborns in Communities**

Mercy Corps' First Annual Report for:  
*Saving Mothers and Newborns in Communities*  
*September 30 2012 – September 29 2016*  
*USAID CA No. AID-OAA-A-12-00093*

Implemented in:  
**Quetta, Kech, and Gwadar Districts**  
**Balochistan Province**  
**Pakistan**

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<sup>1</sup> To conserve resources and paper, we've only included these annexes in the electronic submission. The full CMW Refresher Curriculum is roughly 270 pages and the Business Skills curriculum is roughly 100 page.

## Acronym List

AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
BCC	Behavior Change Communication
CMW	Community Midwife
CSHGP	Child Survival and Health Grants Program
DHF	District Health Forums
DHO	District Health Officer
DoH	Department of Health
HSA	Health Service Academy
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IR	Intermediate Result
IRB	Institutional Review Board
KPC	Knowledge, Practice, and Coverage
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
MC	Mercy Corps
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NMNCH	National Maternal, Newborn and Child Health
OR	Operations Research
PC-1	Planning Commission Performa-1
PI	Principal Investigator
PMRC	Pakistan Medical Research Council
PNC	Pakistan Nursing Council
PSC	Provincial Steering Committee
SMNC	Saving Mothers and Newborns in Communities
TNA	Training Needs Assessment
TWG	Technical Working Group
UoA	University of Alberta
USAID	United States Agency for International Development
WSG	Women Support Groups

## I. Introduction, Key Progress, and Main Accomplishments

*Saving Mothers and Newborns in Communities (SMNC)* – Mercy Corps’ (MC) four year (Sep 30 2012-Sep 29 2016) SCALE program in Quetta, Kech, and Gwadar districts of Balochistan seeks to **improve maternal and newborn health status, especially for poor and marginalized women of Balochistan** (Goal). The project was developed in response to the high maternal (758 per 100,000 live births) and newborn (30 per 1,000 live births) mortality ratio/rates in Balochistan and limited access to skilled birth attendants (18%), and will serve 450,000 direct beneficiaries. The overall project strategy calls for deployment of 90 private-sector Community Midwives (CMWs) to offer quality maternal, newborn and child health (MNCH) services to underserved communities. Key interventions include: a 4-week clinical refresher course to ensure CMWs meet the Pakistan Nursing Council’s (PNC) minimum competency standards; high quality technical and easily-accessible financial assistance to the CMWs, in the form of micro-loans repaid through Telenor’s *EasyPaisa* service, a small grant of standardized equipment and, business skills training; Women Support Groups (WSGs) conducted jointly by CMWs and the Lady Health Workers (LHWs) to improve healthcare seeking practices and demand for the CMW services; mobile technology to improve quality of data collection, clinical decision making, client reminders and Behavior Change Communication (BCC) efforts; and a revolving emergency transport fund called *Mamta* fund to support referrals to higher levels of care in cases of emergencies or high-risk patients. The Operations Research (OR), proposed to be led by Principal Investigator Dr. Zubia Mumtaz with the University of Alberta (UoA), will investigate whether the CMWs in the SMNC initiative are providing essential MNCH care in a financially self-sustaining manner. Successful components of the program, identified through this OR, will be taken up by the Balochistan Department of Health (DoH) in its forthcoming five-year MNCH strategy (2015-2020), which is being developed through support from this initiative.

**During Year 1 (Sep 30 2012 – Sep 29 2013)**, the project made significant progress in *implementing activities* set forth in the Strategic Workplan (SW) across all four objectives and *establishing key platforms for stakeholder engagement* that enables a thoughtful analysis of lessons learned with direct linkages to policy development with the Balochistan DoH. This report documents what was implemented, how it worked (or did not work) in the context of insecure and underserved districts in Balochistan, and how this contributes toward SMNC’s Strategic Objective to **increase use of quality essential maternal and newborn care, through private-sector community midwives (CMWs)**.

### SMNC Year 1 Main Accomplishments

1. Engaged key stakeholders and formed critical platforms for project oversight and analysis of policy implications of project findings: Provincial Steering Committee (PSC), Technical Working Group (TWG) and District Health Forums (DHF)
2. Developed the Strategic Workplan and Operations Research Protocols
3. Selected, trained and provided essential equipment for 40 CMWs (first batch) to establish their workstations. See Annex12 for a CMW case study.
4. Finalized arrangements for microloans from Tameer bank to CMWs for basic upgrades to their workstations
5. Finalized tools for joint supervision visits with the Lady Health Visitor (LHV) (technical) and Lady Health Supervisor (LHS) (administrative)
6. Developed the beta (testing) version of SMNC’s mobile solution for patient tracking, client reminders, and mass voice messages for behavior change; translated into Urdu
7. Developed the terms of reference and released a competitive tender for our BCC Strategy, inclusive of the Women Support Group Methodology
8. Developed the Mamta Fund design and identified local vehicles for emergency transport services for each of the 40 CMWs under batch 1.
9. Initiated discussions with Edhi Foundation (a local not-for profit that offers ambulance services in the target districts) to support emergency transport services.

**Table 1. Summary of Major Project Accomplishments** Note: A comprehensive table of year 1 activities and outputs is provided as Annex 14 for process documentation, which may be of use to key stakeholders and the final evaluation.

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>
<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Hired all project staff in Quetta</li> <li>• Received significant inputs from Islamabad support team and HQ Technical Backstop</li> </ul> <p><b>Partners/consultants:</b></p> <ul style="list-style-type: none"> <li>• Frequent consultations with government of Balochistan</li> <li>• Contract prepared and signed with Pak Vista Shared Technologies</li> <li>• Agreement and terms prepared with Tameer Bank and EasyPaisa</li> <li>• Frequent consultants with the PNC</li> </ul> <p><b>Curriculum for CMW trainings:</b></p> <ul style="list-style-type: none"> <li>• PNC approved 18 month curriculum and manual used to prepare refresher training curriculum</li> </ul> <p><b>Equipment/Supplies:</b></p> <ul style="list-style-type: none"> <li>• Clinical equipment &amp; CMW Birth Kits procured for 40 CMWs</li> <li>• Vehicles rented</li> </ul>	<p><b>IR 1: Increased availability of quality maternal and newborn care in communities</b></p> <p><b>Selection &amp; Registration of CMWs</b></p> <ul style="list-style-type: none"> <li>• CMWs selection criteria and job description developed</li> <li>• Applications from qualified CMWs solicited through advertisements in one local newspapers per district</li> <li>• CMWs shortlisted by selection committee , interviewed and 44 selected</li> <li>• Project team verified CMWs location and space for workstation and consulted LHW program</li> <li>• 40 CMWs (18 for Quetta, 14 for Kech and 8 for Gwader ) selected for training and deployment</li> <li>• Project orientation session held and Memorandum of Understandings (MoUs) between CMWs and MC signed (See Annex 9)</li> <li>• Initiated registration with the PNC for 18 selected CMWs (Quetta-9, 1 Kech-1 and Gwader-8) previously unregistered</li> </ul> <p><b>CMW Refresher Training</b></p> <ul style="list-style-type: none"> <li>• Training Needs Assessment (TNA) of CMWs and Midwifery tutors conducted</li> <li>• Training curricula for midwifery tutors (teaching and facilitation skills) and CMW Clinical Refresher course developed</li> <li>• Five day Tutor Training on final Clinical Refresher Curriculum conducted in all three districts</li> <li>• Four week clinical refresher curriculum held for 40 CMWs</li> </ul> <p><b>Financial and structural support to CMWs:</b></p> <p><i>Business Skills training</i></p> <ul style="list-style-type: none"> <li>• TNA conducted with CMWs and consultative meetings with key stakeholders</li> <li>• Business Skills Curriculum developed</li> <li>• Five day Master Training of Business Skills Curriculum for MC Field Teams</li> <li>• Five day Business Skills Curriculum training for CMWs initiated</li> </ul> <p><i>Equipment and CMW Birth Kits</i></p> <ul style="list-style-type: none"> <li>• Equipment and birth kits procured and distributed to CMWs in Quetta and Gwadar (Kech planned for Nov)</li> </ul> <p><i>Microloans</i></p> <ul style="list-style-type: none"> <li>• Finalized loan terms and agreement</li> </ul> <p><b>CMW Deployment</b></p> <ul style="list-style-type: none"> <li>• District level Certificate Distribution Ceremonies and Launching Ceremonies for CMWs conducted</li> </ul> <p><b>Technical &amp; Administrative Supportive Supervision of CMWs:</b></p> <ul style="list-style-type: none"> <li>• Technical and administrative quality assurance/supportive supervision checklists finalized</li> <li>• MoU signed with LHW Program for LHS administrative supervision</li> </ul>	<p><b>1.1 40 CMWs selected, trained and provided essential equipment to set up their home workstation s</b></p>
	<p><b>IR 2: Improved knowledge and demand for essential maternal and newborn care</b></p> <p><b>Mobile Phone (as depicted in the SW logframe, this activity contributes to both IR1 and IR2)</b></p> <ul style="list-style-type: none"> <li>• Mobile application architecture designed in collaboration with key stakeholders</li> <li>• Mobile application to enter patient data based on MNCH Program standard reporting and recording forms developed by Pak Vista and translated into Urdu</li> </ul>	

<p>in Quetta and districts for monitoring &amp; supervision</p> <p><b>Policies/guidelines:</b></p> <ul style="list-style-type: none"> <li>• CMW deployment guidelines reviewed, referenced, and followed</li> <li>• Planning Commission – Performa 1 (PC-1) for MNCH program reviewed, referenced and followed</li> </ul> <p><b>Evaluations:</b></p> <ul style="list-style-type: none"> <li>• Continuous review of available research and evaluations to ensure our strategy builds on lessons learned, best practices, and challenges experienced in similar contexts</li> </ul>	<ul style="list-style-type: none"> <li>• Service provider agreement prepared Beta testing of the mobile application with CMWs planned for end of October/early November</li> </ul> <p><b>Women Support Groups:</b></p> <ul style="list-style-type: none"> <li>• Technical Assistance plan developed to create a BCC strategy based on formative research</li> </ul>	
	<p><b>IR 3: Improved access to emergency transport in remote communities</b></p>	
	<p><b>Transport Fund:</b></p> <ul style="list-style-type: none"> <li>• Developed relationship with Edhi Foundation for supporting referrals for emergency or complicated cases.</li> <li>• Identified local transport options for emergency or high risk patients to complement Edhi’s services.</li> <li>• Mamta Fund design completed with key stakeholders, including CMWs</li> </ul>	
	<p><b>IR 4: Improved policy environment for improved maternal, newborn and child healthcare based on evidence from the OR</b></p>	
	<p><b>Operations Research</b></p> <ul style="list-style-type: none"> <li>• Developed OR protocol with stakeholder involvement (MC, UoA, USAID, and Maternal Child Health Integrated Program (MCHIP))</li> <li>• Submitted IRB (Institutional Review Board) applications to UoA and Pakistan Medical Research Council (PMRC)</li> <li>• Submitted subaward package for UoA</li> <li>• Finalizing Module 1 data collection tools</li> </ul> <p><b>Research Advisory Committee</b></p> <ul style="list-style-type: none"> <li>• Plans developed to initiate immediately once UoA subaward is approved</li> </ul> <p><b>Provincial MNCH Steering Committee (PSC) and Technical Working Group (TWG)</b></p> <ul style="list-style-type: none"> <li>• PSC and TWG established</li> <li>• Quarterly PSC meetings commenced in December 2012; program introduced to PSC during first meeting</li> <li>• Quarterly TWG meetings held</li> </ul> <p><b>District Health Forum</b></p> <ul style="list-style-type: none"> <li>• District Health Forums (DHF) established in each district</li> <li>• One meeting of DHF in each district conducted</li> </ul>	<p><b>4.1 OR protocol developed with stakeholder involvement and approved by UoA IRB</b></p> <p><b>4.4 PSC and TWG met quarterly</b></p> <p><b>4.5.1 District Health Forums met monthly</b></p>

## II. Discussion of Implementation Activities and Results

This section describes the status against each Intermediate Result (IR) and *how* it worked, taking into consideration the contextual and management factors facilitating or impeded progress.

### ***IR 1: Increased availability of quality maternal and newborn care in communities***

*Status:* The first batch of CMWs (40 in total) were: i) selected based on criteria developed with the DoH; ii) graduated from a 4-week competency-based refresher course (developed under this project, and supported by the PNC) where each CMW individually conducted at least 5 deliveries and; iii) received essential equipment (as a grant) to set up their workstations. Within the next months (November and December), CMWs in Quetta and Gwadar will receive a microloan from Tameer bank to facilitate basic upgrades to their workstations, fill remaining equipment and furniture gaps, and purchase their first supply of essential medicines. Selection, training and deployment of the second batch of 50 CMWs will begin in Q2 Year 2.

*What facilitated progress?* Active participation of key stakeholders, specifically the DoH, was critical in finalizing the selection and registration of the first batch of CMWs, development of the

refresher curriculum, nomination of tutors to receive training, and organizing refresher courses. In Pakistan, and in Balochistan in particular, relationships with government counterparts are a game-changer for program success. The Balochistan government has previously blocked NGOs from operating, as witnessed during the September 2013 earthquake response, depending on their trust and relationship with these entities. MoUs signed with Director General Health Services, LHW program, MNCH Program, District Health Officers (DHOs) (submitted in the SW), and Midwifery Schools (attached in Annex 10) supported smooth implementation.

The CMW refresher course was needs based and emphasized practical exposure, a known gap in CMW training programs to date. Eighty three (83) percent of the refresher course consisted of practical work in tertiary care hospitals attached or classroom based simulations, while only 17% was theory-based. As a result, each CMW conducted at least 5 independent deliveries, which was mandatory for completing the refresher course. This was significantly better than most CMWs initial training under the government MNCH program where less than half of trained CMWs met their delivery requirement during their 6 month clinical rotation, and of these 16% did not conduct a single delivery.<sup>2</sup> The average score on the observational checklist was 97% (Quetta), 87% (Kech), and 88% (Gwadar); average and post-test theory score of CMWs was 85% (Quetta), 80% (Kech) and 82% (Gwadar). See Annex 11 for the full results.

*What was challenging?* Selection of CMWs proved much more challenging than expected and is described in more detail under Lessons Learned. The selection criteria (submitted in the SW), attempted to recruit CMWs who worked in underserved areas, were not already an LHW (which would deplete an already limited health resource) and offered a strategic distribution of CMWs (i.e. multiple CMWs were not recruited from the same area). During selection, we discovered that most existing CMWs were from relatively better off areas, and in many cases multiple CMWs came from the same town/village and some from the same house. In response to this challenge, Field Officers visited targeted communities in person to identify eligible candidates and to develop recruitment strategies with community leaders and the DoH.

Registration of CMWs proved more time-intensive than expected, due to Pakistan's complicated bureaucracy that oversees registration. To address this, MC held regular meetings with the MNCH program, Nursing Examination Board, and DoH Secretary for Health.

Finalizing the loan guarantee agreement terms with Tameer Microfinance Bank took longer than expected. However, the intensive negotiation efforts were well deserved. The revised terms offer the greatest potential for microloans to build the credibility of CMWs to become viable

#### **Technical Intervention Package**

*maternal and newborn care (90%) and nutrition (10%)*

Our technical intervention package was significantly advanced through the 4-week Refresher Training offered to 40 CMWs. The refresher course, based on the PNC approved 18 month curriculum, addresses antenatal, natal, postnatal services, and limited child care services. The Antenatal Care (ANC) unit covered birth preparedness, administration of tetanus toxoid vaccine, iron-folic acid supplements, nutrition counseling, counseling on exclusive breastfeeding, family planning and identification signs. The labor and childbirth unit covered clean delivery and infection prevention, referral in case of emergencies; use of partograph; active management of third stage of labor (AMTSL). The newborn and infant health unit covered immediate newborn care including drying and warming of newborn, newborn resuscitation using ambu bag, use of chlorhexidine on the cord stump; and immediate breastfeeding (including colostrum). Finally, the child health unit covered integrated management of neonatal and childhood illnesses (IMNCI) for promotive, preventative and first-line treatment with referrals. The full curriculum is available in Annex 7.

<sup>2</sup> Assessment of the Quality of Training of Community Midwives in Pakistan, 2010 conducted by TRF (Technical Resource Facility)

microcredit clients whom, eventually, could access loans directly from Tameer (or other Microfinance Institutions) without a project-based loan guarantee.

Due to security concerns, EasyPaisa was unable to set up mobile kiosks in Kech, required to access and repay loans, even though they initiated the process during the SW stage. MC explored alternative mobile banking options, but no other providers offered the same access and terms as Tameer and EasyPaisa. Since Kech will not be a part of the OR (a conclusion developed during the April OR Workshop in Ghana), MC decided that Batch 1 CMWs from Kech (16 in total) will not receive a loan. Instead, this support will be provided as a grant through funding from the Scottish Government which offers the same level of funding required.

Finally, the political and security situation in Balochistan remained tense during the entire year. Incidents of assassinations, abductions, bomb blasts, car snatchings, protests, strikes and demonstrations delayed program activities and posed challenges for recruitment. In response to this, MC's Security Management Plan and Standard Operating Procedures (SoP) were consistently reviewed and strictly adhered to, which prompted the team to avoid road travel from Quetta to Kech and Gwadar, operate with low profile and visibility, reduce unnecessary exposure, and ensure surveillance measures. See Annex 13 for a summary of security incidents.

### ***IR 2: Improved knowledge and demand for essential maternal and newborn care***

*Status:* The foundations for this IR were advanced through two major contributions. *First*, in June 2013 MC was awarded a grant from the Scottish Government which complements this SCALE project and offers additional resources for key interventions, including our BCC activities and mobile solutions. This grant will allow us to conduct thorough formative research to inform the BCC strategy, develop additional Information, Education and Communication (IEC) materials (adapted from existing tools but contextualized to the specific barriers and enables women face), and implement a more extensive set of BCC activities that will saturate the target audience with key messages. MC will hire a consultant/firm to lead this work in November and December 2013. The BCC strategy will be submitted to USAID and MCHIP for review.

*Second*, the beta (testing) version of SMNC's mobile solution for patient tracking, client reminders, and mass voice messages for behavior change was developed by our local technology partner, Pak Vista, based on open source technologies, such as Dimagi's CommCare, which has been vetted in multiple countries through USAID support. The mobile application will be piloted with CMWs in November and the first batch of CMWs will be trained on the final application in December. As depicted in the logframe in the SW, this activity supports both IR and IR2. See Annex 15 for the mobile application timeline.

*What facilitated progress?* Coordination with the LHW program and Non-Governmental Organizations (NGOs) active in BCC was critical to our year one activities.

*What was challenging?* Through stakeholder consultations we discovered that the WSG methodology has not been standardized in Balochistan, nor have best practices been documented by the DoH. Fortunately, the Scottish Government grant enables us to finalize the WSG methodology and training plans based on formative research and key stakeholder consultations.

### ***IR 3: Improved access to emergency transport in remote communities***

*Status:* The Mamta Fund design was completed with key stakeholders, including CMWs and will be rolled out starting in November. MC district teams successfully worked with community leaders to identify local vehicles for emergency transport services for each of the 40 CMWs under batch 1. To augment these local vehicles, Edhi Foundation (a local not-for profit that

offers ambulance services in the target districts) agreed to support emergency transport services. Their exact support will be described in a MoU signed during quarter one of year two.

*What facilitated progress?* Edhi Foundation's excellent reputation in communities will help both MC and USAID's acceptability in communities. Local vehicles were identified alongside the CMW to ensure the two (CMW and local driver) developed a relationship from the outset of the project. Many local drivers were motivated to support the project as it addresses key development concerns in their community and they were assured they'd be reimbursed through the *Mamta* fund. Finally, we developed a Catchment Population Chart to identify the facilities, types of services available, distances, emergency transport numbers in the catchment area which is a key tool for our emergency transport plan.

*What was challenging?* In two Gwadar communities (out of 40 total), there was only one local vehicle and no ambulance services. In these communities, the project team will identify a back-up emergency transport in the nearest (adjacent) community to ensure availability of at least one vehicle during an emergency.

#### ***IR 4: Improved policy environment for improved maternal, newborn and child healthcare based on evidence from the Operations Research***

*Status:* MC successfully established three critical platforms: a PSC supported by a TWG and the DHF, all of which are regularly meeting. These forums provide oversight to the program, discuss policy implications of project findings, and offered significant feedback for the design of our SW and final OR protocol. The revised OR protocol and sub-award packet for the UoA was submitted to USAID for approval. Using funding from the Scottish Government, as we await approval for the subaward from USAID, we submitted IRB applications to the UoA (approved in August) and the Pakistan Medical Research Council (approval imminent).

*What facilitated progress?* The PSC, TWG, and DHF offered significant support in ensuring our workplans, tools, and protocols (including the OR) are responsive to the local needs. Formalizing these platforms at the provincial and district levels, tangibly communicate that SMNC is a *joint* initiative between MC and the Balochistan DoH and have generated buy-in and ownership.

*What was challenging?* The consistent flux of provincial authorities due to 2013 elections required MC to expend additional time and energy to build relationships with the new stakeholders as they took on their posts throughout the year. During year one, the membership of the PSC was in flux, which presented challenges for organizing meetings and establishing continuity and interest. However, MC tracked these stakeholders closely and we are now on track to have more consistent PSC membership for the coming years.

Our decision to change the OR partner from Health Service Academy (HSA) to University of Alberta (described under Section III OR) will significantly improve the quality of the research and, therefore, the ability of the findings to influence policy decision in Pakistan. However, this change slowed our progress as it required both a ceiling increase, which is pending (as the new protocol under UoA exceeded our budget ceiling, even after realignments and strategic investments from the Scottish Government) and an approval of a new subaward.

***Conclusion:*** We conclude that activities implemented in year one, made sufficient progress toward achieving our strategic objective. While we are approximately one quarter behind the workplan set forth in the SW, these delays were unavoidable and, for the most part, due to factors outside of MC's control such as insecurity, elections, and the need to engage a new OR partner and receive the relevant necessary approvals. Further, when making a decision between quality of activities and processes over timeliness, we consistently chose quality given the

importance to implement correctly and document the process, in order to understand *how* this innovation is being implemented and whether it can have an effect on the CMW program and MNCH outcomes in Pakistan. It should also be noted that the baseline survey has been significantly delayed, as it is the first component of the OR and cannot be conducted until the subaward for the UoA and the OR protocols are approved by USAID.

***Interventions Implemented to facilitate sustainable change***

- Long term relationship between the DoH and MC (MC has been working in Balochistan since 1986)
- Alignment with the provincial framework (PC-1) of the MNCH program (e.g. training and deployment CMWs)
- Strengthened existing public health systems, rather than establishing a parallel approach
- Advocacy to facilitate fundamental and long-term changes for CMWs program after the 18<sup>th</sup> amendment
- Community-ownership of CMWs through district and community launching ceremonies and the DHF

***Implementation Lessons Learned***

Year one offered valuable lessons learned about what is working and what is not working as expected. Table 2 describes the our analysis of what worked, what did not work and why, the stakeholders engaged in the analysis, recommendations, and use of findings related to four key lessons learned:

- 1) *The MNCH Program must prioritize improved selecting of CMWs in order to ensure CMWs are filling a gap in access to skilled MNCH services.* When our team sought to rapidly select eligible CMW candidates we discovered that most CMWs were from areas that already have access to skilled MNCH care and many CMWs were from the same area/town. Future selection of CMWs should done in partnership with local NGOs as it requires a) orientation of family members on their status, roles and responsibilities; b) transparency in the selection committee to avoid nepotism and corruption; and c) verification of residential status of candidates before final selection
- 2) *There is a dire need for Clinical Refresher Courses for CMWs and teaching courses for CMW tutors.* Our 4-week refresher course was one of the most successful initiatives in year one, as no refresher curriculum currently exists in Pakistan. Both the Balochistan MNCH Program and the PNC have expressed interest to use this curriculum for further refresher trainings. Further, the training was needs-based and emphasized practical skills - a known gap of CMW training to date. The Training Needs Assessment (TNA) of tutors revealed that over a decade has passed since any of these tutors received training. This reflects a 2010 national assessment which found that only 46% of theory tutors had ever attended a training and none of the clinical trainers were orientated to the CMW training. See Annex 4 Learning Brief.
- 3) *The TWG and PSC offer an excellent platform to discuss policy implications of the program.* A prime example from year one was a hot policy debate on whether CMWs should conduct deliveries within their workstation or within the homes of clients. While the policy set forth in the PC-1 for MNCH approves deliveries in both contexts, opinions on this vary. Those who advocate workstation delivery underscore the importance of a fully equipped, hygienic environment; while those who oppose emphasize the perceived community preference for home-based deliveries. MC recommends offering deliveries in both context, but we will await the formal decision of the TWG and PSC to ensure an enabling environment.
- 4) *The initial loan size will be reduced in order to enable repayment over a 13 month period and build credit history.* After extensive consultation with Tameer, MC's Economic and Market Development (EMD) Technical Support Unit, and others – we decided to offer multiple, smaller loans rather than one larger loan. The initial loan size of \$330 is based on the absolute

minimum support a CMW needs to set up her workstations, as well as her ability to repay a loan within 12-13 months (the maximum length for a microloan, particularly for new clients). Once CMWs repay their loan, they will be eligible to receive a second loan from Tameer. This increases the chances for a CMW to repay her loan, increases our ability as MC to learn from this process, and makes it more likely for CMWs to become 'viable microloan clients' as they prove their credit –worthiness once they repay a loan.

**Stakeholder engagement in activities and learning:** Through the TWG, PSC, and DHF these lessons are discussed and facilitated by a multi-stakeholder forum that can offer policy recommendations in Pakistan’s devolved health system. The value of these forums for discussing lessons learned, achieving project objectives, identifying what needs further improvement and development consensus based recommendations cannot be overemphasized. Key issues addressed through this forum include, but are not limited to: SW and OR design and content, workplans, curriculum and tools, sustainability of project interventions and coordination. DHOs are the most influential stakeholder at the district level and have been involved since the beginning of the project. In addition, MC facilitated stakeholder involvement through public events such as Commemoration of International Midwifery Day (June 4, 2013). The Secretary for Health Balochistan offered the keynote address and CMWs performed a drama to highlight barriers in promoting SBA. Table 2 describes the specific ways these platforms were engaged.

SMNC continues to collaborate closely with the USAID mission. This program was discussed on multiple occasions with Kate Crawford (Director of Health Office) and Anna McCreery (Maternal and Child Health (MCH) Team Leader) during the SW and OR design process. SMNC is directly in line with USAID/Pakistan’s Strategic Objective of improving MCH, and complements USAID’s Flagships MCH Program in Sindh and Punjab. MC continues to coordinate closely with other USAID funded projects in country. For example, MC and PSI explored collaborating on a mass media campaign (supported by USAID) to ensure the TV and radio spots were aired in SMNC districts, in local languages. Further, MC attends MCHIP’s Technical Advisory Group meetings for their USAID MNCH program in Sindh, which includes a significant CMW component. USAID has been invited to participate in the Research Advisory Committee (which will be formed once the OR protocol is approved).

**Specific Information Requested:** Not applicable. MC is awaiting feedback on the revised SW submitted in July.

**Table 2: Summary of Key Analysis and Use of Findings**

<i>Expected Results</i>	<i>Actual Results</i>	<i>Analysis (what worked, what didn't, and why)</i>	<i>Stakeholders Engaged in Analysis</i>	<i>Lessons Learned and Recommendations</i>	<i>Use of Findings (for course corrections, policy)</i>
Rapid selection of CMWs based on selection criteria	Not all CMWs met selection criteria, and process consumed considerable time	Challenges for CMW selection due to: a) most CMWs are from areas that already have access to skilled MNCH care; and b) many CMWs were from the same area/town	DOH, MNCH Program, LHW Program, DHOs,	The MNCH Program must prioritize improved selecting of CMWs in order to ensure CMWs are filling a gap in access to skilled MNCH services	Findings be discussed in the PSC and TWG and incorporated into: a) the CMW Strategic Roadmap for Balochistan, being supported under an MC RAF project by the end of 2013 and; b) the provincial 5 Year
Four week CMW Refresher	Four week refresher course for 40	Our 4-week refresher course was one of the most successful	MNCH Program, CMW	There is a dire need for Clinical Refresher Courses	

Training developed and offered	CMWs completed successfully	initiatives and was recognized by the Balochistan MNCH Program and PNC as it fills a clear gap.	Tutors, CMWs, CMW Principals, PNC	for CMWs and teaching courses for CMW tutors.	MNCH Strategy, to be developed with USAID support starting in year.
CMWs offer skilled deliveries at clients home and in work station	Skilled deliveries in both contexts requires continued advocacy within the PSC	While the national policy (set forth in the PC-1 for MNCH) approves deliveries in both contexts, opinions on this vary at the provincial level.	TWG	MC recommends deliveries in both contexts, but we will await the formal decision of the TWG	
CMWs offered loans worth \$698	CMWs offered sequential loans, starting at \$330	Engaging with key stakeholders and reviewing best practice in the region allowed us to develop a more effective loan package.	Tameer, MC EMD TSU	The initial loan size will be reduced in order to enable repayment over a 13 month period and build credit history.	Loan guarantee agreement with Tameer was revised accordingly

### III. Operations Research

Due to the need to recruit a new Principal Investigator (PI), MC’s SW and OR Protocol, including approval of proposed PI and subaward, are still pending approval. Following award of this grant, MC’s proposed OR partner (HSA) was no longer able to complete the assignment as the proposed PI left HSA fall of 2012. The subaward was competed in January and, through a competitive process outlined in the SW, the UoA, led by Dr. Zubia Mumtaz, received the highest technical score and Dr. Mumtaz was proposed to USAID as our PI in our SW. Through this process, and based on significant consultations and reflection with key stakeholders, we proposed a quasiexperimental design to: enable us to attribute any changes in CMW coverage and quality of care to the SNMC intervention; better enable the Balochistan DOH (with full strategy and budget authority in Pakistan’s newly devolved health system) to develop evidence-based MNCH strategies and; enable our consortium to publish the impact of interventions. This study will provide robust evidence for the extent to which CMWs can sustainably improve coverage of MCH services, which is directly in line with USAID-Pakistan’s Strategic Objective of improving MCH. Despite undergoing an intensive process to successfully secure additional resources and realigning our budget to increase the OR budget line through identifying strategic programmatic efficiencies and applying these savings, we still have a shortfall of resources for the OR – which was communicated to USAID in June. The OR protocol was submitted to USAID with the SW Feb 28<sup>th</sup>, 2013, and revised in the spring based on feedback from the Accra OR workshop. The revised protocol was submitted alongside the revised SW on 30<sup>th</sup> of July, 2013, and the UoA subaward packet was submitted September 6<sup>th</sup>, 2013.

The OR component aims to investigate whether the CMWs in the SMNC initiative are providing essential maternal and newborn health care to women and children living in Quetta, Gwadar, and Kech districts in a financially self-sustaining manner. Specifically the research will investigate: (1) whether the SMNC initiative is having an impact on CMW services uptake; (2) if any increased CMW service uptake is attributable to the SMNC initiative; (3) whether the SMNC initiative will enable the CMWs to develop financially self-sustainable practices; and (4) the level of quality of care the CMWs are providing. The research objectives are:

- 1) To develop evidence that the SMNC initiative has led to increased coverage of high quality maternal and neonatal health care by trained, private-sector community midwives in underserved and insecure districts of Balochistan.
- 2) To explore whether CMWs’ access to business skills training, small loans, and infrastructural support has enabled them to develop financially sustainable private midwifery and neonatal practices. To enhance empirical understanding of the ways in which these processes operate.
- 3) To map women’s experiences of maternal and neonatal health care provided by the CMWs, specifically their perceptions of the quality of care provided and ability to access to emergency maternal and neonatal care.

The processes that have accompanied the changes in our proposed PI and OR budget have resulted in a significant setback in progress towards our OR study objectives in year one. However, as we have awaited approval of the subaward for the UoA, we have made meaningful progress on the OR through our Scottish Government grant, awarded in June 2011, and as a result we are well positioned to rapidly begin OR activities immediately upon approval from USAID . OR progress in year one is described in Table 3.

**Table 3: OR Study Progress and Achievements in Year 1**

<i>Related Specific Objective/s of the Task/s</i>	<i>OR Study Key Activities/ Tasks Addressed during this Reporting Period</i>	<i>Any important Findings, Data, and/or Discussion of Progress</i>	<i>Dissemination of Results to Stakeholders</i>
Prepare and submit IRB applications	IRB applications prepared and submitted	UoA IRB approval received PMRC approval imminent	NA
Finalize tools for Module	Development of HH questionnaire and financial analysis tool, including feedback from MCHIP.USAID	Tools nearly ready for piloting	NA
Plan for piloting tools finalized	Develop piloting plan Identify translators Recruit enumerators	Module 1 tools will be piloted in October/November 2013	NA

**Research Products**

HH Questionnaire and Financial Analysis tool are drafted and ready for piloting.

**Problems/Challenges:** Not applicable as we await to begin the research

**Changes Made to Original OR Plans:** There are no changes to the revised OR Protocol submitted in July 2013.

**Major OR Plans for Coming Year**

- Module 1 piloting: November 2013
- Module 1 data collection: December 2013-January 2014 (following approval of UoA subaward)
- Analysis, report preparation, and dissemination: January-March 2014
- First Research Advisory Committee meeting (following approval of OR protocol and UoA subaward)
- Module 2 piloting: Q3 year 2
- Module 2 data collection: starting Q4 year 2



**First Annual Report:  
Annexes**

**Saving Mothers and Newborns in Communities**

Mercy Corps' First Annual Report for:  
***Saving Mothers and Newborns in Communities***  
***September 30 2012 – September 29 2016***  
***USAID CA No. AID-OAA-A-12-00093***

Implemented in:  
**Quetta, Kech, and Gwadar Districts**  
**Balochistan Province**  
**Pakistan**

Report submitted on:  
October, 31<sup>st</sup> 2013

Prepared by:  
*Ahmed Ullah (Program Manager), Dr. Saeedullah Khan (Team Lead-South), Andrea Cutherell (Sr. Technical Health Advisor), Dr. Farah Naureen (Director of Health Programs), Dr. Arif Noor (Country Director), and Jennifer Norman (Director of Public Health)*

## Annex 1. Project Workplan

SMNC Workplan			Key Personnel	Collaboration Assumptions	Year 1	Year 2 (Oct 1 2013 – Sept 30 2014)												Year 3				Year 4			
Oct 1 2013 – Sept 29, 2016						O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Strategic Objective: Increased use of essential maternal and newborn care services and behaviors, through private-sector community midwives</b>																									
<b>Intermediate Result 1: Increased availability of quality maternal and newborn care in communities</b>																									
1.1	Selection & Registration of CMWs				1	O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	1.1.1	Develop selection criteria, Job Descriptions, and MoU for CMWs	PO	PM																					
	1.1.2	DHO/MC committee selects CMW applicants meeting selection criteria	Selection committee	PM, PO																					
	1.1.3	MC facilitates registration of selected CMWs with PNC	PM, PO	TL (South)																					
	1.1.4	Sign MoUs with CMWs (Batch 1 & Batch 2)	PM, PO																						
1.2	CMW Refresher Training				1	O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	1.2.1	Refresher training curriculum adapted	PM,PO	TL (South)																					
	1.2.2	Master Training from consulting firm: Midwifery Tutors trained on the refresher curriculum (3 days, Quetta)	Master Trainer	PM, PO																					
	1.2.3	CMW Refresher Training: Midwifery school Tutors conduct refresher course for CMWs (4 weeks, District CMW Schools) -- 40 CMWs Batch 1; 50 CMWs Batch 2	PM	PO, PA																					
1.3	Financial & Structural support to CMWs				1	O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	1.3.1	Mercy Corps opens bank accounts for loan repayment , provides bank guarantees, and arranges for loan																							
	1.3.2	CMW Business Training: MC trains CMW in business skills and tools to set up their home-based clinic (including loan repayment, Mamta fund, and supply chain management) (2 weeks, District CMW Schools or DHO) 40 CMWs Batch 1, 50 CMWs Batch 2	Consultant	PM, PO																					
	1.3.3	MC procures and provides equipment, consumables, and CMW Birth Kits to CMWs (Batch 1 & 2)	PM	Operations																					
	1.3.4	During Business training, connect CMWs to pharmacies at the sub-district level for medicines and supplies	PO, FO and PA	PM																					
1.4	CMW Deployment				1	O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Key: Activities in blue identify interventions for the second cohort of CMWs

FO (Field Officer), MEL (Monitoring Evaluation, and Learning); PA (Project Assistants), PI (Principal Investigator), PM (Project Manager), PO (Project Officer), TL (Team Lead), WSG (Women Support Group)





## Annex 1. Project Workplan

					1	O	N	D	J	F	Mr	Ap	My	Jn	Jl	Ag	S	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
4.4.4	Submit the revise and final Strategy to the department of Health Govt of Balochistan	Consultant																								
4.5	Operations Research																									
4.5.1	Form Research Advisory Committee	Sr. Health Advisor	PI																							
4.5.2	Prepare & Submit OR IRB Application	PI	Sr. Hlth Advisor																							
4.5.3	Research Advisory Committee Bi Annual Meeting	PI	Sr. Hlth Advisor																							
4.5.4	Baseline KPC & Follow-up KPC Surveys	PI	Sr. Hlth Advisor, MEL Dept																							
4.5.5	Other OR Data Collection	Consultant	Project team																							
4.5.6	OR Final Dissemination of Results	Consultant	Project team																							
4.6	Final Evaluation	PM	M&E Officer & MEL Dep																							

Key: Activities in blue identify interventions for the second cohort of CMWs

FO (Field Officer), MEL (Monitoring Evaluation, and Learning); PA (Project Assistants), PI (Principal Investigator), PM (Project Manager), PO (Project Officer), TL (Team Lead), WSG (Women Support Group)



3	Maternal TT Vaccination	<p><i>Survey:</i> Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child</p> <p><i>Routine:</i> Percentage of estimated pregnant women who received at least two Tetanus toxoid vaccinations from CMW</p>	<p><i>Survey:</i> <b>Numerator:</b> # of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey</p> <p><i>Routine:</i> <b>Numerator:</b> # of pregnant women receiving at least two Tetanus toxoid vaccinations from CMW <b>Denominator:</b> total # of estimated pregnant women in CMW's catchment area during reporting period</p>	Impact          Proxy	KPC 30-cluster survey          CMW mobile phone patient records	2x (baseline & final survey)          Tabulated monthly & quarterly	Consultant/M&E team          M&E team	Yes	N/A
4	Post-natal visit to check on newborn within the first 2 days after birth	<p><i>Survey:</i> Percentage of children age 0-23 who received a post-natal visit from an appropriate trained health worker within two days after the birth of the youngest child</p> <p><i>Routine:</i> Proportion of deliveries with a postnatal visit from the CMW within two days after birth (additional to immediate postpartum checkup by birth attendant)</p>	<p><i>Survey:</i> <b>Numerator:</b> # of mothers of children age 0-23 months who received a post-partum visit within two days after birth by an appropriate health worker <b>Denominator:</b> Total # of children age 0-23 months in the survey</p> <p><i>Routine:</i> <b>Numerator:</b> number of deliveries with a postnatal visit from the CMW within two days after birth (additional to immediate postpartum checkup by birth attendant) <b>Denominator:</b> total number of expected deliveries in time period</p>	Impact          Proxy	KPC 30-cluster survey          CMW mobile phone patient records	2x (baseline & final survey)          Tabulated monthly & quarterly	Consultant/M&E team          M&E team	Yes	N/A
5	Current Contraceptive Use Among Mothers of Young Children:	<p><i>Survey</i> Percentage of mothers of children age 0-23 months who are using a modern contraceptive method</p> <p><i>Routine</i> Proportion of CMW clients who received at least one session of counselling on family planning methods during ANC visit and/or PNC visits</p>	<p><i>Survey:</i> <b>Numerator:</b> # of mothers with children age 0-23 months who using a modern contraceptive method <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey</p> <p><i>Routine</i> <b>Numerator:</b> # of CMW clients who received at least one session of counselling on family planning methods during ANC visit and/or PNC visits <b>Denominator:</b> total number of expected pregnancies in the time period</p>	Impact          Proxy	KPC 30-cluster survey          CMW mobile phone patient records	2x (baseline & final survey)          Tabulated monthly & quarterly	Consultant/M&E team          M&E team	Yes	N/A

6	Hygienic cord care	<p><i>Survey</i> Percentage of newborns with cord cut with clean instrument</p> <p><i>Routine</i> Proportion of newborns from CMW with cord cut with clean instrument</p>	<p><i>Survey:</i> <b>Numerator:</b> # of children age 0-23 months with cord cut using new blade or boiled instrument (non-facility births only) at time of birth</p> <p><b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey that delivered outside health facility</p> <p><i>Routine:</i> <b>Numerator:</b> # of newborns from CMW deliveries with cord cut using new blade or boiled instrument</p> <p><b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact    Proxy	KPC 30-cluster survey    CMW mobile phone patient records	2x (baseline & final survey)    Tabulated monthly & quarterly	Consultant/M&E team    M&E team	No	N/A
7	Cord care	<p><i>Survey</i> Percentage of newborns with nothing (harmful) applied to cord<sup>1</sup></p> <p><i>Routine</i> Proportion of newborns from CMW with nothing (harmful) applied to cord<sup>2</sup></p>	<p><i>Survey:</i> <b>Numerator:</b> # Number of newborns with nothing (harmful) applied to cord</p> <p><b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey that delivered outside health facility</p> <p><i>Routine:</i> <b>Numerator:</b> # of newborns from CMW deliveries with nothing (harmful) applied to cord</p> <p><b>Denominator:</b> Total # of estimated births in the reporting period born outside a facility</p>	Impact    Proxy	KPC 30-cluster survey    CMW mobile phone patient records	2x (baseline & final survey)    Tabulated monthly & quarterly	Consultant/M&E team    M&E team	No	N/A

<sup>1</sup> Interviewer records all substances put on the cord from cutting until it falls off. Harmful substances are determined during analysis.

<sup>2</sup> Interviewer records all substances put on the cord from cutting until it falls off. Harmful substances are determined during analysis.

8	Thermal care: drying	<p><i>Survey</i> Percentage of newborns dried after birth</p> <p><i>Routine</i> Proportion of CMW deliveries that were dried after birth</p>	<p><i>Survey:</i> <b>Numerator:</b> # of children age 0-23 months that were dried after birth <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey</p> <p><i>Routine:</i> <b>Numerator:</b> # of newborns from CMW deliveries dried after birth <b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	No	N/A
				Proxy	CMW mobile phone patient records	Tabulated monthly & quarterly	M&E team		
9	Thermal care: delayed bath	<p><i>Survey</i> Percentage of newborns with delayed bath after birth</p> <p><i>Routine</i> Proportion of CMW deliveries with delayed bath after birth</p>	<p><i>Survey:</i> <b>Numerator:</b> # of newborns with first bath delayed at least six hours<sup>3</sup> after birth <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey</p> <p><i>Routine:</i> <b>Numerator:</b> # of newborns from CMW deliveries with first bath delayed at least six hours<sup>4</sup> after birth <b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	No	N/A
				Proxy	CMW mobile phone patient records	Tabulated monthly & quarterly	M&E team		
10	Thermal care: skin-to-skin contact	<p><i>Survey</i> Percentage of newborns placed on the mother's bare chest after delivery</p> <p><i>Routine</i> Proportion of CMW deliveries that were placed on the mother's bare chest after delivery</p>	<p><i>Survey:</i> <b>Numerator:</b> #of newborns placed on the mother's bare chest after delivery <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey that delivered outside health facility</p> <p><i>Routine:</i> <b>Numerator:</b> # of newborns from CMW deliveries placed on the mother's bare chest after delivery <b>Denominator:</b> Total # of estimated births in the reporting period born outside a facility</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	Requested by USAID/MCHIP	N/A
				Proxy	CMW mobile phone patient records	Tabulated monthly & quarterly	M&E team		

<sup>3</sup> Timing could be modified based on WHO/country policy

<sup>4</sup> Timing could be modified based on WHO/country policy

11	Early initiation of breastfeeding	<p><i>Survey</i> Proportion of children born in the last 24 months who were put to the breast within one hour of birth</p> <p><i>Routine</i> Proportion of CMW deliveries that were put to the breast within one hour of birth</p>	<p><i>Survey</i> <b>Numerator:</b> Children born in the last 24 months who were put to the breast within one hour of birth <b>Denominator:</b> Children born in the last 24 months</p> <p><i>Routine</i> <b>Numerator:</b> # of deliveries that were put to the breast within one hour of birth <b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	No	N/A
				Proxy	CMW mobile phone patient records	Tabulated monthly & quarterly	M&E team		
12	Exclusive breastfeeding	<p><i>Survey</i> Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours</p> <p><i>Routine: NA</i></p>	<p><i>Survey</i> <b>Numerator:</b> # of children age 0-5 months who drank breast milk in the previous 24 hours AND Did not drink any other liquids in the previous 24 hours AND Was not given any other foods or liquids in the previous 24 hours <b>Denominator:</b> Total # of children age 0-5 months in the survey</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	Yes	N/A
13	Birth weight	<p><i>Survey</i> Percentage of live births with a reported birth weight</p> <p><i>Routine</i> Proportion of CMW delivered live births with a reported birth weight</p>	<p><i>Survey</i> <b>Numerator:</b> Number of live births to women ages 15-49 in the 2 years prior to the survey with a reported birth weight <b>Denominator:</b> Total number of live births to women ages 15-49 in the 5 years prior to the survey</p> <p><i>Routine</i> <b>Numerator:</b> Number of CMW delivered live births to women ages 15-49 with a reported birth weight <b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact	KPC 30-cluster survey	2x (baseline & final survey)	Consultant/M&E team	No	N/A
				Proxy	CMW mobile phone patient records	Tabulated monthly & quarterly	M&E team		

14	Postnatal care signal functions	<p><i>Survey</i> Percentage of newborns that received postnatal care within 2 days and at least 2 signal functions<sup>5</sup> were done</p> <p><i>Routine</i> Proportion of CMW delivered newborns that received postnatal care within 2 days and at least 2 signal functions<sup>6</sup> were done</p>	<p><i>Survey</i> <b>Numerator:</b> Number of newborns that received postnatal care within 2 days and at least 2 signal functions were done <b>Denominator:</b> Total # of mothers of children age 0-23 months in the survey</p> <p><i>Routine</i> <b>Numerator:</b> Number of CMW delivered newborns that received postnatal care within 2 days and at least 2 signal functions were done <b>Denominator:</b> Total # of estimated births in the reporting period</p>	Impact          Proxy	KPC 30-cluster survey          CMW mobile phone patient records	2x (baseline & final survey)          Tabulated monthly & quarterly	Consultant/M&E team          M&E team	No	N/A
<b>IR1:</b> Increased availability of quality maternal and newborn care in communities									
15	CMW Availability	<p>#/% of active CMWs working within their catchment area</p> <p>NB: active means a CMW has at least 5 registered clients from her catchment area</p>	<p><b>#/Numerator:</b> of active CMWs working within their catchment area <b>Denominator:</b> # of targeted CMWs</p> <p>NB: active means a CMW has at least 5 registered clients from her catchment area</p>	Outcome	Mobile phone records	Quarterly	M&E Team	No	N/A
16	CMW quality assurance	Proportion of CMWs who scored at least 80% on the Technical Supervisory Checklist	<p><b>Numerator:</b> number of CMWs who score at least 80% on the Technical Supervisory Checklist <b>Denominator:</b> number of CMWs supervised during reporting period</p>	Output	Technical Supervisory Checklist	Quarterly	Field Officer	No	N/A
17	Operational CMW work stations	<p>Proportion of CMWs with operational work station</p> <p>NB: operational work station means the home contains all essential refurbishments, furniture, and equipment as per CMW guidelines inclusive of vaccine supply (when electricity is available) and medicine stock</p>	<p><b>Numerator:</b> # of CMWs with operational work station <b>Denominator:</b> # of CMWs monitored by MC staff within the reporting period</p>	Output	Admin Supervisory Checklist	quarterly	M&E team	No	0

<sup>5</sup> Signal functions are 1) Checking the cord, 2) Counseling on danger signs, 3) Assessing temperature, 4) Observing/counseling on breastfeeding, and 5) Weighing the baby (where applicable).

<sup>6</sup> Signal functions are 1) Checking the cord, 2) Counseling on danger signs, 3) Assessing temperature, 4) Observing/counseling on breastfeeding, and 5) Weighing the baby (where applicable).

18	CMWs trained	#/% of CMWs completed 4-week refresher training scoring at least 60% on the post-test	#/ <b>Numerator</b> of CMWs completed 4-week refresher training scoring at least 60% on the post-test <b>Denominator:</b> # CMWs participated in refresher training	Output	Pre/Post Test Training Records	2 times during life of project	M&E/Program team	No	40 (100%) CMWs completed 4-week refresher training scoring at least 60% on the post test
19	CMWs selected	#/% of CMWs selected according to MC's selection criteria  NB: See Annex 12 for the selection criteria	#/ <b>Numerator:</b> of CMWs selected according to MC's selection criteria <b>Denominator:</b> # of CMWs meeting selection criteria  NB: See Annex 12 for the selection criteria	Output	Selection records	2 times during life of project	M&E/Program team	No	40 (80%) CMWs selected according to MC's selection criteria
20	CMW supervision	Proportion of CMWs supervised by MC/DoH joint monitoring teams during the reporting period	Proportion of CMWs supervised by MC/DoH joint monitoring teams during the reporting period  <b>Numerator:</b> # of CMWs supervised by MC/DoH joint monitoring teams during the reporting period <b>Denominator:</b> Total # of active CMWs	Output	MC field visit records	Quarterly	Program team	No	N/A
21	CMWs repaid loans	#/% of CMWs that repaid their full loan 3 months before the end of the project	#/ <b>Numerator:</b> of CMWs that repaid their full loan 3 months before the end of the project <b>Denominator:</b> # of targeted CMWs	Output	MFI online records	1x (3 months before end of project)	M&E team	No	N/A
22	CMWs repaying loans	Average percent of loan repaid by CMWs	<b>Numerator:</b> Total amount of loan repaid by CMWs (excluding interest) <b>Denominator:</b> Total loan provided to CMWs	Output	MFI online records	Quarterly	M&E team	No	N/A
23	CMWs repaying loan	#/% of CMWs that are in the: 1. Red zone: 2. Yellow zone: 3. Green zone:  As defined by the loan repayment schedule	#/ <b>Numerator:</b> of CMWs that are in the: 1. Red zone: 2. Yellow zone: 3. Green zone:  <b>Denominator:</b> # of targeted CMWs As defined by the loan repayment schedule	Output	MFI online records	Quarterly	M&E team	No	N/A
24	DoH tracks CMW	# of government personnel (DHO, provincial coordinators, DG) provided with a summary CMW monthly report	# of government personnel (DHO, provincial coordinators, DG) provided with a summary CMW monthly report	Output	Sending record	Monthly	Program team	No	N/A

25	PNC registration	# of selected CMWs registered with PNC	# of selected CMWs registered with PNC	Input	PNC Registration copies	Quarterly	Program team	No	29
26	Loan	#/% of CMWs provided with loan from Tameer Bank	#/ <b>Numerator:</b> of CMWs provided with loan from Tameer Bank <b>Denominator:</b> # of targeted CMWs	Input	Project records	Quarterly	Program team	No	N/A
26	CMW equipment	#/% of CMWs provided with essential equipment	#/ <b>Numerator:</b> of CMWs provided with essential equipment <b>Denominator:</b> # of targeted CMWs	Input	Project records	Quarterly	Program team	No	18 (45%)
<b>IR2:</b> Improved knowledge and demand for essential maternal and newborn care									
28	Mothers knowledge of newborn danger signs	Percentage of mothers of children age 0-23 months who know at least two danger signs for newborns immediately after birth for which it is necessary to seek medical advice / treatment	<b>Numerator:</b> # of mothers of children age 0-23 months who know at least two danger signs for newborn immediately after birth for which it is necessary to seek medical advice / treatment <b>Denominator:</b> total number of mothers of children age 0-23 months in the survey	Outcome	KPC 30-cluster survey  Annual mini-KPC survey (using LQAS)	2x (baseline & final survey)  Annual (2x) using mini-KPC LQAS method	PI  Project Team	No	N/A
29	Husbands knowledge of newborn danger signs	Percentage of fathers of children age 0-23 months who know at least two danger signs for newborns immediately after birth for which it is necessary to seek medical advice/treatment	<b>Numerator:</b> # of fathers of children age 0-23 months who know at least two danger signs for newborn immediately after birth for which it is necessary to seek medical advice / treatment <b>Denominator:</b> total number of fathers of children age 0-23 months in the survey	Outcome	KPC 30-cluster survey  Annual mini-KPC survey (using LQAS)	2x (baseline & final survey)  Annual (2x) using mini-KPC LQAS method	PI  Project Team	No	Request removing this indicator, as it introduces significant methodological challenges in the KPC survey

30	Mothers knowled ge of maternal danger signs	Percentage of mothers of children age 0-23 months who know at least two danger signs during pregnancy for which it is necessary to seek medical advice / treatment	<b>Numerator:</b> # of mothers of children age 0-23 months who know at least two danger signs during pregnancy for which it is necessary to seek medical advice / treatment <b>Denominator:</b> total number of mothers of children age 0-23 months in the survey	Outcom e	KPC 30-cluster survey  Annual mini-KPC survey (using LQAS)	2x (baseline & final survey)  Annual (2x) using mini-KPC LQAS method	PI  Project Team	No	N/A
31	Husband s knowled ge of maternal danger signs	Percentage of husbands of mothers of children age 0-23 months who know at least two danger signs during pregnancy for which it is necessary to seek medical advice / treatment	<b>Numerator:</b> # of fathers of children age 0-23 months who know at least two danger signs during pregnancy for which it is necessary to seek medical advice / treatment <b>Denominator:</b> total number of fathers of children age 0-23 months in the survey	Outcom e	KPC 30-cluster survey  Annual mini-KPC survey (using LQAS)	2x (baseline & final survey)  Annual (2x) using mini-KPC LQAS method	PI  Project Team	No	Request removing this indicator, as it introduces significant methodol ogical challenge s in the KPC survey
32	Mass SMSs received	Percentage of those surveyed who received at least one BCC SMS in the past month	<b>Numerator:</b> # of individuals surveyed who received at least one BCC SMS in the month prior to the survey <b>Denominator:</b> # of CMW clients	Output	KPC 30-cluster survey  Annual mini-KPC survey (using LQAS)	2x (baseline & final survey)  Annual (2x) using mini-KPC LQAS method	PI  Project Team	No	N/A
33	Househol ds reached by mass SMS	Number of married women of reproductive age and/or their family members who received educational messages on their mobile phones	# of unique numbers registered on Mobile Server	Output	Mobile Server records	Quarterly	M&E team	No	N/A





47	Provincia I MNCH Draft	First draft of the 5 year Provincial Steering Plan for MNCH approved	First draft of the 5 year Provincial Steering Plan for MNCH approved	Outcome	PSC & TWG mtg minutes	1x (year 2)	Consultant/ Program team	No	N/A
48	Provincia I MNCH Steering meetings	# of Provincial Steering Committee Meetings conducted	# of Provincial Steering Committee Meetings conducted	Output	Meeting minutes	Quarterly	Program team	No	3
49	TWG meetings	# of Technical Working Group Meetings conducted	# of Technical Working Group Meetings conducted	Output	Meeting minutes	Quarterly	Program team	No	4
50	District Health Forum meetings	# of District Health Forum Meetings conducted	# of District Health Forum Meetings conducted	Output	Meeting minutes	Monthly	Program team	No	3

### **Annex 3. Project Data Form**

## **Child Survival and Health Grants Program Project Summary**

**Oct-28-2013**

### **Mercy Corps (Pakistan)**

#### **General Project Information**

**Cooperative Agreement Number:** AID-OAA-A-12-00093  
**MC Headquarters Technical Backstop:** Jennifer Norman  
**MC Headquarters Technical Backstop Backup:**  
**Field Program Manager:** Ahmed Ullah  
**Midterm Evaluator:**  
**Final Evaluator:**  
**Headquarter Financial Contact:** Jamey Pietzold  
**Project Dates:** 9/30/2012 - 9/29/2016 (FY2012)  
**Project Type:** Scale  
**USAID Mission Contact:** Katherine Crawford  
**Project Web Site:**

#### **Field Program Manager**

**Name:** Ahmed Ullah (Project Manager)  
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Arbab Karam Khan Road  
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**E-mail:** acutherell@pk.mercycorps.org  
**Skype Name:** andrea.wilson3

#### **Grant Funding Information**

**USAID Funding:** \$1,741,836      **PVO Match:** \$580,684

## General Project Description

Mercy Corps' four year (Sep 30 2012-Sep 29 2016) SCALE program in Quetta, Kech, and Gwadar districts seeks to **improve maternal and newborn health status, especially for poor and marginalized women of Balochistan** (Goal). Saving Mothers and Newborns in Communities' (SMNC) Strategic Objective to **increase use of quality essential maternal and newborn care, through private-sector community midwives** seeks to facilitate uptake of high-impact MNCH interventions, with a focus on maternal and neonatal health outcomes. SMNC directly contributes toward USAID/Pakistan's strategic objective of improving MCH in Pakistan and complements USAID's new MCH Program in Sindh and Punjab. SMNC is well positioned to directly influence the MNCH sector in Balochistan, as it was designed jointly with the Balochistan Department of Health (DoH) and upon their request. The DoH is keen to test this model to determine whether CMWs can become self-sustaining private providers in Balochistan and increase coverage of high impact MNCH services. Successful components of the program identified through the Operations Research, will be taken up by the DoH through the 5 year MNCH strategy developed under this initiative. The Operations Research, led by Principle Investigator Dr. Zubia Mumtaz, will investigate whether the CMWs in the SMNC initiative are providing quality essential maternal and newborn health care to women and children in a financially self-sustaining manner. This is an ideal time to document and test these innovations, as the DoH is just now preparing its strategic plans and policies within the newly devolved context.

## Project Location

<b>Latitude:</b> 26.16	<b>Longitude:</b> 63.01
<b>Project Location Types:</b>	Rural
<b>Levels of Intervention:</b>	Home Community
<b>Province(s):</b>	Balochistan Province
<b>District(s):</b>	Quetta, Gwadar, and Kech Districts
<b>Sub-District(s):</b>	--

## Operations Research Information

<b>OR Project Title:</b>	Saving Mothers and Newborns in Communities: Strengthening Community Midwives to provide high quality
<b>Cost of OR Activities:</b>	\$279,325
<b>Research Partner(s):</b>	Dr. Zubia Mumtaz, University of Alberta
<b>OR Project Description:</b>	The proposed research aims to investigate whether the CMWs in the Saving Mothers and Newborn in Communities (SMNC) initiative are providing the essential maternal and newborn health care to women and children living in underserved Balochistan districts of Quetta, Gwadar, and Kech Districts in a financially self-sustaining manner. Specifically the research will investigate: (1) whether the SMNC initiative is having an impact on CMW services uptake; (2) if any increased CMW service uptake is attributable to the SMNC initiative; (3) whether the SMNC initiative will enable the CMWs to develop financially self-sustainable practices; and (4) the level of quality of care the CMWs are providing.

Data will be collected in three interlinked modules over a 39-month period:

1. Module 1 will consist of a quasi-experimental impact assessment in Quetta and Gwadar and a simple pre-post survey in Kech. Proportions of births attended by SMNC CMWs will be compared with non-SMNC CMWs (matched controls) at baseline (2013) and three years later (2016) to determine: (1) if CMWs have improved their coverage and (2) if this increase can be attributed to the SMNC initiative. The data will be collected using survey methods around intermittent preventative treatment during pregnancy, clean cord cutting, active management of third stage of labour, post-partum visit for the mother, thermal care (immediate drying and wrapping), immediate breastfeeding of newborns, and patient satisfaction levels with their maternity care provider.
2. Module 2 will explore if the SMNC initiative has enabled SMNC CMWs to establish self-sustaining practices. Organizational, social, and financial challenges faced by CMWs to establishing and running their practices and attracting new clientele will be explored. The size, sustainability and effectiveness of the Mamta fund will also be assessed. A quantitative financial tool will be used to assess the direct and indirect monetary costs as well as opportunity costs and benefits.
3. Module 3 will explore the quality of care provided by SMNC CMWs. In-depth interviews with CMWs, women of child-bearing age, mothers-in-law and older women and other community members will be conducted. CMW patient-provider interactions during antenatal visits and childbirth will be observed to document CMWs quality of care.

**Partners**

**Government of Balochistan** (Collaborating Partner)

\$0

**University of Alberta** (Subgrantee)

\$279,325

## Strategies

<b>Social and Behavioral Change Strategies:</b>	Community Mobilization Group interventions Interpersonal Communication Social Marketing Mass media and small media
<b>Health Services Access Strategies:</b>	Emergency Transport Planning/Financing Addressing social barriers (i.e. gender, socio-cultural, etc) Community-based health insurance scheme/Community financing mechanisms Implementation in a geographic area that the government has identified as poor and underserved
<b>Health Systems Strengthening:</b>	Quality Assurance Supportive Supervision Task Shifting Providing feedback on health worker performance Coordinating existing HMIS with community level data Community input on quality improvement
<b>Strategies for Enabling Environment:</b>	Create/Update national guidelines/protocols Advocacy for revisions to national guidelines/protocols Stakeholder engagement and policy dialogue (local/state or national) Advocacy for policy change or resource mobilization
<b>Tools/Methodologies:</b>	Community-based Monitoring of Vital Events Mobile Devices for Data Collection

## Capacity Building

<b>Local Partners:</b>	Business/Private Sector National Ministry of Health (MOH) Dist. Health System
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## Interventions & Components

<b>Maternal &amp; Newborn Care (90%)</b> <ul style="list-style-type: none"><li>- Emergency Obstetric Care</li><li>- Neonatal Tetanus</li><li>- Recognition of Danger signs</li><li>- Newborn Care</li><li>- Post partum Care</li><li>- Child Spacing</li><li>- Integation. with Iron &amp; Folic Acid</li><li>- Normal Delivery Care</li><li>- Birth Plans</li><li>- STI Treat. with Antenat. Visit</li><li>- Home Based LSS</li><li>- Control of post-partum bleeding</li><li>- Emergency Transport</li><li>- Kangaroo Mother Care (skin to skin care)</li><li>- Misoprostol</li><li>- AMTSL</li><li>- Pre-eclampsia</li></ul>	CHW Training
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## Operational Plan Indicators

Number of People Trained in Maternal/Newborn Health			
Gender	Year	Target	Actual
Female	2013	200	
Female	2013		45
Male	2013		0
Male	2013	0	
Female	2014	39920	
Male	2014	0	
Female	2015	0	
Male	2015	0	
Number of People Trained in Child Health & Nutrition			
Gender	Year	Target	Actual
Female	2013	200	
Female	2013		45
Male	2013		0
Male	2013	0	
Female	2014	39920	
Male	2014	0	
Female	2015	0	
Male	2015	0	
Number of People Trained in Malaria Treatment or Prevention			
Gender	Year	Target	Actual
Female	2013		0
Female	2013	0	
Male	2013		0
Male	2013	0	
Female	2014	0	
Male	2014	0	
Female	2015	0	
Male	2015	0	

## Locations & Sub-Areas

Total Population:

450,000

## Target Beneficiaries

	Pakistan - MC - FY2012
Children 0-59 months	76,500
Women 15-49 years	99,000
Beneficiaries Total	175,500





## **Rapid Catch Indicators: Final Evaluation**

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### **Rapid Catch Indicator Comments**



Community Midwife presented with toolkit after completing her refresher course



**USAID**  
FROM THE AMERICAN PEOPLE



## Competency-Based Refresher Training for Community Midwives – an effective model to improve quality of care

While the Government of Pakistan introduced a new cadre of health provider – the Community Midwife (CMW) – to bring skilled maternal and newborn care closer to home in 2006, currently only 4% of skilled deliveries take place outside of health facilities. Mercy Corps, through its Saving Mothers and Newborns in Communities (SMNC) project, seeks to revitalize 90 CMWs in the underserved province of Balochistan, starting with a refresher training to bring existing CMWs up to based quality standards.

***This project was funded by the U.S. Agency for International Development through the Child Survival and Health Grants Program.***

**October 2013**

### Background

*Evaluations of the CMW program in Pakistan have identified poor quality training as a major challenge for this cadre. Trainings have underemphasized practical exposure which means that many CMWs are ‘deployed’ without meeting minimum competencies for delivery, prenatal, and postnatal care. A 2010 national assessment of the quality of training of CMWs in Pakistan found that less than half of trained CMWs met their delivery requirement during their 6 month clinical rotation, and of these 16% did not conduct a single delivery. Another obstacle is the lack of attention to the CMW tutors. The same assessment revealed that only 46% of theory tutors had never attended a single training and none of the clinical trainers were orientated to the CMW curriculum. Finally, despite a shared understanding across the DoHs and development partners of the need for refresher courses for CMWs and training courses for Tutors, there are no approved curricula for either of these purposes in Pakistan.*

### Key Findings:

- 100% of CMW conducted at least 5 independent deliveries
- 90%: average score of the observational checklist
- 82%: average post-test score on knowledge and theory
- Balochistan MNCH Program and the PNC have expressed interest to use this curriculum in further CMW refresher trainings

## Project Design

In response to these challenges and expressed need of the DoH, Mercy Corps developed a *tutor training* (emphasizing teaching and facilitation skills, as well as an orientation to the CMW Refresher Course), and a *4 Week CMW Refresher Training*. Mercy Corps undertook several critical steps (though support from consultants with expertise in the CMW program) to develop curricula and training material.

1. Reviewed existing evaluations (such as those conducted under USAID funded PAIMAN and Technical Resource Facility) to identify findings related to clinical trainings and competencies of CMWs and tutors
2. Frequently met with the Pakistan Nursing Council throughout the process of designing the Scope of Work, hiring the consultants, and developing the curriculum to ensure the curriculum meets PNC standards
3. Discussed the Tutor Training and CMW Refresher course with the Balochistan MCNH Provincial Steering Committee and Technical Working Group to ensure buy-in from key stakeholders (e.g. Director General Health Services, MNCH Program, and LHW Program)
4. Conducted Needs Assessments of the CMW Tutors and a sample of the CMWs to ensure the training was needs-based. The TNA for tutors revealed that over a decade has passed since any of these tutors received training. The TNA from CMWs revealed that some had never conducted a delivery before, even though they were already trained as a CMW

As a result, the final product was needs-based, competency-based, and developed in close collaboration with key stakeholders. The contents of these trainings are described in the textbox below. In year one of this project, 5 CMW tutors were trained and 40 CMWs completed the refresher course. In year 2, an additional 50 CMWs will be trained by these same tutors.

### TRAINING SNAPSHOTS

#### CMW Refresher Course

- 4 Weeks
- *Emphasizes practical exposure: 17% of the course theory-based; 83% practical exposure*
- *Content: covers all topics from the approved 18-month curriculum*
- *Needs-based: CMW Tutors are equipped to adapt the curriculum based on the unit-wise pre-test findings. This responds to specific feedback from the PNC and Balochistan PSC.*
- *Competency Based: Ensures that all CMWs meet the minimum competency standards (knowledge and practical), based on the CMW Curriculum), measured by pre/post test and observational checklists*

#### CMW Tutor Training

- 4 Days
- *Emphasizes teaching skills of tutors; supervision skills; ability to prepare lesson plans and academic calendars; and ensuring clinical competency (gaps identified in CMW evaluations)*
- *Closely supervised by MC-Quetta staff: to ensure that the CMW Tutors have the competencies to conduct the refresher course. Those who do not meet the standard will not conduct the refresher training.*
- *Pre-Post Test to ensure that tutors are ready to conduct the CMW training.*

SMNC takes a holistic approach to operationalize and revitalize existing CMWs that have already been trained, but remain dormant and unutilized for MNCH services. The 4 week refresher course is a part of a package of interventions addressing policy, service delivery, and community barriers seeks to **increase use of quality essential maternal and newborn care, through private-sector community midwives** (strategic objective). SMNC directly serves a population of 450,000 (76,500 children under 5 and 99,000 women of reproductive age) and indirectly affects 2.6 million people.

## Methodology

To measure impact the refresher training had on CMW competency, a Pre/Post Test was administered for theoretical comprehension and observational checklists were administered for the practical skills.

## Findings

The findings from the pre/post-test and observational checklist exceeded our expectations; with scores in the 80s and 90s (see box to the right).

As a result of our participatory process which emphasized *needs-based* training and built off of findings from evaluations of the CMW program to date, and the success of the training in enabling CMWs to meet minimum competencies, both the Balochistan MNCH Program and the PNC have expressed interest to use this curriculum for further refresher trainings.

**100%**

*Each CMW conducted at least 5 independent deliveries, which was mandatory for completing the refresher course*

**90%**

*Average score of the observational checklist (i.e. the % of key practical skills conducted independently with satisfactory quality, as observed by the CMW clinical tutor). Skills observed included key functions for prenatal assessments, delivery, and essential newborn care*

**82%**

*Average post-test score on knowledge and theory*

## Conclusions and Lessons Learned

There is a dire need for Clinical Refresher Courses for CMWs and teaching courses for CMW tutors across Pakistan. These training should be adapted for future refresher trainings in Balochistan, and other provinces in Pakistan. We discovered that the *way in which* the course was developed (participatory, client/needs-based, in closer collaboration with key stakeholders) was critical to the quality of the final product/outcome.

## Recommendations and Use of Findings

These CMW Refresher Course and the Tutor Training are currently being discussed in the multi-stakeholder policy forums set-up under SMNC –the Provincial Steering Committee (PSC), Technical Working Group, and the District Health Forum – that can offer policy recommendations in Pakistan's devolved health system. Mercy Corps is in the process of seeking formal endorsement from both the PSC and Pakistan Nursing Council. Further, refresher training and tutor training plans and resources should be incorporated into a) the CMW Strategic Roadmap for Balochistan, being supported under an Mercy Corps RAF (Research and Advocacy Fund) project by the end of 2013 and; b) the provincial 5 Year MNCH Strategy, which will be developed with USAID support starting in year two of SMNC.

The Saving Mothers and Newborns in Communities in Balochistan, Pakistan is supported by the American people through the United States Agency for International Development (USAID) through its Child Survival and Health Grants Program. The Saving Mothers and Newborns in Communities is managed by Mercy Corps under Cooperative Agreement No. AID-OAA-A-12-00093. The views expressed in this material do not necessarily reflect the views of USAID or the United States Government.

*For more information about Mercy Corps visit: [www.mercycorps.org](http://www.mercycorps.org)*



**Annex 6 of First Annual Report**  
**Saving Mothers and Newborns in Communities**  
**News coverage of the PSC and TWG meeting during first**  
**year of the project**

<b>Contents:</b>	<b>Page Number</b>
<b>News Coverage of CMWs luaching cerermoney .....</b>	<b>2</b>
<b>News Coverage of Technical Working Group Meeting held on August 01, 2013 in;</b>	
<b>The Balochistan Times .....</b>	<b>4</b>
<b>Daily Mirrior Quetta .....</b>	<b>5</b>
<b>News Coverage of Technical Working Group Meeting held on August 24, 2013 in;</b>	
<b>Daily Mirror Quetta.....</b>	<b>6</b>
<b>Daily Awam Quetta.....</b>	<b>7</b>
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<b>News Coverage of Provincial Steering Committee Meetings.....</b>	<b>11</b>

## Lunching ceremony of CMWs deployment in communities

Held on 23<sup>rd</sup> September 2013

News coverage with English translation Daily Express Quetta (24<sup>th</sup> September 2013)



Quetta: Mr. Rehmat Baloch, Member of Provincial Assembly, Dr. Naseer Baloch and others addressing the *Lunching Ceremony of CMWs Deployment*, organized by jointly by MNCH, Mercy corps and Health Department.



### Headline: 1

**Government doesn't possess any magical powers to wipe-out 15 years mess in one day (says Rehmat Baloch)**

### Headline: 2

**Reducing Maternal Mortality Ratio (MMR) in Balochistan is possible by utilizing CMWs. Government will continue this program.**

### Headline: 3

Security improvement, Health and Educational Emergency are on the priority list of government; addressing on the occasion of ceremony organized by Mercy Corps NGO.

کوئٹہ (ایف رپورٹر) جنرل پارٹی کے رکن بلوچستان  
 آسٹری رمت بلوچ نے کہا ہے کہ قیام امن، صحت اور تعلیمی  
 اور جنسی کا نفاذ کی حکومت کی اولین ترجیحات میں شامل ہے،  
 اکتہ میں آتے ہی تعلیم اور صحت کے بجٹ میں ریکارڈ اضافہ  
 کیا، کیونکہ ڈوائزنگری سے بلوچستان میں دوران زندگی  
 صاف کرے عمر صحت اور صمیم سمیت بلوچستان کے عوام کو  
 دیگر بنیادی سہولیات کی فراہمی کے لیے انتہائی منصوبوں کا  
 آغاز کیا جائے گا انہوں نے کہا کہ آج کوئی نہیں کہہ سکتا کہ  
 بلوچستان آسٹری کے امکان انما برائے تاون یا کرپشن میں  
 لٹوت ہیں یہ بہت بڑی تبدیلی ہے اس سے قبل مری کور کے  
 رہنماؤں نے مذکورہ منصوبے پر روٹی ڈالتے ہوئے کہا کہ  
 بلوچستان میں 90 ڈوائزنگری تربیت دی جائیگی سے جن میں پہلے  
 مرحلے میں کوئٹہ سے 18، ضلع کچ سے 14 جبکہ ضلع گوار سے  
 8 ڈوائزنگری منتخب کر کے انہیں اپنے کمیونٹی میں کھینک کھولنے  
 کے لیے تمام آلات فراہم کر دیے گئے ہیں۔

### Body Text Translation:

Quetta (Staff reporter) Member of National Party and Member of Provincial Assembly, Mr. Rehmat Baloch said that Implementing Health & Educational Emergency and ensuring peace is Government's top priority, as we got elected, we gave a record breaking raise in Health and Education Budget. Reducing Maternal Mortality Ratio (MMR) in Balochistan is possible utilizing Community Midwifery. Government will carry on this program. He expressed his opinion on the Lunching ceremony of CMWs deployment organized with the Collaboration of Mercy corps. In this occasion Mercy Corps' RPD Josh De Wald, Director General Health Services Balochistan Dr. Naseer Balcoh, Dr. Aisha Sddiqa, Dr. Shahnaz Baloch, Deputy Country Director Mercy Corps Pakistan Manzoor Hussain, Provincial Coordinator MNCH Dr. Taj Raisani, Team Leader Mercy Corps South Dr. Saeedullah Khan also addressed the ceremony. Mr. Rehmat baloch said that they are trying to take immediate actions for ensuring peace but we don't have any magical powers to wipe out 15 years mess in one day, but revolutionary plans will be launched to provide basic facilities, along with the Education and Health, to the people of Balochistan. In current scenario, nobody can say that the Members of Provincial Assembly are involved in kidnapping and corruption which is itself a big change.

Earlier, Mercy Corps representative put light on its aforementioned project that 90 CMWs will be trained, equipped and deployed in Balochistan whereas in first batch, 18 CMWs from District Quetta, 14 from Kech and 8 from Gwadar are selected and have been provided with equipments to start their workstations in their communities.

ماؤں کی اموات کی شرح میں کمی ممکن ہے، حکومت اس  
 پروگرام کو آگے لے کر چلے گی۔ ان خیالات کا اظہار انہوں  
 نے کوئٹہ ایک مقامی ہوش میں غیر سرکاری تنظیم (مری  
 کور) کے زیر اہتمام "کمیونٹی ڈوائزنگری کے پروڈیکٹ کی  
 افتتاحی تقریب سے خطاب کرتے ہوئے کیا اس موقع پر  
 مری کور کے کنٹری ہیڈ جوش ڈی وولڈ، ڈائریکٹر جنرل صحت سروسز  
 بلوچستان ڈاکٹر نسیم بلوچ، ڈاکٹر عائشہ صدیقہ، ڈاکٹر شہناز  
 بلوچ، جنرل سید، ڈاکٹر تاج ریسانی، ڈاکٹر سعید اللہ، دیگر  
 مقامی موجود تھے رمت بلوچ نے کہا کہ ہماری کوشش ہے کہ  
 بلوچستان میں تمام شعبے فوری اقدامات کریں مگر پاس کوئی  
 جادو کی چمچی نہیں کہ 15 سال کا گندہ ایک دن میں

## Technical Working Group Meeting Held on August 1, 2013

### Meeting of Technical working group on Maternal, Neonatal & Child Health

Held on August 1, 2013 Newspaper, Balochistan Times Quetta 3<sup>rd</sup> August 2013

## The Balochistan Times

Saturday August 3, 2013

# CMWs to play their due role in reducing MMR

QUETTA: The first meeting of Technical Working Group (TWG) on Maternal, Neonatal and Child Health (MNCH) was held here at a local hotel.

It is part of the project which aims to expand access to skilled birth attendance by focusing to address the gaps in the policy and practice of Community Midwives (CMWs) already trained under a component of the MNCH program Pakistan.

The effort involves the strategy of involving the government officials at two levels that is a; TWG which would look into all the technical aspects of the policy & practice and b; the Provincial Steering Committee (PSC) which will review the recommendations from TWG, discuss, endorse and present its view to the government. PSC and TWG were formerly working to evaluation the use of Misoprostol for Post-Partum Hemorrhage and now their terms of reference (ToRs) have been revised to cater to the needs of another two projects by the name of "Expanding access to skilled birth attendance through CMWs" and "Saving mothers and newborns in communities"

During the meeting, the participants were sensitized about the goals, objectives and

key activities of the two projects and a general understanding of the tasks ahead was developed. The participants discussed and gave their inputs in the ToRs developed for the consultant who will carry out literature review, situational analysis and finally develop a synthesis paper. The synthesis paper would be based on literature review and situational analysis conducted by the same consultant. This synthesis paper will highlight key bottlenecks in the CMW programs of each province identified through the various studies (published/unpublished) and extensive discussions with health stakeholders. The synthesis paper will be published and high quality advocacy material would be developed for lobbying with the policy makers in the government.

Finally, the province-specific strategic roadmaps will be developed to provide a framework for future strategies to address the challenges being faced by the CMW component of the MNCH Programme.

The strategic roadmaps will guide implementation across various operational levels so that policy drawn at the provincial level can be carried out at the district and community levels. PPI

## 2 QUETTA Daily Mirror Monday, Aug 05, 2013

# CMWs to play their due role in reducing MMR: Speakers

QUETTA: The first meeting of Technical Working Group (TWG) on Maternal, Neonatal and Child Health (MNCH) was held here at a local hotel. The meeting is part of the project which aims to expand access to skilled birth attendance by focusing to address the gaps in the policy and practice of Community Midwives (CMWs) already trained under a component of the MNCH program Pakistan. The effort involves the strategy of involving the government officials at two levels that is a; TWG which would look into all the technical aspects of the policy & practice and b; the

Provincial Steering Committee (PSC) which will review the recommendations from TWG discuss, endorse and present its view to the government. PSC

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Finally, the province-specific strategic roadmaps will be developed to provide a framework for future strategies to address the challenges being faced by the CMW component of the MNCH Programme. The strategic roadmaps will guide implementation across various operational levels so that policy drawn at the provincial level can be carried out at the district and community levels.-- Mirror Report.

## Meeting of Technical Working Group Held on August 24, 2013

**QUETTA** Tuesday, August 27, 2013 **Daily Mirror**

**Meeting of Technical working group on Maternal, Neonatal & Child Health**

Newspaper, Daily Mirror  
27<sup>th</sup> August 2013

# Second meeting of TWG on Maternal, MNCH, consultative workshop

QUETTA: Second meeting of Technical Working Group (TWG) on Maternal, Neonatal and Child Health (MNCH) and consultative workshop with provincial health department stakeholders was held this weekend in a local hotel.

The meeting is part of the project which aims to expand access to skilled birth attendance by focusing to address the policy gaps in the Community Midwives (CMWs) component of the MNCH program Pakistan. The meeting was attended by diverse stakeholders of health department and they thoroughly discussed as to why CMWs are not catering the services which they were meant to cater.

Speaking on the occasion, Prof. Aisha Siddiqa said that it's high time to learn from our experiences in the field and do something which is evidence based for bringing about policy improvements so that the students who are supposed to work after

completion of their course actually do that. She specifically mentioned that the trust of community need to be build first and the CMWs need to be properly introduced to the community so that they don't just ignore their role by looking at their young age. She also stressed the need of some amendments in the age and education for CMWs during their selection. Dr. Rafique Mengal from the MNCH program also presented an overview of the current status of the CMW program so as to inform the opinion of the participants on the current on-ground situation. During the meeting, Dr. Shahzad Ali Khan from Health Services Academy Islamabad carried out group work by asking the participants to come up with their suggestions on CMWs in three categories i.e. Group I: Entry level issues, Group II- Performance Level Issues and Group III-Exit/Attrition level issues. There were

valuable inputs from the participants which will be documented in the form of a synthesis paper which in turn would work as a live document for all stakeholders to work in the field of CMWs. The same consolidated suggestions would be placed before the Provincial Steering Committee to recommend those policy recommendations to the government for approval and implementation. Project Manager of "Saving mothers and newborns in communities", Ahmed Ullah also gave a brisk project update of the Child Survival and Health Grants Program implemented by Mercy Corps in Quetta, Kech and Gwadar. The project aims to focus on deployment of private sector CMWs in the communities to improve access to quality maternal and new-born services & improved healthcare seeking practices and hence contribute in reducing the maternal and child deaths. PPI

**Technical Working Group Meeting held on August 24, 2013**

**Meeting of Technical Working Group**

Held on August 24, 2013  
Newspaper, Daily Awam Quetta 25<sup>th</sup> August 2013



**Chairperson Dr. Aisha Siddiqa and Dr. Saeedullah addressing the MNCH Technical Working Group Meeting organized by Mercy Corps in collaboration with Health Department.**

### Technical Working Group Meeting held on August 24, 2013

#### Corrective measures have been taken to control high maternal mortality rate

Quetta (staff reporter) Technical Working Group meeting was held, chaired by Dr. Aisha Siddiqi where Mr. Shoab, Mr. Dawood Mr. Naseer Hamal, Dr. Essa, Dr. Nabeela and other health experts also participated. Health Experts said that MMR in Balochistan is much higher as compared to the others provinces. So World Bank has taken steps to control it. Mercy Corps has also started its project. Mercy Corps and Department of Health will lead the program. Both are doing efforts to give CMWs technical trainings and make them aware of latest methods. Experts said that it is needed to change the misperception about the CMWs and also suggested to make some changes in CMWs training, benefits should be provided in terms of residence and transportation to CMWs. Loan should be provided to them so they can continue their Mission.



## Meeting of Technical Working Group

Daily Mashriq Quetta 25<sup>th</sup>  
August 2013



## Mother and Newborns can be saved by providing the technical training to Community midwives (CMWs) said by Dr. Aisha Siddiq

We have to play our role to creating awareness and and empowering women in our society

Dr. Aisha Siddiq, Chairperson Technical Working Group, said that MMR can be reduced by generalizing CMWs training and by safe delivery methods. Raising awareness in society and providing benefits to those women who are affiliated with the midwifery occupation, will help reduce dangers associated with mothers and newborns in natal cases. She expressed her opinion in second Technical Working Group meeting of Saving Mothers and Newborns in Community's Project. On this occasion Dr. Saeedullah Khan, Dr. Shoaib, Andrea Cutherell, Sr. Technical Health Advisor, Mr. Rafiq Mengal Deputy Program Coordinator MNCH, Rafiq mangel and other Health experts gave their suggestions to overcome the predictable socio-economic barriers and government related challenges for project's successful accomplishment. They also gave suggestions for determining the solutions for problems may be faced during the CMW training and selection phase. Doctors, nurses, and the participants, linked with the Midwifery occupation, gave their suggestions through group work.

## Meeting of Technical Working Group held on August 24, 2013

News paper, Daily Zamana Quetta News paper,  
25<sup>th</sup> August 2013



Chairperson Dr. Aisha Siddiqa and Dr. Saeedullah are addressing on the MNCH Technical Working Group meeting organize by Mercy Corps in collaboration with Health Department Balochistan.

PSC meeting held on 11<sup>th</sup> March 2013

The First English Daily of Balochistan

# THE BALOCHISTAN TIMES

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## Steering Committee upset over increasing deaths of mothers during delivery

BT City Report

QUETTA: The Provincial Steering Committee on mother and neonatal health has expressed its deep concern over the increasing number of deaths of women due to the pregnancy-related causes in Balochistan.

This concern was expressed by the Committee during its meeting held with the deputy Speaker Balochistan Assembly, Dr. Fozia Nazeer Marri in the chair here the other day.

The meeting was attended by the Provincial Secretary for Health, Naseebullah Khan Bazai, Director General Health Services, Dr. Naseer Baloch, Chairperson of Technical Working Group of MNH Balochistan, Dr. Ayesha Siddiqua and other concerned officials. The meeting decided to approve the drugs prescribed by

the World Health Organization (WHO) to stop bleeding in mothers after delivery as well as to include it in the syllabus of the nurses and midwifery so that they are able to perform well in the situation.

During the meeting, Dr. Saeedullah Khan briefed the participants about the main points of the third session while Dr. Ayesha Siddiqua informed about the progress made in the TWG.

Director General Health Services on the occasion said that he deems it good project to reduce the maternal mortality rate in the province.

Dr. Fozia Marri appreciated the efforts of TWG members in this regard and especially the work done by Dr. Ayesha Siddiqua. She said that the team has worked keenly for preparation of the policy

statement and the related documents, which would be made part of the midwife and delivery. This would yield good results in future, she maintained. It may be mentioned here that the number of deaths of women of childbearing age (during pregnancy, labour or within six weeks after childbirth) in the recent years was 88 for Balochistan, with 74 from rural and 14 from urban areas<sup>23</sup>.

During the period the number of live births in the Balochistan sample was 12,685. The total adult (15 years+) mortality was 1,269 (659 male and 610 female).

The estimation of the Maternal Mortality Ratio (MMR), number of deaths of women of due to pregnancy-related causes per 100,000 births, requires a large sample size to get good results.



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Program

**4 WEEKS  
CURRICULUM  
For  
Refresher Course  
Of  
Community  
Midwives**

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## ACRONYMS

AIDS	Auto-Immune Deficiency Syndrome
AMTSL	Active Management of Third Stage of Labor
ANC	Ante-Natal Care
APGAR	Appearance, Pulse, Grimace , Activity , Respiration
APH	Ante-Partum Hemorrhage
ARI	Acute Respiratory Infection
BF	Breast Feeding
CBO	Community Based Organization
CMWs	Community-based Wives
DHQ	District Headquarters
DHS	Demographic and Health Survey (Government of Pakistan)
DoH	Department of Health
EDD	Expected Date of Delivery
EPI	Expanded Programme on Immunization
EmONC	Emergency Obstetric and Neonatal Care
FP	Family Planning
GDM	Gestational Diabetes Mellitus
GoP	Government of Pakistan
HIV	Human Immunodeficiency Virus
IMNCI	Integrated Management of Neo-natal and Child Illness
IPC	Inter-Personal Communication
IUCD/IUD	Intra-Uterine Contraceptive Device
LBW	Low Birth Weight
LHS	Lady Health Supervisor

LHV	Lady Health Visitor
LHW	Lady Health Worker
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
MUAC	Mid Upper Arm Circumference
MVA	Manual Vacuum Aspiration
NGOs	Non-Government Organizations
NMNCHP	National Maternal Neonatal and Child Health Program
NNC	Neo-Natal Care Board
OBGY	Obstetrics and Gynecology
OPD	Out Patient Department
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
P&D	Planning, Evaluation and Development Department
PAC	Post Abortion Care
PET	Post Eclamptic Toxemia
PNC	Post Natal Care / Pakistan Nursing Council
PPH	Post-Partum Hemorrhage
UN	United Nations

## BACKGROUND

Pakistan has one of the highest maternal mortality ratios amongst the other South Asian countries. According to DHS 2007 estimates, in Pakistan, only 34 percent<sup>1</sup> of births take place in a health facility: 11 percent are delivered in a public sector health facility and 23 percent in a private facility. Three out of five births (65 percent) take place at home with a majority of mothers saying the main reason they did not deliver their most recent baby in a health facility is because it is not necessary. The majority of women (57 percent) believe it is not necessary to give birth in a health facility, while 38 percent say that it costs too much, 7 percent mention that delivery in a facility is not customary, and 7 percent said that they did not deliver in a facility because it was too far away or that there was no transportation. In addition, 4 percent of women mentioned that the facility was not open. Less than two-fifths (39 percent) of births take place with the assistance of a skilled medical provider (doctor, nurse, midwife, or Lady Health Visitor). Traditional birth attendants assist with more than half (52 percent) of deliveries, while friends and relatives assist with 7 percent of deliveries. The internationally accepted figures state that 85% of all births can be handled or conducted safely by properly trained midwives and only 15% of women will develop complications which will require higher level of professional skills. Therefore, most of the countries in the world have lowered their maternal mortality through wider involvement of the professional midwives. The same best practice has been replicated in Pakistan and there is a joint consensus among Government, UN agencies, International NGOs and stakeholders that there is a need for training competent midwives/skilled birth attendants, who can promote safe motherhood within the communities and avert maternal death and morbidity.

In 2006 the Government of Pakistan (GOP), through the National Maternal, Newborn and Child Health (NMNCH) Program, introduced a new cadre of healthcare provider – the community midwife (CMW). The CMWs are women selected from their home

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<sup>1</sup> <http://www.measuredhs.com/pubs/pdf/FR200/FR200.pdf>

communities who, after completing an 18 month midwifery course developed jointly by the Ministry of Health (MoH) and UNFPA, are deployed back to their home communities to practice. The training involves extensive clinical practice including conducting at least 25 normal deliveries. Trained CMWs are registered and regulated under Pakistan Nursing Council (PNC). The MOH planned to support these qualified and registered CMWs in establishing their own home-based private practices in the communities, catering to a population of approximately 5,000 individuals (total population). They were to be supervised by the District Department of Health (DOH) in coordination with the LHW program, and backed by referral linkages with Emergency Obstetric and Neonatal Care (EmONC) facilities in the district.

In June 2011, however, the National (Federal) MOH was abolished, and its responsibilities devolved to the provincial DOHs, including planning and resource allocation for the provision of preventive and curative healthcare. In the aftermath of devolution, the provinces will continue to receive some financial assistance from the Planning and Development (P&D) Division of the Federal Government through 2014. However, the provinces are now primarily responsible for developing and funding their strategic plans and programs, some of which, including the NMNCH Program, ended in June 2012 although the existing MNCH strategy is budgeted through 2015.

Consequently, the Technical Working Group, Provincial DOH in Baluchistan identified the need to further strengthen the teaching skills of the CMW Tutors, so as to ensure the efficacy and efficiency of the quality training for CMWs.

## OBJECTIVES OF THE 4 WEEKS REFRESHER COURSE FOR CMWS

This four week refresher course is meant for the CMWs whom have already completed their 18 month curriculum and passed the National Examination Board (NEB). The goal of 4 week refresher training for this cadre of health care providers is to bring their skills up to the minimum competency standards set by the PNC (knowledge and practical) for the Community Midwifery Education Program, in order to improve maternal and child health services in communities residing in rural settings of Pakistan. The training course is in accordance to the local traditions, cultural values, norms and beliefs which prevail within the communities.

The course is based on the PNC approved 18 month curriculum; and emphasizes the skills that have the greatest impact on health and newborn mortality. The topics span provision of care during ante-natal, natal and post natal period of women, birth spacing, care of the newborn and integrated management of neonatal and childhood illnesses (IMNCI). Nutrition will be emphasized across the maternal to child health care continuum.

After the successful completion of the refresher training, the trained midwife will be expected to perform the duties, according to her job description, and in accordance to the minimum core competencies required for community midwifery. This will include the proper management of the pregnant women, mothers and infants in her respective catchment areas. She will be able to identify the abnormal and emergency obstetrical, neonatal and child health conditions and provide emergency first aid care to stabilize the condition of the patient and urgently refer to the appropriate tertiary care facility with a skilled gynecologist and medical specialist.

The refresher training course will enable the trained qualified midwives to make a positive impact on the maternal and child health situation in Pakistan and will contribute to lower the high maternal and infant mortality rates.

## COMPOSITION OF THE 4 WEEK CMW REFRESHER COURSE CURRICULUM

The 4 week community midwives refresher training curriculum will comprise of the following:

1. Module-wise teaching strategies for the CMW Tutors
2. Module-wise list of supplies / materials required
3. Unit wise Pre and Post competency assessments
4. Observational Checklist for Assessment
5. Sample of group works, case studies, case scenarios and role plays
6. Feedback Form

Below is the suggested timeline for the refresher course, but each CMW tutor should adapt this to the specific needs of her students.

### Time Distribution of Topics for 4 Week Refresher Course Based On Revised Midwifery Curriculum

The Refresher Course will be for 4 weeks = 24 days / 10 hrs.

S. No	Description	Theory	Practical		Total Hours
			Skill Lab / Group Work	Hospital / Community	
1	Theory	33			33
2	Practical		98	109	207
3	Total	33	207		240
4	Percentage of Training Hours	17%	83%		

S. No	Topic	Theory	Practice		Total Hours
			Skill Lab / Group Work	Hospital / Community	
<b>Unit 1: Health, Maternal and Newborn health and Community Midwife</b>					
1.1	Health and health situation of mother and newborn and role of society and culture in MNCH	1	1	0	2
1.2	Safe motherhood and Pakistan's health system providing maternal and child health services	1	1	0	2

1.3	Community, Midwifery and Midwife's roles & responsibilities (linkage building, record keeping referral)	1	2	1	4
<b>Sub-Total</b>		<b>3</b>	<b>4</b>	<b>1</b>	<b>8</b>
<b>Total Hours</b>		<b>3</b>	<b>5</b>		<b>8</b>

S. No	Topic	Theory	Practice		Total Hours
			Skill Lab / Group Work	Hospital / Community	
<b>Unit 2: Foundation</b>					
2.2	Drugs relevant to Community Midwifery	1	2	2	5
2.3	Infection prevention	1	5	2	8
2.5	Community-based first level midwifery care	1	3	3	7
<b>Sub-Total</b>		<b>3</b>	<b>10</b>	<b>7</b>	<b>20</b>
<b>Total Hours</b>		<b>3</b>	<b>17</b>		

<b>Unit 3 Pregnancy, its complications and Ante-Natal Care (ANC)</b>					
3.1	Human reproduction	1	1	0	2
3.2	Nutrition of women (anaemia)	1	1	1	3
3.3	Preparing for pregnancy and Infertility	1	1	1	3
3.4	Physiological and psychological changes during pregnancy	1	1	1	3
3.5	Ante-natal care	1	6	10	17
3.6	Birth preparedness and emergency plan (Place of Delivery)	1	2	3	6
3.7	Bleeding in pregnancy	1	2	2	5
3.8	Hypertensive disorders of pregnancy	1	1	1	3
3.9	Pregnancy with infections	1	1	1	3
3.1	Pregnancy with Diabetes Mellitus	1	1	1	3
<b>Sub-Total</b>		<b>10</b>	<b>17</b>	<b>21</b>	<b>48</b>
<b>Sub-Total Hours</b>		<b>10</b>	<b>38</b>		<b>48</b>

<b>Unit 4 Labour and Childbirth, its Complications and Skilled Care during Labour</b>					
4.1	Principles of care during labour and birth	1	1	1	3
4.2	Physiology and management of First Stage Of Labour	1	9	10	20
4.3	Physiology and management of Second Stage of Labour	1	9	10	20

4.4	Physiology and management of Third and Fourth stages of Labour	1	9	10	20
4.5	Prolonged and obstructed labour	1	4	6	11
4.6	Post partum hemorrhage (PPH)	1	4	6	11
<b>Sub-Total</b>		<b>6</b>	<b>36</b>	<b>43</b>	<b>85</b>
<b>Total Hours</b>		<b>6</b>	<b>79</b>		<b>85</b>

<b>Unit 5 Newborn and Infant Health</b>					
5.1	Physiology and Requirements of Newborn	1	3	3	7
5.2	Essentials Of Newborn Care including Low Birth Weight (LBW), Hypothermia, Birth Asphyxia, Congenital Abnormalities Infections Feeding Disorders	1	6	10	17
5.3	Breast Feeding	1	1	3	5
5.4	Feeding Difficulties and Disorders	1	1	2	4
5.5	Development in the first year	1	1	2	4
5.6	Major newborn Illnesses and Community-Based Integrated Management Of Newborn (IMNCI) illnesses	1	6	10	17
<b>Sub-Total</b>		<b>6</b>	<b>18</b>	<b>30</b>	<b>54</b>
<b>Total Hours</b>		<b>6</b>	<b>48</b>		<b>54</b>

<b>Unit 6: Puerperium and Post Natal Care (PNC)</b>					
6.1	Physiology Of Puerperium	1	1	0	2
6.2	Postnatal Care and management of post-natal complications	1	4	4	9
6.3	Birth Spacing and Post- Abortion Care	1	4	3	8
<b>Sub-Total</b>		<b>3</b>	<b>9</b>	<b>7</b>	<b>19</b>
<b>Total Hours</b>		<b>3</b>	<b>16</b>		<b>19</b>

<b>Unit 7: Preparing for Professional Practice</b>					
7.2	Evidence-based decision making	1	2	0	3
7.3	Quality of care	1	2	0	3
<b>Sub-Total</b>		<b>2</b>	<b>4</b>	<b>0</b>	<b>6</b>
<b>Total Hours</b>		<b>2</b>	<b>4</b>		<b>6</b>

## ADVICE FOR THE MIDWIFERY TUTOR

This section comprises of suggestions to assist the Midwifery Tutor in conducting and evaluating the 4 week refresher course for the CMWs at the district level.

### Tips for the Midwifery Tutor

**(Refer to Effective Teaching, Supervising and Mentoring Slides in Annex)**

- Communication skills determine the success of the refresher course.
- Create a friendly environment with respect, trust, confidence and openness within the CMWs.
- Appropriate body language such as facial expressions, nodding of head, etc.; that encourage CMWs to continue speaking.
- Well versed in discussing the community challenges at the district and union council level.
- Good listener and is able to value the views, opinions, and experiences of the participants related to the topic.
- Appropriately and diplomatically deal with a sense of humor, the debate and conflict of ideas, if arise during discussions.
- Ask appropriate questions to encourage CMWs while performing the practical hands-on training.
- Summarize the key points prior to commencing the other topic.

## HOW TO USE THE PRE & POST TEST

1. The unit wise pre and post-tests will be conducted to assess the level of knowledge of each CMW.
2. The tutor will explain the method of attempting the pre and post – test, that the correct answer is encircled and in many instances, there can be more than one correct answer, in which case, all need to be encircled / marked.
3. The CMWs will be provided with the pre-test, prior to the commencement of the unit and post-test after completion of the unit.

4. The marking of each test will be entered in the *CMW Refresher Assessment Score* excel spreadsheet for pre and post – test comparative analysis. The Field Officer will also include the score for the Observational Checklist. This will enable to determine the baseline knowledge and compare it with the post-test result which will reveal any improvement / insufficiency / deficiency in the knowledge acquired by the CMWs.
5. It will be mandatory for all CMWs to score 75% and above marks in post-test and 75% score in the observational checklists in order to be certified for practicing midwifery in the community.

## UNIT 1

### MODULE 1.1: HEALTH AND MNCH SITUATION

**Time: 2 hours**

**Objective:** *By the end of this module, the midwife is able to describe:*

1. Definition of health and social factors affecting health (e.g. income, education, gender, status of women, nutrition including food security environment including water, sanitation and housing).
2. Role of society and culture in marriage, reproduction, childbearing, maternal and newborn mortality and morbidity burden in the local context and its direct and indirect causes.
3. Strategies required for reducing maternal and newborn mortality and morbidity including Safe Motherhood.

#### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

#### **Teaching / Learning Strategies:**

1. Discussion
2. Case studies

### Discussion - Module 1.1

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. Ask CMWs that what they understand by “Health”, and share the definition of health.</p> <p>b. Brainstorm the cultural and socio-economic factors</p>	<ul style="list-style-type: none"><li>▪ Manual Unit 1.2 &amp; 2</li><li>▪ Background in</li></ul>

	<p>that affect health.</p> <p>c. Suggest them to list; income, education, gender, status of women, nutrition including food security, environment including water, sanitation and housing as the key determinants of health in communities</p>	<p>curriculum</p> <ul style="list-style-type: none"> <li>▪ PDHS Pakistan 2012 – Key Findings (Annex 2 in the Curriculum)</li> </ul>
2	<p>a. Refer and relate that the society and culture are the major determinants for marriage, reproduction and childbearing</p>	<ul style="list-style-type: none"> <li>▪ Adolescents and youth Population Council, 2001-02 Summary Table (Annex 7)</li> <li>▪ Manual Unit 2.1</li> </ul>
3	<p>a. Brainstorm maternal and newborn morbidity and mortality in the local context.</p> <p>b. Enable them to list the direct and indirect causes of maternal and newborn mortality and morbidity, such as APH, abortion, Eclampsia, PPH, ARI, Diarrhea, Malaria, etc</p> <p>c. Explain the causes of maternal and newborn morbidity and mortality using three delays model.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 2.1</li> </ul>
4	<p>d. Brainstorm the strategies, such as ANC, PNC, PAC, IMNCI, ORT corners, etc; required for reducing maternal and newborn mortality and morbidity</p> <p>e. Suggest context specific strategies for reducing the three delays.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 2.1</li> </ul>
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
1	Use Group Work / Role play / Demonstration / Simulation as listed below:	<b>Use presentation handout:</b>

	<p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p>Refer to Annex: <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</p>
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**Case Studies – Module 1.1**

**1. Complications of Early Marriage**

Gulmeena is 13 yr. young girl residing in a district in Baluchistan province and keen to receive education. However, due to cultural constraints she is not allowed to go to school. Her parents are now committed to get her married and are desperately seeking for reasonable proposals. As a CMW how would you convince her parents by giving examples and explaining the complications of early marriage?

**2. Identify and explain the Three Delays in EmONC**

You have recently completed your training as a CMW and learnt that last week Raheema Bibi passed away during child birth. As a skilled birth attendant you want to know the exact cause of maternal mortality. The mother-in-law narrates that this was her 3<sup>rd</sup> child, while previously she had 2 normal deliveries conducted by TBA and assisted by her. Raheema Bibl was healthy during entire pregnancy and never sought any ANC. The labour pains started early morning and she went and immediately called the TBA. The severity of the pains increased but there was no

descend of the baby. Since the men were at work therefore they had to wait till 6.00 pm. On her father and brother-in-laws and husband arrival, they discussed the issue and around 10.00 pm. decided to take her to the hospital. Meanwhile, she became unconscious and started bleeding. The family men started looking for the transportation and were able to start off their journey to the hospital at 12.00 midnight. After 4 hours. travel when they reach the RHC, the WMO / LHV were not available, so they decided to continue their travel to reach the tertiary care hospital. Meanwhile, she remained unconscious, her pallor increased and heart rate became weak and slow. When they reached the hospital after a journey of 3 more hours, Raheema Bibi was gasping. The doctors examined her and rushed her to OT but unfortunately, she could not survive.

The doctors reported that she died due to hypovolemic shock because of ruptured uterus as the baby was a transverse lie. Explain the maternal mortality using three delays model.

### **3. Context specific strategy for reducing the three delays**

During the health education session at Shazadi's house, (7 months pregnant), as the CMW discuss with her mother-in-law and husband the consequence of any unexpected complication during child birth and delay during the first stage of labour. Advise them on possible solutions, given the distance involved to reach the tertiary care hospital, poor socio-economic conditions and lack of availability of transportation in late evening in their remote village.

## **MODULE 1.2: SAFE MOTHERHOOD, PAKISTAN'S HEALTH SYSTEMS & MNCH SERVICES**

**Time: 2 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe health systems existing in the country including public, private and alternate and the importance of linkages among health care providers.

2. Work with other health care providers to improve the quality of services to women and families.
3. Build linkages with existing health care providers, facilities, leaders and influential people in the community.

**Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

**Teaching / Learning Strategies:**

1. Interactive session
2. Discussion
3. Group work

**Discussion - Module 1.2**

S.No	Interactive Session / Discussion	Resource
1	a. Brainstorm the components of safe motherhood, such as ANC, PNC, PAC, breast feeding, family planning with associated maternal morbidity and mortality, such as; mal-presentation, APH, abortion, pre-eclampsia, PPH, etc.	<ul style="list-style-type: none"> <li>▪ Manual Unit 2.2</li> </ul>
2	a. Brainstorm and prepare a list of nearest public and private health facilities and NGOs / CBOs involved in MNCH in their catchment area.	<ul style="list-style-type: none"> <li>▪ Manual Unit 6.2</li> <li>▪ Linkages Development (Annex 8)</li> </ul>
3	a. Discuss and analyze the 1 <sup>st</sup> and 2 <sup>nd</sup> level of primary health care services within framework of safe motherhood.	<ul style="list-style-type: none"> <li>▪ Manual Module 2.2</li> </ul>
4	a. Assess the 1 <sup>st</sup> and 2 <sup>nd</sup> level of primary health care services within context of Safe Motherhood.	b. Manual

		Module 2.2
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>c. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Use presentation handout:</b></p> <p><b>Refer to Annex in the Curriculum:</b> <u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group Work – Module 1.2

#### 1. Components of Safe Motherhood & Related Morbidity

Divide the participants in 4 groups and provide them with marker and flip chart. Ask 2 groups to list down the components of safe motherhood while the other 2 groups are required to list the possible complications during pregnancy, child birth and post-partum period. Provide them 5 mins to share the group work with other participants.

#### 2. Linkages Development

Divide the participants in 2 groups and provide them with marker and flip chart. Ask 2 groups to list down the importance and advantages of developing linkages with WMO, Nurses, LHVs, LHW and TBAs in the community and at the hospital. The

second group is asked to prepare the list of dis-advantages of not establishing good linkages with WMO, Nurses, LHVs, LHW and TBAs in the community and at the hospital. Provide them 5 mins to share the group work with other participants.

### **3. Analyze PHC on the Framework of Safe Motherhood**

Divide the CMWs in 2 groups and provide them with flip chart and marker. Assign one group to brainstorm that what are the possible ways in which Government can improve the PHC services in the context of safe motherhood. The second group will brainstorm on the role of community in demand creation for improved PHC services on the framework of safe motherhood. Provide them 5 mins to share the group work with other participants.

### **4. Assess PHC for services related to Safe Motherhood**

Divide the CMWs in 4 groups and provide them with flip chart and marker. Assign one component of safe motherhood (ante-natal care, clean safe delivery, essential obstetric care and family planning) to each group and ask them to brainstorm within their respective groups that whether the current primary health care services in their respective catchment areas, are able to comprehensively offer these services.

## **MODULE 1.3: COMMUNITY, MIDWIFERY AND MIDWIVES ROLES AND RESPONSIBILITIES**

**Time: 4 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the principles of community-based midwifery care and the role of CMW.
2. Describe the referral mechanisms and resources required for effective referral (communication and transport) and its relationship to the continuum of care.
3. Guide families in making informed choices about their health, including the need for referral.

4. Refer timely and help families in arranging resources required for referral (communication and transport).
5. Describe the health (individual and community) assessment and its use in midwifery care.

#### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers
4. Stethoscope
5. BP Apparatus
6. Fetoscope

#### **Teaching / Learning Strategies:**

1. Interactive session
2. Group work
3. Simulation
4. Clinic and community placement

### **Discussion - Module 1.3**

<b>S.No</b>	<b>Interactive Session</b>	<b>Resource</b>
1	<ol style="list-style-type: none"> <li>a. Brainstorm the definition of community and list down the responses.</li> <li>b. Elaborate each relevant response and share the definition of “community”.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Orientation Module (Annex 9)</li> </ul>
2	<ol style="list-style-type: none"> <li>a. Brainstorm the roles of CMW in relation to Pakistan health system.</li> <li>b. Describe the principles of midwifery process.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Orientation Module (Annex 9)</li> <li>▪ Manual Unit 9.4</li> </ul>
3	<ol style="list-style-type: none"> <li>a. Brainstorm that what is the understanding of CMWs</li> </ol>	<ul style="list-style-type: none"> <li>▪ Manual Unit</li> </ul>

	<p>on their role in their catchment areas.</p> <p>b. Describe the functions of CMW to ensure safe motherhood.</p>	<p>2.3</p> <ul style="list-style-type: none"> <li>▪ SoW of CMW Curriculum</li> </ul>
4	a. Brainstorm the possible complications which require referral during ante-natal, child birth and post-partum period.	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.8</li> </ul>
5	a. Brainstorm and list the elements of effective referral	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.8</li> </ul>
6	a. Group work to take appropriate steps for timely referral and follow during ante-natal and post-natal period of mother and newborn.	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.8</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>e. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>f. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group Work – Module 1.3

### 1. **Appropriate steps for Effective Referral**

Divide the CMWs in 4 groups and provide them with marker and flip chart. Each group will discuss the effective referral and assign group 1, 2 and 3 to discuss the role of midwife, women and her family members and the community, respectively in making effective referral. Each group will share the presentation with other participants.

### **Simulation – Module 1.3**

1. One CMW should act as a patient who needs urgent referral due to APH. The other CMW should act as a midwife who examines the patient prior to referral and convinces her family members for urgent referral and also ensures that all the necessary steps have been taken for effective referral.

## UNIT 2

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### MODULE 2.2: DRUGS RELEVANT TO COMMUNITY MIDWIFERY

**Time: 5 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe drugs related to community midwifery including locally available home remedies and manage the relief of common discomforts of pregnancy using WHO recommended life-saving drugs as approved at country level for use by a midwife / CMW to women in need.
2. Describe the WHO recommended drugs for use during pregnancy including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of pregnancy.
3. Provide health education on effects of smoking, chewing tobacco, beetle nuts, alcohol abuse, illicit drugs and relief of common discomforts related to maternal and child health.
4. Explain the 5 steps of medicine intake in the community health education sessions.

#### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers
4. Sponge balls / Oranges

#### **Teaching / Learning Strategies:**

1. Discussion
2. Group work
3. Role play

4. Visit to Pharmacy
5. Interactive Lecture
6. Simulations
7. Administration of at least 10 IM injections and TT vaccination

### Discussion - Module 2.2

S.No	Discussion	Resource
1	a. Discuss the importance of rational use of medicines.	<ul style="list-style-type: none"> <li>▪ Drugs used in Midwifery Annex 11</li> </ul>
2	a. Discuss using the examples of drugs presented in group work, the classification and groups of essential drugs on the basis of symptoms, which are used in midwifery for care of mothers and newborn in Pakistan.	<ul style="list-style-type: none"> <li>▪ Drugs used in Midwifery Annex 11</li> <li>▪ List of supplies in CMW bag Annex-12</li> </ul>
3	<p>a. Describe principles of drug safety including storage, expiration dates and cold chain systems and security.</p> <p>b. Arrange for the visit of pharmacy that CMWs can observe the drug administration and dispensing in clinical settings.</p> <p>c. Discuss the adverse effects, contraindications and management of medicine in relation to trimester of pregnancy.</p>	<ul style="list-style-type: none"> <li>▪ Drugs used in Midwifery Annex-11</li> </ul>
4	a. Provide the CMWs with sponge balls / oranges to practice injection administration.	<ul style="list-style-type: none"> <li>▪ Drugs used in Midwifery Annex-11</li> </ul>
4	<p>a. Brainstorm and list the types of common drug abuse in community settings.</p> <p>b. Describe the effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drug use on the</p>	<ul style="list-style-type: none"> <li>▪ Drugs used in Midwifery Annex-11</li> </ul>

	pregnant mother and baby.	
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>g. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>h. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to the Annex in the curriculum &amp; Use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

## Group Work– Module 2.2

### 1. The Classification and Groups of Essential Drugs

Divide the CMWs in 2 groups and provide them with flip chart and markers.

Assign the tasks to the groups as follows:

Group 1: List the names of common drugs known to them, and are being used for various symptoms in mothers and newborns in community.

Group 2: List the responsibilities of a midwife while prescribing and administering drugs.

## Role Play – Module 2.2

### 1. The Adverse Effects, Contraindications and Steps for Medicine Intake

Conduct Role play in which 3 CMWs will participate. One will act as a pregnant

woman and the two others will be midwives advising her on 5 steps of medicine intake.

## MODULE 2.3: INFECTION PREVENTION

**Time: 8 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the methods of infection prevention and control.
2. Take measures to prevent infection prevention during and after child birth.

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers
4. Delivery instruments
5. Pair of gloves
6. Soap
7. Syringe and Cutter
8. Utensils for infection prevention
9. Bleach

### **Teaching / Learning Strategies:**

1. Discussion
2. Group work
3. Interactive Lecture
4. Role Play
5. Interactive Lecture
6. Simulations
7. Clinic and Community

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. Discuss the relation of infections to ill health.</p> <p>b. Conduct group work to identify sources of infection and their prevention during pregnancy and child birth and describe using the examples from the group work presentations.</p>	<ul style="list-style-type: none"> <li>▪ Infection Control Management Project, Volume 10: Basic Rules for Community Midwives to Prevent Infections (Annex 13)</li> </ul>
	<p>a. Brainstorm and list down the responses on how to wash hands.</p> <p>b. Describe using chart the appropriate steps on how to wash hands for infection prevention.</p> <p>c. Conduct role play to demonstrate how to wash hands for 3 minutes.</p>	<ul style="list-style-type: none"> <li>▪ Infection Control Management Project, Volume 10: Basic Rules for Community Midwives to Prevent Infections (Annex 13)</li> </ul>
	<p>a. Describe the appropriate use of gloves, mask, syringes, etc.</p> <p>b. Explain the cleanliness, infection prevention and disinfection of birth place and delivery instruments and items used during child birth.</p> <p>c. Conduct Role play to prepare the place for home delivery following steps of infection prevention.</p>	<ul style="list-style-type: none"> <li>▪ Infection Control Management Project, Volume 10: Basic Rules for Community Midwives to Prevent</li> </ul>

		Infections (Annex 13)
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>i. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>j. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to the Annex in the curriculum &amp; Use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group Work / Role Play – Module 2.3

#### 1. Source of Infection & Its Prevention

Divide CMWs in 2 groups for group work and assign the following topics:

Group 1: Sources of infection during pregnancy and child birth.

Group 2: Measures for infection prevention during pregnancy and child birth.

Allow them to share their presentations with other participants in 10 mins.

#### 2. Hand Washing for infection prevention.

Conduct role play to demonstrate how to wash hands for 3 minutes for effective infection prevention.

### 3. Prepare the Place for Home Delivery

Invite 4 CMWs and assign them the task to prepare the birth place, in light of infection prevention. Also demonstrate the disinfection of delivery instruments and items used during child birth following all steps of infection prevention

### 4. Prepare 0.5% Disinfectant Solution

Invite 3 CMWs to prepare the 0.5% disinfectant solution for home delivery.

## MODULE 2.5: COMMUNITY BASED FIRST LEVEL MIDWIFERY CARE INCLUDING FIRST AID

**Time: 7 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. List steps of assessments of vital signs and components of midwifery care to women (Obstetric & Gynecological).
2. Provide midwifery care to women (Obstetric & Gynecological) by correctly taking and recording vitals.
3. Describe the steps necessary for assessment and maintaining airway, breathing and circulation for a person requiring emergency care.
4. Manage a person requiring emergency care by correctly assessing and taking necessary steps to maintain airway, breathing and circulation.
5. Describe the principals of immediate care for common medical emergencies e.g bleeding, burns, fractures, choking and loss of consciousness.
6. Manage common medical emergencies e.g bleeding , burns, fractures, choking and loss of consciousness

### Resources / Materials Needed

1. Flipchart papers
2. Stand
3. Board Markers
4. Stethoscope
5. BP Apparatus

6. Thermometer
7. Fetoscope
8. Urine Sugar Testing Reagent
9. Surgical Gloves
10. Syringe
11. Catheter and JMS Bag
12. Nursing record and register
13. Weighing Machine
14. Measuring Tape / Height Scale

**Teaching / Learning Strategies:**

1. Interactive Lecture
2. Discussion
3. Group work
4. Simulation
5. Demonstration
6. Practical in emergency ward

**Discussion - Module 2.5**

S.No	Discussion	Resource
1	a. Brainstorm and list the major vital signs and the ways to assess them. Refer to the responses and discuss inspection, palpation, auscultation, BP measurement, pulse taking, percussion and weight and height measurement. b. Divide in 5 groups and assign the group work.	<ul style="list-style-type: none"> <li>▪ Fundamentals of Midwifery Annex - 14</li> </ul>
2	a. Brainstorm the common medical emergencies which require immediate care. List and describe bleeding, burns, fractures, choking and loss of consciousness. b. Discuss the management of emergency care.	<ul style="list-style-type: none"> <li>▪ First Aid Annex 16</li> </ul>
S.No	PRACTICAL SESSION	Resource

2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to the Annex in the curriculum &amp; Use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</li> </ul>
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## Group work / Role Play– Module 2.5

### 1. Steps of Assessment of Vital Signs

Divide the CMWs in 5 groups and assign 2 CMW to each group to act as patients. The groups will perform the following tasks on their respective patients and record findings for sharing with other participants:

Group 1 = Inspection including Weight and Height

Group 2 = Palpation and Pulse recording

Group 3 = Auscultation and Respiratory Rate Recording

Group 4 = Percussion

Group 5 = Record BP

Allow 10 minutes to each group to share their findings.

### 2. Process of Catheterization

Invite 2 participants and one will act as a patient and the other as the CMW. The CMW will show the catheter to the patient, explain the procedure of catheterization and seek her consent. The patient is reluctant and will ask relevant questions to

overcome her fear and apprehensions.

### **3. Wearing Gloves**

The CMW Tutor will demonstrate wearing of surgical gloves. Each CMW will then practice for 5 – 10 minutes on how to wear the gloves appropriately. The Tutor will supervise and advise, accordingly.

### **4. Recording the Nursing Notes**

Invite one CMW to perform the role of tutor and instruct the class on how to write the nursing notes. She should also demonstrate and teach the filling of nursing forms.

### **5. Pressure points in the Human Body**

All the CMWs are divided in 5 groups and are asked to draw the sketch of pressure points in the human body to control bleeding. The Tutor will supervise and will advise corrections during the group presentations.

### **6. Degree of Burns and Its Management**

Divide the participants in 3 groups and assign the following topics:

Group 1 = 1<sup>st</sup> degree

Group 2 = 2<sup>nd</sup> degree

Group 3 = 3<sup>rd</sup> degree

### **7. Life Saving Techniques During Emergency care**

Make pair of the students and allow them to practice the following. The CMW Tutor should guide and supervise:

- ❖ Handling patient with possible spine and neck injury. Maintain the recovery position of such patient.
- ❖ Back blows in conscious patient of choking and in children under 5 years.
- ❖ Back blows in un-conscious patient of choking and in children under 5 years.
- ❖ Abdominal Thrust in case of choking.
- ❖ Head Tilt – Left Chin Maneuver
- ❖ Cardio-Pulmonary Resuscitation

## Practical -- Module 2.5

The following items will require practical work during ward and group work.

### **Items for Group Work:**

1. Collection of urine sample for blood sugar
2. Collection of stool specimen
3. Application of splint and sling
4. Dressing on small wounds and abrasions on arm, leg and head.

### **Items for Ward / Hospital work:**

1. Catheter insertion under supervision in labor room / Gynae ward.
2. Tour of OT and recovery room to understand nursing care.
3. Tour of the ward to observe the patients file and record keeping.
4. Hand washing in the surgical area with surgical scrub.
5. Catheter Insertion and Observation of Episiotomy procedure
6. Observation of burn wound if any case is available in the ward.

## UNIT 3

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### MODULE 3.1: INTRODUCTION TO HUMAN REPRODUCTION

**Time: 2 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. List the changes that occur in women at time of puberty and menopause
2. Relate the phases of the menstrual cycle with ovulation
3. Describe the process of human reproduction , conception and early development of the embryo
4. List the main functions of placenta , membranes and umbilical cord
5. Describe the factors influencing fetal development



#### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Urine, Amniotic fluid, water collection jars.
5. Surgical Gloves
6. Large forceps / clamps
7. Container for placenta



#### **Teaching / Learning Strategies:**

1. Interactive Lecture
2. Discussion
3. Group work
4. Group work in skill lab
5. Demonstration
6. Visit to Labor Room

## Teaching Strategies

S.No	CLASSROOM SESSIONS	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest and use formative assessment throughout module.</p> <p>c. Give time for students to reflect and use own experience and learned knowledge to</p> <ul style="list-style-type: none"> <li>❖ List the changes that occur in women at time of puberty and menopause,</li> <li>❖ The phases of the menstrual cycle with ovulation,</li> <li>❖ The process of human reproduction, conception and early development of the embryo,</li> <li>❖ The main functions of placenta, membranes and umbilical cord and</li> <li>❖ The factors influencing fetal development.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists on White board/ Flip Chart. Ask class to suggest additions to list).</b></p> <p>d. Refer to the responses and discuss using Manual Unit 3.1</p>	<p>Manual Unit 3.1 Human Reproduction</p> <p><b>Refer to Annex in the Curriculum for Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>. <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	Use Group Work / Role play / Demonstration / Simulation as listed below:	<b>Refer to Annex in the Curriculum</b>

	<p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>c. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.  <b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>and Use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>
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**Group work / Role Play**

**Group work 1: The process of early development of the embryo**

Make 4 groups, each comprised of 3 – 4 students. Write a different gestational period for each group on cards and provide one card to each group. Each group will discuss and share with the class, the development of fetus at that particular gestational period. The group will also elaborate the chances of survival, if the fetus is delivered in that gestational period.

**Group work 2: Female Pelvis**

The students are divided into two groups:

Group 1: Students will draw and label the normal female pelvis.

Group 2: Students will describe the abnormalities of the female pelvis and associated complications during child birth.

**Role play: – Factors influencing fetal and infant development**

Identify 3 students for each role play. One will be assigned the role of mother-in-Law,

second, the pregnant woman and third would be the CMW. The CMW is describing the internal and external factors that influence the fetal development.

### **Group Work / Demonstration in skill lab - Placenta and Amniotic fluid**

Take the CMWs to labor room. Divide in two groups. Group 1 will be given a fresh placenta to examine. Group will brainstorm the various functions of a placenta, its membranes and the umbilical cord and each member will relate the importance of one function each. Group 2 will be collect and examine fresh amniotic fluid and will explain the difference in smell and color from normal urine and water.

## **Practical Work**

The following items will require practical work during ward and class work.

### **Items required during ward**

- ❖ Tour of labor room to collect samples
- ❖ Collection of Amniotic fluid sample for comparison
- ❖ Collection of fresh Placenta with umbilical cord specimen

### **Items required during class work**

- ❖ Collection of urine sample for comparison

## **MODULE 3.2: NUTRITION OF WOMEN**

**Time: 3 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Relate the essential elements of a balanced diet to their use by the body.
2. Describe the importance of nutrition and nutritional requirements of the baby and women before, during and after pregnancy.
3. Assemble a balanced diet for a woman before and during pregnancy using food models from all four food groups

4. Assess nutritional status of women before, during and after pregnancy and prepare nutritional plan using food from all four groups
5. Advise appropriate diet to anemic women



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. MUAC Tape
5. Weight / Height Board



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Simulation
6. Demonstration
7. Observation and practice in Antenatal clinic / OPD

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b> b. Take pretest. Use formative assessment	<ul style="list-style-type: none"> <li>▪ Manual Unit 3.6: Nutrition.</li> </ul> <b>Refer to Annex in the Curriculum to use Presentation</b>

	<p>throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ List the essential elements of a balanced diet and explain their use by the body.</li> <li>❖ Explain nutritional requirements of the woman and baby before, during and after pregnancy.</li> <li>❖ Explain food models and how to make a balanced diet for a woman before and during pregnancy</li> <li>❖ Explain how to assess the nutritional status of women before, during and after pregnancy</li> <li>❖ Explain the appropriate diet for an anemic woman</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to list).</b></p> <p>d. Refer to the responses and discuss using Manual Unit 3.6</p>	<p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for</p>

	<p>presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p>implementation of session.</p>
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### Group work / Role Play

#### **Group Role Play: Nutritional Counseling.**

Make two groups. In group one assign 3 participants; a student will play the role of a CMW going to the house of a pregnant woman and explain the importance of nutrition during pregnancy, to her and her mother-in-law. The other two CMWs will play the role of a pregnant woman and mother-in-law respectively.

In group two, assign 2 participants from the group. One will play the role of a lactating mother who is eager to learn about her nutritional requirements. The other will play the role of a CMW who will council the women regarding the mothers' appropriate nutritional requirements as well as incorrect myths and community taboos regarding what to eat and not eat during lactation.

#### **Group Role Play – Iron deficiency Anemia / Gestational Diabetes**

Make two groups. In group one assign 3 participants; a student will play the role of a CMW going to the house of a pregnant woman with Gestational Diabetes and explain the condition and the appropriate nutrition for her during pregnancy, to her and her mother-in-law. The other two CMWs will play the role of a pregnant woman and mother-in-law respectively, and who do not have any knowledge of diabetes.

In group two, assign 2 participants from the group. One will play the role of a pregnant woman who is anxious about her very pale color. The other will play the

role of a CMW who will assess the woman, do a full check-up and tell the woman that she has anemia. The CMW will explain the signs and symptoms of her condition and counsel the women regarding appropriate nutritional requirements during pregnancy and lactation.

### Practical Work

The following items will require practical work during ward and clinical session.

#### Items for Group Work:

- ❖ MUAC Tape
- ❖ Weight / Height Board

Tour of Antenatal Clinic/OPD/Gynae ward:

- ❖ Clinical trainer will demonstrate the assessment of signs and symptoms of malnutrition in pregnant as well as lactating mothers and newborn babies. Appropriate use of MUAC tape and Weight/Height board will be explained.
- ❖ Each CMW will use MUAC tape on one child / mother.
- ❖ Each CMW will be asked to demonstrate appropriate counseling to one mother according to her own / babies symptoms

## MODULE 3.3: PREPAREDNESS FOR PREGNANCY & INFERTILITY

**Time: 3 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the requirements of the mother and newborn in parenthood (physical, social , emotional and economic)
2. Relate these parenthood requirements to the roles and responsibilities of husband and family
3. Describe infections (urinary tract infection and sexually transmitted) commonly occurring in the community /country and their signs and symptoms.

4. Common acute and chronic diseases that present risks to a pregnant woman and the fetus (e.g., HIV, TB, malaria) and their signs and symptoms
5. Summarize the health education needs of mother before, during and after pregnancy ( signs of normal pregnancy parent craft, motherhood, family planning, nutrition, hygiene, rest and work).
6. Provide health education to women about normal pregnancy, parent craft, motherhood, need for family planning, nutrition and balanced diet, sexual health, ill effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drugs and violence
7. Differentiate between the two types of infertility and list their common causes
8. Guide a woman in case of infertility.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case histories



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Simulation
6. Case scenario
7. Demonstration
8. Observation and practice in Antenatal clinic / OPD

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1		▪ Manual Unit 3.5,

	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Describe the requirements of the mother and newborn in parenthood (physical, social , emotional and economic)</li> <li>❖ List the roles and responsibilities of husband and family in relation to caring for mother and child.</li> <li>❖ Describe urinary tract infection and sexually transmitted infections and their signs and symptoms.</li> <li>❖ Describe HIV, TB and malaria and explain their signs and symptoms</li> <li>❖ What are the health education needs of mother before, during and after pregnancy?</li> <li>❖ Differentiate between the two types of infertility and list their common causes</li> <li>❖ Explain how to guide a woman in case of infertility.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to list).</b></p> <p>d. Refer to the responses and discuss using Manual Units 3.5, 4.5, 5.3, 5.5 &amp; 7.3.</p>	<p>4.5, 5.3, 5.5 &amp; 7.3</p> <p><b>Refer to Annex in the Curriculum to use Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
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S.No	PRACTICAL SESSION	Resource
2	<p>a. Use Group Work / Role play / Demonstration / Simulation as listed below: <b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>b. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>c. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b> <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

#### **Group Role Play: Infection Prevention**

Make two groups. In group one assign 2 participants; a CMW will play the role of a mother who is one week post-natal and is running a high fever. Another student will play the role of a CMW going to the house of the woman and will try to find out the reason for the fever.

In group two. One student will play the role of a CMW who is visiting the woman admitted with post-partum tetanus or with infants suffering from tetanus and will counsel the women regarding appropriate preventive measures including tetanus immunization, proper care of wounds and personal hygiene.

The rest of the group will take on the role of women admitted to the Gynae ward who will tell the CMW how they / infants got infected through applying traditional poultices

on the wound or umbilical cord of infant .

### **Case Study – Severe infections**

Collect case histories, from the Gynae ward, of women who were diagnosed last year with various severe infections. Make a list of the infections and make as many small groups as the types of infections listed. Provide each group with a different infection type along with the case history file. Ask the groups to study the case files and discuss within the group how the infection and morbidity could have been avoided or affects mitigated. Request each group to present their findings.

### **Practical Work**

- ❖ Tour of Antenatal Clinic/OPD/Gynae ward to observe patients diagnosed with severe infections.
- ❖ Clinical trainer will demonstrate the assessment of signs and symptoms of various severe infections and explain how these could be prevented or managed.

## **MODULE 3.4: PHYSIOLOGICAL AND EMOTIONAL CHANGES DURING PREGNANCY**

**Time: 3 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the early and late signs and symptoms of normal pregnancy including emotional effects
2. Summarize examinations and tests required for confirmation of pregnancy
3. Confirm pregnancy through examination and test
4. Differentiate between the common discomforts (morning sickness, dyspepsia, mood changes) and the disorders of pregnancy
5. Describe measures to relieve common discomforts including home remedies
6. Manage common discomforts of pregnancy.
7. Identify danger signs that would require referral

8. Educate mothers on normal care of self during pregnancy including rest, hygiene nutrition and danger signs of complications



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case histories



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Simulation
6. Case scenario
7. Demonstration
8. Observation and practice in Antenatal clinic / OPD

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 3.5, 4.5, 5.3, 5.5 &amp; 7.3</li> </ul> <p><b>Refer to Annex in the Curriculum to use</b></p> <p><b>Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective</u></li> </ul>

	<p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Describe the early and late signs and symptoms of normal pregnancy.</li> <li>❖ List examinations and tests required for confirming of pregnancy</li> <li>❖ Explain the common discomforts (morning sickness, dyspepsia, mood changes) and the disorders of pregnancy and measures to relieve them using home remedies.</li> <li>❖ Identify danger signs that would require referral</li> <li>❖ Explain normal care during pregnancy including rest, hygiene nutrition and danger signs of complications.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to list).</b></p> <p>d. Refer to the responses and discuss using Manual Units 3.2 &amp; 3.5.</p>	<p><u>Teaching Strategies</u>".</p> <ul style="list-style-type: none"> <li>▪ <u>"Supervising for Effective Teaching"</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <p><u>"Developing Work plans &amp; Calendars"</u> to pre-plan sessions and develop a strategy</p>

	<p>presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p>for implementation of session.</p>
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### Group work / Role Play

#### **Group Role Play: Nutritional Counseling.**

Make two groups. In group one assign 2 participants; a CMW will play the role of a mother who is one week post-natal and is running a high fever. Another student will play the role of a CMW going to the house of the woman and will try to find out the reason for the fever.

In group two. One student will play the role of a CMW who IS VISITING WOMEN admitted with post-partum tetanus or with infants suffering from tetanus and will council the women regarding appropriate preventive measures including tetanus immunization, proper care of wounds and personal hygiene. the rest of the group will take on the role of women admitted to the Gynae ward who will tell the CMW how they / infants got infected through applying traditional poultices on the wound or umbilical cord of infant .

#### **Case Study – Severe infections**

Collect case histories, from the Gynae ward, of women who were diagnosed last year with various severe infections. Make a list of the infections and make as many small groups as the types of infections listed. Provide each group with a different infection type along with the case history file. Ask the groups to study the case files and discuss within the group how the infection and morbidity could have been avoided or affects mitigated. Request each group to present their findings.

## Practical Work

Tour of Antenatal Clinic/OPD/Gynae ward to observe patients diagnosed with severe infections as well as infertility.

- ❖ Clinical trainer will demonstrate the assessment of signs and symptoms of various severe infections and explain how these could be prevented or managed.
- ❖ Each CMW will be assigned a patient whom she will counsel on prevention and management of the infections.
- ❖ CMWs will also counsel women who are infertile and will advise them on the matter

## MODULE 3.5: ANTENATAL CARE

**Time: 17 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the objectives of antenatal care and midwife's responsibilities in provision of antenatal care.
2. Summarize essential components of first and subsequent ANC visits.
3. Describe the importance of record keeping in ANC and explain how the history and examination findings of ANC are recorded.
4. Correctly take history, perform a physical examination in each ANC visit and calculate the expected date of delivery and record findings on ANC card, interpret and use information.
5. Educate pregnant woman and her family about danger signs of pregnancy and appropriate steps to be taken by the family in each situation.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers

4. Case histories
5. ANC Cards
6. Feto-scopes
7. BP Apparatus
8. Laboratory reagents



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ List the objectives and components of antenatal care and describe the midwife's responsibilities in provision of antenatal care.</li> <li>❖ Explain the steps of a physical</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manual Unit 3.3</li> <li>▪ Sher Shah Page 99-128</li> <li>▪ (Annex 19)</li> </ul> <p><b>Refer to Annex in the Curriculum to use Presentation Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective</u></li> </ul>

	<p>examination during ANC visits and calculate the EDD.</p> <ul style="list-style-type: none"> <li>❖ List the danger signs of pregnancy and the advice to be given to family in these cases.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to list).</b></p> <p>d. Refer to the responses and discuss using Manual Units 3.3 as well as Annex 19.</p>	<p><u>Teaching</u>” for hints on carrying out classroom sessions.</p>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>e. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>f. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

## Group work / Role Play

### **Group Role Play: Checkup & Counseling.**

Make two groups. In group one assign 2 participants; a CMW will play the role of a pregnant woman who has come to seek advice regarding swelling of her feet and face. Another student will play the role of a CMW who will perform full examination including for anemia, hypertension and advise her on how to collect a urine sample.

In group two. One student will play the role of a pregnant woman who has developed a danger sign during pregnancy. Each student will take turns at playing the role of woman with a different danger sign while the rest of the group will write the history, expected diagnosis and management as well as counsel the woman on preventive measures.

### **Case Study – Danger signs**

Collect case histories, from the Gynae ward, of women who were diagnosed last year with various danger signs such as Proteinuria, Glycosuria, Bacilluria, Hypertension, Mal-presentation, premature labor etc. Make a list of the complaints, diagnosis and management done at the health facility. Make as many small groups as the types of disorders listed. Provide each group with a different Topic along with the case history file. Ask the groups to study the case files and discuss within the group how the disorders could have been avoided or affects mitigated. Request each group to present the complaints, diagnosis and management of the danger signs on a flip chart.

## Practical Work

The following items will require practical work during ward and clinical session.

- ❖ Ante-natal cards
- ❖ Fetoscope
- ❖ Urine collection bottle

The tour of Antenatal Clinic / OPD / Gynae ward to observe doctors / nurses providing ANC to women during antenatal visits.

- ❖ Clinical trainer will demonstrate the steps and components of all four ANC visits and assist CMWs in examination of pregnant women in 2<sup>nd</sup> and 3<sup>rd</sup> trimester.
- ❖ CMWs will observe how to take history, fill up Antenatal card and then practice history taking on their own.
- ❖ Each CMW will be called upon to carry out General Physical Examination, Use of Feto-scope, Laboratory tests and palpation of the stomach / fetus.

## MODULE 3.6: BIRTH PREPAREDNESS AND EMERGENCY PLAN

**Time: 06 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Relate the essential elements of a birth plan to three delays that can lead to maternal death
2. Compare the benefits and risks of available birth settings
3. Assist a family to prepare an emergency birth preparedness plan
4. Educate pregnant woman and her family about danger signs that may occur during delivery and post-natal period and appropriate steps to be taken by the family in each situation.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case History files.



### **Teaching / Learning Methodologies:**

1. Interactive Lecture
2. Discussion

3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ List the essential elements of a birth plan and explain their relationship to the three delays that can lead to maternal death</li> <li>❖ Discuss the danger signs that may occur during delivery and post-natal period and their management.</li> </ul> <p style="text-align: center;"><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>d. Refer to the responses and discuss using Manual Units 3.3 &amp; 3.4 as well as Annex 19.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 3.3 &amp; 3.4</li> <li>▪ Sher Shah Page 99 - 128</li> <li>▪ (Annex 19)</li> </ul> <p><b>Refer to Annex in the Curriculum to use Presentation Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	

		Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use the presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</li> </ul>

### Group work / Role Play

#### **Group Work: Three delays**

Make three groups. ask each group to present one stage of delay on a flip chart along with the elements and resources that affect the outcome of stage. Each sub-group will present the chart while the rest of the groups will give suggestions and feedback.

#### **Group work – Developing a Birth Preparedness Plan**

The CMWs will work in three groups. Each group will develop a plan on a flip chart and present it. The plans will be developed for the different scenarios involving

- a) Delivery at a health facility
- b) delivery at home but with the assistance of a CMW
- c) Delivery at home without the assistance of a skilled birth attendant.

### **Role Play – Counseling**

One CMW will play the role of a pregnant woman who has been in labor for the last 12 hours and is having difficulties in delivering the baby. Another student will play the role of a mother-in-law who is reluctant to take her daughter to the health facility and has brought the local Dai to assist in the delivery. The third student will play the role of a Dai and try to persuade the Mother-in-law to have the delivery at home using 'drips'. The fourth student will play the role of a CMW who will try to explain the danger to the mother and child and wants to persuade the household to take the woman to the health facility for proper assessment and management. The rest of the students will observe and provide feedback and comments.

## **Practical Work**

Visit to of Antenatal Clinic/OPD / Gynae ward to:

- ❖ CMWs will study the history files of patients admitted with danger signs during pregnancy and note how they were presented and managed.
- ❖ CMWs will observe cases of complicated pregnancies at the facility and observe how they are managed and later assist in the management of some of the complications.

## **MODULE 3.7: BLEEDING IN PREGNANCY**

**Time: 05 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between the common causes of vaginal bleeding in early and late pregnancy and explain immediate actions required in each case.
2. List the fetal and maternal risk factors for spontaneous abortion.
3. Summarize the essential elements of post-abortion care including advise and counseling.
4. Describe danger signs of abortion complications

5. Correctly take history, perform physical examination and manage vaginal bleeding including abortion complications in early and late pregnancy as per protocol.
6. Provide post-abortion care including advice and counseling.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case History files.



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD/Gynae Ward

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.1</li> <li>Sher Shah Page 129 - 135</li> <li>f. (Annex 20)</li> </ul> <p><b>Refer to Annex in the Curriculum to use Presentation</b></p>

	<p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Explain the causes of vaginal bleeding in early and late pregnancy and explain the management protocols in each case.</li> <li>❖ List the danger signs &amp; risk factors for spontaneous abortion and summarize the essential elements of post-abortion care including advice and counseling. <b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></li> </ul> <p>d. Refer to the responses and discuss using Manual Units 7.1 as well as Annex 20.</p>	<p><b>Handouts:</b></p> <p>g. <u>“Effective Teaching Strategies”</u>.</p> <p>h. <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</p>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</li> </ul>

	/ Gynae ward (if possible)	
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## Group work / Role Play

### **Group Work: Post Abortion Care**

Make two groups. Assign the topic 'Spontaneous Abortion' to one group; Divide the group into six subgroups and ask each of them to present one type of Spontaneous abortion and its protocols for management. Each sub-group will present the chart while the rest of the groups will give suggestions and feedback.

### **Group work – Developing a Plan**

In group two, the CMWs will work in small groups. Each group will develop and plan on a flip chart and present it. The plans will be developed for the different scenarios involving vaginal bleeding in early and late pregnancy using ICM framework for decision making.

### **Role Play – Ectopic pregnancy**

One CMW will play the role of a multi-gravida woman who is complaining of abdominal pain and thinks she is pregnant but does not feel that it is 'normal'. The second student will play the role of a midwife and will assess the woman for ectopic pregnancy and give advice to the mother on how her case will be handled. The rest of the students will observe and provide feedback and comments.

## Practical Work

Visit to of Antenatal Clinic/OPD/ Gynae ward to observe the clinical trainer use the management protocols for various cases of bleeding during pregnancy.

- ❖ CMWs will observe the proper technique of history taking of women admitted with spontaneous abortion and later practice history-taking under supervision.
- ❖ CMWs will observe cases of vaginal bleeding including abortion complications, perform physical examination and assist in the management of bleeding in early

and late pregnancy as per protocol.

## MODULE 3.8: HYPERTENSIVE DISORDERS OF PREGNANCY

**Time: 03 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between chronic and pregnancy- induced hypertension.
2. List the risk factors for eclampsia and describe steps to reduce the risk.
3. Summarize essential components of management of chronic and pregnancy- induced hypertension.
4. Guide mother how to avoid the risk factors for eclampsia.
5. Correctly take history, perform a physical examination and manage chronic and pregnancy- induced hypertension using anti convulsive and anti-hypertensive drugs and refer, if needed



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case History files.



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD/Gynae Ward

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Explain the components of chronic and pregnancy- induced hypertension and its management.</li> <li>❖ List the risk factors for eclampsia and describe steps to avoid and minimize the risk.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>d. Refer to the responses and discuss using Manual Units 7.2 as well as Annex 21.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.2</li> <li>▪ Sher Shah</li> <li>▪ Page 173-178</li> <li>▪ (Annex 21))</li> </ul> <p><b>Refer to Annex in the Curriculum to use Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”.</u></li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp;</u></li> </ul>

	<p>the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><u>Calendars</u>” to pre-plan sessions and develop a strategy for implementation of session.</p>
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### Group work / Role Play

#### Group work – Hypertension

Make two groups. In group one, the CMWs will work in small groups. Each group will develop and plan on a flip chart a presentation regarding:

- a) Pre-eclampsia
- b) Eclampsia
- c) How to differentiate between eclampsia and other disorders with similar symptoms

#### Group Role Play – Differentiating Eclampsia from other disorders.

In group two, make five groups of two students each. Four students to play the roles of women afflicted with diseases similar to eclampsia i.e. a) Complicated Malaria b) Epilepsy c) Tetanus d) meningitis One CMW will play the role of a Primi-gravida woman who is beginning to go into eclampsia. The other student in each group will explain how the disease / disorder of her group-mate is different from eclampsia. The rest of the students will observe and provide feedback and comments.

### Practical Work

Visit of Antenatal Clinic/OPD/ Gynae ward to observe the clinical trainer use the

management protocols for various cases of bleeding during pregnancy.

- ❖ CMWs will observe the case histories of patients for diagnosis and management of women admitted with pre-eclampsia and eclampsia.
- ❖ CMWs will observe cases of patients with diseases identical with eclampsia to see how to differentiate between them.

## MODULE 3.9: PREGNANCY WITH INFECTION

**Time: 03 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between acute urinary and common sexually transmitted infections (Moniliasis, Trichomoniasis) during pre-natal, natal and post natal period, list their potential effect on the mother and baby and summarize essential steps of their community-based management
2. Recognize and manage puerpera I sepsis and acute urinary and common sexually transmitted infections that can occur during pre- natal, natal and post natal
3. Differentiate between common acute and chronic infections that present risks to a pregnant woman and the foetus (Malaria, TB, Hepatitis B and C, Gonorrhoea, Chlamydia, Syphilis, HIV, Dengue), list their potential effect on the mother and baby and summarize essential steps of their community-based management including steps to prevent /minimize mother to child transmission
4. Recognize and manage common acute and chronic infections that present risks to a pregnant woman and the foetus (Malaria, TB, Hepatitis B and C, Gonorrhoea, Chlamydia, Syphilis, HIV, Dengue) and guide mothers to prevent mother to child transmission
5. Provide health education to women about common acute and chronic infections in terms of prevention, risk factors and management.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board

3. Board Markers
4. Case History files.



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD/Gynae Ward

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Differentiate between acute urinary and common sexually transmitted infections, list their potential effects on the mother and baby and summarize essential steps of their community-based management and prevention</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their</b></p>	<p>c. Manual Unit 7.3</p> <p>d. Dr. Shershah Page 179-198</p> <p>e. (Annex 22)</p> <p><b>Refer to Annex in the Curriculum to use Presentation Handouts:</b></p> <p>f. <u>“Effective Teaching Strategies”</u>.</p> <p>g. <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom</p>

	<p><b>responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual Units 7.3 as well as Annex 22.</p>	sessions.
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</li> </ul>

### Group work / Role Play

#### Group Role Play

One student will play the role of a CMW while the rest of the students will take on the role of village women who are eager to listen to a health provider explain the severe infections that can occur in earl, late and post-partum period. The CMW will explain the major severe infections along with its prevention, management and diagnosis. She will also describe how each is differentiated

from urinary tract infection. Students will take turns to play the health educationist's role

### **Group work – Presenting various infections**

In group two, make five groups of two students each. Each group will present a different disease such as:

- a) Gonorrhoea
- b) Syphilis
- c) Chlamydia
- d) Tetanus
- e) Herpes

The presentation will include definition, sign and symptoms, prevention and management. The rest of the students will observe and provide feedback and comments.

## **Practical Work**

Visit to of Antenatal Clinic/OPD/ Gynae ward, so that:

- ❖ CMWs will observe the case histories of patients for diagnosis and management of women admitted with severe infections.
- ❖ CMWs will observe \ patients with severe infections, note how they were diagnosed, which tests were performed, and how they were managed.
- ❖ The students will counsel, under supervision, the patients on appropriate measures for prevention and management of the diseases at the communal level.

## **MODULE 3.10: PREGNANCY WITH DIABETESE MELLITIS**

**Time: 03 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe Diabetes Mellitus
2. Describe the risk factors for Diabetes Mellitus during pregnancy

3. Describe the effects of gestational Diabetes
4. Describe the tests required to diagnose Diabetes
5. Perform tests to diagnose Diabetes
6. List the steps of ANC , intra-partum and post natal Care in gestational Diabetes
7. Give appropriate diet advise to women with diabetes about her diet



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Case History files.



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD/Gynae Ward

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.5</li> <li>▪ (Annex 23)</li> </ul> <p><b>Refer to Annex in the Curriculum to use Presentation</b></p>

	<p>throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Describe Diabetes Mellitus and the risk factors, effects during pregnancy and the tests required to diagnose.</li> <li>❖ List the steps of ANC , intra-partum and post natal Care in gestational Diabetes <b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></li> </ul> <p>d. Refer to the responses and discuss using Manual Units 7.5 as well as Annex 23.</p>	<p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</li> </ul>

## Group work / Role Play

### **Group work – Gestational Diabetes Mellitus (GDM)**

The CMWs will work in three groups. Each group will develop a presentation on a flip chart regarding Gestational Diabetes Mellitus a) Its' signs and symptoms b) Types and c) How to diagnose and care for patients with GDM

### **Role Play – Woman with Gestational Diabetes Mellitus (GDM)**

Assign two students; one CMW will play the role of a pregnant woman who has been diagnosed with gestational diabetes mellitus. The mother is anxious regarding the health of her baby and the effects of GDM on the progress of the pregnancy. The other student will counsel the woman regarding the care needed during the pregnancy and its effects on her own as well as the baby's health. The rest of the students will observe and provide feedback and comments.

## Practical Work

Visit to of Antenatal Clinic/OPD/ Gynae ward to observe the clinical trainer use the management protocols for various cases of GDM.

- ❖ CMWs will observe the case histories of patients for diagnosis and management of women admitted with gestational diabetes.
- ❖ CMWs will observe patients suffering from GDM and note the signs and symptoms, management as well as laboratory tests carried out for diagnosis.

## UNIT 4

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### MODULE 4.1: PRINCIPLES OF CARE DURING PREGNANCY AND BIRTH

**Time: 03 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe essential elements of management of normal labor including physical and emotional support
2. Relate the physical comfort measures and emotional support provided during labor to mother and baby's wellbeing
3. List WHO recommended medicines for pain relief during labor.
4. Identify potential sources of infection during labor
5. Describe steps necessary for home-based delivery including infection prevention
6. Prepare for home-based delivery taking steps to prevent infection
7. List indications for episiotomy and explain its correct technique
8. List indications (e.g., fetal distress, cephalo-pelvic disproportion) for operative procedures such as vacuum extraction, use of forceps, symphysiotomy

#### Supplies / Materials Needed



1. Flipchart stand with papers
2. White board
3. Board Markers
4. 2/0 Catgut Suture with needle.
5. Blunt end surgical Scissors
6. Pieces of foam
7. Gloves.



#### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion

3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Antenatal clinic / OPD/Gynae Ward

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. <b>(Tutor writes module objectives on white board)</b></p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>❖ Describe how normal labor is managed including physical and emotional support</li> <li>❖ Describe steps necessary for home-based delivery including infection prevention</li> <li>❖ Explain the operative procedures such as vacuum extraction, use of forceps, symphysiotomy episiotomy and explain their indications &amp; correct techniques</li> <li>❖ List WHO recommended medicines for pain relief during labor.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest</b></p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.1, 4.3 &amp; 7.6</li> <li>▪ (Annex 11)</li> </ul> <p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>

	<b>additions to the list).</b> Refer to the responses and discuss using Manual Units 4.1, 4.3 & 7.6 + Annex 11	
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the Curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

#### **Group role play – Appropriate positions for childbirth**

Make four groups of three students each. In each group one student should play the role of a woman in labor. The second student in each group will play the role of an assistant while the third CMW will explain to the assistant how to help the pregnant woman get into one of the appropriate positions for childbirth .i.e.

- a) Sitting / Half sitting
- b) Hands and knees
- c) Squatting

d) Sideways.

The rest of the students will observe and provide feedback and comments.

### **Group Role Play – Care during childbirth.**

Make 3 groups of two students each; three students to play the roles of women in different stages of labor. The other student in each group will explain how to assist .i.e.

a) At the beginning of labor

b) At the end of labor

c) A woman who had 3 children before and now, is at the end of her labor.

The rest of the students will observe and provide feedback and comments.

### **Group work – Episiotomy**

Each student will be provided with a piece of foam and instruments for episiotomy. The students will practice the administration of anesthesia (use water instead of Lignocaine), performing episiotomy and later suturing the cut in the piece of foam. The tutor will supervise and assess the skill.

### **Group work – Obstructed Labor**

Make 3 groups, one group will present the risk factors for obstructed labor, second group will present the causes of obstructed labor while the third will present the dangerous effects on the mother and fetus.

### **Group work – Partograph**

Make several small groups. Each group will be given a partograph from the labor room on which the information of labor has been recorded. Ask the groups to study and present the information and also give their opinion on the condition and management of the patient. The rest of the students will observe and provide feedback and comments.

## **Practical Work**

Visit to of Antenatal Clinic/OPD/ Gynae ward where the clinical trainer will demonstrate the practical work during ward and clinical session.

- ❖ Appropriate positions for childbirth.
- ❖ Appropriate measures for prevention of infection.
- ❖ Use and interpretation of partograph
- ❖ Conducting an Episiotomy.

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes

## MODULE 4.2: PHYSIOLOGY AND MANAGEMENT OF FIRST STAGE OF LABOR

**Time: 20 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the key physiological changes of the cervix and uterus during the first stage of labor
2. Differentiate between latent and active phases of labor on the basis of signs and symptoms
3. Describe elements of history and examination essential to assess; the stage and condition of labor, its progression and mother's and baby's wellbeing
4. Take a full history of pregnancy and labor, examine correctly and record findings on partograph to assess; stage of labor, its progression and mother's and baby's wellbeing
5. Provide midwifery care during labor including physical measures (adequate hydration, nutrition, hygiene, comfort, mobility and positions of the woman's choice in labor and birth, bladder care, bladder care and non-pharmacological methods of pain relief) and emotional support such as family presence/assistance.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board

3. Board Markers
4. Cardboard boxes.
5. Scissors
6. Measuring scale /Foot ruler
7. Partographs
8. Dummy or Dolls.



### Teaching / Learning Methodologies:

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Labor room.

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>▪ Differentiate between latent and active phases of labor on the basis of signs and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.2</li> </ul> <p><b>Refer to the Annex in the Curriculum to use Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for</li> </ul>

	<p>symptoms</p> <ul style="list-style-type: none"> <li>▪ Describe elements of history and examination essential to assess; the stage and condition of labor , its progression and mother's and baby's wellbeing</li> <li>▪ Examine correctly and record findings on partograph to assess; stage of labor, its progression and mother's and baby's wellbeing</li> <li>• Provide midwifery care during labor including physical measures and emotional support.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual Units 4.2</p>	<p>hints on carrying out classroom sessions.</p>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

	findings/ receive feedback. <b>Ask all participants to give feedback.</b> b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)	
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### Group work / Role Play

#### **Group role play –Fetal positions at childbirth**

Make two groups of students. In each group one student will manipulate a dummy or doll to show the various positions of the fetal presentation while using an open cardboard box in place of a pelvis. (The tutor will mark the head of the doll/model to show the fontanelles, saggital suture, vertex, occiput and sinciput). The rest of the students will observe and guess the positions and provide explanations / comments.

#### **Group Role Play – Care during Labor**

Three students will play the roles of:

- 1) A primigravida woman in the first stage of labor
- 2) An assistant
- 3) a CMW.

The other students will explain to the CMW, the essential elements of care of the pregnant woman from beginning till the completion of labor. The CMW will follow the advice of the students and with the help of the assistant, provide care to the pregnant woman. The students will try to instruct the CMW whenever she makes a mistake. The tutor can repeat the role play to give a chance to those students who are not confident in this skill, by giving them the role of the CMW.

#### **Group work – Assessing Cervical Dilatation**

The tutor will make various sizes of round holes in several card board boxes (e.g. milk-pack cartons) to represent cervical dilatation during labor. The size of each hole will be recorded on the INSIDE of the boxes. Divide the students into several small

groups and give each group one card board box. The students will practice the assessment of the cervical dilatation by putting their fingers into the holes and reading the dimensions. After several turns, the students will try to guess the correct dimension while closing their eyes and inserting their fingers into the holes. The tutor will supervise and assess the skill.

### **Group work – Physiology, Recognition & Management of 1<sup>st</sup> stage of Labor**

Divide the students into two groups. One group will present the complete physiology of the first stage of labor. Second group will present how to recognize the onset of the first stage and the essential elements of its management. Each and every member of the two groups will participate in their respective presentations.

### **Group work & Case Scenario– Partograph**

1. Make several small groups. Each group will be given a partograph from the labor room on which the information of labor has previously been recorded. Ask the groups to study and present the information and also give their opinion on the condition and management of the patient. The other groups will observe and provide feedback and comments on each presentation.
2. Give one blank partograph to each of the above groups. The tutor will then write the following case scenario on the white board/flip chart and ask each group to record the findings on the partograph. After filling, the partographs will be exchanged with the neighboring group who will present it and discuss whether it is filled correctly or not. The rest of the groups will comment and provide feedback. Case Scenario:

A midwife goes to the house of a primi-gravida whose membranes had ruptured two hours ago. On inspection, the amniotic fluid is clear and the woman is getting contractions every 10 minutes. The CMW does a checkup and finds that the fetal heart rate is 160 per minute while the woman's pulse is 85/min and her blood pressure is 130/85. Cervical dilatation is 6 cm.

## **Practical Work**

Visit to of the labor room where the clinical trainer will demonstrate.

- ❖ How to take relevant history of pregnancy and labor and examine the woman to

assess the progression of labor and mother's and baby's wellbeing

- ❖ Appropriate filling of partograph.
- ❖ Appropriate measures for care during labor.
- ❖ Assessment of danger signs of 1<sup>st</sup> stage of labor

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes

## MODULE 4.3: PHYSIOLOGY AND MANAGEMENT OF SECOND STAGE OF LABOR

**Time: 20 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe mechanism and signs/symptoms of second stage of labor
2. Describe elements of history and examination essential to assess ; the stage and condition of labor, its progression and mother's and baby's wellbeing
3. Describe the principles of prevention of pelvic floor damage and perineal tears
4. Take relevant history of pregnancy and labor, examine and record on partograph to assess; stage of labor, its progression and mother's and baby's wellbeing
5. Provide midwifery care to deliver baby taking steps to prevent pelvic floor damage / perineal tears and ensuring comfort measures for mother and newborn.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Cardboard boxes.
5. Scissors
6. Measuring scale /Foot ruler
7. Dummy or Dolls.



### Teaching / Learning Methodologies:

1. Interactive Lecture

2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Labor room.

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>• Describe mechanism and signs/symptoms of second stage of labor</li> <li>• Describe elements examination essential to assess the stage and condition of labor.</li> <li>• Describe the principles of prevention of pelvic floor damage and perineal tears</li> </ul> <p style="text-align: center;"><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.3</li> </ul> <p><b>Refer to Annex in the curriculum to use presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>

Units 4.3		
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>c. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

#### Group work –Fetal movement through birth canal

Make two groups of students. In each group one student will manipulate a dummy or doll to show the various movement of the fetus, during the second stage, using an open cardboard box in place of a pelvis. (The tutor will make holes in the boxes to represent the birth canal). The rest of the students will observe and guess the positions and provide explanations/comments.

#### Group work – Phases and mechanism of 2<sup>nd</sup> stage of Labor

Divide the students into two groups. One group will present the phases of the 2<sup>nd</sup>

stage of labor. The second group will present the main principles /mechanisms followed during of the second stage and the essential elements of its management. Each and every member of the two groups will participate in their respective presentations.

### **Group work – Care during second stage of labor**

3. Make two groups. One group will present on the flip chart, the essential steps of management of the second stage and elements of care provided from the beginning of second stage up to the birth of the baby.
4. The second group will start where group one finished and present the elements of care provided after the birth of the baby and till the end of the second stage. The other group will observe and provide feedback and comments on each presentation.

## **Practical Work**

Visit to of the labor room where the clinical trainer will demonstrate.

- ❖ How to take relevant history of pregnancy and labor and examine the woman to assess the progression of labor and mother's and baby's wellbeing
- ❖ Appropriate measures for care during 2<sup>nd</sup> stage of labor.
- ❖ Steps for prevention of perineal tear / damage of pelvic floor during birth

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes

## **MODULE 4.4: PHYSIOLOGY AND MANAGEMENT OF THIRD STAGE OF LABOR**

**Time: 20 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Relate the mechanism of uterine contraction to bleeding following delivery
2. Describe signs/symptoms of third stage of labor

3. Describe elements of history, examination and management of third stage of labor including AMTSL.
4. Take a full history of pregnancy and labor and examine to assess the progression of third stage including mother's and baby's wellbeing after delivery
5. Deliver placenta using AMTSL, identifying danger signs and manage appropriately that includes timely referral.
6. Examine and dispose placenta safely and provide midwifery care to mother and baby immediately and one hour after delivery



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Cardboard boxes.
5. Scissors
6. Pieces of rope
7. Surgical gloves



### Teaching / Learning Methodologies:

7. Interactive Lecture
8. Discussion
9. Group work
10. Role Play
11. Demonstration
12. Observation and practice in Labor room.

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. CMWs are given introduction to the module and its objectives as well as teaching methodologies	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.4</li> </ul>

	<p>to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>▪ Explain how uterine contraction can stop bleeding following delivery</li> <li>▪ Describe signs/symptoms of third stage of labor</li> <li>▪ Describe management of third stage of labor including AMSTL.</li> <li>▪ Identify danger signs and their management.</li> <li>▪ Explain midwifery care to mother and baby immediately and one hour after delivery.</li> </ul> <p><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual Units 4.4</p>	<p><b>Refer to the Annex in the curriculum to use presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one</p>	<p><b>Refer to the Annex in the curriculum to use presentation</b></p> <p><b>handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions</p>

	<p>CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / Labor room/ OPD/ Gynae ward (if possible)</p>	<p>and develop a strategy for implementation of session.</p>
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### Group work / Role Play

#### **Group work –Separation of Placenta, assessment and care**

Make three groups of students. One group will explain the signs of separation of the placenta as well as demonstrate appropriate cord cutting using a piece of rope. The second group will present the process of separation of the Placenta while the third group will explain the elements of care after delivery of placenta. All three groups will try to use graphic representation using flip charts and different colored markers.

#### **Group work – Active management of third stage of labor (AMTSL)**

Divide the students into two groups. One group will present the elements of Active Management of third stage of labor while the second group will present the appropriate method for controlled cord traction.

#### **Group work – Indications for referral**

The tutor will make a list of false and true conditions in which a newly delivered woman or a new-born must be referred to a health facility. The list will be written on a white board or flip chart. Ask the students to come one by one and tick one of the conditions that she thinks is the correct one. The rest of the class will then give their own opinion.

### Practical Work

Visit to of the labor room where the clinical trainer will demonstrate.

- ❖ Proper examination of the placenta and method of cord cutting.
- ❖ AMTSL and controlled cord traction
- ❖ Appropriate measures for care during 3<sup>rd</sup> stage of labor.
- ❖ Steps for prevention of PPH, including administration of Misoprostol / Oxytocin.

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes.

## MODULE 4.5: PROLONGED AND OBSTRUCTED LABOR

**Time: 11 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between normal and prolonged labor.
2. List the common causes of prolong labor, its risk factors and preventive measures.
3. Relate prolong labor to the wellbeing of mother and baby.
4. Summarize danger signs of prolong latent phase, active phase and expulsive phase of labor (e.g. bleeding, labor arrest, mal-presentation, eclampsia, maternal and or fetal distress, infection, prolapsed cord, shoulder dystocia, retained placenta) that require immediate referral.
5. Correctly recognize and manage prolonged and obstructed labor that includes timely referral.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers



### **Teaching / Learning Methodologies:**

1. Interactive Lecture

2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Labor room.

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. (<b>Tutor writes module objectives on white board</b>)</p> <p>b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students.</p> <p>c. Give time for students to reflect and use their own experience and previous knowledge to:</p> <ul style="list-style-type: none"> <li>▪ Differentiate between normal and prolonged labor, list its common causes, risk factors for mother and baby and preventive measures</li> <li>▪ Summarize danger signs of prolong latent phase, active phase and expulsive phase of labor and timely referral</li> </ul> <p style="text-align: center;"><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual Units 7.6</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.6</li> </ul> <p><b>Refer to Annex in curriculum to use</b></p> <p><b>Presentation</b></p> <p><b>Handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”.</u></li> <li>▪ <u>“Supervising for Effective Teaching”</u> for hints on carrying out classroom sessions.</li> </ul>
S.No	PRACTICAL SESSION	Resource

2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>e. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>f. Observation and practice in Antenatal clinic / Labor room/ OPD/ Gynae ward (if possible)</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>
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### Group work / Role Play

#### **Group work – Causes and risk factors of prolonged labor**

Make two groups of students. One group will present the causes of obstructed labor. The second group will present the risk factors. Both groups will try to use graphic representation using flip charts and different colored markers.

#### **Group work – Adverse effects of obstructed labor**

Divide the students into two groups. One group will present the adverse effects of obstructed and prolonged labor on the mother while the second group will present the adverse effects on the fetus.

#### **Group work – Recognition and diagnosis**

One group will present the signs and symptoms of prolonged and obstructed labor while the second group will present the steps for correct history taking and

examination of the woman in prolonged labor. If possible, partographs of cases of obstructed labor may be acquired and distributed amongst students for studying and discussion.

### Practical Work

The following items will require practical work during ward and clinical session.

Visit to of the labor room where the clinical trainer will demonstrate.

- ❖ Proper examination of the patient of obstructed labor including use of partograph.
- ❖ Demonstration of Bandle's ring
- ❖ Appropriate management of labor prolonged and obstructed labor.
- ❖ Steps for diagnosis and prevention of prolonged labor.

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes

## MODULE 4.6: POST PARTUM HAEMORRHAGE

**Time: 11 hours**

**Objective:** *By the end of this module, the midwife is able to:*

- a. Differentiate between blood loss during normal labor and PPH; and the two types of PPH (primary and secondary)
- b. List the common causes of each type of PPH, their risk factors, preventive measures and danger signs requiring referral
- c. Relate PPH to the wellbeing of the mother in the context where anemia is prevalent
- d. Summarize the steps that the midwife should take in case of primary and secondary PPH as per protocol
- e. Explain correct technique for assessing and repairing 1st and 2nd degree vaginal tears and assessing and managing bleeding (packing) of 3rd degree vaginal and cervical tears prior to referral
- f. Correctly recognize and manage primary and secondary PPH as per protocol.

- g. Correctly assess and repair 1st and 2nd degree vaginal tears and assess, manage and timely refer 3rd degree vaginal and cervical tears

**Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Scissors
5. Pieces of foam
6. Catgut with needle

**Teaching / Learning Methodologies:**

1. Interactive Lecture
2. Discussion
3. Group work
4. Role Play
5. Demonstration
6. Observation and practice in Labor room.

**Teaching Strategies**

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. CMWs are given introduction to the module and its objectives as well as teaching methodologies to be used. ( <b>Tutor writes module objectives on white board</b> ) b. Take pretest. Use formative assessment throughout module. Always give positive feedback to students. c. Give time for students to reflect and use their own experience and previous knowledge to:	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.4</li> </ul> <p><b>Refer to Annex in the curriculum to use presentation handouts:</b></p> <ul style="list-style-type: none"> <li>▪ <u>“Effective Teaching Strategies”</u>.</li> <li>▪ <u>“Supervising for</u></li> </ul>

	<p>d. Differentiate between the two types of PPH (primary and secondary) and List the common causes of each type of PPH as well as management.</p> <p>e. Explain the risk factors , preventive measures and danger signs requiring referral</p> <p>f. Explain correct technique for assessing and repairing 1st and 2nd degree vaginal tears and management</p> <p style="text-align: center;"><b>(Ask each CMW to speak while tutor lists their responses on White board/ Flip Chart. Ask class to suggest additions to the list).</b></p> <p>Refer to the responses and discuss using Manual Units 7.4</p>	<p><u>Effective Teaching</u>” for hints on carrying out classroom sessions.</p>
S.No	PRACTICAL SESSION	Resource
2	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic /</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

	Labor room/ OPD/ Gynae ward (if possible)	
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### Group work / Role Play

#### **Group work – Causes and risk factors of PPH**

Make two groups of students. One group will present the causes of primary and secondary PPH. The second group will present the risk factors of PPH

#### **Group work – Management of PPH and use of Uterotonic drugs**

Divide the students into small groups. Each group will present one cause of primary or secondary PPH and explain in detail how to manage that condition. One group will specifically explain the use of oxytocic drugs (including Misoprostol), their comparative advantages and appropriate use. One group will specifically explain all essential procedures for control of PPH including external and internal bimanual compression, uterine massage and management of retained placenta

#### **Group work – Recognition and diagnosis**

Divide the students into small groups. One group will present the signs and symptoms of PPH while the second group will present the steps for correct history taking and examination of the woman in PPH.

#### **g. Group work – assessing and repairing 1st and 2nd degree vaginal tears and management**

A group of students will present the assessment and repair of vaginal tears through graphical representation using flip chart / white board. Using a piece of foam the tutor will demonstrate correct repairing technique. Afterwards each student will be asked to use a piece of foam to practice the repair.

### Practical Work

The following items will require practical work during ward and clinical session.

Visit to of the labor room where the clinical trainer will demonstrate.

- ❖ Differentiate between normal bleeding and PPH.
- ❖ Demonstration repair of 1<sup>st</sup> and 2<sup>nd</sup> degree vaginal and perineal tears
- ❖ Appropriate management of PPH using Oxytocic drugs, including misoprostol and oxytocin
- ❖ Steps for diagnosis and prevention of PPH.

The clinical trainer will also facilitate the CMWs to practice, under supervision, all of the above processes

## UNIT 5

### NEWBORN AND INFANT

#### MODULE 5.1: PHYSIOLOGY AND REQUIREMENTS OF NEWBORN

**Time: 7 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between a normal newborn and from selected variations, e.g. premature, low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice and failure to thrive.
2. Summarize elements of essential newborn examination, Appearance/Complexion, Pulse Rate, Reflex Irritability, Activity, Respiratory Effort – (APGAR) and care including: attachment (bonding), nutrition, warmth, umbilical cord care and clearance of airway passage airway, prevention of infection, observation for signs of infection, jaundice, frequency and character of stools, feeding, signs of thriving and failure to thrive, prevention of hypothermia and advantages of various methods of newborn warming, including skin-to-skin contact (Kangaroo mother care).
3. List steps of appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycemia and resuscitation.
4. Describe guidelines for managing common disorders of the newborn (e.g; skin rashes, physiological jaundice and minor vomiting, feeding problems) and major illnesses (e.g. diarrhea and respiratory infections).
5. Describe danger signs in newborn such as distress, congenital anomaly, persistent jaundice, haematoma, haemangioma, adverse moulding of the foetal skull, non-accidental injuries, congenital syphilis, convulsions and persistent fever.
6. Describe importance of birth registration and record keeping.



#### **Supplies / Materials Needed**

1. Flipchart stand with papers

2. White board
3. Board Markers



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. Brainstorm any variations observed by CMWs from the normal new born. b. List and describe various variations; such as, premature, low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice and failure to thrive.	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.5 and 5.3</li> <li>▪ Shershah page 452 – 472 (Annex 24)</li> </ul>
2	b. Summarize the elements of essential newborn examination and care. c. Explain APGAR Score d. Brainstorm various methods to prevent hypothermia	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.5 and 5.3</li> </ul>
3	a. Brainstorm, list and describe the steps of steps of appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycemia and resuscitation.	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.5 and 5.3</li> </ul>
4	a. Brainstorm the measures to manage common disorders of the newborn. b. Describe and list management steps of disorders of skin rashes, physiological jaundice and minor vomiting, feeding problems and major illnesses e.g. diarrhea and respiratory infections.	<ul style="list-style-type: none"> <li>▪ Manual Unit 4.5 &amp; 5.3</li> <li>▪ Shershah page 511 – 526 (Annex 25)</li> <li>▪ IMNCI</li> </ul>

		Guidelines (Annex 26)
5	<p>a. Brainstorm the possible complications and danger signs in newborn.</p> <p>b. List and describe the common danger signs such as; distress, congenital anomaly, persistent jaundice, hematoma, haemangioma, adverse moulding of the foetal skull, non- accidental injuries, congenital syphilis, convulsions, persistent fever, etc</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.4</li> <li>▪ Shershah page 511 -- 526 (Annex 25)</li> </ul>
6	<p>a. Brainstorm the importance of record keeping and birth registration.</p> <p>b. List down the importance and its benefits to the community.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.4</li> <li>▪ Deployment guidelines- Birth registration and record keeping. (Annex 27)</li> </ul>
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

	<p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	
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### Group work / Role Play

**Role play: Infant care after birth**

Assign 2 participants from the group. One will play the role of a mother who has recently delivered a second healthy infant. Since her first child was given a bath within 10 minutes of birth, therefore, she is insisting that this infant should also be bathed, immediately after birth, within 10 minutes. The second will act as the CMW who will educate and explain to the mother, the significance of delayed bathing after child birth. The entire class will listen to the conversation and will provide positive and negative feedback on the role play.

**Group work: APGAR Score**

The CMWs are divided into 3 groups and each group is assigned to list the 5 basic elements included in APGAR Score.

**Group work: Essential elements of infant care during post-natal check ups**

The class is divided in 5 groups and the following tasks assigned to each group for discussion and presentation:

- Group 1: Infant care during within the golden hour – 1<sup>st</sup> hour of life
- Group 2: Infant care during 6 – 12 hours after birth
- Group 3: Infant care during 3 – 6 days
- Group 4: Infant care during 6 weeks
- Group 5: Infant care during 6 months

**Role play: Advice on infant care**

Ask one CMW to act as mother who has recently give birth and is concerned on how to take care of the first child. The second student act as the mother-in-law, who is keen to give “Ghutti” and apply “Kajol” in infant’s eyes. The other student act as

CMW, who educates and guides the mother and the family on infant care and discourage unhealthy practices.

**Field work: Danger signs in infants and appropriate measures**

The CMWs will go to the community and under supervision will conduct health education session on danger signs in infants and appropriate measures for home remedies and timely referral.

**Community Visit: Post-natal care of the infant**

The CMWs will visit the post-natal women in the community who has recently delivered a low birth weight infant. The CMW will advise on how to take care of the infant during the first 7 days of birth. The CMW will also counsel the woman on how to prevent LBW babies for future deliveries, including birth spacing, maternal diet, and micronutrient supplementation.

## Practical Work

The following items will require practical work during ward and class work.

- ❖ Tour of labour room so that the CMWs can observe the immediate infant care following birth.
- ❖ After permission from the mother, examine the head of the infant on 1<sup>st</sup> and 4<sup>th</sup> day to:
  - a. Assess the fontanel size
  - b. Extension of the skull joints
- ❖ Observe the following reflexes in infants:
  - a. Moro reflex
  - b. Rooting reflex
  - c. Grasping finger
- ❖ Compare the following in breast fed and bottle fed children:
  - a. Color of the stools
  - b. Frequency of stools
  - c. Sleeping and awakening habits
  - d. Suckling difference
- ❖ Practice the care of infant eyes and cord on model.

## MODULE 5.2: ESSENTIALS OF NEWBORN CARE

**Time: 17 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Provide immediate midwifery care to the newborn including cord clamping and cutting, drying, clearing airways and ensuring that breathing is established, promote and maintain normal newborn body temperature through promotion of immediate skin-to-skin contact and covering (blanket, cap) and maintaining a warm environment.
2. Provide appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycemia and resuscitate neonate, if needed.
3. Correctly conduct essential newborn examination (APGAR) immediately and one hour after birth and provide essential newborn care including: attachment (bonding) , nutrition, warmth , umbilical cord care and clearance of airway passage.
4. Differentiate between a normal newborn and selected variations e.g., low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice and failure to thrive
5. Manage common disorders (skin rashes, minor vomiting and feeding problems and physiological jaundice) and major illnesses (e.g. diarrhea and respiratory infections, asphyxia) of the newborn using IMNCI guidelines.
6. Recognize danger signs in newborn (congenital anomaly, injuries, convulsions, distress, persistent jaundice, haematoma, haemangioma , adverse moulding of the foetal skull, hypoglycemia, hypothermia, dehydration, infection, persistent fever, congenital syphilis), provide first aid and refer timely .
7. Educate parents about danger signs in the newborn and what to do in each case.
8. Counsel and guide the parents when the newborn is suffering from common problems or the mothers suffering from malaria, TB, HIV, Dengue.
9. Guide mothers about breast feeding, immunization needs, nutritional requirements, malnutrition and its implications, feeding options, disease prevention and health promotion.
10. Register births and keep records.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers



### Teaching / Learning Strategies:

1. Interactive lecture
2. Discussion
3. Group work
4. Simulation
5. Role Play
6. Observation and practice in post-natal ward
7. Clinic / OPD

## Teaching Strategies

S.No	PRACTICAL SESSION	Resource
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p>	<p><b>Refer to Annex in curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

	<p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	
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### Group work / Role Play

**Group Work: Care of Umbilical cord**

One CMW describes the care of umbilical cord. The class will provide feedback regarding information provided.

**Group work: Essential newborn care**

The class is divided in 5 groups and the following tasks assigned to each group for discussion and group presentation:

- Group 1: Skin-to-skin with the mother for warmth; wrapping infant with the mother
- Group 2: Clean eye & cord care
- Group 3: Initiate breast-feeding within 1 hour of birth
- Group 4: Counseling on exclusive breast-feeding for six months and explain the advantages of breast feeding
- Group 5: Immunization schedule and its need

**Role play: Prevention of hypothermia**

Divide the class into 2 groups. One group is community and the other is observer. One student is identified as CMW who is conducting health education session in the community and describes the all necessary measures to keep the baby warm soon after birth. The community will ask questions while observers will provide feedback regarding information provided.

### Practical Work

❖ **Essential newborn care**

Visit the post-natal ward and under supervision, actically perform:

- a. Skin-to-skin with the mother for warmth; wrapping infant with the mother

- b. Cleaning airways
- c. Ensure breathing is established
- d. Clean eye & cord cutting and clamping
- e. Initiate breast-feeding
- f. BCG vaccination and immunization schedule

## MODULE 5.3: BREAST FEEDING AND LACTATION MANAGEMENT

**Time: 5 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the physiology and process of lactation, milk production and the let down reflex.
2. Relate the benefits of colostrum and exclusive breast to mother's and baby's well being.
3. Summarize steps essential to breast feed: preparation of breast, correct newborn position to initiate and continue breast feeding.
4. Guide mothers to position infant correctly to initiate breast feeding as soon as possible after birth and support exclusive breastfeeding
5. Educate the mother about: benefits of colostrum, importance of immediate / early / exclusive breastfeeding for mother and child, appropriate weaning and the dangers of bottle feeding.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers



### **Teaching / Learning Strategies:**

1. Interactive Lecture

2. Discussion
3. Working in labour room
4. Group work
5. Simulation Role Play
6. Observation and placements in community
7. Post-natal ward visit

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. Discuss the lactation process and the let-down reflex.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.2</li> <li>▪ Sher Shah page 474 – 492 (Annex 29)</li> </ul>
2	a. Brainstorm and list down the benefits of colostrum. b. Describe the relation of mother and child well being with exclusive breast feeding. c. Brainstorm the dangers of bottle feeding.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.2</li> <li>▪ Sher Shah page 474 – 492 (Annex 29)</li> </ul>
3	a. Brainstorm the essential steps required for correct breast feeding. b. Demonstrate the accurate position to initiate breast feeding.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.2</li> <li>▪ Sher Shah page 474 – 492 (Annex 29)</li> </ul>
S.No	PRACTICAL SESSION	Resource
1	Use Group Work / Role play / Demonstration / Simulation as listed below: <b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b>	<b>Refer to Annex in curriculum Use presentation handout:</b>

	<p>c. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><u>“Developing Work plans &amp; Calendars”</u> to pre-plan sessions and develop a strategy for implementation of session.</p>
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### Group work / Role Play

**Group Work:     Physiology of Lactation**

The class is divided in 3 groups and the following tasks assigned to each group for discussion and presentation:

- Group 1:   Physiology of milk formation
- Group 2:   Lactation
- Group 3:   Types of nipples

**Group work:     Contents of Human Milk**

Two CMWs will participate. One will act as a woman who wishes to seek information regarding the benefits of breast feeding. The other will act as CMW and will elaborate all the information and contents of breast milk. The class will listen to the role play and provide feedback regarding the information given and will identify the deficient information.

**Group Work:     Benefits of Breast Feeding**

The class is divided in 2 groups and the following tasks assigned to each group for discussion and presentation:

- Group 1:   Benefits of breast feeding for newborn
- Group 2:   Benefits of breast feeding for mother

**Group Work: Breast feeding position**

Ask one CMW to explain to the class, the appropriate position and holding the newborn for breast feeding. The class will provide feedback on the information shared. Brainstorm ways to counsel new mothers facing difficulty with newborns attaching properly. Share success stories of times when CMWs have successfully helped mother's breastfeed in the past.

**Group Work: Breast feeding under special conditions**

The class is divided in 3 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: Problems related to nipples

Group 2: Care of breast infection

Group 3: Breast feeding during minor sickness of the newborn

## Practical Work

**Visit of post-natal ward**

- Arrange a visit of post-natal ward so that CMWs can examine and recognize the difference between colostrum and milk.
- The students will observe the correct position of newborn and mother while breast feeding.
- The students will observe “burping” and will later teach mothers on how to make the newborn burp after feeding.

## MODULE 5.4: FEEDING DIFFICULTIES AND DISORDERS

**Time: 4 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between common feeding difficulties (premature babies) and disorders (cleft lip / cleft palate, Candidiasis, Tetanus, severe infections, respiratory distress, congenital heart defects in neonates).

2. Summarize steps to express breast milk and handle and store expressed breast milk correctly when needed.
3. Recognize and manage common feeding difficulties and disorders and manage appropriately that includes timely referral.
4. Teach mothers how to express breast milk, and how to handle and store expressed breast milk.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion
3. Working in labour room
4. Group work
5. Simulation Role Play
6. Observation and placements in community
7. Post-natal ward visit

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. Brainstorm the common feeding difficulties and disorders. b. List and describe the difficulties of feeding in premature babies, cleft lip / cleft palate, Candidiasis,	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.2</li> <li>▪ Sher Shah page 474 - 492</li> </ul>

	Tetanus, severe infections, respiratory distress, and congenital heart defects.	(Annex 29)
	<ul style="list-style-type: none"> <li>▪ Discuss and explain on how to express breast milk, how to handle and store it.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.2</li> <li>▪ Sher Shah page 474 - 492 (Annex 29)</li> </ul>
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>e. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>f. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

#### Role play – Advise on extraction of breast milk

One CMW is conducting health education session in community and is describing the causes and factors in which mother or new born is unable to provide / take the breast milk. During this exercise, the CMW will demonstrate the procedure of expressing milk by using models, pictorials or graphic representation.

### Practical Work

### Visit of post-natal ward

- The students will observe the extraction of breast milk in cup.
- Observe the common problems of breast feeding and its management.

## MODULE 5.5: DEVELOPMENT IN THE FIRST YEAR

**Time: 4 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Classify milestones of child development including sensory, motor and cognitive.
2. Relate components of infant care (exclusive breast feeding, timely weaning, appropriate food, hygiene, immunization and importance of timely health seeking in case of common problems such as diarrhea and ARI) to the development of the child.
3. Guide mother and her family about the importance of exclusive breast feeding, timely weaning, appropriate food, hygiene, immunization and timely health seeking in case of common problems such as diarrhea and ARI .
4. Correctly recognize children having delayed sensory, motor and or cognitive development and malnutrition and manage as per protocol that includes timely referral.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion
3. Working in labour room

4. Group work
5. Simulation Role Play
6. Post-natal ward / labour room visit / Pediatric ward

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<ol style="list-style-type: none"> <li>a. Brainstorm the common signs used in the community to recognize children who has delayed sensory, motor and cognitive development.</li> <li>b. Explain the classification of the milestones of child development.</li> <li>c. Describe in detail its management as per protocol and timely referral.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Manual Unit 6.1 Pages 7 – 8</li> <li>▪ Manual Unit 6.3 Page 19</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Brainstorm the benefits of exclusive breast feeding</li> <li>▪ Describe the significance of timely health seeking in case of diarrhea and ARI.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manual Unit 6.1 Pages 7 –8</li> <li>▪ Manual Unit 6.3 Page 19</li> </ul>
S.No	PRACTICAL SESSION	Resource
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <ol style="list-style-type: none"> <li>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of</li> </ol>	<p><b>Refer to Annex in curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation</p>

	<p>group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p>of session.</p>
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### Group work / Role Play

**Group work: Milestones of childhood development**

The class is divided in 3 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: 3 months

Group 2: 6 months

Group 3: 12 months

**Group work: Childhood Development**

One CMW will brainstorm and later describe the role of parents in promoting early childhood development, growth and ensuring a secured environment for children. The class will listen, observe, ask questions and give feedback on the information provided.

**Group work: Assessment of signs of dehydration in children**

A group of 4 students will prepare a presentation on signs and symptoms of dehydration. The class will listen and will provide the feedback on the presentation.

**Role play: Health education session on home care during ARI**

A student will act as CMW and will conduct a health education session on how to treat the child with ARI and timely referral in case of serious infection. The class will act as mothers in the community, ask questions and later provide feedback on the role play.

**Role play: Child weaning**

Two students will participate. One will be a CMW and the other will act as the mother who has her first child and is quite concerned about his food, weaning and teething

problems. The CMW will provide all the required information. The rest of the class will listen and will provide the feedback on the role play.

## Practical Work

### Visit in community / hospital

- ❖ The students will accompany the tutor and possibly a LHW to perform weight and height of the children in community or hospital setting.
- Observe the common problems of breast feeding and its management.

## MODULE 5.6: MAJOR INFANT ILLNESSES AND INTEGRATED MANAGEMENT OF NEWBORN ILLNESSES (IMNCI)

**Time: 17 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Differentiate between major common illnesses (malnutrition, diarrhea, ARI) during infancy and list their danger signs requiring referral.
2. Describe the IMNCI package and components for infants (diarrhea, ARI, immunization, growth monitoring and nutrition).
3. Provide community-based care to infants suffering from major common illnesses (malnutrition, diarrhea, ARI) using IMNCI guidelines, identify danger signs and refer timely.
4. Educate and counsel families on care of newborns and infants, danger signs of infant illness and importance of timely health seeking.



### Supplies / Materials Needed

1. Flipchart stand with papers
2. White board
3. Board Markers

4. Cup, Jug
5. ORS sachet
6. Sugar
7. Lemon
8. Salt
9. Water



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion
3. Working in labour room
4. Group work
5. Simulation Role Play
6. Post-natal ward / labour room visit / Pediatric ward

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<ol style="list-style-type: none"> <li>a. Brainstorm the major common illnesses in children under 5. .</li> <li>b. Describe in detail its management as per protocol and timely referral.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Manual Unit 6.3</li> <li>Pages 20 – 25</li> </ul>
2	<ol style="list-style-type: none"> <li>a. Describe IMNCI.</li> <li>b. Brainstorm the benefits of IMNCI package.</li> </ol>	<ul style="list-style-type: none"> <li>▪ IMNCI guidelines (Annex – 26)</li> </ul>
3	<ol style="list-style-type: none"> <li>a. Brainstorm the danger signs in children suffering from common major illnesses</li> <li>b. Discuss the significance of timely referral as per IMNCI guidelines.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Manual Unit 6.3</li> <li>Pages 20 – 25</li> <li>▪ IMNCI Charts (Annex 26)</li> </ul>
S.No	PRACTICAL SESSION	

		Resource
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>c. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback. <b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to the Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

**Role play: Health education session on home care during Acute Watery Diarrhea**

A student will act as CMW and will conduct a health education session on how to treat the child with AWD and timely referral in case of profuse diarrhea with signs of dehydration and persistent vomiting. The class will act as mothers in the community, ask questions and later provide feedback on the role play.

**Role play: Health education session on home care during ARI**

A student will act as CMW and will conduct a health education session on how to treat the child with ARI and timely referral in case of serious infection. The class will act as mothers in the community, ask questions and later provide feedback on the role play. End the session by discussing the referral options near CMWs homes; the tutor should ensure that each CMW knows of the closest referral facility that can treat ARI, severe diarrhea, and other childhood illnesses.

## Practical Work

### Visit in community / hospital

- ❖ The students will accompany the tutor to observe sick children in pediatric OPD.
- ❖ Visit the pediatric unit to observe the children suffering from diarrhea and ARI.
- ❖ Preparation of ORS.

## UNIT 6

### PUERPERIUM AND POST NATAL CARE

#### MODULE 6.1: PHYSIOLOGICAL & EMOTIONAL CHANGES DURING PUERPERIUM

**Time: 2 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe physical and emotional changes that occur following childbirth.
2. Summarize principles of parent-infant bonding/attachment and factors that promote and hinder it.
3. Differentiate between the common discomforts and disorders of Puerperium, persistent vaginal bleeding due to uterine sub-involution , fever , persistent anemia, hematoma, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression, thrombophlebitis; incontinence of feces or urine; urinary retention, obstetric fistula.
4. Identify the measures to relieve common discomforts and list management steps of disorders of Puerperium.
5. Summarize the risk factors, complications and danger signs of disorders of Puerperium.
6. Describe the risk factors, causes, sign and symptoms, steps of community-based management of puerperal sepsis (metritis) and its potential effects on the mother.



#### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	<p>a. Ask CMWs that what could be the possible physical and emotional changes that occur following childbirth.</p> <p>b. Brainstorm, list and describe changes related to; Uterus, Placental hormones, Vagina, Cardiovascular, Renal, Ovulation, Lactation, Post-natal blues</p>	▪ Manual Unit 5.1 Physiology of Puerperium
2	<p>a. Summarize the factors that promote and hinder the parent-infant bonding and attachment, such as: perineal pain, insomnia, fatigability, lactation and stress due to new responsibility of taking care of the infant.</p>	▪ Manual Unit 5.1 Physiology of Puerperium
3	<p>a. Brainstorm, list and describe the difference between common discomforts and disorders of Puerperium, such as persistent vaginal bleeding due to uterine sub-involution, fever, persistent anemia, haematoma, embolism, postpartum pre-eclampsia, and eclampsia, severe mental depression, thrombophlebitis; incontinence of feces or urine; urinary retention, obstetric fistula, etc.</p>	▪ Manual Unit 5.1 Physiological and emotional changes during post-natal period
4	<p>a. Brainstorm the measures to relieve common discomforts.</p> <p>b. Describe and list management steps of disorders of</p>	▪ Manual Unit 5.1 Physiological

	Puerperium by use of diet, personal hygiene, rest, exercise, etc.	and emotional changes during post-natal period
5	<p>a. Brainstorm the possible complications and danger signs of disorders during Puerperium.</p> <p>b. List and describe the common danger signs during Puerperium such as; Dysuria, Cystitis, Fecal Incontinence, Fever, Thromboembolism, etc</p>	<p>▪ Manual Unit 5.1 Physiological and emotional changes during post-natal period</p>
6	<p>a. Brainstorm the common causes of community-based management of puerperal sepsis, such as urinary tract infection, lack of personal hygiene, pelvic pain, foul smelling discharge from vagina, etc</p> <p>b. Describe the causes of puerperal sepsis and its potential effects on the mother.</p>	<p>▪ Manual Unit 7.3</p>
<b>S.No</b>	<b>PRACTICAL SESSION</b>	<b>Resource</b>
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:  <b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p>	<p><b>Refer to Annex in curriculum to use presentation handout:</b>  <u>“Developing Work plans &amp; Calendars”</u>  to pre-plan sessions and develop a strategy for implementation of session.</p>

	<p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	
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### Group work / Role Play

**Group work:      Assessment of Perpeurial Sepsis**

The CMWs must be taken to the post-natal ward and if there is any case admitted of perpeurial sepsis, the students take detailed history, conduct examination and assessment of the patient.

**Role Play:            Counseling for Tetanus Toxoid**

Assign 2 participants from the group. One will play the role of a woman who has no information regarding the tetanus and is not interested in going for ante-natal check-ups. The other will play the role of a CMW who will council the women regarding the importance of tetanus toxoid and complications.

Close the session by brainstorming how:

- ❖ CMWs will promote TT vaccinations?
- ❖ Will they store TT vaccines *if* they can maintain a cold-chain?
- ❖ Can they host TT vaccination days and get vaccine stock from the clinic?
- ❖ Will they refer only?

**Group Work / Demonstration on Post-natal patients**

Take the CMWs to ante-natal OPD and observe patients who are coming with history of vaginal discharge. Take detailed history and discuss the possible causes of infection during post-natal period.

### Practical Work

The following items will require practical work during ward and class work.

- ❖ Tour of OPD unit in the hospital.

## MODULE 6.2: POST NATAL CARE (PNC)

**Time: 9 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Describe the objectives and key elements of PNC immediately after birth and in the first 6 weeks.
2. Correctly take history and perform a physical examination in the PNC visit to identify common discomfort or disorder of post-natal period.
3. Manage common discomforts of post-natal period including problems of breast feeding such as engorgement, lack of milk supply, sore nipples and fissures and mood changes and measures to relieve these.
4. Manage common disorders (Mastitis, depression, sub- involution of uterus, pain/ redness in legs signs of infection, difficulty passing urine) of post-natal period that includes timely referral.
5. Educate mothers on normal care of self and baby, breast feeding, immunization and birth spacing after childbirth.
6. Describe the risk factors, causes, sign and symptoms, steps of community-based management of puerperal sepsis (metritis) and its potential effects on the mother.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Blood pressure apparatus



### **Teaching / Learning Strategies:**

1. Interactive Lecture
2. Discussion
3. Case scenarios
4. Working in ANC OPD

5. Group work
6. Simulation Role Play
7. Observation and practice in post-natal
8. Clinic / OPD

### Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. Conduct role play and simulation exercises on history taking. b. Perform a physical examination in the PNC visit to identify common discomfort or disorder of post-natal period	▪ Manual Unit 5.4
3	a. Brainstorm the common disorders during post-natal period that require timely referral. b. List and describe the conditions like mastitis, depression, sub - involution of uterus, pain / redness in legs signs of infection and difficulty in passing urine. c. Discuss the significance of timely management.	▪ Manual Unit 5.1
4	a. Brainstorm regarding the immunization schedule and need for family planning. b. Discuss and describe the counseling techniques to educate mothers on normal care of self and baby, breast feeding, immunization and birth spacing after childbirth.	▪ Manual Unit 5.1
S.No	PRACTICAL SESSION	Resource
1	Use Group Work / Role play / Demonstration / Simulation as listed below: <b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b> c. Group Work: Divide CMWs in groups and assign the	<b>Refer to Annex in the curriculum to use presentation handout:</b> <u>“Developing Work</u>

	<p>group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>d. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><u>plans &amp; Calendars</u>"</p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>
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### Group work / Role Play

**Field work: Conduct health education session in the community on post-natal complications**

The CMWs will go the community and discuss and learn from the community members, the various traditional remedies being practiced by the TBAs for post-partum hemorrhage, obstructed labour, eclampsia and abortion. In light of their views, the CMWs guide and advise them on appropriate measures to handle these complications.

**Case Scenario: Advice on post-natal care**

The CMWs are divided into 2 groups. One will act as CMW in each group and the rest of the students will act as post-natal patient and the family members. The CMW will assist the post-natal patient and will advise the family on her care.

**Community Visit: Post-natal care of the infant**

The CMWs will visit the post-natal women in the community and will advise on how to take care of the infant during the first 7 days of birth.

**Group Work: Midwife and post-natal Complication**

The class is divided in 3 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: Care of perineum and minor post-natal problems

Group 2: Danger signs during post-natal period

Group 3: Diagnosis of post-natal complication and timely referral by CMW

**Group Work: Care plan of the danger signs of the post-natal period**

The class is divided into 5 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: Develop a care plan for post-partum hemorrhage

Group 2: Develop a care plan for Shock

Group 3: Develop a care plan for Pre-eclampsia / Eclampsia

Group 4: Thromboembolism

Group 5: Infection

**Group Work: Pelvic Floor Exercises**

Select 2 CMWs who act as tutors and explain each step of the pelvic floor exercises to rest of the class.

**Group Work: Post-natal care and Follow-up Schedule**

Divide the class into 2 groups and ask each group to develop chart for post-natal care and follow-up schedule.

## Practical Work

**Abdominal examination of postnatal woman**

Visit the post-natal ward and practically perform abdominal examination to palpate uterus and involution after child birth, under supervision of the CMW Tutor. List down the findings and discuss among the group.

## MODULE 6.3: BIRTH SPACING & POST ABORTION CARE

**Time: 8 hours**

**Objective:** *By the end of this module, the midwife is able to:*

1. Classify different methods of child spacing / family planning and compare their advantages and disadvantages.

2. List essential elements of counseling for birth spacing.
3. Educate a woman and her family (husband and mother-in-law) on the relationship between birth spacing and family health and prosperity.
4. Counsel a woman for birth spacing.
5. Guide and deliver modern contraceptive methods (condoms, pills, injections and IUCD).
6. Manage side effects and problems with use of family planning methods.
7. Relate unmet need of family planning to induced abortion.
8. Relate induced abortion to health of mother and fetus.
9. Differentiate between natural and induced abortion.
10. Describe boundaries of her work related to abortion-care services and steps of post-abortion care.
11. List WHO recommended drugs for use in medication abortion.
12. Describe principles of uterine evacuation via manual vacuum aspiration (MVA).
13. Perform MVA.
14. Counsel a woman who has come for induction of abortion on consequences of induced abortion.
15. Provide post-abortion care including appropriate advise and counseling.
16. Describe the risk factors, causes, sign and symptoms, steps of community-based management of puerperal sepsis (metritis) and its potential effects on the mother.



### **Supplies / Materials Needed**

1. Flipchart stand with papers
2. White board
3. Board Markers
4. Condom
5. IUD
6. Contraceptive pills
7. Injectables
8. MVA Kit
9. Savalon
10. Infection prevention solution

11. Duc's speculum
12. Sim's speculum
13. Thermometer



### Teaching / Learning Strategies:

1. Interactive Lecture
2. Discussion
3. Case scenarios
4. Working in FP Clinic
5. Group work
6. Simulation Role Play
7. Observation and placements in community
8. FP Clinic / OPD

## Teaching Strategies

S.No	CLASSROOM THEORETICAL SESSION	Resource
1	a. Brainstorm the different methods of child spacing / family planning, such as: IUD, condom, injectables, pills, physiological methods, etc b. Discuss and list down advantages and disadvantages of each.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.5</li> <li>▪ Sher Shah page 399 – 418 (Annex 30)</li> </ul>
2	a. Brainstorm and list down the side effects of family planning methods. b. Describe the management of these problems.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.5</li> <li>▪ Sher Shah page 399 – 418 (Annex 30)</li> </ul>
3	a. Brainstorm the essential steps required for counseling while conducting the health education session on birth spacing.	<ul style="list-style-type: none"> <li>▪ Manual Unit 5.5</li> <li>▪ Sher Shah page</li> </ul>

		399 – 418 (Annex 30)
4	<p>a. Brainstorm the types of abortions and list down the types of abortions; such as, therapeutic, spontaneous, missed, induced, etc</p> <p>b. By using the above-mentioned types and definitions, differentiate between natural and induced abortion.</p> <p>c. Relate the consequences of induced abortion to health of mother and fetus.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.1</li> </ul>
5	<p>a. Share and provide the list of WHO recommended drugs for use in medication during abortion care.</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 7.1</li> </ul>
S.No	PRACTICAL SESSION	Resource
1	<p>Use Group Work / Role play / Demonstration / Simulation as listed below:</p> <p><b>Tutor will make pre-arrangements with clinical trainer and pre-plan for all logistical and operational needs.</b></p> <p>a. Group Work: Divide CMWs in groups and assign the group work (as listed below) Assign one CMW in each group to act as group-work presenter/representative. Allow 10 minutes before group work for each group to assign participants and discuss how to proceed. Allow 10 minutes at end of group work to share their findings/ receive feedback.</p> <p><b>Ask all participants to give feedback.</b></p> <p>b. Observation and practice in Antenatal clinic / OPD / Gynae ward (if possible)</p>	<p><b>Refer to Annex in the curriculum to use presentation handout:</b></p> <p><u>“Developing Work plans &amp; Calendars”</u></p> <p>to pre-plan sessions and develop a strategy for implementation of session.</p>

### Group work / Role Play

**Group work: Counseling on advantages of child spacing**

Select 3 CMWs to act as CMW, woman and her family member (which is usually mother-in-law). The CMW will conduct a counseling session with the

woman and her family on the advantages of birth spacing and family health. Close the session by brainstorming the longest list possible of benefits from child spacing.

**Group Work: Different methods of Child Spacing**

The class is divided in 4 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: Physiological methods (Rhythm Method, Basal Body Temperature, etc)

Group 2: Lactational amenorrhea method

Group 3: Barrier methods and appropriate use of condom

Group 4: Long-lasting methods (IUCDs, injectables implant)

**Role play: Benefits and disadvantages of contraceptive pills**

Two CMWs will participate. One will act as a woman who wishes to seek information regarding the benefits and disadvantages of contraceptive pills. The other will act as CMW and will elaborate all the information. The class will listen to the role play and will provide feedback regarding the information given and will identify the deficient information.

**Group Work: Advantages and dis-advantages of different methods of Child Spacing**

The class is divided in 3 groups and the following tasks assigned to each group for discussion and presentation:

Group 1: Advantages and dis-advantages of contraceptive pills

Group 2: Advantages and dis-advantages of injectables

Group 3: Advantages and dis-advantages of IUDs

**Role play: Preparation for Tubal Ligation**

Two CMWs will participate. One will act as a woman who has 5 children and do not want another pregnancy, at all, and therefore, wishes to seek information regarding the best possible method in her case. The other will act as CMW and will elaborate all the information regarding tubal ligation. The class will listen to the role play and will provide feedback regarding the information given and will identify the deficient

information.

### **Case Scenario – Advise on post-abortion care**

The CMWs are divided into 2 groups. One will act as CMW in each group and the rest of the students will act as post-abortion patient and the family members. The CMW will assist the post-abortion patient and will advise the family on her care and follow-up to use appropriate contraceptive.

### **Community Visit: Misconceptions regarding family planning**

The CMWs will visit the community and will discuss with the females the possible misconceptions regarding child spacing. Close by brainstorming as a group possible ways to dispel myths and misconceptions around family planning methods. Share success stories from the past.

## **Practical Work**

### **Visit of Family Planning Clinic**

- Arrange a visit of family planning clinic so that CMWs can observe the procedure of IUD insertion and can recognize each contraceptive.
- Observe and perform Manual Vacuum Aspiration under supervision.

## UNIT 7

### Preparing for Professional Practice

#### MODULE 7.2: EVIDENCE BASED DECISION MAKING

**Time: 3 hours**

**Objective:** *By the end of this module, the midwife is able to describe:*

1. Classify types of routine information that CMW need to collect.
2. List the tools essential for CMW practice.
3. Record information in CMW tools.
4. Interpret, analyze and use client information for midwifery care.
5. List elements and mechanism of monitoring and supervision.
6. Obtain and incorporate supervisor's feedback.



#### Resources / Materials Needed

1. Flipchart papers
2. Stand
3. Board Markers



#### Teaching / Learning Strategies:

1. Discussion
2. Group work
3. Interactive Lecture

#### Discussion

S.No	Discussion	Resource
1	b. Brainstorm and list the types of routine information that CMW need to collect.	▪ Deployment Guidelines -

	<p>c. Discuss the importance of each type of information.</p> <p>d. List elements and mechanism of monitoring and supervision</p>	<p>Record Keeping (Annex-27)</p> <ul style="list-style-type: none"> <li>▪ M &amp; E Tools</li> <li>▪ (Annex 17)</li> </ul>
	<p>a. Ask the CMWs to interpret, analyze and use the information gathered from the client</p> <p>b. Obtain and incorporate supervisor's feedback</p>	<ul style="list-style-type: none"> <li>▪ Manual Unit 9.3</li> <li>▪ Page 24 - 37</li> </ul>

## Group Work

### 1. Data Sheets for Mother and Infant Care

Divide the CMWs in 3 groups and provide each group the following tasks. Ask 6 CMWs (2 per each group) to act as mother and family member and provide the information as is required by the CMWs for filling in of the data sheets.

Each group will make a presentation to share the data findings and the Tutor will provide the feedback to each group.

(Reference: Health card of the pregnant mother, Page 271 and 330 - Annex17)

- **Group 1:** Information required at 1st, 2<sup>nd</sup> and 3<sup>rd</sup> visits ante-natal visits.
- **Group 2:** Information regarding labour and checklist for first 2 hours after delivery
- **Group 3:** Calculate EDD, Checklist of danger signs and other investigation

### 2. Family Planning Client Record

Divide CMWs in 2 groups and assign the following task:

- **Group 1:** Develop a client record card and prepare the history checklist for family planning.

- **Group 2:** Develop a checklist which is comprised of all the information related to the family planning method and its use.

Each group will present the checklists and the Tutor will review and provide the feedback to each group.

(Reference: Checklist on Page 309 - Annex 17 – Client Record Card)

## MODULE 7.3: QUALITY OF CARE

**Time: 3 hours**

**Objective:** *By the end of this module, the midwife is able to describe:*

1. Describe essential elements of quality of care including compliance with standards, competency, continuum of care, use of information and monitoring and supervision.
2. Relate the quality in health care to competency, continuum of care, compliance with standards and use of information.
3. Relate monitoring and supervision to quality of care.



### Resources / Materials Needed

1. Flipchart papers
2. Stand
3. Board Markers



### Teaching / Learning Strategies:

1. Discussion
2. Group work
3. Interactive Lecture

## Discussion

S.No	Discussion	Resource
1	a. Brainstorm and list the essential elements of quality of care and use of information. b. Relate the use of information as a part of the continuum of care.	<ul style="list-style-type: none"> <li>▪ Orientation module (Annex-9)</li> </ul>
	a. Discuss and describe the relationship of monitoring and supervision to quality of care	<ul style="list-style-type: none"> <li>▪ Manual Unit 9.3 Page 24 - 37</li> <li>▪ SoW in the curriculum</li> </ul>

### Group Work

#### 1. Checklist for Mother and Infant Care

Divide the CMWs in 2 groups and provide each group the following tasks. Each group will make a presentation to share the data findings and the Tutor will provide the feedback to each group.

(Reference: Checklist on Page 292, 330, 331 - Annex 17 for Mother and infant care)

- Group 1: Develop the checklist for new born care and also assess the new born with the help of APGAR score.
- Group 2: Develop a checklist for post-natal period, starting from day 1, 3, 7, 28 and 42 day.

#### 2. Community Midwife Monthly Report

Divide the CMWs in 3 groups and provide them with the CMW data record of the previous months. Ask each group to fill in the CMW monthly report form given at Page 318 – Annex 17, with the available data.

The Tutor will review and provide the feedback to each group.  
(Reference: Checklist on Page 292 - Annex 17 - Mother and infant care)

## PRE & POST TEST

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### PRE-TEST UNIT 1

**Competency No. 1:** Community Midwives have the requisite knowledge and skills from obstetrics, neonatology, social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

**Encircle the appropriate responses:**

**1. What is health? (Basic Knowledge Competency 1)**

- a. A complete state of physical well-being.
- b. A complete state of physical and mental well-being and not merely the absence of disease or infirmity.
- c. Health is wealth.
- d. Absence of disease or infirmity.
- e. All of the above

**2. Social factors affecting health are: (Basic Knowledge Competency 1)**

- a. Water and Sanitation
- b. Food security
- c. Education
- d. Socio-economic status
- e. All of the above

**3. The professional responsibilities / duties of CMW are: (Basic Knowledge Competency 6)**

- a. Confidentiality
- b. Inform other women in community regarding the health status of women suffering from HIV, Hepatitis, etc
- c. Take part in health policy related to community health
- d. Health education

- e. All of the above
- 4. The number of maternal deaths / year due to pregnancy related causes in Pakistan are: (Basic Knowledge Competency 3)**
- a. 10,000
  - b. 12,000
  - c. 14,000
  - d. 16,000
  - e. None of the above
- 5. The three delay model is: (Basic Knowledge Competency 4)**
- a. Delay in decision making
  - b. Delay in birth preparedness plan
  - c. Delay in reaching the health facility
  - d. Delay in care at the health facility
  - e. All of the above
- 6. Factors affecting maternal health in Pakistan (Basic Knowledge Competency 3)**
- a. Male dominated society
  - b. Access to skilled birth attendance
  - c. High fertility rate
  - d. Inappropriate antenatal, postnatal care
  - e. All of the above
- 7. Measures to reduce maternal mortality in Pakistan (Basic Knowledge Competency 4)**
- a. Decrease gender discrimination
  - b. Improve the nutrition status of females
  - c. Access to female education
  - d. Skilled care during delivery
  - e. All of the above

**8. Steps of effective referral: (Basic Knowledge Competency 8)**

- a. Provision of emergency care
- b. Immediate arrangement of transport
- c. Call the referral facility
- d. Accompany yourself (if possible)
- e. All of the above

**9. The components of safe motherhood are: (Basic Knowledge Competency 4)**

- a. Ante natal Care
- b. Postnatal Care
- c. Confidentiality
- d. Breast feeding
- e. Family planning
- f. All of the above

**10. IMNCI is: (Basic Knowledge Competency 4)**

- a. Integrated Management of Neonatal and Childhood Illness
- b. Integrated Management of Newborn and Children Illness
- c. Isolated Management of Neonatal and Childhood Illness
- d. Isolated Management of Newborn and Children Illness
- e. None of the above

## PRE TEST UNIT 2

**Competency No. 2:** Midwives/ community midwives have the requisite knowledge and skills from obstetrics, neonatology that form the basis of high quality , culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

**Provide responses for the questions:**

**1. Match the correct route of administration of these drugs? (Basic Knowledge Competency 10)**

- |                             |                     |
|-----------------------------|---------------------|
| a. Oxytocin                 | Topical application |
| b. Polyfax                  | Oral                |
| c. Misoprostol              | Intra-muscular      |
| d. Injectable Contraceptive | Intra-venous        |
| e. Polyfax                  | Sub-cutaneous       |

**2. Five basic principles of drug administration are: (Basic Knowledge Competency 10)**

**3.**

- Appropriate name of the patient / client / woman
- Accurate medicine
- Accurate dosage
- Accurate time
- Accurate intake of medicine
- All of the above

**4. What are the routes of infection? (Basic Knowledge Competency 11)**

- Through vaginal and seminal fluids
- Through blood
- Through contaminated water
- Through air
- Through skin

f. All of the above

**5. The basic steps of infection prevention are: (Basic Knowledge Competency 11)**

- a. Wash hands
- b. Wear protective dress
- c. Wear glasses
- d. Disposal of syringes
- e. Wear gloves
- f. Clean and disinfect the bed
- g. Clean and sterilize the instruments
- h. Boiling
- i. Disinfection
- j. All of above

**6. What are the following abbreviations: (Basic Knowledge Competency 14, 15)**

- a. AIDS
- b. HIV
- c. IUD
- d. HLD

**7. The CMW “MUST” wash hands for 3 minutes, before: (Basic Knowledge Competency 11)**

- a. Touching the vulva of woman giving child birth
- b. Pelvic examination
- c. During assisted vaginal delivery
- d. Stitching the incision / wound

**8. The CMW “MUST” wash hands for 3 minutes, after: (Basic Knowledge Competency 11)**

- a. Conducting delivery
- b. Touching the blood / body secretions
- c. Hands contaminated with feces
- d. Hands contaminated with urine

**9. To prepare 0.5% disinfectant solution, add: (Basic Knowledge Competency 11)**

- a. Nine parts of 5% bleach & 1 part of clean water
- b. One part of 5% bleach & 9 parts of clean water
- c. Five parts of 5% bleach & 9 parts of clean water
- d. Nine parts of 5% bleach & 5 parts of clean water

**10. What is the formula to convert Celsius to Fahrenheit (Basic Knowledge Competency 8)**

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**11. What is the formula to convert Fahrenheit to Celsius (Basic Knowledge Competency 8)**

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**12. Normal Body temperature is: (Basic Knowledge Competency 8)**

- a. 92.6°C
- b. 98.6° C
- c. 37° F
- d. 38° F

## SKILLED BASED / OBSERVATIONAL CHECKLIST

### UNIT 2

S.No	Expected Competency	Independently Perform the Procedure / Ability to take decision																Comments / Recommendations for Improvement
		NAMES OF THE CMWs																
1	Recording of vitals:																	
1.1	Pulse																	

1.2	Temperature																		
1.3	Blood Pressure																		
<b>2</b>	Use the acquired information for:																		
2.1	Recording																		
2.2	Explaining																		
<b>3</b>	Use of medicine																		
3.1	Checking																		
3.2	Administration																		
3.3	Record keeping of the																		

	administered medication																		
<b>4</b>	Maintain the airway during shock / suffocation in emergency conditions																		
<b>5</b>	Demonstration of CPR																		
<b>6</b>	Improve the patient condition prior to referral																		
<b>7</b>	Referral to the facility / doctor																		

<b>8</b>	Maintain Intravenous line																			
<b>9</b>	Administration of IV infusion																			
<b>10</b>	Washing hands																			
<b>11</b>	Insertion of catheter																			
<b>12</b>	Information on TT vaccination schedule																			
<b>13</b>	Health education regarding:																			

13.1	Antenatal care																			
13.2	Nutrition																			
13.3	Birth preparedness																			
14	Minor complications during pregnancy																			
15	Danger signs during pregnancy																			
16	Danger signs during labour																			
17	Breast Feeding																			

18	Child Spacing																					
<b>Total Score out of 18</b>  Note: must score at least a 13 to pass																						

## PRE-TEST UNIT 3

**Competency No. 3:** Midwives / community midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

**Encircle the appropriate responses:**

1. **The dietary intake of normal and a pregnant woman are: (Basic Knowledge Competency 6 – Competency 2)**
  - a. 2,100 calories and 2,600 calories
  - b. 2,100 calories and 2,500 calories
  - c. 2,200 calories and 2,400 calories
  - d. 2,400 calories and 2,700 calories
  
2. **List the consequences of inadequate nutrition during pregnancy? (Basic Knowledge Competency 6 – Competency 2)**
  - a. Abortion
  - b. Malnutrition
  - c. Low birth weight infant
  - d. Anemia
  - e. Pre-eclampsia
  
3. **List 7 High risk factors for pre-eclampsia: (Basic Knowledge Competency 12)**
  - a. Primigravida, particularly less than 20 years and above 35 years
  - b. Obesity
  - c. Twin pregnancy
  - d. Multiple pregnancy
  - e. Diabetes
  - f. Hydatiform Mole
  - g. Pre-pregnancy hypertension

**4. The General Physical Examination of the pregnant woman is comprised of monitoring her: (Basic Knowledge Competency 5)**

- a. Pulse
- b. Temperature
- c. Blood Pressure
- d. Weight
- e. Thyroid examination
- f. Pallor of the palms and conjunctiva
- g. Oedema on hands and feet

**5. List 13 danger signs which require immediate referral during pregnancy: (Basic Knowledge Competency 12)**

- a. Severe pallor (anemia)
- b. Painless or painful vaginal bleeding
- c. Spotting
- d. Foul smelling vaginal discharge
- e. Severe continued vomiting after first trimester
- f. Pain in abdomen or lower abdomen
- g. Severe headache
- h. Blurring of vision
- i. Swelling on hands, face and feet
- j. Fits and convulsions
- k. Vertigo
- l. Lack of fetal movement after 4 months
- m. Decreased fetal movement

**6. List the types of abortions: (Basic Knowledge Competency 14)**

- a. Threatened abortion
- b. Inevitable abortion
- c. Incomplete abortion
- d. Complete abortion
- e. Missed abortion
- f. Septic abortion

**7. Always remember that in severe pre-eclampsia: (Fill in the blank)  
(Basic Knowledge Competency 14)**

- a. Delivery must be conducted within ----- after signs of pre-eclapmsia
- b. Delivery must be conducted within ----- after fits begin in eclampsia
- c. Never administer ----- if the woman is pre-eclamptic or have raised blood pressure
- d. Never give ----- to a woman with diagnosed pre-eclampsia and eclampsia

**8. List the common symptoms of Urinary Tract Infection: (Basic Knowledge Competency 13)**

- a. Burning micturition
- b. Micturition urge even when the bladder is empty
- c. Increased frequency of micturition at night
- d. Spontaneous dribbling of urine
- e. Pain in lower pelvis and back
- f. Blood or pus in urine
- g. Fever

**9. Increased level of sugar in blood is called ----- due to which glucose is excreted in urine, the condition known as ----- . The increased level of sugar in blood is controlled by -----, which is a ----- secreted by ----- . (Basic Knowledge Competency 12)**

## SKILLED BASED / OBSERVATIONAL CHECKLIST

### UNIT 3

S.No	Expected Competency	Independently Perform the Procedure / Ability to take decision																Comments / Recommendations for Improvement
		NAMES OF THE CMWs																
1	Diagnosis of pregnancy																	
1.1	Signs																	
1.2	Symptoms																	

2	Pregnancy Test																			
3	Calculation of EDD																			
4	History taking:																			
4.1	At first antenatal visit of Primigravida																			
4.2	At first antenatal visit of Multigravida																			
4.3	At second antenatal visit																			

4.4	At third antenatal visit																			
5	Physical examination during antenatal check up																			
6	Using the acquired information:																			
6.1	Recording																			
6.2	explaining																			
6.3	Planning on basis of acquired and recorded																			

	information																			
7	Nutrition																			
7.1	Collection of information																			
7.2	Nutritional advise																			
8	Prescribe iron and folic acid																			
9	Registration of ANC case																			
10	Identification of danger signs during pregnancy																			

11	Identification of decreased fetal growth																		
12	Absence of fetal heart sound																		
13	Identification of ectopic pregnancy																		
14	Perform procedure in case of spontaneous abortion																		
15	Management of high blood pressure																		

	during pregnancy																		
16	Management of infections during pregnancy																		
<b>Total Score out of 16</b>  Note: must score at least a 11 to pass																			

## PRE-TEST UNIT 4

**Competency No. 4:** Midwives / community midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

**Encircle the appropriate responses:**

**1. In 1<sup>st</sup> stage of Labour: (Basic Knowledge Competency 5)**

- a. During Latent Phase, the cervix is 2.5 cm. open and it can last till 6 hours
- b. During Latent Phase, the cervix is 4 cm. open and it can last till 8 hours
- c. During Active Phase, the cervix is 4 - 9 cm. open and the contractions are regular and more painful.
- d. During Active Phase, the cervix is 5 - 8 cm. open and the contractions are with long intervals and more painful.
- e. None of the above

**2. The 2<sup>nd</sup> stage of Labour: (Basic Knowledge Competency 6)**

- a. Starts when **the cervix is completely dilated (10 cm.)** and its duration is usually few minutes to a **maximum of 2 hours**.
- b. Starts when the cervix is completely dilated (8 cm.) and its duration is usually few minutes to a maximum of 4 hours.
- c. Starts when the cervix is partially completely dilated (10 cm.) and its duration is usually few minutes to a maximum of 2 hours.
- d. Starts when the cervix is partially completely dilated (8 cm.) and its duration is usually few minutes to a maximum of 2 hours.
- e. None of the above

**3. The enema should not be administered when: (Basic Knowledge Competency 3)**

- a. Amniotic fluid sac is ruptured
- b. Women is in active or late labour
- c. If woman is not willing to take enema
- d. All of the above

- 4. The danger signs during 1<sup>st</sup> stage of labour are: (BK Competency 9)**
- a. Rupture of amniotic fluid sac since 8 to 12 hours, without labour
  - b. Heavy bleeding during labour
  - c. Severe pain during contractions with hardening of uterus
  - d. Pre-eclampsia or blood pressure more than 140 / 90
  - e. Convulsions / Fits
  - f. All of the above
- 5. Danger signs during 2<sup>nd</sup> stage of labour are: (Basic Knowledge Competency 17)**
- a. Strong effective contractions since 2 hrs. without childbirth
  - b. A stream of bleeding prior to childbirth
  - c. Color of liquor is brown, yellow or green
  - d. Cord around the neck
  - e. Fetal heart rate is more than 160/min or less than 100/min
  - f. Shoulder dystocia
  - g. Breech presentation
  - h. Unexpected twin deliveries
  - i. Low birth weight baby
  - j. Pre-mature baby
  - k. All of the above
- 6. The duration of 3<sup>rd</sup> stage of labour is: (Basic Knowledge Competency 6)**
- a. Usually 5 – 15 minutes, could be prolonged to 1 hour.
  - b. Usually 5 – 10 minutes, could be prolonged to 1/2 hour.
  - c. Usually 15 – 20 minutes, could be prolonged to 1 hour.
  - d. Usually 10 – 15 minutes, could be prolonged to 1/2 hour.
  - e. None of the above
- 7. Signs of placental separation are: (Basic Knowledge Competency 17)**
- a. Vomiting
  - b. Hard and contracted uterus in the pelvis
  - c. Fresh bleeding

- d. Lengthening of umbilical cord
- e. Increased blood pressure
- f. All of the above

**8. AMTSL is the abbreviation for: (BK Competency 18)**

- a. Acute Management and Treatment in Stages of Labour
- b. Acute Management of Third Stage of Labour
- c. Active Management of Third Stage of Labour
- d. Active Management and Treatment in Stages of Labour
- e. None of the above

**9. Three essential components of 3<sup>rd</sup> stage of labour are: (BK Competency 18)**

- a. Administer Oxytocic drug, Controlled Cord Traction and Cutting of Umbilical Cord
- b. Administer IV Ergometrine drug, Delivery of Placenta and Fresh Bleeding
- c. Administer Oxytocic drug, IV Ergometrine and Methergine
- d. None of the above
- e. All of the above

**10. The Tab. Misoprotol is administered during ----- for prevention of post-partum hemorrhage: (BK Competency 18)**

- a. 1<sup>st</sup> stage of labour
- b. 2<sup>nd</sup> stage of labour
- c. 3<sup>rd</sup> stage of labour
- d. Active management of 3<sup>rd</sup> stage of labour
- e. All of the above

## SKILLED BASED / OBSERVATIONAL CHECKLIST

### UNIT 4

S.No	Expected Competency	Independently Perform the Procedure / Ability to take decision																Comments / Recommendations for Improvement
		NAMES OF THE CMWs																
1	Recording information on Partograph to monitor mother and fetal growth																	
2	Health education regarding: antenatal care																	
2.1	Health education regarding emotional																	

	support during pregnancy																		
2.2	Health education regarding birth preparedness																		
3	Use of AMTSL for delivery of placenta																		
4	Danger signs during 3 <sup>rd</sup> stage of labour and immediate referral																		
5	Determine 1 <sup>st</sup> and 2 <sup>nd</sup> stage perineal tear																		
6	Examination of placenta and its disposal																		
<b>Total Score out of 6</b> Note: must score at least a 4 to pass																			

## PRE-TEST UNIT 5

**Competency No. 6:** Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age. Preventative care for young children (Infants)

**Provide responses for the questions:**

**1. Hypothermia in newborn can be prevented by giving bath: (BK Competency 1)**

- a. Soon after birth
- b. After 2 – 3 days
- c. After 6 hours of birth
- d. After 12 hours of birth

**2. Take care of the Umbilical Cord by: (BK Competency 8)**

- a. Applying Anti-microbial cream
- b. Applying Anti-Fungal Ointment
- c. Applying any skin ointment
- d. Do not applying anything

**3. What is APGAR Score? (BK Competency 4)**

- a. Alert, Pulse, Grimace, Active, Response
- b. Appearance, Pulse, Grimace Active, Respiration
- c. Appearance, Posture, Grimace, Active, Reflex
- d. Alert, Pulse, Grip, Active, Respiration
- e. Appearance, Posture, Grimace, Active, Response

**4. The APGAR Score at 1 minute of birth should be: (BK Competency 4)**

- a. 5 or more
- b. 6 or more
- c. 7 or more
- d. 8 or more

**5. The congenital defects in newborn are:**

- a. Hypothermia
- b. Spina Bifida
- c. Imperforated Anus
- d. Low birth weight
- e. Cleft Lip or Cleft palate
- f. Abrasion
- g. Fracture
- h. Hemorrhage
- i. All of the above

**6. The care and check-up of newborn must be done at: (BK Competency 8)**

- a. Soon after birth
- b. One hour after birth
- c. First 3 hours after birth
- d. First 6 hours after birth
- e. After 4 days
- f. After 6 days
- g. After 5 weeks
- h. After 6 weeks
- i. All of the above

**7. BCG vaccination must be administered to the newborn: (BK Competency 12)**

- a. Soon after birth
- b. After 1 day
- c. After 1 week
- d. After 6 weeks

**8. The breast milk during first 2-3 days of child birth is known as: (BK Competency 12)**

- a. Secretion
- b. Fluid

- c. Milk
- d. Colostrum
- e. Seminal Fluid

**9. The body temperature of full term infant is usually: (BK 14)**

- a. 36.5° - 37° C in Axilla
- b. 36.5° - 38° C in Axilla
- c. 36.7° - 37.2° C in Rectum
- d. 36.4° - 37.4° C in Rectum

**10. The complications during labour and child birth which can affect the newborn are: (BK Competency 12)**

- a. Rupture of membranes
- b. Abnormal heart rate of fetus
- c. Maternal Diabetes
- d. Meconium stained liquor
- e. Maternal history of Epilepsy in the past
- f. Prolonged labour
- g. Cesarean section
- h. All of the above

## SKILLED BASED / OBSERVATIONAL CHECKLIST

### UNIT 5

S.No	Expected Competency	Independently Perform the Procedure / Ability to take decision																Comments / Recommendations for Improvement	
		NAMES OF THE CMWs																	
1	Immediate care of newborn after birth, comprised of:																		
1.1	Cord clamping																		
1.2	Cord cutting																		

1.3	Wipe the newborn																			
1.4	Check the respiration																			
1.5	Care of newborn temperature																			
2	Newborn care during emergency conditions, such as:																			
2.1	Low-birth weight																			
2.2	Pre-mature																			
2.3	Check APGAR Score																			
2.4	Hypothermia																			
3	Resuscitation of newborn respiration																			

4	Care of newborn care with abnormal condition and congenital malformation, such as:																			
4.1	Caput																			
4.2	Moulding																			
4.3	Mongolian spots																			
4.4	Signs of injury																			
4.5	Jaundice																			
4.6	Fetal Malnutrition																			
5	Use IMNCI guidelines to																			

	manage the minor ailments of infant, such as:																			
5.1	Skin rashes																			
5.2	Vomiting																			
5.3	Problems in breast suckling																			
6	Identify the danger signs in newborn, such as:																			
6.1	Hematoma																			
6.2	Haemangioma																			
6.3	Adverse moulding of the fetal skull																			
6.4	Hypoglycemia																			

6.5	Hypothermia																			
6.6	Congenital Syphilis																			
6.7	Infection																			
7	Health education of mother regarding breast feeding and various infant feeding positions																			
8	Identify and management of the common problems in pre-mature newborn, such as:																			
8.1	Cleft lip / palate																			

8.2	Candidiasis (severe itching and swelling)																			
8.3	Tetanus																			
9	Severe disease / infection																			
9.1	Difficulty in breathing																			
9.2	Congenital heart malformation newborn																			
10	Guide the mother regarding breast feeding, such as:																			
10.1	Process of milk production																			
10.2	How to store it in case of a need																			

10.3	Importance of Colostrum																			
10.4	Immediate breast feeding																			
10.5	How to cease breast feeding																			
10.6	Disadvantages of bottle feeding																			
11	Importance and need of immunization																			
12	Importance of weaning																			
13	Deficiency of vitamins and its complications and disadvantages																			
14	Record the birth																			
15	Guide mother if she is suffering from the																			

	diseases, such as:																			
15.1	Malaria																			
15.2	Dengue																			
15.3	Tuberculosis																			
15.4	HIV / AIDS																			
15.5	Heart disease																			
<b>Total Score out of 15</b>																				
Note: must score at least a 11 to pass																				

## PRE-TEST UNIT 6

**Competency No. 5:** Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

**Competency No. 7:** Midwives provide a range of individualized, culturally sensitive abortion - related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

**Encircle the appropriate responses:**

- 1. The woman must be assessed after every ----- minutes, within one hour of delivery of placenta. (BK Competency 8)**
  - a. 5 minutes
  - b. 10 minutes
  - c. 15 minutes
  - d. 20 minutes
  
- 2. The common problems of Puerperium are: (BK Competency 7)**
  - a. Breast engorgement
  - b. Sore nipples
  - c. Cancer of the cervix
  - d. Mood changes
  - e. Lack of milk supply
  - f. Breast Cancer
  - g. All of the above
  
- 3. The danger signs of Puerperium are: (BK Competency 9)**
  - a. Malnutrition
  - b. Persistent vaginal bleeding
  - c. Uterine Sub-involution
  - d. Haematoma
  - e. Anemia

- f. Pre-eclampsia
- g. Incontinence of feces or urine
- h. All of the above

**4. The breast milk prevents the infant from: (BK Competency 2)**

- a. Diarrhea
- b. Infection
- c. Temperature
- d. HIV/AIDS
- e. Measles
- f. Allergy
- g. Tuberculosis
- h. All of the above

**5. Lactational Amenorrhea is: (BK Competency 2)**

- a. Discharge within 6 weeks of child birth
- b. Absence of menstrual cycle after child birth for almost 6 months when a mother is exclusively breastfeeding on demand, day and night
- c. Regular menstrual cycle after 6 weeks of child birth
- d. Painless spotting after child birth
- e. None of the above

**6. Contraceptive pills cannot be used by woman who has: (BK Competency 1)**

- a. Hepatitis (Liver disease)
- b. Cancer
- c. On anti-Tuberculosis and anti-Epileptic drugs
- d. Cardiac disease
- e. High Blood Pressure
- f. Diabetes
- g. All of the above

**7. If woman forgets to take: (BK Competency 1)**

- a. One white pill, she should take the pill, ----- she remembers it and there is ----- need to use any other -----.
- b. Two white pills, she should take both the pills, ----- and continue to take the remaining pills on its scheduled time.
- c. Three or more pills, ----- pills, start -----and visit the ----- for advice.
- d. Brown pill, these are ----- and have no ----- effect.

**8. The common side effects of injectable contraceptives are: (BK Competency 1)**

- a. Irregular menstrual cycle
- b. Breast tenderness
- c. Nausea and Vomiting
- d. Dark complexion
- e. Hair loss
- f. Weight gain
- g. Depression and mood changes
- h. Blood or pus in urine
- i. All of the above

**9. The contraceptive methods which can be used in: (BK Competency 5)**

- a. Adolescent married girls (11 – 19 years) are -----.
- b. Post-abortion are -----.
- c. During first 3 months of post-abortion, ----- when there is no infection

## SKILLED BASED / OBSERVATIONAL CHECKLIST

### UNIT 6

S.No	Expected Competency	Independently Perform the Procedure / Ability to take decision																Comments / Recommendations for Improvement
		NAMES OF THE CMWs																
1	Gather and record complete post-natal history and information:																	
1.1	Immediate post natal history																	
1.2	History and information after 6 hours																	
1.3	History and information after 24 days																	
1.4	History and information after 6 weeks																	

1.5	Physical examination during postnatal period																			
2	Explain common problems and management during postnatal period, such as:																			
2.1	Problems during breast feeding																			
2.2	Poor let down of breast milk																			
2.3	Soar and cracked nipples																			
2.4	Blood clotting																			
2.5	Pain in perineum and anal region																			
3	Explain common diseases, their identification, management and immediate referral during postnatal period, such as:																			

3.1	Inflammation of breast																			
3.2	Postnatal stress syndrome																			
3.3	Complications of uterus																			
3.4	Pain in legs / redness																			
3.5	Signs of infection																			
3.6	Difficulty in micturition																			
4	Health education to mother during postnatal period regarding:																			
4.1	Personal care																			
4.2	General care of newborn																			
4.3	Breast feeding																			
4.4	Childhood immunization																			

4.5	Child spacing																		
5	Observe the dietary plan during postnatal period and give appropriate instructions																		
6	Advise Folic acid and iron																		
7	Counsel regarding child spacing and different methods of family planning																		
8	Management of side effects, and complications of family planning methods																		
9	Counseling of a woman who wish to terminate pregnancy and wants induced abortion																		

10	Post-abortion counseling and care																			
<b>Total Score out of 10</b> Note: must score at least a 7 to pass																				

## PRE-TEST UNIT 7

**Competency No. 1:** Midwives/ community midwives have the requisite knowledge and skills from obstetrics, neonatology, social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and child bearing families.

**Encircle the appropriate responses:**

**1. The communication process is comprised of: (BK Competency 11)**

- a. Verbal communication
- b. Non-verbal communication
- c. Tone and pitch of the voice
- d. All of the above

**2. While recording the ante-natal history, mark the red column, if the following conditions are observed: (BK Competency 10)**

- a. Anemia
- b. Malnutrition
- c. Swelling
- d. Breast problems
- e. Persistent vaginal bleeding / spotting
- f. All of the above

**3. List down the essential components which will be recorded by CMW on daily basis: (BK Competency 11)**

- a. -----
- b. -----
- c. -----
- d. -----
- e. -----
- f. -----
- g. -----
- h. -----

i. -----

**4. What are the items recording in Partograph:**

- ✓ Fetal heart rate
- ✓ Amniotic fluid
- ✓ Moulding
- ✓ Cervix conditions
- ✓ Contractions per 10 minutes
- ✓ Oxytocin
- ✓ Drugs given and IV fluid
- ✓ Pulse
- ✓ Blood Pressure
- ✓ Temperature
- ✓ Urine

## PRE & POST ANSWER KEY

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### UNIT 1 - KEY

**Encircle the appropriate responses:**

- 1. What is health? (Basic Knowledge Competency 1)**
  - a. A complete state of physical well-being.
  - ✓ *A complete state of physical and mental well-being and not merely the absence of disease or infirmity.*
  - b. Health is wealth.
  - c. Absence of disease or infirmity.
  - d. All of the above
  
- 2. Social factors affecting health are: (Basic Knowledge Competency 1)**
  - a. Water and Sanitation
  - b. Food security
  - c. Education
  - d. Socio-economic status
  - ✓ *All of the above*
  
- 3. The professional responsibilities / duties of CMW are: (Basic Knowledge Competency 6)**
  - ✓ *Confidentiality*
  - a. Inform other women in community regarding the health status of women suffering from HIV, Hepatitis, etc
  - ✓ *Take part in health policy related to community health*
  - ✓ *Health education*
  - b. All of the above
  
- 4. The number of maternal deaths / year due to pregnancy related causes in Pakistan are: (Basic Knowledge Competency 3)**

- a. 10,000
- ✓ 12,000
- b. 14,000
- c. 16,000
- d. None of the above

**5. The three delay model is: (Basic Knowledge Competency 4)**

- ✓ *Delay in decision making*
- a. Delay in birth preparedness plan
- ✓ *Delay in reaching the health facility*
- ✓ *Delay in care at the health facility*
- b. All of the above

**6. Factors affecting maternal health in Pakistan (Basic Knowledge Competency 3)**

- a. Male dominated society
- b. Access to skilled birth attendance
- c. High fertility rate
- d. Inappropriate antenatal, postnatal care
- ✓ *All of the above*

**7. Measures to reduce maternal mortality in Pakistan (Basic Knowledge Competency 4)**

- a. Decrease gender discrimination
- b. Improve the nutrition status of females
- c. Access to female education
- d. Skilled care during delivery
- ✓ All of the above

**8. Steps of effective referral: (Basic Knowledge Competency 8)**

- a. Provision of emergency care
- b. Immediate arrangement of transport
- c. Call the referral facility

d. Accompany yourself (if possible)

✓ *All of the above*

**9. The components of safe motherhood are: (Basic Knowledge Competency 4)**

✓ *Ante natal Care*

✓ *Postnatal Care*

a. Confidentiality

✓ *Breast feeding*

✓ *Family planning*

b. All of the above

**10. IMNCI is: (Basic Knowledge Competency 4)**

✓ *Integrated Management of Neonatal and Childhood Illness*

a. Integrated Management of Newborn and Children Illness

b. Isolated Management of Neonatal and Childhood Illness

c. Isolated Management of Newborn and Children Illness

d. None of the above

## UNIT 2 - KEY

**Provide responses for the questions:**

**1. Match the correct route of administration of these drugs?**

- |                             |                        |
|-----------------------------|------------------------|
| a. Oxytocin                 | b. Topical application |
| b. Polyfax                  | c. Oral                |
| c. Misoprostol              | d. Intra-muscular      |
| d. Injectable Contraceptive | a. Intra-venous        |
| e. Insulin                  | e. Intra-dermal        |

**2. Five basic principles of drug administration are:**

- a. Appropriate name of the patient / client / woman
- b. Accurate medicine
- c. Accurate dosage
- d. Accurate time
- e. Accurate intake of medicine
- ✓ *All of the above*

**3. What are the routes of infection?**

- a. Through vaginal and seminal fluids
- b. Through blood
- c. Through contaminated water
- d. Through air
- e. Through skin
- ✓ *All of the above*

**4. The basic protective measures and steps of infection prevention are:**

- a. Wash hands
- b. Wear protective dress
- c. Wear glasses
- d. Disposal of syringes
- e. Wear gloves

- f. Clean and disinfect the bed
- g. Clean and sterilize the instruments
- h. Boiling
- i. Disinfection
- j. Fumigation
- ✓ *All of above*

**5. What are the following abbreviations:**

- a. AIDS (Acquired Immunodeficiency Syndrome)
- b. HIV (Human Immunodeficiency Virus)
- c. IUD (Intra-uterine device)
- d. HLD (High Level Disinfectant)

**6. The CMW “MUST” wash hands for 3 minutes, before:**

- a. Touching the vulva of woman giving child birth
- b. Pelvic examination
- c. During assisted vaginal delivery
- d. Stitching the incision / wound
- ✓ *All of the above*

**7. The CMW “MUST” wash hands for 3 minutes, after:**

- a. Conducting delivery
- b. Touching the blood / body secretions
- c. Hands contaminated with feces
- d. Hands contaminated with urine
- ✓ *All of the above*

**8. To prepare 0.5% disinfectant solution, add:**

- a. Nine parts of 5% bleach & 1 part of clean water
- ✓ *One part of 5% bleach & 9 parts of clean water*
- b. Five parts of 5% bleach & 9 parts of clean water
- c. Nine parts of 5% bleach & 5 parts of clean water

**9. What is the formula to convert Celsius to Fahrenheit**

- a. Multiply the temperature by 9, divide by 5 and add 32

**10. What is the formula to convert Fahrenheit to Celsius**

- a. Subtract 32, multiply by 5 and divide by 9

**11. Normal Body temperature is:**

- a. 92.6°C
- ✓ 98.6° C
- b. 37° F
- c. 38°

## UNIT 3 - KEY

**Encircle the appropriate responses:**

**1. The dietary intake of normal and a pregnant woman are:**

- a. 2,100 calories and 2,600 calories
- ✓ 2,100 calories and 2,500 calories
- b. 2,200 calories and 2,400 calories
- c. 2,400 calories and 2,700 calories

**2. List the consequences of inadequate nutrition during pregnancy?**

- ✓ *Abortion*
- ✓ *Malnutrition*
- ✓ *Low birth weight infant*
- ✓ *Anemia*
- a. Pre-eclampsia
- b. All of the above

**3. List 7 High risk factors for pre-eclampsia:**

- a. Primigravida, particularly less than 20 years and above 35 years
- b. Obesity
- c. Twin pregnancy
- d. Multiple pregnancy
- e. Diabetes
- f. Hydatiform Mole
- g. Pre-pregnancy hypertension
- ✓ *All of the above*

**4. The General Physical Examination of the pregnant woman is comprised of monitoring her:**

- a. Pulse
- b. Temperature
- c. Blood Pressure

- d. Weight
- e. Thyroid examination
- f. Pallor of the palms and conjunctiva
- g. Oedema on hands and feet
- ✓ *All of the above*

**5. List 13 danger signs which require immediate referral during pregnancy:**

- ✓ *Severe pallor (anemia)*
- ✓ *Painless or painful vaginal bleeding*
- ✓ *Spotting*
- ✓ *Foul smelling vaginal discharge*
- ✓ *Severe continued vomiting after first trimester*
- ✓ *Pain in abdomen or lower abdomen*
- ✓ *Severe headache*
- ✓ *Blurring of vision*
- ✓ *Swelling on hands, face and feet*
- ✓ *Fits and convulsions*
- ✓ *Vertigo*
- ✓ *Lack of fetal movement after 4 months*
- ✓ *Decreased fetal movement*

**6. List the types of abortions:**

- ✓ *Threatened abortion*
- ✓ *Inevitable abortion*
- ✓ *Incomplete abortion*
- ✓ *Complete abortion*
- ✓ *Missed abortion*
- ✓ *Septic abortion*

**7. Always remember that in severe pre-eclampsia: (Fill in the blank)**

- a. Delivery must be conducted within 24 hours after signs of pre-eclampsia
- b. Delivery must be conducted within 12 hours after fits begin in eclampsia

- c. Never administer Ergometrine, if the woman is pre-eclamptic or have raised blood pressure
- d. Never give local anesthesia to a woman with diagnosed pre-eclampsia and eclampsia

**8. List the common symptoms of Urinary Tract Infection:**

- ✓ *Burning micturition*
- ✓ *Micturition urge even when the bladder is empty*
- ✓ *Increased frequency of micturition at night*
- ✓ *Spontaneous dribbling of urine*
- ✓ *Pain in lower pelvis and back*
- ✓ *Blood or pus in urine*
- ✓ *Fever*

9. Increased level of sugar in blood is called Hyperglycemia due to which glucose is excreted in urine, the condition known as Glycosuria. The increased level of sugar in blood is controlled by Insulin, which is a Hormone secreted by Pancreas. **(Fill in the blank)**

## UNIT 4 - KEY

Encircle the appropriate responses:

**1. In 1<sup>st</sup> stage of Labour: (Basic Knowledge Competency 5)**

- a. During Latent Phase, the cervix is 2.5 cm. open and it can last till 6 hours  
✓ *During Latent Phase, the cervix is **4 cm.** open and it can last till **8 hours***  
✓ *During Active Phase, the cervix is **4 - 9 cm.** open and the contractions are **regular and more painful.***
- b. During Active Phase, the cervix is 5 - 8 cm. open and the contractions are with long intervals and more painful.
- c. None of the above

**2. The 2<sup>nd</sup> stage of Labour: (Basic Knowledge Competency 6)**

- ✓ *Starts when **the cervix is completely dilated (10 cm.)** and its duration is usually few minutes to a **maximum of 2 hours.***
- a. Starts when the cervix is completely dilated (8 cm.) and its duration is usually few minutes to a maximum of 4 hours.
- b. Starts when the cervix is partially completely dilated (10 cm.) and its duration is usually few minutes to a maximum of 2 hours.
- c. Starts when the cervix is partially completely dilated (8 cm.) and its duration is usually few minutes to a maximum of 2 hours.
- d. None of the above

**3. The enema should not be administered when: (Basic Knowledge Competency 3)**

- a. Amniotic fluid sac is ruptured
- b. Women is in active or late labour
- c. If woman is not willing to take enema  
✓ All of the above

**4. The danger signs during 1<sup>st</sup> stage of labour are: (BK Competency 9)**

- a. Rupture of amniotic fluid sac since 8 to 12 hours, without labour

- b. Heavy bleeding during labour
- c. Severe pain during contractions with hardening of uterus
- d. Pre-eclampsia or blood pressure more than 140 / 90
- e. Convulsions / Fits
- ✓ All of the above

**5. Danger signs during 2<sup>nd</sup> stage of labour are: (Basic Knowledge Competency 17)**

- a. Strong effective contractions since 2 hrs. without childbirth
- b. A stream of bleeding prior to childbirth
- c. Color of liquor is brown, yellow or green
- d. Cord around the neck
- e. Fetal heart rate is more than 160/min or less than 100/min
- f. Shoulder dystocia
- g. Breech presentation
- h. Unexpected twin deliveries
- i. Low birth weight baby
- j. Pre-mature baby
- ✓ *All of the above*

**6. The duration of 3<sup>rd</sup> stage of labour is: (Basic Knowledge Competency 6)**

- ✓ *Usually 5 – 15 minutes, could be prolonged to 1 hour.*
- a. Usually 5 – 10 minutes, could be prolonged to 1/2 hour.
- b. Usually 15 – 20 minutes, could be prolonged to 1 hour.
- c. Usually 10 – 15 minutes, could be prolonged to 1/2 hour.
- d. None of the above

**7. Signs of placental separation are: (Basic Knowledge Competency 17)**

- a. Vomiting
- ✓ *Hard and contracted uterus in the pelvis*
- ✓ *Fresh bleeding*
- ✓ *Lengthening of umbilical cord*
- b. Increased blood pressure

c. All of the above

**8. AMTSL is the abbreviation for: (BK Competency 18)**

- a. Acute Management and Treatment in Stages of Labour
- b. Acute Management of Third Stage of Labour
- ✓ *Active Management of Third Stage of Labour*
- c. Active Management and Treatment in Stages of Labour
- d. None of the above

**9. Three essential components of 3<sup>rd</sup> stage of labour are: (BK Competency 18)**

- ✓ *Administer Oxytocic drug, Controlled Cord Traction and Cutting of Umbilical Cord*
- a. Administer IV Ergometrine drug, Delivery of Placenta and Fresh Bleeding
- b. Administer Oxytocic drug, IV Ergometrine and Methergine
- c. None of the above
- d. All of the above

**10. The Tab. Misoprostol is administered during ----- for prevention of post-partum hemorrhage: (BK Competency 18)**

- a. 1<sup>st</sup> stage of labour
- b. 2<sup>nd</sup> stage of labour
- c. 3<sup>rd</sup> stage of labour
- ✓ *Active management of 3<sup>rd</sup> stage of labour*
- d. All of the above

## UNIT 5 - KEY

Provide responses for the questions:

**1. Hypothermia in newborn can be prevented by giving bath: (BK Competency 1)**

- a. Soon after birth
- ✓ *After 2 – 3 days*
- ✓ *After 6 hours of birth*
- b. After 12 hours of birth

**2. Take care of the Umbilical Cord by: (BK Competency 8)**

- a. Applying Anti-microbial cream
- b. Applying Anti-Fungal Ointment
- c. Applying any skin ointment
- ✓ *Do not apply anything*

**3. What is APGAR Score? (BK Competency 4)**

- a. Alert, Pulse, Grimace, Active, Response
- ✓ *Appearance, Pulse, Grimace Active, Respiration*
- b. Appearance, Posture, Grimace, Active, Reflex
- c. Alert, Pulse, Grip, Active, Respiration
- d. Appearance, Posture, Grimace, Active, Response

**4. The APGAR Score at 1 minute of birth should be: (BK Competency 4)**

- a. 5 or more
- b. 6 or more
- ✓ *7 or more*
- c. 8 or more

**5. The congenital defects in newborn are:**

- a. Hypothermia
- ✓ *Spina Bifida*
- ✓ *Imperforated Anus*

- b. Low birth weight
- ✓ *Cleft Lip or Cleft palate*
- ✓ *Abrasion*
- ✓ *Fracture*
- ✓ *Hemorrhage*
- c. All of the above

**6. The care and check-up of newborn must be done at: (BK Competency 8)**

- ✓ *Soon after birth*
- ✓ *One hour after birth*
- a. First 3 hours after birth
- ✓ *First 6 hours after birth*
- b. After 4 days
- ✓ *After 6 days*
- c. After 5 weeks
- ✓ *After 6 weeks*
- d. All of the above

**7. BCG vaccination must be administered to the newborn: (BK Competency 12)**

- ✓ *Soon after birth*
- a. After 1 day
- b. After 1 week
- c. After 6 weeks

**8. The breast milk during first 2-3 days of child birth is known as: (BK Competency 12)**

- f. Secretion
- g. Fluid
- h. Milk
- ✓ *Colostrum*
- i. Seminal Fluid

**9. The body temperature of full term infant is usually: (BK 14)**

- ✓ *36.5° - 37° C in Axilla*
- a. 36.5° - 38° C in Axilla
- ✓ *36.7° - 37.2° C in Rectum*
- b. 36.4° - 37.4° C in Rectum

**10. The complications during labour and child birth which can affect the newborn are: (BK Competency 12)**

- ✓ *Rupture of membranes*
- ✓ *Abnormal heart rate of fetus*
- a. Maternal Diabetes
- ✓ *Meconium stained liquor*
- b. Maternal history of Epilepsy in the past
- ✓ *Prolonged labour*
- ✓ *Cesarean section*
- c. All of the above

## UNIT 6 - KEY

Encircle the appropriate responses:

1. The woman must be assessed after every ----- minutes, within one hour of delivery of placenta. (BK Competency 8)

- a. 5 minutes
- b. 10 minutes
- ✓ 15 minutes
- c. 20 minutes

2. The common problems of Puerperium are: (BK Competency 7)

- ✓ Breast engorgement
- ✓ Sore nipples
- a. Cancer of the cervix
- ✓ Mood changes
- ✓ Lack of milk supply
- b. Breast Cancer
- c. All of the above

3. The danger signs of Puerperium are: (BK Competency 9)

- a. Malnutrition
- ✓ Persistent vaginal bleeding
- ✓ Uterine Sub-involution
- ✓ Haematoma
- ✓ Anemia
- ✓ Pre-eclampsia
- ✓ Incontinence of feces or urine
- b. All of the above

4. The breast milk prevents the infant from: (BK Competency 2)

- ✓ Diarrhea
- ✓ Infection

- a. Temperature
- b. HIV/AIDS
- ✓ *Measles*
- ✓ *Allergy*
- c. Tuberculosis
- d. All of the above

**5. Lactational Amenorrhea is: (BK Competency 2)**

- a. Discharge within 6 weeks of child birth
- ✓ Absence of menstrual cycle after child birth for almost 6 months when a mother is exclusively breastfeeding on demand, day and night
- b. Regular menstrual cycle after 6 weeks of child birth
- c. Painless spotting after child birth
- d. None of the above

**6. Contraceptive pills cannot be used by woman who has: (BK Competency 1)**

- a. Hepatitis (Liver disease)
- b. Cancer
- c. On anti-Tuberculosis and anti-Epileptic drugs
- d. Cardiac disease
- e. High Blood Pressure
- f. Diabetes
- ✓ *All of the above*

**7. If woman forgets to take: (BK Competency 1)**

- a. One white pill, she should take the pill, as soon as she remembers it and there is no need to use any other contraceptive method.
- b. Two white pills, she should take both the pills, at the same time and continue to take the remaining pills on its scheduled time.
- c. Three or more pills, stop taking pills, start using condom and visit the family planning clinic for advice.
- d. Brown pill, these are iron pills and have no contraceptive effect.

**8. The common side effects of injectable contraceptives are: (BK Competency 1)**

- ✓ *Irregular menstrual cycle*
- ✓ *Breast tenderness*
- ✓ *Nausea and Vomiting*
- a. Dark complexion
- b. Hair loss
- ✓ *Weight gain*
- ✓ *Depression and mood changes*
- c. Blood or pus in urine
- d. All of the above

**9. The contraceptive methods which can be used in: (BK Competency 5)**

- a. Adolescent married girls (11 – 19 years) are *pills, injectables and condoms*
- b. Post-abortion are *injectable contraceptives*
- c. During first 3 months of post-abortion, *IUD can be inserted,* when there is no infection

## UNIT 7 - KEY

**Encircle the appropriate responses:**

**1. The communication process is comprised of: (BK Competency 11)**

- a. Verbal communication
- b. Non-verbal communication
- c. Tone and pitch of the voice
- ✓ *All of the above*

**2. While recording the ante-natal history, mark the red column, if the following conditions are observed: (BK Competency 10)**

- a. Anemia
- b. Malnutrition
- c. Swelling
- d. Breast problems
- e. Persistent vaginal bleeding / spotting
- ✓ *All of the above*

**3. List down the essential components which will be recorded by CMW on daily basis: (BK Competency 11)**

- ✓ Total ante-natal visits
- ✓ Females for TT vaccination
- ✓ Total number of deliveries conducted
- ✓ Total number of post-natal visits
- ✓ Total number and types of diseases in newborn and infants, who were referred
- ✓ Total number of family planning clients and the methods being used
- ✓ Number of maternal deaths
- ✓ Number of deaths in children <1 year
- ✓ Total number of mothers guided on birth preparedness

**4. What are the items recording in Partograph:**

- ✓ Fetal heart rate
- ✓ Amniotic fluid
- ✓ Moulding
- ✓ Cervix conditions
- ✓ Contractions per 10 minutes
- ✓ Oxytocin
- ✓ Drugs given and IV fluid
- ✓ Pulse
- ✓ Blood Pressure
- ✓ Temperature
- ✓ Urine

## FEEDBACK FORM FOR 4 WEEK REFRESHER COURSE

---

1. Please check the box that most closely reflects your opinion.

Training Processes and Facilitator	Strongly	Agree	Disagree	Strongly
1. The objectives of the training were clearly stated.				
2. The training was presented in an organized and interesting manner.				
3. The training has improved my knowledge and skills relevant to my work.				
4. The facilitator showed sensitivity to my issues, needs, and concerns.				
5. All members of the group were encouraged to participate.				
6. I am confident that I can conduct deliveries and other CMW related procedures following this training				
7. I was satisfied with the quality of the practical work conducted during this training.				

8. Overall, how satisfied were you with the refresher course?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

9. To what extent do you expect this refresher course will help you be a more effective CMW ?

No difference

Some difference

Substantial difference

10. What I liked most about the training was:

11. What recommendations would you make to the CMW Tutors to improve in the future refresher courses ?

12. Additional comments:

# ANNEXTURES

## POWER POINT PRESENTATIONS

1. Introduction and Objectives of the Training of Trainers
2. Class Room Management
3. Developing Calendars
4. Effective Teaching Strategies
5. Supervising For Effective Teaching

## INTRODUCTION AND OBJECTIVES OF THE TRAINING OF TRAINERS

### PURPOSE

- The four days training of the CMW Tutors on 4 week refresher course is intended to equip the CMW tutors with the essential understanding of the conceptual background of the training process in general, and conducting refresher training course for CMWs, in particular.
- This will establish a core team of CMW trainers within the districts of Kech, Gawadar and Quetta who have relevant skills in planning, designing, conducting and supporting the CMW refresher course in their respective districts.

# OBJECTIVE

- The major objective of this 4 days participatory training are to impart knowledge to Tutors and Supervisors aimed at enhancing:
  - **Teaching methodologies and orientation on the Effective Teaching Strategies:**
  - Provide an opportunity to CMW Tutors to acquire and practice teaching skills in conducting the CMW Refresher Training using interactive and engaging teaching methodologies.
  - **Skills to develop academic calendars and lesson plans in coordination with the clinical trainers.**
  - Enhance their abilities to design CMW Refresher Training academic calendars and session plans.
  - **Imparting Module based' teaching**
  - Participants will learn about the experiential learning cycle, adult learning techniques, how to design a CMW refresher course.
  - **Skills aimed at instructional coaching and supportive supervision**
  - Clinical trainers and field supervisory staff will learn how to supervise the CMWs according to the minimum competency standards set by the PNC (knowledge and practical) for the Community Midwifery Education Program, in order to improve maternal and child health services in communities residing in rural settings of Pakistan.

# Agenda – Day 1

S. No	Topic	Time	Responsibility
1.	Recitation & Introduction of Participants	9.00 – 9.30	Dr. Saedullah
1.	Overview of the CSHGP	9.30 – 10.00	Dr. Saedullah / Ahmedullah
1.	Introduction to the TOT <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Objectives</li> </ul>	10.00 – 10.30	Dr. Ishaq
<b>Tea Break</b>		<b>10.30 – 11.00</b>	
1.	Sharing the results of TNA & expectations of participants	11.00 – 12.00	Dr. Poonum (subjected to flight arrival) Dr. Ishaq
1.	Pre-Test	12.00 – 1.00	Dr. Poonum, Dr. Ishaq (Combined Facilitation)
<b>Lunch &amp; Prayer Break</b>		<b>1.00 – 2.00</b>	
1.	Overview of the 4-week CMW Refresher course <ul style="list-style-type: none"> <li>• Why is it needed?</li> <li>• How was it developed?</li> <li>• Contents?</li> <li>• When / how will it be conducted?</li> </ul>	2.00 – 4.00	(Combined Facilitation)
1.	Sharing of Pre-Test & Feedback of the Day	4.00 – 5.00	Combined Facilitation

## Agenda – Day 2

S. No	Topic	Time	Responsibility
1	Effective teaching methodologies • How to be an effective teacher	9.00 – 10.00	Dr. Ishaq
<b>Tea Break</b>		<b>10.00 – 10.30</b>	
2	Effective teaching methodologies (interactive session) • Role Plays • Case Studies • Group Work	10.30 – 12.30	Combined Facilitation
<b>Lunch &amp; Friday Prayer Break</b>		<b>12.30 – 1.45</b>	
3	Supervision skills in practical settings • Interactive session with MCI Field Supervisory Staff & CMW Tutors	1.45 – 4.00	Combined Facilitation
4	Feedback of the Day	4.00 – 5.00	Combined Facilitation

## Agenda – Day 3

1	How to manage a Classroom? • Techniques • Approaches Time Management	9.00 – 10.30	Combined Facilitation
<b>Tea Break</b>		<b>10.00 – 10.30</b>	
2	Adapting the Curriculum to be needs based (i.e. how to gauge the CMWs learning on a daily basis, and reorient the curriculum accordingly) – Practical examples	10.30 – 1.00	Combined Facilitation
<b>Lunch &amp; Prayer Break</b>		<b>1.00 – 2.00</b>	
3	Adapting the Curriculum to be needs based (i.e. how to gauge the CMWs learning on a daily basis, and reorient the curriculum accordingly) – Practical examples (Continued)	2.00 – 4.00	Combined Facilitation
4	Feedback of the Day	4.00 – 5.00	Combined Facilitation

# Agenda – Day 4



Developing academic calendar and schedule	9.00 – 10.00	Combined Facilitation
Tea Break	10.00 – 10.30	
Training evaluation	10.30 – 11.00	Combined Facilitation
Participant Post-Test & Feedback	11.00 – 12.30	Combined Facilitation
Closing remarks	12.30 – 1.00	Dr. Saedullah
Lunch & Prayer Break	1.00 – 2.00	

## CLASS ROOM MANAGEMENT

### Components of Classroom management

- **Rules and procedures**
- **Consequences**
- **Relationships**

### Rules

- **The two main things we have to remember about rules are**
- **FIRST:** that they have to protect the student's and teacher's physical and psychological space and
- **SECOND:** they have to facilitate the best conditions for learning.

## Classroom rules – early is better

- The importance of establishing classroom rules during the first day and the first week can't be emphasized enough.
- If we treat classroom rules and standard procedures lightly and don't understand their importance at the beginning of the year ...

## Classroom rules – early is better

- We exhaust ourselves trying to mend fences later on, during the whole course ! ! ! !

## Collaborative rule setting

- Classroom rules should be set cooperatively. Establish a few general rules of classroom conduct.
- Rules need to be established as a result of a meaningful classroom discussion.
- It's an invitation for students to describe the class they would like to be part of and make suggestions for rules.

## Consequences

- **When students break the rules, they must know ahead of time that there are consequences.**
- **In society, we know that if we choose to break the law, we had better be prepared to go to court and perhaps do some jail time.**

## Consistency

The other key factor is consistency:

- Rules and consequences should be consistent in the classroom, across the group, and throughout the teaching.

## Procedures

- Rules are one thing, procedures are another. Procedures are usually unwritten, but have been practiced enough so students know them. It provides security to students to know what's expected of them.

## Relationship

If a teacher has a good relationship with students, then students more readily accept the rules and procedures and the disciplinary actions that follow their violations.

## Relationships

Consider:

- **how relationships are developed and maintained**
- **the importance of establishing positive relationships with all students**
- **how to promote positive relationships between students**

## Underlying principles

- Positive relationships with students are key to positive behavior and regular attendance
- Positive relationships may just happen, but they can also be developed
- Positive recognition and reinforcement develop positive behavior and build the relationship
- Behavior is contextual and interactive: the way Tutors manage their own emotional responses have an important influence on CMW's behavior

## Potential barriers to establishing positive relationships

- Large number of students with whom teacher needs to develop relationships
- Lack of time to spend with individuals
- We ourselves find it easier to develop positive relationships with some individuals than others
- Some students are actively suspicious of, and unfamiliar with, positive relationships

## Teacher/Tutor characteristics

Teacher characteristics associated with effective instruction and classroom management includes:

- Moderately high dominance
- Moderately high cooperation
- Consideration
- Buoyancy
- Inner control

## Appropriate Teacher behavior

- Making eye contact by scanning the entire room as you speak
- Freely moving about all sections of the room
- Deliberately moving toward and being close to each student in the room
- Attributing ownership of ideas to the student who originated them "Naila has just added to Marium's idea by saying that..."

### **Get it in writing: Define expectations in advance**

- If you are really bothered by use of cell phones and other electronics during class time, say so in the beginning.

### **Have a well thought Work plan**

- Break course objectives down and have a plan for the training session, week, and day.
- If students are busy doing relevant work, there is less chance they will become classroom management concerns.

## Transparency is the key

Make your Schedule **transparent**.

- Put the day's or week's or session's plan on the board or class notice-board so students know what they should be doing moment to moment.

## Discuss it in private

- Sometimes there is an individual student **with problematic behavior**, such as consistently (and disruptively) arriving late.
- If behavior like this develops in one student, it's usually best to **meet with the student privately and discuss the situation**.

## Be polite but direct

**Be polite but direct about what you want students to do or not do.**

- If you are bothered by a student bringing food and drink into class and loudly consuming it throughout the class, it is all right to tell the student--privately, so the student isn't embarrassed--but if they persist then **being direct is necessary**.

## Personal Interest

- Complimenting students on important achievements in and out of school
- Meeting students at the door as they come into class and saying hello to each student, making sure to use his or her name first.

## Positive reinforcement

- Allowing and encouraging ALL students to be part of classroom discussions
- Providing appropriate “wait time.”
- Emphasizing right parts of wrong answers
- Encouraging collaboration
- Restating or rephrasing the question
- Giving hints or clues
- Providing the answer and asking for elaboration

## Types of Student Behavior

- Passive: 1. fear of relationships  
2. fear of failure
- Aggressive: 1. hostile  
2. oppositional  
3. covert
- Attention problems: 1. hyperactive  
2. inattentive
- Perfectionist
- Socially inept

## Conclusion

- Teacher-student relationships are critical to the success of the two other aspects of classroom management – rules and procedures and disciplinary interventions
- To build good relationships, communicate appropriate levels of dominance and let students know you are in control of the class and are willing and able to lead



## DEVELOPING CALENDARS

### STEP 1

**Identify the purpose for your work plan.**

- Determine the purpose up front so you can prepare properly.
- Keep in mind that most work plans are for a certain period of time

### STEP 2

**Determine your goal(s) and objectives.**

- Goals and objectives are related in that they both point to things you hope to accomplish through your work plan. However, remember the differences, too; goals are general and objectives are more specific.

### **STEP 3**

#### **Determine your goal(s) and objectives.**

- Goals and objectives are related in that they both point to things you hope to accomplish through your work plan. However, remember the differences, too; goals are general and objectives are more specific.

### **STEP 6**

#### **Write your strategy.**

- Look over your work plan and decide how you will use your resources and overcome your constraints in order to reach your goals and objectives.

## Selected Strategies for Successful Trainings



## Principles of Adult Learning

Need to know  
how adults  
learn best.

Adult learners  
have special  
needs.

Six  
characteristics  
of adult  
learners.

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**For each characteristic, there are implications for the trainer.**

## **1. Adult learners are autonomous and self-directed.**

- **Implications:**
  - Involve participants.
  - Serve as facilitator.
  - Determine interests of learners.

## 2. Adult learners have a foundation of life experiences and knowledge.

### o Implications:

- Recognize expertise of participants.
- Encourage participants to share their experiences and knowledge.

## 3. Adult learners are goal-oriented.

### o Implications:

- Be organized.
- Have clear objectives.

## 4. Adult learners are relevancy-oriented.

- o **Implication:**
- Explain how training objectives relate to training activities.

## 5. Adult learners are practical.

- o **Implication:**
- Show relevance of training to job.

## 6. Adult learners need to be respected.

- o **Implications:**
  - Acknowledge the wealth of knowledge and experiences the participants bring to the training.
  - Treat the participants as equals rather than subordinates.

## Active Learning

- Learning is not a spectator sport.
- The more actively engaged the learner is, the more learning takes place.
- Different instructional methodologies have greater rates of retention.



## Instructional Strategies

- Quiz.
- Games.
- Role-playing.
- Brainstorming.
- Group problem-solving.
- Lecture.
- Simulation.
- Case Study.

## Summary

- Apply principles of adult learning theory.
- Make learning active.
- Use strategies modeled in today's training.

## Adult Learners . . .

1. **Are autonomous and self-directed.**
2. **Have a foundation of life experiences and knowledge.**
3. **Are goal-oriented.**
4. **Are relevancy-oriented.**
5. **Are practical.**
6. **Need to be shown respect**

## ASUPERVISING FOR EFFECTIVE TEACHING

The central purpose of staff development is to build strong collaborative work cultures in the teaching places in order to develop long-term capacity for imparting quality education to CMWs.

### \* **Instructional Coaching...**

- Builds the capacity of CMW Tutors for effective instructional practices while teaching the Curriculum.
- Creates a partnership approach with CMW tutors.
- Caters to each tutor's professional development by matching needs and interests.

## \* Ten Roles of a Coach

- Resource Provider
- Data Provider
- Curriculum Specialist
- Instructional Specialist
- Mentor
- Classroom Supporter
- Learning Facilitator
- Learner
- Leader
- Catalyst for Change

## \* Coaching's Big Four

- Content
- Instructional Practices
- Assessment for Learning
- Classroom Management

*Jim Knight, University of Kansas*

## \* **Review of Effective Teaching Strategies**

1. Similarities and Differences (in student's elaboration)
2. Summarizing and Note Taking
3. Reinforcing Effort and Providing Recognition
4. Homework and Practice
5. Nonlinguistic Representation
6. Cooperative Learning
7. Setting objectives of learning and Providing Feedback
8. Generating and Testing case scenarios
9. Questions, Cues, and Simulations

- \* Targeting standards
- \* Targeting Tutors'/CMWs most pressing needs
- \* Using checklists, in-class demonstrations for assessment, and feedback to ensure that tutors/CMWs practical skills are improved incrementally
- \* Field and in-hospital assessment
- \* Indirectly through assessment of CMW achievement/Proficiency(Log books)

\* **How do we ensure effectiveness?**

## \* **Pre-lesson Conference; Selection of Effective Teaching Strategies**

- Determine the stage of learning:

Are you introducing new knowledge or do you want the CMWs to practice, review, and apply knowledge already taught?

## \* **Beginning Stages**

Activate prior knowledge, provide background information, hook CMWs:

- Set Objectives
- Provide Feedback
- Questions, Cues, Advanced Organizers
- Cooperative Learning
- Identifying Similarities and Differences

## \* During the Lesson

Identify strategies and activities that will be used to support the teaching objectives and determine how will CMWs receive feedback on their progress:

- Nonlinguistic Representation
- Note Taking and Summarizing
- Questions, Cues, Advanced Organizers
- Cooperative Learning

## \* End of Lesson

Tie new knowledge to existing knowledge and future knowledge, reflect, and evaluate:

- Provide Recognition
- Reinforce Effort
- Summarize
- Evaluate
- Self-Assessment

## \* Instructional Coaching Components





## Implementing Effective Teaching Strategies

- Model Demonstration Lessons (I do – You watch me)
- Co-Plan and Co-Teach (We DO)
- Observe (You Do- I watch you)

## \* Implementing ETS

# \* Instructional Coaching Continuum

E. CMW Tutor Refines Implementation with Coaching Feedback

Pre-brief

Observation of teacher by coach

Debrief

D. CMW Tutor Transitions to Guided Practice with Coaching Support

Pre-brief

Guided Practice

Debrief

C. Coach/ CMW Tutor Build Co-Teaching Relationship

Pre-brief

Co-Teach

Debrief

B. Committing to a Learning Relationship

Pre-brief

Model Lesson

Debrief

A. Building Common Knowledge & Experience-  
The on-going foundation for a professional learning community

<http://www.spokaneschools.org/ProfessionalLearning>

## \* Pre-planning (Pre-brief)

The CMW Tutor and coach meet to:

- Clarify learning goals (CMW Tutor and CMW)
- Collaboratively plan tasks or work the CMWs will complete to achieve the intended outcomes
- Determine evidence of proficient CMW achievement
- Identify CMW or CMW Tutor behaviors the coach should observe
- Agree on the role(s) the CMW Tutor and the coach will perform during the lesson.

## \* In class support

The CMW Tutor and the coach collaborate in the delivery of the planned lesson through these activities:

- Observation
- Demonstration lesson
- Co-Teaching
- **Gradual release of responsibility from coach to CMW Tutor**

## \* Debriefing

The CMW Tutor and the coach meet to discuss:

- Degree to which CMWs have mastered the learning outcomes
- Effective Teaching Strategies used by the CMW Tutor (depending on if observation, modeling lesson, & or co-teaching stage)
- Instructional adjustments the CMW Tutor made during the lesson



## \* Evaluating Impact of Effective Teaching Strategies

## \* Providing Feedback

Not evaluating the Supervisor/Tutor/CMW,  
but evaluating the effectiveness of the  
Effective Teaching Strategies as  
evidenced by:

- fidelity of implementation (How well, How much)
- impact on CMW learning outcomes.

## \* Feedback

Goal of feedback is to improve current situations without criticizing or offending.

Should be:

- Descriptive rather than Evaluative
- Specific instead of general
- Given only when requested
- Given as soon as possible
- Realistic
- Positive

## \* Warm V. Cool Feedback

### WARM

- Supportive
- Strength oriented
- Focus on solutions
- Promotes positive learning

### COOL

- Impersonal
- Needs oriented
- Focus on the problem
- Provides constructive criticism

## \* Questions to Ask When Debriefing/ Providing Feedback?

- What did you see?
- What was the focus on learning goals?
- What competency was being used and are the procedures and assignments appropriate?
- How will the CMW achieve according to the standard (competencies) being addressed?
- What questions were being asked?
- Did the lesson end with the focused learning goals?

## \* Cont'd

- What ETS did you see incorporated in the lesson? Was the ETS presented with fidelity?
- What needs did you see?
- What suggestions do you have for teaching this standard?
- How can we support the CMW Tutor for future CMW learning?
- How can you work together to incorporate collaboration on this lesson?

## \* Cont'd

- What did you learn about incorporating ETS in this lesson?
- What did you learn about this CMW Tutor's lesson from this session?

## \* Questions to Foster Reflection

- What was I trying to accomplish?
- How did I go about completing the lesson and solving problems I had along the way (process)?
- What did I do well (strengths)?
- What did I have difficulty with (weaknesses)?
- What have I learned/what would I do differently?

## \* Reflection Questions,

- What worked well?
- What did we learn?
- Did our conversations lead us closer to our goals? How?
- Did we focus on the lesson or on other issues?
- Did we do what we set out to do?
- How can we improve on this to make coaching collaborating on lesson plans more significant part of our work?

## \* Are the CMWs learning?

Coach/Supervisors:

- \* Assist tutors in the gathering and analysis of formative assessment data about what the CMWs know and can do as they enter a learning experience;
- \* help tutors use the data analysis to design learning experiences at which CMWs can be successful; and
- \* train tutors in the ongoing use of formative assessment data.

## Formative and Summative Data

Educators are expected to collect, organize, analyze, and report on students' progress by collecting relevant information called **data**. There are two different types of assessment data that educators rely on for relevant information; **formative** and **summative**

## \* Using Formative and Summative Data

- \* **Summaries and Reflections** Students stop and reflect, make sense of what they have heard or read, derive personal meaning from their learning experiences, and/or increase their cognitive skills. These require that students use content-specific language.
- \* **Lists, Charts, and Graphic Organizers** Students can organize information, make connections, and note relationships through the use of various graphic organizers.
- \* **Visual Representations of Information** Students will use both words and pictures to make connections and increase memory, facilitating retrieval of information later on. This "dual coding" helps teachers address classroom diversity, preferences in learning style, and different ways of "knowing."
- \* **Group Work** Students have the opportunity to move and/or communicate with others as they develop and demonstrate their understanding of concepts.

## \* Formative Assessment Strategies

# \* Formative Data Assessment

- \* **Formative data** is collected during an instructional time period; during lessons, through homework, and other instructional activities.
- \* **Formative data** assessments are used to adjust instructional practices in an effort to address and maximize individual students' learning, to gauge students' progress; and assign grades.
- \* **Formative data** assessments provide educators with timely, critical evidence that indicate students' skill level, their concept mastery, and their progress toward curriculum goals.

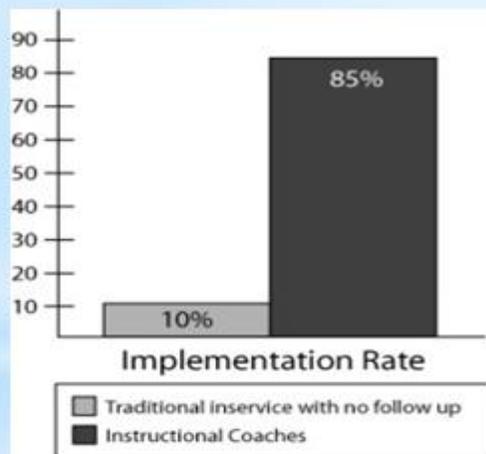
- \* **Formative data** assessments are used by educators to adapt their teaching methods to student's learning proficiency and then focus interventions accordingly.
- \* Educators use feedback to report the results of the **formative data** assessments to students.
- \* Educators use appropriate technologies to collect, organize, analyze, and report student **formative assessment data**.

# \* Formative Data Assessment (Cont'd)

- **Summative** data assessments produce valuable information that is used to make curriculum decisions, direct future instruction, and improve instructional practices.
- School personnel are expected to use information from yearly **summative** data assessments to improve student learning and improve instructional practices.
- Local education agencies, curriculum experts, and schools analyze relevant **summative** assessment data when developing curriculum goals, student learning outcomes, and school improvement plans.
- **Summative** assessment data are collected at the *end* of a chapter or course after instruction has taken place.
- **Summative** assessment data is obtained through a variety of means including tests, projects, and student portfolios.

## Summative Assessment Data

### Research on Instructional Coaching



Recent Research Indicates That With Classroom Coaching, Implementation rates rise... 85% - 90%

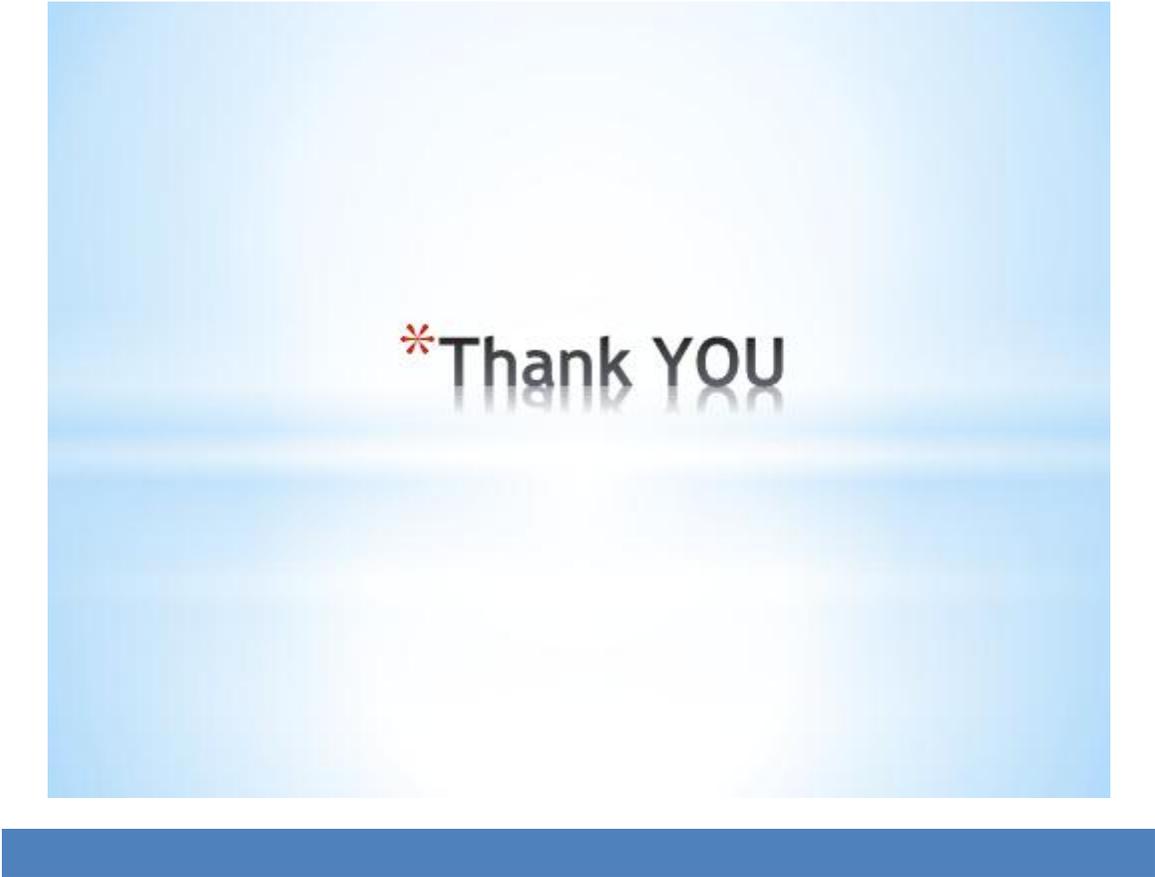
Implementation rates of new instructional methods: Traditional inservice professional development sessions versus instructional coaching

University of Kansas Center for Research on Learning

### Professional Learning Strategies and their level of impact

Source: Student Achievement through Professional Learning 2<sup>nd</sup> edition by Bruce Joyce and Bruce Dwyer, Alexandria, VA: ASCD 2002

Components of Training	Awareness Plus Concept Understanding	Skill Attainment	Application/ Problem Solving
Presentation of Theory	85%	15%	5-10%
Modeling	85%	18%	5-10%
Practice and Low Risk Feedback	85%	80%	10-15%
Coaching/ Study Teams/ Peer Visits	90%	90%	85-90%



\*Thank YOU

## **CMW REFRESHER ASSESSMENT SCORES**

The Field Officer must ensure that this assessment sheet is filled for each CMW refresher training. The assessment sheet will be provided as a separate excel spreadsheet.

## **PAKISTAN DHS 2012-2013 PRELIMINARY REPORT**

Provided to CMW Field Officers and Tutors as a separate document for reference

*Annex 8. Business Skills Curriculum*



**USAID**  
FROM THE AMERICAN PEOPLE



Be the change



# **CURRICULUM**

**For**

# **Business Skills**

# **Training**

**Of**

# **Community**

# **Midwives**

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## ACRONYMS

CSHG	Child Survival and Health Grants Program
CMW	Community Midwives
DoH	Department of Health
EDD	Expected Date of Delivery
GoP	Government of Pakistan
FGD	Focus Group Discussion
MC	Mercy Corps
MFI	Microfinance Institute
MNCH	Maternal Newborn and Child Health
MoU	Memorandum of Understanding
RAF	Research and Advocacy Fund
SMART	Specific, Measurable, Accurate, Realistic & Time bound
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities & Threats
ToT	Training of Trainers
USAID	United States Agency for International Development

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## ACKNOWLEDGMENTS

Mercy Corps acknowledges the cooperation and support of the Maternal & Neonatal Child Health Steering Committee, Baluchistan for the valuable input regarding the basic user fee structure proposed by the private health service providers in the community. We sincerely appreciate the constructive feedback of the Training of Trainers participants and the CMWs of Quetta for providing the real on ground information during the Focus Group Discussions (FGD) and the ToT, which served as basis of the proposed price list and developing the business plan for the CMW workstation. Mercy Corps Pakistan warmly thanks United States Agency for International Development for their critical role in supporting this assignment to empower CMWs for setting up their workstation and businesses and effectively contribute in improving the maternal and child health in Pakistan. We certainly recognize the efforts of Dr. Ishaq Khan Mohmand, Development Consultant and Dr. Durdana Poonam, Public Health Specialist in completion of this assignment. This curriculum was supported by the American people through the United States Agency for International Development (USAID) and its Child Survival and Health Grants Program. The project is managed by Mercy Corps under Cooperative Agreement No. AID-OAA-A-12-00093. The views expressed in this material do not necessarily reflect the views of USAID or the United States Government.

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## INTRODUCTION

The 5 days 'Community Midwives Business Development Training' will help the CMWs to discover their qualities, strengths, opportunities and skills that CMWs already possess for setting up and running her own business and that will assist her to become a successful entrepreneur. It will also introduce the CMW with basic concepts of financial management, marketing, setting up of Mamta Fund and consequently, enable her to develop the 'Business plan for CMW workstation'.

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## CURRICULUM OBJECTIVES

The five days Business Training for CMWs will enable the participants to:

1. Understand the basics of entrepreneurship in the community and identify the support structures that may help the CMW to start a business.
2. Understand the marketing strategies and develop their own cultural specific marketing plans.
3. Understand the basics of financial management, including how to effectively utilize microcredit, organize the Mamta fund and keep records.
4. Understand the importance of planning and tracking for costs of ongoing supplies, medicines, and repairs. Management of the medicine (consumables / non-consumables) and equipment supply and demand by the CMWs.
5. Develop a business plan as well as a loan repayment plan.
6. Set service fees for clients, based on MNCH guidelines and in accordance to the local context and customer willingness to pay.

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## CURRICULUM COMPOSITION

The Mercy Corps Pakistan's 'Community Midwives Business Skills Training Curriculum', is a manual for training of tutors and has been developed to impart micro-enterprise skills and knowledge - to CMWs registered with the Pakistan Nursing Council - in order to improve their health care delivery services in a community setting with maximum impact.

The structure of the 5 days Business Training Curriculum is composed of the following:

1. Agenda
2. Module-wise teaching strategies
3. Module-wise list of supplies / materials required
4. Pre and Post competency assessments
5. Checklists
6. Sample of group works, case studies, case scenarios and role plays
7. Feedback Form
8. CMW Workbook (English & Urdu Version)

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## HOW TO USE THE PRE & POST TEST

1. The unit wise pre and post-tests will be conducted to assess the level of knowledge of each CMW.
2. The tutor will explain the method of attempting the pre and post-tests, that the correct answer is encircled and in many instances, there can be more than one correct answer, in which case, all need to be encircled / marked.
3. The CMWs will be provided with the pre-test, prior to the commencement of the unit and post-test after completion of the unit.
4. The marking of each test will be entered in a separate sheet for pre and post – test comparative analysis. This will enable to determine the baseline knowledge and compare it with the post-test result which will reveal any improvement / insufficiency / deficiency in the knowledge acquired by the CMWs.
5. It will be mandatory for all CMWs to score 50% and above marks in post-test in order to be certified for receiving the business training certificate.

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## FACILITATOR'S BRIEF

This section comprises of suggestions on how to be an effective facilitator for CMWs while conducting and evaluating the 5 days business training at the district level.

- Always ensure everything is set and participants are seated ready and on time to start the sessions.
- Be well prepared and organized and read all the teaching materials and relevant literature well in advance of the training.
- Greet and welcome the participants.
- Introduce yourself & your co-facilitator at the beginning of the session and ask the participants to introduce themselves.
- Introduce the purpose of the training.
- Establish participants' learning expectations.
- Set the training norms.
- Ask for volunteers, or appoint workshop representatives. Share objectives of each session in the beginning of the session.
- Be creative and introduce icebreaking activities.
- Start and end sessions with good energy and enthusiasm.
- Use energizers to liven up participants when they look tired or dull.
- Remember that the participants are adult learners who have unique learning requirements.
- Create a friendly environment with respect, trust, confidence and openness within the CMWs.
- Speak clearly, ensuring all the participants can see and hear you. Always use simple, easy-to-understand language and give relevant examples.
- Write clearly and legibly on the board.
- During the training sessions, always maintain eye contact with the participants.
- Be willing to listen to what the participants have to say and respect their views.
- Appropriately and diplomatically deal with a sense of humor, the debate and conflict of ideas, if arise during discussions.

[Type text]

- Encourage the participants to take an active part in the training by requesting them to read or write the session materials as often as possible.
- Ask questions which start with words like 'why', 'what', 'how' in order to encourage discussion, clarify the concepts and develop mutual understanding on the topic.
- Share examples and activities relevant to their past experiences.
- Summarize the key points prior to commencing the other topic.
- Ensure that all the individual checklists and question answers exercises are kept as a record by CMW during the entire training as all the previous paper work will be essentially required, while developing the "Business Plan".
- Follow up on the participant's progress after the training.

### **Special Considerations for Training CMWs as Female Entrepreneurs**

It is important for the facilitators to recognize that training CMWs as female entrepreneurs differs more in style than content and technical aspects of business planning. The facilitator needs to be attentive to issues of respect, women's classic double burden and emotional requirement as well as need for social support and cultural sensitivity. The CMWs who are transitioning from homemaker to income earner may be victims of economic shifts and seek self-employment as a response to loss of support (a divorce, husband's sickness, death or unemployment). Likewise, many are from low income households where they are required to contribute financially. Therefore, the CMW trainees are drawn from varying academic and income lines makes it challenging to isolate characteristics that should influence training for them. Typically, in training, they prefer a safe learning environment and the support of their colleagues; they want their cultural sensitivities to be considered seriously and they seek acknowledgement of their need to balance personal and business responsibilities. They also place a high value on the opportunity to 'connect' with others in a similar position. As they explore self-employment, women face unique questions, such as:

- How will I manage both home and business?
- Can I gain family support for my business venture?
- How can my close social networks help me do this?

[Type text]

- How to succeed at business without threatening the cultural environment?

Therefore, the facilitator must be sensitive and well versed to respond to all these.

[Type text]

## MODULE 1 ENTREPRENEUR AND ENTREPRENEURSHIP

***This Module will comprise of:***

Session 1: General Introduction

Session 2: Mercy Corps Microfinance model

Session 3: What is Entrepreneurship?

Session 4: Self-assessment as an entrepreneur (SWOT analysis)

- ❖ Practical group work
- ❖ Exercises
- ❖ Questions and Answers

[Type text]

## SESSION 1: INTRODUCTION

**Time:** 1/2 hour

**Objective:** *By the end of this session, the CMWS will be able to:*

1. Recognize each other by their names.
2. CMWs share information about their any existing businesses in the community
3. Share examples of successful business woman

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

### **Teaching / Learning Strategies:**

1. Discussion
2. Personal experience sharing

---

## Reference Notes for the Facilitator

The facilitator(s), after self-introduction, will ask the rest of the participants to introduce themselves. Representatives of Mercy Corps will provide a general overview of the project components and the objectives of the training.

1. Introduction
2. A brief overview of the Agenda.
3. Norm setting
4. Participants expectations from the training

[Type text]

5. Filling of the Registration form
6. Refer to Worksheet 1 in CMW Workbook

### **Participants Registration Form**

<b>S.No</b>	<b>Information</b>	<b>Details</b>
1	Name	
2	Father / Husband Name	
3	Address	
4	Contact Number	
5	Educational level	
6	Involved in any type of business. If yes, please elaborate:	

[Type text]

## SESSION 2: THE MERCY CORPS MICROFINANCE MODEL

**Time:** 1 hour

**Objective:** *By the end of this session, the CMWs are able to:*

1. Provide information regarding the 'MC Microfinance Model' which will enable the CMWs to establish the workstations.
2. Fill in the Tameer Bank Account opening Form
3. Organize the essential documents for opening the Tameer Bank account
4. Aware of the mobile number and process of getting the PIN
5. Perform all the account transactions through Easy Paisa
6. Able to transfer loan repayment

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Android mobiles
3. Telenor chipsets
4. Flipchart papers
5. Stand
6. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Practical demonstration of mobile based technical software
3. Discussion

## Reference Notes for the Facilitator

[Type text]

Mercy Corps is implementing a four year MNCH Program in Quetta, Gwadar, and Kech Districts of Baluchistan, Pakistan with support from USAID. To address Pakistan's sustained, high rates of maternal and neonatal mortality, and to ensure skilled birth attendance, the Government of Pakistan (GOP) and the Provincial Department of Health (DOH) have given top priority to reach out to pregnant mothers in remote communities by training a cadre of Community Midwives (CMW). However, training alone has not been sufficient as most the CMWs have not been able to establish their clinics and attract clients.

'Saving Mothers and Newborns in Communities' seek to improve maternal and newborn health status, through an innovative model that will enable CMWs to become self-sustaining, private MNCH service providers. The program was designed jointly with the Baluchistan DoH, upon their request, to offer evidence for how to scale up high impact MNCH interventions in Baluchistan through the CMW. The model will be tested with 90 CMWs in Quetta, Gwadar, and Kech districts of Baluchistan and contains the following main components:

1. To ensure quality, Mercy Corps will offer 4-week clinical refresher training, facilitate registration with the PNC for those who are not already registered, and offer joint-supervision visits.
2. To enable CMWs to set-up home based clinics, a micro-finance institute will offer small loans to CMWs through mobile phones using Telenor's Easy Paisa service. Further, Mercy Corps will offer standard equipment and business skills training to the CMW.
3. Through MC's partnership with Pak Vista Shared Technologies, CMWs will use their mobile phones to track patient data, send automatic reminders to clients, and offer voice messages for awareness raising. Through automatic data transfer, the DoH will be able to track uptake of the CMWs services in real time.
4. For behavior change and demand creation, Mercy Corps will reinvigorate the women support groups conducted by CMWs and lady health workers. These

[Type text]

groups will also generate support for the Mamta fund, a revolving transport fund to facilitate access to emergency transport.

5. For timely referrals, women support groups and CMWs will be linked with not-for profit ambulance services.
6. At the policy level, Mercy Corps will assist the provincial DOH to develop a five-year strategic MNCH plan. The plan will be revised and updated based on findings from the operations research which will explore whether CMWs can become self-sustaining private providers, while increasing access and utilization of high impact, quality MNCH interventions.

Through funding from USAID's Child Survival and Health Grants Program (CSHGP), MC and its partners will become key players within a global community of researchers supported by USAID seeking to identify innovative solutions to scale up high impact MNCH interventions.

A critical component of this program is to support CMWs in such a way that they become financially self-sustaining, private providers. Evaluations of the CMW program in Pakistan to date indicate that lack of business skills training and financial support is one of the reasons why CMWs have not become sustainable providers in Pakistan to date.

Mercy Corps will facilitate financial support in several key ways:

**I: Loans**

A Microfinance Institute (MFI) will provide loans to CMWs through mobile banking accounts which will be repaid within a 12 month period (or less), based on a repayment plan established during this business training. CMWs can repay their loans through either visiting a kiosk or directly from their cell phones (where service is available). Access to a loan enables a CMW to purchase medicines, supplies, furniture and facilitate basic refurbishments for her workstation in order for her to offer quality services and to increase her patient load. The CMW will be able to use the loan how

[Type text]

she sees fit, however, she will be required to meet basic equipment, infrastructure, and supply standards set by the PNC/Provincial Steering Committee and monitoring through MC/Government joint supervision visits. The provision of loans to CMWs is an innovation for Pakistan. This innovative program aims to demonstrate that CMWs can become profitable, private providers (while meeting the needs of the vulnerable) and can be reliable clients for loans.

## **II: Grants**

In addition to the micro-loan, MC will offer a grant of equipment and medical consumables. Mercy Corps will procure equipment and distribute them to each of the CMWs during deployment. The same will be advocated that in future projects, the loan should be increased to cover the costs of equipment as well (currently provided as a grant) to ensure sustainability of this model.

## **III: Business Skills Training**

These micro-loans and grants (in the form of in-kind equipment), are supported by this one week business skills training. The training will provide CMWs with basic accounting and financial management skills and will help them set up a business plan for their home-based workstations, including setting service fee rates, waivers for those unable to pay, loan repayment plans, purchasing ongoing supplies, and tracking contributions and use of the Mamta Fund for emergency transport. Support will be provided for networking and developing linkages with the representatives from pharmacies in the Union Councils where CMWs reside so that the CMW are able to develop a supply-chain plan with the pharmacy through the support of her male family member. The male family member of the CMWs can alert pharmacies of the supply needs of the CMW clinic using the mobile phone and can travel to the pharmacies on a routine basis.

The Business Skills Training will cover:

- a. Basic accounting and budgeting skills in order to ensure that their home-based businesses are profitable, CMWs will need to keep track of income and expenses, and be able to calculate profitability under various scenarios.

[Type text]

- b. Setting service fees for clients, based on MNCH guidelines and in accordance to the local context and customer willingness to pay, CMWs must adjust service fees to maximize both demand and revenue.
- c. CMWs will need to learn how to issue waivers and ensure that they subsequently recoup costs.
- d. Developing a loan repayment plan for the micro-loan which will be provided to the CMW to purchase equipment and supplies. Good financial planning will allow them to repay it in a timely manner.
- e. Planning and tracking for costs of ongoing supplies, medicines, and repairs so that the CMWs must be capable of making the necessary logistical arrangements to minimize stock-out of essential items. Besides logistics and foresight in budgeting, this will involve managing relationships with nearby pharmacies.
- f. Managing the Mamta Fund for emergency transport and ensuring that that the Mamta fund is topped up and available for emergencies will require advance financial and logistical planning, as well as negotiation with women support groups.

[Type text]

## SESSION 3: CMW SELF ASSESSMENT AS A ENTREPRENEUR

**Time:** 45 minutes

**Objective:** *By the end of this session, the CMWs are able to:*

1. Identify their strengths, weaknesses, opportunities and threats while setting up the CMW workstation
2. Recognize their entrepreneur skills

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

### **Teaching / Learning Strategies:**

1. Brainstorming
2. Slide presentation
3. Discussion
4. Group work

## Reference Notes for the Facilitator

### **Facilitator Note**

- Brainstorm the terms Business and Entrepreneur
- Ask them to give examples of women led businesses.

***A business is an activity operated for the purpose of earning a profit by providing a service or a product. In doing so, entrepreneurs put their money at risk.***

[Type text]

### **Entrepreneur**

*An entrepreneur is an individual who organizes and operates a business or businesses, taking on financial risk to do so and earning the rewards for taking risks in the shape of economic gain. He or she provides goods or services to individuals or businesses for payment.*

- Share the SWOT Matrix with the CMWs and explain that they should think and write down their strengths, weaknesses, opportunities and threats which they have and foresee while setting up their CMW workstation.
- Provide the CMWs with the list of questions for each quadrant in the matrix and ask them to answer the series of questions.

<p><b>Strengths</b></p> <p><i>These are the skills and services I offer, that others don't.</i></p>	<p><b>Weaknesses</b></p> <p><i>These are the skills and services others offer, but I don't.</i></p>
<p><b>Opportunities</b></p> <p><i>Here are chances that the market offers, and that I can use for the benefit of my business.</i></p>	<p><b>Threats</b></p> <p><i>Here are possible market dangers that can threaten the balance and goals of my business.</i></p>

[Type text]

- Refer to Worksheet 2 in CMW Workbook for Urdu Version – SWOT Analysis

### 1: **Strengths**

For this part, think about the attributes of yourself and your business that will help you achieve your objective. Some of the key questions to consider are as follows:

1	What do you do well?	
2	What are your unique skills?	
3	What expert or specialized knowledge do you have?	
4	What experience do you have?	
5	What do you do better than your competitors?	
6	Where are you most profitable in your business?	

### II: **Weaknesses**

For this quadrant, think about the attributes of yourself and your business that could hurt your progress in achieving your objective. Some of the key questions to consider are as follows:

1	In what areas do you need to improve?	
2	What resources do you lack?	
3	What parts of your business are not very profitable?	
4	Where do you need further education and / or experience?	
5	What costs you time and / or money?	

[Type text]

### III: Opportunities

For this quadrant, think about the external conditions that will help you achieve your objective. Some of the key questions to consider are as follows:

1	What are the business goals you are currently working towards?	
2	How can you do more for your existing customers or clients?	
3	How can you use technology to enhance your business?	
4	Are there new target audiences you have the potential to reach?	
5	Are there related products and services that provide an opportunity for your business?	

### IV: Threats

For this quadrant, think about the external conditions that could damage your business's performance. Some of the key questions to consider are as follows:

1	What obstacles do you face?	
2	What are the strengths of your biggest competitors?	
3	What are your competitors doing that you're not?	
4	What's going on in the economy?	
5	What's going on in the industry?	

[Type text]

## MODULE 2: MAMTA FUND

***This Module will comprise of:***

Session 1: Introduction to Mamta Fund and its operational modality

Session 2: CMW Mamta Fund forms & Register

- ❖ Practical group work
- ❖ Questions and Answers
- ❖ Group discussion

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### SESSION 1: INTRODUCTION TO MAMTA FUND & ITS OPERATIONAL MODALITY

**Time:** 2 hours

**Objective:** *By the end of this session, the CMWs will be able to:*

1. Describe Mamta Fund

[Type text]

2. Set up a Mamta Fund in her community based on the cost of and distance to referral facilities

#### **Resources / Materials Needed**

4. Flipchart papers
5. Stand
6. Board Markers
7. Ball Pen

#### **Teaching / Learning Strategies:**

3. Brainstorming
4. Group Discussion

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### **Reference Notes for the Facilitator**

- Recap from the previous day.
- Brainstorm:
  - ❖ What comes to the minds of CMW after hearing the word “Mamta Fund” and how will it benefit in their CMW home business?
  - ❖ List down the responses and elaborate the significance of Mamta fund.

*The CMWs will work with their communities to establish a revolving transport fund called **Mamta fund ('Mother's Fund')**. Mercy Corps will provide seed money to set up the initial fund for each CMW (roughly \$25). Mamta Fund will be managed separately (depending on community preferences) for each pregnant women, receiving antenatal care from the CMWs. The one time contribution by each woman will vary according to the distance from the referral facility and in accordance to the standard transportation charges initially discussed and agreed with the ambulance driver. However, the minimal contribution for Mamta Fund will be around 100 Rs.*

[Type text]

*The CMW will return the contribution to the women who do not need transport or provide women the option to use this contribution to offset CMW delivery fees.*

*CMWs will develop linkages with not-for-profit Ambulance Services (Edhi Foundation) as well as other community-based vehicles in case of emergencies.*

- ❖ Ask the CMWs that what could be the possible services which the patient will receive when she is registered after contribution in Mama Fund.
- ❖ List the responses and discuss the following EmONC conditions which will require referrals through Mamta Fund:
  1. Antepartum hemorrhage
  2. Blood transfusion services
  3. Prolonged / Obstructed Labour
  4. Postpartum sepsis
  5. Precious pregnancy (very young & elderly, history of repeated abortions, etc)
  6. Twin Pregnancy
  7. Newborn complications
  8. Any medical condition associated with pregnancy
  9. Postpartum Hemorrhage
  10. Septic Abortion

## OPERATIONAL MODALITY OF MAMTA FUND

- Brainstorm and discuss that what could be the possible operational modality for setting up Mamta Fund in the community.

[Type text]

- Although the operational modality will vary for each CMW. However, in order to give a basic guideline, list the responses and conclude by sharing the below mentioned operational procedure.

### **Mamta Fund Operational Procedure**

1. Mamta Fund is a revolving fund which will be established in order to address the needs of Emergency Obstetric and Neonatal Care which might arise at any time during the time of conception, during pregnancy and during the post-natal period.
2. The fund will be available with the CMW and will be a part of the MNCH service package which will be offered by the CMW for the patients registered at their workstation.
3. The MC will offer a seed money of approximately Rs. 2300/= to contribute in the Mamta Fund.
4. The essential arrangements for the identification of Edhi services – as a referral support – have already been chalked out and a formal MoU will be signed in order to clearly define the transportation modalities.
5. In order to address the unforeseen non-availability of the Edhi ambulance or the driver, as a backup support, another driver with 24hr. availability of transportation services in the community will also be identified as a secondary referral contact person in case of emergency referrals.
6. The registered ANC patient will contribute in the Mamta Fund by depositing the total amount of expense which might incur on the transportation to reach the appropriate referral facility in which the EmONC staff is available for 24hr.
7. The contribution amount in Mamta Fund will depend on the distance from the referral facility and the CMW workstation. Therefore, it will vary for each CMW.
8. In order to facilitate the registered patient in the payment schedule, the total amount for Mamta Fund will be divided by the remaining number of total months

[Type text]

- up till the expected date of her delivery. She will be advised to make monthly payments (installments) during each month.
9. For example: a woman whose EDD is in September 2013 and was registered in May 2013 when her gestational age was 5 months, will be required to pay the total calculated amount in 4 equal installments in order to avail the facility when required at the time of delivery. Likewise, if a woman registers during her last month of pregnancy, she will be asked to pay the total amount of Mamta Fund contribution, which may incur if she avails the referral facility.
  10. The installment process is to improve the antenatal coverage and to encourage the pregnant mothers to get timely registered in Mamta Fund in order to avoid any financial pressure in case the payment is to be made as lump sum amount.
  11. If an un-registered patient arrives in the last trimester or at the time of delivery or present with any of the EmONC complications, the CMW will offer her the services of Mumta Fund provided that the CMW is confident about the socio-economic status and her reputation in the community.
  12. If the pregnant woman declines / opts out of Mamta Fund then in that case any emergency referral which requires transportation will be exclusively her responsibility. This fact will be clearly explained to the patient.
  13. In case of non-usage of Mamta Fund, the total amount will be reimbursed .or considered in leiu of services provided by CMW during the post-natal period.
  14. If the patient requires transportation before completion of paying all the installments, she will be requested to continue payment till the complete payment is completed during the postnatal period.
  15. Mamta Fund will be utilized for the registered pregnant woman and for the newborn, as well. However, if the fund is utilized by the mother then she will be informed in advance that the newborn will have to be registered again in case of any emergency referral required for the newborn.

[Type text]

16. The amount of the Mamta Fund will be deposited with the CMW till the completion of the postnatal period – 6 weeks, in order to provide immediate referral services in case of any unforeseen complication which might arise with mother or the newborn during the period.
17. In case of a woman or the newborn require referral for a second time, the CMW will only facilitate, but will not be responsible for paying for the transportation cost.
18. The Mamta Fund defaulters will be contacted primarily, followed by involvement of the community elders, influential and women support groups.

[Type text]

## SESSION 2: DEVELOP / ADAPT FORMS FOR MAMTA FUND

**Time:** 1 hour

**Objective:** *By the end of this session, the CMWs will be able to:*

1. Develop / adapt the following forms for Mamta Fund:
  - i. CMW Referral Slip (Already available)
  - ii. Client Record Card (Already available)
  - iii. Patient Registration Form (Already available)
  - iv. Referral Reimbursement Slip for CMW
  - v. Sample Health Service Provider & Ambulance Service Form

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers
4. Ball Pen
5. Pencils
6. Erasers

### **Teaching / Learning Strategies:**

1. Brainstorming
2. Group Discussion
3. Practical work

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## Reference Notes for the Facilitator

[Type text]

### **Group and Practical Work**

Discuss amongst the group that based on the existing CMW referral slips, what kind of information is required to be included in the Health Service Provider & Ambulance Service Information referral form.

- ❖ Provide half an hour for group discussion to formulate the form.
- ❖ Share the copies of the CMW Referral Slip & Feedback Slip with CMWs for reference.
- ❖ For all referral slips, refer to the CMW Workbook, Page No: 17 - 18

### **“CMW Referral Slip”**

#### **National MNCH Program (Referral Slip)**

Filled by CMW and for hospital record  
Referral slip

Name of patient/client/newborn\_\_\_\_\_

Yearly Number:\_\_\_\_\_

Husband/Father Name:\_\_\_\_\_

Age:\_\_\_\_\_ In case newborn sex:\_\_\_\_\_

Client address:\_\_\_\_\_

Reason for referral:\_\_\_\_\_

Treatment by CMW:\_\_\_\_\_

Hospital referred to:\_\_\_\_\_

CMW name:\_\_\_\_\_

CMW Registration #:\_\_\_\_\_

Signature of CMW:\_\_\_\_\_

Date:\_\_\_\_\_

[Type text]

**“CMW Referral Slip – Record Copy”**

**National MNCH Program (Referral Slip)**

For CMW record  
Referral slip (record copy)

Name of patient/client/newborn \_\_\_\_\_  
Yearly Number: \_\_\_\_\_  
Husband/Father Name: \_\_\_\_\_  
Age: \_\_\_\_\_ In case newborn sex: \_\_\_\_\_  
Client address: \_\_\_\_\_  
Reason for referral: \_\_\_\_\_  
Facility/treatment provided: \_\_\_\_\_  
Additional instruction: \_\_\_\_\_  
CMW name: \_\_\_\_\_  
CMW Registration #: \_\_\_\_\_  
Signature of CMW: \_\_\_\_\_ Date: \_\_\_\_\_

**“CMW Referral Feedback Slip”**

**National MNCH Program (Referral Slip)**

Filled by doctor and given back to patient for CMW  
record  
Referral slip (feedback slip)

Name of patient/client/newborn \_\_\_\_\_  
Yearly Number: \_\_\_\_\_  
Age: \_\_\_\_\_ In case newborn sex: \_\_\_\_\_  
OPD/ Emergency admission #: \_\_\_\_\_  
Name of referee CMW: \_\_\_\_\_  
Reason for referral: \_\_\_\_\_  
Facility/treatment provided: \_\_\_\_\_  
Additional instruction: \_\_\_\_\_  
Doctor name: \_\_\_\_\_  
Hospital name: \_\_\_\_\_  
Signature of doctor: \_\_\_\_\_ Date: \_\_\_\_\_

[Type text]

## **“Mamta Fund Register”**

### **Health Service Provider & Ambulance Service**

<b>S.No</b>	<b>Information</b>	<b>Details</b>
1	Name of Patient w/o	
2	Complication / Condition for which referred	
3	Name of the hospital	
4	Address of the hospital	
5	Name of the Doctor / Health Service Provider	
6	Doctor / Health Service Provider Contact Number	
7	Name of the Ambulance Driver	
8	Contact Number of Ambulance Driver	
7	Ambulance driver treatment with the attendants	
8	Who accompanied the patient in the ambulance	
9	Mamta Fund Contribution Paid	
10	Mamta Fund Contribution Due	
11	Any additional amount charged / asked by the ambulance driver	

[Type text]

### Mamta Fund Record Register

S.No	Name / Husband Name	Date of Registration in Mamta Fund	Gestational Age at registration	Expected Date of Delivery	Total Amount Calculated for Mamta Fund Contribution	Monthly contribution required	Amount Paid in Each Month									Availed Mamta Fund Referral - Yes / No	Total Payment		Total Payment Received Yes / No	Patient Defaulter Yes / No	Total Reimbursed to patient
							1	2	3	4	5	6	7	8	9		Yes	Pending Amount			

[Type text]

## Referral Reimbursement Slip for CMW

### Referral Reimbursement Slip for CMW

Date: \_\_\_\_\_

Name of CMW: \_\_\_\_\_

Union Council: \_\_\_\_\_

District: \_\_\_\_\_

Name of woman referred: \_\_\_\_\_

Address of Health facility to which referral was made: \_\_\_\_\_

Type of complication: \_\_\_\_\_

Details of reimbursement Claim: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

Name and designation who verified the claim: \_\_\_\_\_

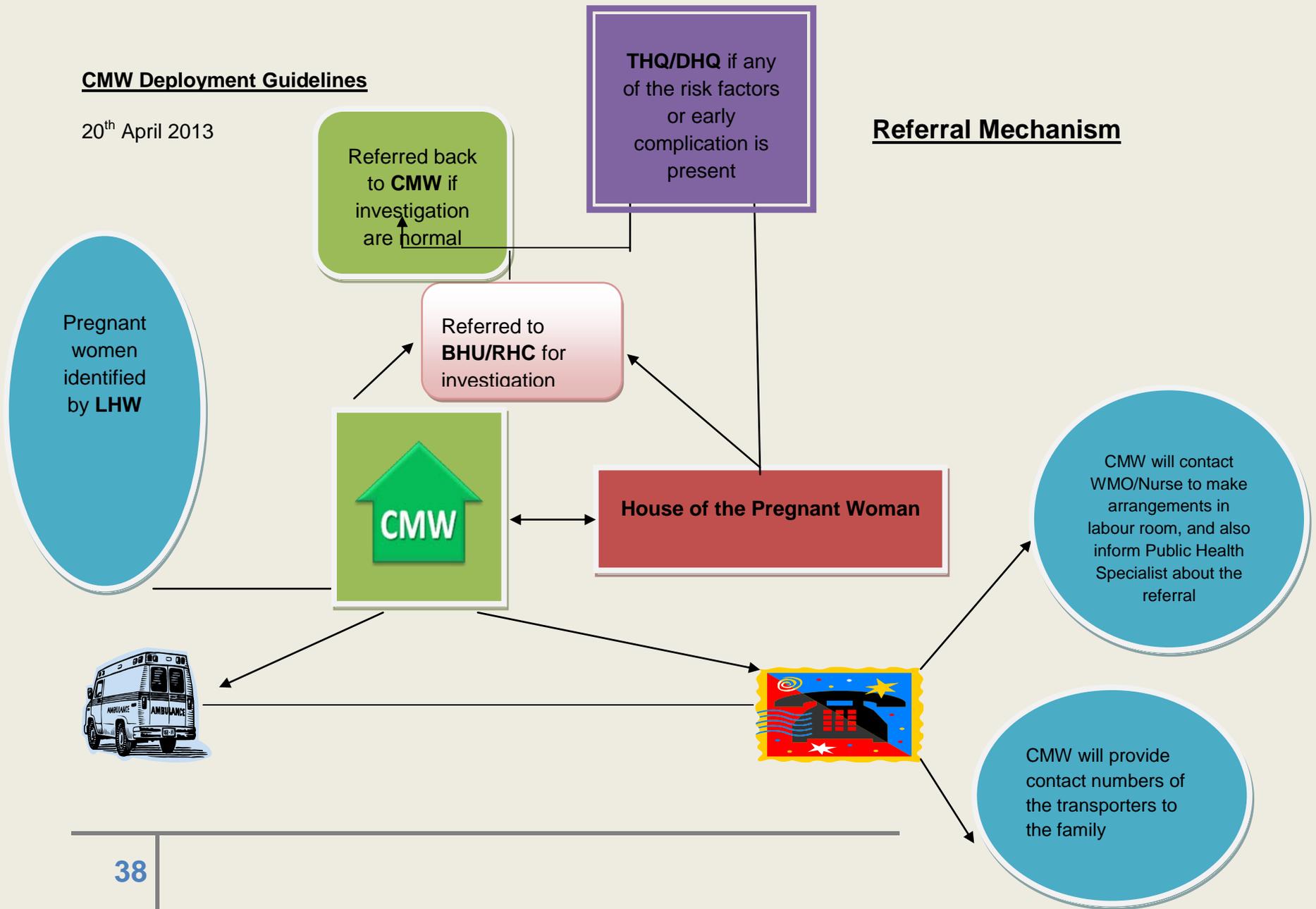
Signature of the person who verified the claim: \_\_\_\_\_

[Type text]

### CMW Deployment Guidelines

20<sup>th</sup> April 2013

### Referral Mechanism



## MODULE 3: FINANCIAL MANAGEMENT

***This Module will comprise of:***

Session 1: Prepare the price list of the CMW workstation services

Session 3: Develop a receipt book for CMW workstation services

Session 4: Develop Credit & Debit Sales Book

Session 5: Develop the CMW Loan Repayment Plan

- ❖ Practical group work
- ❖ Exercises
- ❖ Questions and Answers

## SESSION 1: PREPARE THE PRICE LIST OF THE SERVICES PROVIDED BY THE CMW WORKSTATION

**Time:** hour

**Objective:** *By the end of this session, the CMWs will be able to:*

1. Prepare the list of services along with the price list

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

### **Teaching / Learning Strategies:**

1. Power point presentation
2. Discussion

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## Reference Notes for the Facilitator

### **Individual Group work**

- Ask the CMWs to list down the services which they are / will offer from the workstation and write down a price against each of them.
- Provide the sample price list as reference.
- Provide 15 minutes to each CMW to prepare the list on a separate flip chart. Allow 15 minutes for presentation by 2 – 3 CMWs.

## SAMPLE CMW WORKSTATION SERVICES

S.No	MNCH Services	S.No	MNCH Services
1	Mamta Fund Membership	2	ANC services
3	BP monitoring	4	Postnatal services
5	Family planning	6	Post-abortion care & services
7	Infertility	8	STI Treatment
9	First aid treatment and referral	10	Essential drugs in midwifery care <sup>1</sup>
11	General consultation for any ailments <sup>2</sup>		
12	Lab investigations such as: Urine R/E, Stool R/E, Blood CP, Blood Group, etc <sup>3</sup>		
13	Referral of patients with labour complications, postpartum hemorrhage, puerperal sepsis, medical ailments, etc		
14	Essential newborn care package for minor ailments, such as; skin rash, mild jaundice, etc <sup>4</sup>		
15	IMNCI services package including services for ARI, diarrhea, malnutrition, deworming, etc <sup>5</sup>		
16	Miscellaneous, such as selling female items, stitching, etc <sup>6</sup>		

<sup>1</sup> PNC Curriculum Page 33, Module 2.2, Annex 11 & 12

<sup>2</sup> PNC Curriculum, Page 43, 47 Module 3.4, 3.8, 3.10, Manual Unit 3.2, 7.2,7.5, Sher Shah Page 173 – 178 (Annex 21, 23)

<sup>3</sup> PNC Curriculum, Page 43, Module 3.4, Manual Unit 3.2

<sup>4</sup> PNC Curriculum Page 57, Module 5.2 - , Manual Unit 3.5, 4.5, 5.2, 5.3, 5.4, Sher Shah Page 385, 474 – 492, 511-526, (Annex 25, 28, 29), IMCI Guidelines (Annex 26)

<sup>5</sup> PNC Curriculum Page 62, Module 5.5, Manual 6.3 Page 20 – 25, IMCI Charts (Annex 26)

<sup>6</sup> Sanitary Napkins, Hair removing creams and lotions, Undergarments, Cosmetics, etc

### **Profit while setting up the prices**

- The CMW should be careful in setting the level of profit made on the sale of a product or service, taking into account the relationship between demand for the product (how many people want it) and the available supply (amount of product available to be sold).
- If demand is great for the available supply, the price (and thus the profit) may be increased.
- If there is a large supply, but few people want to buy, then prices may drop.
- An excessively high price due to a big margin of profit will dissuade customers.
- When sales increases, profit margins may be reduced. This can enable the entrepreneur to lower the selling price, therefore allowing the business to 'capture' the market and even expand it.

#### **Example:**

- Amina makes clothes for children.
- The cloth for one child costs Rs.200/-.
- Labour costs (including electricity) for making the clothes are Rs. 50\-
- The bus fare to get material from the marketplace is Rs. 50/-.
- The business profit is Rs.100/-.
- Therefore Amina's selling price is Rs. 400/-

<b>Production</b>	<b>Cost</b>
<b>Material Cost</b>	
▪ Cloth	200
<b>Overheads Cost</b>	
▪ Bus fare	50
▪ Labour	50
<b>Total Cost of Production</b>	<b>300</b>
Sale Price	400
<b>Profit</b>	<b>400 – 300 = 100</b>

## SAMPLE PRICE LIST

MNCH Service / Product	Price	MNCH Service / Product	Price
Intramuscular Injection	10	Intravenous Injection	20
Family planning services	50	BP monitoring	30
Consultation fee General medical treatment for ANC, PNC, FP, Post-abortion care, minor ailments, STI and first aid, etc (Referrals and vaccination are free of cost) (The cost of consumables will be cost in addition as per actual) (Fee will vary according to the distance of the house from the workstation)	50	Lab investigations such as: Pregnancy Test and Blood Glucose	80
Delivery charges of patients	2000	E&C services	2000
Mamta Fund Member	5000	Essential drugs in midwifery care <sup>7</sup>	Drug cost
Miscellaneous, such as selling female items, stitching, etc	Will vary		

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<sup>7</sup> The medicine will be purchased from the wholesale market so the drugs will be sold at the market price of the drug, which will automatically factor in the profit. The same was also discussed with CMWs in Quetta and according to them they are offering the drugs at the market price.

## SESSION 2: DEVELOP RECEIPT BOOK OF SERVICES PROVIDED BY CMW WORKSTATION

**Time: 2 hours**

**Objective:** *By the end of this session, the participants will be able to:*

1. Define accounting, methods of accounting, cash flow and related terms
2. Understand the basics of how to prepare a profit and loss statement and balance sheet
3. List the rules regarding debit and credit

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

### **Teaching / Learning Strategies:**

1. Power point presentation
2. Discussion

## Reference Notes for the Facilitator

### **Calculation of Expenses**

- In the course of doing business, the owner pays for certain services such as transport, rent, electricity and wages/salaries or makes purchases like buying of essential material (drugs, supplies, instruments etc.). He / She may also withdraw money for own use at home.
- All these expenses drain cash or resources from the business and that money needs to be put back into the business.

- These expenses are further divided into direct and indirect costs. These are deducted from sales to calculate either gross or net profit.
- The table below shows some kinds of expenditures.

### Computation of Expenses

S.No	Expenses	Amounts
1	Salary of Assistant <sup>8</sup>	Rs. 2,000
2	Rent	Rs. 400
3	Electricity Bill <sup>9</sup>	Rs. 500
4	Transport/Ambulance (Referrals)	Rs. 2,400
5	Transportation of material	Rs. 200
6	Purchases (Medicines / Instruments)	Rs. 10,000

$$\text{Expenses} = 2000 + 400 + 500 + 2400 + 10000 + 200 = 15,500$$

### Calculation of Net & Gross Profit

#### Net Profit

<sup>8</sup> Some are already availing the additional support from their mothers, aunt and sister who are trained TBA, LHVs, etc. Therefore, in order to cope up with the additional workload, the CMWs may require assistants, in future.

<sup>9</sup> The access to electricity varies for each geographic area. Therefore, the CMW have to calculate the utility bill charges while forecasting the tentative monthly expenditure.

Net profit is also called net income or net earnings. It is calculated by subtracting the total expenses from total revenue, thus showing what the CMW Workstation has earned (or lost) in a given period of time (usually one year).

### Calculation of Net Profit

Net Profit is what remains after expenses have been removed. This is computed as follows:

$$\text{Net Profit} = \text{Gross Profit} - \text{Expenses}$$

For example,

S.No	Service / Value Added Service	Expected Quantity / Month	Actual Cost Incurred	Charges	Monthly Income
1	ANC Services	20	No cost on part of CMW as it is only consultation	50	50 x 10 = <b>500</b>
2	Postnatal Services	15	No cost on part of CMW as it is only consultation	50	50 x 15 = <b>750</b>
3	Consultation for any illness	30	No cost on part of CMW as it is only consultation	50	50 x 30 = <b>1500</b>
3	Blood Pressure Checkup	10	No cost on part of CMW as it is only consultation	20	20 x 10 = <b>200</b>
4	Tab Misoprostol	15	26 per packet	CMW sold at Rs. 30/ packet	4 x 15 = <b>60</b>
5	Sanitary NAKINS	40	80 per pack	CMW sold at Rs. 85 / packet	5 x 40 = <b>200</b>
<b>Total Cost</b>			<b>110</b>	<b>285</b>	<b>3210</b>

$$\text{Net Profit} = \text{Gross Profit} - \text{Expenses}$$

$$\text{Net Profit} = 3210 - 110 = 3100$$

## SESSION 3: BOOK KEEPING FOR SMALL BUSINESS

**Time: 1 hour**

**Objective:** *By the end of this session, the participants will be able to:*

1. Prepare credit & debit book
2. Prepare cash book

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers

### **Teaching / Learning Strategies:**

1. Power point presentation
2. Discussion

## Reference Notes for the Facilitator

### **Why is Book-keeping important?**

Accurate record keeping is essential to the success of a business. The advantages of good book keeping are:

- You will know how much money you have received, including loans.
- You will know how much money you have spent and how you have spent it.
- You can calculate whether you are making a profit or a loss.
- You will be able to make better decisions on what to buy and sell.
- You can keep records of buying and selling on credit, so that people cannot trick you.
- You can keep records of money coming in and going out of a pool fund and thus prevent abuse of funds and avoid mistrust amongst group members.

### **Cash Book**

- The cash book shows the situation of the business at any given time. It includes all sales and all costs over time.
- It is important to record every single sale and expenditure. This allows the owner to track sales and expenditures month by month. In addition, knowing the average monthly sales means that one can plan for the future.

### **Group Work**

- Brainstorm with the present the cash book register with the CMWs and introduce the following register.
- Explain that “Due” means Pending and “Bank” means what the CMW will deposit in the bank and that is why it is only mentioned against Bank loan.

Month -----

**Cash Book (Customized version)**

Dr						Cr				
Receipts (Cash in)						Payments (Cash out)				
S.No	Date	Particular	Due	Cash	Bank	Date	Particulars	Due	Cash	Bank
Due Brought Forward _____ Cash Brought						Due Brought Forward _____ Cash Brought				
1	XXX	YYY	100	100						
2	CCC	Bank loan		100	100					
3	EEE	YYYY	20	80						
4	fff	oooo		100						
5	jjj	kkk	100							
Total			220	380	100	Total				
Cash Brought Down _____ Due Brought Down _____						Cash Brought Down _____ Due Brought Down _____				

### Sample Receipt Book Format

<b>RECEIPT NO:</b>			
<b>CMW / Workstation Name:</b>			
<b>Patient Name:</b>			
<b>Registration Number:</b>			
<b>Patient's Husband / Father Name:</b>			
<b>Address:</b>			
Date	Description of services	Paid Amount	Due Amount
	<i>E.g. Ante natal Care (visit #1)</i>	Rs. 100	
	<i>IUD insertion</i>	Rs. 50	Rs. 50
	<i>Newborn examination</i>	Rs. 40	Rs. 60
	<b>Total =</b>	<b>Rs. 150</b>	

CMW Signature: .....

### **Credit Sales Book**

- A Credit Sales Book keeps the record of all the money the customers have to repay for goods and services purchased on credit.
- Selling on credit has the advantages of retaining royal customers or improving sales during low period.
- It is important to assess the credit worthiness of the customer and put in place some control measures for the credit levels, such as follows:
  - a. The patient and her family are well known to the CMW
  - b. The patient is local resident of the village and is not someone who is a visitor from other village
  - c. The patient has submitted a copy of her or husband's ID card
  - d. The patient or the family are not known as regular creditors in the village
  - e. The patient and her family has a valid traceable address in the village
- Caution has to be taken when selling on credit. It is advisable for the owner to limit credit to those long term customers that can be trusted. Many businesses have gone under due to non-collection of debts.
- It is a good practice to inform the customer when the payment must be done.
- It is also good to send reminders on or before the due date.
- This same information should be recorded and tracked in the records as shown in the table below.
- If the customer does not pay the balance by the agreed date, the CMW should pursue the client for payment.

### **Rules to Follow While Providing Services on Credit**

- Only sell on credit to regular customers who you are sure will pay you back on time

- Always demand for payment of part of the total amount
- Always carry sufficient cash to buy new stock
- Keep records of people who are buying on credit

### Advantages and Disadvantages of Selling On Credit

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• It is a service to your customer and it will attract few more customers</li> </ul>	<ul style="list-style-type: none"> <li>• Customers may linger in repaying or may not pay back, at all</li> <li>• There may be quarrels over re-payment</li> <li>• Can easily add to a lot of money which makes it difficult for you to remember who should repay and how much?</li> <li>• The money that your customers still owe you cannot be used to purchase materials or upgrade your business</li> </ul>

### Advantages and Disadvantages of Buying On Credit

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• To buy stock in a season when it is cheap (such as the end of a season sale)</li> <li>• To enable you to buy cheaper in bulk (items such as medicines)</li> <li>• To compensate for lots of credit sales</li> </ul>	<ul style="list-style-type: none"> <li>• There may be quarrels or confusion over repayment</li> <li>• You may forget that you owe someone money</li> <li>• There is a tendency to buy unnecessary things</li> <li>• Sometimes you have to pay more when you buy on credit (interest charges)</li> </ul>

#### Important Point

Buying goods on credit for yourself or your household could put you in trouble

Ask yourself:

- Will your business make enough profit to pay for the products that you have bought on credit for your household or family?
- If you decide to purchase on credit, make sure that you will be able to repay / payback your credit on time!

Before buying on credit do the following:

- ❖ Calculate how much profit you will get with your business
  - ❖ The profit should be enough to repay your credit and still leave some money for savings.
- You cannot spend the money you do not have. As long as you have not received the money that people owe you, it is not yet yours. You can only pay for expenses after you have received your money people owed you. For example, you cannot use the owed money to buy materials.
  - The same thing applies when you have to repay other people. If you have bought something on credit for business or family, you have to repay your credit before you can calculate your business profit. You have to raise some money separately to repay your credit.
  - You should repay your credit on time so that people will be prepared to give you more credit any time you ask it again.
    - Your character standing for repaying credit on time is called credit worthiness.

## MODULE 4: MARKETING

### *This Module will comprise of:*

- Session 1: Introduction to marketing
  - Session 2: Develop the list of services provided by the CMW workstation
  - Session 3: Creating marketing messages
  - Session 4: Analyze your competitors in the market
  - Session 5: Develop marketing plan
  - Session 6: Develop marketing strategy
- ❖ Practical group work
  - ❖ Exercises
  - ❖ Questions and Answers
  - ❖ Role plays
  - ❖ Group discussions & presentations
  - ❖ Checklists

---

### SESSION 1: INTRODUCTION TO MARKETING

**Time:** 30 minutes

**Objective:** *By the end of this session, the CMWS are able to:*

1. Define and understand importance of marketing for the CMW workstation

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group discussion
3. Brainstorming

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### **Reference Notes for the Facilitator**

- Ask participants what they understand from the term “Marketing” and give examples
- List the responses and share the definition.

**Marketing** is everything you do to:

- *Find out who your patients / clients / customers are?*
- *What are the health needs of mothers and children in your community?*
- *What type of MNCH services are likely to be / are being paid by the community to address mothers and children health needs?*

- While discussing the responses, share the importance of marketing for the CMW workstation as follows:

**MNCH services marketing** is a 4 - step process, which aims at increasing MNCH paid service utilization by concentrating on provision of MNCH services as per requirement of mothers and children in the community:

**STEP 1** = Understand what MNCH services are needed by mother and children

**STEP 2** = Develop a package of MNCH services which gives mother and child what they need / want

**STEP 3** = *Promote the MNCH service package to customers*

**STEP 4** = *Keep on improving your MNCH service package*

- Wrap up the group discussion by sharing the below mentioned 'Marketing Model' diagram and summarize as follows:

**Marketing** is providing the right MNCH service and product, at the right price, through the right distribution channels (place) and supported by the most suitable promotional and advertising activity

**Marketing Is a Process**



**Utilizing the following marketing mix for MNCH services / products**

**MNCH Services**

What are the services?  
What are its features?  
What is the quality?

**Promotion**

How to attract mother & children for health services?  
  
Community Meetings,  
Mosque announcements  
Wall chalking

**Price**

What is the cost / user fee of MNCH services?  
  
Desired cost / usefee  
  
Desired profit

**People**

Who are the targeted patients / customers / clients?  
  
How to approach them?

**Packing and Packaging**

Branding  
Packing Material  
Labeling

**Place**

What is the location of CMW Work – station

**For Successful Sale of MNCH Services & Products**

## SESSION 2: DEVELOP THE LIST OF SERVICES PROVIDED BY THE CMW WORKSTATION

**Time:** 1 hour

**Objective:** *By the end of this session, the CMWs are able to:*

1. Prepare a comprehensive list of the MNCH services which will be offered from the CMW Workstation.

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group work
3. Brainstorming

---

## Reference Notes for the Facilitator

### **Group work**

- Divide the participants in 2 groups and ask them to list down all the MNCH services which they are planning to provide through their CMW Workstation.
- Allow 30 minutes for the group work, followed by 15 minutes group presentation by each group to compare the MNCH service list.
- The proposed MNCH service & product list could be as follows:

## MNCH SERVICES & PRODUCT LIST FOR CMW WORKSTATION

S.No	MNCH Service / Product	S.No	MNCH Service / Product
1.	Mamta Fund Membership	2.	ANC services
3.	Family planning	4.	Post natal services
5.	Infertility	6.	Delivery charges
7.	Lab investigations such as: Urine R/E, Stool R/E, Blood CP Blood Group, etc	8.	Post-abortion care & services
9.	Referral of un-registered patient with labour complications and postpartum hemorrhage	10.	BP monitoring
11.	Referrals for TB, Hepatitis B, etc	12.	STI Treatment
13.	Essential newborn care package for minor ailments, such as; skin rash, mild jaundice, etc	14.	Under 5 IMNCI services package including services for ARI, diarrhea, malnutrition, deworming, etc
15.	Essential drugs in midwifery care	16.	First aid treatment and referral
17.	General medical treatment for minor ailments, such as diarrhea	18.	Miscellaneous, such as selling female items, stitching, etc

## SESSION 3: CREATE MARKETING MESSAGES

**Time:** 1.5 hours

**Objective:** *By the end of this session, the CMWs will be able to:*

1. Create effective messages for promoting and selling products

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group discussion
3. Brainstorming
4. Role play

---

### Reference Notes for the Facilitator

- Brainstorm that what do they understand by “Marketing Message”?
- Brainstorm and ask the CMWs to think of some messages which have made them buy other products, such as detergents, dairy products or got the children admission in school, buy electronic appliances, etc
- List the responses on the flip chart and discuss the characteristics of good promotional message.

**Promotional Messages** are small sentences that when seen or heard can make the patient to seek MNCH services and the customer wants to buy the value added services

*Messages should be:*

1. *Clear and effective*
2. *Related to the benefits of the product*
3. *Tell something special about the value added service e.g. availability of safe delivery kit during the ante-natal check-ups, newborn clothes stitching services, etc*
4. *Must be tested before they are used*
5. *Records something on people's minds and make them have a desire to seek service*
6. *Include the known name and identity of the service (logo)*
7. *Tell something special about the product*

- Share the following few marketing messages for MNCH services which can be offered by the CMW Workstation, as an example:

**Marketing Messages For CMW Use:**

1. *We provide "Mamta Fund", Your safety for prosperous maternal health*
2. *This CMW Workstation ensures provision of Tab. Misoprostol at the time of delivery to prevent PPH*
3. *PPH is a sudden and unpredictable life threatening condition. Don't take risk and avail the quality services from ----- (name) CMW Workstation*
4. *No need of going to market! Additional services and female products are now available at (name) this CMW Workstation*
5. *This CMW Workstation offers quality 'Birth Preparedness Package'*

**Role play**

- Ask 2 CMWs to volunteer for the role play. The case scenario is not shared with the rest of the participants and they are asked to observe and share their comments after the role plays.
- Allow 10 minutes for preparation, role play for 15 minutes and group observations and comments for 30 minutes.

**Role play 1**

- You are a CMW who has recently set up your CMW Workstation with the assistance of MC project. You do not know how to talk to your patients / clients / customers. Also, your services are yet in the process of finalizing and are therefore, of a poor quality and badly presented. How will you promote your services to the patients / clients / customers visiting your CMW Workstation?

### **Role play 2**

- You are a CMW who has recently set up your CMW Workstation with the assistance of MC project. You have good communication skills and know how to talk to your patients / clients / customers. Your CMW house is functioning and well presented. How will you promote your services to the patients / clients / customers visiting your CMW Workstation?
- Discuss with the group that what have they observed and their remarks.

## SESSION 4: ANALYZE YOUR COMPETITORS IN THE MARKET

**Time:** 1.5 hours

**Objective:** *By the end of this session, the CMWs are able to:*

1. Analyze the competitors in the market offering other MNCH services

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group discussion
3. Role play
4. Brainstorming
5. Practical sessions

---

### **Reference Notes for the Facilitator**

1. Brainstorm what is the CMWs opinion regarding the market survey / analysis for the MNCH and value added services at their CMW Workstation.
2. List the responses and discuss the purpose of market analysis

### **Purpose of Market Survey**

- *Help to set up the price*
- *Know your competitors*

### **Individual CMW Work to Analyze the Competitors in the Market**

- Provide the following tool to each CMW, read it out and ask them to fill it on the basis of the available information
- Provide 1 hour for filling of the Competitors analysis tool, 10 minutes for 3 presentations to share the findings.
- Refer to Worksheet 3 in CMW Workbook

<b>S.No</b>	<b>Question</b>	<b>Response</b>
1	How many other service providers are functional near your CMW Workstation?	
2	What is the similar kind of MNCH services which they are providing?	
3	What is the quality of the services they are providing?	
4	Are you aware of any possible problems which they face while providing these MNCH services?	
5	What are the related additional value added services which they are offering?	
6	What are the prices of value added services, such as provision of newborn baby clothing and female stitching services at lesser price, female items, make-up etc	
7	Who are their potential patients / customers / clients?	
8	Why do people seek MNCH services from your competitor?	

9	What are the common MNCH and RH services which females usually seek in your community?	
10	Do they pay for these services?	
11	How much do they, or, can they spend on seeking health services?	

## SESSION 5: DEVELOP THE MARKETING PLAN

**Time:** 1 hour

**Objective:** *By the end of this session, the CMWs are able to:*

1. Develop a marketing plan for the MNCH services provided from the CW Workstation

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group discussion
3. Brainstorming

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## Reference Notes for the Facilitator

### **Group work**

- Divide the participants in 4 groups and provide them with a list of questions which they will answer in the context of their business as CMW
- Allow each group to prepare presentation for 20 minutes and provide 10 minutes to each group for presentation and question, answers.
- Provide the tentative list of services prepared during session 2 and proposed price list to each group.

- Refer to Worksheet 4 in CMW Workbook

<b>PROPOSED PRICE LIST OF MNCH SERVICES &amp; PRODUCTS</b>			
<b>MNCH Service / Product</b>	<b>Price</b>	<b>MNCH Service / Product</b>	<b>Price</b>
Intramuscular Injection	10	Intravenous Injection	20
Family planning services	50	BP monitoring	30
Referral charges for un-registered newborn with danger signs	Free	Consultation fee General medical treatment for ANC, PNC, FP, Post-abortion care, minor ailments, STI and first aid, etc  (The cost of consumables will be cost in addition as per actual)  (Fee will vary according to the distance of the house from the workstation)	50
Lab investigations such as: Pregnancy Test and Blood Glucose	80	E&C services	2000
Delivery charges of patients	2000	Mamta Fund Member Will vary from	5000
Miscellaneous, such as selling female items, stitching, etc	Will vary	Essential drugs in midwifery care	Drug cost

- Explain the term value added services for reference

### **Value Added Service**

*For example, when you are providing antenatal care services you can provide the clients with safe delivery kit, newborn baby kit and newborn clothes and the colors that the customer selects*

### **Group 1 – Price**

1. What are the MNCH services which you will offer in your CMW Workstation?
2. What is the other value added services / products that you will provide through the CMW Workstation?
3. Prepare a pricelist of the MNCH service and other value added services / products.
4. Why will you keep your costs down as much as possible?
5. Are you going to offer free of cost services? If yes, to whom and what will be the criteria?
6. When should you change your prices?
7. Are you going to offer debt? If yes, what will be the debt re-payment plan?
8. Have you ever faced a pricing problem? If yes, what was it and how did you resolved the issue?

### **Group 2 – Services / Value Added Products**

1. What are the MNCH services which you will offer in your CMW Workstation?
2. What is the other value added services / products that you will provide through the CMW Workstation?

3. What are the other similar MNCH services and value added products are available near your CMW Workstation?
4. What are the prices and what patients / clients / customers like or dislike about them?
5. Why do you think that patients / customers / clients would like to come to your CMW Workstation for the services?
6. Any specific incentive for the person referring the patient?
7. Any specific incentive for the person who is accompanying the patient (attendant), while the patient is admitted for delivery or any other procedure in your CMW Workstation?

**Group 3 –Place & Location of the CMW Workstation**

1. Do you have sufficient space in your house for setting up the CMW Workstation?
2. If no, where will be your business located?
3. How much time is required, approximately, for a patient / client / customer to reach your CMW Workstation?
4. How often would you be able to perform home visits and how much time will it take to reach the farthest house within your catchment area?

**Promotion Methods**

- *Practical demonstration, health education sessions for the potential patients / users / customers*
- *Brand name, Road signs, leaflets posters in local languages, T- shirts, hand-made posters, price list etc.*
- *Word of mouth that what others say about you and your MNCH services and value added services are very important.*

*Use of local health interventions occurring in the area, such as child health week by UNICEF, polio days, vaccination campaigns, etc*

5. How far is the market from your CMW Workstation and how much time it takes to reach the market?

#### **Group 4 – Promotion**

1. How will you inform your patients / customers / clients about the MNCH services and the value added products available at your CMW Workstation?
2. What type of activities will you plan to promote your MNCH services and the value added products available at your CMW Workstation?
3. Will you assign a name to your CMW Workstation?
4. If yes, what? If no, why not?
5. Do you plan to provide any free of cost services to promote your business?
6. If yes, what are those services or value added products / services?
7. How many patients / clients / customers will you be able to deal, without compromising the quality, in a specified time period?

## SESSION 6: DEVELOP MARKET STRATEGY

**Time:** 1 hour

**Objective:** *By the end of this session, the CMWs are able to:*

1. Develop Market Strategy for their own CMW Workstation

### **Resources / Materials Needed**

1. Multimedia projector & screen
2. Flipchart papers
3. Stand
4. Board Markers

### **Teaching / Learning Strategies:**

1. Slide presentation
2. Group discussion
3. Role play
4. Brainstorming
5. Practical sessions

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### Reference Notes for the Facilitator

#### **Individual CMW Work**

- Provide the CMW marketing strategy practice checklist to all the participants.
- Read out the checklist and explain if there any queries regarding any part / item. .
- Provide half hour to fill in the checklist and 10 minutes each for 3 group presentations.
- Refer to Worksheet 5 in CMW Workbook

## **CMW MARKETING STRATEGY PRACTICE CHECKLIST**

Name: \_\_\_\_\_

Name of CMW Workstation: \_\_\_\_\_

### **HOW I MARKET MY SERVICE & VALUE ADDED PRODUCT?**

#### **MNCH SERVICE: The Services I Am Providing**

1. Why do patients / clients / customers visit and pay at my CMW Workstation instead of other health service providers?
2. How can I find out about any changes or new value added services, my patients / clients / customers would like to have?
3. Should I improve my MNCH services and value added services?
4. How can I provide services in the least expensive way?
5. Should I work more? Less?
6. What problems do I have regarding what I provide?

#### **ACCESSIBILITY: Location of CMW Workstation in the Catchment Population**

1. Is my CMW Workstation in the most convenient place for my patients / clients / customers?
2. How can I reduce transportation or storage costs?
3. Do I need to use a middleman? What are my options?
4. How can my cooperation with other competitors improve distribution or reduce costs?

5. What are my other unsolved problems regarding accessibility?

**PROMOTION: Creating Ways to Persuade Patients / Customers to Buy My MNCH Services**

1. How do I let my patients / customers / clients know about the MNCH services available at my CMW Workstation? What else could I do?
2. What are the key benefits of the value added service to the users?
3. Do I have a good name or slogan for my CMW Workstation to make it different from another health service provider facility?
4. Are there new ways to get patients / clients / customers to visit my CMW Workstation to stay longer when they visit?
5. What promotion problems do I want to solve?

**Group Work / Role Play – 30 minutes (If have extra time during the session)**

- Divide the participants in 3 groups. Give them the following topic:
- Allow 15 minutes for discussion and 15 minutes for each group presentation and role play.
- Allow 15 minutes for discussion, comments and question and answers regarding the role play.

**Group 1**

- You are providing safe delivery kit, stitching services and other items along with the MNCH services for the patients / clients seeking services at your clinic. You have an opportunity to attend a wedding ceremony and you have been asked to provide information about your business. Plan and explain how you will do it.

**Group 2**

- Design some of the promotion materials you will use to promote your CMW Workstation and its services. Also formulate 3 messages, which you would use for promotion of your CMW Workstation, MNCH services and value added products.

**Group 3**

- You have an opportunity to meet some patient / clients who are already using services of some other health service provider. Discuss in your group that how will you promote your service without criticizing the other health service provider / competitor. How you would talk to them to promote your product?

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## MODULE 5: BUSINESS PLAN

***This Module will comprise of:***

Session 1: Developing Business Plan

- ❖ Practical group work
- ❖ Questions and Answers
- ❖ Group discussion

## SESSION 1: DEVELOPING BUSINESS PLAN

**Time:** 5 hours

**Objective:** *By the end of this session, the CMWs will be able to:*

1. Develop business plan for their own individual businesses

### **Resources / Materials Needed**

1. Flipchart papers
2. Stand
3. Board Markers
4. Ball Pen
5. Pencil
6. Eraser
7. Question for each component

### **Teaching / Learning Strategies:**

1. Brainstorming
2. Group Discussion
3. Practical work to develop business plan

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### Reference Notes for the Facilitator

- Recap from the previous day.
- Introduce the topic of business planning and brainstorm that:
  - ❖ Based on the information received during the 4 days skills development training, what do CMWs understand by the term 'business planning'?
  - ❖ List down the responses and share the definition of business planning.

### **Business Planning**

*Business planning is the process of systematically thinking about your business, setting business goals and objectives and planning for resources which will help him/her achieve the desired goals and objectives.*

- In view of the responses, discuss that why do the CMWs need to develop their business plan, what will be its advantage and how will it assist them in setting up their businesses.

### **Group Work to develop 'Business Plan'**

- Provide each CMW with the format of questions under each topic and guide them to provide response against each of the question to develop the business plan.
- Also provide the CMWs the list of items, medicines, etc procured by MC for their reference.
- Guide her to safely keep the final business plan document as a reference in her future work at the CMW workstation.
- Provide 2 hours of written work on each topic. Allocate almost 30 minutes to discuss the business plan of few CMWs with other participants and for questions, answers.
- Refer to Worksheet 6 in CMW Workbook

### **Reference Documents for the Group work**

- Provide the list of the items, equipment which will be provided to the CMWs by MC so that they are fully aware of the standard support they will receive. This will assist them to avoid duplication while planning and budgeting the items for their CMW workstation.
- The information regarding the quantity of each item will enable the CMWs to calculate the amount which will suffice for one month and when it will be required to factor in the cost of that item in the budget for next month.

- Provision of the standard list of medical supplies for each CMW workstation will enable the CMWs to know the exact quantity of each medicine (consumables/ non-consumables) which will be provided to them. Moreover, they can also calculate the budget required for the additional amount (subjected to the number of patients) which will be required to be purchased from the market, of the same standard and quality.

### 1: Items for the CMW Workstation

Item	Initial Loan	Follow-up Loan
Refrigerator	0	200
Curtains	0	50
Soft Board	0	25
Sign Board	44.5	0
Buckets	10	0
Step for delivery table	20	0
Drip Stand	10	0
Mattresses	75	0
Pillow with cover	4	0
Bed sheet	4	0
Repair and Renovation of CMW home	77.5	77.5
<b>Medical Supplies (Table 3)</b>	<b>85</b>	<b>0</b>
<b>Total in USD</b>	<b>330</b>	<b>353</b>

## 2: The Beneficiary Population

- The information regarding beneficiary population will enable them to calculate their target population in their respective catchment area and thus plan and design their business and marketing strategy.

Beneficiary Population		District Population <i>(indirect)</i>				CMW Catchment <i>(direct)**</i>
Category	%	Quetta	Kech	Gwadar	Total	Total
Infants: 0-11 months*	3.5	70,000	15,208	8,936	94,144	15,750
Children: 12-23 months*	3.3	66,000	14,339	8,426	88,765	14,850
Children: 24-59 months*	10.2	204,000	44,321	26,043	274,363	45,900
Children 0-59 months	17.0	340,000	73,868	43,405	457,272	76,500
Women 15-49 years*	22.0	440,000	95,594	56,171	591,764	99,000
<b>Total Population</b>		<b>2,000,000</b>	<b>434,516</b>	<b>255,322</b>	<b>2,689,838</b>	<b>450,000</b>
<p>* Based on population breakdown estimates from the Provincial Expanded Program of Immunization (EPI) Feb 2013 records</p> <p>**Based on the assumption that each CMW covers a catchment area of 5,000.</p>						

### 3: List of Medical Supplies for CMW Homes / Month

S. No.	Form	Generic name	Potency	Qty
1	Drips	N/Saline	1000ml	10
2	Drips	5%Dextrose	1000ml	10
3	Set	Drip set		20
4	Syringe	Disposable Syringes 5CC	5CC	50
5	inj	Tranxemic Acid	250mg/5ml	20
6	inj	Diclofenac Sodium	75mg/3ml	20
7	inj	Dexamethasone	4mg/1ml	5
8	inj	Phloroglucinl Hydrate	4ml	10
9	inj	Syntocinon	0.2mg/ml, 1ml ampoule	10
10	inj	Nootropil	5ml	10
11	Capsule	Tranxemic Acid	Capsule, 250mg	50
12	Capsule	Diclofenac Sodium	50mg	50
13	No	Foleys catheter	Foleys catheter sizes ( 20E)	5
14	Tab	Misoprostol	50mg	100
15	Tab	Fluroroglucino + Tri - Methyphloroglucinol	80mg	100
16	Bottle	Sodium Bi-phosphate	135ml(Approx)	10
17	Bottle	Dettol Brown	1 Litter	2
18	Bottle	Dettol Pink	500ml	2
19	Roll	Cotton	500g	5
20	Bottle	Bleach	500ml	2
21	No	IV Cannula	No., 20G,22G	30
22	Pack	Face Mask		100
23	No	Surgical plaster		4

#### 4: Community Midwife Kit

S. No.	Items / Description	Unit	Quantity
1	Fetoscope ( Aluminum)	No	1
2	Weighing Machine (Adult)	No	1
3	Sterilizer ( 12 x 16 )	No	1
4	Emergency Light	No	1
5	Delivery Kit	No	1
6	Kidney Dish ( Stain Less steel ) 12 "	No	1
7	Large Bowl ( Stain less steel) 12"	No	1
8	Small Bowl ( stain Less Steel) 7 "	No	1
9	Cord Clamp ( Plastic )	Pack	1
10	Dettol Solution 10 ml liquid	Litter	1
11	Macintosh size 5 X 2 / Mehroon	No	1
12	Gauze Piece	No	1
13	Kit box / Bag	No	1
14	Tissue Holding forceps 6"	No	1
15	Thermometer	No	1
16	Measuring Tape 60 "	No	1
17	Robin Bleach 500 ml	Litter	1

18	Dettol Soap ( Large ) 115 gram	No	1
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Sr. #	Description of Items	Quantity	Price per beneficiary in USD
1	Office Table Small with Drawer (Steel)	1	40
2	Office Chair (Steel)	2	35
3	Delivery Table	1	250
4	Patient Examination Stool	1	12
5	Weight Machine Infant	1	20
6	Plastic sheets/ Mackintosh	1	6
7	Cord clamps Blister Pack sterilized	24	7
8	Blanket large	1	20
9	Blanket Small	1	8
10	Kidney Tray 8" , Stainless steel	1	3
11	Rectangular tray 12" x 10" with lid, Stainless steel	1	15
12	Episiotomy Scissors	1	5
13	Plain scissor 6"	1	2
14	Small Artery Forceps	1	2
15	Allies Forceps	1	4
16	Non Toothed Forceps	1	2
17	Tooth Forceps	1	2
18	Sponge Forceps 9"	1	2
19	Needle Holder 7"	1	2
20	Disposable Delivery Kits	50	40
21	Instrument Trolley	1	36
22	Dressing drum 12"	2	18
23	Ambu Bag	1	30
24	Surgical Gloves (7#)	12	7
25	Disposable gloves 1 pack	1	1
26	OT light (stand)	1	45
27	Patient Screen (3 folded)	1	22
28	Patient bed (as per sample)	1	44
29	B.P. Apparatus	1	13
30	Stethoscope	1	5
	<b>Total in USD</b>		<b>698</b>

## Questions to Enable CMWs to develop a 'Business Plan'

### Introduction

1	Describe your thoughts on your business as a CMW and what will be its name?	
2	What do you want to achieve from your business as a CMW?	
3	As the owner of the business what could be the possible legal issues which you can keep in your mind and consider?	
4	List the skills and experience which you already have as a CMW and as a woman entrepreneur	
5	What are your weaknesses and how will you overcome them?	

### Marketing

1	What is your target population and how far is your business located from the population / houses of the main village?	
2	List all the services / products which you will provide in your business.	Refer to the list of services / products developed during the Marketing session.
3	Why do think that the patients / customer will want to avail the service / product at your CMW center.	,
4	How many other competitors are located in your nearby vicinity?	Refer to 'Competitors Analysis Tool' in Module 2

		– Marketing, Session 5
5	What are the additional advantages of your business, over your competitors, which you will offer to attract patients / customers?	
6	List the advertising activities which you will do to inform the community and other people regarding your services / products	
7	List down the price of all items (services / products) which you will provide	Refer to ‘Develop the Marketing Plan’ in Module 2 – Marketing, Session 4
8	How many patients / customers do you expect to arrive per month?	
9	What are the possible measures which you will adopt if the patients / customers number is less than your expectations?	
10	Who are your potential stakeholders which you will contact primarily to promote your business?	
11	Will you package the value added products which you will provide from the CMW workstation. If yes, which ones?	

## Financial Management

1	What are your own financial resources which you will invest (or have already invested) while beginning your business	
2	Is there any person in your family who can provide you with loan? If yes, who is that person?	
3	Are you contributing in family finances? If yes, how	

	much?	
4	List the equipment / items which you will procure from the loan received from Tameer bank.	
5	Prepare a monthly budget for six months	(Trainers exercise to enable them to guide CMWs on how to prepare a preliminary budget)
6	Based on your price list, calculate the additional amount which you will earn after sale of each service / product	
7	What are your current electricity and gas bills, approximately, and what is the possible increase which you will expect in your utility bills each month after commencing your business?	
8	Calculate your profit from the expenditure on each service / product.	
9	Calculate the amount which you will re-pay at the end of each month as a part of your monthly repayment plan	
10	How many patients / clients would you allow to avail the services on credit?	
11	How will you re-pay your loan in case, if the creditors default?	
12	List the sources which you will use to re-pay your loan if you are unable to gain any profit on the services / products which you are providing	
13	List any possible unforeseen circumstances / situation which might develop due to which you are bankrupt and have to finish your business and are unable to return the loan	

14	How will you pay the ambulance services utilized for Mamta Fund?	
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## Operational Management

1	Where will be your business located?	
2	Will you be the sole owner of the business or will have some partner?	
3	Explain how will you manage your business with your other household responsibilities, on a day-to-day basis?	
4	Who will be responsible of your business if you are not home or are travelling outstation?	
5	Are you planning to hire any additional staff for assistance, If yes, what for?	
6	Does any of your family members will assist in your business? If yes, for what? What are your existing resources which will contribute in the day-to-day operation of your business?	
7	Make a list of the possible consumables which you will require on monthly basis	
8	Make a list of the possible suppliers which you already know and will assist you in your business	
9	Who will contact those suppliers?	
10	How will you ensure the continuous medicine and other consumable supplies for your CMW house?	
11	How many could be your creditors per month?	
12	How much will you charge the creditor initially, OR, the entire cost of services / product will be provided on credit?	

13	What will be the repayment plan for the creditors?	
14	How will you follow-up with the creditors, in case, if they are unable to pay as agreed OR default completely?	
15	How will you ensure the availability of ambulance for Mamta Fund Referrals?	
16	Have you established linkages with other referral facilities?	
17	If yes, what is your expected referral time and how will it be managed?	
18	Do you have a telephone line and mobile? If yes, how will you use it in your business?	
19	Any of your family members have a computer? If yes, how can you use it for your business?	

# ANNEX

## ANNEX 1 – AGENDA

### DAY 1

S.No	Session	Time Allocation	Responsibility
2	Agenda	9.05 – 9.15	
3	Norm setting	9.15 – 9.30	
4	Participants expectations	9.30 – 9.45	
5	MC Microfinance project overview & Training objectives	9.45 – 10.15	
<b>TEA BREAK</b>		<b>10.15 – 10.30</b>	
6	Pre-Test	10.30 – 11.00	
7	Filling of the registration form	11.00 – 11.30	
8	Tameer Bank IMAN model	11.30 – 13.30	
<b>LUNCH &amp; PRAYER BREAK</b>		<b>13.30 – 14.30</b>	

10	EasyPaisa mobile account	14.30 – 17.00	
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## Day 2

S.No	Session	Time Allocation	Responsibility
1	Recap from the previous day	9.00 – 9.15	
2	How to be an effective facilitator for training CMWs as female entrepreneurs	9.15 – 9.30	
3	What is entrepreneurship and CMW Self-assessment as an entrepreneur?	9.30 – 10.15	
<b>TEA BREAK</b>		<b>10.15 – 10.30</b>	
4	Introduction to marketing	10.30 – 11.00	
5	Develop the list of various services which CMWs plan to provide from the workstation	11.00 – 12.00	
6	Create marketing messages	12.00 – 13.30	
<b>LUNCH &amp; PRAYER BREAK</b>		<b>13.30 – 14.30</b>	
7	CMWs develop their marketing plan	14.30 – 15.30	

8	CMWs develop market survey tool	15.30 – 17.00	
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### Day 3

S.No	Session	Time Allocation	Responsibility
1	Recap from the previous day	9.00 – 9.15	
2	CMW develop market strategy	9.15 – 10.15	
<b>TEA BREAK</b>		<b>10.15 – 10.30</b>	
3	Introduction to Mamta Fund & Develop its operational modalities	10.30 – 12.30	
4	CMW develop Mamta Fund forms and practice on the existing MNCH CMW Referral forms	12.30 – 13.30	
<b>LUNCH &amp; PRAYER BREAK</b>		<b>13.30 – 14.30</b>	
5	Prepare the list of essential information required for referral, such as; mapping of referral facility, nearby LHW Health House, Gynecologist, BHU, RHC, THQ & DHQ, list of ambulance drivers, etc	14.30 – 15.30	
6	How to use the Mamta Fund Register	15.30 – 17.00	

**Day 4**

<b>S.No</b>	<b>Session</b>	<b>Time Allocation</b>	<b>Responsibility</b>
1	Recap from the previous day	9.00 – 9.15	
2	Prepare the price list of the services provided by the CMW workstation	9.15 – 10.15	
<b>TEA BREAK</b>		<b>10.15 – 10.30</b>	
3	Prepare 6 months budget for the operational cost of the CMW workstation	10.30 – 12.30	
4	Develop a receipt book for the services provided by the CMW workstation	12.30 – 13.30	
<b>LUNCH &amp; PRAYER BREAK</b>		<b>13.30 – 14.30</b>	
5	Develop Credit & Debit Sales Book	14.30 – 16.00	
6	Develop the CMW Loan Repayment Plan	16.00 – 17.00	

### Day 5

S.No	Session	Time Allocation	Responsibility
1	Recap from the previous day	9.00 – 9.15	
2	Business plan - Introduction	9.15 – 10.15	
<b>TEA BREAK</b>		<b>10.15 – 10.30</b>	
3	Business plan - Marketing	10.30 – 12.30	
4	Business plan – Financial Management	12.30 – 13.30	
<b>LUNCH &amp; PRAYER BREAK</b>		<b>13.30 – 14.30</b>	
5	Business plan – Operational Management	14.30 – 16.00	
6	Post –Test & Final Evaluation of the Training	16.00 – 17.00	

## ANNEX 2 – CHECKLIST CMW BUSINESS SKILLS DEVELOPMENT TRAINING

### *What do I know on the first day of this course?*

Please Tick (✓) for “YES” and Cross (X) for “NO”.

- |                                                                                             |     |    |
|---------------------------------------------------------------------------------------------|-----|----|
| 1. I am aware of my skills and personal qualities.                                          | Yes | No |
| 2. I can identify the needs for products and services in my community                       | Yes | No |
| 3. I can decide on additional business that suits my skills and talents                     | Yes | No |
| 4. I can work out the price for my services / products                                      | Yes | No |
| 5. I know who my patients / customers will be                                               | Yes | No |
| 6. I know where to sell my services and products                                            | Yes | No |
| 7. I know how much money, I need to start my business                                       | Yes | No |
| 8. I know how much material, I need to start my business                                    | Yes | No |
| 9. I know about basic principles of financial management                                    | Yes | No |
| 10. I understand how important it is to keep personal money and<br>business money separate. | Yes | No |
| 11. I can give out receipts for money which I earn from my business<br>receives             | Yes | No |

12. I can keep a cashbook	Yes	No
13. I can talk to new clients easily	Yes	No
14. I know how to follow the debtors	Yes	No
15. I can organize my time well for my personal life and business	Yes	No
16. I know about my community's rules and regulations for business	Yes	No
17. I know where are the possible referral facilities	Yes	No
18. I know the re-payment plan for my loan	Yes	No
19. I know how to calculate profit and loss	Yes	No
20. I know the Mamta Fund Referral Mechanism	Yes	No
21. I have worked out my business plan	Yes	No
22. I understand how a small business could use a telephone, fax machine and e-mail	Yes	No
23. I understand how some businesses use computers	Yes	No

## ANNEX 3 – PRE & POST TEST

*Please answer the following:*

1. ***The CMW as an entrepreneur should provide the health services***
  - a. At high rates according to the patient socio-economic status
  - b. Free of cost
  - c. *Set up a user fee for each service***
  - d. All of the above
  
2. ***The business can only be started when***
  - a. You have extra money
  - b. You have secured a loan
  - c. You don't have any money of your own but can borrow money
  - d. *All of the above***
  
3. ***The business plan must be developed***
  - a. *In the beginning to understand your business requirements***
  - b. In the middle to measure the progress of your business
  - c. In the end to evaluate your business
  - d. None of the above
  
4. ***Your business must have a name***
  - a. *Yes***
  - b. No
  - c. Don't know
  
5. ***It is important to record every single sale and expenditure***
  - a. At the end of each month
  - b. *After every sale***
  - c. After six months
  - d. Whenever you are free

**6. Services must be provided on credit**

- a. To everyone who asks for it
- b. All relatives
- c. All neighbors
- d. **Very few who can be traced out later**

**7. Loan repayment can be made when**

- a. You have money
- b. **At the time of monthly installment**
- c. When the bank personnel contact you
- d. All of the above

**8. Mamta Fund contribution for all patients will be**

- a. Standard
- b. **Will depend on the distance from the referral facility**
- c. Will be Rs. 2300 for all patients
- d. Will always be on credit
- e. All of the above

**9. The credit should be provided to:**

- a. The patient and her family well known to the CMW
- b. The patient is local resident of the village and is not someone who is a visitor from other village
- c. The patient or the family are not known as regular creditors in the village
- d. The patient and her family has a valid traceable address in the village
- e. All of the above

**1. Identify that which one is a business entrepreneur.**

<b>S. No</b>	<b>Example</b>	<b>Business Entrepreneur</b>
1	Nasreena is fighting for the women rights and has established a business incubation center in the village.	

2	Aftab worked on an idea for establishing a factory for producing solar lights.	
3	Adnan presented an idea for recycling of paper for protecting the trees which are being cut down.	
4	Ayesha helped the poor to fight for their land rights.	
5	Maria took advantage of the opportunity of low literacy level and established a school in the village.	
6	Jawad started selling garments from home to markets in India.	
7	Altaf established the coal and steel community factories to contribute in strengthening the economy of the country.	
8	Sohail established a candy manufacturing factory for fulfilling the demand of the children of that area.	

## 2. Competencies of Entrepreneurs

Read each of the personal qualities listed below. Tick the ones which you think would help a person become a successful entrepreneur. For each quality marked, write down your reason for selecting it as the competency of a successful entrepreneur.

S.No	Competency	Mark	Reason for selection
1	Is a natural born follower		
2	Possesses a willingness to take risks		
3	Is self-conscious		
4	Is a quitter		
5	They think creatively and are energetic		
6	Is a problem solver		
7	Is an expert in one phase of the business venture		

8	Is able to perform without approval of others		
9	Enjoys experimentation		
10	Has no desire to make money		
11	Works on a definite time schedule		
12	Thinks as would his / her customer		
13	He is competitive by nature		
14	They follow plan		



## MEMORANDUM OF UNDERSTANDING (MoU)

Mercy Corps is an international development organization that helps people around the world survive and thrive after conflict, crisis and natural disaster. It exists to alleviate suffering, poverty, and oppression by helping people build secure, productive, and just communities. In Pakistan, Mercy Corps has been operational since 1986. Currently, Mercy Corps is working in all four provinces and AJK; and is implementing development and relief programs in Public Health, Water and Sanitation and Economic Development.

To address Pakistan's persistently high rates of maternal and neonatal mortality, and to ensure skilled birth attendance, the Government of Pakistan and the provincial Department of Health have given top priority to reach out to pregnant mothers in remote communities by training a cadre of community midwives (CMWs). However, training alone has not been sufficient as most the CMWs have not been able to establish their workstations and attract clients. Mercy Corps Pakistan is implementing, jointly with the Department of Health, *Saving Mothers and Newborns in Communities*, a four year project which envisions *to improve maternal and newborn health status, especially for poor and marginalized women of Balochistan*. Designed upon the request of Department of Health, the project will support deployment of 90 private-sector CMWs to offer quality MNCH services to remote communities in Quetta, Kech and Gwader districts of Balochistan through sustainable CMW home-based practices. At the policy level, Mercy Corps will assist the provincial DOH to develop a five-year strategic MNCH plan which will be revised and updated based on findings from the Operations Research. Key partners of the project, among other, are MNCH and LHW program Balochistan

This Memorandum of Understanding is signed at Midwifery School Quetta

Between

Mercy Corp Pakistan, hereinafter referred to as MC

AND

Zainab (hereinafter referred to as the CMW) from Kirrani road Quetta (village, UC, Tehsil and District) who has completed her 18 month midwifery course in April 2012 (month, Year) from Midwifery school Quetta (Name and address of school).

This MOU sets out the roles and responsibilities of MC and the CMW. MoU shall be effective from the date it is signed and will stay enforced till September 29, 2016.

## ROLES AND RESPONSIBILITIES

MC will provide to the CMW;

- A 4-week clinical refresher course, one week business skill training, and Women Support Group training;
- As per approved MC list, standardized equipment, instruments for CMWs work station (enclosed as annex-A) and CMWs kits(enclosed as annex-B)
- Mobile phone with one year warranty for: 1) communication with clients, ambulance service providers; local vehicles for emergency transportation to health facilities, pharmacists for supply chain management; 2) entering and managing patient data; 3) sending BCC messages to clients and families; and 4) repaying microloans. (Note, a separate MoU/contract will be signed with the CMW specifying terms and conditions for the mobile phone);
- Micro-loans through Tameer Bank and EasyPaisa (Separate MoU/contract, specifying usage of loan and other terms and conditions, will be signed with the CMW for micro-loan);
- Technical and administrative support through MC Field Officer and District Health Department;
- Support CMWs to link with ambulance service providers (or other local vehicles) for emergency transport, nearest pharmacies for supplies and medicines, as well as secondary and tertiary care hospital for referrals;
- Organize district and community inauguration ceremonies and provide support for the Women Support Group meetings to promote CMW services in her catchment area and encourage support from influential community members and key stakeholders;
- Seed money for the emergency transport fund (called the *Mamta Fund*), and technical support on how to set up and manage the fund through the business training;
- Support to DoH for formulating five-year MNCH strategy, which will ultimately support CMW sustainability.

## Responsibilities of the CMW

The CMW will;

- Participate in 4-week clinical refresher course, one week business skill training as well as Women Support Group Methodology training;
- Perform her duties as per attached *Scope of Work of CMW* (Annex I of CMWs deployment guideline)
- Make every possible effort to provide high quality MNCH services, monitored by MC and the DoH, including maintenance of essential supplies and equipment
- Utilize micro-loans and smart phones as per MOU/contract signed with MC;
- Establish and maintain a revolving transport fund, called the *Mamta Fund*, for emergency transport;
- Call ambulance service providers in case of emergency for referrals;
- Receive supervision visits from MC's Field Officer and the DoH
- In coordination with LHWs, form Women Support Groups (WSG) in her catchment area and organize WSGs meetings;
- Plan and carry-out, jointly with LHWs, awareness-raising and demand creation activities in her catchment area to improve healthcare seeking practices through women support groups;
- Participate in monthly coordination and review meetings with LHWs in your catchment area, held at the nearest public health facility, to encourage collaboration across these providers and avoid competition. During these meetings, prepare joint monthly community mobilization workplans with the LHWs;
- Enter patient data into cell phones, as well as paper copy forms, on a routine basis

*Zaid*

**GENERAL STIPULATIONS:**

- MC reserves the right to remove some or all of its support (i.e. mobile phones and equipment) if the CMW doesn't make every effort to fulfill her responsibilities as outlined in the MoU. MC staff will meet with CMWs to jointly discuss any barriers/problems she's facing to fulfill her responsibilities, but that if she continues to not meet her responsibilities MC will remove its support;
- Based on technical, security or any other reasons, Mercy Corps has the right to amend its terms and conditions of MoU when required;
- This Contract has been executed in the English language; English shall be the binding and controlling language for all matters relating to the meaning or interpretation of this Contract.
- The undersigned parties have fully understood the aims and objectives of the *Saving Mothers and Newborns in Communities*, its implementation strategies;

**Parties to this MoU:****On behalf of MC;**


**Dr. Saeedullah Khan**  
**Team Leader (South)**  
**Mercy Corps Pakistan**

**On behalf of CMW;**


**Name of CMW** *Zainab Umar*  
**Address** *Kisani road Q+9*  
**District** *Quetta*

**Date:** 19/8/2013

**Date:** 27-8-13

**Annex-A: List of equipment, instruments and other items**

S. No	Description of Items	Unit	Quantity
1	Office Table (2x4 feet) with steel frame and two Drawer	No	1
2	Office Chair wooden with Steel frame with Nylon strings	No	1
3	Delivery Table (Local Made) As per sample	No	1
4	Patient Examination Stool Steel	No	1
5	Weight Machine Infant Camery	No	1
6	Plastic sheet/ Mackintosh (5X2)	Feet	1
7	Cord clamps Blister Pack sterilized (1X24)	PKT	1
8	Blanket large (Single) Red for patients	No	1
9	Blanket Small Baby (2X3)	No	1
10	Kidney Tray 8" , Stainless steel	No	1
11	Rectangular tray 12" x 10" with lid, Stainless steel	No	1
12	Episiotomy Scissor Stainless steel	No	1
13	Plain scissor 6" Stainless Steel	No	1
14	Small Artery Forceps Stainless Steel	No	1
15	Allies Forceps Stainless Steel	No	1
16	Non Toothed Forceps Stainless Steel	No	1
17	Tooth Forceps Stainless Steel	No	1
18	Sponge Forceps 9" Stainless Steel	No	1

19	Needle Holder 7" Stainless Steel	No	1
20	Disposable Delivery Kits (Clean Delivery Kit)	Nos	50
21	Instruments Trolley Stainless Steel As per sample	No	1
22	Dressing drum 12" Stainless Steel	No	2
23	Ambu Bag Aero Sole/ Imported good quality	No	1
24	Surgical Gloves (7#) Ansel	Pair	12
25	Disposable gloves 1 pack (1x100)	No	1
26	OT light (stand) As per sample	No	1
27	Patient Screen (3 fold) with white curtains	No	1
28	Patient Bed Single Fold (as per sample)	No	1
29	B.P. Apparatus (YAMASU)	No	1
30	Stethoscope (YAMASU)	No	1

**Annex-B: List of items in CMW kit**

S. No.	Items / Description	Unit	Quantity
1	Feto Scope ( Aluminum)	No	1
2	Weighing Machine Camera (Adult)	No	1
3	Sterilizer Electric ( 12 x 16 )	No	1
4	Emergency Light SOGO	No	1
5	Delivery Kit (List enclosed)	No	1
6	Kidney Tray ( Stainless steel ) 12 "	Nos	1
7	Large Bowl ( Stainless steel) 12"	Nos	1
8	Small Bowl ( stainless Steel) 7 "	Nos	1
9	Cord Clamp ( Plastic ) (1x12 per pack)	Pkt	1
10	Dettol Solution 10 ml liquid	Bottle	1
11	Macintosh size 5 X 2 / Mehroon	Nos	1
12	Gauze Piece (1x6)	Pkt	1
13	Kit box / Bag (As per Sample)	Nos	1
14	Tissue Holding forceps Stainless Steel 6"	Nos	1
15	Thermometer	No	1
16	Measuring Tape 60 " Plastic	Nos	1
17	Robin Bleach 500 ml	Bottle	1
18	Dettol Soap ( Large ) 115 gm	Nos	1

**List of Instruments in Delivery KIT**

S. No.	Description of Items	Quantity for one Kit
1	Episiotomy Scissors	2
2	Plain scissor 6"	2
3	Small Artery Forceps	4
4	Allies Forceps	1
5	Non Toothed Forceps	1
6	Tooth Forceps	1
7	Sponge Forceps 9"	1
8	Needle Holder 7"	1

## **MEMORANDUM OF UNDERSTANDING (MOU)**

### **BACKGROUND**

Mercy Corps exists to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. Mercy Corps has been operational in Pakistan since 1986 when it first started to respond to the needs of Afghan refugees. Currently, Mercy Corps is working in all four provinces and AJK; and is implementing development and relief programs in Public Health, Water and Sanitation, Economic Development, and Agriculture.

Mercy Corps is implementing a four year (Sep. 30, 2012 – Sep. 29, 2016) MNCH Program "Saving Mothers and Newborns in Communities" in Quetta, Kech and Gwadar, Districts of Balochistan, Pakistan with support from USAID. To address Pakistan's sustained, high rates of maternal and neonatal mortality, and to ensure skilled birth attendance, the Government of Pakistan and the provincial Department of Health (DOH) have given top priority to reach out to pregnant mothers in remote communities by training a cadre of community midwives (CMWs). However, training alone has not been sufficient as most the CMWs have not been able to establish their work stations and attract clients.

**Saving Mothers and Newborns in Communities** seeks to improve maternal and newborn health status, through an innovative model that will enable CMWs to become self-sustaining, private MNCH service providers. The program was designed jointly with the Balochistan DoH, upon their request, to offer evidence for how to scale up high impact MNCH interventions in Balochistan through the CMWs. The model will be tested with 90 CMWs in Quetta, Kech and Gwadar districts of Balochistan.

As a critical component and to ensure quality, Mercy Corps will offer 4-week clinical refresher training to selected CMWs before their deployment. Midwifery Schools in Quetta and Gwader and Public Health School in Turbat will help MC in providing this refresher training.

This Memorandum of Understanding (MOU) is made between Mercy Corps Pakistan (hereinafter referred to as MC) and the Midwifery School, Quetta (hereinafter referred to as MSQ) for the period starting from August 19, 2013 to September 27, 2013.

### **ROLES AND RESPONSIBILITIES OF PARTNERS**

The roles and responsibilities of both partners are broadly outlined below:

#### **Mercy Corps (MC)**

MC will be responsible for;

- The criteria based selection of 18 CMWs from Quetta for refresher training. The selection of CMWs is already completed in coordination with DoH.

- Development of four week refresher curriculum and training of midwifery school tutors on refresher curriculum;
- Onetime payment of monitoring honoraria (Pak Rs. 14,000) to the Principal of midwifery School for the duration of training, which is 24 day, upon submission of end of the training report;
- Onetime payment of stipend (Pak Rs. 11,000/per tutor) of six MSQ tutors (three classroom tutors and three clinical tutors) for the duration of training, which is 24 day, upon the submission of necessary documents including skilled based / observational checklist and pre-posttest record and results;
- Onetime payment of honoraria (Pak Rs. 7,000) to Admin officer of MSQ for the duration of training, which is 24 day, against the facilitation in developing and maintaining trainings records, including attendance sheets, payment record, related registers;
- Onetime payment of honoraria (Pak Rs. 3,500/per support staff) to two support staff (cleaner) of MSQ for the duration of training, which is 24 day, for providing support during the training;
- Provision of refreshment to CMWs and midwifery tutors during the training;
- Provision of transport facility to CMWs to and from Hospitals for practical/clinical trainings;
- Provision of per diem (Pak Rs. 400 per day) to CMWs for the duration of training, which is 24 day, upon the submission of attendance sheet by the school;
- Onetime provision of stationery (CMWs Manuals, Annexures, refresher curriculum, Dr. Sher Shah Book, PDHS survey report and other necessary material) to CMWs midwifery tutors.

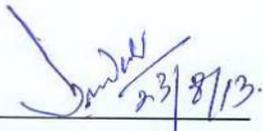
### **Midwifery School Quetta (MSQ)**

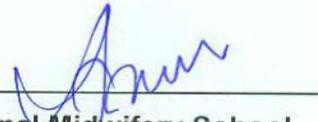
MSQ will be responsible for;

- Provision of space for (class rooms and laboratory) for 18 CMWs for refresher training;
- Availability of Midwifery School Principal for monitoring, three tutors for the classroom training and practical/hospital work for CMWs course according to refresher curriculum; admin and finance assistant for record keeping and support staff;
- Conduct classes for CMWs, administer pre and posttests, arrange practical work in lab and hospital environment for clinical training, including competency assessment on daily basis for 24 days. The theoretical and clinical practical work should include, all the topics mentioned in refresher curriculum provided to tutors;
- Supervision and monitoring of the courses by Principal during the refresher course;
- Record maintenance, in terms of attendance, visits to tertiary care hospitals, pre-posttests, competency assessments
- Provide hostel facilities to those CMWs who want to stay in midwifery school hostel;

- The provision of certificate duly counter sign by MSQ Principal to the successful candidates

**SIGNATORIES AND DATE**

  
\_\_\_\_\_  
Team leader (South)  
Mercy Corps Pakistan

  
\_\_\_\_\_  
Principal Midwifery School  
Quetta, Balochistan

Date : August 23, 2013

Date : 24-Aug-2013

## MEMORANDUM OF UNDERSTANDING (MOU)

### BACKGROUND

Mercy Corps exists to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. Mercy Corps has been operational in Pakistan since 1986 when it first started to respond to the needs of Afghan refugees. Currently, Mercy Corps is working in all four provinces and AJK; and is implementing development and relief programs in Public Health, Water and Sanitation, Economic Development, and Agriculture.

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As a critical component and to ensure quality, Mercy Corps will offer 4-week clinical refresher training to selected CMWs before their deployment. Midwifery Schools in Quetta and Gwadar and Public Health School in Turbat will help MC in providing this refresher training.

This Memorandum of Understanding (MoU) is made between Mercy Corps Pakistan (hereinafter referred to as MC) and the Midwifery School, Gwadar (hereinafter referred to as MSG) for the period starting from August 19, 2013 to September 27, 2013.

### ROLES AND RESPONSIBILITIES OF PARTNERS

The roles and responsibilities of both partners are broadly outlined below:

#### Mercy Corps (MC)

MC will be responsible for;

- The criteria based selection of 8 CMWs from Gwadar for refresher training. The selection of CMWs is already completed in coordination with DoH.

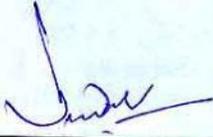
- Development of four week refresher curriculum and training of midwifery school tutors on refresher curriculum;
- Onetime payment of monitoring honoraria (Pak Rs. 20,000) to the Principal of midwifery School for the duration of training, which is 24 day, upon submission of end of the training report;
- Onetime payment of honoraria (Pak Rs. 20,000) for Gynecologist cum tutor for the duration of training, which is 24 day, upon the submission of necessary documents including skilled based / observational checklist and pre-posttest record and results;
- Onetime payment of honoraria (Pak Rs. 7,000) to Admin officer of MSG for the duration of training, which is 24 day, against the facilitation in developing and maintaining trainings records, including attendance sheets, payment record, related registers;
- Onetime payment of honoraria (Pak Rs. 3,500) to one support staff (cleaner) of MSG for the duration of training, which is 24 day, for providing support during the training;
- Provision of refreshment to CMWs and midwifery tutors during the training;
- Provision of transport facility to CMWs to and from Hospitals for practical/clinical trainings;
- Provision of per diem (Pak Rs. 400 per day) to CMWs for the duration of training, which is 24 day, upon the submission of attendance sheet by the school;
- Onetime provision of stationery (CMWs Manuals, Annexures, refresher curriculum, Dr. Sher Shah Book, PDHS survey report and other necessary material) to CMWs midwifery tutors.

#### **Midwifery School Gwadar (MSG)**

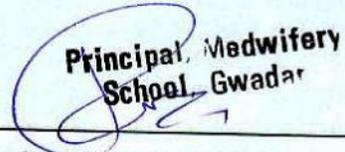
MSG will be responsible for;

- Provision of space for (class rooms and laboratory) for 8 CMWs for refresher training;
- Availability of Midwifery School Principal for monitoring, one tutors for the classroom training and practical/hospital work for CMWs course according to refresher curriculum; admin and finance assistant for record keeping and support staff;
- Conduct classes for CMWs, administer pre and posttests, arrange practical work in lab and hospital environment for clinical training, including competency assessment on daily basis for 24 days. The theoretical and clinical practical work should include, all the topics mentioned in refresher curriculum provided to tutors;
- Supervision and monitoring of the courses by Principal during the refresher course;
- Record maintenance, in terms of attendance, visits to tertiary care hospitals, pre-posttests, competency assessments
- The provision of certificate duly counter sign by MSG Principal to the successful candidates

**SIGNATORIES AND DATE**



\_\_\_\_\_  
Team leader (South)  
Mercy Corps Pakistan



Principal, Midwifery  
School, Gwadar

\_\_\_\_\_  
Principal Midwifery School  
Gwadar, Balochistan

Date : \_\_\_\_\_

28/8/13

Date : \_\_\_\_\_

28/8/13

## MEMORANDUM OF UNDERSTANDING (MoU)

### BACKGROUND

Mercy Corps exists to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. Mercy Corps has been operational in Pakistan since 1986 when it first started to respond to the needs of Afghan refugees. Currently, Mercy Corps is working in all four provinces and AJK; and is implementing development and relief programs in Public Health, Water and Sanitation, Economic Development, and Agriculture.

Mercy Corps is implementing a four year (Sep. 30, 2012 – Sep. 29, 2016) MNCH Program "Saving Mothers and Newborns in Communities" in Quetta, Kech and Gwadar, Districts of Balochistan, Pakistan with support from USAID. To address Pakistan's sustained, high rates of maternal and neonatal mortality, and to ensure skilled birth attendance, the Government of Pakistan and the provincial Department of Health (DOH) have given top priority to reach out to pregnant mothers in remote communities by training a cadre of community midwives (CMWs). However, training alone has not been sufficient as most the CMWs have not been able to establish their work stations and attract clients.

**Saving Mothers and Newborns in Communities** seeks to improve maternal and newborn health status, through an innovative model that will enable CMWs to become self-sustaining, private MNCH service providers. The program was designed jointly with the Balochistan DoH, upon their request, to offer evidence for how to scale up high impact MNCH interventions in Balochistan through the CMWs. The model will be tested with 90 CMWs in Quetta, Kech and Gwadar districts of Balochistan.

As a critical component and to ensure quality, Mercy Corps will offer 4-week clinical refresher training to selected CMWs before their deployment. Midwifery Schools in Quetta and Gwader and Public Health School in Turbat will help MC in providing this refresher training.

This Memorandum of Understanding (MOU) is made between Mercy Corps Pakistan (hereinafter referred to as MC) and the Public Health School, Kech for the period starting from August 19, 2013 to September 27, 2013.

### ROLES AND RESPONSIBILITIES OF PARTNERS

The roles and responsibilities of both partners are broadly outlined below:

#### Mercy Corps (MC)

MC will be responsible for;

- The criteria based selection of 14 CMWs from Kech for refresher training. The selection of CMWs is already completed in coordination with DoH.

- Development of four week refresher curriculum and training of midwifery school tutors on refresher curriculum;
- Onetime payment of monitoring honoraria (Pak Rs. 14,000) to the Principal of Public Health School for the duration of training, which is 24 day, upon submission of end of the training report;
- Onetime payment of stipend (Pak Rs. 11,000) of three Public Health School Turbat tutors for the duration of training, which is 24 day, upon the submission of necessary documents including skilled based / observational checklist and pre-posttest record and results;
- Onetime payment of honoraria (Pak Rs. 7,000) to Admin officer of Public Health School Turbat for the duration of training, which is 24 day, against the facilitation in developing and maintaining trainings records, including attendance sheets, payment record, related registers;
- Onetime payment of honoraria (Pak Rs. 3,500) to one support staff (cleaner) of Public Health School Turbat for the duration of training, which is 24 day, for providing support during the training;
- Provision of refreshment to CMWs and midwifery tutors during the training;
- Provision of transport facility to CMWs to and from Hospitals for practical/clinical trainings;
- Provision of per diem (Pak Rs. 400 per day) to CMWs for the duration of training, which is 24 day, upon the submission of attendance sheet by the school;
- Onetime provision of stationery (CMWs Manuals, Annexures, refresher curriculum, Dr. Sher Shah Book, PDHS survey report and other necessary material) to CMWs midwifery tutors.

### **Public Health School Turbat**

Public Health School Turbat will be responsible for;

- Provision of space for (class rooms and laboratory) for 14 CMWs for refresher training;
- Availability of Midwifery School Principal for monitoring, three tutors for the classroom training and practical/hospital work for CMWs course according to refresher curriculum; admin and finance assistant for record keeping and support staff;
- Conduct classes for CMWs, administer pre and posttests, arrange practical work in lab and hospital environment for clinical training, including competency assessment on daily basis for 24 days. The theoretical and clinical practical work should include, all the topics mentioned in refresher curriculum provided to tutors;
- Supervision and monitoring of the courses by Principal during the refresher course;
- Record maintenance, in terms of attendance, visits to tertiary care hospitals, pre-posttests, competency assessments
- Provide hostel facilities to those CMWs who want to stay in Public Health School Turbat's hostel;

- The provision of certificate duly counter signed by Public Health School Turbat Principal to the successful candidates

**SIGNATORIES AND DATE**

Team leader (South)  
Mercy Corps Pakistan

Date : 15/8/13

Principal, Public Health School  
Kech, Balochistan  
**PRINCIPAL**  
**Public Health School**  
**TURBAT**

Date : 17-08-2013

## Deliveries Exposure Table & Refresher Course Results Quetta, Kech, Gwadar

<b>CMW Refresher Training Batch -1</b>					
Deliveries Exposure Table & Refresher Course Results					
District			Quetta		
S. No	Names of CMWs	Independent Deliveries	Total Deliveries: Assisted, Under-supervision and Independent	Results (% age)	
				Post test	Observational Checklist
1	Rozina Kakar	9	20	92	94
2	Rehmat bibi	12	23	89	93
3	Sadiqa Barath Khan	13	22	79	95
4	Zakira Juma Khan	12	24	90	95
5	Noreen Zahoor	21	37	97	98
6	Fazila Ali Ahmed	8	23	61	97
7	Haseena Sarwar	9	24	80	98
8	Rehana Yar Mohammad	18	19	93	96
9	Rubina Shams	10	21	90	97
10	Samreen Baloch	20	25	96	93
11	Ayesha Ghulam Sarwar	8	19	92	99
12	Zohra Haneef	11	25	88	98
13	Khurshid Bibi	12	23	85	99
14	Bakht Bibi	12	15	66	98
15	Robina Yaqoob	15	23	89	97
16	Zainab Umar	22	36	97	98
17	Arifa	9	21	80	97
18	Nargis	14	27	65	98
<b>Total</b>		<b>235</b>	<b>427</b>	<b>85</b>	<b>97</b>

Verified by \_\_\_\_\_

Ms. Aster Noveen  
Principal Midwifery School Quetta

PRINCIPAL  
Midwifery Training School  
Quetta

PRINCIPAL  
Midwifery Training School  
Quetta

# CMW Refresher Training Batch -1

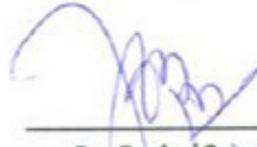
## Deliveries Exposure Table & Refresher Course Results

District			Kech		
S. No	Names of CMWs	Independent Deliveries	Total Deliveries: Assisted, Under-supervision and Independent	Results (% age)	
				Post test	Observational Checklist
1	Zarina	5	7	77	92
2	Raheema	5	7	80	87
3	Robina	5	9	81	73
4	Durgul	5	10	80	73
5	Naheeda lal	7	11	79	87
6	NahidaZahid	5	7	78	87
7	Gulafroz	8	12	86	96
8	Saheeda	5	7	83	96
9	Humaira	8	13	73	87
10	Asia	5	6	83	93
11	Bibal	5	7	81	86
12	Hani	5	6	75	86
13	Mahrang	5	9	80	86
14	Rahat	9	9	81	87
<b>Total</b>		<b>82</b>	<b>120</b>	<b>80</b>	<b>87</b>



Dr. Farzana Magsi  
Principal  
Public Health School Kech  
**PRINCIPAL**  
**Public Health School**  
**TURBAT**

Verified by:



Dr. Fozia (Gynecologist)  
Gyne Ward In-charge  
DHQ Hospital Kech

**Gynecologist**  
**Divisional H / Q Hospital**  
**Turbat**

# CMW Refresher Training Batch -1

## Deliveries Exposure Table & Refresher Course Results

District		Gwadar			
S. No	Names of CMWs	Independent Deliveries	Total Deliveries: Assisted, Under-supervision and Independent	Results (% age)	
				Post test	Observational Checklist
1	Raheema	5	8	86	88
2	Salma	5	7	84	85
3	Khadija	5	7	87	91
4	Bilqees	5	7	90	94
5	Sameena	5	6	88	96
6	Habiba	5	6	79	83
7	Hina	5	7	68	85
8	Majeda	5	6	77	84
<b>Total</b>		<b>40</b>	<b>54</b>	<b>82</b>	<b>88</b>

Verified by:

  
\_\_\_\_\_  
Dr. Rubina  
Principal  
Midwifery School Gwadar

  
\_\_\_\_\_  
Dr. Abdul Latif  
Medical Supretendent  
DHQ Hospital Gwadar

## Annex 12. Zainab Umar (CMW) – A Case Study

### **I dreamed to be a Gynecologist, and as a CMW I am now responsible for maternal services in my village – Zainab Umar, a CMW.**

Zainab Umar, a shy girl of a middle class family, has always strived for a noble occupation, but did not have an opportunity to develop a profession. But this year, she learned about the Community Midwifery Course.

Zainab was eager to continue her studies after matriculation in 2006 (i.e. graduation from 10<sup>th</sup> grade) but she got married and was not allowed to continue her studies. Zainab wanted to be trained as a gynecologist, so she could eventually open a MNCH center in her community. Her hope was fading, but she had a strong belief that one day this wish may come true. 'I was inspired by the lecture my history teacher delivered about maternal death, so I was determined to open a hospital or clinic in my village for maternal and neonatal care,' says Zainab.

A common Balochi saying, 'No matter when and how, you eventually get what you strongly long for' came true for Zainab once she heard about the government's Community Midwifery course. However, initially she was quite reluctant to apply as she did not know the role of a Community Midwife (CMW). She brought this up with her mother, who explained that it offered similar services as a gynecologist, but is based in a village.



So, in 2012, Zainab completed her 18-month course of Community Midwifery and tried to serve her community. Once again, Zainab became disappointed as many things hindered her services at her community i.e. lack of resources, non-conducive environment, etc. So she continued with her expertise of Female Medical Technician (FMT) and practiced in Bolan Medical College (BMC) Hospital Quetta.

In early 2013, *Saving Mothers & Newborns in Communities (SMNC)* – a USAID-funded project – started recruiting CMWs who had already

completed their 18-month CMW course. This was a ray of hope for Zainab. She was selected and participated in four-week refresher course under the SMNC project. This project aims to empower CMWs by addressing governance, awareness, accessibility issues and availability of quality services in communities.

"I have been assisting and conducting deliveries under supervision of senior midwives for a couple of years, but I used to hesitate a lot. Now through this Refresher Course I had more than 6-hour long practical sessions every day and that gave me a lot of confidence in conducting deliveries independently and handling relevant issues", says Zainab.

Meanwhile, Zainab is pursuing her Bachelors degree. She is determined to continue pursuing her dream to contribute in one of the major global issues, reducing unnecessary deaths among mothers and newborns. 'I have my own maternity home now and I am confident to serve my community with my knowledge and skills. I thank SMNC project for helping me serve my people... I will not be distracted from my responsibility and I will sustain my workstation', expresses Zainab.

***A successful person is a born ambitious, who follows none but learns from everyone***

**SUMMARY OF SECURITY INCIDENTS IN CSHGP DISTRICTS; KECH,  
GWADER AND QUETTA  
(OCTOBER 2012 TO SEPTEMBER 2013)**

***SAVING MOTHERS AND NEWBORNS IN COMMUNITIES***

**KECH – SECURITY SITUATION ASSESSMENT:**

District Kech is sharing an international border with Iran, and bordering with district Gwadar, Awaran and Panjgur. Kech is one of the volatile districts of Balochistan for insurgency and other criminalities. Total 102 armed attacks reported since October, 2012 against Security Forces, LEAs and Political Parties. Below mentioned table summarizes the nature of incidents;

<b>Terrorism</b>	The evil of Settlers killing by Baloch militants and the forced disappearances and the cases of bullet riddled bodies by unknown actors have become the order of the day in the district.
<b>Armed Groups</b>	Almost all Baloch Militant organizations are involved with a vigorously high strength in deteriorating the law and order situation of district by planting IEDs, launching armed attacks, and taking part in ambush incidents against security forces' personnel. Among armed groups Baloch Republican Army and Baloch National Front (BLF) have the record of greater share for attacks on security forces and alleged local informers of Intelligence Agencies. The most volatile areas for such incidents are Thump and Mand tehsils.
<b>Crimes</b>	The absence of the writ of the government in the district contributes in the increase of street crimes such are the cases of abduction (forced disappearances), car-snatching, robbery and smuggling.
<b>Civil Unrest</b>	Very frequent demonstrations, shutter-down strikes and the feelings of insecurity have stored the masses in a state of social unrest because local business suffers lots due to closure of markets and government offices. People are hopeless owing to their instable social structure which is getting tarnished. Thus, Terrorism, militancy and other street crimes have inculcated civil unrest among the people.

**TREND ANALYSIS OF SECURITY INCIDENTS IN DISTRICT KECH (OCTOBER 2012 TO SEPTEMBER 2013)**

<b>Nature of incidents</b>	<b>Description</b>
<b>Stand-Off Attacks</b>	Total 23 Stand-Off Attacks reported against security forces and government installations, BLF claimed 12 of those incidents and BRA claimed 3
<b>IED and Landmine Attacks</b>	Total 11 IEDs and one landmine explosion reported against the security forces and government installations
<b>Bullet-riddled bodies</b>	12 bullet-riddle bodies were recovered from different areas of district
<b>Armed Attacks/target killings</b>	22 cases of armed attacks were reported in which 28 persons including security/LEAs personnel and settlers were killed

**Annex 13.**

<b>Abduction</b>	24 Abduction cases were reported in which 41 persons were reported kidnapped
<b>Criminal incidents</b>	43 persons were killed and 11 injured in 51 criminal incidents – most of these incidents reflect the target killing of local informers and drug smugglers by militants

**GWADAR – SECURITY SITUATION ASSESSMENT**

Gwadar shares the international border with Iran and a coastal area of Balochistan is regarded as one of the hotbeds of militant Baloch ideology. The security situation in Gwadar is reasonably better as compare to the rest of the districts of Makran Division. However, there is no denial of bomb blasts, armed attacks and rocket attacks against the checkpoints and convoys of security forces. Many incidents have occurred with labors of construction companies and settlers. Pasni town and adjacent areas of the district are considered more volatile than main Gwadar city, however from last 2 months no major incidents have been reported in the News.

Below mentioned table summarizes the nature of incidents;

<b>Terrorism</b>	Settlers’ killing by Baloch militants and the forced disappearances and the cases of bullet riddled bodies by unknown actors have caused the district to a state of terrorist activities.
<b>Armed Groups</b>	There are many Baloch Militant organizations operating in the district such are BLF, BRA and BLA. But Baloch Liberation Front (BLF) secures the greater booty for armed attacks against security forces and alleged local informers.
<b>Crimes</b>	The lack of governance and lawlessness has inspired an increase in street crimes. The cases of abduction and car-snatching and robberies bear their prints in the peripheries/ outskirts of township.
<b>Civil unrest</b>	People have gone economically bankrupt due to lawlessness. Majority of the fishermen couldn’t earn their livelihood due to the control of oil smugglers on sea water by polluting the sea and creating threat to the poor fishermen due to the nature of their business. So, social and economic instability cause social unrest among the inhabitants of the district.

**TREND ANALYSIS OF SECURITY INCIDENTS IN DISTRICT GWADER (OCTOBER 2012 TO SEPTEMBER 2013)**

<b>Nature of incidents</b>	<b>Description</b>
<b>Stand-Off Attacks</b>	On Feb 10, 2013 assailants launched several rockets towards Pasni Airport; BLF claimed the responsibility.
<b>IED Attacks</b>	02 IED explosions reported in which a school was blown up.
<b>Bullet-riddled bodies</b>	02 bullet-riddle bodies were recovered from different areas of district
<b>Armed Attacks/target killings</b>	08 cases of target killing were reported in which 17 persons including 12 Settlers were killed.
<b>Abduction</b>	10 abduction cases were reported in which 10 persons including 03 settlers were kidnapped.

**QUETTA– SECURITY SITUATION ASSESSMENT**

Quetta district is sharing an international border with Afghanistan and bordering with Noshki, Mastung, Harnai, Ziarat and Pishin districts. Quetta city as a whole is being affected by deteriorating security situation on a daily basis

Below mentioned table summarizes the nature of incidents;

<b>Terrorism</b>	Almost all militant and extremist groups are involved in deteriorating the meager peace keeping initiatives of government in the city by exploding VBIEDs, RCIEDs, stand-Off attacks, armed attacks and SAF attacks against Shias, law enforcers, government installations. The havoc of terrorizing the masses has gone to an excessively high frequency.
<b>Armed Groups</b>	It seems glimmering to count upon armed groups because from very rightist divergent extremist groups TTP, L-e-J, A-u-I to nationalistic insurgents BLA, BRA, UBA are found active in length and width of Quetta district.
<b>Crimes</b>	Will to combat lawlessness has vanished away by public representatives and to some extent by police force; it is therefore, good governance has become a dream in the city and people feel insecure due to the crimes of kidnapping for ransom, robberies, car-snatching and other street crimes.
<b>Civil unrest</b>	It may not be wrong to say that all communities in Quetta standing at the brinks of mental agony due to effects of wrong place and wrong time incidents. Business in the city is also very much disturbed due to the incidents of target killings, robberies and car-snatching.

**TREND ANALYSIS OF SECURITY INCIDENTS IN DISTRICT QUETTA (OCTOBER 2012 TO SEPTEMBER 2013)**

Nature of incidents	Description
<b>Stand-Off Attacks</b>	
<b>Suicide Attacks on Shia Community</b>	<p>05 suicide attacks were reported against Shia community, Police and Women University. On 10<sup>th</sup> January 2013, a suicide bomber entered a snooker club on Alamdar Road and blew himself, soon after the first blast about 10 minutes later when civilians, police and rescue workers reached the site of explosion another suicide bomber in a vehicle blew up. As result total 102 persons including 01 WFP staff member, 09 policemen, 02 news reporters, 04 EDHI rescuers were killed and 121 others including Superintendent of Police, 02 EDHI rescuers were injured. The target was Shia community. Banned Lashkar e Jhangvi (L e J) claimed responsibility.</p> <p>On 16<sup>th</sup> February 2013, another suicide explosion occurred near a market at the busy Kirani road area of the city, located close to Hazara Town, where a large population of the Shia Hazara community resides. At least 84 people were killed and about 195 were injured in the blast. The dead include women and children. The explosion completely destroyed two markets, several shops, more than 25 vehicles and motorcycles. The spokesman for the banned <b>Lashkar-e-Jhangvi</b> claimed responsibility.</p> <p>It was another devastating suicide blast against Shia community. As result 30 people lost their lives while over 62 others sustained wounds when a suicide bomber blew himself up near an Imam Bargah in Aliabad area of Hazara Town at 8.15 pm on Sunday 30<sup>th</sup> June, 2013.</p>
<b>Suicide Attacks in Women University and Police line</b>	<p>On 15 June a Suicide attack took place by a female attacker on (Women) University bus whilst the female students were getting aboard. As a result of the explosion 14 students were killed and 22 others were injured. Lashkar-e-Jhangvi (leJ) claimed the responsibility of the attack.</p> <p>On 8<sup>th</sup> August,2013 total 30 policemen including Deputy Inspector General (DIG) operation, 01 SP, 01 DSP were killed and 50 others were wounded when a suicide bomber below himself in funeral prayer of earlier killed policeman at airport road in Quetta city. TTP claimed responsibility.</p>
<b>Stand-Off Attacks</b>	10 Stand-Off Attacks reported during the year.
<b>IED Attacks</b>	55 IED explosions were reported against the security forces, LEAs, government installations and political parties.
<b>IEDs Defused</b>	17 IEDs were recovered and defused by LEAs
<b>Bullet-riddled bodies</b>	119 bullet-riddled dead bodies were recovered.
<b>Target killings</b>	Total 56 incidents of target killing reported during the period in which 68 persons including shia community, Policemen, political workers, government

**Annex 13.**

	employees and settlers were killed.
<b>Abduction</b>	46 persons were kidnapped during the year
<b>Criminal incidents</b>	186 persons were killed in different violent criminal incidents.

**Analysis of Significant Incidents and Developments (Challenges)**

1. The sectarian killings and insurgent clashes with security Forces will likely continue in Balochistan over coming months.
2. TTP RCIED in Quetta targeting the elite force of BC and the operation against the IGP by Lej have shown the capability of extremist groups to strike the symbol of the Provincial power. Despite the reinforcement of security around Hazara dominated areas, targeted killings on streets are likely to continue.

**Most Significant Risks to MC operations/staff**

<b>S.#</b>	<b>Risk</b>	<b>Current Risk Level</b>	<b>Residual Risk Level (After Implementation of SOPs)</b>
1	Kidnaping for ransom	Medium	Low
2	Abduction	Medium	Low
3	IED	High	Medium
4	Earthquake	Medium	Medium
5	Complex terrorist attack	Medium	Medium
6	Traffic accident	Low	Very Low
7	Direct small arms attack (only Quetta)	Low	Very Low
8	Crossfire	Medium	Low
9	Car theft/ hijacking	Low	Low
10	Sectarian killing (only Qta)	Low	Low

**GENERAL ADVISORIES FOR STAFF TRAVELLING IN THE FIELD:**

Road travel is potentially the most hazardous activity INGO staff undertake; it is estimated that around 70% of safety and security incidents involving INGOs take place when they are traveling by road. Journeys need to be planned and executed properly if they are to be carried out safely.

It is strictly advised that non local staff members (not belonging to Balochistan/settlers) should avoid travelling to Gwadar and Turbat. In case it's very necessary, the staff member must avoid road travel and use air travel instead. Air travel to these two districts should be the preferred mode of travel from Quetta. Staff must avoid all kind of political discussions and should remain completely apolitical.

**TRIP PLANNING AND PREPARATION**

- Always get information from the Security Focal Point (SFP) before the journey and make a final check just before leaving for the field visit to districts.
- Always travel in an approved vehicle, whether it is official vehicle, locally hired vehicle or personal transport.
- Complete the Mercy Corps Field Trip Request (FTR) form, attached as Appendix 1 to Travel SOP in Annex-C refers to S&SMP. The signed FTR has to be submitted for clearance to Security Officer. Once cleared, signed copy of the FTR must be submitted to the Transport Movement Assistant.
- Plan your journey to keep within timing restrictions. These are:
  - No travel after dark except in an extreme emergency e.g. lifesaving journeys
  - Travel only during hours of daylight
- Have the correct communications and ensure they are working – mobile phone (according to the concerned company network availability) with the main networks and enough credit. Ensure the batteries are fully charged.
- Make sure you have any emergency contact information along the route e.g. rural police telephone numbers/locations
- When visiting sites, be careful about giving out advance information regarding your plans. Provide your travel information only to the people who need to know.
- Ensure a full vehicle check is completed before and after journeys in accordance with Appendix 2 to Travel SOP in Annex-C refer to S&SMP.
- Avoid law enforcement agency buildings, military installations and political public gatherings
- Enhance your internal communication with SO/TMA and report immediately about any planned or ongoing demonstrations, any suspicious activity, or any security-related incident

**TRAVELING**

- Never stop for a vehicle that appears to hit you deliberately – it might be an attempt to rob or kidnap you
- Keep vehicle doors locked at all times and never open windows more than 4 or 5 cms where necessary
- Expatriates should sit in the back of the vehicle where they are less noticeable to an onlooker. Removable window blinds are also recommended.
- Stopping on the way during traveling is strictly prohibited; avoid taking pictures unless necessary for project activities and after taking consent from the beneficiaries
- Strictly avoid carrying laptops, expensive/attractive mobile phones, and official documents about Mercy Corps, project or the donor.
- Try not to be alone on the road. Follow a public transport vehicle or a group of vehicles at a safe distance.
- Always maintain a safe distance from security forces convoys and vehicles
- Vary time, route and vehicle to office/field if possible
- Ensure high value items are stored in the trunk and out of view
- Be vigilant and strictly following all travel, communication and counter-surveillance techniques/protocols of Mercy Corps' Security Management Plan and SOPs
- Drivers and staff have to remain vigilant, keep watching side and rear view mirrors, be aware of anyone chasing you. Most of the abduction/kidnapping incidents follow intensive surveillance and planning. In such cases, go fast or stop near public crowded/busy place and inform your Security Officer/Team Leader. You may be advised to inform nearby police stations/checkpoint.

**VEHICLE:**

- Ensure the driver always remains within legally permitted speed limits and appropriate to road conditions
- Make sure that the driver has checked the vehicle according to Mercy Corps vehicle checklist
- Make sure original documents are in the vehicle; license, insurance etc. The passenger should support and remind the driver from time to time about SOPs and brief him accordingly.
- During travelling vehicle speed limits must be followed
- For detailed SOPs, please refer to the Vehicle protocols in Annex-C “SOPs” of Security Management Plan

**TRACKING:**

- Complete the Field Trip Request (FTR,) Inform the transport officer, SFP and Transport Movement Assistant (TMA) of movements and contact details
- Ensure that your position is known at all times, provide a communication plan, detailing what time the vehicle passenger will make the first location report. Subsequent reports are to be made every 30 minutes to check on your progress and location. Tracking is done through mobile text messaging; however a reply must be received in order to confirm communications.
- Two way tracking must be ensured throughout the trip. In the event of location calls not being received, the TMA will contact the driver or other passengers. If contact is not established, the TMA/SFP will immediately inform the Security Advisor/Team Leader who will initiate the missing staff Contingency plan.

**CHECKPOINTS:**

- The vehicle should come to a complete stop at all checkpoints. Open the window and exchange courteous conversation with the policeman or soldier.
- Let the driver do the talking or if anyone can communicate in the local language
- Do not operate any communication equipment at checkpoints
- In case of authorized night travel, dim the headlights and turn the interior light on
- Switch off radio or stereo well before reaching the checkpoint
- Stay in the vehicle and keep the doors locked. Talk through a partially opened window if you have to. Keep the engine running.
- Make sure you can account for everything in the vehicle e.g. packages, cargo etc.
- Comply with requests for search of the vehicle but always accompany the searcher to make sure nothing is planted or stolen. If traveling alone, switch off the engine and lock the doors when the trunk is being searched
- Have the necessary documents (NIC, vehicle registration etc.) ready, if requested. Do not move quickly to reach the documents whilst stopped at a checkpoint. Keep hands in sight.
- Always be polite, calm, cooperative and respectful
- While leaving the checkpoint keep watching in the side/rear-view mirrors, you might be asked or signaled to stop again
- Do not transport unauthorized passengers

**LOW PROFILE AND VISIBILITY:**

- Mercy Corps adopts low visibility and in certain cases a no visibility approach. This is to support our security strategy and help for mitigating the risks

***Annex 13.***

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- Low visibility includes; project identification, advertisements, or any other public activity or event.
- Mercy Corps identification/logo will not be used at project sites, vehicles and documents.

## Annex 14. Comprehensive Table of Year 1 Activities and Outputs

Intermediate Result 1: Increased availability of quality maternal and newborn care in communities		
Inputs	Activities	Sub-Output (leading to SW Outputs)
<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Hired all project staff in Quetta</li> <li>• Received significant inputs from Islamabad support team (Sr. Technical Health Advisor, Director of Health, Director of Economic Development, and Country Director) and HQ Technical Backstop, Jennifer Norman</li> </ul> <p><b>Partners/consultants:</b></p> <ul style="list-style-type: none"> <li>• Frequent consultants with government of Balochistan</li> <li>• Contract prepared and signed with Pak Vista Shared Technologies</li> <li>• Agreement and terms prepared with Tameer Bank and <i>EasyPaisa</i></li> <li>• Frequent consultants with the PNC</li> </ul> <p><b>Curriculum for CMW trainings:</b></p> <ul style="list-style-type: none"> <li>• PNC approved 18 month curriculum and manual used to prepare refresher training curriculum</li> </ul> <p><b>Equipment/Supplies:</b></p>	<p><b>Selection &amp; Registration of CMWs</b></p> <ul style="list-style-type: none"> <li>• CMWs selection criteria and job description developed, in consultation with MNCH program and on the basis of deployment guidelines (February 2013)</li> <li>• Applications from qualified CMWs solicited through advertisements in three local newspapers (JANG Quetta, INTIKHAB Hub and Green Gwader Kalat) (April 2013)</li> <li>• CMWs shortlisted by selection committee (DHO-chair, Provincial Coordinator MNCH program (Quetta)/ Public Health Specialist (Kech and Gwader), Provincial/District Coordinator LHWs program, Principal Midwifery School and Mercy Corps representatives) (May 2013)</li> <li>• Shortlisted CMWs interviewed (May 2013) and 44 selected (June 2013)</li> <li>• Project team physically verified CMWs location and space for workstation, and confirmed with LHW program that selected CMWs are not LHWs (June 2013)</li> <li>• Based on the physical verification and confirmation from LHW program 40 CMWs (18 for Quetta, 14 for Kech and 8 for Gwader ) selected for training and deployment (June 2013)</li> <li>• Project orientation session held and MoUs between CMWs and MC signed (August 2013)</li> <li>• Initialized registration with the PNC for the 18 selected CMWs (Quetta-9, 1 Kech-1 and Gwader-8) who were not already registered through the Nursing Examination Board and MNCH program. (June 2013). 7 were registered in August, while remaining 11 in process and expected by November 2013</li> </ul> <p><b>CMW Refresher Training</b></p> <ul style="list-style-type: none"> <li>• Qualified consultants hired, based on MC’s competitive procurement producers, to develop training of midwifery tutors (teaching and facilitation skills) and CMW Clinical Refresher course, as neither curriculum currently exists. (May 2013).</li> <li>• Training Needs Assessment of CMWs and Midwifery tutors conducted to ensure needs-based training (June 2013)</li> <li>• Clinical Refresher Curriculum (4 week) developed based on TNA and in consultation with DoH, PNC, Technical Resource Facility, PSC, TWG, and DHG emphasizing practical skills (83% of content) over theoretical skills (17% of content), an expressed need of by the DoH (June 2013)</li> <li>• DoH nominated CMW tutors from 3 districts to participate in ToT – 5 midwifery tutors, 1 gynecologist, 3 midwifery school principals nominate (June 2013)</li> <li>• Four day Tutor Training – to instill effective teaching skills and to finalize the refresher curriculum content – conducted in Midwifery School of Quetta (June 2013)</li> <li>• Five day Tutor Training on final Clinical Refresher Curriculum conducted in all three districts (August 2013)</li> <li>• Four week clinical refresher curriculum held in midwifery/public health schools, attached to hospitals, in each district, including pre/post tests to evaluate theoretical improvement and observational checklists to gauge clinical skills (August 27-September 23)</li> <li>• CMW Launching Ceremony offering certificates of course completion in the presence of key influential conducted in Quetta (Sept 2013), planned for Kech and Gwadar (Oct 2013)</li> </ul> <p><b>Financial and structural support to CMWs:</b> <i>Business Skills training</i></p>	<p><b>1.1.1 40 CMWs selected</b> based on MC and Department of Health developed selection criteria</p> <p><b>1.1.2. 40 CMWs met clinical and theoretical competencies:</b> Average post-test score of CMWs was 85% (Quetta), 80% (Kech) and 82% (Gwadar); average score on observational checklist was 97% (Quetta), 87% (Kech), and 88% (Gwadar); 100% of CMWs conducted at least 5 deliveries independently during their clinical training</p> <p>;</p> <p><b>1.1.3. 40 CMWs supported with essential equipment</b> to set-up work stations</p> <p><b>1.3.1 Loan guarantee with Tameer bank finalized</b> to ensure</p>

<ul style="list-style-type: none"> <li>• Clinical equipment &amp; CMW Birth Kits procured for 40 CMWs</li> <li>• Vehicles rented in Quetta and districts for monitoring &amp; supervision</li> </ul> <p><b>Policies/guidelines:</b></p> <ul style="list-style-type: none"> <li>• CMW deployment guidelines reviewed, referenced, and followed</li> <li>• Planning Commission – Performa 1 (PC-1) for MNCH program reviewed, referenced and followed</li> </ul> <p><b>Evaluations:</b></p> <ul style="list-style-type: none"> <li>• Continuous review of available research and evaluations related to CMWs to ensure our strategy builds on lessons learned, best practices, and challenges experienced in similar context</li> </ul>	<ul style="list-style-type: none"> <li>• Qualified consultants hired, based on MC’s competitive procurement procedures, to develop the Business Skills Curriculum, addressing service fee structure, waivers for those unable to pay, loan repayment plans, purchasing ongoing supplies, and management of the Mamta fund (Sept 2013)</li> <li>• Training Needs Assessment conducted with CMWs to gauge specific training needs on entrepreneurship and business skills (Sept 2013)</li> <li>• Curriculum developed based on TNA and in consultation with MNCH program, Tameer Bank, EasyPaisa, MC technical leadership, Small and Medium Enterprise Development Authority (SMEDA – government institution with the mandate to support small and medium enterprises in Pakistan) (Sept 2013)</li> <li>• MC Field Teams (Master Trainers) will be trained on Business Curriculum, with support from Tameer and EasyPaisa to orient MC team on loan repayment processes and procedures October 2-6</li> <li>• One week training of CMWs on Business Skills – where CMWs will develop a business plan, specific loan repayment plan, and set service fee structures for clients (based on MNCH guidelines, local context, and customer willingness to pay) planned for end of October</li> </ul> <p><b>Equipment and CMW Birth Kits</b></p> <ul style="list-style-type: none"> <li>• CMWs equipment and birth kits procured (open tendering process) through USAID and Scottish Government (Aug/Sept 2013) , distributed to CMWs in Quetta (September), and planned for distribution to Kech and Gwadar in October</li> </ul> <p><b>Microloans</b></p> <ul style="list-style-type: none"> <li>• Negotiations with Tameer to finalize terms of loans to maximize potential for microloans to build credibility of CMWs to become viable microclients (January – September 2013)</li> <li>• Finalized loan terms and agreement (September 2013) to be signed in October</li> </ul> <p><b>CMW Deployment</b></p> <ul style="list-style-type: none"> <li>• District launching ceremonies (conducted in Quetta; planned for October/Nov in Kech and Gwadar) will be followed by community inaugural meetings, to generate ownership of the CMW and her services as a skilled birth attendant; planned for October and November 2013</li> </ul> <p><b>Technical &amp; Administrative Supportive Supervision of CMWs:</b></p> <ul style="list-style-type: none"> <li>• Technical and administrative quality assurance/supportive supervision checklists finalized based on existing MNCH tools (Aug 2013)</li> <li>• MoU signed with LHW Program to ensure availability Lady Health Supervisors (LHS) for administrative supervision</li> </ul>	<p>ability of CMWs to repay loans while setting up a profitable business</p>
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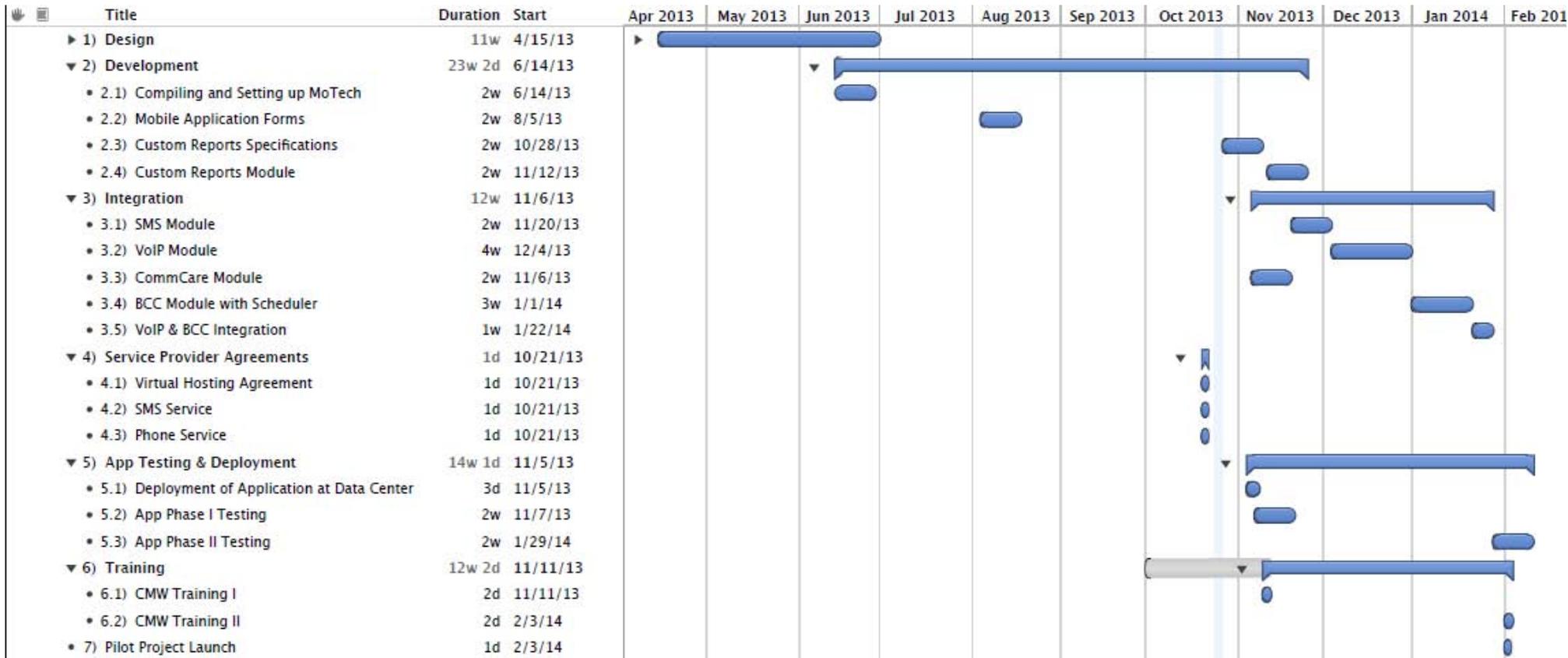
**Intermediate Results 2: Improved knowledge and demand for essential maternal and newborn care**

<i>Project Inputs</i>	<i>Activities</i>	<i>Sub-Output (leading to SW Outputs)</i>
As above	<p><b>Mobile Phone:</b></p> <ul style="list-style-type: none"> <li>• Pak Vista introduced to Dimagi CommCare and Motech developers to share lessons learned and build on open source software (February and March 2013)</li> <li>• Mobile application architecture designed in collaboration with key stakeholders (MC, Pak Vista, CommCare, PSC, and TWG) (April-June 2013)</li> <li>• Pak Vista developed mobile application to enter patient data based on MNCH Program standard reporting and recording forms and translated into Urdu (July-September)</li> <li>• Service provider agreement prepared (Aug-September 2013)</li> <li>• Beta testing of the mobile application with CMWs planned for end of October/early November</li> </ul>	<p><b>2.1.1 Mobile application developed based on open-source software, including Dimagi’s CommCare</b></p> <p><b>2.2.1 ToR</b></p>

	<p><b>Women Support Groups:</b></p> <ul style="list-style-type: none"> <li>• Reviewed existing methodologies and tools for Women Support Groups (WSGs) (May 2013)</li> <li>• MC awarded Scottish Government grant which provides significant additional resources for a cascade-model of Women Support Groups (June 2013)</li> <li>• Technical Assistance planned developed, based on USAID and Scottish Government, to develop a BCC strategy (including methodologies and tools) based on formative research. The BCC strategy will build on the platforms identified in page 20 of the Strategic Workplan (Aug – September 2013)</li> <li>• BCC Strategy will be submitted to USAID/MCHIP for review in the first quarter of year two</li> </ul>	<p>developed gather quality external technical assistance for the formative research and BCC strategy, including WSGs</p>
<b>Intermediate Result 3: Improved access to emergency transport in remote communities</b>		
<b>Project Inputs</b>	<b>Activities</b>	<b>Sub-Output (leading to SW Outputs)</b>
As above	<p><b>Transport Fund:</b></p> <ul style="list-style-type: none"> <li>• Negotiated and developed relationship with Edhi Foundation, not-for-profit ambulance service, to partner on SMNC for promoting referrals for emergency or complicated cases (ongoing-September 2013)</li> <li>• MC Field Teams identified local transport options for emergency or high risk patients to complement Edhi's services. This is particularly important for remote communities who are not well served by Edhi. (July 2013)</li> <li>• Mamta Fund design completed with key stakeholders, including CMWs (September 2013)</li> </ul>	<p><b>3.1.1. Mamta Fund designed</b></p> <p><b>3.2.1 Local vehicles and Edhi ambulances identified</b></p>
<b>Intermediate Result 4: Improved policy environment for improved maternal, newborn and child healthcare based on evidence from the Operations Research</b>		
<b>Project Inputs</b>	<b>Activities</b>	<b>Sub-Output (leading to SW Outputs)</b>
As above	<p><b>Operations Research</b></p> <ul style="list-style-type: none"> <li>• Develop OR protocol with stakeholder involvement (MC, UoA, USAID, and MCHIP)</li> <li>• Submit IRB applications to University of Alberta and Pakistan Medical Research Council (PMRC) (July 2013)</li> <li>• Submitted subaward package for University of Alberta (July and September 2013)</li> <li>• Finalize Module 1 data collection tools (ongoing)</li> </ul> <p><b>Research Advisory Committee</b></p> <ul style="list-style-type: none"> <li>• Plans develop to initiate immediately once UoA subaward is approved</li> </ul> <p><b>Provincial MNCH Steering Committee and Technical Working Group</b></p> <ul style="list-style-type: none"> <li>• DOH re-notified Provincial Steering Committee on Maternal, Neonatal &amp; Child Health (Chaired by Member Provincial Assembly Balochistan and DG Health Services in the secretary of the committee) on July 15, 2013</li> <li>• DOH notified Technical Working Group on Maternal, Neonatal &amp; Child Health (Chaired by Joint Secretary SOGP) on July 15, 2013</li> <li>• First PSC meeting held on 12<sup>th</sup> December 2012, in which program was introduced to members of the group</li> <li>• Second PSC meeting held on 11<sup>th</sup> March 2013 to solicit inputs on Strategic Workplan</li> <li>• Third PSC meeting held on 1st October in which progress in which first year progress was reviewed, and inputs</li> </ul>	<p><b>4.1.1OR protocol developed</b> with stakeholder involvement and <b>approved</b> by UoA IRB</p> <p><b>4.3.1 Module 1 data collection tools finalized</b></p> <p><b>4.4.1 Established</b></p>

	<p>incorporated in the 2nd yearly plan</p> <ul style="list-style-type: none"> <li>• Technical Working Group meetings held jointly by <i>Saving Mothers and Newborns in Communities</i> and a RAF funded <i>Expanding Access to Skilled Birth Attendance</i> which is preparing a provincial roadmap for CMWs, offering strategic collaboration and maximizing impact</li> <li>• First TWG meeting held on 30th January 2013 as an introduction to the program</li> <li>• Second TWG meeting held on 26<sup>th</sup> February 2013 to solicit and incorporate feedback on the Strategic Workpaln</li> <li>• Key stakeholder meeting with all project partners and key stakeholders to generate shard understanding of project objectives, approaches and intended results. Participants included MNCH program, LHW program, UN agencies, Principal Midwifery School, Principal Public Health school, TRF, Pediatrician, Director Nursing Board, Institute of Public Health Quetta, gynecologist, registrar PNC, Controller NEB, and other staff of DoH), PakVista, Tameer Bank, EasyPaisa, and Rural Medical Foundation. (April 2013)</li> </ul> <p><b>District Health Forum</b></p> <ul style="list-style-type: none"> <li>• Respective District Health Departments (Notified by DHOs) notified District Health Forums-DHF. Members include; DHO (chairman, Public Health Specialist MNCH Program, District Coordinator LHWs program, Principal Midwifery School, MC representative, Local NGOs, community elders, LHS, LHV, CMW)</li> <li>• One meeting of DHF in each district conducted (Sept 2013)</li> </ul> <p><b>Draft 5 year MNCH Strategy (2015-2020)</b></p> <ul style="list-style-type: none"> <li>• Initial draft will be developed in year 2, and revised in year 4 with findings from the Operations Research</li> </ul>	<p>and held <b>Provincial Steering Committee (3x)</b> and <b>Technical Working Group (2x)</b> meetings to discuss status of program and policy decisions</p> <p><b>4.5.1 First District Health Forums</b> met in each district</p>
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### Annex 15. Mobile Application Timeline





Innovative Solutions

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## **mHealth Project**

*Software Architecture and Design Document*

24/10/13

Document Version: 0.3

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## Document Revision Information

Author	Date	Version	Description
Zaineb Suleman	14/04/13	Initial Draft	Initial document. Forms and database design to be incorporated once finalized.
Zaineb Suleman	15/07/13	Version 0.2	Incorporated changes recommended in Mercy Corps Feedback document.
Zaineb Suleman	22/10/13	Version 0.3	Updated information on use cases

## List of Acronyms

Term	Meaning
MC	Mercy Corps
MCPM	Mercy Corps Program Managers
DoH	Department of Health
CMW	Community Midwife
Client	Patients using CMWs services
BCC	Behaviour change communication
MoTech	Mobile Technology for Community Health
IMAN	Improving Mother and Newborn Health
ANC	Antenatal Care

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## **Introduction:**

This document presents the technical architecture of the mHealth Application. The document gives a description of the major software components and their interaction as well as a common understanding of the architectural principles used during the design and implementation. The document also describes the hardware and software platforms on which the system is built and deployed.

## **The Context:**

mHealth project is part of Mercy Corp's program "Saving Mothers and Newborns in Communities" seeking to improve maternal and newborn health status, especially for the poor and marginalized women of Balochistan, Pakistan. The project seeks to improve the maternal and newborn healthcare by involving and facilitating the private sector community midwives.

The rapid rise in the penetration of the mobile phones in developing regions around the world has helped the practitioners to provide better healthcare and bridge the key health information gaps using the mobile technologies.

The mHealth application aims to use these technologies to improve the acquisition, transport, storage and processing of the raw data to deliver meaningful results for the project stakeholders. mHealth application targets the following three groups by integrating mobile technologies and rural health system:

### ***Clients:***

Pregnant women can visit their designated community midwife to register and receive information to improve her healthcare. Once registered, they receive health educational voice messages (in their local language) that corresponds to their stage of pregnancy. Close to a scheduled visit to the midwife, the client receives a SMS to remind them about their upcoming visit.

### ***Community Midwives:***

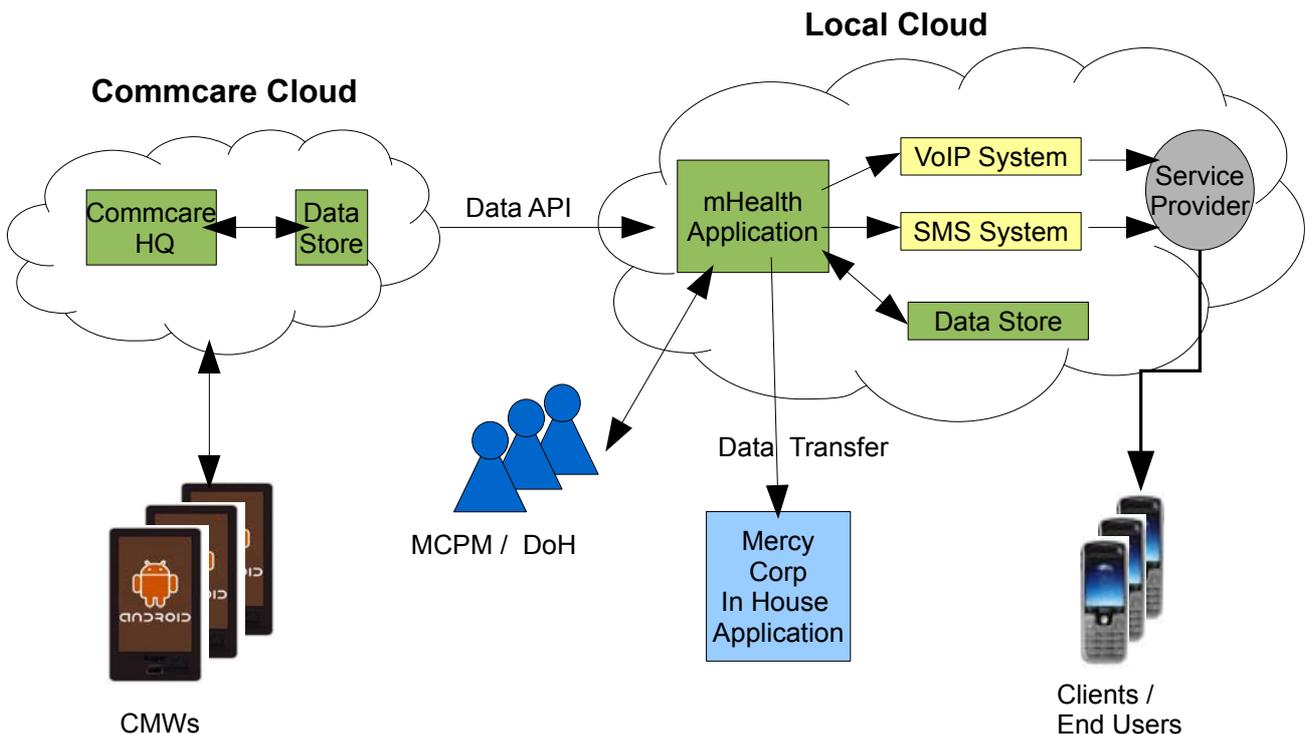
Midwives use the application installed on their device to register/upload client information to the central server. Case information can be accessed easily upon subsequent follow up visits making it convenient for the CMW when visiting a patient/client.

### ***Program Managers and DoH Balochistan:***

The collected data is aggregated to generate reports for program managers (Mercy Corps / DoH Balochistan). The constantly uploaded real time data allows health administrators and planners to monitor the healthcare delivery and effectiveness in this rural area.

## System Overview:

Figure-1 illustrates the main system components and their interactions.



**Figure-1: System Overview**

The green components in the diagram mark the core data collection and processing parts of the system. These are distributed across two main deployment clouds. The CommCare cloud hosts the CommCare HQ application as well as a data store. The data collection application on the android devices communicate directly with CommCareHQ and submit any saved forms to the server. The collected data is stored in a data store on the CommCare cloud. To learn more about the rationale for selecting CommCareHQ as the primary data collection server see the section “[Rationale for the choice of Technology](#)”.

The local cloud hosts the mHealth Application as well as the modules for interfacing with the VoIP and SMS modules. These modules in turn use the services of the local cloud platform. The mHealth Application interfaces with a local data store that persists the collected data for reference when generating reports or visual presentation to the Mercy Corps Program Managers (MCPM) as well as other stake holders.

The mHealth application in the local cloud will also interface with an in house Mercy Corps Web

Application and pass any collected data to it also. This in-house Web Application is collecting all the data for the overall project for which mHealth mobile application is one of the components. The data will be transferred using XML format and passed via the HTTP Post method.

The core components distributed across the two hosting clouds share the collected data using the Data APIs provided by the CommCare HQ.

A typical flow of information in Figure-1 will be initiated by a CMW by adding/updating information about a client on CommCare HQ. The assimilated information will then be passed on to the mHealth application. mHealth application will process this information using its algorithms and store this info in the local data store. Based on analysis of collected information, the mHealth application will interface with the SMS and VoIP modules to interact with the end users/clients (patients registered with CMWs). This will result in SMS/Voice alerts being sent to the end users on their mobiles phones.

## **Document Layout:**

The rest of this document is divided into the following section each presenting a different view of the system with the aim of giving a better overall understanding of the various components and their functionality.

### ***Functional View:***

This section will outline the main operational features of the system. It will also identify the key functional users of the system(actors and roles) and how the system caters for their needs.

### ***Process View:***

This section covers the flow of control through the various components of the mHealth system.

### ***Deployment View:***

Here the deployment plan is discussed and distribution of various software components onto selected hardware is shown.

### ***Technology Choice:***

This section will cover the core technologies chosen to develop the application and the rationale behind the choice.

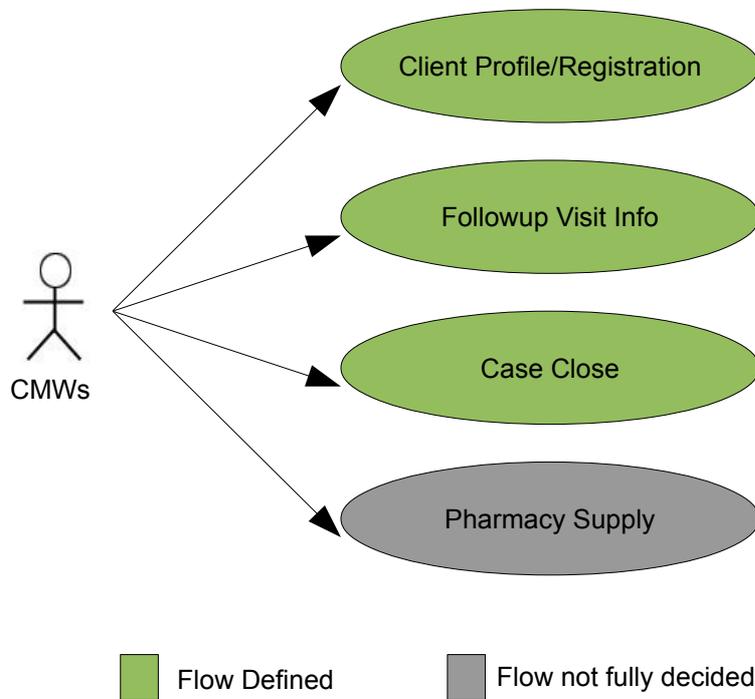
## Functional View:

There are two actors interfacing with the mHealth application.

- Community Midwives (CMWs)
- Mercy Corps Program Managers (MCPM) / DoH Balochistan Officials
  - Admin User
  - Normal User

### Community Midwives (CMWs):

CMWs will interact with the system using the application installed on their mobile devices. Core functions the application will be providing to CMWs are shown in Figure-2.



**Figure-2: CMW Use Case**

### Client Profile/Registration:

Name	Client Profile/Registration
Identifier	A-1
Description	Registers a new patient and creates a case for subsequent interactions
Preconditions	Client has an identification number (yearly number is already in use with the paper based forms in Balochistan)
Postconditions	1. Case is created for the client with basic information on the

	<p>server.</p> <ol style="list-style-type: none"> <li>Depending on the current stage of pregnancy, schedule is formed for sending out the SMS message reminders for the antenatal visits. The following schedule of ANC is followed: <ul style="list-style-type: none"> <li>1<sup>st</sup>: within 4 months of pregnancy</li> <li>2<sup>nd</sup>: in 6<sup>th</sup> month</li> <li>3<sup>rd</sup>: in 8<sup>th</sup> month</li> <li>4<sup>th</sup>: in 9<sup>th</sup> month</li> </ul> </li> </ol> <p>Apart from the first, a SMS reminder is sent to the patients for all the other three appointments. Send out the following picture SMS to handsets as a reminder</p> <pre style="text-align: center;"> * *** ***** ***** ***** *   *   * *   *   * *   *   * ***** </pre> <ol style="list-style-type: none"> <li>Clients are enrolled in the Behaviour change communication program.</li> </ol>
Basic Course of Action	<ol style="list-style-type: none"> <li>Client comes to the CMW to register for the health services.</li> <li>CMW uses the registration form on her device to fill in the basic details about the client and stage of pregnancy.</li> <li>A date is discussed/decided upon between the CMW and client and entered into the system as “due date for next visit.”</li> <li>CMW submits the registration form and a new case is created on the system.</li> </ol>

### Follow up Visit Information:

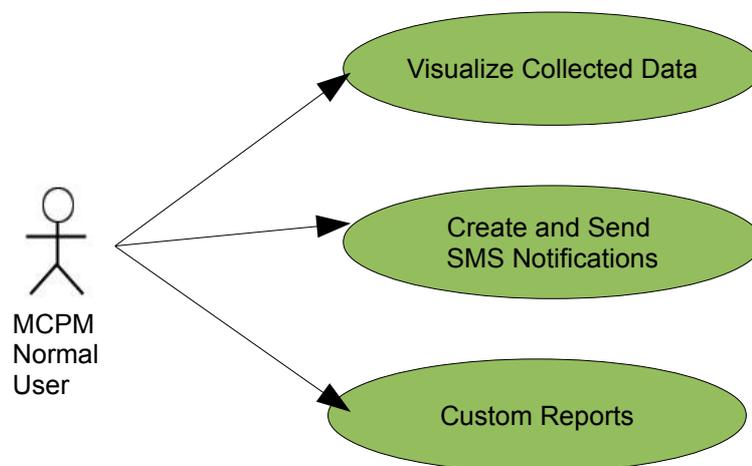
Name	Follow up Visit
Identifier	A-2
Description	Collecting client information during a follow up visit and updating the client case on the server.
Preconditions	Client is already a registered case with this CMW
Postconditions	<ol style="list-style-type: none"> <li>Client's progress is recorded.</li> <li>Date for the next antenatal visit finalized.</li> <li>Patients are briefed about any danger signs in their state.</li> </ol>
Basic Course of Action	<ol style="list-style-type: none"> <li>Client comes to the CMW for a follow up visit.</li> <li>CMW uses the followup form on their device and fills in the details on the progress of pregnancy.</li> <li>Date for the next visit is discussed and finalized.</li> <li>Form is saved and the case is updated on the server</li> </ol>

## Closing a Case:

Name	Case Close
Identifier	A-3
Preconditions	Client is a registered case with this CMW
Postconditions	Case will be closed for this patient. Any further updates to this case will not be allowed after the submission of this form.
Basic Course of Action	<ol style="list-style-type: none"> <li>1. CMW decides to close a case after completing followup of the mother and child upto 6 weeks (42 days) after birth. Any of the following reasons could be used for closing a case             <ol style="list-style-type: none"> <li>a) Completed case handling</li> <li>b) Made for practice</li> <li>c) Made by mistake</li> <li>d) Other reason ( in this case the CMW will provide a reason for closing the case)</li> </ol> </li> <li>2. The client is chosen from a list of cases currently handled by the CMW.</li> <li>3. Close case form is submitted to the server and the case is closed for any further updates on the server.</li> </ol>

### **Mercy Corps Program Managers(MCPM) / DoH Balochistan Officials:**

MCPM/DoH will access the mHealth application using a web browser. Depending on their role (admin user or normal) they will be able to access the functionality shown in use case in Figure-3 and Figure-4.



**Figure-3: MCPM/DoH Use Case**

### Data Visualization:

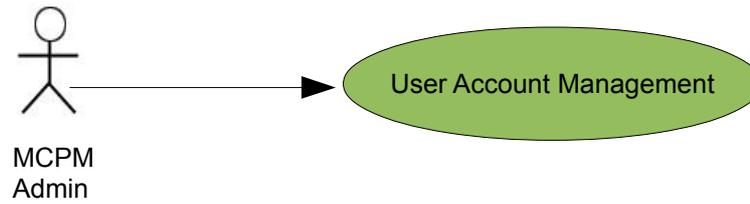
Name	Data Visualization
Identifier	B-1
Preconditions	MCPM is authenticated and logged into the system
Postconditions	Collected data can be visualized using charts or graphs
Basic Course of Action	This section will be fully elaborated once the data collection forms and required custom reports are finalized.

### SMS Notifications:

Name	Create and send SMS Notifications
Identifier	B-2
Preconditions	MCPM is authenticated and logged into the system
PostConditions	SMS is sent to system clients
Basic Course of Action	<ol style="list-style-type: none"> <li>1. MCPM need to communicate some important/urgent message to CMWs and/or their clients.</li> <li>2. Using the web interface of the mHealth Application they will enter the message to send and select the recipient groups.</li> <li>3. Message is sent to all the selected recipients.</li> </ol>

### Custom Reports:

Name	Custom Reports
Identifier	B-3
Preconditions	MCPM is authenticated and logged into the system.
Postconditions	Custom Reports pertaining to the collected data are generated.
Basic Course of Action	This section will be fully elaborated once the forms and data to be collected is finalized and it is decided as to what part of that needs to be plotted etc



**Figure-4:MCPM/DoH Admin Use Case**

## User Account Management:

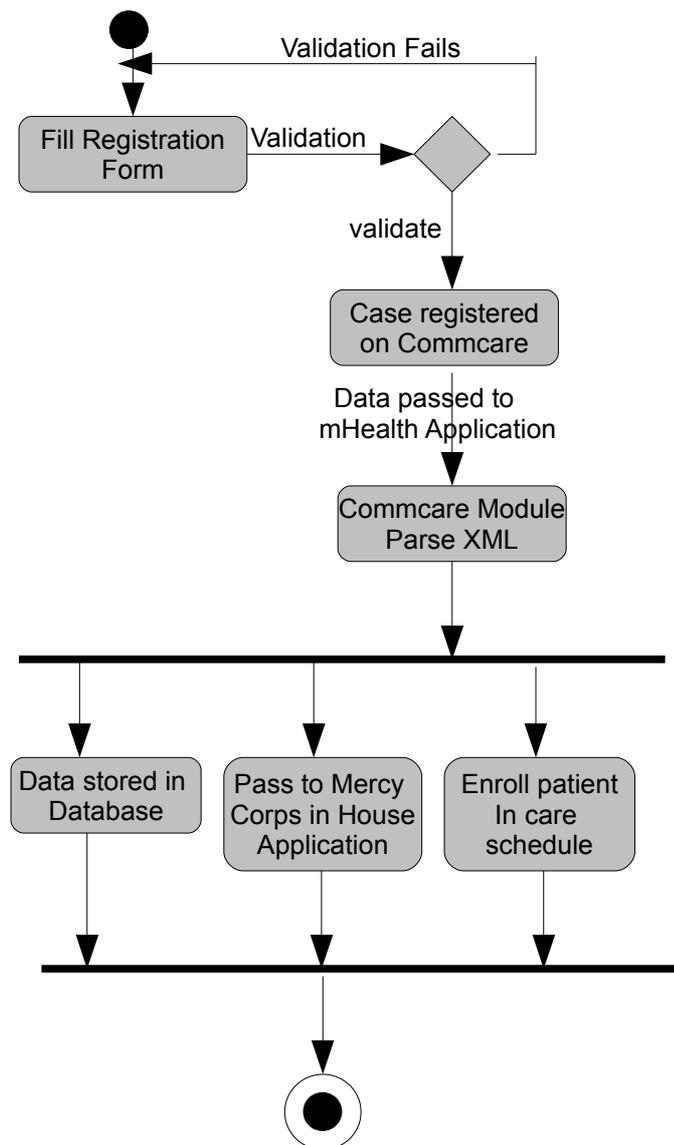
Name	User Account Management
Identifier	C-1
Preconditions	MCPM Admin user is authenticated and logged into the system.
Postconditions	User accounts can be created, deleted or updated.
Basic Course of Action	<ol style="list-style-type: none"> <li>1. Admin user logs into the mHealth Web Application using the admin credentials</li> <li>2. Admin can then create new Accounts or delete existing accounts</li> <li>3. Any information about an existing account can be updated.</li> </ol>

## Process View:

The core processes defining the flow of control and data through the mHealth application are discussed in this section.

## Case Registration:

Figure-5 shows the flow of information when a CMW registers a new patient with the system. The registration form will be checked for validity of the input as a first step. Valid forms will be submitted to the server and a case will be created/registered for this patient on the server. The uploaded information will also be passed to the mHealth web application on the local cloud. This information will be in the standard XML format and will be parsed when received to extract useful information about the client and cases. The retrieved information will be passed to the database for storage and will also be passed to the MC's in house application for its internal use.



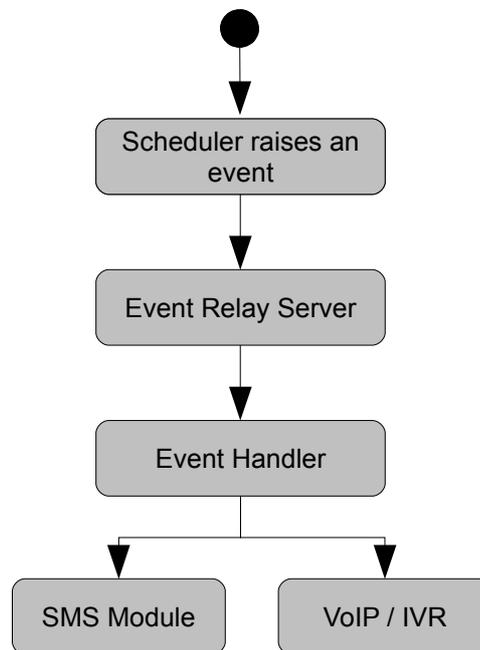
**Figure-5: Case Registration Process**

The client will be enrolled in a schedule of care to generate alerts for appointment reminders as well as BCC.

### Scheduled Events:

The scheduler will generate events for clients enrolled in different client care and BCC schedules. The raised events are passed to an Even Relay Server which will then pass the event to their respective Event Handler. The handler will then decide how to handle an event for a patient e.g., whether to send out SMS or a BCC message through IVR. For example an appointment reminder event is generated by the scheduler when a client is due for the next appointment with the CMW

according to the specified schedule. The respective event handler can then send out the SMS to client as a reminder using the SMS module.

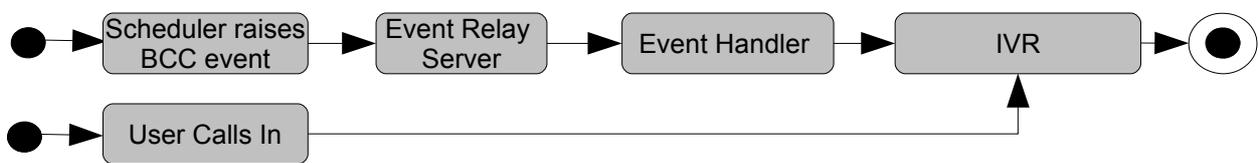


**Figure-6: Scheduled Tasks Process**

## Behaviour Change Communication:

mHealth application will define a schedule for BCC. Based on this schedule, the scheduler will generate events for all the enrolled clients to notify the handlers to take the appropriate action. The event handler can then connect with the IVR module to make a call and play from a list of pre-recorded messages. The IVR will also allow the clients to repeatedly listen to their current messages by dialling in using a Toll Free Number.

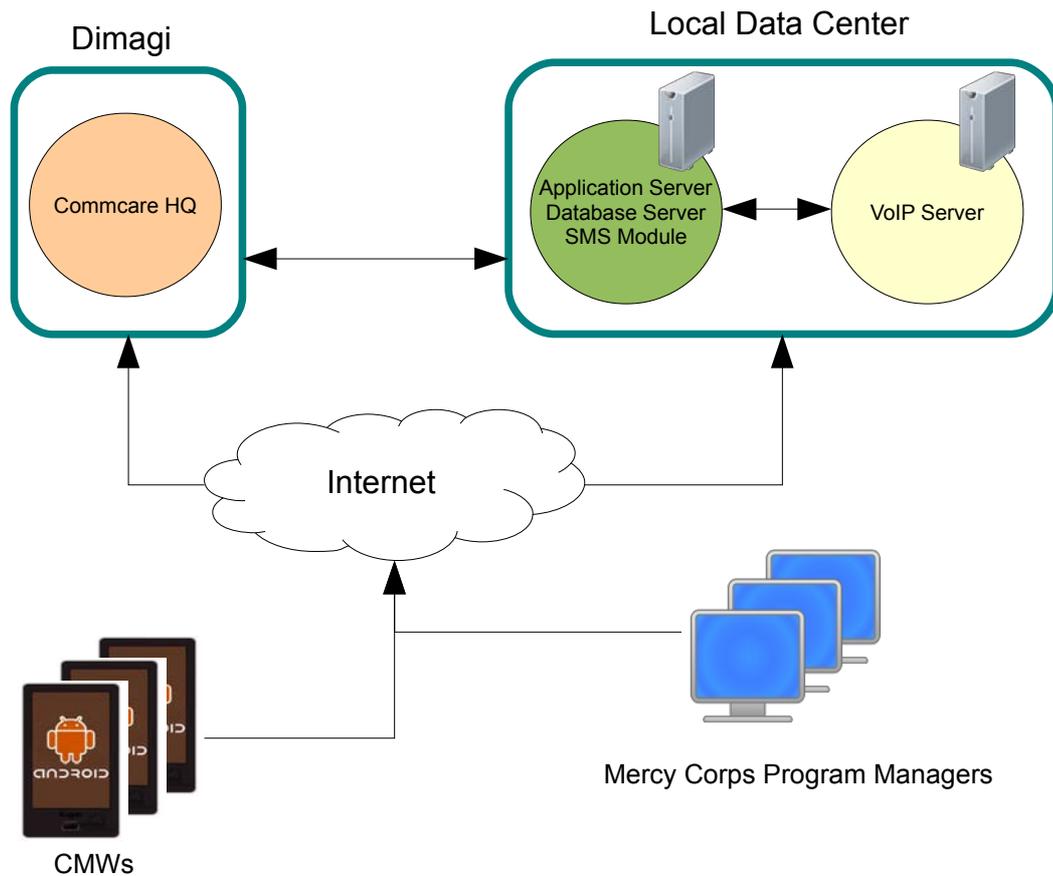
Figure-7 illustrates this flow.



**Figure-7: Behaviour Change Communication Process**

## Deployment View:

Figure-8 presents the deployment details of the mHealth system. mHealth application will integrate various technologies including CommCare application ([www.comcarehq.org](http://www.comcarehq.org)) by Dimagi ([www.dimagi.com](http://www.dimagi.com)) with VoIP and SMS functions to achieve the overall project objectives. The mapping of the various software components to hardware is shown in the figure. Dimagi will host the CommCare application on their own cloud. The core web application will reside on the application server in the local data centre.



**Figure-8: Deployment View**

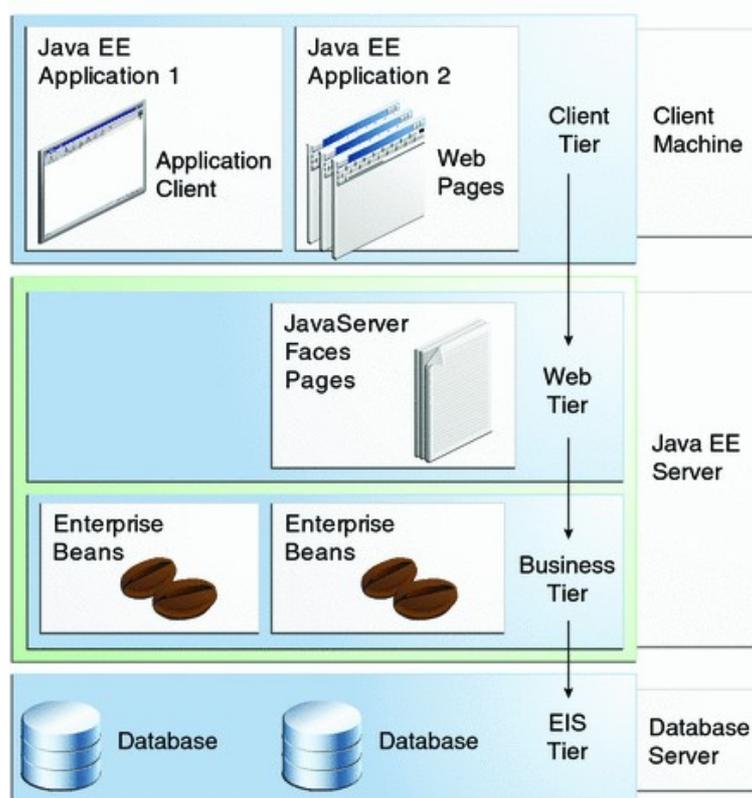
The local data centre will also host VoIP server on another server. Database server will be hosted on the application server as well.

The CMWs will use the android based phones with the installed application for adding/updating client information using the predesigned forms for data entry.

## Technology Choice:

### Java EE 6:

The mHealth Application will be developed using Java EE and its constituent technologies. The Java EE platform uses a distributed multitiered application model for enterprise applications. Application logic is divided into components according to function, and the application components that make up a Java EE application are installed on various machines, depending on the tier in the multitiered Java EE environment to which the application component belongs. Figure-9 shows the architecture of typical Java EE multitiered application.



**Figure-9:Java EE Multitiered Applications**

where

- Client-tier components run on the client machine.
- Web-tier components run on the Java EE server.
- Business-tier components run on the Java EE server.
- Enterprise information system (EIS)-tier software runs on the EIS server.

### ***Rationale for the choice of Technology:***

While researching various technologies and their suitability for the current application one of the prime considerations was to use and build upon open source softwares and platforms that have been tested in the field. This way ensured that the efforts were directed on implementing the specific requirements of the current project and adding value to the open source mHealth technologies (given that the current application will also be open sourced at the end of the project).

The Mobile Technology for Community Health (MOTECHE) Platform is an open source software project. It enables organizations building mHealth solutions to develop, manage, and monitor those solutions more quickly and cost-effectively. While this platform is suitable for many applications it is best suited for developing mHealth applications that schedule messages to patients and care givers based on an evaluation of the recommended schedule of care compared to the patient's current stage.

Mercy Corps mHealth application will therefore be developed on the MoTech platform to leverage the benefits of an existing and field tested platform in the domain of mHealth. The platform is built using the Spring framework (application development framework for Java EE applications) and supports adding custom modules pertaining to the requirements of specific deployment.

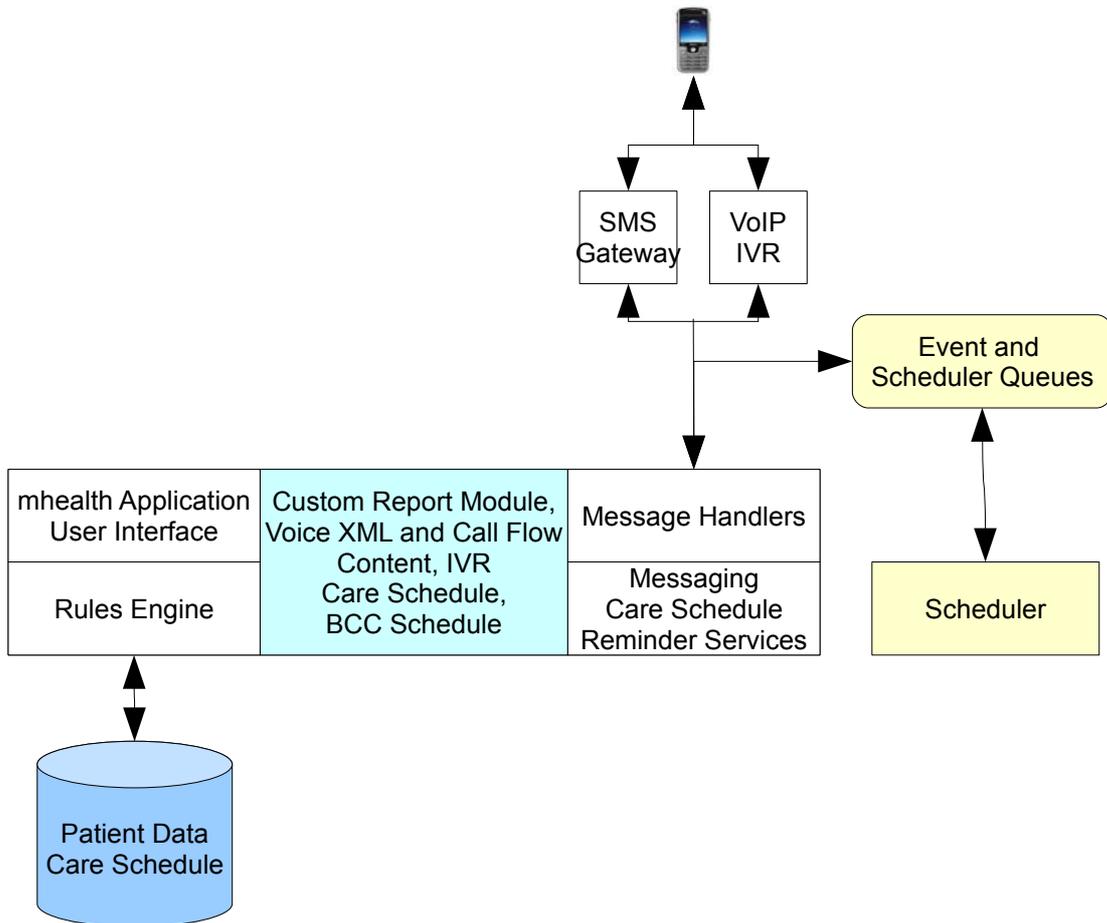
CommCare is an opensource platform for defining your data collection forms, enabling data collection on cross platform devices including low-cost J2ME phones, Android phones and tablets and aggregating the field data on a Central Server. CommCareHQ is their cloud based offering and has an easy to use and understand User Interface for defining your applications and building complex logic to validate data. It provides Application Programming Interface(APIs) for third party tools like MOTECHE to integrate easily with the aggregated data. It is now the recommended data collection methodology for MOTECHE implementations (as opposed to MOTECHE's own forms) and is therefore an obvious choice for data collection in this implementation also.

### **Choice of Data Collection Devices:**

One of the advantages of using the CommCare Application for data collection is its cross-platform support as far as the data collection devices are concerned. The form application once defined on the server can be downloaded to both the low cost J2ME phones as well as Android based phones and tablets. This is a huge benefit in terms of replication of the application once it is handed over to the Government of Balochistan's Department of Health.

For the current pilot, Mercy Corps chose Android phones as they give the application developers many more options in terms of the functionality of the phone. Since using cell phones to track CMW client data is an *innovation* in Pakistan, Mercy Corps wanted to start with a phone that gives software developers as many options as possible with respect to usability, functionality, etc. Further, it is critical to ensure user-friendliness of the application (easier with Smart Phones than Java phones) as a large majority of the project's process indicators comes from the CMW's cell phone. The entire application design process will be conducted with the end user – i.e. the CMW – in mind, in order to make a product that CMWs will want to use (and not just use as a reporting requirement). Mercy Corps will pay for the cell phone data for the first six months after deployment, after which the CMWs will need to pay for their own credit. This will be the true test and motivator for Mercy Corps and Pak Vista (technology firm) to ensure that the application is useful to the CMW. I.e. she will pay for the data if it helps her increase and track her clientele base. Finally, based on market data the cost of Androids is expected to drop significantly in Pakistan over the next year.

## ***mHealth Application Architecture:***

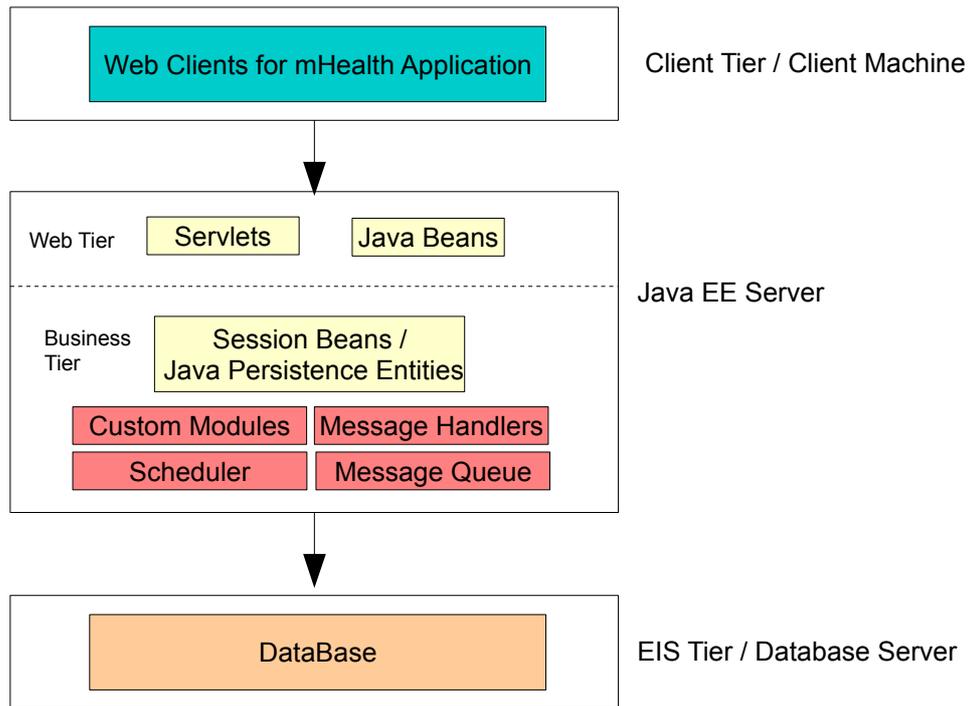


**Figure-10: mHealth Application Architecture**

Figure-10 lays out the architecturally significant system components. Key Components are:

1. Database of collected information.
2. Schedule of care to be followed for clients with certain conditions.
3. Rules Engine which evaluates based on the defined schedule of care as to which messages should be sent.
4. Message Queues and Scheduler

Figure-11 gives a layered view of the architecture



**Figure-11: Layered View of Architecture**

### Application Server:

mHealth application uses a number of open source tools and systems. Any Java EE compliant server can be used to host the application. We propose to use:

- Tomcat as the application server
- ActiveMQ as a messaging queue

### Database Server:

The application makes use of Quartz scheduler for scheduling tasks like patient reminders and BCC. Quartz is an open source job scheduling service that can be used in any java application. Quartz uses MySQL for timers. The application will therefore have the following database servers:

- MySQL for Quartz timers
- CouchDB for storing collected data needed for reporting

## **Project Sustainability:**

Sustainability is a key component dictating the design details of the project. Our objective is not only to roll out a successful technical implementation of the mhealth project but also to ensure its continuity after the initial pilot phase is over. The proposed solution is the most cost effective option for the Balochistan Govt. The main costs associated with the system are as follows:

1. Server Hosting
2. CommCareHQ Services
3. Phone System Services
4. SMS Services
5. Support and Maintenance

There is flexibility in the design to allow the Balochistan Govt. to avail the services that is required by them and drop the services which aren't. The basic required services are the Server Hosting and the CommCareHQ services; all other services mentioned above are optional. The Balochistan Govt. can opt in for the additional services desired as and when required.