



Strengthening the Pre-Service Nursing and Midwifery Education in India

Learning Resource Package
for ANM Faculty Training

Participants' Handbook

March 2012



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STRENGTHENING THE PRESERVICE NURSING AND MIDWIFERY EDUCATION IN INDIA

LEARNING RESOURCE PACKAGE FOR ANM FACULTY TRAINING

PARTICIPANTS' HANDBOOK

MARCH 2012



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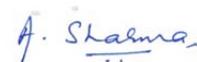
PREFACE

Recent policies and programs of the Government of India focused on Maternal, Newborn and Child Health (MNCH) services including the Janani Suraksha Yojana (JSY scheme), Integrated Management of Newborn and Childhood Illnesses (IMNCI) and operationalization of 24/7 Primary Health Centers and First Referral Units. These efforts have put an increased emphasis on the role of the basic health worker in the provision of comprehensive Reproductive Health (RH) and MNCH services in the country, especially in rural areas. To respond to this need for development of a basic service provider who can provide quality RH and MNCH services at the grass root level, a comprehensive initiative to strengthen the foundation of pre-service education for ANMs (Auxiliary Nurse Midwife) is being undertaken by the Indian Nursing Council (INC).

This book is part of the learning resource package for, **‘Strengthening the Pre-Service Nursing and Midwifery Education in India’** for ANM faculty training that is developed to prepare them to use the new Government of India guidelines for Skilled Birth Attendance, Integrated Management of Neonatal and Childhood Illness, Family Planning and Prevention and Management of Reproductive Tract Infections when teaching midwifery to ANM students.

The package includes a ‘Facilitators’ guide’ and a ‘Participants’ Handbook’ that includes materials and exercises needed for this course. In addition, there are several other resources available to support training, such as reference manuals, Hindi versions of participant notebooks and the presentation graphics. This resource package has been endorsed by the Indian Nursing Council (INC) for use during the training of ANM faculty and further in pre-service ANM education.

It is hoped that this learning resource package will help the ANM faculty to deliver quality competency-based clinical training that results in confident ANM’s able to deliver appropriate maternal and newborn care in communities and healthcare facilities throughout India.



Dr. Asha Sharma
Vice-President
Indian Nursing Council

ACKNOWLEDGEMENT

The Indian Nursing Council (INC) is committed to improve and sustain quality in the pre-service nursing and midwifery education of India. In the national survey conducted by the INC, it was found that the quality of education in the ANM training schools was not up to the mark as the faculties of the schools were not updated in the recent advances in nursing and midwifery education and the guidelines of the Government of India. In order to fill this gap and to address the immediate need of the nursing faculty for updating their knowledge and skills, the INC embarked upon a national initiative to strengthen the pre-service nursing and midwifery education in the country. Through this initiative, five National Nodal Centers of excellence for Nursing and Midwifery Education have been established and the faculty of ANM schools from different regions of the country would be trained in these institutions for a period of 6 weeks.

The curriculum for the 6 weeks training has been launched by the Indian Nursing Council. This curriculum would provide comprehensive training and updates for the faculty of ANM schools on Effective Teaching Skills, Skilled Birth Attendance, Integrated Management of Neonatal and Childhood Illness, Prevention of STI, HIV and Parent to Child Transmission of HIV, Family Planning and the Performance Standards for Nursing and Midwifery Education for Quality Improvement. The learning resource package, which consists of a Facilitators' Guide and Participants' Handbook, was pilot tested at the first 6 weeks training and was found feasible to be implemented throughout the country.

It is envisioned that this learning resource package would help sharpen the skills of the faculty of ANM schools and that the quality of education at the ANM schools will improve dramatically and be maintained as per the international standards.

I would like to acknowledge Dr. Bulbul Sood, the Country Director of Jhpiego and her team from MCHIP Dr. Somesh Kumar, Ms. Julia Bluestone, Dr. Rashmi Asif, Dr. Neeta Bhatnagar, Dr. Vineet Srivastava, Mrs. Abra Pearl and Mrs. Celine Gomes who were instrumental in the preparation and publication of this Learning Resource Package. I would like to thank the Nursing Education Committee (NEC) of the Indian Nursing Council and Ms. Surekha Sama for their technical inputs in this curriculum. I gratefully acknowledge the tireless efforts of Ms. K. S. Bharati, Joint Secretary, Indian Nursing Council who has not only provided inputs to the content but contributed to the coordination and compilation of this document into a quality training manual for ANM faculty. I Hope that this curriculum and the learning resource package would help strengthen the capacity of the faculty of ANM schools and thereby improve the quality of pre-service nursing and midwifery education in the country.



Sh. T. Dileep Kumar
President

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
BEOC	Basic Essential Obstetric Care
BEmONC	Basic Emergency Obstetric and Newborn Care
BP/CR	Birth Preparedness and Complications Readiness
CBT	Competency Based Training
CHV	Community Health Volunteer
CHW	Community Health Worker
DMPA	Depo Medroxy Progesterone Acetate
DOTS	Direct Observation Therapy Short course
ETS	Effective Teaching Skills
FP	Family Planning
FRU	First Referral Unit
GoI	Government of India
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICM	International Confederation of Midwives
ICTC	Integrated Counseling and Testing Center
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
INC	Indian Nursing Council
IP	Infection Prevention
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LRP	Learning Resource Package
MCHIP	Maternal and Child Health Integrated Program
MCPC	Managing Complications in Pregnancy & Childbirth
MEC	Medical Eligibility Criteria
MNC	Maternal and Newborn Care
MNCH	Maternal, Newborn and Child health
NVP	Nevirapine
PEP	Post Exposure Prophylaxis
PHC	Primary Health Center
PID	Pelvic Inflammatory Disease
PLHA	Person Living with HIV/AIDS
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra Uterine Contraceptive Device
RCH	Reproductive and Child Health

SBA	Skilled Birth Attendant
SBMR	Standards Based Management and Recognition
SHG	Self Help Group
TBA	Traditional Birth Attendant (dai)
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCTC	Voluntary Counseling and Testing Center
VHC	Village Health Committee
WHO	World Health Organization

LIST OF CONTRIBUTORS

- Mr. T. Dileep Kumar,
President
Indian Nursing council
New Delhi
- Dr. Asha Sharma
Vice President
Indian Nursing council
New Delhi
- Dr. Sandhya Gupta
Secretary
Indian Nursing Council
New Delhi
- Ms. Surekha Sama
Former registrar of Delhi Nursing
Council
Sister Tutor
Panna Dai School of Nursing
New Delhi
- Mrs. K.S. Bharati
Joint Secretary
Indian Nursing Council
New Delhi
- Mrs. C.T. Abra Pearl
Nursing and Midwifery Education
Officer
Jhpiego – India
New Delhi
- Mrs. P. Princy Fernando
Nursing and Midwifery Education
Officer
Jhpiego – India
New Delhi
- Mrs. Celine Gomes
Documentation & Publications Officer
Jhpiego – India
New Delhi
- Dr. Bulbul Sood
Country Director
Jhpiego – India
New Delhi
- Ms. Julia Bluestone
Sr. Technical Advisor
Jhpiego
Baltimore – USA
- Dr. Somesh Kumar
Director – Programs
Jhpiego – India
New Delhi
- Dr. Rashmi Asif
Director- Clinical Services and
Trainings
Jhpiego – India
New Delhi
- Dr. Neeta Bhatnagar
Senior Advisor, Clinical Services and
Training
Jhpiego – India
Uttarakhand
- Dr. Vineet Srivastava
National Program Manager
Jhpiego – India
New Delhi
- Dr. Sunita Dhamija
Clinical Officer
Jhpiego – India
New Delhi

TRAINING APPROACH OVERVIEW

WELCOME

Welcome – trainers and faculty members to the ANM faculty training course. You are indeed privileged to be a part of this exciting course which would refresh your knowledge and skills on a variety of subjects with a special focus on maternal, newborn and child health and family planning. It would be a time of gaining, sharing and updating knowledge in the above mentioned critical areas which need special attention while teaching the ANM students.

This course has been designed with the assumption that you participate in this training course because you:

- Are interested in updating your knowledge and sharpening your skills
- Desire to be actively involved in course activities
- Are dedicated to provide high quality education to the ANM students

The training approach used in this course stresses the importance of the application of relevant educational technologies including the use of humane training

TRAINING APPROACH USED IN THIS COURSE

The mastery learning approach to training assumes that all learners can master (learn) the required knowledge, attitudes, or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills.

While some learners are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate competency. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the learner to have a self-directed learning experience. This is achieved by having the trainer serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the learners’ knowledge, often without regard for how this change affects performance.

By contrast, the philosophy underlying the mastery learning approach is one of a continual assessment of learner learning. With this approach, it is essential that the trainer regularly inform learners of their progress in learning new information and skills, and not allow this to remain the trainer’s secret.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to provide quality education to the ANM students and not simply acquiring new knowledge.

- **Dynamic**, because it enables trainers to provide learners with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs.
- **Less stressful**, because from the outset learners, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the trainer.

KEY FEATURES OF MASTERY LEARNING

Training for the ANM faculty is designed and conducted according to adult learning principles—learning is participatory, relevant and practical—and:

- Uses behavior modeling
- Is competency-based
- Incorporates humanistic training techniques

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skills or activities so that learners have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages. In the first stage, **skill acquisition**, the learner sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the learner attempts to perform the procedure, usually with supervision. Next, the learner practices until **skill competency** is achieved and the individual feels confident performing the procedure. The final stage, **skill proficiency**, occurs only with repeated practice over time.

- | | |
|---------------------------|--|
| Skill Acquisition: | Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance |
| Skill Competency: | Knows the steps and their sequence (if necessary) and can perform the required skill or activity |
| Skill Proficiency: | Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity |

COMPETENCY-BASED TRAINING

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to carry out a specific task. How the learner performs (i.e. a combination of knowledge, attitudes and most important, skills) is emphasized rather than just what information the learner has acquired. CBT requires that the trainer facilitates and encourages learning rather than serve in the more traditional role of instructor or lecturer. Competency in the skill or activity is assessed objectively by evaluating overall performance. For CBT to occur, the clinical skill or activity to be taught first is broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called **standardization**. Once a procedure has been standardized, competency-based skill development and assessment instruments, such as checklists or algorithms,

can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the learner's performance more objective.

An essential component of CBT is coaching; Coaching uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the trainer should first explain the skill or activity and then demonstrate it using an anatomic model or other training aid such as a video or a job aid. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the learner to provide guidance in learning the skill or activity, monitors progress and helps the learner overcome problems.

The coaching process ensures that the learner receives feedback regarding performance:

- Before practice—The trainer and learner should meet briefly before each practice session, whether in classroom or in the clinic, to review the skill/activity, including the steps/tasks that will be emphasized during the session
- During practice—The trainer observes, coaches, and provides feedback as the learner performs the steps/tasks outlined in the learning guide
- After practice—This feedback session should take place immediately after practice. Using the learning guide, the trainer discusses the strengths of the learner's performance and also offers specific suggestions for improvement

Humanistic Training Techniques

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, learners more easily reach the performance levels of skill competency and beginning skill proficiency before they begin working in the clinic setting with clients.

Before a learner attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using anatomic model and appropriate audiovisual aids (e.g. video or computer graphics)
- While being supervised, the learner should practice the required skills and client interactions using the model and actual instruments in a simulated setting that is as similar as possible to the real situation

Only when skill competency and some degree of skill proficiency have been demonstrated with models however should learners have their first contacts with clients.

When mastery learning, which is based on adult learning principles and behavior modeling, is integrated with CBT, the result is a powerful and extremely effective method for providing training. And when humanistic training techniques, such as using anatomic models and other learning aids, are incorporated, training time and costs can be reduced significantly.

ROLE OF THE PARTICIPANT IN THE COURSE

In this course the participants are recipients as well as co-facilitators. During the first week, the participants undergo a course on effective teaching skills which elaborates on the methods of facilitation and demonstration. There are practice sessions for the participants to develop, refresh and demonstrate their facilitation skills. During the next five weeks, the participants co-facilitate most of the sessions under the guidance of the trainers. Feedback for each session would be given by the group so that the participant can build on the skills. A final evaluation of the facilitation skills would be done at the end of the course.

COMPONENTS OF THE ANM FACULTY TRAINING PACKAGE

This course package contains the following components:

- A facilitator's guide for the trainers containing the instructions, questionnaires and answer keys of the course and the detailed information for conducting the course
- A participants' handbook for the participants which contains the course schedule, course outline, questionnaires, exercises, checklist and other tools for teaching
- SBA training package of Government of India
- IMNCI training for basic health workers package of Government of India

The reference materials for this course are:

- Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs, LHVs and Staff Nurses (English & Hindi). April 2010, Government of India
- Skilled Birth Attendance – Trainer's guide for conducting training of Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses, 2010
- Skilled Birth Attendance – A handbook for Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses, 2010
- Integrated Management of Neonatal and Childhood Illness (IMNCI) training module for health workers, Government of India and its chart booklet and photograph
- Navjaat Shishu Suraksha Karyakram, Basic newborn care and resuscitation program, training manual and facilitators guide
- Immunization Handbook for Health Workers, 2011, Government of India
- Family Planning: A Global Handbook for Providers. 2011, World Health Organization and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs
- Postpartum Family Planning – A Handbook for Service Providers, Family Planning Division, Government of India
- National Guideline on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, MOHFW, GoI, 2007
- Training of Nursing Personnel to Deliver STI/RTI services – Participants handout, May 2011
- Effective Teaching: A Guide for Educating Healthcare Providers. World Health Organization and Jhpiego, 2012

USING THE ANM FACULTY TRAINING PACKAGE

The ANM faculty training package is designed in a unique way to help in the maximal utilization of the Government of India materials so that the information spread is uniform and up-to-date.

The participants' handbook is the road map that guides the learner through each phase of the course. It contains information on the course with the schedule. The exercises for the sections on ETS, HIV, Family planning and performance standards area are in the participants hand book while the sections on SBA package and IMNCI use the GoI materials as a whole set.

The facilitators' guide contains the same material as the participants' handbook as well as material for the trainer. This includes the course outline, all knowledge assessments with answer keys and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continually change throughout the course. For example, the trainer is an instructor when presenting a classroom demonstration; a facilitator when conducting small group discussions or using role plays; and shifts to the role of coach when helping learners practice a procedure. Finally, when objectively assessing performance, the trainer serves as an evaluator.

In summary, the CBT approach used in this course incorporates a number of key features. First, it is based on adult learning principles, which means that it is interactive, relevant, and practical.

Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. Second, it involves use of behavior modeling to facilitate learning a standardized way of performing a skill or activity. Third, it is competency based. This means that evaluation is based on how well the learner performs the procedure or activity, not just on how much has been learned. Fourth, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to enable learners to practice repeatedly the standardized way of performing the skill or activity before working with clients. Thus, by the time the trainer evaluates each learner's performance using the checklist, every learner should be able to perform every skill or activity competently. This is the ultimate measure of training.

Ground Rules

To help ensure that time spent at the training is both productive and enjoyable, there are some rules and procedures that we ask participants to follow. The following information includes details on general procedures for the course and requirements for completion of the course. These ground rules are not meant to constrain participants but to contribute to a quality learning environment for everyone.

It is important for course participants to establish and commit to their own group norms on the first morning of the course. The facilitator will lead a brainstorming exercise at the beginning of the course to establish group norms. The following are examples of group norms:

- Respect each other's confidentiality
- Respect each other's contributions, questions, and opinions
- Be on time
- Participate fully in discussions and exercises
- Turn off mobile phones
- Punctuality & time management
- Freely Ask questions
- Respect everyone and their opinions
- No interruption when others are speaking
- Patience
- Group participation
- Flexibility

EVALUATION AND CERTIFICATION OF THE PARTICIPANTS

This training course is designed to produce competent ANM faculty capable of providing quality midwifery education to the ANM students. Certification is a statement by the trainers that the learner has met the requirements of the course in knowledge, skills, and practice.

Personnel can be certified only by an authorized organization or the Indian Nursing Council.

Evaluation of the knowledge component would be done at the end of each section of the course. There would be a final knowledge assessment covering all the areas of study. Clinical skills would be assessed through OSCE at the end of the SBA section and facilitation skills would be assessed by demonstration at the end of the course.

Certification is based on the learner's achievement in three areas:

- Knowledge: A score of at least 85% on the Knowledge Assessment
- Skills: Satisfactory performance of clinical skills evaluated by OSCE
- Practice: Demonstrated ability to provide quality services in the clinical setting and demonstrated good facilitation skills

A certificate would be provided at the end of the course on successful completion. It is recommended that, within one to two months of certification, the participants be observed and assessed working in their institution by a course trainer using the same checklist.

COURSE DESCRIPTION

COURSE DESIGN

The ANM faculty training course is designed for the ANM faculty who are involved in teaching midwifery in the ANM schools. The course builds on each participant's past knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

COURSE STRUCTURE

- Week 1 : Introduction to the course, Effective Teaching Skills (ETS) to strengthen the facilitation skills of the ANMTC faculty (using the ETS reference manual and the 6 weeks learning resource package for ANM faculty training)
- Week 2 – 4 : Skilled Birth Attendance (SBA) training with the faculty co-facilitating training in the classroom and clinical area (using the GoI SBA package-2010)
- Week 5 : Training on Integrated Management of Neonatal and Childhood Illness (IMNCI) with the participants co-facilitating the trainings (using the GoI package on IMNCI for basic health workers) and update on the family planning methods.
- Week 6 : Prevention of STI, HIV and Parent to Child Transmission of HIV. Orientation to the performance standards for nursing and midwifery to be implemented at the ANM training centers and evaluation.

SPECIFIC CHARACTERISTICS OF THIS COURSE:

- During the morning of the first day, participants demonstrate their midwifery knowledge by completing a written pre-course questionnaire and self-assess their learning needs
- After reviewing key teaching skills in the first week, participants will facilitate presentations and perform demonstrations using the Government of India SBA guidelines, the IMNCI and family planning materials. This will provide practical experience using the new learning materials and teaching methodologies they will later use during teaching
- Participants will be using materials as 'learners' that they will later use to teach students. The power point presentations, case studies, clinical simulations, checklists and other tools that are used in this course will later be used to teach students within the current midwifery course for ANMs
- Clinical practice is a key component of the course. A rotatory schedule will be used to maximize exposure to clients and increase clinical practice opportunities. Progress in learning new skills is documented using the clinical skills learning guides and clinical logbooks (Annexure 4 in SBA handbook and Annexure 6 in the facilitators' guide)
- Teaching clinical decision-making is learned and evaluated through case studies and simulated exercises and during clinical practice with patients

- There is an emphasis on the intrapartum period and life-threatening complications. There is also emphasis on practice in simulation and with clients
- Evaluation of the clinical skills will be done in simulation to determine the attainment of competence
- There is emphasis on Objective Structured Clinical Examination (OSCE) as an evaluation tool to be used during the training
- The faculty are oriented to the INC approved performance standards and equipped to implement the standards in their training centers and clinical practice sites

COURSE SYLLABUS

This six-week course is designed to strengthen the teaching and facilitation skills of the ANM faculty in the areas of maternal, newborn and child health and family planning.

The faculty will be prepared to use these materials while teaching ANM students in their training centers and integrate them into the ANM curriculum.

COURSE GOALS

- To strengthen the facilitation skills of the ANM faculty and to provide an update on the effective teaching methods
- To provide an update and prepare faculty to use new Government of India learning resources on maternal, child health and family planning in the existing ANM curriculum as mandated by the Indian Nursing Council
- To influence in a positive way the attitudes of faculty regarding the importance of adequate practice and feedback for students, first in simulation and later with clients
- To orient the faculty on the performance standards and help them in implementing the standards in their training centers and clinical practice sites

COURSE OBJECTIVES

By the end of the training course, the participant will be able to:

Teaching skills

1. Describe the foundations of educating healthcare providers
2. Develop objectives for learning
3. Plan for Teaching: Session-level planning
4. Demonstrate facilitation skills for a range of learning activities
5. Apply key principles of effective assessment in developing knowledge assessments
6. Describe key components for managing clinical practice
7. Demonstrate effective use of Government of India guidelines and learning materials
8. Identify strategies for teaching students the use of evidence-based medicine in life-long learning

Skilled birth attendance

1. Describe the care and importance of the health of the woman and newborn during the antenatal period, labor and postnatal period
2. Explain the essential care of the newborn and its importance for the health of the baby
3. Describe the clinical features and initial management of common obstetric complications during the antenatal period, labor and postnatal period
4. Appreciate the importance of the quality of care provided by midwifery services, and the need for a client-centered approach, the use of infection prevention practices, community involvement and provision of a supportive environment for the mother and family
5. Demonstrate the measurement of blood pressure, pulse and foetal heart rate (FHR), checking for pallor and oedema, and determining the fundal height, foetal lie and presentation accurately
6. Perform hemoglobin estimation and testing urine for proteins and sugar
7. Counsel on birth preparedness, complication readiness, diet and rest, infant feeding, sex during pregnancy, domestic violence and contraception
8. Conduct pelvic assessment to determine pelvic adequacy
9. Plot the partograph and know when to refer the woman
10. Conduct safe deliveries, with Active Management of the Third Stage of Labour (AMTSL), using infection prevention practices
11. Provide essential care and undertaking resuscitation of the newborn
12. Insert an intravenous line for the management of shock and Post Partum Haemorrhage (PPH)
13. Insert a catheter for the management of PPH and convulsions
14. Give deep intramuscular injection (Magnesium sulphate)
15. Prepare sterilized/high-level disinfected (HLD) gloves and instruments
16. Demonstrate infection prevention practices

Integrated management of childhood illnesses

1. Assess young infants for possible bacterial infection and diarrhea
2. Check for a feeding problem
3. Check the young infant's immunization status
4. Provide treatment and refer when required
5. Correct breastfeeding problems
6. Advise the mother on home care for the sick young infant
7. Conduct home visits for all young infants
8. Identify strategies and tools for teaching IMNCI to ANM students

Family planning

1. Describe the importance of healthy timing and spacing of pregnancy

2. Identify shifts in counseling approach and family planning themes
3. Explain the different family planning methods
4. Describe key points to address in counseling and education related to immediate postpartum IUCD insertion
5. Describe contraceptive use during the postpartum period
6. Demonstrate interval IUCD insertion on a model
7. Identify changes to medical eligibility criteria for various family planning methods
8. Outline updated recommendations on when IUCD may be inserted

Prevention of STI/RTI, HIV and parent-to-child-transmission of HIV

1. Describe the various STIs and their management in the sub center level
2. Explain the Prevention of Parent To Child Transmission (PPTCT) of HIV Programme
3. List risk factors and appropriate interventions for:
 - a. HIV transmission during pregnancy
 - b. HIV transmission during labour and delivery
 - c. HIV transmission during postpartum and during infancy
4. Describe the nurse's role in PPTCT of HIV

Performance standards

1. Describe the SBM-R process of standardization of educational infrastructure and process
2. Identify strategies to implement the performance standards in the ANM training centers
3. Explain the assessment and scoring of the standards
4. Prepare action plan to address the gaps in meeting the standards

TRAINING/LEARNING METHODS

- Illustrated lectures and discussion
- Individual and group exercises
- Role plays and case studies
- Brain storming sessions
- Videos
- Simulated practice with anatomic models
- Guided clinical practice

DURATION OF THE COURSE

The duration of the course would be 6 weeks with 36 full working days.

LEARNER SELECTION CRITERIA

This course is designed for ANMTC faculty involved in teaching midwifery for ANM students.

SUGGESTED COURSE COMPOSITION

- 15 participants
- 2 trainers (exclusively for the program)
- 1 trainer (from the nodal center)

COURSE SCHEDULE

ANM FACULTY TRAINING – TRAINING SCHEDULE

DAY 1 – Morning: 9 am – 1 pm	DAY 1 – Afternoon: 2-5 pm
<p>Opening: (15 mins)</p> <ul style="list-style-type: none"> ▪ Welcome ▪ Introduction of participants ▪ Participants expectation from the training ▪ Formulation of ground rules <p>Course overview and materials: (60 mins)</p> <ul style="list-style-type: none"> ▪ Goal and objectives of the training ▪ Distribution and review of training package & course materials ▪ Review of the course schedule, content and training approach <p>Pre course assessment: (45 mins)</p> <ul style="list-style-type: none"> ▪ Knowledge assessment ▪ Clinical experience questionnaire <p>Presentation / Discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Maternal health scenario in India ▪ MMR status in India <p>Brainstorming: (20 mins)</p> <ul style="list-style-type: none"> ▪ Importance of strengthening ANMs capacity for improving maternal and child health <p>Illustrated lectures: (40 mins)</p> <ul style="list-style-type: none"> ▪ Key interventions and govt. schemes for improving maternal health ▪ Overview of the MCHIP program and its focus on supporting ANM faculty 	<p>Warm-up</p> <p>Illustrated lectures: (60 mins)</p> <ul style="list-style-type: none"> ▪ Professional ethics and midwifery ▪ Review of the ICM code of ethics <p>Brainstorming: (30 mins)</p> <ul style="list-style-type: none"> ▪ Roles and responsibilities of ANMs. <p>Interactive presentation: (15 mins)</p> <ul style="list-style-type: none"> ▪ ANMs professional responsibility and accountability <p>Activity: Role play and Discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ ANM in the community ▪ Partnership with TBAs <p>Review of the day's activity & reading assignments (15 mins)</p>

WEEK 1: DAY 2-6: EFFECTIVE TEACHING SKILLS

WEEK 1 /DAY 2	WEEK 1 /DAY 3	WEEK 1 /DAY 4	WEEK 1 /DAY 5	WEEK 1 /DAY 6
Morning: 9 am – 1 pm				
<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated Lecture: (30 min)</p> <ul style="list-style-type: none"> ▪ Foundations of pre service education: Guiding principles of educating the health care providers ▪ Effective approaches to teaching and learning <p>Brain storming: (60 mins)</p> <ul style="list-style-type: none"> ▪ Analysis of core competency in the ANM program ▪ Compare with ICM core competencies <p>Interactive presentation: (30 min)</p> <ul style="list-style-type: none"> ▪ Developing learning objectives <p>Small Group Activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Critique of learning objectives <p>Practice and Feedback: (60 mins)</p> <ul style="list-style-type: none"> ▪ Write learning objectives 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated Lecture: (45mins)</p> <ul style="list-style-type: none"> ▪ Plan for teaching – lesson planning <p>Small Group Activity: (60mins)</p> <ul style="list-style-type: none"> ▪ Prepare a lesson plan for the assigned topic <p>Interactive presentation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Prepare for teaching <p>Small Group Activity: (90mins)</p> <ul style="list-style-type: none"> ▪ Preparation for teaching 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated Lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Facilitation skills for a range of learning activities <p>Small Group Activity: (30mins)</p> <ul style="list-style-type: none"> ▪ Review of effective facilitation skills <p>Discussion: (15 mins)</p> <ul style="list-style-type: none"> ▪ Effective facilitation skills and demonstration skills checklist <p>Small group activity/ Demonstration: (150 mins)</p> <ul style="list-style-type: none"> ▪ Facilitation skills for a range of learning activities 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated Lecture: (45 mins)</p> <ul style="list-style-type: none"> ▪ Helping students develop competency in new knowledge and skills <p>Interactive presentation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Facilitate group learning <p>Small group activity: (75 mins)</p> <ul style="list-style-type: none"> ▪ Develop group learning activities and critique them <p>Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Use of clinical simulations in teaching clinical decision making skills <p>Demonstration: (30 mins)</p> <ul style="list-style-type: none"> ▪ Use of clinical simulations in teaching clinical decision making skills 	<p>Agenda & Warm-up: (15 mins)</p> <p>Interactive presentation: (60 mins)</p> <ul style="list-style-type: none"> ▪ Developing knowledge assessments <p>Small group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Develop knowledge assessments <p>Large group activity: (30 mins)</p> <ul style="list-style-type: none"> ▪ Analysis of the small group activity <p>Presentation: (60 mins)</p> <ul style="list-style-type: none"> ▪ Prepare and use skills assessment <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Summary of effective teaching skills ▪ Participants sign up for teaching assignments
LUNCH				

WEEK 1 /DAY 2	WEEK 1 /DAY 3	WEEK 1 /DAY 4	WEEK 1 /DAY 5	WEEK 1 /DAY 6
Afternoon: 2-5pm				
<p>Energizer.</p> <p>Discussion: (15 mins)</p> <ul style="list-style-type: none"> Review of the key points in developing objectives for learning <p>Interactive presentation: (60 min)</p> <ul style="list-style-type: none"> Understanding general hardware/components and operation of computer/ printer and LCD projector <p>Demonstration & Practice: (90 mins)</p> <ul style="list-style-type: none"> Components of computers/ printer and LCD projector Operation of computers/ printer and LCD projector <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Brainstorming and Discussion: (15 mins)</p> <ul style="list-style-type: none"> Preparation of Audio-visual aids <p>Assign topics for presentation for the following day: (15 mins)</p> <p>Individual Activity: (45 mins)</p> <ul style="list-style-type: none"> Preparation of session plans <p>Small group activity: (30 mins)</p> <ul style="list-style-type: none"> Preparation of Audio-visual aids <p>Interactive presentation: (15 min)</p> <ul style="list-style-type: none"> Understanding Computer Operating System, Application, Internet web browsing & Internet Search engine <p>Demonstration & Practice: (45 mins)</p> <ul style="list-style-type: none"> Computer OS/Application/E-Mail/Internet Browsing Operation of e-mail & Internet Browsing with exercise <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Small Group Activity: (60 mins)</p> <ul style="list-style-type: none"> Practice facilitation skills <p>Discussion: (45 mins)</p> <ul style="list-style-type: none"> Analysis of the performance during facilitation <p>Interactive presentation: (15 min)</p> <ul style="list-style-type: none"> An Introduction to Microsoft Office and their components Word, Excel, PowerPoint) <p>Demonstration & practice: (45 mins)</p> <ul style="list-style-type: none"> Use of Microsoft Word Operation of MS-Word <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Small group activity: (60 mins)</p> <ul style="list-style-type: none"> Demonstrate effective demonstration and coaching skills <p>Discussion: (15 mins)</p> <ul style="list-style-type: none"> Observation during demonstration of a clinical skill <p>Brainstorming: (15 mins)</p> <ul style="list-style-type: none"> Making clinical practice successful <p>Interactive presentation: (30 mins)</p> <ul style="list-style-type: none"> Managing clinical practice <p>Interactive presentation: (15 min)</p> <ul style="list-style-type: none"> Introduction to Microsoft Excel Spreadsheet <p>Demonstration & practice: (30 mins)</p> <ul style="list-style-type: none"> Microsoft Excel spreadsheet <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Motivation: (60 mins)</p> <p>Interactive presentation: (30 min)</p> <ul style="list-style-type: none"> Introduction to Microsoft PowerPoint Presentation <p>Demonstration & practice: (30 mins)</p> <ul style="list-style-type: none"> Microsoft PowerPoint Presentation and its operation <p>Computer Practice: (45 mins)</p> <ul style="list-style-type: none"> Microsoft applications <p>Reading assignment and instructions regarding the next section: (15 mins)</p>

WEEK 2: DAY 1-6 SKILLED BIRTH ATTENDANCE

WEEK 2 /DAY 1	WEEK 2 /DAY 2	WEEK 2 /DAY 3
Morning: 9 am – 1 pm		
<p>Agenda & Warm-up: (15 mins)</p> <p>Course Overview: (30 mins)</p> <ul style="list-style-type: none"> ▪ Goals and objectives ▪ Pre course knowledge assessment ▪ Experience record of the trainees prior to the SBA training <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Objective Structured Clinical Examination <p>Activity: (2 hrs 45 mins)</p> <ul style="list-style-type: none"> ▪ Pre course evaluation of clinical skills using objective structured clinical examination 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated lecture/ discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Importance of Antenatal Care (ANC) and preparation for ANC <p>Small Group Activity: (15 mins)</p> <ul style="list-style-type: none"> ▪ Estimation of the number of pregnancies' and deliveries annually <p>Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ Detection of pregnancy <p>Individual Activity: (15 mins)</p> <ul style="list-style-type: none"> ▪ Tracking of pregnant women and maternal and child protection card <p>Interactive presentation: (45 mins)</p> <ul style="list-style-type: none"> ▪ ANC – History taking <p>Exercise: (15 mins)</p> <ul style="list-style-type: none"> ▪ Calculation of EDD <p>Skill Demonstration: (30 mins)</p> <ul style="list-style-type: none"> ▪ ANC – General examination <p>Simulation exercise: (60 mins)</p> <ul style="list-style-type: none"> ▪ ANC – general examination – skills practice 	<p>Agenda & Warm-up: (15 mins)</p> <p>Interactive presentation/Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ ANC – interventions <p>Interactive presentation/Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ ANC counseling <p>Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Symptoms and signs during pregnancy ▪ Referral to PHC or FRU <p>Role play: (45 mins)</p> <ul style="list-style-type: none"> ▪ ANC counseling and care <p>Illustrated lecture: (60 mins)</p> <ul style="list-style-type: none"> ▪ Care during labour – assessment and care in labour
LUNCH		

WEEK 2: DAY 1-6 SKILLED BIRTH ATTENDANCE

WEEK 2 /DAY 1	WEEK 2 /DAY 2	WEEK 2 /DAY 3
Afternoon: 2-5pm		
<p>Energizer.</p> <p>Illustrated lecture: (40 mins)</p> <ul style="list-style-type: none"> ▪ Infection prevention <p>Skill Demonstration: (45 mins)</p> <ul style="list-style-type: none"> ▪ Hand washing, decontamination and high – level disinfection ▪ Processing of Instruments <p>Simulation exercise: (20 mins)</p> <ul style="list-style-type: none"> ▪ Segregation of hospital waste <p>Small Group Activity: (60 mins)</p> <ul style="list-style-type: none"> ▪ Skills practice on infection prevention procedures <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Skill Demonstration: (30 mins)</p> <ul style="list-style-type: none"> ▪ ANC – abdominal examination <p>Simulation exercise: (60 mins)</p> <ul style="list-style-type: none"> ▪ ANC – abdominal examination <p>Brainstorming: (15 mins)</p> <ul style="list-style-type: none"> ▪ Laboratory investigation for the antenatal mother <p>Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ ANC – Laboratory investigation <p>Skills practice session: (45 mins)</p> <ul style="list-style-type: none"> ▪ ANC – Laboratory investigation <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Skill Demonstration: (45 mins)</p> <ul style="list-style-type: none"> ▪ Assessment of woman in labour ▪ Vaginal examination during labour <p>Skills practice session: (45 mins)</p> <ul style="list-style-type: none"> ▪ Assessment of woman in labour ▪ Vaginal examination during labour <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Partograph <p>Exercise: (45 mins)</p> <ul style="list-style-type: none"> ▪ Plotting of the partograph using case studies <p>Review of day's activities and reading assignment: (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator as per individual participants need and time availability.</p>		

WEEK 2: DAY 1-6 SKILLED BIRTH ATTENDANCE

WEEK 2 /DAY 4	WEEK 2 /DAY 5	WEEK 2 /DAY 6
Morning: 9 am – 1 pm		
<p>Agenda & Warm-up: (15 mins)</p> <p>Discussion: (15 mins)</p> <ul style="list-style-type: none"> ▪ Second stage of labour <p>Skill Demonstration: (45 mins)</p> <ul style="list-style-type: none"> ▪ Management of first and second stage of labour <p>Skills practice session: (60 mins)</p> <ul style="list-style-type: none"> ▪ Management of first and second stage of labour <p>Clinical visit: (1 hr 45 mins)</p> <ul style="list-style-type: none"> ▪ Visit to the labour room for observation of the set-up and a normal delivery 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Introduction to NSSK ▪ Resuscitation of Newborn <p>Skill Demonstration: (60 mins)</p> <ul style="list-style-type: none"> ▪ Resuscitation of newborn <p>Skill Practice: (2 hrs 15 mins)</p> <ul style="list-style-type: none"> ▪ Resuscitation of newborn 	<p>Agenda & Warm-up: (15 mins)</p> <p>Interactive presentation: (15 mins)</p> <ul style="list-style-type: none"> ▪ Management of complications during pregnancy, labour and postpartum period <p>Exercise: (45 mins)</p> <ul style="list-style-type: none"> ▪ Vaginal bleeding during pregnancy <p>Skill Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ Setting up an IV line <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Immediate PPH <p>Simulation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Management of shock and PPH <p>Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Pregnancy induced hypertension <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Convulsions – eclampsia <p>Skill Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ Giving deep intramuscular injections
LUNCH		

WEEK 2 /DAY 4	WEEK 2 /DAY 5	WEEK 2 /DAY 6
Afternoon: 2-5 pm		
<p>Energizer.</p> <p>Interactive Presentation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Monitoring the 3rd and 4th stage of labour <p>Skill demonstraton: (30 mins)</p> <ul style="list-style-type: none"> ▪ AMTSL & management during the 4th stage of labour <p>Skill practice session: (30 mins)</p> <ul style="list-style-type: none"> ▪ AMTSL & management during the 4th stage of labour <p>Illustrated lecture: (15 mins)</p> <ul style="list-style-type: none"> ▪ Postpartum care <p>Skills practice session: (30 mins)</p> <ul style="list-style-type: none"> ▪ Care after delivery, post postpartum care <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Immunization <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Lecture and discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Keeping the newborn warm <p>Skill Demonstration: (45 mins)</p> <ul style="list-style-type: none"> ▪ Kangaroo care ▪ Mummifying the newborn <p>Skill practice: (60 mins)</p> <ul style="list-style-type: none"> ▪ Kangaroo care ▪ Mummifying the newborn <p>Review of day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Complications during pregnancy, labour and postpartum <p>Skill Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ Catheterization <p>Illustrated lecture: (45 mins)</p> <ul style="list-style-type: none"> ▪ Ensuring quality of care <p>Post course knowledge assessment: (30 mins)</p> <p>Preparation for clinical practice: (15 mins)</p> <ul style="list-style-type: none"> ▪ Clinical rotation and log book discussion <p>Review of the days activities (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator</p>		

WEEK 3 & 4: DAY 1-6 SKILLED BIRTH ATTENDANCE

Day 1 of Week 3: Practice in simulation. Participants would use the GoI Checklist, the log book, and practice all the skills in simulation. Multiple stations would be set for the procedures.

CLINICAL PRACTICE

The participants will be posted in the following areas for supervised clinical practice in rotation (on off hours to increase client exposure):

- Maternity ward
- Labour room
- Antenatal OPD
- Postnatal OPD
- Newborn unit

The timings can be made flexible to provide 7 hrs. of clinical practice. The participants can be on call during the nights (if necessary).

Note:

1. The participants should complete the clinical log book (for the relevant skills, focusing on intrapartum and postpartum skills) (GoI)
2. A review of individual progress with the trainer should be done during the afternoon session of week 3/ day 6. The clinical rotation and plan should be planned for week 4 as per the requirements of the participants.
3. An OSCE for the evaluation of the clinical skills will be done during the afternoon session of week 4/ day 6.

WEEK 5: DAY 1- 4 INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

WEEK 5 /DAY 1	WEEK 5 /DAY 2	WEEK 5 /DAY 3	WEEK 5 /DAY 4
Morning: 9 am-1pm			
<p>Agenda & Warm-up: (15 mins)</p> <p>Course Overview: (15 mins)</p> <ul style="list-style-type: none"> ▪ Goals and objectives of IMNCI ▪ Introduction of the course materials <p>Pre course knowledge assessment: (30 mins)</p> <p>Illustrated lecture and group discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ How to assess & classify the sick young infant and children ▪ Introduction and use of the recording form ▪ Introduction and use of the chart booklet and photographs booklet <p>Group discussion, case study and demonstration: (90 mins)</p> <ul style="list-style-type: none"> ▪ Assessment & Classification of the sick young infant for bacterial infections ▪ Case study, practice & video exercise <p>Group discussion, case study & video demonstration: (60 mins)</p> <p>Assessment & classification of diarrhea in the young infant</p> <ul style="list-style-type: none"> ▪ Video Exercise ▪ Case study-practice 	<p>Agenda & Warm-up: (15 mins) Recap day - 1</p> <p>Clinical session (2hrs 45 mins)</p> <ul style="list-style-type: none"> ▪ Assess, classify and treat sick young infant age up to 2 months <p>Interactive lecture, group discussion & Video demonstration: (60 mins)</p> <ul style="list-style-type: none"> ▪ Assessment and classification for cough and difficult breathing in a child 2 months to 5 years ▪ Video demonstration on assessment of the child for general danger signs and cough and difficult breathing ▪ Exercise on video case study-‘Ben’ 	<p>Agenda & Warm-up: (15 mins) Recap day – 2</p> <p>Clinical session (2hrs 45 mins)</p> <ul style="list-style-type: none"> ▪ Assess, classify and treat sick child age 2 months up to 5 years <p>Interactive lecture, discussion and video demonstration: (60 mins)</p> <ul style="list-style-type: none"> ▪ Management of the sick child. ▪ Video demonstration on assessment of the child for <ul style="list-style-type: none"> – Malnutrition – Anaemia & its prevention in children. Iron and Folic acid supplementation 	<p>Agenda & Warm-up: (15 mins) Recap day - 3</p> <p>Field visit to the nearest Anganwadi centre/Health sub centre on village health and nutrition day (VHND) (6 hrs)</p>
LUNCH			

WEEK 5 /DAY 1	WEEK 5 /DAY 2	WEEK 5 /DAY 3	WEEK 5 /DAY 4
Afternoon: 2-5pm			
<p>Energizer.</p> <p>Discussion, video demonstration & photographic exercise: (60 min)</p> <ul style="list-style-type: none"> ▪ Steps for classifying feeding problems ▪ Video Demonstration on correct positioning for breast feeding ▪ Group Discussion with example photographs to recognize signs of good attachment <p>Interactive lecture, role play and demonstration: (45 mins)</p> <ul style="list-style-type: none"> ▪ Introduce: 'Identify treatment' on the assessment and classification chart and how to use this classification for identifying treatment ▪ Demonstration on how to use the back of the infant recording form <p>Interactive discussion & demonstration: (60 mins)</p> <ul style="list-style-type: none"> ▪ Teaching the mother how to <ul style="list-style-type: none"> - give co trimoxazole at home - keep the sick young infant warm - bathe the infant - treat local infection at home - treat diarrhea at home - correct positioning and attachment for breast feeding - express breast milk - feeding with a cup & spoon <p>Review of the day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Interactive discussion, video demonstration & photographic exercise: (1 hr 30 mins))</p> <ul style="list-style-type: none"> ▪ Classification chart for diarrhea/ dehydration in a child 2 months to 5 years ▪ Video demonstration on assessment of the child for diarrhea and recognizing sunken eyes and slow skin pinch ▪ Video case study 'Josh' ▪ Photographic exercise to recognize signs of dehydration <p>Interactive lecture, group discussion & video demonstration: (1hr 15mins)</p> <ul style="list-style-type: none"> ▪ Assessment of the child 2 months to 5 years for fever ▪ Classification chart for classifying fever ▪ Video demonstration on assessment of the child for fever and stiff neck. ▪ Video case study 'Pu' <p>Review of the day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Management of the sick child. <ul style="list-style-type: none"> - Immunization schedule - Vit A supplementation - IFA recommendation <p>Interactive lecture & group discussion: (1hr)</p> <ul style="list-style-type: none"> ▪ Home based remedies for pneumonia, diarrhea, dehydration, preparation of ORS, high fever, cough <p>Interactive lecture and discussion: (1 hr 15 mins)</p> <ul style="list-style-type: none"> ▪ Complementary feeding in infants & children <p>Review of the day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Post course knowledge assessment: (45 mins)</p> <p>Review of the day's activities, clarification & wrap-up: (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator</p>			

WEEK 5: DAY 5 & 6: FAMILY PLANNING AND CONTRACEPTIVE UPDATES

WEEK 5 /DAY 5	WEEK 5 /DAY6
Morning: 9 am-1pm	
<p>Agenda & Warm-up: (15 mins)</p> <p>Course overview: (15 mins)</p> <ul style="list-style-type: none"> ▪ Goals and objectives ▪ Pre course knowledge assessment <p>Illustrated lecture: (45 mins)</p> <ul style="list-style-type: none"> ▪ India-National family planning program ▪ Overview of family planning service provision: Gol policy <p>Brainstorming, presentation and Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Benefits of family planning and spacing of pregnancies <p>Discussion and exercise: (60 mins)</p> <ul style="list-style-type: none"> ▪ Technical overview of modern family planning methods <p>Exercise: (60 min)</p> <ul style="list-style-type: none"> ▪ Who can use hormonal methods? 	<p>Agenda & Warm-up: (15 mins)</p> <p>Recap of day 1</p> <p>Exercise: (15 min)</p> <ul style="list-style-type: none"> ▪ Who can use an IUCD? <p>Demonstration: (15 mins)</p> <ul style="list-style-type: none"> ▪ Loading of IUCD in the sterile package <p>Skills practice session: (30 mins)</p> <ul style="list-style-type: none"> ▪ Loading of IUCD in the sterile package <p>Discussion and Presentation: (45 mins)</p> <ul style="list-style-type: none"> ▪ Infection prevention steps in IUCD insertion <p>Demonstration: (30 mins)</p> <ul style="list-style-type: none"> ▪ IUCD insertion & removal on model <p>Skills practice session: (90 mins)</p> <ul style="list-style-type: none"> ▪ IUCD insertion and removal on model
LUNCH	
Afternoon: 2-5pm	
<p>Energizer.</p> <p>Interactive presentation & discussion: (75 mins)</p> <ul style="list-style-type: none"> ▪ Postpartum family planning and LAM <p>Game: (30 mins)</p> <ul style="list-style-type: none"> ▪ Condom race & demonstration <p>Illustrated lecture and discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Discuss modern approaches to IUCD <p>Review of the day's activities and reading assignment: (15 min)</p>	<p>Energizer.</p> <p>Interactive presentation: (60 mins)</p> <ul style="list-style-type: none"> ▪ Elements of counseling and communication skills <p>Discussion & interactive presentation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Elements of FP counseling & post-partum FP counseling <p>Participant's practice: (60 mins)</p> <ul style="list-style-type: none"> ▪ Role play <p>Post course knowledge assessment: (15 mins)</p> <p>Review of the day's activities and reading assignment: (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator</p>	

WEEK 6: DAY 1 & 2: INTRODUCTION TO STI, HIV AND PPTCT OF HIV

WEEK 6 / DAY 1	WEEK 6 /DAY 2
Morning: 9 am – 1 pm	
<p>Agenda & Warm-up: (15 mins)</p> <p>Course overview: (30 mins)</p> <ul style="list-style-type: none"> ▪ Goals and objectives ▪ Pre course knowledge assessment <p>Group activity: (15 mins)</p> <ul style="list-style-type: none"> ▪ Facts about HIV <p>Illustrated lecture / Discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Magnitude of HIV ▪ What are HIV & AIDS? ▪ HIV transmission ▪ HIV testing and diagnosis ▪ HIV disease progression and clinical staging <p>Group activity: (15 mins)</p> <ul style="list-style-type: none"> ▪ Case scenarios <p>Brainstorming: (30 mins)</p> <ul style="list-style-type: none"> ▪ Role of the ANM in care of patient with HIV <p>Presentation / Discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Role of ANM in addressing psychological issues ▪ Role in patient education and referral <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Introduction to STIs ▪ Link between STI & HIV ▪ Common STIs 	<p>Agenda & Warm-up: (15 mins)</p> <p>Interactive presentation: (30 mins)</p> <ul style="list-style-type: none"> ▪ Parent to child transmission of HIV <p>Small group activity: (30 mins)</p> <ul style="list-style-type: none"> ▪ PPTCT strategies <p>Illustrated lecture / discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Primary prevention ▪ Secondary PPTCT strategies: during pregnancy, labour and delivery <p>Illustrated lecture /discussion: (45 mins)</p> <ul style="list-style-type: none"> ▪ Secondary PPTCT strategies: during postnatal period and infancy <p>Group activity: (60 mins)</p> <ul style="list-style-type: none"> ▪ ANMs role in PPTCT <p>Discussion: (15 mins)</p> <ul style="list-style-type: none"> ▪ Key points on PPTCT
LUNCH	

WEEK 6 / DAY 1	WEEK 6 /DAY 2
Afternoon: 2-5pm	
<p>Energizer.</p> <p>Illustrated lecture: (60 mins)</p> <ul style="list-style-type: none"> ▪ Syndromic case management <p>Group activity: (30 mins)</p> <ul style="list-style-type: none"> ▪ Syndromic case management <p>Illustrated lecture: (40 mins)</p> <ul style="list-style-type: none"> ▪ Standard precautions and hand hygiene ▪ Standard precautions: blood borne pathogens <p>Group activity: (10 mins)</p> <ul style="list-style-type: none"> ▪ Standard precautions: blood borne pathogens <p>Illustrated lecture/ Discussion: (25 mins)</p> <ul style="list-style-type: none"> ▪ Post exposure prophylaxis for HIV <p>Review of the day's activities and reading assignment: (15 mins)</p>	<p>Energizer.</p> <p>Interactive presentation: (15 mins)</p> <ul style="list-style-type: none"> ▪ Elements of counseling in HIV <p>Discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Pre and post-test counseling ▪ Ongoing counseling <p>Role play and discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Counseling <p>Brainstorming: (15 mins)</p> <ul style="list-style-type: none"> ▪ Challenges in caring for mothers with HIV <p>Post course knowledge assessment : (15 mins)</p> <p>Review of the day's activities and reading assignment: (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator</p>	

WEEK 6: DAY 3 & 4: INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION

WEEK 6/DAY 3	WEEK 6/DAY 4
Morning: 9 am-1pm	
<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated lecture: (45 mins)</p> <ul style="list-style-type: none"> ▪ Introduction to SBMR ▪ Steps in the SBMR process <p>Large group activity: (15 mins)</p> <ul style="list-style-type: none"> ▪ Identifications of elements in the change process <p>Illustrated lecture: (15 mins)</p> <ul style="list-style-type: none"> ▪ Change management <p>Small group activity: (60 mins)</p> <ul style="list-style-type: none"> ▪ Develop vision for each ANMTC <p>Presentation: (45 mins)</p> <ul style="list-style-type: none"> ▪ Setting the standards ▪ Qualities of performance standards. <p>Small group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Performance standards for ANM Pre-Service Education 	<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated lecture: (15 mins)</p> <ul style="list-style-type: none"> ▪ Feedback ▪ Preparation of operational plan <p>Small group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Conducting feedback meetings <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Roles of key implementing teams <p>Illustrated lecture: (45 mins)</p> <ul style="list-style-type: none"> ▪ Different methods for conducting a detailed cause analysis <p>Group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Application of the methods of cause analysis <p>Illustrated lecture: (20 mins)</p> <ul style="list-style-type: none"> ▪ Selection of interventions <p>Small group activity: (25 mins)</p> <ul style="list-style-type: none"> ▪ Exercise on selection of interventions
LUNCH	

WEEK 6/DAY 3	WEEK 6/DAY 4
Afternoon: 2-5pm	
<p>Energizer.</p> <p>Illustrated lecture: (20 mins)</p> <ul style="list-style-type: none"> ▪ Implementing the standards ▪ Baseline assessment <p>Small group activity: (60 mins)</p> <ul style="list-style-type: none"> ▪ Implementing standards <p>Discussion: (20 mins)</p> <ul style="list-style-type: none"> ▪ Feedback of the small group activity ▪ Challenges in implementing the standards <p>Illustrated lecture: (20 mins)</p> <ul style="list-style-type: none"> ▪ Implementing the standards – scoring of performance standards <p>Small group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Scoring of performance standards <p>Review of the day's activities and reading assignment. (15 mins)</p>	<p>Energizer.</p> <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Team building ▪ Operational strategy and planning <p>Small group activity: (45 mins)</p> <ul style="list-style-type: none"> ▪ Expanding the SBMR teams <p>Presentation and discussion: (60 mins)</p> <ul style="list-style-type: none"> ▪ Measuring progress ▪ Networking and benchmarking <p>Presentation and discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Recognize and reward achievements <p>Review of the day's activities and Topic allotment for teaching skills evaluation. (15 mins)</p>
<p>Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator</p>	

WEEK 6: DAY 5 & 6: ANM CURRICULUM REVIEW AND EVALUATION OF THE TRAINING SKILLS

WEEK 6/DAY 5	WEEK 6/DAY 6
Morning: 9 am-1pm	
<p>Agenda & Warm-up: (15 mins)</p> <p>Illustrated lecture: (30 mins)</p> <ul style="list-style-type: none"> ▪ Resource mobilization ▪ Win-win strategy <p>Discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Promotion and Agreement ▪ Orienting administration and co-workers <p>Group activity and discussion: (30 mins)</p> <ul style="list-style-type: none"> ▪ Plan for baseline assessment and next steps <p>Computer Lab Activity: (75 mins)</p> <ul style="list-style-type: none"> ▪ Identify strategies for teaching students the use of evidence-based medicine in life-long learning <p>Group activity: (60 mins)</p> <ul style="list-style-type: none"> ▪ Review of ANM curriculum and incorporation of the teaching aids into it 	<p>Agenda & Warm-up: (15 mins)</p> <p>Evaluation of the teaching skills of the participants: (2 hrs)</p> <p>Post course knowledge assessment: (30 mins)</p> <p>Review individual progress with the trainer: (1 hr 15 mins)</p>
LUNCH	
Afternoon: 2-5pm	
<p>Energizer.</p> <p>Evaluation of the teaching skills of the participants: (3 hrs)</p> <p>Review of the day's activities</p>	<p>Action planning: (1 hr)</p> <p>Course evaluation: (15 mins)</p> <p>Closing and distribution of certificates: (1 hr)</p>
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator	

PRECOURSE KNOWLEDGE ASSESSMENT

HOW THE RESULTS WILL BE USED

the main objective of the pre-course knowledge assessment questionnaire is to assist both the trainer and the participant as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics which may need additional emphasis during the course. Providing the results of the pre-course assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in the true-false format. A special form, (in trainer's handbook) the individual and group assessment matrix, is provided to record the scores of all course participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

PRE-COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Instructions: In the space provided, write a capital 'T' if the statement is true or a capital 'F' if the statement is false.

Effective Teaching Skills	
1. Competency based training is based on learning by doing rather than learning by acquiring new information	
2. Moving about the room while facilitation is not good as it distracts the students	
3. A clinical simulation helps in developing a good attitude than gaining good clinical skills	
4. The first step in the clinical decision making process is to diagnose	
Management of Shock: Rapid Initial Assessment	
5. Rapid initial assessment should be carried out on all women of childbearing age who present with a problem	
6. A woman who suffers shock as a result of an obstetric emergency may have a fast, weak pulse	
7. An atonic uterus is a common cause of immediate postpartum hemorrhage	
Bleeding during Pregnancy and Labor	
8. The presenting symptoms for threatened abortion include light vaginal bleeding, closed cervix and uterus that corresponds to dates	
9. Assessment of a woman who presents with vaginal bleeding after 22 weeks of pregnancy should be limited to only abdominal examination and NO vaginal	

examination	
10. Abruption placentae is the detachment of a normally located placenta from the uterus before the fetus is delivered	
Bleeding after Childbirth	
11. Postpartum hemorrhage is defined as sudden bleeding after childbirth	
12. Continuous slow bleeding or sudden bleeding after childbirth requires early and aggressive intervention	
13. Absent fetal movements and fetal heart sounds, together with intra-abdominal and/or vaginal bleeding and severe abdominal pain, suggest ruptured uterus	
Management of Third Stage of Labor	
14. Active management of the third stage of labor should be practiced only on women who have a history of postpartum hemorrhage	
15. If a retained placenta is undelivered after 30 minutes of oxytocin administration and controlled cord traction and the uterus is contracted, controlled cord traction and fundal pressure should be attempted	
16. Administering Tab. Misoprostol 600 mcg orally is active management of third stage of labor	
Complications during pregnancy	
17. Hypertension in pregnancy can be associated with protein in the urine	
18. The presenting signs and symptoms of eclampsia include convulsions, diastolic blood pressure of 90 mm Hg or more after 20 weeks gestation and proteinuria of 2+ or more	
19. A pregnant woman who is convulsing should be protected from injury by moving objects away from her	
20. The management of mild pre-eclampsia should include sedatives and tranquilizers	
21. The drug of choice for preventing and treating convulsions in severe pre-eclampsia and eclampsia is diazepam	
Partograph	
22. Cervical dilatation plotted to the right of the alert line on the partograph indicates unsatisfactory progress of labor	
Normal Labor and Childbirth	
23. Relief measures for abdominal (or groin) pain during labor include having the women change position frequently	
24. Vaginal examination should be conducted during labor at the initial assessment and then every 4 hours, unless otherwise indicated	
25. A head that is felt in the flank on abdominal examination indicates a shoulder presentation or transverse lie	
26. When the fetal head is well flexed with occiput anterior or occiput transverse (in early labor), normal childbirth should be anticipated	
27. Examination of the vagina and perineum after delivery should be conducted only if the woman has excessive bleeding	
28. If the active phase of labor is prolonged, delivery should be a cesarean section	
29. Breast pain and tenderness 3 to 5 days after childbirth is usually due to breast engorgement	
Newborn Care	
30. When using a bag and mask to resuscitate a newborn, the newborn's neck must be slightly extended to open the airway	
31. A baby should be exclusively breastfed for 3 months and then should begin receiving	

complimentary foods in addition to breast milk	
32. The newborn loses heat if the skin of the baby comes in contact with cold surfaces or is exposed to cold air	
Infection Prevention	
33. Infection can be transmitted from clients to health care workers through splashes in the health care worker's eye of contaminated blood or body fluids	
34. Hands do not need to be washed before putting on examination gloves	
STI, HIV and PPTCT of HIV	
35. STIs including HIV are more easily transmitted from men to women than from women to men	
36. Pregnancy makes HIV disease worse	
37. If a woman is HIV positive, all her babies would be HIV positive as they share the same blood	
Family Planning	
38. For health reasons the woman should wait for at least 1 year after delivering a baby before becoming pregnant again	
39. Oral contraceptives offer some protection from ovarian and endometrial cancer	
40. Copper bearing IUCDs prevent pregnancy by preventing the sperm and ovum from meeting	

CLINICAL EXPERIENCE QUESTIONNAIRE AND PERSONAL LEARNING PLAN

Name: _____ Date: _____

Instructions: Review the list of skills, below, and please answer the questions honestly. This will help you and the course facilitators in addressing your learning needs.

CLINICAL EXPERIENCE QUESTIONNAIRE		
	DO YOU FEEL CONFIDENT AND COMPETENT IN THIS SKILL?	WHEN DID YOU INDEPENDENTLY PERFORM THIS SKILL WITH A CLIENT?
ANTENATAL CARE		
Antenatal care, identifying risk factors		
LABOR AND CHILDBIRTH CARE		
Initial assessment in labor		
Use of the partograph		
Ongoing assessment and care throughout labor		
Clean and safe childbirth, including active management of the third stage of labor and examination of placenta and birth canal		
Management of Pre eclampsia/ eclampsia		
Management of Post Partum Haemorrhage		
Episiotomy and repair		
POSTPARTUM AND NEWBORN CARE		
Postpartum history taking and examination		
Postpartum care, including breastfeeding support		
Management of vaginal bleeding after childbirth		
Bimanual compression of the uterus		
Fever after childbirth		
Inspection and repair of perineal and vaginal tears		
Family planning counseling and assessment		
NEWBORN CARE		
Immediate newborn care, including warmth, cord care, and breastfeeding		
Newborn resuscitation		
Newborn examination		
OTHER		
Inserting IUCDs		
Using IMNCI chart booklet to diagnose and treat newborns		N/A
Implementing PPTCT programme		N/A
Teaching clinical-decision making skills		
Demonstrating hands on procedural skills		

Review the list of skills and determine the five priority areas in which you wish to improve your knowledge and/or skills.

The **five priority** areas for my learning plan are:

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION I

EFFECTIVE TEACHING SKILLS AND PROFESSIONAL RESPONSIBILITIES

HANDOUTS

HANDOUT 1.1: INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM) CODE OF ETHICS FOR MIDWIVES

‘A code of ethics is not a dry dusty piece of paper; it is a living breathing embodiment of the spirit of midwifery and we are the ones that make it not only live, but sing and dance with the joy of life itself’ *Bronwin Pelvin, New Zealand midwife, 1992*

Preamble

The aim of the International Confederation of Midwives (ICM) is to improve the standard of care provided to women, babies and families throughout the world through the development, education, and appropriate utilization of the professional midwife. In keeping with its aim of women’s health and focus on the midwife, the ICM sets forth the following code to guide the education, practice and research of the midwife. This code acknowledges women as persons with human rights, seeks justice for all people and equity in access to health care, and is based on mutual relationships of respect, trust, and the dignity of all members of society.

THE CODE

I. Midwifery Relationships

- a. Midwives respect a woman’s informed right of choice and promote the woman’s acceptance of responsibility for the outcomes of her choices.
- b. Midwives work with women, supporting their right to participate actively in decisions about their care, and empowering women to speak for themselves on issues affecting the health of women and their families in their culture/society.
- c. Midwives, together with women, work with policy and funding agencies to define women’s needs for health services and to ensure that resources are fairly allocated considering priorities and availability.
- d. Midwives support and sustain each other in their professional roles, and actively nurture their own and others’ sense of self-worth.
- e. Midwives work with other health professionals, consulting and referring as necessary when the woman’s need for care exceeds the competencies of the midwife.
- f. Midwives recognise the human interdependence within their field of practice and actively seek to resolve inherent conflicts.
- g. The midwife has responsibilities to her or himself as a person of moral worth, including duties of moral self-respect and the preservation of integrity.

II. Practice of Midwifery

- a. Midwives provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures.

- b. Midwives encourage realistic expectations of childbirth by women within their own society, with the minimum expectation that no women should be harmed by conception or childbearing.
- c. Midwives use their professional knowledge to ensure safe birthing practices in all environments and cultures.
- d. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances.
- e. Midwives act as effective role models in health promotion for women throughout their life cycle, for families and for other health professionals.
- f. Midwives actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

III. The Professional Responsibilities of Midwives

- a. Midwives hold in confidence client information in order to protect the right to privacy, and use judgement in sharing this information.
- b. Midwives are responsible for their decisions and actions, and are accountable for the related outcomes in their care of women.
- c. Midwives may refuse to participate in activities for which they hold deep moral opposition; however, the emphasis on individual conscience should not deprive women of essential health services.
- d. Midwives understand the adverse consequences that ethical and human rights violations have on the health of women and infants, and will work to eliminate these violations.
- e. Midwives participate in the development and implementation of health policies that promote the health of all women and childbearing families.

IV. Advancement of Midwifery Knowledge and Practice

- a. Midwives ensure that the advancement of midwifery knowledge is based on activities that protect the rights of women as persons.
- b. Midwives develop and share midwifery knowledge through a variety of processes, such as peer review and research.
- c. Midwives participate in the formal education of midwifery students and midwives.

ETHICAL ANALYSIS OF THE CODE OF ETHICS

Ethic codes are often a mix of universal ethical principles and strongly held values specific to the 'professional group'. Below is a brief analysis of the major ethical principles and concepts that form the basis for each of the statements of the ICM International Code of Ethics for Midwives.

I. Midwifery Relationships

- a. Autonomy and accountability of women
- b. Autonomy and 'human equalities' of women
- c. Justice/fairness in the allocation of resources
- d. Respect for human dignity

- e. Competence
- f. Interdependence of health professionals, safety
- g. Respect for one another

II. The Professional Responsibilities of Midwives

- a. Respect for others, do good, do not harm
- b. Client accountability for decisions, do not harm, safety
- c. Safety
- d. Respect for human dignity, treat women as whole persons
- e. Health promotion: attain/maintain autonomy, good/no harm, allocation of resources
- f. Competence in practice

III. Professional Responsibilities of Midwives

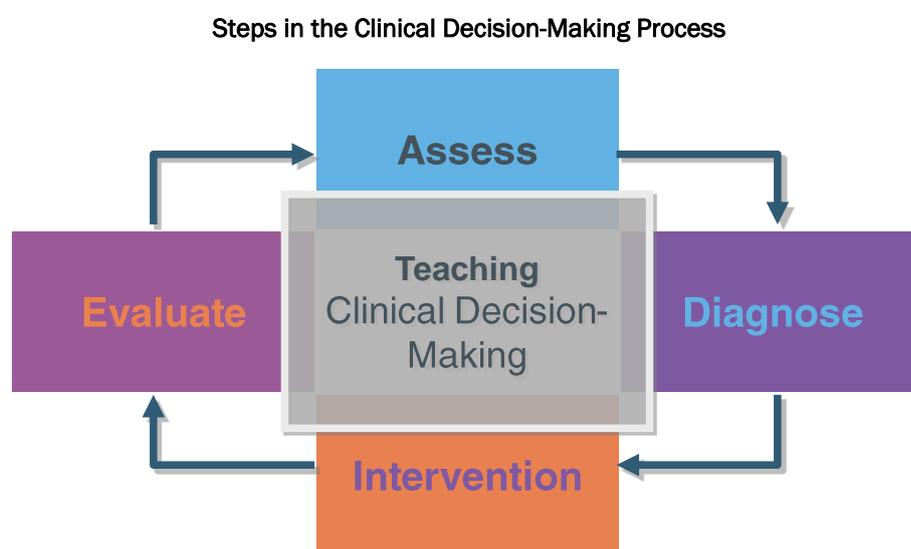
- a. Confidentiality
- b. Midwife accountability
- c. Midwife conscience clause: autonomy and respect of human qualities of the midwife
- d. Health policy development: justice, do good

IV. Advancement of Midwifery Knowledge and Practice

- a. Protect rights of women as persons
- b. Midwife accountability, safety, competence
- c. Professional responsibility: enhance competence of all professionals to do good, do not harm

HANDOUT 1.2: TEACHING CLINICAL DECISION-MAKING

Teaching students to make clinical decisions is one of the most important things in an educational programme. Here are some tips for teaching clinical decision-making: Clinical-decision making must be introduced early in the curriculum and reinforced throughout, receiving continual emphasis. Knowledge and experience are the key components of successful decision-making. Once learners have a basic understanding of the decision-making process, it is important that they be given as many opportunities as possible to reflect upon what they know and how this affects the decisions they make. Being aware of this thinking process is critical to good decisions on a consistent basis. Employ the four-step clinical decision-making process as an organizing principle in approaching a wide variety of clinical situations. Learners will be clear about exactly what decisions were involved in the management of clients they discuss or care for if aspects of this process (Exhibit 3-3)—assessment (Step 1), diagnosis (Step 2), intervention (Step 3) and evaluation (Step 4)—are identified and explored.



Explain the reasoning and judgment behind your decisions. Otherwise, learners may think that they are merely supposed to memorize opinions rather than understand the underlying strategy, values and probabilities, as described earlier, that went into forming that opinion or decision. Hearing the reasoning behind your conclusions helps them learn the process for developing sound conclusions themselves.

Ask for the reasoning and judgment behind their decisions. Learners must be given an opportunity to discuss their thoughts with senior colleagues and use logical reasoning to refine their process of choosing a working diagnosis. Frequent use of the simple question “why?” can help facilitate this effort.

Create a safe and supportive learning environment where learners are given an active role in the outcomes of the simulated and clinical work. By providing learners with an increasing sense of responsibility, teachers can increase learners’ commitment to active decision-making and empower them to risk making their own decisions.

This table is a job-aid for teaching clinical decision-making skills to students.

STEPS	EXPLANATIONS	STRATEGIES	EXAMPLE QUESTIONS
STEP 1: Assessment	In assessment, you: (1) gather information, targeting your history taking, physical exam and diagnostic tests based on the client's complaints; and (2) use this information to draft a list of differential diagnoses (all the possible causes of the symptoms).	<ul style="list-style-type: none"> ▪ Show learners how to use the knowledge they have acquired to recognize patterns in the data that they collect about clients ▪ Help learners categorize the information obtained and mentally "file it away" for use in future situations ▪ Highlight important cases that demonstrate critical principles of client assessment ▪ Assist learners in choosing when and where to limit the amount of data collected, and justify that decision ▪ After the decision-making process is completed, help learners identify which of the information collected was most relevant to the final diagnosis. This may help learners develop a shortcut in the diagnostic process. 	<ul style="list-style-type: none"> ▪ What are we learning about this client? ▪ What do we already know? ▪ What else do we need to know, if anything? ▪ How will we find that information? ▪ Do we know enough to act?
STEP 2: Diagnosis	During this step, based on your list of differential diagnoses, you gather additional information to rule out diagnoses and select a most probable diagnosis. This is called a "working diagnosis," and it is used until disproved. A diagnosis that is proved, either through a procedure or otherwise, is called the "final diagnosis."	<ul style="list-style-type: none"> ▪ Assist learners to build associations between clinical features and diagnoses. Help learners to interpret the patient's initial complaint in terms of possible diagnoses, develop as complete a differential diagnosis as possible and avoid deciding prematurely on a working diagnosis. ▪ Early in the process, encourage learners to develop broad differential diagnoses and use clinical data to support or not support the diagnoses they chose to place on their lists. ▪ In choosing among the possible diagnoses, help learners to interpret the collected data. Help learners see the strength of each piece of data, not only in relation to a specific client but with regard to the types and amount of disease in their client population. ▪ Present hypothetical situations that will challenge learners' thinking and clarify their reasoning process. Ask "what if" questions such as, "What if the client with postpartum hemorrhage is already in shock when you see her? How would that change your diagnosis and intervention?" This will help expand the learners' "experience" even though no actual client is involved. 	<ul style="list-style-type: none"> ▪ Given these symptoms, what are some possible diagnoses? ▪ Given these symptoms, which diagnosis is potentially most dangerous to this client? ▪ Given these symptoms, which seems more likely, less likely? ▪ Should we step back and include something more in our assessment? ▪ Have we come to a conclusion that makes sense? Why
STEP 3: Intervention	Based on your diagnosis, you select appropriate intervention and develop a plan of care. Documentation of the plan is essential to ensure that	<ul style="list-style-type: none"> ▪ Share with learners your personal experiences with various treatment options in order to suggest additional data that should be considered in choosing the best option. ▪ Help learners compile and analyze the 	<ul style="list-style-type: none"> ▪ What have we decided, based on the "diagnosis," that we should do for the client? ▪ How are we doing

STEPS	EXPLANATIONS	STRATEGIES	EXAMPLE QUESTIONS
	<p>the health care team implements it correctly, as well as to have a record of care provided.</p>	<p>probability figures discussed earlier that are needed to evaluate the various treatment options.</p> <ul style="list-style-type: none"> ▪ Ask learners to anticipate clinical findings, responses to different treatments and clinical developments as another way to expand their experience. This can be accomplished by asking questions such as, “If the patient’s blood pressure were to suddenly drop to unsafe levels, how would you evaluate her response to our interventions? What are the next interventions to be tried? How do you anticipate her condition will change, based upon those interventions?” Alternatively, have learners research less commonly used treatments, for example, in the library and literature. ▪ Assist them in identifying the full range of outcomes of a treatment and to consider their personal priorities and values and the level of risk, discomfort or inconvenience they would be willing to accept if they were the client. This helps learners see how their perceptions of risk, discomfort or inconvenience may differ from those of the client, as well as how to involve the client in the decision. 	<p>it?</p> <ul style="list-style-type: none"> ▪ Are we doing it correctly?
<p>STEP 4: Evaluation</p>	<p>Evaluation of the effectiveness of care should be an ongoing process. It may involve gathering new information, reconsidering the diagnosis and modifying the care plan if it proves ineffective in addressing the client’s needs. Continual evaluation of interventions, whether effective or not, adds to the learners’ experience and will strengthen future decision-making.</p>	<ul style="list-style-type: none"> ▪ Guide learners in applying evaluation criteria to the treatment outcome and make an accurate assessment of its efficacy. ▪ Assist learners in deciding whether the treatment has been effective in addressing the symptom or the illness. ▪ Ask learners whether another treatment option should be considered. Help them to choose an alternative, decide on additional information to be gathered and perhaps even modify the diagnosis based on the outcome of treatment. 	<ul style="list-style-type: none"> ▪ Is what we are doing “working,” having the desired effect? ▪ Is it helping? If not, why not? ▪ What could we do differently?

HANDOUT 1.3: SAMPLE LESSON PLAN FORMAT

Subject	(the course being taught. Eg: midwifery)
Unit	(from the ANM syllabus)
Topic	(the topic of the lesson)
Group	(the group of students being taught. Eg: 2nd year ANM students)
Place	(the class room/ demonstration room)
Date & time	(date on which the lesson is planned with the time duration. Eg: 1 hour)
Teaching method	(the methodology being used to teach . eg: lecture cum demonstration, case study)
AV aids/instructional aids	(the AV aids available or prepared for this class)
Student pre requisite	(what you expect the student to know before you begin this portion of the class)
General objective	(what the student is expected to know and do at the end of the class)
Specific objective	(what the student is expected to know and do at the end of the class- split into small topics, headings)
Review of previous class	(what has been covered in the previous class to maintain a continuity of the class)
Introduction	(how you plan to introduce the topic to your students so that the learning environment is prepared, the students are ready for the class. It can be a story, an anecdote, a case etc.)

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	(duration of this section of the class)		(list/describe the content under the specific objective. Can be done in points)	T: (how the teacher will explain the content of this specific objective. The AV aid to be used for this objective is to be mentioned here) S: (what the student is expected to do. Eg: observe, listen, take notes etc)	(the question that the teacher would like to ask the students in between the class to assess if they have understood)
2					
3					
4					
Summary: (how you would like to summarize the class- through questions, game, quiz etc.)					
Evaluation: (how you would assess if the students have understood. It may be a spot test, asking a few pre-prepared questions or a unit test announced)					
Assignment/Application: (what you would expect your student to do after the class as a continuation of learning. It may be an assignment, application of what was learnt in practice etc)					
Bibliography: (mention the books you have referred to prepare this class and the books you would like your students to refer for further learning)					

HANDOUT 1.4: JOB RESPONSIBILITY OF THE ANM AT THE SUB CENTER

At the sub center, the ANM will carry out the following functions:

1. Maternal and Child Health

- 1.1 Register and provide care to pregnant women throughout the period of pregnancy. Registration of a pregnant woman for ANC should take place as soon as the pregnancy is suspected ideally in the first tri-master (before or at 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration, she should be registered, and care given to her according to gestational age.
- 1.2 Ensure that every pregnant woman makes at least 3 (three) visits for AnteNatal Check-up. First visit to the antenatal clinic as soon as pregnancy is suspected / between the 4th and 6th month (before 26 weeks), 2nd visit at 8th month (around 32 weeks) and 3rd visit at 9th month (around 36 weeks). Provide ante natal check ups and associated services such as IFA tablets, TT immunization etc.
- 1.3 Test urine of pregnant women for albumin and sugar. Estimate haemoglobin level.
- 1.4 Refer all pregnant women to PHC for RPR test for syphilis.
- 1.5 Refer cases of abnormal pregnancy and cases with medical and gynaecological problems to Health Assistant Female (LHV) or the Primary Health Centre.
- 1.6 Conduct deliveries in her area when called for.
- 1.7 Supervise deliveries conducted by Dais and assist them whenever called in.
- 1.8 Refer cases of difficult labour and newborns with abnormalities, help them to get institutional care and provide follow-up to the patients referred to or discharged from hospital.
- 1.9 ANM will identify the ultimate beneficiaries, complete necessary formalities and obtain necessary approvals of the competent authority before disbursement to the beneficiaries under Janani Suraksha Yojana (JSY) and by 7th of each month will submit accounts of the previous month in the prescribed format to be designed by the State. ANM will prepare a monthly work schedule in the meeting of all accredited workers to be held on the 3rd Friday of every month, which is mandatory. The guideline under JSY is to be followed.
- 1.10 Make at least two post-natal visits for each delivery happened in her areas and render advice regarding care of the mother and care and feed of the newborn.
- 1.11 Assess the growth and development of the infant and take necessary action required to rectify the defect.
- 1.12 Educate mothers individually and in groups in better family health including maternal and child health, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene.
- 1.13 Assist Medical Officer and Health Assistant Female in conducting antenatal and postnatal clinics at the sub-centre.

2. Family Planning:

- 2.1 Utilise the information from the eligible couple and child register for the family planning programme. She will be responsible for maintaining eligible couple registers and updating at all times.
- 2.2 Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- 2.3 Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities and to help prospective acceptors in getting family planning services, if necessary, by accompanying them or arranging for the Dai/ASHA to accompany them to hospital.
- 2.4 Provide follow-up services to female family planning acceptors, identify side effects, give treatment on the spot for side effects and minor complaints and refer those cases that need attention by the physician to the PHC/Hospital.
- 2.5 Establish female depot holders, help the Health Assistant Female in training them, and provide a continuous supply of conventional contraceptives to the depot holders.
- 2.6 Build rapport with acceptors, village leaders, ASHA, Dais and others and utilize them for promoting Family Welfare Programme.
- 2.7 Identify women leaders and help the Health Assistant Female to train them.
- 2.8 Participate in Mahila Mandal meetings and utilize such gatherings for educating women in Family Welfare Programme.

3. Medical Termination of Pregnancy

- 3.1 Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.
- 3.2 Educate the community of the consequences of septic abortion and inform them about the availability of services for medical termination of pregnancy.
- 3.3 Educate the community regarding the consequences of unsafe abortions and seek medical care for post abortion complications

4. Nutrition:

- 4.1 Identify cases of malnutrition among infants and young children (zero to five years) give the necessary treatment and advice and refer serious cases to the Primary Health Centre.
- 4.2 Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, and young children (up to five years) as per the guidelines
- 4.3 Administer Vitamin A solution to children as per the guidelines.
- 4.4 Educate the community about nutritious diet for mothers and children.
- 4.5 Coordinate with Anganwadi Workers.

5. Universal Immunization Programme (UIP)

- 5.1 Immunize pregnant women with tetanus toxoid.
- 5.2 Administer DPT vaccine, oral poliomyelitis vaccine, Hepatitis-B, measles vaccine and BCG vaccine to all infants and children, as per the immunization schedule.
- 5.3 Ensure injection safety.

6. Dai Training

- 6.1. List Dais in her area and involve them in promoting Family Welfare.
- 6.2. Help the Health Assistant Female / LHV in the training programme of Dais.

7. Communicable Diseases

- 7.1 Notify the MO PHC immediately about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she comes across during her home visits, take the necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.
- 7.2 If she comes across a case of fever during her home visits she will take blood smear, administer presumptive treatment and inform Health Worker Male for further action.
- 7.3 Identify cases of skin patches, especially if accompanied by loss of sensation, which she comes across during her home visits and bring them to the notice of the Health Worker Male/MO (PHC).
- 7.4 Assist the Health Worker Male in maintaining a record of cases in her area, who are under treatment for malaria, tuberculosis and leprosy, and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring these cases to the notice of the Health Worker Male.
- 7.5 Give Oral Rehydration solution to all cases of diarrhea/dysentery/vomiting. Identify and refer all cases of blindness including suspected cases of cataract to MO PHC.
- 7.6 Education, Counselling, referral, follow-up of cases STI/RTI, HIV/AIDS.
- 7.7 Where Filariasis is endemic:
 - ◆ Identification of cases of lymphoedema / elephantitis and hydrocele and their referrals to PHC/CHC for appropriate management.
 - ◆ Training of patients with lymphoedema / elephantitis about care of feet and with home based management remedies.
 - ◆ Identification and training of drug distributors for mass drug distribution of diethylcarbamazine (DEC) on National Filariasis Day.

8. Vital Events

- 8.1. Record and report to the health authority of vital events including births and deaths, particularly of mothers and infants to the health authorities in her area.
- 8.2. Maintenance of all the relevant records concerning mother, child and eligible couples in the area.

9. Record Keeping

- 9.1 Register (a) pregnant women from three months of pregnancy onward (b) infants zero to one year of age; and (c) women aged 15 to 44 years.
- 9.2 Maintain the pre-natal and maternity records and child care records.
- 9.3 Prepare the eligible couple and child register and maintaining it up-to-date

- 9.4 Maintain the records as regards contraceptive distribution, IUCD insertion, couples sterilized, clinics held at the sub-centre and supplies received and issued.
- 9.5 Prepare and submit the prescribed weekly / monthly reports in time to the Health Assistant Female.
- 9.6 While maintaining passive surveillance register for malaria cases, she will record:
 - ◆ No. of fever cases
 - ◆ No. of blood slides prepared
 - ◆ No. of malaria positive cases reported
 - ◆ No. of cases given radical treatment

10. Treatment of minor ailments

- 10.1 Provide treatment for minor ailments, provide first-aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre/Community Health Centre or nearest hospital.

11 Team Activities

- 11.1 Attend and participate in staff meetings at Primary Health Centre/Community Development Block or both.
- 11.2 Coordinate her activities with the Health Worker Male and other health workers including the Health Volunteers/ASHA and Dais.
- 11.3 Coordinate with the Panchayat Raj Institutions (PRI) and Village Health and Sanitation Committee
- 11.4 Meet the Health Assistant Female each week and seek her advice and guidance whenever necessary.
- 11.5 Maintain the cleanliness of the sub-centre.
- 11.6 Dispose medical waste as per the guidelines.
- 11.7 Participate as a member of the team in camps and campaigns.

Role of ANM as a facilitator of ASHA:

Auxiliary Nurse Midwife (ANM) will guide ASHA in performing the following activities:

- ◆ She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week/fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.
- ◆ ANM will act as a resource person for the training of ASHA
- ◆ ANM will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session
- ◆ ANM will participate and guide in organizing the Health Days at Anganwadi Centres.
- ◆ She will take help of ASHA in updating eligible couple register of the village concerned.
- ◆ She will utilize ASHA in motivating the pregnant women for coming to subcentre for initial checkups. She will also help ANMs in bringing married couples to sub centres for adopting family planning.

- ◆ ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT injections etc.
- ◆ ANMs will orient ASHA on the dose schedule and side affects of oral pills.
- ◆ ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ◆ ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also the allowances for attending the training.

CHECKLISTS

Use these tools to help you prepare for and demonstrate your facilitation, demonstration and coaching skills. The facilitation skills checklist can apply to any learning activity- whether an illustrated presentation, small or large group activity.

Criteria for satisfactory performance are based on the knowledge, attitudes and skills set forth in the reference manual and practiced during training. In preparing for formal evaluation by the trainer(s), learners can familiarize themselves with the content of the checklist by critiquing each other's facilitation, demonstration and coaching skills.

CHECKLIST 1.1: EFFECTIVE FACILITATION SKILLS

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✘” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by learner during evaluation by trainer

Skilled delivery of a learning activity: If you, as a qualified trainer, believe that the learner has achieved competency, place your **initials (e.g., “PJ”)** in the corresponding column.

Learner: _____ **Date Observed:** _____

CHECKLIST FOR EFFECTIVE FACILITATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. Presents an effective introduction					
2. States the objective(s) as part of the introduction					
3. Asks questions of the entire group					
4. Targets questions to individuals					
5. Uses learner names					
6. Provides positive feedback					
7. Responds to learner questions					
8. Follows trainer's notes and/or a personalized reference manual					
9. Maintains eye contact					
10. Projects voice so that all learners can hear					
11. Moves about the room					
12. Uses audiovisuals effectively					
13. Presents an effective summary					
Skilled delivery of facilitating a learning activity or presentation					

CHECKLIST 1.2: CLINICAL DEMONSTRATION SKILLS

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✖” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by learner during evaluation by trainer

Skilled delivery of a clinical demonstration: If you, as a qualified trainer, believe that the learner has achieved skills needed to train providers in the service delivery site, place your **initials (e.g., “PJ”)** in the corresponding column.

Learner: _____ **Date Observed:** _____

CHECKLIST FOR CLINICAL DEMONSTRATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. States the objective(s) as part of the introduction					
2. Presents an effective introduction					
3. Arranges demonstration area so that learners are able to see each step in the procedure clearly					
4. Communicates with the model or client during demonstration of the skill/activity					
5. Asks questions and encourages learners to ask questions					
6. Demonstrates or simulates appropriate infection prevention practices					
7. When using model, positions model as an actual client					
8. Maintains eye contact with learners as much as possible					
9. Projects voice so that all learners can hear					
10. Provides learners opportunities to practice the skill/activity under direct supervision					
Skilled delivery of a clinical demonstration					

CHECKLIST 1.3: CLINICAL COACHING SKILLS

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✘” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by learner during evaluation by trainer

Skilled delivery of coaching: If you, as a qualified trainer, believe that the learner has achieved skills needed to train providers in the service delivery site, place your **initials (e.g., “PJ”)** in the corresponding column.

Learner: _____ **Date Observed:** _____

CHECKLIST FOR CLINICAL COACHING SKILLS					
STEP/TASK	OBSERVATIONS				
BEFORE PRACTICE SESSION					
1. Greets learner and review previous performance when applicable					
2. Works with the learner to set specific goals for the practice session					
DURING PRACTICE SESSION					
3. Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure					
4. Refers to the checklist or performance standards during observation					
5. Records notes about learner performance during the observation					
6. Is sensitive to the client when providing feedback to the learner during a clinical session with clients					
AFTER PRACTICE FEEDBACK SESSION					
7. Reviews notes taken during the practice session					
8. Greets the learner and asks to share perception of the practice session					
9. Asks the learner to identify those steps performed well					
10. Asks the learner to identify those steps where performance could be improved					
11. Provides positive reinforcement and corrective feedback					
12. Works with the learner to establish goals for the next practice session					
SKILLED DELIVERY OF COACHING					

EXERCISES

EXERCISE 1.1: WRITE COURSE AND SUPPORTING OBJECTIVES

The purpose of this exercise is to help you write your course and supporting objectives. By using the information and examples in the module, you will be able to write the course and supporting objectives for your course. You will be using these objectives when you develop your lesson plan.

Use a piece of paper to write your course and supporting objectives for a given section from the ANM curriculum.

Course Objectives: Course objectives often encompass aspects of knowledge, skills, and attitudes.

Below is a sample course objective:

After completing this course, the student will be able to assess, classify, and treat a sick child in an effective and integrated manner

If you are using the same format, use this template for your course objectives. Write a new or improve an existing course objective that will support the related core competency:

After completing this course, the student will be able to _____

Supporting Objectives: When defining supporting objectives, think about how you will meet the course objective written. What will students need to learn and analyze, demonstrate or feel? Using another piece of paper, write the corresponding supporting objectives for each course objective.

Following are several examples of supporting objectives:

- Select correct statements concerning counseling adolescents about sexually transmitted infections
- Demonstrate the sterilization of surgical instruments

The following illustrative action verbs may be helpful when writing objectives:

defines, describes, identifies, knows, labels, lists, matches, names, outlines, recalls, recognizes, reproduces, selects, states, interprets, explains	demonstrates, discovers, manipulates, modifies, operates, predicts, prepares, produces, relates, shows, solves, uses, organizes, plans.	assists, aids, complies, conforms, discusses, greets, helps, follows, forms, initiates, invites, joins, justifies, proposes, selects, shares, studies, works, influences.
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EXERCISE 1.2: CREATE AND FACILITATE A ROLE PLAY

The purpose of this exercise is to help you create a role play. Select a topic and create a role play in the format given below. Review this checklist and check (✓) each step as it is completed.

- Develop the **objective** of the role play. This will determine who will be involved and how you will write it. For instance, if the purpose of the role play is demonstration, you may wish to be involved in the role play; if the purpose is to explore attitudes, you may want only students to be involved. Write the objective at the top of the next page
- Using the information in the module, create a role play by using the form provided
- Prepare any notes for facilitating the role play, noting any topics or ideas that you wish to highlight before or after the role play
- Plan how you will summarize the role play. How will you relate the role play to the objective?

Objective of the Role Play:

Resources needed:

Directions:

Situation

Roles

Who	Instructions for Their Performance

Discussion questions for observers:

- 1.
- 2.
- 3.

EXERCISE 1.3: CREATE AND FACILITATE A CASE STUDY

The purpose of this exercise is to help you create a case study. Select a topic and create a case study as per the guidelines given below. Review this checklist and check (✓) each step as it is completed. Use a piece of paper or your computer to create the case study.

- Develop the **objective** of the case study. Is the objective to develop critical thinking skills? Is the objective to stimulate discussion about attitudes? Write the objective at the top of the page
- Using the information in the module, create a case study. You may also adapt and use a case study that has already been developed
- Prepare any notes for facilitating the case study, noting any topics or ideas that you wish to highlight before or after the case study
- Plan how you will summarize the case study. How will you relate the case study to the objective?

EXERCISE 1.4: CREATE AND FACILITATE A CLINICAL SIMULATION

The purpose of this exercise is to help you create and facilitate a clinical simulation. Select a topic and create a clinical simulation as per the given format. Review this checklist and check (✓) each step as it is completed. Use the sample form on the following page.

- Develop the **objective** of the clinical simulation. Is the objective to develop critical thinking skills? Is the objective to practice for an emergency? Write the objective at the top of the clinical simulation form
- Using the information in the module, create a clinical simulation by using the form provided
- Review the clinical simulation, noting any specific points, clinical facts, or ideas that you wish to share during the simulation
- Plan how you will facilitate the clinical simulation. Will the simulation involve a small group of students using a model or will you demonstrate this with the whole class? Will the simulation take place in the classroom, the skills development lab, or the clinic?
- Plan how you will summarize the clinical simulation. How will you relate it to the objective?

Clinical Simulation Form

OBJECTIVE:

RESOURCES NEEDED:

SCENARIO 1 (Information provided and questions asked by the teacher)	KEY REACTIONS/RESPONSES (Correct responses expected from student)
<i>Discussion Questions</i>	<i>Expected Responses</i>

ROLE PLAYS

ROLE PLAY 1.1: RESPONSIBILITIES OF AN ANM BASED ON HER JOB DESCRIPTION

Directions

The teacher will select three learners to perform the following roles: ANM, client in labor and physician. The three learners participating in the role play should take a few minutes to prepare for the activity by reading the background information provided below. The remaining learners, who will observe the role play, should at the same time read the background information.

The purpose of the role play is to provide an opportunity for learners to understand the exact role and responsibilities of an ANM when providing care for a woman who is in normal labor.

Learner Roles

ANM: She is an experienced ANM who has worked for more than 5 years in that facility

Physician: She is a newly graduated doctor who is working in the PHC

Client : Sita is 24 years Para 2 + 0 who has a full term pregnancy

Situation:

Sita's grandmother brought her to the health center because she was having regular uterine contractions and was advanced in labour. The ANM has assessed Sita, determined that she has regular contractions and has fully dilated cervix. She also informed the doctor about her assessment and the steps she will take for management of normal delivery including preparing an injection of oxytocin 10 IU. With support from the ANM, Sita delivers her daughter and the ANM palpates the abdomen to exclude another baby and prepares to give the oxytocin. The doctor asks her what she is doing and tells her she cannot give the injection. The ANM explains that it is part of her role and continues to give the injection and delivers the placenta with controlled cord traction after 5 minutes. The doctor tells the ANM that she will report her for using a drug she is not authorized to use. The ANM explains that AMTSL is a routine policy to reduce the risk of a PPH and it is one of her responsibilities.

Focus of the Role Play:

The focus of the role play is on the role and responsibilities of a midwife, and the midwife's competency to accomplish her task properly and report to physician in case of emergency as she explains Sita's management.

Discussion Questions

The teacher should use the following questions to facilitate discussion after the role play:

1. Did the ANM do the right thing in continuing with AMTSL against the doctor's wishes?
2. How did the ANM demonstrate her competency in performing AMTSL?
3. How the physician was convinced that AMTSL is one of the responsibilities of ANM?

ROLE PLAY 1.2: PARTNERSHIP WITH TBAs

Directions

The teacher will select three learners to perform the following roles: ANM, TBA and a woman who is pregnant. The three learners participating in the role play should take a few minutes to prepare for the activity by reading the background information provided below. The remaining learners, who will observe the role play, should at the same time read the background information.

The purpose of the role play is to provide an opportunity for learners to understand the interpersonal interaction to strengthen the partnership between the ANM and TBA.

Learners Roles

- ANM: Archana works as an ANM at a Health Center. She provides supervision and support to the TBAs who provide maternal and newborn services in villages surrounding the health centre.
- TBA: Uma has been a TBA for 10 years and has attended many births in her village.
- Pregnant Woman: Leela, who is pregnant for the first time, lives in the same village as TBA Uma.

Situation

Leela told TBA Uma this week that she thinks she is pregnant. TBA Uma has established that Leela is about 20 weeks pregnant. She has counseled Leela about the importance of seeing the ANM for antenatal care. Leela says that she would rather just have TBA Uma take care of her during her pregnancy. TBA Uma convinces Leela of the importance of seeing the ANM and arranges to accompany her to the antenatal clinic next morning. ANM Archana welcomes both women to the antenatal clinic and invites TBA Uma to stay with Leela while she conducts the antenatal visit.

Focus of the Role Play

The focus of the role play is the interpersonal interaction between the ANM and the TBA, with specific reference to strengthening the partnership between ANM Archana and TBA Uma.

Discussion Questions

The teacher should use the following questions to facilitate discussion after the role play.

1. How did ANM Archana demonstrate respect and kindness to both TBA Uma and Leela during the antenatal visit?

2. How did ANM Archana let TBA Uma know that she had done the right thing for Leela by bringing her to the antenatal clinic?

3. How did ANM Archana ensure that the partnership with TBA Uma would continue into the future?

ROLE PLAY 1.3: SUPPORTIVE SUPERVISION

Directions

The teacher will select two learners to perform the following roles: a LHV as supervisor of ANMs and one ANM. The two learners taking part in the role play should take a few minutes to prepare for the activity by reading the background information provided below. The remaining learners, who will observe the role play, should at the same time read the background information.

The purpose of the role play is to provide an opportunity for learners to develop/practice effective interpersonal skills with respect to providing supervision that encourages performance improvement and improvement in the quality of services.

Learners Roles

LHV: LHV Neelima has been a LHV/Supervisor for 10 years. She recently completed an in-service training course on supervision for performance improvement and improvement in the quality of services.

ANM: ANM Saria has been working in the sub-centre since completing her training six months ago.

Situation

Since beginning work in the health centre six months ago, Saria has been providing competent, high quality care. For the past three days, however, she has been coming to work late. She appears tired and has been impatient with the women she has been providing care for. During the past two days, three patients have complained to LHV Neelima about Saria's behavior. LHV Neelima notes that Saria has arrived late again for work today and that she is impatient with the women she has been caring for. LHV Neelima assigns Saria's patients to another ANM and asks Saria to come to her office.

Focus of the Role Play

The focus of the role play is the interpersonal interaction between LHV Neelima and ANM Saria and the appropriateness of Neelima's supervisory skills.

Discussion Questions

The teacher should use the following questions to facilitate discussion after the role play.

1. How did LHV Neelima let ANM Saria know that there was a problem affecting her performance as a midwife?

2. What interventions did LHV Neelima suggest to improve Saria's performance?

3. How will LHV Neelima monitor improvements in Saria's performance?

ROLE PLAY 1.4: APPROACHES TO MANAGING PEOPLE

Directions

The teacher will select two learners to perform the following roles: a LHV as supervisor of ANMs and one ANM to be called Mary. The two learners taking part in the role play should take a few minutes to prepare for the activity by reading the background information provided below.

The purpose of the role play is to provide an opportunity for learners to develop/practice effective interpersonal skills with respect to providing supervision that encourages performance improvement and improvement in the quality of services.

Situation 1: This supervisor uses aggressive body language, a cross face and scolding tone and interrupts Mary during the last sentence. This supervisor has a very superior and uncaring attitude.

Supervisor: “Mary, I’m concerned about the story I heard about the pre-eclamptic woman who ended up having fits and losing her baby last week. What happened?”

Mary: “Well, to be honest-there I was busy with a sick baby. I didn’t realize her BP was increasing right away, and then I couldn’t find the Mag Sulfate. By the time we sent the assistant to go get it from another cupboard she’d started having fits.

Supervisor: “I know that staffing is a problem, and I appreciate that you work very hard, but her BP was slightly elevated on admission, that would have been an indication to observe her closely and to check her BP again. And as for the Mag Sulfate, who does your ordering? I need to talk to them to make sure it’s in stock. I know you all work very hard, but I don’t want to see this happen again.”

Situation 2: This supervisor sits down so he/she is face-to-face with Mary. The facial expression is kind and concerned. This supervisor listens actively and has a helpful attitude.

Supervisor: “Mary, I’m concerned about the story I heard about the pre-eclamptic woman who ended up having fits and losing her baby last week. What happened?”

Mary: “Well, to be honest-there I was busy with a sick baby. I didn’t realize her BP was increasing right away, and then I couldn’t find the Mag Sulfate. By the time we sent the assistant to go get it from another cupboard she’d started having fits.

Supervisor: “I know that staffing is a problem, but her BP was slightly elevated on admission, that would have been an indication to assign a student or someone to check her BP again. And as for the Mag Sulfate, who does your ordering? I need to talk to them to make sure it’s in stock. I know you all work very hard, but I don’t want to see this happen again.”

SECTION II

FAMILY PLANNING

PRE & POST COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Instructions: For every statement below please write “T” if the statement is **TRUE** and “F” if the statement is **FALSE**.

1. Woman should be fully breastfeeding her baby in order to practice LAM	
2. To avoid condom slippage after sex, penis should be removed from vagina when it is still hard	
3. Man should put on condom before penis comes in any contact with vagina	
4. Combined Oral Contraceptive pills prevent pregnancy by preventing release of ovum from the ovary	
5. A woman who has active jaundice or in past had jaundice while using COC can use COC pills	
6. It is okay for a woman to forget one or two active pills during the cycle. She does not require any actions	
7. Taking COC pills at the same time every day helps reduce side effects of irregular bleeding	
8. Motivation is making decision whether to use Family Planning, whereas counseling is making decision on what method to use	
9. A good counselor never tells clients about the side effects of contraceptive methods	
10. Counseling is providing women/couples with correct information on contraceptive methods and helping them choose a method they want to use	
11. Emergency Contraceptive Pills work the best when taken within 7 days of unprotected sex	
12. ECP provides protection against pregnancy from the acts of sex within 5 days before taking it but not for the sex act performed on second day of taking ECP	
13. IUCD Copper T 380A is effective for 10 years	
14. Bleeding disturbances are most common during the initial months of IUCD use	
15. IUCD can be inserted anytime during the menstrual cycle provided you are reasonably sure that the woman is not pregnant	
16. IUCD should not be provided to a woman who has current Pelvic Inflammatory Disease	
17. A woman who says that she wants female sterilization does not need any counseling	
18. There is no need to tell the woman that the female sterilization is a permanent method for all practical purposes and it is very difficult to reverse the procedure	
19. Following male sterilization the couple has to use condoms or other method of contraception for three months	
20. Healthcare worker should wash hands before and after every client contact	

EXERCISES

EXERCISE 2.1: TECHNICAL OVERVIEW OF FP METHODS

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column, place a check mark (✓) in the appropriate box, indicating the statement is right for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
<i>Mechanism of Action</i>							
Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen							
Slow sperm movement in the uterus, so sperms cannot meet the eggs							
Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned							
Barrier method that physically prevent sperms from uniting with the egg as the method does not allow ejaculation and sperms to be deposited in direct contact with the vagina							
The hormones estrogen and progesterone suppress ovulation							
Blocks the fallopian tubes to prevent sperm and egg from uniting							
The hormone progesterone suppresses ovulation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Benefits							
Long term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding							
Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic exam is not required before use							
Does not interfere with intercourse, no systemic side effects, no supplies required, promotes nutritional benefits to infant, helps mother's uterus return to normal size quicker, helps reduce the amount of bleeding by keeping the uterus contracted							
Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects							
Does not interfere with sexual intercourse, given by injection once every 12 weeks and no daily action required, pelvic exam is not required before use, for some women, may help prevent iron deficiency anemia							
Simple surgery performed on women, permanent procedure, no effect on breast milk production							
Permanent procedure, easier to perform than tubal ligation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj DMPA	Female Tubal Ligation	Vasectomy
Limitations							
Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method and reversal surgery is difficult, expensive							
Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method							
Uncommon complications of surgery – infection, bleeding; requires a trained provider and health facility providing the service, not reversible							
Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke							
May produce minor side effects such as light spotting, bleeding, amenorrhea, or weight gain; delayed return to fertility, currently not available in the public health facilities							
Supply must be readily available before intercourse begins, effectiveness depends on following instructions for correct use							
Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully or nearly fully breastfeeding her baby and her menses have not returned							

EXERCISE 2.2: MEC CHART: HORMONAL METHODS

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark '✓' in the appropriate column, indicate the WHO Category (1, 2, 3, 4) and give a reason in the space provided.

Client condition	Combined oral pills		Progestin only pills		DMPA		Reasons/Comments
	Provide	Do not provide	Provide	Do not provide	Provide	Do not provide	
21 years old and newly married							
Anemic, with haemoglobin 8 gms							
Immediately postpartum not breastfeeding							
2 month postpartum and using LAM							
8 months postpartum and breastfeeding							
History of blood clots in the legs							
Taking rifampicin for tuberculosis							
Current purulent cervical discharge							
History of high blood pressure, where BP cannot be measured							
Post abortion							
Menses started 6 days ago							
Using hormonal method and did not have menses this past month							

EXERCISE 2.3: MEC FOR IUCDs

Objectives

The purpose of this activity is to

- Familiarize the participants with the use of Medical Eligibility Criteria for IUCD to help them make decisions about using IUCD based on certain medical conditions
- Reinforce the identification of conditions that pose health risk to the woman with the use of IUCD for contraception

Time: 30 minutes total (15 minutes completion by the participants and 15 minutes discussion)

Instructions: In the following chart, different conditions of a client have been listed which influence her decision to use IUCD. For each condition, make a '✓' in the relevant column and mention the WHO category in the comments column and also write the reason for that category.

SN	Client's Condition	IUCD Inserted	IUCD Not Inserted	Reasons/Comments
1.	Age 18 years and has one child			
2.	Has high blood pressure			
3.	After a first or second trimester abortion			
4.	Soon after a delivery			
5.	Puerperal infection or infection in lower reproductive organs and lower abdomen			
6.	History of ectopic pregnancy			
7.	History of having Gonorrhoea			
8.	Having fibroids in the uterus, having fibroids at the outer wall of the uterus			
9.	Anemia with haemoglobin 8 grams			
10.	HIV positive but clinically healthy			
11.	Has AIDS and has not started any ART yet			
12.	Is taking Rifampicin for TB			
13.	Has vaginal bleeding whose cause is not known			
14.	Has had more than 5 pregnancies			
15.	Has cervical cancer			

EXERCISE 2.4: INFECTION PREVENTION FOR IUCD INSERTION/REMOVAL

The purpose of this activity is to:

- To familiarize participants with Infection Prevention (IP) steps during IUCD insertion/removal.

Time: 25 minutes total (5 minutes instructions, 15 minutes review of IUCD Checklist, 5 minutes review answers)

Instructions

- Participants will work in groups of 3–4 people
- Each group will review the checklist 2.3 for IUCD Counseling and Clinical Skills and identify the infection prevention steps by marking on the relevant tasks/steps in the checklist
- The trainer will facilitate a discussion after 20 minutes to review the IP steps which the groups have marked and ensure that all IP steps for IUCD insertions are enumerated

HANDOUTS

HANDOUT 2.1: LOADING IUCD IN A STERILE PACKAGE

Purpose: To demonstrate steps of loading of IUCD in a sterile package and the withdrawal technique for IUCD insertion.

Time: 20 Minutes

Instruction for Loading the Regular Copper T380A in its Sterile Package^{1,2}

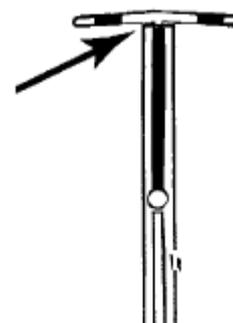
Do not open the IUCD's sterile package or load it (as instructed below) until the final decision to insert an IUCD has been made (i.e., until after the pelvic examination, including both bimanual and speculum exams, have been performed). In addition, do not bend the "arms" of the "T" into the insertion tube more than 5 minutes before the IUCD is to be introduced into the uterus or it will lose its memory and the horizontal limbs may not straighten after being released.

Check the IUCD package for any damage, expiry date. The package should be sealed and within the expiry period. While performing the following steps, do not allow any part of the IUCD or the IUCD insertion assembly to touch any non-sterile surfaces (e.g. your hands, the table) that may contaminate it:

STEP 1: Adjust the contents of the package through the clear plastic cover:

- Ensure that the vertical stem of the T is fully inside the insertion tube (Figure 1, arrow)
- Ensure that the other end of the insertion tube (farthest from the IUCD) is close to the sealed end of the package

Figure 1. Vertical Stem of T fully inside insertion tube



STEP 2: Partially open the package:

- Place the package on a clean, hard, flat surface with the clear plastic side up
- Pull up on the clear plastic cover from the end that is farthest from the IUCD (marked OPEN)
- Keep pulling the plastic cover until the package is open approximately half way to the blue length-gauge

STEP 3: Place the white plunger rod in the clear insertion tube:

- Pick up the package, holding the open end up toward the ceiling so that the contents do not fall out

¹This document is reprinted, with slight modifications from JHPIEGO, 2006. *IUCD Guidelines for Family Planning Service Programs: A Problem-Solving Reference Manual*, 3rd edition, JHPIEGO: Baltimore, Maryland. The content of this document is adapted from: Program for International Training in Health (INTRAH), 1993. *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, INTRAH: Chapel Hill, North Carolina.

²Before loading the IUCD, the provider should already have screened the woman to ensure that she is eligible for IUCD use at this time and sounded the uterus.

- As shown in Figure 2a, starting at the open end of the package, fold the clear plastic cover and white backing “flaps” away from each other.
- Using your free hand, grasp the white plunger rod (behind the measurement insert) by the circular thumb grip and remove it from the package

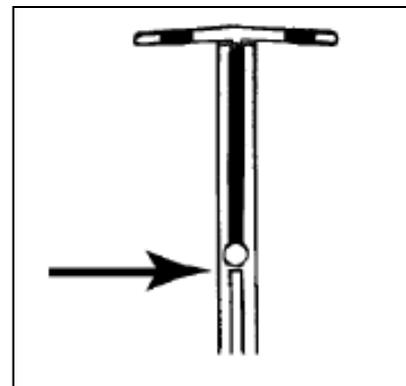
Do not touch the tip of the white plunger rod or brush it against another surface, as this will cause it to lose its sterility

- Place the plunger rod inside the insertion tube (Figure 2a) and gently push until the tip of the rod almost touches the bottom of the T (Figure 2b, arrow).

Figure 2a: Placing white plunger rod inside the inserter tube



Figure 2b: Plunger rod almost touching bottom of T



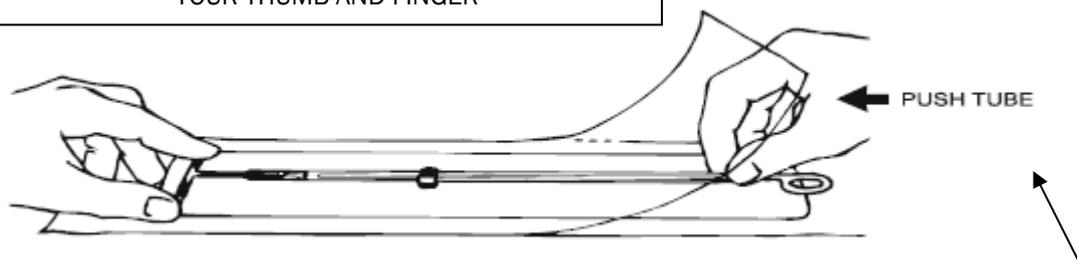
STEP 4: Bend the “arms” of the “T” downward:

Do not bend the arms of the T into the inserter tube for more than 5 minutes before it is to be introduced into the uterus

- Release the white backing flap so that it is flat again, and place the package back on the clean, hard, flat surface with the clear plastic side up
- Through the clear plastic cover, place your thumb and index finger over the tips of the horizontal arms of the T to stabilize the IUCD (Figure 3)

Figure 3. Positioning IUCD and Bending Arms of T

DO NOT TRY TO BRING BOTH ENDS OF THE T USING YOUR THUMB AND FINGER



- At the open end of the package, use your free hand to push the measurement insert so that it slides underneath the IUCD and stops at the sealed end of the package
- Still holding the tips of the arms of the T, use your free hand to grasp the insertion tube and gently push it against the T (Figure 3). This pressure will cause the arms to begin bending downward, toward the stem of the T
- Finish bending the arms of the T by bringing your thumb and index finger together, and continuing to push against the T with the insertion tube

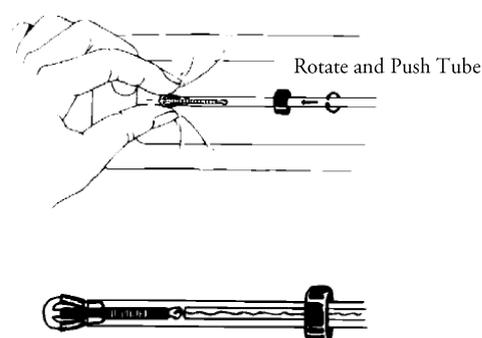
STEP 5: Pull the insertion tube away from folded arms of the T:

- When the arms of the T are folded down enough to touch the sides of the insertion tube, pull the insertion tube out from between the arms.

STEP 6: Push the folded arms of the T into the insertion tube:

- Gently push and rotate the insertion tube back over the **tips** of the folded arms of the T, so that both tips are caught inside the insertion tube (Figure 4). (As you maneuver the tips of the arms into the opening of the tube, it may help to slightly elevate the other end of the tube)
- Push the folded arms of the IUCD into the insertion tube only as far as necessary to keep them fixed in the tube (Figure 4). Do not try to push the copper bands on the arms into the insertion tube, as they will not fit

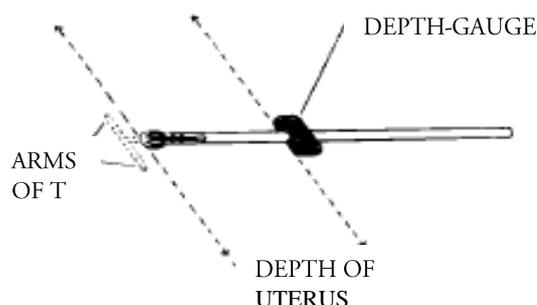
Figure 4. Inserting folded IUCD arms into insertion tube



STEP 7: Set the blue depth-gauge to the appropriate measurement: With the loaded IUCD still in the partially unopened package, set the blue depth-gauge to the corresponding measurement obtained from sounding the uterus:

- Move the depth-gauge so that its inside edge (the edge closest to the IUCD) is aligned with the appropriate centimeter mark on the measurement insert/ID card (e.g., 6 cm, 7.5 cm, 8 cm)
- Press down on the depth-gauge with the thumb and index finger of one hand to keep it in place, while sliding the insertion tube with your other hand until the tip of the IUCD (the top of the folded T) aligns with the tip in the diagram on the measurement insert. This is the “0” centimeter mark
- Ensure that the distance between tip of the IUCD and the inside edge of the depth gauge is equal to the depth of the uterus as determined by uterine sounding (Figure 5)

Figure 5. Using blue depth-gauge to set depth of uterus on insertion tube



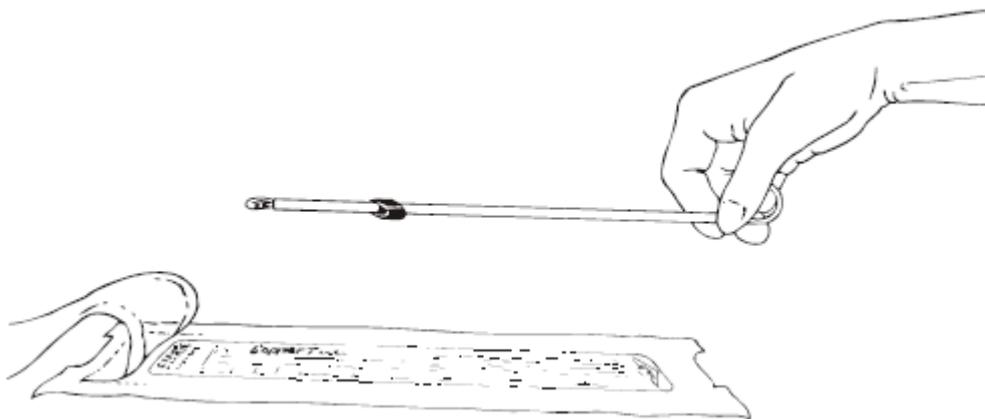
STEP 8: Align the depth-gauge and the folded arms of the T so that they are both in a “horizontal” position (i.e., flat against the measurement insert/ID card).

STEP 9: Remove the loaded IUCD from the package:

- Finish peeling back the clear plastic cover from the white backing in one brisk, guarded and continuous movement with one hand, while holding the insertion assembly down against the white backing on the table (at the open end of the package) with the other hand
- Lift the loaded IUCD from the package, keeping it horizontal so that the T and white plunger rod do not fall out (Figure 6). **Be careful not to push the white rod toward the T, as this will release the IUCD from the insertion tube**

Do not let the IUCD or IUCD insertion assembly touch any non-sterile surfaces that may contaminate it

Figure 6. Fully Loaded Insertion Tube



CHECKLISTS

CHECKLIST 2. 1: FAMILY PLANNING COUNSELING

(To be used for practicing and assessment of the FP counseling skill)

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ **Date Observed** _____

CHECKLIST FOR FAMILY PLANNING COUNSELING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
PREPARATION FOR COUNSELING					
1. Ensures room is well lit and there is availability of chairs and table					
2. Prepares equipment and supplies					
3. Ensures availability of writing materials (eg., client file, daily activity register, follow-up cards)					
4. Ensures privacy					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GENERAL COUNSELING SKILLS					
5. Greets the woman with respect and kindness. Introduces self					
6. Confirms woman’s name, address and other required information					
7. Offers the woman a place to sit. Ensures her comfort					
8. Reassures the woman that the information in the counseling session is confidential					
9. Tells the woman what is going to be done and encourages questions. Responds to the woman’s questions/concerns					
10. Gives a brief description of the family planning methods available					
11. Uses body language to show interest in and concern for the woman					
12. Asks questions appropriately and with respect. Elicits more than “yes” and “no” answers					
13. Uses language that the woman can understand					
14. Appropriately uses visual aids, such as posters, flipcharts, drawings, samples of methods and anatomic models					
15. Discusses the health benefits to mother and baby of waiting at least two years after the birth of her last baby before she tries to conceive again					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
SPECIFIC FAMILY PLANNING COUNSELING					
16. Asks the woman if she has a method in mind Did she have any problems with that method or does she have any questions or concerns about that method?					

CHECKLIST FOR FAMILY PLANNING COUNSELING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
17. Asks the woman does she want more children?					
18. Discuss with the woman the benefits of healthy timing and spacing of pregnancy					
19. Ask the woman if her husband will contribute to using family planning such as using condoms ?					
20. Asks the woman if she is currently breastfeeding?					
21. Is she EBF, amenorreic and her infant <6 months (LAM)?					
22. Ask the woman what the first day of her last menses was?					
23. Asks the woman if she has any history of medical problems (TB, seizures, irregular vaginal bleeding, liver disease, unusual vaginal discharge & pelvic pain, clotting disorder, breast or genital cancer)					
24. Assesses the woman's risk for STIs and HIV/AIDS, as appropriate					
25. Briefly provides general information about each contraceptive method that is appropriate for that woman based on her responses to the above questions: <ul style="list-style-type: none"> ▪ How to use the method ▪ Effectiveness ▪ Common side effects ▪ Need for protection against STIs including HIV/AIDS 					
26. Clarifies any misinformation the woman may have about family planning methods					
27. Asks which method interests the woman. Helps the woman chose a method					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
METHOD-SPECIFIC COUNSELING - once the woman has chosen a method					
28. Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation (BP for hormonal, pelvic for IUCD)					
29. Ensures there are no conditions that contraindicate the use of the chosen method <ul style="list-style-type: none"> ▪ If necessary, helps the woman to find a more suitable method 					
30. Tells the woman about the family planning method she has chosen: <ul style="list-style-type: none"> ▪ Type ▪ How to take it, and what to do if she is late taking her method ▪ How it works ▪ Effectiveness ▪ Advantages and non-contraceptive benefits ▪ Disadvantages ▪ Common side effects ▪ Danger signs and where to go if she experiences any 					
31. Provides the method of choice if available or refers woman to the nearest health facility where it is available					
32. Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> ▪ How to use the method of contraception ▪ Side effects ▪ When to return to the clinic 					

CHECKLIST FOR FAMILY PLANNING COUNSELING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
33. Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk					
34. Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns					
35. Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary					
36. Records the relevant information in the woman's chart					
37. Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FOLLOW-UP COUNSELING					
38. Greet the woman with respect and kindness. Introduces self					
39. Confirms the woman's name, address and other required information					
40. Asks the woman the purpose of her visit					
41. Reviews her record/chart					
42. Checks whether the woman is satisfied with her family planning method and is still using it. Asks if she has any questions, concerns, or problems with the method					
43. Explores changes in the woman's health status or lifestyle that may mean she needs a different family planning method					
44. Reassures the woman about side effects she is having and treats them if necessary					
45. Asks the woman if she has any questions. Listens to her attentively and responds to her questions or concerns					
46. Performs any necessary physical assessment					
47. Provides the woman with her contraceptive method (e.g. the pill, DMPA, condoms, etc.)					
48. Schedules return visit as necessary-tells her. Thanks her politely and says goodbye ▪ Records info in her chart					

CHECKLIST 2.2: POSTPARTUM FAMILY PLANNING COUNSELING IN THE WARD

(To be used for practicing and assessment of the FP counseling skill)

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ Date Observed _____

CHECKLIST FOR POSTPARTUM FAMILY PLANNING (PPFP) COUNSELING IN THE WARD (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
GENERAL COUNSELING SKILLS					
1. Greets the woman with respect and kindness. Introduces self					
2. Ensures availability of necessary items and supplies					
3. Ensures availability of writing materials (eg. client file, daily activity register, follow-up cards)					
4. Ensures privacy					
SPECIFIC FAMILY PLANNING COUNSELING CONTENT					
5. Asks the woman if she is breastfeeding and offer help to get her started <ul style="list-style-type: none"> ▪ Discuss benefits for the baby once baby is attached to the breast ▪ Discuss that exclusive breastfeeding also offers 98% protection against pregnancy 					
6. Discuss the 3 criteria: Exclusive breastfeeding, no menses, and the baby is less than 6 months					
7. Asks the woman if she and her husband plan to have more children					
8. Asks the woman when she and her husband would like to have more children (if applicable). Tell the woman the benefit of healthy spacing of pregnancy (if applicable)					
9. Tell the woman the risks of another pregnancy before the return of her menses if she is not fully breastfeeding her baby					
10. Tell her that there are methods of contraception that are available that will not affect the quantity or quality of her breastmilk such as IUCD, which can be inserted within 48 hours of childbirth; progestin-only pills, DMPA, Condoms					
11. Remind the client that withdrawal is not very effective; 25 women in 100 will become pregnant					
12. Ask her if she would like any information about these methods					

13. Leave the client information sheet and invite her to ask question or concern, she might have about postpartum family planning method or if she is interested for any method					
14. Inform that to ensure her health and the health of her baby, she should wait at least 2 years after this birth before trying to get pregnant again					
15. Based on client's prior knowledge and interest, briefly explain the benefits, limitations and use of the following methods: LAM, Condoms, IUCD, POPs, DMPA, Postpartum tubectomy					
16. Show the methods and discuss about contraceptive effectiveness of methods					
17. Correct any misconceptions about family planning methods					
18. Help the client to choose a method <ul style="list-style-type: none"> - Provide additional information that she may need and answer any question - Assess her knowledge about the selective method 					
19. If she chooses immediate postpartum IUCD method, determine if she can safely use the method and there is no condition in which she will not be eligible for IUCD (these conditions are given in the table in chapter 2 of reference manual).					
20. Discuss key information about the PPIUCD with the client <ul style="list-style-type: none"> - Effectiveness: Prevents almost 100% of pregnancies - How does the IUCD prevent pregnancy: causes a chemical change that damages the sperm before the sperm and egg meet - How long does the IUCD prevent pregnancy: can be used as long as she likes, even upto 10 years - The IUCD can be removed at any time by a trained provider and fertility will return immediately 					
21. Discuss the following advantages of PPIUCD <ul style="list-style-type: none"> - Immediate and simple placement within 48 hours of delivery - Does not affect breastfeeding - Long acting and reversible method 					
22. Discuss the following limitations of PPIUCD <ul style="list-style-type: none"> - Heavier and more painful menses especially first few cycles. May not be noticed by the clients, who are in postpartum period - Does not protect against STIs, including HIV/AIDS - Higher risk of expulsion when inserted postpartum 					
23. Discuss the following warning signs and explain that she should return to the clinic as soon as possible if she has any of the following: <ul style="list-style-type: none"> - Foul smelling vaginal discharge different from the usual lochia - Lower abdominal pain, especially if accompanied by not feeling well, fever or chills, especially the first 20 days after insertion - Concern that she might be pregnant - Concern that the IUCD has fallen out 					
24. Check that the woman understands <ul style="list-style-type: none"> - Allow the client to ask questions - Ask the client to repeat key information 					

CHECKLIST 2.3: IUCD COUNSELING AND CLINICAL SKILLS

Place a “✓” in case box of step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

Participant _____ Course Dates _____

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
METHOD-SPECIFIC COUNSELING					
1. Once the woman has chosen to use the IUCD, assess her knowledge of the method					
2. Counsel her regarding the mechanism of action, how long can be used, effectiveness, advantages, limitations, common side effects, need for follow-up					
3. Ensure that she knows that menstrual changes are a common side effect among IUCD users, and that the IUCD does not protect against STIs					
4. Describe the medical assessment required before IUCD insertion, as well as the procedures for IUCD insertion and removal					
5. Encourage her to ask questions. Provide additional information and reassurance as needed					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
IUCD INSERTION					
Client Assessment					
6. Review the client's medical and reproductive history					
7. Ensure that equipment and supplies are available and ready to use					
8. Have the client empty her bladder and wash her perineal area					
9. Help the client onto the examination table					
10. Tell the client what is going to be done, and ask her if she has any questions					
11. Wash hands thoroughly and dry them					
12. Palpate the abdomen					
13. Wash hands thoroughly and dry them <u>again</u>					
14. Put clean or HLD gloves on both hands					
15. Inspect the external genitalia					
Note:					
▪ If findings are normal, perform the bimanual exam first and the speculum exam second					
▪ If there are potential problems, perform the speculum exam first and a bimanual exam second					
15a. Perform a bimanual exam (see Note above)					
15b. Perform rectovaginal exam only if indicated					
15c. If rectovaginal exam is performed, change gloves before continuing					

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
16. Perform a speculum exam (see Note above) (Note: If laboratory testing is indicated and available, take samples now)					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Pre-insertion and Insertion Steps (Using aseptic, “no touch” technique throughout)					
17. Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain					
18. Gently insert the HLD (or sterile) speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall with antiseptic swabs twice					
19. Gently grasp the cervix with an HLD (or sterile) tenaculum and apply gentle traction					
20. Insert the HLD (or sterile) sound using the “no touch” technique					
21. Load the IUCD in its sterile package					
22. Set the blue depth-gauge to the measurement of the uterus					
23. Carefully insert the loaded IUCD, and release it into the uterus using the “withdrawal” technique					
24. Take out the plunger. Gently push the insertion tube upward again until you feel a slight resistance to ensure fundal placement of the IUCD					
25. Partially withdraw the insertion tube until the IUCD strings can be seen					
26. Use HLD (or sterile) sharp Mayo scissors to cut the IUCD strings to 3–4 cm length in the vagina					
27. Gently remove the tenaculum and speculum and place in 0.5% chlorine solution for 10 minutes for decontamination					
28. Examine the cervix for bleeding					
29. Ask how the client is feeling and begin performing the post-insertion steps					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Post Insertion Steps					
30. Before removing the gloves, place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination					
31. Properly dispose of waste materials					
32. Process gloves according to recommended IP practices					
33. Wash hands thoroughly and dry them					
34. Provide post-insertion instructions (key messages for IUCD users): <ul style="list-style-type: none"> ▪ Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove can come anytime she has concern or query or problems or wants to remove the IUCD) ▪ No protection against STIs; need for condoms if at risk ▪ Possible side effects ▪ Warning signs (PAINS) ▪ Checking for possible IUCD expulsion ▪ When to return to clinic 					
35. Complete the woman’s records					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
IUCD REMOVAL					
Pre-removal Steps					
36. Ask the woman her reason for having the IUCD removed					
37. Determine whether she will have another IUCD inserted immediately, start a different method, or neither					
38. Review the client's reproductive goals and need for STI protection, and counsel as appropriate					
39. Ensure that equipment and supplies are available and ready to use					
40. Have the client empty her bladder and wash her perineal area					
41. Help the client onto the examination table					
42. Wash hands thoroughly and dry them					
43. Put new or HLD gloves on both hands					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Removing the IUCD					
44. Provide an overview of the removal procedure. Remind her to let you know if she feels any pain					
45. Gently insert the HLD (or sterile) speculum to visualize the strings, and cleanse the cervical os and vaginal wall with antiseptic swabs twice					
46. Alert the client immediately before you remove the IUCD					
47. Grasp the IUCD strings close to the cervix with an HLD (or sterile) hemostat or other narrow forceps					
48. Apply steady but gentle traction, pulling the strings toward you, to remove the IUCD. Do not use excessive force					
49. Show the IUCD to client					
50. Place the IUCD in 0.5% chlorine solution for 10 minutes for decontamination					
51. If the woman is having a new IUCD inserted, insert it now if appropriate. [If she is not having a new IUCD inserted, gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination]					
52. Ask how the client is feeling and begin performing the post-removal steps					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Post-removal Steps					
53. Before removing the gloves, place all used instruments and the IUCD in 0.5% chlorine solution for 10 minutes for decontamination					
54. Properly dispose of waste materials					
55. Process gloves according to recommended IP practices					
56. Wash hands thoroughly and dry them					
57. If the woman has had a new IUCD inserted, review key messages for IUCD users. [If the woman is starting a different method, provide the information she needs to use it safely and effectively (and a back-up method, if needed)]					
58. Complete the woman's records					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

ROLEPLAYS

ROLE PLAY 2.1: DEMONSTRATION AND PRACTICE: FP COUNSELING USING GATHER APPROACH

Purpose: To provide participants with an experience of counseling a client for family planning using GATHER approach.

Instructions for practicing FP counseling skills

- The participants will work in groups of three (One counselor/provider, One client, and an observer)
- Each group will get a role play:
 - Read the role play (5 mins)
 - Group members to assign roles to each other (One counselor/provider, one client, one observer)
 - The observer uses the checklist for counseling observation guide to provide feedback
 - The counselor performs as per the guidance in role play
 - The client plays the role according to the situation in the role play
 - Get ready to change roles in the group when one provider has finished. Each provider will get 5-10 minutes to complete the role play
- The trainers/facilitators will float from group to group to ensure that the participants are not deviating from the theme of the role play
- The trainer will facilitate a discussion to focus on the quality of counselor and counseling skills

Total time: 45 minutes

Participants practice (35 minutes) and take turn every 10 minutes

Large group discussion (10 minutes)

COUNSELING OBSERVATION GUIDE		
Good counseling behavior	Observed “Yes” or “No”	Remarks: If “yes” what was good about it and if “no” what suggestions you have for improvement
Establish a supportive, trusting relationship		
Allow the woman to talk and listen to her		
Engage woman’s family members (if present) with the woman’s consent		
Ask about any previous experiences with family planning, and if she has a particular method in mind		
Assess partner/family attitude about family planning		
Ask about her reproductive goals, especially need for spacing or limiting		

Ask about her need for protection against STIs		
Ask whether she is interested in a particular family planning method		
Provide general information about benefits of birth spacing		
Provide information about postpartum birth spacing methods		
Help the woman to choose a method and describe the medical assessment		
Provide method specific information about the method chosen		
Ensure that the woman understands what was discussed		
Plan for next steps and arrange for follow up visit		

Role play #1

Mrs. Sitadevi is a 21 years old mother of two children. The older one is 2 year old male child and the younger one is 7 months old baby girl. Sitadevi lives in a small village about 3 kms from the PHC. It is a vaccination day today and Sitadevi and her mother-in-law have come for vaccination of both children. Sitadevi's husband, Ramkishan is a painter and stays with her. He makes money just enough to survive. Sitadevi and he talked several times about not having more babies for at least 2-3 years.

She has heard about several methods and is sure of not using condoms. A couple of friends told about oral pills. Her husband has agreed that she can use any method but he does not want to get involved. Mother-in-law says, "Have as many babies as you want before your body starts to fail and you become weak."

Roles:

Client: Even though you have been to this facility many times you are still worried today. You have several questions like, which method is good? What if I cannot get pregnant after stopping the method? What will the pills do in the body? And how effective these methods are?

Mother in Law: You are a little dominating and tell your daughter-in-law that IUCD is better than oral pills as well as keep on giving your opinion on several things.

Provider: You are an experienced FP service provider with 20 years services. You know the community well and people generally respect you. You have just returned from a Contraceptive Technology Update workshop. All information that you provide is very up to date and you follow the GATHER approach to counseling. You effectively manage the Mother-in-law who is a bit dominating.

Q. How will the provider counsel Sitadevi to address her concerns?

Role play # 2

Mina is 21 years old. She is a teacher and is married with no babies. Her husband and she have plans to do higher studies together and will want to have babies only after they finish studies and have a job in the city.

They have been using condoms correctly and regularly but last night ended up having sex without condoms as it happened and they just did not think of using condoms.

Now she is really worried. They do not want a baby now and is scared of having MTP in case she gets pregnant. Someone told her that there is ECP but she thought it was only for those who are unmarried and she also thinks that the tablets will affect her future ability to get pregnant.

She is anxiously waiting for Meenakshi the ANM at MCH center so that she can talk to her.

Roles:

Client: Mina is looking very concerned and has several questions related to ECP before making decisions to take it. Most importantly she wants to know if it will be 100 percent effective in preventing pregnancy

Provider: Meenakshi is young ANM with three years of work experience. She had just returned from a Contraceptive Technology Update workshop and received very up to date information on Emergency Contraceptive Pills. Meenakshi is being very patient and answering all ECP related questions that Mina has.

Q. How will Meenakshi counsel Mina about ECPs?

SECTION III

INTRODUCTION TO SEXUALLY TRANSMITTED INFECTIONS, HIV AND PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV

PRE AND POST TEST KNOWLEDGE ASSESSMENT QUESTIONNAIRE - HIV/STI

Participant No:

Date:

Score:

Instructions:

- Please read the questions carefully and circle the right answer .You can only choose ONE answer for each question
- For True or False questions, write 'T' or 'F' next to the question

1. HIV is transmitted
 - (a) By hugging an infected person
 - (b) By sharing food, bath towels, toilet, and soaps with an infected person
 - (c) Through mosquito and insect bites
 - (d) Through unprotected sexual contact and by sharing needles with an infected person
2. Which of the following HIV +ve people has clearly progressed to AIDS
 - (a) Mrs. K who has Tuberculosis
 - (b) Mr. J whose CD4 count is 170 and has been admitted for Cryptococcal Meningitis
 - (c) Mr. S who has an unexplained fever for more than one month
 - (d) Mr. B who has had a persistent cough for more than three weeks
3. Which of the following body fluids contains high concentration of HIV?
 - (a) Saliva
 - (b) Vaginal secretions
 - (c) Urine
 - (d) Vomit
4. Mr. V comes to your clinic and says he had a sexual encounter 10 days ago. He suspects that his partner may have HIV. There is no counselor available, so you as the nurse, need to counsel him about HIV testing. Keeping in mind the effect of the window period, what would you counsel him to do?
 - (a) Do nothing now, but return in 6 weeks for an HIV test
 - (b) Take an HIV rapid test now, and if the result is negative, you would inform him of his negative status, and send him home
 - (c) Go straight away to an HIV clinic for treatment
 - (d) Take an HIV rapid test now, and if the result is negative, you would counsel him on safe sex and ask him to return in 6 weeks to repeat testing
5. People with this condition should be referred for HIV testing. (Tick TRUE or FALSE against each).
 - (a) Malaria _____
 - (b) Tuberculosis _____
 - (c) Gonorrhoea _____
 - (d) Arthritis _____
 - (e) Pregnant women _____
6. As a health care professional it is unethical to
 - (a) Disclose the PLHAs status to his/her spouse against their wishes in cases where you have been unable to convince the patient to do so themselves despite intensive counseling
 - (b) Refer pregnant women for HIV testing

- (c) Mark PLHA case sheets with labels such as “HIV patient” or “Biohazard”
 (d) Teach the family simple care procedures to help the PLHA at home
7. Condoms are effective in preventing
 (a) Sexually transmitted infections i.e. syphilis
 (b) Reinfection of HIV in PLHAs (People Living with HIV/AIDS)
 (c) Sexual transmission of HIV
 (d) All of the above
8. Which of the following procedures would require a nurse to use all protective equipment (gloves, mask, eyewear, shoes, apron and gown)
 (a) Dressing a large open wound (not caused by burns)
 (b) Conducting a delivery
 (c) Doing a Pelvic/Vaginal exam
 (d) Assisting in a lumbar puncture
9. If you had accidental needle prick on your finger the first step you should take is
 (a) Squeeze the finger to allow the blood to flow, then wash hands
 (b) Do an HIV test on the patient on whom the needle was used
 (c) Wash the hands thoroughly with soap and running water
 (d) Self-medicate for PEP medicines
10. Tick TRUE or FALSE against each of the following statements
 (a) Biologically, men are at higher risk to get STI's than women _____
 (b) STI's can cause infertility _____
 (c) Reducing STI's among people will also reduce their risk HIV risk _____
 (d) For effective treatment of STI's the patient AND their partners need _____
 to be treated
11. An in-patient with HIV has diarrhea for more than 1 month, is in severe dehydration, oral candidiasis, loss of weight (>10% body weight loss) and has a CD4 of 152. (Tick TRUE or FALSE)
 (a) The person should be started on ART immediately _____
 (b) The person is said to be in clinical stage II according to WHO _____
 (c) No medical treatment can be provided and the patient should be sent home _____
 (d) Treatment for diarrhea and oral candidiasis should be started _____
12. Tick TRUE or FALSE against each of the following statements
 (a) Effective anti-retroviral treatment (ART) blocks the ability of HIV to reproduce or replicate _____
 (b) Effective anti-retroviral treatment (ART) can reduce the risk of sexual transmission of HIV but will not prevent it completely _____
 (c) Once a person is started on ART for HIV infection, it needs to be taken life long _____
 (d) A patient regularly skips doses of ART is more likely to develop resistance than one who takes their ART regularly as prescribe _____
 (e) The most important criteria for starting ART is the person must show readiness and commitment _____
13. Palliative care includes
 (a) Aggressive treatment management

- (b) Pain management
- (c) Slowing down the process of death

14. Case Study: Anita is a 31 year old single mother of a healthy 7 year old child. Anita has been on treatment of pulmonary TB during the last 4 months, and she is improving. In the past she has had one episode of herpes zoster and oral thrush – she recovered completely from these episodes but had troublesome itching of the skin. Anita has come to the clinic because she thinks she may be pregnant. Her pregnancy test is positive, and after pre-test counseling and a HIV test, the result shows she is HIV+ve. Her CD4 count is 250/mm³, and her haemoglobin is 9.6g.

- (A) Tick TRUE or FALSE against each of the following statements
- (i) Anita should be counseled to have an abortion _____
 - (ii) Anita should be advised to have a hospital delivery _____
 - (iii) Anita should be advised to have a caesarian delivery _____
 - (iv) Anita should be advised to give both breast milk and powder milk to the baby after delivery _____
 - (v) Transmission of HIV from Anita to her baby can be prevented 100% if she takes antiretroviral (ARVs) drugs _____
 - (vi) Transmission of HIV from Anita to her baby is more likely to occur if Anita's viral load is high _____

- (B) Which of the following ARVs should be avoided during Anita's pregnancy?
- (i) Efavirenz (Sustiva)
 - (ii) Stavudine (d4T, Zerit)
 - (iii) Zidovudine (AZT, ZDV)
 - (iv) Lamivudine (3TC, Epivir)
 - (v) Nevirapine (Viramune)

- (C). Which of the following ARVs should be avoided in Anita's case due to the potential side effect of anemia?
- (i) Efavirenz (Sustiva)
 - (ii) Stavudine (d4T, Zerit)
 - (iii) Zidovudine (AZT, ZDV)
 - (iv) Lamivudine (3TC, Epivir)
 - (v) Nevirapine (Viramune)

15. Tick TRUE or FALSE against each of the following statements
- (a) The HIV disease progression is the same in children and adults _____
 - (b) Generally, HIV exposed children should be given immunizations as usual _____
 - (c) HIV+ children are likely to get PCP at an earlier stage than adults _____
 - (d) ART medication should be dosed the same in children as in adults _____

HANDOUTS

HANDOUT 3.1: HIV DISEASE PROGRESSION

Progression to AIDS among individuals is variable. Some individual’s progress rapidly within 1 to 2 years, while others remain healthy for many years.

Stages of HIV Disease Progression

<p>Primary HIV Infection</p> <p>Or</p> <p>Acute Retroviral Syndrome (ARS)</p> <p>“Window period”</p>	<p>When HIV first enters the body, the immune system recognises the “antigen” and causes flu-like symptoms. During this time, HIV viral load is high and therefore infected person is highly infectious and can easily transmit virus to others during this time.</p> <p>ARS is symptomatic in 53% to 90% of people. Occurs 2 – 4 weeks after exposure and lasts 1 – 2 weeks Common Symptoms: Fever, rash, lymphadenopathy, pharyngitis, erythematous maculopapular with lesions on face/trunk and sometimes palms or soles, myalgia or arthralgia, Lethargy/malaise.</p> <p>Once infected with HIV it takes usually 2-12 weeks for antibodies to develop. This period is called the “window period”. During this “window period” the person although infected, tests negative for HIV antibodies.</p>
<p>Asymptomatic Chronic Infection</p>	<p>Early immune depletion - CD4>500. Level of virus is low. HIV replication takes place mostly within lymph nodes.</p> <p>Generally lasts 5 years or more. May be less for patients with malnutrition or co-infection. Generalized persistent lymphadenopathy. Usually no other symptoms.</p>
<p>Symptomatic HIV Infection</p>	<p>Intermediate immune depletion – CD4 between 500 – 200.</p> <p>Infections start and persist as CD4 count decreases. ART and OI prophylaxis considered.</p>
<p>Advanced HIV Infection/AIDS</p>	<p>Advanced immune depletion – CD4<200. Case definition of AIDS is having a CD4 count of <200. OIs develop.</p>
<p>Opportunistic Infections (OI) are the leading cause of morbidity and mortality in HIV-infected individuals. The most common OIs are preventable and treatable</p>	

HANDOUT 3.2: WHO CLINICAL STAGING OF HIV/AIDS FOR ADULTS AND ADOLESCENTS WITH CONFIRMED HIV INFECTION

WHO has developed a staging system in which four clinical stages of disease are identified based on certain signs and symptoms. These stages give us an idea of the severity of disease and prognosis and facilitate planning for appropriate treatment and care.

<p>Clinical Stage 1</p> <ul style="list-style-type: none"> ▪ Asymptomatic ▪ Persistent generalised lymphadenopathy
<p>Clinical Stage 2</p> <ul style="list-style-type: none"> ▪ Unexplained moderate weight loss (<10% of presumed or measured body weight) ▪ Recurrent respiratory tract infections (sinusitis, tonsillitis, otitis media and pharyngitis) ▪ Herpes zoster ▪ Angular cheilitis ▪ Recurrent oral ulceration ▪ Papular pruritic eruptions ▪ Seborrhoeic dermatitis ▪ Fungal nail infections
<p>Clinical Stage 3</p> <ul style="list-style-type: none"> ▪ Unexplained severe weight loss (>10% of presumed or measured body weight) ▪ Unexplained chronic diarrhoea for longer than one month ▪ Unexplained persistent fever (above 37.5 °C intermittent or constant, .for longer than one month) ▪ Persistent oral candidiasis ▪ Oral hairy leukoplakia ▪ Pulmonary tuberculosis ▪ Severe bacterial infections (such as pneumonia, empyema, pyomyositis, .bone or joint infection, meningitis or bacteraemia) ▪ Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis ▪ Unexplained anaemia (<8 g/dl), neutropaenia (<0.5 × 10⁹ per litre) and/or chronic thrombocytopaenia (<50 × 10⁹ per litre)
<p>Clinical Stage 4</p> <ul style="list-style-type: none"> ▪ HIV wasting syndrome* ▪ Pneumocystis pneumonia ▪ Recurrent severe bacterial pneumonia ▪ Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site) ▪ Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs) ▪ Extrapulmonary tuberculosis ▪ Kaposi's sarcoma ▪ Cytomegalovirus infection (retinitis or infection of other organs) ▪ Central nervous system toxoplasmosis ▪ HIV encephalopathy ▪ Extrapulmonary cryptococcosis including meningitis ▪ Disseminated non-tuberculous mycobacterial infection ▪ Progressive multifocal leukoencephalopathy ▪ Chronic cryptosporidiosis ▪ Chronic isosporiasis ▪ Disseminated mycosis (extrapulmonary histoplasmosis or coccidiomycosis) ▪ Recurrent septicaemia (including non-typhoidal Salmonella) ▪ Lymphoma (cerebral or B-cell non-Hodgkin)

- Invasive cervical carcinoma
- Atypical disseminated leishmaniasis
- Symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy

Note:

- i. Assessment of body weight in pregnant woman needs to consider the expected weight gain of pregnancy
- ii Unexplained refers to where the condition is not explained by other causes
- iii Some additional specific conditions can also be included in regional classifications (such as reactivation of American trypanosomiasis [meningoencephalitis and/or myocarditis] in the WHO Region of the Americas and penicilliosis in Asia)

Source: WHO. WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children. 2006. Page 15, Table 3.

Available at <http://www.who.int/hiv/pub/guidelines/hivstaging/en/index.html>

*HIV wasting syndrome can be defined as profound involuntary weight loss greater than 10% baseline body weight, plus either diarrhoea (atleast two loose stools per day for more than 30 days) or chronic weakness and documented fever (for more than 30 days, intermittent or constant) in the absence of concurrent illness or condition other than HIV infection that could explain the findings (such as cancer, tuberculosis, cryptosporidiosis or other specific enteritis).

Source: Stedman's Medical Dictionary 28th Edition, Copyright©2006_Lippincott Williams & Wilkins.

HANDOUT 3.3: WHO CLINICAL STAGING SYSTEM OF HIV/AIDS FOR CHILDREN WITH CONFIRMED HIV INFECTION

Clinical Stage 1

- Asymptomatic
- Persistent generalised lymphadenopathy

Clinical Stage 2

- Unexplained persistent hepatosplenomegaly
- Papular pruritic eruptions
- Fungal nail infection
- Angular cheilitis
- Lineal gingival erythema
- Extensive wart virus infection
- Extensive molluscum contagiosum
- Recurrent oral ulcerations
- Unexplained persistent parotid enlargement
- Herpes zoster
- Recurrent or chronic upper respiratory tract infections
- (otitis media, otorrhoea, sinusitis or tonsillitis)

Clinical Stage 3

- Unexplained moderate malnutrition or wasting not adequately responding to standard therapy
- Unexplained persistent diarrhoea (14 days or more)
- Unexplained persistent fever (above 37.5°C intermittent or constant, for longer than one month)
- Persistent oral candidiasis (after first 6–8 weeks of life)
- Oral hairy leukoplakia
- Acute necrotizing ulcerative gingivitis or periodontitis
- Lymph node tuberculosis
- Pulmonary tuberculosis
- Severe recurrent bacterial pneumonia
- Symptomatic lymphoid interstitial pneumonitis
- Chronic HIV-associated lung disease including bronchiectasis
- Unexplained anaemia (<8 g/dl), neutropaenia (<0.5 × 10⁹ per litre) and/or chronic thrombocytopenia (<50 × 10⁹ per litre)

Clinical Stage 4

- HIV wasting syndrome
- Pneumocystis pneumonia
- Recurrent severe bacterial pneumonia
- Chronic herpes simplex infection (orolabial, genital or anorectal .of more than one month's duration or visceral at any site)
- Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)
- Extrapulmonary tuberculosis
- Kaposi's sarcoma
- Cytomegalovirus infection (retinitis or infection of other organs)
- Central nervous system toxoplasmosis
- HIV encephalopathy
- Extrapulmonary cryptococcosis including meningitis
- Disseminated non-tuberculous mycobacterial infection
- Progressive multifocal leukoencephalopathy
- Chronic cryptosporidiosis
- Chronic isosporiasis
- Disseminated mycosis (extrapulmonary histoplasmosis or coccidiomycosis)
- Recurrent septicaemia (including non-typhoidal Salmonella)

- Lymphoma (cerebral or B-cell non-Hodgkin)
- Invasive cervical carcinoma
- Atypical disseminated leishmaniasis
- Symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy

Note:

- i. Unexplained refers to where the condition is not explained by other causes
- ii. Some additional specific conditions can also be included in regional classifications (such as reactivation of American trypanosomiasis [meningoencephalitis and/or myocarditis] in the WHO)
- iii. Region of the Americas, disseminated penicilliosis in Asia and HIV-associated rectovaginal fistula in Africa)

Source: WHO. WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children. 2006.

Page 17, Table 4. Available at:

<http://www.who.int/hiv/pub/guidelines/hivstaging/en/index.html>

HANDOUT 3.4: NURSE'S ROLE IN REFERRAL, LINKAGES AND NETWORKING

It is not always possible for a particular health care worker/health centre to provide ALL of the services a Person Living with HIV AIDS (PLHA) might require. In order to ensure that PLHAs needs are met without duplicating or burdening health care services and personnel, PLHAs can be referred (directed to a source for help or information) to appropriate care givers (i.e. counsellors, social workers) and facilities (Integrated Counseling and Testing Centers (ICTCs), STI centres, Direct Observation Therapy (DOTS) centres, etc).

Why is referral important?

- Makes the patient feel he/she is important
- Avoids delay in getting treatment
- Makes the patient recognise the need for treatment compliance/adherence
- Prevents the spread of the infection
- Helps a partner/family member to seek medical services i.e. treatment of STI

Why must a nurse develop linkages and network?

- It avoids duplication of services
- It enhances optimal use of a service

How can a nurse develop linkages and network?

A nurse needs to be aware of all services/centres providing health services in the community, nearby locality, and in the State.

- It is preferable that in each institution a resource list of all Integrated Testing and Counseling Centres (ICTCs), Prevention of Parent to Child Transmission (PPTCT) Centres, Sexually Transmitted Infection (STI) clinics, Antiretroviral Therapy (ART) centres, Positive Networks, care and support centre and other social support centres are made available, so that a nurse can make appropriate referrals when needed
- The head nurse can either do this directly or collaborate with the social worker/ counsellor and doctor for this purpose
- A nurse must be able to assess and refer patients to appropriate services once discharged and/ or whenever needed

With whom can a nurse develop linkages or network?

Individuals	Groups	Institutions
Anganwadi workers Counsellors Community/social workers Doctors/physiotherapists Influential/political persons Religious persons School teachers	Non-Government Organizations (NGOs) Community based organizations (CBOs) Positive Network Support groups Other social organizations Village Panchayats	Hospitals- government, private ICTCs PPTCT programmes STI clinics ART centres Care and support centres

What skills does a nurse need to develop to be able to effectively network?

- Ability to recognise the needs of others
- Ability to get along with others
- Persuasiveness
- Commitment to help people in need
- Interpersonal communication skills
- Understanding and commitment to the rights of PLHAs

HANDOUT 3.5: VAGINAL DISCHARGE – WHAT YOU NEED TO KNOW

Vaginal discharge does not automatically mean that a woman has an STI. It is important that you know the many causes of vaginal discharge so that your patients receive appropriate care and treatment:

- Physiological
- Disturbance of normal flora due to:
 - o Certain medications
 - o Douching
 - o Using tampons with light flow
- Infections that occur due to:
 - o Unsafe sexual practices
 - o Invasive procedures in the reproductive tract
 - o Unsterile procedures during labour
 - o Unsafe methods followed for termination of pregnancy

Features Associated with Causes of Vaginal Discharge:

Physiological	Mucoid, not blood stained or foul smelling and not associated with itching
Candidial infection (Thrush)	Curd like white patches / thick, curd white discharge / itching
Trichomonal vaginitis	Greenish yellow frothy foul smelling discharge / itching / redness of the genital area/ may be asymptomatic
Gonorrhoea / Chlamydia	Purulent discharge from the cervix / may be unnoticed
Puerperal Sepsis	High fever/ headache/ low abdominal pain / foul smelling/ purulent vaginal discharge
Following IUCD insertion	Profuse, watery discharge usually subsides after the first menstrual period following insertion
Cancer cervix	Watery discharge, later it becomes blood stained and foul smelling
Bacterial Vaginosis	Thin / profuse / homogenous gray white discharge with a characteristic 'fishy' smell

HANDOUT 3.6: CHECKLIST – HOW AND WHAT OF HISTORY TAKING WITH PATIENTS WITH STIs

Criteria	Done
How to take a history?	
▪ Was polite	
▪ Patient greeted	
▪ Privacy provided	
▪ Faced and looked at patient	
▪ Explained why & what	
▪ Reassured confidentiality	
▪ Listened carefully and showed sensitivity	
▪ Took consent before any examination	
What information?	
▪ Collected chief presenting complaints	
▪ Collected details of presenting complaints (how long/features/ associated problems)	
▪ Obtained sexual history	
▪ Past history	
▪ Partner history	
What do you ask a woman with vaginal discharge?	
▪ When did the discharge start?	
▪ What is the nature of the discharge? (colour/ odour / etc)	
▪ Whether the woman is pregnant / has recently delivered?	
▪ Whether the woman is using Loop/IUCD?	
▪ Whether she has burning urination or itching in the vulva?	
▪ Does she have any pain in the lower abdomen?	
▪ Does she have any ulcer in the genital region?	
▪ Whether the sexual partner has any sore on the genital organ or urethral discharge?	

HANDOUT 3.7: HAND HYGIENE

Maintaining hand hygiene is one of the simplest, but often most overlooked procedures, that can be followed to prevent infection from spreading. Hand hygiene techniques can be classified under routine soap and water wash, alcohol hand scrub, and before surgery/ surgical scrub.

	Soap and water	Alcohol rub	Surgical scrub
When to use	Use this technique when hands have visible dirt	If no visible dirt on hands and before procedures needing aseptic technique	Done before surgery or procedures needing sterile technique
Effect on germs	Removes germs	Kills germs	Kills germs
How to use	<ul style="list-style-type: none"> ▪ Wet hands to wrist ▪ Apply soap on the palms, back of the hands, between fingers, around the thumb ▪ Clean the nails ▪ Rub for at least 15 seconds ▪ Rinse with running water ▪ Air dry or single use towel 	<ul style="list-style-type: none"> ▪ Place 3-5 ml on dry hands ▪ Rub until dry ▪ No water or towels needed 	<ul style="list-style-type: none"> ▪ Clean under nails with stick ▪ Wet up to elbow ▪ Use antiseptic, long acting and rub all surfaces for 2-6 minutes ▪ Rinse with running water ▪ Dry with sterile towel

HANDOUT 3.8: PPTCT TRUE OR FALSE STATEMENTS

1. Pregnancy makes HIV disease worse
2. HIV infected sperm can directly infect the infant even if the mother does not have HIV infection
3. If a woman is HIV+, there are medications she can take to reduce the likelihood of passing the virus to her infant
4. If both parents are HIV+, using condoms during pregnancy isn't necessary
5. If a woman is HIV+, all her babies will be HIV infected because they share the same blood
6. Procedures during delivery that may cause exposure of the newborn to maternal body fluids should be avoided whenever possible
7. If an HIV+ woman has a caesarean section (C/S), her risk of having a baby with HIV is 0%
8. Giving nevirapine to babies after they are born is like giving a nurse post-exposure prophylaxis after a needle stick injury

HANDOUT 3.9: SMALL GROUP EXERCISE: PATIENT EDUCATION

Instructions:

This exercise will continue through the remaining steps of this session.

- Divide into 5 groups; each group will be assigned one case
- Groups have 5 minutes to discuss and write down main points to consider in PPTCT of HIV for their particular case study
- Select one representative that will come forward and present their main points to the large group (3-5 minutes)
- Other groups will be asked to provide feedback to the responses

Case 1: An 18-year-old girl presents to you. She says she is likely to get married in a year's time but has fears about HIV. Her friend got married last year and discovered she was positive after her marriage, during her antenatal check up. What points would you keep in mind when counseling her?

Case 2: A 23 year old, HIV positive woman comes for her first antenatal check-up. She is 6 weeks pregnant and you are in the OPD. What key points would you keep in mind while counseling her to prevent Mother To Child Transmission of HIV (MTCT)?

Case 3: A 24 year old, HIV positive woman, comes to the hospital with labour pains since half an hour. What will you assess and do for her, if you were present throughout her labour period to reduce MTCT?

Case 4: A 24 year old, HIV positive woman who just delivered her baby, asks you about feeding her baby. You have not seen her in the past, during her prenatal period. What points would you keep in mind while counseling her to reduce MTCT?

Case 5: A 24 year old, HIV positive woman has doubts about her and her baby's follow up care after delivery. What key points would you keep in mind while counseling her to reduce the risk of Parent to Child Transmission (PTCT)?

HANDOUT 3.10: REPLACEMENT FEEDING CHECKLIST

	YES	NO
Can she afford to buy enough milk/milk powder?		
Does she have access to clean water?		
Can she prepare milk safely? <ul style="list-style-type: none"> ▪ Boil the water ▪ Make the correct concentration of milk if using the tin milk 		
Can she clean and sterilize the feeding articles?		
Will she have enough support from significant others in the family?		
Does she know how much of milk the baby can be given <ul style="list-style-type: none"> ▪ each time ▪ for a day ▪ how often 		

If answers are “No”, see what patient education/ linkages can be provided to support replacement feeding OR advise safe breastfeeding.

HANDOUT 3.11: STEPS IN PRE-TEST COUNSELING

i. Identify need for being tested

Identify why the person has come for testing. Address the need. In the past, testing was advocated for persons who presented with the following risk behaviors/factors as listed in the box

Persons who can be referred for HIV testing:

- Anyone who is concerned, or worried about the possibility of having HIV
- Anyone with STI, TB, HBV, HCV, AIDS –like illness or illness consistent with AIDS and their partners
- Pregnant women
- Injecting drug users (IDUs)
- Men having sex with men (MSM) or bisexual men
- Recipients of blood , blood products and or organs
- Donors - blood, sperm or organ
- Infants born to HIV infected or high risk mothers
- Anyone with multiple sexual partners –sex for money, pleasure or drugs
- Partners of homosexuals, bisexuals, IDUs or of any HIV positive individual
- Today any person can present for an HIV testing and the person need not have any risk factor or behaviour in order to be tested

ii. Appraise the person's risk status

A list of some questions that you can ask the person to identify their risk status:

- Are you sexually active? If yes, when was your last sexual contact?
- Have you ever injected any drugs intravenously and if so, do you share needles?
- Do you have sex with more than one person?
- Do you have sex with men or women or both?
- Do you have oral, anal or vaginal sex without using a condom?
- Do you have any ulcers? Sores? Abnormal or excessive discharge from the vagina or urethra? Any swelling in your private parts?
- Does your partner have a history of having multiple sex partners? Injecting drug use? Taking other drugs? Receiving blood transfusion?

iii. Provide needed information during pretest counseling after assessment of the person's knowledge:

- The purpose of HIV testing
- The limitation of HIV testing
- Consequences of testing result
- Methods of prevention
- Importance of early medical intervention
- Causes, spread, treatment and prognosis of HIV and AIDS
- How confidentiality will be maintained: A PID (Patient Identification number) will be given to the person when he/she goes for testing in the laboratory. Only the counsellor will be aware of the name

iv. Inform the person of the required tests and how the tests will take to be interpreted:

- Inform that in ICTCs all the services that includes counseling and testing are free. Rapid tests are done here, and the person can get the result within 45 minutes

- For symptomatic persons: the blood test should be reactive with two different kits
- For asymptomatic persons: the blood test should be reactive with three different kits
- For those with risk behaviours and no reactive blood test, they need to be asked to return for further testing after 3 months, 6 months
- Get the consent form signed by the person if he/she is willing to do the test. Ask them to return on the same day for the test result

EXERCISES

EXERCISE 3.1: “WE KNOW MORE THAN WE DO”

**We Know More Than
We Think We Do**

Group Exercise
15 minutes



India ENHANCE Training

Statement One

STIs, including HIV, are more easily transmitted from men to women than from women to men.

- Yes?
- No?
- Not Sure?



India ENHANCE Training Unit A, Slide 3

Statement Two

One can generally identify a person with HIV infection just by looking at him or her.

- Yes?
- No?
- Not Sure?



India ENHANCE Training Unit A, Slide 4

Statement Three

Once the immune system has been restored to normal function, antiretroviral therapy can be stopped.

- Yes?
- No?
- Not Sure?



India ENHANCE Training Unit A, Slide 5

Statement Four

Once a patient starts antiretroviral treatment, he or she can no longer transmit HIV infection to others.

- Yes?
- No?
- Not Sure?



India ENHANCE Training Unit A, Slide 8

Statement Five

A woman who is HIV infected should not get pregnant?

- Yes?
- No?
- Not Sure?



India ENHANCE Training Unit A, Slide 7

EXERCISE 3.2: CLINICAL STAGING CASES

Instructions:

- Below are four cases
- You have 2 minutes to read each case and answer the questions
- Discuss each case as a large group. Share your answers to the related questions to the larger group
- Use Handouts 3.2 and 3.3 as references

Case 1: Sunil, a 35-year-old HIV positive male is admitted to the ward with a history of persistent diarrhoea since five months. His stool exam reveals cryptosporidium.

Questions:

1. Which is Sunil's clinical stage of HIV infection?

2. Why? What are your reasons for stating so?

Case 2: Rani, a 24-year-old student was raped. Two weeks later she went to the doctor complaining of fever, malaise, fatigue, and swollen lymph nodes. At that time, she was diagnosed with influenza. One month later, she is now asymptomatic and has come for an HIV test – her result is positive.

Questions:

1. Which clinical stage of HIV is Rani in NOW?
2. Was the diagnosis made 6 weeks ago correct?
3. If not, what should the diagnosis have been?
4. What type of HIV test should have been done when Rani came in first?

Case 3: Susheela, a young woman comes to the clinic complaining of fever for 6 weeks. From her previous record, you see that six months ago she weighed 54 kg. She now weighs 46 kg. She has scars on her back that are due to herpes zoster. Her HIV test performed now comes out positive.

Question:

1. Which is Susheela's clinical stage of HIV infection?

2. Why? What are your reasons for stating so?

Case 4: Ravi is a 29 year old male patient known to have HIV who was admitted to the hospital with complaints of fever and cough for 2 weeks and weight loss (he weighed 70 kg 6 months ago and now weighs 64 kg). Chest x-ray and sputum AFB results are not yet available.

Question:

1. Which is Ravi's clinical stage of HIV infection?

2. Why? What are your reasons for stating so?

3. If Ravi is diagnosed with TB, in what clinical stage would that put him?

EXERCISE 3.3: CASE STUDIES: APPLYING SYNDROMIC CASE MANAGEMENT

Instructions:

- You would be divided into two groups and assigned each one of the two cases given below. Go through the flow charts in the annexure. You can take turns in reading the flowcharts and discuss them
- Then read the case, discuss the question, and note down your answers
- Choose one person from among you to read out the case to the class and another one to present your findings
- Listen closely when the other group presents their case and share any additional points they may have with the large group

Case 1: Rani, a recently married 23 year old woman presents with dull, persistent lower abdominal pain. She is not sure of increased vaginal discharge, and her periods are of normal cycle. She has never been pregnant.

Q: How would you apply the Syndromic Case Management approach to her case?

Case 2: Rajesh, a 32 yr male presents with swelling in right inguinal region of 1 week duration. He had an exposure 3 weeks ago. He has no ulcers or any other lesions on the genitalia and no previous history.

Q: How would you apply the Syndromic Case Management approach to his case?

EXERCISE 3.4: STEPS IN HAND WASHING - CHECKLIST

Procedure	Done
Ensure short finger nails	
Ensure water supply/ alcohol hand - rub solution	
Remove accessories from hands	
Pour soap solution / alcohol rub into hand or apply soap uniformly on the hand	
Scrub both hands Scrub palms and fingers Scrub back of hands Scrub fingers and knuckles Scrub thumbs Scrub finger tips and nails Scrub wrists and up to elbows if needed	
Wash hands ensuring removal of soap from all applied areas / if using alcohol rub, rub all surfaces till dry (Do not wash with water)	
Air dry or dry using clean towels	

EXERCISE 3.5: SITUATIONAL GUIDE – CLEANING UP A BLOOD SPILL ON THE FLOOR

Proper Technique

1. Wear appropriate personal protective equipment: plastic apron, shoes and disposable gloves.
2. Put a towel / gauze / cotton over the spill area to cover it completely.
3. Pour hypochlorite solution 1% over the covered cloth to soak it completely.
4. Leave the solution on the cloth for another 30 minutes without disturbance.
5. Carefully lift the cloth from the floor, mopping the whole spill onto the cloth and dispose into the yellow bin.
6. Using a routine mop and soap water solution swipe the area and wash the mop and hang it out to dry.
7. Remove gloves and dispose into red bin.
8. Wash hands under running water with soap and dry hands.

EXERCISE 3.6: HIV AND PREGNANCY CASE STUDY

Instructions:

- You have 5 minutes to read the case study on your own and prepare your answers.
- When the facilitator instructs, answer the questions as a class.

Case Scenario: Mrs. B has been on ART for just six months. She is feeling much better and would like to have another child. Her husband's HIV status is unknown. She approaches you for advice.

Questions:

1. What advice will you give to Mrs. B?

2. What are the medical implications?

3. How will you proceed with your counseling?

ROLE PLAYS

ROLE PLAY 3.1: TYPICAL PATIENT QUESTIONS

Patients often have many questions about HIV/AIDS and nurses need to know how to answer these questions. Nurses will get better as they learn more and with experience. The purpose of this exercise is to help participants practice their knowledge and communication skills.

Instructions:

Part I of Activity (10 minutes):

- Break into pairs to conduct this role play activity
- Decide who will play the role of a PLHA, asking a nurse a common question as listed in the exercise
- The other participant will play the role of a nurse
- After question one, alternate roles for question two and again for each of the four questions
- In your pair, discuss and decide how best to respond to the patient's question
- As the nurse, respond to the questions as you would to a real patient

Part II of the Activity (15 minutes):

- Four pairs of volunteers will be asked to come up, one by one, and role play one question each in front of the class
- Each pair will have 2 minutes to perform the role play and then 2 minutes to debrief each role play. The facilitator will ask for feedback from:
 - o Role players (i.e. How do you think it went? How did it feel playing these roles?)
 - o Observers (i.e. What did you observe? What do you think went well? What else could the nurse have said or done differently?)
 - o Remember, when giving feedback to:
 - Be respectful. Remember, it is hard to be in the nurse position!
 - Emphasize the positive aspects of the patient education session. Use the “masala dosa” method of giving feedback by giving constructive suggestions wrapped in positive feedback

Questions:

1. What is the difference between HIV and AIDS?

2. How could I have gotten HIV infection if I had sex with no one else but my wife?

3. I came here because of my TB, why are you asking me to go for an HIV test?

4. How much time do I have to live now that I have HIV infection?

ROLE PLAY 3.2 (a): COUNSELING ROLE PLAYS

Instructions:

- Divide into five small groups of 4 or 5. Each group will be assigned a case by the facilitator.
- Choose one person to be the patient and another person to be the counselor. The remaining group members will be observers. The patient and counselor will meet as if they were having a regular visit
- You will have 10 minutes to plan and practice the role play using the guidelines provided under your case. You do not need to cover all the points listed in one session, they are just a guide for you as to how to proceed. Make any notes you want in the space given
- Each group will be given 3 to 5 minutes to perform the role-play for the large group.
- The observers in the group should use Exercise 1 (b): Counseling Assessment Tool - while the role play is being performed and conduct a debrief session where they will be asked to provide feedback. When giving feedback remember to:
 - Be respectful. Remember, it is hard to be in the counselor position
 - Emphasize the positive aspects of the counseling session
 - Offer gentle, constructive suggestions to improve what didn't work so well
 - Avoid being too critical since this is only a practice session
 - Avoid using terms like 'should have' 'must have', etc.
- The facilitator will highlight important points for each counseling situation

Case 1: Sita a 20 year old woman comes to the ART clinic. She received a positive HIV test result 2 weeks ago. You check her laboratory investigations, and find all are within normal limits. Her CD4 count is 475. She asks you. 'What should I do to stay healthy?'

Demonstrate how you would counsel her.

Case 2: Ravi a 25 yr old HIV + man reports to the medicine out-patient department with white patches on his tongue, throat, pain on swallowing, and weight loss.

Demonstrate how you would counsel her.

Case 3: Sofia, a 42 year old woman, diagnosed with HIV infection 5 years ago is admitted with one month history of poor appetite, diarrhoea and weight loss. She pleads with you 'Please help me gain some weight and get my energy back'.

Demonstrate how you would counsel her.

Case 4: Sundari, a 28 year old woman, was recently diagnosed with HIV and is admitted to the hospital with advanced HIV and wasting syndrome. She is depressed

and suicidal. She has disclosed her status only to her husband, and really does not know much about HIV disease. She is sure she is going to die.

Demonstrate how you would counsel her.

Case 5: Ashish is a 22 year old driver who travels frequently. He is determined to be eligible for free ART. He comes to the ART centre for counseling related to starting his medication.

Demonstrate how you would counsel him.

(b): COUNSELING ASSESSMENT CHECKLIST

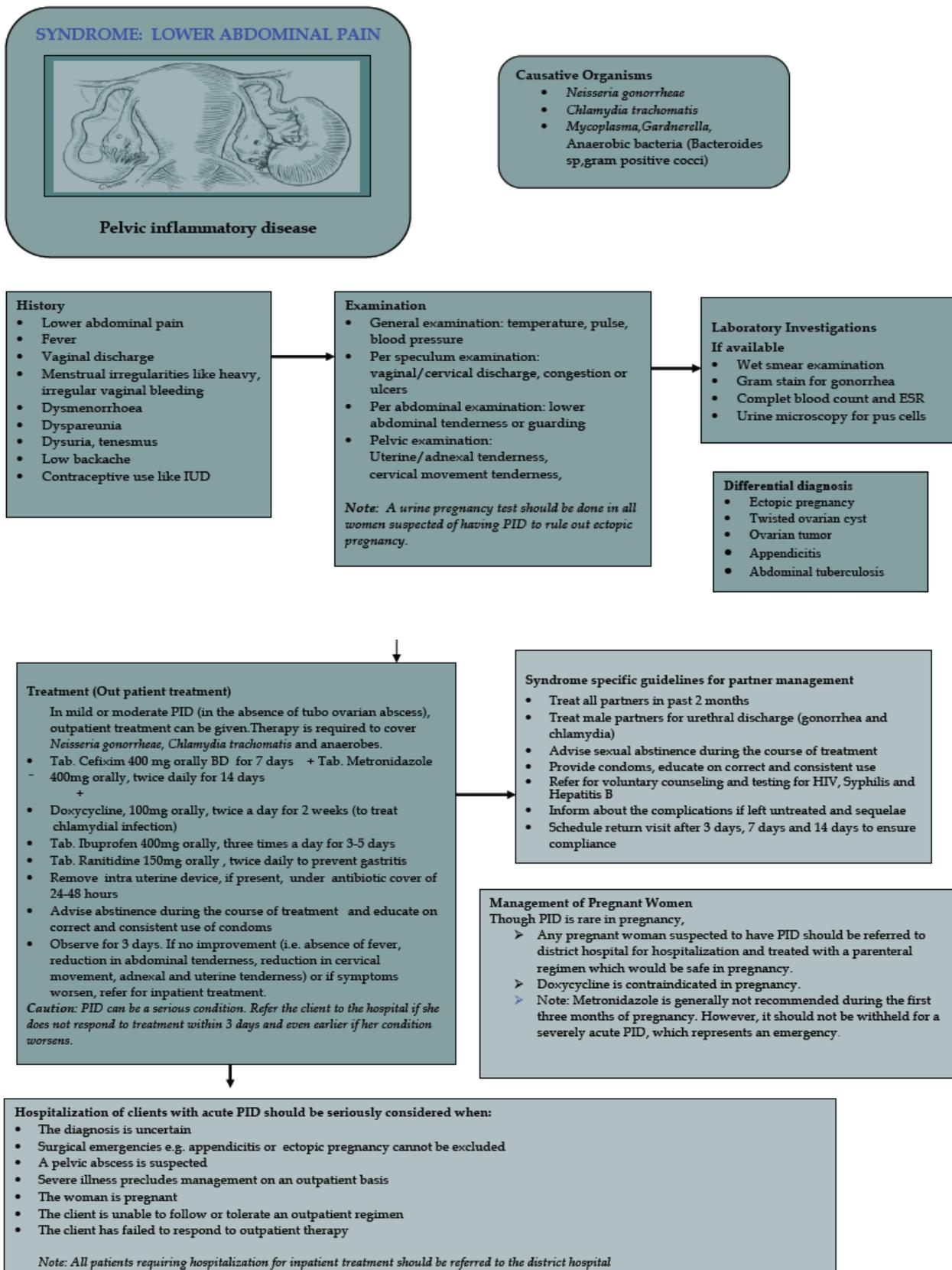
Counseling Skills and Techniques	Done
Establishes therapeutic relationship	
▪ Creates comfortable external environment	
▪ Uses culturally appropriate greeting gestures that convey respect and caring	
▪ Offers seat (if available)	
▪ Uses appropriate body language and tone of voice	
▪ Makes eye contact	
Active Listening	
▪ Looks at client when speaking	
▪ Attentive body language and facial expression	
▪ Continuous eye contact	
▪ Occasional gestures, such as nods to acknowledge client	
Effective Questioning	
▪ Uses open ended questions to elicit information	
▪ Asks relevant questions	
▪ Reflects statements back to client for conformation	
Summarizing	
▪ Takes time to summarize information obtained from client	
▪ Checks with client to ensure understanding of important concerns and issues	

ANNEXURES

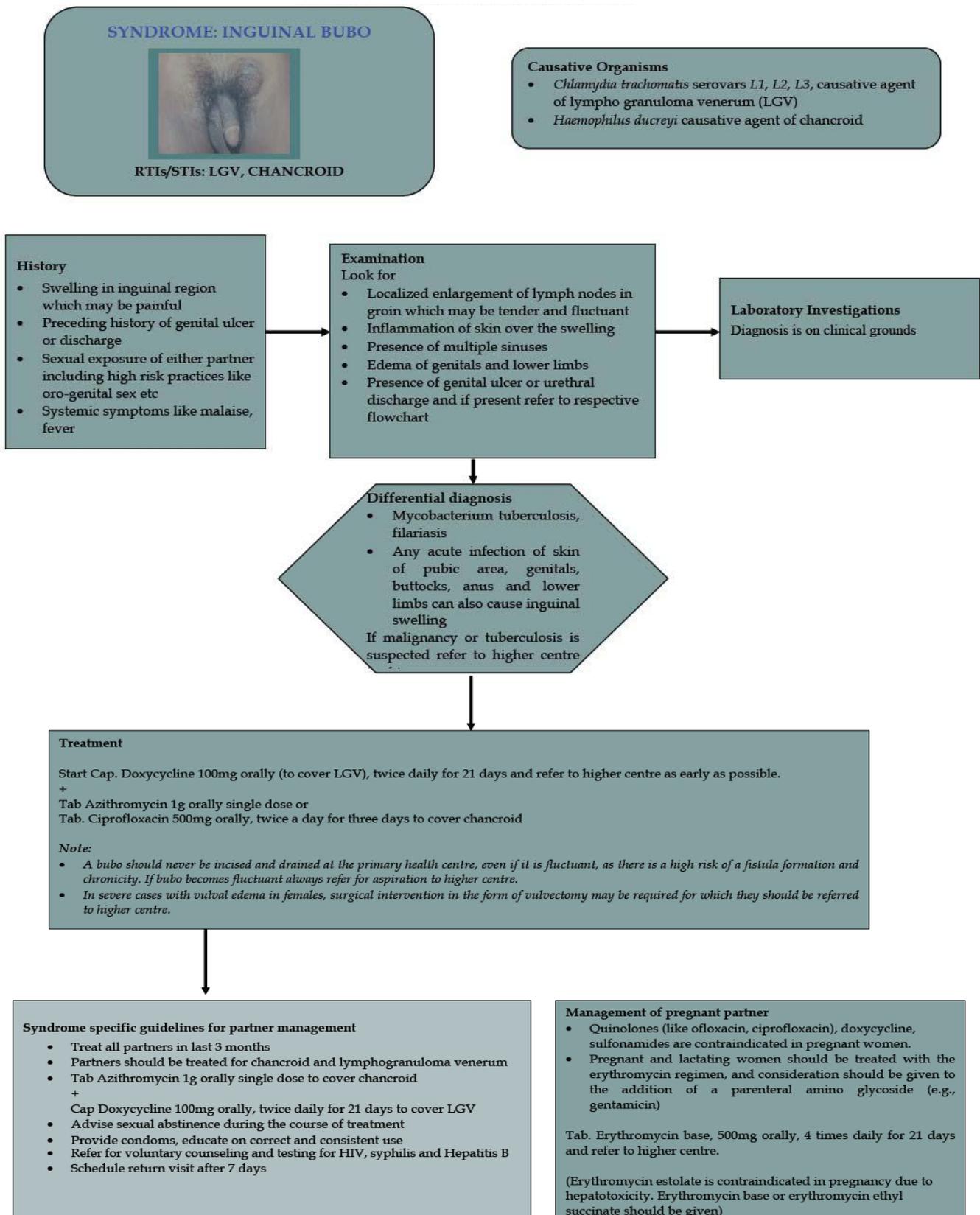
The following seven STI Syndromic Flowcharts are from:

National AIDS Control Organisation, Maternal Health Division, Ministry of Health and Family Welfare, Government of India. National Guidelines on Prevention, Management and Control of Reproductive Track Infections include Sexually Transmitted Infections. August 2007. Refer to the manual for further information and a clear view of the flowcharts.

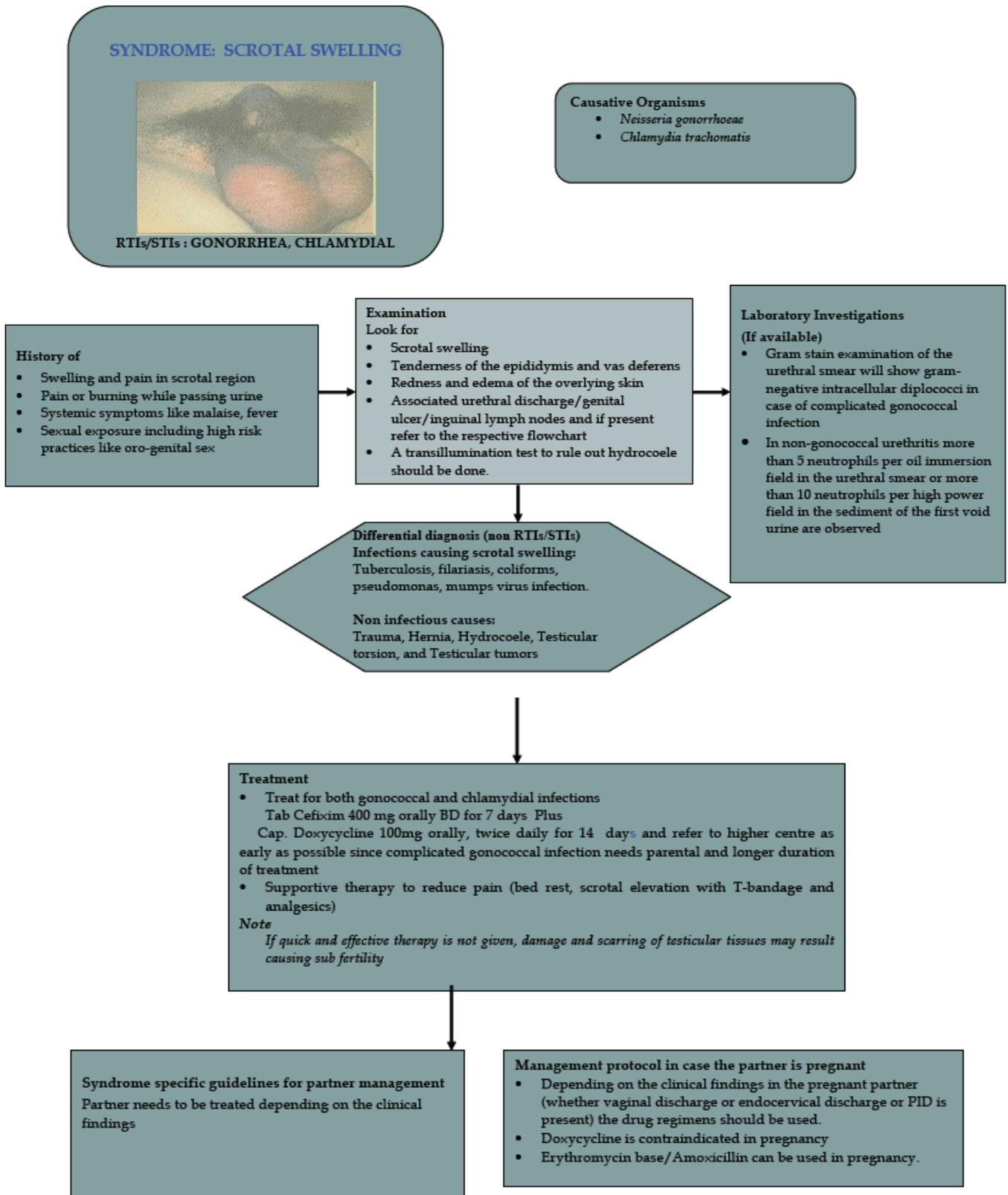
ANNEXURE 3.1: STI SYNDROME FLOWCHART – MANAGEMENT OF LOWER ABDOMINAL PAIN IN FEMALES



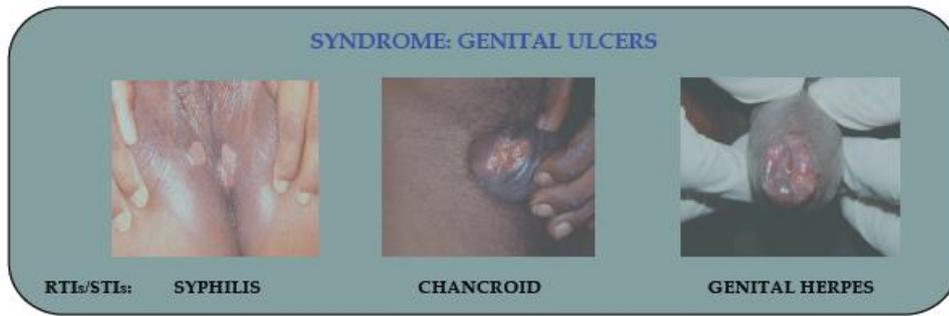
ANNEXURE 3.2: STI SYNDROMIC FLOWCHART – MANAGEMENT OF INGUINAL BUBO



ANNEXURE 3.3: STI SYNDROMIC FLOWCHART – MANAGEMENT OF PAINFUL SCROTAL SWELLING

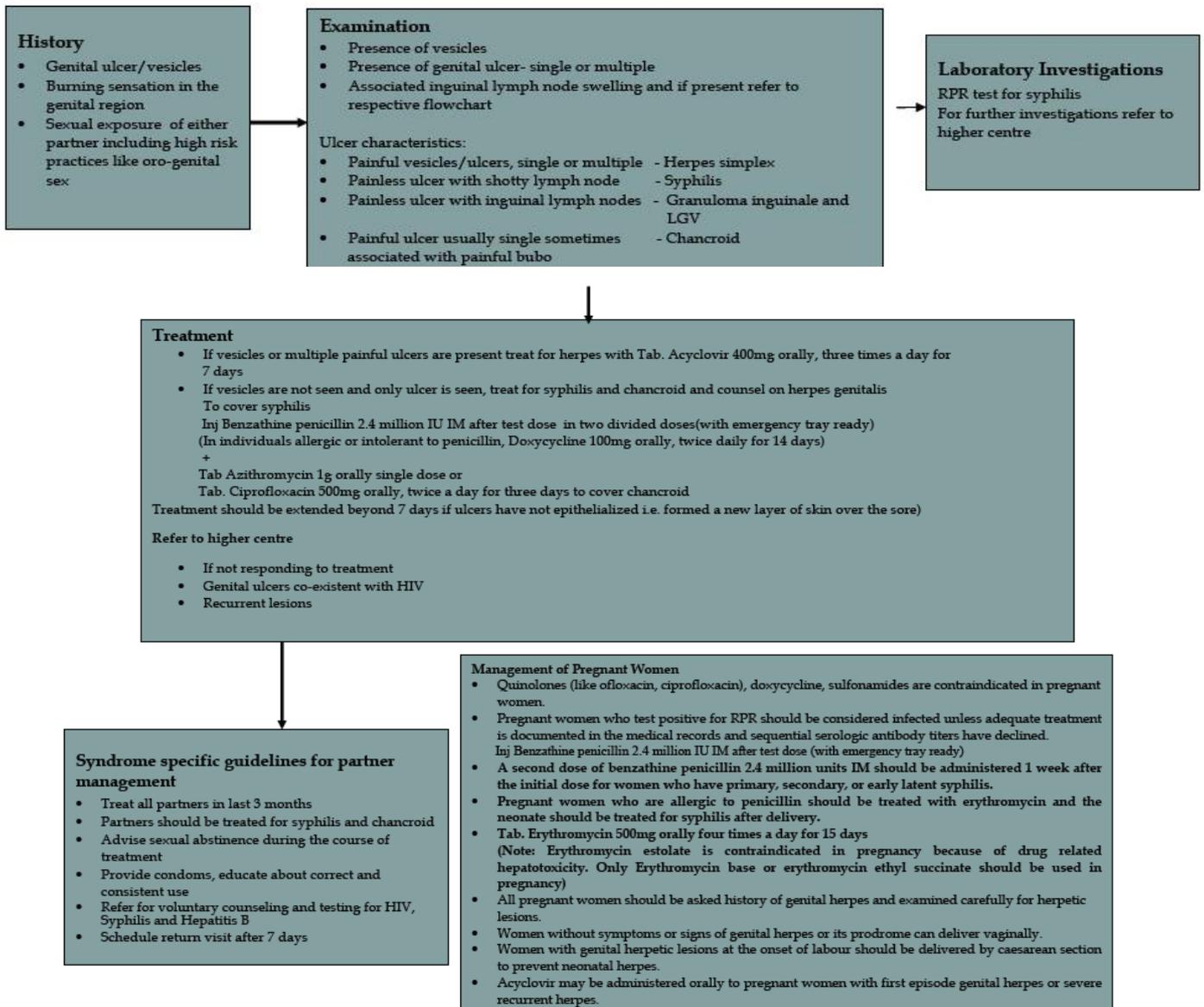


ANNEXURE 3.4: STI SYNDROMIC FLOWCHART – MANAGEMENT OF GENITAL ULCERS

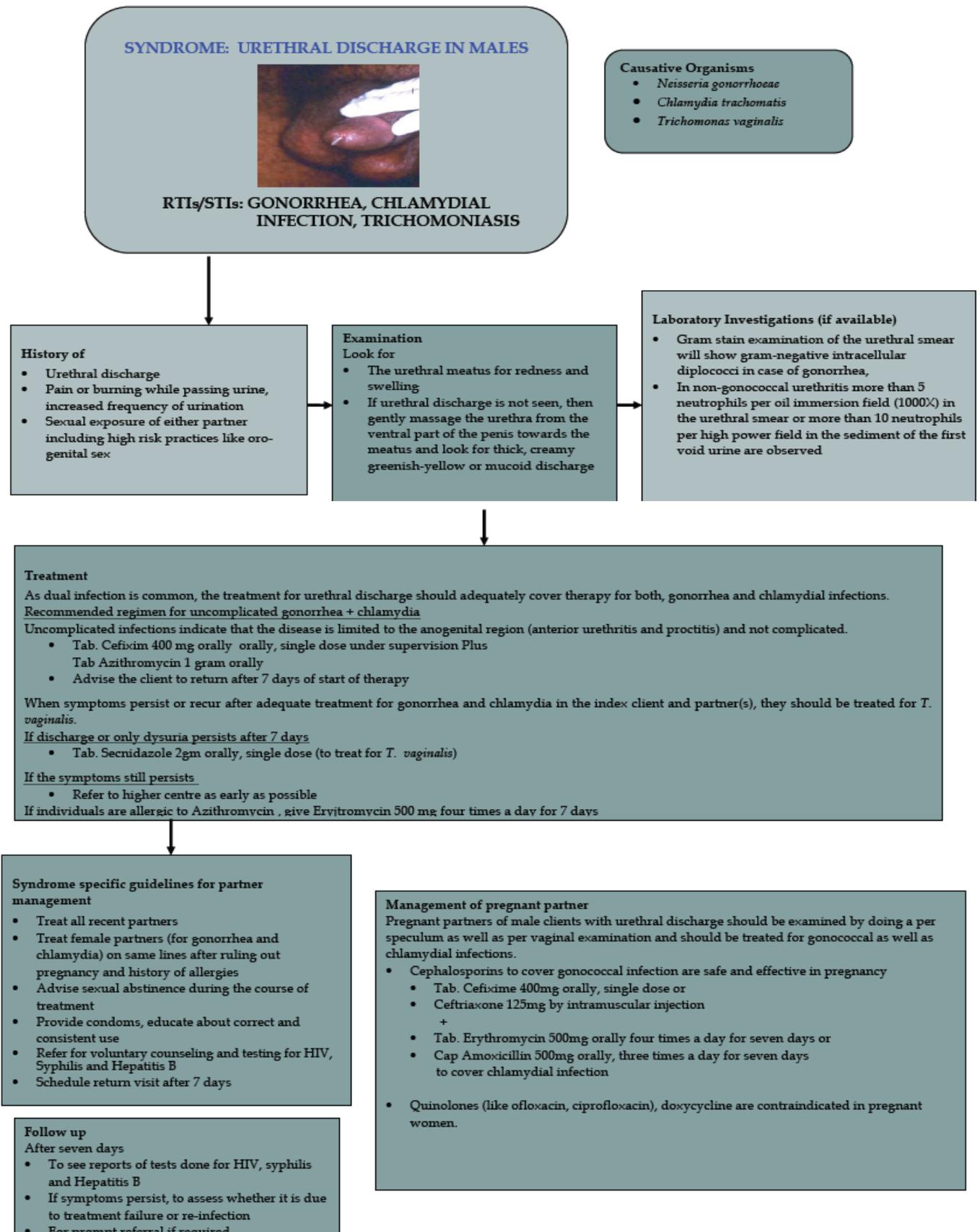


Causative Organisms

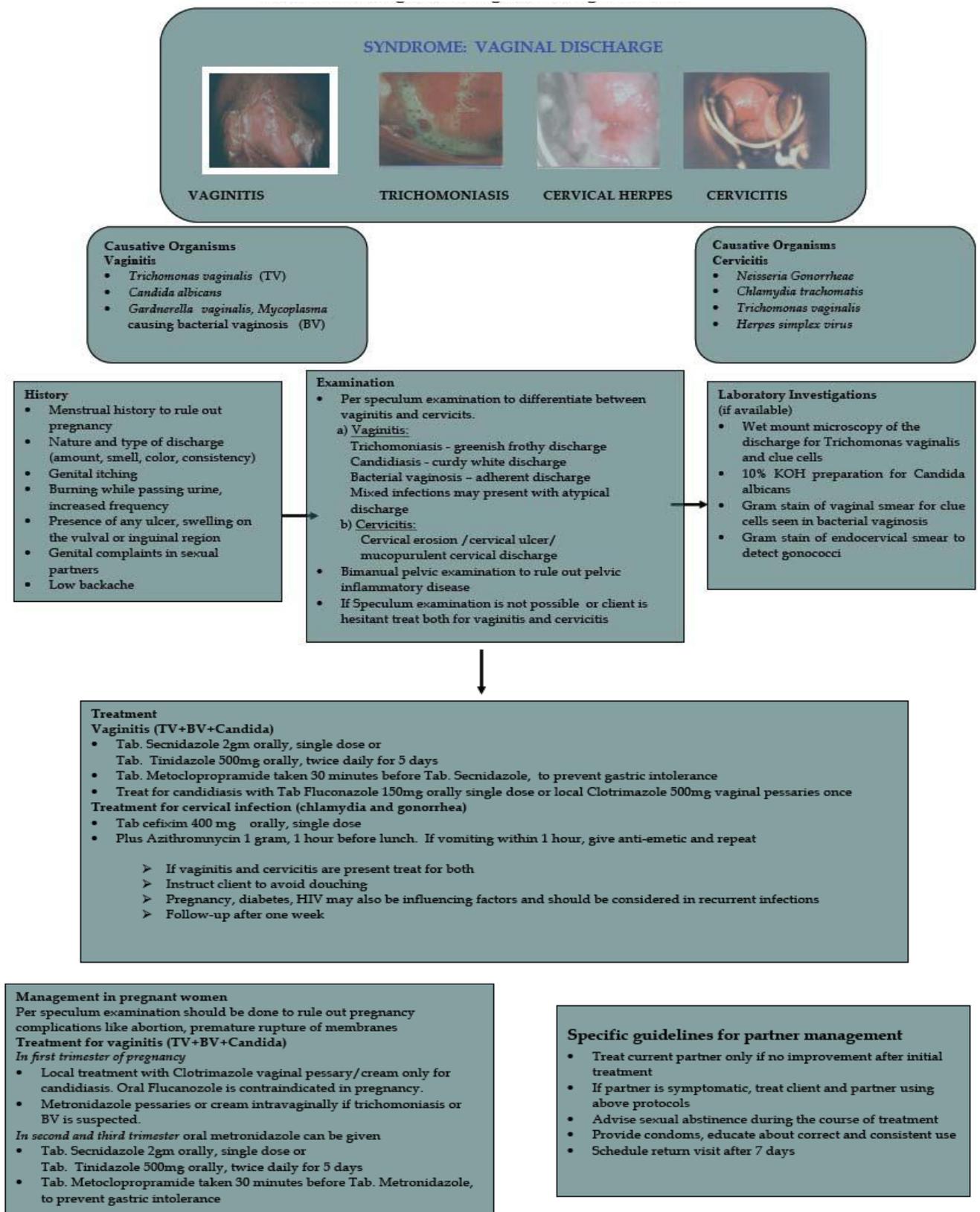
- *Treponema pallidum* (syphilis)
- *Haemophilus ducreyi* (chancroid)
- *Klebsiella granulomatis* (granuloma inguinale)
- *Chlamydia trachomatis* (lymphogranuloma venerum)
- *Herpes simplex* (genital herpes)



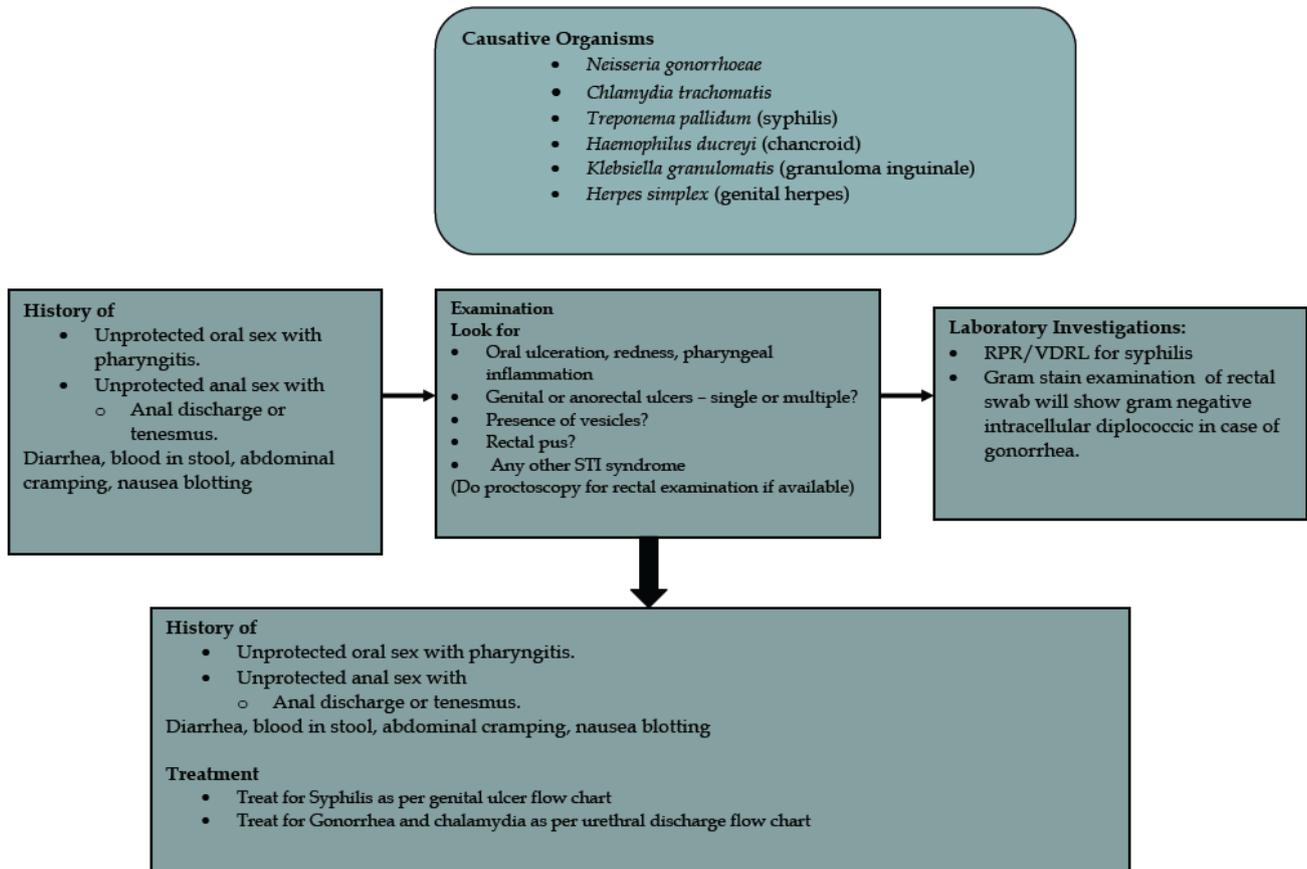
ANNEXURE 3.5: STI SYNDROMIC FLOWCHART – MANAGEMENT OF URETHRAL DISCHARGE IN MALES



ANNEXURE 3.6: STI SYNDROMIC FLOWCHART – MANAGEMENT OF VAGINAL DISCHARGE IN FEMALES



ANNEXURE 3.7: STI SYNDROMIC FLOWCHART – MANAGEMENT OF ORAL & ANAL STIs



ANNEXURE 3. 8: MANAGEMENT OF ANOGENITAL WARTS, MOLLUSCUM CONTAGIOSUM AND ECTOPARASITIC INFECTION

Perivulval warts



Penile warts



ANOGENITAL WARTS

Perianal warts

Causative Organism:

Virus: Human Papilloma Virus (HPV)

Clinical features:

Single or multiple soft, painless, pink in color, “cauliflower” like growths which appear around the anus, vulvo-vaginal area, penis, urethra and perineum. Warts could appear in other forms such as papules which may be keratinized.



Diagnosis:

Presumptive diagnosis by history of exposure followed by signs and symptoms.

Differential diagnosis

- i. Condyloma lata of syphilis
- ii. Molluscum contagiosum

Treatment

Recommended regimens:

PENILE AND PERIANAL WARTS

- 20% Podophyllin in compound tincture of benzoin applied to the warts, while carefully protecting the surrounding area with Vaseline, to be washed off after 3 hours. It should not be used on extensive areas per session
- Treatment should be repeated weekly till the lesions resolve completely

Note: Podophyllin is contra-indicated in pregnancy. Treatment should be given under medical supervision. Clients should be warned against self-medication.

Cervical warts

- Podophyllin is contra-indicated.
- Biopsy of warts to rule out malignant change
- Cryo cauterization is the treatment of choice

- Cervical cytology should be periodically done in the sexual partner(s) of men with genital warts

MOLLUSCUM CONTAGIOSUM



Causative Organism: Pox virus

Clinical features: Multiple, smooth, glistening, globular papules of varying size from a pinhead to a split pea can appear anywhere on the body. Sexually transmitted lesions on or around genitals can be seen. The lesions are not painful except when secondary infection sets in. When the lesions are squeezed, a cheesy material comes out.

Diagnosis: Diagnosis is based on the above clinical features.

Treatment:

- Individual lesions usually regress without treatment in 9-12 months
- Each lesion should be thoroughly opened with a fine needle or scalpel. The contents should be exposed and the inner wall touched with 25% phenol solution or 30% trichloroacetic acid

PEDICULOSIS PUBIS

Causative Organism: Lice - *Phthirus pubis*

Clinical features: There may be small red papules with a tiny central clot caused by lice irritation. General or local urticaria with skin thickening may or may not be present. Eczema and Impetigo may be present.

Treatment

Recommended regimen:

- Permethrin 1% creme rinse applied to affected areas & washed off after 10 min.

Special instructions

- Retreatment is indicated after 7 days if lice are found or eggs observed at the hair-skin junction
- Clothing or bed linen that may have been contaminated by the client should be washed and well dried or dry cleaned
- Sexual partner must also be treated along the same lines

SCABIES



Causative Organism: Mite - *Sarcoptes Scabiei*

Clinical Features: Severe pruritis (itching), which becomes worse at night. Other members of family also affected (apart from sexual transmission to the partner, other members may get infected through contact with infected clothes, linen or towels).

Complications:

- Eczematization with or without secondary infection
- Urticaria
- Glomerulonephritis
- Contact dermatitis to antiscabetic drug

Diagnosis: The burrow is the diagnostic sign. It can be seen as a slightly elevated grayish dotted line in the skin, best seen in the soft part of the skin.

Treatment

Recommended regimens:

- Permethrin cream (5%) applied to all areas of the body from the neck down and washed off after 8--14 hours.
- Benzyl benzoate 25% lotion, to be applied all over the body, below the neck, after a bath, for two consecutive nights. Client should bathe in the morning, and have a change of clothing. Bed linen is to be disinfected.

Special instructions

- Clothing or bed linen that may have been contaminated by the client should be washed and well dried or dry cleaned.
- Sexual partner must also be treated along the same lines.

ANNEXURE 3.9: PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE	When to wear	Points to keep in mind
Gloves	<p>Wear sterile gloves when</p> <ul style="list-style-type: none"> ▪ Handling sterile supplies ▪ Doing invasive procedures ▪ Wear clean gloves when ▪ Handling blood or body fluids ▪ Wear utility gloves when cleaning or managing waste 	<p>Wearing clean or sterile gloves</p> <ul style="list-style-type: none"> ▪ Wash hands ▪ Slip each hand into glove, pulling it snugly over the fingers to ensure a good fit ▪ Pull glove over the wrist as far as it will go to maximize coverage ▪ Grasp the glove by the other gloved hand and remove first glove by turning the glove inside out as it is pulled over the hand. (This will keep the contaminated areas away from your skin) ▪ During removal of the second glove, avoid touching the outer surface by slipping the fingers of the ungloved hand under the glove and pulling it inside out as it is pulled over the hand, effectively sealing the first glove inside ▪ Dispose of the used gloves in a lined waste container or disinfect as per standard protocol ▪ Sterilize gloves before re-use for invasive procedures. <p>Utility gloves</p> <ul style="list-style-type: none"> ▪ Do not use them to touch patients, patient care items, or anything near patients ▪ Use the same utility gloves for the same tasks ▪ Use separate gloves for dirty and clean tasks ▪ Wash with detergent and bleach and leave to dry at the end of the shift
Eye Wear (goggles, visor, face shield)	Wear eye wear when it is anticipated that infectious body fluids may splash and come in contact with the eye	<ul style="list-style-type: none"> ▪ The eyewear surrounds the rim of the whole eyes without any gap ▪ Disinfect if there is a splash of potentially infectious fluid on it ▪ Wash thoroughly before reuse ▪ If eyewear is not available make use of the face shield/visor. It costs approximately Rs. 100-150 and can be easily disinfected
Gowns and Aprons	<p>Protect skin when risk of splashing or spraying of blood or body fluid contact is expected using impervious/ plastic gowns.</p> <p>Prevent soiling of clothing during procedures that may involve contact with blood or body fluids.</p>	<ul style="list-style-type: none"> ▪ Gowns need to be thick enough so that blood will not soak through easily ▪ Cotton gowns are inappropriate as the cloth absorbs dirt very easily and needs to be disinfected and cleaned daily ▪ Aprons need to be water resistant preferably made of plastic ▪ Wash hands after removal of gowns/aprons ▪ Disinfect as per standard protocol <ul style="list-style-type: none"> o Soak in bleaching solution (1%) for 20 minutes, then wash and sun dry o OT and labour room gowns would need to be sterilized
Masks (cloth and paper)	<p>Protect mouth and nose from potential splashes of infectious fluid</p> <p>Use when handling patients with respiratory infections Doing any invasive procedures Conducting delivery</p>	<ul style="list-style-type: none"> ▪ Cover both the nose and the mouth during procedures and patient-care activities ▪ While wearing a mask, make sure it is: <ul style="list-style-type: none"> o Fit properly over the nose, mouth, lower face, and below the jaw line in a tight enough fit (face seal) to prevent air leakage around the edges o Changed for each procedure o Replaced if wet or contaminated o Not worn under the chin or dangling around the neck after use

		<ul style="list-style-type: none"> ▪ When removing, hold masks by the strings/ties as the centre of the mask is most contaminated ▪ Dispose immediately after use ▪ Wash hands after disposing the mask
Caps	Used to keep the hair and scalp covered so that flakes of skin and hair are not shed into the wound during surgery	Should be large enough to cover all hair
Footwear	Worn during procedures and patient-care activities when large-particle droplet spatter or sprays of blood or body fluids is anticipated	<ul style="list-style-type: none"> ▪ Slippers are not sufficient protection ▪ If foot wear does not completely cover the foot then put a plastic cover over it and secure this with a rubber band ▪ Footwear should be fluid proof ▪ They should be washable and easily disinfected (Plastic or sandak)

Using Appropriate PPE during Common Nursing Procedures

Type of exposure	Examples of common nursing Procedures	Protection required
Low risk (chance of direct contact with infectious body fluids is minimal)	Bed making, back care, sponge bath, mouth care, minor wound dressing, perineal care, injections, lumbar puncture, taking temperature, BP	Gloves helpful but not necessary
Medium risk (chance of direct contact with infectious body fluid is moderate i.e. probable contact with blood, splash unlikely)	Insertion and removal of IV needles, PV examination, dressing large wounds, handling blood spills or specimens, intubation, suctioning, collecting blood	Use gloves with waterproof aprons, for intubation wear gloves, mask, goggles and apron
High risk (chance of direct contact as well as splash of infectious body fluid is high, uncontrolled bleeding)	Vaginal delivery, uncontrolled bleeding, surgery, endoscopy, dental procedures	All PPE surgical gloves, apron, masks, protective eyewear, foot wear

Do's and Don'ts for Use of PPE

Do's	Don'ts
<ul style="list-style-type: none"> ▪ Use PPE based on risk of procedure ▪ Change PPE completely after each procedure ▪ Discard the used PPE in appropriate disposal bags ▪ Dispose PPE as per the policy of the hospital ▪ Always wash hands after removing PPE ▪ Educate and train all junior and auxiliary staff in the use of PPE 	<ul style="list-style-type: none"> ▪ Share PPE ▪ Use same gloves between patients ▪ Reuse disposable gloves, eyewear, masks ▪ Use eye wear that restricts your vision ▪ Use masks when wet

ANNEXURE 3.10: GUIDELINES FOR DISINFECTION AND STERILIZATION

Do's	Don'ts
Remove gloves, if appropriate	Do not panic
Wash the exposed site thoroughly with running water	Do not put pricked finger in mouth
Irrigate with water or saline if exposure sites are eyes or mouth	Do not squeeze wound to bleed it
Wash skin with soap and water	Do not use bleach, chlorine, alcohol, betadine, iodine or other antiseptics/detergents on the wound

Step 1: Management of Exposure Site – First Aid

For skin – if the skin is broken after a needle-stick or sharp instrument:

- Immediately wash the wound and surrounding skin with water and soap, and rinse. Do not scrub
- Do not use antiseptics or skin washes (bleach, chlorine, alcohol, betadine) after a splash of blood or body fluids:
 - To unbroken skin:
 - Wash the area immediately
 - Do not use antiseptics
 - For the eye:
 - Irrigate exposed eye immediately with water or normal saline
 - Sit in a chair, tilt head back and ask a colleague to gently pour water or normal saline over the eye
 - If wearing contact lens, leave them in place while irrigating, as they form a barrier over the eye and will help protect it. Once the eye is cleaned, remove the contact lens and clean them in the normal manner. This will make them safe to wear again
 - Do not use soap or disinfectant on the eye
 - For mouth:
 - Spit fluid out immediately
 - Rinse the mouth thoroughly, using water or saline and spit again. Repeat this process several times
 - Do not use soap or disinfectant in the mouth

Note:

Post Exposure Prophylaxis (PEP) must be initiated as soon as possible, preferably within 2 hours. Consult the designated physician of the institution for management of the exposure immediately.

ANNEXURE 3.11: FACTORS INCREASING THE RISK OF MOTHER TO CHILD HIV TRANSMISSION

Maternal Factors	Obstetrical Factors	Infant Factors	Infant Feeding Factors
High viral load Recent infection Advanced disease	Rupture of membranes >4 Hours	Prematurity	Breast feeding
Poor Nutrition	Invasive procedures on uterus during pregnancy	First infant of multiple birth	Mixed feeding
Concurrent STIs/OIs	Invasive foetal monitoring, Artificial rupture of Membranes	Immature GI Tract	Maternal breast pathologies (mastitis)
Placental infection (esp. malaria)	Intrapartum haemorrhage	Low birth weight	Longer duration of breast feeding
Drug use	Instrument delivery Episiotomy Vaginal vs. C-section	Altered skin Integrity	Maternal HIV infection during lactation Poor maternal Nutrition

ANNEXURE 3.12: NURSE'S ROLE DURING PREGNANCY, LABOUR, DELIVERY, AND POSTNATAL PERIOD IN THE CARE OF HIV POSITIVE WOMEN

1. Pregnancy in HIV Positive Women

- Educate the woman on the importance of:
 - Testing for HIV
 - Antenatal visits
 - Diet + Vitamin and Iron supplements
 - Avoiding invasive procedures
 - Practicing safer sex
 - Treating ANY infection/STI/RTI
 - Importance of hospital delivery: indications for vaginal versus caesarean section
 - Continuing to monitor the progress of her HIV: CD4 counts/presence of OIs

2. Labour and Delivery in HIV Positive Women

Regular obstetrical assessment – attendance to ANC

- Assess whether tested for HIV
 - If not, offer pre-test counseling and testing during labour
- If known HIV+, check whether she has
 - Already been put on ART
 - Already taken the single dose Nevirapine (NVP) (PPTCT programme)
- Disclosure
 - To women if HIV + status just diagnosed
 - To delivery team
 - To spouse and other family members
- Assure confidentiality
- Emotional support
- Nevirapine
- Mode of delivery
 - Vaginal delivery in the hospital
 - Caesarean section indicated only electively before labour begins when viral load high or as an emergency for obstetrical causes/foetal distress

Do's and Don'ts during Labour and Delivery in HIV+ Pregnant Women

Do's	Do Not
<p>For mother during labour</p> <ul style="list-style-type: none"> ▪ Give NVP 200 mg 4 hours before onset of labour ▪ Perform vaginal cleansing with 0.25% Chlorhexidine ▪ Take measures to prevent episiotomy <p>For newborn care</p> <ul style="list-style-type: none"> ▪ Cut cord under cover of light gauze with a fresh blade ▪ Clean baby thoroughly of secretions ▪ Determine mother's feeding choice before latching to breast ▪ Give single dose NVP 2mg/kg for the baby 	<p>For mother during labour</p> <ul style="list-style-type: none"> ▪ Isolate ▪ Shave pubic area ▪ Give an enema ▪ Perform frequent PV exams ▪ Rupture membranes ▪ Use instrumental deliveries unless absolutely necessary <p>For newborn care</p> <ul style="list-style-type: none"> ▪ Use mouth-operated suction ▪ Suction newborn with nasogastric tube unless meconium-stained

Infection control precautions at the time of labour and delivery in an HIV+ woman

- Use appropriate personal protective equipment
- When cutting the cord, minimize splash of blood and fluids by using clamps and gauze
- Handle the baby with gloves until bathed
- When providing regular umbilical cord care, use gloves
- If assisting to express breast feeds, stand on the same side as mother, use gloves
- Soak all used linen in bleach solution for 2 hours

If these precautions are taken, there is no need to be fearful of conducting or assisting in a normal delivery for HIV positive women!

3. During Breast Feeding and Postnatal Period in HIV Positive Women

Feeding options should continue to depend on the mother's individual circumstances including her health status and the local situation, but should take greater consideration of the health services available and the counseling and support she is likely to receive.

Educate mother on:

- Feeding options
 - Exclusive breast feeding for 6 months OR
 - At 6 months if replacement feeding is still not acceptable, feasible, affordable, sustainable and safe, continuation of breast feeding with additional complementary foods is recommended while the mother and baby continue to be regularly assessed OR
 - Replacement feeding if affordable, safe, sustainable, feasible, and acceptable right from birth
- Safe breast feeding practices
 - Good hygiene
 - Good position
 - Give colostrums
 - Duration-shorter the better
- Never to mix feeds (never give breast milk along with other feeds such as cow's milk or formula)
 - Option of expressing breast feed compared to direct feed
- How to stop breast feeding abruptly

Follow up care of mother:

- Inform about
 - Routine postnatal care of mother
 - Evaluation to decide eligibility for ART
 - Need to report any signs of infections - chest, urinary, puerperal, episiotomy or breast infections
- Assess risk factors for reinfection

Reinforce safer sex:

- Discuss family planning BEFORE discharge
- Review birth control and infection control
 - Dual protection to prevent and reduce further HIV infection, STIs, and pregnancy

- o Data suggests hormonal contraception is less effective with ARVs
- o Access to emergency contraception

Follow up care of baby born to HIV positive women:

- DNA Polymerase Chain Reaction (PCR) HIV testing for infants at 6 weeks and 6 months (where available)
- Routine well baby visits
- Follow standard immunization schedule with the following notes:
 - o BCG should not be given in symptomatic HIV-infected children
 - o HiB vaccine should be given to all who are confirmed HIV-infected on the basis of 2 positive DNA PCR tests done at 6 weeks of age
- Need for immediate medical attention if signs and symptoms of any infection present
- Cotrimoxazole prophylaxis
 - o All HIV exposed infants start at 4-6 weeks of age till detected as HIV negative
 - o Recommended dose is 5 mg/kg/day as a single dose
- HIV antibody testing at 12 and 18 month visit

ANNEXURE 3.13: KEY ELEMENTS OF EFFECTIVE COUNSELING

In order to be effective counsellors, we need to put into practice effective communication. As HIV infection has many implications on the physical, emotional, social, and spiritual well-being of a person, this communication needs to occur within a supportive environment. The components of effective communication and a supportive environment are listed below in the table.

Effective Communication	Supportive Environment
<p>Message</p> <ul style="list-style-type: none"> ▪ Be positive, focused ▪ Make the listener comfortable ▪ Ask for a feedback ▪ Emphasize important points <p>Listening / Non verbal communication</p> <ul style="list-style-type: none"> ▪ Maintain eye contact and smile ▪ Lean toward the person, say “yes” “hmm” and “OK” ▪ Do not hesitate to touch the person when needed <p>Tone</p> <ul style="list-style-type: none"> ▪ Use a tone of voice that encourages communication ▪ Utilize praise and encouragement more <p>Questioning technique</p> <ul style="list-style-type: none"> ▪ Use open ended questions and state them clearly ▪ Wait for answers rather than speaking immediately ▪ Repeat questions when not understood 	<p>Timing</p> <ul style="list-style-type: none"> ▪ Be sure patient is ready for the information and counseling ▪ Schedule at a convenient time for the patient <p>Place</p> <ul style="list-style-type: none"> ▪ Ensure privacy and comfort <p>Acknowledge the feelings of the patient.</p> <ul style="list-style-type: none"> ▪ Assess the main concerns of the patient ▪ Address concerns based on the patient’s priorities <p>Begin with less intimidating/less sensitive issues</p> <ul style="list-style-type: none"> ▪ Start with topics that the patient is comfortable discussing, i.e. his/her work rather than the sexual history

Using positive messages while communicating with PLHAs is more effective than using negative messages. When giving messages, always try and frame them so that they are positive rather than negative.

Examples of Positive and Negative Messages

Positive Messages	Negative Messages
Using condoms will help you be free of STIs.	Not using condoms could put you at risk of getting STIs.
Safer sex practices will help protect yourself as well as protect others.	If you do not practice safe sex, you could get an STI and you could transmit HIV to others.
Taking your ART exactly as prescribed every day will prevent you from developing resistance to the medications and keep you healthy for a longer period of time.	If you do not take your ART exactly as prescribed every day, you will get resistance to HIV, and the medications will not work for you.

ANNEXURE 3.14: AVOIDING COUNSELING MISTAKES

Counseling is not an easy task, and skills will improve with practice. Use the tips below to help avoid simple counseling mistakes.

Do's	Don'ts
Encourage spontaneous expression of feelings and needs	Control
Be neutral to allow patients to express concerns	Judge
Ask patients what they think they can change/do better next time	Moralize
Find out the person's fears, anxieties	Label
Tell the facts gently to the patient	Give false reassurance
Help patient identify options Guide patients in making decisions	Advise
Ask open ended, non-accusatory questions	Interrogate
Help patients identify their own strengths Acknowledge resources of the patient	Encourage dependence
Encourage patient to list concerns Guide patient to prioritize concerns Provide factual information to the patient Help patient identify steps of action for identified concerns	Cajole (trying to persuade the patient to accept new behaviour by flattery or lies)

SECTION IV

INTRODUCTION TO PERFORMANCE STANDARDS FOR ANMTCs AND THEIR IMPLEMENTATION

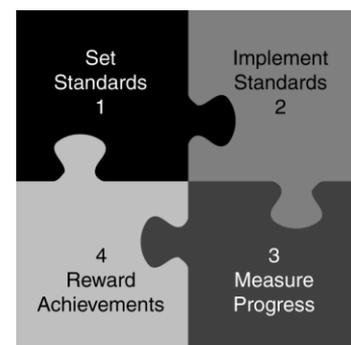
HANDOUTS

HANDOUT 4.1: STANDARDS-BASED MANAGEMENT AND RECOGNITION OF HEALTH SERVICE DELIVERY – A PERFORMANCE IMPROVEMENT APPROACH

What is SBM-R?

- Practical management approach for improving performance and quality of health services based on use of operational, observable performance standards for on-site assessment
- Must be tied to reward or incentive program
- Consists of four basic steps

The Four Steps of SBM-R



Step One: Set the Performance Standards

- Steps to Setting Standards
 - Identify area of services to be improved
 - Define core support and supply processes to provide these services
 - Develop performance standards based on international guidelines, national policies or guidelines, and site-specific requirements
 - Consider providers' input and clients' preferences
 - Performance Standards

The standards tell providers not only what to do but also **how to do it**

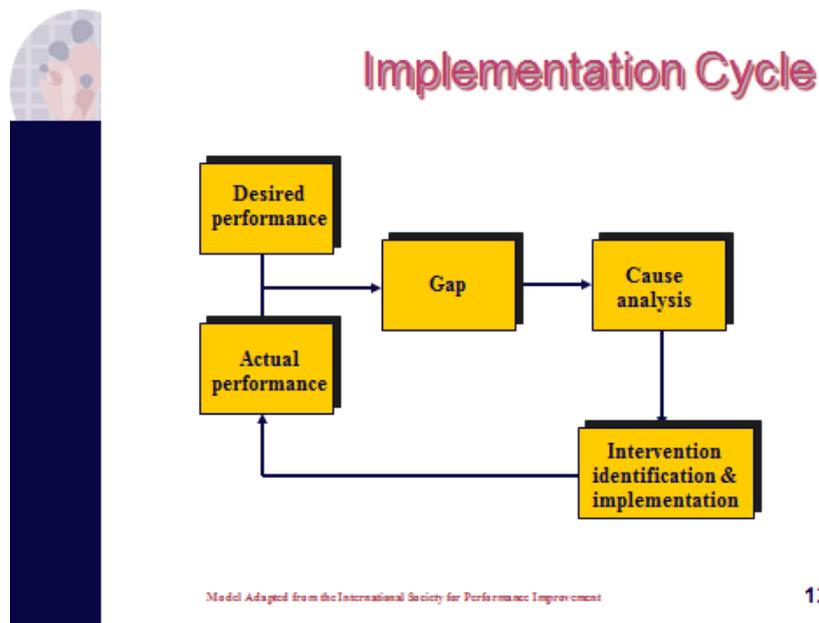
Sample Performance Assessment Tool

AREA: CARE DURING LABOR AND DELIVERY			
Performance Standard	Verification Criteria	Y, N, N/A	Comments
1. The facility has a system to perform a rapid initial assessment of the pregnant woman in labor to identify complications and prioritize admissions	Observe in the registration/admission and/or emergency room during a period of time that allows you to see more than one woman in labor. Verify whether: <ul style="list-style-type: none"> ▪ The provider assesses priority for admission according to danger signs and not according to the order in the waiting line ▪ When individually assessing each woman, the provider: <ul style="list-style-type: none"> – Asks duration of pregnancy – Determines if birth is imminent – Asks the woman how she feels and whether she has or has had: <ul style="list-style-type: none"> - Vaginal bleeding - Rupture of membranes - Convulsions - Severe headache - Blurred vision - Severe abdominal pain - Respiratory difficulty - Fever ▪ The provider grants priority admission in the event of any of the above complications or if the birth is imminent ▪ The provider records the information on the woman's clinical history 		

Step Two: Implement the Standards

- Steps to Implement Standards
- Do baseline assessment
- Identify performance gaps
- Identify causes of gaps and interventions to correct them
- Implement interventions
- Begin and support change process

Implementation Cycle



12

Baseline Assessment

- Determines actual level of performance using the performance assessment tool
- Helps to identify performance gaps
- Once gaps are identified, identifies their causes

In Order to Perform, a Performer needs to:

- Know what to do
- Be enabled to do
- Want to do

Capability to do -----> Knowledge , skills, information
 Opportunity -----> Resources, tools, capacity
 Motivation -----> Inner drives, incentives

Intervention Identification and Implementation

- Once gaps are identified, do cause analysis to identify interventions
- Interventions should match the cause of the gap
- Implement selected interventions

Intervention Identification

Motivation -----> Incentives
 Resources, capacity -----> Strengthening of management systems, provision of resources
 Knowledge, skills, information ---> Training information.

Change Management Strategy

- What makes change difficult?
- Performance standards are a tool for initiating and sustaining change
- Important to focus on actions and achievement of early results to help ease the change process
- Individuals can be powerful agents for or against change
 - The standards in the tools represent easy and hard challenges
 - Changes start with the “low-hanging fruit”
 - Managers and providers start with easiest tasks and then move to more difficult tasks, developing and increasing their change management skills
 - Observe change process to identify new developments, initiatives and behaviors

“Multi-dimensional” Supervision and Support

- SBM-R process uses a variety of ways to supervise and support change process:
- Self/internal
- Peer/benchmarking
- Supportive supervision (on demand), external assessment
- Client involvement and community participation
- Bottom-up approach: based on local control, empowerment, motivation, advocacy, resource mobilization

Step Three: Measure Progress

Steps to Measure Progress

- Encourage providers to self-assess
- Measure progress (internal monitoring)
- Bring facilities together to share challenges and successes



Step Four: Recognize and Reward Achievements

Steps to Recognize Achievements

- Address motivational issues
- Decide upon incentives
- Implement incentive programs



Ways to Enhance Motivation

- Empowerment: Giving the tools to self-assess and implement
- Challenges: Establishing a clear goal
- Achievements: Easy to show results
- Healthy competition: Grouping facilities encourages sharing of experiences and some competition to succeed

Ways to Provide Recognition

- Feedback
- Social recognition
- Material recognition

Summary

- It is a four-step process
- SBMR is not as complicated as it may sound
- Puts the power in the hands of local providers and managers
- Requires multiple sources of supervision and support

HAND OUT 4.2: CHANGE MANAGEMENT

What is Change?

- When something stops being what it is and becomes something different
- Processes that occur permanently in nature and society
- Can be:
 - Quantitative and qualitative
 - External (organizational strategies, practices and systems) and internal (personal values, aspirations and behavior)
 - There are forces that oppose and forces that contribute to change

Challenges for Change

- Initial challenges:
 - There is no time
 - There is no support
 - This is not relevant
 - There are no resources
- Challenges during implementation:
 - This does not work
 - Nobody understands us
- Challenges for institutionalization:
 - Who is responsible
 - It was not my idea
 - What follows after this?

Contributing Forces

- Development of networks of committed persons
- More and better opportunities to achieve personal results
- Better results for the organization

Change Management

- Development of vision and leadership
- Creation of consequences of performance
- Stakeholder analysis and management
- Team building
- Continuous learning and improvement
- Resource mobilization
- Continuous feedback
- Client participation and community mobilization

Change Process

STEPS	PHASES	MODULES
1. Promotion and agreement	PREPARATION AND BEGINNING THE PROCESS	MODULE 1
2. Measurement of actual performance		
3. Cause analysis	STRENGTHENING OF THE PROCESS	MODULE 2
4. Intervention identification		
5. Implementation		
6. Verification	REINFORCING AND INSTITUTIONALIZING THE PROCESS	MODULE 3
7. Recognition		

Vision Development

- Should be created collectively rather than communicated
- An image of the future we want to create
- A force that pulls rather than pushes
- In constant evolution
- Shared vision serves to align all efforts toward a common goal
- Express vision through organizational values (principles that rule relationships)

Leadership

- Helps to develop vision
- Reinforces organizational values
- Supports team building
- Provides constant feedback
- Motivates
- Supports and orients
- Stimulates participation and development of change and new ideas

Leader

- The best leader is the one who does not stand out; rather, at the end of a job, people say “we did it”
- Next is the type of leader whom people admire
- Then, there is the leader whom people fear
- And, finally, the leader whom people hate

Summary

- Change should be managed
- Change requires committed individuals
- Change is constant

HAND OUT 4.3: SETTING THE STANDARDS

Desired Performance

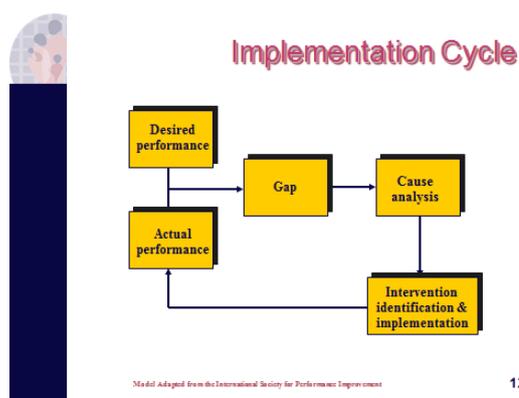
Performance standards describe desired performance:

- What to do
- How to do it

Standard Development

- International and national guidelines are used as reference
- Relevant facility policies considered
- Process mapping used to guide tool development

Implementation Cycle



Organizational Infrastructure and Standards

Process Mapping

Process maps are diagrams that show how services are delivered. The mapping shows:

- The major processes in place
- Their key activities
- The sequencing of these activities
- The inputs required
- The outputs to be produced
- Ensures that the activities making up a particular process are properly understood
- Ensures activities are well managed in order to deliver appropriate customer service

“Operationalization” of Standards

- Must be consistent with reference (international and national) standards
- Integrates all the different aspects of provision of care
- Links to indicators that are:
 - Observable
 - Objectively verifiable
 - Practical

Assessment Tool

- Lists key performance standards organized by area of services to clients and support functions
- Each performance standard has easily observable verification criteria with “yes,” “no” or “not applicable” options
- Objectively describes the desired level of performance

- Measures actual performance
- Helps identify performance gaps

AREA: CARE DURING LABOR AND DELIVERY			
Performance Standard	Verification Criteria	Y, N, N/A	Comments
1. The facility has a system to perform a rapid initial assessment of the pregnant woman in labor to identify complications and prioritize admissions	<p>Observe in the registration/admission and/or emergency room during a period of time that allows you to see more than one woman in labor. Verify whether:</p> <ul style="list-style-type: none"> ▪ The provider assesses priority for admission according to danger signs and not according to the order in the waiting line ▪ When individually assessing each woman, the provider: <ul style="list-style-type: none"> – Asks duration of pregnancy – Determines if birth is imminent – Asks the woman how she feels and whether she has or has had: <ul style="list-style-type: none"> - Vaginal bleeding - Rupture of membranes - Convulsions - Severe headache - Blurred vision - Severe abdominal pain - Respiratory difficulty - Fever ▪ The provider grants priority admission in the event of any of the above complications or if the birth is imminent ▪ The provider records the information on the woman's clinical history 		

Considerations for Group Performance Standards in Areas

- Are part of the same process of provision of care
- Are performed by the same people
- Happen at the same place
- Require the same materials
- Facilitate decision-making

Using the Assessment Tool

How can it be used?

- Baseline assessment
- Job aid for self-assessment and learning
- Peer assessment and learning
- Internal monitoring and supervision
- External assessment, supervision and evaluation

Summary

- Base performance standards on existing international and national references
- Consider institutional protocols
- Consider providers' input and clients' preferences
- Assessment tool must be observable and objective
- Field-test the assessment tool
- Assessment tool can be improved/adjusted periodically
- It can be used for self-, peer, internal or external assessment

HANDOUT 4.4: IMPLEMENTING STANDARDS: MEASUREMENT OF ACTUAL PERFORMANCE

Using the Assessment Tool

Remember that the assessment tool can be used:

- For baseline assessment
- As a job aid for self-assessment and learning
- For peer assessment and learning
- For internal monitoring and supervision
- For external assessment, supervision and evaluation

Baseline Assessment

- First measurement of actual performance using the assessment tool
- Measures the level of actual performance using the tool in a health facility
- Establishes actual performance in percentage terms by area and total
- Methods used: structured direct observation, review of service and administrative records and documents, and interviews

What is structured observation?

- To systematically observe an act or an element of service delivery without intervening
- Tool is used to observe the elements and stages of a process or service delivery element in an organized fashion
- Immediate feedback is not provided
- Fundamental attitudes:
 - Respect
 - Objectivity

Document Review

- Part of assessing performance, usually built into the tool
- Identify sources of information: statistical records, service records, administrative forms, etc.
- Question key individuals to confirm or to clarify information, or to identify sources of information
- Using the assessment tool, review service records to identify how procedures and other relevant situations are handled

Interviews

- Identify the staff who typically carry out a procedure or are responsible for a procedure
- Interview staff using the instrument
- Probe to get precise information
- Verify complementary items
- Do not suggest responses or assume responses not given

Filling Out the Assessment Tool

- Immediately register the information collected
- Register “Yes” “No” or “Not Applicable” in the corresponding column
- Write down all pertinent comments, in a clear and concise fashion, highlighting issues and possible causes
- Register “Yes” if the item exists or is performed as it is described
- Register “No” if the item does not exist or is performed incorrectly or incompletely
- Register “NA” when the item requires a condition that does not exist
- Register “N/O” when the standard was not observed or not performed

Initial Identification of Gap

Identify gaps by marking “N” for:

- Practices not performed at all
- Practices performed incorrectly or incompletely

In the Comments column:

- If possible, summarize potential reasons why not done correctly

Summary

- Use the tool to assess existing performance
- Very straightforward, just fill in appropriate response

HANDOUT 4.5: SCORING AND SUMMARY OF RESULTS

Scoring using the assessment tool:

- Each standard is worth one point
- For each standard to be “achieved,” all of the verification criteria should be ‘Yes’ or ‘Not Applicable’

Sample of Scoring

Area: HIV/AIDS Testing			
Standard	Verification Criteria	Y, N, NA	Comments
1. AAAA	<ul style="list-style-type: none"> • aaaaaaaaaaaaaa • aaaaaaaaaa • aaaaaaaaaaaaaa 	Y Y Y	1
2. BBBB	<ul style="list-style-type: none"> • bbbbbbbbbbbbbb • bbbbbbbbb 	Y NA	1
3. CCCC	<ul style="list-style-type: none"> • cccccccccccccccc • cccccccccccccccc • cccccccccccccccc • cccccccccccccccc 	Y Y Y N	0
4. DDDDD	<ul style="list-style-type: none"> • dddddddddddddd • dddddddddddddd 	N N	0
Total			2

Scoring

- Why only ‘yes’ or ‘no’?
- Using a dichotomous (two-pronged) system simplifies scoring
- A rating scale would create a complicated scoring process and tool

How to Tabulate the Results

- Summarize the results using the ‘Summary of results’ form
- Write the number of standards achieved per area and in total
- Calculate and write the percentage of standards achieved per area and in total

Sample Summary Form

AREAS	NUMBER OF STANDARDS	STANDARDS ACHIEVED	
		NUMBER	%
LABORATORY MANAGEMENT	08	2	25
LABORATORY LOGISTICS	05	2	40
LABORATORY SAFETY	07	1	14
HIV TESTING	17	10	59
QUALITY ASSURANCE	08	2	25
TOTAL	45	17	38

Summary

- Scoring is easy
- ‘Achieving’ standards means ‘all or nothing’

HANDOUT 4.6: FEEDBACK AND OPERATIONAL ACTION PLAN

Feedback Meeting

- Present to the facility staff the results in total and by area
- Orient the staff so that they can begin the implementation of solutions to simple gaps through rapid interventions
- Provide a copy of the results of the assessment tool and the summary form

Providing Feedback

- Always begin with the positive aspects
- Be specific and descriptive
- Give your impression and not that of others
- Respect providers' self-esteem
- Be interactive

Rapid Interventions

It is helpful to begin with gaps that are easy to fix and do not require an elaborate cause analysis.

Why are rapid interventions important?

- Produce immediate results
- Produce a sense of empowerment
- Create momentum for change
- Increase change management skills

Preparing an Operational Workplan

- Prepare collaboratively with the local teams by area of the assessment tool
- Identify gaps that can be quickly addressed
- Identify what to do, who will do it, resources needed and deadline
- Team involvement is essential to make workplan a useful tool

Operational Workplan

GAP/CAUSE	INTERVENTION/ACTION	RESPONSIBLE	SUPPORT	DEADLINE

SBM-R Teams

- Form SBM-R central team to guide overall process
- Form improvement teams by area of the assessment tool
- Each area team should develop an action plan beginning with rapid interventions

Operational Strategy for Change

- Expand implementation teams of committed people
- Identify champions
- Begin with areas of less resistance: change management skills develop gradually
- Try to concentrate your efforts to achieve results
- Progress gradually but in a sustained way

- Monitor progress periodically using the tool
- Provide feedback and reward achievements

Summary

- Feedback must be provided carefully and with respect
- Teamwork is essential for planning to move forward
- Begin with interventions easy to implement to build momentum

HANDOUT 4.7: KEY IMPLEMENTING TEAMS

Key Implementing Teams

- Technical resources
- SBMR teams
- Co-ordinating body
- External assessors

Role of SBM-R Coordinating Body

- Define institutional goals and policies
- Approve norms and protocols
- Approve performance standards (assessment tool) and establish recognition criteria
- Designate the verification team (for external assessment)
- Select and/or approve the SBM-R teams (coaches)
- Identify and/or approve technical resources
- Formalize the recognition process, including definition of consequences
- Advocate for resource allocation
- Monitor, support and evaluate the SBM-R initiative

Technical Resources

- Training
- Technical assistance
- Follow-up

Role of SBM-R Teams (Coaches)

- Inform, promote the SBM-R initiative
- Provide support for the baseline assessment; provide feedback
- Help with the identification of performance gaps, analysis of their causes and selection of interventions
- Provide support for mobilization of specialized technical assistance
- Provide support for resource mobilization
- Monitor progress: promote/support internal assessments and benchmarking
- Promote community mobilization and client participation activities
- Give support for internal promotion and recognition

Role of External Assessors

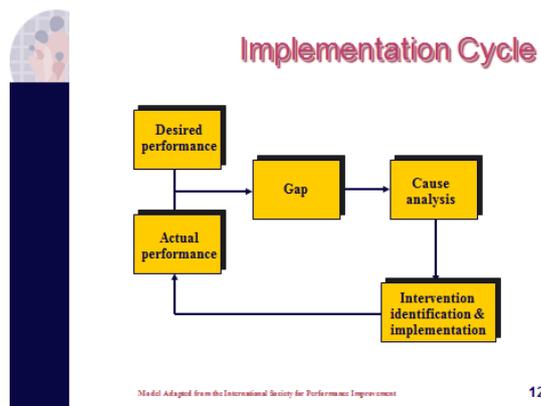
- Prepare for the verification visit
- Evaluate the new actual performance of the facility using the assessment tool
- Summarize the results
- Recommend recognition of the facilities that achieve the required level of performance
- Provide feedback on the results to the facility
- Solve any potential disagreement on the results of the assessment

Summary

- SBM-R coordinating body manages process
- Coaches facilitate the process
- Technical resource experts assist with technical related input
- External assessors assess/verify performance for external recognition

HAND OUT 4.8: CAUSE ANALYSIS

Implementation Cycle



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Remember that:

- There are factors that are under our control and there are factors that are outside of our control (resources, technical expertise, policies)
- We can begin the changes by addressing the factors that are under our control and produce rapid results
- We need to identify the sources of external assistance for the factors that are outside of our control
 - Capability to do -----> Knowledge, skills, information
 - Opportunity -----> Resources, tools, capacity.
 - Motivation -----> Inner drives, incentives

Intervention Identification

- Motivation -----> Incentives
- Resources, capacity -----> Strengthening of management systems, provision of resources
- Knowledge, skills, information -----> Training information.

Techniques for Cause Analysis

Less structured approaches

- Intuition: Immediate “sense” of cause
- Networking: Talking to others
- Experience: Based on experts’ opinions

More on Networking

- Sharing gaps and issues with others
- Discussing and sharing successful solutions

More on Experience

- Cannot be taught, can only be learned
- Use experience of others by consulting experts
- Get several opinions in order to avoid potential biases
- Techniques for Cause Analysis

Semi-structured techniques:

- Brainstorming
- Fishbone diagram
- Flowcharts

Brainstorming

Allows the generation of a large number of ideas on a subject without criticizing or judging them

Steps:

- Define and write down the issue to be analyzed
- The members of the team give their ideas on the issue
- Ideas are not criticized, judged or interpreted
- Write down the ideas on a flipchart, using the speakers' words
- Eliminate ideas that are duplicates

Fishbone Diagram

Allows a team to identify in graphic form all the possible causes related to an issue or condition to discover its root causes

Steps:

- Place the performance gap you wish to close in a box at the end of a horizontal arrow
- Draw major cause categories or steps in the production or service process and connect them with the backbone arrow using diagonal arrows
- Continue the same process for secondary, tertiary, etc. causes

Flowchart

Allows a team to identify the sequence of events in a process

Steps:

- Define the beginning and the end of the process
- Determine the steps in the process, put them in sequence and link them with arrows
- Use appropriate symbols for each step: oval for actions that begin or end the process, rectangle for actions during the process, diamond to indicate decision steps

Types of Causes and Solutions

Symptoms -----→ Quick fixes

Apparent Cause -----→ Corrective measures

Root cause -----→ Preventive measures

Summary of Less Structured Techniques

Look directly for the cause, asking:

- Myself (intuition)
- Colleagues (networking)
- Experts (experience)

Summary of the More Structured Techniques

Look for the cause through systematic analysis:

- Dispersion (brainstorming, force field analysis, NGT, fishbone diagram, flowchart)

Summary

- At this stage, we identify apparent and root causes using detailed cause analysis methods
- Based on the causes identified, we select and implement corrective and preventive measures

HANDOUT 4.9: SELECTION OF INTERVENTIONS

Types of Interventions

- Related to capability
- Related to opportunity (enabling environment)
- Related to motivation

Interventions Related to CAPABILITY

- Provision of information (job expectations and feedback)
- Job aids
- Natural experience learning
- On-the-job training/Structured OJT
- Simulation/Role play
- Classroom training/Laboratory practice
- Self-study/Distance learning (including multimedia)

Interventions Related to OPPORTUNITY (Enabling Environment)

- Provision of resources
- Selection of personnel
- Redistribution of responsibilities/workload
- Redesign of the work environment/workflow
- Elimination of elements that interfere with tasks
- Provision of managerial and technical support

Interventions Related to MOTIVATION

- Strengthening of motivation:
 - Internal response to external events, internal factors
- Provision of incentives/consequences:
 - Elements provided by the external environment to increase motivation
 - Consequences: occur after performance
 - Both can be positive and negative
- Motivation -Is greatly influenced by two factors:
 - Value: how highly a person values the desired performance
 - Confidence: how strongly a person feels he/she will be successful

Strengthening of Motivation

- Empowerment
- Challenges
- Achievements
- Healthy competition

Recognition as Incentive

- Feedback
- Social recognition
- Material recognition

Remember that:

- Some interventions require special motivation: particularly those that take more time or more effort, or question old systems (because they create insecurity or uncertainty)

- People constantly look at cost-benefit analysis and opportunity-cost analysis— What is the benefit? What will it cost me?

Interventions can be:

- Rapid interventions
- Interventions based on local resources
- Interventions that require external support

Remember that:

- There are factors that are under our control and there are factors that are outside of our control (resources, technical expertise, policies)
- We can begin the changes by addressing the factors that are under our control and produce rapid results
- We need to identify the sources of external assistance for the factors that are outside of our control

Rapid Interventions

Some causes of gaps are so evident that they do not require an elaborate cause analysis because the appropriate intervention is obvious

Rapid interventions:

- Produce immediate results
- Produce a sense of empowerment
- Create momentum for change
- Improve change management skills

Summary

- Identifying causes of the gaps helps you select appropriate interventions
- Some gaps can have more than one cause
- There are a variety of interventions to select from
- Incentives and recognition will be addressed later

HANDOUT 4.10: TEAM BUILDING AND OPERATIONAL STRATEGY AND PLANNING

Teams

- Facility implementing teams:
 - Form a central SBM-R committee related to performance standard area, include representatives from each department
 - Form SBM-R sub-committees related to performance standards in each department, ward or unit
- Strengthen technical support teams: inventory of technical resources in performance standard content area
- SBM-R coordinating body

SBM-R Team Examples

A hospital is working on infection prevention, and it forms the following implementing teams:

- A central SBM-R infection prevention committee, with representatives from each department
- Departmental SBM-R infection prevention sub-committees, organized in each ward
- If possible, the central committee and sub-committee will also be trained in IP so they can provide support to their facility in the SBM-R process and technical area (IP)

Team Building: An Effective Team Member

- Takes responsibility
- Follows through on commitments
- Contributes to discussions
- Actively listens to others
- Communicates her/his message clearly
- Gives useful feedback
- Accepts feedback

Team Building: Getting a Good Start

- Agreement on a purpose
- Identification of stakeholders
- Identification of limitations and expectations
- Agreements on team roles
- Agreements on ground rules
- Agreements on logistics (meetings)

Team Building: Getting the Work Done

- Complete operational action plans
- Have productive meetings (use agendas, clarify team members' responsibilities)
- Use data/objective information to identify gaps
- Evaluate potential solutions
- Implement changes/mobilize resources
- Check progress/celebrate results
- Document the team's work

Team Building: Common Team Problems

- Conflict and disagreement
- Overbearing experts
- Lack of focus
- Too much agreement

- Poor participation
- Lack of follow-through

Operational Strategy

- Expand implementation teams of committed people
- Identify champions
- Begin with areas of less resistance: change management skills develop gradually
- Try to concentrate your efforts to achieve results
- Progress gradually but keep progressing
- Monitor progress periodically using the assessment tool
- Provide feedback and reward achievements

Summary

- SBM-R process is an investment over time
- Requires teams of committed individuals to move forward
- Success of each facility depends on internal factors

HANDOUT 4.11: MEASURING PROGRESS: NETWORKING AND BENCHMARKING

Steps to Measure Progress

- Encourage providers to self-assess
- Measure progress (internal monitoring)
- Bring facilities together to share challenges and successes
- Networking and benchmarking are important for moving forward

Networking is Working interconnected with other partners

Principles of Networking

- Networking develops when there is a need for people to work together to help each other
- Could be formal (structured meetings) or informal (talking, phone calls)
- Usually is not hierarchical; people communicate as equals through the network, no one supervises it
- Everybody must benefit from their participation in the network
- It is not ‘coordinated’ by anybody (auto-coordination); it is not ‘directed’ or ‘controlled’ by anybody
- It is constantly changing
- It supports and facilitates change

Benchmarking

‘Benchmarking is simply about making comparisons with other organizations and then learning the lessons that those comparisons throw up’

(The European Benchmarking Code of Conduct)

‘Benchmarking is the process of **identifying, understanding, and adapting** outstanding practices from organizations anywhere in the world to help your organization to improve its performance’

(The Benchmarking Exchange)

Types of Benchmarking

- **Internal benchmarking:** Takes place within the same organization—perhaps between units or wards
- **External benchmarking:**
 - **Process benchmarking:** Partners are organizations, performing similar work, in which we have identified best practices. The focus is on improving specific processes and operations
 - **Generic benchmarking:** Partners are drawn from different business sectors to improve similar functions or work processes
 - **International benchmarking:** Partners are sought from other countries

Why use benchmarking?

- An effective “wake-up call” and helps to make a strong case for change
- Practical ways in which changes in performance can be achieved by learning from others who have already undertaken comparable changes
- Encourages new ideas and helps people be open to new approaches and ideas
- Provides opportunities for staff to learn new skills and be involved in the change process from the beginning

Benchmarking Process

It usually includes:

- Identifying gaps in performance
- Comparing aspects of performance with that of best practitioners
- Seeking new ways to improve performance
- Following through with implementing improvements
- Following up by monitoring progress and reviewing the benefits

The Benchmarking Process:

Step by Step

1. Using the assessment tool, identify subject areas to be reviewed and gaps to be closed
2. Based on assessments results, identify “best practices” potential partners. Decide how you will benchmark
3. Contact partners
4. Select “benchmarking team”
5. Prepare benchmarking visit (information to be gathered, logistics)
6. Conduct benchmarking visit
7. Analyze findings and make recommendations
8. Implement and monitor recommendations

Benchmarking is not...

- Looking only at the “competition”
- Only comparing statistics
- A quick fix, done once and not again
- Copying without thinking
- Industrial tourism: It is not a pleasure trip!

Success Factors in Benchmarking

- Senior management support
- Objectives clearly defined at the beginning
- Objectives in line with time and resources available
- Benchmarking teams understand their organization’s performance before the visit
- Teams have the right skills and competencies
- Stakeholders are kept informed

Summary

- Networking opens the door for benchmarking opportunities
- Benchmarking is a process of learning from others’ successes *and*
- Applying what you’ve learned to your situation

HANDOUT 4.12: RECOGNIZING ACHIEVEMENTS

Steps to Recognize Achievements

- Address motivational issues
- Decide upon incentives
- Implement incentive programs

Importance of Motivation

- Undertaking change requires motivation
- The SBM-R process incorporates a motivational element from the start: professional and personal development, empowerment, challenges, achievement

Motivation

- Empowerment
- Challenge
- Achievement
- Healthy competition

Incentives/Recognition

- Feedback: less expensive but of high impact; it can be oral or written; it must be continual, timely, specific and interactive
- Social recognition: symbolic rewards (but with predictive value) help to improve morale, can adopt the form of congratulations, trophies, certificates, celebrations, conferring of authority
- Material recognition: monetary or in-kind benefits such as performance-based salaries/budgets, professional development opportunities, medical equipment, etc.

Branding

- Consists of creating a distinctive mark that identifies health facilities that deliver quality services
- It is usually done through the use of a quality logo, or seal of approval, that defines the SBM-R program to the public
- This symbol of quality is used in promotional communication campaigns that serve to recognize and reward those who have earned the right to display the logo through provision of high- quality services
- The logo can be used in the elements of the internal promotional campaign and in the external recognition process

Internal Promotion Campaigns

Important because they:

- Reward progress and achievement of the standards
- Boost staff morale and motivation
- Raise awareness of the quality improvement process in the facility

Internal Promotion Campaigns: Elements

- Symbolic material for individuals: key rings, T-shirts, etc.
- Symbolic group rewards: trophy, plaques, photos for unit of the month
- Ceremonies

Internal Promotion Campaigns: Criteria

- Achievement of an agreed-upon percentage of the standards in one area
- Achievement of an agreed-upon percentage of the standards overall, for example:

- 60-80% of achievement in one area (Pins)
- Over 80% (T-shirts and trophy)

Internal Promotion Campaigns: Procedure

- Each sub-committee presents results of its internal assessment to the SBM-R central team; they will verify the results
- The SBM-R central team will coordinate the presentation of rewards

External Recognition Process

- Required level of compliance with the standards needs to be defined by the SBM-R coordinating body and communicated to the participating facilities (e.g., achievement of 80% of all quality standards, including all essential standards as appropriate)
- Teams of external assessors need to be formed and trained
- External assessment must take place
- Consequences need to be decided by the SBM-R coordinating body and communicated to the participating facilities (examples below):
 - Recognition, certification
 - Plaque
 - Symbolic monetary award
 - Other: community involvement, mass media dissemination

Summary

- Internal and external recognition is important: Must answer “What’s in it for me?”
- SBM-R coordinating body defines the recognition criteria and process for meeting standards
- Internal recognition is coordinated and implemented by the facility and SBM-R teams

HANDOUT 4.13: RESOURCE MOBILIZATION: A “WIN-WIN” STRATEGY

Resource Mobilization

- What is resource mobilization?
 - Bringing resources from different sources to ensure the improvement of performance and quality of health services
- Why is it important?
 - Using resources from different sources helps performance and quality improvement interventions continue over time
 - In decentralization, resources for performance and quality improvement in health care must be obtained at the local level

Resource Mobilization

- How can the SBM-R teams contribute?
 - They are promoters and facilitators of the process
 - They work closely with the staff of the facilities to mobilize resources

Strategies for Resource Mobilization

1. Identify needs
 - Based on information and past experience
2. Identify potential sources of resources
 - Public
 - National
 - District
 - Municipal
 - Other health facilities/services
3. Identify potential sources of resources (cont.)
 - Private
 - Commerce
 - Industry
 - NGOs
 - Clients
 - Community
 - Social organizations
 - Religious organizations
 - Political organizations
 - Community leaders
4. Select the adequate potential source
 - The selection of the source must correspond to the needs identified
 - Focus on the most approachable sources
 - Consider past experiences
 - Identify those sources that could benefit the most from providing support or donations
5. Identify and define the contact persons
 - Who has access to the sources (who is in the network)?
 - Access the networks identified during the stakeholder analysis

6. Means of communication

- Letters
- Visits
- Phone calls

7. Negotiate

- Identify benefits for all involved parties
- Position the benefits in “win-win” terms
- Establish concrete commitments
- Provide assurance of good and proper utilization, protection and regular information on the donation or support received

8. Acknowledge the support received

- Plates or stickers
- Official recognition
- Public recognition through communication/ community means

Summary

- Requires effort
- Essential for obtaining needed supplies and equipment
- The SBM-R process facilitates and guides the resource mobilization strategy
- The SBM-R process may help identify budgeting changes at the facility level

STRENGTHENING AUXILIARY NURSE MIDWIFE EDUCATION IN INDIA

Performance Standards for ANM Pre-Service Education

January 2012



PERFORMANCE STANDARDS FOR ANM PRE-SERVICE EDUCATION

SECTION 1

CLASSROOM AND PRACTICAL INSTRUCTION



PERFORMANCE STANDARDS FOR AUXILIARY NURSE MIDWIFE EDUCATION
AREA: CLASSROOM AND PRACTICAL INSTRUCTION

School (name and place): _____ Supervisor/Assessor: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. Classroom instructors/ nursing tutors have the required qualifications	Verify through review of administrative records or interview with the principal if:					
	<ul style="list-style-type: none"> ▪ The ANMTC Principal has M.Sc. degree (with three years' experience) or B.Sc. or Post basic B.Sc. degree (with 5 years' experience) 					
	<ul style="list-style-type: none"> ▪ All Tutors have evidence of B.Sc. Nursing or GNM with DNEA, or DPHN with 2 years' experience 					
	<ul style="list-style-type: none"> ▪ Evidence exists of a total of 2 years of clinical practice experience within the past 5 years for each faculty member or 20% of time is spent in practice 					
	<ul style="list-style-type: none"> ▪ If faculty is newly graduated, they must work a minimum of 20% in clinical area 					
	<ul style="list-style-type: none"> ▪ Faculty members who teach midwifery have received at least one knowledge update in MNCH/FP in the past 2 years 					
	<ul style="list-style-type: none"> ▪ Each faculty member has completed a course on teaching methodology (Effective Teaching Skills course) or practice teaching course within the past 5 years 					
SCORE						
2. Classroom instructors/ nursing tutors come to class	Verify through direct observation and review of teaching plans and materials and identify if the tutor has:					
	<ul style="list-style-type: none"> ▪ Developed and distributed a course syllabus, including course calendar or Master rotation plan 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
prepared	<ul style="list-style-type: none"> Has developed a lesson plan to guide teaching which includes the learning objectives 					
	<ul style="list-style-type: none"> Has an outline of the class and has prepared notes 					
	<ul style="list-style-type: none"> Has prepared, or uses prepared visual aids during the class 					
	SCORE					
3. Nursing Tutors are teaching according to the curriculum and related learning resource materials	During classroom instruction, observe whether the nursing tutor:					
	<ul style="list-style-type: none"> Specifies which unit is being taught referring to the syllabus 					
	<ul style="list-style-type: none"> Refers to the correct reference books for that unit 					
	<ul style="list-style-type: none"> Uses the learning resource materials/ textbook for that unit 					
	<ul style="list-style-type: none"> Encourages students to use the additional learning resources and reference books for that unit 					
SCORE						
4. Nursing Tutors introduce their classes effectively	During a classroom session, observe whether the instructor/tutor:					
	<ul style="list-style-type: none"> Introduces the topic in an engaging and informative manner (using stories, real life incidents or anecdotes) 					
	<ul style="list-style-type: none"> States the objectives for the class as a part of introduction 					
	<ul style="list-style-type: none"> Relates this topic to content previously covered or related topics 					
SCORE						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
5. Nursing Tutors use effective facilitation and questioning techniques/skills	During a classroom session, observe whether the instructor/tutor:					
	▪ Projects her/his voice clearly so that all the students can hear					
	▪ Uses notes or a teaching plan					
	▪ Moves about the room					
	▪ Maintains eye contact with students					
	▪ Selects appropriate questions for topic from relevant clinical examples					
	▪ Uses student's names often					
	▪ Targets questions to individuals					
	▪ Asks questions in a variety of levels (recall, application, analysis)					
	▪ Provides respectful feedback and repeats correct responses					
	▪ Redirects questions that are partially or totally incorrect until the correct answer is revealed					
	▪ Uses audiovisual materials/aids effectively					
	▪ Uses at least one activity (e.g. role plays, case studies, group work, learning exercise) during the classroom session					
	▪ Responds to students questions					
SCORE						
6. Nursing Tutors summarize	During a classroom session, observe whether the tutor:					
	▪ Emphasizes the main points of the class					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
effectively before ending a presentation or class	<ul style="list-style-type: none"> Relates information to the objectives 					
	<ul style="list-style-type: none"> Provides an opportunity for and encourages student questions and discussion 					
	<ul style="list-style-type: none"> Provides opportunity for application or practice of the content of the class 					
	<ul style="list-style-type: none"> Links to the next topic 					
	SCORE					
7. Nursing Tutors facilitate group activities effectively	During a classroom session, observe whether the tutor:					
	<ul style="list-style-type: none"> Has prepared the group activity in advance 					
	<ul style="list-style-type: none"> Explains clearly the purpose, content, and instructions for activity 					
	<ul style="list-style-type: none"> States the activity time limit clearly 					
	<ul style="list-style-type: none"> Moves among the groups while students are at work to offer suggestions and answer questions 					
	<ul style="list-style-type: none"> At the end, all students gather together to discuss activity 					
8. Nursing Tutors plan and administer knowledge assessments properly	Review the school records/mark register to verify if:					
	<ul style="list-style-type: none"> Summative knowledge assessments (board or faculty exam) were administered as per INC norms, at 12 months and at the end of the course 					
	<ul style="list-style-type: none"> Formative knowledge assessments (internal assessment) are administered at least thrice in each year 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
	<ul style="list-style-type: none"> Students are informed at least 1 week in advance of assessment (exam time table can be looked on for evidence) 						
	Review the question paper and the answer sheets of two of the previous MNCH/FP related exams and verify if:						
	<ul style="list-style-type: none"> Questions related to learning objectives in the units were covered 						
	<ul style="list-style-type: none"> The language of questions was clear and use correct grammar 						
	<ul style="list-style-type: none"> Questions used have at least two formats (e.g. multiple choice, open ended, case study, etc.) 						
	<ul style="list-style-type: none"> Question bank exists as a teachers resource 						
	<ul style="list-style-type: none"> Questions are structured so that they are simple to understand and not tricky 						
	<ul style="list-style-type: none"> Student papers were graded/scored consistently using answer key for all types of questions including essay type questions 						
	Verify through discussion or interview with at least two tutors, if:						
	<ul style="list-style-type: none"> A record of the formative assessments (internal mark register) is maintained in the school 						
SCORE							
9. Knowledge assessments and exams are administered fairly	Verify through direct observation of an exam and verify if:						
	<ul style="list-style-type: none"> Instructor gives clear instructions at the beginning of the exam regarding the time allowed to complete the test 						
	<ul style="list-style-type: none"> Instructor gives clear instructions at the beginning regarding how and where to record answers 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
	<ul style="list-style-type: none"> Instructor remains in the room and moves around the room as needed to monitor the students 						
	<ul style="list-style-type: none"> The room is kept quiet 						
	Or interview the tutor by asking if she gives the following instructions at the beginning of a knowledge assessment:						
	<ul style="list-style-type: none"> The time allowed to complete the test 						
	<ul style="list-style-type: none"> How and where to record answers 						
	Ask the instructor how he or she monitors the students during the assessment:						
	<ul style="list-style-type: none"> Instructor remains in the room and moves around the room as needed to monitor the students 						
	<ul style="list-style-type: none"> The room is kept quiet 						
	SCORE						
10. The nursing tutors use a standard answer key for grading knowledge assessments	Verify by reviewing the answer key for two of the last years examination related to MNCH/FP, if:						
	<ul style="list-style-type: none"> Answer key does not contain the entire question (or is coded), in order to try to maintain the integrity of the question 						
	<ul style="list-style-type: none"> All the questions have their answer keys written 						
	<ul style="list-style-type: none"> Multiple choice questions have a single correct answer noted 						
	<ul style="list-style-type: none"> Elements of correct answer of essay questions are noted 						
SCORE							

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
11. Results of knowledge assessments and exams are recorded and reported properly	Verify through review of the previous exam papers and the mark register and by interviewing the principal, if:					
	<ul style="list-style-type: none"> Exams are structured so that they can be scored blindly (only the exam number of the student is written in the answer sheet and not the name of the student) 					
	<ul style="list-style-type: none"> Assessment results are accurately recorded 					
	<ul style="list-style-type: none"> Results are put up anonymously in the notice board by the roll number 					
	<ul style="list-style-type: none"> Opportunities are offered for students to discuss the examination and scores with the teachers and view their graded papers under supervision 					
	SCORE					
12. Nursing tutors use the demonstration room/ skills lab effectively for demonstrating clinical skills	Verify through observation in the demonstration room whether instructors introduce new skills by:					
	<ul style="list-style-type: none"> Dividing the class in small groups so that not more than 10 students are present during a demonstration session 					
	<ul style="list-style-type: none"> Ensuring that all students have the necessary learning materials (e.g., supplies, models, learning guides, checklists etc.) for the specific skills that are being demonstrated 					
	<ul style="list-style-type: none"> Describing the skill and why the skill is important 					
	<ul style="list-style-type: none"> Describing steps involved in the skill, using the relevant checklist 					
	<ul style="list-style-type: none"> Demonstrating the skill as follows: <ul style="list-style-type: none"> - Simulates clinical setting as much as possible 					
	<ul style="list-style-type: none"> - Proceeds in a step-by-step manner 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Demonstrates skill accurately					
	- Mentions the rationale for each step of the procedure					
	- Demonstrates skill from beginning to end, without skipping steps					
	- Interacts with students, asking and answering questions					
	- Uses all the necessary supplies and equipment					
	- Demonstrates so that all students can see					
	- Ensures that each student follows using the correct learning guide/ checklist					
	- Summarizes and asks students if they have questions					
	- Encourages one student from the group to do a return demonstration.					
SCORE						
13. Nursing tutor uses the demonstration room/ skills lab effectively for student practice of clinical skills	Verify through observation whether nursing tutor uses demonstration room/skills lab to help practical learning by:					
	▪ Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)					
	▪ Ensuring that there are no more than six students per model					
	▪ Observing students practicing and providing feedback in a positive and constructive manner					
	▪ Questioning students to check their knowledge and clinical decision-making skills					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> Summarizing the session 					
	SCORE					
14.Nursing tutor use the demonstration room effectively for assessing student achievement of clinical skill competence	Verify through observation or by interviewing the tutor:					
	Direct observation: Observe whether the instructor / nursing tutor uses the learning lab to assess the achievement of clinical competence in desired skills in the following manner:					
	<ul style="list-style-type: none"> Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist 					
	<ul style="list-style-type: none"> Ensuring that each student has a copy of the skills checklist 					
	<ul style="list-style-type: none"> Preparing assessment station with all necessary supplies and equipment 					
	<ul style="list-style-type: none"> Conducting assessments in an objective and impartial manner using the checklist 					
	<ul style="list-style-type: none"> Providing feedback at the conclusion of the assessment session, but not during the assessment 					
	<ul style="list-style-type: none"> Recording results of the assessment session in the student's logbook/ record 					
	<ul style="list-style-type: none"> Recording results of the assessment session in the student's performance file 					
	<ul style="list-style-type: none"> Providing opportunity for practice and re-assessment if the student does not achieve competence during the session 					
Interview: Ask the tutor to explain to you how she uses the skills lab to assesses the achievement of clinical competence in the desired skill:						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist 					
	<ul style="list-style-type: none"> Ensuring that each student has a copy of the skills checklist 					
	<ul style="list-style-type: none"> Preparing assessment station with all necessary supplies and equipment 					
	<ul style="list-style-type: none"> Conducting assessments in an objective and impartial manner using the checklist 					
	<ul style="list-style-type: none"> Providing feedback at the conclusion of the assessment session, but not during the assessment 					
	<ul style="list-style-type: none"> Recording results of the assessment session in the student's logbook/ record 					
	<ul style="list-style-type: none"> Recording results of the assessment session in the student's performance file 					
	<ul style="list-style-type: none"> Providing opportunity for practice and re-assessment if the student does not achieve competence during the session 					
	SCORE					
15. Teaching is routinely monitored for effectiveness at least 2 times per year	Through interviews with tutors, students and by review of faculty records (faculty evaluation forms, records), verify that teaching is monitored for effectiveness:					
	<ul style="list-style-type: none"> There is an evaluation of faculty performance on: <ul style="list-style-type: none"> teaching skills interpersonal and communication skills technical knowledge and skills (course content) Review is recorded on the file 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> ▪ There are evaluations of the faculty by students in following areas: <ul style="list-style-type: none"> - relevance of teaching to course objectives - effectiveness of instruction - relevance of knowledge and skill assessments to course objectives on file 					

TOTAL STANDARDS:	15			
DATE:				
TOTAL STANDARDS OBSERVED:				
TOTAL STANDARDS ACHIEVED:				
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)				

PERFORMANCE STANDARDS FOR ANM PRESERVICE EDUCATION

SECTION 2

CLINICAL INSTRUCTION AND PRACTICE



PERFORMANCE STANDARDS FOR AUXILIARY NURSE MIDWIFE EDUCATION

AREA: CLINICAL INSTRUCTION AND PRACTICE

School (name and place): _____ Supervisor/Assessor: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
1. The number of clinical practice sites meets requirements of the curriculum	Determine by interviewing the tutors and by visiting clinical practice sites whether:					
	<ul style="list-style-type: none"> ▪ The number of sites is sufficient so that no more than six students are practicing in a particular service delivery area during one shift 					
	SCORE					
2. The variety of clinical sites meets the requirements of the curriculum	Determine by interviewing the principal and clinical instructors/tutors and reviewing administrative records (clinical rotation plan) whether:					
	<ul style="list-style-type: none"> ▪ Clinical practice sites are available for: <ul style="list-style-type: none"> - Antenatal care- OPD/ Clinic/ Observation room - Labor/assessment of patients presenting with signs of labor - Delivery and the management of delivery complications - Newborn care and management of newborn problems - Postpartum care - Management of obstetric emergencies - Family planning 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS	
		Date	Date	Date	Date		
	- General gynecologic care						
	- OT, Recovery room						
	Clinical practice sites represent the variety of types of facilities where students can be expected to work after completion of the course including:						
	- A hospital or First Referral Unit						
	- 24/7 Primary Health Center or CHC						
	- Sub-center or MCH clinics						
	SCORE						
3. The infrastructure of the clinical practice area is conducive to clinical practice	Observe in the clinical practice site whether the place:						
	▪ Has sufficient space in each clinical area to accommodate four to six students working alongside staff						
	▪ Has space where preceptors and students can meet to review objectives and discuss practice						
	SCORE						
4. Clinical volume at the clinical practice sites provides students with sufficient practice to meet the clinical objectives	Determine by reviewing statistical records of the clinical practice site whether there is sufficient clinical volume:						
	▪ Total volume is at least 20 “competent” deliveries per student						
	▪ 30 antenatal examinations						
	▪ 20 postpartum care of mother and the newborn.						
	▪ Five vaginal examinations						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Five IUCD insertions 					
	<ul style="list-style-type: none"> ▪ 5 resuscitation of the newborn 					
	<ul style="list-style-type: none"> ▪ Assist five episiotomy suturing and repair of tears 					
	SCORE					
5. The school has an agreement with the clinical practice sites that allows students to learn in the clinical area	Verify with the school administrator if:					
	<ul style="list-style-type: none"> ▪ There is a Memorandum of Understanding or a permission letter between the school and the local health authorities that states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients 					
	<ul style="list-style-type: none"> ▪ There is an agreement with each of the following types of facilities: 					
	<ul style="list-style-type: none"> - District Hospital 					
	<ul style="list-style-type: none"> - First Referral Unit/Community Health Center 					
	<ul style="list-style-type: none"> - Primary Health Care Center 					
	<ul style="list-style-type: none"> - Sub centre 					
	SCORE					
6. The clinical practice sites are prepared for student teaching	Verify by interviewing clinical practice site coordinator (Matron) and reviewing records (minutes of meeting with the clinical staff) whether:					
	<ul style="list-style-type: none"> ▪ Clinical practice facilities have been assessed prior to student placement 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Principal/nursing tutors and hospital personnel meet once every two month to discuss issues related to clinical practice of students (review the meeting minutes/meeting register) 					
	<ul style="list-style-type: none"> The clinical staff are aware of the learning objectives for clinical practice blocks 					
	Observe that clinical sites have medical supplies such as:					
	<ul style="list-style-type: none"> Stethoscope, Fetoscope, BP apparatus, Thermometer 					
	<ul style="list-style-type: none"> Examination gloves and sterile or high-level disinfected gloves 					
	<ul style="list-style-type: none"> Personal protective equipment in the labor room/OT (e.g. plastic apron, eye protection, masks, cap, shoes, etc.) 					
	<ul style="list-style-type: none"> Personal protective equipment in the wards (e.g., masks, gloves) 					
	<ul style="list-style-type: none"> Necessary equipment for practice of clean and safe delivery 					
	<ul style="list-style-type: none"> Forms and documents including partograph and others e.g. antenatal card 					
	SCORE					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
7. Clinical rotation plans have been developed to distribute students across clinical practice areas evenly	Verify with clinical preceptors and review the CRP (clinical rotation plan) if:					
	<ul style="list-style-type: none"> Clinical rotation plan for each class of students exists and has been shared with all the clinical practice sites 					
	<ul style="list-style-type: none"> Clinical rotation plan (CRP) ensures that groups of students (e.g., from different classes) are not assigned to same unit at the same time 					
	<ul style="list-style-type: none"> CRP identifies preceptor/ tutor responsible for each block of time a student group is in a unit 					
	<ul style="list-style-type: none"> CRP is organized so that students move from basic to more complex skills over time 					
	<ul style="list-style-type: none"> CRP is organized so that students complete a study block covering relevant theory content before practicing in the clinic 					
	SCORE					
8. Transportation to and from clinical practice sites is assured	Verify with the school administration, students and clinical instructors/tutors whether:					
	<ul style="list-style-type: none"> Transportation has been arranged- the school has a separate 20-25 seater mini bus and a driver with separate budget for its maintenance 					
	<ul style="list-style-type: none"> Transportation ensures students arrive on time 					
	<ul style="list-style-type: none"> The available bus is in good condition 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
9. Clinical instructors/tutors have the necessary teaching materials to effectively guide students in clinical practice	Verify with the clinical instructors/tutors if:					
	<ul style="list-style-type: none"> There is a set of learning resource/teaching materials related to MNCH and FP procedures(checklists, job aids, etc.) at the clinical site or the students carry the checklists for the procedures to the clinical area 					
	<ul style="list-style-type: none"> There are specific learning objectives for each clinical posting and they are provided to the students at the beginning of the course 					
	<ul style="list-style-type: none"> The instructors/tutors are aware of the learning objectives for that particular clinical posting 					
	SCORE					
10. Clinical instructors in the clinical area have been appropriately selected	Verify with the Principal and clinical instructors/tutors by interviews if clinical instructors:					
	<ul style="list-style-type: none"> Are experienced nurses (Registered Nurse / Registered Midwives) or doctor 					
	<ul style="list-style-type: none"> Have evidence of a total of 2 years of clinical practice experience within the past 5 years for each clinical instructor/tutor 					
	<ul style="list-style-type: none"> Have received knowledge and skills updating in any one of the following: EmOC, SBA, IMNCI or NSSK (at least once in past 3 years) 					
	SCORE					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
11. Students are prepared for clinical practice prior to their departure for clinical practice site	Verify through interview with the Principal, ANM program coordinator and 2 students if:					
	<ul style="list-style-type: none"> ▪ A clinical instructor/tutor meets with students prior to their departure for clinical practice sites 					
	<ul style="list-style-type: none"> ▪ Students are oriented to the use of a personal clinical experience log book and the procedures to be performed during that clinical posting 					
	<ul style="list-style-type: none"> ▪ Students are aware of the specific learning objective for the clinical posting 					
	SCORE					
12. Students are prepared for clinical practice upon their arrival at clinical practice site	Verify with at least two students and clinical instructor/tutor if:					
	<ul style="list-style-type: none"> ▪ Students are oriented to each site on arrival including: <ul style="list-style-type: none"> - Introduced to staff in the unit during their rotation - An orientation to the facility including the general layout of the departments, pharmacy, laboratory, and out-patient department - Students receive explanations of admission and discharge procedures - Students receive orientation to medication administration record - Students are oriented to patient emergency procedures and equipment 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> - Infection prevention practices and equipments 					
	<ul style="list-style-type: none"> ▪ Students are oriented to safety and security 					
	SCORE					
13. Students and clinical instructor/ tutor use appropriate learning and assessment tools	Observe in the clinical practice site if:					
	<ul style="list-style-type: none"> ▪ Students at the clinical practice sites have their personal learning resources (checklists, wallet with pocket articles etc.) 					
	<ul style="list-style-type: none"> ▪ Clinical instructors/tutors are recording observations, comments, and achievement of competence in the students' clinical assessment tools 					
	<ul style="list-style-type: none"> ▪ Clinical instructors/tutors and students are using the clinical experience logbooks for recording the attainment of skills (<i>check at least 3 logbooks</i>) 					
	SCORE					
14. Clinical instructors/tutors provide guidance for clinical practice sessions	Observe whether the clinical preceptors/ nursing tutors:					
	<ul style="list-style-type: none"> ▪ Present clearly the objectives for the clinical practice session 					
	<ul style="list-style-type: none"> ▪ Describe the tasks to be performed by students 					
	<ul style="list-style-type: none"> ▪ Demonstrate or reinforce clinical skills, if necessary 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Demonstrate skills on actual patients whenever possible, or use simulation if necessary 					
	SCORE					
15. Clinical instructors/tutors monitor student performance and give feedback	Observe whether the preceptors/ nursing tutors:					
	<ul style="list-style-type: none"> ▪ Protect patients' rights by: <ul style="list-style-type: none"> - Informing the patient of the role of students and instructors/tutors - Obtaining the patient's permission before students observe, assist with, or perform any procedures - Ensuring that an officially recognized doctor, nurse or ANM is always present - Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure - Observing the confidentiality of patients and their information, including ensuring other staff and patients cannot overhear, or by not discussing cases by the patient's name 					
	<ul style="list-style-type: none"> ▪ Supervise students as they work and do not leave students unsupervised for skills or activities that carry risk of patient harm 					
	<ul style="list-style-type: none"> ▪ Provide feedback to students by: 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> - Providing praise and positive reinforcement during and/or after practice 					
	<ul style="list-style-type: none"> - Correcting student errors while maintaining student self-esteem 					
	SCORE					
16. Clinical instructors/ tutors meet with students at the end of a clinical practice session	Observe whether preceptors/nursing tutors:					
	<ul style="list-style-type: none"> ▪ Review the learning objectives and progress 					
	<ul style="list-style-type: none"> ▪ Discuss cases seen that day, particularly those that were interesting, unusual, or difficult 					
	<ul style="list-style-type: none"> ▪ Provide opportunities for students to ask questions 					
	<ul style="list-style-type: none"> ▪ Ask students to discuss their cases or care plans for patients 					
	<ul style="list-style-type: none"> ▪ Document clinical evaluation periodically 					
	SCORE					
17. Clinical instructors tutors or the school develops and implements structured practical examinations (Objective Structured Clinical Examination)	Verify with the Principal, clinical instructors/tutors, and students, by interviews and records review (mark register), whether:					
	<ul style="list-style-type: none"> ▪ Structured practical examinations are held for each student at the end of each course 					
	<ul style="list-style-type: none"> ▪ Students are provided information about the process to reduce their anxiety level 					
	<ul style="list-style-type: none"> ▪ Appropriate patients are selected and participate with consent 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Checklists or other tools are used to document observations of students in structured practical examinations 					
	<ul style="list-style-type: none"> Results are provided to students once the exam is completed 					
	<ul style="list-style-type: none"> Results are also shared with the administration for record keeping (Recorded checklist should be filed for further reference) 					
	SCORE					

TOTAL STANDARDS:	17			
DATE:				
TOTAL STANDARDS OBSERVED:				
TOTAL STANDARDS ACHIEVED:				
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)				

PERFORMANCE STANDARDS FOR ANM PRESERVICE EDUCATION

SECTION 3

SCHOOL INFRASTRUCTURE AND TRAINING MATERIALS



**PERFORMANCE STANDARDS FOR AUXILIARY NURSE MIDWIFE EDUCATION
AREA: SCHOOL INFRASTRUCTURE AND TRAINING MATERIALS**

School (name and place): _____ Supervisor/Assessor: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
1. The school has the basic infrastructure to function effectively	Observe that the school has:					
	▪ 2 Classrooms – each at least 720 sq ft. for the student size of 40					
	▪ Separate room for the skills laboratory/ demonstration room					
	▪ Library facility					
	▪ Administrative space- Office space for the principal, tutors and the non-teaching staff					
	▪ Toilet facilities for faculty and staff (1:10 ratio)					
	▪ Toilet facilities for students					
	▪ Functional Photocopy machine					
	▪ Functional Computer in office and printer					
	▪ Separate phone for the school					
	SCORE					
2. The school facilities are clean	Visit the school facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:					
	▪ Classrooms					
	▪ Skills laboratory/ demonstration room					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Library					
	▪ Administrative space- office					
	▪ Toilets					
	▪ Photocopy machine area					
	▪ Computers in office					
	SCORE					
3. Classrooms are comfortable and properly equipped for teaching	Observe if the classrooms have:					
	▪ Adequate light, either natural or electrical					
	▪ Adequate ventilation (open windows or fan, air conditioner, fans)					
	▪ Chairs and Desks/ arm chairs in sufficient numbers for the largest class size					
	▪ Adequate and flexible space for group learning activities					
	▪ Blackboard or whiteboard					
	▪ Chalk or whiteboard markers					
	▪ Electricity backup					
	▪ Overhead projector with voltage stabilizer/LCD projection unit					
	▪ Clock					
▪ Flipchart and tripod (as needed)						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Notice board ▪ Waste bin 					
	SCORE					
4. The demonstration room / skills lab is properly equipped for practical learning sessions	Observe that the demonstration room skills lab has:					
	<ul style="list-style-type: none"> ▪ Adequate light, either natural or electrical 					
	<ul style="list-style-type: none"> ▪ Adequate ventilation (open windows, air conditioner, fans) 					
	<ul style="list-style-type: none"> ▪ Tables/patient bed to place models 					
	<ul style="list-style-type: none"> ▪ Seating for the students and faculty 					
	<ul style="list-style-type: none"> ▪ Blackboard or whiteboard 					
	<ul style="list-style-type: none"> ▪ Chalk or whiteboard markers 					
	<ul style="list-style-type: none"> ▪ Cabinets with locks for supplies and drugs 					
	<ul style="list-style-type: none"> ▪ Anatomic models 					
	<ul style="list-style-type: none"> - Child birth simulator 					
	<ul style="list-style-type: none"> - Zoe model with different attachments 					
	<ul style="list-style-type: none"> - Cervical dilatation model 					
	<ul style="list-style-type: none"> - Episiotomy suturing model 					
	<ul style="list-style-type: none"> - Female bony pelvis 					
<ul style="list-style-type: none"> - Fetal skull 						
<ul style="list-style-type: none"> - IUCD hand held model 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Condom demonstration model					
	- Newborn resuscitation model					
	▪ Contraceptive basket with- COCs, ECPs, Condoms, Cu-T					
	▪ Instrument kits – delivery kit (2 artery forceps, 1 scissor, bowl, kidney tray, sponge holder), newborn resuscitation kit, IUCD insertion and removal kit					
	▪ Ambu bag and mask of various sizes					
	▪ Consumable medical supplies					
	▪ BP apparatus and stethoscope, adult weighing machine, urine testing kit, HB testing kit					
	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets, soap, towel)					
	▪ Plastic buckets for decontamination, soiled linen, and waste					
	▪ Colour coded bins for biomedical waste management					
	▪ Educational posters and anatomical charts related to MNCH and FP					
	SCORE					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
5. The demonstration room / skills lab is accessible for independent practice	Verify if there is a system with:					
	▪ Student or staff member assigned to allow access for students after class hours					
	▪ System of accountability exists for ensuring security of materials					
	▪ A stock register of the skills lab is maintained					
	SCORE					
6. The anatomic models in the skills lab are in a functional state	Observe whether anatomic models and Obstetric Simulator models:					
	▪ Are draped appropriately and/or stored safely					
	▪ Have intact or repaired skin					
	▪ Are complete and intact with all attachments					
	▪ Are in a functional state					
	SCORE					
7. The library space is appropriately equipped and organized	Observe whether the library space has:					
	▪ Lockable cabinets for storing books and materials					
	▪ Tables to allow for reading or studying					
	▪ A system for recording and cataloging materials					
	▪ Has audiovisual equipment for use by students (TV/DVD/Computer for interactive CD-ROMs/DVDs)- Internet or broadband					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> System of accountability exists for ensuring security of materials (Library register and a person nominated incharge) 					
	SCORE					
8. The library has appropriate reference materials	Observe whether the library:					
	<ul style="list-style-type: none"> Has <u>5 copies</u> of all reference materials described in the curriculum: 					
	- <i>IMNCI module for basic health workers worker, Government of India</i>					
	- <i>ENBC module, Government of India</i>					
	- <i>HIV module, Government of India/ National guidelines on prevention and management of reproductive tract infections including STIs, 2007</i>					
	- <i>SBA guidelines, Government of India, 2010</i>					
	- <i>Myles Textbook of Midwifery</i>					
	- <i>Infection Prevention Guidelines</i> universally approved Gol IP guidelines					
	- <i>Family Planning: a Global Handbook for Providers, USAID, JHU, WHO 2007</i>					
	- <i>Where there is no doctor</i>					
	<ul style="list-style-type: none"> Materials in Hindi or other appropriate in local language, as available- Journal and newsletter 					
	<ul style="list-style-type: none"> Materials in English as available 					
	<ul style="list-style-type: none"> Has atleast 5 journals/ periodicals 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
9. The library is open to students on demand	Verify with the person in charge of the library if:					
	<ul style="list-style-type: none"> There is a schedule showing library hours and the students are aware of it 					
	<ul style="list-style-type: none"> Schedule shows that library is accessible to students for at least 2hours per day outside of class hours 					
	SCORE					
10. A well equipped and functional computer lab exists for the students and faculty	Verify by observation that:					
	<ul style="list-style-type: none"> There is a functional computer lab with atleast 5 working computers 					
	<ul style="list-style-type: none"> The time table shows regular computer class is arranged for the students 					
	SCORE					
11. The hostel (dormitory) is adequately furnished and suitable for women	Observe whether hostel:					
	<ul style="list-style-type: none"> Has rules and regulations 					
	<ul style="list-style-type: none"> Has a responsible person, e.g. hostel manager 					
	<ul style="list-style-type: none"> Is accessible to the school facilities 					
	<ul style="list-style-type: none"> Is secure, especially at night 					
	<ul style="list-style-type: none"> Has beds/cushions and blankets 					
	<ul style="list-style-type: none"> Has cupboards where students can lock personal belongings 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Has clean and functional bathing and toilet facilities (at least 1:10) 					
	<ul style="list-style-type: none"> ▪ Separate kitchen and store 					
	<ul style="list-style-type: none"> ▪ Has someone present during the day when students are absent 					
	<ul style="list-style-type: none"> ▪ Has a space for students to see visitors 					
	<ul style="list-style-type: none"> ▪ Has heating for cold weather and ventilation for warm weather (open windows, fans, air conditioner) 					
	<ul style="list-style-type: none"> ▪ Electricity is available at least for 5-6 hours during night 					
	<ul style="list-style-type: none"> ▪ Dining room with facility for atleast 40 students to have meals at a time 					
	<ul style="list-style-type: none"> ▪ Separate kitchen and store 					
	<ul style="list-style-type: none"> ▪ Has a space for students to see visitors 					
	<ul style="list-style-type: none"> ▪ Recreation room with TV/ DVD and indoor games 					
	<ul style="list-style-type: none"> ▪ Hot water arrangement for winter and water cooler for summer should be there 					
	<ul style="list-style-type: none"> ▪ Has space for washing and drying clothes 					
	<ul style="list-style-type: none"> ▪ There is anti fire equipment in emergency case (Sand, Bucket, Dibble) 					
	SCORE					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
12. Nutritious meals are provided to students	Observe the nutrition/kitchen unit and interview students to verify whether meals:					
	▪ Are provided at regular hours (dining hall schedule)					
	▪ Safe drinking water is available					
	▪ Are prepared in a clean and hygienic manner					
	▪ There is a monthly menu					
	▪ Include sources of protein and vitamins (confirm from the weekly menu)					
	▪ Meals are arranged with input from students (mess committee)					
SCORE						

TOTAL STANDARDS:	12			
DATE:				
TOTAL STANDARDS OBSERVED:				
TOTAL STANDARDS ACHIEVED:				
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)				

PERFORMANCE STANDARDS FOR ANM PRESERVICE EDUCATION

SECTION 4

SCHOOL MANAGEMENT



PERFORMANCE STANDARDS FOR AUXILIARY NURSE MIDWIFE EDUCATION

AREA: SCHOOL MANAGEMENT

School (name and place): _____ Supervisor/Assessor: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
1. Student composition reflects national INC policies for auxiliary nurse midwifery education	Verify in the admission registry of student if:					
	▪ Students are female					
	▪ Students are 17 to 30 years					
	▪ Each student has passed an entrance exam equivalent to 12 years of education					
	▪ There is a letter of support from students' families/husbands stating they are able to participate on ALL SHIFTS					
	SCORE					
2. Class size is consistent with national INC policy and local capacity	Through review of school records, verify that the class size follows INC norms/ recommendations and does not exceed					
	▪ Teacher-to-student ratio should be not more than					
	- Theory: 1:60					
	- Small group/practical: 1:12					
	- Clinical: 1: 10					
	▪ There is an adequate number of classrooms that accommodate all students in physical space of campus					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
3. School has developed and implemented effective student recruitment and admission strategies according to national student admission policy	Through interviews with two tutors and two students and review of administrative record/ prospectus, verify that:					
	▪ School has a policy that follows the state recruitment strategy					
	▪ School representatives are a part of recruitment process					
	▪ School has a copy of national/state / INC student admission policy					
	▪ The school has a selection committee					
	▪ The school admission criteria is in line with INC requirements					
	SCORE					
4. School academic policies exist and are applied	Verify through interview with the administration and review of records whether:					
	▪ School academic policies are present and if they include the following topics:					
	- Attendance of students in the classroom and clinical area					
	- Attendance of teachers					
	- Dress code (specifically for clinical areas)					
	- Professional conduct in class, clinical areas, and on campus					
	- Disciplinary action procedures (probation, suspension, expulsion)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Randomly interview two faculty and two students to verify whether the faculty and students are aware of the policies					
	SCORE					
5. School has a clear academic calendar (Master plan for the year)	Verify that the school has a written academic calendar/Master rotation plan that includes:					
	▪ Start and end dates of the academic year					
	▪ Approximate dates of holidays and student breaks according to national policy and curriculum					
	▪ Dates of examinations					
	▪ Date after which students will not be admitted to the program (2 weeks after start of first day of class is recommended since students must have 80% attendance to graduate)					
	SCORE					
6. A record of students from entrance to exit is maintained	Verify by document review that:					
	▪ Documentation exists to track students from entrance to exit					
	SCORE					
7. Written job descriptions exist for all staff at the school	Verify that the job description is based on national government policy or NGO policy for:					
	▪ Classroom faculty					
	▪ Administration staff					
	▪ Clinical preceptors					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Peon, and other support staff (developed by each school) 					
	SCORE					
8. A salary structure exists to pay school staff and staff are paid on time	Through interviews with administration and two faculty, and review of administrative documents, verify if:					
	<ul style="list-style-type: none"> A salary structure exists 					
	<ul style="list-style-type: none"> Staff are paid in accordance with the salary structure 					
	<ul style="list-style-type: none"> Staff are paid in a timely manner 					
	SCORE					
9. The curriculum is available to principal and faculty	Verify through interview if:					
	<ul style="list-style-type: none"> Administrators can locate the curriculum and reference materials and books 					
	<ul style="list-style-type: none"> Teachers can locate the curriculum and reference materials and books 					
	<ul style="list-style-type: none"> Students should have a copy of the curriculum 					
	SCORE					
10. Master copies of the learning resource materials exist for duplication	Verify that:					
	<ul style="list-style-type: none"> Principal/program coordinators can locate the master copy of the learning resource materials accompanying the curriculum (all the GoI guidelines) 					
	<ul style="list-style-type: none"> The master copy is of good quality for duplication 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
11. A staff performance evaluation system exists	Verify through interviews with Principal and staff, and review of administrative documents (evaluation formats), if:					
	▪ Staff performance is measured on a regular basis					
	▪ Evaluations of performance are performed using a standardized format					
	▪ The evaluations are documented in writing					
	▪ Staff participates in the process and sign written evaluations to show that they agree to their content					
	▪ Feedback to staff includes student evaluations					
	▪ A program for ongoing teacher education exists					
	SCORE					
12. Student academic performance standards exist and are known by students and teachers	Verify through review of administrative documents that academic performance and advancement standards exist and include:					
	▪ Percentage achievement on all written examinations					
	▪ Achievement on practical and clinical examinations					
	▪ Value of quizzes, practical exams, and final exam toward final score					
	▪ Minimum student performance for each semester/phase					
	▪ Criteria for academic dismissal					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	Verify through interviewing two faculty and two students that:					
	▪ Faculty are aware of standards					
	▪ Students are aware of standards					
	SCORE					
13. Student performance results are documented centrally and in a confidential manner	Through record reviews and interviews with administration, verify that:					
	▪ There is a central record keeping system to track student knowledge assessment results (mark register in common)					
	▪ There is a central record keeping system to track student clinical assessment results (at the school)					
	▪ Only faculty, coordinators, and administrators have access to the student results					
	▪ Opportunities for student counseling are available					
	▪ A policy for students to file grievances regarding results exists					
	SCORE					
14. Course completion requirements are explicit and are met before any student receives certificate	Through record reviews, verify that:					
	▪ Course completion requirements are explicitly stated and students informed of requirements					
	▪ All students who have received certificate during the last teaching cycle have met the course completion requirements					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> A student who has not met the course completion requirements is offered to reappear as per INC norms 					
	SCORE					
15. School Principal and teaching staff meet regularly	Through record reviews and interviews with the principal and two faculty members, verify if:					
	<ul style="list-style-type: none"> Meetings that include all faculty staff occur regularly (at least once a month) and the minutes are maintained 					
	<ul style="list-style-type: none"> Teachers can provide input and influence decision making about education 					
	<ul style="list-style-type: none"> Student and teaching results are discussed and areas for improvement identified 					
	SCORE					
16. A teaching coordinator visits clinical practice sites and meets with clinical instructors/ tutors and staff	Verify through record of meeting minutes (register) and interviews with the teaching coordinator and two clinical instructors/tutors and staff if:					
	<ul style="list-style-type: none"> There is a schedule of regular meetings/visits between a clinical course coordinator and clinical instructors/tutors and clinical staff 					
	<ul style="list-style-type: none"> Student performance is discussed 					
	<ul style="list-style-type: none"> Problems are discussed, solutions are identified, and action is taken to resolve problems 					
	SCORE					

TOTAL STANDARDS:	16			
DATE:				
TOTAL STANDARDS OBSERVED:				
TOTAL STANDARDS ACHIEVED:				
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)				

PERFORMANCE STANDARDS FOR ANM PRESERVICE EDUCATION

SECTION 5

CLINICAL AREAS WHERE STUDENT MIDWIVES UNDERTAKE CLINICAL EXPERIENCE



PERFORMANCE STANDARDS FOR AUXILLARY NURSE MIDWIFE EDUCATION

AREA: CLINICAL AREAS WHERE STUDENT MIDWIVES UNDERTAKE CLINICAL EXPERIENCE

School (name and place): _____ _ Supervisor/Assessor: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
1. The provider asks about and records danger signs that the woman may have or has had during pregnancy	Verify through observation with a client in the ANC clinic whether the provider determines if the woman has had any warning signs during her pregnancy:					
	▪ Vaginal bleeding /leaking Per vaginum					
	▪ Respiratory difficulty					
	▪ Fever/ foul smelling discharge					
	▪ Severe headache/blurred vision					
	▪ Generalised swelling of the body, puffiness of face					
	▪ Pain in the abdomen					
	▪ Convulsions/loss of consciousness					
	▪ Decreased excessive or absence of foetal movements					
	▪ Assures immediate attention in the event of any of the above symptoms					
	SCORE					
2. The provider ensures that all women and their	Observe during a visit with a woman in her second or third trimester, that the provider helps the client and her husband/companion develop an individual birth plan (IBP) and complication readiness or verify by interview with a women in her third trimester if she is aware of the following:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
husbands/ companions have an individual birth plan and are prepared for any complication that may arise	<ul style="list-style-type: none"> ▪ Explains the benefits of giving birth assisted by a skilled provider who knows how to manage complications 					
	<ul style="list-style-type: none"> ▪ Develops a birth plan with the woman, including all preparations for normal birth and plan in case of emergency: <ul style="list-style-type: none"> - Skilled provider and place of birth - Signs and symptoms of labor and when she has to go to the hospital - Emergency transportation and funds - Provider asks her to identify a family member(s) as a blood donor - Advises the woman and her family to keep a small amount of money for emergency - Items to be taken to the health care setting for clean and safe birth - Decision-making person in case complication occurs at home - Warning signs and symptoms <ul style="list-style-type: none"> ○ Vaginal bleeding /leaking PV ○ Respiratory difficulty ○ Fever / foul smelling discharge ○ Severe headache/blurred vision 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ○ Generalised swelling of the body, puffiness of face ○ Pain in the abdomen ○ Convulsions/loss of consciousness ○ Decrease, excessive or absence of foetal movements 					
	SCORE					
3. The provider uses recommended general counseling techniques while counseling clients for their area of concern	Observe the counseling/examination area with client and verify if the provider:					
	▪ Shows client respect, and helps her feel at ease					
	▪ Encourages the client to explain needs, express concerns and ask questions					
	▪ Guides the discussion according to the client's wishes and needs					
	▪ Includes client's husband or important family members for the counseling session with permission of the client					
	▪ Ensures that there is adequate privacy during the counseling session					
	▪ Listens carefully					
	▪ Provides only <i>key</i> information and instructions. Uses words the client can understand					
	▪ Respects and supports the client's informed decisions					
▪ Informs regarding the common problems during pregnancy, and addresses the client's concerns						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Checks the client's understanding ▪ Provides information on return visits ▪ Invites the client to come back any time for any reason or concern she may have 					
	SCORE					
4. The Provider promptly cares for the woman with Pre-eclampsia/eclampsia	In the antenatal/labour room, observe women with pre-eclampsia/eclampsia and see if the provider does the following OR interview 2 health care providers in the antenatal/labour room and identify if the following tasks are done in the event of the woman having pre-eclampsia/eclampsia					
	<ul style="list-style-type: none"> ▪ Asks the woman if: <ul style="list-style-type: none"> - She has pain in the upper abdomen (heartburn) or on right side below the diaphragm - She gets severe headache - She has visual problems (double vision, blurring or transient blindness) - She gets sudden or severe swelling of the face, lower back and hands - She is passing a reduced amount of urine 					
	<ul style="list-style-type: none"> ▪ Checks the BP, records observation and checks again after 4 hours. If the case is urgent, check after 1 hour 					
	<ul style="list-style-type: none"> ▪ Tests her urine for the presence of albumin (indicative of proteinuria) (Ensure that the urine sample is a midstream clean catch) 					
	<ul style="list-style-type: none"> ▪ Classifies Pre-eclampsia/eclampsia 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Hypertension – if the BP is equal to or more than 140/90 mmHg on two consecutive readings taken 4 hours apart					
	- Pre-eclampsia – hypertension with proteinuria					
	- Eclampsia – hypertension with proteinuria and convulsions					
	▪ Explains the danger signs listed below to her and her family, as they can be life-threatening to the woman and her baby					
	The danger signs are:					
	- Very high BP (above 160/110 mmHg					
	- Severe headache, increasing in frequency and duration					
	- Visual disturbances (blurring, double vision, blindness)					
	- Pain in the epigastrium (upper part of the abdomen)					
	- Oliguria (passing a reduced quantity of urine, i.e. less than 400 ml in 24 hours					
	- Oedema (swelling), especially of the face, sacrum/lower back					
	▪ Starts the woman on anti-hypertensive medication and advises to come for regular follow-up					
	▪ Counsels the woman for delivery in the hospital					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ In the event of eclampsia, gives first dose of magnesium sulphate and refers to a higher level facility for further management or admits the woman and monitors her BP and manages with Inj. Magnesium Sulphate. 					
	<ul style="list-style-type: none"> ▪ Offers supportive care immediately, as follows: <ul style="list-style-type: none"> - Ensures that the airways are clear and breathing is normal. If the woman is unconscious, position her on her left lateral side - Cleans her mouth and nostrils and apply gentle suction to remove secretions - Removes any visible obstruction or foreign body from her mouth - Places the padded mouth gag between the upper and lower jaws to prevent tongue bite. Do not attempt this during a convulsion - Protects her from a fall or injury - Empties her bladder using a catheter (preferably Foley's catheter), measure and record the volume, and leave the catheter in and attach to a urine collection bag - Does not leave the woman alone ▪ Measures the BP, urine output and temperature of the woman ▪ Magnesium sulphate injection – Gives the first dose of magnesium sulphate injection: 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Takes a sterile 10 cc syringe and 22 gauge needle					
	- Breaks 5 ampoules and fill the syringe with the magnesium sulphate solution, ampoule by ampoule (10 ml in all). Take care not to suck in air bubbles while filling the syringe. (Each ampoule has 2 ml of magnesium sulphate 50% w/v, 1 g in 2 ml)					
	- Identifies the upper outer quadrant of the hip. Cleans it with a spirit swab and allows the area to dry					
	- Administers the 10 ml (5 g) injection (deep intramuscular) in the upper outer quadrant in one buttock, slowly					
	- Tells the woman she will feel warm while the injection is being given					
	- Repeats the procedure with the same dose (i.e. 5 ampoules - 10 ml/ 5 g) in the other buttock					
	- Disposes of the syringe in a puncture proof container (if disposable) or decontaminates (if reusable)					
	▪ Starts an intravenous infusion and gives the intravenous fluids slowly, at the rate of 30 drops/minute and prepares for delivery (induces/augment labour as necessary)					
	SCORE					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS	
		Date	Date	Date	Date		
5. The provider receives the pregnant woman in labor in a cordial manner	In the labor and delivery rooms, observe two women in labor and determine whether the provider:						
	<ul style="list-style-type: none"> ▪ Ensures that she speaks the language understood by the woman or seeks someone who can assist in this regard 						
	<ul style="list-style-type: none"> ▪ Greets the woman and her companion in a cordial manner 						
	<ul style="list-style-type: none"> ▪ Introduces herself to the woman 						
	<ul style="list-style-type: none"> ▪ Encourages the woman to ask her companion to remain at her side, as appropriate and applicable 						
	<ul style="list-style-type: none"> ▪ Responds to questions using easy-to-understand language 						
	<ul style="list-style-type: none"> ▪ Responds to her immediate needs (thirst, hunger, cold/hot, need to urinate, etc.) 						
	<ul style="list-style-type: none"> ▪ Records the necessary information in the individual labor record 						
	SCORE						
6. The provider uses the partograph to monitor labor and make adjustments to the birth plan	Determine, based on the clinical history and partograph of two women in labor, whether the provider:						
	<ul style="list-style-type: none"> ▪ Records patient information: 						
	<ul style="list-style-type: none"> - Name 						
	<ul style="list-style-type: none"> - Gravida, para 						
	<ul style="list-style-type: none"> - Hospital number 						
<ul style="list-style-type: none"> - Date and time of admission 							

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Time of rupture of membranes					
	▪ Records every half hour:					
	- Fetal heart rate (FHR)					
	- Uterine contractions (frequency and duration over a 10-minute period)					
	- Maternal pulse					
	- Amount of IV solution (If provided with oxytocin in drops per minute and indication) medications and other intravenous liquids, if used					
	▪ Records temperature every two hours if febrile, otherwise 4 hourly					
	▪ Records BP every 4 hours					
	▪ At every vaginal examination (every 4 hours or less according to evolution of labor):					
	- Records the condition of the membranes and characteristics of the amniotic fluid if they have ruptured					
	- Graphs cervical dilation					
	▪ Records whether the woman has passed urine					
	▪ Records the time of the observations					
	▪ Adjusts the labor plan according to the parameters observed:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> - If parameters are normal, continues to implement the plan (walk about freely, hydration, light food if desired, change positions, etc.) OR - If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to the birth plan 					
	SCORE					
7. The provider has the basic equipments to perform resuscitation of the newborn	Determine whether the provider has assembled:					
	▪ Masks # 0 for pre term, # 1 for term healthy baby					
	▪ Newborn self inflating resuscitation bag					
	▪ Dee Lee mucus extractor					
	▪ Oxygen source if available					
	SCORE					
8. The provider verifies that equipment is in proper working condition	Verify if the provider, before every delivery:					
	▪ Checks bag and mask blocking the mask by making a tight seal with the palm of his hand and squeezing the bag					
	▪ Checks that she/he feels pressure against his hand (which means that the bag is generating adequate pressure)					
	▪ Checks the functioning of the Pop-up valve					
	▪ Checks if the bag re-inflates when he releases the grip (which means that the bag is functioning properly)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
9. The provider adequately conducts normal delivery (second stage of labor)	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	▪ Checks for hydration status					
	▪ Encourages to take deep breaths between contractions					
	▪ Asks to push during contractions					
	▪ Checks FHS every 5-10 minutes					
	▪ Checks that the bladder is empty					
	▪ Gives perineal support while delivering head					
	▪ Delivers head by dorsiflexion technique					
	▪ Delivers posterior shoulder first followed by anterior shoulder					
	▪ Cleans baby's nose and mouth by clean gauze after delivery of head					
▪ Informs mother about baby's condition						
	SCORE					
10. The provider adequately performs active management of the third stage of labor	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	▪ Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)					
	▪ Tells the woman that she will receive an injection, and administers 10 IU of oxytocin IM on the thigh					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Clamps the cord near the perineum 					
	<ul style="list-style-type: none"> Holds the cord and clamp with one hand 					
	<ul style="list-style-type: none"> Places the other hand just above the woman's symphysis pubis (over the sterile towel) to gently exert pressure upwards in the direction of her abdomen when a contraction starts 					
	<ul style="list-style-type: none"> Holds the cord and clamp and waits for the uterus to contract 					
	<ul style="list-style-type: none"> Upon contraction, applies gentle but firm and sustained downward traction on the cord with counter force on the lower abdomen above the pubis to guard the uterus, until the placenta is expelled 					
	<ul style="list-style-type: none"> If this maneuver does not allow the placenta to come down, ceases to apply traction, holding the cord and clamp until the next contraction 					
	<ul style="list-style-type: none"> Repeats controlled cord traction while simultaneously applying counter traction over the lower abdomen above symphysis pubis to guard the uterus 					
	<ul style="list-style-type: none"> Once the placenta bulges at the vaginal introitus, assists its expulsion with both hands, by turning it clockwise over in the hands, without applying traction, "teasing out" the membranes to roll them out 					
	<ul style="list-style-type: none"> Checks whether uterus is contracted 					
<ul style="list-style-type: none"> Massages the uterus with one hand on a sterile cloth over the abdomen, until it contracts firmly 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Checks the completeness of the placenta and membranes Tells the sex of the baby to the mother after the placenta is removed 					
	SCORE					
11. The provider properly conducts a rapid initial assessment and provides immediate newborn care	In the labor or delivery rooms, observe two women with their newborns in the immediate postpartum period and determine whether the provider:					
Note 1: This standard must be observed immediately following birth Note 2: It may be necessary to have two providers and observers in the event that one provider is caring for the woman and the other for the newborn	<ul style="list-style-type: none"> Receives and dries the baby with a clean dry towel from head to feet, discards the used towel and covers the baby including the head with a clean dry towel. 					
	<ul style="list-style-type: none"> Determines whether the baby is breathing 					
	<ul style="list-style-type: none"> If the baby does not begin breathing or is breathing with difficulty, asks assistance, rapidly ties and cuts the cord, and initiates resuscitation 					
	<ul style="list-style-type: none"> Gives IM oxytocin at this stage, clamps, ties and cuts the cord, clamps and holds the other end of the cord close to the perineum 					
	<ul style="list-style-type: none"> If the baby is breathing normally, places the baby in skin-to-skin contact on the mother's chest or abdomen and encourages immediate breastfeeding 					
	<ul style="list-style-type: none"> Informs the mother of the baby's condition 					
	<ul style="list-style-type: none"> Clamps and cuts the cord using clean sterile blade/instruments within 1-3 minutes of the birth 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Cleans the baby's both eyes with separate sterile gauze for each eye ▪ Places an identification bracelet on the baby's wrist ▪ If necessary, provides orientation to the mother about how to hold her baby 					
	SCORE					
12.The provider adequately performs immediate postpartum care	In the labor or delivery rooms, observe two women during a delivery and determine whether the provider:					
	<ul style="list-style-type: none"> ▪ Informs the woman what he/she is going to do before proceeding, then <i>carefully</i> examines the vagina and perineum 					
	<ul style="list-style-type: none"> ▪ Checks for PPH 					
	<ul style="list-style-type: none"> ▪ Gently cleanses the vulva and perineum with clean water (warm if possible) or a nonalcoholic antiseptic solution 					
	<ul style="list-style-type: none"> ▪ Sutures the tears/lacerations if necessary 					
	<ul style="list-style-type: none"> ▪ Covers the perineum with a clean sanitary pad 					
	<ul style="list-style-type: none"> ▪ Makes sure that the woman is comfortable (clean, hydrated and warmly covered) 					
	<ul style="list-style-type: none"> ▪ Ensures that the baby is well covered, is with the mother, and has began to suckle 					
	SCORE					
13. The provider	Observe whether the provider:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
properly monitors the newborn	<ul style="list-style-type: none"> Monitors baby's temperature every 30 minutes, for the first hour after birth if the baby is preterm/ IUGR/ resuscitated by touching the baby's peripheries, chest & abdomen 					
	<ul style="list-style-type: none"> If cold, takes axillary temperature using low reading thermometer for at least 3 minutes and makes sure that the baby is kept warm by maintaining skin-to-skin contact (if that's not possible, re-wrap the baby, including the head) and place the baby under a heat source or incubator. Continues to monitor temperature on an half hourly basis or until temperature stabilizes 					
	<ul style="list-style-type: none"> Monitor every 2 hours until the first 6 hours 					
	<ul style="list-style-type: none"> If there is bleeding/oozing from the cord, reties it 					
	<ul style="list-style-type: none"> Gives the baby vitamin K injection 1 mg IM for term babies and 0.5 mg IM for preterm babies 					
	<ul style="list-style-type: none"> Encourages and supports the mother in initiating breastfeeding within the first hour after birth 					
	<ul style="list-style-type: none"> Encourages the mother to ask questions, and responds using easy-to-understand language 					
	SCORE					
14. The provider properly performs resuscitation of the	Determine whether the provider:					
	<ul style="list-style-type: none"> Places the newborn face up on a clean, dry, hard surface under a heat source or warmer 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
newborn	<ul style="list-style-type: none"> ▪ Quickly wraps and covers the baby, except for the face and the upper portion of the chest 					
	<ul style="list-style-type: none"> ▪ Explains to the mother what is happening 					
	<ul style="list-style-type: none"> ▪ Positions the head of the baby so that the neck is slightly extended which may be achieved by placing a rolled up piece of cloth under the baby's shoulders 					
	<ul style="list-style-type: none"> ▪ Gently sucks the baby's mouth and then nose if meconium is present and the baby is not crying (does not suck deep in the throat which may cause bradycardia) 					
	<ul style="list-style-type: none"> ▪ After performing the above steps of resuscitation, if the baby does not breathe initiates bag and mask ventilation 					
	<ul style="list-style-type: none"> ▪ In the event of resuscitation with bag and mask or tube and mask: 					
	<ul style="list-style-type: none"> - Places the mask so it covers the baby's chin, mouth and nose 					
	<ul style="list-style-type: none"> - Ensures that an appropriate seal has been formed between mask, nose, mouth, and chin 					
	<ul style="list-style-type: none"> - Ventilates one or two times and looks for chest movement during ventilation (chest is rising equally on both sides) 					
	<ul style="list-style-type: none"> - If no chest movement, check for inadequate seal or blocked airway or insufficient pressure 					
	<ul style="list-style-type: none"> - Ventilates for 30 secs 40-60 breathes 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- If breathing well, gradually discontinues positive pressure ventilation, check breathing for one minute and keep the baby under observation					
	- If not breathing well, continue ventilation, assess the heart rate and add oxygen if available					
	- If heart rate is more than 100/min continue ventilation and assess for breathing after 30 secs.					
	- If heart rate is less than 100/min, continue ventilation and call for help If heart rate is less than 100/min, continue ventilation and call for help					
	▪ If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting):					
	- Places the wrapped baby in skin-to-skin contact with the mother					
	- Ensures that the baby continues to breathe without difficulty and is kept warmly covered					
	▪ If the baby does not begin to breathe or if breathing is less than 20/min or gasping,					
	- Continues to ventilate					
	- Administers oxygen, if available					
	- Assesses the need for special care					
	- Explains to the mother what is happening if possible					
	▪ In the event of mouth/nose-mouth resuscitation:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Places a piece of clean cloth or gauze over the baby's mouth and nose					
	- Places her/his mouth over the mouth and nose of the baby					
	- Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute					
	- Verifies that chest is rising					
	- Pauses and determines whether the baby is breathing spontaneously					
	▪ If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes					
	- Suspends Resuscitation					
	- Records the time of death (no breathing)					
	- Provides emotional support to mother/parents and family members					
	▪ Record all actions taken on the woman's clinical record					
	▪ Asks the mother whether she has any questions, and responds using easy-to-understand language					
	SCORE					
15. The provider properly disposes the used	In the labor or delivery rooms, observe two women in the immediate postpartum period and determine whether the provider:					
	▪ Before removing gloves:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
instruments and medical waste after assisting the birth	- Discards the placenta into a leak-proof container with a plastic liner or as per the State Waste Management Guidelines					
	- Disposes medical waste (gauze, etc.) in a plastic container with a plastic liner or as per the State Waste Management Guidelines					
	- Put the soiled linen in a leak-proof container					
	- Places all reusable instruments in a 0.5% chlorine solution for 10-30 minutes					
	▪ Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping or breaking the needle (or dispose of as per state waste disposal guidelines for sharps)					
	▪ If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by inverting and places them in a container with a plastic liner; if they are reusable, immerses them in a 0.5% chlorine solution for at least 10 minutes					
	▪ Performs hand hygiene after removing gloves:					
	- Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, or					
- Rubs hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
<p>16. The provider properly performs the general management of PPH</p> <p><i>(This standard is based on review of notes however where possible try to observe the actual management of a patient AND check the records)</i></p>	Review the records of two women who had PPH, determine whether the records include the following or interview the provider in the clinical area whether the following is done in the event of PPH:					
	<ul style="list-style-type: none"> ▪ Rapid evaluation: 					
	<ul style="list-style-type: none"> - General condition 					
	<ul style="list-style-type: none"> - Pulse 					
	<ul style="list-style-type: none"> - BP 					
	<ul style="list-style-type: none"> - Breathing 					
	<ul style="list-style-type: none"> ▪ If there is shock or suspicion of shock [weak, fast pulse (110 or more per minute), systolic BP less than 90 mmHg, pallor, cold and perspiring skin, rapid breathing, confusion or unconsciousness]: 					
	<ul style="list-style-type: none"> - Woman is covered and has her feet elevated above her heart 					
	<ul style="list-style-type: none"> - Starts oxygen at 6–8 L/minute by mask 					
	<ul style="list-style-type: none"> - Starts two IV lines using wide bore needle/canula 					
	<ul style="list-style-type: none"> - Takes a blood sample for hemoglobin, cross-matching, and clotting test 					
	<ul style="list-style-type: none"> - Initiates IV infusion with saline or Ringer’s lactate 					
	<ul style="list-style-type: none"> - Infuses 1 L in each line over a 15–20 minute period (wide open rate) 					
<ul style="list-style-type: none"> - Administers at least 2 additional liters of solution during the first hour if required as per the blood loss 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	- Continues to replace volume IV according to blood loss					
	- Assesses woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost					
	- Performs bladder catheterization and measures for urine output every hour					
	- Administers 20 IU of oxytocin in 500 ml Normal Saline or R/L at 40-60 drops per minute. Performs Bimanual compression of the uterus					
	SCORE					
17. The provider uses recommended general counseling techniques for counseling clients for family planning	Observe at least two family planning counseling sessions and verify if the provider:					
	▪ Shows client respect, and helps client feel at ease					
	▪ Asks relevant questions to identify client's needs and reasons for visiting the clinic					
	▪ Encourages the client to explain needs, express concerns, ask questions					
	▪ Let the client's wishes and needs guide the discussion					
	▪ Includes client's wife/husband or important family members with permission of the client in the counseling session					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ▪ Ensures adequate privacy during the counseling by <ul style="list-style-type: none"> ○ Speaking softly ○ Keeping the doors closed or ○ By drawing the curtains 					
	<ul style="list-style-type: none"> ▪ Assures confidentiality by telling the client that she/he will never share personal information of the client with anyone and keep all the records secured all the times 					
	<ul style="list-style-type: none"> ▪ Addresses any related needs such as protection from sexually transmitted infections, including HIV and support for condom use 					
	<ul style="list-style-type: none"> ▪ Checks if the client has completed her family or wants to space births 					
	<ul style="list-style-type: none"> ▪ Explains that the interval between this birth to next pregnancy should be at least 2 years for better health of herself, this baby and the next baby 					
	<ul style="list-style-type: none"> ▪ Explains the unpredictable and approximate return of fertility after child birth 					
	<ul style="list-style-type: none"> ▪ If client is unsure about which method to choose, educates client about contraceptive methods choices available to the client including: <ul style="list-style-type: none"> ○ COCs ○ IUCD ○ Male Condoms ○ Male Sterilization ○ Emergency Contraception ○ Postpartum contraception (LAM, IPPIUCD, condom, Injectables (DMPA), female and male sterilization) 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ○ Postabortion contraception (within seven days of abortion or miscarriage-all methods available) ○ Standard Days Method (with regular menstrual cycles of 26-36 days) 					
	<ul style="list-style-type: none"> ▪ For each method above provide the following information <ul style="list-style-type: none"> ○ General description of the method ○ Mechanism of action in a simple language that woman can understand ○ When to start the method, including those that can be started during postpartum and post abortion periods ○ How long can it be used and effective for how long ○ Benefits and limitations of each method ○ Brief description on how to use the method ○ Needs for physical examination ○ Side effects ○ Need for protection against STIs including HIV/AIDS ○ Follow up needs ○ Shows the sample of each contraceptive and allows the woman to handle it if possible 					
	<ul style="list-style-type: none"> ▪ Has a contraceptive demonstration kit and charts 					
	<ul style="list-style-type: none"> ▪ Rules out pregnancy, assesses risk of STIs and initiates method-specific counseling once client has shown interest in a method or has chosen a method 					
	<ul style="list-style-type: none"> ▪ Provides method-specific counseling once the woman has chosen a method 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ○ Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal method pelvic examination for IUCD) 					
	<ul style="list-style-type: none"> ○ Ensures there are no conditions that contraindicate the use of the chosen method. If there are such conditions then helps the woman to choose more suitable method 					
	<ul style="list-style-type: none"> - Tells the woman about the family planning method she has chosen: <ul style="list-style-type: none"> - Type - How to take it, and what to do if she is late taking her method - How it works - Effectiveness - Advantages and non-contraceptive benefits - Disadvantages - Common side effects - Danger signs and where to go if she experiences any 					
	<ul style="list-style-type: none"> ○ Provides the method of choice if available or refers woman to the nearest health facility where it is available 					
	<ul style="list-style-type: none"> ○ Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> - How to use the method of contraception - Side effects - When to return to the clinic 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> ○ Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk 					
	<ul style="list-style-type: none"> ○ Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns 					
	<ul style="list-style-type: none"> ○ Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary 					
	<ul style="list-style-type: none"> ○ Records the relevant information in the woman's chart 					
	<ul style="list-style-type: none"> ○ Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns 					
	SCORE					
18. The place and furniture are consistent with the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> ▪ Examination table 					
	<ul style="list-style-type: none"> ▪ Privacy maintained—curtains/screen 					
	<ul style="list-style-type: none"> ▪ Adequate light to visualize cervix 					
	<ul style="list-style-type: none"> ▪ Electricity supply with back-up facility (generator with POL) 					
	<ul style="list-style-type: none"> ▪ Attached toilet facilities 					
	<ul style="list-style-type: none"> ▪ Delivery table with mattress and Macintosh and Kelly pad 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Foot stool & bedside table					
	▪ Basin stand					
	▪ Area marked for care and resuscitation of newborn					
	▪ 1 table and 3 chairs in the side room of the labour room					
	SCORE					
19. Infection prevention equipment is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ 10 litre bucket with tap or running water (24 hrs)					
	▪ Plain plastic tub, 12" at base, for 0.5% chlorine solution					
	▪ Hypochlorite solution / bleaching powder					
	▪ Autoclave/boiler / pressure cooker					
	▪ Stove in working condition (used for boiling)					
	▪ Plastic mug (1 litre)					
	▪ Teaspoon/measurement jar for measuring bleaching powder					
	▪ Surgical gloves (No. 7)					
	▪ Utility gloves (thick rubber)					
	▪ Soap in a soap dish/liquid soap in a dispenser					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> Personal-proof container/hub cutter and needle destroyer 					
	<ul style="list-style-type: none"> Personal Protective equipment including plastic apron, shoes, mask, cap, goggles 					
	<ul style="list-style-type: none"> Dustbin—color-coded, based on state biomedical waste management guidelines 					
	SCORE					
20. Emergency drug tray is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> Injection oxytocin 					
	<ul style="list-style-type: none"> Injection diazepam 					
	<ul style="list-style-type: none"> Tablet Nifedipine 					
	<ul style="list-style-type: none"> Injection magnesium sulphate 					
	<ul style="list-style-type: none"> Injection lignocaine hydrochloride 					
	<ul style="list-style-type: none"> Tablet misoprostol 					
	<ul style="list-style-type: none"> Sterilized cotton and gauze 					
	<ul style="list-style-type: none"> At least 2 pairs of gloves 					
	<ul style="list-style-type: none"> Sterile syringes and needles (different sizes) 					
	<ul style="list-style-type: none"> At least 2 sterile intravenous sets 					
	<ul style="list-style-type: none"> Intravenous fluids 					
	<ul style="list-style-type: none"> Intravenous cannula 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	SCORE					
21. Equipment, supplies and other drugs are available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ Delivery kits for normal deliveries					
	▪ Cheatle forceps in a dry bottle					
	▪ Dressing drum					
	▪ Foetal stethoscope					
	▪ Baby weighing scale					
	▪ Inch tape					
	▪ Radiant warmer or Table lamp with 200 watt bulb					
	▪ Phototherapy unit					
	▪ Self-inflating bag and mask (neonatal size)					
	▪ Oxygen hood (neonatal)					
	▪ Oxygen cylinder or central supply with Key tubing and mask					
	▪ Laryngoscope and endotracheal tubes					
	▪ Mucus extractor with suction tube and foot-operated suction machine					
	▪ Feeding tubes					
▪ Blankets, Clean towels						
▪ Sahle haemoglobinometer						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 st Assessment	2 nd Assessment	3 rd Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Dipsticks for testing urine albumin & sugar					
	▪ Blood pressure apparatus and stethoscope					
	▪ Adult weighing scale					
	▪ Sterile/clean pads					
	▪ Povidone iodine					
	▪ Methylated spirit					
	▪ Thermometer (oral & rectal)					
	▪ Micropore tape					
	▪ MCH card					
	▪ Partograph charts					
	▪ Gentamicin injection					
	▪ Ampicillin injection					
	▪ Metronidazole Tablets					
	▪ Vaccine carrier					
	▪ Ice pack box/ refrigerator					
	▪ Foley and plain catheters and uro bag					
	SCORE					

TOTAL STANDARDS:	21			
TOTAL STANDARDS OBSERVED:				
TOTAL STANDARDS ACHIEVED:				
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)				

SUMMARY OF ANMTC STANDARDS

AREAS	NUMBER OF STANDARDS	STANDARDS ACHIEVED							
		DATE :		DATE :		DATE :		DATE :	
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Classroom and Practical Instruction	15								
Clinical Instruction and practice	17								
School infrastructure and training materials	12								
School Management	16								
Clinical areas where student midwives undertake clinical experience	21								
Total	81								

ANNEXURES

ANNEXURE 1: INSTRUCTIONS FOR FACILITATION ACTIVITIES

General Instructions

1. Review the facilitation activity that you have selected or been assigned
2. Read the guidance on that activity described in the 'Participant Assignment Sign-up Sheet'. Use the course outline in the facilitators guide for guidance.
3. Read the section of the reference manual or other resources that relates to your activity
4. Use the sample lesson plan and prepare a lesson plan that includes the following:
 - Objectives
 - Your plan on how to introduce the topic (remember—not much time!)
 - Notes, either in the reference manual or somewhere else, on points you want to cover during the activity, flow of the content
 - Notes on any activities you want to include
 - Any reminders about audiovisual or other supplies needed
 - How you plan to summarize
5. Provide the lesson plan to the trainer for feedback
6. Ask the trainer or obtain the resources needed that are listed in the 'Resources' column
7. Review the checklist on effective facilitation, demonstration or coaching skills checklists to remind yourself of skills to use during your short activity
8. Take a deep breath and relax. We are all here to practice together and learn!

Providing Feedback

1. Each learner should have a copy of the related TRAINING SKILLS checklists to use during observation.
2. Provide everyone with ample copies of slips of scrap paper. Each observer should write down at least three things done well and two suggestions for improvement. Remember that feedback should be specific. If it was “good,” why was it good? What made it good? If improvements are needed, what exactly needs to be changed? Comments may be kept anonymous.
3. Remember that you are providing feedback on effective training skills, not on clinical content.
4. Agree as a group that after each presentation, learners will be asked to state three things they did well and then offer several suggestions for how they could improve.
5. The facilitator will also collect the slips of paper and spend about 3–5 minutes reviewing common themes and comments and then give the feedback to the learner.

ANNEXURE 2: PARTICIPANT ASSIGNMENT SIGN-UP SHEET – FACILITATION SKILLS

S.No	Topic	Time	Placement	Participants name	Signature
1.	Infection prevention	40 mins	Session 14: Week 2: Day 1, Afternoon		
2.	Importance of Antenatal Care and preparation for ANC	30 mins	Session 15: Week 2: Day 2, Morning		
3.	ANC – History taking	45 mins	Session 15: Week 2: Day 2, Morning		
4.	ANC – interventions	45 mins	Session 17: Week 2: Day 3, Morning		
5.	ANC counseling	30 mins	Session 17: Week 2: Day 3, Morning		
6.	Care during labour – assessment and care in labour	60 mins	Session 17: Week 2: Day 3, Morning		
7.	Care during labor and delivery – Partograph	30 mins	Session 18: Week 2: Day 3, Afternoon		
8.	Monitoring and management of third and fourth stage of labour	30 mins	Session 20 : Week 2 : Day 4, Afternoon		
9.	Care after delivery - postpartum care Care during first, second and third postpartum visits	15 mins	Session 20: Week 2: Day 4, Afternoon		
10.	Pregnancy Induced Hypertension	45 mins	Session 23: Week 2: Day 6, Morning		
11.	Ensuring quality of care	45 mins	Session 24: Week 2: Day 6, Afternoon		
12.	India Family Planning Program and GOI policies for FP service provision	45 mins	Session 33: Week 5: Day 5, Morning		
13.	Technical overview of modern family planning methods	60 mins	Session 33: Week 5: Day 5, Morning		
14.	Hormonal methods of contraception	60 mins	Session 33: Week 5: Day 5, Morning		
15.	Condom use and demonstration of condom use on model	30 mins	Session 34 : Week 5: Day 5, Afternoon		
16.	Postpartum Family Planning and LAM	75 mins	Session 34: Week 5: Day 5, Afternoon		
17.	Discuss modern approaches to IUCD	60 mins	Session 34: Week 5: Day 5, Afternoon		
18.	Elements of counseling and communication skills	60 mins	Session 36: Week 5: Day 6, Afternoon		
19.	Elements of FP counseling & postpartum FP counseling	30 mins	Session 36: Week 5: Day 6, Afternoon		
20.	<ul style="list-style-type: none"> ▪ Magnitude of HIV ▪ What are HIV & AIDS? ▪ HIV transmission ▪ HIV testing and diagnosis 	60 mins	Session 37: Week 6: Day 1, Morning		

ANNEXURE 3: PARTICIPANT ASSIGNMENT SIGN-UP SHEET – DEMONSTRATION SKILLS

S.No	Topic	Time	Placement	Participants name	Signature
1.	Hand washing, Decontamination and high – level	25 mins	Session 14: Week 2: Day 1, Afternoon		
2.	Processing of Instruments	20 mins	Session 14: Week 2: Day 1, Afternoon		
3.	Detection of pregnancy	15 mins	Session 15: Week 2: Day 2, Morning		
4.	ANC – General examination	30 mins	Session 15: Week 2: Day 2, Morning		
5.	ANC – abdominal examination	30 mins	Session 16: Week 2: Day 2, Afternoon		
6.	ANC – Laboratory investigations	15 mins	Session 16: Week 2: Day 2, Afternoon		
7.	Assessment of woman in labour	20 mins	Session 18: Week 2: Day 3, Afternoon		
8.	Vaginal examination during labour	25 mins	Session 18: Week 2: Day 3, Afternoon		
9.	Management of first and second stage of labour	45 mins	Session 19: Week 2: Day 4, Morning		
10.	Active management of third stage of labour	30 mins	Session 20: Week 2: Day 4, Afternoon		
11.	Management during the fourth stage of labour	30 mins	Session 20: Week 2: Day 4, afternoon		
12.	Resuscitation of newborn	60 mins	Session 21: Week 2: Day 5, Morning		
13.	Setting up an IV line	15 mins	Session 23: Week 2: Day 6, Morning		
14.	Giving deep intramuscular injections.	15 mins	Session 23: Week 2: Day 6, Morning		
15.	Catheterization	15 mins	Session 24: Week 2: Day 6, Afternoon		

ANNEXURE 4: COURSE EVALUATION

Please indicate your opinion of the course components using the following rate scale:

5–Strongly Agree 4–Agree 3–No Opinion 2–Disagree 1–Strongly Disagree

COURSE COMPONENT	RATING
1. The individual learning plan helped me focus my study and practice	
2. The classroom sessions were adequate for learning classroom presentation and clinical demonstration skills	
3. The technical content covered was useful	
4. The learning activities were helpful	
5. There was sufficient time scheduled for planning the classroom learning activities and clinical demonstrations	
6. There was sufficient time for clinical practice	
7. I am now confident in writing objectives	
8. I am now confident in planning for teaching	
9. I am now confident in using basic effective facilitation skills	
10. I am now confident in delivering interactive presentations	
11. I am now confident in using assessment tools	
12. I am now confident in demonstrating clinical skills and coaching skill development	
13. I am now confident in managing clinical practice	
14. I am now confident in using the GoI SBA Guidelines and these materials in teaching	
15. I am now confident in the following skills: <ul style="list-style-type: none"> ▪ Plotting and interpreting partograph to monitor labour ▪ Managing normal labour ▪ Providing Essential Newborn Care ▪ Newborn Resuscitation using bag and mask ▪ Preparation and method of using Injection Magnesium sulfate in prevention and management of severe Pre-Eclampsia/Eclampsia ▪ Providing AMTSL in prevention of PPH ▪ Providing initial management of PPH and Shock by using Oxytocin and I/V line ▪ Identifying and managing common childhood illness ▪ Standard Precautions in Infection Prevention and use of Personal Protective Equipments 	

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ડાહ્યાજી નિહાળની પ્રાથમીક ડાહ્યાજી કોલેજ
ડાહ્યાજી નિહાળની પ્રાથમીક ડાહ્યાજી કોલેજ
ડાહ્યાજી નિહાળની પ્રાથમીક ડાહ્યાજી કોલેજ